



**Independent evaluation of the Memory Box Project:**

**Reminiscence therapy inspired methods to improve the wellbeing and behaviour of people with dementia [PLDs].**

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1. **Dementia and reminiscence therapy**

There are 850,000 people with dementia in the UK, including more than 25,000 people from black, Asian and minority ethnic groups. Numbers are expected to increase to over 1 million by 2025. There are an estimated 46.8 million people living with dementia [PLDs] worldwide and the numbers is expected to double every 20 years (Alzheimer Society, 2018). Dementia is one of the main causes of disability later in life, ahead of cancer, cardiovascular disease and stroke (Green and Brodaty, 2002).

One of the most common psychosocial treatments used in dementia and elderly care is reminiscence therapy (Meléndez-Moral et al, 2013) which involves the senses as a starting point by using a variety of touchable and palpable familiar things to stimulate long-term memory by way of interactions and conversations (Gibson, 1994). Reminiscence therapy has been found to have a positive effect in relation to comprehension skills of older adults (Baines et al, 1987; Goldwasser et al,1987; Thorgrimsen et al, 2002; Chiang et al, 2010), depression and emotional well-being (Bohlmeijer, et al 2007; Kellam-Stinson, 2009; Okomura et al, 2008; Meléndez-Moral, et al 2013). Reminiscence therapy has also been shown to have a positive impact on attitudes of healthcare care staff towards the older patients that they are looking after (Clark et al, 2003).

The public lacks awareness of dementia and dementia research is desperately underfunded (Alzheimer’s Society, 2018). The Prime Minister’s Challenge on Dementia (2015) to 2020 (DoH, 2015) underlined dementia awareness as a key priority, not only for those providing clinical care or support for people with dementia, but also for various support staff and others who need to increase their awareness of the specific needs of people living with dementia and of those of their carers (NHS HEE, 2015). The need to provide healthcare staff education and training about dementia, including about reminiscence theory, has become a key UK policy objective (NHS HEE, 2015) (e.g.). The literature has highlighted the need for more research and evaluation on the benefit of reminiscence theory (Okumura et al, 2008; Kellam-Stinson, 2009; Meléndez-Moral, et al 2013).

1. **The Memory Box Project**

The Memory Box Project [MBP] is a quality improvement intervention that fits in with policy and the need for more research and evaluation on the benefit of reminiscence theory for PLDs. MBP is funded primarily by Big Lottery with the help of other partners and led by the Wessex Heritage Trust who have employed two MBP project co-ordinators recruited in February 2016 to implement the project. The MBP project co-ordinators were involved in designing 24 sensory boxes around 12 themes containing original and replica items drawn from social history collections in Hampshire museums and public donations of memorabilia that are easy to handle and likely to stimulate the three main senses: smell, touch and sound known to trigger memories. The 12 themes are: 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 (e.g. Southampton Voluntary Services, Basingstoke Voluntary Services, Hampshire Wellbeing Service, Carers’ groups, Hospital Wards Activity Co-ordinator groups). The project co-ordinators delivered Memory Box Reminiscence Training to volunteers and care staff skilling them up to facilitate their own Reminiscence conversations with PLD. MBP Community volunteers have taken on a number of roles to support the project. Volunteers support MBP Co-ordinators to gather materials, maintain boxes, market and promote the project help deliver the session, develop training materials, monitor progress against outcomes, maintain records for reporting to National Lottery and share learning about the process.

A total of 78 volunteers were trained and helped deliver 360 sessions February 2017 to February 2018 with an average of 6.4 PLDs per session in four hospitals and five care homes. See appendix 5.

Each box contains a practical toolkit for volunteers i.e. activity factsheets about the items and a training booklet to assist volunteers who will deliver the MBP sessions to patients and carers. The MBP sessions aimed to use the items in the boxes as prompts to activate the three main senses (smell, touch and sound) that are known to trigger memories in dementia patients so that dementia patients could share their memories and interact with others in small groups. The MBP sessions involved helping patients exchange memories on a weekly basis with other patients, relatives and or/carers, community volunteers, MBP project co-ordinators, healthcare professionals.

1. **Aims and objectives**

The Memory Box Project [MBP] seeks to use reminiscence therapy inspired methods to train and educate a volunteer workforce to a) improve the wellbeing and behaviour of people with dementia b) better meet the needs of patients living with dementia and their carers and 3) share and disseminate learning consequent to the implementation of the MB project Improve the public’s perception of dementia and reduce the stigma attached to it and 4) embed the project in standard practice in hospital wards and in care homes.

The three key outcomes selected to achieve the aims are:

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. Health Care staff and volunteers, including those from BME [British. Black and Minority Ethnic non-white communities in the UK] have the tools/skills to understand and meet the needs of patients living with dementia and their carers
4. **Methods**
	1. **Scope and design**

**Where the MB sessions took place**

In the first year, the implementation of the MBP took place in acute wards in four Wessex hospitals [Southampton, Basingstoke, Winchester and Andover]. In the second year, the implementation continued in these hospitals and also expanded into the community setting. To date MBP has reached a total of 44 community groups/organisations to include Care Homes, Libraries and Memory Groups and Carers Groups.

**Who delivered the MB sessions**

In the first and second year, the pilot project was delivered by volunteers/healthcare staff helped by the project co-ordinators to patients diagnosed with dementia [and their carers]. A total of 78 volunteers/healthcare staff had been trained by the end of year 2 [70% volunteers and 30% healthcare staff].

**How the MB sessions were evaluated**

Data collection tools especially those for people living with dementia and their carers/families needed to be ‘user friendly’ for optimal participation i.e. accessible to all and quick and easy to fill in, while obtaining ‘maximum data’ to evidence the project’s success. To allow time for data collection, volunteers were asked to finish the MB Session 15 minutes before the end of group session. Due to time and staffing constraints not all MB sessions were formally evaluated.

Data collection started after Research and Development approval from the NHS hospitals in the first year was granted, which took several months to be obtained. Approval was granted more quickly in care homes. The MB project co-ordinators organised data collection evaluation supported by volunteers and healthcare staff.

* 1. **Data collection instruments and sampling**

Data in relation to logging day to day activities, training of volunteers, number of MB sessions delivered and number of interactions with PLDs were recorded from the start of the project. Numerical and documentary analysis were used to extract data relevant to outcome measures and performance indicators.

Data collection instruments were designed by the author and the project team. Data collection started in September 2017. PLDs and carers/families were asked to complete a short survey about their experience of a MB session focussing on the extent of improvement in communication, behaviour and well-being of the PLDs. Volunteers (including activity co-ordinators) and healthcare staff were asked to complete two short surveys. One was about their experience of the MB sessions, including sharing their own cultural history. The other was about the extent to which they had increased their skills in enabling people living with dementia and their carers to share memories and regaining their self-identity.

All four surveys elicited both quantitative and qualitative data dor all 3 outcomes. Tables 1a and 1b outlines both data collection instruments and an overview of the profile of samples.

*Table 1a Data collection instruments and profile of samples*

|  |  |  |  |
| --- | --- | --- | --- |
| **Data collection instruments Sample groups** | **What the survey elicited** | **Sample size and profile** | **Outcomes/****indicators** |
| 1. Survey of people living with dementia [PLDs]

6qs quantitative ‘Smiley faces’ | Extent of active contribution to MB sessionsExtent of improved self-identity of PLDs | **n=131**n=25 in year 1n=106 in year 2 | O1: i 3O2: i b +c |
| 1. Survey of family/carer

8qs quantitative3qs qualitative | Extent of active contribute to MB sessionsExtent of improved self-identity of PLDs | **n=2** | O2: i b + c |
| 1. Survey of volunteers and healthcare staff

6 qs quantitative5 qs qualitative | MB experience and suggestions for improvement | **n=47\*\***White British n=24 British n=3West African n=1 Arab n=1 Polish n=1Female n=25 | O2: i a  |
| 1. Survey of volunteers and healthcare staff re pre and post MB sessions

6qs quantitative2qs qualitative | Skills gained from MB | **n=19\***n=15 matchedn=4 pre-only | O1: i a + bO3: i a + b + c |

*Table 1b: Profile of the samples*

|  |  |  |  |
| --- | --- | --- | --- |
| **Samples**  | **Numbers** | **Numbers** | **Surveys** |
| People living with dementia | 131 | **131** | S1 |
| Carers/family members | 2 | **2** | S2 |
| Volunteers\*\* | 20 | **47** | S3 |
| Activity co-ordinators\*\* | 13 |
| Healthcare staff\*\* | 14 |
| Volunteers\* | 10 | **19** | S4 |
| Activity co-ordinators\* | 5 |
| Healthcare staff\* | 4 |
| **Total**  | **199** | **199** | **4** |

A total of 48 volunteers (30 volunteers and 18 activity co-ordinators volunteers) took part in surveys 3 and 4. Because 3 volunteers and 3 activity co-ordinators completed both survey 3 and survey 4, the evaluation includes the views of 27 different volunteers and 15 activities co-ordinators [total 42] and 18 healthcare staff. Out of 78 ‘volunteers ‘trained (including activity co-ordinators, volunteers and healthcare staff) the views of 60 of them [42+ 18] (77%) are included in the surveys. See table 1b and appendix 6.

* 1. **Outcome measures**

The outcome measures and indicators are summarised in table 2, additional outcome measures in table 3 and quantitative indicators for each sample group in table 4.

*Table 2: Outcome measures and indicators*

|  |  |  |
| --- | --- | --- |
| **Outcome 1** |  |  |
| **Indicator**  | **Level** | **Timescale** |
| 1. Care staff/families have observed and reported that PLDs demonstrate an improvement in their **behaviour** post session vs pre-session
 | 30% | By end year 2 |
| 1. Care staff/families have observed and reported that PLDs demonstrate improved **communication** during and post sessions vs pre-session
 | 30% | By end year 2 |
| 1. PLDs and carers indicated an increase in **well-being** for PLDs and significant others who attend the session
 | 40% | By end year 3 |
| **Outcome 2** |  |  |
| **Indicators**  | **Level** | **Timescale** |
| 1. Volunteers have **developed reminiscence skills, had the confidence to deliver MB sessions in hospitals**, residential homes and day care settings
 | 80120140 | By end year 1By end year 2By end year 3 |
| 1. PLDs and their carers have been able to **actively contribute to MB sessions sharing stories and memories**
 | 1,440 PLD4,440 PLD | By end year 1By end year 2 |
| 1. Families/carers report that PLDs have demonstrated **improved self-identity** following MB sessions
 | 7,940 PLD | By end year 3 |
| **Outcome 3** |  |  |
| **Indicators** | **Level** | **Timescale** |
| 1. Healthcare staff have gained **tools/skills** by taking part in MB **training and delivery** of MB sessions on the wards
 | **200** | By end year 1 |
| 1. Healthcare staff/volunteers, including those BME [British non-white Minority Ethnic] have had the opportunity to **share their own cultural history** with the project [during MB sessions or training]
 | **100** | By end of year 1, 2, and 3 |
| 1. Healthcare staff demonstrate increased **understanding and empathy towards people with tementia**
 | **600** | By end year 3 |

*Table 3: additional outcome and outcome measures/indicators*

|  |  |  |
| --- | --- | --- |
| **Additional outcomes (cycle of learning)** | **Evidence** | **Number** |
| Market and promote the project Share/disseminate learning Improve the public’s perception of dementia and reduce the stigma attached to it | Training sessions delivered (volunteers/healthcare staff) |  |
| Community workshops delivered  |
| Conferences attended  |
| Community involvement |
| Experimented with different methods to capture lived experience of people with dementia or evidence of MBP development | Photographs, video footage, oral accounts from MB sessions |  |

*Table 4: Quantitative indicators for each sample groups*

|  |
| --- |
| **Quantitative key performance indicators for each sample group** |
| **Volunteers**  |
| * Trained
* Taken part in sessions delivered
* Developed reminiscence skills
* Confidence to deliver MB sessions
* Used MBs outside of weekly sessions
* Including those BME [British non-white Minority Ethnic] have had the opportunity to share their own cultural history with the project
 |
| **Healthcare staff** |
| * Trained
* Taken part in sessions delivered
* Gained tools/skills
* Developed their reminiscence skills
* Increased their understanding towards people with dementia
* Increased their empathy towards people with dementia
* Including those BME [British non-white Minority Ethnic] have had the opportunity to share their own cultural history with the project
 |
| **People living with dementia** |
| * Able to actively contribute to MBP sessions sharing stories and memories
* Report people with dementia have increased their well-being after a MB session
* report improved self-identity during/post MBP sessions
 |
| **Carers/families**  |
| * Able to actively contribute to MBP sessions sharing stories and memories
* Report people with dementia have increased their well-being after a MB session
* Report improved self-identity during/post MBP sessions
 |

* 1. **Data analysis**

Quantitative data were analysed numerically and by using SPSS 24. In order to underline individual experiences and build a narrative of the collective experience of all participants. Thematic analysis (Braun and Clarke, 2006) were used to analyse the qualitative data in surveys.Two statistical tests were undertaken using SPSS.24: Wilcoxon Signed Ranks Test based on Negative Ranks and Cohen’s classification of effect sizes is 0.1 (small effect), 0.3 (moderate effect) and 0.5 and above (large effect). See table 23.

* 1. **Consent and confidentiality**

Dementia Co-ordinators in the relevant organisations agreed that the forms could be used with PLDs if their purpose was explained to those taking part in MBP sessions and no names were asked for on the various questionnaires related to PLDs. This was strictly adhered to throughout the project and no names or personal data about PLDs were collected/recorded, hence all PLD related forms remained ‘anonymous’ and ‘unidentifiable’.

Volunteers and healthcare staff were informed that taking part in surveys was voluntary and that completing the surveys equated to having consented to take part. All data collected were stored in a locked drawer in a hospital or care home office and stored on secure databases on secure computers. The consent forms for PLDs were stored in separate locked drawers.

1. **Results**
	1. **Survey 1: People living with dementia [PLDs] (n=131)**

The results are outlined in table 5-10 and figures 1-6. They are very positive with no PLD having selected red or unhappy/negative and at most 8 out of 131 having selected yellow or neither happy nor unhappy/neutral for q4 *Do you feel you have had the opportunity to contribute to the session today & to share your memories with the group?* and q5 *Did you like the memory box theme today?*

*Table 5: Q1Have you enjoyed the memory box session today? How has it made you feel?*



|  |
| --- |
|  |
| *Fig 1 Q1 Have you enjoyed MB today? How has it made you made you feel?* |

*Table 6: Q2 Have you enjoyed talking to people today?*



|  |
| --- |
|  |
| *Fig 2 Q2 Have you enjoyed talking to other people today?* |

*Table 7: Q3 Did you enjoy hearing about other people’s lives today?*



|  |
| --- |
|  |
| *Fig 3: Q3 Did you enjoy hearing about* *other people’s lives today?* |

*Table 8: Q4 Do you feel you have had the opportunity to contribute to the session today & to share your memories with the group?*



|  |
| --- |
|  |
| *Fig 4: Q4 Do you feel you have had the opportunity to contribute and share your memories with the group?* |

*Table 9: Q5 Did you like the memory box theme?*



|  |
| --- |
|  |
| *Fig 5: Q5 Did you like the memory box theme?* |

*Table 10: Q 6 What do you think of the objects?*



|  |
| --- |
|  |
| *Fig 6 Q6 What do you think of the objects?* |

Qualitative data was highly positive with 43 out of 131 (32.8%) providing comments. Only one comment could be taken as not completely positive: *not many objects today*. A total of 17 said they enjoyed or greatly enjoyed the session, 6 said it has brought memories back, 5 said it was good or that they felt good or happy during the session, 4 said it was interesting, 4 underlined fun or laughing. Talking was mentioned most often (x6), followed by listening/hearing (x5) and sharing memories/stories (x4). PLDs said they liked cars (x3), the quiz (x2), photos, colouring, Christingles, Old nutcrackers and a wicker basket. Someone said of liking the idea of washing and laundry box as theme/objects.

**Illustrative comments**

* Happy. Enjoyed talking to others & listening
* Good because revisit happy memories of days gone by with family. Interesting talking to other people
* Hearing about other people's lives is good
* Very Good. Feel Good. Interacting & enjoyed coffee. Like the Brownie Camera
* Enjoyed it. Brought back some memories!! Thankyou. Remembered the heat of holidays. Lots of interesting stuff (objects).
* Enjoyed yes. Good because brought back 'things' havent seen for a while. Like listening to others. Everyone says different things. The smells were not good. Need improvement
* Loved the fashion. Enjoyed talking about me as a 'fashionista' & my job in fashion. Look forward to Memory Box on Fridays
* I am happy when I am here, talking like this. I feel good
* Think your objects are very interesting & keeping history alive. We mustn't forget past. Will be wonderful to see more. Very interesting morning. Liked sharing memories 1:1 mainly
* Liked the little wicker basket. Toilet roll was funny. Made us all laugh. Enjoyed talking to other people today… Oh yes, always a good laugh.
* Its great hearing about other people’s lives. Its nice to see how things have changed. I would like to share some of my own items/memorabilia at the next session
* Enjoyed it greatly, brought lots of memories back
* Learnt a lot about the area of Basingstoke as only moved here two years ago
* It made us come out and mix with people who understood what we had in the past
	1. **Survey of carers/family members (n=2)**

Only two carers completed the survey. What they most like to say was *The smiling faces of the residents. Sarah & Vicky are so friendly. Their stories are engaging* and *Good to be away from the ward. Good to converse with others. Very pleasant and kind volunteers*. One carer said of occasionally contributing and the other of contributing very often to the sessions. One had attended a MB twice and the other more than once. One suggested household items had prompted memories related to their cultural background.

Only one carer responded to all the questions of the survey. This carer strongly agreed that attending the MB session had a positive impact on behaviour of PLDs i.e. less anxiety and more engagement and on communication i.e. active participation. This carer had observed very often PLDs sharing memories about themselves and their life history i.e. increased self-identity. This carer observed very often an improvement in PLDs’ mood after a MBP session and an increase in PLDs’ willingness to engage in further activities after a MBP session. This carer said that the MB sessions were fantastic and had no suggestion for improvement.

* 1. **Survey 2: Volunteers and healthcare staff experience (n=47)**

The range of sessions attended was 1 to 40+. On average volunteers (including activity co-ordinators) and healthcare staff attended 13 MB sessions. See tables 11a and 11b.

*Table 11a: Profile of volunteers and healthcare staff*

|  |  |  |
| --- | --- | --- |
| **Roles** | **Numbers** | **Numbers** |
| Volunteer | 20 | **Volunteers + activity co-ordinators n= 33** |
| Activity co-ordinators | 13 |
| NHS administrative | 1 | **Healthcare staff n=14** |
| NHS clinical Associate practitioners x3Dementia nurse x1Clinical support worker x1 | 5 |
| Care home staff  | 8 |

*Table 11 b: Patterns of attendance to MB sessions*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number of sessions** | **How many people?** | **%** | **Total sessions** | **What role?** |
| 1 | 7 | 14.9 | 7 | Volunteer Healthcare staff x5 (care home)Clinical support worker |
| 2 | 1 | 2.1 | 2 | Volunteer |
| 3 | 4 | 8.5 | 12 | Volunteers x3Activity co-ordinator |
| 4 | 7 | 14.9 | 28 | Volunteers x3Activity co-ordinators x4Healthcare staff (NHS administrative staff) |
| 5+ | 5 | 10.6 | 25 | Volunteers x2Activity co-ordinator x2Associate practitioner |
| 6+ | 1 | 2.1 | 6 | Activity co-ordinator  |
| 7 | 1 | 2.1 | 7 | Healthcare staff (care home) |
| 8 | 3 | 6.4 | 24 | VolunteerHealthcare staff (care home)Associate practitioner |
| **Sub-total** | **29** | **61.7** | **111+** | **Volunteer x11****Activity co-ordinator x8****Healthcare staff x11** |
| 10+ | 1 | 2.1 | 10 | Activity co-ordinator |
| 12+ | 5 | 10.6 | 69 | Volunteer x4Activity co-ordinator  |
| 15+ | 1 | 2.1 | 15 | Associate practitioner |
| 20+ | 2 | 4.2 | 40 | Activity co-ordinatorDementia nurse |
| 40+ | 9 | 19.1 | 360 | Volunteer x5Activity co-ordinator x3Healthcare staff (care home) |
| **Sub-total** | **18** | **38.2** | **494** | **Volunteer x9****Activity co-ordinator x6****Healthcare staff x3** |
| **Total**  | **47** | **100** | **605** |  |

A total of 14 healthcare staff attended at least 113 sessions or on average 8 sessions per healthcare staff. A total of 33 volunteers attended at least 492 sessions or on average 15 sessions per volunteer (including activity co-ordinator). See table 11b.

**Q1 What would you most like to say about your experience of the MBP?** (n=44)

The most frequent word was ‘enjoy’ which occurred 17 times. Next was ‘great’, ‘sharing memories’ and ‘good’ mentioned 10 times and then ‘lovely’ mentioned 7 times. Other words were: brilliant x3, worthwhile x3, engaging x3, fun x2, fantastic x2, informative, interesting and stimulating, rewarding, amazing, inclusive and interactive.

Illustrative comments:

* It's been a great learning journey
* I enjoy it and it brought back memories
* Enjoyed sessions and helping.
* Memory Box has opened up a set of resources for our residents that we are unable to provide. They love having conversations about the different articles & having a change of people leading the session instead of us. Each resident gets excited about different articles. A real treat
* A fantastic service for our residents. It is so inclusive across the different levels of our dementia stages of their individual journeys. They are empowered by telling each other and staff about their lives, life events and experiences. I experience seeing the whole spectrum of life’s emotions shared and thoroughly enjoy it.
* The MBP has helped me understand the residents’ lives, and sharing their memories. Sarah (Pinnell) knows so much about the objects, she has a way with the Residents, capturing their interest and engaging everyone. She is good at 'drawing information'/memories from people. She gets them to talk and to engage. We all enjoy her coming (Staff, Visiting Family Members & Residents).
* I liked the visual cues and the interactiveness of the session
* The MBP is fantastic for patients with dementia. The nature of the sessions and the objects used in the activity are really effective for reminiscence and it is clear how much patients enjoy coming to the sessions. If a patient is upset or low in mood the sessions are really good for distracting them and cheering them up. MBP is really valuable.
* Heather is always good at getting a great group conversation started no matter what the subject. Always brings in the right items and asks the right questions.
* Brings people together and I can see the patients come into conversation about their past and brings a smile to their faces.
* Lovely relaxed environment, adaptable to suit people needs and capabilities.
* Always a positive experience patients and staff enjoy the sessions and get a lot from it.
* It is a vital resource for people with memory problems. It is very useful in prompting conversation.
* I love it. I feel involved. You get characters/volunteers and staff from all walks of life (cultures and backgrounds) coming together at MBP Sessions and sharing their memories and life stories. I always look forward to coming and love being a part of it.
* I've enjoyed my MBP experience immensely. It’s made me look back on some of the older people and love listening to their stories and memories. And sharing my own of course too. We all have a story to tell. It's nice that we (as volunteers) can help PLDs share their memories and help them feel good when they remember the good times.
* I think the MBP is a good way for the clients to remember things from many years ago. As volunteers we also enjoy seeing items we may have forgotten and sharing our memories with each other.
* It is a brilliant idea to bring the residents to local community library and meet together with others and reminisce.

**Q2 Do you feel you have had the opportunity to contribute to the session today, to share your memories and reminiscences with the group?** (n=43)

On average the volunteers and healthcare staff felt they had the opportunity to share memories between regularly and very often i.e. 3.51 out of 5 with 58.1% of them (25 out of 43 who responded to this question) indicating very often and only 3 (4.7%) indicating occasionally. See tables 12 and 13 and fig 7.

*Table 12: Opportunity to contribute to MB session*

|  |  |  |
| --- | --- | --- |
| **Question**Never =1 Occasionally=2 Not Sure =3 Regularly=4 Very Often=5  | **Mean** | **Standard Deviation** |
| Q2. Opportunity to contribute and share your memories and reminiscences with the MB group? (n=43) | 4.41 | .631 |

|  |
| --- |
|  |
| *Fig 7 Q2 Opportunity to contribute* *and share memories* |

*Table 13: Opportunity to contribute to MB session*

|  |  |  |
| --- | --- | --- |
| **Q2. Opportunity to contribute to the session today, to share your memories and reminiscences with the MB group?** (n=43) | **%** | **Numbers** |
| Never | 0 | 0 |
| Occasionally | 4.7 | 3 |
| Not sure | 0 | 0 |
| Regularly | 34.9 | 15 |
| Very often | 58.1 | 25 |
| **Total**  | **100** | **43** |

**Q3b Were there any items in particular that prompted memories related to your cultural background / cultural identity? Please tell us which one/s.** (n=28)

The items that prompted memories related to cultural background was wide-ranging.

* Smells and kitchen equipment from being younger x2
* The old memorabilia items with distinctive smells x2 were great at provoking memory i.e. carbolic soap!
* Yes- most objects. Old memorabilia + smells. Memory evoking
* Pegs. Shopping bags
* Holidays, UK places of interest, Travel
* Harvest festival
* Music, marbles and the Annuals
* Photographs
* Old cameras
* Egg pricker, nursery rhymes vinyl
* The old milk bottles got everyone talking and sharing stories/memories from their different backgrounds.
* Oh yes. Some of the stuff 'objects' still used in my country today & it is a real eye opener to me. Some of the items like the mincer and washing board were used in British culture in years gone by but we still use these objects in my country now. We still use the mincer to mince 'Casava leaf'. We use the whole vegetable. No waste in our culture, much like in our Residents 'days gone by'. It is nice to be able to relate to the residents and their 'experiences' from early in their lives and share life stories.
* Household items from Homes and Gardens and Schooldays items. I guess we all went to school and we all have a home somewhere whatever your background. These topics are good because they are inclusive and everyone can join in and say something If they want to. It is good to learn about different peoples cultures. We all have a story to tell.
* The music is good for sharing stories about cultural identity as music helps break down barriers. Everyone can't help but be 'touched' by songs they hear. Lots of music used in the MBP provides a common ground for participants that come from different backgrounds. Music is a 'global phenomenon'. One lady in our session (staff member) is from Jamaica and she was telling us how music is embedded in her culture.
* Fashion and food have been great for getting people from different backgrounds to share memories related to their cultural backgrounds. Everyone responds well to this. It just seems to bring people together sharing stuff about their lives (MBP Sessions).

**Q3d Can you think of items not included that would be beneficial?** (n=25)

A summary of the responses is outlined. The items were far ranging:

* Cooking/kitchen items from the past x3
* Music – especially school memories/ hymns from school x2
* Film snippets x2
* Smells x2
* Travel and travel abroad
* Cars/bikes especially models
* Themes for ladies
* A Fashion/ Clothes Box
* Making a memory box with the individuals
* More about local history
* All articles are great. We were so excited to hear about the project. Our residents really look forward to the sessions and seeing Sarah Pinnell.
* Objects that people are able to handle rather than look at pictures.
* Make images larger.
* Maybe bigger text on factsheets
* Microphone, more 1 to 1 or small groups

**Q4-5 and Q7 Extent of the improvement in behaviour, communication and self-identity of PLDs during and post MB sessions**

The results were extremely positive with 100% and 98% agreement [63.8% and 65.9% of participants strongly agreeing] that MB sessions had improved PLDs’ behaviour and communication respectively (n=47). See tables 14-15 and figs 8 and 9.

In addition, 76.7% said that they had observed improvement in self-identity either very often [27.9%] or regularly [48.8%]. See tables 16-17 and fig 10.

*Table 14: Impact on behaviour and communication*

|  |  |  |
| --- | --- | --- |
| **Questions on improvement in behaviour and communication**Strongly agree =5 Agree=4 Not sure=3 Disagree=2 Strongly disagree=1 | **Mean** | **Standard Deviation** |
| Q4 MB sessions had positive impact on participants/individuals’ behaviour (e.g. reduced anxiety levels, calmer, reduced frustration, smiling more, more engaged with others) (n=47)  | 4.61 | .715 |
| Q5 MB sessions had a positive impact on participants/individuals’ communication (actively contributing to sessions, sharing memories and stories, nodding when others speak, asking questions) (n=47)  | 4.66 | .479 |

|  |  |
| --- | --- |
|  |  |
| *Fig 8 Positive impact on behaviour* | *Fig 9 Positive impact on communication* |

*Table 15: Impact on behaviour and communication*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Q4 Positive impact re behaviour (n=47)** | **%** | **Numbers** | **Q5 Positive impact re communication (n=47)** | **%** | **Numbers** |
| Strongly agree | 63.8 | 30 | Strongly agree | 65.9 | 31 |
| Agree | 34.1 | 16 | Agree | 34.1 | 16 |
| Not sure  | 2.1 | 1 | Not sure  | 0 | 0 |
| Disagree | 0 | 0 | Disagree | 0 | 0 |
| Strongly disagree | 0 | 0 | Strongly disagree | 0 | 0 |
| **Total**  | **100** | **47** | **Total**  | **100** | **47** |

*Table 16: Impact on self-identity*

|  |  |  |
| --- | --- | --- |
| **Q7 Improvement in self-identity**Never =1 Occasionally=2 Not Sure =3 Regularly=4 Very Often=5  | **Mean** | **Standard Deviation** |
| Q7 How often have you observed improved self-identity? (n=47) | 3.93 | .925 |

|  |
| --- |
|  |
| *Fig 10 Improvement in self-identity during MB sessions* |

*Table 17: Impact on self-identify*

|  |  |  |
| --- | --- | --- |
| **Q7 How often have you observed improved self-identity?** (n=47) | **%** | **Numbers** |
| Never | 0 | 0 |
| Occasionally | 16.2 | 7 |
| Not sure | 16.2 | 7 |
| Regularly | 48.8 | 21 |
| Very often | 27.9 | 12 |
| **Total**  | **100** | **43** |

**Q6 and Q9 Extent of improvement after MB sessions**

The results were very positive. For q6, the mean response was 3.82 out of 5 and 76% of those who responded indicated that they had observed an increase in PLDs’ willingness to engage in further activities after a MB session either regularly [54.3%] or very often [21.7%]. See tables 18-19 and fig 11.

*Table 18: Willingness to engage in further activities*

|  |  |  |
| --- | --- | --- |
| **Q6 Willingness to engage in further activities**Never =1 Occasionally=2 Not Sure =3 Regularly=4 Very Often=5  | **Mean** | **Standard Deviation** |
| Q6 How often have you observed an increase in PLDs’ willingness to engage in further activities post a MBP session? (n=46) 4x5 | 3.82 | .822 |

|  |
| --- |
|  |
| *Fig 11 Q6 Willingness to engage in further activities* |

*Table 19: Impact on willingness to engage in further activities*

|  |  |  |
| --- | --- | --- |
| **Q6 Improvement in PLDs’ willingness to engage in further activities post MBP sessions** (n=46) | **%** | **Numbers** |
| Never | 0 | 0 |
| Occasionally | 15.1 | 7 |
| Not sure | 8.7 | 4 |
| Regularly | 54.3 | 25 |
| Very often | 21.7 | 10 |
| **Total**  | **100** | **46** |

For q8, the mean response was 4.19 out of 5 and 89.1% of those who responded indicated that they had observed an increase in PLDs’s mood after a MB session either regularly [40.4%] or very often [44.7%]. See tables 20-21 and fig 12.

*Table 20: Impact on mood*

|  |  |  |
| --- | --- | --- |
| **Q8 Improvement in mood after MB session**Never =1 Occasionally=2 Not Sure =3 Regularly=4 Very Often=5  | **Mean** | **Standard Deviation** |
| Q8 How often have you observed an improvement in participants’ mood after a MBP session? (n=47) 2x5 | 4.19 | .744 |

|  |
| --- |
|  |
| *Fig 12 Improvement in mood after MB session* |

*Table 21: Impact on mood*

|  |  |  |
| --- | --- | --- |
| Q6 Improvement in PLDs’ willingness to engage in further activities post MBP sessions (n=47) | **%** | **Numbers** |
| Never | 0 | 0 |
| Occasionally | 10.6 | 5 |
| Not sure | 4.3 | 2 |
| Regularly | 40.4 | 19 |
| Very often | 44.7 | 21 |
| **Total**  | **100** | **46** |

**Q9 How do you think that MBP sessions/the MBP project could be improved?** (n=39)

There were 9 positive responses i.e praise and no improvement required because MB was excellent (21.9%) with 3 comments specifically praising MB project co-ordinators.

There were 30 suggestions from improvement (76.7% of the comments):

* Smaller groups/more 1 to 1 to maximise engagement x6
* More music/singing x4
* More advertisement/big posters x3
* More sessions x2
* More themes x2
* Microphones x2
* More objects x2
* More interactions when befrienders/volunteers are not there x2
* Longer sessions x2
* Longer would be too tiring
* More facts sheets- more things people could take away
* Could pass round the items more so there is more sensory interaction.
* Use of laptop and internet to look up questions and facts we cannot answer.
* The Visual Cue Cards could be improved. I feel the session, especially for people living with a Dementia needs to be more interactive, and possibly more engaging (pace of the session).
* The holiday box could be improved as it is not my favourite as it is more to look, but with the other boxes they have more things to play and interact and I feel this is better, but it is only my personal opinion

**Q10 Please add any additional comments** (n=13)

A total of 9 comments (69%) were positive comments about MB:

* Love having memory box come in x4
* We can use the Memory Box Project Loans Service too.
* The use of prompt cards with photos was beneficial
* I feel that the memory box concept is a really good one and can really help people interact, but is only as good as the person delivering the session. The record player with the old nursery rhymes was particularly good in the MBP session.
* One of the best activities is Reminiscence Work. Please continue this great service I'm more confident about volunteering and my role. Patients are very interesting.
* Vicky (Research & Development Officer) explained WESSEX TRUST are piloting a Service 'Memories Brought Home' to offer people a 1:1 Reminiscence Service to people in their own homes/place of residence. We have a lot of residents who would use this service.

There were 4 suggestions for improvement (30.7%):

* More 1 to 1 activities to maximise engagement
* Improvements - keeping noise levels down, staff not patients, some hard of hearing patients and when too many people talking can cause confusion. Very good :)
* More volunteers needed, MBP also based on wards every day
* Finding time on a structured session is a challenge.

**4.4. Survey 4: Volunteers and healthcare staff PRE and POST competencies**

The profile of the samples for the pre and post[[1]](#footnote-1) survey of volunteers and healthcare staff is outlined in table 22.

*Table 22: Profile of volunteers and healthcare staff*

|  |  |  |  |
| --- | --- | --- | --- |
| **Role PRE** | **Number** | **Role POST** | **Number** |
| Volunteer | 10 | Volunteer | 8 |
| Activity co-ordinator  | 5 | Activity co-ordinator | 3 |
| Nurse  | 1 | Nurse | 1 |
| Health support worker | 1 | Health support worker | 1 |
| Associate practitioner | 1 | Associate practitioner | 1 |
| Administrator | 1 | Administrator | 1 |
| **Total**  | **19** |  | **15** |

Statistical analysis[[2]](#footnote-2) reveals significant improvement in respect of the pre and post questions about knowledge and skills in respect of dementia, reminiscence and life history, understanding and empathy towards PLDs, competency in using reminiscence, objects or other tools (including photographs) to support or engage with PLDs and taking part and leading MB sessions. See table 23.

*Table 23: Comparing pre and post skills and confidence of MB volunteers*

|  |  |  |  |
| --- | --- | --- | --- |
| **Questions** Strongly agree =1 Agree=2 Not sure=3 Disagree=4 Strongly disagree=5 | **Z** | **Asymp. Sig.****(2-tailed)** | **Effect size** |
| Knowledge and understanding of dementiaVery poor=1, 2, 3, 4 to excellent=5 | -2.041b | .041 | .55large |
| Knowledge and understanding of reminiscence and life-history Very poor=1, 2, 3, 4 to excellent=5 | -2.530b | .011 | .27Small to moderate |
| Understanding of and empathy for PLDs None=1, 2, 3, 4 to high=5 | -2.232b | .026 | .60large |
| Confidence in coping with challenges of supporting PLDs to engage in tasks and/or activitiesVery poor=1, 2, 3, 4 to excellent=5 | -1.930b | .054 | N |
| Competency in using reminiscence, objects or other tools (including photographs) to support or engage with PLDsVery poor=1, 2, 3, 4 to excellent=5 | -2.157b | .031 | .58large |
| Confidence in facilitating/leading reminiscence sessionsNone =1, 2, 3, 4 to high=5 | -2.373b | .018 | .63large |

Analysis of each of the 6 pre and post question is outlined in table 24-29 and figs 13a-18b.

*Table 24: Knowledge and understanding of dementia*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Q2 Knowledge and understanding of dementia PRE (n=15) | **%** | **Numbers** | Q2 Knowledge and understanding of dementia POST (n=15) | **%** | **Numbers** |
| Very poor  | 6.6 | 1 | Very poor  | 0 | 0 |
| Poor | 6.6 | 1 | Poor  | 0 | 0 |
| Not sure | 33.3 | 5 | Not sure | 13.2 | 2 |
| Good | 33.3 | 5 | Good | 33.3 | 5 |
| Excellent  | 20.0 | 3 | Excellent  | 53.3 | 8 |

|  |  |
| --- | --- |
|  |  |
| *Fig 13a: Q2 PRE Knowledge and* *understanding of dementia* | *Fig 13b: Q2 POST Knowledge and**understanding of dementia* |

*Table 25: Knowledge and understanding of reminiscence and life-history work*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Q3 Knowledge and understanding of reminiscence and life-history work PRE (n=15) | **%** | **Numbers** | Q3 Knowledge and understanding of reminiscence and life-history work POST (n=15) | **%** | **Numbers** |
| Very poor  | 6.6 | 1 | Very poor  | 0 | 0 |
| Poor | 26.7 | 4 | Poor  | 0 | 0 |
| Not sure | 60.0 | 9 | Not sure | 13.2 | 2 |
| Good | 6.6 | 1 | Good | 46.7 | 7 |
| Excellent  | 0 | 0 | Excellent  | 40.0 | 6 |

|  |  |
| --- | --- |
|  |  |
| *Fig 14a: Q3 PRE Knowledge and* *understanding of dementia* | *Fig 14b: Q3 POSTKnowledge and**understanding of dementia* |

*Table 26: Understanding and empathy of people with dementia*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Q4 Understanding and empathy of people with dementiaPRE (n=15) | **%** | **Numbers** | Q4 Understanding and empathy of people with dementiaPOST (n=15) | **%** | **Numbers** |
| None | 0 | 0 | None | 0 | 0 |
| Low | 13.2 | 2 | Low | 0 | 0 |
| Not sure | 13.2 | 2 | Not sure | 6.6 | 1 |
| Moderate | 33.3 | 5 | Moderate | 26.7 | 4 |
| High | 40.0 | 6 | High | 66.7 | 10 |

|  |  |
| --- | --- |
|  |  |
| *Fig 15a: Q4 PRE Knowledge and* *understanding of dementia* | *Fig 15b: Q4 POST Knowledge and**understanding of dementia* |

*Table 27: Confidence in coping with the challenges of supporting PLDs in engaging in tasks and/or activities*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Q5 Confidence in coping with challenges of supporting PLDs to engage in activities PRE (n=15) | **%** | **Numbers** | Q5 Confidence in coping with challenges of supporting PLDs to engage in activities POST (n=15) | **%** | **Numbers** |
| Very poor  | 6.6 | 1 | Very poor  | 0 | 0 |
| Poor | 6.6 | 1 | Poor  | 0 | 0 |
| Not sure | 20.0 | 3 | Not sure | 20.0 | 3 |
| Good | 40.0 | 6 | Good | 33.3 | 5 |
| Excellent  | 26.7 | 4 | Excellent  | 46.7 | 7 |

|  |  |
| --- | --- |
|  |  |
| *Fig 16a: Q5 PRE Confidence in supporting PLDs in engaging with activities* | *Fig 16b: Q5 POST Confidence in supporting PLDs in engaging with activities* |

*Table 28: Competency in using reminiscence, objects or other tools (including photographs) to support or engage with PLDs*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Q6 Competency in using reminiscence, objects (including photographs) to support/engage with PLDs PRE (n=15) | **%** | **Numbers** | Q6 Competency in using reminiscence, objects (including photographs) to support/engage with PLDs POST (n=15) | **%** | **Numbers** |
| Very poor  | 6.6 | 0 | Very poor  | 0 | 0 |
| Poor | 20.0 | 3 | Poor  | 0 | 0 |
| Not sure | 26.7 | 4 | Not sure | 20.0 | 3 |
| Good | 40.0 | 6 | Good | 20.0 | 3 |
| Excellent  | 13.3 | 2 | Excellent  | 60.0 | 9 |

|  |  |
| --- | --- |
|  |  |
| *Fig 17a: Q6 PRE Confidence in using objects and photographs to engage with PLDs* | *Fig 17b: Q6 POST Confidence in using objects and photographs to engage with PLDs* |

*Table 29: Confidence in facilitating/leading reminiscence sessions for PLDs*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Q6 Confidence in facilitating/leading reminiscence sessions for PLDs PRE (n=15) | **%** | **Numbers** | Q6 Confidence in facilitating/leading reminiscence sessions for PLDs POST (n=15) | **%** | **Numbers** |
| None  | 6.6 | 0 | None | 0 | 0 |
| Low | 20.0 | 3 | Low | 0 | 0 |
| Not sure | 33.3 | 5 | Not sure | 13.2 | 2 |
| Moderate | 33.3 | 5 | Moderate | 52.8 | 8 |
| High | 13.2 | 2 | High | 26.7 | 4 |

|  |  |
| --- | --- |
|  |  |
| *Fig 18a: Q7 PRE Confidence in leading reminiscence sessions for PLDs* | *Fig 18b: Q7 POST Confidence in leading reminiscence sessions for PLDs* |

Only 8 participants provided information about skills they hoped to gain and/or skills they actually gained. There were only 5 matched sets of pre and post responses.

A wide range of skills were gained from knowledge and understanding of PLDs and of reminiscence work to listening to and engaging with PLDs, better communication skills and greater confidence in dealing with PLDs as a group. One participant already had experience of similar work and did not learn any new skills. See table 30.

*Table 30: Skills hoped to be gained and skills gained*

|  |  |
| --- | --- |
| **What skills, if any, do you hope to gain by taking part in MBP sessions? PRE** | **What skills did you gain by taking part in MBP sessions? POST** |
| Knowledge and understanding of dementia. Interacting with people. [Volunteer] | More knowledge of local history & life stories. Greater understanding of people with dementia. [Volunteer] |
| Social interaction about memories, sharing knowledge with the residents [Activity co-ordinator] | More confident in 'doing' reminiscence work with Residents 1:1, learnt from watching Sarah, and joining the sessions myself. Listening to people. Techniques for engaging Residents in Reminiscence Conversation. [Activity co-ordinator] |
| Better understanding of reminiscence techniques [Volunteer] | Communication skills [Volunteer] |
| Increased ability to get alongside those with dementia. [Volunteer] | I have had the opportunity to spend more time talking/ listening/ encouraging club members [Volunteer] |
| Better communication skills [Healthcare support worker] | Becoming better able to deliver an activity as a group, rather than individual level. [Healthcare support worker] |
| BLANK | No skills learnt by doing MBP as I already participating in similar activity [Volunteer co-ordinator] |
| BLANK | Talking to people with dementia, listening to people with dementia. Using Memory Box artefacts as prompts. [Volunteer} |
| Just to help people with dementia. [Volunteer] | BLANK |

In the post survey, participants were asked about the likelihood of using new skills and competencies in future and whether they had the opportunity to share their own cultural history during MB sessions. The analysis of the responses is outlined in tables 31-32 and in figs 19-20.

Of the 14 who responded, more than three quarter indicated that they were somewhat likely [21.4%] or very likely [57.1%] to use their new skills and competencies in future. See table 31. All 8 who responded had the opportunity to share their own cultural history regularly [12.5%] or very often [87.5%]. See table 32.

*Table 31: Q7 Likelihood of using new skills and competencies in future*

|  |  |  |
| --- | --- | --- |
| Q7 Likelihood of using new skills in future(n=14) | **%** | **Numbers** |
| Very unlikely | 7.1 | 1 |
| Unlikely | 0 | 0 |
| Not sure | 14.3 | 2 |
| Somewhat likely | 21.4 | 3 |
| Very likely  | 57.1 | 8 |

|  |
| --- |
|  |
| *Fig 19: Q7 Likelihood of using new skills and* *competencies in future* |

*Table 32: Opportunity to share your own cultural history at the MB sessions*

|  |  |  |
| --- | --- | --- |
| Q8 Opportunity to share your own cultural history at the MB sessions (n=8) | **%** | **Numbers** |
| Never | 0 | 0 |
| Occasionally | 0 | 0 |
| Not sure | 0 | 0 |
| Regularly | 12.5 | 1 |
| Very often | 87.5 | 7 |

|  |
| --- |
|  |
| *Fig 20: Q8 Opportunity to share your own**cultural history at the MB sessions* |

Suggestions to optimise the benefit of the MB sessions were smaller groups, more objects in boxes, so patients (all) can have an item and more local history items required, relevant to the local area. However, the emphasis was about how valuable and beneficial the MB project was for PLDs, volunteers and healthcare staff:

* Gained greater confidence by attending sessions! [Volunteer] POST
* MBP definitely improves the experiences of the members of the Memory Club [Volunteer] POST
* It is a very valuable project and a great stimulation to conversation and memories. [Volunteer] POST
* I look forward to MBP Coming. I enjoy sharing my memories too …It's amazing how it helps the residents. I do some 1:1 Reminiscence Work with our Residents when I can (tight work schedule) who are upstairs (cut off a bit) …. So I borrow stuff 'memorabilia' from MBP. We put their memories in their Booklets ("This is Me Documents."). It helps me get to know Residents talking about their lives. Any memories we 'collect' & record in their Booklets. When SP is facilitating a MBP Session, as staff, we can get so much information about Residents that we would never know otherwise. I would like to do more Reminiscence work, but we only just find time to do what we do. Staff like sitting in on MBP Sessions to 'hear' what Residents are saying and 'prompt'/support them to speak/share memories. Often supporting role involves repeating thing to residents, "What year were you born in Mary?" We are busy supporting residents to get the best from sessions [Volunteer]

**4.5. Documentary analysis of MB activity**

Records in relation to the number of volunteers trained, involved, sessions and PLDs reached indicate that

**YEAR 1**

* The total number of volunteers trained was 100 [BSK n=92, SOTON n=8]
* Total number of volunteers/healthcare staff involved end Y2 n=92 [BSK n=84 and SOTON n=8]
* The total number of MB sessions delivered n=432 [BSK n=310 and SOTON n=122]
* The total number of PLDs reached n=1,268 [BSK n=833; SOTON n=435]
* The average number of PLDs per sessions n=2.9 based on PLDs: number of sessions

**YEAR 2**

* The total number of volunteers trained was 78 [BSK n=58, SOTON n=14, and MBH n= 5]
* Total number of volunteers/healthcare staff involved was n=509 [BSK n=192 and SOTON n=317 +MBH n=5]
* The total number of MB sessions n=430 [BSK n=213 and SOTON n=217]
* The total number of PLDs reached n=2,754 [BSK n=1,596; SOTON n=1,152; MBH n=6]
* The average number of PLDs per sessions n=6.4 based on PLDs: number of sessions

Of note is that following feedback from volunteers and healthcare staff in year 2, the average number of 6-8 PLDs per session in BSK decreased to 4-6 PLDs per session to be more in line with SOTON which had 5-6 PLDs per MB session. See appendix 5.

The total number of sessions delivered after two years is 862. At the end of year 2, the target of 720 by the end of year 3 has been exceeded by 142.

1. **Conclusion**

**6.1. Summary of findings**

**Survey 1: PLDs** (n=131)

The results of the survey of PLDs about MB sessions were extremely positive with no PLD having selected red or unhappy/negative and only a handful of yellow for neither happy no unhappy. A total of 123 out of 131 (93.9%) felt they had the opportunity to contribute to the session today to share their memories with the group and they liked the MB theme and they liked the objects. No less than 96.6% enjoyed the session and felt happy, 95.5% enjoyed talking about their life and 97.7% enjoyed listening to others.Qualitative data was highly positive with 43 out of 131 (32.8%) providing comments. Only one comment could be taken as not completely positive: *not many objects today*. PLDs confirmed they enjoyed or greatly enjoyed the session and said it had brought memories back and they felt good or happy during the session.

**Survey 2: Families and carers** (n=2)

Only two carers completed the survey. They underlined *the smiling faces of the residents* and *the very pleasant and kind volunteers*. One carer said of occasionally contributing and the other of contributing very often to MB sessions which were *fantastic.* Only one carer responded to all the questions. This carer strongly agreed that attending the MB session had a positive impact on behaviour of PLDs i.e. less anxiety and more engagement and on communication i.e. active participation. This carer had observed very often PLDs sharing memories about themselves and their life history i.e. increased self-identity. This carer observed very often an improvement in PLDs’ mood after a MBP session and an increase in PLDs’ willingness to engage in further activities after a MBP session.

**Survey 3: Volunteers and healthcare staff experience** (n=47)

A total of 14 healthcare staff attended at least 113 sessions or on average 8 sessions per healthcare staff. A total of 33 volunteers attended at least 492 sessions or on average 15 sessions per volunteer (including activity co-ordinator). On average volunteers (including activity co-ordinators) and healthcare staff taken as a group attended 13 MB sessions. The range of sessions attended was 1 to 40+.

Volunteers and healthcare staff really enjoyed their experience of the MB sessions which were called fantastic and brilliant. A total of 58.1% indicated that they contributed very often and 34.9% regularly (n=43) and 100% and 98% agreed [with 63.8% and 65.9% of strongly agreeing] that MB sessions had improved PLDs’ behaviour and communication respectively (n=47). In respect of improved self-identity of PLDs, 48.8% had observed this regularly and 27.9% very often. In addition, 76% indicated that they had observed an increase in PLDs’ willingness to engage in further activities after a MB session either regularly [54.3%] or very often [21.7%] while 89.1% indicated that they had observed an improvement in PLDs’ mood after a MB session either regularly [40.4%] or very often [44.7%]. Suggestions for improvement were smaller groups/more 1 to 1 to maximise engagement, more music/singing, more objects, more sessions and more advertisement/big posters as well as more facts sheets and more things people could take away

**Survey 4: Volunteers and healthcare staff pre and post MB re upskilling** (n=15)

Statistical analysis[[3]](#footnote-3) reveals significant improvement in respect of the pre and post questions about knowledge and skills in respect of dementia, reminiscence and life history, understanding and empathy towards PLDs, competency in using reminiscence, objects or other tools (including photographs) to support or engage with PLDs and taking part and leading MB sessions.

In particular the percentage who agreed that knowledge and understanding of dementia was good or excellent increased from 53.3% PRE to 86.3% POST MBP. Those who agreed that that knowledge and understanding of reminiscence and life-history work was good or excellent went from 6.6% PRE to 86.7% POST. The percentage of those who agreed that confidence in using objects and photographs to engage with PLDs was good or excellent raised from 53.3% to 80% while confidence in leading reminiscences sessions increased from 46.5% to 79.5%. Participants also said that they had the opportunity to share their cultural history regularly [12.5%] and very often [87.5%]. Participants indicated that the likelihood using their new skills was somewhat likely [21.4%] and very likely [57.1%].

Qualitative data supported the quantitative findings. Participants underlined s how valuable and beneficial the MB project was for PLDs, volunteers and healthcare staff and that they had gained greater confidence by attending sessions. Underlined were comments about having gained increased more knowledge of local history and life stories, greater understanding of people with dementia, more confidence in 'doing' reminiscence work with Residents 1:1 and having learnt from watching project co-ordinators and joining the sessions, listening to people and techniques for engaging residents in reminiscence conversation.

**6.2. Extent to which outcomes were met**

Table 33-35 summarise outcomes and indicators and the extent to which they were met.

*Table 33: Outcome 1: People living with dementia who attend MB sessions display an improvement in their wellbeing, behaviour and/or communication*.

|  |  |  |
| --- | --- | --- |
| **Outcome 1** |  |  |
| **Indicators** | **Level** | **Timescale** |
| 1. Care staff/families have observed and reported that PLDs demonstrate **an improvement in their behaviour** during post session vs pre-session

Survey 2 (n=2)Only 1 carer out of a total of 2 responded to all the questions. This carer strongly agreed that attending the MB session had a positive impact on behaviour of PLDs i.e. less anxiety and more engagement.Survey 3 (n=47)Volunteers and healthcare staff: 98% agreed with 63.8% strongly agreeing that MB sessions had improved PLDs’ behaviour.  | 30%**50%****98%** | By end year 2**EXCEEDED****EXCEEDED** |
| 1. Care staff/families have observed and reported that PLDs demonstrate **improved communication** during and post sessions vs pre-session

Survey 2 (n=2)Only 1 carer out of a total of 2 responded to all the questions of the survey and strongly agreed that PLDs had demonstrated improved communication i.e. active participation. Survey 3 (n=47)Volunteers and healthcare staff: 100% agreed with 65.9% strongly agreeing that MB sessions had improved PLDs’ communicationand qualitative data | 30%**50%****100%** | By end year 2**EXCEEDED****EXCEEDED** |
| 1. PLDs and carers indicated an **increase in well-being** for PLDs and significant others who attend the session

Survey 1 (n=131)No less than 96.6% enjoyed the session and felt happy, 95.5% enjoyed talking about their life and 97.7% enjoyed listening to others.Qualitative data was highly positive with 43 out of 131 (32.8%) providing comments underlining having enjoyed or greatly enjoyed the session and saying it had brought memories back and they felt good or happy during the session.Survey 2Only 1 carer responded to all questions and attended more than one MB session. This carer observed very often an improvement in PLDs’ mood after a MBP session and an increase in PLDs’ willingness to engage in further activities after a MBP session, which are indications of well-being. | 40%**95.5% to 97.7%****50%** | By end year 3**EXCEEDED****EXCEEDED** |

*Table 34: Outcome 2: A volunteer workforce has enabled people living with dementia and their carers to capture and share memories, regaining their self-identity*

|  |  |  |
| --- | --- | --- |
| **Outcome 2** |  |  |
| **Indicators** | **Level** | **Timescale** |
| 1. Volunteers [including healthcare staff] have **developed reminiscence skills, had the confidence to deliver MB sessions** in hospitals, residential homes and day care settings

70 volunteers and 30 healthcare staff=100Survey 4 (n=15)Evidence for increased skills and confidence including qualitative data*One of the best activities is Reminiscence Work. Please continue this great service I'm more confident about volunteering and my role.* **Project co-ordinators can testify to upskilling and increase in confidence of all those trained and involved.** | 80**100** **trained****169 trained** 140 | By end year 1**By end year 1****By end year 2****EXCEEDED**By end year 3 |
| 1. PLDs and their carers have been able **to actively contribute to MB sessions sharing stories and memories**

**2,754 PLDs in year 2****Survey 1 (n=131)** A total of 123 out of 131 (93.9%) felt they had the opportunity to contribute to the session to share their memories with the group and they liked the MB theme and they liked the objects. **Survey 2 (n=2)**Only 1 carer out of a total of 2 responded to all the questions and agreed to having been able to contribute to MB sessions very often and that PLDs had actively contributed to MB sessions**Survey 3 (n=47)** Volunteers and healthcare staff said that PLDs were actively contributing to MB sessions, talking, listening and showed improved behaviour, communication, mood and better engagement with tasks POST MB session.Survey 1-3 (n=180)Qualitative data shows actively contribute to MB sessions sharing stories and memories*.* * Happy. Enjoyed talking to others & listening
* Good because revisit happy memories of days gone by with family. Interesting talking to other people
* Hearing about other people's lives is good
* Very Good. Feel Good. Interacting & enjoyed coffee.
* It made us come out and mix with people who understood what we had in the past
* They love having conversations about the different articles & having a change of people leading the session instead of us. Each resident gets excited about different articles. A real treat
* A fantastic service for our residents. It is so inclusive across the different levels of our dementia stages of their individual journeys. They are empowered by telling each other and staff about their lives, life events and experiences
 | 1,440 PLD**1,268 PLD**4,440 PLD**4,022 PLD** | By end year 1**Nearly achieved by end year 1**By end year 2**Nearly achieved by end year 2** |
| 1. Families/carers report that PLDs have demonstrated **improved self-identity** following MB sessions

**2,754 PLDs in year 2 and 3,500 to achieve target**Survey 2 (n=2)Only 1 carer out of a total of 2 responded to all the questions and indicated having attended more than once and observed very often PLDs sharing memories about themselves and their life history i.e. increased self-identity. Survey 3 (n=47)Volunteers and healthcare staff: 48.8% had observed improved self-identity of PLDs regularly and 27.9% very often. In addition, 76% indicated that they had observed an increase in PLDs’ willingness to engage in further activities after a MB session either regularly [54.3%] or very often [21.7%] while 89.1% indicated that they had observed an improvement in PLDs’ mood after a MB session either regularly [40.4%] or very often [44.7%]. | 7,940 PLD**4,022 PLD** | By end year 3**At end year 2****ACHIEVABLE**  |

*Table 35: Outcome 3: Health Care staff and volunteers, including BMEs [British. Black and Minority Ethnic non-white communities in the UK] have the tools/skills to understand and meet the needs of patients living with dementia and their carers*

|  |  |  |
| --- | --- | --- |
| **Outcome 3** |  |  |
| **Indicators** | **Level** | **Timescale** |
| 1. Healthcare staff have gained **tools/skills** by taking part in MB **training and delivery of MB sessions** on the wards [and in care homes?]

Survey 3 and 4 (n=55) inlcuding qualitative feedback show gaining of tools and skills Qualitative data shows increase in competency and confidence*More knowledge of local history & life stories.* *Gained greater confidence by attending sessions!***If staff indirectly involved i.e. not trained and directly involved in sessions but likely to have acquired a greeater awareness and hence greater understanding and empathy by indirect exposure i.e. an estimated 100 are included, the target of 200 is achieved.** | **200****51 trained****182 involved** | By end year 1**By end year 2**  |
| 1. Healthcare staff/volunteers, including those BME [British non-white Minority Ethnic] have had the opportunity to **share their own cultural history** with the project

Survey 3 (n=47) Volunteers and healthcare staff: 58.1% indicated that they contributed very often and 34.9% or regularly (93% active contribution) to MB sessions (n=43)Data available for 2 BMEs: West African contributed very often and Arab occasionally. A total of 17 did not disclose ethnicity.Survey 4 (n=15)Volunteers and healthcare staff also said that they had the opportunity to share their cultural history regularly [12.5%] and very often [87.5%] during MB sessions.Qualitative data confirms opportunity to share own cultural history  *I love it. I feel involved. You get characters/volunteers and staff from all walks of life (cultures and backgrounds) coming together at MBP Sessions and sharing their memories and life stories**I enjoy sharing my memories too*  | **100****509 involved**55 surveyed | By end of each of year 1, 2, and 3 |
| 1. Healthcare staff demonstrate **increased understanding and empathy** towards PLDs

Even counting staff indirectly involved i.e. not trained and directly involved in sessions but likely to have acquired a greeater awareness and hence greater understanding and empathy by indirect exposure i.e. an estimated 100, the target of 600 is not likely to be achieved.**If staff indirectly involved i.e. not trained and directly involved in sessions but likely to have acquired a greeater awareness and hence greater understanding and empathy by indirect exposure i.e. an estimated 100 are included, the total exposed both directly and indirectly to MBP would be 282 at the end of year 2 and more if written materials [posters, fact sheets and inclusion in newsletters] were circulated reaching a wider number of healthcare staff** **If indicator 3c was ‘healthcare staff/volunteers’ rather than ‘healthcare staff’ the target would have been achieved by the end of year 2.**At the end of year 2, the total number of both volunteers and healthcare staff involved is 601 with healthcare staff representing approximately 30% i.e. 182Survey 4 Understanding of and empathy for PLDs shows statistically significant difference pre and post (n=15) p=.026 and large effect size .60.Qualitative data from survey 3 demonstrates increased understanding and empathy *The MBP has helped me understand the residents’ lives.* | **600****51 trained****182 involved** | By end year 3**By end year 2** |

In summary, MPB has used reminiscence therapy inspired methods to train and educate a volunteer workforce and healthcare staff to improve the wellbeing and behaviour of people with dementia and to better meet the needs of PLDs and their carers. MPB has also enabled shared learning consequent to the implementation of the MB project and in all likelihood improve the public’s perception of dementia and reduce the stigma attached to it. It has also started to embed MB sessions in standard practice in hospital wards and in care homes.

**6.3. Limitations and benefits of the evaluation**

If it is acknowledged that implementing and evaluating such reminiscence therapy projects can be challenging (Kellam-Stinson, 2009). The evaluation took some time to be put in place due to waiting for the required permissions from NHS organisations. The lack of resources made it difficult to collect data systematically at every session or to undertake non-participant observation or anything more than surveys of the various sample groups.

If the sample groups of PLDs n=131 covers approximately 20 out of 430 sessions (just under 5%), the sample group of volunteers and healthcare staff surveyed (n=60) includes the views of 82.1% of the total number of volunteers and healthcare staff.

A total of 73 volunteers/healthcare staff had been trained in MB sessions by the end of year 2 [approximately 70% volunteers n=52 and 30% healthcare staff n=21] and another 5 for the MBH [Memory Brought Home] project. The evaluation collected both quantitative and qualitative data and comprised the views of 27 different volunteers, 15 activities co-ordinators [total 42] and 18 healthcare staff. Hence, the evaluation includes the views of 80.1% of volunteers (and activity co-ordinators) and 66.6% of the healthcare staff.

1. **Recommendations**

The project is doing really well in achieving its broad aims and objectives.

The feedback has been excellent. Compared to other projects in healthcare settings, the project has performed above expectations.

However, some of the set outcomes and indicators are not realistically achievable within the context and resources. In particular, some the target numbers as set are not attainable.

Nonetheless, the team should continue doing their excellent work and monitor their progress.

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**Appendices**

**Appendix 1**

**The Memory Box Project Participant feedback sheet**

To help us record the Outcomes of The Memory Box Project Reminiscence Sessions we are inviting you to complete a wellbeing feedback sheet.

This is not compulsory, & all information given is completely anonymous and unidentifiable.

Please circle the relevant symbol.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Have you enjoyed the memory box session today? How has it made you made you feel? |   |  |  |
| Have you enjoyed talking to other people today? |   |  |  |
| Did you enjoy hearing about other people’s lives? |  |  |  |
| Do you feel you have had the opportunity to contribute to the session today & to share your memories with the group? |  |  |  |
| Did you like the Memory Box theme? |  |  |  |
| What do you think of the objects? |  |  |  |

**Appendix 2**



**MBP Feedback Survey (Family Member/Primary Carer)**

The purpose of this form is to gain your opinions on The Memory Box Project (MBP) and to assist in evaluating the impact of Memory Box Sessions on Participants living with Dementia. Feedback will be used to keep improving the project.

Date: …………………………………….

Venue: ………………………………….

Name: …………………………………………................... (Voluntary)

Ethnicity: ……………………………………………………….(Voluntary)

**PART 1:**

**We hope you have enjoyed taking part in the Memory Box Session today. In part 1 we would like you to tell us about your experience of the Session/s.**

**Q1. What would you most like to say about your experience of the MBP?**

**Q2. Do you feel you have had the opportunity to contribute to the session today, to share your memories and reminiscence with the group?** *Please circle*

Never Occasionally Regularly Very Often Not Sure

**Q3**.

1. **How many times have you been present at a MBP session**? **Do you remember the theme/s?**
2. **Were there any items in particular that prompted memories related to your cultural background/ cultural identity? Please tell us which one/s.**
3. **Can you think of items not included that would be beneficial?**

**PART 2: In part 2 we would like you to think about your family member living with Dementia and consider their participation in the Memory Box Session today.**

**To what extent do you agree with the following statements**? *Circle as required.*

**Q5. Attending the MBP Sessions has had a positive impact on participant’s behaviour e.g. reduced anxiety levels, calmer, reduced frustration, smiling more, more engaged with others.**

Strongly agree agree disagree strongly disagree not sure

**Q6. Attending the MBP Sessions has had a positive impact on participant’s communication. Consider, have you observed participants actively contributing to sessions (sharing memories and stories), nodding when others speak, asking questions, responding to questions.**

Strongly agree agree disagree strongly disagree not sure

**Q7. How often have you observed an increase in participant’s willingness to engage in further activities post a MBP session?**

Never occasionally regularly very often not sure

**Q8. This question is about participants ‘self-identity’, which refers to the global understanding a person has of themselves. Have you observed any improvement in the ‘self-identity’ of participants taking part in MBP sessions? Are participants sharing memories about themselves and their life history (interests, occupations, hobbies?)**

Never occasionally regularly very often not sure

**Q9. How often have you observed an improvement in participants’ mood after a MBP session?**

Never occasionally regularly very often not sure

**Q10. How do you think that MBP sessions/the MBP project could be improved?**

**Please add any additional comments below and over the page…**

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

**Appendix 3**



**MBP Staff/Volunteer Feedback Survey**

Dear staff member/volunteer- The purpose of this form is to gain your opinions on The Memory Box Project (MBP) and to assist in evaluating the impact of Memory Box Sessions on Participants living with Dementia. Feedback will be used to keep improving the project.

**Please do not add participants/service users’ names or details.**

**PART 1:**

Date: …………………………………….

Name: …………………………………………..................

Role: ………………………………………………………………

Ethnicity: ……………………………………………………… (voluntary)

**Q1. What would you most like to say about your experience of the MBP?**

**Q2. Do you feel you have had the opportunity to contribute to the session today, to share your memories and reminiscences with the group?** *Please circle*

Never Occasionally Regularly Very Often Not Sure

**Q3**.

1. **How many times have you been present at a MBP session**? **Do you remember the theme/s?**
2. **Were there any items in particular that prompted memories related to your cultural background / cultural identity? Please tell us which one/s.**
3. **Can you think of items not included that would be beneficial?**

**PART 2: In part 2 we would like you to think about your observations of participants living with Dementia attending the Memory Box Project Sessions.**

**To what extent do you agree with the following statements**? *Circle as required.*

**Q4 Attending the MBP Sessions has had a positive impact on participants/individuals’ behaviour e.g. reduced anxiety levels, calmer, reduced frustration, smiling more, more engaged with others.**

Strongly agree agree disagree strongly disagree not sure

**Q5 Attending the MBP Sessions has had a positive impact on participants/individuals’ communication. Consider, have you observed participants actively contributing to sessions (sharing memories and stories), nodding when others speak, asking questions, responding to questions.**

Strongly agree agree disagree strongly disagree not sure

**Q6 How often have you observed an increase in patients’ willingness to engage in further activities post a MBP session?**

Never occasionally regularly very often not sure

**Q7 This question is about participants ‘self-identity’, which refers to the global understanding a person has of themselves. Have you observed any improvement in the ‘self-identity’ of participants taking part in MBP sessions? Are participants sharing memories about themselves and their life history (interests, occupations, hobbies?)**

Never occasionally regularly very often not sure

**Q8 How often have you observed an improvement in participants’ mood after a MBP session?**

Never occasionally regularly very often not sure

**Q9 How do you think that MBP sessions/the MBP project could be improved?**

**Please add any additional comments…**

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

**Appendix 4**



**Staff/ Volunteer Evaluation Survey** – **Pre-attending MBP sessions**

Please complete this short questionnaire to help us evaluate your experience of The Memory Box Project.

Date…………………………… Forename……………………………………. Surname…………………………………………………

Please state your job role …………………………………………………………….........................................................

**Q1 What skills, if any, do you hope to gain by taking part in MBP sessions?**

**Please rate your responses to the following questions by circling the relevant number along the scale. 1 ‘very poor’ through to 5 ‘Excellent’.**

**Q2 Rate your knowledge and understanding of dementia?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very poor | 1 | 2 | 3 | 4 | 5 | Excellent |

**Q3 Rate your knowledge and understanding of reminiscence and life-history work?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very poor | 1 | 2 | 3 | 4 | 5 | Excellent |

**Q4 Rate your understanding and empathy of people with dementia?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| None | 1 | 2 | 3 | 4 | 5 | High |

**Q5 Rate your confidence in coping with the challenges of supporting patients to engage in tasks and/or activities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very poor | 1 | 2 | 3 | 4 | 5 | Excellent |

**Q6 Rate your competency in using reminiscence, objects or other tools (including photographs) to support or engage with a patient?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very poor | 1 | 2 | 3 | 4 | 5 | Excellent |

**Q7 How confident do/would you feel in facilitating/leading reminiscence sessions for patients with dementia?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unconfident | 1 | 2 | 3 | 4 | 5 | Very confident |

**Q8 Please add any other comments below:**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………….



**Staff/ Volunteer Evaluation Survey** – **Post-attending MBP sessions**

Please complete this short questionnaire to help us evaluate your experience of The Memory Box Project.

Date…………………………. Forename……………………………………. Surname………………………………………………….

Please state your job role …………………………………………………………….........................................................

**Q1What skills did you gain by taking part in MBP sessions?**

**Please rate your responses to the following questions by circling the relevant number along the scale. 1 ‘very poor’ through to 5 ‘Excellent’.**

**Q2 Rate your knowledge and understanding of dementia?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very poor | 1 | 2 | 3 | 4 | 5 | Excellent |

**Q3 Rate your knowledge and understanding of reminiscence and life-history work?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very poor | 1 | 2 | 3 | 4 | 5 | Excellent |

**Q4 Rate your understanding and empathy of people with dementia?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| None | 1 | 2 | 3 | 4 | 5 | High |

**Q5 Rate your confidence in coping with the challenges of supporting patients to engage in tasks and/or activities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very poor | 1 | 2 | 3 | 4 | 5 | Excellent |

**Q6 Rate your competency in using reminiscence, objects or other tools (including photographs) to support or engage with a patient?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very poor | 1 | 2 | 3 | 4 | 5 | Excellent |

**Q7 How confident do/would you feel in facilitating/leading reminiscence sessions for patients with dementia?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unconfident | 1 | 2 | 3 | 4 | 5 | Very confident |

**Q8 How likely are you to use your newly acquired skills (if applicable) in future?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unlikely | 1 | 2 | 3 | 4 | 5 | Very likely |

**Q9 Do you feel you have had the opportunity to share your own cultural history with the Memory Box Project?**

 Never 1 2 3 4 5 Many times

 **Please add any other comments below**:

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

**Appendix 5**

|  |
| --- |
| **Records of number volunteers trained, involved, sessions, PLDs reached** |
| Year 1 |
| BSK SESSIONS |
| Total number of sessions  | 310 | 25.8 sessions per month  |
| PLDs reached | 833 | 2.7 PLDs per session |
| Staff/volunteers involved | 84 |  |
| Staff/volunteers trained | 92 |  |
| SOTON SESSIONS |  |  |
| Total number of sessions | 122 | 10.2 sessions per month |
| PLDs reached | 435 | 3.5 PLDs per session |
| Staff/volunteers involved | 8 |  |
| Staff/volunteers trained | 8 |  |
| Year 2: |
| BSK SESSIONS RECORD PERIOD 01.02.2017-30.11.17 |
| Total number of sessions | 189 | 18.9 sessions per month  |
| PLD reached | 1469 | 6-8 PLDs per session |
| Staff/volunteers involved \* | 186 |  |
| Staff/volunteers trained | 50 |  |
| BSK SESSIONS RECORD PERIOD 01.12.2017-END JAN 2018. |
| Total number of sessions | 24 | 12 sessions per month  |
| PLD involved | 127 | 4-6 PLDs per session [following feedback] |
| Staff/volunteers involved\* | 8 |  |
| Staff /volunteers trained | 8 | **TOTAL VOL.TRAINED BSK + SOTON END Y 2=64** |
| SOTON SESSIONS RECORD PERIOD 01.02.2017-30.11.17 |
| Total number sessions | **192** | 19.2 sessions per month or 4or 5 per week |
| PLD reached | 1011 | 5.3 PLDs per session  |
| Staff/volunteers involved\* | 279 |  |
| Staff/volunteers trained | 6 |  |
| SOTON SESSIONS RECORD PERIOD 01.12.2017-END JAN 2018. |
| Total number sessions | **25** | 12.5 sessions per month or 3 per week |
| PLD reached | 141 | 5.7 PLDs per session |
| Staff/volunteers involved\* | 38 | 1.5 involved on average per session  |
| Staff/volunteers trained | 0 | **TOTAL VOLUNTEERS TRAINED 14** |
| Memories Brought Home Pilot (End October-End January) |
| PLD Reached | 6 |  |
| Family members Reached | 3 |  |
| Volunteers Trained | 5 | **TOTAL VOL.TRAINED MBH END Y 2=5**  |
| **Total volunteers trained end Y1 n=100 [BSK n=92, SOTON 8]** |
| Total volunteers/healthcare staff involved end Y1 n=92 [BSK n=84 and SOTON n=8] |
| Total number of MB sessions end Y1 n= [BSK n=310 =and SOTON n=122] |
| Total number of PLDs reached n=1,268 [BSK n=833; SOTON n=435] |
| Average number of PLDs per sessions n=6.4 based on PLDs: number of sessions |
| **Total volunteers trained end Y2 n=69 [BSK n=58, SOTON n=6, MBH n=5]** |
| Total volunteers/healthcare staff involved end Y2 n=509 [BSK n=192 and SOTON n=317] +MBH n=5 |
| Total number of MB sessions end Y2 n=430 [BSK n=213 and SOTON n=217] |
| Total number of PLDs reached n=2,754 [BSK n=1,596; SOTON n=1,152; MBH n=6] |
| Average number of PLDs per sessions n=6.4 based on PLDs: number of sessions |

**Appendix 6**

|  |  |
| --- | --- |
| **Quantitative key performance indicators for each sample group** | **Numbers at end Y2** |
| **Volunteers**  |  |
| * Trained
* Taken part in sessions delivered
* Developed reminiscence skills
* Confidence to deliver MB sessions

**Increase from 46.5% PRE to 79.5% POST agree +33%** * All, including those BME [British non-white Minority Ethnic] have had the opportunity to share their own cultural history with the project
* Used MBs outside of weekly sessions
 | 70+48=**118**360+64=**424**118 [44 surveyed overall]No data |
| **Healthcare staff** |  |
| * Trained
* Taken part in sessions delivered
* Gained tools/skills
* Developed their reminiscence skills
* Increased their understanding towards people with dementia

**Increase from 53.3% PRE to 86.3% POST agree good or excellent*** Increased their empathy towards people with dementia

**Increase from 73.3% PRE to 93.4% POST i.e. +20.1%*** All, including BMEs [British non-white Minority Ethnic] have had the opportunity to share their own cultural history with the project
 | 30+21=**51**154+28=**182**51 [18 surveyed overall] |
| **People living with dementia** |  |
| * Able to actively contribute to MBP sessions sharing stories and memories
* Report people with dementia have increased their well-being after a MB session
* report improved self-identity during/post MBP sessions
 | 2,754 |
| **Carers/families**  |  |
| * Able to actively contribute to MBP sessions sharing stories and memories
* Report people with dementia have increased their well-being after a MB session [50% of those who responded]
* Report improved self-identity during/post MBP sessions [50% of those who responded]
 | 111 |

1. All volunteers and healthcare staff involved in MB attended a training session delivered by the project co-ordinators before taking part in MB sessions [↑](#footnote-ref-1)
2. Wilcoxon Signed Ranks Test based on Negative Ranks and Cohen’s classification of effect sizes is 0.1 (small effect), 0.3 (moderate effect) and 0.5 and above (large effect). [↑](#footnote-ref-2)
3. Wilcoxon Signed Ranks Test based on Negative Ranks and Cohen’s classification of effect sizes is 0.1 (small effect), 0.3 (moderate effect) and 0.5 and above (large effect). [↑](#footnote-ref-3)