Essex Reminiscence Business Case Draft #1

Saffron Walden Museum, July 2010

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Reminiscence Project Business Case

Contents:

1. Executive summary

The vision: To develop a reminiscence network to support the older people of Essex.

The idea: To provide reminiscence training, sessions and support to care homes, social services departments, schools, community centres, charities, hospices and individuals. To deliver reminiscence sessions for older people in care settings.

Who are our customers: The ageing population of Essex, and people suffering from dementia, age related mental health conditions and memory loss. Reminiscence can also be used as an educational tool in schools, colleges, and linked to oral history and intergenerational work.

Why do we want to sell this product and why do we think it will work? Reminiscence therapy has been shown to have substantially beneficial effects on patients with dementia, particularly Alzheimer's disease. It can improve well being and communication, self worth, and understanding between older person and carer. Used as an intergenerational tool, reminiscence can also improve community cohesion.

2. Mission statement

The Reminiscence Project aims to use the cultural resources of Essex, Thurrock and Southend to enable older people and those with dementia to live happier and healthier lives.

3. Aims

The Reminiscence Project aims:

- To develop a reminiscence service for Essex, Southend and Thurrock targeted particularly at older people and those living with dementia
- To provide training for those wishing to undertake reminiscence work
- To be commissioned to undertake these activities
- To develop and participate in intergenerational projects

4. Background and business rationale

4.1 Reminiscence

Reminiscence is a concept widely used in the UK and worldwide to stimulate memories and happiness of past events through the use of historic objects, arts and oral histories. Reminiscence projects are used with all age groups and in cross cultural situations to remember past events, lifestyles and activities.

4.2 The benefits of reminiscence work

4.2.1 For the person remembering

The process of recalling memories and past stories can have many therapeutic benefits for older people; empowerment, lifting mood, improved engagement, communication and well-being. Reminiscing is a powerful communication tool, a vehicle which can bring generations together and can have many creative outcomes including oral history, archive websites, booklets, exhibitions, film and drama.

Older participants in receipt of care feel a sense of purpose from reliving their recollections and educating others with them.

4.2.2 For the organisations involved

Reminiscence work and its creative outcomes, including oral history, can increase the use of and understanding of collections and sites, lead to the collection of new archive material, provide valued opportunities for outreach work in the community, create links with partner organisations and so promote partnership working, target 'hard to reach audiences' and promote life long learning and intergenerational links.

4.3 Current position

In 2003 a partnership was initiated by the Essex Heritage Education Unit, working with older people's services, museums, archives and libraries across Essex, to look at ways of developing a county-wide reminiscence network. Following extensive consultation, the Network that emerged took the form of specially developed loan boxes and training opportunities for carers and other professionals.

Since 2003, the network has continued to develop and expand. Over 500 care workers have been trained in the use of the boxes and reminiscence champions established in care homes and day centres across the County. There are now over 50 boxes available for loan from twelve museums and care homes. The demand for the boxes remains high and they are in constant use.

The Network includes a training programme for carers in the use of the boxes, the development of joint working projects and visits by carers and older people to museum sites. The project has been a leading light in this field of work and has provided a model of partnership working which has been emulated in other local government environments. It has been running for six years across Essex and so far has had thousands users accessing the project and deriving benefit from it.

The Network has provided a sound foundation on which to extend and build a business case.

5. Strategic Fit: What is the need?

5.1. Dementia therapy and an ageing population

Research shows that one in three people over 65 now die with dementia.

The term 'dementia' is used to describe a collection of symptoms, including a decline in memory, reasoning and communication skills, and a gradual loss of skills needed to carry out daily activities. Alzheimer's disease is the most common type of dementia. It changes the chemistry and structure of the brain, causing brain cells to die.

There are currently at least 684,000 people living with dementia in the UK and this is thought likely to rise significantly to over 940,000 by 2021 (a 38% increase).

Dementia increases proportionately with age. There are currently around 297,800 older people in Essex. It is commonly known that the number of older people in Essex is

forecast to rise dramatically over the next 21 years. It is estimated that by 2030 the older people population will increase by 58% to 391,500 aged 65 and over.

A number of recent reports (e.g. All Parliamentary Group on dementia, Always a last resort, 2008) have shown that in care homes, where one in three people with dementia live, services are struggling to deliver good quality dementia care. Studies suggest that almost 50% of care home residents' time is spent asleep, socially withdrawn or inactive, with only 3% on constructive activity" (Ballard et al 2001, extract from My Home Life Report, Help the Aged 2006). While the Alzheimer's Society (Home from home, 2007) found that people with dementia in care homes socially interact for only two minutes in an average six hour period.

The rising priority for dementia care can be seen across recent health initiatives. For example the NHS Operating Framework for 2009/10 showed the need for improving the quality of life and care for people with dementia and highlighted that 'PCTs will want to work with local authorities to consider how they could improve dementia services (Dept. of Health, The Operating Framework for 2009/10 for the NHS in England, 2008). Generally, delivering on dementia is being recognised as one of the core commissioning challenges.

PCT area	Est. No. of people with dementia 2007	Est. No. of people with dementia 2021	Projected increase	% of people on GP registers with dementia	Position of PCT area compared with others in UK (out of 152). 1st being the highest proportion
Essex NE	2,901	4,173	43.8%	45.2%	27th
Essex SE	3,053	4,392	43.8%	55.2%	3rd
Essex SW	3,511	5,051	43.8%	40.8%	65th
Essex W	2,595	3,733	43.8%	45.3%	26th

(Data from Alzheimer's Society)

All Essex PCT areas have nationally very high relative proportions of people with dementia. Essex SE is extremely high, having the 3rd highest proportion of dementia cases in the UK.

5.2 Where is the evidence?

5.2.1 Quantitative data

It is commonly assumed and taken as self-evident that 'reminiscing' is in some way beneficial for older people and therefore can be used in a 'therapeutic' way.

While there is research to support the therapeutic benefits of reminiscence work with older people and people with dementia generally the benefits of reminiscence work

linked to heritage and arts is largely anecdotal and based on observations from care staff and family carers.

A number of recent quantifiable studies have tried to the general effectiveness of reminiscence therapy as a method of improving the life of older people in care (e.g. Hsieh and Wang 2003, Lin *et al* 2003, Woods *et al* 2009). Researchers have investigated the effect of reminiscence therapy on various cognitive, psychological, social, behavioural, and health outcome measures. These include depression, self-esteem, coping self-efficacy, social behaviour and integration, life-satisfaction and general well being.

The studies have used a standard care control group or a placebo control group against which the effects of reminiscence can be measured using a variety of clinical outcome indicators (such as standardised psychometric measures).

The results clearly indicate that reminiscence therapy has a significantly positive impact on older people, particularly regarding depression and cognition, improving mood and increasing general well-being. The impact is particularly noticeable where patients had the opportunity for self-expression and could control the recall process (and therefore could choose what aspects of their lives they wanted to emphasise). An important benefit of reminiscence identified by one study (O'Leary and Barry 1998, 161) was lower mortality.

The studies have also revealed that there can also be significant improvements in staff knowledge regarding residents and in staff stress levels (Woods et al 2009, 10).

Hsieh, H-F and Wang, J-J., 2003. Effect of reminiscence therapy on depression in older adults: a systematic review, in *International Journal of Nursing Studies* 40 (2003), 335-345.

Lin, Y-C, Dai, Y-T and Hwang, L-S., 2003. The effect of reminiscence on the elderly population: a systematic review, in *Public Health Nursing* 20 (4), 297-306.

O'Leary, E. and Barry, N., 1998. Reminiscence therapy with older adults, in Journal of Social Work Practice 12 (2), 159-65.

Woods, B, Spector, A.E., Jones C.A., Orrell, M., 2009. Reminiscence therapy for dementia (review), *The Cochrane Collaboration*. John Wiley and Sons.

5.2.2 Qualitative data

There is a large body of evidence and good practice to draw upon that demonstrates the positive value and benefits of using reminiscence in dementia care.

A recent evaluation report by ECC Heritage and Arts (The Essex Reminiscence Network Evaluation 2010) produced observational and anecdotal data that clearly showed the practical value of the scheme.

A carer at a reminiscence session:

'They [patients] tell us their valuable experiences'

'They [patients] reflect on their youth, and it gives them back a sense of who they were, and who they are'

One carer commented about his wife (pictured): 'This [project] really helps her; she is always talking about it. She has forgotten how to write, cook and tell the time, but after a visit here, even just for a short while, a little of her is back with me and she is the woman I married again'.

5.3 Strategic priorities

The therapeutic and strategic importance of working with older people and reminiscence work in particular is significant at the moment due to:

- The increase in life expectancy has meant that there are more older people in the population; approximately 12 million currently of pensionable age, 3.5 million over the age of 85 and 11,000 aged 100 or higher. It is estimated that 1.7million more adults will need social care support by 2026. (Source, The Daily Telegraph 17.4.2010 and Nursing and Residential Care May 2010.). The rise in numbers of older people corresponds to a similar rise in the number of people with dementia.
- Changes to retirement laws and policies including maintaining independent older living in the community.
- New health strategies such as the Dementia Strategy (2009) emphasise the need for improved services for people with dementia and their families.
  There has also been an increase in early onset dementia, people presenting before retirement age.

- The Qualifications and Credit Framework (QCF) will replace the National Qualifications Framework (NQF) in phased stages from April 2010 and replace NVQ's with new qualifications. The QCF will be a new flexible way of recognising and rewarding skills and qualifications for staff working with older people. Heritage and Arts can play a role in this move to increase skills by working alongside staff in health and social care to develop the use of reminiscence based approaches in the workplace.

Reminiscence and working with older people is closely aligned with ECC priorities as defined in *Essex Works:*

- putting the customer first
- supporting vulnerable people: older people are better able to participate within their community, supporting people through extra care
- making communities safer

All of the new approaches and strategies recognise the need for more knowledge, increased awareness, improved services for older people and their families and improved skill levels/more training for carers. For older people the recognition and valuing of a person's life experience and personal history is also emphasised. Reminiscence work and its many creative outcomes is an important way of achieving this.

6. Strategic partnerships and stakeholders

Other ECC departments, especially in AHCW
Museums
Primary Care Trusts (or their successors)
NHS
Essex Cares
Private care homes
Alzheimer's Society
Age UK

7. Marketing strategy and plan

7.1 The market

Above (5.1) it was noted that there are currently around 297,800 older people in Essex and that is forecast to rise dramatically over the next two decades.

District	**Total no. older people**	**%**
Essex	**297,800**	
Basildon	32,300	11%
Braintree	28,300	9%
Brentwood	16,000	5%

Castle Point	22,400	8%
Chelmsford	32,100	11%
Colchester	32,200	11%
Epping Forest	25,800	9%
Harlow	13,900	5%
Maldon	14,300	5%
Rochford	19,200	6%
Tendring	46,000	15%
Uttlesford	15,100	5%
Southend UA	35,200	12%
Thurrock UA	24,900	8%

Table 1: Older people in Essex
(Data from Office for National Statistics, 2010)

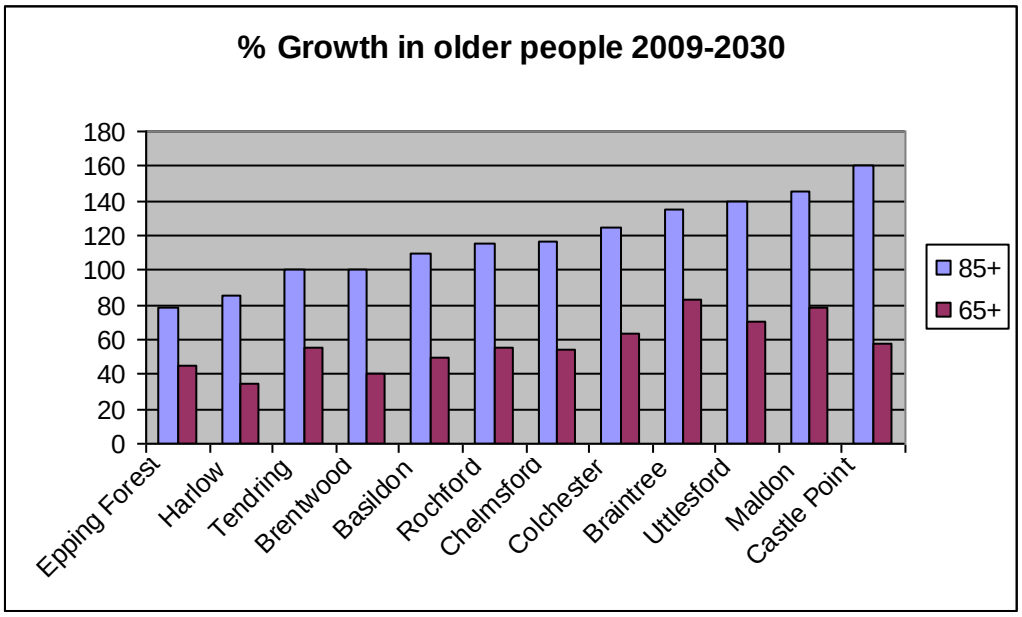
The estimated growth in the older people population at district level varies considerably. It follows that the focus of social care must also vary.

Table 1 shows that districts currently with the highest percentage of older people in Essex are Basildon, Chelmsford, Colchester, Tendring and Southend UA. Consequently, at present it may be strategic to focus on these areas.

People living with dementia may be cared for:

- informally in the community by family or friends
- formally in day care centres
- formally in residential care homes
- formally in hospital
-

Therefore, marketing should principally targeted at areas where older people are predominantly located and at particular foci within theses areas.



Graph 1: Percentage change in the number of older people by local authority (source: POPPI, 2006 sub national population projections)

The graph indicates that districts that currently have comparatively lower percentages of older people are predicted to have significant proportional increases in number of older people over the next two decades. Consequently any marketing strategy will have to be flexible and evolve.

7.2 Marketing plan

The key elements to the appropriate marketing of the project will be:

Printed information: For example, produce a leaflet describing the service offer and its availability. The leaflet will be widely circulated through carer, heritage and arts organisations and facilities catering for the elderly (e.g. libraries and GP surgeries).

Digital information: Maximise digital marketing opportunities. For example, through partners' websites.

Recommendation: Through word of mouth.

Profile raising: Presenting the project at conferences and workshops. Promote through training opportunities.

8. Funding

8.1 Present funding

Currently there is no direct funding for reminiscence or intergenerational activity. All work is undertaken as part of current officer duties. There have been small amounts of grant funding to support small, short term, projects.

8.2 Future funding

To enable the project to be developed funding and capacity issues will need to be addressed. The options are:
Option 1: Service freely provided (current position). Carers trained, reminiscence sessions held, intergenerational and other projects initiated and supported with no external funding.
Option 2: Partners buy in training but directly deliver.
Option 3: Direct delivery – partners pay for time.
Option 4: Grant funded. Broker and participate in projects were expertise and time are costed into the project.

Options 2, 3 and 4 are recommended.

9. Constraints and dependencies
9.1 SWOT analysis:

Strengths	**Weaknesses**
●Expertise ●Existing partnerships ●Professional respect ●Access to artefacts/documents	●Lack of resources (funding/staff) ●Government austerity measures affecting all partners ●Partner contributions and grants dependent on future funding developments. ●Carers not aware of benefits ●Carers not aware of offer ●Relative benefit to cost can not be identified
Opportunities	**Threats**
●Developing market ●Expanding market ●Need for quality service ●Need for training ●Need for direct service	●Continuing funding cuts ●Financial drives and dependencies of market ●Competition from heritage sector ●Competition from private sector ●Other priorities

9.2 Constraints and dependencies
The Heritage Education Unit has limited staff capacity especially with regards to direct delivery. There is no budget allocated to developing a reminiscence business.

Although reminiscence work has been demonstrated as a beneficial therapy, it has not been adopted as a standard good practice. Correspondingly, since reminiscence is not currently seen as a strategic priority in many care homes, hospitals or day centres funding is limited where budgets are already restrictive.

There are no national minimum standards for dementia care and the benefits of reminiscence does not form part of the training curriculum for nurses or social care staff.

At present family carers to not have access to guaranteed carer support or support packages.

The NHS is centrally funded. In contrast social care funding is routed through local authorities. There is tension about where dementia care should sit in relation to the boundary between NHS services and social care. The Audit Commission has described wide variations in the extent of NHS funding of continuing care for older people with mental health problems.

The 1990 NHS and Community Care Act encouraged individual flexibility and devolved budgets to case/care managers and it is now mandatory for local authorities to offer direct payments to social care users. However, progress has been slow, and take up is low.

The voluntary sector provides a range of services for those with dementia.

Essex has one of the lowest (bottom tenth) proportion of over 65s living in residential care homes in the UK, with a correspondingly higher than average receiving home care (Dementia UK, 2007). Therefore, reaching groups of customers is difficult.

Currently museums form an important part of the network by developing and loaning reminiscence materials free of charge. They frequently lead reminiscence sessions without charge. While Colchester and Ipswich Museums are currently able to offer free training for carers.

Comparatively recently there has been an increase in private businesses being developed to exploit the need for reminiscence training. Examples are Julie Heathcote (Alzheimer's Society accredited; £750 per day)), NAPA (£60/£90 per person or £650/£850 per session) and Forward Development.

10. Interface with other Organisations

Work is underway to identify and develop provisional working relationships with key partners and stakeholders. It is essential that these partners work together for the mutual benefit of their respective service delivery or business.

10.1 Heritage and arts organisations

Currently eight museums in Essex support the network and offer boxes freely for loan. In a number of places they also provide free sessions in care homes and training opportunities. However, they are key players in terms of resources. It is important that a working relationship is maintained with these organisations.

10.2 State funded care organisations

Day care and residential institutions are key partners in terms of both potential funding and in providing the market.

10.3 Privately funded care organisations

Private care homes are an increasing sector of the care market and are likely to be a major customer base.

10.4 Voluntary organisations
This sector includes the Alzheimer's Society and Age UK, both of which recognises and support reminiscence work locally and nationally. The Alzheimer's Society funds training of carers via accredited trainers.

10.5 ECC
There is a clear need to work with allied ECC services to provide the best, most effective service. Such services include Adult Social Care, Libraries and Older People Services.

11. Resources
● Expertise – a body of expertise has been developed particularly within Heritage Education. Expertise includes the value and use of reminiscence techniques, leading sessions and training carers.
● External resources – Access to ERO and museum collections for use as memory triggers.
● A number of potentially good partnerships and contacts have been developed in heritage, arts and care organisations.

12. Management Structure
The project will be managed by the Heritage Learning and Access Officer on behalf of Heritage and Arts. The section will facilitate and co-ordinate the project, developing partnerships, liaising with partners and brokering projects.

See Appendix 1 for management structure.

13. Financial Management
Day rate of Heritage Learning and Access Officer (project manager) £170
Hourly rate of Heritage Learning and Access Officer £23

13.1 Workshops
Suggested cost of delivery session £50. NB One hour plus administration/expenses and limited travel is approximately £40 thereby providing only £10 profit per session.

13.2 Training
Carer training can be charged either per session or per delegate. The suggested charge of a half day session (3 hours) would be £175. More potential income could be made by charging £35 per delegate. The fees would be increased once we are established in the field.

13.3 Partnership projects
Seek and broker externally funded projects which are allied to strategic priorities. Time/expertise can be costed into the project plan at development stage.

13.4 Estimated Income

Direct delivery is mainly cost neutral with a small profit, but has the potential to be moderately regular. Training has the potential to produce more income per session (approx. £175-375) but is likely to be more irregular. NB training carers could potentially reduce the demand for direct delivery.

Project work could be a significant source of external funding but is dependent upon partners and a variety of external factors.

Year 1 estimate: Training sessions X3		£600
	Direct delivery X6	£300
	Project delivery	£500
	TOTAL	£1400

14. Timetable

- Produce version #1 of business case by early December 2010
- Circulate draft to partners and stakeholders for comment January 2011
- Produce final document February 2011
- March 2011 – Implement plan