

I remember that ...' Reminiscence groups with people with dementia: A valuable site for practice learning

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Abstract: *This paper describes a small scale group project developing and delivering reminiscence work with people with dementia and undertaken by social work students as part of their practice learning experiences. The potential for enhancing the student learning experience and additional benefits for staff and group participants are explored and the limitations of the study critiqued. Findings indicated that students and staff gain mutual benefits from such projects which also have the potential to create possibilities for the enhancement of service delivery. The project stemmed from a desire and objective to ensure the sustainability of reminiscence work as part of an earlier cross-European comparison of the use of volunteers in working with people with dementia. However, sustainability issues require careful planning and thought. The study highlights the need for the participation of all stakeholders, especially those who are marginalised, in developing and undertaking groupwork.*

Keywords: *reminiscence, groupwork, dementia, practice learning*

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Reminiscence and life review

The vexed question of terminology pervades literature concerning reminiscence and life review. Whilst often used as synonyms (Butler, 1963), life review is generally assumed to reflect a more systematic and therapeutic approach than reminiscence (Burnside and Haight, 1994; Staudinger, 2001). Bornat (2001) explores the differences and similarities between reminiscence and oral history, suggesting both are intersubjective processes, but oral history has a wider social purpose and represents a critical activity bringing to the fore unseen aspects of the past or changing the locus of control to those who have lived the history whereas reminiscence focuses upon the process of specific memories for those involved. Woods et al. (2005) use the term reminiscence therapy. However, Gibson (2004) takes issue with this description stating that reminiscence is not a therapy, which implies expertise and distance, but is better described as reminiscence work which, she claims, illustrates its participative nature.

In respect of people with dementia, Goldsmith (1996) uses the term 'life story' to refer to the production of a book, an audio or video recording, life review is something less tangible, but often individual, whilst reminiscence refers to shared group memories. Murphy and Moyes (1997), however, understand life story work as a process of life review

Reminiscence, as a process, is often considered universal; something we all do (Butler, 1963; Gillies and James, 1994). Whilst this view can be challenged on grounds of cultural diversity, personality factors and developmental stage (Merriam 1995; Trueman and Parker, 2006), it is a common activity bound with personal reflection on aspects of experience in the light of the present or future plans. Gibson (2004) suggests that emphasis on the universality of reminiscence has now been replaced by spiritual life review and the search for meaning.

The uses of reminiscence

Reminiscence concerns telling stories of the past, personal histories, individual perceptions of social worlds inhabited and events experienced

Table 1

Uses of reminiscence and life review

Life Review	Reminiscence
Older women survivors of sexual abuse (McInnis-Dittrich, 1996)	Depressed older people (Bachar et al, 1991; Cappeliez et al, 2005; Coleman, 2005; Hsieh Wang, 2003)
Lessen disorientation and increase interaction in older people in care (Tabourne, 1995a, b)	Social and enjoyable activity (Bryant et al, 2005; Gibson, 2004)
Older people with depression (Arean et al, 1993; Stinson, 2006; Tabourne, 1995a, b)	Raising self-esteem (McGowan, 1004)
Increasing self-acceptance (Magee, 1994)	Reconstructing identities of older people (Buchanan and Middleton, 1995; Burnside and Haight, 1994; Sloman and Peak, 1001)
Promoting an holistic approach to care (Penn, 1994)	Stress management when awaiting surgery (Rybarczyk and Auerbach, 1990)
A counselling tool (Maude, 1988; Webster and Young, 1988)	Intensive care (Jones, 1995)
With gay and lesbian older people (Galassi, 1991)	Life threatening illness (Cappeliez et al, 2005; Jonsdottir et al, 2001; Trueman and Parker 2004, 2006)
For people with life-threatening illnesses (Trueman and Parker, 2004, 2006)	Older people in care settings (Brody, 1990, Orton, Allen and Cook, 1989; Rattenbury and Stones, 1989; Snell, 1991; Taft and Nehrke, 1990)
	Psychiatric hospitals (Gwyther et al, 1990)
	People with dementia (Brooker, 2000; Gibson, 1994a, 1997, 2004; Namazi and Hayes, 1994; Ott, 1993; Martin, 1989; Parker et al, 1999a, b; Penhale and Parker, 1999).

personally or at a distance (Burnside and Haight, 1994). It can be pleasurable, cathartic or therapeutic. It can be spontaneous or organised and systematic. Bender et al (1999) provide a wide range of twenty possible purposes and benefits that can derive from reminiscence. Using a three-Cs model, these include benefits for clients, such as interacting, socialising, learning and engaging in therapeutic activities; benefits for carers to aid communication and improve staff skills, and benefits for the work context or culture of the unit.

Since Butler's paper was published there has been an exponential growth in literature concerning reminiscence and life review and the importance of reminiscence and life review in the caring services is clear (see table 1). Life review has been used in treating older women survivors of childhood sexual abuse (McInnis-Dittrich, 1996) where choice to participate or not is stressed. It has been used to lessen disorientation and to increase social interaction in older people in care (Tabourne, 1995a, 1995b), especially with those who are depressed (Tabourne, 1995b; Arean et al., 1993; Stinson, 2006). Other therapeutic benefits have been observed such as increasing self-acceptance (Magee, 1994); promoting an holistic approach to care (Penn, 1994) and as a counselling tool (Webster and Young, 1988; Malde, 1988). Life review has also proved useful in working with gay and lesbian older people (Galassi, 1991).

Reminiscence is also associated with therapy and change but can be seen as a social and enjoyable activity without being construed as anything more (Bryant, Smart and King, 2005). Hsieh and Wang's (2003) systematic review of nine random control trials using a therapeutic type of reminiscence work with older depressed adults, derived from Erickson's ego-integrity versus despair developmental stage, found varying results ranging from clinical to statistical significance. The methodological differences in the studies used no doubt contributed to the findings but it did suggest that reminiscence therapy 'should be considered as a viable, valuable and useful intervention to potentially reduce depression in older adults' (p. 344; see also Bachar et al., 1991; Cappeliez, O'Rourke and Chaudhury, 2005; Coleman, 2005). Therapeutic uses are also evident in raising self-esteem (McGowan, 1994); in reconstructing the identities of older people (Buchanan and Middleton, 1995; Burnside and Haight, 1994; Sherman and Peak, 1991) and in stress management for people awaiting surgery (Rybarczyk and Auerbach, 1990) or those in intensive care (Jones, 1995). It has also

been used with people with life-threatening illnesses (Cappeliez, et al, 2005; Jonsdottir, et al., 2001; Trueman and Parker, 2004; 2006).

Reminiscence is well-documented for use with older people in care settings (Snell, 1991), psychiatric hospitals (Gwyther, Lowenthal and Morazzo, 1990), nursing homes (Taft and Nehrke, 1990; Brody, 1990; Rattenbury and Stones, 1989; Orton, Allen and Cook, 1989), and for use with people with dementia (Gibson, 1997; Nomazi and Haynes, 1994; Ott, 1993; Martin, 1989; Parker and Penhale, 1998; Penhale and Parker, 1999).

Despite wide usage, scientific evidence of its benefits remains equivocal (George, 1995; Gillies and James, 1994) because of the lack of random-controlled trials of reminiscence work, and despite practice evidence of behavioural and social improvements especially as part of an on-going programme or integrated into daily activities. Woods et al. (2005) have up-dated their earlier Cochrane review, the objective being to assess the effectiveness of reminiscence for older people with dementia and their care-givers searching for data from randomised controlled trials and quasi randomised trials. Five trials were considered but only four had extractable data. Findings indicated that improvements in cognition were evident in comparison with no treatment and social contact groups, mood and general behavioural function improved at follow-up, and care-giver strain showed a significant decrease and staff knowledge of group members' backgrounds improved. No harmful effects were reported. The evidence-base, they conclude, still relies heavily on descriptive and observation studies. Randomised controlled trials are small and of relatively low quality. Reminiscence is, however, popular and training, support and supervision for staff is emphasised. Further research and methodological rigour is needed.

Reminiscence and people with dementia

Gibson (1994) found that large group, generalised reminiscence had a limited role for people with dementia, mainly as an entertainment or diversion. The main benefits came from well-planned, well-structured and specific topic reminiscence and life history usually with individuals. Whilst individual work may take something away from the social benefits of joining in small groups (Bender et al., 1999), there is still an emphasis

on interaction and communication between the participant and facilitator. Also, many of the distractions found in groups are not present in individually focussed sessions. Whether undertaken individually or in groups, in a family or care setting, however, Gibson (2004) champions a creative approach that allows participants to express themselves freely whilst recognising the limitations and anxieties that might be raised when people become aware of their cognitive impairment.

Reminiscence work can be useful in a number of ways for people with varying degrees of dementia (Phillips et al., 2006). These include intrapsychic benefits such as maintaining self-esteem, identity and feelings of belonging, reframing the past and planning for the future; and interpersonal and social functions such as dealing with unresolved conflicts, story-telling and passing on traditions (Gibson, 2004). People with dementia can benefit from reminiscence in grounding their present relationships and maintaining warm, caring relationships which may ward off isolation and withdrawal (Gibson, 2004; Parker, 2003). It may increase participation, socialisation and spontaneity in communication, give rise to behavioural improvements and reduce the distance between care staff and older people (Bender, et al, 1999; Gibson, 2004; Parker et al, 1998a, b; Penhale et al., 1998).

Planning for reminiscence and group work

The skills needed to undertake reminiscence work are those which are considered important in any interpersonal human activity (Gibson, 1997), including active listening, empathy, attending to the person, sensitivity and respect. It is important also to note the value base integral to reminiscence work which respects the history, identity and uniqueness of the person. It honours people as social and interactive beings with a great deal to offer from their individual life experiences. In these ways it accords well with an emphasis on personhood and professional values (Kitwood, 1997).

Despite general caveats concerning the limitations of reminiscence work for people with dementia, group work is possible. Parker and Penhale (1998) detail some of the important factors to bear in mind when undertaking reminiscence work in groups with people with dementia which are not dissimilar to those affecting groupwork

generally (see Doel, 2006). They include paying attention to planning, preparation and training; finding out about members, inviting and preparing potential members and involving them in the preparations. Practical considerations such as the venue, transport, caregiver issues and personal needs are also important. Matters of recording, revising and evaluating the groups are concerns that also should be shared and determined as a group. With people who have dementia this may raise certain complications but should still be considered. Toseland (1995; 2005) acknowledges that age-related changes and cohort effects must be taken into account but, as Burnside (1994) indicates reminiscence groups are potentially valuable interventions in working with older people with dementia. The central point is that group participants with dementia or otherwise should be as fully involved in the groups as possible (Goldsmith, 1996; Gibson, 2004).

Groups may focus around agreed themes or begin as a more general discussion. It can be helpful to introduce physical objects connected with past events or tasks, play films and music, or even enact role-plays of street parties especially where people may find communication difficult. However the process is planned, it is essential to be sensitive to the needs and concerns of the members' pasts. It is important to keep in mind that, whilst social workers and their agencies can gain benefit from reminiscence work, the sessions are for the benefit of participants not facilitators.

In a cross European study, Penhale et al. (1998) explored the use of volunteers in facilitating reminiscence work to older people with dementia and found that it increased sociability, spontaneity and communication. The research also suggested that it is assisted in challenging perceived intergenerational barriers and could foster a sense of self-worth in those running the groups, whilst developing transferable skills. One of the proposed outcomes of this research was to develop sustainability and in the UK part of the project student social workers were recruited to continue the work. The current study details how students and staff experienced the development and implementation of reminiscence work with older people, exploring the impact the experiences had on student learning experiences and its importance for social work practice education.

Methodology

The original study gained ethical approval within the University and from the local research ethics committee, which included plans for its continuation. A sample of ten social work students elected to participate in the groups as part of their practice learning. They were asked if they would complete an anonymous and voluntary questionnaire concerning the process, were assured that this was not part of the practice assessment process and that refusal to participate would have no implications for their learning. All ten participants responded. Staff involved in supporting the reminiscence groups were also asked to evaluate their participation by anonymous questionnaire. This method was chosen rather than an interview approach, which may have gained greater depth, so as to preserve the anonymity of the students who were undertaking practice learning at the time and to protect the sites in which the groups were held. It does, however, limit the study and findings which are further restricted by collecting data only from staff and students and not service users who could contribute in a confirmatory or disconfirmatory way to the responses.

A training module, developed as part of the original study, was provided to student participants and care staff. This was run together to develop rapport between staff and students and included work on dementia, approaches to people, groupwork and reminiscence work.

Three sites were used, two specialised local authority homes and a purpose built NHS Trust unit for older people with dementia. These were chosen to continue the project because of previous associations with the initial project and their provision of student learning experiences. Building on previous relationships was helpful in establishing the groups but may have limited the potential for critical analysis of the project as people wanted it to happen, believed in the work and the method. Five members of staff provided feedback on their perceptions of the benefits of the groups for service users, for themselves as staff, about the learning they thought that students gained. Staff were asked how they might wish to change the reminiscence groups whether they had used them again and for any other comments. The students were asked about the learning they thought they had gained, what they valued most, what they would wish to change, the use of the learning, relevance to employment and any other comments they wished to make. The students responded anonymously but were also invited to feedback at an end of practice

learning experience plenary session in more general ways to contribute to any revision of the project. The small sample size is recognised as a weakness in the study but the data reflects a particular group of students and staff, providing insights that, whilst by no means generalisable, are usable and testable in similar settings.

Group participants were identified by staff within the care settings, based on their perception of who might benefit. Throughout the project, students became involved in assisting the selection by familiarising themselves with people's history, likes and dislikes. However, the lack of a service user focus is something that limited the study and raises a range of questions for future groups. Participation was, however, voluntary and if a person did not want to attend or left that was accepted.

The questionnaire data were analysed by thematic coding and creating links between identified categories. A conceptual content matrix, adapting Miles and Huberman's (1994) approach, was created to understand how the themes interacted and to identify perceptions and meanings within the data. Staff and student comments were analysed separately and then together to gain perspectives on the data and the focus of respondents' thoughts. The primary analysis of responses considered staff and student responses by the questions asked.

Findings

Gains for group participants, according to staff, included sharing past experiences and stories, participation in social activities and enjoyment as indicated by the following quotation:

[they gained] opportunities to discuss their past experiences and to share happy tales. These were very sociable groups. Clients were able to remember many things making use of their long term memory. The clients participated in the reminiscence groups with great enthusiasm. The clients stayed on for longer at times as they appeared to really enjoy reminiscing. (S2)

Staff gained from the experience of students running these groups by learning more about the service users' pasts, by reciprocal enjoyment and participation in the groups and because group participants interacted and gained pleasure from the groups:

I enjoyed the reminiscence groups very much because with only being young it was nice to hear of clients' pasts and stories. (S3)

[I valued the] therapeutic value it held for clients, in terms of increased interaction and pleasure. (S4)

Staff believed students learnt a range of skills from participating in the groups including instrumental skills of working in groups, facilitation, planning and process, working with individuals, and in particular knowledge of and skills in working with people with dementia.

They learnt how to facilitate groups and build a rapport with clients. They learnt about planning a group and how to carry out a systematic process for each group. They also learnt about reviewing and evaluating groups and documented information in clients' individual notes regarding their participation in groups.

I really enjoyed the reminiscence groups the students' facilitated. They worked conscientiously and with zest and enthusiasm. (S2)

The key themes arising for staff were enjoyment, participation and skills development. For students, the core elements of learning gained from participation included groupwork skills and an acknowledgement of the limitations of groups, interpersonal skills, specific knowledge of a service user group and enjoyment, as shown in the following quotation:

There were skills of managing the dynamics of the group – trying to ensure everyone could take part, that the subject matter did not stray to topics which could be distressing. I learned the problems of reminiscence work with clients with Alzheimer's related illness. I also learned that reminiscence is far more effective in promoting self-esteem in individual and less structured sessions. I sometimes felt that in group structured sessions clients felt an obligation to remember things – a duty not a choice. (St3)

I believe that I learnt a lot about group dynamics and how individual personalities can affect the entire group. The client group seemed to enjoy the reminiscence groups, some may have been more vocal than others, but other people who may not have contributed as much returned to the group voluntarily, which could be indicative of their enjoyment of it. I did initially have qualms about running a

group about a subject that I knew very little about but on reflection, this worked to my advantage as I was very interested in the stories that the clients told me and I was even told that my enthusiasm and interest was welcoming, which boosted my confidence at my facilitating role. (St4)

Students also learned about preparation and planning for groups, collecting histories and adapting techniques to ensure communication is effective:

[I gained from] the challenge of communicating with older people with dementia and having the time to begin to understand the character, interests and possible future needs by delving into the files. (St1)

I learned how to choose triggers to memory, and how certain topics would interest women more than men. (St2)

Learning about groupwork, dynamics of groups and ways to deal with any problems arising. Learning about organising work to present an interesting discussion that groups could reminisce about, paying attention to trying to stimulate other senses, touch, taste, smell, hearing. (St9)

Students expressed that they valued being able to undertake groupwork, especially with a marginalised group, people with dementia. Taking part in the groups was found to be a usefully challenging placement experience, one in which they could make a difference and develop self-confidence.

The thing that I value most about running the reminiscence groups is the confidence that I gained from this experience.... because I had to work through my fears. (St5)

[I] enjoyed working with older people in residential care as I believe they often get forgotten once a residential placement takes place. [I] enjoyed the groupwork rather than the one-to-one. (St9)

It was heartening that values and concern for the group participants came to the fore when considering what changes could be made, although of concern that, despite initial training provided, some

respondents felt they had not had any. Changes wanted concerned greater time to observe, develop and plan the groups; more training and to ensure sustainability.

I still wish I had seen it done by a professional before I attempted it myself. I realise that the style would have been different but it would have been helpful to me to have an idea of what I was supposed to be doing before I did it. (St4)

Perhaps an on-going, seamless student involvement identifying the social needs of clients and being able to meet them through reminiscence, one-to-one or small group work would be more advantageous to students, clients and staff, than periodic attempts at groupwork covering the same topics. (St1)

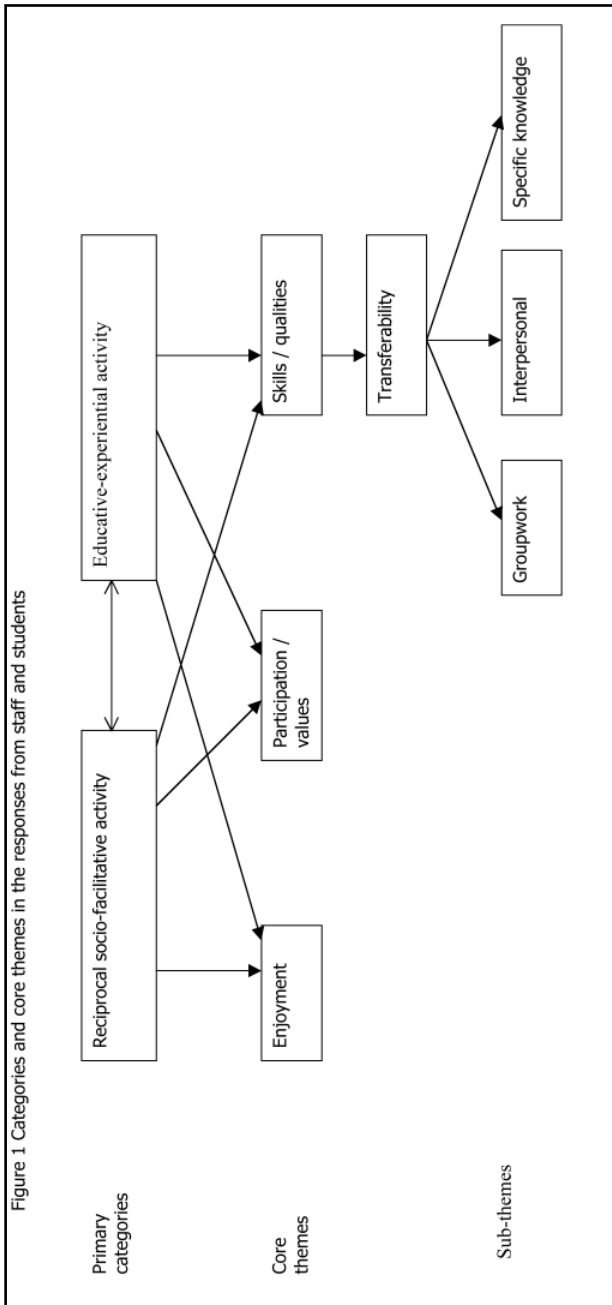
There were other perceived problems expressed alongside training issues that need to be highlighted. However, these also appeared to have contributed to the students' learning especially concerning the importance of prior planning:

The original reminiscence groups involved approximately six persons with two students. Group led conversations were virtually nil and reminiscence conversations between clients were non-existent unless heavily promoted. A decision was made to gather a history of each client and to ascertain their interests. This appeared to be a more appropriate approach to meeting the needs. (St1)

Participation in the reminiscence groups was considered by the students to have increased their understanding of work situations and empathy with people with dementia. Students who responded also acknowledged the transferability of the skills they had learned, especially the groupwork and interpersonal skills they developed. Interestingly, participation in the project appeared to impress employers:

I am not working directly with this client group, but do work with people with cancer, often some do have dementia. Reminiscence is a useful tool to use to engage people and develop a rapport. (St10)

[I] gained groupwork skills and joint working skills... and this part of my placement impressed my employers. (St9)



Core themes from students concerned educational and experiential aspects – especially groupwork, interpersonal skills and their transferability - but they also identified values and the social and enjoyable aspects of the work.

The second stage of the analysis of staff and student responses brought to the fore a range of core themes. Staff responses were grouped into three areas, enjoyment (see Bender et al., 1999), participation (Gibson, 2004), and the development or learning of skills (Parker et al. 1999). The emphasis from staff suggested that participation in the reminiscence groups represented a reciprocal socio-facilitative activity; staff, students and service users gained from the interactions. Whilst the questions asked of the students differed slightly to those asked of staff, there was a degree of congruity in the responses. These highlighted skills development; especially skills relating to groupwork, interpersonal relations and specific knowledge of a service user group. The skills were considered by respondents to be transferable. Enjoyment and values-based responses also featured in the comments of students. Figure 1 illustrates the responses and the links between those of staff and students.

To get a greater depth of sophistication in this analysis a variable by case matrix was developed to consider what respondents were saying, to link categories to one another and refine the analysis (de Vaus, 1996). Participation included group participants sharing memories, socialising and raising confidence, and students working with others, undertaking different experiences and developing practice skills. This involvement was associated with enjoyment by students in doing something that was considered to be positive and useful and identified as contributing to their learning about groupwork and organising for reminiscence. This was confirmed by staff who recognised the learning of students:

They learnt how to facilitate groups and build a rapport with clients. They learnt about planning a group and how to carry out a systematic process for each group. They also learnt about reviewing and evaluating groups and documenting information in clients' individual notes regarding their participation in groups.
(S2)

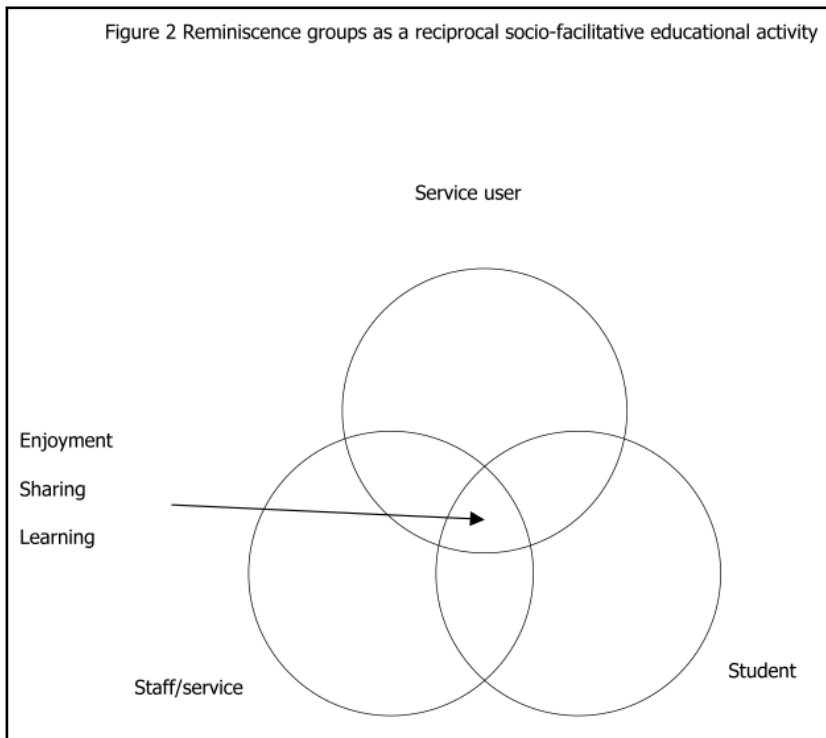
Staff appeared more reticent than students in commenting on the value of the groups to them. One staff member indicated that it

was the therapeutic value for people with dementia that was most appreciated. This seemed to be associated with remembering past times and participating (S3). Students, on the other hand, identified the challenges the work made to their own personal stereotypes of older people, of working as colleagues with people from different cultures and understanding different interpretations of reminiscence and old age. They also mentioned the value of developing a person-focused perspective with a group of people generally marginalised within society and within services. These perspectives were important to the students' learning in adapting skills to particular contexts and to the individuals involved.

The whole experience gave me the confidence to challenge my own and others' prejudices and to not accept a service that is easy and comfortable but not very beneficial to those it is meant to be for. In short, I would recommend reminiscence work to anyone whatever client group they wish to specialise with. (St7)

Discussion

The findings concerning the benefits of reminiscence work confirmed earlier studies in emphasising the promotion of social activities, participation, enhanced communication and intergenerational relationships (Bender et al., 1999; Gibson, 2004). The central finding that engagement in the reminiscence groups promoted education, integration between social care staff and students and benefits for group members indicates that this kind of project is important to the types of practice learning opportunity envisaged by the introduction of the new degree in England; enhancing learning by doing and reflecting (see figure 2). Positive benefits are reciprocal and this is attractive in developing further practice learning experiences, where benefits for the organisation and service provision can be shown beyond the development of a future skilled workforce. Participation in the groups promoted effective learning for students in skills development, critical reflection, working with others and challenging existing practices. The emphasis on reflective and self critical development as well as enhancing technical skills is important and meets many of the standards set for social work alongside a recognition of continuous learning (Department



of Health, 2002; GSCC, 2005). The evaluation of the experience is, in itself, a central component of reflective and deep learning.

Gibson (2004) points out that successful co-leadership is useful but often takes a great deal of preparation to achieve. Whilst training for the groups was undertaken together and co-working between staff and students planned and coordinated the importance of this was highlighted further in the study. The perceptions of some students that further training was needed needs exploration. It may be that the training was perceived as inadequate, not explicitly related to the work done or it may be that this represented a self-efficacy and confidence issue. A different explanation may suggest the importance of values to the students in providing the best possible service, whilst the discrepancy with the views of practitioners may reflect different standpoints in career or career trajectories. The provision of adequate training is crucial and whatever the reason for the student perception, it emphasises the need for greater attention to planning, training and preparation and for this

to be continued and monitored throughout the work.

The work was partly reliant on a reciprocal groupwork model in which themes and processes were discussed and agreed at the outset of each session but the identification of core themes were set and researched by the facilitators prior to the session. There is a need for greater inclusivity and collecting the views of people with dementia who participated within the groups. Including the views of people with dementia is important and is likely to enhance satisfaction and participation (Killick and Allan, 2001; Innes et al., 2004). Also, the ethics of inclusion must be promoted. Because of cognitive deficits it was important to ensure that views on the programme and its progression were rehearsed at the beginning of each session and adjustments made in the light of interests and history based on discussion and observation. This flexibility is also central to the process.

Sustainability was part of the original project and integrating the experience with practice learning appeared to be one way of achieving this. However, problems with sustainability occurred within this structure as the organiser moved to other tasks and duties and the practice team could not pick up the project. There are a number of ethical questions that arise from this, including those of setting up specific projects which then require servicing that a university cannot provide or are left to flounder and not supported. The question of action-research methods that are not fully participative are also questioned in this research. The project stemmed from the objective in the initial research to ensure sustainability and not from a mutually derived, agreed and planned approach. Thus more participative methods would be useful. In future developments, work with employers and user groups is necessary to develop placement initiatives and learning opportunities that provide reciprocal opportunities. Funding issues are important to sustaining these developments but the opportunity is there, in using the daily placement monies that follow social work placements, to ensure the potential for such groups is maximised. It will be important to continue to evaluate the effectiveness of the groups for student learning, service development and group participant enjoyment and partnerships with the universities will help to facilitate this.

The data indicate that reminiscence groups undertaken with people with dementia can generate a number of benefits for people with dementia themselves, for staff and practitioners and for the education

and development of social work students. Whilst more robust research is required (Woods et al., 2005) this study adds to the growing literature concerning the value of reminiscence work for people with dementia and indicates that it should be further developed and evaluated.

Groupwork, itself, is explicitly mentioned in the standards for social work education (Topss, 2002) and developing a participative action-research approach to its delivery can help promote learning and transferability to other settings. This confirms earlier research into groupwork education in social work (Birnbaum and Wayne, 2000; Graziano et al., 2002; Wright, 2002).

It will be important to explore further the potential for learning and development. Practice learning opportunities offer different models and partnership arrangements. Qualitative self-reports, whilst valuable, will be enhanced in future research by the collection of hard data and it will be important to ensure that all stakeholders are fully involved at all stages. Partnerships are crucial. As well as the possibilities for learning, the enjoyment and added value for group participants should be core – although it was not the focus of this study, it was central to the original brief and provides an ethical and service rationale for reminiscence groups.

Note on terminology

The term 'client' is used to refer to group participants on occasions reflecting the words of respondents in the study.

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