

Evaluation of the Memory Box Pilot Project: Reminiscence therapy inspired methods to improve the wellbeing and behaviour of people living with dementia [PLDs]

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Background

Dementia is one of the main causes of disability later in life, ahead of cancer, cardiovascular disease and stroke (Alzheimer Society, 2018).

A key policy objective is to raise awareness about dementia and to provide healthcare staff and those who provide support to PLDs education and training about dementia, including about reminiscence theory (DoH, 2015; NHS HEE, 2015).

The potential benefit of reminiscence therapy to both raise awareness of PLDs and stimulate them to share memories has been underlined and there is a need for more research and evaluation on its benefit (Okumura et al, 2008; Kellam-Stinson, 2009; Meléndez-Moral, et al 2013).

Aims and objectives

To use reminiscence therapy inspired methods a) to train and educate a volunteer workforce to improve the wellbeing and behaviour of PLDs b) embed the project in standard practice in hospital wards and in care homes c) share and disseminate learning about MBP d) spread MBP both in the community as well as hospitals outside of the pilot sites

1. People living with dementia who attend MB sessions display an improvement in their wellbeing, behaviour and/or communication.
2. A volunteer workforce has enabled people living with dementia and their carers to capture and share memories, regaining their self-identity.
3. Healthcare staff and volunteers have the tools/skills to understand and meet the needs of patients living with dementia and their carers

Methods

Context

The Memory Boxes contained original and replica items drawn from social history collections in Hampshire museums and public donations of memorabilia easy to handle and likely to stimulate the senses, especially smell, touch and sound that covered 12 themes: shops and shopping; school days; seaside and holidays; toys; transport; cooking; music and dance; Christmas; sport; work; home and garden; and cinema and television

Volunteers were recruited from across all Community Project Areas with support from local Volunteer Organisations. The 2 project co-ordinators and some trained volunteers delivered Memory Box sessions. They were helped by trained volunteers and when available healthcare staff.

Volunteers took on a number of supporting roles in helping the 2 co-ordinators: gathering materials, maintaining boxes, marketing and promoting, developing training materials, helping deliver sessions, delivering sessions, monitoring progress against outcomes, maintaining records for National Lottery and sharing learning about the process.

From February 2016 to February 2018, a total of 178 volunteers [60 healthcare staff, 118 volunteers including 59 activity co-ordinators], were trained and helped deliver 862 sessions to 4,022 PLDs with an average of 4.6 PLDs per session in 4 hospitals and 5 care homes.

Data collection and samples

Sample groups	What the survey elicited	Sample size
1. Survey of people living with dementia [PLDs]	Active contribution to MB sessions Improved self-identity of PLDs	n=131 n=25 in year 1 n=106 in year 2
2. Survey of volunteers and healthcare staff **	MB experience and suggestions for improvement	n=47
3. Survey of volunteers and healthcare staff*	Skills gained from MB pre and post survey re MB sessions	n=19 n=15 matched n=4 pre-only

Volunteers**	20
Activity co-ordinators**	13
Healthcare staff**	14
Volunteers*	10
Activity co-ordinators*	5
Healthcare staff*	4

Survey of PLDs n=131



Quantitative results highly positive

Enjoyed session 98%, enjoyed talking to people 95% and enjoyed hearing people 98%

Qualitative results highly positive

43 out of 131 (32.8%) commented:

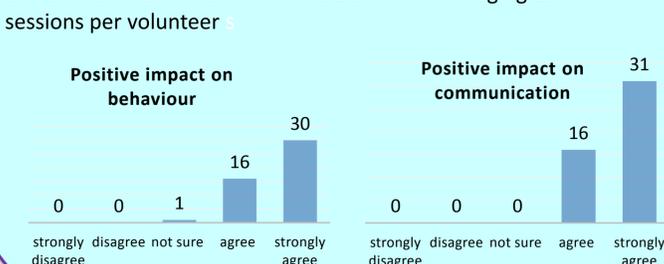
6 said it has brought memories back, 5 felt good or happy during the session, 4 said it was interesting, 4 underlined fun or laughing. The rest made other positive comments.

- Happy. Enjoyed talking to others & listening
- Good because revisit happy memories of days gone by with family. Interesting talking to other people
- Enjoyed talking to other people today...
- Its great hearing about other people's lives. Enjoyed it greatly, brought lots of memories back

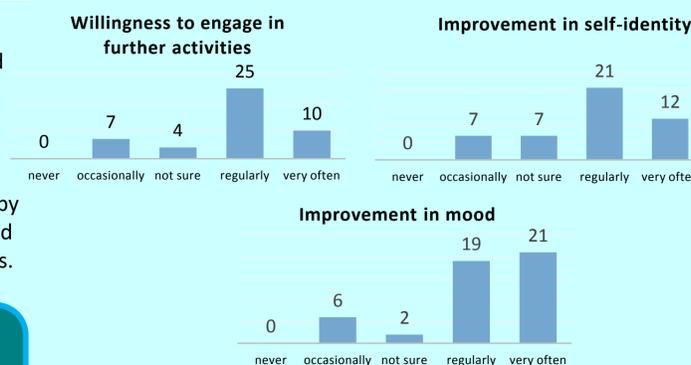
Survey 1: volunteers and healthcare staff n=47

14 healthcare staff attended at least 113 sessions averaging 8 sessions per healthcare staff

33 volunteers attended at least 492 sessions averaging 15 sessions per volunteer

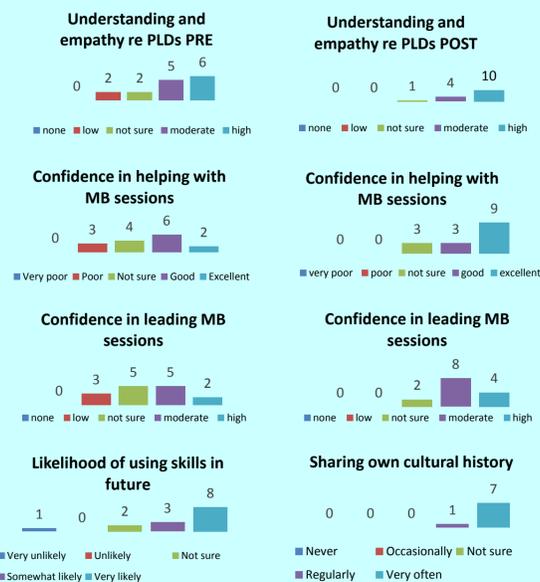


Results



- Fantastic for patients with dementia. The nature of the sessions and the objects are really effective for reminiscence.
- A fantastic service for our residents. So inclusive across the different levels of our dementia stages of individual journeys.
- I love it. I feel involved. You get volunteers and staff from all cultures and backgrounds coming together and sharing memories and life stories
- I've enjoyed my MBP experience immensely. It's made me look back on some of the older people, I love listening to their stories and memories. And sharing my own too.
- It's nice that we (as volunteers) can help PLDs share their memories and help them feel good when they remember the good times.

Survey2: volunteers and healthcare staff n=15



- More knowledge of local history & life stories. Greater understanding of people with dementia. [Volunteer]
- Becoming better able to deliver an activity as a group, rather than individual level. [Healthcare support worker]
- More confident in 'doing' reminiscence work with Residents 1:1, learnt from watching, and joining the sessions myself. Listening to people. Techniques for engaging Residents in Reminiscence Conversation. [Activity co-ordinator]

Conclusion

The pilot was very successful in meeting all of the 3 key outcomes and achieved the aim of educating a volunteer/healthcare workforce to improve the wellbeing and behaviour of PLDs. MB sessions became embedded in standard practice in hospital wards and in care homes and the team shared and disseminated learning about MB. However, only a minority of volunteers felt confident enough to deliver MB sessions and this has hindered the spread and adoption both in the community as well as hospitals outside of the pilot sites.

References

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