WHAT IS THE EXTENT AND VALUE OF REMINISCENCE WORK IN PUBLIC LIBRARIES, AND WHAT ARE THE POSSIBILITIES REGARDING COLLABORATION WITH ARCHIVES, MUSEUMS AND THE HEALTH AND CARE SECTORS IN THIS AREA?

A study submitted in partial fulfilment

of the requirements for the degree of

Master of Arts in Librarianship

at

THE UNIVERSITY OF SHEFFIELD

by

CARLA LAUGHTON

September 2010

Acknowledgements

Butler (1963: 75) on memory:

> It serves the sense of self and its continuity; it entertains us; it shames us; it pains us. Memory can tell us our origins; it can be explanatory and it can deceive. Presumably it can lend itself toward cure. The recovery of memories, the making the unconscious conscious, is generally regarded as one of the basic ingredients of the curative process. It is a step in the occurrence of change.

Abstract

Background. Many libraries offer health and well-being provision, and some offer reminiscence services. Reminiscence in general is discussed within the literature, particularly in fields such as nursing and psychology. There is less information regarding reminiscence work in libraries. Related areas include reminiscence therapy and oral history. Reminiscence work encompasses a range of activities. Collaboration in general is explored. Partnerships in the area of reminiscence work have received little attention within the literature.

Aims. The aim was to explore the extent and value of reminiscence work in public libraries, and the nature of collaboration with other organisations in this area.

Methods. A mixed methods approach was adopted. Literature was reviewed. A questionnaire was distributed electronically to all UK library services. Fifty-five individuals from forty-six library services returned a completed questionnaire. Three email and three face-to-face interviews were conducted. Qualitative content analysis and simple descriptive statistics were used during analysis. The emphasis is on the qualitative data; statistics have a supportive role.

Results. Thirty-nine (out of the forty-six) library services had engaged in reminiscence work. Fifty-one respondents felt there were barriers to providing reminiscence services. Barriers included lack of resources and limited expertise. Forty-six respondents felt libraries should undertake reminiscence work; fifty-three perceived its value- in terms of social, health or historical benefits. Thirty-four services had worked with partners, mainly museums, archives, residential homes and day centres. Respondents noted that there were advantages and disadvantages in collaborating.

Conclusion Health and well-being provision in libraries is increasing. Reminiscence work, reminiscence therapy and oral history overlapped within definitions. Reminiscence services vary; sessions and collections are provided most often. Collaboration can help libraries to overcome barriers. Reminiscence work can have positive and negative effects. The study is limited as only a small number of

interviews were conducted. Further research could explore reminiscence work from the perspective of other sectors.

Contents

1. Introduction

1.1 Reminiscence work in theory

The definition of reminiscence itself has been generally consistent. Mosher-Ashley and Barrett (1997: 93) define reminiscence as "the recalling or remembering of past events, experiences, people, and places." Defining reminiscence work is more complex, due to the various activities that can be considered to be reminiscence work. Reminiscence work can be conducted at varying levels of intensity, from work done in a hospital setting, to more informal work, which has social as well as potentially therapeutic outcomes. Reminiscence work and reminiscence therapy are often used interchangeably. Reminiscence therapy, and related interventions such as "life review" (Coleman, 1994; 14) are largely grounded in the fields of medicine and psychology. This is how the concept of reminiscence therapy will be perceived and utilised within this research. The phrase reminiscence work will relate to work that has social and recreational aims, as well as potential therapeutic outcomes. A type of reminiscence with a social emphasis is "simple reminiscence" (Plastow, 2006: 217). Plastow (2006: 217) indicates that "simple reminiscence...focuses on socialization". Libraries are not confined to facilitating either reminiscence therapy, or more social-recreational, or "simple" (Plastow, 2006: 217) reminiscence work. Mosher-Ashley and Barrett (1997) link reminiscence therapy to oral history. Library staff may use existing terms interchangeably, or devise their own taxonomy. Overall, reminiscence may positively affect the health and well-being of participants; "depression" and feelings of "loneliness" may decrease (Chiang et al. (2010: 387). Levels of "self-esteem" (O'Leary and Barry, 2008: 160) and feelings of self-worth (Forrest, 1990) may increase as a result of group reminiscence work or therapy.

1.2 Aim and objectives

The aim of the research is to explore the extent and value of reminiscence work in public libraries, and the nature of collaboration with other organisations in this area.

The following objectives were formulated:

- To survey public library services in order to establish the awareness, value and scope (including activities) of reminiscence work in taking place in public libraries.

- To carry out a series of in-depth interviews with public library staff, in order to identify staff perceptions of reminiscence work, including awareness and scope.

- To discover whether cross-domain collaboration and partnership is taking place, the potential for this type of work, and the practical implications involved.

- To indicate best practice, and make recommendations for libraries.

Within the objectives, 'awareness' relates to how research participants understand and define reminiscence work. 'Value' is used in an abstract sense, as opposed to value demonstrated through statistical information. An approximation of how 'value' will be used in this research, is the OED definition "the importance or usefulness of something" (Oxford English Dictionary, 2002: 931). The term 'scope', refers to the extent and type of reminiscence work- the number of library services which undertake reminiscence work, and what is included within this work.

The aim of this chapter is to highlight key areas, for example, reminiscence work, health and well-being, the needs of older adults and collaboration, in relation to public libraries. Chapter two consists of a literature review, which presents aspects of reminiscence work in general, its place in libraries, and aspects of collaboration. Chapter three will outline the methodology. The integrated analysis and discussion, a summary of the findings, and a discussion of best practice and recommendations, will be presented in chapter four. Chapter five includes the conclusion.

1.3 Reminiscence work in practice: public libraries

Reminiscence therapy is a treatment used outside the library setting with elderly people who have problems with their memory, and those suffering from illnesses such as Alzheimer's disease or dementia (Gibson, 1994). Reminiscence work is undertaken to varying degrees in some libraries. In 2004, a study was conducted in which a survey assessing home library services was sent to all UK public libraries (Ryder et al. 2004), and it was found that:

> A reminiscence service is provided by 37% of respondents. Of those that do supply this 85% provide library materials and 35% arrange visits. Of those that do not, 3% have plans to and 2% used to provide it.

Although the survey was not published recently, the quantitative data still provides an insight into the extent and scope of reminiscence work in the past. Reminiscence services are currently provided by some libraries. Chesterfield Library, for example, has a "collection of materials including books, quiz books and picture cards to help with reminiscence therapy" (Derbyshire Libraries: 2010). Kirklees libraries, who have an established bibliotherapy programme, have undertaken reminiscence work with patients suffering from memory loss within local hospitals (Duffy, 2007).

Moreover, reminiscence work conducted by public library services can have an intergenerational aspect, bringing different generations together. Intergenerational reminiscence is often a learning experience for children and young people. A project which recently won the MLA "Intergenerational Learning Award", revolved around knitting lessons where "elderly carers...shared their wartime reminiscences" with children (*Library and Information Update, 2010*). Reminiscence work undertaken by Bexley archives, libraries and a museum (*Archives for the 21st Century- England: consultation draft, 2009*), saw World War Two evacuees meet with school children, with whom they shared their memories. The reminiscence work was cathartic and had a therapeutic outcome for the former evacuees. Whilst reminiscence work does tend to be undertaken with older people (Coleman, 1994), other groups, for example, adults with learning difficulties (Atkinson, 1994), and refugees (Ulvik, 2010) may also benefit. Though this research will focus on reminiscence work undertaken with

older adults, other groups will be considered. Ulvik (2010: 155) suggests that public libraries have the potential to be "a vital part of a local community". Engaging in reminiscence work may contribute to a library being able to fulfil this potential. Within a previous dissertation, Boxall (1992), presented a case study of reminiscence work undertaken at Sheffield Libraries, and suggested that reminiscence work would become more important (Boxall, 1992) in the future, as libraries would be required to engage with an increasingly aging population.

1.4 Collaboration and partnerships

Public libraries work with partners in the health sector to deliver health and well-being services. An established initiative is the Books on Prescription scheme, as documented in the MLA report *Public library activity in the areas of health and well-being* (Hicks et al, 2010). Here, libraries collaborate with health professionals in order to deliver self-help bibliotherapy (Turner, 2008; Robertson et al., 2008; Brewster, 2009). Armistead and Pettigrew (2004) define a partnership as being a "...cross-organizational group working together towards common goals which would be extremely difficult, if not impossible, to achieve if tackled alone." Partnership working can help libraries to overcome barriers, such as lack of resources, which may prevent libraries from offering reminiscence services. Collaboration can be external- for example, with museums- or internal, as well as formal or informal. Obvious partners for libraries undertaking reminiscence work are the health and care and heritage sectors. Patients or residents may benefit from reminiscence work carried out as part of outreach work. There can also be disadvantages when working with partners. Partnerships may cease to work effectively if aims and outcomes are not clear and agreed upon (Huxham & Vangen, 2004: 191). Thus, whilst collaboration is an option, it should be recognised that this is a complex way of working in practice (Huxham & Vangen, 2004).

1.5 Health and well-being in libraries

Hayes and Morris (2005: 137) assert that "Public libraries, in their provision of leisure opportunities, help to promote well-being". The health and well-being agenda in libraries stretches beyond this, and is becoming an established element of the

services. However, a recent MLA report *Public library activity in the areas of health and well-being* (Hicks et al, 2010: 10) suggests that the extent and range of health and well-being services varied between libraries, and that "the invisibility of the current library health and well-being offer" was apparent. Nevertheless, the report demonstrates the potential for libraries to engage with health and well-being, and to collaborate with the health sector (Hicks et al, 2010). The findings from the report are mirrored at a local level. Discussing a programme of reminiscence activities facilitated by Leeds library service, Kobzeva (2010: 6) asserts that public libraries "are well-placed to contribute to a whole range of social and health-related national targets." More specifically, bibliotherapy services in public libraries are indicative of the role that libraries can have in promoting and delivering health and well-being services. Bibliotherapy connects the traditional library offer- the provision of information, books and reading advice- with the tackling of health and well-being issues. Brewster (2008: 116) asserts that "schemes have a therapeutic aim". Similarly, reminiscence work sees a convergence of traditional library skills- including collection management and local studies work- with health and well-being provision.

1.6 Meeting the needs of an aging population

Public library services within the UK are currently serving an increasingly ageing population (Office For National Statistics, 2010):

> ...the population aged 65 and over increased from 15 per cent in 1983 to 16 per cent in 2008, an increase of 1.5 million...The fastest population increase has been in the number of those aged 85 and over...

Public libraries, in common with other organisations, will need to engage with this group. This is not necessarily an easy task. As Bundy (2005: 158) indicates when discussing services for older people within Australian libraries, there is no standard definition or description of who an older person is, or what they are like. The World Health Organization highlights the difficulty in defining an older person, asserting that "calendar age" and "biological age" do not always match. However, it is indicated that "Most developed countries have accepted the chronological age of 65

years as a definition of 'elderly' or older person..." (WHO, 2010). Bundy (2005: 166) suggests that public libraries can potentially have a lot to offer older adults:

> ...a public library properly resourced...is the community resource best able...to contribute to the overall quality of life, wellbeing, social connection and independent living of older adults

Although Bundy's (2005: 166) refers to Australian libraries, this may also be applied to UK public libraries. Sloan (2009) also suggests that libraries are well-placed to improve the health and well-being of older people. The author indicates that the "baby boomers"- a large group- are now reaching old age (Sloan, 2009: 48). This suggests that engaging with older adults should be a key consideration. As well as suggesting that libraries need to provide services aimed at older people, Sloan (2009) highlights the need for libraries to consider the idea that older people can contribute to library services, for example, by undertaking voluntary work.

Within a MLA report *New Directions in Social Policy: Health Policy for Museums, Libraries and Archives* (Weisen, 2004), aspects of aging are presented. The effects of age on health and well-being are noted: "A number of chronic and generative ill health conditions are age related and affect e.g. mobility, dexterity, eye sight, hearing and memory" (Weisen, 2004: 4). However, also noted are the negative stereotypes, for example, the view that older people are "passive" (Weisen, 2004: 5). The report encourages museums, libraries and archives- "memory institutions"- to consider how they can help older people to manage health-related conditions (Weisen, 2004: 4). The ways in which libraries can support people with conditions such as dementia, are increasingly becoming a part of the library health and well-being agenda. In 2007, IFLA published *Guidelines for Library Services to Persons with Dementia*. The document outlines the need for libraries to provide services for people with dementia, and the role that libraries can have in providing material- including reminiscence material- for this group.

1.7 Summary

Reminiscence work may be undertaken within different sectors, including libraries, and collaboration can occur across sectors. Whilst there are themes which are common to all variations of reminiscence work, distinctions can be made. The main difference is between reminiscence work in general, which has largely social, recreational or oral history based aims, and reminiscence therapy, which is often carried out in medical settings. This is not to say that there is no overlap; reminiscence work can have therapeutic outcomes, and reminiscence therapy may lead to social benefits. Library reminiscence work is set amongst the overarching context services relating to health and well-being and for older adults.

2. Literature review

2.1 Introduction

The concepts of reminiscence and memory have been studied across a wide range of disciplines, such as health, social care, psychology, linguistics, literature and, as Coleman (1994: 8) points out, "the psychology of memory and social anthropology". Reminiscence work and therapy have in turn been studied across disciplines, such as those noted above, as well as library and information science. As well as being undertaken in health and care settings, reminiscence work has been carried out by public libraries, archives, local studies, museums as well as the wider arts and education sectors. There are cases of collaboration across these different sectors, and this appears to be a viable way of providing reminiscence services. Reminiscence tends to be used mainly with elderly people. However, there is also evidence that other groups, such as immigrants (Ulvik, 2010), school children (*Archives for the 21st Century- England: consultation draft.*) and "people with learning difficulties" (Atkinson, 1994: 103) have participated in reminiscence work.

The terms "reminiscence therapy" (Mosher-Ashley and Barrett, 1997: 93) and "reminiscence work" (Gibson, 1994: 47) are often used interchangeably. Reminiscence work may be undertaken at various levels of intensity. Reminiscence may be used as a medical treatment or to support the memory in conditions such as dementia (Gibson, 1994). Research regarding this type of reminiscence work is grounded in medicine and psychology. Literature on the topic of reminiscence therapy is largely published within these and fields. On the other hand, reminiscence-based activities can be used with people without medical conditions. In relation to this form of reminiscence, Plastow (2006: 217) uses the term "simple reminiscence". Whilst not being a direct intervention for memory loss, therapeutic outcomes may also be realised. Reminiscence can have a positive effect on health and well-being (Chiang et al. 2010). Related terms include life-review (Butler, 1963) and "life-history" (Coleman, 1994: 10), 'life-story' (Coleman, 1994: 8) and "oral history" (Mosher-Ashley and Barrett, 1997: 115). Definitions can overlap. To gain a comprehensive understanding of reminiscence work in theory and in practice, literature from a wide range of fields, including nursing, psychology and social care

is reviewed. Examples of library reminiscence work will be identified from research and library websites, highlighting scope and extent. Value of is highlighted through the consideration of the benefits of reminiscence work.

2.2. Health and well-being in public libraries

The library health and well-being agenda has become increasingly evident. The report *Health and well-being activity in public libraries* (Hicks et al, 2010) presents findings from a survey of the work undertaken in this area, highlighting initiatives and collaboration. One health and well-being related service which has become established in many libraries, as noted by the report is that of bibliotherapy (Hicks, et al). Brewster (2008: 115) asserts that bibliotherapy is "an umbrella term for a number of related ideas for using books to help people with mental and physical health problems". Thus, the traditional library provision of literature and information is merged with aspects of health and well-being. Brewster (2009: 13) noted that "day to day library work including outreach, homebound services and reader development all contribute to the mental wellbeing of service users." More specifically, the bibliotherapy service "Books on Prescription", for example, involves collaboration with the health sector (Turner, 2008; Robertson et al., 2008; Brewster, 2009). Turner et al. (2008: 220) describe a Books on Prescription based scheme "HR-EL" ("Healthy Reading East Lothian"). The scheme involved a partnership between the library and health sectors, benefits for library staff include "external funding" and contact with other organisations (Turner et al., 2008: 225). Overall, the library health and well-being library agenda is still developing, but schemes which have become established, such as Books on Prescription (Turner, 2008; Robertson et al., 2008; Brewster, 2009) demonstrate how libraries can meet the health and well-being needs of the community.

2.3 Reminiscence defined

Writers have attempted to define reminiscence for many years. Krell (1990:13) looks at the meaning of reminiscence from both a grammatical and etymological perspective. Krell (1990: 13) draws on Aristotle's perception that reminiscence is active, and can triggers interconnected memories, asserting that "...recollection or

reminiscence is *being reminded; it involves one thing putting us in mind of another.*"
Krell (1990: 13) also considers the fact that ""Recollection" or "reminiscence"...is
the passive form of the verb "to remind"". Thus, although initially, defining
reminiscence appears to be straightforward, Krell (1990) demonstrates the
complexity of the concept. Both Krell's and Aristotle's views (Krell 1990) indicate
the fluid nature of reminiscence. Mosher-Ashley and Barrett (1997: 93) outline
reminiscence as "the recalling or remembering of past events, experiences, people,
and places." Though on the surface this definition appears to be less complex, like
Krell's (1990) explanation, it gives the sense that reminiscence is an active process.
Although none of these texts were published recently, the core definitions of
reminiscence have seen little variation. More recently, Westerhof et al. (2010: 699)
also emphasise the mode of recalling memories during reminiscence: "Reminiscence
is the volitional or non-volitional act or process of recollecting memories of one's
self in the past." Further to this, Cappeliez et al. (2008: 266), again emphasise the
aspect of recall, and suggest that the elicitation of memories can be spontaneous.

2.3.1 Types of reminiscence

Wrye and Churilla (1977: 98) state that:

> Reminiscence...may take a number of forms, formal and informal...It may
> range from the relatively random and haphazard flashes of unbidden memory
> to a structured process.

It is evident within the literature that reminiscence may be broken down further
into types. Wong and Watt (1991), for example, based on their own research and
the existing body of research on the topic of reminiscence, devised a "taxonomy"
(Wong and Watt, 1991) for reminiscence. The types of reminiscence are
categorised by function (Wong and Watt, 1991), and are outlined in table 1:

Table 1: Types of reminiscence, Wong and Watt (1991)

Type of reminiscence	Description
Integrative reminiscence	Involves the individual reviewing life through memories, finding meaning in experiences and value as a person
Instrumental reminiscence	Involves looking to past experiences in order to solve problems and for support in the present
Transmissive reminiscence	Has an educational element; memories provide information of past times
Escapist reminiscence	Involves remembering past times and perceiving them to be better than present situations. Similar to "nostalgia" (Goulding, 1999: 189)
Obsessive reminiscence	Recollecting and thinking about negative periods
Narrative reminiscence	Based around storytelling, descriptive, may involve anecdotal evidence

Within their research Cappeliez and O'Rourke (2006: 237) and Cappeliez et al (2008), utilise categories derived from the Reminiscence Functions Scale, devised by Webster (1993), and presented in table 2:

Table 2: Types of reminiscence, highlighted by Cappeliez and O'Rourke (2006: 237), devised by Webster (1993)

Type of reminiscence	Description
Identity	Involves exploring the meaning of past experiences, in relation to the sense of self. Similar to "life review" (Stinson and Kirk, 2006), and "integrative reminiscence" (Wong and Watt, 1991)
Problem-solving	Involves learning from past experiences, using this knowledge to work through

	present problems. Similar to "instrumental reminiscence" (Wong and Watt, 1991).
Death preparation	Involves preparing for and becoming accepting of one's death. Similar to "life review" (Stinson and Kirk, 2006)
Teach-inform	Has an educational element. Memories are a vehicle for sharing knowledge. Similar to "transmissive reminiscence" (Wong and Watt, 1991), and "story-telling" (Banks-Wallace, 1998: 20).
Conversation	Has conversational and interactional properties. Social aspect is central. Similar to "narrative reminiscence" (Wong and Watt, 1991)
Bitterness revival	The remembrance of difficult times. Similar to "obsessive reminiscence" (Wong and Watt, 1991)
Boredom reduction	Memories recalled to alleviate boredom, or to "fill a void" (Cappeliez et al, 2008: 266). Tentative links with "escapist reminiscence" (Wong and Watt, 1991) and "nostalgia" (Goulding, 1999: 189)
Intimacy maintenance	Involves reminiscences relating to someone known who has left or passed away

Thus, the modes of reminiscence presented by Cappeliez and O'Rourke (2006), and Cappeliez et al (2008), share similarities with those set out by Wong and Watt (1991). The explanations of reminiscence presented in tables 1 and 2, enable identification of subtleties between the different forms of reminiscence, particularly in terms of the negative and positive outcomes of reminiscing.

2.4 What is reminiscence work?

Different writers and practitioners, influenced by the field in which they work, provide varying conceptualisations of reminiscence work. From surveying the literature, it may be suggested that from the overarching concept of reminiscence, the practice of "reminiscence work" (Gibson, 1994: 47) and a subset of this, "reminiscence therapy" (Mosher-Ashley and Barrett, 1997: 93), have developed. The definitions of the concepts are often merged, however, some authors aim to distinguish between them (Gibson, 1994), or use different terms. Plastow (2006: 218) uses the phrase "simple reminiscence" in opposition to "life review", suggesting the latter is more intensive and should be undertaken by expert health and care workers (Plastow, 2006). Gibson (1994: 47) refers to "general reminiscence work", where generic topics are discussed. This type of reminiscence work lends itself to group sessions (Gibson, 1994). In contrast, "specific reminiscence work" focuses more on the participants' "life-history" (Gibson, 1994: 47), and is effective when used with individuals. Moreover, Stinson and Kirk (2006: 209) highlight the fact that work in the area of reminiscence can be undertaken on a "structured, or unstructured, within a group, or on an individual basis".

Reminiscence work is related to, but different from traditional oral history, in that the process does not have to be formal, and memories that are produced through reminiscing are not always recorded. Ulvik (2010: 156) indicates that rather than the main purpose of reminiscence sessions being to collect memories for documentation, the main emphasis is on the "exchange" or the "sharing of memories" between participants."When also discussing a reminiscence project undertaken by library staff, Duffy (2007: 29) uses the term "reminiscence work". In contrast to the example outlined by Ulvik (2010), Duffy (2007) asserts that memories were recorded. However, the author notes that the recording of memories was not the primary aim of the project (Duffy, 2007).

Different methods can be used to engage people in both reminiscence work and therapy. Examples include, "oral history" (Mosher-Ashley and Barrett, 1997: 115; Westerhof et al. 2010: 712), storytelling (Sutton and Cheston, 1997; Westerhof et al, 2010: 712), the "guided autobiography" (Mosher-Ashley and Barrett,1997: 112) and

books, including "life story books" (Murphy and Moyes, 1997:149) or "life history books" (Plastow, 2006: 217). When defining the concept of reminiscence, Cappeliez et al (2008) note that it can be a spontaneous occurrence. However, within reminiscence work, prompts are frequently used to encourage people to reminisce and uncover memories. Ulvik (2010: 156) suggests that "Objects, music, smells, and tastes are used to recall memories from earlier life". Furthermore, Duffy (2007) highlights the use of photographs as prompts within the sessions that he facilitated. These items can collectively form reminiscence and memory kits (Mortensen and Nielsen, 2007: 10), boxes (Murphy and Moyes, 1997: 152) or collections (Kendall, 1996) Moreover, the literature demonstrates that reminiscence work- which is varied in its activities and can be adapted to suit particular needs- can thus be undertaken with different groups, regardless of age (Kendall, 1996; Westerhof et al. 2010).

2.5 Oral History

Mosher-Ashley and Barrett (1997) link oral history to reminiscence therapy, but indicate the former is not an intervention or treatment in the same way that reminiscence therapy is. The authors suggest that participants are able to engage in reminiscence, but the conventions of oral history mean that they are able to talk about past times from a less personal and more general perspective (Mosher-Ashley and Barrett (1997). In addition, Mosher-Ashley and Barrett (1997: 115) assert that "oral history can simply rely on a description of events". This is different to other activities and processes that involve reminiscence, for example, "life review" (Stinson and Kirk, 2006: 209) which leads the person reminiscing to evaluate their experiences, and "gestalt reminiscence therapy" (O'Leary and Barry, 1998: 162) which provides a learning experience and links the past life to the present. Whilst there are differences between oral history and more intense forms of reminiscence therapy, as outlined by Mosher-Ashley and Barrett (1997), oral history does appear to share similarities with "transmissive" and "narrative" (Wong and Watt, 1991) and "teach-inform" and "conversation" (Cappeliez et al., 2008: 266) reminiscence.

2.6 Reminiscence therapy

The term "reminiscence therapy" (Mosher-Ashley and Barret, 1997:93) appears in much of the literature relating to reminiscence work. In its basic form, O'Leary and Barry (1998: 159) assert that "Reminiscence therapy is primarily focused on storytelling." Reminiscence therapy is described within the literature as an "intervention" (Westerhof et al. 2010: 699; Stinson and Kirk, 2006: 209). Moreover, it is a "psychological and sociological therapeutic approach", where people share memories from their past lives, and which can be used as part of the care of elderly people with dementia related conditions (Okumura, 2008: 124-125). When discussing a reminiscence therapy programme undertaken in a hospital setting, Forrest (1990: 69) describes the work as "...a more 'intensive' form of library service". Related to reminiscence therapy, is "life review" Plastow (2006: 217) or "life story work" (Murphy and Moyes, 1997: 149), and also the "life-review process" (Westerhof et al. 2010: 698); here participants work through negative memories as well as positive memories.

2.7 The development of reminiscence work

Coleman (1994: 10) states that "People have been pondering the significance of reminiscence in old age for a long time". In terms of historical context, the use of reminiscence as a method of treatment became widely known after the publication Butler's (1963) paper *The Life Review: an interpretation of reminiscence in the aged,* as Coleman (1994) points out. Many later researchers in the area of reminiscence, for example Wrye and Churilla (1977), Wong and Watt (1991) and O'Leary and Barry (1998), refer to this work and subsequent work by Butler. Wider social and historical contexts have influenced the development of reminiscence work. To an extent attitudes to ageing have changed, becoming less negative, and this has encouraged an increase in the popularity of reminiscence work (Coleman, 1994). Having said this, the transformation of attitudes is not complete. Killick and Allan (2001:104) writing later note a "wider culture of ageism and disparagement", which they suggest can impact upon the way reminiscence is viewed. Methods of care are not static, and this has the potential to influence the direction of reminiscence work. Okumura et al.

(2008: 124) suggest that there is a growing realisation that "individual care" for people with dementia should now be the norm. As the authors indicate, reminiscence can contribute to this aim (Okumura et al. 2008).

Reminiscence work has eventually become more formalised, for example the cross-sector Reminiscence Network (Gibson, 2004) in Northern Ireland was formed in 1998. Sectors involved with the Reminiscence Network include libraries, museums, and the health and education sector, and it enables the sharing of "skills", "knowledge", "theory" and "practice in the area of reminiscence work (Gibson, 2004: 62). There are examples of formal reminiscence programmes, being undertaken within in the health and care sectors. Reminiscence work is particularly prevalent in residential care homes- such programmes are outlined by Chiang et al. (2010), Plastow (2006), and Brooker and Duce (2000)- as well as in libraries (Ulvik, 2010).

2.8 The benefits and value of reminiscence for older adults

In terms of outcomes, Mosher-Ashley and Barrett (1997: 93) suggest that "benefits range from an improved ability to cope with ageing and death to an improved self-concept." Gibson (1997: 138) suggests that reminiscence reduces levels of "stress, threat, anxiety and failure." Chiang et al (2010: 387) found that the treatment decreased levels of "depression" and "loneliness". Thus reminiscence work has a positive impact on the health and well-being of older adults, particularly "psychological well-being" (Chiang et al., 2010: 381). Plastow (2006: 217) asserts that reminiscence provides and alternative to "pharmacological" treatments. Furthermore, Mosher-Ashley and Barrett (1997: 93), when writing about the use of reminiscence therapy with depressed older adults, suggest that it may be used in conjunction with "medical treatment", as reminiscence therapy has been known to offset the "anxiety" which may be caused by traditional treatments. Pasupathi and Cartensen (2003) also suggest that the social aspects of reminiscence mean that it may be tool that older people can employ in order to manage emotions.

Bohlmeijer at al. (2009) conducted a study which explored the effect of "integrative reminiscence" (Wong and Watt, 1991; Bohlmeijer et al., 2009) on depression

suffered by older adults. Within the study, it was found that although this type of reminiscence did reduce levels of depression to an extent, it did not appear to have a great effect (Bohlmeijer et al., 2009). However, Bohlmeijer et al. (2009) did suggest that the study was limited for various reasons, for example small sample used. Wong and Watt (1991) did find both "integrative" and "instrumental" reminiscence to be related "successful aging", but asserted that it was unclear whether these types of reminiscence led to "successful aging", were a result of successful aging. Cappeliez at al. (2008: 267) suggested that there is a link between "narrative" and "integrative" reminiscence and "positive emotions". In terms of "narrative" reminiscence (Cappeliez et al., 2008), Pasupathi and Cartensen (2003) found that there was a correlation between the retelling of positive stories, and the experience of positive emotions.

Group reminiscence work has been found to be particularly beneficial for those taking part (Chiang et al. 2010; O' Leary and Barry, 1998). Whilst the activities within reminiscence work are beneficial, the interaction between participants is beneficial in itself (O'Leary and Barry, 1998; Plastow, 2006). Reflecting on a hospital reminiscence programme, Forrest (1990) highlights a two-fold benefit of reminiscence. In the first instance, older people become aware of the value of their memories and thus their lives (Forrest, 1990). Moreover, participants may be able to support others by sharing their experiences (Forrest, 1990). This is similar to "transmissive" (Wong and Wong, 1991) and "teach-inform" (Cappeliez et al., 2008: 266) reminiscence. Moreover, Killick and Allan (2001:104) and Wrye and Churilla (1977) suggest reminiscence work is also beneficial for the listener. Participation in such activities gives older people the opportunity to "develop a new awareness and knowledge of each other" as well as providing them with a sense of "belonging" (O'Leary and Barry, 1998: 160). The authors state that participation in reminiscence groups provide older adults with an increase in levels of "self-esteem" (O'Leary and Barry, 2008: 160).

2.8.1 The benefits and value of reminiscence for people with memory loss

People suffering with dementia tend to remember past events and experiences with greater ease than they do present happenings (Coleman, 1994: 11; Gibson, 1994: 47; Okumura, 2008: 129). However, Butler (1963: 73) proposes that this perception may not be accurate; rather it could signal a person's desire not to think about their present situation. Brooker and Duce (2000) suggest that reminiscence therapy is suitable for those in the earlier stages of dementia. The authors suggest that whilst learning would be difficult, it is possible that some "memories are still accessible" (Brooker and Duce, 2000: 354). Whichever view holds true, or whether it is a combination, the idea that reminiscence links the "past and present" (Gibson, 1997: 137) is still pertinent. The maintenance of this link has been further highlighted by Gibson (1997: 134):

> Using knowledge of a person's past to hold them in present relationships is one of several creative means which can be used to maintain warm caring mutual relationships and stave off encroaching frightening retreat into isolation.

The IFLA document *Guidelines for Library Services to Persons with Dementia* (Mortensen & Nielsen, 2007) presents examples of how library material may be used to support and engage people who are suffering from dementia. One example is the provision of themed "reminiscence kits", which can be used to prompt memories and provoke interaction (Mortensen & Nielsen, 2007). Sutton and Cheston (1997) indicate that story-telling, which is an element of reminiscence, may help a person with dementia to understand the world around them.

Brooker and Duce (2000) suggest that reminiscence therapy can encourage people with dementia to reflect on positive memories and in turn see the value in themselves and their lives. Killick and Allan (2001: 104) also suggest that reminiscence work can also improve levels of "self-esteem" and may contribute to the maintenance of a person's "sense of identity" (Killick and Allan, 2001: 215). As group reminiscence work is beneficial for older adults in general, it can also benefit those with conditions that cause memory loss, as Duffy (2007) indicates. Duffy (2007: 29) suggests that the

hospital-based reminiscence sessions provided a vehicle through which patients were able to "manage" their illness. Brooker and Duce (2000) note the social benefits of reminiscence therapy, in that it can promote interaction between participants, as well as the "inclusive" nature of reminiscence therapy (Brooker and Duce, 2000: 359). Okumura et al. (2008: 131) found that reminiscence therapy also had a positive effect on the communicative ability; participants began to use "non-verbal communication more", and were able to recall words with greater ease.

2.8.2 The benefits and value of reminiscence for other groups

Reminiscence is an inclusive activity (Brooker and Duce, 2000); Westerhof et al. (2010: 699) suggest it is a "naturally occurring phenomenon" that "happens to us all in our everyday lives". Reminiscence work and therapy can be undertaken with different groups, regardless of age (Kendall, 1996; Westerhof et al. 2010), background, whether a person has a medical condition or not. Within Torshov library, Oslo, reminiscence or "memory work" (Ulvik, 2010: 156) is designed to help immigrants maintain connections with their home country, to integrate into their new community and develop language skills. The group aspect of the reminiscence sessions is also beneficial in terms of social interaction and in developing a sense of belonging (Ulvik, 2010). The author suggests that reminiscence work can lead to an improvement in "quality of life" Ulvik (2010: 156). Reminiscence work undertaken with immigrants is not documented in the earlier literature to a great extent, indicating that it is a more recent development.

Reminiscence work can be intergenerational, for example, schools can become involved in reminiscence work (*Archives for the 21ˢᵗ Century- England: consultation draft.* 2009). Within one such project, collaboration between the "library, archive and museum services of Bexley Council" enabled provided school children and older adults with the opportunity to meet and discuss the older adults' experiences as wartime evacuees (*Archives for the 21ˢᵗ Century- England: consultation draft,* 2009: 15). The project promoted the library, museum, and archives, it was a learning experience for school children and it was cathartic for the former evacuees. Another example of intergenerational reminiscence work was a project in Liverpool, which saw older adults sharing memories with children teaching knitting skills (*Library and*

Information Update, 2010: 10). Whilst in practice intergenerational work is being undertaken in libraries, museums and archives, there is little attention being paid to the topic within the academic literature.

2.9 The negatives aspects of reminiscence

There are potential disadvantages of reminiscence. There is a risk of disproportionately focussing on a participant's past life, rather than the person they are in the present (Killick and Allan, 2001). Killick and Allan (2001) suggest that high expectation and value placed on the act of remembering can place excessive pressure on the participant. Also, reminiscing can awaken negative memories (Schweitzer, 1994), which can cause psychological harm (Ulvik, 2010). Killick and Allan, 2001) affirm that there are things that participants may not want to remember. Mosher-Ashley and Barrett (1997:100) indicate that it has been noted that reminiscing may cause depression. In terms of discussion topics, the authors suggest that those who are not trained in "psychotherapy" should be "cautious" (Mosher-Ashley and Barrett, 1997: 100). They also suggest reminiscence therapy "could lead to increased suspiciousness and guarded behaviour on the part of participants" (Mosher-Ashley and Barrett, 1997: 100). Wong and Watt (1991) draw attention to negative aspects of reminiscence in their conceptualisation of "obsessive reminiscence", in which a person repeatedly draws on negative memories or experiences. This tendency to focus on negative memories is also noted by Cappeliez et al. (2008: 266-267), who use the term "bitterness revival" to describe this type of reminiscence.

2.10 Reminiscence work in public libraries: extent and scope

Reminiscence work has been offered as a service in public libraries in past decades. Boxall (1992) presented a case study of a reminiscence service that was established at Sheffield libraries in 1989. Writing in 1996, on the topic of "Public library services for older adults", Kendal also highlights library reminiscence services. Ulvik (2010) presents a recent example of reminiscence work being undertaken with immigrants in an Oslo public library. Evidence of current library reminiscence services tend to appear on library, or local authority websites, rather than within the

academic or professional literature and research. Examples from websites are outlined in table 3:

Table 3: Library reminiscence services- examples

Library service	Reminiscence services provided
Derbyshire Libraries	Collection, including: "books, quiz books, picture cards" (Derbyshire Libraries, 2010)
Hampshire Libraries	"Catalogue", collection including: "videos, slides, posters, games, quizzes, postcards, music, jigsaws, photographs, talking tapes, books" (Hampshire Libraries, 2010)
Bedfordshire Libraries	Collection, including: "poems, local history material, quizzes, film and music, photograph, postcards, scent box; reminiscence boxes" (Bedfordshire Libraries, 2010)
East Sussex County Council Library Service	"Reminiscence boxes" incorporating "books, music, posters, photographs, postcards and artefacts" (East Sussex County Council Library Service, 2010)
Rochdale Libraries	"Reminiscence packs" incorporating "photographs, memorabilia" relating to themes (Rochdale Libraries, 2010)
Northumberland Libraries	"Memory Box Service", with boxes relating to themes (Northumberland Libraries, 2010)

This selection of examples demonstrates the services offered, and the similarities between them. The core part of the reminiscence services highlighted above is provision of materials. This type of service was noted by Kendal (1996), and suggested in the document *Guidelines for Library Services to Persons with Dementia* IFLA (Mortensen and Nielsen, 2007).

2.11 Library collaboration and partnership

Crowther and Trott (2004), when discussing partnerships involving US libraries, indicate that whilst libraries have often been comfortable working with other libraries, and this became and established way of working, libraries working with organisations outside the library and information sphere has not come as quickly or

easily. Wilson and Boyle (2004: 513) also highlight the fact that partnership working is relatively new in what they identify as "less traditional sectors such as leisure, the arts and museums". As a result, it could be said that this has led to a lack of information regarding library-based partnerships within the literature. However, Crowther and Trott do present one example of partnership working as a strategy in a US public library service. This takes the form of "The Williamsburg Regional Library Partnership Model", from which Crowther and Trott (2004: 12) relate "five principles" of partnership working, paraphrased below:

1. Library staff should be provided with a working definition of what a partnership is;
2. Libraries can work with a range of different organisations and sectors, and the service and staff should be open to this idea;
3. Partnerships should be viewed as serving a "strategic purpose";
4. Libraries should view partnership working as being a "centrally coordinated and a formal process";
5. All members of the library staff should be aware of, and be involved in the partnerships

Though this partnership model is based on a US library, the key elements can be applied to UK library services. Despite the relatively slow growth of partnership working within the library sector, Crowther and Trott (2004) suggest that it will become more frequent in the future. There are already partnerships in which UK libraries are involved, for example, partnerships with the health sector, which lead to schemes such as Books on Prescription (Turner, 2008; Robertson et al., 2008; Brewster, 2009). The recent MLA report '*Public library activity in the areas of health and well-being*' (Hicks et al, 2010) highlighted the extent, range and difficulties regarding library-health sector partnerships. From an Australian library perspective, Bourke (2007: 135) indicates that the need for resources as well as "broader expertise" from other professions has encouraged libraries to establish partnerships in different domains, and find new areas in which they can have a role. A key advantage of library involvement in partnerships, according to Bourke (2007: 135), is that this way of working provides libraries with the opportunity to "build

social capital", in addition to the practical benefits – such as shared resources- already outlined.

2.11.1 Possible advantages of collaboration

Crowther and Trott (2004: 3) suggest that the term "partnership" was first perceived in the business literature, the 1970s. Armistead and Pettigrew (2004:571) suggest that the essence of partnership working is "working together towards common goals which would be extremely difficult, if not impossible, to achieve if tackled alone." Similarly, Huxham and Vangen (2004: 191) suggest that a "collaborative advantage" occurs when the outcomes could not have been achieved by organisations working independently. Wilson and Boyle (2004: 513) indicate that partnership working can be a more "effective" and "coherent" way of providing services in the public sector. Thus, embedded within the definitions and purpose of partnerships are the core advantages of collaboration.

 When discussing partnerships between libraries and community organisations in the US, Crowther and Trott (2004: 9) assert that partnership working provides the organisations involved with the opportunity to successfully meet their aims and objectives, or "missions". Whether collaboration is internal or external, it potentially "enables the realization of common interests" (Bryson, 1999: 241). Whilst the sharing of skills is a key benefit of partnership working (Crowther and Trott, 2004), Armistead and Pettigrew (2004:574) also noted that "Partnership working was seen as a medium within which alternative practitioner skills could be tested." The authors, however, suggest that this also places more pressure on those staff members involved in a partnership (Armistead and Pettigrew, 2004). Furthermore, whilst the sharing of skills and resources (Crowther and Trott, 2004), are frequently emphasised as being advantages, it is also indicated that an organisation must have clear idea of its individual aims (Crowther and Trott, 2004; Huxham and Vangen, 2004), what it hopes or even needs to gain from the partnership (Crowther and Trott, 2004), and its own contribution to the partnership (Armistead and Pettigrew, 2004).

2.11.2 Possible difficulties of collaboration

Aims and objectives should be set out with clarity, and agreed upon by all partners, at the beginning of the partnership (Crowther and Trott, 2004; Huxham and Vangen, 2004). However, if care is not taken to ensure that the partners involved share the same aims, problems can arise (Huxham and Vangen, 2004). Huxham and Vangen (2004) suggest that partners having varying reasons for wanting to work in partnership, may contribute to this lack of agreement in terms of aims and objectives. Further, the authors suggest that this may result in "conflict of interest" (Huxham and Vangen, 2004: 191). The authors state that all partners- at organisation and individual level- should be known to each other (Huxham and Vangen, 2004). Whilst this may appear to be a given, an increase in the number and size of partnerships mean that this is not always the case, yet it is crucial as this lack of awareness can lead to "ambiguity" (Huxham and Vangen, 2004: 195). Without this awareness and knowledge of the organizations and individuals involved in the collaborative work, partnerships may be vulnerable to what Handy (1999: 63) terms as "role ambiguity".

Huxham and Vangen (2004: 191) also indicate that "collaborative inertia" can arise. This relates to unsuccessful aspects of partnerships, for example, when expected outcomes are not realised or progress is laboured (Huxham and Vangen, 2004). This may be due to not having agreed objectives in the first instance. Armistead and Pettrigrew (2004), suggest that difficulties such as these can prevent partnerships from progressing, thus leading to the "inertia" Huxham and Vangen (2004: 191). The authors assert that establishing a partnership and ensuring its maintenance so that is works effectively thereafter, is a difficult task which utilises a lot of time and resources (Huxham and Vangen, 2004). The authors go as far to suggesting that partnership working as a strategy should not be undertaken if there are other ways of working available (Huxham and Vangen, 2004).

2.12 Reminiscence work across domains

Kendall (1996) indicates that organisations such as libraries may collaborate to produce a set of shared resources, which may then be used in reminiscence sessions. Within Australia, the "Campaspe Regional Library" service developed the "Words

on Wheels" outreach programme, working with elderly people living in residential accommodation, and of which storytelling and reminiscence is a key element (Mustey, 2009: 58). Duffy (2007) describes the facilitation of reminiscence sessions organised by Kirklees libraries. Here reminiscence work was used in a hospital setting with groups of elderly patients suffering from memory loss and "depression" (Duffy, 2007: 29). The author notes how photographs were borrowed from a local museum and used as prompts to trigger reminiscence, from which poems were then created (Duffy, 2007). This highlights collaboration between a library service, a museum and the health sector. Gibson (2004), when discussing the Northern Ireland Reminiscence Network, also highlights collaboration between organisations, such as libraries and museums. More recently, branch libraries in Leeds worked with external organisations including a museum (Kobzeva, 2010: 6). Participants were given the opportunity to share their memories during sessions which covered varying topics, and it proved to be a successful social activity for older adults (Kobzeva, 2010: 6). West Sussex Record Office and West Sussex Social Services Department ran reminiscence sessions together- utilising films- at day care centres for the elderly (The National Council on Archives, 2001: 22). In addition Bexley libraries, museums and archives services created a programme which involved elderly people visiting schools to talk about their experiences as wartime evacuees (*Archives for the 21st Century- England: consultation draft.*, 2009: 15). It is evident within the literature that museums, archives, the health and care sectors are 'traditional' partners with which libraries work when undertaking reminiscence work. However, partnerships can be diverse. When undertaking reminiscence work with immigrants, Torshov library in Oslo, worked with a nearby "language school", to provide participants with language support and encourage participation (Ulvik, 2010: 157). Thus, libraries collaborate with a range of sectors and organisations, both formally and informally, in order to provide reminiscence services.

2.13 Conclusions drawn from the literature

Reminiscence work is complex; there are various subcategories, such as reminiscence therapy and oral history, and definitions are sometimes blurred. Interest in reminiscence work and therapy occurs across disciplines, resulting in differing conceptualisations. Attitudes towards reminiscence have changed in line with general

attitudes to ageing. As the field has become more established, public libraries have taken a more active role, individually and in terms of collaboration with other organisations. There are advantages as well as disadvantages of partnership working. Reminiscence work can be adapted to various contexts, and to meet the needs of different groups. There are many ways in which reminiscence therapy can be delivered, for example via outreach sessions and collections. Outcomes of reminiscence work are generally positive, particularly in terms of health and well-being, emotional and social benefits. However, there are potential disadvantages related to the elicitation of negative memories, and it is important that these are considered. Whilst much of the literature considers work with elderly participants, the benefits of reminiscence to other groups has also been identified. This is a topic for further investigation.

3. Methodology

3.1 Overview

The research design is summarised in Figure 1, which shows the interrelation between the research question, aim and objectives, and the data collection methods. The approach taken to the research was "inductive" (Bryman, 2004: 8) and based around "interpretivism" (Bryman, 2004: 13). A "pragmatic worldview" (Creswell, 2009: 10) provided a theoretical basis. Creswell (2009: 10) suggests that "pragmatism as a worldview arises out of actions, situations, and consequences"; this matches with the need to explore reminiscence work in its context. Within "pragmatism", Creswell (2009: 11) asserts that "researchers are free to choose the methods, techniques, and procedures of research that best meet their needs and purposes". This links a pragmatic worldview with mixed methods approaches. A "concurrent" mixed methods approach (Creswell, 2009: 14)- the simultaneous use of qualitative and quantitative approaches- was utilised during the data collection and data analysis stages. Descriptive statistics were used in conjunction with the quantitative data gathered from the questionnaire. Qualitative content analysis was employed when analysing the qualitative data from the questionnaire, and interviews.

Figure 1: Overview of research strategy

Research question: What is the extent and value of reminiscence work in public libraries, and what are the possibilities for collaboration with archives, museums and the health and care sectors?	

↓ ↑

Aim: To explore the extent and value of reminiscence work in public libraries and the nature of collaboration with other organisations in this area.	

↓ ↑   ↓ ↑

Research objective 1: To survey UK public library services in order to establish the extent, awareness, value and scope (including activities) of reminiscence work taking place in public libraries	⟶	**Date collection methods:** self-completion questionnaire; literature review

↓   ↓

Research objective 2: To carry out a series of in-depth interviews with public library staff, in order to identify staff perceptions of reminiscence work.	⟶	**Data collection methods:** Face to face and email interviews

↓   ↓

Research objective 3: To discover whether cross-domain collaboration and partnership is taking place, the potential for this type of work, and the practical implications involved.	⟶	**Data collection methods:** self-completion questionnaire; face-to-face interviews; email interviews; literature review

↓   ↓

Research objective 4: To establish best practice, make recommendations, and suggest steps that libraries and other organisations can take if they wish to undertake reminiscence work.	⟶	**Data collection methods:** self-completion questionnaire; face-to-face interviews; email interview; literature review

3.2 Framework: conception

The aim of the research is: to explore the extent and value of reminiscence work in public libraries and the nature of collaboration with other organisations in this area. Several integral elements run throughout the investigation as a whole: the discovery of the extent, scope awareness and value of reminiscence work. When reviewing the overall research question, and the aim and objectives, it became clear that quantitative methods needed to be employed in order to elicit factual information relating to:

(a) how many library services were and were not engaging in reminiscence work (providing a representation of extent);

(b) what was offered within reminiscence services, for example, collections and outreach sessions (scope);

(c) which organisations or sectors libraries have collaborated with.

In order to illuminate the staff awareness of reminiscence work and the value they place upon it, qualitative methods were utilised. Answers to questions relating to these elements are subjective, perceptual and qualitative in form. This need to use techniques from both qualitative and quantitative research methods led to the decision to design a research methodology based around "mixed methods" (Creswell, 2009; 11). This was considered to be the most effective way to address the research question within this particular study.

3.2.1 Framework: mixed methods in context

Mixed methods can be defined as "an approach to inquiry that combines or associates both qualitative and quantitative forms" (Creswell, 2009: 4). In recent years the use of mixed methods as an alternative to an entirely quantitative or entirely qualitative approach, has gained more credibility and popularity (Creswell, 2009). Johnson et al. (2007: 129) aimed to propose a comprehensive definition of mixed methods research. They suggest that "mixed methods research is an

intellectual and practical synthesis" between quantitative and qualitative approaches. In explanation of this idea of "practical synthesis", the authors state that "a broad interpretation and use of the word methods (in mixed methods) allows inclusion of issues and strategies surrounding methods of data collection" (Johnson et al., 2007: 118). It is indicated that mixed methods research involves more than the mixing of methods, and that the mixing of quantitative and qualitative approaches can take place at various stages of the research process, for example, at the data analysis stage (Tasakkori and Teddlie, 1998; Johnson et al., 2007; Bryman, 2007; Creswell, 2009). Furthermore, Tashakkori and Teddlie (1998) refer to this extensive mixing as "mixed *model* studies". In practice, Scott et al. (2007) used a mixed methods approach in order to study "social support" in the lives of women who were widowed. Within the study, qualitative data were collected through interviewing participants and quantitative data via questionnaires and "daily assessments" (Scott et. al, 2007: 247). The authors summarised an overarching advantage of utilising such an approach in their research: "By using mixed methods to examine a phenomenon, a researcher gains perspective and nuance" (Scott et al., 2007: 244).

Mixed methods developed as a reaction to what Tashakkori and Teddlie (1998: 4) refer to as the "paradigm wars". Prior to this, a researcher may have used either quantitative research or qualitative research methods, but would not have tended to combine the methods within a single piece of research (Tashakkori and Teddlie, 1998). As highlighted by Creswell (2009), Johnson et al. (2007) and Tashakkori and Teddlie (1998) a mixed methods approach sits comfortably within a "pragmatic worldview" (Creswell, 2009: 10). Being able to merge methods can provide researchers with the freedom and control to devise the most appropriate methodology in relation to the research question, rather than 'making do' with either qualitative or quantitative methods, which individually may not be the best fit (Tashakkori and Teddlie, 1998; Johnson et al.; Creswell, 2009). Whilst there are advantages of using the mixed methods approach, stemming from increased flexibility, some difficulties within the process have been noted. For example, Bryman (2007: 21) noted the lack of "established templates" regarding how to effectively employ mixed methods at the data analysis stage. In particular, Bryman (2007: 9) suggests that generally there is not enough "integration" of qualitative and quantitative approaches during data

analysis. Considering practicalities, Creswell (2009) asserts that employing mixed methods within a research project can be time consuming.

Overall, one of tenets of mixed methods is to keep the research question as the primary focus, and allow research methods to develop around it (Tashakkori and Teddlie, 1998). Therefore, the researcher is encouraged to choose the methods which best enable the research question to be answered, and this may include a mix of qualitative and quantitative approaches. This was considered when planning the research design for this project. Tashakkori and Teddlie (1998: 5) assert that "most researchers now use whatever method is appropriate for their studies". With this in mind, existing mixed methods models were adapted within this project; adaptations are detailed in section 3.2.2.

3.2.2 Framework: the use of mixed methods in this research

A "pragmatic worldview" (Creswell, 2009: 10) had a bearing on this investigation. Overall, within this project, an "inductive" (Bryman, 2004: 9) approach to research is taken. However, a review of the literature may lead to certain theories or expectations as to what may be found; Bryman (2004: 9) suggests "the inductive process is likely to entail a modicum of deduction." The overall methodological approach was that of mixed methods, specifically a "concurrent embedded" approach (Creswell, 2009: 214), with qualitative and quantitative data being collected simultaneously. Creswell (2009: 214) suggests that a "concurrent" approach is useful if there are time constraints, as there was with this project. Creswell (2009: 224) suggests that there are two other variations: "concurrent triangulation" and "concurrent transformative" approaches. The strategy used within this research does not fit neatly with any of these approaches. There are elements of embedding, and Creswell's (2009: 214) "concurrent embedded" approach was adapted to devise a strategy. As qualitative data fulfilled more of the objectives, interpretivism was employed and an inductive approach was taken, the research is "qualitative dominant" (Johnson et al., 2007: 124). The diagram below- Figure 2- provides a visual representation of the "Concurrent Nested Design" (Creswell et al. 2003) that was adapted. This adaptation is shown in Figure 3. The "weighting" (Creswell, 2009: 206) between qualitative and quantitative methods used within this research project

was more or less equal. However, as an inductive approach is taken, the overall research strategy is "qualitative dominant" (Johnson et al., 2007: 124), as represented in Figure 4.

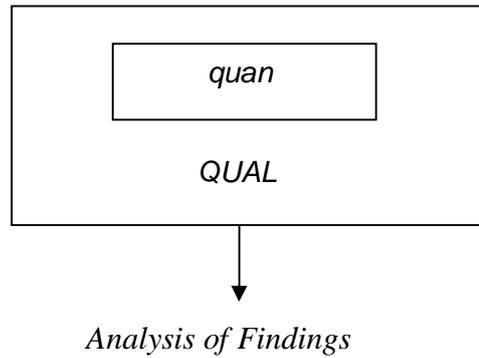**Figure 2. "Concurrent Nested Design" (Creswell et al. 2003).**

Analysis of Findings

Figure 3. Mixed methods research design for this study: interrelation of elements
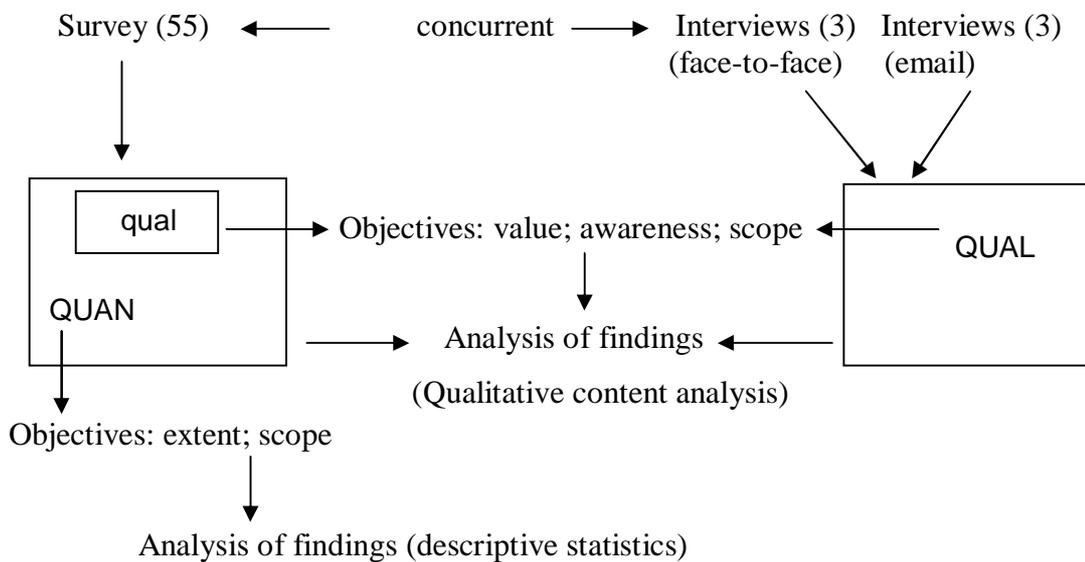
Figure 4 Mixed methods research design for this study: overview
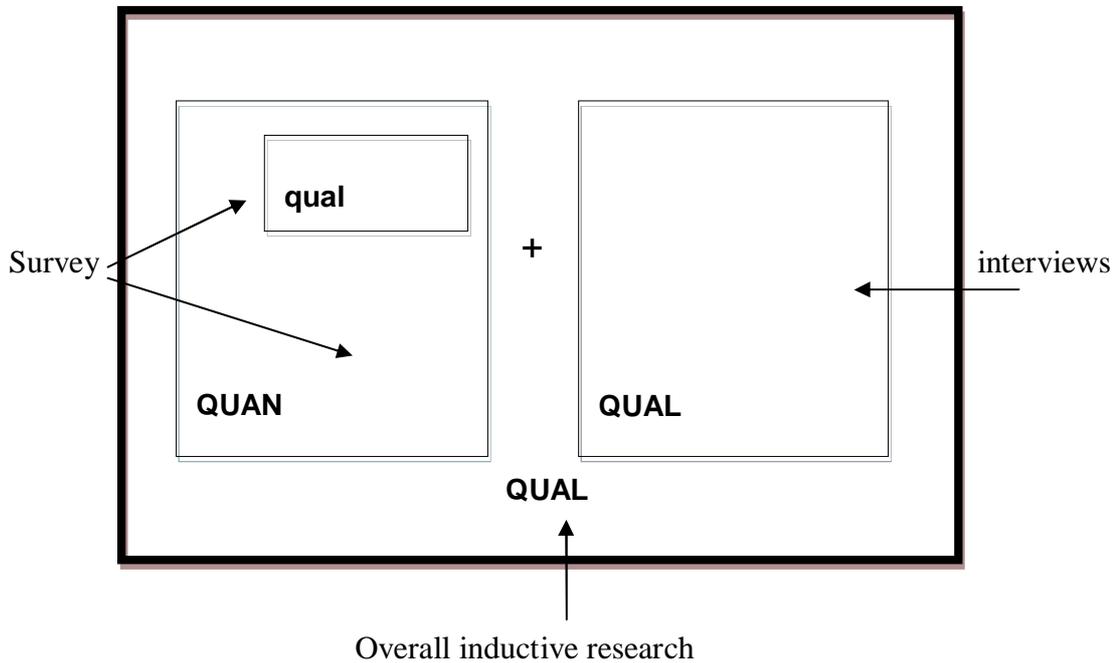
3.3 Data collection: questionnaire

Within this research a "self-completion questionnaire" (Bryman, 2004:132) was sent electronically to UK public libraries. It was constructed using online software provided by Kwik Surveys. The secure link was then embedded within emails, and posted on the CILIP Local Studies Group Blog. There are advantages of employing "mail questionnaires" (Powell and Connaway, 2004: 125), and the same advantages can apply to surveys sent electronically. Powell and Connaway (2004: 125) suggest that the "mail questionnaire" is more convenient for the participant. The authors also assert that it as it is completely anonymous, it "tends to encourage frank answers" and "can be quite effective in measuring attitudes" (Powell and Connaway, 2004: 125). A research objective was to identify library staff perceptions, and the questionnaire was able to facilitate this. Respondents included contact details if they agreed to be contacted for possible follow-up interviews. Powell and Connaway (2004) indicate that as the researcher does not ask the questions in person, the risk of bias may be reduced. However, bias may still exist as it can be embedded within the wording of questions (Powell and Connaway, 2004). This is something which is

corroborated by Bryman (2004: 154), who suggests that questions should not be "leading".

During the piloting stage, the effectiveness and functionality of the questionnaire was assessed. Powell and Connaway (2004) indicate that piloting is important as it highlights any potential misunderstandings. Whilst Powell and Connaway (2004: 140) suggest that "the pretest sample be as scientifically selected as the sample for the final study for the study", they acknowledge that this is not always possible. Due to the time frame in which this research was conducted, it was not possible to test the questionnaire with participants from the population being studied. For convenience six Librarianship students participated in the pilot, completing the questionnaire and providing feedback. The suggestions were considered and appropriate changes made, ensuring that the questionnaire was well structured, logical and not overly complex. Foddy (1993: 32), in relation to the construction of questionnaire and interview questions, asserts that "When researchers are not clear in their minds about the nature of the information they require, they cannot hope to ask questions that are relevant to their topic of interest." As such, questions were formulated after undertaking reading in preparation for the literature review, and completion of a research proposal. The research aim and objectives were closely consulted during the construction of the questionnaire, in order to create a data collection tool that would elicit information relevant to the research question.

The self-completion survey is structured (Bryman, 2004). Respondents were asked the same questions, in the same order. It was not possible to ask follow-up questions during the completion of the survey, indicating the structured nature. A mix of "closed-ended" and "open-ended" (Babbie, 1990: 127) questions were used (see appendix 1). Following some closed-question, respondents were provided with the space to "qualify" (Powell and Connaway, 2004: 126) their answers. Babbie (1990) and de Vaus (1993) suggest that closed-ended questions may be restrictive, as the answers are limited to the ones that the researcher has identified. To prevent the negative implications of "forced-choice questions" (de Vaus, 1993: ??)- which could affect the accuracy of the results- the opportunity to answer "other" was provided along with the space to qualify answers. More open-ended questions were used than was originally intended. It is suggested that the number of opened-ended questions

used is kept to a minimum (Bryman, 2004; de Vaus, 1993; Babbie; 1990), one reason being that qualitative data derived from such surveys are more difficult to analyse. However, when reviewing the aim and objectives, it was felt the open-ended questions included were unavoidable.

A variety of question types (Bryman, 2004; Powell and Connaway, 2004) were employed within the questionnaire. A primary objective of the research was to discover the extent or the number of libraries engaging in reminiscence work in the UK. As such "informant factual questions" (Bryman, 2004: 151) were employed. As well as asking questions relating to factual information, such as extent and scope, "information questions" (Powell and Connaway, 2004: 127) were utilised to elicit the respondents' level of awareness regarding reminiscence work. This led to the discovery how public library staff defined reminiscence work, how definitions vary, as well as any similarities and differences with definitions identified in the literature. The respondents were not provided with a definition of reminiscence work, as a key aspect of the research was to discover their own conceptualisation. Another objective was to discover the value of reminiscence work and services, thus "opinion and attitude questions" (Powell and Connaway, 2004: 127) were used. Overall, one of the main reasons for choosing to use a questionnaire was that it could be distributed electronically to a large population. This provided an estimation of the extent and scope of reminiscence work in UK public libraries, as well as collaboration and partnership working in this area.

3.3.1 Questionnaire: sample

Responses were sought from UK public library services who had not undertaken reminiscence work, as well as those who had, to minimise bias. However, though the questionnaire was sent to the whole population, there is still was the risk of bias. Powell and Connaway (2004: 126) point out that if potential participants have an interest in the topic being studied, they may be more inclined to participate. This was the case in this research to an extent, as a large proportion of the respondents worked for library services who had engaged in reminiscence work. The questionnaire was initially distributed through the JISC mailing list LIS-PUB-LIBS for convenience. There were limitations in using this list. The public library services that were not part

of the mailing list would not have received the survey, unless it was forwarded by list members. Only nine completed surveys were returned after posting a link to the survey via the list. It was decided that the best way to proceed would be to email the questionnaire link directly to the whole population- every UK library service. An existing online list created in 2008 by Sheila and Robert Harden, was used. Links to most local authority websites worked; if they did not contact details were found independently. The questionnaire was not sent to subscription-based libraries, those run by charities, or Isle of Man and Channel Islands libraries. These areas are governed differently, which affects the organisation of services. This was decided after speaking to a librarian at an Isle of Man library, who suggested that variation in organisation may affect the results. One participant communicated that the firewall used by their local authority prevented them from accessing the survey via the secure link provided. It is unknown how many potential participants experienced this problem. This is a limitation as it may have negatively affected the response rate. Although this method of distribution was time consuming, it ensured that a greater number of completed questionnaires were returned. Fifty-five individuals from forty-six library services returned a completed questionnaire. A response rate was not calculated for each distribution method, as it was unknown how many questionnaires were completed as a result of the emails, blog and JISC mailing list.

3.3.2 Data collection: face-to-face interviews

The "qualitative interview" (Bryman, 2004: 318) was employed to explore key issues further (see appendix 2). The interviews, lasting between twenty-five and fifty-five minutes, were audio-recorded and transcribed in full. Questionnaires were still being returned during the interview stage, thus the data was collected concurrently (Creswell, 2009). The reading of questionnaires that had been returned early gave rise to general themes, which were then used to inform the "interview schedule" (Bryman, 2004: 324), enabling the exploration of nuances and subtleties. The face-to-face interviews were "semi-structured", which Bryman (2004: 324) suggests allows the interviewer to ask follow up questions during the interview if further information or clarification is required.

The interview consisted of "open questions" (Foddy, 1993: 127) only, organised into sub-sections. The first sections related to contextual themes- health and well-being and services for older adults- which were evident within the literature and early questionnaire responses. The next and largest section consisted questions related to reminiscence work in libraries. The final section focused on collaboration in the area of reminiscence work. Throughout all sections "opinion and attitude questions" (Powell and Connaway, 2004: 127) were asked in order to discover the interviewees own perceptions of reminiscence work. The use of a very general closing question- asking interviewees whether they wanted to make any more comments- gave participants time to consider if they had forgotten to say anything they had wished to say, which Foddy (1993) suggests is a possibility in an interview consisting of open questions.

There are disadvantages inherent in conducting interviews. Gorman and Clayton (2005:126) note that whilst the "personal" aspect of an interview increases the scope for interaction between interviewer and interviewee, it also leads to a lack of anonymity, which could in turn affect responses. Gorman and Clayton (2005: 126) also suggest that interviews are "open to bias"; this can be compared to Powell and Connaway's (2004) view that there tends to be less opportunity for bias in mail questionnaire, as opposed to face-to-face interaction. Having said this there are advantages of employing the interview method in research (Gorman and Clayton, 2005). Interviews, if undertaken with skill, provide "rich, detailed answers" (Bryman, 2004: 320), and in-depth information (Gorman and Clayton, 2005). Powell and Connaway (2004: 193) assert that the "flexibility of the technique allows the investigator to probe, to clarify, and to create new questions based on what has already been heard." This is similar to what Gorman and Clayton (2005: 131) refer to as "reflective listening"; the interviewer is able to seek clarity regarding any misconceptions. This is more likely to ensure the "reliability and validity" of the information being provided (Gorman and Clayton, 2005: 131).

Foddy (1993: 138) also highlights the opportunity to prompt interviewees, but warns that this can turn "open questions into loosely formulated closed questions". Thus, prompts may be leading, restrictive and encourage bias, countering the flexibility of open questions. Only a small number of prompts were used in interviews conducted

as part of this project, and care was taken to ensure they were non-leading. Interview questions were sent to participants in advance of the interview. Powell and Connaway (2004: 148) note that this is a common procedure, but advise against it if "frank, spontaneous responses are required". However, it was felt that this would minimise the pressure felt by participants on the day of the interview. Overall, face-to-face interviews enabled in-depth exploration of key themes, and the illumination of nuances.

3.3.3 Face-to-face interviews: sample

To identify the interviewees, "convenience" sampling (Bryman, 2004: 100) was used in the first instance. The contact details of participants who were known have been involved in reminiscence work in libraries, were provided by contacts in the Information School, University of Sheffield, where the research was being undertaken. One interviewee was based at the researcher's place of work. All interviewees were located at libraries within a reasonable travelling distance of Sheffield. Gorman and Clayton (2005: 129) suggest that convenience sampling has the "potential for bias". However, convenience was important as the research had to be conducted within a short time period. The final sample also contained an element of "purposive sampling" (Gorman and Clayton, 2005: 128). As the research aimed to investigate the extent and scope of reminiscence work, it was decided that different perspectives would be explored through face-to-face interviews. Each interview schedule was slightly adapted to match the different perspectives held by interviewees, outlined as follows:

    (a) the participant(s) worked for a library service that did not currently engage in reminiscence work, but had done in the past;

    (b) the participant(s) worked for a library service that was currently engaged in reminiscence work

    (c) the participant(s) worked for a library service that had never engaged in reminiscence work to any great or formal extent, but it was a consideration for the future

3.3.4 Data collection: email interviews

Though face-to-face interviews enabled the collection of in-depth information, it was not always convenient- due to time constraints and locations- to conduct interviews in this manner. It was decided that email interviews would be an acceptable, alternative way of capturing the views of library staff. The email interview was distributed to participants in the form a Word document attached to an email. A written consent form and information sheet was also sent to the participant.

The email interview schedule was based on the one used in face-to-face interviews, and consisted of "open-ended" (Babbie, 1990: 127) questions only (see appendix 3). However, fewer questions were used as open questions "require greater effort from respondents" (Bryman, 2004: 147). The overall structure, in terms of sub-sections, and topics of questions were closely matched to those used in face-to-face interviews. The email interview was more "structured" (Bryman, 2004: 319) than face-to-face interviews, in that question order could not be altered and follow-up questions could not be asked at the time. Having said this, the participant themselves had the freedom to choose the order in which they answered the questions, as well as the amount they wished to write. Follow-up questions were asked via email, after the researcher had read the initial responses, and identified significant issues which required further probing. This is demonstrative of a less structured interview. It can be argued that the email interviews contained elements of structured and semi-structured interviews.

A limitation was not being able to establish as rapport with participants (Powell and Connaway, 2004: 125). However, in relation to the "mail questionnaire", Powell and Connaway (2004: 125) suggest that the lack of interviewer presence may reduce amount of "bias" that arises. This claim can also be made for the email interview as it does not involve face-to-face interaction between interviewee and interviewer. The effectiveness of the email interview technique varied between participants. One returned email interview included a large amount of detailed information, whilst another consisted of short responses. Overall, one of the main advantages of this data collection method was its convenience. The data were combined with the qualitative

data from the face-to-face interviews and questionnaires, and should be viewed as supplementary.

3.3.5 Email interviews: sample

Overall, "purposive sampling" (Bryman 2004: 333) was used to identify participants. Participants were initially identified through the questionnaire, in which they had raised some points which were felt to be relevant to answering the research question, and thus merited further elaboration. If travelling to conduct a face-to-face interview was not feasible due to distance and time, these respondents were contacted via email inviting them to participate in a more in-depth email interview. Another participant contacted the researcher to indicate that, although they wished to complete the electronic survey, they were unable to do this due to IT related issues (i.e. the firewall did not permit access to the questionnaire via the secure link used). The participant provided initial information within an email, and as it was viewed as being highly relevant to the research, they were asked to share their views and knowledge through participating in an email interview.

3.4 Ethics

Participants were either staff who had undertaken reminiscence work, or those who do not facilitate services themselves, but have views on the topic. Elderly or vulnerable people were not contacted. The only potential for psychological distress was that sensitive issues, such as memory-loss conditions, were commented upon during interviews or within questionnaires. In terms of the electronic survey if the respondent chose to submit the questionnaire, consent was implied. This was clearly communicated to participants in a statement included in the questionnaire. Interviewees were informed of all details relating to the research verbally and in written form (via an information sheet), and were asked to sign a consent form if they agreed to participate. All respondents were informed that consent could be withdrawn at any point. Interviewees were informed that interviews would be audio-recorded and transcribed. Participants were assured that anonymity and confidentiality would be maintained (Powell and Connaway, 2004). All data gathered were securely stored and destroyed appropriately. A secure link was used in

order to provide access to the questionnaire. Care has been taken to avoid identification of participants. The proposed research was approved by the University of Sheffield ethics review procedure.

3.5 Analysis

When analysing quantitative data "simple descriptive statistics" (Powell and Connaway, 2004: 231) were used. Statistical results are presented in written form or through simple charts. To analyse qualitative data, "qualitative content analysis", defined as the "searching-out of underlying themes in the materials being analyzed" (Bryman, 2004: 392), will be employed. Bryman (2004: 398) suggests that "*coding*" is a "key process...in approaches to qualitative data analysis". Rather than employing a priori (Tashakkori and Teddlie, 1998: 118) which is used in quantitative content analysis (Neuendorf, 2002), codes were created through reading the transcripts. This is not to say that the codes emerged entirely from data as Powell and Connaway, 2004: 200) point out:

> Although we often say...that categories 'emerge' from the data, in fact categories do not often 'reside' in data...Categories arise in the interaction between data studying and researcher ordering...

Powell and Connaway (2004: 200) indicate that a researcher brings their own knowledge and views to the coding process, which influences the creation of codes. The process of "open coding" (Powell and Connaway, 2004: 199) was undertaken. Key "concepts" (Powell and Connaway, 2004: 199) were highlighted at word and sentence level. The next step was "axial coding" where the conceptual codes began to inform "categories" (Powell and Connaway, 2004: 199) or sub-categories. The "core categories" (Powell and Connaway, 2004: 1999) that resulted from axial coding formed the basis of the subsequent integrated analysis and discussion.

3.6 Validity and reliability

Interviewees were provided with a copy of the interview transcript, which they were able check for misrepresentation or mistakes (Powell and Connaway, 2004: 14). In

terms of coding validity, Neuendorf (2002: 115) asserts that within a "face validity check" coding can be passed to another person who can then "indicate what they think is being measured". A sample of data and codes were checked by another MA student, resulting in an adequate level of agreement regarding the codes used. To allow "replication" (Bryman, 2004: 284), research methods- including sampling and process of analysis- are outlined. Questionnaire and interview schedules are included in the appendix.

3.7 Limitations of the study

More interviews were to be conducted, but one face-to-face interview was cancelled, and the response rate for email interview was low. An increased number of face-to-face interviews would have resulted more in-depth information and greater representativeness. Validity and reliability would have increased. Interview transcripts were sent to participants to allow them to check for accuracy and misrepresentation. However, if time had permitted, "member checking" (Powell and Connaway, 2004: 204) would have been used. More sophisticated techniques could be used to analyse quantitative data, alongside descriptive statistics, as this may highlight nuances and anomalies with increased clarity.

4. Analysis and discussion

4.1 Overview

The analysis and discussion will be integrated as reminiscence work is a complex subject with many possible tangents, which need careful explanation as the analysis progresses. The integration of analysis and discussion gives some indication of how categories and sub-categories emerged during the process of analysis. Furthermore, reminiscence work can be undertaken in different settings, and so it is important to analyse the data in relation to the context of public libraries, and combining analysis with discussion facilitates this.

The analysis is based on fifty-five returned questionnaires from individuals working in forty-six library services, and six interviews (three email, three face-to-face). Interviews were undertaken with individuals in all instances except one, where two colleagues participated in the same interview session for convenience. Participants worked in a variety of roles in public libraries, including local studies departments.

The quantitative and qualitative date analysis are integrated, a technique used within mixed methods approaches (Tasakkori and Teddlie, 1998; Johnson et al., 2007; Bryman, 2007; Creswell, 2009). Quantitative data, gathered through use of the questionnaire, is analysed using "simple descriptive statistics" (Powell and Connaway, 2004: 231). The emphasis is on qualitative data gathered from questionnaires and interviews. Statistics gathered are limited in sophistication, but have supportive role in terms of analysis and discussion. Quotations from research participants are presented in tables to enable their discussion collectively, as well as individually.

Coding data led to the formation of core categories and subcategories, which are identified in Table 4. Each category in turn will be analysed and discussed throughout the course of this chapter. Best practice and recommendations will be discussed at the end of this chapter.

Table 4: categories and subcategories

Core categories	Sub-categories
Health and well-being in libraries	The current situation; reader development and health and well-being; bibliotherapy; value
Services for older adults	Non-targeted services; targeted services
Defining reminiscence work	Reminiscence work; reminiscence therapy; oral history
Provision of reminiscence services	Extent; projects and programmes; reminiscence materials; training
Users of reminiscence services	Members of the public; organisations and organised groups
Scope for collaboration	Current collaboration; benefits of partnership working; negative aspects of partnership working
Barriers	Resources; staff knowledge and commitment; audience
Value of reminiscence services	Social value; health value; historical purpose; importance to libraries.

4.2 Health and well-being in libraries

4.2.1 Overview

In order to gain an idea of the context in which reminiscence work is grounded, interviewees were asked whether their library had engaged in health and well-being initiatives or projects, and if they felt health and well-being was important in libraries. These questions were asked in the interviews only, as this theme arose after undertaking further reading for the literature review, and after reading the first batch of returned questionnaires.

4.2.2 The current situation

The recent MLA report *Public library activity in the areas of health and well-being* (Hicks et al, 2010:12) asserts that: "Potentially, most of the work libraries do could be argued to bring well-being benefits...". All interviewees (three email, three face-to-face) gave examples of how their library service engaged with health and well-being. Results suggest that library involvement in health and well-being is increasing:

> *"it's something we are looking to do more and more, at the moment there's a lot of initiatives going on...for example, we've just set up a couple of health and well-being zones"*

Asserting the value of "*health and well-being zones*", MLA report *Public library activity in the areas of health and well-being* (2010: 8) states that: "The setting up of 'health zones' in libraries may be one way to raise the profile of health and well-being activity, building on existing models of good practice." Further highlighting the link between health and well-being and libraries, McKearney (2009: 8) of the Reading Agency said:

> We'll be focusing areas of specific social need where reading can help. Health and wellbeing is a crucial one. We've just had an important meeting with libraries and health partners and decided to work together to develop a clear national offer to the public...

A participant commented: "*in two of my libraries there are support groups that meet there for diabetes*". She also confirmed that a new "*community health and well-being*" group will be launched in the near the future, reinforcing the idea that not only does health and well-being have a place in public libraries, services in this area are developing. It is worth noting that due to the current financial climate, in which local authorities are faced with making reductions in spending, the desire to increase a library's role in health and well-being may not mirror what can be done in practice. A number of respondents comment on impending budget reductions in relation to library services in general.

4.2.3 Reader development, and health and well-being

Interviewees made a connection between health and well-being and reader development, as presented in table 5:

Table 5: Reader development and health and well-being

Interviewee	*Yes, our library offers services related to health and well-being. We have ongoing promotions that come under our remit...and adult author events together with the management of and communication with Reading groups in the county.*
Interviewee	*I think reading itself is a really good way of kind of improving your well-being, so I think public libraries have a really important role to play in kind of passing that message on and making people realise that just reading anything...can make you feel so much better*
Interviewee	*Support for large reading group network in and out of libraries*

Several interviewees highlighted the facilitation of reading groups when asked about health and well-being provision in their library service. This link is indicated by Baily (2007: 14): "Reading group activity clearly relates to key agendas such as health and well being...". Brewster (2009: 15) provides further detail: "...reading groups and book recommendations could be interpreted as a form- albeit unofficial- of creative bibliotherapy...". This link between reader development and health and well-being is captured in the interview extracts presented in table 5. As well as the benefits of reader development, the group aspect itself may be beneficial. Similarly, Chiang et al. (2010), and O' Leary and Barry (1998) found group reminiscence work to be beneficial. In particular, the interaction between participants has a positive social effect (O'Leary and Barry, 1998; Plastow, 2006).

4.2.4 Bibliotherapy

Bibliotherapy was a common theme in all interviews, as indicated in table 6:

Table 6: Bibliotherapy

Research participant	Evidential qualitative data: quotation
Interviewee	*...a collection of 46 books recommended by health professionals...this project came about off the back of a National initiative of Books on Prescription which was offered to doctors and was not taken on board by them*
Interviewee	*a partnership project with PCT to deliver free requests and loans to readers with health issues, in conjunction with GPs & other health practitioners*

Self-help bibliotherapy was commented on in the form of the Books on Prescription scheme, where libraries collaborate with the health sector (Turner, 2008; Robertson et al., 2008; Brewster, 2009). One interviewee asserted that her library service provided an adaptation of Books on Prescription, after collaboration with the health sector was ineffective (see table 6). Continuing with this scheme independently reinforces the importance of health and well-being in libraries. The views presented suggest that bibliotherapy services link the traditional role of the library in providing literature and information, with the health and well-being agenda. Self-help bibliotherapy, typically delivered in collaboration with the health sector, was commented upon more frequently than creative bibliotherapy by respondents. It is stated in the MLA report *Health and well-being activity in public libraries* (Hicks et al, 2010: 1), that:

> Whilst partnership delivery is well established in some areas, e.g. Books on Prescription and Bookstart, it is less developed in others...creative services such as reading groups and creative bibliotherapy are less well supported by heath and social care partners.

Despite the fact that overall health and well-being provision in libraries appears to be more established, there is still variation in this growth, which is evident when individual schemes are compared.

4.2.5 Value

Value can be an abstract concept and mean different things to different people. There was a consensus amongst interviewees that health and well-being services are of value; an interviewee summarised that it is "*all part and parcel of the service*". Highlighting how health and well-being fits into the library remit and is of value to the public, the MLA report *Health and well-being activity in public libraries* (2010: 4) suggests: "Libraries offer a neutral, non-stigmatised, non-clinical community space...a good place to offer health and well-being activity." Related interview extracts are presented in Table 7:

Table 7: Valuing health and well-being

Research participant	Evidential qualitative data: quotation
Interviewee	*Yes – they feed in to government agenda and respond to the needs of the community*
Interviewee	*I think health and well-being programmes are a very important part of public library services. They are a way of reaching different sections of society and create an opportunity to work in partnership with the health and care sectors as well as volunteers.*
	given that...part of our purpose...a lot of it is around quality of life okay, you could argue couldn't you that...particularly in the less affluent parts of the city where I work...it's a base line isn't it if they haven't got their health..

Interviewee	*Part of our remit is to improve health and wellbeing*

Interviewees explain why health and well in libraries is of value. Such provision informs members of the public about health and well-being, and helps them to manage this aspect of their lives. For the library service an opportunity of meeting "*government agendas*" is provided.

4.3 Library provision for older adults

4.3.1 Overview

*Q*uestions relating to services for older adults were added to interview schedules after the initial reading of returned questionnaires and the literature. The topic was only discussed in two email interviews and three face-to-face interviews, as the questions were added at a late stage. As such the amount of data gathered is limited, but still led to insights.

4.3.2 Non-targeted services

When asked if their library provided any services for older adults, interviewees highlighted services that were used by older adults, but not specifically aimed at this group- see Table 8:

Table 8: Non-targeted services for older adults

Research participant	Evidential qualitative data: quotation
Interviewee	*Reminiscence therapy (delivered to residential homes)...Home delivery service (books)...Book delivery service to residential homes*
Interviewee	[The mobile library service] *is largely delivering to people who are less mobile and therefore tend to be elderly*
Interviewee	*we've got what's called a VIP reading group visually impaired...mainly made up*

	of people who've got a visual impairment but also with disabilities as well so they tend to be older...there's one or two that are a little bit younger but they're mostly older
Interviewee	*...it's not age specific but the majority of older people do tend to use the family tree type...archives area, but it's open to all.*
Interviewee	*what we're trying to do...because obviously there's a lot of people we know don't have access to the building...we're trying really hard to engage with community transport to get people down into the library*

Some examples in Table 8 were also given in response to questions relating to health and well-being. This suggests that there is overlap between health and well-being services, and services for older people. Services have been adapted to overcome barriers to library use caused by health conditions, such as limited mobility, which are common in older adults. Services such as the mobile library are not exclusively used by older adults, but there is a tendency for this group to use such services more than other groups. Reading groups for visually-impaired people, as commented upon by a respondent, is one service that is not specifically aimed at older people, but does tend to be used by this age group. Hyder (2008: 16) undertook a study which reviewed "VIP reading groups", and found that 21% of group members were aged 60-69, and 61% of group members were over 70. The comment regarding family history suggests that older adults are drawn to services through interest as well as needs.

Three interviewees indicated their library services did not provide services specifically aimed at older adults:

> "*there isn't anything I can think of especially for older people*".

"we don't tend...to target the elderly... it's such a mixed age range...right from the young right to the old"

"I wouldn't say there any initiatives aimed specifically at them, but I think we try to make sure that they're engaged in the initiatives that we're running in general"

As indicated in Table 8 services aimed wider audiences may be adapted to meet the needs of certain groups. One interviewee noted an attempt to increase access to the library, which can help to prevent social exclusion.

4.3.3 Targeted services

In section 4.3.2 it was indicated that generally there is limited targeting of services to older adults. However, there are examples of more age-specific services, as presented in Table 9:

Table 9: Targeted services for older adults

Research participant	Evidential qualitative data: quotation
Interviewee	*we host...groups who just come literally to meet and they do bring their knitting and they do natter...that of course...is breaking down...isolation...mental well-being is therefore helped by that*
Interviewee	*some libraries have their* [older adults] *own regular gatherings for tea, chat & books + occasional author visit*
Interviewee	*Dedicated...mobile library, visiting residential care homes and complexes for the retired*

As indicated by one interviewee (see Table 9) services used by older people can have social outcomes, as well as facilitating improved access to library services. As one respondent notes, a regular group meeting for older adults can reduce "*isolation*" and

improve "*well-being*". Bundy (2005: 166) highlighted the value that public libraries can have for older adults:

> ...a public library...is the community resource best able...to contribute to the overall quality of life, wellbeing, social connection and independent living of older adults.

Whilst Bundy (2005) is referring to libraries in Australia, the same general themes can be applied to UK libraries

Though the comments in Table 9 indicate that groups for older adults are still facilitated by libraries, an interviewee recalled past activities: "*we had a knitting circle and we had a sewing circle*". These activities no longer take place, along with the regular "*coffee morning*". The interviewee suggests one reason for this is the increase in "*health and safety*" procedures.

4.4 Defining reminiscence work

4.4.1 Overview

When reviewing the literature it became evident that there are different types of reminiscence activity undertaken. Activities range from medical and psychology-based reminiscence therapy, to "simple reminiscence" (Plastow, 2006: 217), the aim of which is social benefits. Terms are often used interchangeably by writers. Respondents were asked what the term reminiscence work meant to them. Additionally, interviewees were asked what they understood by the term reminiscence therapy. There is no prescriptive definition of reminiscence work. Variations between definitions demonstrate the richness of reminiscence work, and how it can be adapted to particular contexts and to meets the needs of individuals.

4.4.2 Reminiscence work

An individual's own perceptions, role, and experiences lead to the construction of working definitions of reminiscence work. Thus whilst there are general commonalities between definitions, there are differences. This is demonstrated in examples given in Table 10

Table 10: Defining reminiscence work

Research participant	Evidential qualitative data: quotation
Interviewee	*Reminiscence work conveys to me a general activity carried out by carers in some Homes and Day Centres*
Interviewee	*...for me it's...finding something that people can engage with so it's usually using an example perhaps from their past or...a particular topic that they might be keen to talk about...for me it's...providing the material that's going to help people remember and talk about things*
Interviewee	*...reminiscence work for me...how I started off was by building up a collection of items memorabilia...everyday objects from the past...going out and doing reminiscence sessions...to stimulate people, so quite obviously elderly people that was the targeted audience*
Questionnaire respondent	*Working with the older generation and using artefacts/multimedia to trigger memories of topics such as childhood or wartime*
Questionnaire respondent	*Reminiscence is a means of recalling memories and the emotions that are attached to those memories...sessions are delivered under a variety of themed headings which range from homes, school, play and leisure, to mention but a few...we use artefacts, music, quizzes, sensory materials, books and pictures.*

The examples in Table 10 indicate that the type of activity undertaken is a key element of definitions. One definition suggests that reminiscence work is a "*general activity*", distancing it from more targeted and intensive activities relating to reminiscence therapy. Another emphasises social interaction, or more specifically "*talking*"- terms which appeared frequently when coding. Materials, used to provoke memories, were frequently mentioned in definitions, reinforcing that this is a core element of reminiscence work.

Definitions often have a practical emphasis. Common elements are:

- Activities undertaken

- Purpose

- Participants

- Materials

- Topics

- Context

- Benefits

This list is not exhaustive, and a definition does not have to include every element. The amount of detail may depend on an individual's awareness and knowledge of reminiscence.

The benefits of reminiscence work were frequently noted in definitions; a questionnaire respondent commented:

> "*Working with older people to reduce social isolation, and ratify their experiences by holding discussion groups, walks, events etc about local and family history.*"

The social aspect of reminiscence work is highlighted here, which relates to "simple reminiscence" (Plastow, 2006: 217).

4.4.3 Reminiscence therapy

Research participants made various comments relating to reminiscence therapy, noted in Table 11:

Table 11: Reminiscence therapy

Research participant	Evidential qualitative data: quotation
Interviewee	*We call ours 'therapy' sessions but I haven't put a lot of thought into the terminology. We had staff training that emphasised the therapeutic nature of the work, so we stuck with that*

Questionnaire respondent	*We always use the term 'reminiscence work' and carefully avoid 'reminiscence therapy' to underline the fact that we use reminiscence material to promote the library service and awareness of its resources. We are not trained therapists."*
Interviewee	*Reminiscence Therapy gives* [a] *more professional image, implying that the organiser of the session is qualified or trained and has definite aims and outcomes planned*
Interviewee	*...it's* [reminiscence therapy] *a long term programme...perhaps dealing with more specific personal issues...much more about getting to perhaps somebody with Alzheimer's who has a particular problem...getting to the root of that particular problem, so it's to be able to help them and care for them better...*
Interviewee	*therapy has got to be perhaps more targeted and more...strategic*

Several respondents felt that the term reminiscence therapy does not accurately describe their role. An interviewee commented:

> *"ours is very much about the social and the entertaining side of it, to get a bit of fun out of it you know that's what we would think to do really"*.

Here the interview distances the "social and the entertaining" aspect of reminiscence work, from the more professional reminiscence therapy, with a medical, therapeutic basis. It has also been suggested by another interviewee the reminiscence therapy tended to take the form of a long term programme, with a greater level of attention paid to individuals. This reinforces the notion that reminiscence therapy is an

"intervention" (Westerhof et al. 2010: 699; Stinson and Kirk, 2006: 209), the objectives of which include the improvement of mental and physical health and well-being.

The merging of definitions was identified by one interviewee considering the difference between reminiscence work and reminiscence therapy:

> "Different, but some overlap. Reminiscence work can help build collections, particularly of local material; reminiscence therapy is designed for the benefits of participants, particularly those suffering dementia or other difficulties."

The potential of "*overlap*" is evident in the outcomes of reminiscence work and reminiscence therapy, as the several benefits can be applied to either. Reminiscence work can have therapeutic outcomes, and reminiscence therapy can have social outcomes. The merging of reminiscence work and therapy can be seen in definitions provided by respondents:

> "*Reminiscence work aims to help those people with memory loss either through old age, dementia, alzheimers, stroke or illness. The aim is to create a feeling of well being and to keep the brain active, promote a sense of belonging and place and engender social interaction*"

4.4.4 Oral history

Definitions of reminiscence work provided by respondents often featured elements of oral history, for example the collection and recording of memories. Examples which demonstrate this link are included in Table 12:

Table 12: Oral history

Research participant	Evidential qualitative data: quotation
Questionnaire respondent	*Activities such as oral history projects where older people are involved in recording local histories of their areas from their own experiences and memory.*
Questionnaire respondent	*Local autobiographical accounts, oral history.*

Interviewee	*collecting oral history...talking to people who've lived through certain periods or certain times and collecting their reminiscences*
Questionnaire respondent	*Oral history. Working with the public, to record or use their memories of a particular period, place, event or other aspect of their experiences.*
Questionnaire respondent	*Undertaking oral history projects- producing books, Websites etc. Based on people's reminiscences.*
Questionnaire respondent	*Anything from talking to people over an old newspaper to the active collection of oral history*

There is an emphasis within definitions of sharing memories of past times, through talking or written documentation. It could be argued that oral history does share similarities with "transmissive" and "narrative" (Wong and Watt, 1991) and "teach-inform" and "conversation" (Cappeliez et al., 2008: 266) reminiscence, in that memories are shared, from which people can then learn. Although oral history was referred to in definitions given by respondents who had undertaken reminiscence work and those who had not, there was a higher tendency amongst those who had not. If respondents have limited knowledge or awareness of reminiscence work, a link with oral history may be assumed, as the core aim of oral history is to also elicit memories. Several questionnaire respondents worked in local studies departments, and some did emphasise oral history. This suggests that an individual's role has some bearing on how they define reminiscence work.

Whilst a number of respondents viewed reminiscence work and oral history as being related, or even synonymous, one questionnaire respondent asserted that reminiscence work is different to oral history, situating the former closer to reminiscence therapy:

>*"Working with people to recall memories- often in a therapy mode. Oral history is often used, wrongly, to describe this."*

Within the literature, Mosher-Ashley and Barrett (1997) link oral history to reminiscence therapy, but indicate the former is not an intervention or treatment in the same way that reminiscence therapy is.

4.5 Provision of reminiscence services

4.5.1 Overview

Libraries may be actively involved in reminiscence work, with staff designing and delivering reminiscence sessions, or less involved, facilitating the loan of reminiscence collections only. The level of service offered is influenced by various factors, including availability of resources, the needs of the community, and internal perceptions of a library's remit.

4.5.2 Extent

Thirty-nine library services (85%), out of the forty-six that responded, had provided reminiscence services to some extent. When more than one member of staff from a particular library service returned a completed survey, the results were merged. Extent was measured per library service, for example, if four members of staff employed by the same library service each said their library undertook reminiscence work, this would then equate to one 'yes' answer, preventing bias in the results. Powell and Connaway (2004) suggest that participants with an existing interest in the questionnaire topic are more likely to respond. Whilst not being fully representative, the results do indicate that a number of libraries are engaging in reminiscence work.

Respondents indicated which reminiscence services their library service provides or has provided- see chart 1:

Chart 1: survey question 7- What reminiscence services does your library currently provide, or has provided in the past?
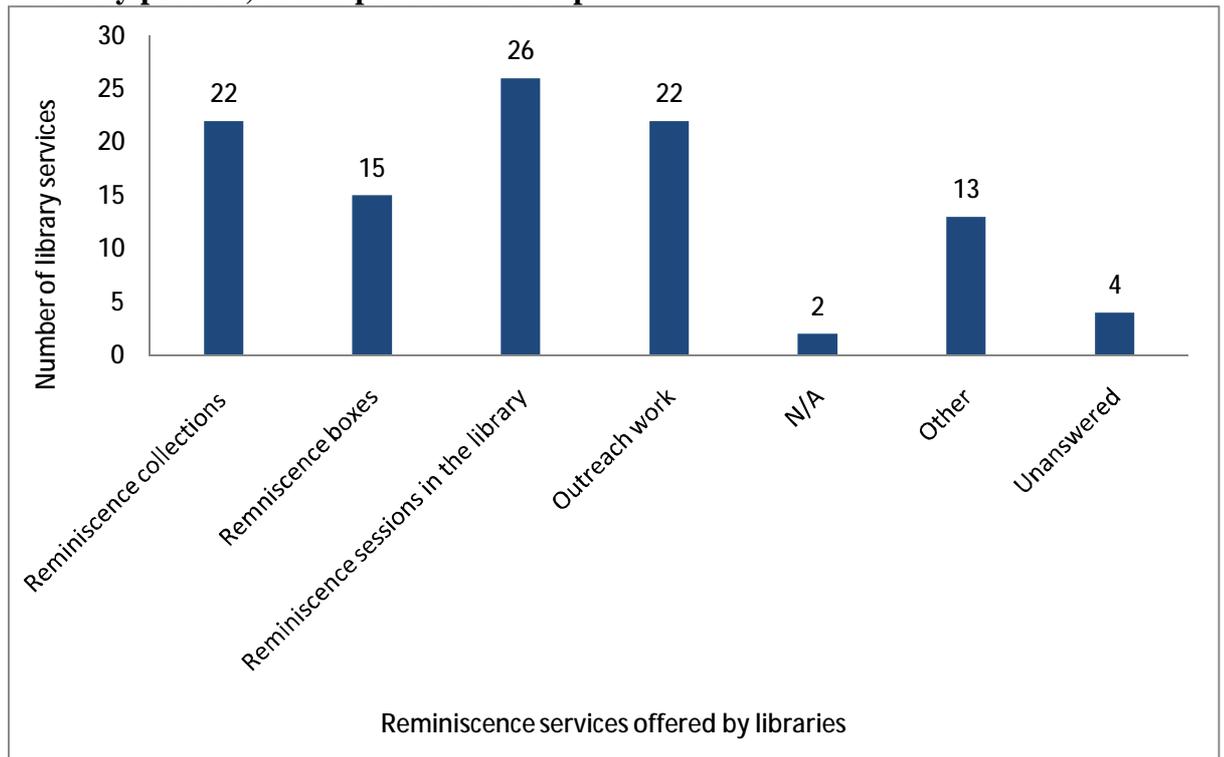
The service provided the most is sessions within the library, using existing facilities. This active involvement may benefit the library by reducing costs and increasing visitor numbers. In light of current financial climate, the high occurrence of outreach work is perhaps a surprising result. When the questionnaire data was collated, it was found that out of forty-six library services, seventeen collaborated with residential homes, seventeen collaborated with day care centres, and fifteen collaborated with sheltered accommodation. This may contribute to the relatively high number of library services undertaking outreach work. An interviewee from a library service that had undertaken reminiscence work through outreach previously, explained why this service was no longer provided:

> "*over the years the staff has reduced...you're really just keeping the service operating...there's little sort of space ...or time to do outreach work*"

The number of library services providing reminiscence boxes is low considering that twenty-two libraries services provide or have provided resources through collections.

There are practicalities related to providing boxes, for example, the cost of material, and transportation of boxes. A questionnaire respondent commented

> *"We used to take boxes out into the community, however in recent years we have insufficient staff time to do this."*

If respondents selected 'other' when asked which reminiscence services library provided they often provide further details. The following services were mentioned: provision of a "*venue*"; recording/ transcribing memories; events such as "*Reminiscence Walks*". The examples indicate the variety within reminiscence provision.

Questionnaire respondents also indicated when their library services had last delivered reminiscence sessions- see chart 2:

Chart 2: survey question 8- If your library has ever delivered reminiscence sessions, when did the last session take place?
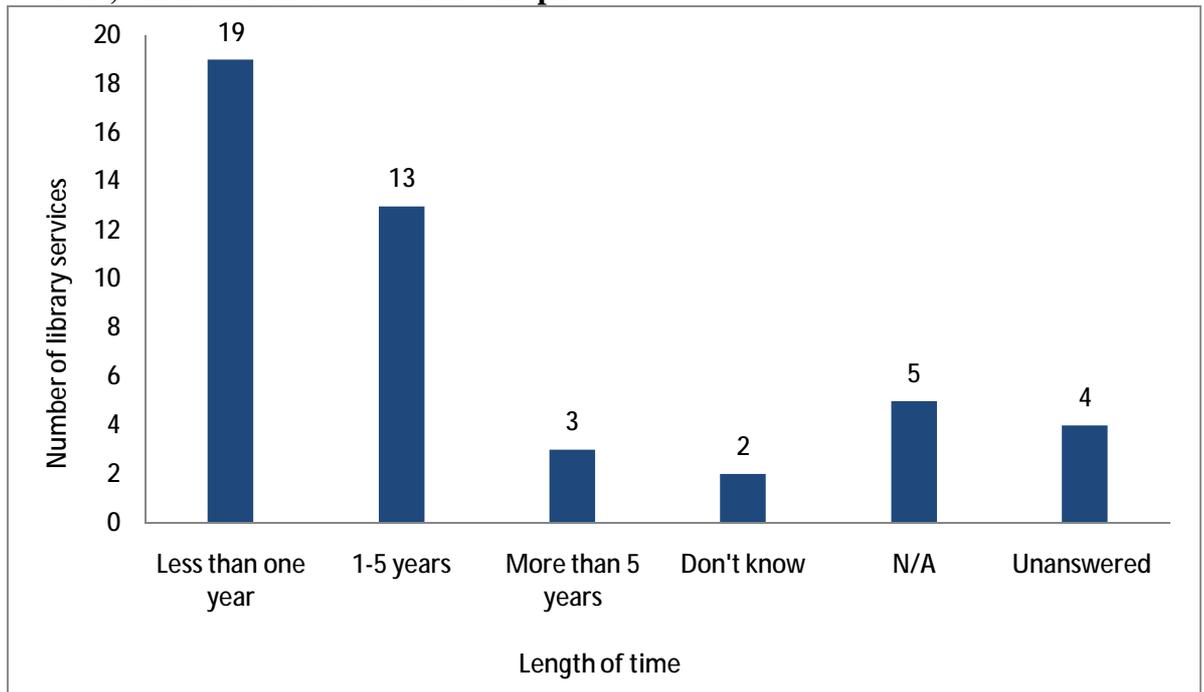
The responses indicate that a number of library services have engaged in reminiscence work in recent years, despite practicalities such as reduced budgets.

4.5.3 Projects and programmes

Reminiscence work can be undertaken through short term projects, or longer term programmes. Interviewees described approaches:

"... *not particularly long term projects as such but it's been going in as...a one-off to do a session...nothing that I've done has been spread over than more than say two sessions*".

"*We have been delivering reminiscence sessions for approx 18 months. We take 6 residential homes at a time and visit them on a monthly rota, so that each home gets 2 visits per year.*"

Variation in projects is indicated in table 13:

Table 13: Projects

Research participant	Evidence of reminiscence projects- general
Questionnaire respondent	future plans for work with a "*local traveller community*"
Questionnaire respondent	"*reunion project*" for city residents "*who moved...to various newly built overspill estates in the 1960s*"
Questionnaire respondent	Oral history- "*participants could enter a booth...and record a short video in which they recorded their answers to 5 pre set questions about their early memories*" of their city
Questionnaire respondent	Family memories event

There is little within the literature regarding intergenerational reminiscence work. Respondents felt there was potential for this work: "[reminiscence work] *can be a good basis for intergenerational work with youngsters learning about history from those who've lived it.*" Past and current projects are presented in Table 14:

Table 14: Intergenerational work

Research participant	Evidence of reminiscence projects- intergenerational
Interviewee	*they were doing a reminiscence project at school and they asked if they could interview some of our clients...they recorded some memories*
Questionnaire respondent	*...a book was created which contained memories of the second world war. It had been created as an intergenerational project between local school children and local senior citizens*
Questionnaire respondent	[the project] *looked at the effects of war on family life from WW1 until the present day...yr 6 children from a local school interviewed WW2 veterans about their wartime memories and experiences...visits are made to a nursing home to give readings to residents*

These projects created connected generations. They provided learning opportunities for school children, and older adults have the opportunity to share their memories which are valued. Intergenerational reminiscence could be said to be a form of "transmissive" (Wong and Watt, 1991) or "teach-inform" (Cappeliez et al. 200?) reminiscence.

Respondents indicated which staff are involved in reminiscence work- see chart 3:

Chart 3: survey question 9- If your library service engages in reminiscence work, which members of the library staff are involved in delivering the reminiscence services?
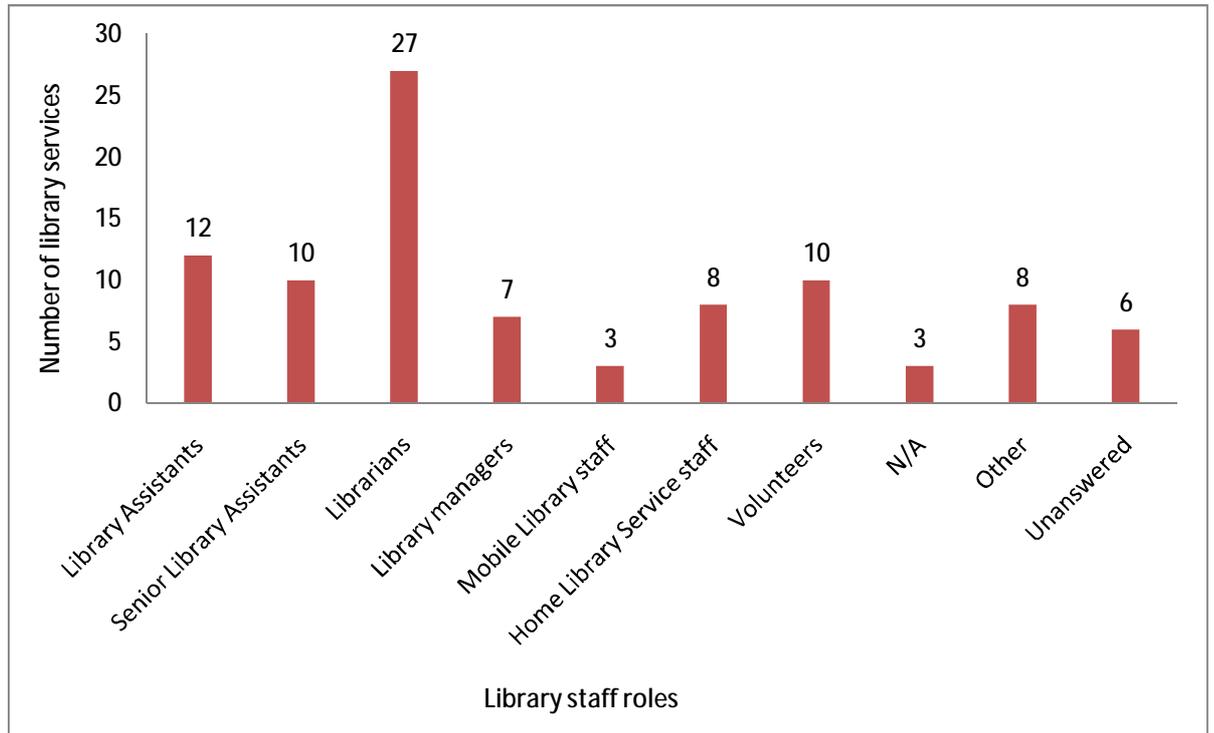
Reminiscence work is mainly carried out by librarians. Although much reminiscence work is carried out through outreach, the number of mobile and home library staff involved is relatively low. The number of volunteers is relatively high compared with the rest of the results. This number could increase in the future due to budget reductions. An interviewee, whose library service ceased to provide reminiscence services, said if services were to resume it could be in partnership with the voluntary sector.

4.5.4 Reminiscence materials

Reminiscence items are used primarily as reminders of past times. Twenty-two of the forty-six library services who responded to the questionnaire provide reminiscence collections, and fifteen provide boxes, or have done in the past (see chart 1). Many libraries provide instructional material to advise and support people who are undertaking reminiscence work. Table 15 presents participants' comments relating to reminiscence materials:

Table 15: Materials

Research participant	Evidential qualitative data: quotation
Interviewee	*Our library authority holds a 'Reminiscence collection'...It has a variety of materials such as books, games, flashcards, quizzes, music, DVDs, videos and handbooks for professionals. All of this is aimed at stimulating memories of childhood and life from the 1920s to the 1990s.*
Interviewee	*Sessions include photos, objects, books, smell bottles and songsheets. We give the sessions a local feel using items from our local history collection*
Interviewee	*I've borrowed some resources from the schools libraries service...a bath time collection...old washboards and tin bath and stuff and I actually took that up to one of the day care...settings..staff there had thought might be really good to get people talking about what they remembered*

Respondents assert that resources are used by library staff to facilitate reminiscence sessions, and loaned to individual or organisations undertaking reminiscence work. The examples of items in Table 15- are typical of examples noted by other respondents. It was found that reminiscence items can relate to either history in general, or local history.

Managing collections is close to the traditional work of librarians, and perhaps libraries feel most comfortable providing this type of reminiscence service. An interviewee, whose library service had previously provided reminiscence services, felt that if services were to resume, it would be through collaboration with external organisations, with the library's role relating to collections: "*we'd maybe just become custodians...of the resources...after all that is part of our expertise*". Items are often distributed via reminiscence boxes, sometimes organised around a theme. One questionnaire respondent commented that smaller reminiscence "*kits*" have been devised due to the popularity of the boxes. Mortensen and Nielsen (2007: 10) suggest

that "reminiscence kits", used frequently by libraries in Denmark, "are very helpful in stimulating memories".

4.5.5 Training

Staff training that is specifically related to the facilitation of reminiscence work is limited within many library services that participated in this research. Comments relating to training are included in table 16:

Table 16: Training

Research participant	Evidential qualitative data: quotation
Interviewee	*A couple of us with an interest have sought a little training, but it is not usually offered at present*
Interviewee	*Staff are involved in gaining some knowledge of the collection in order to carry out shelf checks, package the material either for transportation to another library or to be collected and then to replace items on their return...*
Interviewee	*as far as I know we've....never found a specific reminiscence course...what we've done instead is gone on things like...oral history courses...a few different training courses...we did one quite recently on dementia awareness...some of the reader development training that I've done as well...was quite useful*
Interviewee	*We had ½ day training... A chap...delivered an excellent training session in-house. It covered things like using objects to trigger memories, how to put people at their ease and how to encourage without patronising*

The evidence suggests that training can range from formal to informal. Training can be delivered internally, staff can attend course in related, or more specific course can be delivered by external companies. In general, lack of training has been a long-standing issue, and is noted by a number of respondents as being a barriers. An interviewee, whose library provided reminiscence services in the nineteen-eighties and nineteen-nineties, indicated that staff received little training in reminiscence

work at that time. Thinking about what training would involve today, the interviewee said: "*I think there'd be a lot [of training] and I think there'd be a lot around health and safety*". This interviewee provided training for members of external organisations, specifically students studying "*social care*" and volunteers who were working for an organisation catering for older adults. This does not appear to be common today, as another interviewee commented: "*Other organisations have taken the lead on this* [training]*, e.g. local museum, community theatre group*".

4.6 Users of reminiscence services

4.6.1 Overview

Within the literature and participants' responses, older adults were identified as the main users of such services. Whilst this is true for the most part, a closer analysis reveals the use of services by diverse groups; reminiscence is by nature an inclusive activity. Overall, it is important to examine this core category, as without users there would be no service.

4.6.2 Members of the public

Users most frequently mentioned within definitions were older adults. The frequency of terms relating to users was examined. Definitions were provided by fifty-five respondents, and the term "*older people*" and synonyms such as "*elderly*" and "*older library members*" occurred in twenty-one definitions. The next most frequent group associated with reminiscence work, was people suffering from "memory loss", "*Alzheimer's disease*" and "*dementia*". Terms relating to this group of people occurred in twelve definitions. Mortensen and Nielsen (2007) indicate that the number of people with dementia is increasing, and suggest that libraries can provide reminiscence-based materials for use with this group. Other groups commented upon once or twice, include: "*carers*"; "*groups*", "*individual*"; "*users*" in general; "*community groups*";"*residential homes and residents*"; people with "*mental health problems*"; "*youngsters*". These figures are based on perceptions.

Respondents were asked directly through an open question, about who uses the reminiscence services. It was revealed that a diverse range of users of reminiscence services. Some were only mentioned occasionally, such as "*refugees*" and "*prisoners*". Other groups were identified as users by a greater number of library services; the highest figure was for staff and residents of residential, care and nursing homes (see table 17). This corroborates with the fact that seventeen library services who responded to the survey stated that they worked in partnership with residential homes.

Table 17: Survey question 10: If your library provides reminiscence services, who are the users of these services? [Highest results]

Users of library reminiscence services	Number of library services
Staff/residents of residential/ care/nursing homes	21
Older adults	9
Staff/visitors of day care centres	9
Any interested individuals	8
Sheltered accommodation residents	5
Schools/school children	5
Any local resident	5
Community groups	4

Detailed comments are presented in Table 18:

Table 18: Reminiscence service users

Research participant	Evidential qualitative data: quotation
Interviewee	*The groups I think who would benefit most are those in Care Homes & Day Centres, those with learning disabilities, those with Alzheimer's or dementia, those recovering from strokes and the elderly.*
Interviewee	*Local residential homes. We also had a session in the library bringing in people who are normally unable to leave their own homes. I have also done some sessions with local WIs and community groups.*

Interviewee	*Therapists in care homes, family carers*
Interviewee	*...they were doing a reminiscence project at school and they asked if they could interview some of our clients...*

4.6.3 Organisations and organised groups

A diverse range of local and national groups emerged as being users of library reminiscence services. Questionnaire respondents identified the following, though this list is not exhaustive: "community groups"; "stroke support" groups; "women's groups"; "church groups"; "friendship clubs"; "disability groups";"Mothers' Union"; "WI" groups. Volunteers were also noted as users. Group members are also members of the public but as they use services as part of groups, they were examined within this sub-category. Respondents commented that external organisation were users of services. For example, residential home staff members use the service on behalf of residents. Interviewees commented:

"*the majority of the reminiscence borrowers work in Care Homes.*"

"*we actually get requests from members of the staff there* [residential homes/day care centres] *saying we've heard about this service...could you come along and do something similar...*"

Several respondents view residential homes as organisations that *use* reminiscence services, whilst others consider this type of link as collaborative working. One indication of partnership working could be the level of joint working between the library staff and the partner organisation staff. An interviewee, for example, trained volunteers working with an external organisation. The interviewee saw this as a brief partnership, rather than the organisation as a user of the training element of the reminiscence service.

4.7 Scope for collaboration

4.7.1 Overview

Recent decades have seen an increase in libraries engaging in partnerships (Crowther and Trott, 2004). Reminiscence work is not a traditional area of library work. Other sectors may be seen as having greater expertise. This, along with the strain on public library resources, gives rise to collaboration.

4.7.2 Current collaboration

Thirty-four (74%) out of forty-six library services said that they had worked or were working with partners to deliver reminiscence services (two said 'no', six said 'don't know', and four did not answer).Whilst this is not entirely representative as not every UK library service returned a questionnaire, it does indicate that a number of library services have engaged in collaboration. Information relating to library-external organisation partnerships in the area of reminiscence work is limited in the literature. This is an area for further exploration.

Respondents indicated which sectors partners belonged to (see chart 4).

Chart 4: survey question 12- If your library does work with partners to provide reminiscence services, which sectors do the partners belong to?
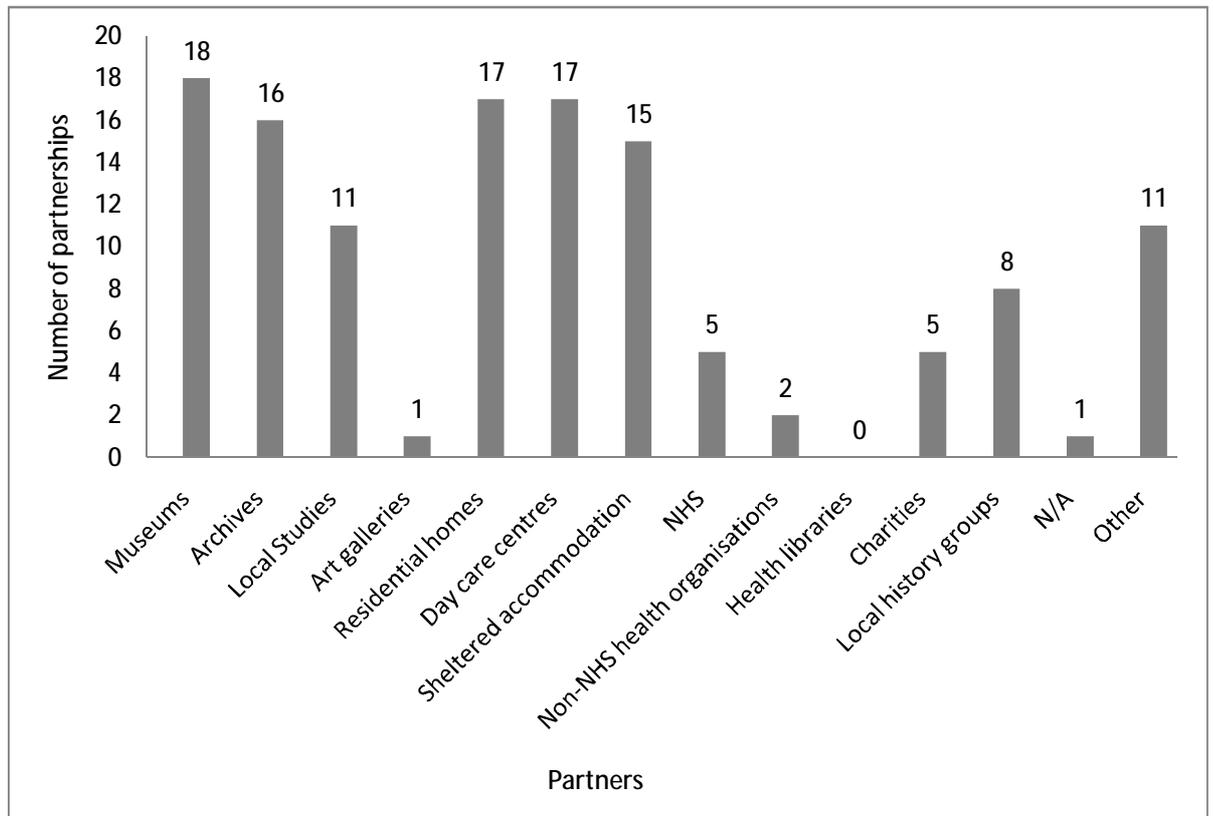
Most partnership working is with museums. This could be due to their interest and expertise related to the past. A relatively high number of libraries had worked with archives and local studies. This may be due in part to their expertise in oral and local history. The close proximity of archives to the public library, both in terms of location- some lending and reference libraries are located in the same building as archives and/or local studies- and sector-wise, is convenient. Relationships may already exist. A high number of library services also collaborate with residential care homes, day centres, and sheltered accommodation. This may occur because home and mobile services already visit such locations. The number of libraries collaborating with the health sector is low considering reminiscence therapy has a medical emphasis, and reminiscence work can promote health and well-being. Public libraries may simply be more used to working with sectors such as archives and museums. Library-health sector partnerships are still becoming established as noted in the MLA document *Health and well-being activity in public libraries* (Hicks et al, 2010). Whilst results show that the most partnerships are with museums, if sectors

are grouped together, a slightly different picture emerges. Grouping museums with other heritage related sectors such archives, local studies, and local history groups, as well as art galleries, the number library services engaging in this type partnerships would be fifty-four. Grouping residential homes, day care centres, sheltered accommodation with the NHS and non-NHS health organisations, the total number of library services working in partnership with the health and care sector would be fifty-six. This shows that partnerships are spread more or less equally across sectors.

In addition to the partnerships presented in chart 4, respondents also noted the follow groups and sectors as partners:

- Archives groups
- Community groups
- WRVS
- Living Memory Group
- Adult Education and schools
- Interest groups and clubs
- County costume service
- Youth workers
- Theatre
- record office

This demonstrates the diverse nature of partnerships. In particular, collaboration with educations was highlighted; this emphasises growing value of intergenerational work. Comments relating to collaboration are included in table 19:

Table 19: Collaboration

Research participant	Evidential qualitative data: quotation
Interviewee	*We have plans to talk to our county archives...that are, in turn, linked to the county museums*
Interviewee	*We did initially try to work with the museum service, but found it difficult to co-ordinate staff– their priorities were different to ours. Currently it works best*

	for us to work direct with the residential homes
Interviewee	*we are in touch with various members of the health sector*
Interviewee	*We are in contact with Adult Social Care, a couple of day hospitals, the Alzheimer's Society collaboration...and the majority of the reminiscence borrowers work in Care Homes.*

These comments highlight work done with museums and archives as well as the health and care sector, reinforcing they are the main sectors for collaboration. An interviewee, whose library service is currently engaging in reminiscence work, indicated that partnerships tended to be informal. As one interviewee points out collaborative working is not always effective.

Interviewees were asked about the role that library services have within partnerships. Whilst only a limited number of interviews were conducted, participants did make some insightful comments:

> "...*we...based on that they want put together a little programme of what we're going to do, we'd bring along the materials and we'd provide the staff...we'd ask that a member of staff was available to help us...they know the people within the setting better than we do...we'll just be there supporting*".

Here library staff have a supporting role in the delivery of sessions, and members of the care staff have an active role. The level of formality, the partners, and library involvement varies.

4.7.3 Benefits of partnership working

Fifty-five individuals returned questionnaires; these respondents were asked whether they felt there were advantages in working with partners. Forty-one said there were advantages in working with partners. No respondents answered 'no', two answered

'don't know', two answered 'N/A' and ten did not answer. The statistics provide an overview, indicating that there are advantages to partnership working. However, the statistics do not present the views and experiences driving these responses. Respondents were encouraged to qualify their answers; comments are presented in table 20:

Table 20: Benefits of collaboration

Research participant	Evidential qualitative data: quotation
Interviewee	*holding a collection, it enables a fairly wide range of materials to be available for loan that would be a prohibitive expense for one organisation...our collection allows access to these materials across the county and gives us contact with many and varied establishments and professionals*
Questionnaire respondent	*Using partners ensures reminiscence sessions reach a wider and more diverse audience*
Questionnaire respondent	*...partners are best able to identify those who might benefit from reminiscence services*
Questionnaire respondent	*The partnership between Libraries and Museums proved to be very beneficial as we both brought a different range of skills and expertise. They had access to objects and were very used to doing reminiscence work.*
Interviewee	*when you can see what staff in settings are already doing...you can learn things from them and obviously having that extra bit of support is always useful...a member of staff who's really active in the in the session itself...can be really useful because they can engage the people*
Questionnaire respondent	*The museum had the funding to set up the reminiscence boxes, training and reminiscence sessions. We were able to help by delivering the boxes to the homes we visit. This helps us to provide an additional service which we supplement with other library materials therefore increased our issues*

The quotations in table 20 demonstrate how partnership working can result in a "collaborative advantage", when the outcomes could not have been achieved by organisations working independently (Huxham and Vangen, 2004: 191). Thus a fundamental advantage is that costs can be shared between the partner organisations. Having funds in place ensure that a service can be established and maintained thereafter. Collaboration can also provide extra staff at a time when individually many organisations are experiencing a reduction in staff levels. Many respondents echoed these advantages. Respondents highlight how shared costs enabled the building of a reminiscence collection, a central aspect of library reminiscence services. An interviewee, whose library no longer offers reminiscence services, felt that collaboration may be the only means by which the library service could provide a reminiscence service in the future.

Collaboration also provides a means of promoting reminiscence services and the library in general, as respondents point out that it enables the library to "*raise the profile*" and "*market*" services. Another advantage commented upon frequently is the opportunity to draw on the skills of others. This could lead to increased support as well as the sharing of skills, knowledge and "*best practice*" as one respondent suggested. The sharing of skills was noted by Crowther and Trott (2004) in relation to collaboration in general. A respondent commented that any training would be "*unlikely*" at the present time. It could be argued that this sharing of skills may offset the lack of training to some extent. Summarising, one respondent suggested that collaboration encourages a "more rounded approach" to delivering reminiscence services.

4.7.4 Negative aspects of partnership working

Nineteen out of fifty-five respondents felt there were disadvantages in collaborating. Sixteen felt there were no disadvantages, eight answered 'don't know', two answered 'N/A' and ten did not answer. These statistics provide an overview, but the qualitative data elicited illustrates these statistics- see Table 21:

Table 21: Disadvantages of collaboration

Research participant	Evidential qualitative data: quotation
Interviewee	*I think there is potential,l but there are issues regarding the different ways in which we work and the different priorities*
Interviewee	*you can be left in a situation where you're completely left to run this session and all the staff disappear and leave you to it...people phone up and say can you do this tomorrow...I've got lots of other things that I need to do and I need to plan and prepare for it...*
Interviewee	*Library input may not be recognised or may be marginalised.*
Questionnaire respondent	*If you add in more than one group it can take longer to organise events.*
Questionnaire respondent	*Partners objectives may differ from those of the library/archives service*
Questionnaire respondent	*Sometimes it is a problem to get partner organisations to realise the importance of reminiscence work.*
Questionnaire respondent	*...working with the NHS we found that we were putting in a lot of staff hours for very little gain to the library or museums services. We were delivering a programme for carers with relatives in a local dementia hospital but numbers were very small, yet the NHS were not willing to open it up to a wider group.*

Many difficulties that arise during collaboration, for example, unrealistic expectations leading to unequal input, are due to a lack of clarity and communication initially. Misunderstanding can lead to frustration and poor relations between those involved in a partnership. Related to this is that partners may have different values regarding reminiscence work. Within the MLA report *Public library activity in the areas of health and well-being* (Hicks et al, 2010: 5), it is stated that "different agendas, priorities and timescales" can be "barriers" in terms of collaboration

between libraries and the health sector. These barriers could be applied to collaboration with other sectors, as is evident from participant responses. To remedy such disadvantages, a respondent stated that "*shared outcomes so that one party isn't going off at a tangent*" are required.

Collaboration can lead to strategic difficulties. An increase in the scale and complexity of a reminiscence project can mean organisation is lengthier. On a day-to-day basis, several respondents suggested that unreliability of partner organisation staff can be a problem. This can manifest in various ways, from not attending reminiscence sessions, to problems with loaning and returning material. Due to reduced staff in many organisations, respondents indicate that it is difficult to arrange times for partners to meet. Thus, disadvantages can be operational. Difficulties can lead to "collaborative inertia", which can result when outcomes are not realised or progress is laboured (Huxham and Vangen, 2004).

It may be assumed that working with a partner will be beneficial- ultimately this is the fundamental reason for collaborating with other organisations. However, as one questionnaire respondent points out, this is not a given outcome:

> *"Care needs to be taken that the net impact of working with partners is an increase in benefit, it can be easy to assume that working with partners will save money, but this is not always the case."*

Overall, disadvantages can occur if care is not taken in choosing the right partner initially, aims and objectives are not agreed, and communication is not maintained. If difficulties do develop, these disadvantages can minimise or even eclipse any advantages created through collaboration.

4.8 Barriers

4.8.1 Overview

As with most services there are practicalities to consider when undertaking reminiscence work. These practicalities can either be worked around, or they become barriers. Barriers can influence whether a library service feels able to establish a service, or whether existing services can be maintained. Fifty-one respondents (93%) -out of fifty-five- felt there were barriers to providing a reminiscence service, only one respondent felt there were no barriers, and three answered 'don't know'. Despite this, forty-six participants (84%) felt that library services should undertake reminiscence work.

4.8.2 Resources

A barrier that was commented on frequently by respondents was the lack of resources available. Resources here encompass financial, material, time and staff resources. Table 22 presents comments made by participants, which demonstrates this.

Table 22: Barriers

Research participant	Evidential qualitative data: quotation
Interviewee	*I think the biggest ones are...probably our time and the money*
Interviewee	*...any barriers? Well the...obvious one of course is resources*
Interviewee	*Budget probably...even if you've got the budget you've still got costs of knowledge*
Questionnaire respondent	*The cost, time and difficulty of amassing the objects to form the collections. The maintenance of the collections and the space they take to store.*
Questionnaire respondent	*Lack of funds, not enough staff could possibly prevent this work being undertaken.*
Questionnaire respondent	*Money- Lack of funding to buy artefacts*

Questionnaire respondent	*It is a time consuming exercise and sometimes the purchase of materials to use for the work is expensive*

The quotations presented in table 21 are representative of the majority of respondents. This indicates that the existence and maintenance of library reminiscence services is influenced by the wider financial context. An interviewee, whose library service had provided reminiscence services in the past, emphasised that reminiscence work is not a core service. Therefore, there is no guarantee that available funds would be directed towards reminiscence services. Many respondents (see Table 22) comment on the effect that lack of funds can on collections; items cannot be bought or updated. A lack of reminiscence materials would reduce the effectiveness of the work being undertaken. Respondents noted that due to lack of funds the number of staff available to facilitate reminiscence services is limited. A library service would not be able to provide a service without staff to carry out work. In section 4.7.3 the sharing of resources was noted as an advantage of working with partners, which suggests that libraries are finding ways to overcome the lack of resources available.

4.8.3 Staff knowledge and commitment

Respondents indicated potential barriers relating to existing staff- see Table 23.

Table 23: Staff related barriers

Research participant	Evidential qualitative data: quotation
Interviewee	*...the biggest barrier has got to be...staff commitment for doing it*
Questionnaire respondent	*Lack of understanding of what is needed to give the best and most efficient service. Lack of will to deliver*
Questionnaire respondent	*...needs special commitment from staff and management. This can often be overridden by other pressing service objectives. Library staff are prevented from starting or proceeding with projects because of lack of expertise...*
Questionnaire respondent	*Lack of staff, training and expertise*
Questionnaire respondent	*...I think training should be provided so staff are*

	confident in undertaking this type of work

As one interviewee indicates, from their experience "*staff commitment*" is a barrier to the undertaking reminiscence work in libraries. This can be due to a lack of willingness to become involved. Initially this appeared to be wholly centred on the personal preferences of the individual. On further exploration of how barriers overlap, it was found that willingness can link to other barriers. These include barriers caused by external factors such as limited training, perceived or real lack of expertise, and pressures on time. A respondent suggested that staff need "*confidence*" to undertake reminiscence work. Lack of confidence is a barrier, which can affect willingness, and through this relates back to the overarching barrier of staff commitment.

One respondent suggested the following barrier:

> "*Too few staff involved in too many roles...fewer professional posts mean para-professional staff are having to play catch-up.*"

Attention is drawn to this viewpoint as it is the only instance where level of role (i.e. professional and para-professional) has been mentioned as a barrier to undertaking reminiscence work. When other participants commented on lack of expertise as a barrier, this distinction was not made. An interviewee, who worked in a department which had not undertaken reminiscence work, felt a range of staff could deliver services:

"*you need to be good a talking to people and communicating to get the best out of them...I don't think it has to be a certain level...I think it would depend on the individual*".

One advantage of working with partners to deliver services, was that partner organisation staff could share knowledge and skills, thus suggesting that the barriers related to a lack of knowledge may be reduced.

In addition, interviewees commented on barriers that may prevent library staff from undertaking reminiscence therapy:

Table 24: barriers- reminiscence therapy

Research participant	Evidential qualitative data: quotation
Interviewee	*for me personally it would be that I wouldn't perhaps feel qualified to do that...that would be my biggest...concern that I wouldn't feel that I had the expertise and skills to deliver that properly*
Interviewee	*I would never sort of hold my hands up and say yes I was a therapist...in my past life because I wasn't...I wouldn't pretend to be especially with things like mental health*
Questionnaire respondent	*...we are not qualified in Reminiscence therapy*

Several respondents felt that library staff are not "*qualified*" to undertake reminiscence therapy. In relation to negative memories, Ulvik (2010: 159) states: "Memories of this kind would be too difficult to deal with in a memory group, and librarians are not trained to cope with this...The purpose of the memory group is not therapy." This draws a distinction between reminiscence work and reminiscence therapy, indicating that the former is a more appropriate type of work for library staff to undertake, with the latter being more specialist.

4.8.4 Audience

Research participants comment on barriers relating to users or potential users of reminiscence services; examples are included in table 25:

Table 25: Barriers relating to audience

Research participant	Evidential qualitative data: quotation
Interviewee	*I think you might find some groups thinking well we don't need that kind of work or we don't need that kind of therapy almost... perhaps that's the case for us explaining what we do a little bit better so they're not put off in the first place*
Interviewee	*I think many are unaware of any provision*

Questionnaire respondent	*You always have to be careful...as to the vulnerability of the people you are trying to help*
Questionnaire respondent	*Possible at risk individuals- possible mental anxiety borne through memories rekindled*

A fundamental barrier is that reminiscence work may not be welcome by potential participants. A respondent corroborates this, suggesting: "...not everyone reacts favourably to organised sessions". As suggested by a respondent, reminiscing can cause a participant to suffer from "*anxiety*". This corresponds with the views of Schweitzer (1994) and Ulvik (2010), who suggest that memories are not uniformly pleasant. Reminiscence, for example, may lead to depression (Mosher-Ashley and Barrett, 1997:100). That one respondent says "*You always have to be careful*" is illuminating; reminiscence work, which involves members of the public, is complex. One interviewee recalled an experience in which residential home staff asked the library service to deliver a session on VE Day. The interviewee found that residents did not want to remember the war years they had lived through. This issue in general has been highlighted within the literature; Killick and Allan (2001) suggest that there are certain things that people may not want to recall. As an interviewee quoted in table 23 points out, reaching out to an audience presents its own difficulties. It is suggested that promotion of services is required. It is identified that one advantage of partnership working is that partners may be able to reach a wider audience. Thus, there is the possibility that some barriers relating to audience may be overcome.

4.9 Value of reminiscence services

4.9.1 Overview

Value is employed in its abstract sense, as opposed to value measured by numerical techniques and presented as statistical information. Increasingly, the value of library services is measured against outcomes, using quantitative methods, as one interviewee pointed out: "*we tend to be judged on much more black and white data... number crunching*". When discussing bibliotherapy, Brewster (2009: 16) asserts: "Public libraries do have a positive impact on the lives of their users, though this is difficult to measure, other than anecdotally." This research also looked at value from

a perceptual angle. When asked directly whether reminiscence work is of value, fifty three respondents (96%) answered 'yes', none answered 'no' and two answered 'don't know' (out of fifty-five).

4.9.2 Social value

Research participants identified social and recreational benefits for those participating in reminiscence work. Along with value related to health and well-being, the social value was frequently highlighted. Examples of quotations demonstrating this are presented in Table 26:

Table 26: Social value

Research participants	Evidential qualitative data: quotation
Interviewee	[of value to] *especially to those marginalised sections of society who struggle to live and be recognised in our current, busy society. I think everybody enjoys reminiscing to some degree*
Questionnaire respondent	*Helping to bring people together with similar life experience can be very positive in developing links especially among older people who are at risk of isolation.*
Questionnaire respondent	*Of great value in breaking down barriers, combating isolation, building cultural identity, establishing common bonds and building friendship, developing a sense of personal identity.*
Questionnaire respondent	*Participants enjoy the sessions. Our project helped to decrease social isolation*
Questionnaire respondent	*....contributes to community cohesion and well being, combats loneliness etc*
Questionnaire respondent	*They can encourage people to communicate and they can break down barriers e.g. young and old getting together.*
Questionnaire respondent	*Provides enhanced self-esteem through valuing the reminiscences of the elderly.*

In terms of face value, there is an emphasis within responses on the fact that reminiscence activities can be enjoyable and entertaining. The social value of reminiscence work extends beyond the recreational aspect. Respondents comment on the fact participation in reminiscence work can improve an individual's level of "*self-esteem*"; this is also highlighted within the literature by Killick and Allan (2001: 104) and O'Leary and Barry (2008: 160. As illustrated by comments in table 24, reminiscence work can minimise feelings of "*loneliness*", also noted by Chiang et al (2010: 387), and "*isolation*", through connecting people. As indicated in table 24 reminiscence work undertaken by libraries can be of value to the community more generally, as it can lead to greater "*community cohesion*". One participant commented that "everybody enjoys reminiscing to some degree". The universal enjoyment supposed here may not be true, for example, Mosher-Ashley and Barrett (1997: 100) suggest that reminiscing can provoke negative feelings. However, it can still be argued that reminiscing is an inclusive activity, as Westerhof et al. (2010: 699) suggest.

4.9.3 Health value

Reminiscence work can have a positive effect on health and well-being (Chiang et al., 2010). Respondents also indicate that there are benefits for people with conditions that cause memory-loss such as dementia and Alzheimer's disease- see Table 27. This is emphasised by Gibson (1994), and is a recurrent theme within responses, with respondents asserting that reminiscence work stimulates the memory.

Table 27: Health value

Research participants	Evidential qualitative data: quotation
Interviewee	*It has great value to those with Alzheimers and other degenerative illnesses*
Questionnaire respondent	*Mainly for those suffering from various degrees of memory loss and for people who care for them. The percentage of people in this situation seems to be increasing so provision of reminiscence based activities is becoming more and more appropriate.*

Questionnaire respondent	*Research and anecdotal evidence appear to suggest that 'talking therapies'- of which this [reminiscence work] may be considered an example- are of great benefit to those with low-level mental health difficulties.*
Questionnaire respondent	*Provides stimulation to the providers and users of the reminiscences. Can be therapeutic.*

It is evident that there is a therapeutic value to reminiscence work. The extent of this is difficult to establish. When asked to define reminiscence work, many respondents merged reminiscence work and reminiscence therapy. Though there is no clear distinction in the literature as a whole, reminiscence therapy tends to be outlined as being an "intervention" (Westerhof et al. 2010: 711).. This issue was explored with interviewees; all except one perceived there to be a difference between reminiscence work and reminiscence therapy. One interviewee asserted that the reminiscence work that they undertook in the past aimed for social or recreational rather than therapeutic benefits: "*ours is very much about the social and the entertaining side of it to get a bit of fun out of it*". This interviewee continued to indicate that if participants' memories were stimulated, this would be a bonus. Overall, the aim and objectives of reminiscence work vary between library services. The degree to which reminiscence work has therapeutic outcomes is dependent on the expertise and willingness of library staff or those they collaborate with, as well as perceptions regarding the library remit.

4.9.4 Historical purpose

A number of reminiscence work definitions provided by respondents included elements that traditionally relate to oral history. In light of this, there is an historical value of reminiscence work for some respondents as illustrated in Table 28:

Table 28: Historical value

Research participants	Evidential qualitative data: quotation
Interviewee	*Helps our understanding and preserves memories for future generations*
Questionnaire	*A collection of reminiscences is of historical and nostalgic*

respondent	value.
Questionnaire respondent	*It's an alternative to more academic document-based historical research and likely to be accessible and popular.*
Questionnaire respondent	*History cannot only be from written records. It is essential that peoples memories are part of the mix. It is important in showing people their value as sources of information and as characters in the stories of their communities.*

The value of reminiscence work to some, therefore, can be perceived to relate to the preservation of reminiscences and documentation of history. The value of reminiscence work in this sense can relate to a range of people. As one respondent notes, those relating their memories are able to affirm the value of those memories and their lives. For other people there is an educational or cultural value, as they can learn from reminiscences. Learning from the past experiences of others promotes understanding.

4.9.5 Importance to libraries

When commenting on the value of reminiscence work, research participants tended to focus on the value and benefits for the users of services. Few mentioned the value for library services. Though comments regarding this theme are limited within the data collected, points made by respondents are of interest- see Table 29:

Table 29: Value reminiscence for libraries

Research participants	Evidential qualitative data: quotation
Interviewee	*I think it's a good thing to do...it's a really good way of getting us out of our...building going out and doing that kind of outreach work...we can then see what's happening in those settings as well and we can learn from what they're already doing and we can take that away...pass it on to other people that we're working with*
Interviewee	*Something extra to consider when selecting stock*

Reminiscence services add an extra dimension to the overall library offer. This can take the form of "*outreach*", which connects the library to the community, and enables library staff to learn from work being done in other sectors. The decision to become involved in reminiscence work may also lead library services to provide an extra collection, based around reminiscence material- offered by twenty-two out of the forty-six library services which participated in this research. It appears that much of the value for libraries comes from collaboration, through which libraries can promote the library service, engaging users. The MLA report *Health and well-being activity in public libraries* (Hicks, et al, 2010: 18) states that: "Public libraries' contribution to health and well-being is built in to the existing, core, library offer, which means it is often invisible to external stakeholders". Engaging in reminiscence work, particularly through outreach and collaboration, may provide libraries with the opportunity to make their health and well-being "offer" less "invisible" (Hicks et al. 2010: 18). Demonstrating how reminiscence work and/or therapy can market the library, one interview said that their library was able to offer to "*reminiscence therapy with a strong local slant – a USP!*" .

Whilst the quotations in Table 27 positively demonstrate the value of reminiscence work to libraries, there are differing views. An interviewee, working for a library service no longer offering a reminiscence service, was uncertain as to whether such services would be of value to library users:

> "*I don't know about library users depends where the library is if the library is in...a home you could link it to that*".

There is also limited information regarding the value of reminiscence work to libraries within the literature. If we look to the current financial climate, it is possible that in the current context, the barriers outweigh any value to library services at present. The value of reminiscence services for libraries is an area for further study.

4.10 Summary of findings

4.10.1 Health and well-being in libraries

- Health and well-being provision in libraries is increasing
- Collaboration with the health sector is becoming more established in some areas
- Library staff value health and well-being provision in libraries; it is viewed as part of the library remit
- Library staff made a connection between reader development and health and well-being
- Self-help bibliotherapy is leading the way in terms of health and well-being provision in libraries
- Books on Prescription is a recognised part of the health and well-being offer in libraries
- Health and well-being provision enables libraries to meet the government agenda in this area
- Health and well-being provision enables members of the public to become engaged in and informed about health and well-being.

4.10.2 Defining reminiscence work

- There is an emphasis on social and recreational outcomes in reminiscence work; therapeutic outcomes are secondary
- Terms are often used interchangeably
- Working definitions vary depending on an individual's role and the context in which the work is being undertaken
- Participants, purpose, activities undertaken and materials are key elements of working definitions
- Several respondents felt that the term reminiscence therapy did not reflect their work

- Reminiscence therapy aims to improve physical and mental health and well-being; social and/or recreational outcomes are secondary

- Reminiscence therapy tends to take the form of long term programmes

- Definitions of reminiscence work often include features of oral history

- Respondents tended to refer to oral history when defining reminiscence work if (a) they worked in local studies departments; (b) they had not undertaken, or had little awareness of reminiscence work

4.10.3 Provision of reminiscence services

- Although this study is not entirely representative, it is clear that a number of libraries are engaging in reminiscence work to some extent

- Libraries undertake reminiscence work to varying degrees

- Reminiscence sessions within the library was the service provided the most

- A wide range of reminiscence-based projects and programmes are undertaken with a diverse range of participants

- The majority of library services that returned the questionnaire had undertaken reminiscence work within the last five years

- Intergenerational projects are an increasingly popular form of reminiscence work

- A large number of library services provided reminiscence collections, whilst a smaller number provided reminiscence boxes

- Reminiscence items are used by library staff (and partners) when delivering reminiscence sessions, and are loaned to external organisations and individuals. Often borrowers are individual carers and care home staff.

- Training can be formal; training for library staff can be conducted by external organisations

- Training can be informal; training can be undertaken internally

- Specific reminiscence work courses are limited; staff sometimes attend courses in related areas, such as oral history

- Library staff have provided training in reminiscence work for external organisations

- ***4.10.4 Users of reminiscence work***

- Older adults tend to use reminiscence services the most
- Reminiscence services are used by people with conditions which cause memory loss, such as dementia and Alzheimer's disease, and their carer
- A diverse range of library users and non-library users can participate in and benefit from reminiscence services
- A wide range of organisations and groups use reminiscence services, particularly residential homes.

4.10.5 Scope for collaboration

- A high number of the library services that returned the questionnaire, had delivered reminiscence services in collaboration with external organisations
- Libraries collaborate with a wide range of groups and organisations. Most collaboration is with museums, archives, residential homes, day care centres, and sheltered accommodation
- Despite increasing collaboration with the health sector generally, there was little collaboration reported with NHS and non-NHS health organisations, where reminiscence work is concerned
- Forty-one out of fifty-five respondents felt that there are advantages in working with partners. Advantages noted include: shared costs; extra staff; promotion of services; sharing of skills/knowledge; reaching wide audiences; new contacts
- Nineteen respondents felt that there were disadvantages in working with partners. Disadvantages noted include: unrealistic expectations; unequal input; poor communication; different values; unreliability; operational difficulties; strategic difficulties; aims/objectives not shared.

4.10.6 Barriers

- Barriers relating to resources include: lack of funds; lack of available staff; lack of suitable reminiscence materials; time

- Barriers relating to staff knowledge and commitment include: lack of staff commitment; low levels of willingness; lack of expertise; pressures on time; lack of confidence; lack of training

- Barriers relating to audience include: lack of participant interest/ willingness; negative effects of reminiscence

- A barrier to library staff delivering reminiscence therapy is lack of expertise and qualification

4.10.7 Value of reminiscence services

- Fifty-three out of fifty-five respondents said that reminiscence work is of value

- Reminiscence work has a social and recreational value; participation can be enjoyable, can decrease isolation, can promote community cohesion, and decrease social exclusion.

- Reminiscence is an inclusive activity

- Reminiscence work can improve health and well-being

- Memories can be recorded and preserved through reminiscence work

- Library services can be extended and promoted, and staff can learn new skills through undertaking reminiscence work.

4.11 Best practice and recommendations

4.11. 1 Best Practice

One research objective outlined initially was to suggest best practice and recommendations for practice. Outlining best practice from the data gathered from the questionnaire responses and interviews alone was difficult. The questionnaire consisted of a large number of closed questions, and whilst the responses to these questions were useful in gaining an overview of reminiscence work, it was difficult to draw best practice from answers which did not go into depth. Face-to-face interviewees were asked directly if there was any best practice in relation to reminiscence work within their library service; none knew of any best practice. Thus, to suggest best practice it was necessary to refer back to the literature.

One successful library reminiscence project stands out as highlighting examples of best practice. A group was created at Torshov public library, Oslo, in which immigrants were encouraged to share their memories (Ulvik, 2010). Initially, language barriers meant that the project was not as successful as anticipated. This led to collaboration with a "language school", through which students and teachers participated in the group, making it "more stable" (Ulvik, 2010: 157). Thus good practice was developed through trial and error. The author indicates that the project is ongoing (the article was published in 2010), and as such knowledge of good practice may continue to develop.

Torshov library recruited a "reminiscence expert" to help facilitate the project (Ulvik, 2010 156). As reminiscence can be complex and can overlap into therapy, seeking expert advice is an appropriate step to take if there is means to do so. Within the project, more emphasis is placed on the "sharing memories than collecting them" (Ulvik, 2010) which differentiates reminiscence work from other kinds of work, such as oral history. The project has clear aims. Ulvik (2010: 158) describes the basic elements of Torshov library reminiscences sessions:

> A meeting often has a certain topic, such as cooking meals and kitchen equipment, childhood school days, toys and games, holidays, wedding customs. Recalling memories by the means of different everyday objects,

such as pipes, old coins, photos, books, clothes, even bottles containing smells, has also turned out to be successful, and leads to lively conversation.

This provides a good basis for reminiscence work, for older people as well as immigrants. Activities highlighted here are common within other library reminiscence sessions, as discovered within the literature and comments made by research participants.

What is perhaps pertinent to best practice is ensuring the well-being of participants. Ulvik (2010: 159) noted that some "memories are painful", continuing to assert that such memories "would be too difficult to deal with in a memory group". Being aware of this and considering the effect of reminiscence on participants when planning sessions, is good practice. One interviewee, whose library service has no formal good practice guidelines relating to reminiscence work, is also aware of this. When facilitating a session on VE Day, the interviewee found that participants did not want to remember this period of their lives. Although there is little in terms of official best practice uncovered through the course of communicating with research participants, library staff appear to be intrinsically concerned with good practice informed by their practical experiences. More research would need to be done before best practice could be suggested with any weight. However, leading on from practice discovered through the course of this research, recommendations are outlined below;

4.11.2 Further Suggestions for practice

- Provide a working definition of reminiscence work for library staff
- Ensure aims and objectives are set out with clarity, and that all library staff are aware of aims and objectives prior to undertaking reminiscence work
- Provide relevant training for library staff
- Promote library reminiscence services
- Ensure all partners agree on aims and objectives, and see the importance/ value of reminiscence work before beginning work together
- Ensure good communication throughout collaborations
- Establish good/best practice, create 'guidelines', and communicate this knowledge to other organisations

4.11.3 Suggestions for research

- Further investigation into definitions of reminiscence work, including exploration into *why* library staff define reminiscence work in certain ways

- An investigation into the value, extent and awareness of reminiscence work from the perspective of staff in other sectors, such as archives, museums, and the health and care sectors

- An investigation into partnership working in the area of reminiscence work, from the perspectives of staff in other sectors, for example, archives, museums, and the health and care sectors

- Discover if there is any correlation between established health and well-being provision and the presence of reminiscence services in libraries

- Investigation into the relationship between reminiscence work and oral history

- Further exploration into the place of reminiscence therapy in public libraries

- The creation of a tool to evaluate reminiscence services, and the evaluation of existing services

- Outline a reminiscence work spectrum or scale, and devise terms for the different types of reminiscence work, e.g. by different levels of intensity, or outcomes

- An exploration of intergenerational reminiscence work

- Explore the role of volunteers in relation to library reminiscence work

- Further explore best practice in the area of reminiscence work across sectors

5. Conclusion

The aim of the research was to explore the extent and value of reminiscence work in public libraries and the nature of collaboration with other organisations in this area. This was addressed to an extent. The questionnaire was sent to the whole population under study, but not every library service accepted the invitation to participate. Thus whilst an insight into the extent of reminiscence work, in terms of the number of libraries providing a service and type of services provided, this research cannot be said to be entirely representative. This is further confounded by the fact that the majority of library services that responded to the survey had been involved in reminiscence work to some extent. The aim was to gather information from a cross-section of libraries with varying levels of involvement in reminiscence work, including those which had never undertaken reminiscence work. This was addressed to some extent through the interviews conducted, but overall responses were balanced in favour of those who had undertaken reminiscence work.

One objective was to establish the awareness, value and scope of reminiscence work in public libraries. Though not every UK library service returned a questionnaire, and only a small number of interviews were conducted, comments could still be made on the aspects of awareness, value and scope. At the same time, it must be recognised that the study is small and it is therefore more difficult to make generalisations. Another objective was to carry out a series of in-depth interviews with library staff. This was achieved to an extent by conducting three email and three face-to-face interviews. It was expected that more interviews would be conducted but this was prevented due to cancellations and time constraints; this is a limitation. A further objective relates to cross-domain collaboration, whether it is taking place, the potential for this way of working, and the practicalities involved. All of these aspects were covered in the questionnaire and interview, with potential and practicalities being explored through looking at the advantages and disadvantages of reminiscence work. A final objective was to outline best practice and make recommendation. In the latter stages of the project it became obvious that suggesting best practice would be difficult due to the small number of interviews undertaken. Suggestions are made for future practice and research. Overall, though this objective was considered, it was not entirely fulfilled.

5.1 *Health and well-being, reader development and bibliotherapy*

Reminiscence work in public libraries can be said to fall under the umbrella of health and well-being initiatives. The academic literature consulted (for example, Chiang et al, 2010; Ulkvik, 2010) and the respondents within this study, indicate that reminiscence work and therapy positively affect the health and well-being of participants. Health and well-being provision in libraries- in terms of services and initiatives- appears to have increased in recent years, with self-help bibliotherapy, specifically Books on Prescription (Turner, 2008; Robertson et al., 2008; Brewster, 2009)., taking the lead in this area. Several respondents made a connection between reader development and health and well-being. However, the MLA report *Health and well-being activity in public libraries* (2010) indicates that health and well-being provision could still be more visible. Whilst bibliotherapy is relatively well represented within the literature, there is little within the literature relating to other library health and well-being initiatives. The current financial pressure on public libraries is likely to have an effect on health and well-being provision in libraries. Reminiscence services are not immune to this; it is not a core service and funds are not automatically directed to this area. Many respondents noted that lack of funds was a barrier to establishing and maintaining library reminiscence services. Nevertheless, health and well-being initiatives were viewed by respondents as being of value to library users, in that provision can help users to stay informed about, manage and improve their health and well-being. Respondents also perceived the value of such provision to libraries, as it enables the meeting of government agendas in this area.

5.2 Definitions

It is difficult to provide a single definition of reminiscence work, owing to the variety of services offered in libraries and other organisations. All respondents indicated how they understood reminiscence work. There were similarities between definitions, for example, respondents noted that activities tend to be undertaken with older people, and reminiscence items are used to provoke memories. There were also differences, in terms of materials used, target audience, and the aims of reminiscence work. Definitions often emphasised social and recreational outcomes, mirroring

Plastow's (2006: ??) conceptualisation of "simple reminiscence". Other respondents commented upon the therapeutic aspects of reminiscence work, situating it closer to reminiscence therapy. The majority of definitions given by respondents were working definitions, often linked to their own role and experiences, rather than conceptualisations. A spectrum can be imagined, with the therapeutic reminiscence therapy at one end, and "simple reminiscence" (Plastow, 2006: ??) or reminiscence work with social and recreational outcomes, at the other end. Library reminiscence services can fall anywhere within this spectrum. Another dimension is the relationship between reminiscence work and oral history. Activities within both are linked to the sharing of memories, and local or personal history. The main difference is that memories shared through reminiscence work do not have to be recorded, whilst documentation of history is a typical feature of oral history. However, a number of respondents referred to elements of oral history when defining reminiscence work. It is unclear as to whether the variation between definitions is due to the differing activities and projects undertaken, or to confusion or lack of awareness. Whilst participants in this study were asked *what* they understood by reminiscence work, they were not asked *why* the viewed reminiscence in a particular way. Thus further study could be undertaken in relation to this.

5.3 Services

All interviewees asserted that their library services do not offer services specifically aimed at older adults, though some existing services are adapted to meet the needs of certain groups. The main users of reminiscence services were found to be older adults, though a wide range of other groups also use such services. This reinforces the idea that reminiscence is an inclusive activity. There is no standard form of reminiscence work. However, there are elements that are common across a large proportion of library reminiscence services. For example, many library services provide reminiscence collections and boxes, containing memorabilia which can stimulate the memory. Lack of resources, mainly due to lack of funds, can be a barrier which affects if and how services are delivered. Reminiscence projects and activities often have a local focus, relating to local history and communities, resulting in rich variation. Different library reminiscence projects and programmes have different emphases. From this research it appears that more libraries offer

reminiscence work where the aim is to provide social and recreational benefits. Some libraries do engage in reminiscence therapy, particularly through outreach work with hospitals or residential homes.

Services tend to be delivered by librarians, though one interviewee pointed out that from her point of view it would depend on the skills of the individual. The skills and expertise of library staff was seen to be important; if these aspects are not in place, they could be a barrier to undertaking reminiscence work. A lack of training was noted as being a barrier to reminiscence work. The level and type of training offered to library staff engaging in reminiscence work varies. Training may be formal in the sense that it is delivered by external organisations, or less formal, with library staff becoming acquainted with collections internally. Courses in related areas, such as oral history, are considered to be useful for library staff. Limited training may contribute to the development of other barriers noted by respondents, such as lack of confidence and willingness on the part of staff. A number of respondents felt particularly unqualified to be able to deliver reminiscence therapy. Reminiscence can produce negative effects, and participants may be unwilling to participate, which can be another barrier.

5.4 Collaboration

A large proportion of library services that participated in this research had worked with partners to provide reminiscence services. As noted there are barriers which may prevent or make it difficult for libraries to undertake reminiscence work, including those related to resources, staff knowledge and commitment and audience. A number of the advantages of working with partners to deliver reminiscence work are means of overcoming these barriers. For example, working with partners can lead to a sharing of costs, resources, and staff expertise. Partnerships can be either formal or informal, and either long term or short term. The role of the library can also vary, from being a point of distribution for materials supplied by other organisations, or delivering sessions as outreach with the support of the partner organisation. It was found that libraries collaborated most with museums, archives, residential care homes and day care centres. In terms of museums and archives, this could be due to the proximity of the sectors. Moreover, public libraries are often close to archives in

terms of location. There may have been previous partnerships between the sectors, and archives and museums have experience in terms of history, including local history, and memories. There were fewer partnerships noted with the health sector. This could be because collaboration between the sectors as a way of working is still being established. Another explanation is that health sector partnerships may be more useful if reminiscence therapy with its medical aspect, is being undertaken. Yet some library staff felt reminiscence therapy was not part of the librarians' or libraries' remit, thus if this work is not carried out, there may be no cause to collaborate with health professionals in this area. Choice of partners and the nature of collaboration are influenced by the type of reminiscence work (social/recreational, therapeutic, oral history emphasis) that the library is undertaking or hopes to undertake. Thus whilst there are common trends outlined in this small study, library services will approach reminiscence work and collaboration in different ways.

5.5 The value of library reminiscence work

The fact that libraries are still undertaking reminiscence work, despite the barriers and external influences, such as current financial pressures, signifies the value placed upon it. Reminiscence work allows libraries to engage with a wide range of people, including socially excluded groups. Through reminiscence work libraries can contribute to the improvement of the health and well-being of individuals. This can be achieved directly through the delivery of sessions, for example, as outreach work at residential homes where activities can help to stimulate the memory of older people and those suffering from conditions such as dementia. Indirectly, libraries can help groups and individuals, by loaning reminiscence items (from collections, and sometimes in the form of boxes) to individual carers and residential and day centre staff. As well as stimulating memories there are other benefits for those participating in reminiscence work. Reminiscence can decrease isolation and loneliness (Chiang et al, 2010: 387), and promotes interaction (Ulvik, 2010). Research participants also highlighted these benefits. As well as encouraging interaction between individuals and small groups, reminiscence work may bring communities together through events and projects. Intergenerational projects build connections across generations. Whilst the value or benefits to users of reminiscences services were highlighted by respondents, the value to libraries was only touched upon briefly by a small number

of respondents. It was felt that providing a reminiscence service could help to promote a library services, and give libraries the opportunity to provide a different collection of materials. This area was not probed to a great extent in the questionnaire and interviews, thus it is an area for further study. Currently value of reminiscence work is outweighing barriers for many of the library services considered within this study. Whilst it is accepted that reminiscence work is not a core service, it should be recognised that reminiscence services are important to both users and libraries, and provision should be considered if conditions permit.

Word count: 23, 896

Bibliography

Abrahams, R. D. (1981). "Story and History: A Folklorist's View." *The Oral History Review,* 9, 1-11.

Abrams, D., et al. (2009). *Attitudes to Age in Britain.* University of Kent: Centre for the Study of Group Processes (Department for Work and Pensions Research Report No. 599).

Age Exchange. (2004). *Mapping Memories Reminiscence with Ethnic Minority Elders.*
London: Age Exchange.

Age Exchange. (2010). *Age Exchange* [Online]. London: Age Exchange.
http://www.age-exchange.org.uk/ [Accessed 08 March 2010].

Atkinson, D. (1994). "'I got put away': Group-based reminiscence with people with learning difficulties". In: Bornat, J. (ed.), *Reminiscence Reviewed- perspectives, evaluations, achievements,* pp. 96-104. Buckingham: Open University Press.

Armistead, C. & Pettigrew, P. (2004). "Effective partnerships: building a sub-regional network of reflective practitioners." *The International Journal of Public Sector Management,* 17 (7), 571-585.

Babbie, E. (1990). *Survey Research Methods.* Belmont: Wadsworth, Inc.

Baily, P. (2007). "Readers and books connect." *Public Library Journal,* 22 (2), 11-14.

Banks-Wallace, J. (1998). "Emancipatory Potential of Storytelling in a Group." *Journal of Nursing Scholarship,* 30 (1), 17-21.

Bedfordshire Libraries. (2009). *The Reminiscence Collection* [Online]. Bedfordshire: Bedfordshire Libraries.
http://www.galaxy.bedfordshire.gov.uk/webingres/bedfordshire/vlib/0.beds_libraries/reminiscence.htm [Accessed 08 June 2010].

Bender, M. (1994). "An interesting confusion: What can we do with reminiscence groupwork?". In: Bornat, J. (ed.), *Reminiscence Reviewed- perspectives, evaluations, achievements,* pp. 32-45. Buckingham: Open University Press.

Bohlmeijer, E. et al. (2009). "The Effects of Integrative Reminiscence on Depressive Symptomatology and Mastery of Older Adults." *Community Mental Health Journal***?** 45 (?), 476-484.

Bourke, C. (2007). "Public Libraries: Partnerships, Funding and Relevance." *Australasian Public Libraries and Information Services,* 20 (3), 135-139.

Boxall, E. (1992). Reminiscence work and the public library: an evaluation of Sheffield public libraries' reminiscence service. MA, University of Sheffield.

Brewster, L. (2009). "Reader Development and Mental Wellbeing: The Accidental Bibliotherapist." *Australasian Public Libraries and Information Services,* 22 (1), 13-16.

Brewster, L. (2008). "Medicine for the Soul: Bibliotherapy." *Australasian Public Libraries and Information Services*, 21 (3), 115-119.

Brewster, L. (2008). "The Reading Remedy: Bibliotherapy in Practice." *Australasian Public Libraries and Information Services,* 21 (4), 172-177.

Brewster, E. (2007). *'Medicine for the Soul' Bibliotherapy and the Public Library.* MA, University of Sheffield.

Brooker, D. & Duce, L. (2000). "Wellbeing and activity in dementia: a comparison of group reminiscence therapy, structured goal-directed group activity and unstructured time." *Aging & Mental Health,* 4 (4), 354-358.

Bryman, A. (2004). *Social Research Methods.* Oxford: Oxford University Press.
Bryson, J. (2006). *Managing Information Services: Transformational Approach Second Edition.* Aldershot: Ashgate Publishing Ltd.

Bryman, A. (2007). "Barriers to Integrating Quantitative and Qualitative Research." *Journal of Mixed Methods,* 1 (1), 8-22.

Bryson, J. (1999). *Effective Library and Information Centre Management Second Edition.* Aldershot: Gower Publishing Limited.

Bryson, J. (2006). Managing Information Services: Transformational Approach *Second Edition*. Aldershot: Ashgate Publishing Ltd

Bundy, A. (2005). "Community Critical: Australian Public Libraries Serving Seniors". *Australasian Public Libraries and Information Services,* 18 (4), 158-169.

Butler, R. N. (1963). "The Life-Review: An interpretation of Reminiscence in the Aged." *Psychiatry,* 26, 65-76.

Cappeliez, P. & O'Rourke, N. (2006). "Empirical Validation of a Model of Reminiscence and Health in Later Life." *Journal of Gerontology: Psychological Sciences,* 61B (4), 237-244.

Cappeliez, P. et al., (2008). "Functions of reminiscence and emotional regulation among older adults." *Journal of Aging Studies,* 22 (?), 266-272.

Chiang, K. et al. (2010). "The effects of reminiscence therapy on psychological well-being, depression, and loneliness among the institutionalized aged." *International Journal of Geriatric Psychiatry,* 25 (4), 380-388.

Coleman, P. (1994). "Reminiscence within the study of ageing: The social significance of story". In: Bornat, J. (ed.), *Reminiscence Reviewed- perspectives, evaluations, achievements,* pp. 8-20. Buckingham: Open University Press.

Creswell, J. W. et al. (2003). "Advanced Mixed Methods Research Designs". In: Tashakkori, A. & Teddlie, C. (eds.), *Handbook of Mixed Methods in Social and Behavioural Research,* pp. 209-240. Thousand Oaks: Sage Publications, Inc. [Online]. John W. Creswell. http://books.google.co.uk/books?hl=en&lr=&id=F8BFOM8DCKoC&oi=fnd&pg=PR9&dq=handbook+of+mixed+methods+in+social+and+behavioral+research&ots=gSiOvDuAPh&sig=6fRuBus4IzRLJuxJjWWB-g_TZzY#v=onepage&q&f=false [Accessed 23 July 2010].

Creswell, J. W. (2009). *Research Design Qualitative, Quantitative, and Mixed Methods Approaches.* Thousand Oaks: SAGE Publications, Inc.

Crowther, J. L. & Trott, B. (2004). *Partnering with Purpose: A Guide to Strategic Partnership Development for Libraries and Other Organizations.* Westport: Libraries Unlimited.

Denzin, N. K. & Lincoln. Y. S. (eds.) (1998). *The Landscape of Qualitative Research Theories and Issues.* Thousand Oaks: Sage Publications, Inc

Derbyshire Libraries. (2010). *Leisure & culture, Library services for people with disabilities* [Online]. Derbyshire: Derbyshire Libraries. http://www.derbyshire.gov.uk/leisure/libraries/access_services/disabilities/default.asp [Accessed 22 January 2010].

De Vaus, D. A. (1993). *Surveys in Social Research, Third Edition.* London: UCL Press Limited.

Duffin, P. (1994). "Turning talking into writing". ?". In: Bornat, J. (ed.), *Reminiscence Reviewed- perspectives, evaluations, achievements,* pp. ??-??. Buckingham: Open University Press.

Duffy, J. (2007). "Reminiscence work: Breathing Places- Breath in deep." *Public Library Journal,* 22 (4), 29.

East Sussex County Council. (2010). *Reminiscence collections in libraries* [Online]. Lewes: East Sussex County Council. http://www.eastsussex.gov.uk/leisureandtourism/localandfamilyhistory/libraries/reminiscence.htm [Accessed 08 June 2010].

Entwistle, T. (2006). "The distinctiveness of the Welsh partnership agenda." *International Journal of Public Sector Management,* 19 (3), 228-237.

Foddy, W. (1993). *Constructing Questions for Interviews and Questionnaires.* Cambridge: Cambridge University Press.

Forrest, M. (1990). "Reminiscence therapy in a Scottish hospital". *Health Libraries Review,* 7 (2), 69-72.

Gibson, F. (1994). "What can reminiscence contribute to people with dementia?". In: Bornat, J. (ed.), *Reminiscence Reviewed- perspectives, evaluations, achievements,* pp. 46-60. Buckingham: Open University Press.

Gibson, F. (1997). "Owning the past in dementia care: creative engagement with others in the present". In: Marshall, M. (ed.), *State of the art in dementia care,* pp. 134-139. London: Centre for Policy on Ageing.

Gibson, F. (2004). "The Northern Ireland Reminiscence Network: promoting social wellbeing by valuing memories." *Health Information and Libraries Journal,* 21 (2), 62-65.

Gorman, G.E. & Clayton, P. (2005). *Qualitative Research for the Information Professional- A Practical Handbook.* London: Facet Publishing.

Goulding, C. (1999). "Heritage, nostalgia, and the "grey" consumer." *Journal of Marketing Practice: Applied Marketing Science,* 5 (6/7/8), 177-199.

Hampshire County Council. (2010). *Reminiscence Collection* [Online]. Winchester: Hampshire County Council. http://www3.hants.gov.uk/library/library-access/reminiscence-collection.htm [Accessed 08 June 2010].

Hayes, E. & Morris, A. (2005). "Leisure role of public libraries: User views." *Journal of Librarianship and Information Science,* 37 (3), 131-139.

Handy, C. (1999). *Understanding Organizations.* London: Penguin Books Ltd

Harden, S. & Harden, R. (2008). *UK Public Libraries* [Online]. Sheila Harden & Robert Harden. http://dspace.dial.pipex.com/town/square/ac940/weblibs.html [Accessed 12 June 2010].

Hicks et al. (2010). *Public library activity in the areas of health and well-being-Final Report*. Birmingham: Museums, Libraries and Archives Council. [Online]. Birmingham: MLA. http://research.mla.gov.uk/evidence/documents/library-health-final-report-20-May-2010.pdf [Accessed 09 June 2010].

Huxham, C. & Vangen, S. (2004). "Doing Things Collaboratively: Realizing the Advantage or Succumbing to Inertia?" *Organizational Dynamics,* 33 (2), 190-201.

Hyder, E. (2008). "Play it by ear." *Public Library Journal,* 23 (2), 16-18.

JISCMail. (2010). *LIS-PUB-LIBS Home Page* [Online]. Didcot: JISCMail. https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0=LIS-PUB-LIBS [Accessed 07 June 2010].

Johnson, R. B. et al. (2007). "Toward a Definition of Mixed Methods Research." *Journal of Mixed Methods Research*, 1 (2), 112-133.

Kendall, M. (1996). "Public Library Services for older adults." *Library Review,* 45 (1), 16-29.

Killick, J. & Allan, K. (2001). *Communication and the care of people with Dementia.* Buckingham: Open University Press.

Kobzeva, I. (2010). "Libraries' impact..." *YLN Newsletter*, Summer (125), 6.

Krell, D. F. (1990). *Of Memory, Reminiscence, and Writing, On the Verge.* Bloomington: Indiana University Press.

Krippendorff, K. (2004). *Content Analysis An Introduction to Its Methodology Second Edition.* Thousand Oaks: Sage Publications, Inc.

Kwik Surveys. (2010). *Kwik Surveys- Create online surveys and forms in minutes* [Online]. Dover: Kwik Surveys. http://www.kwiksurveys.com/ [Accessed 07 June 2010].

Library and Information Update. (2010). "Knitting project picks up MLA award". *Library and Information Update*, August 2010, 10.

Lomax, J. W. & Morrissey, C. T. (1989). "The Interview as Inquiry for Psychiatrists and Oral Historians: Convergence and Divergence in Skills and Goals." *The Public Historian,* 11 (1), 17-24.

Mortensen, H. A. & Nielsen, G. S. (2007). *Guidelines for Library Services to Persons with Dementia.* The Hague, IFLA Headquarters: IFLA. (IFLA Professional Reports, No. 104).

Mosher-Ashley, P. M. & Barret, P. W. (1997). *A Life Worth Living- practical strategies for reducing depression in older adults.* Maryland: Health Professions Press Inc.

Murphy, C. & Moyes, M. (1997). "Life Story Work". In: Marshall, M. (ed.), *State of the art in dementia care,* pp. 149-153. London: Centre for Policy on Ageing.

Mustey, J. (2009). "Words on Wheels Storytellers: A Positive Volunteering Experience." *Australasian Public Libraries and Information Services,* 22 (2), 58-63.

The National Archives. (2009). *Archives for the 21st Century- England: consultation draft.* [Online]. Kew: The National Archives. http://www.mla.gov.uk/what/strategies/~/media/Files/pdf/2009/archives-for-the-21st-century-england [Accessed 28 March 2010].

National Council on Archives. (2001). *Taking Part- An audit of social inclusion work in archives.* Sheffield: National Council on Archives [Online]. http://www.nca.org.uk/materials/takingpart.pdf [Accessed 28 March 2010].

Neuendorf, K. (2002). *The Content Analysis Guidebook.* Thousand Oaks: Sage Publications, Inc.

Northumberland County Council. (2009). *Memory Boxes* [Online]. Morpeth: Northumberland County Council. http://www.northumberland.gov.uk/default.aspx?page=1653 [Accessed 09 June 2010].

Office for National Statistics. (2009). *Population, Ageing, Fastest increase in the 'oldest old'* [Online]. Newport: Office For National Statistics. http://www.statistics.gov.uk/cci/nugget.asp?ID=949 [Accessed 24 February 2010].

Okumura, Y. et al. (2008). "Effects of short-term reminiscence therapy on elderly people with dementia: A comparison with everyday conversation approaches." *Japanese Psychogeriatric Society,* 8 (3), 124-133.

O'Leary, E. & Barry, N. (1998). "Reminiscence therapy with older adults." *Journal of Social Work Practice,* 12 (2), 159-165.

Oxford University Press. (2002). *Oxford English Dictionary.* Oxford: Oxford University Press.

Pasupathi, M. & Cartensen, L. L. (2003). "Age and Emotional Experience During Mutual Reminiscing." *Psychology and Aging.* 18 (3), 430-442.

Plastow, N. A. (2006). "Libraries of Life: Using Life History Books with Depressed Care Home Residents." *Geriatric Nursing,* 27 (4), 217-221.

Powell, R. R. & Connaway, L. S. (2004). *Basic Research Methods for Librarians Fourth Edition.* Westport: Libraries Unlimited.

Robertson, R. et al. (2008). "The introduction of a healthy reading scheme for people with mental health problems: usage and experiences of health professionals and library staff." *Mental Health in Family Medicine,* 5 (4), 219-228.

Rochdale Borough Council. (2010). *Special collections at the library* [Online]. Rochdale: Rochdale Borough Council. http://www.rochdale.gov.uk/leisure_and_culture/libraries/special_collections_at_the_lib.aspx [Accessed 09 June 2010].

Schweitzer, P. (1994). "Dramatizing reminiscences". In: Bornat, J. (ed.), *Reminiscence Reviewed- perspectives, evaluations, achievements,* pp. 105-115. Buckingham: Open University.

Scott, S. B. et al. (2007). "Social Support in Widowhood: A Mixed Methods Study." *Journal of Mixed Methods Research,* 1 (3) 242-266.

Silverman, D. (2006). *Interpreting Qualitative Data Third Edition.* London: Sage Publications Ltd

Sloan, M. (2009). "Developing a Good Practice Guide on Library Services for Older People." *Australasian Public Libraries and Information Services*, 22 (2), 48-57.

Stinson, C. K. & Kirk, E. (2006). "Structured reminiscence: an intervention to decrease depression and increase self-transcendence in older women." *Journal of Clinical Nursing,* 15 (2), 208-218.

Sutton, L. J. & Cheston, R. (1997). "Rewriting the story of dementia: a narrative approach to psychotherapy with people with dementia". In: Marshall, M. (ed.), *State of the art in dementia care,* pp. 159-153. London: Centre for Policy on Ageing.

Tashakkori, A. & Teddlie, C. (1998). *Mixed Methodology Combining Qualitative and Quantitative Approaches.* Thousand Oaks: Sage Publications Inc.

Turner, J. (2008). "Bibliotherapy For Health and Wellbeing: An Effective Investment." *Australasian Public Libraries and Information Services*, 21 (2), 56-61.

Ulvik, S. (2010). ""Why should the library collect immigrants' memories?" A study of a multicultural memory group at a public library in Oslo." *New Library World,* 111(3/4), 154-160.

Vangen, S. & Huxham, C. (2006). "Achieving collaborative advantage: understanding the challenge and making it happen." *Strategic Direction,* 22 (2), 3-5.

Webster, J. D. (1993). "Construction and Validation of the Reminiscence Functions Scale", *Journal of Gerontology: Psychological Sciences*, 48 (5), 256-262

Weisen, M. (2004). *New Directions in Social Policy: Health Policy for museums, libraries and archives.* London: MLA. (Report unnumbered).

Westerhof, G. J. et al. (2010). "Reminiscence and mental health: a review of recent progress in theory, research and interventions." *Ageing and Society,* 30 (4), 697-721.

WHO. (2010). *World Health Organization- Definition of an older or elderly person* [online]. Geneva: WHO. http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html [Accessed 22 August 2010].

Wilson, L. & Boyle, E. (2004). "The role of partnerships in the delivery of local government museum services A case study from Northern Ireland." *The International Journal of Public Sector Management,* 17 (6), 513-533.

Wong, P. T. P. & Watt, L. M. (1991). "What Types of Reminiscence Are Associated With Successful Aging?" *Psychology and Aging,* 6 (2), 272-279.

Wrye, H. & Churilla, J. (1977). "Looking Inward, Looking Backward: Reminiscence and the Life Review", *Frontiers: A Journal of Women Studies,* 2 (2), 98-105.

Appendix 1

Questionnaire (This is a Word document version- the actual questionnaire distributed to potential participants was created via Kwik Surveys, and as such had different layout and graphics).

Survey: Reminiscence work in UK public libraries

You are being invited to participate in a survey on the topic of reminiscence work in UK public libraries.

This survey is being undertaken as part of a dissertation, which in turn forms part of a MA Librarianship programme, at the Department of Information Studies, University of Sheffield. The research aims to discover the extent and value of reminiscence work in public libraries, and the possibilities regarding collaboration with museums and archives in this area.

You do not have to participate in this survey. If you do decide to participate, <u>a returned questionnaire will indicate that you have given your consent for the information that you have provided to be used within the research project described in the previous paragraph.</u> The information that you provide may be included in the dissertation, which will be available at the University of Sheffield.

If you decide to participate, you may withdraw your consent at any point after you have submitted the survey. If you wish to withdraw your consent, please contact the researcher, Carla Laughton, at <u>lip09cll@sheffield.ac.uk</u>. Once consent has been withdrawn, all the information/data that you provided will be destroyed in an appropriate manner. You are welcome to contact the researcher if you have any other queries or concerns, before or after completing the survey.

All participants will remain anonymous and responses will be confidential. All data collected will be stored in a secure manner, and will be accessed only by the researcher named above. All data provided will be destroyed in an appropriate manner once the dissertation has been completed.

The research project, as described above, has been approved by the Department of Information Studies ethics review board, at the University of Sheffield.

The questionnaire should not take longer than approximately 20 minutes to complete.

Thank you for taking the time to read this information.

1: Which library service do you work for?

2: Do you work in a central, branch or mobile library? Please select one answer.

CENTRAL LIBRARY

BRANCH LIBRARY

MOBILE LIBRARY

OTHER

If OTHER, please indicate in the space provided.

3. What is your job title? Please indicate in the space provided.

4. What do you understand by the phrase 'reminiscence work'? Please indicate in the space provided.

5. Has your library ever engaged in reminiscence work? Please select one answer only. F you answer NO please continue to question 6. If YES, please go to question 7. If DON'T KNOW, please go to question 15.

YES

NO

DON'T KNOW

6. If your library has never undertaken reminiscence work, why is this? Please indicate in the space provided and proceed to question 15.

7. What reminiscence service does your library currently provide, or has provided in the past? Please select all the answers which apply.

REMINISCENCE COLLECTIONS

REMINISCENCE BOXES

REMINISCENCE SESSIONS IN THE LIBRARY

OUTREACH WORK

N/A

OTHER

8. If your library has ever delivered reminiscence sessions, when did the last session take place? Please select one answer only.

LESS THAN ONE YEAR

1-5 YEARS

MORE THAN 5 YEARS

DON'T KNOW

N/A

9. If your library service engages in reminiscence work, which members of the library staff are involved in delivering the reminiscence services?

LIBRARY ASSISTANTS

SENIOR LIBRARY ASISTANTS

LIBRARIANS

LIBRARY MANAGERS

MOBILE LIBRARY STAFF

HOME LIBRARY SERVICE STAFF

VOLUNTEERS

N/A

OTHER

10. If your library provides reminiscence services, who are the users of these services? Please indicate in the space provided.

11. Has your library service worked with partners to organise reminiscence services? Please select one answer only. If you answer YES to this question, go to question 12. If NO, DON'T KNOW or N/A, go to question 15.

YES

NO

DON'T KNOW

N/A

12. If your library does work with partners to provide reminiscence services, which sectors do the partners belong to? Please select all the answers which apply and tick the appropriate boxes.

MUSEUMS

ARCHIVES

LOCAL STUDIES

ART GALLERIES

RESDENTIAL HOMES

DAY CARE CENTRES

SHELTERED ACCOMMODATION

NHS

NON-NHS HEALTH ORGANISATIONS

HEALTH LIBRARIES

CHARITIES

 LOCAL HISTORY GROUPS

N/A

OTHER

If OTHER, please specify in the space provided.

13. Are there any advantages in working with partners to deliver reminiscence services? Please select one answer only.

YES

NO

DON'T KNOW

N/A

Please explain further in the space provided.

14. Are there any disadvantages in working with partners to deliver reminiscence services? Please select one answer only.

YES

NO

DON'T KNOW

N/A

Please explain further in the space provided.

15. Do you think public libraries should undertake reminiscence work? Please select one answer only.

YES

NO

DON'T KNOW

Please add any further comments in the space provided.

16. What do you think should be offered as part of a public library's reminiscence? Please indicate in the space provided.

17. Do you think there are any barriers which may prevent public libraries from undertaking reminiscence work? Please select one answer only.

YES

NO

DON'T KNOW

Please explain further in the space provided.

18. Do you think reminiscence-based activities are of value to members of the public? Please select one answer only.

YES

NO

DON'T KNOW

Please add any further comments in the space provided.

19. Thank you for taking the time to fill in this survey.

If you would like to make any further comments about any aspect of reminiscence work n public libraries, or in any other organisation, please do so in the space provided.

20. If you agree to be contacted by the researcher (Carla Laughton, lip09cll@sheffield.ac.uk) in the future, regarding a possible face-to-face interview, telephone interview, or general follow up to this survey, please include your email address in the space provided below.

Appendix 2

Basic interview schedule (Slight adaptations relating to interviewees' awareness of reminiscence work were made, i.e. whether their library was currently engaged in reminiscence work, had been in the past, or had never provided services. Changes were minimal and could be seen in wording rather than content).

Questions:

Health and well-being in general

1. Do you think health and well-being programmes are an important part of public library services overall?

Services for older adults

2. Within your library, are there any services (initiatives/ projects/ programmes etc) that are aimed at older people? Please give details.

Reminiscence work

3. What do you understand by the phrase 'reminiscence work'?

4. What do you understand by the phrase 'reminiscence therapy'?
   6. Prompt: Do you think it is different from 'reminiscence work'?

5. Has your library service ever been involved in any reminiscence projects?

[6. If your library has never offered reminiscence services, why is this?]

7. Can you give me some details regarding the reminiscence projects or programmes?

8. Which members of staff tend to be involved in providing a reminiscence service?

9. How are members of the library staff involved?
   Ø Prompt: Do members of the library staff deliver reminiscence sessions?
   Ø Prompt: Do members of the library staff loan out reminiscence collections?

10. Who are the reminiscence projects or programmes aimed at?

   Ø   <u>Prompt:</u> Do the groups the projects etc are aimed at use the services?

11. Do you think reminiscence services could be of interest to groups or individuals other than those who already use the services?

   Ø   <u>Prompt:</u> Examples?

12. Are there any barriers which prevent libraries from engaging in reminiscence **work**?

[13. Are there any barriers which prevent libraries from engaging in reminiscence **therapy**?]

14. Do staff within your library service receive any training relating to the reminiscence services?

15. Has your library delivered any training in the area of reminiscence to other organisations?

16. Has best or good practice been developed in relation to reminiscence provision within your library service?

17. Overall, are reminiscence services of value to library users?

18. Should public libraries offer reminiscence services?

   Ø   <u>Prompt:</u> What should their level of involvement be?

Collaboration and partnerships

19. Has the library service ever collaborated with partners to organise or deliver reminiscence programmes? [Please give details].

   Ø   <u>Prompt:</u> Which partners the library service has worked with?

20. What was the role of the library in these partnerships?

21. What was the role of the other organisations in these partnerships?

22. Are/ were there any advantages when working with partners?

23. Are/ were there any disadvantages when working with partners?

[Would you like to make any other comments about reminiscence work, partnership working or anything else?]

Appendix 3

Interview schedule for email interviews

Research project: What is the extent and value of reminiscence work in public libraries, and what are the possibilities regarding collaboration with museums, archives and the health sector?

Thank you for choosing to participate in this research project. The questions in this interview are designed to allow you to write as much or as little as you like, and you may choose to not answer questions. If you have any queries, please contact the main researcher, Carla Laughton, at lip09cll@sheffield.ac.uk.

Job title:

Library service:

Health and well-being in general

1. Does your library offer services related to health and well-being? Please give details of any projects.

2. Do you think health and well-being programmes/ initiatives are an important part of public library services overall?

Services for older adults

3. Within your library, are there any services (initiatives/ projects/ programmes etc) that are aimed at older adults? Please give details.

Reminiscence work

4. Thinking about the terms *reminiscence work* and *reminiscence therapy*, would you consider them to have the same or different meanings?

5. What reminiscence services (for example, projects/ collections/ programmes) are offered by your library?

6. How are members of the library staff involved in the reminiscence services offered by your library?

7. Do members of staff within your library service receive any training related to reminiscence work?

8. Does your library offer training to staff in other organisations, where reminiscence work is concerned?

9. Who uses the reminiscence services in your library?

10. Do you think reminiscence work could benefit any groups who are not already using the reminiscence services in your library?

11. Do you think reminiscence work is of value to members of the public and/or the organisations that offer such services?

Collaboration and partnership working

12. Is your library service in contact with organisations outside the library service, regarding reminiscence work? Please give details.

13. Do you think there is the potential for collaboration and partnership working between public libraries and other organisations such as Archives, Museums and the health sector, where reminiscence work is concerned?

14. How do you think partnership working would affect reminiscence work?

15. Do you think public libraries should have a role in reminiscence work? If so, what would this role be?

If you would like to make any other comments regarding reminiscence work, please do so in the space below.

_____

Thank you very much for taking part in this interview- your response is much appreciated.

If you would like to receive a summary of the findings documented in the dissertation, please indicate below by including your email address:

- I would like to receive a summary of the research/findings- my email address is:

Thank you once again for your participation.