

Evaluation of House of Memories  
**Online Dementia Awareness  
Training for Nursing Students  
in Higher Education**

Pouria Motalebi, Dr Steve Nolan, Dr Marcus Hansen and  
Dr Rafaela Neiva-Ganga, Liverpool John Moores University (LJMU)

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## Executive summary

### House of Memories

House of Memories is a museum-led dementia awareness-training programme designed for both formal and informal caregivers. Initially established as a comprehensive, full-day training intervention at museums, it combined dramatic set pieces, forum theatre, interactive facilitation, museum tours, and reminiscence therapy techniques with museum education activities. It has since evolved into a half-day film-based model. The programme is bolstered by various training resources, including the My House of Memories app, which can be accessed across different settings.

Adapted for diverse professional environments, such as NHS acute care services, and in collaboration with national and international partner museums, House of Memories has engaged with almost 15,000 carers from health and social care sectors, alongside informal caregivers. Evaluations conducted since 2012 have consistently demonstrated positive impacts on caregivers, including heightened awareness, improved subjective wellbeing, enhanced care practices, and increased engagement with museums.

In autumn 2023, House of Memories, in partnership with Liverpool John Moores University (LJMU), piloted an online dementia awareness training programme for undergraduate nursing students. This asynchronous e-learning course, derived from the facilitator-led training, includes narrative docudrama videos and reflection sessions, aimed at deepening students' understanding of dementia care and fostering a culture of compassion and professionalism.



## The evaluation

First-year nursing students at LJMU participated in online dementia training in autumn of 2023. The training was delivered during induction week and pre- and post-training surveys were conducted online to evaluate its effectiveness. The aim of the research was to assess the impact on nursing students, in terms of adherence to the Dementia Core Skills Education and Training Framework (Tier 2), cultural and digital practices, and three standardised measures of subjective well-being.

Researchers at Liverpool John Moores University evaluated the programme using a mixed-methods approach. This included quantitative analysis of workshop attendees' subjective well-being, engagement with museums, beliefs about dementia and the role of carers. A semi-structured interview with an LJMU lecturer responsible for the training delivery was also conducted. Questions focused on participants' experience of working with House of Memories, the specific nature of the intervention within a university setting, what dementia-related activities they provided beforehand and the future plans for the degree programme.

## Qualitative findings

The House of Memories intervention has been integrated into the dementia awareness training for mental health nursing students. This interactive eLearning package leverages real-life experiences and emphasises co-production and co-design. Conducted during induction week, the training allows the teaching team to monitor student engagement and performance through logged activities and quizzes. Students engage with interactive videos and questions, fostering discussion and reflection, which enhances their learning experience. The programme's reflective stage helps students process the emotional aspects of dementia care.

The intervention is designed to equip students with critical skills for working with dementia patients, ensuring they are prepared for practical placements and future careers. It emphasises effective communication and the importance of a holistic approach to dementia care involving family and healthcare professionals. The training package, praised for its comprehensiveness, has received positive feedback from students, who have engaged deeply with the material.

Previously, the university offered limited one-hour dementia awareness sessions, which were labour-intensive and insufficient for large cohorts. The scalable House of Memories training addresses these challenges, providing a more feasible and effective solution. The teaching team envisions expanding the programme across the university, highlighting its potential for broader application. Familiarity with House of Memories and its existing framework facilitated a smooth transition to the university setting, resulting in significant resource savings and encouraging students to build diverse professional portfolios.

## Participant survey

There was an overwhelmingly positive response from students to the House of Memories training. Respondents were already enthusiastic and excited about the opportunity to learn more about dementia, reflecting positive expectations for the course. Survey results indicated that participants rated their experience highly across various aspects such as the overall experience, relevance of documentary films on dementia care, and the promotion of dignity, respect, and compassion in care.



The training significantly enhanced participants' understanding and approach to dementia care. Over 97% of participants rated the programme's effectiveness in promoting dignity and reducing stigma positively. The emphasis on cultural activities and social interaction received substantial praise, with over 96% of respondents expressing positive experiences. Educational components and the integration of technology into the training were also highly rated, highlighting the programme's success in delivering valuable content and accessible resources.

This type of delivery has potential to be truly effective in driving engagement with museum-led activities as the survey showed that 58% of students had not visited a museum in the 12 months before the training. The primary motivations for museum visits included entertainment, therapeutic benefits for themselves and their family, and curiosity. Other significant reasons included spending time in thought and contemplation, appreciating the museum environment, and viewing specific exhibitions.

The training programme significantly improved participants' understanding of dementia in relation to the ageing process, correcting the misconception amongst some that dementia is a natural part of ageing. Before the training, 25% of participants incorrectly believed this, but after the training, this figure dropped to 16.5%, a statistically significant improvement. Participants already had high awareness that dementia is not solely about memory loss and this understanding remained higher after training. This was also the case regarding the quality of life – 95% of respondents believed you could live well with dementia before training and there was a slight increase post-training.

Overall, these outcomes reflect the participants' already substantial baseline knowledge and understanding in these areas.

Changes on respondents' subjective well-being pre- and post-training were assessed using several standard measures. The Dementia Care Impact Measure (DCIM) assesses participants' interest in new approaches, optimism about dementia care, self-efficacy, and various other aspects related to their roles in dementia care. Results from the DCIM showed significant improvements across multiple domains after the training. Overall, the training fostered a more positive and committed mindset among health and social care professionals.

The Office for National Statistics (ONS) Personal Wellbeing measure aggregates questions on life satisfaction, feelings of worthwhileness, happiness, and anxiety to measuring well-being. After the training, participants' average scores showed a statistically significant increase. This was matched by a similar increase in the Warwick-Edinburgh Mental Well-being Scale. Another significant rise highlights the training's effectiveness in enhancing participants' overall mental well-being and confidence in their dementia care capabilities.

## Summary

The House of Memories training programme effectively provided a positive, educational, and community-focused experience, contributing significantly to promoting dignity and challenging societal stigmas associated with dementia.

The House of Memories Health and Social Care Professionals programme has demonstrated a significant positive impact on nursing students, particularly in enhancing their attitudes, knowledge, and behaviours related to dementia care. Additionally, the training has positively influenced participants' attitudes and openness to innovative approaches in dementia care, as indicated by the heightened interest and engagement observed.

Overall, the House of Memories training has proven to be effective in promoting a more empathetic and comprehensive perception of individuals with dementia, ultimately fostering a culture of care and compassion among nursing students.



## Introduction

House of Memories is a museum-led dementia awareness-training programme for dementia carers, both formal and informal. It began as a full-day museum-based training intervention combining dramatic set pieces, forum theatre, interactive facilitation, museum tours, reminiscence therapy techniques and museum education activities. It has since evolved into a half-day film-based model. The programme is supplemented by training resources, including the My House of Memories app, which can be downloaded for use in various settings.

The programme has been adapted and developed for delivery in different professional environments (including NHS acute care services), and with several national and international partner museums. Almost 15,000 carers from health and social care sectors and ancillary public services have now participated in the programme. Since 2012, House of Memories evaluation studies led by Wilson (Wilson & Grindrod, 2013; Wilson & Whelan, 2014; Wilson & Whelan, 2016) and Ganga (Ganga & Wilson, 2020) have consistently shown positive impacts on formal and informal caregivers. These include outcomes such as i) increased awareness; ii) caregivers' improved subjective wellbeing; iii) improved capacity for critical, reflective, and creative care practice; and iv) increased engagement with museums.

These studies demonstrate that museum-led dementia care programmes have therapeutic value with positive social and cognitive outcomes for people with dementia and their caregivers (cf. Windle, et al., 2014; Young, Camic, & Tischler, 2015). Furthermore, these programmes usually contain a social component and are rated highly for their cultural value as an important aspect of creative cultural participation (Secker et al, 2011). Cultural and artistic engagement can lead to a decrease in depression (Musella, et al., 2009) and an increase in positive feelings such as enthusiasm and enjoyment (MacPherson, Bird, Anderson, Davis, & Blair, 2009).

In autumn 2023, House of Memories and Liverpool John Moores University (LJMU) collaborated to deliver the training programme to its students in a one-year pilot scheme. Students were given access to the House of Memories e-learning programme.

House of Memories Online Dementia Awareness Training for Undergraduate Students and Professionals is an asynchronous e-learning course. The content and structure have been developed from the existing facilitator-led House of Memories training. The course includes narrative docudrama videos designed to enable learners to follow case studies that explore the personal journeys of those living with dementia.

The content has been developed from the testimonies of real people and is underpinned by contextual information about best practice person-centred dementia care, museum and objects and digital resources. Each module is followed by a reflection session to prompt discussion and knowledge sharing between participants.

Upon completion of the course participants are awarded a certificate from National Museums Liverpool which can be shared via their personal and professional networks. This training is particularly important for nursing students as it gives them a deeper understanding of dementia care, promoting a culture of compassion and care. The aim is to increase learner motivation via a unique learning resource that will extend their professional knowledge.

This study aims to understand the impact of the House of Memories training on participants' beliefs about dementia, engagement with cultural institutions, and crucially on their subjective well-being. We surveyed attendees using an online survey before and after the training to gain an understanding of the population's LJMU nursing students and their personal understanding of dementia. Alongside this quantitative analysis we conducted an interview with a Senior Lecturer specialising in dementia training after the session to assess: (i) the quality of the training in relation to evidence-based practices; (ii) the alignment of the training with professional qualifications; and (iii) the impact of the training on teaching workload. The response was overwhelmingly positive, indicating that the training met the needs of both students and the module leader.



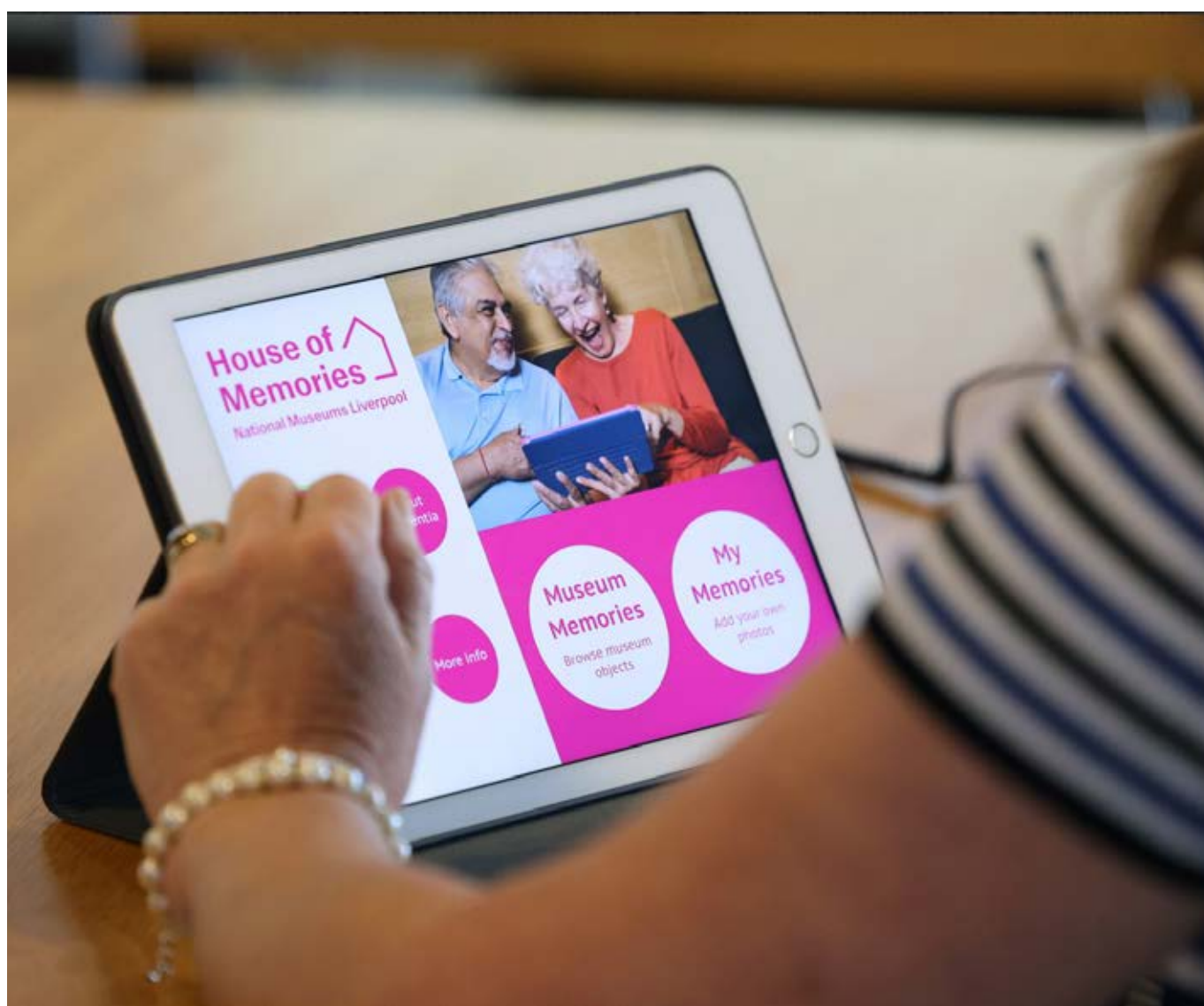
## Research Methodology

Our research strategy built on that used for previous House of Memories evaluation studies (Ganga & Wilson, 2020; Wilson & Grindrod, 2013; Wilson & Whelan, 2014; Wilson & Whelan, 2016). Our aim was to identify, evaluate and share learning on what works well and could be considered good practice in House of Memories. We also focus on the impact of the training on attendees' subjective well-being.

### Workshop survey

First-year nursing students were enrolled in House of Memories online dementia training. A before-and-after online survey was sent to a cohort of LJMU first-year nursing students participating in the Online Dementia Awareness Training.

Delivered with a half-day awareness workshop the online training utilised a combination of character-based documentary films and in-person facilitation to provide attendees with context on living with dementia and the demands of caregiving. Students were introduced to dementia-friendly museum activities and the My House of Memories app, which can be used by carers outside of the museum setting.



All surveys were conducted using the online platform JISC. Students received a survey link via email before the training. Those who attended were also encouraged to complete a follow-up survey at the end of the training session. Table 1 provides a breakdown of the number of responses received for each survey.

**Table 1 Breakdown of responses.**

Groups	Number of responses		
	Healthcare professional session	Nursing students	Before
After			218

The specific aim of these surveys was to identify, evaluate and share learning on what works well in using House of Memories online dementia awareness training for nursing students in Higher Education. The survey contained quantitative profiling of participants; questions based on Dementia Core Skills Education and Training Framework (Tier 2); cultural and digital practices, including museum visits; and three standardised measures of subjective wellbeing.

### Common sections

As with previous House of Memories research we asked about attendees' engagement with cultural goods like museums both before and after training. This is intended to track the variation in cultural engagement amongst workshop attendees and capture any change in this following the training.

Questions on Experience of Dementia are guided towards how this training fits with and can complement nursing students' professional development.

All respondents were asked a series of questions related to their thoughts on dementia specifically related to dementia's relationship to ageing, memory loss and living well with dementia. These questions are repeated in the follow up survey to gauge any change after the training.

We construct three measures of subjective well-being that are appropriate for this evaluation. The area the Dementia Care Impact Measure (DCIM) (Wilson & Whelan, 2016), the Office for National Statistics four questions on well-being (ONS4) (ONS, 2024) and the Warwick–Edinburgh Mental Well-being Scale (WEMWBS) (Tennant et al., 2007).

### Specific sections

In all initial surveys we collect the standard sociodemographic information. In follow-up surveys we question respondents regarding their satisfaction with the training and their thoughts on its relevance to issues related to dementia care.

### Qualitative interview

One semi-structured interview took place with one of the lecturers responsible for delivering the training to the nursing students. The nursing students who completed the survey were also invited to participate in a follow-up interview. In total 92 signed up to participate in the follow-up interviews. Unfortunately, despite contacting students on

four separate occasions, no response was ever received by the research team, meaning only one interview took place overall.

The semi-structured interview took place on 2 February 2024 and was conducted, recorded and transcribed via Microsoft Teams. Following this, the transcripts was checked for any errors, then coded for analysis. The interview lasted approximately 40 minutes. The interview guide consisted of seven sections and used a semi-structured design to allow for a more conversation-like interview (see Appendix), which enabled the lecturer to tell their “stories” in a relatively free manner. The guide asked a number of questions about the lecturer’s experience of delivering the House of Memories dementia awareness training package to students, the specific nature of the intervention itself in a university setting, what dementia-related activities they provided beforehand and the future plans for the degree programme.

## Qualitative findings

### Dementia training intervention

#### Summary of key findings

The training emphasises co-production and co-design, using real-life experiences to create an interactive e-learning package. The online format allows the teaching team to track student engagement and performance.

Scheduled during induction week to leverage students' initial enthusiasm, the training includes videos and interactive questions that stimulate peer discussion on the university's course management system. This interaction is vital for enhancing understanding.

The session concludes with a reflective session to review learnings and address the emotional impact of the subject, providing essential support and consolidation of the material covered.

#### Characteristics

At the beginning of the interview, the lecturer was asked to provide a detailed description of the characteristics of the House of Memories intervention, which has recently been launched as part of dementia awareness training being delivered to mental health nursing students. Specifically, elements of co-production and co-design were highlighted as benefits of the intervention.

**"It's an e-learning package that is very interactive and it uses real people with lived experience of dementia as well. And I think that whole process is really is really unique and I know there's a lot of Co-production and Co-design"**

The intervention also allows the teaching team to track how students have engaged with the training and how well they have done. As such, despite the training being online, there is still some elements of control left with the teaching team, which appeared to be considered rather important.

**"The activities on there are all kind of logged, so if for example I did want to be nosy and see how much they scored on a quiz, I can do that as well or I can actually see how many of them have actually done the work as well"**

The training takes place during induction week, a strategic decision by the teaching team, to ensure all students engage with the intervention.

**"We put it in the induction week and we give them a whole day to do it [...] we've put it in the induction week you get students who are very keen and eager in their first few weeks. [...] We meet with the students before they start the training. Just to tell them about the process"**

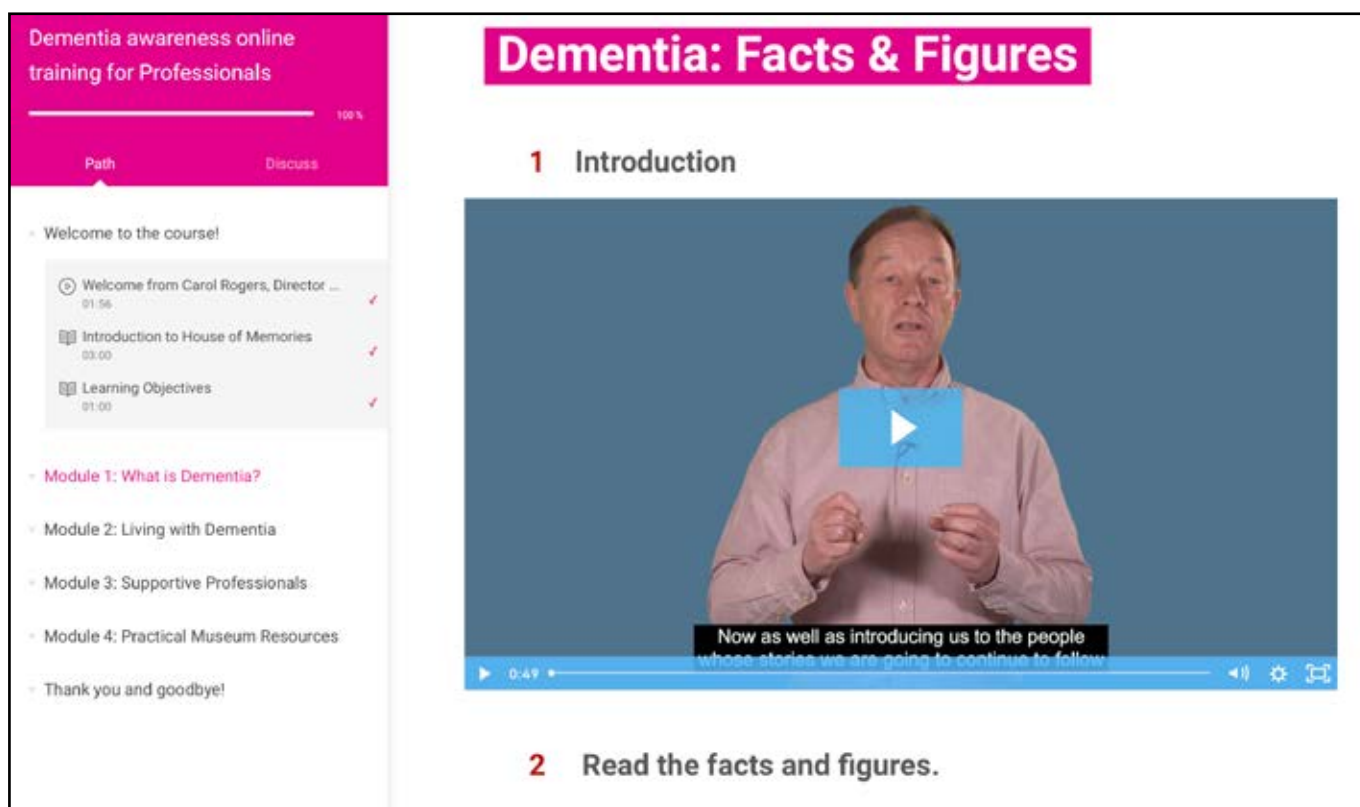


The training is provided online to the students and is based on engaging and interactive videos, based on real life stories, which are then followed by interactive questions. The students' answers are in turn entered on the university's learning management system (Canvas), thereby stimulating discussion with other students. This was considered a critical benefit in cementing and enhancing the students' learning.

**"So it might ask you a question about what you've just watched in the video, might want might get you to kind of summarise what you think has gone on in the video and then they will put that into like a discussion tab where they [the students] can all kind of learn from each other of what everyone's views"**

The students then meet with the teaching team at the end of the day to reflect on the training. This reflective stage appeared to be considered a critical part of the training: an opportunity to further explore what the students have learned, but also to reflect on the emotional experience of working and dealing with dementia.

**"We meet at the end to do a bit of a debrief. We just do a recap on the things that they've learned and also as well, it's a bit of space for if anyone's maybe been affected by the training because as I say, dementia is a very emotive subject"**



Dementia awareness online training for Professionals

100%

Path Discuss

- Welcome to the course!
- Welcome from Carol Rogers, Director ... 01:56 ✓
- Introduction to House of Memories 03:00 ✓
- Learning Objectives 01:00 ✓
- Module 1: What is Dementia?
- Module 2: Living with Dementia
- Module 3: Supportive Professionals
- Module 4: Practical Museum Resources
- Thank you and goodbye!

## Dementia: Facts & Figures

### 1 Introduction

Now as well as introducing us to the people whose stories we are going to continue to follow

### 2 Read the facts and figures.

## Impact & Transferability

### Summary of key findings

The training's transferability ensures that students can apply what they learn in real-world settings, a key aspect for university programme's.

The intervention prepares students for practice by teaching effective communication with people with dementia and the importance of the triangle of care involving family members, carers, and healthcare professionals.

The training is seen as a comprehensive package that effectively prepares students to be dementia-friendly, fulfilling long-standing educational goals.

Students have responded positively, engaging deeply with the material and discussions.

The importance of the intervention was a recurring discussion point during the interview as the lecturer explained how it provides their students with critical knowledge and skills with regards to working with people living with dementia and preparing them for their upcoming placements. Transferability is key to university programmes, meaning what they teach the students need to be transferable outside of the classroom, in the real world. As such, it was imperative for the teaching team that the students were taught the appropriate skills from the intervention to support them in their upcoming placements and in their future careers.

**"It prepares them to go out into practice. It gives them some amazing skills [...] on how we expect them to effectively communicate with people with dementia [...] The importance of the triangle of care of working with people with dementia, their family members and carers and healthcare professionals"**

**"We wanted them to do the training within that first few months of them starting the course because they were going straight out [on placement] with very little, if any, knowledge around dementia"**

As such, it was felt that the intervention provided the complete package in preparing students for placements.

**"we feel like just this package is doing everything that we've always wanted in the sense of sending our students out so that they are dementia friendly and have that basic understanding. It was such an amazing piece of work, to be honest"**

Likewise, it appeared that students had responded to the training extremely positively.

**"Within this discussion tab, and I've been quite impressed because, you know historically when I've used that kind of educational equipment, they might write a one-word response or a couple of lines. But it's quite in depth really"**



## University Dementia Activities

### Summary of key findings

The House of Memories intervention offers a scalable and comprehensive alternative to existing dementia awareness offer, providing extensive training to larger cohorts more efficiently.

This new approach allows for a more manageable delivery, ensuring all students receive in-depth dementia education and a certificate for their portfolios, enhancing the training's value and practicality.

The training's transferability makes it suitable for various settings, and the teaching team hopes to integrate it into other programmes, such as a bespoke master's in dementia, and offer it to social workers and academics.

The positive initial feedback suggests potential for wider implementation.

## Current

From the interview it became apparent that the university already had dementia awareness training in place prior to engaging with House of Memories. However, due to the sheer numbers of students, it was becoming infeasible and less effective to train their students, with them only getting a one-hour session of seemingly limited training.

**“We used to do the Alzheimer’s Society Dementia Friends session (1 hour dementia awareness session). These sessions were labour intensive as we could only do up to 100 maximum, but the cohorts often have 700 students therefore it would take 7 hours a day twice a year. Though the Dementia Friends sessions are useful they are fairly basic compared to what we have in place now and participants only received a Dementia Friends badge whereas they now get a certificate for their portfolio”**

As such, a seemingly considerable benefit of the intervention is the scale at which this is delivered, making it much more feasible and manageable for larger cohorts of students.

**“If you’ve got 7,800 in a cohort, which we which we do because the numbers are so great [...] how do we educate them all collectively with the resources that we’ve got? It’s just a huge challenge to even find rooms or you’d be looking at having to do it over so many days for a cohort of that size”**

## Future & Transferability

During the interview, the lecturer spoke of their future hopes of the intervention. Despite having only run it for a short space of time, it appeared the teaching team already had hopes for rolling the programme out further, beyond their immediate faculty and making it pan-university. As such, a particular benefit of this training tool appeared to be its transferability to different settings and environments, making it potentially suitable across the university.

**“We’ve got a bespoke masters programme for dementia they’re going to be the next cohort”**

**“[We want] to just embed it wherever we can [...] I think by the end of the academic year if we just write a little bit of a report on how well it’s evaluated, there’s no reason why we can’t offer it to our colleagues who are social workers, students and academics etc”**





## Partnership with House of Memories

### Summary of key findings

House of Memories' well-established model for training healthcare professionals was found to be remarkably applicable for university use, requiring minimal adjustments.

The training supports the university programme's goals in helping students build comprehensive portfolios. This aligns with the programme's emphasis on preparing students for diverse roles in health and social care.

House of Memories' training has resulted in significant resource savings with the new online format eliminating the need for repeated in-person sessions, freeing up valuable teaching hours and allowing students to receive comprehensive training efficiently.

### Strengths

Having been familiar with House of Memories for a number of years and having had students engage with the organisation in the past, the lecturer already had connections with the organisation and familiarity with the intervention. Nevertheless, the lecturer still appeared positively surprised at how seamless the change of setting was. The intervention is an existing programme created and employed by House of Memories to train carers and other healthcare professionals in providing in-person care for people with dementia. As such, the transferability from the existing setting into a university setting appeared fairly simple.

**"I think because it was already being delivered to healthcare professionals, they had the whole model. So, everything existed so that even the videos, they were ones that they used to show to the healthcare professionals, then they would have the discussion. So, I think it's been quite an easy piece of work for them really in the sense that the model was there, the knowledge was there, the theory, everything was sort of already there. It was just a quick transfer into the modern technologies that we used for universities"**

As such, the transition seemed fairly seamless, with few changes required. Simultaneously, it also supported the teaching team in delivering the overall aim of the programme.

**"I think it benefits the programme because from day one with any student, whether their mental health, adults or child, we always say start building your portfolio. So that doesn't just mean come to every class and do your practise hours, it means be extracurricular. You know there's so much goes on in the world of health and social care. So, it's about building up what have you done over the three years, what makes you stand out, you know, as a, as a nurse, that award or a specialist their specialist area is going to want"**

## Resource savings

The online training represents a significant reduction in teaching hours. Previously, a Dementia Friends session would be conducted during nursing induction week. Given a cohort of 700 to 800 nursing students, this session would need to be repeated seven or eight times due to room capacity constraints. With two intakes a year, this amounted to 14 to 16 hours of delivery by a Senior Lecturer. Since the House of Memories training can be administered without the need for a lecturer, it results in considerable savings of resources.

Furthermore, the Lecturer emphasised that the training offers broader and long-lasting benefits for the Nursing programme by encouraging students to develop a diverse portfolio of skills and knowledge.

**“[W]hat have you done over the three years, what makes you stand out... [T]hey’re going to want to see that you’ve got certificates from Playlist for Life and Age UK and the Alzheimer’s Society, and you’ve attended conferences. So it’s really important that they’ve start to think about their, their career developments, their career opportunities”**



## Participant survey

### Training evaluation

#### Summary of key findings

The House of Memories dementia awareness training generated enthusiasm among participants eager to learn and reduce dementia stigma.

Post-training feedback was overwhelmingly positive, with high ratings in promoting dignity and reducing stigma for individuals with dementia. Participants praised the educational content and the encouragement of social interaction and cultural engagement.

Respondents expressed extremely positive experiences regarding the programme's humanistic aspects, and the integration of technology and accessible materials was well-received.

Overall, the House of Memories training provided a comprehensive and effective experience that enhanced participants' understanding of dementia and caregiving.

This section offers a comprehensive overview of participants' responses before and after House of Memories training, shedding light on the effectiveness of the programme.

Prior to the training respondents were generally enthused and excited for the learning opportunity that the course would provide.

**"I am looking forward to learning more about it"**

**"I feel that dementia should be talked about more often so that it isn't such a taboo topic and more people have an understanding"**

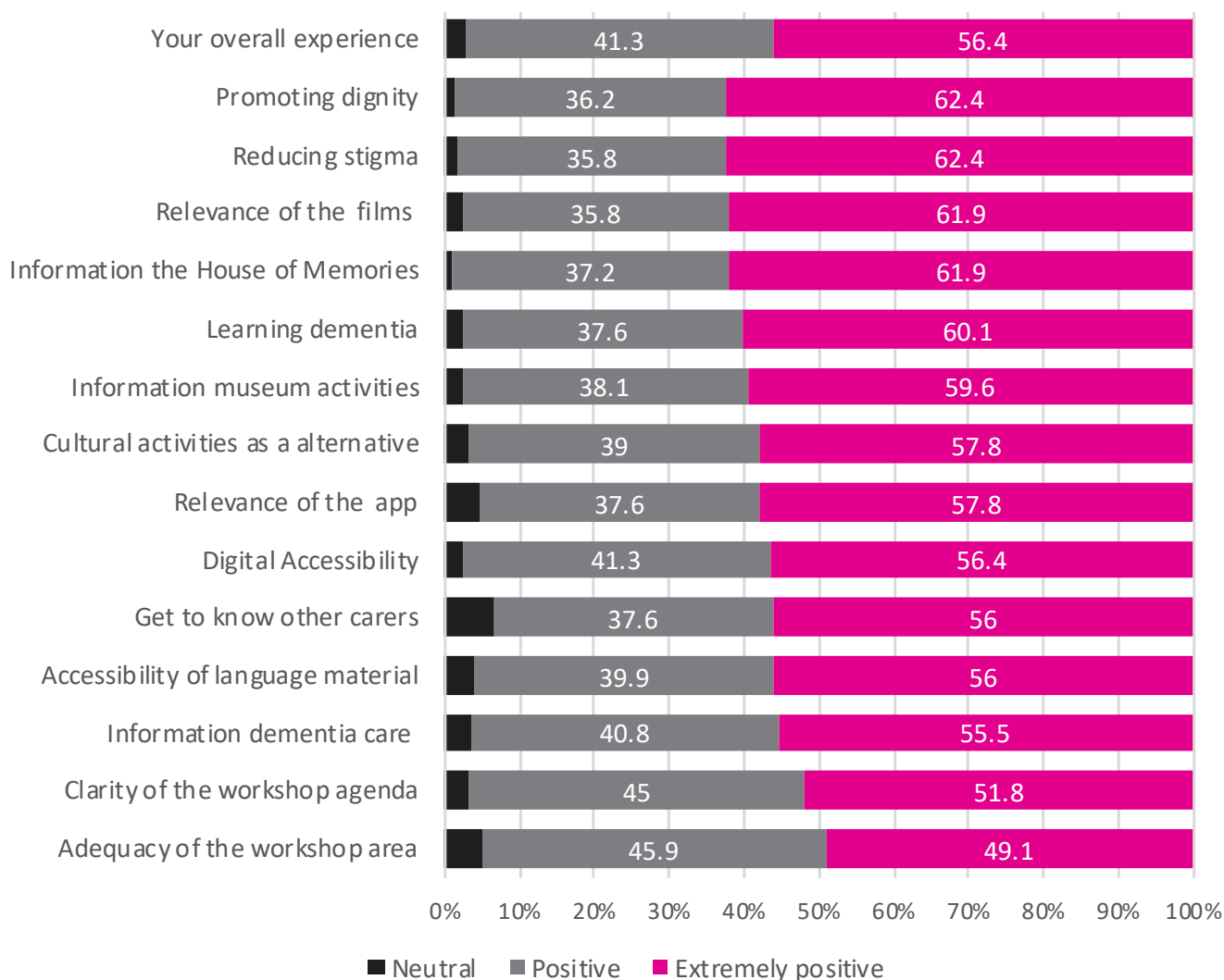
**"I am eager to learn more about dementia"**

**"I am looking forward to discovering what the House of Memories is all about"**

In the follow-up survey - taken immediately after the training - respondents were asked to rate their experiences across various aspects of the programme. As can be seen in Figure 1, a prevalent trend of positive feedback is evident - the majority expressing either extremely positive or positive sentiments with no negative response recorded. Such persistently positive results are notable especially given the large sample size.

Respondents were asked to rate their experience across several factors including “Your overall experience,” “Access to the venue,” “Relevance of the documentary films on dementia care,” and “Opportunity to promote dignity, respect, and compassion in care.” Responses were recorded on a 5-point Likert scale with the following options:

1. **Extremely negative**
2. **Negative**
3. **Neutral**
4. **Positive**
5. **Extremely positive.**



**Figure 1 Experience of House of Memories Training (n = 218).**



The results are particularly striking in the areas concerning the humanistic aspects of caregiving. A significant proportion of the participants, 62.4%, reported high satisfaction with the programme's effectiveness in "Promoting Dignity" with an additional 36% recording a positive response. Very similar proportions of respondents appreciated its efforts in "Reducing Stigma." These figures suggest that the training has effectively fostered an environment that not only upholds the dignity of individuals with dementia but also actively combats the societal stigmas surrounding the condition.

The focus on cultural activities as an alternative and the encouragement for participants to "Get to Know Other Carers" also received significant acclaim, with over 56% expressing extremely positive experiences and another 37% responding positively. This emphasises the importance of social interaction and cultural engagement in the realm of dementia awareness. Such findings suggest that the programme goes beyond simple education, incorporating elements that contribute to the overall well-being and sense of community among the participants.



The educational components of the training, specifically focusing on "Learning Dementia" and "Information on Dementia Care", received high satisfaction ratings. This suggests that the programme effectively delivered valuable educational content, contributing to participants' understanding of dementia and related caregiving practices.

The integration of technology into the training garnered positive responses, evident in high ratings for "Digital Accessibility" and "Accessibility of Language Material." This indicates that participants valued the use of technology and the availability of materials in accessible language, underscoring the significance of these considerations in designing effective and inclusive training programmes.

Although the general feedback is overwhelmingly positive, it is important to highlight that the areas of “Clarity of the Workshop Agenda” and “Adequacy of the Workshop Area” have attracted slightly higher proportions of neutral responses - although the feedback remained very positive overall. This suggests that these could be key areas for improvement – especially on the educational providers side - particularly in enhancing communication and logistical planning to potentially increase participant satisfaction. One respondent commented that “face to face sessions interacting with other delegates and facilitators would be beneficial”.

In summary, the survey results demonstrate that the House of Memories Health and Social Care Professionals Training for nursing students has effectively delivered a positive and cohesive experience for its participants. The programme excels not only in providing educational content but also in fostering a sense of community among participants. Additionally, it significantly contributes to promoting the dignity of individuals with dementia and actively challenges societal stigmas associated with the condition, highlighting its comprehensive approach to dementia care training.

This positive response was underlined by comments from respondents:

**“I found it very useful and it was really interesting to see the different ways that we can help people struggling with dementia and their families. I found it particularly interesting that when a person with dementia wants a loved one who has passed away to say that they are currently busy rather than correcting them as this was not something I had known before. Overall, great training”**

**“This was very informative and gave me a real understanding of how much ‘dementia’ can differ for person to person”**

**“[v]ery informative, I feel more confident now going into practice”**

**“It was a really informative session on dementia, where I will take the information and integrate it into my care”**

**“The house of memories is a really good stimulation for patients with dementia. Gives patients the chance to engage and reflect on life memories”**

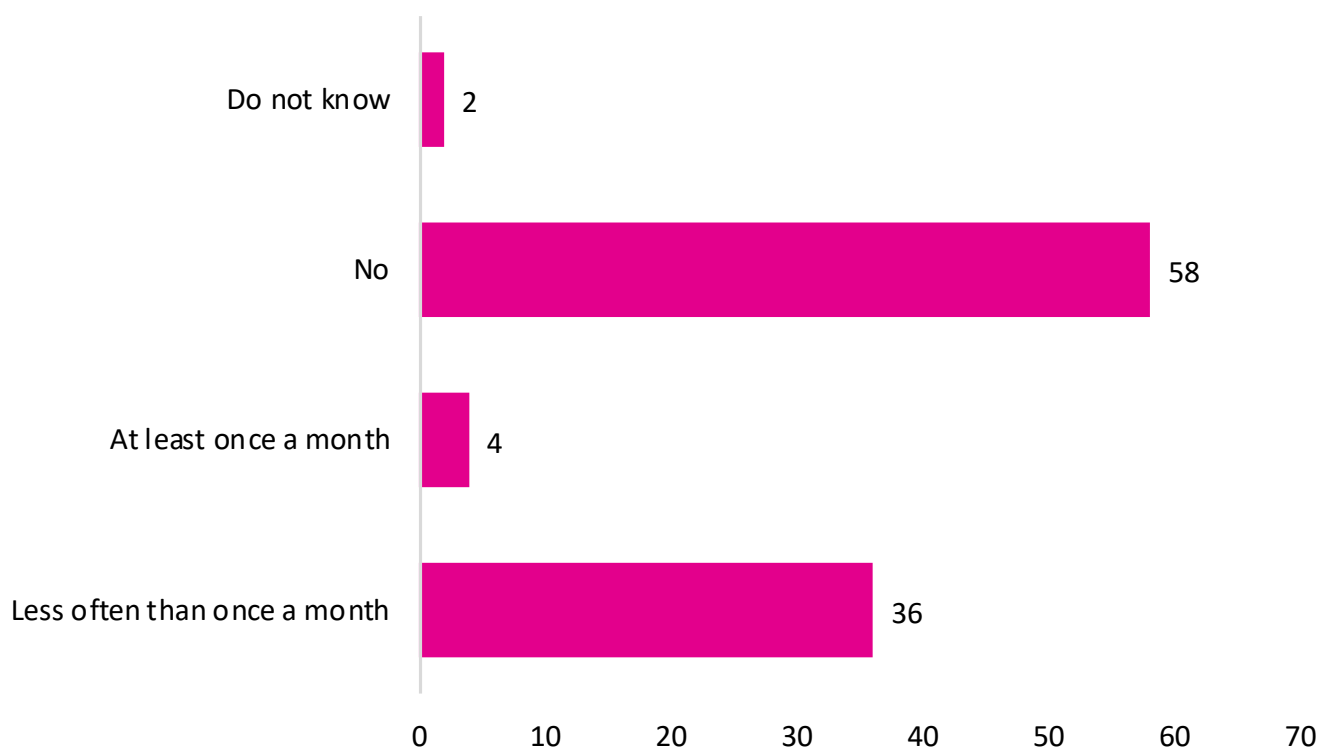
## Dementia care and museums

### Summary of key findings

Most nursing students had not visited any museums prior to the training.

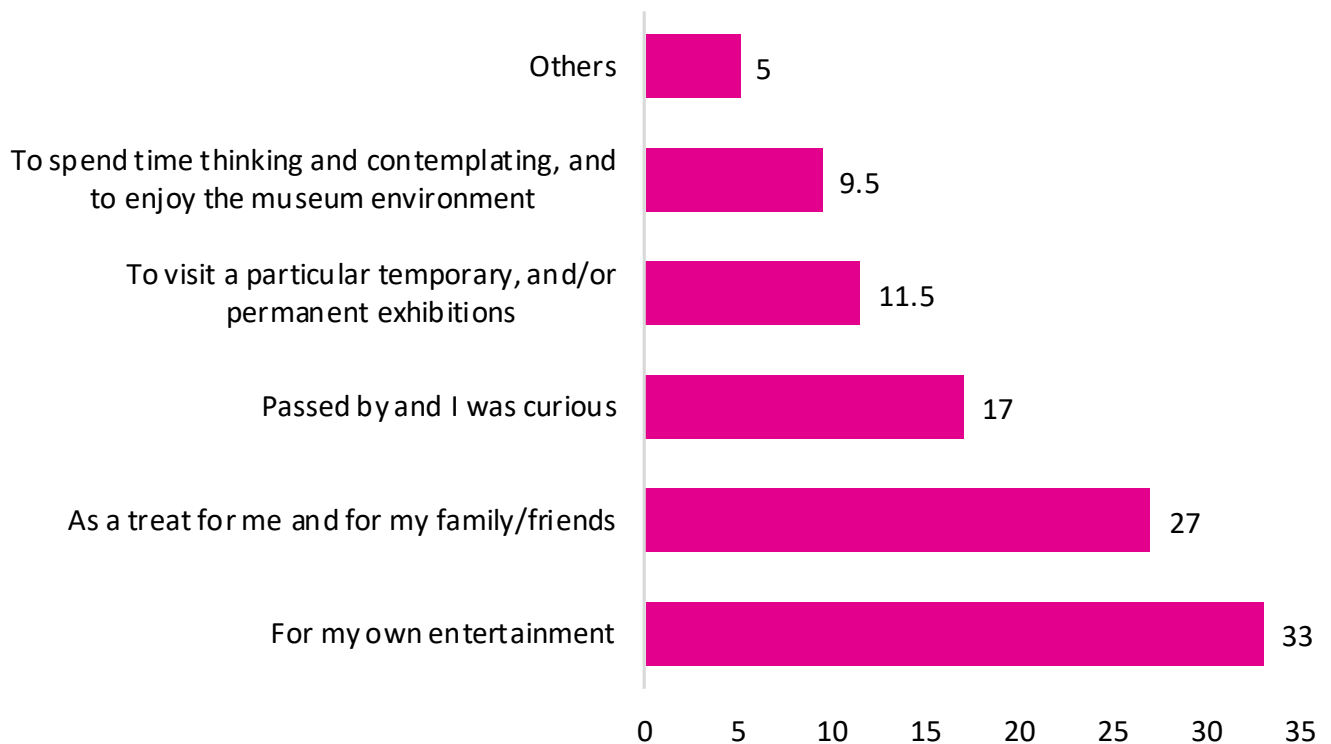
Entertainment and therapeutic benefits were the primary motivations for museum visits among the students.

Here we explore students' previous experiences with museums to understand existing perceptions and connections that individuals hold with these spaces.



**Figure 2 Before the House of Memories: dementia awareness training for nursing students, have you visited a museum in the past 12 months? (n = 264).**

Figure 2 presents data on museum visitation patterns among the 264 initial respondents. A majority of the sample (58%) reported not visiting any museums in the 12 months before the training. Another 36% of respondents indicated that their visits to museums occur less than once a month.



**Figure 3 What was the main reason for visiting a museum in this period?**

Figure 3 illustrates the primary motivations behind museum visits among participants. Entertainment emerged as the leading reason, cited by 33% of respondents. Additionally, 27% view museum visits as therapeutic for themselves and their families. Curiosity is identified as the third most common motivator for attending museums. Other significant reasons include spending time in thought and contemplation, as well as appreciating the museum environment. Furthermore, the desire to see specific temporary and/or permanent exhibitions also ranks prominently among the reasons for museum visits.



## Respondents' beliefs about dementia

### Summary of key findings

The House of Memories dementia awareness training improved participants' understanding of dementia.

Belief that dementia is a natural part of ageing dropped from 25% to 16.5%. Understanding that dementia involves more than memory loss remained high, around 97%.

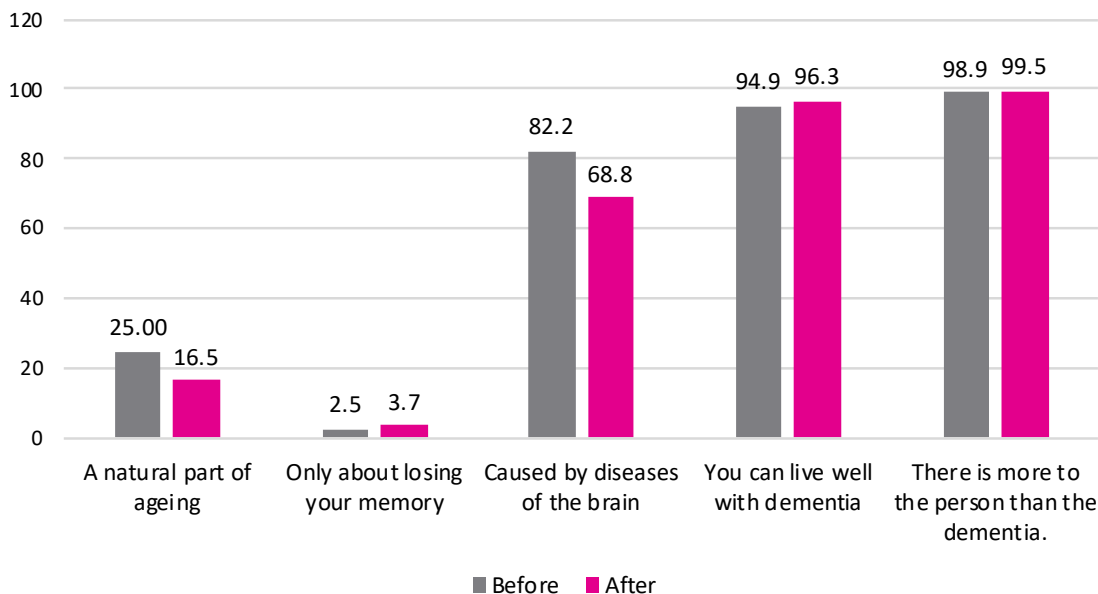
Responses about dementia being caused by brain diseases fell from 82.2% to 68.8%, likely due to broader information provided in the training.

Beliefs about living well with dementia and recognising personhood beyond the condition were already strong, with slight increases post-training, indicating reinforced understanding.

Here we compare participants' thoughts about dementia before and after the training, shedding light on the shifts in their understanding and attitudes towards dementia care.

Respondents were presented with the following statements and asked if they agreed with each in turn. They were given the opportunity to respond "Yes" or "No":

- Dementia is a natural part of ageing. (Correct response - No)
- Dementia is only about losing your memory. (Correct response - No)
- Dementia is caused by brain diseases. (Correct response - Yes)
- You can live well with dementia. (Correct response - Yes)
- There is more to the person than the dementia. (Correct response - Yes)



**Figure 4 Nursing students' beliefs about dementia. [% who respond "Yes"] (n- before = 264, n-after = 218).**



The results in Figure 4 reveal a significant impact of the training programme on participants' understanding of dementia in relation to the ageing process. Before the training visit, 25% of participants incorrectly believed that dementia is a natural part of ageing. However, after the visit, this misconception was substantially reduced, with only 16.5% of participants holding this view. This change is statistically significant demonstrating that the training was effective in improving knowledge and correcting misperceptions about dementia among the participants.

The survey results indicate that the training programme did not have a significant impact on participants' awareness that dementia involves more than just memory loss. Before the training visit, an overwhelming majority of participants, 97.5%, correctly identified that dementia is not solely about memory loss. After the visit, this figure remained high at 96.3%, with a slight, nonsignificant increase in incorrect responses from 2.5% to 3.7%. This implies that the training did not contribute to a meaningful change in knowledge regarding the multifaceted nature of dementia among participants who already demonstrated a strong understanding of this concept.

The results reveal a significant change in participants' understanding of the causes of dementia following the training visit, albeit in an unexpected direction. Initially, a substantial majority of 82.2% of participants correctly identified that dementia is caused by brain diseases. However, after the training, there was a significant decrease in the proportion of correct responses, with only 68.8% of participants endorsing this fact – a change which is highly statistically significant. This change in belief may come from the wording of the question. Whilst dementia can be caused by diseases of the brain there are other causes such as stroke. We interpret this change amongst respondents to derive from the wider information provided by the training.

The training programme did not significantly influence participants' beliefs regarding the quality of life for individuals with dementia. Before the training visit, an impressive 94.9% of participants correctly affirmed that it is possible to live well with dementia. Following the visit, this figure marginally increased to 96.3%, with incorrect responses declining from 5.1% to 3.7%. However, the observed changes are not statistically significant and may be attributed to chance.



The survey results demonstrate that the training programme had a negligible effect on participants' recognition of the personhood of individuals beyond their dementia diagnosis. Before the training visit, an overwhelming 98.9% of participants correctly acknowledged that there is more to a person than their dementia. This figure increased slightly to 99.5% after the visit, with incorrect responses decreasing from 1.1% to 0.5% although the change is not significant. This outcome underscores the participants' strong baseline understanding of the importance of viewing individuals with dementia as whole persons, rather than solely through the lens of their condition.

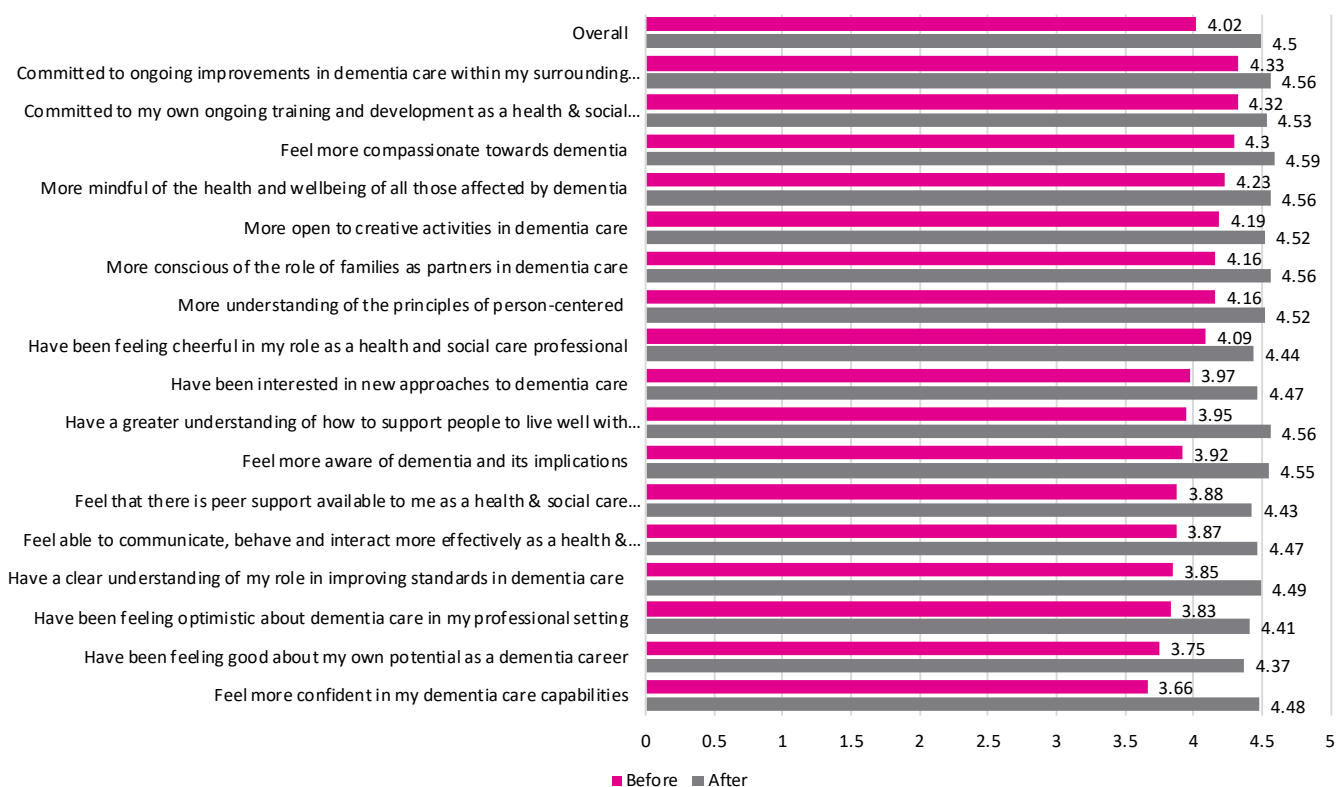


Figure 5 DCIM question average [1: Strongly Disagree – 5: Strongly Agree] before and after the training (n-Before = 264, n-After = 218).

## Dementia Care Impact Measure

### Summary of key findings

The Dementia Care Impact Measure (DCIM) provided a comprehensive view of participants' subjective well-being regarding dementia care before and after the House of Memories training.

Before the training, participants showed moderate interest in new approaches to dementia care, but this increased significantly afterward. There were also notable positive shifts in optimism about dementia care, self-efficacy as dementia carers, and emotional well-being within their professional roles.

Participants' understanding and awareness of various dimensions of dementia care improved after the training.

Positive changes were observed in compassion towards dementia, openness to creative activities, and understanding of person-centred principles. Moreover, there was an increased commitment to ongoing professional development and improvements in dementia care environments.

The Office for National Statistics (ONS) Personal Well-being Measure and the Warwick–Edinburgh Mental Well-being Scale (WEMWBS) also demonstrated improvements in participants' subjective well-being after the training.

To assess the potential impact of the training on participants' subjective well-being regarding dementia care, we utilised the Dementia Care Impact Measure (DCIM). Developed by researchers in a prior evaluation of House of Memories (Wilson and Whelan, 2014), the DCIM presents respondents with a series of statements, asking them to rank their responses on a Likert scale.

The Dementia Care Impact Measure offers a comprehensive view of participants' perceptions both before and after a specific approach related to dementia care. The data covers various aspects, including interest in new approaches, optimism about dementia care, self-efficacy as a dementia carer, and different dimensions of awareness and commitment within the health and social care profession. For both pre- and post-training surveys, we aggregated the responses on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree).

In Figure 5 we compare the mean score for each question both before and after. Prior to the training, participants already displayed a high level of interest in new approaches to dementia care, with a mean score of 3.97. However, after the training, there was a noticeable increase to a mean score of 4.47, reflecting heightened interest and engagement. The positive shift was consistent across multiple domains, suggesting a favourable impact on participants' attitudes and openness to innovative approaches in dementia care.

Similarly, participants exhibited an optimistic outlook about dementia care in their professional settings, with a mean score of 3.83 before the training. Following the training, this optimism increased significantly to a mean score of 4.41. This suggests that the House of Memories training not only influenced participants' interest but also positively shaped their expectations and outlook regarding the future of dementia care within their professional roles.



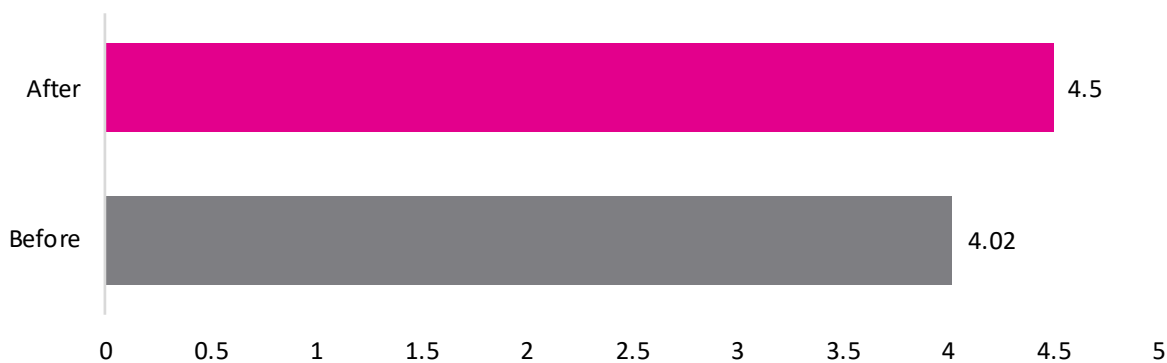
There were also positive shifts in participants' self-efficacy as dementia carers, with an increase in mean scores from 3.75 before the training to 4.37 after. This elevation suggests a strengthened sense of personal competence and confidence in their ability to provide effective dementia care.

Participants' emotional states, such as feeling cheerful in their role as health and social care professionals, demonstrated an increase in mean scores from 4.09 to 4.44 after the training. This suggests that the training had a positive impact on the emotional well-being of participants within their professional roles. Moreover, there were notable improvements in participants' awareness and understanding across various dimensions of dementia care. Whether it be increased compassion towards dementia (mean score rising from 4.30 to 4.59), openness to creative activities (mean score rising from 4.19 to 4.52), or a greater understanding of person-centred principles (mean score rising from 4.16 to 4.52), participants displayed positive shifts in their perspectives and approaches.

The commitment to ongoing professional development and improvements in dementia care also saw substantial increases after the training. Participants expressed a heightened commitment to training and development (mean score rising from 4.32 to 4.53) and ongoing improvements in their surrounding healthcare environment (mean score rising from 4.33 to 4.56).

Therefore, the data from the Dementia Care Impact Measure shows that participants' views and attitudes toward dementia care improved after the training. The increases in mean scores across various domains suggest that the training not only enhanced specific skills and knowledge but also fostered a more positive and committed mindset among health and social care professionals in the context of dementia care.

Figure 6 highlights the effectiveness of the House of Memories training by presenting the average scores from the Dementia Care Impact Measure (DCIM) both before and after participants completed the training. The data shows that the average score prior to undergoing the training was 4.02. Following the training, this average increased significantly to 4.5. This constitutes a noteworthy improvement across various evaluated aspects such as attitudes, awareness, and commitment to dementia care. This shift is statistically significant and underscores the efficacy of the training programme.



**Figure 6 Average Dementia Care Impact Measure score before and after training (n-Before = 262, n-After = 218).**

### Personal well-being

In this section, we assess respondent well-being changes using the Office for National Statistics (ONS) Personal well-being measure (ONS4). This standard questionnaire approach is designed to capture an individual’s view of their well-being. Respondents are asked the four questions in Table 2 and must respond on a scale of 0 (not at all) to 10 (completely).

**Table 2 ONS4 measures of personal well-being.**

Measure	Question
Life Satisfaction	Overall, how satisfied are you with your life nowadays?
Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?
Happiness	Overall, how happy did you feel yesterday?
Anxiety	On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?
Source: (Office for National Statistics, 2024)	

We report changes in all four measures and present aggregate figures. As the anxiety measure is a more negative measure with a score indicating higher anxiety, we reverse the direction of the measure to allow easier comparison.



While the percentages offer a quick overview of how participants are distributed in each condition compared to the total sample, the primary emphasis is on understanding any shifts in personal well-being from before to after the training experience.

Figure 8 shows the average scores for “Personal well-being” before and after the museum visit. The average score before the museum visit is reported as 6.53, and the average score after the museum visit is slightly higher at 6.81. This rise is statistically significant and implies a positive influence and effect on participants’ subjective assessments of their well-being after participating in the training. As can be seen this overall improvement is matched by increased positivity across all four categories.

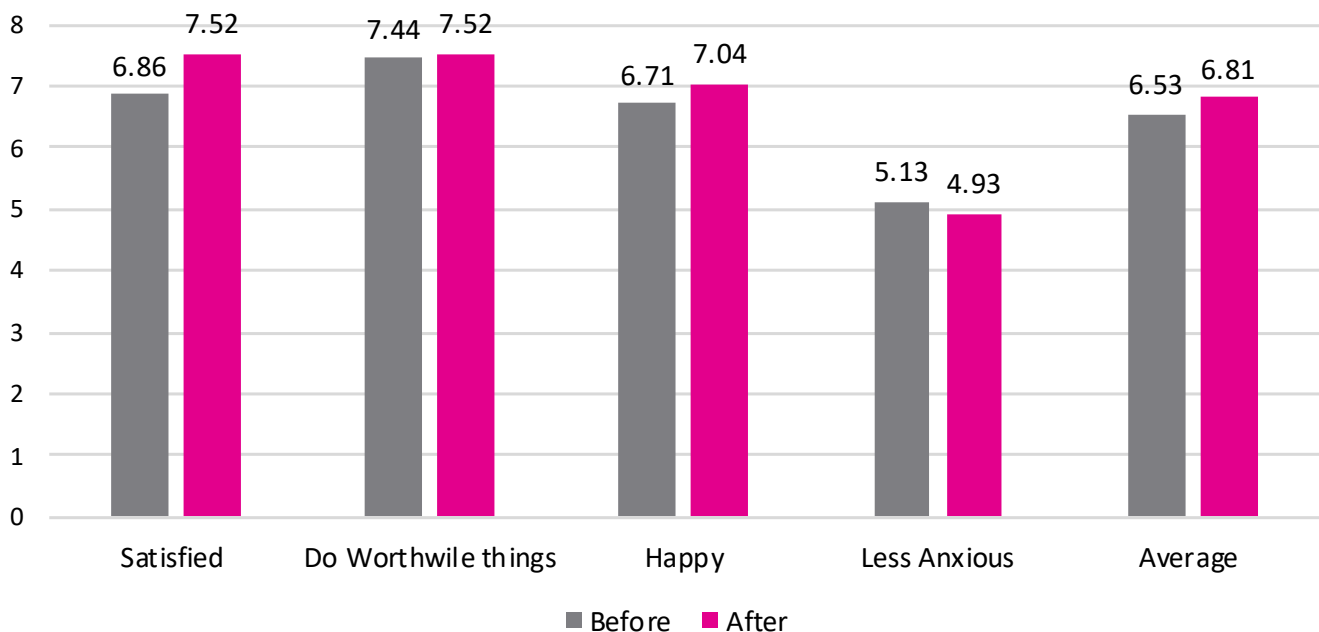


Figure 7 Personal well-being of Nursing students. [0 (not at all) - 10 (completely)] (n-before = 264, n-after = 218).

### WEMWBS (Warwick-Edinburgh Mental Well-being) Scale

The Warwick–Edinburgh Mental Well-being Scale (WEMWBS) is a brief, yet robust assessment tool developed in 2006 by researchers from the universities of Warwick and Edinburgh, with support from NHS Health Scotland. It measures respondents’ well-being based on their average scores across seven questions, rated from 1 (strongly disagree) to 5 (strongly agree).

The questions in this scale correspond to different aspects of well-being, as follows:

- A Optimism: I’ve been feeling optimistic about the future.
- B Usefulness: I’ve been feeling useful.
- C Relaxation: I’ve been feeling relaxed.
- D Problem-solving: I’ve been dealing with problems well.
- E Clarity of Thought: I’ve been thinking clearly.
- F Connectedness: I’ve been feeling close to other people.
- G Independence: I’ve been able to make up my own mind about things.

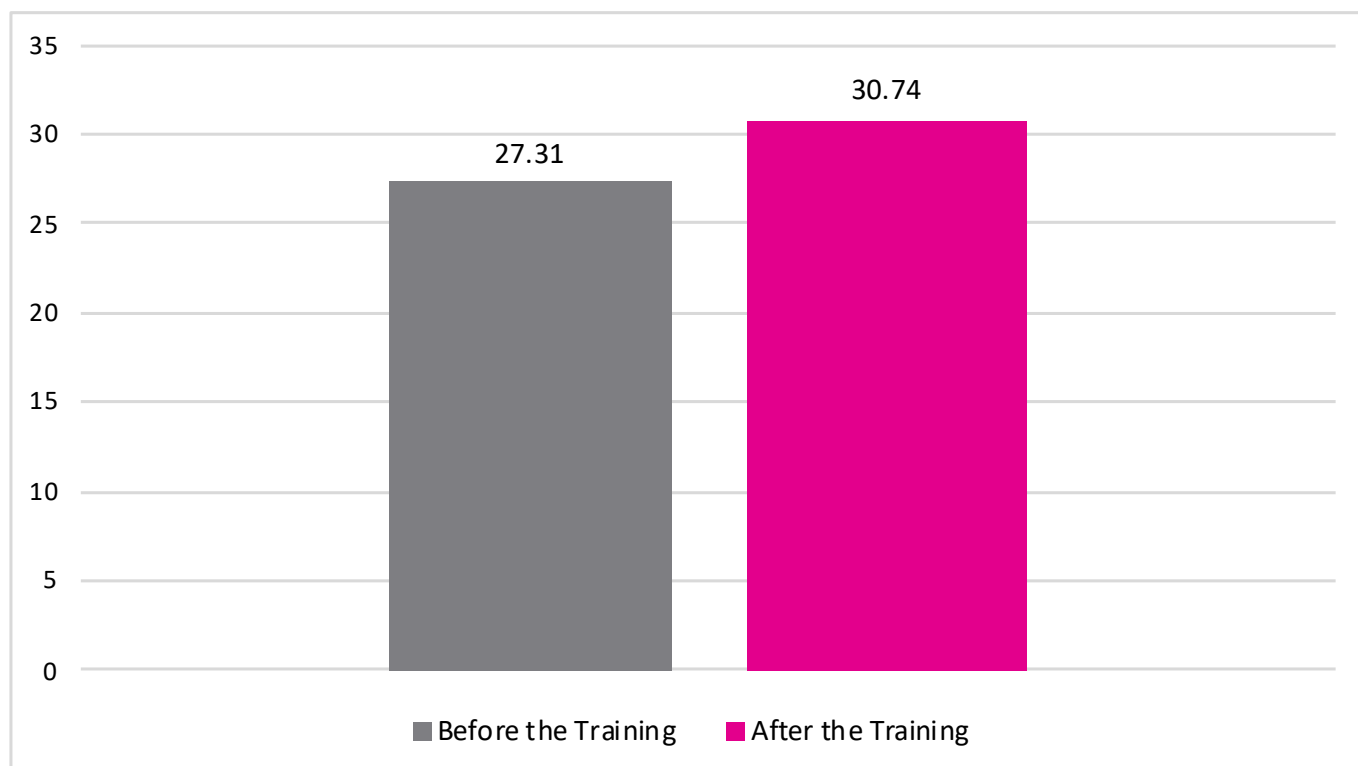
In analysing the WEMWBS 7-item scale survey, similarities with the DCIM scale for healthcare professionals became apparent in certain questions, reflecting comparable sentiments.

We use the following statements from the DCIM statements list which closely track these attributes.

- A I have been feeling optimistic about dementia care in my professional setting.
- B I have been feeling good about my own potential as a dementia carer.
- C I have been feeling cheerful in my role as a health and social care professional.
- D I feel more confident in my dementia care capabilities.
- E I feel more aware of dementia and its implications.
- F I feel able to communicate, behave and interact more effectively as a health & social care professional providing dementia care.
- G I am more open to creative activities in dementia care.

The responses to each statement from ranging from 1 to 5 are then summed up to give the final WEMWBS score for each respondent range from 7 to 35.

Figure 8 outlines the change in the WEMWBS before and after training. There is a clear increase from 27.31 to 30.74 – a change which is statistically significant. Both scores are in the range of the top 15% of UK population samples and meet the threshold of high well-being.



**Figure 8 WEMWBS Score for nursing students (n-before=264, n-after=218).**

## Sociodemographic

Figure 9 displays demographic data for all respondents in the initial survey. This figure encapsulates data concerning the gender distribution across a cohort of 264 respondents. A significant majority, 89.4% (236 individuals), identify as female. In contrast, males constitute 9.1% (24) of the sample. Additionally, both the non-binary category and those preferring not to disclose their gender each account for 0.8% of the respondents. These statistics highlight a pronounced gender disparity, with females overwhelmingly predominating. The minimal representation of non-binary individuals and those opting not to specify their gender suggests a consistent pattern in gender identification among the respondents, potentially reflecting a distinctive demographic characteristic of this group.

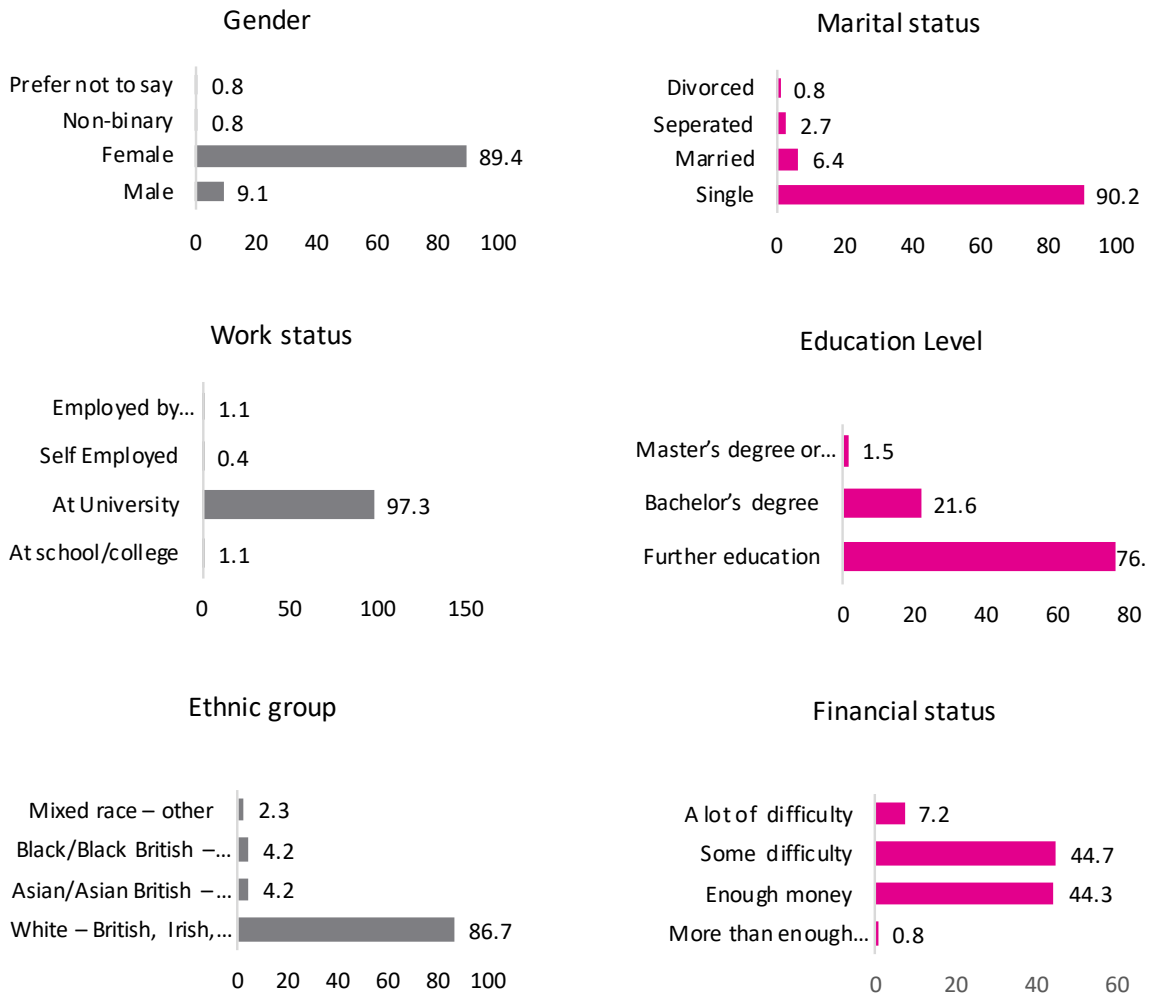
Most respondents identify as single, constituting 90.2% of the total, which corresponds to 238 individuals. Married individuals represent 6.4%, comprising 17 individuals and separated and divorced students were in the minority making up 3.5% of the sample.

Given that this is a university training programme, it is anticipated that a large proportion of respondents would be engaged in higher education. This is confirmed with 97.3% or 260 individuals, are currently enrolled in university. A minor segment reported attending school or college. Additionally, the "Self Employed" category accounts for a minimal 0.4%, also indicating the presence of one individual. Another 1.1% of the respondents, approximately two individuals, are employed part-time by someone else. These statistics highlight the predominant involvement of the respondents in university education.

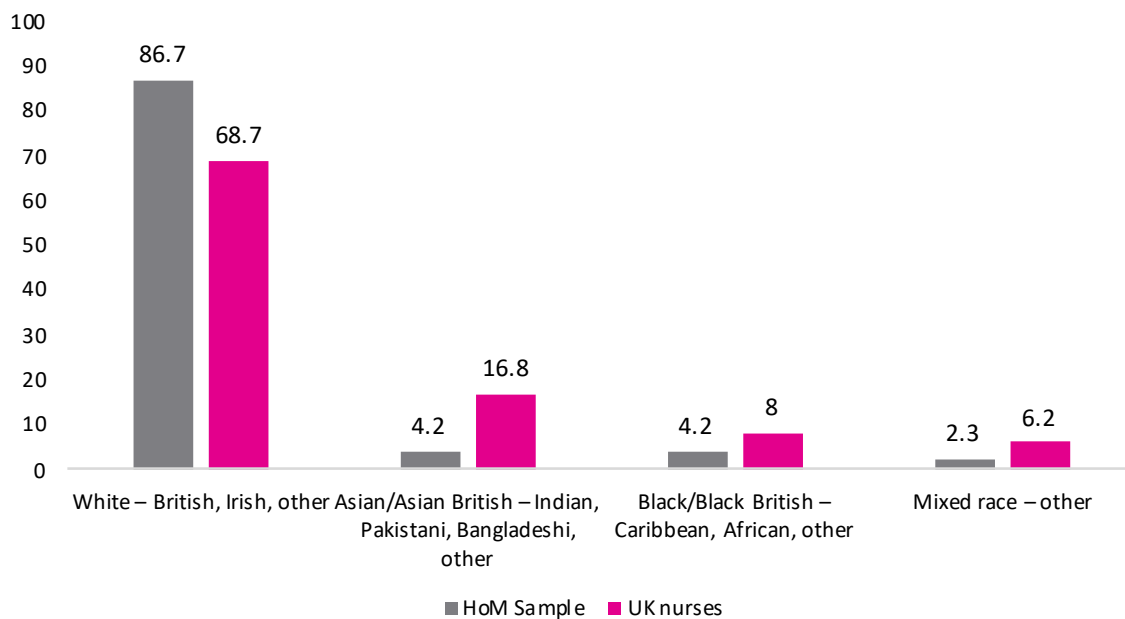
In terms of the highest level of education, 76.1% of the respondents reported further education which would be expected as most respondents are currently enrolled on a degree course. 21.6% of the respondents, approximately 57 individuals, hold a bachelor's degree suggesting that a notable proportion of nursing students are retraining. Likewise, a smaller cohort, representing 1.5% or roughly 4 individuals, has attained higher qualifications, encompassing master's degrees or doctorates.

Over half of respondents report some level of financial difficulties: 7.2% report facing a significant amount of financial difficulty and 44.7% report experiencing some level of financial difficulty. Conversely, 44.3% of respondents mention having enough money to meet their needs. A smaller percentage, 0.8%, reports having more than enough money.

The vast majority, 86.7%, of the respondents identify as White – encompassing British, Irish, or other related backgrounds. Additionally, both the Asian/Asian British and Black/Black British categories each represent 4.2% of the respondents, including diverse subcategories such as Indian, Pakistani, Bangladeshi for the former, and Caribbean and African for the latter. Furthermore, 2.3% of the respondents are from mixed-race backgrounds, specifically other mixed categories, indicating a smaller yet notable diversity within the group.



**Figure 9 Demographic breakdown of House of Memories training survey respondents. [%] (n = 264).**



**Figure 10 Comparison on ethnic group distribution in this study and nurses at the national level in the UK (National level data from NHS Workforce (2023) GOV.UK Ethnicity facts and figures).**

In Figure 10 we compare the ethnic breakdown of nursing students in our sample with the national-level ethnic composition of nurses in the UK. The figure reveals a parallel pattern in the ethnicity of nurses within both groups. However, there are slightly more nursing students from ethnic minority backgrounds in our sample compared to the UK figures.





## Appendix

**Table A Thoughts about dementia before and after the training (n-Before = 264, n-After = 218).**

	Before n (%)		After n (%)		p-value
	Yes	No	Yes	No	
Dementia is a natural part of ageing.	66 (25)	198 (75)	36 (16.5)	182 (83.5)	0.021
Dementia is only about losing your memory.	6 (2.5)	257 (97.5)	8 (3.7)	210 (96.3)	0.367
Dementia is caused by diseases of the brain.	216 (82.2)	46 (17.8)	150 (68.8)	68 (31.2)	<0.001
You can live well with dementia.	250 (94.9)	13 (5.1)	210 (96.3)	8 (3.7)	0.496
There is more to the person than the dementia.	261 (98.9)	3 (1.1)	217 (99.5)	1 (0.5)	0.414

**Table B DCIM question average before and after the training**

[1: Strongly Disagree – 5: Strongly Agree] (n-Before = 264, n-After = 218).

The Dementia Care Impact Measure (DCIM) questionnaire	Before the training	After the training		
	Mean	SD	Mean	SD
I have been interested in new approaches to dementia care	3.97	.80	4.47	.59
I have been feeling optimistic about dementia care in my professional setting	3.83	.79	4.41	.64
I have been feeling good about my own potential as a dementia carer	3.75	.87	4.37	.62
I have been feeling cheerful in my role as a health and social care professional	4.09	.72	4.44	.60
I feel more confident in my dementia care capabilities	3.66	.82	4.48	.56
I feel more aware of dementia and its implications	3.92	.76	4.55	.55
I feel able to communicate, behave and interact more effectively as a health & social care professional providing dementia care	3.87	.80	4.47	.55
I feel more compassionate towards dementia	4.30	.71	4.59	.54
I am more open to creative activities in dementia care	4.19	.73	4.52	.57
I am more understanding of the principles of person-centered	4.16	.72	4.52	.56

I am more conscious of the role of families as partners in dementia care	4.16	.76	4.56	.55
I am more mindful of the health and wellbeing of all those affected by dementia	4.23	.75	4.56	.55
I have a greater understanding of how to support people to live well with dementia and promoting independence	3.95	.83	4.56	.55
I feel that there is peer support available to me as a health & social care professional with dementia care responsibilities	3.88	.79	4.43	.60
I have a clear understanding of my role in improving standards in dementia care	3.85	.80	4.49	.58
I am committed to my own ongoing training and development as a health & social care professional with dementia care responsibilities	4.32	.71	4.53	.57
I am committed to ongoing improvements in dementia care within my surrounding health care environment	4.33	.73	4.56	.53
The mean and standard deviation of all questions in two groups	4.02	.58	4.50	.50

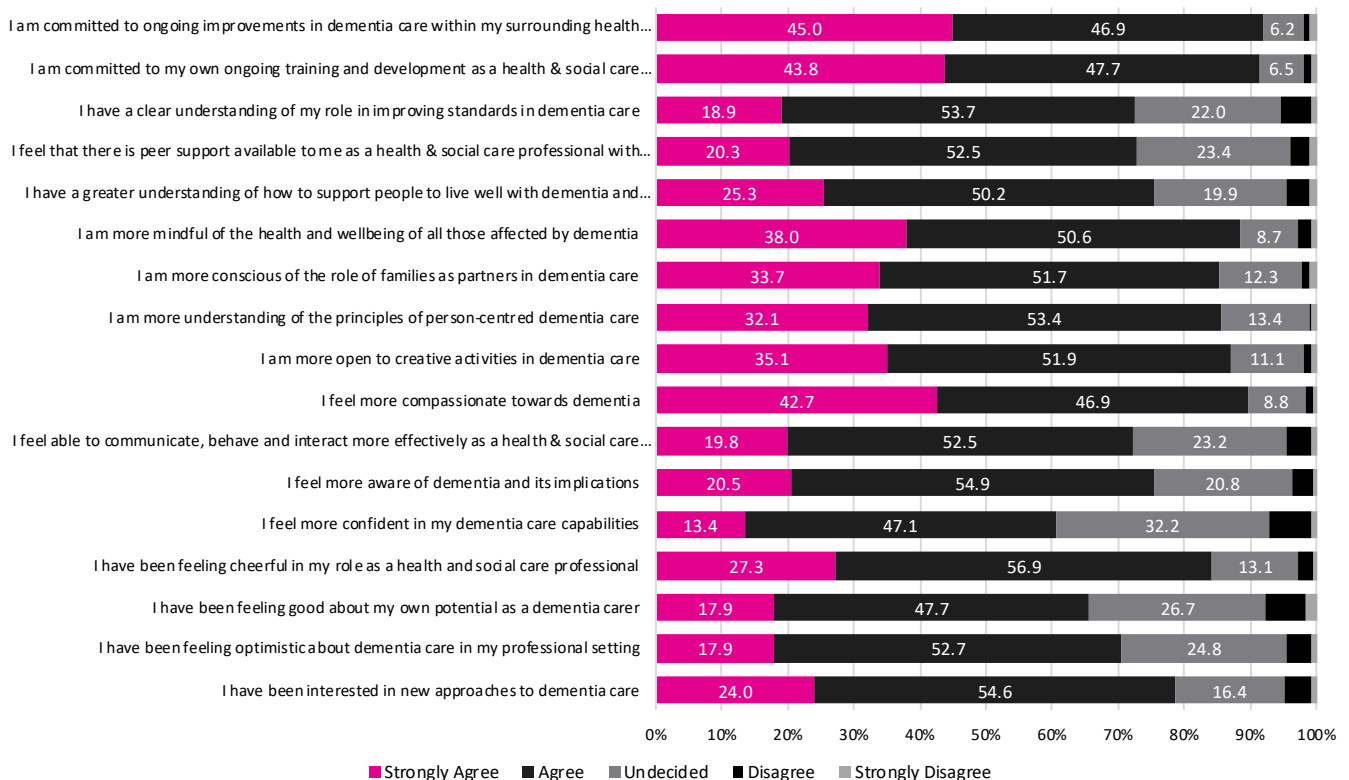
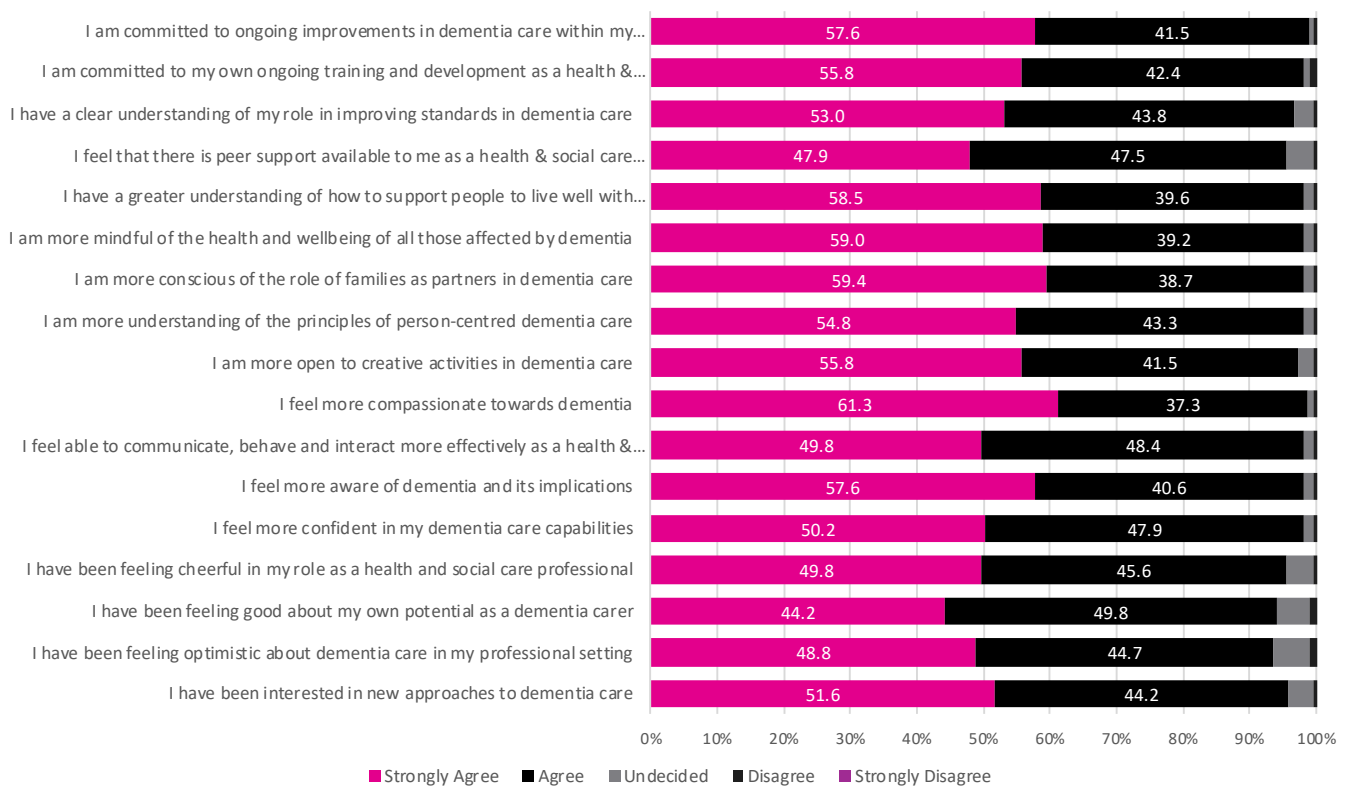


Figure A Dementia Care Impact Measure (DCIM) pre-training survey (n = 264).



**Appendix figure B Dementia Care Impact Measure (DCIM) post-training survey (n = 218).**

## Statistical tests

### DCIM

Upon examining the normality test results for participants both before and after the digital training, it is evident that the variables do not follow a normal distribution. Consequently, the non-parametric Mann-Whitney U test will be employed to analyse these data.

The outcomes of the normality tests, specifically the Kolmogorov-Smirnov and Shapiro-Wilk tests, conducted on the aggregate measure of the variable "Dementia Care Impact Measure" for participants both before and after the digital training, indicate the statistical characteristics of the data. The results of these tests indicate that the distribution of the variable does not conform to a normal distribution for either the pre-training or post-training assessments. P-values smaller than 0.05, based on results, the null hypothesis was not rejected. These results collectively suggest a departure from normality in the distribution of the "Dementia Care Impact Measure" variable both before and after the training. Given the non-normal distribution of the data, opting for the non-parametric Mann-Whitney U test is appropriate.

The Mann-Whitney U test results illustrate the group statistics for participants' DCIM scores before and after the training. Notably, the mean rank scores post-training (300.92) are higher than those recorded before the training (187.71).

**Table C Normality test of DCIM.**

				Kolmogorov-Smirnova		Shapiro-Wilk	
		Statistic	df	Sig.	Statistic	df	Sig.
DCIM	Before	.097	264	<.001	.944	264	<.001
	After	.184	211	<.001	.815	211	<.001

**Table D Mann-Whitney U test results of DCIM.**

	HOM Training	N	Mean rank	Z	p-value
DCIM	Before	264	187.71	-8.986	<0.001
	After	218	300.92		

## Personal well-being

Upon examining the normality test results it is evident that the variables do not follow a normal distribution. Consequently, the non-parametric Mann-Whitney U test will be employed to analyse these findings. Table E displays the outcomes of normality tests, specifically the Kolmogorov-Smirnov and Shapiro-Wilk tests, conducted on the variable “Personal well-being” for participants both before and after the digital training. The results of these tests indicate that the distribution of the variable does not conform to a normal distribution for either the pre-training or post-training assessments.

The non-normal distribution of the “Personal well-being” variable both before and after the training suggests using the Mann-Whitney U test, a non-parametric method ideal for comparing two independent groups such as pre-training and post-training. The findings from the Mann-Whitney U test in Table E demonstrate a statistically significant enhancement in the well-being of participants following their involvement in the House of Memories dementia awareness programme for Health and Social Care Professionals. Detailed results of the Mann-Whitney U test are shown in Table F. The higher mean rank score after the training suggests that, on average, the measure of personal well-being was higher. It can be noted that participation in cultural or educational activities is associated with an increase in participants’ well-being.

**Table E Normality Test - Personal well-being**

		Kolmogorov-Smirnova			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Personal well-being	Before	.067	264	.007	.986	264	.009
	After	.062	215	.046	.986	215	.035

**Table F Mann-Whitney U test results – Personal well-being**

	The museum visit	N	Mean rank	Z	p-value
Personal well-being	Before	264	231.14	-1.554	0.120
	After	218	250.88		

## WEMWBS

Upon reviewing the results of the normality tests for participants' responses on the WEMWBS scale before and after the training in Table G the data do not adhere to a normal distribution. Therefore, the non-parametric Mann-Whitney U test will be utilized to analyse the data.

It is observed that the mean rank scores of WEMWBS scores after the training, at 307.73, exceed the mean rank scores before the training, which were 182.27. Detailed results of the Mann-Whitney U test, supporting these findings can be seen in Table H.

As evident, there is an increase in the WEMWBS score. Following the House of Memories training, a significant change is observed in the opinions of the participants.

**Table G Normality Test of WEMWBS.**

		Kolmogorov-Smirnova			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
WEMWBS	Before	.110	264	<.001	.955	264	<.001
	After	.205	211	<.001	.832	211	<.001

**Table H Mann-Whitney U test results of WEMWBS.**

	The museum visit	N	Mean rank	Z	p-value
WEMWBS	Before	264	182.27	-10.004	<0.001
	After	218	307.73		



## Interview guide

### Aims

- To explore launch and experience of the LJMU dementia awareness training

### Introduction

- Introduction of the researcher;
- Aims and objectives of the evaluation:
- Interview is being conducted on a confidential basis, and with approval, will be recorded for use by the evaluation team only (for transcription and data analysis purposes);
- Anonymous verbatim quotations may be used in the final report but will only be attributed to regional cohorts, not individual participants;
- Interview will last approx. 90 minutes, and will include a short list of pre-prepared questions as follows.

### Beginning / Icebreaker

- Professional details of the interviewee.
  - o Please could you tell me a little about your current role? For example:
  - o how would you describe your role / how long do you do it;
  - o The type of work you undertake in relation to dementia care / main challenges;
  - o the students you teach and how this relates to dementia

### LJMU dementia awareness training

- Detailed description of the LJMU dementia awareness training.
  - o What is the LJMU dementia awareness training?
  - o What are the main aims?
  - o How would you characterise the LJMU dementia awareness training audiences?
  - o Could you point out any challenges? If so, how would you describe them? What was your strategy to overcome those challenges?

### Partnership with National Museums Liverpool

- Relationship with National Museums Liverpool.
  - o Why did the partnership come about?
  - o How was it hoped it would help the degree programme/university to achieve its aims?

- o Would you say the partnership was a success? Why?
- o Did you encounter any challenges during the partnership? If so, how would you describe them? What was your strategy to overcome those challenges?
- Specific impact of the relationship with NATIONAL MUSEUMS LIVERPOOL on the LJMU dementia awareness training.
- o How effective do you think partnership is in enabling the degree programme/ university to achieve its aims?
- o Did the partnership help you engage with a broader audience? If so, how? If not, why not?
- o Do you feel that partnership leads to innovation / new projects/activities/ programmes?
- o What skills do you think were developed within this partnership?

### Transferability of House of Memories

- Critical analysis of the transferability and adaptability of LJMU dementia awareness training.
- o How was the process of adapting the House of Memories activities into the student training?
- o Did you encounter any challenges during the process? If so, how would you describe them? What was your strategy to overcome those challenges?

### The future of the LJMU dementia awareness training

- What is the future of the LJMU dementia awareness training.
- o How do you see the future of the LJMU dementia awareness training?

### Conclusion

Explore any topics that were left uncovered.

Develop any topic that the interviewee considers relevant.

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