

OUTREACH FOR SENIORS: UNDERSTANDING HOW MUSEUM  
OUTREACH CAN IMPACT THE SOCIAL WELL-BEING OF SENIORS  
LIVING IN CARE FACILITIES IN BRITISH COLUMBIA

by

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## Abstract

Using a mixed-methods approach, this study compared the effect of two museum outreach programs. A reminiscence themed outreach program (the recollection of life stories prompted by objects) was evaluated against the effect of a new learning theme outreach program (participants work out the purpose and function of mystery objects through observation and discussion). The kits were delivered by trained facilitators from the Royal British Columbia Museum (Royal BC Museum) to six groups at four care homes in the Greater Victoria area. Participants, seniors (65 years and older) living in the care homes, did a pre- and post-test to measure mood, and observations were made during the program using field notes and audio recordings which were later analyzed for evidence of socialization. The results found that both types of programs improve mood and both offer opportunities for socialization, however the success of the reminiscence program is more dependent on the skills of the facilitator.

*Keywords: museum outreach, seniors, reminiscence, new learning, mixed-methods*

## Preface

This culminating graduate project is the original, unpublished, independent work by the author Kimberly Gough. The fieldwork reported in the “Methods” and “Results” sections was covered by UBC Behavioral Research Ethics Board certificate number H16-00892.

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## Dedication

To Heather Gross, who lead by example when she completed her Master's degree while working full-time and who during my studies was a constant support in everyway.

Outreach for Seniors: Understanding how museum outreach can impact the social well-being of seniors living in care facilities in British Columbia

**Introduction**

The population in Canada is ageing and the province with the highest average age is British Columbia with 15.7% of the province's population being 65 years or older (Canadian Government Census, 2011). And we are getting older. By 2050 the Global AgeWatch Index (2015) anticipates that 31% of Canada's population will be 60 or older. Studies have shown that social connectedness has a strong positive impact on the physical and mental health of seniors (Gilmour, 2012) yet a 2012 report by the BC Ombudsmen showed a lack of resources for seniors living in care homes in British Columbia. Based on this need, museums must ask themselves what part can they play in providing resources for this growing demographic? A museum has a responsibility not only to collect objects and conduct research, but also to share information about those collections with its audience, including those who cannot physically attend the museum. Seniors, particularly those living in care facilities, often encounter transportation difficulties and cognitive issues that can make it difficult for them to visit a museum.

The focus of this research is to understand if a museum outreach program designed to be delivered to seniors living at care facilities can provide sociability and improve the participants' mood. Furthermore it will examine if an outreach program focused on recalling life events (simple reminiscence) is more effective at improving mood than an outreach program where the group looks at a mystery objects and tries to determine it's function and history (supports new learning).

The goal of the research is to show possible future directions for outreach resources at the Royal BC Museum and to add to the body of literature on museum programs for seniors.

## Literature Review

With a few exceptions (Golding, 2006; Manders, 2014; Smiraglia, 2015a; Smiraglia, 2015b) there is a lack of research on museum, object-based, outreach programs for seniors living in care facilities. This literature review was expanded to include museum and non-museum programs that involved reminiscence, nostalgia, object handling and/or creative expression, such as storytelling programs.

### Reminiscence

Studies that have measured the outcomes of generic reminiscence programs and have overwhelmingly found that seniors involved in reminiscence based programs report high levels of socialization (Camic, Brooker & Neal 2011; Froggett, Farrier & Poursanidou, 2011; Hendry & Howarth, 2014; Smiraglia, 2016), improved quality of life (Gibson, 2004), and improved mood (Chatterjee & Noble, 2009; Fritsch et al., 2009; Smiraglia, 2015b, 2016).

Within the body of research on reminiscence the topic is often written about as if it is a “unitary phenomena” (Wong & Watt, 1991, p. 272). Whereas many papers do not specify a type of reminiscence, Wong and Watt identified six main types of reminiscence: integrative, instrumental, transmissive, escapist, obsessive and narrative (p. 173). Their findings showed that certain types of reminiscence (integrative and instrumental) supported successful ageing, while obsessive reminiscence did not (p. 277). Integrative reminiscence is a type of life review where the participant feels some satisfaction or resolution in looking back, instrumental reminiscence can be used to draw on the past to solve present problems whereas obsessive reminiscence is characterized by guilt (Wong & Watt, 1991). The researchers went on to recommend that researchers specify the types

of reminiscence being examined and more work be done in exploring how these different types of reminiscence effect wellbeing.

Housden (2009) conducted a literature review to determine the value of reminiscence in the treatment of depression for people living in care homes. Her reminiscence did not involve the use objects; rather it relied on thematic discussions. She made a distinction between two types of reminiscence, therapeutic reminiscence for treatment of cognitive and emotional issues and simple reminiscence for socialization. She concluded that both types of reminiscence when carefully planned and delivered can be valuable, but cautions practitioners from assuming that it can be done without training:

While it may indeed be a pleasant diversionary activity for some participants, for others there can be serious implications for their psychological health. The assumption should not be made that reminiscence is a naturally therapeutic activity for all older people... . (2009, p. 43)

For the purpose of my research, I am defining reminiscence as “structured group work or individual approach to stimulating and talking about personal memories” (Housden, 2009, p. 30). Furthermore, I consider this as simple reminiscence rather than therapy. Thorgrimsdottir and Bjornsdottir (2015) define simple reminiscence as a social activity “focusing on social bonding and enjoyable memories of past times” (p. 77).

### **Non-Reminiscence Based Programs**

A 2002 research project commissioned by the Australian Museum and National Museum of Australia Canberra sought to understand the characteristics and motivations of older learners. The research highlighted six characteristics of adult learners including

– independent self-concept, need to know why, life experiences, social roles, life-centered orientation to learning, internal motivations for learning (Kelly, Savage, Landman & Tonkin, 2002, p. 54). These characteristics show that adult learners are motivated by topics in addition to life reflection or reminiscence.

While reminiscence style programs dominate the museum offerings (Smirglia, 2016) the Tunbridge Wells Museum & Art Gallery (2015) advocate for museums to move away from reminiscence programs to new learning programs. They provocatively ask, “Why stick to the reminiscence model? Why try to ask people struggling with their memory to remember things?” (p. 4).

While Tunbridge Wells is advocating for life-long learning, other studies have also examined the benefits of non-reminiscence programs for seniors. Golding (2006) considered recollection and lifelong learning in creative arts museum programs for seniors in the United Kingdom. Concurring with her findings, Clayton and Goodwin (2011) also found that objects used in non-reminiscence based programs could have positive impacts on seniors’ wellbeing. “Interacting actively and imaginatively with objects through verbal language can allow people to become confident in making their own unique interpretations of the material world” (Clayton & Goodwin, 2011, p. 316).

Phelan (2015) also reviewed museum art programs for seniors that do not rely on memories. Her qualitative research findings supported the development of programs where all could contribute despite their ability to remember the past. The storytelling program for seniors, *Timeslips*, was the focus of a study by Fritsch et al. (2009). The authors found “rather than focusing on participant’s diminishing capacities (there was) reinforcement for creative work, in a failure free environment” (p. 119).

Although not strictly a study on seniors, Ander et al. (2013) looked at the effect of using museum objects and wellbeing for patients in rehabilitation and long-stay hospitals. They found that participants “tended to learn something about the objects, or new skills, and this increased their feelings of confidence and competence” while taking their minds off their health and related problems (p. 213).

*Museum for One Day* is a museum outreach program in The Netherlands (Manders, 2014). This program takes objects from the museum to seniors living in care facilities and active seniors deliver the program. The authors of its case study found that this program allowed for seniors to reminisce but also invited them to think about the unknown (Manders, 2014, p. 4).

Here in British Columbia, Phinney, Moody and Small (2014) conducted a two-year study of seniors engaged in community arts programming. The results of their mixed-method study showed that after long-term participation in community arts “people were generally happier, they felt better about themselves and expressed a sense of having grown as a person through this opportunity to work diligently at something that was new and challenging” (p. 343).

### **The Use of Objects**

In 2016, using a multiple case narrative, Anderson, Shimizu and Campbell described how objects stimulated nostalgic recall in a Japanese social history museum and concluded “our data clearly illustrates the power of museum objects to provide experiences that can generate significant feelings of nostalgia, which connect with visitors’ identities and pasts” (p. 23). Smiraglia (2015a, 2015b) has studied the use of object-based outreach programs in retirement communities. Her quantitative results

showed that “the specific inclusion of objects, such as those from museum handling collections, in reminiscence may enhance the participant experience” (2015b, p. 189). In the same report, she also observed that the conversation topic influenced the seniors’ choice to attend, participate and recommend the program (2015b, p. 196).

In a study of object handling sessions for patients in hospitals, Chatterjee and Noble (2009) concurred that object handling provided a positive, mood boosting activity for patients yet also cautioned that negative emotions may emerge when patients reminisced about the past (p. 46).

### **Calls for Further Study**

In a review of 142 programs for the elderly in museums and non-museum settings, Smiraglia (2016) concluded that “outcomes found across sources suggest that object-based, art, and reminiscence programming can have a range of benefits for participants. The two most common outcomes of programs were increased socialization and improved mood” (p. 47). She continued, “Many programs do not seem to have been evaluated. Only just over one-third of the programs contained information on research or evaluation, and, of those only 13% were in museums” (p. 45).

In general, “More research on older adults’ well-being is needed” (Thorgrimsdottir & Bjornsdottir, 2015, p. 71). After interviewing residents in a care home to analyze well-being Motteran, Trifiletti and Pedrazza (2016) recommended “future research could investigate whether the enhancement of the relationships between residents, and a perception of group identity, could contribute to improved emotional states and behavioural change” (p. 163).



While the body of literature on reminiscence for treating seniors with dementia is deep, there is a gap in the literature on seniors and museums programs in particular the use of alternative programs, such as new learning programs and their benefits after only one session.

## **Description of the Outreach Program**

A museum outreach kit typically includes objects from a museum's handling collection or reproductions of objects selected around a theme. Outreach kits are designed to be used by non-museum facilitators and to provide hands-on or object based learning opportunities for people who cannot physically visit the museum. As a museum programmer with access to the handling collection of the Royal BC Museum I created two outreach programs, one program to promote simple reminiscence, an activity to promote social bonding by recalling pleasant memories of the past (Thorgrimsdottir & Bjornsdottir, 2015) and one program to encourage new learning, or group discovery. At the Royal BC Museum we consider new learning the act of observing, inferring and constructing knowledge about something previously unknown. For a detailed description of the items in each kit, see Appendix A.

For each program, a volunteer facilitated the discussion. Volunteers were selected from the corps at the Royal BC Museum and were chosen for their experience and interest in working with the elderly as well as having participated in the onsite senior's program at the Royal BC Museum. During the outreach program the volunteer facilitator would put all of the items out on a centre table and then cover them with a cloth. After welcoming the group and describing the activity, she would bring one item out at a time, leaving the other items covered. This created a sense of mystery and anticipation for participants in both programs. Each program was semi-structured and typically lasted for one hour including the pre- and post-program survey. After the program, participants were invited to stay for coffee and tea.

## **Participants**

Thirty-eight participants came from four care homes in the greater Victoria area. Participants had to be over sixty-five years of age, live in the care home and be able to give informed consent to permit the use of their data. As such, only independent living facilities or care homes with independent living residents were contacted. Residents with cognitive impairment, or residents who did not speak English were excluded from the study. Seven care homes were contacted and five confirmed their interest to participate; however one did not book a session. Of the four sites that did participate, three were mixed independent and assisted living facilities and one was an independent living facility. I met with care workers at each facility before conducting the research to discuss the program and they all recommended that due to the requirements for participation, that they would select residents to invite to the program. Each care home also selected the day of the week and time of day that best worked for their residents. As a result there were two morning programs, three afternoon programs and one early evening program.

A trained museum volunteer led the program, with the care worker and the researcher in attendance. Only in one instance did the care worker not stay in the room for the duration of the program. The group size ranged from three to ten participants, with a mean of 6 for a total of 38 participants. Of those participants, three did not complete the mood portion of their surveys and therefore the results are based on 35 participants (Table 1).

Table 1

*Participant Demographics*

<b>Demographic</b>	<b>Reminiscence Groups</b>	<b>New Learning Groups</b>
Average Age*	82 (m=20)	78 (m=14)
Gender	16 females, 4 males	10 females, 5 males
Length of time living in care	Majority two or less years	Majority two or less years

\* Averages based on the sample of participants who provided data for the evaluation

## **Methods**

A convergent mixed-methods approach was used to study the effects of each outreach kit. The research, including the consent and surveys received approval from the UBC Behavioral Research Ethics Office. As a pragmatist, my aim is not to discover the “perfect understanding” of successful outreach programs for seniors but rather I will come to understand the benefits and drawback of each type of program and be able to make a conclusion about a course of action (Morgan, 2007, p. 67).

I used quantitative and qualitative methods simultaneously to collect data. As a pragmatist, mixed-methods were the best fit for my ontology and my needs as a practicing museum programmer (Merriam & Tisdell, 2015). Due to limits of time and scale for this research, and my desire to apply the research to my work, combining methods gives me the most direct route to results. Johnson and Onwuegbuzie (2004) argue that the time for mixed methods has come as it offers “a practical and outcome-oriented method of inquiry that is based on action and leads, iteratively, to further action and the elimination of doubt” (p. 17). By using both methods I can make useful inferences about not only what is happening but also why it is happening.

### **Quantitative Methods**

For the quantitative data, a pre-program and post-program survey was distributed to all participants (see Appendix B). The survey was self-reporting, and printed in large (16 point) font. The number of questions was minimized to reduce fatigue and increase completion rates. The care home worker, the volunteer or myself assisted anyone who required help in reading or filling out the questionnaire. The pre-program survey gathered baseline data (such as age, gender) and self-reported perceptions of mood. A number of

scales were consulted (Chatterjee & Noble, 2009; Ryff & Keyes, 1995; Tunbridge Wells, 2014) and I combined elements of the various scales to make something that was as simple and as brief as possible to ensure that it was understood and completed. The post-program survey gathered information about what the participants did during the program and asked them to use the same measure as in the pre-test to report any changes in their mood. A repeated measures *t* test with an alpha level of 0.05 was used to determine if the pre- and post-program average mood scores were significantly different.

### **Qualitative Methods**

Whereas the quantitative data focuses on the measurement of mood, the qualitative data will reveal elements of sociability as well as further signs of mood. The qualitative methods included observations (to capture non-verbal responses), field notes and audio recordings of the outreach sessions.

My role was that of observer as participant and involved both formal and informal observation. The formal observation included the use of the Observed Emotion Rating Scale (Lawton, Van Haitsma & Klapper, 1999). It suggests using 10-minute intervals to record observations of pleasure, anger, anxiety or fear, sadness, general alertness and “other”. This captured responses that may not be reported in surveys due to fatigue, confusion or inability as well as information that not heard in the audio recording (such as touch and alertness).

Informal observations were recorded on elements such as the physical setting, details about the participants, activities and interactions, conversations and my own behaviour. These notes were recorded in order “triangulate emerging findings”

(Merriman & Tisdell, 2015, p. 141). By recording these details, it can help recreate the scene and aid when it comes to interpreting the events.

Informal observations also included field notes. I made field notes during the program, which were written up directly after the program. The notes are descriptive but also reflective. Merriman and Tisdell (2015) describe reflective description as including “the researcher’s feelings, reactions, hunches, initial interpretations, speculations, and working hypotheses” (p. 152). As field notes by nature should be highly descriptive, it is important in the research participant role to include my own actions and thoughts so I can reflect on how that might have influenced what I recorded or noted at the time or even illustrate how my thinking has changed during the process (Merriman & Tisdell, 2015).

An audio recording of each program was done using a Sony Direct Voice Recorder. The voice recorder was placed near the participants, but out of the way to keep it from being bumped during the delivery of the program. The audio was transcribed as directly after the program as possible. The audio recording was used to prompt my field notes and recollections of the programs.

All tolled, the purpose of the qualitative measures is to provide a rich description of the participant’s experience of both types of outreach kits.

## Results

### Quantitative Results

As I was interested in whether the mood of the participants was better or worse after the outreach program, I used a two-tailed paired  $t$  test to determine if there was a difference in mood. Had I only been interested if their mood improved after the program, then I would have used a one-tailed  $t$  test.

**Overall Results.** A two-tailed paired  $t$  test was conducted on the total number of participants ( $N=35$ ) in both programs to determine if participants reported a difference in their mood before the program and after an outreach program. There was a statistically significance difference between the mean mood prior to the program ( $M = 3.8$ ,  $SD = 0.8$ ) and after the program ( $M = 4.4$ ,  $SD = 0.64$ );  $t(34) = 3.48$ ;  $p = 0.0007$  (see Table 2). The  $p$  value is less than 0.05 and as such it is possible to reject the null hypothesis. The results suggest that participating in an outreach program improved the mood of the participating seniors.

Table 2

#### *Results from Combined Outreach Programs*

	<i>Variable 1</i>	<i>Variable 2</i>
Mean	3.8	4.36
Standard Deviation	0.81	0.41
N	35	35
Hypothesized Mean Difference	0	
df	34	
t Stat	-3.49	
P(T<=t) two-tail	0.001	
t Critical two-tail	2.03	

**Reminiscence Results.** A two-tailed paired  $t$  test was run on the participants for the reminiscence themed outreach program ( $N = 20$ ). There was a statistically significant



difference between the mean mood prior to the program ( $M = 4.0, SD = 0.6$ ) and after the program ( $M = 4.4, SD = 0.46$ );  $t(24) = 2.41; p = 0.03$  (see Table 3). The  $p$  value is less than 0.05 and as such it is possible to reject the null hypothesis. The results suggest that participating in the reminiscence outreach program improved the mood of the participating seniors.

Table 3

*Results from Reminiscence Outreach Programs*

	<i>Variable 1</i>	<i>Variable 2</i>
Mean	3.95	4.43
Standard Deviation	0.58	0.46
N	20	20
Hypothesized Mean Difference	0	
df	19	
t Stat	-2.41	
P(T<=t) two-tail	0.03	
t Critical two-tail	2.09	

**New Learning Results.** A two-tailed paired  $t$  test was run on the participants in the new learning outreach program ( $N = 15$ ). There was a statistically significant difference between the mean mood prior to the program ( $M = 3.6, SD 1.1$ ) and after the program ( $M = 4.3, SD = .35$ );  $t(25) = 2.47; p = 0.03$  (see Table 4). The  $p$  value is less than 0.05 and as such it is possible to reject the null hypothesis. The results suggest that participating in the new learning outreach program improved the mood of the participating seniors slightly more than the participants in the reminiscence program.

Table 4

*Results from New Learning Outreach Programs*

	<i>Variable 1</i>	<i>Variable 2</i>
Mean	3.6	4.27
Standard Deviation	1.11	0.35
N	15	15
Hypothesized Mean Difference	0	
df	14	
t Stat	-2.47	
P(T<=t) two-tail	0.03	
t Critical two-tail	2.15	

The significant difference suggests that both programs may improve the mood of participants. However, to be considered statistically significant, the sample sizes for each individual program should have been a minimum of 25 participants each therefore I will look at other indicators of engagement, as found through the qualitative study to determine if there is a difference between senior’s reactions to the two types of programs.

**Qualitative Results**

At the conclusion of the first session, after the participants left the room, both the volunteer and I had to go and move our cars on the street. On my way out to the car, I passed one of the participants sitting in the garden with another resident. As I walked by I overheard him telling his friend that he was “in a meeting all morning”. I was a little amused and a little disappointed by his description of the morning. Was he implying that he was part of something important that was taking place or was he implying that it was onerous and un-enjoyable? I hoped that when I looked at my notes and data I would find the answer.

During the program, I used the Lawton Observed Emotion rating tool to gauge how participants were feeling. The purpose of the scale is to highlight behaviour or

activity that may not be recorded by audio or in field notes or even self-reported by participants. During each program, I randomly chose three participants to observe for ten-minute periods. The scales included measuring signs of pleasure, anger, anxiety/fear, sadness and general alertness. In all cases anger, anxiety/fear and sadness were never observed. In all cases the general alertness scale, which includes maintain eye contact, eyes following object or person, responding by moving or saying something, turning body or moving towards person or object was always observed for more than five minutes.

The scale with the most variation was the pleasure scale. It lists laughing/ singing; smiling; kissing; stroking or gently touching other; reaching out warmly to other; responding to music. The behaviour I observed the most was smiling, laughing and some singing, with none of the other behaviour.

After the third group, I choose to discard using the Observed Emotion scales. These scales may have been more useful if the residents were less verbal or had more cognitive decline however I found they took away from my field notes and I could incorporate the same information into my note taking.

To determine if the kits improved mood or provided opportunities for sociability I analyzed the field notes and recorded conversations between residents and between the residents and the volunteer, researcher and staff. To determine levels of socialization I manually coded the verbal conversation using thematic analysis. This was an iterative process that gave rise to three themes in conversation types: to give and collect information; to make sense of the object; to share experiences. I also looked specifically for evidence of mood and found that it was expressed through the giving and receiving of

emotional support. Each theme will be addressed with description and examples drawn from the residents' conversations.

### **Reminiscence Programs**

**Give and Collect Information.** Giving and collecting information was common to both the reminiscence and the new learning programs. In both programs the objects (Appendix A) were revealed one at a time and passed around so residents could feel them and see them more closely. This stage of conversation was the most collaborative conversation type in the reminiscence program, where the residents would build on one another's descriptions and observations. However, with the reminiscence objects, the residents didn't describe the objects or the material in much depth. For example, they used phrases like, "It's nice and shiny", "they look like socks". In one case, a pair of residents turned over the teacup to find out where it was made "It says here 'English Reproduction. Something A. Rogers'".

Sometimes the residents would help each other with finding a word they were looking for. "I remember my mom using a round silver thing," one said. Another participant offered "A tea ball". Another resident who was lost for the word, mimes the action and his neighbor assisted by saying, "You mean an apothecary's stone". On a few occasions the residents instructed one another "be careful with it" or "keep turning it round and round, see it all changes", but mostly they asked one another to see the objects or "pass that over".

Rather than lingering on the description of familiar objects, residents went directly to making comparisons or guesses about the object.

**Make Sense of the Object.** Conversations where the residents make connections between the objects and the present as well as when they asked one another questions about the objects, are indicative of a cognitive response to the materials. Even though these objects were supposed to be familiar, they weren't always immediately recognizable to all the participants. Asking questions to the volunteer included, "Is this the complete something?", "Are they both the same?", "What would you do with it?". These types of questions were representative of the residents trying to make sense of the objects. In addition to asking the volunteer questions, they would ask one another as well. "Do you think it's more round or square?" asked one and another replied "I would imagine its more oblong, but it could be round". "Has anybody seen a player piano that's just sitting there? /Well, my mother-in-law had one, that's what I've been saying. / Well I wonder how these were put in there?"

Typically, residents would make guesses about the purpose of the object such as "That's used in repairs" or they would tentatively suggest its use "for darning my father's socks. Is that what it is?" Occasionally they would boldly declare, "that's a kaleidoscope", and in every case, they named the teacup and saucer.

Occasionally a resident would seek direct help from the group "Can anyone tell me, did you buy these at the store or make them?", "It looks like that thing from Australia, what is it?"/ "A boomerang. But this isn't a boomerang".

The conversation would sometimes turn to ideas about culture today "If you can't put it in the dryer, we don't want it", "All the work people would do, we are spoiled today". This type of expression allowed residents to share their opinions even if they didn't have an associated memory to share with the object.

**Share Experiences.** Both prompted and spontaneous sharing memories were the most typical type of socialization during the reminiscence program. Simple reminiscence reflected a connection to the past. While speaking about wringer washers and laundry, residents said “I remember my grandmother having one of those and she never used to let me near it when I was little”, “We used to hang ours up in the basement. We had a big basement in those days.” If the volunteer followed up, the brief recollections would turn into longer stories allowing residents to share more in depth memories and relive a special moment. When the sock stretchers lead to a discussion on laundry the volunteer prompted “Do any of you remember getting your first washing machine?” A ninety-one year old participant replied:

I just had a scrubbing board until our boy was 19 months old and we moved into our first house that we built and I had a Bentix Automatic, but it was bolted to the floor because if they weren't they would jump all over. I was so proud of that. The only person that I knew that had an automatic washer.

The sharing of experiences allowed residents to express their history and sometimes, cultural differences as well. In a study of museums and wellbeing, Froggett, Farrier and Poursanidou, (2011) found that sharing personal histories were how care home residents built social identity. During a conversation triggered by the teacup the volunteer asked if anyone remembered having tea parties:

Resident A- Well in Trinidad they always had tea parties for..

Resident B - For your dolly. I always did, all the time, had tea parties for my dolls.

Resident A - No, I never had tea parties for dolls. As we grew older there was always tea parties for raising funds, for children, for schools, always the most popular things.

In another example, an object triggered a few participants to share memories about wartime and one resident spoke of polishing her father's uniform buttons and medals. A resident from Germany spoke out:

Every country is different. I know there is an England, all the medals from the soldiers. But for what did you get so many medals? ... It's different, you have to get used to it. Whether it's important or not. It's interesting too.... No, You did not have any medal for being there so long. You have all kinds of medals here. Otherwise you would not get a thing like that. Personal things, you saved people or you did something out of the ordinary. ...One gets used to it. Now I am on the other side

The volunteer was often the first person to prompt sharing a memory by asking a question such as "Would you mind telling us more about your job?" and by encouraging other members of the group to take part by asking "Did anybody else like fishing?" The skill of the facilitator was particularly important in this phase. Chatterjee and Noble (2009) expressed the critical role of the facilitator in object handling sessions as "the facilitator and the objects being handled are intrinsically linked and cannot be separated or analyzed individually" (p. 170). Even if the objects were not familiar to all of the participants, she could expand on the larger themes such as the piano roll representing

entertainment or the sock drier representing household chores such as laundry. Without the facilitator prompting and using open-ended questions, the spontaneous sharing of memories was very limited.

**Give and Receive Emotional Support.** In addition to mood being measured quantitatively, it can also be analyzed through the qualitative data. The most typical emotional response to the program was laughter. Laughter was sometimes the result of joking that took place, sometimes laughing at oneself or just out of surprise. Residents would sometimes make a joke when they didn't know what the object was "Maybe you could use it to hit people". Often, they joked with others. While one participant described how to use a darning mushroom, another said "I can give you a pair of socks if you want". Participants would also joke with the volunteer. When the volunteer followed up on a memory being shared by the resident he replied "What, you don't know where the Northern Mail was printed? I am teasing 'ya. There isn't anyone around these days knew where it was or what it was."

Residents expressed wonder, excitement and pleasure to see objects that they hadn't thought about in some time. "I've seen pictures of it or something, but actually never actually seen that. A roll that would play in the player piano. Wonderful". "That's pretty. It's pretty isn't it", "Well that's fantastic" and "Oh, for heaven's sake".

On two occasions, participants began to sing while recalling a memory. These spontaneous short bursts of song were usually followed by smiles or laughter. One recalled her brother singing to them in the car on road trips and in another group a participant sang a short song about doing the laundry.



Speaking directly to the volunteer or myself, residents told us they enjoyed the program. While assisting a resident with her post-survey, I read aloud the last question asking about her mood and she said enthusiastically “I was in a bad mood when we started but now I feel great!”

There were, however, negative expressions of emotion that occurred during the program as well. Negative responses included not being familiar with something or not liking something. While listening to a recording of a player piano a resident said, “It’s too many, too noisy. Twangy.... Not for me. I am not a good subject for that”. Two residents had negative memories of childhood and growing up, “I didn’t have a childhood really. No. A very, very strict family”, and “That’s a hard one there. We didn’t have too much”. In both cases the negative emotions were short lived and the residents moved on to another topic without much coaxing. At the conclusion of a particularly boisterous group, a resident stayed behind to speak to me. She said that the objects were too “English” and that she didn’t have the same experiences. At another care home there was a resident who was not from North America and didn’t recognize the majority of the objects. Choosing culturally appropriate, and age appropriate items would be a difficult task in creating a “one size-fits all” reminiscence kit for outreach across the province.

### **New Learning Program**

Our second new learning program was in the early afternoon. We arrived at the senior’s home about thirty minutes before the program and were met by a resident eager to help us. She went to look for the care worker, who came quickly behind her. We were taken to a small room at the back of the building. After we set up the objects (see Appendix A) at one end of the table, seven women and one man joined us. The first

object generated guesses and questions almost immediately. After the group had looked at the object and made their guesses they asked to know what the object was. After the reveal the volunteer asked if they would like to see another object and a participant replied eagerly, “You’ve got our curiosity going”. At the end while the volunteer and I were cleaning up a different participant came back and asked to come again, because she had enjoyed it and she couldn’t afford to visit the museum anymore.

**Give and Collect Information.** The intention for the objects in the new learning program, were for them to be mysterious and unfamiliar so that the residents had to work out what they were looking at. The objects were passed around to individuals, and they began by describing what they saw or felt: “Both ends are the same, and it’s symmetrical because the design is quite similar”, “Looks to me like its something designed by Native”, “It’s definitely heavy for its size”, “This looks as if it had been well used”, and so on. The unfamiliar nature of the object encouraged residents to seek help from other participants and to work out the mystery collaboratively. “Maybe a line goes through there though? / “Oh, yes, it does go all the way through”. Another small group of three “an antler, off a deer/ Yes, but for what is it?/ I have no idea/ To scrape something?” By working together, they would notice more about the object and build enthusiasm and interest.

Residents would also ask the volunteer clarifying questions about the objects “I don’t necessarily know enough about it, but am I wrong that they lose their antlers every year and regrow them”, “Do you know how old it is?”, “Are you sure it’s Native”, “Are all of these objects from the museum?”

**Make Sense of the Object.** The facilitator's role in the new learning program is to encourage observation and help direct participants towards some kind of conclusion but it didn't have to necessarily be the right one. The plan between myself and the volunteer was that if residents came to a conclusion they were happy with or they lost interest in the object, we would just move on. It became clear immediately that residents wanted to know what these objects were: "Are you going to tell us what that is though?", "Were we wrong?", and "You got our curiosity going". One resident joked, "If you don't tell us, we can all leave right away". Another time when asking if the group wanted to know what the object was a resident replied, "I am dying of curiosity".

Residents asked the volunteer questions about the object including "Is that important? Does that go there?" and "But what did they use it for? That's what I want". The volunteer would answer when she could, but she would refrain from answering what an object was directly, always referring back to what the resident could see or what someone in the group thought or said, not revealing what it was until the very end.

Eventually, residents felt ready to make a guess about the object and its purpose. This type of guess would often be qualified by "I am not sure, but..." or "It's just a guess". To make sense of the unfamiliar objects, residents would look for connections to modern equivalents "well the other thing that it reminds me of, although I don't think that's it, we had those kind of irons, and you'd put a handle on an iron". "Do we use it today, do you think?" One resident related all of the objects to fishing, which it turned out, had been his profession. Of the five objects, residents always worked out the purpose of the adz and the fishhook.

On a few occasions, residents referred to recent news stories or television programs to help make sense of the objects. After the volunteer revealed the function of the atlatl<sup>1</sup> a resident said “interesting just this morning on the news, in Iceland, did anybody else hear that? That they found a sword ... Interesting that this is what we are talking about today”. Another resident in the same group said later “Well I watch station 97 quite often. They have aliens, they got a lot of this different one, and archaeological digs worldwide. They found human populations 12,000 years ago”.

**Share Experiences.** Spontaneous memory sharing was atypical of the new learning program. On a few occasions residents offered that something reminded them of someone or something such as “I remember my great-great grandmother had something like that”. Most of the time, the memory sharing during the new learning program was prompted by the volunteer. She would ask questions such as “Has anyone else been involved in fishing”, “Where were you born” or “And what brought you to Canada”. In one new learning group with just three participants, a male and a female resident responded at length to these prompts, but in the other two programs, the residents did not pick up on the prompts.

Rather than memory sharing, residents collaborated with one another by building on someone’s thoughts or supporting their ideas and guesses. “I’ll go with the person who said it’s a game”, “Well I would say this was made by First Nations too, but this looks like it catches something”, “however, if Barb said it has a place to put a cord over it

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<sup>1</sup> A device for throwing a spear or dart that consists of a rod or board with a projection (as a hook) at the rear end to hold the weapon in place until released (Merriam Webster)

then..." (pseudonyms have been used). Sharing and building on ideas is a way of supporting and showing your confidence in one another.

**Give and Receive Emotional Support.** Like the Reminiscence program, laughter and joking was the main emotional response. People would often laugh after expressing that they didn't know or sharing an idea. They would make jokes with one another. When the only male in the group suggested an object was for shooting something a resident joked, "Well, that's a boy for you". They made joke guesses about what the objects were, "Do you know what I think? I think that Bigfoot used it for a toothpick", "That would make a good backscratcher" and, "Well if it had little rubbers on the end of it, it could be an eraser".

The residents also joked with the staff and the volunteer. One resident asked the care worker why she was sitting in the back of the room. She replied, "You have to be 65 or older to handle the objects and I am not quite there yet. I wish I was, cuz this is fun, this is great". They teased the volunteer as well about trying to fool them, and in one of the new learning groups one of the residents would always try to sneak a peek under the blanket when the volunteer reached under to grab a new object.

Surprise was another emotion expressed by participants. "It all looks unfamiliar to me", "I've never seen anything like that", and "I am looking at another world". The aesthetic appeal of the objects, in particular the creaser and the game piece, drew expressions of admiration including, "amazing", "Oh, wow". "I would love to have it on my mantle to stimulate conversation".

The negative emotion in the program arose from the format. One participant felt the program was a little long, and another seemed restless about three quarters of the way

through and said he wanted a cup of coffee. Perhaps self-deprecating, a resident replied that she “was a cab driver for too long to pick up on things”. Another resident couldn’t quite get into it as evident by her curt responses to looking at an object, “Whatever, it’s a stick”, however this same resident stayed at the end to tell us it was fun and she attended a second program we held at her site.

## Discussion

The quantitative analysis of the combined results of both the reminiscence and the new learning program strongly suggest that seniors living in care facilities did experience improved mood after participating in an outreach program from the museum.

The qualitative results aligned with these findings, and in addition provide insight into each individual outreach program. By reviewing the conversations, it was evident that residents shared more memories in the reminiscence program and relatively few in the new learning. The style of simple reminiscence is most akin to Wong and Watt's (1991) integrative reminiscence type, which they found to be a type of reminiscence associated with positive aging. Residents largely spoke of their past in a satisfied way sharing their memories of home and work life. Sharing memories is one of the preferred activities of older learners and an important way to relate with others (Kelly et al., 2005).

In addition to the successful outcomes of the reminiscence program, it was also apparent that it might fail when the objects are not familiar to the participants either due to their cultural background, gender or age (participants in one group ranged from 65 years to 91 years old). When objects are familiar, and connect with a participant's distant past experiences, they have more power (Anderson et al., 2016) yet when they are unfamiliar facilitators and participants run the risk of not making any connection.

As found by Ander et al. (2013) the experience of the facilitator is key to the success of the reminiscence program. Even when the object themselves were not familiar to the entire group, an experienced facilitator could involve all of the participants in a discussion around the general theme initiated by that item. By delivering familiar items

and skilled facilitation, the reminiscence outreach program provides a short-term beneficial activity for seniors.

The defining feature of the new learning program was its ability to generate conversation between the participants. The amount of conversation is indicative of high levels of cognitive engagement as acknowledged by Burnham & Kai Kee (2005) who observed teaching in museums and concluded “conversation expands everyone’s experience of the objects, propelled by a sense of discovery” (p. 68).

Analysis of the residents’ conversations showed that each participant discussed ideas and contributed more often than participants in the reminiscence program. If a resident didn’t have an associated memory in the reminiscence program, they spent more time listening. However in the new learning program, they each contributed ideas and guesses about the object. This finding supports Phelan’s (2015) recommendation to develop resources where all can contribute whether or not they could recall their past.

The use of objects enhanced the sense of excitement and anticipation. Residents were alert and curious about what would come next “makes sure your curiosity is piqued”. In the reminiscence program discussions arising from the objects were not limited to the specific object, but expanded to broader relationships. In the new learning program, discussions were focused on the objects shape, appearance, material, function and purpose. The use of objects in this type of program is critical to participants’ experience of socialization as concluded by Ander et al. (2013) “the sensory nature of museum objects, combined with a positive narrative, enhanced feelings of confidence, vitality, participation, identity, enjoyment and wellbeing” (p. 215).



In terms of mood, laughter and joking was common in both programs as were surprise and delight. The main difference came in the experience of negative emotions. The residents expressed some negative emotion in both the reminiscence and new learning programs, but the personal and emotional nature of the emotion expressed during the reminiscence program had more potential to develop into something more harmful such as causing the resident to be distressed or unhappy (Wong & Watt, 1991).

### **Limitations and future research**

The findings suggest that the use of outreach kits can improve the mood and offer socialization for seniors living in care facilities. However because the study was limited to four care homes in the Victoria area it may not be generalizable to the larger population of seniors living in care homes in British Columbia. In addition to the geographical limitations, the study did not involve residents with cognitive impairment. According to the Canadian Institute for Health Information 57% of seniors who reside in care homes in Canada have had a diagnosis of Alzheimer's disease and/or other dementia (p. 1, 2010). Further studies on the use of new learning programs with seniors who have dementia should be undertaken. Furthermore, the majority of the participants were white Europeans and North Americans and the facilities that participated represented a similar socio-economic group of residents. This research should be reproduced with a less homogenous group

In terms of future study, when describing the research to a friend as a study to determine if the mood of seniors would improve after the program she replied "Well obviously". Her comment hinted that by just talking with someone or doing an activity, the care home resident's mood would improve. A future study could involve using a

control group of care home residents not doing the program such as in Brooker and Duce's (2000) comparison of reminiscence, an art activity and unstructured time. They compared three groups of residents in a care home, two doing an activity and one group just sitting in the lounge area. My research could be repeated by adding a third group not involved in either outreach program.

The importance of the facilitator became clear to me throughout the study, and I would be interested to pursue another research project that would look more closely at success of the two types of outreach kits with and without a trained museum facilitator and to see if my conclusion that the new learning themed outreach kit would be more successful for a non-museum facilitator.

Finally, it would be enlightening to conduct a longitudinal study that goes back to the participants after two weeks or a month and asks them what they remember about the outreach program and measure if their recall was stronger for the reminiscence program or the new learning. What they say about it afterwards would that tell us about further success or shortcomings of the programs.

### **Benefits of this study**

This study has added to the body of the understanding of the use of outreach kits with senior audiences by illustrating two different approaches. The results were consistent with the literature in finding that museum outreach programs have the potential to improve the mood of participants and provide opportunities for socialization.

Whereas the majority of studies look at reminiscence programs over a series of visits, my research suggests that one-time visits may also have a positive impact on the mood of seniors and their socialization.

## **Conclusion**

Despite the limitations, this study suggests that rather than defaulting to reminiscence style programs for seniors, museums should consider new learning programs as well. Museums should use the approach that suits its goal of either getting to know a group of participants or creating a one-time positive social interaction. Housden (2009) concluded after her study of programs for seniors that not all seniors should nor want to reminisce and “it is essential that the activity facilitator is clear about what they are aiming to achieve, as this determines the format of the session and the focus of discussion” (p. 42). Learning is a lifelong pursuit and Schweingruber and Fenichel (2010) remind us:

One of the advantages of being older is that people have cultivated an extensive experience and knowledge base. They have a long history of family life, work experiences, and leisure pursuits that can serve as a starting point not only for new learning, but also for sharing knowledge, skills, and experiences. (p.152)

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## Appendix A

### Contents of the outreach kits

#### Reminiscence Outreach Kit Content

Five objects were selected from the human history handling collection at the Royal BC Museum for the reminiscence kit (see Figure 1). The first object was a tea set on a silver tray. The set included a china teacup with matching saucer, a stainless steel tealeaf strainer with a matching shallow dish accompanied by a bag of fragrant loose tea. The second object was a homemade kaleidoscope. The third item was a player piano roll. The player piano roll resembles a scroll of paper on a metal cylinder. When you pull out the paper, you see it has square holes cut through it, like a code, and the lyrics of the song printed down the length of the paper on the right hand side. The piano roll was in a simple, unmarked cardboard box. The fourth item was a darning mushroom, a highly polished, smooth wooden object in the shape of a mushroom, about seven centimeters or three inches tall. The fifth item pair of wooden stock stretchers. They are long and flat and in the shape of a foot with five large round holes cut through them.



Figure 1 – Contents of the Reminiscence Outreach Kit

## **New Learning Outreach Kit Content**

Six objects were selected for the new learning program from the archaeology handling collection at the Royal BC Museum (see Figure 2). The first was a wooden adz with a metal blade, called a celt. This tool is used like a plainer for smoothing and shaping wood. The second item was a lahal game piece. This is a small wooden piece about the size of a pill bottle. On either end of the piece is a round piece of smooth copper. The piece has four sides and each side has a repeating pattern in black etching. The third object was a small piece of antler. The antler has what would have been two large tines cut off and only a small curved tine remaining. About 15 cm (6 inches) long you can hold it comfortably in your first. The fourth item was a Coast Salish creaser. About the size and shape of a protractor from a school geometry set, the creaser is carved out of wood. The flat end of the semicircle is carved into the shape of an animal, possibly a cougar or a wolf. This acts as the handle. The rounded side of the semi-circle has a groove running through it. The fifth piece was a halibut hook. The halibut hook is a thick “V” shaped wooden object that is roughly 30 cm (12 inches) long. On the narrow point of the “V” the wood is wrapped with sinew. On the flattened side of the “V” shape there is a hook pointing into the centre. On the other side of the “V” there is a small hole with a short and thin piece of string through it. The sixth piece was an atlatl. The atlatl is a 60 cm (or two feet long) long stick slightly wider and thicker at one end in the rough shape of a handle and tapering down to the other end. At narrow end there is a small white stone or bone projecting out about half a centimeter. From the bone to the handle is a long groove carved down the middle. On the backside of the stick, there is a small indentation, for a finger to fit into on the handle end.



Figure 2 – Contents of New Learning Outreach Kit

## Appendix B

### Copy of Survey

#### **Outreach for seniors: Understanding how a museum can impact the social wellbeing of seniors living in care facilities in British Columbia**

##### *Survey Questions*

#### **Pre-program Survey Question**

Before taking part in the outreach program please fill out page one of the survey only.  
Tell us a little bit about yourself:

**What is your age?** \_\_\_\_\_

#### **How do you identify?**

\_\_\_ Male

\_\_\_ Female

#### **How long have you lived at [name of care facility]?**

\_\_\_ Less than 1 year

\_\_\_ 1 – 2 years

\_\_\_ 2 – 3 years

\_\_\_ 3 – 4 years

\_\_\_ 5 years or more

**Please indicate your overall mood at the moment with one being “worst imaginable mood” and 5 being “best imaginable mood”.**

☹ 1 2 3 4 5 ☺

## **Post Program Survey Questions – PAGE 2**

Please take a moment to fill out these questions after you participate in the outreach program. It should only take a few minutes. Hand in your completed survey to the co-investigator. Stay for tea and coffee.

**On a scale of 1 to 5, with one being “never” and 5 being “all the time” tell us which activities you took part in.**

### **Touched an object**

(never) 1 2 3 4 5 (all the time)

### **Shared a memory from my personal life**

(never) 1 2 3 4 5 (all the time)

### **Took part in a conversation**

(never) 1 2 3 4 5 (all the time)

### **Learned something new**

(never) 1 2 3 4 5 (all the time)

### **Enjoyed myself**

(never) 1 2 3 4 5 (all the time)

**Please indicate your overall mood at the moment with one being “worst imaginable mood” and 5 being “best imaginable mood”.**

☹ 1 2 3 4 5 ☺