

# Sporting Heritage



## Sporting Heritage Memories Handbook

How to use sporting heritage in memories  
and reminiscence activities

# Sporting Heritage

## Applying Sporting Heritage

This handbook has been created to give you further insight into the application of sporting heritage programmes and provide a reference for your use in the future. It will help address issues such as training and the conduct of groups, as well as provide helpful hints as to how resources can be found and used.

## SOME WORDS FROM PEOPLE WE HAVE HELPED

*"I loved going there, meeting my mates, going to the ground - and our place on the terraces."*

*"I'd give anything to be back in that dressing-room, getting the boots on and all the craic."*

*"That was the highlight of my week. Saturdays couldn't come quickly enough."*

*"I wish I could still play."*

*"I have made up a laminated flip book for him, to go through stuff with him, and when I read him the poem and showed him the cartoon, although he can't speak, he laughed and laughed which was wonderful to see. Thank you so much for all your help." (Care Home Manager)*

*"These were the best days of our lives - when we were young."*

*"Everything about it was magical. The floodlights, the smell of liniment as you passed the dressing-rooms, the pipe smoke, the pie stalls."*



# Contents

## Introduction - Dr. Justine Reilly, Sporting Heritage

### The power of memories 4

The importance of sporting memories .....	5
Origins of the Memories Programme .....	5
Dementia and Reminiscence .....	7

### Understanding the impact of dementia 8

Symptoms of Dementia .....	8
Short-term memory loss .....	8
Long-term memory loss .....	8
Communication changes .....	9
Behaviour Changes .....	9

### Getting started with a Memories programme 10

Overcoming barriers .....	10
Communication strategies .....	11
Questions and Prompts .....	11
Group Dynamics .....	12
One to One Sessions .....	13
Session Staffing .....	13
Setting the Scene .....	13
Planning and Routines .....	14
Timing and Frequency .....	15
DVD and Moving Pictures .....	16
Audio and Sensory Considerations .....	16
Time Frames .....	16
Supplemental Activities .....	17
Group Preparation .....	18
Checklist of Responsibilities .....	19
Evaluation .....	20

### Conclusion 21

### Appendices 22

The COVID-19 Pandemic .....	22
Background information .....	24
Bill's Story .....	26
Sample images and draft training programme .....	27
Reference List and Resources .....	28

# Introduction

**Sport has played a big part in the lives of so many people.** Sometimes that's been through direct experiences of sport perhaps going to games with family members as a child, playing matches at school, collecting autographs, cards, and magazines, playing or watching sport as a young person or in later life. Sometimes sport has been central to the lives of people because of where they live sport at the heart of their communities. And sometimes it's been through wider association with sport through its connections with the wider world such as fashion, human rights, and technological development. Experiences as a player, a spectator, viewer or listener form a set of memories that are powerful and can be recalled through using the relevant heritage materials as a trigger.

These experiences and memories are both personal and shared. They come from both a sense of identity and a sense of community. Perhaps these memories are associated with the passion and communal spirit engendered from visits to watch local teams. Perhaps they came from personal experience of playing sport. Wherever these memories originate, they provide an opportunity to support increased health and wellbeing for a range of people through structured sessions, led by trained and enthusiastic staff and volunteers.

Sporting Heritage is pleased to be able to make a contribution to making people's life easier, whether it be through living with challenging circumstances such as dementia, loneliness, depression or other mental health issues, or in the face of the COVID-19 pandemic which has made life so difficult through 2020 and 2021, through this handbook. We hope it provides support and advice to those wishing to develop memories and reminiscence activity using tried and tested methodology.

We are aware that this Memories Handbook will be used in Scotland, England, Wales and Northern Ireland where there are a range of differences in working practices and social care provision for example. All care has been taken to accommodate these nuances, but inevitably there will be a need to update the Handbook from time to time and this will be done to keep people informed about significant changes and best practice.

Sporting Heritage would like to hear from anyone who can contribute to the up-dating and any improvements which may be considered beneficial.

We are hugely grateful to Hugh Dan MacLennan and Michael White who have extensive experience delivering sporting heritage memories provision, and have worked tirelessly through the pandemic to support so many people. The content and quality of this Handbook is down to their dogged determination and hard work!

We would also like to thank the team at Stirling University for supporting the content of the Handbook, and the sporting heritage sector across the four nations for their comments and input into the Handbooks development.

We hope this provides you with the support you need to build confidence and skills to deliver similar activity using your sporting heritage collections.

**Dr. Justine Reilly**

Director Sporting Heritage



## The Power of Memories

**The views on the value of reminiscence in relation to people who are living with dementia and other memory problems have changed significantly over the past years.** From a position where reminiscence was seen as harmful to people, it is now accepted as a positive intervention which can not only bring pleasure, but also help bring back memories and recall of past experiences and events. Improvement in self-esteem and communication skills can often be seen after a particular trigger. There is nothing new in the use of reminiscence as a form of therapy, but the focus on a particular set of memories from a common set of shared experiences is interesting and merits further research, evaluation and resourcing. No-one is suggesting that this kind of approach is going to provide a cure for anything. However, the reawakening of feelings of self-identity and group identity can have a positive impact on quality of life, behaviour, and communication. While the use of reminiscence and the working practices detail in this Handbook are primarily aimed at the individuals living with the various issues, it should be stressed that family and community support is enormously important in the whole set of circumstances, as is the relationship with carers and staff in care homes and other situations. And partners, families and staff also need support to achieve the best results, whether it is through practical help or resources, or simply freeing up time to deal with other issues.

### The importance of sporting memories

In an age when there was no multi-channel TV, no mobile phones and no Twitter and Facebook (to name but two! – there are other social media channels available), people displayed an impressive knowledge of a wide variety of Sports. Cinema newsreels, radio and television sports programmes, Saturday sports papers, and sports magazines were eagerly awaited to hear news of the latest transfers, injuries, and International honours. Scrapbooks were kept with great devotion, cigarette, bubble-gum cards, and stickers were guarded as if they were gold dust and few realised that they were collecting items of Sporting Heritage. Newspaper cuttings were avidly collected.

Sporting Heritage Memories Groups tend to focus on the age group for whom sport was a major form of recreation and social activity, and the images we use are from those days – the 1950s, 60s and now even the 1970s. As more and more people are diagnosed with dementia and memory problems, we will have to ensure that the images match the sporting experiences and knowledge of those in the groups. For now, we are focussing on the days when a visit to a local match, a pie and Bovril, programme and bus fare would cost less than the equivalent of 20p. And what days they were. Just ask the people in the groups.

Sadly, for many in the groups, attendance at matches is no longer possible, and our projects try to re-establish that connection with their community of interest- and the match-day experience. Where and when possible, it is usually an advantage to be able to take people to places and situations with which they were familiar.

### Origins of the Memories Programme

The Memories project developed from a previous project based on football. A football historian was often asked to give talks about the club and the game in general to groups and associations in the area. He was always impressed by the level of recall in the groups, but this was taken to a new level when he was asked to go along to the Alzheimer Scotland Day Care in Stenhousemuir. There he met a group of men who were as passionate about their football as they were as small boys. One man, who had been initially quite reluctant to join in, eventually came and joined us and the rest as they say is history.

The men all had a diagnosis of dementia, but they loved football and they really impressed him with their recognition of players, teams, and personalities from the distant past. He sat back fascinated at the level of recall and heard first-hand accounts of legendary figures and epic matches. He wanted to share these experiences with colleagues in the Scottish Football Historians group which met in Hampden Park. Two colleagues, at Hibs and Aberdeen, took up the challenge and they too reported similar outcomes. Recall was, in some cases, spectacular and they had found that the images were acting as a trigger for recall.



**Michael White, one of the original Football memories project team with Bill Corbett**

Since then, there has been significant media interest in the work being done and the television, radio and newspaper coverage was impressive. There were expressions of interest from all over Scotland, from Stranraer to Shetland, and several enquiries came in from interested parties both in the UK and further afield. Football Memories had taken off and the hardest task was to manage expectations. The excitement was obvious to all those who became involved.

## Evidence of Impact

The initial Football Memories pilot project was evaluated by Dr. Irene Schofield and Professor Debbie Tolson of the School of Health at Glasgow Caledonian University. This was published in February 2010:

<https://www.yumpu.com/en/document/read/23343566/scottish-football-museum-reminiscence-pilot-project-for-people->

### **The Executive Summary concluded:**

“.... football reminiscence has the potential to contribute to the well-being of men with dementia in terms of enhancing their self-confidence, self-expression sociability and sense of enjoyment. The context and mechanisms provided by established and supported groups with skilled reminiscence facilitators were seen to produce the best outcomes in terms of sustainability of the group, engagement, anticipation, and increased self-confidence of the group members.

In addition, strengthening mechanisms through training, provision of images specific to the lives of people with dementia and increased organisational support for reminiscence facilitators is likely to result in a corresponding improvement in outcomes. There is scope for more extensive use of football reminiscence for men with dementia, especially those for whom generic reminiscence activity holds little appeal.”

Those who worked in day care centres and care homes had been trying to find a means of involving men in activities and now they had a possible solution.

## Dementia and Reminiscence.

The volunteers who are involved in Memories group work are recruited for their passion for sport and their communication skills, especially with older people. They do **not** need to be experts on dementia but do need to know what it is. This brief introduction is not intended as a definitive reference and I know that volunteers will extend their knowledge with time.

Many, but by no means all of the people that you meet in the groups will be living with dementia. This could mean that your work can be particularly challenging, but it should hopefully also be rewarding and enjoyable. It is important that those involved in Memories work understand that the members of the groups are real people with real feelings, and they need to be kept in touch with their surroundings and their communities and families. Memories can reduce their potential isolation and provide support through person-centred stimulation and relaxed and supportive cognitive exercise. By keying into early memories, and keeping a focus on long-term memory, it is possible to stimulate recall and improve mood as well as restoring a sense of achievement and self-worth.

The groups should provide a safe, non-threatening environment where there is respect and a freedom from stress. Sociability can be improved in a group with careful preparation and planning. By respecting past experiences, a sense of identity and belonging in the present can be fostered and an emotional security can be given. Memories can provide this sense of belonging and being a member of a community of shared interest, could give this relationship within a group.

Social and mental stimulation is important and the community of interest within the Memories groups can trigger other memories such as travel, transport, fashion, food and drink, streets and buildings and people. A wide range of supplementary generic resources is always a useful addition to the Sports resources.

The facilitator and the professional in a care home, hospital or community setting have a key relationship and the volunteer will be helped and reassured when supporting group members who are living with dementia.



**Sporting heritage memory groups can take many forms – they need not be more than one or two people and can often function very well on a one-to one basis**

### Top tips for involving people with dementia

- a. Concentrate on the person- not the illness.
- b. Focus on what they can do, not what they cannot.
- c. Watch out for eyes, facial expression, and body language.
- d. Encouragement is essential, and don't be afraid of appropriate physical contact.
- e. Expect the unexpected. Some of the stories are fascinating.
- f. Share the enjoyment in the group.
- g. Share and join in the laughter and the banter.

## Understanding the impact of dementia

**Wellbeing in dementia has become a focus in the efforts to improve community services** as well as health and social care settings where support for people with dementia occurs. The importance of meaningful engagement and social networks are beginning to be recognised and attempts are being made to reduce the inappropriate use of some medications and to develop accessible and affordable, non-medical interventions. Applying Sporting Heritage to memory work could be one such intervention.

Dementia is what happens to a person if they have an illness that causes brain cells to die off far more rapidly than is normal. How the illness affects someone will depend on which area of the brain is damaged. It is a progressive illness for which there is as yet no cure. Unlike damaged skin, brain cells cannot re-grow. Nevertheless, a great deal of medical research is going into the searches for causes and cures. In the people you will meet you can notice many symptoms, one of the main ones being memory loss.

### Symptoms of Dementia

Dealing with dementia is now clearly seen as a clinical priority. There is an increasing need to build on existing work to improve services and support for those living with dementia. Attempts are being made to reduce the inappropriate use of some medications and to develop accessible and affordable alternative interventions. Applying Sporting Heritage to memory work could be one such intervention.

### Short-Term Memory Loss

The most common type of memory loss will be short-term memory loss, where people can simply not remember from one hour or minute to the next. You will no doubt see the people you are working with not remembering that they have just eaten, not remembering where they are, perhaps not remembering where the toilet is, not remembering that they have just asked the same question several times, therefore, not remembering the answer.

This is because there has been damage to the temporal lobes of the brain (located at each side of the temples) which are responsible for short-term memory.

### Long-Term Memory Loss

Some people will surprise you at having no recollection for something that happened a moment ago but can talk at great length about things that happened as far back as childhood. This long-term memory usually lasts much longer than short-term memory, as it is held in a different part of the brain and may not be affected until the later stages of the illness. Some of the recall can be spectacular and we can often be taken aback at the preciseness of the recall of players, matches and incidents.

Memory loss is not only about remembering events; it is about being able to remember how to do things for yourself: remembering the need to get up in the morning, wash, and dress, eat and drink, keep cool/warm, and go to the toilet; all the daily tasks; cleaning the house, shopping, and cooking. Memory also forms and shapes a person's identity; remembering your family, the role in your family, likes and dislikes, attitudes, hobbies, fears; it encompasses everything that makes the person a unique individual.



## Communication Changes

Another common early symptom of dementia can be changes to the person with dementia's way of communicating. These communication difficulties can be one of the most upsetting aspects of caring for someone with Alzheimer's disease or some other type of dementia—and it can be frustrating for the individual as well as for loved ones. They may struggle with word finding, and expressing themselves, or they may have difficulty understanding what others are communicating. Oftentimes it will take them longer to figure out the meaning of what has been said and form an appropriate response. Familiarise yourself with some of the common situations that arise when someone has dementia, so that if your loved one says something shocking or puzzling, you'll know how to respond calmly and effectively.

- **When you're caring for a person with dementia, it's important to show them how to perform everyday tasks instead of telling them how to do something.**
- **Encourage and maintain independence for as long as possible.**
- **Never talk over their head as if they are not there, especially if you are talking about them. Include them in conversations.**
- **Look for the meaning behind words, if they do not seem to be making much sense. Whatever the detail of what they are saying, the person is usually trying to communicate how they feel.**
- **Give them additional response time, as it may be taking them longer to come up with their response.**

## Behaviour changes

Behaviour change is sometimes a part of journey of dementia for an individual. When a person's behaviour changes significantly this can be difficult for others to understand. Distressed behaviour is usually triggered by something, often physical discomfort, environmental factors such as being in an unfamiliar situation, or even being unable to make themselves understood. Much of the time, if the behaviour is aggressive in nature it stems from feelings of fear, anxiety, or helplessness.

**Do:** The key to responding to distressed behaviour is to try to identify the cause.

**Don't:** Engage in the argument, raise your tone or force the issue that's creating the aggression.

**Do:** Be encouraging and reassuring if you're seeing these changes happen. You can often minimise frustration and embarrassment by offering help in small ways with staying organised or offering to help to look for any items that may have been misplaced.

**Don't:** Be defensive about the situation; or respond in a way that could be interpreted as accusatory or doubting the person's ability to handle a situation.

**Confusion or Memory Loss** can affect people's thinking, reasoning and behaviour. A person with dementia will probably be sad or upset at times. In the earlier stages, the person may want to talk about their anxieties and the problems they are experiencing. Statements such as "This isn't my home!", "Why are we here?" can often be some of the questions asked.

**Do:** You have to figure out what's going to make the person feel the safest, redirect the person's attention to something else or help to explain using pictures. If the individual persists in saying something that is incorrect, ordinarily do not argue. Instead, change the topic. The person may shift attention to what you say and become more relaxed and cooperative.

**Don't:** provide lengthy explanations or reasons as this is not the approach to take, this may only cause greater distress and confusion.

## Getting started with a Memories programme

**The work of a facilitator is challenging and calls for excellent skills in communication as well as sensitivity, empathy, and patience.** It needs a willingness to try, and an acceptance of failure. Someone once described it as a coaching role. Communication takes a variety of forms and the facilitator needs to be aware of them all. The dictionary defines communication as **“the use of a common set of symbols, signs and behaviour for the exchange of information.”** Notice there is no reference to speech.

People living with dementia can lose the ability to communicate as effectively as before, and as they lose these abilities, behaviour will replace conventional means of communication (speaking and having a conversation).

People living with dementia can become withdrawn and seem to have “no get up and go”. They may lack insight into their abilities and believe that they are fine, believe that they are still able to do most of things they could do before having dementia. Some people are living well with dementia. In the first meetings, the setting of tone, mood and style are crucial.

### Overcoming barriers

The person living with dementia may have been experiencing difficulties (or their family may have been experiencing difficulties looking after them) over a period of time. Some of the difficulties may have been:

- Confusing days of the week
- Forgetting to turn up for appointments
- Unable to handle money
- Constantly using the phone
- Not recognising people
- Neglecting personal care
- Becoming isolated
- Frightened in their own home
- Becoming increasingly vulnerable
- Unable to go out on their own
- Forgetting the time of day and night
- Changes in behaviour



**Settings chosen for group meetings are important as the safety and well-being of members is paramount. Group members need to be in familiar surroundings and a selection of memorabilia can often provide the stimulus required to facilitate discussion. Sometimes outdoor settings can be very successful, depending on the weather and other conditions.**

Having dementia can cause forgetfulness, confusion, and disorientation, difficulty in understanding, lack of recognition and problems in expressing. The use of images in Football Memories has been shown to improve recognition, understanding, recall and lead to discussion and informed comment. The pictures can trigger fantastic memories and genuine excitement and interest. One image can take the person off on a journey down Memory Lane and bring out associated stories about work, school, family life, travel, and social events.

## Communication Strategies

- **Try to speak slowly and distinctly**, using clear and simple words.
- **Try to keep conversation brief.**
- **Try not to ask too many open questions** as this can be confusing.
- **Try to use proper names for people and objects**, instead of “him”, “she” or “it”
- **Don't dive in with the word** when a person hesitates. This could lead to a lack of confidence.
- **Show lots of patience and encouragement.** The person is really trying hard.
- **It is OK to try to guess** what the person is trying to say and always ask if the guess is right.
- **It is OK not to recognise an image.** Try clues and hints, but then move on. “Let's leave that one till later” is a good exit line.
- **Allow plenty of time for response.** Slow the pace down.
- **Be careful with questions.** Keep it simple.
- **One question at a time is best.** Avoid the three-part Mastermind type question as it can be confusing.
- **Don't try to correct the person bluntly.**

Humour works in many situations, but not always. Don't be surprised or disappointed if someone “doesn't get it.”

Many new facilitators find it difficult to deal with repeated questions and comments. The repeated questions are not meant to annoy you - they need repeated answers. Try to find different ways to answer the same question. Try to be patient, tactful and reassuring. Sometimes you might need to change the subject or divert attention, but keep the person involved.

Above all else, we need to remember that this is not University Challenge, A Question of Sport, or Mastermind where there are pressures, time limits and right or wrong answers. This is aimed at stimulating memories and experiences from the past. We need to slow down and go at an appropriate pace. In the world of Facebook, Twitter, instant text messages and e-mails this needs some attention. If we don't do this, the person could become anxious and lose their confidence to try.

## Questions and prompts

The main success in the session comes from recognition, leading to recall, individual memories, conversations, exchange of information and anecdotes. The facilitator needs to have good skills in questioning. It requires simple questioning, with a single focus and the appropriate use of clues and prompts. Questions should be clear and unambiguous. Patience and tolerance are essential attributes and there is often a masking answer to begin with, such as “I know his face.” “I just can't recall his name.” Often there is a real desire to pull the name back from the memory and on such occasions, the facilitator should look for signs and encourage the effort. There can often be quite a delay, but the efforts being made are tremendous and praise is well-deserved. Sometimes, but not always, the person will ask for a clue, such as the club's title or nickname, or the first name or initials of a player. This should be given. The sense of achievement can be enormous, and you can actually see the increase in self-esteem when a name of a team, player or match is recalled.

It is important that you should avoid the four-part question and any statistical questions. This is all about image recognition leading to memory triggers. We don't need to know how many goals they scored, how many titles they had, where the championship was held- although such answers have been given.

You will find that many group members have a "party piece", usually a song or a piece of dialogue – or an impression or catch-phrase. The party pieces can be given at any point in the proceedings- so be warned.

## Group Dynamics



**Larger events can present significant challenges and require higher levels of supervision. Depending on availability of facilities, they can be very successful, offering opportunities to develop inter-generational engagement and other forms of interaction.**

The size of a Memories group can vary, but the decision should be based on levels of staffing, size of room, the needs of the group and the interests of the participants. The most effective groups have been between three and six in number and the groups can often be subdivided depending on interests in certain Sports.

It is important to try to avoid the pitfalls experienced in some of the early groups. Groups of ten and over proved unmanageable in some instances, staff sat back and allowed the facilitator to become a solo "turn" and almost withdrew. The worst experiences were when staff brought people to the group and left them there, leading to the impression that this was an opportunity for time-out or an opportunity to catch up on the obligatory paper-work.



**Assembling a range of resources to be used in reminiscence groups is very important. Sometimes visual prompts are all that is required; sometimes individual copies are needed to offer time for perusal and handling; the main thing is to allow space for engagement and interaction.**



The group can often be dominated by a strong personality, a real “Sports buff” or a facilitator who is too keen to “show off” their sporting knowledge. Hopefully, such instances are few and selection, training and monitoring should prevent this happening. Most of the successful groups have been those with four or five people taking part, with a trained facilitator and a member of staff who has a detailed knowledge of the members and their needs.

## One-to-one sessions

---

Sometimes a one-to-one session can be really rewarding. This could be for a variety of reasons, such as individual needs, specific interests, family circumstances or mobility problems. This gives an opportunity to create a Memory Book - a kind of *This Is Your Sporting Life* - where a combination of personal and family photos can be interspersed with images of familiar games, championships, and stars. The book can have a key role to play as the person moves on and can give carers and relatives a focal point as well as providing a sense of achievement and reflection for the individual.

In one-to-one sessions, the presence of a partner or friend can be reassuring, but care needs to be taken that the observer doesn't try to take over and dominate proceedings. The advantages are those of familiar surroundings, security, and comfort, while the disadvantages are the loss of opportunity to socialise and share views in a group setting. There have been several examples where the partner of the person living with dementia has been a great assistance in helping restate comments and answers given. On the other hand, there have also been examples where the person living with dementia has been swamped by interventions from their partner and an obvious disengagement takes place.

## Session Staffing

---

A strong partnership between Memories volunteers and the professional staff is crucial to the success of the project. Each knows the other's role but doesn't try to take it over. The volunteer will never be expected to deal with anything other than Sport-related matters. Sometimes, in care homes, the two roles might be inter-changeable where the Sports champion is already a member of staff. Volunteers will be given a basic awareness of dementia, but the responsibility for medical, caring, and social aspects of the group lies with the professional staff whether in a day care, hospital or care home setting.

Care Home staff will be able to take part in training sessions for Memories work and knowledge of sport, while helpful, will not be an essential pre-requisite. The section entitled Images gives further details about this. Most Activities staff will have some experience of reminiscence work and this is only an extension of this form of work but with a specialist focus.

The ratio of volunteers/staff to participants should be kept as low as possible and ideally two to a group of four. Other volunteers, family members and carers could act as a “buddy” in a group, but again should let the person themselves be the centre of the attention. There are several examples of a “buddy” hogging the limelight and jumping in to impress the others.

## Setting the scene

---

There have been a variety of settings for the groups, ranging from church halls, a pub conservatory to village halls, as well as day centres, hospital wards and care homes. The setting is immaterial, but the key issues are those of accessibility, lighting, heating, comfort of seating, facilities, and availability of toilet facilities. While certain pub settings are fine in themselves, we would not recommend the use of a standard public bar for a Memories session, given the possible access to alcohol.

- **Lighting is crucial** as many members will have visual impairments, and the need to be able to see the pictures clearly is essential to obtain maximum benefit. Too much external noise is an added distraction and should be avoided.
- **Heating, especially in the winter months** is another key factor and group ambience is somewhat diluted if the members are forced to sit with their coats and hats on.
- **The facility to provide a half-time break is essential** and especially if it involves the serving of the traditional sports ground fare of pies, Bovril, and sweets.
- Toilet access, especially for those with mobility problems, is another factor in the selection of an external venue.
- **The decoration of the room** can add to the sense of the occasion and the focus of the subject matter. Posters, replica tops, hats, scarves, rosettes, programmes, stills, magazines, tickets, and other memorabilia can all add to the event. Some care homes or day centres might even consider a Memories wall or corner.

## Routines

It has been found that keeping sessions to a pre-planned calendar is helpful. The Match Fixture List idea has been appreciated, and it helps carers and family members to have the routine. The first Monday, the last Thursday or whatever, means that other commitments can be managed around the dates of the Memories session. A regular date makes life a lot simpler for administration purposes and for the hiring of rooms or premises.



**Scotland v Wales 1973**

Without wishing to suggest uniformity of approach or procedure, it is helpful if sessions could broadly follow a common pattern. This will enable visits to another group or help a new member coming from another group, maybe on holiday or respite, to recognise the pattern of the session.

The tone and mood are set from the outset and a friendly, warm welcome is essential. An early joke or bit of banter usually goes down well and acts as an icebreaker. The images are usually already displayed without there having to be a formal start or introduction. The facilitator needs to set the pace of the session and be prepared for some interesting diversions.

The half-time break is a key moment. It provides a well-earned break as well as moving the focus away from the images and on to conversation. Sometimes recent stories of matches and players will be mentioned by the members and this can provide a useful link between past and present. Inevitably comparisons will be made between then and now and there is always a nostalgic discussion of past favourites and the inevitable comparison of wages, and abilities. Several Memories groups have introduced a programme of physical movement in the second part of the session. This can include light exercises linked to the particular sport and can be carried out from a sitting position or wheelchair if necessary.

The departure is another moment to provide reassurance and congratulations to the members. It is often noticed that the smiles and farewell greetings are indicators that the session has been appreciated and thanks and invites to return soon are freely given. On several occasions, Sport-related conversations can be heard well after the end of the session.

## Timing and Frequency

In a care home or hospital setting, professional staff will be best placed to ascertain levels of alertness and select timings to fit in with routines and other commitments. Most groups have been meeting in the mornings with a 10.30 a.m. start. The half-time interval is usually taken after 30 minutes. The overall length of a session is about an hour, although staff and volunteers will be aware of times when the session should be shortened or, indeed, could be extended.

In a number of settings, care will have to be taken to address issues of transport and collection if sessions are ended before the stated time. After a few sessions, a better assessment of format and timing can be undertaken, and adjustments made. It is important to avoid as many changes as possible, and to establish a familiar routine. Emergency contact details of carers and family members are essential to cover instances when a group member may become unsettled.

Some volunteers are unable to attend sessions through the day and have asked about evening or twilight sessions. Much will depend on the health and well-being of the participants, especially in the winter months, but issues of lighting could be a factor. There is no reason why some sessions couldn't be attempted and evaluated as to their sustainability.

Many have asked how often the sessions should be held. This will depend on individual circumstances and the early groups were meeting once a month. Clearly some participants were getting a lot of benefit from the sessions and a greater frequency is possible. For some, depending on their circumstances, a daily session could bring benefits, while for others a weekly get-together would be preferable. As more and more care homes and day centres become involved, the resource packs will be available for regular use and there is absolutely no reason why sessions should be restricted to a given date and time. Individual work on a one-to-one basis has been shown to benefit former players especially.

The quality of the image is important, and many of the pictures in old books are excellent. The glossy book photo, as found in the old annuals, is preferable to the newspaper pictures which were often of poor quality. The copying of a poor image will do little to enhance it, despite modern equipment. In time, we hope to provide a dedicated password-protected website where members can access images, stills and posters to meet individual expressed need.

The donation of old magazines and annuals and other memorabilia is welcomed, but the quality of the pictures is not always of the best, due to the printing techniques of the time. There is a need to be aware that group members with visual impairment will need sharp images and issues of contrast, shadow and brightness are important. The bigger the image the better and many will struggle with small images like cigarette or bubble-gum cards.

Clear head and shoulders images are best when it comes to identifying a star and this need to be of good quality. Players in distant shots are often hard to distinguish. Starter images contain basic facts and information to enable facilitators to respond, even if they have a limited knowledge of the Sport or person in question. All images should be laminated to avoid damage through the accidental spillage of liquids. Various customised sets of images can easily be made up and laminated if groups have access to original images and the appropriate permissions to use them.

It is essential to remember that all images are for the exclusive use of group members and facilitators and must not be copied, sold, or circulated out-with the Memories project itself.

## DVDs and moving images

Some volunteers have brought full-length film DVDs to sessions and have asked if they could play these to the group. The showing of a 90-minute DVD is not recommended. There are difficulties with timing, length of concentration span and a real danger of fatigue and drowsiness. It has been found that the speed of the moving image can be difficult to assimilate and the still images are preferable. The still image can be held, examined at leisure and there is no pressure of time to attempt recognition. There is a sense of personal ownership and the opportunity to recall and take all the aspects of the image in.

When moving images are used, brief highlights or short clips are recommended. Pathe newsreels are readily available and the clips usually last no more than a few minutes. These can be useful for providing the atmosphere of the time and the accompanying commentaries will evoke many memories. Recent advances in being able to access archive material on YouTube have provided a rich source of sporting materials.

## Audio and Sensory Considerations

Some members of the groups have had difficulty in seeing clearly, if at all, but this has not inhibited their enjoyment of the sessions. They joined in the conversations at the mention of particular names and personalities, but it did lead to an awareness of the need for another aspect of the work. The decision was taken to look at producing an accompanying audio version of the Memories projects where clips and summaries of films could provide a stimulus for recall. The BBC Sound Archive has an enormous range of Sports commentaries.

## Time Frames

The demographic of the groups is such that most members are aged between 70 and 95 although there is increasing demand from people who may be 10 or 20 years younger. The period of greatest interest tends to be that when group members were children, teenagers, or young adults – usually from the 1950s onwards.

These are powerful memories and are fondly recalled from the days when they went to sports

events with school pals, family members, girlfriends, boy-friends, and workmates. The associated memories remain strong and clearly reflect the social and economic history of their times.



**War-time England v Scotland international**



It is for this reason that most of the original images concentrated on the period 1945 to 1980. Some older group members have vivid memories of the immediate pre-war era and supplementary materials can be produced. The groups will throw up some real surprises and it is not unknown for a member to startle the facilitator and staff by recalling a spectacular incident from the distant past. As the numbers of early onset and young onset dementia cases increase, there will be a need to produce images from more recent times, for example 1980-2000.

It has been found that the interest level in recent sporting events is not so great and the preference is for "The Good Old Days" as many put it. Volunteers can sometimes forget the timeframes and waste a lot of time and energy by collecting books and images which mean little or nothing to the group members. Sports stars who are famous now or who were well-known a few years ago, might mean nothing to those in the group.

## Supplemental Activities

As the collection of cards and images increases, there are several games that can be played in the groups. Members often like the competitive element, especially if teams are chosen. Help and assistance from staff, volunteers and friends can be useful, though care needs to be taken that they don't swamp the group and take over.

There have been some great examples of the sessions triggering other activities, sometimes reviving long-lost hobbies or interests and encouraging new skills. It is hoped that the Memories sessions might lead to rekindling interest in drawing, collecting results or scrap-book keeping with the assistance of family members or carers.

### Supplemental Activities: Games

**Without being exhaustive, the following list of games could be attempted:**

**a. Odd One Out**

e.g., three players, one of which was NOT in a particular team.

**b. Young and Old**

e.g., a famous star as a child, and later as an older person

**c. Who Is It?**

e.g., a famous star in disguise

**d. Sporting Stars**

e.g., famous sports playing other sports

**e. Happy Sporting Families**

e.g., match brothers, sisters, fathers, mothers and sons and daughters

**f. Which Trophy/Medal Is This?**

e.g., images of famous trophies, medals and names of Sports. Match them up.

**h. Spot the Error**

e.g., a team badge with the wrong name

Through time, it is hoped to develop variations on board games and maybe even a computer game which could be used to encourage cross-generational work.

## Group Preparation

The old adage of “fail to prepare and prepare to fail” was never truer. Memories sessions need careful and detailed preparation. The professional staff will know the members of the group well and will be able to assess suitability, address personal needs and help monitor developments. The facilitator needs to know the special sports interests of the group and the time frames of their greatest interest.



**Physical activity is a dimension of group activities which requires careful planning and supervision. These are usually best delivered as small groups to make management easier and safer.**

The basics of heat, light and access should be considered as well as the images and their accessibility. Low tables are not advisable and wheel-chair users will need access to the table.

Thought should be given to who sits where. The facilitator should be able to have eye contact with the members. Staff and buddies should be spread out to avoid any problems with shoptalk or private conversations and assistance should be provided for any who have to leave the room at any point.

Over time, personal preferences will have been worked out and a programme will be established. The routine will give a sense of security and should add to the enjoyment.

It is important that there is emergency cover on hand and that fire drills are known to the volunteers and facilitators.

The following Check List can serve as a reminder of who does what.

Item	Recommendation (For Alzheimer Scotland groups)	Responsibility?	Notes
<b>1. Planning</b>	Regular calendar meetings are preferable. (First Monday, last Tuesday etc.)		Routine important.
<b>2. Notification</b>	A “fixture list” is a good idea. Contacts for Carers, Families.		Emergency contact numbers essential.
<b>3. Transport</b>	Is transport needed? Can transport be provided?		Families/Social Work/ Centre?
<b>4. Attendance</b>	Who is coming? Who is definitely NOT coming? Contact numbers essential.		Professional staff as key link.
<b>5. Access</b>	Is the building/room suitable, available, and ready for use?		Premises if possible.
<b>6. Domestic</b>	Heating, Lighting, Toilets, Power.		Premises if possible.
<b>7. Resources</b>	Starter Pack. Sets of Sports Stars cards, individual resources.		groups access website and new materials.
<b>8. Volunteers</b>	Who is coming/not coming?		Might need cover.
<b>9. Professional Staff</b>	Support Worker or is other professional cover needed?		Staff
<b>10. Register</b>	Who was there? Who SHOULD have been there? Again- contact numbers essential.		<b>Key point. Did anyone set off and not arrive?</b>
<b>11. Timing</b>	Best late morning or early afternoon.		Depends on routines.
<b>12. Duration</b>	Depends on group. Suggested maximum of 60 minutes. Second half flexible.		Arrange collection 60 minutes after start time.
<b>13. Refreshments</b>	Half-time break suggested.		Type of cups/ mugs? Individual preferences.
<b>14. Close</b>	Final activity suggested. Sports “Best Ever” Awards. Good ending helps.		Important to end well.
<b>15. Collection</b>	Carers/Families can stay and meet staff.		Good opportunity.
<b>16. Next Session</b>	Ensure Carers/Family know of any changes.		Handouts.
<b>17. Domestic</b>	Tidy room. Collect Resources.		Ready to use.
<b>18. Review</b>	Discuss any issues and plan accordingly.		Professional staff to collate
<b>19. Preparation</b>	Any changes for next session? Any missing resources?		Contact project lead if needed.
<b>20. Recording</b>	Actual attendance and any significant issues.		Professional staff to keep logs.

## Evaluation

There is undoubtedly a need to have groups' work evaluated and to see if there are benefits and for how long the effects last. This will be for professional staff to assess and academics have shown an interest in the work being done. The initial pilot assessment showed that Football Memories had potential, and this encouraged a roll-out of the programme across Scotland.

### Group Evaluation

Each establishment has its own way of evaluating projects and activities and the majority will focus on areas such as:

- Levels of awareness
- Interaction
- Verbal communication
- Non-verbal communication
- Interest levels
- Participation levels
- Well-being
- Enjoyment

Groups should take steps to record the outcome of meetings and activities as this can contribute to research reports and also add information to further applications for financial support. It should be noted also that funding awards very often stipulate the need for further research and ongoing evaluation, so it is worth establishing a good method of record-keeping as good working practice from the beginning.

Several forms of evaluation are available, and each establishment will have its own preferences. Perhaps the best indicators are the human ones - a smile, a laugh, recognition, and a gesture can often say more than a thousand words. One member said it all as he spoke to a university researcher. Pointing to his handkerchief, he said, "See this, hen - it's soaking wet. Wet with tears. Tears of happiness." What more could you say?



**Rugby memories activity at Hawick in the Scottish Borders**



## Conclusion

**There is no one way to run a Memories session and each group will develop its own identity and style.** Membership of the group will vary, and the core aspects should remain as constant as possible. Routines, methodology and formats will soon become embedded and there will be a different aspect to each group. The development of Memories groups should ensure a nationwide exchange of information, resources and discoveries as well as providing a sense of belonging to a group and a community of interest.

Facilitators and staff will enjoy the sessions and there will be plenty of laughter- and tears. It is the proverbial roller-coaster of emotions, but the rewards are great. The look of happiness and contentment says it all. For an hour or so the members are back in a happy time. The names, the debates, the memories are all triggered by the images. They haven't changed a bit. They are as they were.

That old picture can provide a key to unlock a powerful memory or three. You will enjoy taking part in Memories sessions. It's more than a trip down Memory Lane, it's an insight into the life and times of a real person who is still with us. Just wait for the words "I remember them..." and sit back and relax. The stories will come back, and you will be entertained, educated, and always, always amazed



**Preparation of life histories and sporting albums can be very beneficial for individuals and families.**

If "nobody goes through dementia on their own" we should at least try to accommodate as many people as possible in Memories work. Already there are powerful examples of people revisiting memories within the groups which are not associated with the original group's Sports theme.

Memories sessions will bring back all sorts of stories and memories from the past. The image of a sports star or a particular ground, course or stadium, might spark off powerful memories of friends, work-mates and family members but don't be surprised if you are taken on a journey into the past era of tram-cars, steam trains, NAAFI canteens, cigarette cards, Saturday night pinks and greens, Grandstand, World of Sport and Sports view. It's great fun, and also rewarding. The people in the groups have a story to tell and it's a fascinating insight into the days when grounds were packed, and queues stretched along the street.

## Appendix A

## THE COVID-19 PANDEMIC

It should be noted that this part of the Handbook has been written without full clarity on the final stages of the road-map allowing ease of restrictions with respect to public gatherings. It should be read in the knowledge that information is being added to the knowledge base about COVID-19 all the time and that working practices and protocols may be adjusted in the light of scientific and Government advice.

## A Change of Approach

It would be fair to say that the Covid-19 pandemic brought the original plans for the extension of sports-based reminiscence sessions to a shuddering halt. The essence of the programmes relied on face-to-face contact, personal interventions, the establishment of friendships, trust, and familiarity. The people attending groups became friends and the groups developed a distinct life and energy of their own. Meeting other people, getting out of the house, and sharing in a community of interest improved morale and brought laughter, happiness, and new bonds of friendship.

The initial reaction to the outbreaks was one of stunned shock, and lockdown saw the cancellations of the planned programmes. Gradually, however, there was a realisation that a complete change of approach was needed if the people who were gaining so much from the sessions were to be helped through the crisis. While there is no substitute for the face-to-face delivery, alternatives simply had to be found - and quickly.

It should be borne in mind at this stage also that the changes which were necessary were a clear indication that further changes may be necessary again at some stage in the future when the effects of the pandemic become more obvious or, indeed, some other similar set of challenges emerge.

## New Ways of Working

### a. Resource Packs

Many activities co-ordinators who worked with charities and other agencies such as local authorities involved in supporting those living with dementia were placed on furlough and worked from home. Individual sports-based reminiscence projects provided weekly newsletters and pictorial quizzes which were distributed via the charities' networks. These were very welcome and eagerly anticipated by carers, family members and friends. The packs reached well beyond their intended circulation targets and feedback was universally positive.



**Memories handling boxes are amongst the best resources which can be created for groups. They can contain a variety of handling material and are usually made up of materials which can be reasonably replaced and very little cost.**

### **b. On-line Sessions**

For many involved in the delivery of reminiscence support through sports, the word of 2020 was undoubtedly Zoom. To those of a certain vintage, the name had been associated with a brand of ice-lolly, but now it generally became the platform for meetings and more significantly, the delivery of “live” reminiscence sessions. The on-line sessions were better than no contact at all in many circumstances. However, there were a number of issues with on-line delivery. Amongst the main difficulties were:

- Some volunteers lacked familiarity with the technology
- Family members or carers often had to be present throughout to deal with any technical issues
- The availability of laptops and/or tablets in some settings
- Internet connection problems – lack of stable Wi-Fi etc.
- Difficulty in gauging the immediate reactions of the individual living with memory loss
- Carers or family support members tending to dominate the responses
- Lack of personal contact and possible distractions for the person in their own home
- Reminiscence on-screen delivery becoming just a substitute for a TV programme

---

**There is clear merit in Sporting Heritage and individual groups/sports developing a resource bank of prepared on-line sessions for use within a particular sport. To avoid duplication of effort, and to encourage collaboration this is highly recommended. Individual groups can add in a local dimension to the nationally produced generic material.**

### **c. Social Media**

Regular postings on Facebook and Twitter have proved a high point in the day for many in reminiscence groups. Carers and family members have found this an extremely useful source of material to help trigger memories. Most of the sports have managed to keep this service going and the reach has extended far beyond the intended target audience.

Those posting within the programmes are trying to reach those living with memory issues, and it is noticeable that there are now much fewer who saw the sites as another “pub quiz” platform and an opportunity to show off encyclopaedic knowledge of their sport.

### **1. Training for Carers and Family Members**

At the time of writing, there is some doubt as to when face-to-face sessions will be allowed to restart. Training for family members and carers is needed to familiarise them with the delivery of on-line sessions and in the follow-up prompts that could help. Carers and family members can provide regular reminiscence sessions without the need to access on-line materials. Memory cards are one of the best resources which individual sports can produce, at national or local/club levels.

### **2. Care Homes and Activity Co-ordinators**

The impact and effectiveness of sports reminiscence sessions in Care Homes depends largely on the staff who are responsible for the management of activities. There are some examples of staff who have a keen interest in sport, while others are reluctant to deliver sessions due to their perceived “lack of knowledge” about sport. Every effort should be taken to reassure such staff that they do not need to know anything about sport, but that they can facilitate a session through appropriate prompting and questioning. Training for care home staff is essential for a successful extension of the initiative.

The delivery of cards and brochures will not in themselves lead to effective implementation, but proper training and possible volunteer involvement is clearly more beneficial. It has also been noted that activities staff are sometimes called away to other duties to cover for emergency absences and this can be disappointing for residents and volunteers alike.

The Covid-19 pandemic has brought a sharp focus on the Care Home sector, and it is likely that several recommendations for change will be made after a national enquiry. Loneliness and social isolation have been exacerbated and the absence of family contact has undoubtedly led to a deterioration in several residents. The ability to engage in sports-based reminiscence could be a real benefit to many in the developing circumstances post-COVID-19.

### 3. Long Term Effects of the Covid-19 Crisis

The effects of the pandemic will be felt long after the current crisis eases. A renewed focus on ageing and the elderly, the evaluation of long-term loneliness and social isolation, the absence of stimulus and creative activity will all become factors in how we see provision for later life care. Sports-based reminiscence should be well placed to take on the challenge that faces the sector, bringing about a renewed focus on sports heritage and its application to improving the lives of those living with memory problems and who feel lonely and isolated. Sports' Governing Bodies and local sports clubs should be encouraged to play their part in delivering the reminiscence work to a rapidly expanding part of their sporting community.

## Appendix B

### Dementia. Background information

**“Dementia is a group of progressive diseases of the brain that slowly affect all functions of the mind and lead to a deterioration in the person’s ability to remember, reason and concentrate. It can affect every area of human thinking, feeling and behaviour” (Murphy 1990)**

In most countries in the U.K. dementia is seen as a clinical priority. There is an increasing need to build on existing work to improve services and support for those living with dementia. There is a mention of the need to reduce the inappropriate use of some medications and to develop accessible and affordable alternative interventions. Applying Sporting Heritage to memory work could be one such intervention

**Dementia is a term for a range of illnesses. Dementia is what happens to a person if they have any of the following illnesses:**

- Alzheimer’s Disease is the most common type.
- Vascular dementia is the second most common. About 75% of people who are diagnosed with dementia will have either Alzheimer’s or vascular dementia, or a combination of the two.
- Lewy Body dementia
- Others such as frontal lobe dementia and Picks disease

These illnesses cause brain cells to die off far more rapidly than is normal. How the illness affects someone will depend on which area of the brain is damaged. It is a progressive illness for which there is, as yet no cure. Unlike damaged skin, brain cells cannot re-grow. Nevertheless, a great deal of medical research is going into the searches for causes and cures. In the people you will meet you can notice many symptoms, one of the main ones being memory loss.



## SYMPTOMS

Although there are many different forms of dementia, the thing they all have in common is that they progressively damage the brain.

In most cases the key symptom of dementia is serious memory loss, but others include losing track of the time, getting lost in familiar places and changes in behaviour. Additionally, people living with dementia are likely to lose their ability to reason clearly and may find making decisions very hard.

Dementia can also cause personality changes, which can be particularly distressing for those who care for a person with the illness.

Most types of dementia progress gradually, and, with the right help and support, most people living with dementia can stay at home and enjoy a good quality of life for a long time.

Early in the illness, many people may need help such as reminders and memory aids as well as help with managing money or making decisions.

Later, they will need increasing amounts of help with their daily activities.

In the later stages of the illness, people living with dementia are likely to need a lot of help with ordinary everyday activities such as eating, washing, dressing, and going to the toilet.

## IMPACT

In almost every case, dementias are progressive and degenerative. The care needs of people living with dementia increase as the disease progresses. Generally, the progress of the disease is broken into three stages: **MILD, MODERATE and LATER STAGES**

In **MILD DEMENTIA**, a person might have difficulty making decisions, coping with complexities in their work or hobbies, and may have problems remembering to pay bills or attend appointments.

At a **MODERATE** stage, the person with dementia may have increasing difficulty recognising family, friends, or familiar places, may need more help with everyday activities such as reading or dressing, and their behaviour may change.

In the **LATER STAGES** of dementia, the disease affects more functions of the brain, and problems of memory and everyday activity become more severe. Communication can become particularly challenging, and the illness is likely to increasingly affect the person's physical abilities.

Although there are no cures at present, much can be done to ease the impact of the illness, and to **maintain the best possible quality of life** for those affected.

It is important for people living with dementia, that their **interests, skills, and normal life are supported and maintained for as long as possible**, and that their capacity to make choices, even if this is limited, and rights are recognised.

In addition, remembering other health and wellbeing issues, such as hearing, eyesight, and depression is vital.

## SUPPORT SERVICES

People living with dementia are entitled to live their lives as normally as possible. A range of services should be provided to enable people living with dementia to do so for as long as is possible.

### a. Diagnosis and assessment

Early diagnosis has become easier and is important as people in the early stages of dementia are better able to make decisions about their future. Diagnosis is also important to enable people to gain access to drug treatments and services.

### b. Post- Diagnosis Support

This includes therapeutic responses such as drug treatments and rehabilitation. It also includes support and education, such as counselling, carer education and training, information on welfare benefits and financial advice, access to advocacy and assistance to help plan for the future e.g. powers of attorney.

Research indicates that early intervention can reduce depression in people with dementia, reduce levels of carer stress, and can delay – or even prevent – institutionalisation.

### c. Community Care Services

These include home support, day services, community opportunities, short-breaks, crisis response services, assistive technology, and carer support. The objective of community care is to enable people living with dementia to remain at home for as long as they wish to.

## Appendix C

### Bill's Story

The group of men was sitting waiting for me. A man was coming to talk about football. They gathered round the table and quickly started examining the old photos I had brought. Names of players were enthusiastically shouted out and soon the stories about games, players, goals, and incidents were told with great fondness. The recall was impressive, by any standards. All of these men had dementia.

One well-dressed man sat contentedly reading his paper. "Come on, Bill" said one of the helpers, "you like football, don't you?" Somewhat reluctantly, Bill joined the group. I hadn't seen anything yet. Bill took me back to the 1930s and 1940s as if it were yesterday. Along with his boyhood pal, Jimmy, they rattled off scores, line-ups and goals and spoke of legendary figures. All I had to do was produce the images. As the session was ending, Jimmy leaned across to me and whispered, "Bill was a grand player, I saw him play for Celtic."

Armed with this information, I looked up my books to see if this modest old man was in fact a former professional player. I discovered that Bill was in fact William Corbett, formerly of Celtic, Preston, Leicester, Dunfermline, and Scotland. Thanks to the wonders of modern technology, I was able to build up a picture of the man and his career. And what a career.

October 1942. England 0 Scotland 0, at Wembley. The match reports all said that Bill was the man of the match. "I have never seen a Scottish centre-half play [Tommy] Lawton as well as young Corbett did this afternoon" said one. All of them sang the praises of the young 20-year-old and predicted a bright future for him in the navy blue of Scotland.

By a sheer fluke, I was able to bid for a programme of the match which became available on e-Bay and I looked at the line-ups. I looked and I looked. This young man had faced the might of English football: Hapgood, Britton, Cullis, Mercer, Matthews, Lawton, and Compton, all in their prime. A crowd of 75,000 had seen a tremendous struggle and young Corbett was the star man.

Bill was ever so proud when I showed him the programme. Pointing to the Scotland line-up, he showed me the names: Shankly, Corbett and Busby. "Not a bad half-back line, eh son?" I had to smile. He became an amazing source of stories about war-time football, when he played for various clubs as a guest. He had a twinkle in his eye when he recounted arriving at Upton Park. "My brother Norman played for West Ham. Their manager was a right Cockney and he told me anytime I was near London, just come along and I'll get you a game."

By then Bill was in the Navy and he never knew where his travels would take him. I had a mental picture of some poor guy stripped ready to play, when a bright young naval man would come in and take his place. When I asked Bill how he thought the West Ham player would have felt, he answered with a lovely smile: "Ah suppose he wisnae best pleased".

Bill came along to the Football Reminiscence sessions, even after he went to a care home, and he loved the talk about the old days, "when we were young," as he would say. He was an absolute joy to be with and I learned more from him than in any football history book.

I last saw Bill alive three weeks before he died. We had a great session, laughing and joking and recalling the great players he had played with and against. As his carer wheeled him out of the room to the waiting transport, he turned to me and said, "Son, that was the best day of my life". I struggled to keep my emotions in check as he went away. Little did I realise that we would never meet again.

Whenever anyone asks me if the Football Reminiscence Project is effective, I think of Bill's comment to a university researcher who was assessing the effectiveness of the programme. "See this," he said, pointing to his handkerchief, "it's soaking wet with tears. Tears of joy." Bill said it all. His journey to the end of his illness was difficult, but for these few hours, Bill was back at his brilliant best. He loved football and he loved reminiscing. And we all loved Bill.

## Appendix D

### Sample Images and Training Programme outline

Originally aired in the US by ABC in March 1973, Superstars was first broadcast in Britain on 31 December 1973 as "Britain's Sporting Superstars", closely following the American format. David Vine, who was the main presenter of the BBC programme from 1973 to 1985, said "in 1972, Ron Pickering, myself, Don Revie, Billy Bremner and TV producer Barney Colehan sat in a hotel in Leeds and formulated Superstars but the BBC dismissed the idea. Then Dick Button started it in the States and the BBC bought the rights".

Recorded at Crystal Palace in August and promoted as a challenge between Britain's seven best sportsmen, the contest was won by David Hemery, the 1968 Olympic champion in the 400 metres hurdles, defeating Jackie Stewart, Bobby Moore, Joe Bugner, Roger Taylor, Tony Jacklin and Barry John. Featuring the first ever gym test (devised by Pickering, and comprising circuit running, a medicine ball throw, parallel bar dips and squat thrusts) the event came down to the final steeplechase, where Hemery overcame a 100m handicap to pass Barry John with 60 metres left. Shown on New Year's Eve, the programme was a major success and was repeated the following year. [Wikipedia] See also: <https://www.teamgb.com/athlete/dave-hemery/7ph684gCYITPOHSQGqOg7b>

**This was another BBC programme called *Question of Sport*.**

This was one of the first and most famous BBC *Question of Sport* teams. Can you identify the presenter in the middle and the two captains?

## Training programme outline

**The following is a draft outline of a structure which can be used to build training sessions for groups**

### Introductions.

1. Dementia Awareness.
2. Reminiscence Therapy.
3. Sports Memories.
4. Resources.
5. Central Support
6. The Website.
7. Experiences to Date.
8. Future Plans.
9. Sample Session.



**One of the first and most famous teams in the BBC's *Question of Sport* series. Who were they?**

## Appendix E

### USEFUL WEBSITES and DOCUMENTS

It should be noted that there may be variations in service and support provision throughout the four nations in terms of dealing with mental health and social care provision. Different support and delivery mechanisms may be available, and it is important at all times that advice be sought to make sure that where help is available, the opportunity is taken. One key issue is the provision of support materials in languages other than English – for example in the use of Scottish Gaelic and Welsh. Increasingly other languages are coming into play and care should be taken to try and build up resources which can be supportive of all our communities and their cultural heritage.

#### [Alzheimer Scotland](#)

Useful products, information and support.

#### [BBC Music Memories](#)

Supporting people with dementia reconnect with their most powerful memories through music

#### [BBC Question of Sport](#)

#### [Cognitive Stimulation Therapy \(CST\)](#)

Group reminiscence based treatment for people with mild to moderate dementia

#### [Dementia Services Development Centre \(DSDC\)](#)

Dedicated to improving lives for people living with dementia and their families.



**House of Memories** House of Memories is a museum-led dementia awareness programme which offers training, access to resources, and museum-based activities to enable carers to provide person-centred care for people living with dementia.

### **National Museum of Scotland**

Offer a series of events for anyone affected by dementia, including their relatives, friends and supporters

### **The Daily Sparkle**

Reminiscence newspaper specially developed to provide daily stimulation, interest, enjoyment and fun for older people and people living with dementia.

### **Moving Images**

Scottish film archive <http://movingimage.nls.uk/>

The Yorkshire Film Archive <http://www.yorkshirefilmarchive.com/>

## **Strategies and Policies**

### **Scotland's National Dementia Strategy 2017-2020**

<https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/06/scotlands-national-dementia-strategy-2017-2020/documents/00521773-pdf/00521773-pdf/govscot%3Adocument/00521773.pdf>

### **Scottish Government Independent review of Adult Care in Scotland**

<https://www.gov.scot/publications/independent-review-adult-social-care-scotland/>

### **Prime Minister's Challenge on Dementia 2020**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414344/pm-dementia2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414344/pm-dementia2020.pdf)

### **Charter of Rights for people with dementia and their carer's in Scotland**

[https://www.alzscot.org/sites/default/files/images/0000/2678/Charter\\_of\\_Rights.pdf](https://www.alzscot.org/sites/default/files/images/0000/2678/Charter_of_Rights.pdf)

<https://www.gov.scot/publications/promoting-excellence-framework-health-social-services-staff-working-people-dementia-families-carers/>

## **KNOWLEDGE IS POWER**

Handy hints that might help make life a little easier after a diagnosis of dementia

"Dementia is life changing, but it's not life ending. Take advantage of every opportunity offered to you. You must learn to ask for help, because nobody should be going through this on their own".



This booklet was written by people living with dementia, for people living with dementia. It includes information and advice that we hope you may also find useful.

## **'S E CÙMHACHD A TH' ANN AN EÒLAS Alba**

Seo molaidhean feumail a dh'fhaodadh am beatha a dhèanamh beagan na b' fhasa às dèidh dhut breithneachadh-lèigh de sheargadh-inntinn fhaighinn

"Nì seargadh-inntinn atharrachadh air a' bheatha, chan ann crìoch. Gabh buannachd às gach cothrom a bhios ga thoirt dhut. Feumaidh tu iarradh air cobhair ionnsachadh, oir chan fheum duine no duine seo fhulang gun chuideachadh".



Chaidh an leabhran seo a sgrìobhadh aig daoine air a bheil seargadh-inntinn do dhaoine air a bheil seargadh-inntinn. Tha e stèidhichte air leabhran a chaidh sgrìobhte

Fhuair an leabhran seo maoinachadh le tabhartas bho Urras Atharraidhean na Beatha

### Useful Websites and phone numbers (available Wales-wide)

#### Dementia helplines

Wales dementia helpline: ☎ 0808 808 2235

Dementia UK [admiral nurse dementia helpline]:  
☎ 0800 888 6678

Alzheimer's Society Dementia Connect support line:  
☎ 0333 150 3456

#### Useful websites, support and involvement opportunities

DEEP (Dementia Engagement and Empowerment Project):  
[dementiavoices.org.uk](http://dementiavoices.org.uk)

- You can join groups, watch and create Dementia Diaries videos and get involved in making changes for people living with dementia.

3 nations dementia working group: [www.3ndementiawg.org](http://www.3ndementiawg.org)

- Membership is open to anyone with a diagnosis, you receive a newsletter about how you can get involved. Associate membership for carers, professionals, academics.

Alzheimer's Society: [alzheimers.org.uk](http://alzheimers.org.uk)

- The Alzheimer's Society website has lots of information, advice and support.

Carers Trust Wales: [carers.org](http://carers.org)

- Carers Trust work to improve support, services and recognition for anyone who is caring for someone.

Dementia Carers Count: [dementiacarers.org.uk](http://dementiacarers.org.uk)

- Dementia Carers Count supports family, friends and partners taking care of someone living with dementia. They provide free courses led by healthcare professionals.

Dewis Cymru: [www.dewis.wales](http://www.dewis.wales)

- Dewis Cymru helps you find information or advice about services and supports available across Wales.

Join Dementia Research: [joindementiaresearch.nihr.ac.uk](http://joindementiaresearch.nihr.ac.uk)

- This is a service which allows people to register their interest in participating in dementia research and be matched to suitable studies.

Rare Dementia Support: [raredementiasupport.org](http://raredementiasupport.org)

- A service that aims to empower, guide and inform people living with a rare dementia diagnosis and those who care about them.



12

13

With grateful thanks to everyone who helped with this production.

This document has been compiled by Dr Hugh Dan MacLennan ([hughdan1@hotmail.co.uk](mailto:hughdan1@hotmail.co.uk))  
and Michael White ([ramleh37@gmail.com](mailto:ramleh37@gmail.com))  
and designed by David O'Connor ([daviddesigns@me.com](mailto:daviddesigns@me.com))  
on behalf of Sporting Heritage UK ([info@sportingheritage.org.uk](mailto:info@sportingheritage.org.uk)).

Constructive comments about the comments would be welcome  
with a view to being incorporated in future, updated versions.