KE health & wellbeing

Mon, Jan 22, 2024 06:13:09 • 55:33

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So today's health, knowledge exchange, is all about health and wellbeing, which as you know, many of you will know is one of the sort of aims of MGS's national strategy for museums. Health and well being is one of the areas of sort of national strategy that sits under the sort of connection strand of the MGS strategy. And essentially, we want health and well being to sort of make museums and galleries improve quality of life through programmes which have a positive impact on the physical and mental health and well being of people in Scotland. And so you can see that Robyn showing here, the slide, which has wee strategy pretzel on it. And so you can see how the areas of the strategy connect together. I won't go into this too much today, because you can look on the website find far more information If you want to look more in depth about this strategy. I just want to sort of look a bit about what we mean by health and wellbeing before we start before moving on to sort of our speakers for today. So we've got a couple of definitions that I was going to share of sort of what health and well being is the sort of World Health Organization's really described health and well being as health as a sort of state of complex physical, mental and social well being. And not just the sort of absence of disease and infirmity. And the New Economics Foundation describes well-being as about sort of personal social connections and about how people understand their lives as a whole as well as you know, the sort of absence of disease and things like that. So that's really what we're looking at with sort of health and wellbeing for today is about, you know, what, how museums can contribute to these sort of issues. So obviously, within museums, this could be anything from sort of really light touch programmes, where people come together for social activities, or through to sort of social prescribing, which is much more about professionals referring people on to sort of a range of non clinical services. But anyway, that's enough from me. We have two speakers today who are talking. So we've got Ruthanne Baxter, who is Civic Engagement Manager of heritage collections at the University of Edinburgh. And we have Alicia Watson, who is learning and access curator at Glasgow museums. And Ruthanne's going to talk a bit about Prescribe Culture and some of health and well being work more generally. And Alicia is going to talk about Glasgow museums programmes, particularly the ageing well programmes and some of the work they've done recently with chest Heart and Stroke, Scotland. And then after hearing from Ruthanne and Alicia, we're going to have an opportunity to ask any questions. And then we're going to have some chat about how we can better support the sector with health and wellbeing, but also what work you're doing and things like that and chance to sort of chat and share. So I'll pass on to Ruthanne to start doing her part of the presentation.

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My name is Ruthanne Baxter. I am my pronouns are she/her. I am, I've got em ginger, but I prefer strawberry blonde shoulder length hair and wearing a pale blue jumper and have a sparkly gold necklace on this morning. So, as Diana said, I'm really here, I'm just going to do a wee bit at the very beginning about like, you know, why aren't Museums Galleries Scotland, covering this whole topic at all. And then looking a little bit of detail at some of the work that I've been doing with Prescribe culture. And I will say in advance that apparently when I share my slides, there is like a grey bar across the top. So if you've got the grey bar unless it's really sort of sitting on top of a lot of words and important things to see on the screen, then I just can apologise for that in advance. Okay, just going to share my screen. I've got a little bit of sound so I have to remember to stick the share sound on. Right, and hopefully this will work. Okay, everybody seeing my screen, okay? Yeah, brilliant. Thank you very much. Okay, so, I read a really interesting quote from a gentleman called Michael Wood, who is Professor of Public History at the University of Manchester. And when we were coming out of COVID lockdowns, he had said, we often look to history for explanations in times of crisis. Sometimes this makes us realise that we should not try to get back to normal, because normal was part of the problem in the first place. And that's when we realised that we need new histories. So hopefully, as we go forward in the sector, there will be some new histories made with the sector more focusing on moving into health and well being in a very meaningful way. And many people think that the old normal was bad for many people. So I personally think that my view of museums is that sort of traditionally, they sort of have a place where they tell stories of societal change retrospectively told but I very much believe that we can have a real direct impact and help drive forward the change, and certainly around health creation. So, I have a few quotes and I've popped the name of the writer and the book on top. many of you may have heard of Dr. Gavin Francis, a Scottish GP, and he does a lot of wonderful books supported by the Wellcome Trust. And he just said, illness is not just a personal calamity, but a social one to helping ease its effects is something we all must take part in as a community. And I think museums and galleries are very much part of their community. And there's lots of opportunity Diana had mentioned earlier about social prescribing. And social prescribing is very much underwritten by a wonderful community of new professionals called Community link workers. So they are been around for 15 years. But since this is a sort of a heritage based situation, it's relatively modern. But I've been doing amazing work. So there's lots of opportunities for our sector to work very closely with community link workers and other such allied health professionals, as well as working more directly with GPS etc. And this slide is probably about three years old. Now, however, I can't imagine it's changed enormously. The list on the in red are the sort of conditions that the UK are winning on. The ones in blue, are where we need to make a bit more impact and change. So looking at that, I personally, again, believe that the museum sector across Scotland, you know, that we there's lots of museums, and for quite a long time have been creating Dementia Friendly programmes. There's lots of museums doing work around people who have mental health difficulties, if you have some of the National Trust properties or properties that are Gardens etc. And Parklands for walking, there's an obesity related support mechanism there, what I'm really, really interested in the demand and supply. And in the rural health one, there's a couple of things here demand and supply. So when the GP writes a prescription, you can go down to boots or your nearest local chemist, and that is, maybe not so much in recent times. But generally, you're guaranteed to be given a prescription, it's slightly different with community based assets related to prescribing because it very much depends what is in the community, and where people like ourselves are able to help. So there is we have definitely a part in that demand and supply in a non-pharmaceutical sense. And also rural health, not just what you can do directly for patients, or people in the community who need non-clinical support, but also what we can do for the actual health sector. And by that, I mean, there are quite a few reports coming out that it can be very difficult in certain areas of Scotland to attract and retain health and social care professionals very much predominantly also in remote, rural areas. So I think museums, we have a job to just actually continue to be a really vibrant part of the community and make that community and environment are really attractive one to bring the health professionals into the area in the first place and to keep them there feeling that lives. Their lives are very filled with exciting stuff. Sorry, this is a wee bit doom and gloom, but this is again, just sort of setting the scene. So at the very top there, way back when the NHS started, and it was in the top six in the world with regards to health care, in 2021 that had dropped down to number 37. So we're sort of going in the wrong direction. There's lots of GP surgeries closing, there's a lack of staff, as mentioned. And also on top of that people are living longer, but not necessarily all of them living longer and healthy, in their older age. And there are lots of stats around carers. And I think it's something like one in 5 50 to 70 year olds are regular, unpaid carers, and that can often restrict their lives but also impact their own health and well being as well. So there are a lot of challenges being faced by the health care sector and the social care sector and we definitely can do something to help. If we get the right service support, and get the strategies right. And this is from Lord Nigel crisp called Health is made at home. Highly recommend anybody reading it, it's brilliant. So the NHS can't deal with many of today's health problems it can really react during the repairs but not addressing the underlying causes. And today's major health problems include things like loneliness, stress, and obesity, which leads could lead to diabetes, poverty, and addiction. So those are all things that sort of get created, if you like, the community and the environment we live in, cause those problems. And it's not really up to the NHS to certainly prevent those. But it's also a community development issue to try and help bring those individuals out into an environment that will contain or help them remain healthy when they have been supported. We have lots of ways you know, as a sector, we are already active, and all these areas in different pockets, and we can't be all things to all people. So there is no suggestion that Museums Galleries Scotland are expecting every museum and gallery to do something in this sort of theme. Because you know, you're better to sort of not spread yourself thin and focus in. But if you can, you there are the Public Health Scotland strategies, and then the new mental health strategy, and taking the life stage model because we can't really help everybody of every age, but you might want to focus in or you may already focus in on particular age groups or stages in the life stage model. This is a brilliant slide. And it's all complete thanks to Hope who used to work up at Dundee museums, and she's really doing amazing work in green prescribing around Dundee. But this is one of the challenges I believe we have, because the people on the street, when you sort of say the word museums, they think education, learning history, they do not think health and well being. So I think that's one of our big challenges. But changing perceptions, not an easy thing, not something that's going to happen overnight. You may all have heard of Nina Simon, she wrote this wonderful book called The Art of relevance. And that's really links to what I just said there. You know, people will not think to look to our sector for their health and wellbeing support, if they don't think the sector is relevant to them in any way. But what I put in bold was the bit that says we need to reach the right people with the right message delivered by the right messenger. And they are people who are trusted by those in the community who are seeking support for their health and well being. As mentioned, that could be community link workers, GPs, occupational health therapists, etc. So we in the first instance, need to build our relationships and work very closely with those in the health and social care sector.

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Here at the University of Edinburgh, and the civic engagement service made it very clear to when I say service, it's just myself and my colleague, Laura. And I know for many of you listening, you've probably all have about seven different hats on. So a team of two is probably something to be a little bit envious of. And I'm very aware of that. But we decided that even if there's two of us, we cannot do lots of things for everyone. So we focused in on being a very purposefully chosen to support care experienced young people, those at risk or with lived experience of the criminal justice system, and those with health inequalities and carers. So we are trying to be as focused as possible. Now, hopefully, I will share this video. And you will hear from some of our Prescribe Culture members. So what you there's essentially a stakeholder voice and the voice of our Prescribe culture member who's a service user. It takes a little minute to get started. So

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We do community rehab, so it's mainly to get people out and socialising back into their communities and taking part. I just moved to Edinburgh at Christmas time and I was feeling quite isolated and a bit depressed because I didn't know anyone. And my GP suggested that I try this course, as a means of getting out the house and getting to know people a bit better.

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Our group of people are either plateaued or are on recovery journeys,

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and having an appointment somewhere to be really made me go. And I was always glad when I did. It just made me interact with people more, go into a group of people that I didn't know and challenge myself. And It distracted me from my usual thoughts which can be quite negative, distracted me from my everyday and I think that in itself was therapeutic. We

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started with prescribe culture and getting the heritage at home boxes delivered, which was great. We

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looked at historical buildings in the city centre. We also looked at information on slides, listened to music. We went to the museum and looked at families of instruments, various different things each week.

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Co-design is very important because we can do things to our group of adults. It has to be done with their consent and because they want to do it. It also enabled us to carry on after the Prescribe culture pilot had finished. unexpected outcomes.

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Personal friendships tied, lots of things from my mental and emotional health. But this was the most fun. It never crossed my mind to use culture as a means of improving mental and emotional health. We now

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have links with Historic Environment Scotland, we also have made links with musicians.

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I just think that these sorts of things are not what people would usually think about to help with their mental and emotional health. It's a very adaptable programme. We're seeing that base broaden now to include artistic and creative pursuits, and that it really can help you as part of a wider programme for your mental emotional health.

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Yes, definitely, I would highly recommend prescribe culture.

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Okay, so as mentioned, we do, all of our work is predominantly focused on supporting those who have mental health difficulties. And we very much do that in a co-designed way. So we have a exclusion and inclusion criteria for programmes for prescribe culture programmes six, this was developed with those who have lived experience of mental health difficulties, but also in partnership with universities and GPS and counselling service. So you can see there that really the only exclusions are people who have are currently sort of experiencing suicidal ideation, or psychotic episodes. So what I think, and this is just my view, from my experience, everybody has their own experiences. And it will be different for different people working, because there's a lot of context related and relationship based input to whether something like this succeeds or not. So I've cheated a little bit because I said, top four essentials, but underneath that in capitals I put what I guess might be sort of attitudes that underwrite everything else. So number one, I would say you have to understand your context. And by that, I mean, the geography. So what are the health and wellbeing conditions that your local health and social partnerships are particularly finding difficult or difficult to support. And so you need to also understand that there is need and appetite, and lots of us who sort of work with people who have difficulties and health difficulties, we might see that they have a need, they may not have the appetite to take what you're offering them. So it can be very sometimes disheartening, when you work with professionals in the health sector, and everybody's agreed that there is this need, and there's a lot of people coming because they have a particular condition, but then they're not sort of taking any action with the things that could benefit them. So just to be aware of that the need and the appetite are not necessarily in sync with each other strategic priorities are those that relate not just to like the local authority that you're in the health and social care partnerships, but also within your very own organisation. And you know, if health and well being is not written into your own strategies, then it's probably not going to be a priority. And there may be really good reasons for that. And that's absolutely fine. But, you know, again, you will be sort of pushing a boulder up a hill, if it's not sort of sitting in strategically with with what's going on. And obviously, resources, what resources do you already have available? And do you have the time and the energy to create the resources that you may need, if you want to take it forward? As I said, That, for me, my experience has been very much about this working in health well being is very much relationship based. And it's about building trust. And that is when the community development side of things and health and social care with other delivery partners. So for us, that includes enjoy leisure, because I certainly learned an awful lot from our colleagues who are in this sort of sports arena. And they've been doing social prescribing and working closely with GPS et cetera for decades. So there is a lot to learn from other delivery partners who may not be and the RSPB are another great one. And obviously very importantly, the individual in need themselves. Resources, as mentioned, have a look, do you have the right human resource and that can include volunteers that work with you, as well as your staff, I can say again from experience that there is very particular types of people who can deliver this work in an effective way. So lots of organisations can do something like social prescribing, but there's a difference between doing it and doing it well. And in my experience, that very much comes down to having the right facilitators. So making sure you've got the right human resources in place. Again, as mentioned your strategy, do you have suitable spaces, because a lot of people think that they have to actually input a lot of human resource time to deliver something. But you can actually be a big part of the local health and well being ecosystem, if you just hand over a space in your museum. So if you have under occupied spaces, think about that. And let somebody from the community come in and run a book club or do something in that space. And also thinking about other assets materials, we have some colleagues in the sector who have mini buses, and those many buses are mainly there and use during the summer season. Where did those go over the winter? Could they bring a group of people who have transport difficulties into your museum for a health and wellbeing programme, and obviously, very importantly, mentoring and training, because, you know, there's, you could do harm. And if you were working in a deep end way, you could do harm if you don't have any real knowledge or understanding. So making sure training and mentoring is in there if you're going to do this at a significant level, and basically determination, determination to contribute to community health creation, determination to help build the evidence, because we as a sector, I believe, are running behind some of our colleagues in sport and nature, etc, and green prescribing. So we all need to sort of share what findings we have. And it doesn't matter what level that is at. And we definitely need to bring all the evidence together, and then again, determination to support the individual. And that is me. So I will now stop sharing. And I will pass over to Alicia. Thank you.

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Just to start off with the kind of visual description I'm a white woman with long dark hair, long dark straight hair, and I'm wearing kind of like a denim top, and my pronouns are she/her. So as Diana said, my name is Alicia Watson, and I'm a learning and access curator at Glasgow museums, which is part of Glasgow life. And I coordinate many of Glasgow museums wellbeing programmes, kind of that are delivered by our learning team across our nine museum venues. So health and wellbeing is obviously a term that we use more and more in our everyday lives. But now it's also part of the world of kind of museum work and culture. And as we've heard from Ruthanne, museums can play a really important role in that health and well being of the communities that they serve. So Glasgow life is a charitable organisation, and we deliver the cultural, the sporting, and learning activities on behalf of Glasgow City Council. And you can see here Glasgow life's four strategic priorities. And as you can see, the second one is that we are committed to improving the mental, physical and well being of local communities. So there is that commitment in Glasgow, at strategic level for health and well being. And this has enabled us as a museum learning team, to develop a range of programmes at Glasgow museums over the last kind of 10 to 15 years, where wellbeing is either a primary or a secondary outcome. The programmes I'm going to talk to you about today are mainly delivered by our learning and access team, although I believe since the pandemic there's been kind of a real kind of light thrown on this kind of work and interest in this area of work. And it's now I suppose, more support and more interest from our other colleagues. And that's kind of growing kind of with working closer with curators as well. So personally, I believe museums are ideal places for wellbeing. We know that because we see in the work that we do every day that museums have that positive impact on people's days, and sometimes even their lives. We're often seen as those kind of safe familiar spaces associated with happy times, such as family trips, or school trips, or holiday visits. And as museum spaces, we can offer that place to socialise, to relax, and to engage in real kind of multisensory, immersive environments, which can help people live in that moment, kind of really thinking about that moment, rather than the kind of the health condition that maybe they're living with, or things going on in their lives. So exploring our objects and our spaces and our exhibitions, and especially getting up close and having that opportunity to handle objects can really create a situation where people connect, connect, connect and communicate and express themselves. And we do this mainly through object handling and object handling is really proven to kind of increase people's sense of well being. And I feel that if participants have had a nice time visiting your museum, they leave, they've had that nice experience, they leave feeling happy and that feeling can remain with them for the rest of the day, and can also influence the people around them as well and their carers. I'm gonna give you kind of a quick overview of the range of well being programmes that we do at Glasgow museums. Some of them may be very similar to what you guys do as well. out. But then I'll talk in more detail about one specific programme case study that we've done recently. And that's our partnership with the charity Chest, Heart and Stroke Scotland. So listed here are just some of Glasgow museums, programmes, or workshops and opportunities that we believe impact people's well being and address health and well being indicators. And those indicators we see as loneliness, isolation, mental health, and employability. So these programmes all have kind of clear well being outcomes and are targeted at specific groups. But we also have some general public programmes on offer seen more as kind of preventative well being programmes that are open to the general public. So firstly, in this list, we have our open museums. our open Museum is our outreach service. And it's for isolated audiences across the city, who might not be able to come into our buildings. So they take objects out and exhibitions out and they work with groups, such as those who might be in care homes, or in a prison or hospitals. And they bring Yeah, so we bring the objects to them. So the more people can have access and engage with us. And they they do that by taking out long boxes, which are kind of themed boxes of real museum objects. And some of them cover decades, some of the things like sports or world cultures. And they're currently working on developing a new loan box, which is around the theme of wellbeing. And it's looking at different ways to explore well being and includes objects from all over the world that have been suggested by both museum staff and by communities that have objects that they think kind of improved their well being. So this is a new box that'll be available for people to learn from that we will use and groups can borrow from us, hopefully available later this year. And secondly, on the list is our age well programmes. So this area of our work, I suppose is where we I suppose have most expertise and older adults in our age well programme is kind of what we've prioritised as a target audience for the last kind of 10 to 15 years. And I think the work that we've done with older adults, because it's so vast, it's really helped inform all our other well being programmes as well. AGEWELL is now a free programme for care homes, daycare centres and older adult groups. And it's hugely popular demand growing, we had over 370 of adults took part in it last year. And we've also produced like a guide to help people who are bringing older adult groups in kind of a self led visit that we've produced a kind of a guide that we worked with the British Museum to produce as well. So that's also available. Linked to our age well programme is reengage. So reengage is our longest programme, it's been running over 18 years now. And we started in 2016. And so we've been working with the charity reengage, and they collect very isolated older people who are generally over 70 years of age, and they collect them from their homes, and they bring them into one of Glasgow museums venues. And our learning team then does a session with them, along with the kind of volunteer drivers that bring them in. And we hold these on Sunday afternoons and the reason we hold them at that time is because it's identified as the loneliest time of the week for people living on their own. So this this programme has kind of really given our staff a lot of experience in working kind of with isolated individuals and extremely older adults as well. Your museums community group offer is for groups and health groups across the city. Again, it says it's a session that groups can book. It's free, and it's 90 minutes. And it's led by a member of our team, and that we have groups such as Glasgow disability Alliance and Glasgow action for mental health. And Alzheimer Scotland regularly bring groups along for these visits. They always include teas and coffees, and we tend to target those health groups across the city who we feel need more assistance in accessing and kind of exploring our museums so that we can kind of meet them and greet them and take them on that journey. linked to this. We also offer care workers training. So we do this a couple of times a year. And this is free training for care workers on how to engage with museum resources and collections and how to use them effectively with their community groups so enables them to use this independently as well. We run two dementia cafes, which people are referred on to via Alzheimer Scotland Alzheimer Scotland are our partner in running these dementia cafes at both the Burrell collection and at KelvinHall. And they're designed for people with dementia and their family and carers and they're just running kind of an informal Cafe setting and the Alzheimer Scotland always provide staff as support for each of our cafes sessions. Kind of the other end of the age group. We have GoMA arts for babies. Art for baby is a regular art programme with an emphasis on mental health and combating loneliness and is specifically for new parents. And these art sessions really kind of support and nourish that link between creativity and our mental health. And similar to this is our mini museum explores, again this is a breaking point programme that we offer for parents and preschoolers, and it offers an opportunity to socialise and to meet new parents. It's probably worth saying that post COVID When we're coming back out of lockdown, we're trying to restart all our programmes. And the priority we were giving priority to those that are new parents programmes for new parents and programmes for older adults. They were the two programmes that we initially restarted. So we felt they were our priority and that those audiences were the ones that kind of had, I suppose suffered most through kind of loneliness through the whole pandemic. A few other programmes that come under I suppose the well being banner that we have here are our autism programme, which is a regular programme of workshops, events and early openings for families as well as kind of pre visit storyboards online. We also work closely with the West of Scotland, young deaf children's society, and we've worked with them through consultation in what we can do with our buildings and our programmes. We offer them regular visits throughout the year.

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We also run an ESOP programme, we work with local colleges for those learning English as a second language, many of whom are new to the city and feel particularly isolated. And then we have our general kind of wellbeing programmes. Many are held at the Burrell collection, it's a great setting, it's quite a calm, museum if you're if you're familiar with it, and we run Tai Chi and sculpture and de-stress there. And then finally, we offer a range of kind of diverse volunteering opportunities for all ages and abilities and youth employability programmes. Last year, we had over 300 volunteers engaged in Glasgow museums and volunteering can have many wellbeing benefits, which I'm sure you're all aware of. So I realise that was a kind of a massive kind of quick whizz through a rundown of the range of the work that we do. But it's just to kind of give you that idea. We do have a lot of learning staff. It's worth saying we because we're across the nine different venues, we have a couple of learning and access staff in each building. So we are kind of quite privileged in that in that respect. But we cannot do any of this work without partnerships. And we work with numerous carers, community organisations, community learning and charities. Some of them are you know, most of them you can see here, we do very much always say to our staff, and I really feel strongly this that we are museum educators, we are not social workers, and we're not care workers. And therefore, it's really important that we do this kind of work, and we do it in partnership with those that have that kind of healthcare expertise. And our programmes have all been developed, marketed and adapted through working directly with these partners. These partners also allow us to access relevant training, consultation and advice and it allows us to reach audiences that I think we just simply couldn't reach if we were trying to do it independently. I also see that there's this element of trust that participants have when you can see your programmes are endorsed by partners or charities that they already trust. So now I'm going to talk about in more detail about a case study. And this is some of the work that we've been doing over the last few years with a with a charity Chest, Heart, Stroke, Scotland. So Chest, Heart, Stroke Scotland are a Scottish health charity and they are caring for and supporting people and their families after a stroke, or a diagnosis of a chest or heart condition, aiming to help people live life to the full. So our partnership work with Chest Heart started about four and a half years ago, when Chest Heart Stroke Scotland sent staff along to an information event that Glasgow life were holding at St Mungo's museum. And this event was aimed at those working with older adults and health groups across the city. And it's an opportunity for us as Glasgow life to promote everything that we offer them as groups. So we're all there like museums, library, sports everyone from Glasgow life. Having met staff from Chest Heart Stroke at this event, they then attended a Glasgow museums careworkers training session. And from that, we were both keen to kind of find out a way that we could work together, and how we could use our objects and our programmes in the museum, and how they can be used with their service users who had had strokes. So we were just starting our discussions, looking at ways that we could work together and COVID struck, and this project, the plans were all halted. However, our open museum, our outreach service continued to work with the Chest Heart Stroke groups throughout the pandemic, providing them with kind of weekly quizzes and themed objects. So they could keep engaged and connected with others. So we would send out a weekly object around a theme and this would prompt discussions that they would send back and share with each other. So it was just a nice way that even though our buildings were close, we could still kind of keep that connection going and allow them to kind of keep discussing with each other as well. So once we all came out the pandemic, which seems quite a while ago now, we were all really keen to explore how we could work with how we could work together again, but how we could work face to face. So our original plans had been that we would host an aphasia cafe, specifically for those people who had had a stroke. So a museum aphasia cafe and we were keen to use the same model that we'd used for our dementia cafes. But all the best placed plans don't always go according to plan and this aphasia cafe idea ended up being shelved just because we had probably as you will know, many cuts in our museum staffing, so we felt like we couldn't actually support another regular cafe. So the first thing we did was train all our staff so Bronwyn Tibbs, who is the chest Heart Stroke Scotland, community service coordinator in Glasgow provided two interactive and informative aphasia awareness and communication training sessions, you can see that taking place in the top photograph here. It was for all our museum staff, mostly taken up by front of house and learning team. And we were looking at skills and developing sessions for people who have aphasia. So those who lack the ability or confidence sometimes just to verbally communicate aphasia is that communication disorder that can often affect those who have had a stroke. So it was really interesting for us as educators to really think about how can we deliver our usual sessions in a way with people who can't necessarily verbally communicate. So following on from this training, we approached the group leaders to see if they would like to take up an opportunity at Kelvin Hall, where we do a Klevin Hall community display, and they were really keen to do this Bronwyn is always kind of on the lookout for new ideas for people in her kind of peer support groups around Glasgow, to get them out socialising and engaging with others to help improve their verbal communication. So the first thing we did was take out our loan kit boxes from the open museum out to the chest heart group, Chest Heart Scotland groups that are across the cities, there are six of them in total. And we took out the objects and we gave them kind of an interactive object handling session, we talked about museums, it was really kind of discussion session sharing information, allowing us we were in their venue. So they felt comfortable, it allowed us to kind of put the practice put into practice what we've learned in the training, as well as kind of strum a bit of interest for the upcoming display projects at Kelvin Hall. So to give you a bit of context, Kelvin Hall, if people aren't familiar with is seen here in the bottom right hand picture. And it is a multipurpose venue. So it's home to Glasgow, Glasgow, museums stores, as well as the national libraries of Scotland and the Hunterian and the Glasgow Life sports facilities as well. So it's quite a unique building. From experience, we found that using our museum store spaces work really well with kind of more vulnerable adult groups, they're quieter it's calmer, they're not at the Museum venues and galleries. And there's only a short distance you have to travel when you move from the learning room into the stores that are very accessible. And you also have once you're in the store, you have the space to yourself, so there's no distractions, and it's very quiet. So within Klevin Hall, we put on two community displays a year. And the community displays in a busy part of the building where people go into their gym classes or go to the library or using our cafe will pass it and they will see it and it includes a case, an AV screen. And it's co-curated by the community group every six months. So previous groups we've worked with on these projects have included Glasgow disability Alliance, and ESOL groups and vulnerable young adults group and young people's group as well. So the displays are co-designed and curated by community group members. And these projects allow people to bring their own interpretation to our displays, so that others can hear their stories, but also brings our objects to life in a whole new way. So we have quite small budget, we have £1000 pound a year from the museum's exhibition budget. So that's £500 pound per exhibition. And each project is led by two members of our learning and access team within Kelvin Hall. The group is of around 12 people we tend to 12 seems to be the number sometimes we've got to 15. We tend to keep groups to 12 as a maximum, if possible for these kinds of well being programmes just because it allows everyone to talk and it's kind of a small enough group so people feel comfortable, anything bigger becomes not quite so manageable. So this was a group of 12 for this project and includes stroke survivors and their partners, as well as Chest Heart Stroke, Scotland volunteers and staff. They were all present in the session and the group met every fortnight, fortnightly in Kelvin Hall in the summer, throughout last summer so 2023 for eight sessions, and each session was 90 minutes long, because that's kind of what they told us they wanted. As it was a new group, they didn't all know each other people attended with their family members, and they were all treated as part of the group together. Some people felt quite confident to speak out in a group, but others preferred to speak kind of on a one to one basis. And Chest Heart Stroke Scotland also advised us to provide paper and pencils for everyone. So people felt more confident to write down the contributions to a discussion or if they were struggling to find the right word, they could then write it down. This seems like a really simple thing but enables everyone to feel like they were part of the group. And they were all very patient and very encouraging with each other. They all helped each other communicate in a way that they felt comfortable. And I guess that was their common ground is that they all have communication difficulties. But simply being able to write things and support each other, we found a way to make it work. Each session started in our learning activity room. As you can see, this is the spacing seeing these images. And we always started with a coffee. And I think this is really important allowing that time to connect with others, having a good chat. Having a cuppa, catching up on people's weeks, checking in to see how people are feeling that day, it's kind of a really good thing just to start your session, just because depending on how people are feeling can also influence what you do in within that session or how you take it forward.

40:44

The majority of this group sessions were held within the museum stores as well, which over time, so we're looking at objects, and we're listening to people's recollections and stories in relation to the objects that we house. We have over 400,000 objects, from Scottish history to furniture to archaeology, so there's a real mix there. And we gave them access to these 1000s of objects that we keep in the store. And we the sessions were interactive, informal and included lots of objects handling, as you can see. The group were given free rein to choose a display a theme for their display, inspired by any part of the collection that interests them. And after a few weeks of getting to know the collections. It was the collections that relate to the history of cinema that seemed to create the most conversation they all love, the topic of cinema, it generated a lot of chat around their memories, their thoughts and their feelings of growing up and going to the cinema, which I think we can all relate to. And they love sharing these with one and other. So once they've chosen their theme, we were able to talk to them through like some of the history of the items we have including kind of film photographs and cameras. And then we invited our curator Neil Simonton to meet the group and discuss the history of cinemas in his collections as well. So wherever possible when working with these groups, we try to invite the relevant subject curator, and collection curator it in to meet the group as well. One, the group always really like this, they always feel it's quite special to be meeting the curator and always enjoy it and enjoy kind of the knowledge that they have. But it also enables the curators to become involved in this type of work as well which more and more of them seem to be keen to be involved in these exhibitions too. We also took the group along to the National Museums Moving Image archive to see what collections they hold. This is within our building, what they hold in relation to the theme of cinema and we also did a kind of a cinema themed quiz with them one week too. So by the end of the eight weeks, the group had chosen their items to go on display, they had decided upon the groupings of the items and their own and then they recorded their own memories and stories related to the objects so they these could be displayed alongside the objects. Some of these they wrote down or some of them recorded verbally. The group even decided on their exhibition opening event, who they wanted to invite their friends or family and also what they what they wanted the event to be like. So they wanted to show old film clips to everyone. They wanted the room to be laid out like a cinema with rows of seating, and they wanted to serve ice cream and popcorn. So we enabled that to happen. And here are some of the images of them like proudly as this is some of the group here in front of their display. Display includes a case with three shelves, also an AV screen, which includes content and content of any objects that are too big to fit in their case, as well as their interpretation and a graphic panel as well, but it's all written by them. Some of this is another picture of the opening. objects included photos of children Queuing outside the matinee performances, old sweets and Sweetie cigarettes that they used to have, cigarette cases after discussions of them talking about people that used to be able to smoke in cinemas, and then old programmes and props from their favourite childhood films as well. So what we observed in carrying out this project. These are some of the things we observed, so interaction first, interaction with others increased over the weeks as they found that kind of common connection and became familiar with each other. We found participants openly shared experiences as well as their own communication, frustrations. Everyone was very patient with each other. And there were lots of laughs and I think humour came across as a really strong element in this session, I think it quite often does kind of with well being work and some of the groups that we work with. And throughout the project participants confidence and verbal communication skills notably grew like group leaders from Chest Heart Scotland recognised an improvement in social and language skills and their ability to talk out in a group setting, which is so important for someone who's kind of recovering from a stroke, some of the participants have become regular users of our building. And its facilities during the weeks that you see them in the cafe or visit in the library, which is really lovely. It's because it was a building they weren't familiar with before. So it's nice that they feel comfortable, they can come back on their own. And there was a real kind of feeling of it being something special, them being allowed kind of behind the scenes, and into the stores and also being allowed to touch objects like to them that was really, really quite unique opportunity. And it's one of the reasons I really love working in museum stores, because it has that kind of wow factor. And people do feel kind of special when you take them behind the scenes. And finally, pride, they were really proud of what they achieved. And I'm really proud that what they've done and their display is actually on public for you. So they can take people along to see it or that like you know lots of people can see it. The display is also up for six months. And I think this is quite important. It's not short period of time. And I think that also shows that you have that it gives it a sense of value that you're willing to kind of give it a long enough six month display period as well. Some of the comments and thoughts from some of the participants. A few things that I've mentioned that they got the chance to share the stories and experiences that they liked the chats that they liked sharing stories and sharing memories. And it prompted a lot of communication between the participants. And they were very motivated for people with this ephasia, and they liked going behind the scenes. So generally that it just got, this person says it got him talking, which is kind of what the aim of their peer support groups as to get people talking again. Thinking about evaluation, it's really hard to evaluate, it's hard to measure the impact of this work, I don't think we necessarily have all the answers either. And form filling is not always appropriate approach for groups for this. And we tend to note down observations as we go. And using using a form an observation form that was given to us on a previous project from the National Museum of Scotland, just to write down observations as you go along. And I could share that with people as well. We also tend to ask them what they enjoy and what they didn't enjoy in each session. Again, it sounds really simple, but we then kind of could change it going forward. Because it's a long enough programme to do that. We also ask them to feed back to the charity. So the comments you can see here, they were fed back by the charity. And perhaps this gives you kind of more of an honest feedback, they're willing to tell that kind of charity workers what they thought of the project rather than directly to us. We do at the end of a project, have a verbal discussion about the project and ask for feedback. And we asked them to rate on a post it note if they would prefer as you can kind of see one of the ones here. The impact of a project like this can also be felt by the carers and the family members as well as the charity workers. So we always make sure that we get feedback from those as well as they're the people that know the participants best and they can also see the impact that is had. So it was really valuable to hear what the carers and the family members think as well. impacts such as an increase in confidence is really hard to measure but I think that attendance in itself speaks volumes, I suppose like it, they keep coming back to each session. And there's lots of laughing and lots of smiles, then that obviously kind of means you're doing something right, because they're willing to kind of come back and keep coming back. And one of our participants, one of the group leaders commented on how well one of the participants was looking at the opening display event and when they asked him, What have you done? he replied, He says, I think I'm just happier now. This person then told the group that he was leaving to become a volunteer to run another support group. And I think this speaks volumes of the impact that the project had on that particular individual. But again, it's kind of something that someone said in passing, it's it's hard to measure. But also having feedback and things that Ruthanne touched on not only helps us improve each project, but it enables us to demonstrate to others as well, the impact, especially to other charities and other organisations that link between well being and museums and the impact they can have. We have lots of lessons learned but I'll quickly whiz through for you. But museum staff feel that we gained an increased awareness and gained that experience in working with people with aphasia, and the challenges that awareness of the challenges that people face and the family members face as well. And we found that we found the project's been a really rewarding experience, it improved our communication skills and techniques when a participant was very engaged with preferred to contibute by writing. So we were always able to provide paper if people are struggling to find the right word. Verbal communication can be limited, but engagement is very much possible. And that power of touch and holding objects was key to the approach that we took. And using a slower pace, not the speeds I'm talking today, but not just in the way we talk but also the pace of the sessions as well. Not trying to cram too much in but yeah, just to to kind of take is to take your time there and slow it all down. Time to develop partnerships.

50:07

I think that kind of building trust and building relationships takes time, like any good partnership, I feel like the success of this project lay, in the fact that we had done a lot of work, with Chest Heart Stroke Scotland in the few years leading up to it. And that enabled us to have them to have the confidence in us. And trust us in that what we could do. It's important to be flexible in your approach, have no preconceived idea of what it's going to do, let the group lead it and let them take ownership. One participant didn't like going into a closed museum store, it's quite like a low ceiling and the door kind of locks behind you. So we had to adapt and look at ways that we could bring the objects out to him, bring them up to the doorway, and finally use a different entrance where the ceilings higher, and he could kind of build up the period of time that he would spend in that. So we that's something we hadn't thought about. But we adapted it and made it work. We also learned more about other objects, as we always do when people tell us their stories and experiences, help improve our own knowledge that we can then share with other groups. And I realised this project, it's not rocket science, it was simple. It's a well used format. And it's hugely rewarding to the group participants, the group leaders and the museum staff. And I think what really worked well for us is that we were able to do that outreach work first in their own venues with our outreach team. And then the venue team were able to kind of take on the projects in one of our in Kelvin Hall. So I think this model of using both the open museum team and the learning and access team is something we'd like to repeat and maybe look at using kind of working with other kind of vulnerable health groups in the future. So my advice, which I hope kind of complements what Ruthanne's also said kind of developing wellbeing programmes is do it in partnership, speak to healthcare, healthcare workers, charities, let them know what you're doing. See if they want to be involved in a programme doing that in partnership is really important, be flexible, might not end up doing what you thought you do. We thought we'd have an aphasia cafe, but it ended up being something totally different. And commit the time to doing that because it takes quite a lot of a lot of time. Ensure you address considerations such as accessibility, inclusivity and cultural sensitivities, and get your staff trained wherever possible. Can you ask maybe partner organisations or charities to offer this? we've been really lucky at Glasgow we've had Alzeimers Scotland, Glasgow action for mental health and mental health foundation and Chest Heart Stroke Scotland have all offered Glasgow museum training for our staff, and it's all been free of charge. Mainly, we found that people want to feel welcomed, they want to feel supported, and they want to feel included. And it's easier for staff to accommodate this if you've got if they've had the appropriate training. Sadly, all these projects do come to an end and it's often quite sad really do so think about your exit strategy. What can you offer people when your projects finished? think about do you have self led resources or programmes you do that you can signpost people on to hopefully your project will have kind of increased people's confidence. And they might undertake coming into a museum on their own or joining one of your programmes as a group or as an individual. I know Chest Heart Stroke Scotland staff now borrow kits and they organise group visits, they've recently visited the Burrell they recently visited Kelvingrove. Museums is something they would never have considered doing kind of before this project or using. Finally, I think also really importantly is to debrief and workforce well being. museum staff involved in this work have found it really rewarding. I think it's really important that you check in after each session. This project only involves two members of staff, one of them being myself. So it was easier to do that but following each session, we would sit down and discuss the session, how it went, participants reactions and needs and anything we need to change or support for the next session. It's also important that you have time to decompress following a session and discuss how you are feeling too. And it's always important to remember that you don't know what's going on in the lives of your staff at home all the time and people's direct experience of conditions like stroke or dementia or mental health. So creating that space and that time to discuss it. Should they want to I think it's really important. Its workforce well being is a really important consideration in this type of work. And I know the museum's association are really committed to supporting this. And they recognise that museums have a role to play in improving community wellbeing. But know that museums are better places for the communities if we support the colleagues engaging and working with them. And wellbeing work can be emotionally draining as well as rewarding. And this is an area I think we really still have a lot of work to do in and I'm sure it'll probably come up in discussions later this morning. I'd be really interested in hearing what other museums are doing to support the kind of workforce well being of the staff that are delivering these kinds of projects. So finally, we hope this partnership with Chest Heart Stroke Scotland will be used as kind of a model to further engage health groups across our city. And going forward. We've just started Our next community display and we're working with a group of mental health nurses from Levindale hospital. It's a very different group, but equally as enlightening. We've learned over the last kind of, and we're still learning over the last kind of 10 years, that we can be a space to create experiences to help people feel well build their confidence and to help reduce isolation and loneliness, all of which can contribute to people's mental health and well being. And I'm happy to take any questions or if people don't want to ask out in front of them or they want to contact enter the date please do feel free to email me