unit ten

Museums, Health & Well-Being
UNIT 10
MUSEUMS, HEALTH AND WELL-BEING

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10.1 Aim
To provide an overview of the role that museums and galleries may play in public health and wellbeing.

10.2 Learning outcomes:
By the end of this unit you should:

• have an understanding of the contribution that museums and galleries have made and continue to make in public health and well-being.
• be able to describe the benefits that such programmes may bring to both institution and participant
• be able to advocate for the work of museums and galleries in therapeutic practice and health awareness campaigns
• be able to understand the concept of wellbeing, and how this might be supported by museums and galleries
• have an awareness of critiques of museum based and led therapeutic programmes
• be able to describe the particular benefits of using objects in therapeutic work
• have a practical understanding of evaluative methods developed for assessing the impact of health and wellbeing.

10.3 Introduction

How we view health and wellbeing is changing. Health is increasingly recognised as a societal issue, linked to multiple and complex factors, persistent inequalities such as social and economic deprivation, and lifestyle. Prevention is as important as cure, and thinking about new ways in which we can learn to cope with, and adapt to, changes in health and wellbeing. This has opened up huge possibilities for museums and cultural organisations to engage with health and wellbeing. A growing body of evidence shows that museums can bring benefits to individual and community health and wellbeing in their role as public forums for debate and learning, their work with specific audiences through targeted programmes, and by contributing to positive wellbeing and resilience by helping people to make sense of the world and their place within it.

[RCMG, 2014:2]
In this unit we will explore the still largely untapped but growing contributions that museums, galleries and heritage organisations can play in tackling health inequalities and enhancing health and wellbeing.

We will explore the diverse ways in which museum have attempted to work in this area in the past as well as currently: using their visibility to raise public awareness of health issues; working closely and directly with groups and communities to improve their wellbeing; exploring material as well as the narrative potential of objects to enhance wellbeing; therapeutic work; health campaigns, and so on. We will also look at the ways in which researchers are attempting to measure the impact of museums on health, wellbeing and happiness and the backlash of a minority against this type of work in museums.

The unit makes extensive use of a recent report produced by the Research Centre for Museums and Galleries (RCMG) at the University of Leicester – from which the quote provided at the start of this section comes – augmented by readings and activities based around international case studies.

Some of the readings in this unit deal with sensitive topics around illness which some of you may find difficult, so please bear this in mind and let us know if you have any concerns.

10.4 The contribution of museums

In this and the next section of the unit we will look at the role that museums and galleries have and continue to play in the promotion of physical health and mental well-being, as well as some critiques of museums’ involvement in health campaigns and awareness. But first, let’s look at some of the key health and wellbeing issues facing British society today (and by extension, much of the developed and developing world).

Activity A (20 minutes)

Go online and locate the RCMG report, *Mind, body, spirit: How museums impact health and wellbeing* (2014). Read part 3 ['Context'] (pp. 3-5) to the end of the ‘Wellbeing and sustainable futures’ section.

As well as providing health-related statistics, this part of the report provides a contextual overview for health and wellbeing-associated issues in the UK. If you don’t live in the UK, can you see a correlation between the facts and figures provided here and situation in your own nation? Or are there specific health and wellbeing issues facing people in your home country which aren’t explored in this reading, e.g. the legacies of conflict, poverty, sanitation, communicable disease, reproductive and sexual health, etc.?

So to summarise, at present in the UK, health issues and concerns surround smoking, obesity and alcohol consumption, an aging population, and social and economic deprivation. The conceptualisation of public health as societal, holistic and people-centred, has particular currency at present, with an emphasis on prevention, education and self-responsibility. Health care is becoming less centralised with the responsibility for health and well-being services being held at an increasingly local level. For example, Leicester City Council has recently taken charge of promoting public health in the city. Campaigns are targeted to the particular health needs of city dwellers who are statistically more likely to be obese and/or have heart disease than the national average (LCC 2013).
Before we look at some examples of current practice, we’re going to spend some time historicising the relationship between museums, health and well-being.

In the introduction to their recent book, Chatterjee and Noble (2013) consider how the increasingly recognised role that museums have to play to health education and therapeutic practice has developed out of the ‘Arts in Health’ sector (see p. 7). They trace this back to Florence Nightingale’s observations in the 1860s that the health of her patients’ improved when they could see out of a window or look at different types of object (ibid). They go on to provide overviews of significant research into the health benefits brought about by access to the arts for a number of different kinds of condition (see ibid., pp. 8-10).

If you would like to explore the Arts in Health field a little more, see Chapter 2 (‘The Role of Arts in Health’) in Chatterjee and Noble, *Museums, Health and Well-Being* (Ashgate, 2013), which is available as an e-book via the University Library online catalogue.

Chatterjee and Noble go on to describe the apparent benefits to well-being brought about by cultural participation and detail several research projects in evidence of this, most prominently Matarasso’s research published in 1997 (pp. 10-12). This report concluded that ‘participation in the arts can have a positive impact on how people feel, be an effective means of health education, contribute to a more relaxed atmosphere in health centres, help improve the quality of life of people with poor health and can provide a unique and deep source of enjoyment’ (Chatterjee and Noble 2013: 11; Matarasso 1997: 64). Chatterjee and Noble note that Matarasso’s research is not without its critics (2013: 12-3), with methodological issues oft-cited as being of concern.

Next we’re going to look at one of the papers mentioned in Mind, Body, Spirit, which situates thinking about the role of museums in health and well-being at the end of the twentieth century.

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**Activity B (10 minutes)**

Now read the remainder of page 5 and to the end of part 3 (page 6) of *Mind, Body, Spirit* (2014).

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**Activity C (1 hour and 30 minutes)**

Read:


[This book is available in electronic format via the University Library’s online catalogue.]

In this reading from over a decade ago, Dodd analyses the conceptualisation of the social context of health and the potential for museums to play a role in health education, particularly drawing on work undertaken at Nottingham Castle Museum and Art Gallery during the 1990s and the recorded experiences of participants.
In the same volume, Lois Silverman writes of frameworks for the therapeutic use of museums. Similar to the previous reading, this chapter provides a good overview of work undertaken in the 1990s, but from a North American perspective.

Now read:


The final reading we’re going to look at in this section is from Chatterjee and Noble’s recent book *Museums, Health and Well-Being* (Ashgate, 2013). In it they chart the development of museum-based and museum-led therapeutic practice over the last ten years or so, as well as highlighting some pioneering projects.

**Activity D (1 hour, 15 minutes)**

Read chapter 3 of:

Chatterjee, H. and Noble, G. 2013. *Museums, Health and Well-being*. Farnham: Ashgate, pp. 31-51. [This text is available as an e-book via the University Library’s online catalogue.]

According to Chatterjee and Noble, how can museums benefit the health and well-being of users?

What evidence have they found for a beneficial link between museums, health and well-being?

Imagine that you are a head of service approaching your local hospital or health authority with a view to offering a museum-led therapeutic programme. In no more than 100 words, how would you pitch the benefits for patients? Go online and share your paragraph with your course mates. Have you all chosen to emphasise similar aspects?

**10.5 The role of museums in therapeutic work**

Now let’s explore some more recent examples of therapeutic work carried out by museums. To begin, we’re going to look in more depth at one of the case studies cited by Chatterjee and Noble in the reading for Activity D. Thanks to its success, the Meet Me at MoMa programme has now been rolled out across North America. Called ‘Meet Me’, MoMA has produced a set of resources for museums seeking to provide access to their art collections for people diagnosed with dementia and Alzheimer’s, and their carers.
Activity E (2 hours)

Go online and locate the ‘Meet Me. The MoMA Alzheimer’s Project: Making art Accessible to People with Dementia’.

Spend some time exploring the resources, interviews and research documents. When you feel that you have a good understanding of the project, click on the ‘Practice’ tab. Feel free to have a look through all the guides, but for now, focus on the ‘Guide for Museums’. This document provides a comprehensive guide to planning, designing, developing and launching a therapeutic programme aimed at people with dementia and Alzheimer’s.

Is there anything here that surprised you or that you hadn’t considered before, practical and logistical considerations, for example? What about staffing and training?

Next, watch the short training videos for either ‘Art Discussion’ or ‘Art Making’ (or both if you have the time!).

Having looked through all these resources, would you feel confident about putting together a similar programme?

Meet Me at MoMA has spawned a host of similar projects world-wide. Here are a couple of British examples. Are you aware of anything similar in your home country?

Coffee, Cake and Culture is a monthly event for older people resident in care homes and sheltered housing, and their carers. The programme, developed by Manchester Museum and the Whitworth Art Gallery, is interactive, with participants making as well as looking at art and handling objects (Health + Culture, n.d).

Modern Art Oxford’s (MAO) programme, Lost in Time and Space, brought together a group comprised of older people with mild to moderate dementia, vulnerable young adults and practicing artists to work collaboratively ‘to develop a film and installation that explored themes of memory, perception and understanding of personal and collective identity’ (Plumb 2012: 22).

There are many different educative and therapeutic initiatives taking place in museums across the world. Here are some more examples to provide a sense of the wide-ranging nature of these types of programmes:

The Children’s Museum of Manhattan has developed a programme in collaboration with the National Institutes of Health (NIH), aimed at children aged 2-5 years and their parents/carers. Called ‘EatPlayGrow’, the programme seeks to address childhood obesity by encouraging children and their parents to make healthy eating choices and exercise through creative play and movement (NIH 2013).

As part of its long-term Talking About Us programme, the Immigration Museum in Melbourne, in partnership with VicHealth [the state health authority] utilises virtual technologies and touring exhibitions to facilitate discussions about racial discrimination and how this might impact on an individual’s physical and mental health, and access to medical care [Tatiani Mauri, pers. comm, 12/03/2014].
All of the projects and programmes we have looked at so far have been based in museums and galleries. Next we’re going to look at some examples of museums and galleries based in, or reaching out to health care providers. In the first reading, a successful programme of activities at a hospital art gallery, designed to enhance the well-being of patients and staff, not only benefitted the participants, but effectively helped save the gallery from closure.

**Activity F (45 minutes)**

Read:


[Blackboard Reading 1, Unit 10]

In the next reading, we look at a programme developed by UCL Museums which trained up volunteers to take objects to hospitals and care homes for handling sessions. Not only did the opportunity to handle and talk about the objects have positive outcomes for the patients and residents, the programme instilled confidence in the volunteers and help them to develop new skills.

**Activity G (45 minutes)**

Read:


[You can download this paper for free from the Journal’s website.]

We’ll look some more at object-focused programmes later in the unit.

**10.6 What do we mean by well-being?**

Understanding the concept of ‘health’ is not too tricky. Good health is the absence of serious and/or debilitating physical or mental illness. Bad health is, well, the opposite! But what exactly do we mean by ‘well-being’?

*well-being: The state of being comfortable, healthy, or happy.*

[Oxford Dictionaries 2014]
...an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment.


The concept of wellbeing consists of two elements – feeling good and functioning well. Feeling good means that we experience feelings of happiness, contentment, enjoyment, curiosity and engagement. Functioning well means that we have experience of positive relationships, have some control over our lives and a sense of purpose.

(RCMG, 2014: 18)

Well-being is more than smiles or positive emotion but about the quality of our lives and relationships.

(The Happy Museum Project, n.d. #a)

Well-being is a ‘slippery’ concept. Trying to define it has been described as a ‘challenge’ (see Dodge, Daly, Huyton and Sanders 2012). It means different things to different people, agencies and organisations. If you Google the term, as we did, you’ll come across lots of different attempts at trying to ‘pin it down’, focusing on a range of different aspects: economic well-being, social well-being, emotional well-being, that may encompass issues of identity, environment, work and education, as well as health. For the purposes of this unit, we’re focusing on emotional well-being but with an awareness that an individual’s levels of ‘contentness’ and freedom from stress, anxiety and depression are contingent on their perceived role in society and sense of personal accomplishment, work and living conditions and financial solvency (to name just a few of the potential ‘impacts’.)

The ‘Five Ways to Wellbeing’ (connect, take notice, give, keep learning, be active) were put together by nef (New Economic Foundation) on behalf of the UK Government in 2008 (RCMG, 2014: 18). They ‘...provide a useful framework to inform how museums can think about, contribute to and enhance health and wellbeing’ (Ibid.). They have since been taken forward by the National Health Service and repackaged as ‘Five Steps to Mental Wellbeing’ (NHS 2011).
Activity H (30 minutes)

Read section 6 of Mind, Body, Spirit (pp. 18-20).

Think about a museum that you know well. Note down one way in which visiting or engaging with the museum and its existing activities could help an individual meet each of nef's 'Five Ways to Wellbeing'.

In 2010, the journal Museums and Social Issues, put together a special issue of papers dealing with 'health and wellness', including several that consider how museums might develop programmes aimed at understanding and supporting the well-being of their users. We're going to look at a couple of these next.

Activity I (45 minutes)

Read:

[This paper is available in electronic format via the University Library's e-journals catalogue.]

If you’re having difficulty imagining how eye tracking technology works, we’ve put links to several videos in the resources folder for this unit on Blackboard.

In this small study, Binnie found that especially among regular museum visitors, looking at art (or indeed, just being in the gallery space) reduced their levels of anxiety, thus improving their overall well-being.

The next reading comprises a case study that focuses on a programme developed around an exhibition held at the Smithsonian Institution in 2010-2011.

Activity J (20 minutes)

Read:

[This paper is available in electronic format via the University Library's e-journals catalogue.]

The exhibition was undoubtedly an emotional experience for those who took part and
helped to forge links between people in the US and Haitian children affected by the devastating earthquake in 2010, but are you convinced by the implication in the title that social engagement and the act of swapping pictures helped the children to ‘heal’ emotionally? How might these claims be tested? And if it did have a beneficial effect, how long did it last – weeks, months, years? We’ll be looking about measuring impact in more depth in a later section. For now, as you read around the subject, keep these questions in mind.

The Happy Museum Project led by the Museum of East Anglian Life (UK) has, since its launch in 2011, sought to ‘re-imagine the purpose of the museums… [taking] a view of sustainability which looks beyond financial and resource management and considers a museum’s role as steward of people, place and planet, supporting institutional community resilience in the face of global financial and environmental challenges’ [The Happy Museum project, n.d. #b]. Key to this vision is developing museums as a place where people, visitors and staff alike, can be nurtured, feel valued, build relationships and better quality lives, and become active citizens.

**Create conditions for wellbeing**

*Seek to understand the importance of well-being, embracing healthy minds not just bodies, and healthy societies not just individuals. Well-being is more than smiles or positive emotion but about the quality of our lives and relationships. Happy Museums should explore how to create the environment for these to flourish. Embody and enhance the Five Ways to Well-being, as set out by the New Economics Foundation, which can be summarised as Connect; Be Active; Take Notice; Keep Learning and Give.*

[From the Happy Museum Project Manifesto, n.d. #a]

**Activity K (1 hour)**

Go online and locate the Happy Museum Project website. Spend some time exploring the manifesto, case studies and resources, particularly focusing on the materials that directly address wellbeing. Download the summary of the report, *Re-imagining Museums for a Changing World.*

Read the summary document and note down your answers to the following:

- To date, how successful have the projects been?
- How has their impact been measured?
- Based on the experience of the Happy Museum team and partners, what might be the limitations of similar projects? What can be done to overcome potential barriers?
• How might you persuade sceptical colleagues, managers or funders of the value of a Happy Museum-style project?

Another recent UK initiative that addresses the potential of museums to enhance well-being, is the Museum Association’s Museums Change Lives vision document and online resource.

Museums boost people’s quality of life and improve mental and physical health. It is good for wellbeing to engage closely with collections and ideas in the presence of other people.

(MA 2013)

Museums Change Lives closely links well-being with social justice and quality of life. The MA argues that as well as having social benefits, museums that work actively with marginalised members of society (such as older people, people with chronic health conditions, unemployed people, homeless people, ‘looked-after’ children) bring economic benefits too.

There is a moral and ethical argument for ensuring every citizen benefits from museums. But there is also an economic argument: social problems create high costs for society and it will make a difference if museums play even a small part in reducing them.

(MA 2013)

Activity L (1 hour)

Go online and locate the Museums Change Lives section of the UK Museum Association’s website. Watch the video and read the report, paying particular attention to the section on well-being. Next explore the online resources. Under ‘Well-being’ there are a number of case studies that exemplify the initiatives. There is also a link to loads of additional resources on museums, health and wellbeing at the bottom of this page.
Initiatives like the Happy Museum and *Museums Change Lives* have not been universally well received. Some, like Tiffany Jenkins, see the new emphasis on ‘social impact’ as detrimental to the core values of museums, as repositories of culturally significant objects.

> The *Museums Change Lives* plan alters the true purpose of museums: to advance our knowledge of civilisations of the past, to understand the world and its history. The shift in the museum’s role changes the content. If curators think that they are meant to be raising self-esteem, addressing homelessness or improving mental health, their eye is not on research or finding out the truth about the past. They have other outputs in mind.

[Jenkins 2013]

### 10.7 Object-based learning

*When participants are invited to touch and to hold objects, to work out what they are for...you start to see how this sparks curiosity and interest – you see people turning objects over, feeling their weight, asking questions of the person next to them, trying to open objects [if possible], to smell them, listen to them, examine the object closely. Objects may be familiar or unfamiliar, and different objects will spark different reactions depending on the person handling them.*

[RCMG, 2014:21]

The concept of multi-sensory experience was briefly discussed in the Activity G reading by Vogelpoel, et al. In this section we’re going to look at this aspect in greater depth. ‘Heritage in Hospitals’, a pilot project developed by UCL Museums and Collections and UCL Hospitals Arts explored the healing potential of handling museum objects. You’ll remember this project from its mention in an earlier reading from Chatterjee and Noble (2014).

The project was evaluated and the results written up in a paper published in *Museum and Society* (Chatterjee, Vreeland and Noble 2009). It was found that many patients were reluctant, at least initially to touch objects brought to them because of the usual ‘don’t touch’ prohibition of museum spaces and concern that they might damage them (Chatterjee, Vreeland and Noble 2009: 174). And yet those that did handle the objects were recorded as relating some powerful and emotional responses, with many reporting greater life satisfaction and optimism about their health afterwards (Ibid., 175). You might find this paper additionally interesting on learning that it was written as a result of research undertaken for an MA in Museum Studies!
Activity N (30 minutes)

Read:


The special issue of *Museums and Social Issues* that we looked at earlier, also includes a review of a programme at Portland Art Museum (PAM) called Object Stories in which members of the public are invited to bring an object of personal significance into the museum and then record a ‘story’ about it (Ancelet, Butler and Ong 2010: 275). In a pilot of the initiative, the museum, partnered by an organisation called ‘Write Around Portland’, ran workshops for people recovering from addiction, depression and abusive relationships. They were encouraged to write about their objects (Ibid., 278).

One woman who was part of this workshop said, “There are some things in your past that you don’t necessarily want to connect with. But there are some things that you really do....Writing is so healing. It is so healing.”

(Ancelet, Butler and Ong 2010: 275)

PAM staff members have observed that people taking part in the programme ‘seem to experience a “cathartic and even therapeutic process as they think about and talk through big issues in their lives that often involve disappointments, trauma, relationships, and transformations”’ (Ancelet, Butler and Ong 2010: 279).

You’ll find some more examples of projects that have made use of object handling in section 5 of *Mind, Body, Spirit* [2014].

Think back to Chapter 3 of Chatterjee and Noble, which we looked at earlier. In it the authors draw links between handling objects, reminiscence and healing. To summarise, object handling:

- may help to improve dexterity in rehabilitation [p. 35]
- improves wellbeing by fostering ‘positive feelings’ and mood [p. 37]
- enables the exploration of memories in a safe environment [p. 29]
- ‘enhances a sense of cultural inclusion’ [p. 41]
- facilitates meaning-making surrounding illness, mortality, loss, etc. [p. 42]
- increases social engagement, curiosity and can alleviate ‘difficult feelings’ [p. 44]
- may improve cognition [p. 45-6]

As the authors of *Mind, Body, Spirit* relate, it ‘...is not completely clear’ [p. 21] why handling objects seems to improve well-being, but holistic understandings of mind and body may offer some clues.
Engaging Visitors and Audiences

Activity 0 (10 minutes)

Read section 7 of *Mind, Body, Spirit* (pp. 21-24).

You will note that the authors of this report found similar outcomes as Chatterjee and Noble [2013] in their analyses of case studies.

These are all positive outcomes and evidenced in the outcomes of 'Heritage in Hospitals', 'Object Stories' and the projects described in *Mind, Body, Spirit*. But Chatterjee and Noble remind us that handling objects might also engender negative feelings (as might viewing art, or engaging in other types of museum-based or led projects). Those working on the development and delivery of handling and reminiscence projects in particular, need to be sensitive to the needs of participants, have been appropriately trained and have specialist advice on hand, preferably from a professional known to those taking part [p. 50-1]. Equally, support needs to be available for those members of staff facilitating these types of projects:

*Working with vulnerable individuals who are facing mental and physical health challenges is a relatively new area of work for the museums sector and may cause concern, distress, fear or anxiety for those running such projects, especially if they are working with people facing serious ill health or those who are near to the end of their life.*

(Chatterjee and Noble 2013: 51)

One solution in this respect is to partner with a health care provider, working together to provide therapeutic programmes.

Activity P (20 minutes)

Read:


[Blackboard Reading 2, Unit 10]

10.8 The role of museums in raising awareness of health and wellbeing issues

*Museums have the potential to engage with social and health issues, not just through outreach programmes, though those undoubtedly play a key role, but through utilising their potential as a public forum for debate and the exploration of issues that, for many, remain taboo.*

[Dodd 2002: 188]
When we think about the role museums and galleries might play in disseminating health and well-being information, exhibitions (like the photographic display mentioned by Dodd in the reading we looked at earlier), or outreach programmes targeted at people with particular health needs come particularly to mind, but just as we might utilise the museum for the furtherance of social justice, we might also consider making it a locus of challenging health debates. Museums have the potential (as Dodd puts it in the quote written above) to raise issues, campaign for change, take a particular stance. Let’s look at some awareness raising health and well-being-related exhibitions and programmes.

**Activity Q (1 hour and 30 minutes)**

Read:


[Blackboard Reading 3, Unit 10]

Kollmann, E., Reich, C., Bell, L. and Goss, J. 2010. Using Provocative Questions to address Societal Health Issues. *Museums and Social Issues*, 5/2 (September), 175-190. [This paper is free to access from the University Library’s online e-journals catalogue.]

**Activity R (1 hour)**

Now do some online research into a minimum of two of the following programmes aimed at raising awareness of particular health related issues:

- Transploration! Manchester Museum
- Heart Smart, Patricia and Phillip Frost Museum of Science, Miami
- Confronting HIV/AIDS, Adler Museum of Medicine, Johannesburg
- Health is a Human Right, David J. Sencer CDC Museum, Atlanta
- Obesity – what’s the problem? Medical Museion, Copenhagen

Each of these institutions can be defined as medical or science-focused museums. Is this significant? Visitors to Transploration! were encouraged to sign up to a medical register, and researchers used Heart Smart as an opportunity to gather medical data! How comfortable are you with this sort of activity?

What do you think about the concept of the ‘campaigning’ museum? Are different types of museum better suited to this type of programming? How do you think visitors, the media, the local authorities would react in your country to a hot health-related topic, say, an exhibition seeking to raise awareness of the physical and mental health consequences of female genital mutilation (FGM)?
Engaging Visitors and Audiences

Think back to the reading in Activity C and the discussion of the controversy that Brenda and Other Stories at Walsall Art Gallery, which sought to challenge the myths surrounding HIV/AIDS. Do you think a similar exhibition put on today would provoke such negative reactions?

10.9 Measuring the impact of museums on health and wellbeing

Whilst discussion to date has focused largely on the benefits to individuals [e.g. Matarasso 1997; Department for Culture, Media and Sport 1999; Silverman 1998] evidence of the impact that museums can have through exhibitions and the public debate of health issues is largely anecdotal.

[Dodd 2002: 188]

...understanding the discrete role of museums and cultural heritage is challenging for two reasons: first, few studies have been carried out to explicitly understand the value of museums to health and well-being, despite numerous examples of good practice; and, second, a problem highlighted earlier, is the lack of a unified, agreed evaluation or measurement approach for assessing the contribution of museums to individual and/or community health and well-being.

[Chatterjee and Noble 2013: 14]

Evidence of impact and outcomes from museum health and wellbeing work is important – it helps to give the work credibility and demonstrates that museums can make a difference. Evidence can improve practice and encourage funding. It shows us what works, for whom, and in what circumstances.

[RCMG, 2014: 25]

The authors of Mind, Body, Spirit, assert that in order to demonstrate the value, in particular to managers, potential funders and public health organisations, of programmes that claim to have a positive impact on users’ health and well-being, a certain amount of evidence needs to be generated. And the collection and analysis of that data ‘needs to be rigorous and robust as well as ethically responsible (especially where vulnerable groups are involved)’ [RCMG, 2014: 25]. To these ends, they determined that there is a need for ‘a common language to describe the impact
and outcomes of museum projects on health and wellbeing’ that employs both quantitative and qualitative methodologies ‘to give a complete picture of the impact on participants’ (RCMG 2014: 25). They cite two such examples from the UK. We’re going to look at one of these in depth next.

Activity S (45 minutes)

Go online and locate the UCL Museum Wellbeing Measures Toolkit resources. Read the PDF booklet by Linda Thomson and Helen Chatterjee and explore the resources provided.

Now that you’re familiar with the methodology behind the toolkit, read pages 25-30 of *Mind, Body, Spirit*. The Museum Wellbeing Measures were used to evaluate two programmes in the project, ‘Encountering the Unexpected’ and ‘Mind, Body, Spirit’.

Look through the following questions and as you read, note down your thoughts.

- What makes the toolkit different from other forms of museum evaluation?
- Why are the ‘umbrellas’ generally an effective means of gathering data?
- Why might they not suit everyone? Can you think of any ways round these potential limitations?

The last case study of this section of *Mind, Body, Spirit* (‘Live Today, Think Tomorrow’) introduces another form of evaluation, based around response cards and short questionnaires.

N.B. You can read about different methods of evaluations, their pros and cons, in Chapter 5 of Chatterjee and Noble (2014), including the Warwick-Edinburgh Mental Wellbeing Scale that the authors of *Mind, Body, Spirit* also make reference to.

10.10 The last word

*Museums can powerfully impact on health and wellbeing – there is ample evidence to demonstrate this.*

[RCMG 2014: 34]

Let’s finish off this unit by looking at the conclusions of *Mind, Body, Spirit*’s authors:

- *Collections are at the core of health and wellbeing work and can be used in many ways – to encourage positive wellbeing, address health issues and promote health and wellbeing ... it is not only large museums which can contribute but smaller museums can make a worthwhile contribution to the health and wellbeing of their communities.*
Engaging Visitors and Audiences

• **Health and wellbeing needs to start with the needs of communities.** Many museums have a strong track record working in this area; they are close to communities and are used to working in partnership. The increased emphasis on holistic approaches to health and wellbeing, and changes like those in the UK to local decision-making about public health, put museums in a strong position to contribute to new ways of thinking and new approaches to strengthening community health and wellbeing through encouraging resilience, being active and helping people to make the right choices for themselves and their communities.

• **The Five Ways to Wellbeing provide a credible and useful framework for museums to plan and develop programmes around health and wellbeing.** The focus on learning, keeping active (mentally as well as physically), making connections with people and the world around you, and giving something back is at the core of ... projects that build on and reinforce the importance of cultural experiences as part of positive wellbeing.

• **It is vitally important to capture and evidence the impact of health and wellbeing programmes and projects in museums.** To promote this work internally and beyond the sector and to demonstrate that museums can play a significant role in contributing to the health and wellbeing of their communities. Museums could work more closely with public health agencies to develop more sophisticated and longer-term measures of health and wellbeing assessment alongside tried and tested methods such as UCL’s Museum Wellbeing Measures Toolkit.

(RCMG 2014: 34)

**Activity T (1 hour and 30 minutes)**

As a final exercise we’d like you to think about a museum or collection that you know well and consider its potential use for health and wellbeing initiatives.

Spend some time sketching out a possible programme. Think about whether it will take place within the museum, or in a healthcare setting. What form will it take - object handling, art appreciation, activism? Who will deliver it - museum curators, educators, volunteers, healthcare providers? Will it be a series of events, a one-off or an ongoing programme? How would you go about measuring its impact on participants? Consider the opportunities and the constraints that each of these aspects might bring. Now go online and share your idea with your course mates. Have you come up with similar ideas?

**10.11 References**


