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# Museum-based programs for socially isolated older adults: Understanding what works

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ABSTRACT

This paper presents research findings that help to understand how museum programs created opportunities to enhance wellbeing and health, and changed experiences of social isolation in older adults. The research conceptualized how program elements enabled both individual experiences and relational processes to occur. These components operated within a context that was enriched by the museum as a place to support wellbeing and enhance social interaction. To meaningfully support socially isolated older people as part of local public health strategies, museums need to be accessible and engaging places that purposively support social interaction by involving people *and* objects, participating in multiple sessions over time, that are facilitated by skilled and knowledgeable staff.

## 1. Introduction

With the shift away from state run social care towards a more community focus, together with an ageing population that is increasingly isolated, it is clear that innovative ways to improve healthy ageing are needed (The Kings Fund, 2015). Social prescribing is one way to offer interventions focusing on activities of interest, rather than perpetuating dependence on clinical interventions such as psychological therapies, GP visits, and psychotropic medication, to improve social inclusion and wellbeing in older people. The United Kingdom, along with other countries, has developed aims for caring for older adults (Department of Health (DH), 2010), suggesting prevention as a key ingredient, involving community partners to reduce social isolation.

### 1.1. Loneliness and social isolation

Social isolation is described as a lack of belonging and engagement with others, and limited quantity and quality relationships (Nicholson, 2012), leading to an increased likelihood that people will need to use healthcare services (Davidson and Rossall, 2015). In a meta-analysis, Pinquart and Sorensen (2001) found a U-shaped association between age and loneliness in late adulthood, with being a woman, low socioeconomic status, and low competence being associated with higher loneliness. Milligan et al. (2015) suggested that dwelling alone has tended to be largely regarded as an issue affecting older women but as the life expectancy gap is narrowing between genders, social isolation is increasing in older men. Furthermore, older men are more likely than older women to be excluded from wider social relationships (Ruxton, 2006). In addition to the number of social contacts, deficits in the quality of social contacts also correlated with higher loneliness. Likewise, Klijs et al. (2017) found that social relations buffer the effect of neighborhood deprivation on psychologically-related quality of life. These findings suggest that a complex mix of individual and social contributors are needed and for a large proportion of people, interventions that address environmental or social factors, could change their experience of loneliness.

### 1.2. Wellbeing

Although a definitive theory of wellbeing remains elusive (Camic et al., 2017a), the notion of psychological wellbeing has been suggested as comprising six key components, personal growth, self-acceptance, autonomy, purpose in life, positive relationships, and environmental mastery (Ryff and Singer, 2006). The role of social factors is apparent in this model, recognizing that relationships are important to wellbeing. Other components that affect psychological wellbeing, such as loneliness, life satisfaction and self-esteem, have also been identified (DH, 2014; Ryff, 1989). The 'Five Ways to Wellbeing' report (Government Office for Science, 2008) presented empirical evidence for improving wellbeing. The report focused on community resources

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and what needs to be done to encourage and enable people's prosperity and wellbeing potential throughout their lives. How these factors interact is less well known, and likely to be multifaceted and complex. This suggests that although certain interventions appear to improve wellbeing and loneliness, it is not evident how this happens.

### 1.3. Social prescribing

Social prescribing interventions provide opportunities for primary care services to link with community and third sector organizations to offer services to people with emotional, social or practical needs (Chatterjee et al., 2015). The international evidence base for health and wellbeing benefits of various arts and health interventions is growing (Ander et al., 2013; Chatterjee and Camic, 2015). The scope of such interventions includes providing meaning and new opportunities to be creative and build relationships. Evidence has also shown that participatory arts in older age groups can challenge ideas of decline, re-connect people to communities and target health needs that threaten wellbeing (Vella-Burrows, 2016). Further research is needed to explore how museum-based social prescribing can be beneficial for socially isolated older people, and help address the needs of an ageing population to live healthy and meaningful lives (Chatterjee and Thomson, 2015).

## 2. Research aims

Museums, working as public health partners with health and social care services (Camic and Chatterjee, 2013) are ideally suited to offer community-based programs to support the wellbeing of socially isolated older people; they are numerous, exist across different geographical areas, are often free or low cost. Unlike clinical healthcare services, museums are places where assumptions of illness or wellness are not present. They are also available to all, and relatively recently, many museums have begun addressing the relationship between social exclusion and health inequalities (Sandell, 2002) by making them more accessible and culturally relevant places to promote health and wellbeing strategies across different socioeconomic and ethnic groups (Chatterjee and Thomson, 2015; O'Neil, 2010). The present project explored the participation of museums as partners in Museums on Prescription, a large social prescribing scheme, to address the major health issues of social isolation and loneliness. Previous research reported that 10-week museum programs reduced social isolation and increased wellbeing (Camic et al., 2017c). The present study sought to understand, *how* museum-based social prescribing programs reduced social isolation for older people, by determining the specific elements and processes involved, and how these interacted to create a social and physical environment that enhanced psychological wellbeing.

## 3. Methods

### 3.1. Participants

In seeking heterogeneity, as stipulated by grounded theory methodology, a total of 20 participants (Table 1) were sampled across age, ethnicity, previous museum attendance, educational attainment, mobility levels and most recent healthcare visit. Each participant provided multiple data sources that included end of program interviews (designated as P1, P2, etc.), 3-month follow-up interviews (designated as F), and weekly "passports" (diaries). These were drawn from a larger study pool of 115 (aged 65–94), self-identifying as lonely or socially isolated who took part in programs across seven museums in central London and Kent, a semi-rural county in England (Camic et al., 2017b). Participants tended to be infrequent museum goers but this was not the case for everyone; they typically lived alone and did not regularly attend other clubs and societies. They did not work either in paid or voluntary employment. Measures of wellbeing and social isolation were recorded at baseline and across the program (Chatterjee and Thomson, 2017). Museum programs consisted of 5–12 people per group for around two-hours per week over 10 weeks. Post-program interviews (45–90 min) were conducted followed by further interviews at 3-month follow-up (20–30 min). The study received ethical approval from the ethics committee at University College London.

### 3.2. Intervention

As a key component of the research, each museum agreed to develop specific activities that sought to enhance opportunities for engaging and participatory experiences (e.g. Rose and Lonsdale, 2016), based on their respective collections and staff expertise and interests. These activities were not necessarily the same across museums, nor was there the intention on the part of researchers to require uniformity; this would have been an artificial stipulation imposed on museums. All sessions included information sharing components led by staff, consisting of brief lectures or introductions to the topic area of the day. This was followed by a range of activities depending on the museum, which included object handling and discussion around objects; participatory arts including creative writing, drawing, painting, sculpture and collage made in response to items in the collection; crafting items (clay pots, greeting cards, fans); singing and making music with instruments in response to exhibitions or themes in the main collection. The activities were varied across sessions and across museums; some sessions having presentations accompanied by discussion, whereas others included participatory art making, curatorial decision making, and behind the scenes tours of archives areas and storage facilities.

### 3.3. Design and data analysis

A qualitative study was carried out with people across 12 Museum on Prescription (MoP) programs. Grounded theory analysis was used to build a conceptual understanding of how participating in these programs might explain the processes that enabled change (Urquhart, 2013). Sampling in grounded theory is often guided by theoretical saturation; data is collected until categories are accounted for and relationships between them validated (Green and Thorogood, 2004). The present study, however, used an alternative approach, "theoretical sufficiency", described by Dey (1999, p. 257)as "seeking to reach an in-depth understanding rather than a point where nothing new emerges". In addition, the study used "conceptual depth" (Nelson, 2016, p. 6) whereby a range of evidence and subtlety in concepts shows richness in meaning, resonance with existing literature, and external validity. In order to build a comprehensive understanding, researchers used theoretical sampling (Strauss and Corbin, 1998), a key component of grounded theory. From the larger data pool, we sampled people with different end of program responses on standardized measures of loneliness and wellbeing, measured by the R-UCLA Loneliness Scale (Russell et al., 1980), Warwick Edinburgh Mental Wellbeing Scale (Stewart-Brown and Janmohamed, 2008) and UCL Museums Wellbeing Measure – Older Adult (Thomson and Chatterjee, 2015a, 2015b). All measures were administered three times during the 10-week program and the R-UCLA at follow-up. Sampling considerations such as age, gender, previous museum attendance, geographical location and group cohesion were also used to help develop the emerging grounded theory.

Audio recordings of interviews were transcribed verbatim and analyzed, along with weekly passports. In grounded theory, a process of inductive, bottom-up discovery of meaning from the data occurs, rather than the application of deductive theoretical approaches. The process started with line-by-line open coding and then moved to selective coding, identifying initial categories. Through a process of constant comparison, the categories were integrated to produce

**Table 1**
Participant information.

| Participant | Age | Gender | Museum site[a] | Ethnicity | Museum visits in last year | Educational attainment[b] | Mobility problems | Recent health care visit | Residential status |
|---|---|---|---|---|---|---|---|---|---|
| P1 | 75 | M | 1 | White European | 2–4 | University | None | 1 month | Alone |
| P2 | 80 | F | 6 | Black British | Never | Secondary | Limited | 1 week | Family |
| P3 | 76 | F | 2 | Asian | 1–2 | Further | None | > 12 months | Friends |
| P4 | 77 | F | 5 | White British | 10–12 | Secondary | Limited | 1 month | Alone |
| P5 | 75 | M | 6 | White British | 1–2 | University | Limited | 1 month | Spouse |
| P6 | 84 | M | 5 | White British | 1–2 | University | None | > 12 months | Spouse |
| P7 | 69 | F | 2 | White British | 1–2 | Secondary | None | 1 month | Alone |
| P8 | 74 | F | 3 | White British | 10–12 | University | None | 6 months | Alone |
| P9 | 76 | F | 4 | White British | 2–4 | Secondary | Limited | 1 week | Alone |
| P10 | 66 | F | 4 | White British | 1–2 | Secondary | Limited | 1 week | Alone |
| P11 | 70 | M | 1 | White British | 1–2 | Secondary | None | 1 month | Alone |
| P12 | 79 | M | 4 | White British | None | Primary | None | 6 months | Alone |
| P13 | 87 | F | 1 | White British | 2 | Further | Severe | 1 week | Alone |
| P14 | 73 | M | 3 | Asian | 1 | Further | None | 1 month | Spouse |
| P15 | 77 | M | 6 | Black British | 1 | Further | None | 6 months | Alone |
| P16 | 79 | M | 5 | Black British | None | Secondary | Limited | 1 month | Spouse |
| P17 | 82 | F | 2 | White British | None | Primary | Limited | 1 year | Alone |
| P18 | 85 | F | 5 | White British | None | Secondary | None | 1 year | Alone |
| P19 | 65 | M | 1 | White British | 2–4 | University | None | 1 year | Alone |
| P20 | 85 | M | 4 | White British | 1 | Secondary | None | 1 year | Alone |

[a] London sites: 1,3,5; Kent sites: 2,4,6.
[b] Further = post-secondary, pre-university.

theoretical coding. Using coding and theoretical memos, similarities and differences between the codes were identified and explanatory relationships discovered. By developing diagrams and explanations, an initial model was discussed among all the authors to enhance clarity and quality. The model was then further developed and explanations refined.

## 4. Results

Four explanatory components were identified (interacting social context, museum as a positive enabler, individual journey and relational processes) illustrating how museum programs and the physical place of a museum created opportunities for wellbeing and social inclusion (Fig. 1). The social context enabled participants to both approach and engage with the museum program; the program in turn fed back into this process to create change. For example, people reported evaluating themselves and others differently as a result of the group experience, communicating more effectively, and becoming more socially engaged due to increased confidence. Within this social context, the museum program enabled an individual journey for each participant and provided the opportunity for relational processes. The individual journey and relational processes also interacted with each other.

### *4.1. Interacting social context*

Museums provided a background context in which programs operated, influencing group experience and enhancing the potential for change.

#### *4.1.1. Evaluating self and others*

Some participants evaluated other people in the group positively, "…she was nice to talk to" [P11] and "I thought they were all friendly" [P2, F]. However, one of the ways that people seemed to isolate themselves was by taking a prejudiced and negative view about other older people (not other participants), "they sit there all day just doing nothing. They don't even talk to each other" [P12], and "they don't seem to get motivated and do things and organize like I do" [P9, 3F]. This process could potentially be understood as a protective stance that reinforced social isolation or alternatively for some, as a motivator to do something different. One of the ways museum programs influenced how individuals self-evaluated was by providing "evidence" to judge themselves more positively, "it just gave me reassurance, that I was likeable, that's sad isn't it but it's true" [P7]. Similarly, participants described how their own interaction might be influenced by people around them, "if friendly I talk, if not, I just sit" [P5]. When describing how they experienced the group, they felt they might have been judged as "oh, it's that woman again, she's a pest, she's asking silly questions" [P4] but the experience provided evidence to the contrary "very easy, you weren't sort of dismissed" [P4]. This demonstrated that the programs could provide alternative experiences, challenging existing beliefs.

#### *4.1.2. Communicating*

Specific benefits of communication, despite initial difficulties, helped to navigate their role in the group, "I think we started to talk to each other and make comments because at first you feel shy, embarrassed if you don't know, or you do know, the answers" [P12] and "well I think we just sort of, being in a small group, you sort of can't ignore people, you've got to talk" [P6]. Another way that participants described the value of communication was the importance of sharing, "sitting together discussing an object in an incredible place, an opportunity to share ideas and many years of accumulated knowledge" [P13, passport]. The museums provided unique topics of conversation about objects and their role in history and society, as well as a welcoming place that created opportunities to do so, "it's a nice way to start a conversation and it's a very safe conversation" [P1] and "I think the museum was sort of relaxed… more interactive and staff said greeted you upon arriving" [P8]. Communication using objects in a unique place (e.g. "it is a special, really interesting place" [P16] was also a vessel for social engagement that allowed relationships to be formed.

#### *4.1.3. Social engagement*

This was a process of building relationships and meaningful connections which in turn increased engagement in the program, "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 [P10, F]. The process of social engagement helped with relationship difficulties, providing an opportunity to connect with others, making the difficulty feel less significant, "It was actually

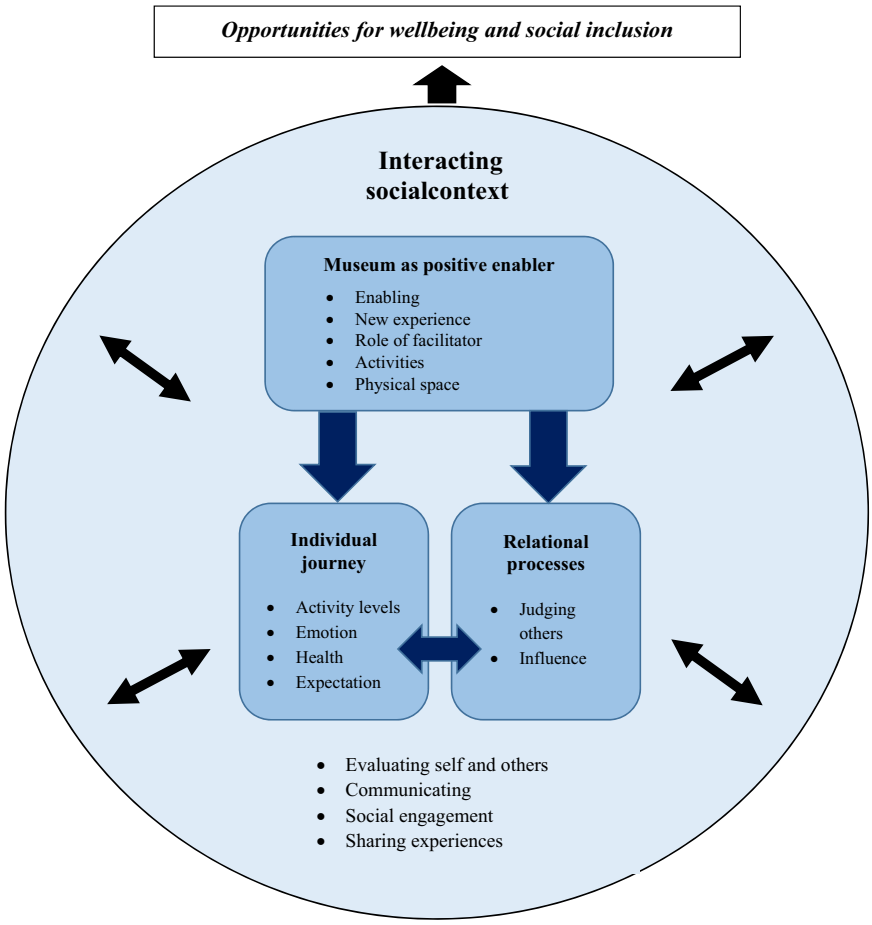


**Fig. 1.** Explanatory processes creating opportunities for wellbeing and social inclusion.

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 [P7]. On the whole, and supporting previous research by Milligan et al. (2015), men were less socially oriented and tended to be less interested in craft activities, but this was not always the case. Men were initially more social with other men, and engaged more fully when the group was predominantly men. However, in smaller, mixed-sex groups men fully participated in a range of activities including art and craft making, object handling and discussions. In addition, when facilitators noticed that someone was not joining in or seemed reticent to do so, they made "gentle efforts" to encourage social as well as activity-based engagement. However, not all participants wanted to embrace social engagement with one saying "no, I don't think I particularly wanted to make any longer-term connections" [P10]. This highlights the influence of individual beliefs affecting the extent to which the program might engender change. Rejecting the social experience could be a barrier to connection, increasing the likelihood of isolation. For example, one participant described her idea of what the program was predominantly for, "You are there in a way to learn, if you want the social side of it you can do it afterwards" [P4].

#### 4.1.4. Sharing experiences

Sharing previous knowledge and experience led participants to feel more confident, "if someone asked me about something, I'd tell them" [P12]. They were also able to share their museum experiences with others outside of the museum, "I spoke to a neighbor for the first time and told her about it" [P2, F]. Sharing even small experiences with others can help build self-esteem and encourage further social interactions. Experience sharing was also a catalyst to activity and connection, highlighted by planning to go to the museum with others, "I'm trying to tell others so that if I can get company to go along, it would be better" [P9, F]. Trying to spread the word and engage other older people is another way the sharing process provided opportunities for connection.

### 4.2. Museum as a positive enabler

Museum programs within a welcoming and stimulating place enabled new experiences, relational processes and individual journeys; the facilitator, physical space and activities were all contributors in this process.

#### 4.2.1. Enabling

The containment and predictability of the 10-week structured program, together with the opportunities for learning and meeting others, built confidence and self-esteem, "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" [P3], and "You have pinpointed a way to us and said 'look, if you want to come to the museum, this is what you have to do, we showed the way, the ropes, now you can do it by yourself" [P1]. One of the ways the museum built confidence was by providing the space and encouragement to try something new, "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" [P12]. Confidence in social interaction was another benefit, "it helps me to realize that you can enjoy people's company in different situations" [P10, F]. The program gave people "a chance to get to know each other" [P1] and "...now glad to be out and about and seeing people around" [P5, F].

One participant's passport showed how the program enabled the group to change over time; at week two, "getting to know members of the group" and by week five, "a lot friendlier and the group seemed to become more relaxed" [P8, passport]. Other participants at later weeks described the group as "pleasantly familiar" [P5, P14, P15 passports], highlighting the settling down and cohesion of the group over time. One of the groups continued to meet regularly after the program suggesting that the museum environment helped to support socializing, creating opportunity for further connection, "although I was nervous about meeting people but now the last Friday in every month I've got something to look forward" [P4, F]. The museum also enabled connection to the past and to the local area, "This course has helped me feel part of the society" [P5, F] and "I haven't been to the museum for years…and I'm always interested in local history" [P2, F]. The mental health benefit of learning was also acknowledged, "something to keep my mind stimulated" [P5]. Another participant described the longer-term impact, "I've learnt so much from it. It's expanded my thinking, it's keeping my brain going because it's given me a different way of looking at things" [P9, F].

#### 4.2.2. New experience

The museum program was a new experience for many, something they previously thought to be inaccessible or had not considered, "I've lived in [town] for so long…. I didn't know it existed. It was wonderful for me to meet people and learn" [P7]. It was also something outside of the norm, enabling new things to be experienced, "it's something new that turned out well" [P6, F]. Another way participants experienced it arose from their expectations. This might include how they evaluated themselves or others or how they had previously interacted with museums and organized programs, "I always visit the museum alone, but having a program is better" [P1]; "I never thought of the museum as a place to meet people" [P14]. These examples capture the essence of a new experience creating the potential for personal impact, both in wellbeing and social isolation, with aspects of the intervention interacting to expand individuals' social contexts.

#### 4.2.3. Role of facilitator

The facilitators enabled new experiences, learning and social interaction, providing a human element by imparting knowledge and modelling confidence and enthusiasm for learning. The personal characteristics of the facilitators were pivotal in this, "Oh they were great personalities I thought. Nicely outgoing and encouraging" [P10] and "the facilitator was very clear and detailed" [P3, passport]. Similarly, the way the facilitators interacted with the participants created a respectful relationship, "How generous and giving the experts were of their time and their knowledge" [P7]. People felt privileged to have experts giving their time and knowledge and this changed participants' self-evaluation by suggesting they were important enough to have their time and attention. Facilitators also encouraged interaction, "If there were any questions we could raise them, you weren't made to feel stupid" [P4] and "I'm not a great question asker, but, anything I asked, I got an answer" [P5].

#### 4.2.4. Activities

Having a new experience, was one of the ways specific activities contributed, "I'm 74 and I'd never painted on canvas before and something I'd never thought of trying either" [P4]. Ability and expectations were influenced by previous experiences and appraisals of self and others. However, museum programs supported people taking a chance, and the feeling of being alongside other participants was a catalyst, "If you got stuck on one of the crafts or something, there was somebody from the group to help" [P4]. These experiences were something shared with others, which led to increased communication, the beginning of new social contacts, and revised appraisals of self and others.

Engaging with artefacts was important to self-esteem, giving a sense that they were trusted with important items, "I liked the inlaid wooden boxes, seeing it and feeling it, because all I've done is see it on telly on antique things" [P2, passport]. Moreover, it evoked a feeling of connection to the past and individual memories, "The warden helmet reminded me of my father because he had one during the war" [P2, passport]. It was also enriching to the learning experience, and created opportunity to use the imagination, "I think the tactile aspect is very important…it brings the people who created the objects closer to you" [P10].

#### 4.2.5. Physical space

Some described the physical space of the museums as creating a feeling of confidence, "It's nicely laid out, it's very easy to find your way around" [P11] and, "It's quite a welcoming building, it does include you." [P10]. The navigation of the physical space encouraged feeling confident and alleviated anxiety about entering daunting places, "I loved the confined space and the closeness of the specimens to see up close" [P7]. The space also was a factor in how the artefacts were experienced, "I just absolutely loved it because it was contained, it was very easily accessible even though you couldn't always touch it, the stained glass, it just felt in such close proximity" [P16]. In contrast, one participant described an experience of the physical space leading to a feeling of exclusion and highlights one of the ways that space interacts with internal states, "I felt as though we were in a back office of the university, we weren't really where it was going on. I think that being older what you're looking for when go somewhere like this, is for it to be exciting because there's all these young people around, learning, discovering and you want to see that energy [P8].

### 4.3. Individual journey

The 10-week experience was something novel and created opportunities for learning, emotional experience, and personal connection to something within themselves.

#### 4.3.1. Activity levels

The program created a reflective process for participants to think about their activity levels and their abilities, perhaps connecting with some sadness or loss. For example, "Well, recently I have stopped doing a lot of things, I don't watch television anymore" [P1] and "you know, it's the weekend as well, alright I'm knitting but you can only do so much" [P4]. For other participants, the programs led them to reminisce and connect to activities that they used to do, whilst also acknowledging the sadness that physical health limitations meant some were no longer possible, "I used to do, you see the wedding cakes I made for people and this, disability kept me back" [P2]. These examples capture some of the problems and stressors people brought and the potential for the intervention to offer something different.

#### 4.3.2. Emotion

Positive change to emotions were described in terms of confidence, mental stimulation and privilege, "I just felt joyously privileged" [P7], "I think I'm happiest when learning, I felt engaged with the topic" [P8, passport] and, "I'm very much better if I mentally engage with something, some activity which stretches me, the museum was very beneficial in that way. I have lost confidence in recent years but it felt a good place to be and I did feel more confident [P10, 3F]. More generally, participants described feeling "a lot more cheerful than I was" [P4], "I felt happy being in the museum" [P1, passport] and "I wanted to learn more" [P3, passport]. Others described how they might have felt if they had not been, highlighting an emotional shift, "I would've felt a bit low and unloved" [P10].

#### 4.3.3. Health

Part of the personal journey created by the program was how people spoke about physical and mental health. Many participants either

talked about their limitations, "I can't do volunteer work in my condition" [P2] and "I can't stand as much as I used to and exhibitions you need to stand for a long time" [P1], or in contrast played down their problems, "I'm fairly mobile, a few aches and groans but I manage most things" [P6]. Yet, people chose to take part regardless, "I suffer badly from depression but I saw this advertised and it sounded like the sort of thing that would interest me." [P7]. Another person described how she struggled to go sometimes, but the benefit outweighed this struggle, "There was a couple of times when I really felt 'oh dear' and I wasn't feeling up to it but it spurred me on to come, because of what I was going to get out of it and I would far rather do that than take tablets" [P9]. These responses highlight the accessibility and inclusivity of museum programs for those with health limitations and the motivational influence it had in creating an alternative to an illness narrative. Moreover, the learning and mental stimulation provided feedback for participants that they were cognitively able, despite being concerned about decline. This increased self-confidence and alleviated anxiety, "I loved the talks but was concerned about retention of the information, but now when I'm talking about it I think I have got more retention" [P7]. For those with physical limitations, the accessibility of the museum reduced feelings of having these limitations. People left their homes and became more active: "I think it's walking about, getting there, the journey as a way of keeping healthy, exercising, doing stairs. And it's good for your body, good for your muscles, your tendons" (P18); "It forced me out of the flat once a week by making me do some walking" (P19); "Well, anything that arouses interest anything that gives you cause to want to do something, even if you're just moving about (*chuckles*), is a good thing for health" (P20).

#### 4.3.4. Expectation

As part of their individual journey, participants described their initial reaction when the program was suggested to them, "I thought it was 10 weeks geology which I was interested in and they said it's not… but if you turn up they might allow you to join in, so I turned up" [P7] and "I wasn't clear about the nature of the project but I was interested in it anyway, I'm not sure I ever quite understood the purpose but, I enjoyed everything very much" [P5]. These expectations may have influenced their experiences and levels of participation. For example, one person expected the main focus to be visiting a museum and learning but was pleased that socializing was valued, "I really like learning, and often do it alone but this program combines the two and that was not something I was sure about, but it really worked." [P4, F]. This may have limited the extent to which this participant engaged in the social component of the group.

People could either have been passive or active group members and this is likely to be influenced by individual characteristics, social context and expectations. Being shy or anxious about socializing, one factor in social isolation, or skeptical, might lead someone to hold back and not engage more fully. Conversely, participants who were keen to connect with new people saw the programs as an opportunity and resource to do so.

### 4.4. Relational processes

The programs were aimed at people who were socially isolated and as such, the extent to which museums create opportunities for social interactions and relationship building is pivotal. One of the contributing factors to social isolation, however, appeared to be how participants judged others prior to attending; this is a complicated psychosocial phenomenon that was challenging for facilitators to address. Relational processes within museum programs can be facilitated through a range of activities including, for example, participatory arts (Rose and Lonsdale, 2016), object handling (Solway et al., 2016b), storytelling and reading (Chatterjee et al., 2017) and curatorial opportunities (Roberts et al., 2011).

#### 4.4.1. Judging others

For some, this had a protective element that allowed people to engage without pressure to like everyone or to be liked. Judging others negatively motivated them to do something different, ensuring that they were not the same, "I think a lot of it is when they retire, they've got no other interests, they've never developed any other interests apart from work and then they retire and they find they can't find any" [P6]. This is also highlighted by a participant who positioned themselves as different, "[name] said she couldn't come because she didn't feel up to it and I thought, if you make the effort to go, it's going to lift you…it's a little bit sad when they don't [P9]. The programs enabled people to create a more positive narrative about themselves and judging others positively enabled connection more easily, "They all had enquiring minds it seemed, they were interesting people" [P10, F] and "They all seemed friendly and alright to talk to" [P2]. There was a sense that the groups fostered social connections and shared common experiences, likely to have been influenced by an individual's outlook and judgement of others.

#### 4.4.2. Influence

The actions or behaviors of other people, rather than judgements about them, facilitated positive relational processes. For example, hearing other people's experiences enriched their own experience, "It was interesting because everybody had a different point of view and a different history so it added variety to the experience [P10]. Other people's influence also created a sense of interest and connection, seen in one example of someone making tea, "We all loved tea, we were all touched, because if you live on your own, somebody to make a cup of tea for you is really nice" [P7]. Another participant described a relational process as a shared focus, "I think everybody seemed to get involved in whatever project they were on. Nobody sat back… I think everybody joined in" [P6]. The influence of the staff on the relational process was also highlighted, "The fact that the facilitator took more or less low profile role when we were together talking, was good" [P1]. As discussed earlier, the museum programs operated within a social context, enabling change, through both an individual journey and relational processes. This interacted with the social context, creating opportunities for change in both wellbeing and social isolation. Complexities of this process include individual characteristics, previous experiences, current stressors such as caring responsibilities, loss and health difficulties.

## 5. Discussion

This study conceptualized how museum programs created opportunities for wellbeing and social inclusion in older people, by illustrating the complex interactions between individual and social processes. For museums to meaningfully support socially isolated older people, and to offer programs that can usefully be part of local public health strategies, the museum as a social place of interaction involving people *and* objects, needs to be considered. For the infrequent or non-museum goer, museums can initially be experienced as physically intimidating or seen as places for only the highly-educated; these perspectives create barriers for everyone, but perhaps more so for socially isolated people. The museums in this study sought to address these issues by providing more than a one-time experience through offering 10-week programs, which are rare if non-existent across the sector. Along with considerations for place and length of time, the role of the facilitator as museum expert *and* as a socially engaging and welcoming person, was seen to be essential. Relational processes occur in all groups, but groups that meet over time will develop different dynamics and interactions that can both help or hinder social interaction. Facilitator training needs to take this into consideration if museums plan to offer programs that address substantive social and health issues. Although designed as an activity for a group of people, there are both individual journeys and social engagement factors that

should be considered in program development. These may also differ for men and women (Milligan et al., 2015). For the socially isolated person, particularly if feelings of isolation have been present over a number of years, quickly acclimating to a new group can be challenging if not disturbing. This study identified the importance for facilitators to consider individual experiences as well as group ones, and to plan for a range of activities that involve observation, discussion, creative participation as well as time to interact in pairs and sub-groups.

### 5.1. Theoretical considerations

Research suggests that wellbeing is enhanced by a sense of belonging and being part of a community and that older age can limit opportunities for participating in social networks (Riger and Lavrakas, 1981). Self-esteem and opportunities for self-validation can also be reduced in older age (Orth et al., 2010). Emotional and behavioral components of attachment theory suggest that values and social attachments are as important as physical contacts (Riger and Lavrakas, 1981). Education can increase cultural exposure and connect with values, thus improving self-esteem (Krause, 1995). In this regard, museums are well placed to offer access to learning opportunities and chances for people to evaluate their relational values (Orth et al., 2010). These findings lend further understanding to other studies involving older adults which have shown that museum-led programs improve psychological wellbeing, provide opportunities for meaning making and exploration of identity, provide meaningful social interactions and new learning experiences (Solway et al., 2016a; Thomson and Chatterjee, 2015b).

The social and relational aspects that emerged in the current study were important both in terms of self-esteem, wellbeing and social resources. Drawing on Rowe and Kahn's (1997) work on "successful aging", which identified active engagement with life as "having two major elements: maintenance of social relations and productive activities" (p. 437), longer term museum-based programs, such as those presented here, contain the possibility of helping to develop and maintain social relations through active engagement in learning and creativity. Likewise, Cho et al. (2015), found that "social resources had a pivotal influence on positive affect among oldest-old adults" (p. 140); more so than previous life experiences. Longer term museum programs, such as those employed in the current study, can contribute to initiating and developing friendships. For many people, a process of social pruning begins in mid-life, creating smaller and more intimate networks that are beneficial to mental health (Charles and Carstensen, 2010). Yet when those networks are disrupted by loss, disability or illness, social isolation becomes a worrisome risk. This might explain the reluctance of some participants to create relationships on the museum program. Moreover, as a way to protect their wellbeing, many older people are more influenced by moral character than abilities when judging new people. They are also likely to avoid negative interactions, instead preferring positive stimuli (Hess, 2005). In this current study, the process of judging others and the value placed on the risk of forming relationships, held some participants back from connecting with new people. However, for those who felt the museum program provided a new or missing social resource that was personally and emotionally meaningful, relationships created in this context were more likely to be experienced as valued, along with the physical place of the museum.

Wellbeing theories also incorporate many of the concepts discussed here and the grounded theory developed in the current study provides support for these (e.g. Aked et al., 2008; Camic et al., 2017a). For example, the various program components enabled learning, connection, activity, opportunities to engage with others, and shared experiences to occur. What also emerged from the temporal nature of the program was the building of relationships and group cohesion over 10 weeks, along with a growing familiarity with the physical space and the program's structure. Weekly passport data confirmed this development and highlighted an increasing and positive familiarity with the group, program and museum environment. Similarly, by utilizing follow-up interviews there was a sense participants reflected on their experiences and consolidated their experiences and learning, often by sharing the knowledge with others; this also provided information about contact between participants, and how the museum experience enabled subsequent connections and activities elsewhere over time.

### 5.2. Community practice

With an ageing population and reduced funding for health care, public health is increasingly being utilized to provide interventions that focus on prevention of poor health and enhancing wellbeing. This focus on prevention offers new opportunities for social and health care organizations to work with colleagues from museums, as well as health commissioning groups, in shaping new programs. With the link between wellbeing, social inclusion and physical health being widely accepted, this research makes a contribution by identifying *how* such schemes are beneficial. By understanding the processes that are operating, interventions and programs can be tailored and offered in a cost-effective and targeted manner. For example, building new relationships and connections that might endure beyond the intervention involves a complex process influenced by individual characteristics and previous experiences (Age UK, 2015). Recognizing these complexities in planning future programs would provide information about how the sessions could be structured, bearing in mind the individual differences of group members.

### 5.3. Implications for future research

The extent to which interventions in later life can affect earlier life experiences, patterns of attachment, experiences of emotion, and physical health difficulties, is of course limited. Perhaps social programs such as those in museums will initially appeal to people with a stronger sense of self and existing social networks. Moreover, with an older population, a plethora of individual life stories, characteristics and experiences of attachment and loss, are all important factors that future research could consider, particularly in how these factors interact with the components of the program development. Similarly, the current participant pool was drawn predominantly from organizations that work mostly in group formats and harder to reach participants might also include those who do not readily engage in groups or organized activities.

### 5.4. Limitations

There were differences between the information some participants gave in their initial interviews and the data they provided in their passports. This might be explained by the process of emotionally laden episodic memory (Hamann, 2001), where memories associated with stronger emotions can impact the ability to reflect on, and connect to, subjective experiences. It might also explain some of the differences between reports in later interviews, and how it was reported in passports, completed after each session. For example, one participant was mostly positive in her passport feedback but in the interview, was more negative, particularly about other participants. The background and previous experiences of participants could also have impacted various aspects of the analysis. For example, expectations and previous experiences of education and learning may have contributed to differences in museum experiences. Similarly, those who had experience in groups might have a template or expectation for what might happen, how they should interact, and how others should behave. Limited information was collected about previous experiences of groups; having this data would be important for future studies.

## 6. Conclusion

This study aimed to explore how museum programs created opportunities for social inclusion and wellbeing in socially isolated older people. Using grounded theory analysis, the proposed model identifies elements of museum programs that created opportunities for change, such as providing more intense social experiences (Cho et al., 2015) that are novel, over a longer period of time; role of the facilitator; activities involving interesting and unusual objects; and physical space. These elements created both an individual journey that influenced emotion, health, activity levels, expectations, how participants presented themselves, and relational processes of judging and influencing others. The model links to psychological concepts of self-esteem and wellbeing, to build an understanding of individual characteristics and life experiences that constitute important factors in community-based later-life social interventions.

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## Conflict of interest

None

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