The best thing for being sad, is to learn something. That’s the only thing that never fails. You may grow old and trembling in your anatomies, you may lie awake at night listening to the disorder of your veins, you may miss your only love, you may see the world about you devastated by evil lunatics, or know your honour trampled in the sewers of baser minds. There is only one thing for it then — to learn.

Learn why the world wags and wags it. That is the only thing which the mind can never exhaust, never alienate, never be tortured by, never fear or distrust, and never dream of regretting. Learning is the only thing for you. Look what a lot of things there are to learn.

-T.H White, The Once and Future King
Introduction

The first thing to say about this toolkit is that it is... well, a toolkit. It is not intended as an evaluation, or as a simple exercise in sharing best practice. This toolkit has been written to help small museums design their own wellbeing programmes, and is based on a project undertaken with that same thought in mind.

It is hoped that by reading and digesting the information contained here you will gain a better understanding not only of how to undertake initiatives like this yourself, but of the important role museums play in the mental health and wellbeing of their communities. In recent times, this much discussed role has frequently been explored, with very well funded projects around the UK. These have been encouraged by the Prime Minister's 2014 Challenge on Dementia, and the startling revelation that dementia costs the UK £23.6 billion every year, and about 850,000 people in the UK are living with dementia. This figure is set to rise to well over 1 million by the year 2025.

But what part can museums play long term? And what of all the smaller museums that don’t have the time or resources to undertake these projects? At time of writing there were 257 museums working within the National Accreditation Scheme in the South East,* over half of which are independent volunteer run organisations – imagine the number of people who could benefit from a way of working that is truly usable by all.

The project outlined in this toolkit was designed – it is hoped – to answer these questions and find that way.


The Dementia Friends bookcase analogy is a simple explanation to describe how dementia may affect a person’s brain.

Each of the books represents a skill or a memory they have gained over their lifetime.

The top shelf represents the most recent memories, things like what they had for breakfast.

Feelings and emotions, the things that make a person who they are, are kept separately on the lower shelves.
Our project

Tunbridge Wells Museum & Art Gallery was approached by Canterbury Christ Church University’s Prof Paul Camic back in 2013 to get involved in a study the Salomons Centre for Applied Psychology was undertaking looking at the effects of object handling on the wellbeing of people living with dementia. They had already approached the Canterbury Museums Service and were looking for a West Kent partner.

Initially, staff at the museum were intimidated by the notion of specifically working with people who were living with dementia. Of course work had previously been done with care homes, but it was on a very ad hoc basis. More than this, museum staff were already pushed for time and resources, and wondered whether even more programming could be added. Despite this, the notion of trying something new and creating a new partnership shone through, and the project went ahead. The visitor services team began dementia awareness information sessions with the local Alzheimer’s Society and met Kate Sergeant, Services Manager and Dementia Friends Champion, who helped them gain a better understanding of what dementia is, and how it affects the human mind and body. Staff also met with some of those who regularly utilised services at the local Alzheimer’s Society, and gained first hand experience of the effects of dementia. It was then that the idea of new learning was brought up. Why stick to the reminiscence model? Why try to ask people struggling with their memory to remember things?

Following much conversation with Paul and Kate, a ‘new learning’ approach was decided upon and the theme of ‘weird and wonderful’ was given to every session which would be delivered. Objects selected were generally of a slightly mysterious nature: or at least their purpose was not immediately clear. They ranged from a tiger skull to a bit of Roman pottery, and even included some Maori stone tools.

“They may not be able to immediately remember what they’ve just done. But they can tell you how they feel about it.”

– Kate Sergeant
Sessions began firstly at the local Alzheimer’s Society Day Support service, as this would make participants feel more comfortable – with objects being brought out of the museum. Over a course of weeks and months, workshops were held with groups at different stages of dementia and the objects were varied each time. Eventually, the sessions were brought into the museum and the groups were introduced to a new setting. At first there was notable apprehension of being in a new and unfamiliar place, but over time this faded and the museum space began to be perceived as somewhere comfortable and welcoming.

In fact, participants began to arrive earlier and earlier for our sessions in order to take in more of the museum! Each session was marked by a very high level of friendly banter, and an occasionally enigmatic style of facilitation, the intention of which was to encourage questioning. Paul, ever present, began and ended each session with a simple but effective measure of the group’s wellbeing – and took an audio recording of each session for research purposes.

After two years of almost monthly sessions that involved 70 people, the project came to a close and it was time to reflect. Our research found that for people with early and middle stage dementia there were marked and measurable increases in wellbeing, and that this might be the case with most people involved in this kind of activity. The museum gained valuable new experience, which sparked the re-evaluation of all services offered to older people and to care homes in the area. This new learning approach is beginning to be rolled out across the board, and is currently being enjoyed and valued by many in and around Tunbridge Wells.

But why did it seem so easy to do? There were two reasons: Firstly, good communication between the partners was a great help. Working together solved almost every problem or issue that arose, and the expertise of the staff at the local Alzheimer’s Society was so great that the entire project was made not only easy but a genuine pleasure. The second reason was simply that this was exactly the work which museums across the country undertake every day. No special treatment, just special awareness. This project could work with anybody, and therein lies its strength – everybody wants to be treated as a normal person. The facilitator and any visitor staff need to be aware of their audience – something which is standard practice. The bulk of the delivery side of the project was undertaken by one person, and after the initial investment of time, required an ever decreasing amount of preparation. It is as easy as it seems.
What you do before you start

1. Contact your local Alzheimer’s Society

This may seem obvious, but having them as a partner will ensure the success of your efforts. They, and those charities like them, can provide not only participants, but expert advice and assistance free of charge. They often work in partnership with other local organisations to offer ‘Dementia Friends Information’ sessions around the UK, and are actively creating Dementia Friendly Communities and Dementia Cafes wherever they can. This is possibly the most important step for a successful initiative, and they are often just as eager to work with you as you are to work with them (perhaps even more so).

2. Have as many people as possible attend Dementia Friends information sessions

While you may be inclined to have only those individuals directly involved with your initiative undertake this information session, it’s actually a great way to get the entire organisation active and working together. In Tunbridge Wells, the project wound up encouraging many participants to visit the museum with their families – a fantastic result. The front of house staff, all sporting ‘Dementia Friend’ pins, were instantly recognised and the organisation’s commitment to mental health was made very clear. The staff themselves were also extremely confident in being able to support the engagement of the new audience.
3. Understand: You probably have some misconceptions about Dementia

And it's not something to necessarily feel bad about. Most people have a lot of misconceptions about mental health generally – particularly dementia. The best thing you can do is learn about the various diseases which make up ‘dementia’ as we understand it (e.g. Alzheimer’s Disease is a type of dementia which makes up 60–70% of all reported cases of dementia). Again, speak to the people at your local Alzheimer’s Society or other mental health organisation and get some first hand accounts (and not just worst case scenarios). Finally, actually meet some of the people you may be working with – nothing can replace first hand experience.

“The spark of curiosity, one of those things that makes us human, is always there.”

– Jeremy Kimmel

4. Understand: It takes a lot less time than you think

Tunbridge Wells Museum & Art Gallery essentially ran this project with one person. Yes, the front of house team all received Dementia Friends information sessions, and management was on board, but by and large most of the delivery was done by one person. Aside from the occasional project meeting with partners, and the sessions and object selection, very little time was actually required by staff. Once the first workshop was delivered, each one required less and less time to prepare and soon became second nature.

Perhaps more important than the amount of time required is the selection of the right person to deliver the workshops. It is extremely important to select somebody who is a passionate and engaging communicator, and who also has a good knowledge of the objects being used and the collection in general.
5. Choose objects whose use is not immediately obvious

Part of the fun of making this a ‘new learning’ experience is creating an air of mystery around what is being seen. This is often something we associate solely with children, but that is only because they’re ‘allowed’ to be curious. The truth is we all get inquisitive and excited by a mystery. Selecting objects whose uses aren’t immediately obvious will help you later on.

As dementia progresses over time it is as if books are being removed at random from the bookcase starting with their most recent memories which are on the top shelf.

Occasionally a Feelings book is removed, but at a much slower rate.
Objects we used

- Tiger’s Skull
- Fossilised Seaweed
- Victorian Boot Warmer
- Sheep’s Skull
- Victorian Candle Snuffer
- 1900s Wooden Spinning Top
- Stone Age Adze
- Victorian Child’s Collection Tin
- Romary’s Biscuit Tin
- Egyptian Mummy
- Preserved Cotton Bud
- Wrapping Sample
- Tunbridge Ware Box
- Egyptian Shabti Amulets
- Islamic Porcelain Tile
- Stone Age Handaxe
- Piece of Roman Mosaic Floor
- Marmoset Skull
- Occasional office supplies press-ganged into service
How a session works and why

Sessions were run in a very similar fashion to a standard schools session.

1. Select five objects from your collection, which are not linked to one another and whose purpose is not immediately obvious. The best objects are those which are not too heavy, mostly durable and if possible, from different places and times. Through trial and error it was found that five seems to be the optimum number of objects for a one hour session.

2. Assemble your group. Generally, groups from the Alzheimer’s Society were of no more than ten – this is recommended, as it allows for better group cohesion and keeps people engaged. Work with whatever organisation you plan to interact with, to create groups of this size.
3. Start with a delivery location that is familiar to your audience. This will ‘ease them into it’ and allow both your audience and any carers or staff to get used to how to work together. For this project, work began at the Alzheimer’s Society and after a number of weeks was moved into the museum.

4. Introduce yourself and what you’ll be doing. When your audience is armed with information, it will make them feel more comfortable with the process. Make it clear that people can opt out at any stage of the session if that is what they wish.
5. Perform the initial wellbeing evaluation. See Evaluation pp.14

6. Hide all of the objects you are going to use from sight until you present them to the group. When you do present them, hold them high for all to see and begin asking questions. Be sure your questions aren’t solely about the object’s purpose or whether they have seen anything like it before. Consider asking:

- What does it make you feel?
- Would you have this as a decoration in your home?
- How do you think it will feel?
- Do you think this is an old object, and if so how old?
- Is this a new object that I’ve thrown in to try and trick you? (always a favourite)

A longer list of questions used can be found on pp.17

After holding each object, allow the group to pass the objects around. Give each member a chance to hold it, turn it over in their hands and ask their own questions of you. Try to maintain an air of mystery about the object until it has gone around the entire group – but don’t be afraid to give hints and clues.
7. After each object has gone around the group, feel free to let the group in on its purpose and age. Then place each object back in the centre of the group so they can look at it again. Repeat this process for each object – try not to rush.

8. After all the objects have gone around, thank the group for their time and perform another wellbeing evaluation. The same forms as previously may be used.

9. Once the group has gone, go through the evaluation forms and mark scores for each individual before and after the session. This can be mapped out over time to demonstrate the benefits of your project.
Evaluation

What is “wellbeing”?

Wellbeing is the subjective account of how we feel about and experience our lives. Feeling happy is part of mental wellbeing but wellbeing is more than that. It is about living in a way that brings connection and meaning to one’s life in a manner that is good for you and those around you. Feelings of contentment, enjoyment, confidence and engagement are all part of mental wellbeing. Someone can have an illness or be disabled and still be helped to have a good quality of life and have a good sense of wellbeing. Sometimes it is not possible to change the course of an illness or improve a significant health problem but it is possible to increase someone’s sense of wellbeing.

Wellbeing involves connecting with the people around you, being active, keeping on learning, giving to others and being mindful.

(New Economics Foundation: http://www.neweconomics.org/projects/entry/five-ways-to-well-being)

Canada, France and the UK were the first countries to consider the concept of wellbeing as something worth trying to understand and to measure in annual national surveys. These countries and many others, including international groups such as the United Nations and World Health Organisation, are now placing more value on how wellbeing can be increased and sustained at different points in our lives.

Wellbeing in people living with dementia and other illnesses where there are cognitive, behavioural and emotional challenges is often difficult to determine. It is, nonetheless, important to consider how we can as a larger society help to support and enhance the wellbeing of those living with dementia and the people who care for and help support them.

How we measured wellbeing

There are different ways to assess and measure wellbeing. For museum and art gallery settings we wanted a method that was easy to understand, not complicated to use and did not interfere with the programme or activity that people came to participate in. We also wanted a measure that had validity, was accessible to people in that it did not overly rely on language, memory or previous knowledge and was related to the issues faced by people living with dementia.
Visual analogue scales (VAS) have been shown to be effective ways to measure subjective experience. Subjective experience is how any one person self-evaluates how he or she is feeling at a given point in time. Stated another way, it is about how we are feeling ‘in the moment’, over the last week, month or year.

We wanted to find out how people felt just before participating in museum object handing groups and how they felt immediately after participating. This informed us if the groups were effective at enhancing a sense of wellbeing during the activity. The visual analogue scales we used were based, in part, on how previous research studies conceptualised wellbeing in people living with dementia. We also developed other subscales that are specific to the problems and concerns faced by people living with dementia.

The evaluation form we used to measure wellbeing.
Final Thoughts

This toolkit is designed with the small museum in mind, but the principles it is based on can be used by anybody anywhere. Organisations large and small can make a real impact on the wellbeing of those living with dementia across the country with only a small initial investment of time, in order to create impact which affects an entire community.

“It wasn’t about reminiscence, or old learning, but the challenge and stimulation of discovering what this might be.”
– Prof Paul Camie

This is work which is sometimes difficult, and which can be uncomfortable for some. But it is work which is impactful, measurable and real. Wellbeing may seem like just another modern buzzword, but what it represents is something very true - the desire for everybody to be happy and healthy in mind and body. And museums can play a real part in that.

One of the objects we used during our sessions - What do you think this object is?

A Maori Stone Tool.
Some of the questions we asked:

What does it make you feel?
Would you have this as a decoration in your home?
What do you think it was used for?
Do you think this is an old object, and if so how old?
How do you think it feels?
Is this a new object that I’ve thrown in to try and trick you?

(Always a favourite)
In 2013 The Royal Society for Public Health published a review of arts and health research, best practice and policy initiatives in the UK and New Zealand (RSPH, 2013) that was launched at the International Conference of Culture, Health and Wellbeing in Bristol. Their report was a sweeping endorsement of the emerging consensus on the importance of the arts for wellbeing and health. A wealth of evidence suggests that interacting with the arts can be beneficial for people’s health and wellbeing (Staricoff, 2004; Ander et al., 2012). Since the arts draw from the entire breadth of human experience, they can evoke a sense of universality that is known to increase wellbeing, enhance quality of life and inspire creativity.

Material objects—things, stuff, artefacts – have been part of human development from the moment we are born and are with us through our entire lives (Camic, 2010). In recent years, museum object handling is becoming increasingly understood to be a psychosocial wellbeing-focused intervention (Chatterjee, 2008). Object handling involves touch; touch is a key sense, which may become more important for people as they get older (Rowlands, 2008), particularly if vision and hearing are limited. Ander and colleagues (2012) propose that interacting with museum objects can prompt memories of people, holidays, cultural meanings and history, and provide links to the present. Paddon et al. (2013) suggest that the different senses involved in viewing and touching objects involve a deeper level of processing and thus may facilitate new learning.

Neuropsychological evidence put forward by Critchley (2008) proposes that touch may invoke a sense of wellbeing through being linked to emotional and motivational systems in the brain, whilst other authors argue that museum objects trigger memories, projections and associative or ‘meaning-making’ cognitions (Dudley, 2010; Froggett et al., 2011). Recent empirical evidence has shown that individual object handling sessions, conducted with a range of individuals in varying states of wellness, can increase their sense of wellbeing in the moment (Noble & Chatterjee, 2008; Lanceley et al., 2011). Therefore, it appears that there is some unique benefit to be gained by touching museum objects.
It is clear that museums have a wealth of less tangible resources to offer even beyond the art collections they hold including the potential for social inclusion, a sense of belonging, new learning and emotional and cognitive stimulation (Camic & Chatterjee, 2013; Chatterjee & Camic, 2015).

Recent studies on art gallery-based interventions for people living with dementia and their carers have shown positive outcomes and there is a call for further attention to this area (Camic, Tischer & Pearman, 2014; MacPherson, et al., 2009). A ‘Culture & Health Framework’ has been proposed to better integrate and coordinate museums/galleries with UK public health initiatives (Camic & Chatterjee, 2013) and Camic, Baker & Tischler (2015) have developed the first evidenced-based understanding about how art gallery activities positively impact people living with dementia; this is important as it can guide future research and support wellbeing activities in museum practice.

**Museum object handling and subjective wellbeing for people living with dementia**

Given the evidence outlined above, it seems quite possible that people living with dementia will benefit from museum-based programmes involving viewing art and handling heritage objects. Recent media stories have highlighted the challenge museums are now facing to demonstrate their worth beyond being holders of artefacts, and it would seem beneficial for the heritage sector to better understand arts and heritage-based practices in relation to enhancing psychological wellbeing, as one way they might further demonstrate their essential value to human development and the greater society.

In order to better understand the wellbeing value of handling museum objects for people living with dementia, an 18-month research project was conducted through a partnership between the Alzheimer’s Society in West Kent, Tunbridge Wells Museum and Gallery and Canterbury Christ Church University's Salomons Centre for Applied Psychology in Tunbridge Wells. The research sought to determine if handling objects from the museum’s collection would have an ‘in the moment’ impact on wellbeing for people at the early and mid stages of different types of dementia. Understanding ‘in the moment’ wellbeing impact is important because it can provide family members and professional carers with information about what activities are cognitively stimulating, creative, emotionally engaging and appropriately challenging, without relying on reminiscence, previous knowledge or memory.
Project findings

The project took place at two locations, the Alzheimer’s Society offices in west Kent and at the Tunbridge Wells Museum & Art Gallery and involved 70 people diagnosed with a dementia (Kimmel & Camic, 2015). The five individual scores of wellbeing (Well, Happy, Interested, Confident, Optimistic) were averaged to obtain an overall score ranging from 0 to 100. Participants largely showed a marked and statistically significant positive change in overall wellbeing scores following the intervention. People with both early stage and moderate dementia showed positive increases, regardless of the type of dementia but those with early stage dementia showed larger positive increases in wellbeing. The results mean that we can feel confident that most people with early to middle stage dementia will experience a positive wellbeing impact from handling museum objects in a supportive group environment, either at a museum or at a day care centre. Future research will look at people with more severe dementia living in care homes to see if this type of activity might be helpful to them.

“I think sometimes people with dementia are forgotten about because they aren’t responding the way they once did. That they’re not still there. But they are. Their humanity is still there.”

– Prof Paul Camic

“There’s something powerful about holding an object.”

– Kate Sergeant

“This is another important way museums can be at the heart of their community.”

– Jeremy Kimmel
People living with dementia in Tunbridge Wells get a real sense of excitement and discovery when they take part in the Object Handling activity at Tunbridge Wells Museum. A group from our Day Support services go along to the museum and get to handle unusual objects, such as a tiger skull or a Stone Age hand axe. There is great engagement for the people who come to these sessions and it helps to improve their wellbeing. They freely express their thoughts and feelings about the objects and their responses to them. The group that is able to visit the museum particularly enjoys their experience of being ‘behind the scenes’. For the groups who are not able to visit the museum in person, we have the benefit of an outreach service that is very well received.

This activity format would transfer very readily to any location and bring the benefits of increased engagement, interaction and expression to other similar groups of people.

Occasionally, some of the participants were less confident about handling very delicate objects – such as the marmoset skull, and staff were sometimes concerned that some objects were too delicate/breakable for group handling. The variety of objects generated a variety of responses – positive and negative. Staff feedback was that some sessions lasted too long for some groups and that some negative responses/challenging behaviours were a result of being overwhelmed and possibly over stimulated; for example, one participant swearing and another removing his false teeth and trying to pass them around the group. If sessions last too long (or the group is too big) the participants can become impatient. Our staff have suggested a maximum group size of eight people living with dementia, supported by three staff/volunteers/carers.

In the end, the project turned out better than we had expected and developed over time as we all became more familiar, relaxed and confident and began to enjoy being in the moment of discovery.

This was an excellent experience of partnership working, with each participant bringing their own area of expertise to bear on the project. Our Day Support services are designed to help people live well with dementia, providing cognitive stimulation by engaging in meaningful and enjoyable activities. Alzheimer’s Society care and support services offer a range of activities to promote physical and mental wellbeing. This project delivered on every level and we look forward to our continuing collaboration with Tunbridge Wells Museum.

Comment from Kate Sergeant
Services Manager, Alzheimer’s Society Kent and Medway
I feel like the first thing I should say about this project is that it has become one of the things I am most proud of in my career. But it certainly did not start easily. If I’m honest I expected all sorts of things, which now seem completely ridiculous. I think one of the biggest issues to overcome for many museums will be psychological: the idea that there is no time, no people, no resources and that it’s not terribly relevant to the work the museum does. But I would argue that the time and resources (people included) required are actually minimal and that it is perhaps one of the most relevant things any museum, gallery or cultural institution can do. Culture, and the appreciation of it, is one of the key factors that make us human. It crosses all borders, and speaks to the very nature of our humanity. It piques our curiosity and engages our inherent love of aesthetics, and learning something new.

The other side of this project that has often drawn comment is the fact that we actively avoided using a ‘Reminiscence’ model, and instead focused on ‘new learning’. This was one of Prof Camic’s particular areas of interest, and the more I understood about dementia the more I realised how insensitive and limiting reminiscence-focused sessions (often a staple of museum services) could actually be. For one thing, they do not address someone’s present creativity or curiosity. When faced with individuals living with a disease which affects the memory, why are we asking them to remember things from the past? When you lay it out like that it can seem quite obvious, but I had not properly thought about it until this project began. It made me see how much we rely on shared memory to identify with those around us (particularly those we care about). We want our mothers, fathers, grandparents and friends to remember all of the lovely times we spent together in the same way we do – because it means everything is alright. It’s another means of sweeping the disease under the carpet and pretending nothing is happening. People want to connect to their loved ones the same way they always did, through memory. But by doing this you place those actually living with dementia into a potential state of agitation, and make them uncomfortable. The irony of this is that we have clearly forgotten one of the first ways we connected with our loved ones – learning new things. We were all children once, and we all felt the great rush of exploring something new, or finding out something that we did not previously know. Why not bring that forward, and utilise it to learn together once more? In the end what this project taught me is that the one thing that can never truly be taken from us is our curiosity. And that is a very comforting thing indeed.
When dementia is at its most progressed the feeling, emotions, the things that make them who they are as a person are still there inside.

By learning about and engaging with new objects we are able to stimulate these emotions and feelings and bring these out and improve their sense of wellbeing.
Bibliography


