



All aboard! - the salutogenic museum

Introduction

(Salus = health. Genesis = origin, that which promotes health.)

The project stands on four legs.

The four aspects of the project that we shall be considering in this presentation are: **Education, Accessibility, Rehabilitation, Operational Development**

Transforming the room/keywords

Formerly the room was known as the schoolroom and looked like this.

What has happened is that we have rebuilt the room as **total experience that stimulates all the senses.**

(Afferent inflow – that is the impulses from our senses of sight, hearing, feeling, smell and taste.)

The room is **multifunctional**. It can be altered (*flexible*) and all the materials in the room *can be used in different ways*.

We work with **broad, inclusive solutions**. They function as offers that stimulate **participation** and can encourage **independence**. The room and the activities also function in **rehabilitation** and habilitation contexts.

We have improved accessibility not by adaptation but by **functional development** and the **right design**.

Now the room is for **all** children!

No handicap-adaptation or special solutions but development of functions and approaches.

(Not “50 boxes” of different materials for different groups but flexible solutions. This can sometimes prove disconcerting to visitors because they are not treated in a special way or limited in any sense. For example, our relief map.

It is a matter of finding the right way of working with, for example, **Accessibility** that can enrich and develop the task. Legal demands are not sufficiently creative.

Why we?)

Bliss

Within the All aboard! project a unique map of the Vasa Museum using *Blissymbolics* has been produced. The Vasa Museum is the first museum in the world to offer such materials to *Blissing* visitors.

Bliss is a system of symbols in which words and concepts are represented by images rather than by letters. *Blissymbolics* contain numerous symbols and grammatical signs that can be used to create complete sentences.

All aboard! – the salutogenic museum project

Our aims

Our aim is that every child or young person, regardless of their specific functionality should be able to benefit from, enjoy and actively take part in the educational activities on equal terms and with due dignity in accordance with the UN Declaration on the Rights of the Child.

Our target group

All children and young people aged from 6 to 15 , schools, day centres, active rehabilitation and habilitation operations.

“Mummy rolls, her son jumps, his little sister watches, but not their big brother... ..”
We want to develop the activities and find new groups.

All visits are booked in advance and are led by our own educators. There are weekend activities but these have also to be booked in advance.

A philosophy of accessibility. What is this?

- *Expansive focus – Broad, inclusive and liberating solutions.*
- *Multi-functionality that encourages independence and development.*
- *Developing functions and Fitting needs.*

Examples of broad, inclusive and dignified solutions. Our materials also function as training

Diving bell instead of a handicap lift.

Relief map that is visual not just for people with impaired vision but for everyone.

Sailing the entire ship with a weak hand.

Training hands and holds.

The swing – rolling on the waves/bodily stability.

Project organization and collaborators

- A collaborative project involving:
Swedish National Maritime Museums (Vasa Museum)
National Association for Disabled Children and Youths in Stockholm (RBU)
Save the Children Sweden
Astrid Lindgren Children’s Hospital at the Karolinska University Hospital in Huddinge and Solna
Swedish Institute for Special Needs Education
Handisam - Swedish Agency for Disability Policy Coordination.
- The project is supported by the Swedish Inheritance Fund
- The project will last for three years, 2008-2010
- Budget: About 5 million SEK from the Swedish Inheritance Fund. Work contributions on the part of the participants are estimated at a value of about 2 million SEK for all the organizations.
- New presentations of the project, applications and evaluations are mandatory each year.
- **Project organization:** We have worked in five smaller groups or committees. *Controlling committee, Expert group, Educational group, Construction/technology group, Marketing group.* The project manager is the coordinating link between these bodies.

- **Competence:** Numerous different skills and competences are needed, including graphic designers, artists, prop-makers, physicians, set designers, play therapists, seamen, physiotherapists, educationists. (See below for names.)
- **Evaluation:** A so-called *proactive process evaluation* monitors the project. This is undertaken by external evaluators and helps to ensure that problems can be dealt with along the way. The evaluation is based on interviews.

Evaluation Children

There is also an evaluation by all the children. Here we can see how many they were, gender distribution and what they thought of the project (Fun? Dull? What they learnt? Do they want to come back again?)

The expert group and the process 2008

- We are working with an expert group consisting of 7 children aged from 9 to 15 years. (Plus siblings and school friends). These will monitor the project throughout the three years.
- They have contracts and receive financial compensation and a certificate confirming their participation.
- Why? Because, according to the Convention on the Rights of the Child (article 12) “children have the right to express their views and to be listened to in all matters that affect them”.

Laws and perspectives on “disablement”

UN Convention on the Rights of the Child

The convention was agreed on 20th November 1989 and, unlike many other such documents, it is legally binding. There are *54 articles* to the convention. Of these, 41 deal specifically with children's rights while the remainder detail how states are to work with the convention.

Four of the articles are indicative of how the convention is to be interpreted.

- **Article 2** recognizes the child's rights and its equal value as a person and specifies that children must not be discriminated against.
- **Article 3** requires that all decisions and measures affecting the child shall be taken with the best interests of the child in mind.
- **Article 6** deals with the child's right to life and to develop; not merely physical survival but psychological, social, spiritual and moral survival.
- **Article 12** deals with the child's right to express its opinions and to be listened to with regard to all issues affecting it.
- **Article 31** The so-called culture article insists that it is the child's right to participate fully in the cultural life of the community and it encourages the provision of equal opportunities for cultural and artistic activities and for recreation and leisure-time activities.
- **Article 23** is another important article in this context. It requires the signatories to contribute to the best possible integration of physically or mentally handicapped children into the community and to their individual development including their cultural and spiritual development.

Concepts/definitions

why words are important?

Diagnoses or names of disabilities are linguistic constructions. They tell us little of the broad spectrum that exists. Antonovsky speaks of health as a continuum. No one is totally ill or totally healthy. We move between these poles.

One example of this is that the focus in Swedish disability policy is no longer on the individual but on **how the environment and the person's surroundings limit them** through a lack of accessibility. It is a lack of accessibility that creates the disability – not the person's functional impairment. There is nothing that actually connects people with disabilities. Everyone is a person and so representativeness can be problematic. Apart from some purely practical details, everyone relates differently to the world.

Functional impairment describes an impairment of one's physical, mental or intellectual ability to function.

Functional impediment describes the limitation that a functional impairment means to a person in relation to their surroundings. Thus no one can be termed "functionally impeded".

- This has a political and philosophic dimension. **A question of Democracy, Human Rights and Health.**

Perspective and theory of the project

Aaron Antonovsky (1923-1994)

was professor of medical sociology in Israel and the USA.

- Salutogenic – that which generates or promotes health. Salus = health. Genesis = origin.
- The focus is on the origins of health and that which promotes health rather than on what is sick (pathogens). No one is totally healthy or totally sick. We move in a continuum between being healthy and being ill.
- A central concept is SOC – a sense of context.
- UNDERSTANDABLE: (cognitive) concerns the extent to which inner and outer stimuli are understandable. Information is seen as organized and clear rather than chaotic and incomprehensible.
- MEANINGFUL: (emotional/motivation-creating) is concerned with the fact that life has emotional content. That it is worth investing time and commitment. A challenge rather than a burden.
- MANGEABLE: (subjective) deals with having access to the resources that are needed for managing situations and stimuli. Having trust in one's own and other people's ability to deal with situations.

Lev Vygotsky (1896-1934)

The socio-cultural perspective and mediated learning

In the *socio-cultural perspective* there is a focus on **interaction with one's surroundings**. We are all active and creators of meaning. People *construct* their own knowledge. Learning takes place in a given context– **constructivism**. From individual to system perspective; from ego to a focus on relationships. A learning/rehabilitation process **requires a positive environment, empathy and warmth**.

What one cannot do oneself at the moment can be achieved with support from other people so that one can do it oneself at a later date. So-called **mediated** learning/treatment that one does together. The relationship becomes a supportive voice and one achieves new abilities that are incorporated/internalized and which build a broader base.

Proximate development zones

The area yet to be conquered. From a current base with achieved skills of ability, problem-solving, dealing with situations, thinking about the next base.

Base = what one can do oneself. Development zone = what one can manage with support. That which is in the process of becoming and appears as “glimpses”.

Towards a new base where new skills have been internalized and can be generalized.

By localizing and **directing the activities** towards the nearest development area and providing relevant support and/or tools for reaching this development area one meets up with and **challenges** the child/patient in her or his **proximate development zone/area**.

Being in this zone is **characterized** by being able to formulate one’s goal and, therewith, to feel committed and motivated to undertake the work. As a **dialogue** between the child/patient and its future and the educator’s past. It is in the process of becoming, appearing in the form of “glimpses”.

This zone is individual, even though the base may be the same. **Our task** as educators/teachers/carers/etc. is to organize the social situation and to offer a **setting that stimulates, supports and challenges. For interaction and collaboration.**

The key tool is the richness of what is on offer in the learning setting

By offering both **outer and inner tools** that support the pupil/patient’s work towards the next zone (But not thinking in steps).

A room of Offers

One starts from everyday experiences and bridges over to the level of urgency

Motivation is determined by the **level of urgency** and should, thus, be based on **everyday experience** so that it can **bridge over** to the next phase. Use one’s **imagination about the future** to determine what is in the process of **becoming**.

Cognitive conflict/challenge

A tool is a **challenge**. In a challenge there is **no self-evident dividing line** between what is difficult and what is easy. This depends on what is most important to the pupil/patient at the time. Failures are part of the process. So that it is important that **the environment is adapted** to the level that the child/patient can manage, not just at a particular moment but as a future challenge.

Handing over

A relation between pupil/teacher, patient/coach aims at a handing over – **scaffolding** – in which the pupil/patient has constructed an inner structure that supports the self-regulation. (There is no concept of the “greenhouse/seed” where everything is present and one just needs to water the plants and wait without any active involvement; where the seed can be just anything in the relationship.

Emancipating.

Internalization and new inner tools/structure

1. I can do this myself, I can manage it.
2. I can do this with support from my teacher (or other professional). This is in the process of becoming; something that I can’t do yet but am on the way to being able to

do. In a dialogue between me and you. What we do together the child/patient can later internalize.

3. And a new and broader base through the fact that the new skill has been incorporated or internalized with a new development zone.

A challenge is formulated in a social interaction through a carefully considered dialogue – **learning** and guiding **discourse** that includes clear goals and discussions about how – the way there. The capacity to **self-regulation** develops in this interaction so that the pupil/patient can maintain a focus on and a relationship with the goal.

Taking one's own responsibility for a "research plan" of learning/rehabilitation.
(From ear of corn to loaf, or coping strategies.)

Summary

We want to create a situation in which a visit to us feels Comprehensible, Meaningful and Manageable

Accordingly, we work with: A philosophy of accessibility

- *Expansive focus – Broad, inclusive and liberating solutions.*
- *Multifunctionality that encourages independence and development.*
- *Functional development and the right design.*
- **By offering:**
- Stimulating environment as well as inner and outer tools and structures – Understandable
- Context that comes together, challenges and seems important – Meaningful
- Handed-over, developing inner structures/resistance resources – Manageable

2009 Äspingar (small boats that followed the man-of-war Vasa) in the form of boxes of mobile materials to be used outside the museum; for example in children's hospitals, staff training, by play therapists, physiotherapists and occupational therapists. Supporting health: **Programme from bed – museum** including diving-bell for drip feed stand, etc. These can be used in the room on one's own. Sign-language training for deaf guides and educators in yet another language that can be regarded as a minority language. Skills centre for others who want to work in the same manner.
