



MUSEUMS ON PRESCRIPTION:

A guide to working with older people



National Alliance
for Museums,
Health & Wellbeing

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For more information

check out the National Alliance for Museums,
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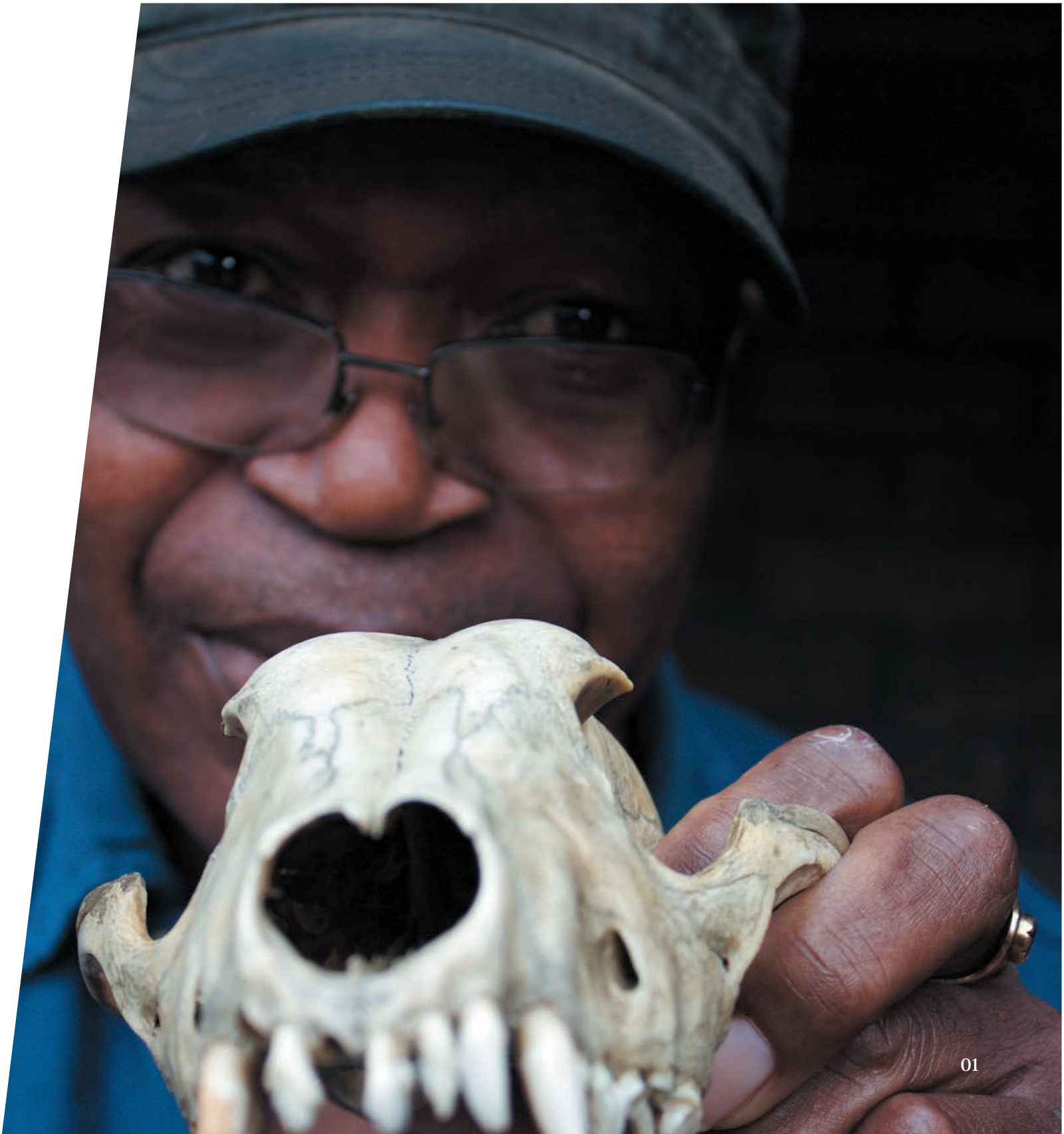


CANTERBURY CITY
MUSEUMS & GALLERIES



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MUSEUMS ON PRESCRIPTION: A QUICK LOOK GUIDE TO RUNNING YOUR PROJECT

1. Start the session with an opportunity for participants to introduce themselves; this is a great way to break the ice and allows participants to describe their interests and reasons for joining.

2. Include a mix of activities such as short talks from curators, object handling, collections-inspired creative writing, arts and crafts, guided tours of collections, exhibition previews, and co-production of displays, guides or booklets.

3. Encourage participants to fully engage in the museum activities – some may need more help than others; talking with them or their family member or friend beforehand about their interests can help with planning your sessions.

4. Provide refreshments and ensure that participants know where they can get drinking water if they need it.

5. Give opportunities for time-out and comfort breaks as some people tire more quickly than others.

6. Ensure there is time for participants to socialise and share views and ideas – often the social parts of museum sessions are the most valuable for participants.

INTRODUCTION

The recommendations in this guide result from the Museums on Prescription (2014 – 2017) project, funded by the Arts and Humanities Research Council and carried out by researchers at University College London and Canterbury Christ Church University. The project connected older people at risk of social isolation (referred through health services, local authorities, adult social care and third-sector organisations) with partner museums in London and Kent, and researched the processes, practices, value and impact of social prescription schemes with specific reference to museums (including galleries).

The museums involved in the project were:

British Museum

Canterbury Museums and Galleries

Central Saint Martins Museum and Study Collection

Maidstone Museum & Bentlif Art Gallery

The Postal Museum

Tunbridge Wells Museums Art Gallery

UCL Museums and Collections

The project used a social prescribing model. Social prescribing describes the process of healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing (Social Prescribing Network, 2016).

The research used a range of methods to assess the benefits of Museums on Prescription to older people. The quantitative findings demonstrate statistically significant improvements in psychological wellbeing over the duration of programmes across 10 weeks, using the UCL Museums Wellbeing Measure.

Themes emerging from qualitative analysis of participant feedback include:

- Sense of belonging and improved quality of life
- Renewed interest in learning and acquisition of new skills
- Something to look forward to
- Increased social and creative activity
- Continued visits to museums
- Healthier lifestyle changes

In addition to the findings above, the project generated a body of knowledge concerning good practice from the museum practitioners, referral organisations and participants for working with older people in museum settings. The following guide is split into four sections and aims to help inform development of programmes working with older people and give an insight into how social prescribing projects can work in museums.

01

BEFORE YOU BEGIN

The museums involved in the Museums on Prescription project all had differing levels of engagement with older people. Developing a social prescribing project in museums not only required a commitment from participants but also from the museums, so before you begin here are some areas to consider:

Get to know the audience

There are many misconceptions when it comes to the needs of older people and these can often make working with this audience daunting. However, like all audiences the older people are not a homogenous group. Flourishing Lives is a London-wide coalition of organisations taking a creative and relational approach to supporting richer, more independent lives for older people and offered the following advice:

Build quality relationships

Older people are, first and foremost, people. Older people do not form some sort of homogenous group that is different and sectioned off from the rest of society. Facilitate relationships between different generations so that a plurality and diversity of experience can be shared and deeper social connections can be forged.

Variety, choice & life as normal

Just because someone reaches a certain age does not mean that they automatically want to reduce their existence to one of passive nostalgia. Provide variety, choice and normalcy, where you can.

Aspirational and inspirational

Encourage collaboration and co-production with older people in your working practice. Listen to the individual needs and ambitions of older people so that they directly inform the work and their distinct, individual voices are genuinely heard.

Contact a local group

There is usually a great variety of day centres, community groups and lunch clubs that work with older people, search these out and contact the organisers to reach as wide a pool of potential participants as you can. There are also different charities that work with older people such as Age UK. Your local Age UK could offer signposting to any relevant training and may also be a gateway to other local partners or contacts.

Run a taster session

An effective way to build up your knowledge, confidence and skills of working with this audience is to run taster sessions in settings such as day centres or existing clubs for older people. This will also allow you to consult with potential participants about any ideas you have concerning your activities and to allow them to help them shape the programme.



Look again at your museum

Meeting your audience and getting a better understanding of their needs will help you look at your space from a fresh perspective and identify the barriers to engaging with your museum that older people face.

Common Barriers facing older people in museums

- For older people, accessibility is most often considered in terms of physical barriers connected to museum architecture and outdoor spaces. When working with older people, it is essential to consider the suitability of stairs, lifts, ramps, handrails and gallery and connecting spaces, rest facilities, retail and eating spaces for visitors with a range of access requirements.
- A less obvious barrier, but just as important, is your physical space this could be crowded galleries, temperatures that are too low or too high, low or dazzling lighting, hard-to-read signage, glass cases and acoustics or noise levels that make hearing more difficult.
- Some barriers to access involve factors beyond the walls of the museum – lack of affordable or convenient public transport for instance. Also on the financial side, even where a museum is free, the cost of purchased refreshments may be a barrier. Many older people, furthermore, have significant demands on their time – caring for a spouse or other family members in ill health, or for grandchildren, which may make it hard to engage in other activities.
- Barriers may also be cultural, social, intellectual, psychological and emotional, and may result from the unexamined expectations of organisations as well as visitors. It's important to reflect on how this might be avoided. The Family Arts Campaign has produced a set of Age-Friendly Standards for cultural organisations. These offer useful guidance about counteracting some of the less obvious attitudinal barriers to access.

How easy is it for older people to move around your museum?

Count the number of steps it takes to get from the entrance of the museum to the space where you plan to deliver your sessions. It's something you may never have done before, but by just being aware of the distance will help you plan your sessions more effectively as access and mobility was a common concern for the participants taking part in the programme.

Know your safeguarding policy

Often used with reference to children, your safeguarding policy should make reference to 'vulnerable adults' or 'adults at risk'. As participants in your activities your museum has a duty of care towards older people as they fall into this category. Safeguarding mechanisms should be in place before the sessions are delivered, these should include staff roles and responsibilities, codes of conduct and incident reporting. Due to the duration of engagement in this programme, participants may feel they can share experiences with staff delivering the sessions. Some of these may raise safeguarding concerns. If it is unlikely your museum will be equipped to deal with these, make yourself aware of who to pass these onto and this should be detailed in the safeguarding policy. For example, this should include local authority Safeguarding Adults Board helplines.

It takes two (at least)

All museums felt their sessions ran smoothly with at least two facilitators delivering a session. You should plan for two members of staff to be available to deliver sessions during the programme as participants will have varying demands on a facilitator's time: one pastoral and another content.

Spend wisely

The spend on activities during the course of the programme varied between museums. One area that budget was allocated to was tea, coffee and biscuits. It's a small spend but a sound investment as all participants felt it was a vital part of the offer.



Engaging everyone in your museum

Over the course of the Museums on Prescription programme staff from across each of the museums were involved, from front of house being the first point of contact for participants to curators sharing objects from the collections. It's vital from the beginning that key staff are aware of the programme and know who the participants are and are aware of any needs they may have. Engaging your museum colleagues with the programme right from the beginning, as well as raising awareness, may reveal hidden expertise that could be drawn on during the sessions.



Gem Hall/Dulwich Picture Gallery 2017

Legacy

The 'What's Next?' question was one that faced by everyone involved in the project. Participants and museum professionals found the experience rewarding and wanted to continue the relationship once individual programmes came to an end. However, there is no denying that that the programme was resource intensive and many museums did not have the capacity to continue working in this way. The most sustainable way to continue engaging with participants is to signpost them to existing activity, such as daytime talks or events. Some museums sent out a list of their talks to participants and saw members of the group become regular attendees and even arranging with other members to meet up at the museum themselves.



02

DEVELOPING YOUR PRESCRIPTION

Having a clear understanding of the needs of the audience for any socially prescribed programme is vitally important as that will inform the shape of the content. The diagnosis of 'being at risk of social isolation' informed the 'prescription' that the museums developed. The content and format of the programme is just the tip of the iceberg when developing your programme. Highlighted in this section are some of the areas you should consider.

Regularity

It is recommended your programme is between six and 10 weeks in length. The participants felt the right length of time for sessions was between 90 minutes and two hours and appreciated the weekly sessions. Ideally sessions in socially prescribed programmes should have no more than fortnightly intervals. Establish a routine where your sessions take place on the same day at the same time every week and when possible have a consistent meeting location for participants.

Recruitment

A range of health and social care professionals can refer patients to social prescribing schemes including GPs, practice nurses, psychological services, adult social care, third sector organisations (such as AgeUK), housing associations, befriending services, carers and social workers. People can also self-refer through posters or flyers in day centres rather than a formal health referral

A few words of advice if you are new to the world of wellbeing: a good way to start is to offer a taster session for potential participants and referrers. Be realistic about your offer from the beginning; be clear about what activities you are offering (what, when and where), but don't overpromise health or wellbeing outcomes. Some participants may feel more comfortable bringing a friend, relative, carer, their 'buddy' or befriender, along to the sessions; make it clear that these people are also welcome to join the activities.

Social prescribing is not currently widely embedded in formal healthcare referral, therefore the onus is on you to act as a 'link worker' liaising directly with referrers; this is likely to improve in the future given ongoing changes within the NHS and social care in relation to social prescribing.

For more information on referring and recruitment check out the National Social Prescribing Network's guide 'Making Sense of Social Prescribing' (2017).

Communication with participants

During your recruitment of participants, ask them how they would like to be contacted. Try to avoid making assumptions, some preferred email, some preferred a phone call or contact via text message. One suggestion from a participant which proved popular was a reminder via a museum postcard. What was valued most in all communications was a personal touch. This can be achieved by simply offering personal reminders to participants about upcoming sessions. Some took it up but others didn't need it.

Participants appreciated consistency above all else in their communications, having a single point of contact throughout the duration of the programme was an effective way to establish trust and a relationship with participants, ideally this person would also be responsible for meeting and greeting participants.

In initial communications participants wanted a schedule of activities, whilst in many cases it was a rough schedule and likely to change as the programme developed, participants appreciated knowing details about subjects covered and activities. During these initial communications and at recruitment it was useful to stress that even though it is important that participants attend as many sessions as possible, it is understandable that they may need to miss sessions for other commitments such as hospital appointments but they can still take part in the whole programme.

Practicalities to remember

Don't underestimate the physical environment where your sessions take place; accessibility and spaces to sit are all key. What might be perfect conditions for collections may not be helpful for participants. Be mindful of lighting levels, environmental conditions (such as temperatures) in the spaces you use that could have a negative impact on participants' enjoyment of the session.

Participants will have a variety of needs that may include deterioration and loss of hearing and sight and inability to walk more than short distances or stand for more than five minutes of so. Small measures such as facing someone who is hard of hearing whilst talking, large print hand-outs or foldable chairs will ensure everyone is included and feels comfortable. Choose a space in the museum that is within easy reach of toilets, ideally on the same floor without steps and that has sufficient space to park any wheelchair or mobility scooter.





And now the actual content, but remember....

Put socialisation at the heart of the activity when planning your programme. From the tea breaks to the activities within the sessions, give space for the group to get to know each other and for you to get to know them.

To begin

The first session should form an introduction to yourself as facilitator, the museum, other participants and the whole programme. As a facilitator this will aid you to get an initial feel for the group dynamics which will prove an invaluable insight as the programme progresses. The session should cover important bases like tea preferences, finding out who's who and logistics such as where to meet and will help you better understand the access needs of the group which will allow you to make any adjustments to subsequent sessions. For the participants it will allow them to meet their fellow group members and to find out more details of the programme which should be offered up for discussion rather than a finished product.

Format and programming

Each museum took a different approach to the format of their ten-week programme. Some explored a different topic each week, one museum worked on a co-produced leaflet of participant's favourite objects and another focused solely on creative responses to their collection. Each approach was successful because the ownership of the programme was shared with the group and participants were encouraged to help shape the programme.

Develop a broad programme inspired by your collection that shifts the focus from passive nostalgia to active experiential learning for participants that is genuinely meaningful. Aim your programme as an opportunity for connection and stimulation that supports participants to build social networks with like-minded people. Your programme should offer an experience where participant's 'diagnosis' is not an issue.

Older people still aspire to achieve and achievement can be a powerful driver of wellbeing, with positive effects on self-esteem and self-confidence. Your programme should offer opportunities for people to acquire new skills or to develop these or existing ones. Co-production of a resource or exhibition is a powerful way to give participants a feeling ownership and a way your museum can demonstrate the value of their work.

Most important of all in your programme is adaptability. With nearly all the programmes offered by the museums the session plans developed by the practitioners sometimes went out the window. For example whilst visiting the geology collection at UCL Museums, what was programmed as a 20 minute curator talk led to a discussion on climate change that lasted the whole of the session. The rest of the session was abandoned and all participants were engaged and involved in the discussion which was a brilliant outcome.

Aim for your sessions to have a balance between new knowledge and experiences, creative activities and social time. There was a great variety of activities over all the programmes, but participants most valued:

- Short (20 minutes max) talks from curators or researchers
- Object handling – don't underestimate the value of objects to start conversations and discussions between participants
- Collection-inspired writing, art and creative activities with a skilled facilitator
- Behind the scenes tours of store rooms
- Time in galleries – people new to your museum may not have explored your galleries before and with directed activities participants who may have been before can enjoy the experience.
- Film screening and discussions afterwards
- Show and Tell – inviting participants to bring in objects early on in the programme is a good way to bridge connections between museum collections, themselves and each other.

All activities should build in time for conversations to allow participants to share their thoughts or experiences that may relate to the content of the activity. This could be facilitated or unprompted. Less is sometimes more. Putting too many activities into your programme or individual sessions may lead to fatigue and may not allow participants time to socialise.

Try to avoid making assumptions about gender or age when it comes to activities within your programme, try things out and check in with participants, make them feel comfortable with any activity that stretches them outside their comfort zone.

Consider when you introduce different types of activity. Many museums had difficulty with creative and expressive activities early on in their programme as the group dynamics weren't quite established where participants could feel comfortable with each other.

Time for tea

Tea and refreshments worked best at the beginning or mid-way through sessions, which gave participants opportunities to use the toilet facilities but as with most elements of the programming, be flexible and responsive to participants' needs for breaks. But make sure you have them in there. It was one of the most important elements of the programme for both practitioners and participants.

To end

The final session with the group should be a reflection on their time with you and a celebration of their achievements over the course of the programme. Invite them to help devise what they'd like to do during that last session such as inviting a speaker back or having another go at an activity they enjoyed. It should serve as a signposting opportunity for participants to similar events you offer at your museum. Importantly, bring out the extra-special cake for the occasion.



03

Facilitation and participation

Creating a safe and welcoming space where people feel comfortable to take part in activities and build new relationships is just as important as the content of the sessions. Here are some ideas to consider to support your facilitation and to encourage group participation.

Facilitator

Creating the right atmosphere for the programme is one of the key roles of the facilitator and many participants felt this was the most important part of feeling welcome in the museum. Participants valued a relaxed, casual and friendly environment created by the facilitator. This allowed facilitators to build up trust with the participants which helped to develop the dynamics of the group.

Staff attitude is key. The qualities participants appreciated were: being knowledgeable, open to questions, relaxed, approachable, friendly and willing to listen, articulate and empathetic.

A warm welcome

“At the end of the programme a participant came up to me to expressed how nice it was to be looked after and be made a cup of tea every week.”

UCL Museums

Simple gestures can go a long way to make the group feel valued. Making a special effort to learn the names of group members and remembering how they like their tea and coffee were small touches but appreciated greatly by participants.

Arrange the room in such a way that all participants can see the facilitator and each other. A U-shaped arrangement works well. Don't overestimate the comfort of your chair. They should be soft and comfortable get some extra cushions, just in case.

Avoid noisy areas of the museum, ideally find quiet places for the group to take part in the activities and socialise.



Involving everyone

“It took a while for some of our participants to really engage with the sessions.... but with time all of them engaged with the making activities and we found the sessions incredibly rewarding to run”

Central Saint Martins Museum and Study Collection

Adults who have been living alone for several years may need to be encouraged to socialise with members of the group. As facilitator, broker these relationships and introduce them to each other on more than one occasion by finding potential connections in their interests.

Reluctance to engage in activities may be for several reasons. It may be a complex issue around their confidence levels in terms of the activity or it may be as simple as missing the instruction and they don't want to ask again. Don't assume. Always check one-to-one with the participant.

Allocate time for group members to chat and get to know each other, not only during the breaks but within the sessions. Using your objects is a brilliant way to create opportunities for common ground where participants can work on a shared task together, for example breaking into small groups to identify a mystery object.

Creative or expressive activities early on in the programme may be off-putting for some participants. Save these for later on when group dynamics are more established, participants will feel more able to push their boundaries and feel better supported to try new things.



Group dynamics

“In each group we found there was a dominant member or two plus another who required more personal attention than the others and would take up additional time due to their needs”

Maidstone Museum & Bentsley Art Gallery

People who are feeling lonely may identify the facilitator as a sympathetic ear and seek a greater level of attention. This is where additional members of staff are important to make sure those group members feel important and valued without jeopardising the session for the other participants.

Dominant personalities were a common issue across all the museum settings. It's important to identify this early on as it will skew the group dynamics. Reflect on how that person is dominating the group. For example, are they dominating group conversations or is that participant obstructing an activity? Once you have identified how this dominance is manifesting itself you are better placed to manage it. This could be establishing rules for group conversations for example. Another strategy that worked well was to have a quiet one-to-one with the participant to highlight the issue. They may not even be aware of the situation.

As the weeks progress small groups may form. It's important to make sure everyone feels included and no one feels left out. Develop strategies to promote inclusion within the group, by mixing up the group occasionally: from chair swapping or allocating partners to facilitating discussions that are broadened out to everyone.

As a facilitator you may encounter generational attitudes that in society today we find unacceptable and could potentially cause offense to other participants, such as casual racism. In the event this occurs in a group situation be upfront (but not confrontational) about the inappropriateness of any comment and sensitively approach the participant individually at the most convenient opportunity. If you feel there are subjects/collections that you think might have the potential to illicit inappropriate response from participants, set ground rules collaboratively with participants from the beginning in the spirit of tolerance.

During the programme some museums found objects and lines of discussion has a surprising negative emotional resonance with participants. Should a member of the group have an unexpected emotional response, be adaptable and take the opportunity to take a break and offer the participant the chance to regain their composure. It's amazing what a cup of tea can solve.

Your wellbeing

“We had a team of three staff delivering the programme. We were able to support each other and discuss how each individual participant was responding. This was essential for our own wellbeing and resilience”

British Museum

It's useful to distinguish between creative/cultural activities that may be experienced as helpful or 'therapeutic', and art therapy or psychological therapies. The therapy professions are tightly regulated in terms of their trainings and professional standards. Creative or cultural activities can be powerfully supportive and life-changing without being 'therapy' in this sense. The role of the facilitator is to enable creative, cultural and social engagements, all of which are transformative in their own right, rather than to address psychological difficulties. Keeping the focus on cultural and social participation will reduce the temptation to offer advice, comfort or psychological support when this is actively sought by participants. Crossing this boundary may create risks for both participants and facilitators, particularly where a dependency is set up, and is best avoided.

Spending ten weeks with a group was an intense experience for all the museums especially when some participants require a greater degree of support or attention which was at times emotionally demanding. So, find the space and support to debrief or troubleshoot after each sessions.



04 Evaluation

As community resources, museums and galleries can be instrumental in providing engaging and creative activities targeted at improving wellbeing and social inclusion for older audiences, working in partnership with health and social care providers, and third sector organisations.

The research findings of the Museums on Prescription project highlighted quantitatively the significant improvement in psychological wellbeing of participants. The project used the UCL Museums Wellbeing Measure which includes guidance on how to collect and analyse basic quantitative and qualitative data.

One method that worked successfully in Museums on Prescription was a 'Museum Diary' where participants reflected on their experiences during the programme. There are many methods available for evaluating the impact of programmes on participants and more information can be found on the project website and via the National Alliance for Museums, Health and Wellbeing.

Some thoughts from participants

"This sort of thing, it helps lonely people, helps with confidence as well and I think that's the other thing with being lonely or on your own...you haven't got the confidence to go in on your own"

"It made me feel less lonely. And coming out into places where there are quite a few other people, makes a place like a museum feel more familiar"

"It was actually wonderful for me. I sat with two other people who really liked me and the thing is I've felt really let down by a friend, and this lady, she just said 'you sit next to me, I like you' and she was always so pleased to see me"

"It opened doors for me, you gave us the opportunity to explore things that we wouldn't have done by ourselves. Normally I would never have dared come here"

05

Museums on Prescription

The Museums on Prescription project, ran between 2014 and 2017. Researchers from University College London and Canterbury Christ Church University investigated the processes, practice, value and impact of social prescription schemes in museums. This was funded by the Arts and Humanities Research Council.

During Phase 1 of the Museums on Prescription the research team reviewed many social prescribing schemes to determine the extent of evaluation, referral routes, participant outcomes, and to derive successful practices for Phase 2 (see Thomson, Camic and Chatterjee 2015; Chatterjee et al 2017). Phase 1 examined over 100 schemes from the UK and abroad, and explored definitions of social prescribing, models, evaluation methods and referral routes. Models included arts, books and education exercise and information on prescription, green gyms and healthy living initiatives. Key outcomes of social prescribing include increased self-esteem, confidence and sense of control, improved psychological wellbeing and positive mood, reduced negative mood, anxiety and/or depression, provision of holistic options to complement medical care and the potential to reduce inappropriate prescribing of antidepressants. The two main types of referral were a traditional route via a GP or primary care practice, and a recent route via 'link worker' or 'navigator':

TRADITIONAL ROUTE:

Patient presents in primary care with non-clinical / psycho-social symptoms

GP / primary care staff refer patient to a suitable scheme from those they are aware of locally

Patient phones the scheme's contact person for an initial interview and assessment

Patient attends the scheme and is re-assessed after several sessions (free or subsidised)

Re-assessment is fed back to the GP; the patient is sign-posted to similar activities (often incurring cost)

RECENT ROUTE:

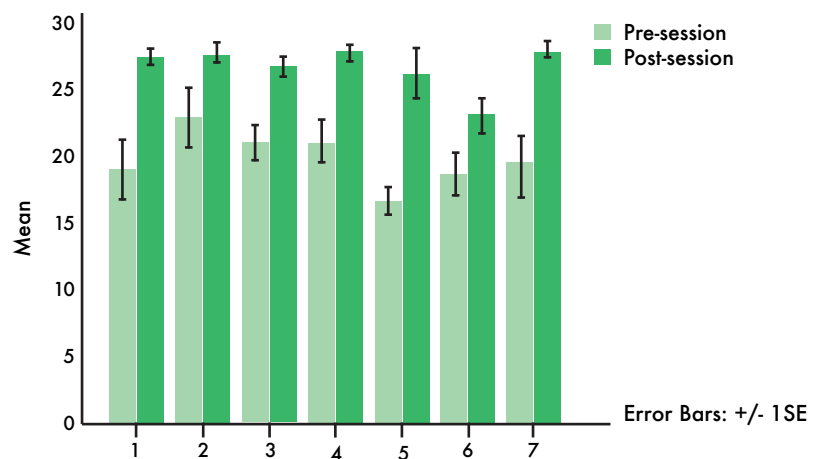
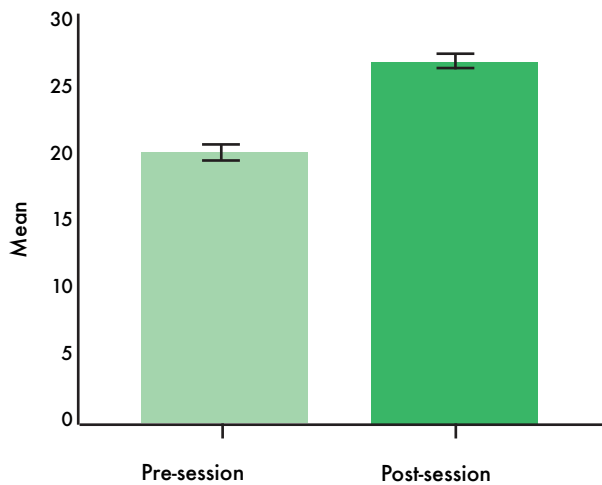
Patient presents in primary care with non-clinical / psycho-social symptoms

Primary care staff refer patient to 'link worker' based in primary care practice or local charity

Link worker interviews the patient to find a suitable scheme from wide range of options

Patient attends the scheme and is re-assessed after several sessions (free or subsidised)

Re-assessment is fed back to the GP; the patient is sign-posted to similar activities (often incurring cost)



Phase 2 of Museums on Prescription involved the development of a new social prescribing scheme offering weekly museum-based sessions for lonely and isolated, older adults aged 65-94 hosted by partner museums in London and Kent. The research assessed wellbeing and social inclusion using mixed (quantitative and qualitative) methods at the from start, middle and end of the project to understand the value of the programme for participants, museums and referrers. Participants were referred by health, social care and third sector partners in London and Kent, to the project manager acting as a link worker. Programmes comprised ten, weekly 2-hour sessions that included a variety of 20-30 minute activities (e.g. talks, behind-the-scenes tours, gallery visits, object handling and discussion, collections-inspired creative activities, and co-production of exhibitions and museum guides).

Quantitative methods to test psychological wellbeing (the UCL Museums Wellbeing Measure) were used pre-post session at the start, mid-way and at the end of the programme with participants. The charts above show significant increase in psychological wellbeing for pooled outcomes (Chart 1) and across seven participating museums (Chart 2). Tests for mental wellbeing (the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)) and loneliness (Revised UCLA Loneliness Scale), however, did not demonstrate any significant changes.

Qualitative evaluation used thematic analysis to explore weekly diaries from participants, carers and facilitators, plus more in-depth interviews at programme end and at 3- and 6-month follow-ups. Findings showed:

Diary (Museum Passport) entries:

In depth interviews:

Follow-up interviews:

Sense of belonging

Improved quality of life

Renewed interest in learning

Acquisition of new skills

Renewed prior interest

Positive about the programme, didn't want it to end

Something to look forward to every week

Appreciated staff knowledge and expertise

Enjoyed social time, chance to get to know people

The museum was a place to visit

Increased social activity

Increased creative activity

Increased learning

Continued visits to museums

Healthier lifestyle changes

Research Team

Professor Helen Chatterjee was the Principal Investigator and Head of the project. Helen is Professor of Biology in UCL Biosciences, School of Life and Medical Sciences.

Professor Paul Camic was Co-Investigator and Professor of Psychology & Public Health and Research Director, Salomons Centre for Applied Psychology, Canterbury Christ Church University.

Linda Thomson was the project's Lead Postdoctoral Research Associate and Cognitive Psychologist at UCL.

Bridget Lockyer was the project's Postdoctoral Research Fellow at Canterbury Christ Church University.

Dr Theo Stickley was the project's External Advisor and Associate Professor of Mental Health at the University of Nottingham



Further reading

Chatterjee, H.J., Camic, P.M., Lockyer, B. and Thomson, L.J. (2017)
Non-clinical community interventions: a systematised review of social prescribing schemes.
Arts & Health. DOI: [dx.doi.org/10.1080/17533015.2017.1334002](https://doi.org/10.1080/17533015.2017.1334002)

Chatterjee, H.J. (2016)
Museums and art galleries as settings for public health interventions.
In: Clift S. and Camic P. (eds), *Oxford Textbook of Creative Arts, Health, and Wellbeing*, pp. 281-289. Oxford: Oxford University Press.

Thomson, L.J., Camic, P.M. and Chatterjee, H.J. (2015)
Social Prescribing: A review of community referral schemes.
London: University College London

Chatterjee, H.J. and L. Thomson (2015)
Museums and Social Prescribing,
in H. L. Robertson (ed.) *The Caring Museum: New Models of Engagement with Ageing*, pp. 304-341. MuseumsEtc, Edinburgh and Boston.

Polley, M., Fleming, J., Anfilogoff, T. and Carpenter, A. (2017)
Making sense of social prescribing.
Available at: westminster.ac.uk/patient-outcomes-in-health-research-group/projects/social-prescribing-network

Todd, C., Camic, P. M., Lockyer, B., Thomson, L. J. and Chatterjee, H. J. (2017).
Museum programs for socially isolated older adults: Understanding what works.
Health & Place.
doi: [10.1016/j.healthplace.2017.08.005](https://doi.org/10.1016/j.healthplace.2017.08.005)



For more information about Museum on Prescription research project:
culturehealthresearch.wordpress.com/museums-on-prescription

For more information about the UCL Museums Wellbeing Measure:
culturehealthresearch.wordpress.com/ucl-museum-wellbeing-measures-toolkit

For more information on the Age Friendly Standards:
familyarts.co.uk/wp-content/uploads/2017/08/Age-Friendly-Standards-Aug-2017.docx

For more information on the Age Friendly Museums Network:
agefriendlymuseums.wordpress.com

For more information on the National Alliance for Museums, Health and Wellbeing:
museumsandwellbeingalliance.wordpress.com