

Museums, Oral History, Reminiscence & Wellbeing: *Establishing Collaboration and Outcomes*



“Memory Lane is history ‘brought to life’- it’s living history of people from various areas of the city. They take you beyond what you think of as history from school – kings and queens and all that – to the local level”.

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About this report

This report is an output of a project funded by the John Fell OUP Research Fund. The project was the result of a collaboration between the Oxford Institute of Population Ageing, and the Oxford University Museums Partnership (a consortium of the Oxford University Museums, Oxfordshire County Museums Service, Banbury Museum and Oxford City Council).



About the author

Kate Hamblin joined the Oxford Institute of Population Ageing in 2009. Kate worked on a project for the Dulwich Picture Gallery which examined the Gallery's outreach programme. The publication based on the findings ('This is Living' - Good Times: Art for Older People at Dulwich Picture Gallery) won the Royal Society for Public Health Arts and Health Research Award in 2011. She has also worked on a project for the British Museum, exploring the [impact of population ageing on their audience](#).

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Foreword

Finding ways of building meaningful connections with local communities is a key part of any museum's work in the 21st century.

The Oxford University Museums Partnership (a consortium of the four departmental museums of the University of Oxford: Ashmolean Museum of Art and Archaeology, Museum of the History of Science, Museum of Natural History and Pitt Rivers Museum of Anthropology and World Archaeology) receives funding from Arts Council England as one of their portfolio of Major Partner Museums. A core strand of our work is to ensure that we reach as deeply into our local communities as possible – connecting them to history, art and science. As well as running community engagement programmes within the University's museums we allocate some of our Arts Council funding to supporting the work of three Oxford / Oxfordshire-based museums, including seconding our Reminiscence Officer, Helen Fountain, to the Museum of Oxford. Helen has worked there since 2009 and during this time she has built the wonderful 'Memory Lane' reminiscence group into an important community resource which contributes to our collective knowledge of local history, exhibitions and public programmes, as well as providing significant social and personal benefits for the people taking part.

With the support of the University of Oxford's John Fell Fund, the Oxford Institute of Population and Ageing has been able to reflect on the impact of this incredibly important strand of our work. It backs up what we have thought anecdotally for some time; that museum-based community engagement programmes are an important two-way process which enhance social connectedness whilst enriching collections, exhibitions and knowledge.

Helen and I are delighted to have been able to work with Kate Hamblin in supporting her research, culminating in the publication of this report. It is a thoughtful reflection of the development and delivery of 'Memory Lane' which indicates the significant impact on the individuals involved and signposts us to how we can build on the programme and explore meaningful ways of co-production with groups who are not yet engaged with us.



Lucy Shaw, Head of the Oxford University Museums Partnership



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Introduction

“We do not know what our descendants will need to know about ourselves in order to understand their own lives. And this inability to anticipate the future puts us under an obligation to stockpile, as it were, in a pious and somewhat indiscriminate fashion, any visible race or material sign that might eventually testify to what we are or what we will have become” (Nora, 2002: 6).

Aims and Objectives

1. To develop a research proposal to develop and evaluate a new ‘Prescription for Reminiscence’ scheme in collaboration with Oxford ASPIRE and medical professionals within Oxford Health NHS Foundation Trust.
2. To examine the impact of the Memory Lane reminiscence scheme on its existing members’ wellbeing through the creation of a ‘research toolkit’ for examining programme outcomes in relation to wellbeing.
3. To build on and refine this ‘research toolkit’ for exploring the impact of participating in a reminiscence programme on participants’ wellbeing.
4. To examine the impact of the oral history provided through the Memory Lane scheme on the experience on those attending the museums, and to produce examples of best practice.

This report mainly focuses on the second and fourth aims: exploring the impact of the Memory Lane programme generally and the oral history elements more specifically on the wellbeing of those participating. The report also touches on the first aim in the ‘Next Steps’ section, and discusses the research toolkit under the ‘Research Design’ heading.

This project was the result of a joint application between the Oxford Institute of Population Ageing and Oxford University Museums Partnership (a consortium of the Oxford University Museums, Oxfordshire County Museums Service, Banbury Museum and Oxford City Council) to the University’s John Fell OUP Research Fund. Its principal aim was to foster interdisciplinary collaboration between the arts and humanities and the social sciences, building on a joint seminar series (‘Art, Museums, Wellbeing and Ageing’ in Hilary Term 2014) organised by the project partners. Through this collaboration, we aimed to develop a research proposal, both taking this application and the work completed by the Institute with the Dulwich Picture Gallery to further establish and evaluate a new scheme for reminiscence in Oxfordshire (‘Prescription for Reminiscence’) in collaboration with Oxford University Museums Partnership and medical professionals within Oxford Health NHS Foundation Trust.

The second aim was to explore the impact of the '[Memory Lane](#)' (a reminiscence programme for older adults at the Museum of Oxford) on participants' wellbeing. Wellbeing is increasingly on the agenda for museums, as reflected in development of the Generic Social Outcomes (GSOs) framework by the Museums, Libraries and Archives Council (MLA) and influenced by Arts Council England and the Royal Society for Public Health (Shaer, 2008; Roberts et al., 2011; Camic and Chatterjee, 2013). As such, the sector's focus is no longer purely on the presentation and preservation of history but has widened to include additional benefits such as community engagement, social inclusion, health and wellbeing gains (Sandell, 1998; O'Neill, 2002; Holden, 2004; Scott et al., 2014). However, Ander et al. (2011) highlight wellbeing as a concept is being applied to the museums sector but is still inconsistently defined. In



response, the authors developed a Well-Being Outcomes Framework (part of which influenced survey questions included in the methodology for this report). Building on this new focus, museums and galleries have been advocated as sites of public health interventions (Camic and Chatterjee, 2013), supported by a growing evidence base. However, there is debate as to the robustness of this evidence on the benefits on engaging with museums and galleries, with some arguing that rigour can only be achieved through experimental design to prove causality, whilst others advocate a broader range of methods (de Medeiros and Basting, 2014). Those who argue for the former feel that without systematic evaluation there always will be much uncertainty over benefits and value for money. This lack of what they consider evidence, they argue, will produce reluctance amongst health and social care providers to include arts activities in their core programmes.

Memory Lane group member taking part in the Recipes and Reminiscence project in 2013

On the other hand, those who argue for a broader range of methods and evaluation techniques feel that the assumption evidence can be produced which will 'prove' that the arts are good for your health and wellbeing is flawed due to the difficulty in demonstrating causal relationships untainted by other external factors (Matarrosso, 1997). It is argued that evaluating creative interventions is intrinsically difficult, partly due to the complexity and creative nature of the activities but also due to the diversity of individuals participating in such projects which may confound the findings and limit generalisations (Hamilton, 2003; Clift et al., 2009). It is these issues which influenced the third aim of this project: to build on existing methodologies to create a practical and accessible toolkit for practitioners from the museum sector.

The fourth aim of this project was to examine the impact of sharing oral history for Memory Lane participants. Oral history has been part of many museums since the late 1970s and *"What was seen initially as supplementary to official, 'serious' history or as experimental work has long since been established as a core element of museum exhibitions, educational programmes and community outreach"* (Gazi and Nakou, 2015: 14). Initially used to explain or as a supplement to artefacts, oral history is now beginning to take a primary position in exhibitions from the 1980s and 1990s onwards (Gazi and Nakou, 2015). Oral history is typically characterised as offering a platform or recognition of previously unheard voices, or as 'history from below'. It has been advocated as a means of preserving history in a non-elitist way, and ensuring that objects and documents do not dominate historical account as oral history provides them with context and with meaning (Thompson, 1994). As such, oral history is linked to discussions of empowerment and whereas in the past, some commentators have focused on the perspectives of particular groups, they should now be more inclusive as *"is people who bring the value and consequence to objects and collections; as a result, if a museum cannot forge associations with people it will have no meaning"* (Crooke 2007: 131). It shifts the focus from history as facts to history as lived experience, and in so doing understands that history is complex, contested and varied. The relationship between the persons providing and recording the oral history shifts to become more equal as *"The narrator not only recalls the past but also asserts his or her interpretation of that past, and in participatory oral history projects the interviewee can be a historian as well as the source... In certain projects a primary aim has been the empowerment of individuals or social groups through the process of remembering and reinterpreting the past, with an emphasis on the value of process as much as a historical product"* (Perks and Thomson, 2015: ix).

However, there are those who argue that oral history is not as transformative

of power relations as it would at first appear. Decisions as to whose oral history to include, how the memories are edited and presented are often taken by curators, which could be argued to in fact reinforce existing power relations rather than transforming them (Griffiths, 1989). However at the same time, Gazi and Nakou (2015) argue that rather than taking this pessimistic view, the role of curators in selecting material should be recognised and the process of recording and presenting oral history should instead be seen as a partnership as opposed to power residing either with audiences or museums. In addition, the act of providing oral history, or reminiscing has also been argued to have benefits for older people in several ways including in terms of mental health and the personalised provision of care (Bonat, 2001). Whereas only forty years ago, reminiscence in care settings was discouraged for fear that it would increase the risk of cognitive decline (Bornat, 2001), the rise in popularity of oral history has also seen the recognition of the benefits of reminiscence (Coleman, 2005). In ageing research, the 1960s saw the development of methods such as the 'life review', which promoted the benefits of reminiscence (Butler, 1963). It is these benefits this project also sought to explore from the perspective of participants engaged with a reminiscence programme.



*A member of the
Memory Lane group
making Christmas
Lanterns 2014*

Memory Lane

'Memory Lane' was established at the Museum of Oxford in 2010 as a reflection of the demand amongst many of the outreach group participants for engagement with additional reminiscence activities on site at the Museum. Based on the format used by Banbury Museum for their popular 'Times Gone By' group, an initial meeting was set up by the Museum of Oxford's Reminiscence Officer (Helen Fountain), which was well attended. Participants were asked which topics they would like to see included in the sessions, providing the group with a 'user-led' ethos. Following on from this, the first programme of sessions included: the 'History of the Radcliffe Infirmary' (an Oxford hospital that closed in 2006), 'Oxford Events', 'Holidays in days gone by', 'Oxford Industry' and 'Christmas Past'. Since the programme's creation, members have not been required to book a place to ensure the sessions are as welcoming and accessible as possible, and the sessions free to attend. The sessions are facilitated by the Reminiscence Officer and supported by volunteers who provide refreshments and welcome the participants. Participants are seated in a semi-circle and PowerPoint presentations are used to ensure all participants are focused on the same image at the same time as the passing of objects was found to generate conversations between people sitting next to each other, making it hard for others to hear. Refreshment breaks provide participants with the space to socialise and converse.

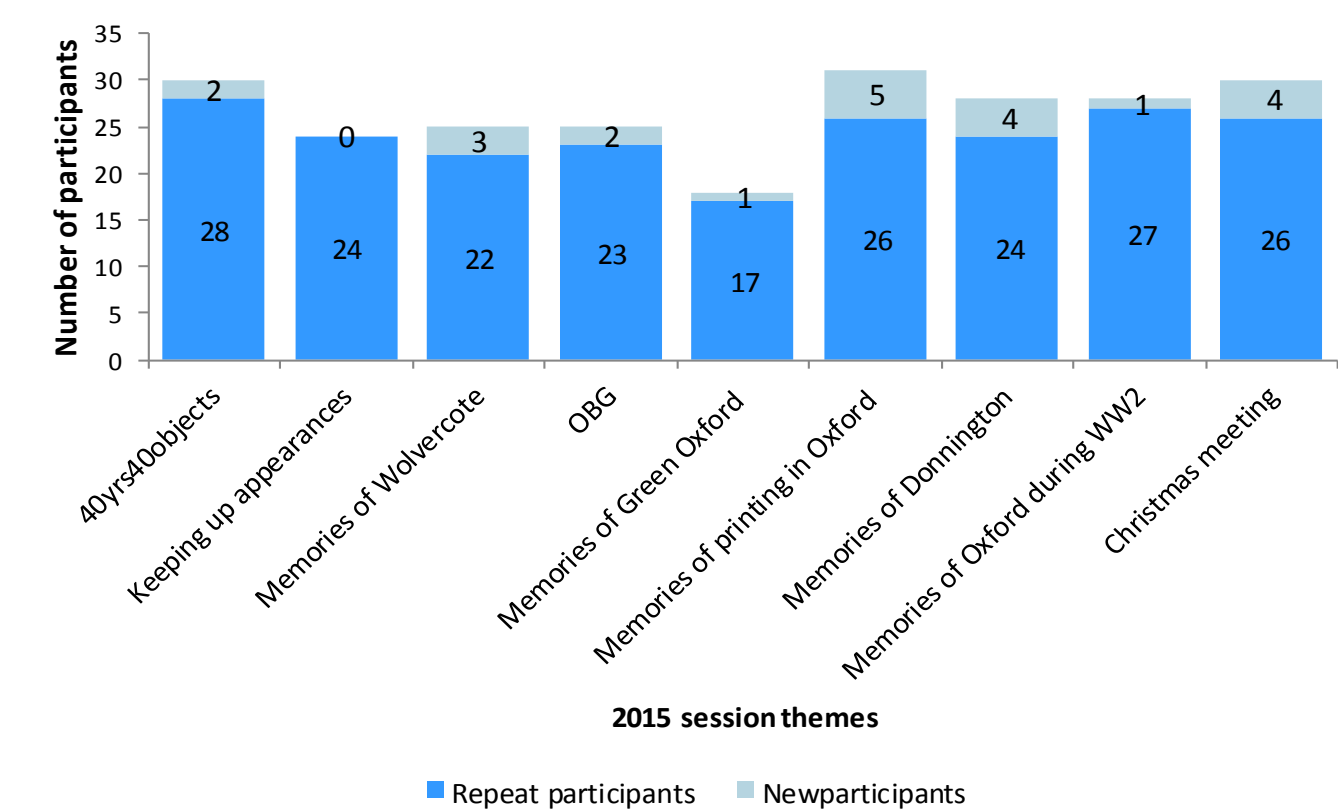
Memory Lane sessions are sometimes delivered off-site at partner organisations to ensure the programme is varied and to spark new conversations. Organisations visited have included the University of Oxford Church, Oxford University's Harcourt Arboretum and University of Oxford Castle Unlocked. Each year, a summer party is also organised at locations such as the Oxford Bus Museum, Nuffield Place, the Museum of Oxfordshire, Oxford University Press and University of Oxford Botanic Gardens.

Memory Lane group
summer gathering
Oxford Botanic Gardens
2014



Since 2010, the average number of people attending the group has increased to around 28 people per session. The group has a number of regular participants, some whom attend when they can but also each session usually attracts new members, as Graph 1 shows. The group has no age criteria, but the majority of the participants are in their late 70s and early 80s. The sessions are also recorded to preserve the oral history of the participants and Oxfordshire. The recordings are stored at Oxfordshire County Archives at Oxfordshire History Centre to be accessed by future generations. Consent is obtained, and participants are offered a copy of the recordings. The group has fed into exhibitions at the Museum of Oxford for example the Memory Lane session ‘Our Sporting Lives’ contributing to a Museum exhibition project called “On Your Marks Get Set go” during Olympic year in 2012. Recordings have also been included in Museum listening posts in temporary exhibitions and permanent galleries, quotes for exhibition panels, photos and documents for reproduction in exhibition panels for display, objects for exhibition display or accession to the collection and oral history content for radio documentaries.

Graph 1: Memory Lane participants 2015



In 2014, ‘Memory Lane Movers and Shakers’ was introduced to complement the Memory Lane reminiscence sessions. The group also meets on a monthly basis, the week after the Memory Lane session. A professional dance practitioner guides the group through a series of movements and dance which can be performed whilst seated. The Movers and Shakers themes tie-in with



Memory Lane in the Old
Museum at Museum of
Oxford 2014

the Memory Lane sessions and provide gentle movement and exercise. For example, to link to the Harcourt Arboretum 'Autumn Leaves' Memory Lane session, the following Movers and Shakers group was based on trees and autumn leaves using props such as silk scarves to interpret falling leaves through dance and movement.

Prior to this project, the facilitator made notes regarding the sessions, including the number of participants attending, their gender, observed ethnicity, whether they were regular attendees and the general level of engagement on a scale of 1-10. Over time, the number of attendees has increased from around ten to around 30 per session and engagement has also risen. The facilitator has also made other observations regarding the impact of the recordings on the participants. Though the editing of the recordings and their management and distribution does take time, feedback from the facilitator indicates that it encourages the commitment and enthusiasm of the participants and also makes them feel they are making an important contribution to the museum, archive service and the preservation of history. As with the recordings provided to the participants, the facilitator has observed that the inclusion of this material in exhibitions is a source of pride for participants who can show friends and family members how their memories have been woven into the Museum content. In addition, the facilitator also has noted some unexpected and very positive outcomes of Memory Lane and Movers and Shakers, such as the development of new friendships in the group as well as old friendships being rekindled, reducing isolation and loneliness. Some members see each other socially, and 'lift share' to attend the sessions.

Research Design

There are challenges with assessing the impact of any social intervention, including museum programmes, aside from the debates around what is considered 'evidence' as explored in the introduction. It is difficult to isolate the effect of a programme from broader contextual factors and as such, *"People engage with culture in a myriad of different ways, sitting alongside all other aspects of their lives such as family, health, education, job, holidays, etc. The difficulty of isolating the effect of culture in one's life means that attributing the cause of change or transformation to culture (causality) is also difficult"* (Ander et al., 2011: 246). It is therefore true that just as post-session evaluation which attributes wellbeing effects to the activity itself may in fact be conflating the effects of other aspects of a person's life on their wellbeing, but equally during-session observations also have the potential to 'muddy the waters' as what may appear to be a reaction to aspects of the session, may in fact be unrelated. It is for these reasons a multi-method approach was adopted for this study, including during session (observations), immediate post-session data collection (surveys, focus groups), combined with techniques to allow participants to reflect themselves on the impact of the Memory Lane programme on their lives (surveys and in-depth interviews).

The research had two intertwined principal aims: to examine the impact of the Memory Lane reminiscence sessions and providing oral history accounts on its existing members' wellbeing and to create a 'research toolkit' for examining programme outcomes in relation to wellbeing. In terms of impact, this project explores this in two ways: both 'in the moment' during the sessions and the longer term outcomes of Memory Lane. The more immediate feedback from the sessions was sought through post-session surveys using measures validated elsewhere, focus groups and observations. The latter aspect was also part of the second aim of adding to a research toolkit by creating a way of capturing participants' experience of reminiscence or arts-based activities 'in the moment'. Research often focuses on trying to 'prove' a lasting impact of these activities, but in doing so they can neglect the value of 'joy in the moment'. Though a longer-lasting impact is desirable, for some, just enjoying the 'here and now' of a particular session can be a positive outcome. In addition, by looking at participants' experience 'in the moment', practitioners can use the information to reflect on what parts of the session worked particularly well or may need refining. Post-session surveys and focus groups alone would have not have provided the finer detail on the content of the session as participants tend to give general feedback on the session as a whole. Focus group participants can also be overly positive as they may be concerned about the facilitator's feelings, or that future sessions may be withdrawn, and participation may serve to remind them that they attend a session for a particular reason (e.g. social isolation, poor health) and dampen any positive feelings they may have arising from the activity.

Observations

As the aim was to create a systematic tool to allow practitioners to reflect on their sessions, the method was influenced by Dementia Care Mapping, developed by Professor Tom Kitwood and Dr Kathleen Bredin. Dementia Care Mapping was designed to empower care staff to develop their own evidence based on their practice, and refine care planning and provision. The same ethos of empowerment and enhancing practice is part of the observational approach developed by this project. Four observations were conducted using a systematic or structured observation method. The first included open notes to provide the basis for a template for future sessions. Each session observed gathered both data on the participants' engagement and enjoyment during the sessions, and allowed for the observation sheet to be developed. The sheet is being piloted at the new 'Meet me at the Museum' sessions held at the Pitt Rivers Museum by members of the volunteer team. Therefore the method started with unstructured observations, moving to a more structured model with a framework or 'observation schedule'. There are issues with structured or systematic observation as a method, including inter-observer consistency which refers to the degree to which different observers would code the same behaviour in the same way. To counter this, guidance notes were developed to be used alongside the observation schedule. There is also the possibility that those being observed may change their behaviour, and that observed behaviour does not provide insight into the *intention* behind a participant's actions. For this reason, post-session focus groups and surveys were conducted to validate the data collected during the observations.

Focus groups

Focus groups were also included in this aspect of the research as a means to allow participants to elaborate further on their immediate feelings about the session. Two focus groups were held with eight participants in each immediately after one Memory Lane and one Movers and Shakers session. The participants were asked to reflect on how they felt during the sessions, which aspects were particular resonant or engaging for them, as well as anything they found less enjoyable or difficult. Focus groups have many benefits including *"providing access to participants' own language, concepts and concerns; encouraging the production of more fully articulated accounts; and offering an opportunity to observe the process of collective sense-making in action"* (Wilkinson, 1998: 181). They do also pose challenges including the management of group dynamics to ensure all participants can contribute equally and that no one feels intimidated so that they cannot express their true views. In this context, the focus groups were challenging to moderate and coordinate as some members were more outspoken than others, making the contributions at times unbalanced.

Surveys

The post-session surveys included questions related to participants' socio-demographic information (age, gender), how long and often they had been attending Memory Lane, whether they attended other groups or clubs; and whether they visited museums or galleries in the past 12 months, aside from during Memory Lane sessions. The survey also included questions from the DCMS Taking Part survey to address their general feelings towards museums and galleries, surveys that explore the impact of cultural activities (UCL Museum Wellbeing Measures Toolkit, Thomson and Chatterjee, 2013) and existing wellbeing scales (CASP-12, Wiggins, Netuveli, Hyde, Higgs, & Blane, 2007). The surveys provided an insight into those attending in terms of the socio-demographic characteristics of the group but also information on their wellbeing and their reflections on the sessions, which could be triangulated with the focus group and observational data. These surveys, minus the questions related to the specific Memory Lane session, were also sent out the wider group to complete and return by post. A total of 39 participants were surveyed, of whom 16 attended the two focus groups. In addition to the closed questions, some open ones were also included to allow participants space to elaborate on their answers.

Surveys do have a number of benefits, including the removal of interviewer effects whereby participants may provide answers they feel the researcher would like to hear. They also can be completed whenever is convenient for the participants, and allow them to take their time to consider the questions. Surveys do however also have drawbacks, including that the researcher is unable to prompt or clarify questions, which meant in the case of this research, in a couple of instances the respondent misunderstood and selected one answer per section, rather than working through their answers for each statement. There is also a constraint on the number of questions which can be asked to limit the burden on the respondents, and there is not ability to follow up or clarify any answers provided. To supplement the surveys, focus groups also provided feedback on the session just held and in-depth interviews on the Memory Lane programme more broadly.

Interviews

The project also examined the longer-term effects of the Memory Lane programme. As the sessions have been running for more than three years, it was not possible to establish baseline measures. This is also a small project and the method used for this aspect needed to be pragmatic. In-depth interviews were conducted with 16 participants. Whilst those who take a more positivist perspective may argue this method does not produce

objective, reliable data, to ignore the accounts of those who experience the sessions does them a disservice as we should not assume that programme participants are completely unable to reflect on their experience. The interviews were semi-structured with a topic guide which explored how the participants felt about the sessions, and broader issues such as other social activities they engaged in and whether involvement in Memory Lane had influenced their relationship with museums and galleries.

Ethics

Reflecting the selected methodology, a number of ethical issues had to be considered, and ethical approval applied for from the University of Oxford research ethics committee. The main issue related to 'informed consent', or the degree to which participants adequately understood what taking part in the research would entail. To ensure this issue was addressed, participants were presented with information sheets and if they wished to take part in the research, consent forms were provided to capture their informed consent. If any of the data collection were to become difficult or burdensome for those involved, the researcher was prepared to withdraw the person(s) involved from the study. Having read the information sheet, the participants had the opportunity to ask any questions and were presented with consent forms to sign. With regard to the safety of the researcher, a protocol was followed whereby the health and safety officer at the Institute was aware of the location, start and expected finish time of each fieldwork visit. In line with the Central University Research Ethics Committee 'Best practice guidance on anonymisation and identifiers', the data produced will only be used or disseminated for research purposes only and participants' personal information will not be passed on to third parties. All data was anonymised and stored in a secure manner with password protection; no names or identifying information has been included in this report or other publications.

The Participants

A total of 39 Memory Lane participants were surveyed to gain an insight into the characteristics of those attending the sessions. Of the 31 who responded to the question regarding their age, the majority (13) were in their 70s; 1 was in their 50s; 6 were in their 60s; 7 were in their 80s and 3 were in their 90s. Many of those surveyed had been attending Memory Lane for at least two years (n=24 out of 31 responders). A smaller proportion had been attending for between one and two years (n=3) or less than a year (n=3), and only one person was attending for the first time. There was a mix between those who attended Memory Lane when the topic is of interest (n=15) and those who

attended every month (n=11) and a small minority who attended when they were able (n=2).

The vast majority (28 out of 31 responding) attended a

diverse range of groups or clubs aside from Memory Lane, such as: clubs for older people (50 plus network, U3A), church groups, sports clubs, carers' groups, the WI, other local history groups, work associations, friends of local museums, and choral and music groups.

As the Memory Lane programme began in 2010, it was not possible to assess the impact of the sessions on wellbeing directly as no baseline measures were available. Data was however collected on the participants' wellbeing generally using CASP-12 measures in a survey to provide context to the findings which will follow on the impact of Memory Lane. CASP-12 measures were developed based on hedonic (as the desire to reduce suffering and maximise pleasure) and eudemonic (the amount of control and autonomy a person has) wellbeing and focuses specifically on issues related to ageing (Wiggins, Netuveli, Hyde, Higgs, & Blane, 2007). The questions included in CASP-12 are outlined below (see appendix for other measures piloted).



Box 1: CASP-12 Measures

1. Control

- My age prevents me from doing the things I would like to.
- I feel that what happens to me is out of control.
- I feel left out of things.

2. Autonomy

- I can do the things that I want to do.
- Family responsibilities prevent me from doing what I want to do.
- Shortage of money stops me from doing the things I want to do.

3. Pleasure

- I look forward to each day.
- I feel that my life has meaning.
- On balance, I look back on my life with a sense of happiness.

4. Self-realization

- I feel full of energy these days.
- I feel that life is full of opportunities.
- I feel that the future looks good for me.

When looking at the data from the CASP-12 measures, participants had mixed feelings in relation to the 'control' dimensions, with a slight majority reporting positively in relation to the following questions:

- My age prevents me from doing the things I would like to.
- I feel that what happens to me is out of control.
- I feel left out of things.

The question, 'I feel left out of things', was not one the participants related to in particular, which is therefore positive in terms of their wellbeing. In terms of the 'autonomy' aspects (questions: 'I can do the things that I want to do', 'Family responsibilities prevent me from doing what I want to do', 'Shortage of money stops me from doing the things I want to do'), more participants felt they could 'do the things I want to do'; in turn, few reported that family responsibilities prevented them from doing the things they would like to do but slightly more reported issues related to having the financial resources necessary to do as they pleased.

Participants also responded positively to the 'pleasure dimension', including the questions:

- I look forward to each day.
- I feel that my life has meaning.
- On balance, I look back on my life with a sense of happiness.

They also reported positively on the 'self-realisation' elements, in particular that 'life is full of opportunities' and that the 'future looks good'. The results related to feelings of energy were more mixed.

The surveys also included space for participants to contribute their own feelings and thoughts about Memory Lane, and museums and galleries' role in society more broadly. The survey also included questions from the DCMS Taking Part survey to address the participants' general feelings towards museums and galleries. Participants were asked the degree to which they agreed or disagreed with the statement 'Having access to museums in my local area is important to me', and of the 30 who responded, 17 strongly agreed, 12 agreed and one person neither agreed or disagreed. In response to the question 'museums play an important role in helping me understand the world', 13 strongly agreed, 10 agreed and 6 neither agreed nor disagreed. Where participants responded most positively was in relation to the statement 'I'm interested in the history of the places where I live'. Of the total 29 people responding to this question, 22 strongly agreed and 7 agreed.

Findings

Immediate feedback from the sessions



Memory Lane group members enjoying some object handling in 2013

Observations

A total of four sessions were observed. At the first, a Movers and Shakers session, open notes were made on the content of the session and the participants' reactions and interactions. These notes not only provided a source of data but also guided the creation of the first draft of an 'observational evaluation sheet' which was further refined in subsequent sessions and it currently being trialled at a new group for older people being held at the Pitt Rivers Museum ('Meet me at the Museum'). At the first session, it was clear that important data was being generated before the session began, with participants greeting each other warmly and so the later version of the observation sheet reflected this. At the first observed session, there was a man was waiting outside, looking apprehensive. He said he would like to watch and first to see what the session entailed and he appeared to be slightly reticent to do the warm up moves, and then said "*it's not for me*" and left. This however did not affect the rest of the group. Two new members also joined that session, and one who was an experienced dancer and the other who was less confident and physically able. The former was happy to 'do her

own thing' and improvise while the latter participant watched the facilitator intently. The overwhelming feedback from this Movers and Shakers session was positive: the exercise became more strenuous and complex and though participants' abilities varied, they all felt comfortable and confident enough to do as much as they could, even if that meant sitting for some parts. Though the historical elements were woven through the session, the physical activity was the main focus for the participants. There was the one part which produced mixed reactions: some were not sure of the purpose of the activity, some looked self-conscious and confused. In the post-session focus group, the participants validated these observations.

Observing this session and following up with a focus group provided insight into the areas which should be included in a more structured observation sheet. These initially included:

Body language

- Positive: Relaxed, energetic (e.g. moving around with purpose), engaged (e.g. eye contact with people in session).
- Negative: Nervous (e.g. pacing, unsettled mannerisms), closed (e.g. arms folded, not making eye contact), dismissive (e.g. turning away when someone is speaking to them).

Facial expressions

- Positive: e.g. smiling, calm.
- Negative: e.g. sad expressions, visible frustration, furrowed brow.

Verbal cues/ exclamations

- Positive: greeting others, positive exclamations related to discussion.
- Negative: sighs, groans, negative exclamations related to the discussion.

Interactions

- Positive: greeting and talking with others, open body language, friendly touching.
- Negative: shying away from others, excluding certain members.

Contributions/ engagement

- Positive: memories related to the topic, questions related to topic.
- Negative: talking over others, dismissive of topic, confusion about activity/ topic.

For the second session observed, an observation sheet was created, designed to record observations relating to ten participants at 20 minute intervals throughout the session. A mix of participants were selected, some attending with friends or partners and some were alone; a range of ages were also selected. All seemed to know other participants and greeted them. One participant initially seemed nervous, rubbing his hands together and fidgeting but it became clear that this was his manner generally. When observing the

first 20 minutes, in terms of body language, aside from this participant, all others looked at ease and engaged. Facial expressions were happy and focused. Participants being observed encouraged the contributions of others and some added their own memories to the group. In terms of interactions, there were some side discussions between neighbours, some related to the content of the session and some to clarify what had been said due to difficulties hearing. In the second and third twenty minute intervals, participants became more relaxed and contributed more memories. In the third interval, some participants had brought items related to the session's topic (World War II), which sparked more side conversations as they were passed around. The facilitator's knowledge of the group meant she could prompt certain participants to share memories related to the discussion. Overall, the session went well with many participants providing oral history accounts and several bringing relevant items in to pass around.

Reflecting on the observation sheet, it had proved difficult to make observations on ten participants. Also, selecting participants to observe before they were seated meant some were not as visible as others. Further refinements were made to the observation sheet ahead of the third session. The number of participants to be observed was reduced to five, all of whom had attended before but were a mix of ages. The categories were also reduced to two main areas of observations with sub-categories:

Non-verbal cues:

- Body language: Positive: Relaxed, energetic (e.g. moving around with purpose), engaged (e.g. eye contact with people in session); Negative: Nervous (e.g. pacing, unsettled mannerisms), closed (e.g. arms folded, not making eye contact), dismissive (e.g. turning away when someone is speaking to them).
- Facial expressions: Positive: e.g. smiling, calm; Negative: e.g. sad expressions, visible frustration, furrowed brow.

Verbal cues:

- Verbal cues/ exclamations: Positive: greeting others, positive exclamations related to discussion; Negative: sighs, groans, negative exclamations related to the discussion.
- Interactions: Positive: greeting and talking with others, open body language, friendly touching; Negative: shying away from others, excluding certain members.
- Contributions: Positive: memories related to the topic, questions related to topic; Negative: talking over others, dismissive of topic, confusion about activity/ topic.

In terms of the non-verbal cues in the first 20 minutes, there was a mix of reactions. Three of the five participants being observed were listening intently while of the remaining two, one was reading a flyer and the other was waving at others across the room. One added a memory to the session, whilst another had a side conversation with her neighbour about what had happened over Christmas; the other three participants made no verbal cues at this point. During the second 20 minutes, four became more engaged, adding memories relevant to the discussion; the one who did not contribute verbally still appeared to be enjoying the session, nodding and smiling at the contributions of others. The session was slightly shorter so it was not possible to do the final 20 minutes of observations.

The fourth round of observations took place at an intergenerational session with children from a local school. Again, five participants were selected, one of whom had not attended Memory Lane before and was accompanied by her adult son. The session was also held at a different venue, with three external speakers. In the first 20 minutes, all were making non-verbal cues indicating engagement, and two answered questions and interacted with the children. In the second 20 minutes, four became more animated, clapping the speaker, answering questions, joking with the facilitator and making contributions. The third part of the session involved object handling, which promoting discussion between the participants. The one participant who had been silent up until this point began to talk with his neighbour. Overall, the session was well-received by the participants who listened intently to the external speakers and engaged with the children. The handling of objects prompted discussions between participants, including those who had yet to contribute to the session.

Survey data

The survey data collected provided insight into participants' immediate reaction to the Memory Lane session they had just attended and also their sense of wellbeing more generally. In terms of the former, this aspect was included in order to validate the findings of the observations, participants were asked to reflect on the session. Using Thomson and Chatterjee's (2013) UCL Museum Wellbeing Measures toolkit, we asked participants the questions below:

- I felt happy
- I felt engaged
- I felt comfortable
- I felt safe and secure
- I enjoyed the company of other people
- I talked to other people.

Of the 22 participants reflecting on whether they felt happy during the session, 17 reported this was the case 'all of the time' and five said they felt this way 'very often'. When exploring engagement, 16 said they felt engaged 'all of the time', whilst the remaining eight said this was the case 'most of the time'. Seventeen said they felt comfortable all of the time, and four said most of the time (one non-response). In terms of safety, 18 felt secure all of the time and five said most of the time; the same proportions apply to the participants' feelings about the company of others. When examining interactions, 23 participants recorded responses of whom thirteen said they talked to other people all of the time, seven said very often and three said some of the time. No negative responses towards the sessions were recorded in the survey.

Focus groups

In addition, two post-session focus groups were held to validate the findings from the observational data. One focus group followed a Memory Lane session whilst the other was held immediately after a Movers and Shakers session. The feedback on the sessions were generally positive in both; there was one exercise in the Movers and Shakers session which notes in the observation sheet indicated may not have been positive received by some of the participants. In the focus group session, the participants reported mixed feelings about this aspect, as the extract below shows:

'Susan': It was excellent. I didn't really like the last bit where we shook the dolls up in the air with the blanket. It felt like kindergarden.

'Janet': It was childish...

'Paul': We're all children!

'Sally': Children at heart!

'Janet': It was something light-hearted.

'Susan': No, it was fine, fine.

'Paul': You just said it was childish!

'Susan': I just like something energetic.



Memory Lane Movers and Shakers 2014

Exploring the longer-term impact: In-depth interviews

In the interviews, we explored both what had drawn the participants to first attend Memory Lane, their reflections on the sessions and what they felt the impact was upon their lives. We also explored issues related to oral history contributing both to the sessions, and the way these sessions then fed into exhibitions and contributions to the Museum of Oxford. It was important to examine what participants felt about the oral history aspect of Memory Lane so as to address the value of this specific programme. Social interventions' positive outcomes are sometimes critiqued on the grounds that the specific activity is less important than the social interaction which happens around it, and therefore sometimes positive impacts are attributed erroneously. The interviews therefore explored in depth the impact of the specific activity undertaken at Memory Lane, though there are undoubtedly some benefits which may arise from attending a group more generally, such as the forging of new friendships, though as will be explored below the use of reminiscence did facilitate these connections. The following section discusses broader impacts, before focusing specifically on the outcomes arising from oral history activities at Memory Lane.

“I think that it’s lovely getting to talk to different people and we’re all in different ages, there’s people there in their 90s, some in their 80s, I’m in my 70s, there’s 60 year olds so there is quite a big age range. People have got different memories of different periods”.

Companionship and Friendships

A key benefit of the Memory Lane sessions identified by the participants was the social connections and friendships they made. These friendships sometimes transcended age and other characteristics, but others reconnected with people they had known in their youth. The opportunity to interact in a supportive and safe environment was valued by the participants:

“Well, you meet really, really wonderful people and the connection to people is what’s vital... it gives me the opportunity to be in smaller groups and people one on one is just energising to have somebody to really talk to... I mean you don’t have to talk about issues or problems but just a connection that is important to start working in that direction, that you’re not alone. And I think that’s the major benefit of this”.

This type of feedback raises the question as to whether these benefits would be seen at a non-oral history related group. Participants felt that the topics under discussion facilitated dialogue and sharing as anyone attending could be an ‘expert’, irrespective of age or background. The age of participants interviewed spanned from 50s to 90s; a broad age range was felt by

participants to enrich the sessions. The sharing of history provided a common link for the participants, facilitating conversations and connections.

The facilitator was cited as key in fostering this friendly atmosphere:

“the thing is it’s the friendliness. Helen is all-embracing. I could go for say a year or something and not go to something and then I’d suddenly say to her ‘oh, do you mind if I come back?’, ‘oh I’d love to have you back!’. And then I said to her ‘oh can I try the Movers and Shakers?’, ‘oh we’d love to have you’”.

Also, from the observations it was clear that some of the longer-standing members also went out of their way to greet and talk to newer members to make them feel welcome. Related to social connections and friendships was the role of Memory Lane in combating loneliness. Though participants rarely said they themselves were lonely, they did feel the sessions were good for others attending who may have been. The supportive atmosphere was also felt to be important, bolstering confidence.

“I think is crucial because there’s no element of feeling stupid, or silly, or failing- it’s just whatever. And that was the point that I was at, I didn’t need any more guilt, or stress, or anything put upon me but just to participate to the best of my ability”.

Wellbeing and ‘staying active’

“it’s really helpful to keep your brain active. It doesn’t deteriorate unless you don’t use it. Anything helps you get the synapses going and learn something new, even if it’s ‘play time’, you just can’t do any harm”.

Participants also reported positive impacts on their wellbeing, particularly those who had experienced difficult situations in their personal lives such as bereavement, as one participant noted:

“earlier this year, I was in that place where I didn’t care about anything, nothing made any sense. My whole life just sort of disintegrated. It’s just a process to try to come out of that and try to participate when you don’t really feel like doing anything. And it took me a few months to be able to make that sort of step... So you have to absorb that stage of feeling and trauma and grief and everything before you start thinking ‘I don’t really have the energy but I need to make a move that way anyway for my own survival. To me, these programmes, if people do think to take advantage of them, can be a marvellous help”.

Linked to wellbeing, participants cited the importance of keeping active and engaged, with Memory Lane as an example of how older people could continue to do this. The sessions were seen as a way of maintaining memory and cognitive abilities. The triggering of memories and the sharing of oral history was felt to have an important function. More broadly, Memory Lane was part of some participants' busy schedules which they felt were important to maintain as they aged:

"The way I see it, you've got to join as many events as you can so that every day, because my sons and grandkids try and catch me and say 'can we do so and so' and I say 'no, I'm going out'. The other day my youngest son rang me up and said 'oh can you babysit tonight?', this was about 4 o'clock on a Friday. I said 'no, I'm going out at 7- I'm going to a Ceilidh'. Oh, you're never in and I said 'you've got to get me a week in advance or a fortnight in advance'. Otherwise you just vegetate".

Learning, preserving and 'bringing history to life'

The local connection was important to a lot of the participants. Though some were interested in history more generally, it was the local aspect which really appealed to many. There were a few who had lived in Oxfordshire for a relatively short period of time who saw the sessions as a way to learn about the history of where they now lived and though many had lived in Oxfordshire for more than 40 years, many found they still learnt new things from discussions with other participants and from the facilitator. The connection with local history was felt to be particularly significant and the importance of the oral history — as one participant put it, *"is living history, from the 'horse's mouth' so to speak"* — was a key theme from the interviews and focus groups. Several participants had gone further than sharing their memories with the group and contributing their oral histories to the museum archives. Some had their own possessions included in exhibitions and these participants felt positively about these contributions, and about the Museum of Oxford more generally:

"I mean it was quite thrilling really in a way because obviously it brings the museum closer to you, I mean instead of going and just looking at what other people have done, you've been a participant in it yourself and I think that that makes it feel it belongs to you, or you're a part of it. So that, it breaks down barriers really because I mean there's a lot of museums and it's the university that takes precedence. I feel that when I go in the Ashmolean. I feel that it's very university-based. It's not really because it's got other cultures in there but I think that again it's aimed at giving maximum information and it just doesn't seem to be for ordinary people in the street. It does seem to be for, I hate to say, middle

class people and university types. I don't relate to it. I think it's a lovely building and I think they've got some great things on show there but I really don't relate to it... I relate to Oxford Museum".

There was also a sense that their oral history was being preserved by Memory Lane amongst the participants, that Memory Lane would keep their reminiscences for future generations: *"All our collective memories cover how Oxford has evolved in the past 75 years. These will be lost if not recorded".* Some through taking part in Memory Lane had engaged further with local museums, contributing in other ways to their collections:

"I think what's happened in the past is important to people for posterity. It's like that Morris Motors film- I'm glad that's gone for posterity. Some years ago, my parents lived in the lock cottages in Newham and there was a photograph in the paper of Oxfordshire of old and the very first edition was the photograph of these cottages and I went to the Museum of Woodstock to get a photograph of it. I said I've got some photographs and the lady there asked to see them and I took my album and she asked to copy them. They're there now forever. One of them was a picture of my father's grandmother and now it's in one of the books they do.

There was a sense that the social history of the people of Oxfordshire needed to be preserved:

"Well, I was born and bred in Oxford and Oxford as you know has got a very fluid population and I was quite adamant that at some points, we don't forget the ordinary people of Oxford... Originally I suppose you could say I was sort of speaking up for the people of Oxford because I mean years ago, the people of Oxford paid the rates for the colleges and that and it was, you know, all sorts of things about 'Town and Gown' and how my father, if you like, was a working class man, my mother was a char lady and they, I felt, as if they were not appreciated by the, you know, the Oxford you think of as, you know".

Linked to participants' positive feelings regarding the contributions they were making and the history they were preserving was a positive impact on their identity. Some noted that they had not been considered 'academic' at school, or academic enough to take an interest in history, but by engaging in Memory Lane, this had changed. The supportive environment helped, as the following exchange from one of the focus groups demonstrates:



'Carol': 'Adam's' got a brilliant memory and he's very clever. I think he's really clever. I admire him.

[General agreement].

'Adam': At school they didn't think so. I had a teacher who if you'd misbehave, she'd take you out the front of the class and give you ten on each hand and while she was doing it, she'd call you a miserable toad!

One participant who had become very engaged in exhibitions and contributing oral history to the museum archive noted

"I think it's made me feel... just proud of myself. I just wish my husband was alive and his mum as I think they'd be proud of me... I've got more confidence... both my daughters are very proud of me".

The sharing of memories was also felt to provide a sense of self-worth and pride, as one participant explained

"They feel their past sort of feels validated, to share it with other people...It's what builds your muscles. Not physical muscles. Sometimes people have been brought to such a weak level that they don't really have a lot of self-esteem or even belief that they can do anything and they don't care".

Memory Lane could also help participants who were transitioning into new identities associated with ageing, such as retirement or widow(er)hood by providing a new activity, as one recently retired participant explained:

"My son said to me the other day, and this really surprised me, he said 'when you were retiring, I thought "oh my god, what's she going to do? We're going to have her ringing up" and he said 'you've really surprised me'. He said 'you go to that Memory Lane and you're always saying about this and that, people you've met. You've got another life'".

The sessions also sparked new interest or further investigation amongst some of the participants who followed up on sessions, researching further into particular topics. Some undertook very detailed research into their family histories, or the history of their local areas, prompted by sessions at Memory Lane. The facilitator was cited as supportive of any participants who wanted to take a particular topic further in their own time:

"Helen makes me feel as if what I was going to do is important, that's a really good thing. Not just 'oh well done', it's 'oh yes, we'd be really interested'. So I have, definitely been inspired by it".

Suggestions for Improvement

It is clear from the data generated by the mixed-method approach that Memory Lane participants valued the programme and reported benefits in a variety of ways. However, they too suggested possible modifications which they felt could improve the sessions. The most-frequently cited issue was being able to hear the contributions of other members, particularly when those attending the group had side-discussions. Some noted this was a difficult issue to rectify:

"I don't know how you get around the issue of people talking at the same time as you're trying to listen to someone. That is the worst. Everyone wants to contribute but how do you control it without losing that enthusiasm? You want everyone to speak and make sure that everyone gets to hear".

Some suggested a microphone might help, both with amplification and by ensuring only one person would speak at a time, though another participant noted that if used improperly, a microphone could make speech more intelligible. There was also the issue of balancing the contributions of some more vocal members, which for some made it hard to contribute, as one participant noted: *"I listen. Because that's the thing that people would listen to me but it would be difficult to get a word in edgeways!"*. Another suggested guidance for the group which people could sign up to:

"I suppose the only way you could do it is if you had, did like, I can't think what you call it but like a rules of the group. Rules is the wrong the word. Like guidelines and everybody sort of signs it, so if you've signed it then I suppose Helen or whoever's talking has got more right if you like to actually say 'can we just have one person talking'. Because a lot of groups do that now, don't they. Do like guidelines of the group or something".

A few participants also wondered if the group had become too large, and this was an issue in terms of noise and being able to hear all the contributions.

Conclusions

To return to the aims of this report, it principally explored the impact of Memory Lane and the sharing of oral history on participants' wellbeing. In doing so, the research project also developed a systematic observation sheet for use by museum and gallery practitioners providing in- and out-reach programmes. The observational tool developed to allow practitioners to explore 'joy in the moment' and to help them refine their practice by providing feedback on specific aspects of their sessions as opposed to participants' overall feeling is currently being trialled at other museum-based sessions for older adults.

In terms of the first aim, the mixed-method approach used demonstrated some key benefits of participating in Memory Lane and sharing oral history. The surveys and post-session focus groups validated the findings of the observations which recorded a great deal of engagement and enjoyment at the sessions. The interviews allowed for the exploration of the participants' feelings in more depth and they were clear that the sharing of history had some specific benefits in terms of forging social connections with people of different ages and backgrounds. They found it interesting to hear other perspectives about the same historical events, which in turn provided a common bond. Social connectedness is an important outcome of the Memory Lane sessions as loneliness has been identified by older people's groups, research and policy as an important issue in later life. Ageing and loneliness are related generally, with 17% of those over 80 reporting being lonely often or compared to an average of 9% of all respondents (Beaumont, 2013). Loneliness has been related to high blood pressure, increased risk of cardiovascular disease, stress, anxiety and depression (Hawkey et al., 2003; Steptoe et al., 2004; Hawkey and Cacioppo, 2010; Bolton, 2012) and a study has indicated that loneliness has a similar detrimental effect on health as smoking 15 cigarettes a day (Holt-Lunstad, 2010). It has also been related to the development of Alzheimer's disease, with research indicating it can double an individual's risk of developing the condition (Amieva et al., 2010; Nyman et al., 2010). It is unsurprising therefore that loneliness is now on the policy agenda, with the Secretary of State for Health commissioning the Marmot Review which found that socially isolated individuals are between two and five times more likely to die prematurely and that social networks are key to recovery following illness (Marmot et al., 2012). Groups like Memory Lane, which offer not only the opportunity for older adults to make new social networks, but also provide a sense of common connection through memories of their locality could offer a means to combat loneliness and its associated

negative effects.

The sessions were also seen by the participants as a way of 'stay active'. Participants were keen to stress that keeping engaged mentally as well as physically was important later in life and reminiscing in a supportive environment was a good way to stimulate memories. Participants felt confident and comfortable sharing information they were 'experts' on, and enjoyed learning new things from others who were perhaps of a different generation or from a different background. A key aspect of many of the wellbeing measures used by this project is engagement, or the degree to which older adults do not feel 'left out'. Due to a lack of baseline measures we cannot conclude that Memory Lane increased the wellbeing of its membership, we can conclude that it provided a means of staying active and involved in their local communities, which has a bearing on wellbeing.

The interviews also highlighted how important the participants felt preserving history was, and in turn the pride this made them feel as their memories were recorded and woven into exhibitions. For many, their age meant that their identities were shifting and by contributing to the sessions and preserving the social history of Oxford, they felt valued and relevant. Their position as 'experts' and the safeguarding of local history provided a sense of pride for many participants. The interviews and focus groups also revealed a strong sense of connection with the Museum of Oxford in particular as a result of attending Memory Lane, and an appreciation of museums more generally amongst the sample. Many visited not only to attend the sessions, bringing family members and friends to show them the exhibitions they had contributed to, widening the Museum's audience.

Next steps

The wellbeing measures used in the survey reveal that largely the participants responded positively, though less so in terms of the 'control' they felt over their lives. Whether these positive wellbeing effects can be attributed to attending Memory Lane is unclear as no baseline measures were taken prior to taking part. Looking to address this issue in the future, one of the aims of this project was to establish and evaluate a new programme (Prescription for Reminiscence). We have now shifted our focus from a medical-focused prescription service to address issues related to co-production and working with groups who are currently not engaged with museums and galleries. To address this need, together with ASPIRE and Age UK Oxfordshire's Arts Partnership Manager, the Oxford Institute of Population Ageing are exploring the option of preparing an application for the AHRC.

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Appendix

We also trialled Older People's Quality of Life questionnaire (OPQOL-brief) (Bowling et al., 2013) which was developed with user involvement to ensure the measures would be socially relevant. However, we found when we contrasted the OPQOL and CASP-12 results, due to the structure of the former's questions and answers, participants tended to simply tick 'strongly agree' for all answers, whereas CASP-12 questions are both positive and negative statements, requiring more thought from those answering them. OPQOL questions are below:

- I enjoy my life overall
- I look forward to things
- I am healthy enough to get out and about
- My family, friends or neighbors would help me if needed
- I have social or leisure activities/hobbies that I enjoy doing
- I try to stay involved with things
- I am healthy enough to have my independence
- I can please myself what I do
- I feel safe where I live
- I get pleasure from my home
- I take life as it comes and make the best of things
- I feel lucky compared to most people
- I have enough money to pay for household bills (Bowling et al., 2013: 182).

The first of these is the *Journal of the American Medical Association* (JAMA), which has been a leading voice in the medical profession for over a century. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The second is the *New England Journal of Medicine* (NEJM), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The third is the *Lancet*, which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The fourth is the *British Medical Journal* (BMJ), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The fifth is the *Annals of Internal Medicine*, which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The sixth is the *Journal of the American Academy of Pediatrics* (JAAP), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The seventh is the *Journal of the American Geriatrics Society* (JAGS), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The eighth is the *Journal of the American Psychiatric Association* (JAPA), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The ninth is the *Journal of the American Society of Nephrology* (JASN), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The tenth is the *Journal of the American Society of Hematology* (JASH), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The eleventh is the *Journal of the American Society of Clinical Oncology* (JASCO), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The twelfth is the *Journal of the American Society of Radiology* (JASR), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The thirteenth is the *Journal of the American Society of Pathology* (JASP), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The fourteenth is the *Journal of the American Society of Microbiology* (JASM), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The fifteenth is the *Journal of the American Society of Microbiology* (JASM), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The sixteenth is the *Journal of the American Society of Microbiology* (JASM), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The seventeenth is the *Journal of the American Society of Microbiology* (JASM), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The eighteenth is the *Journal of the American Society of Microbiology* (JASM), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The nineteenth is the *Journal of the American Society of Microbiology* (JASM), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The twentieth is the *Journal of the American Society of Microbiology* (JASM), which is a leading journal in the field of clinical medicine. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health.