

House of Memories

National Museums Liverpool



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Lywodraeth Cymru
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House of Memories Cymru

An impact evaluation of National Museums Liverpool's dementia awareness programme in Wales.

Evaluated by Liverpool John Moores University, 2024.

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Introduction

“We are thrilled to launch House of Memories Cymru and add a bespoke Welsh package to our international House of Memories programme. The country of Wales has a rich and diverse cultural heritage that has had a huge influence on Liverpool, and it is a privilege to work in partnership with museum colleagues across Wales, to support the Welsh dementia community.

“We hope the programme will not only help improve the lives of people living with dementia, but also be the catalyst for meaningful connections between them and their families or carers.”

Carol Rogers MBE, Director of House of Memories

“Welsh Government is proud to support House of Memories Cymru. This is an invaluable resource which recognises the role Welsh museums play in supporting older people, those living with dementia and their families.

“Bilingual resources like this help to celebrate Welsh culture and enable communities here and across the globe to engage with our heritage in the language of their choosing.

“Diolch yn fawr to all of the museums involved in this collaboration. House of Memories Cymru will certainly make an immense difference.”

Jack Sargeant MS, Minister for Culture, Skills and Social Partnership



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1 Executive Summary

House of Memories Cymru

The House of Memories programme, developed by National Museums Liverpool with support from the UK Department of Health, has emerged as a cornerstone of dementia care innovation. Since its inception in 2012, House of Memories has provided invaluable training and resources to both formal and informal caregivers. Through a comprehensive approach blending various educational techniques, House of Memories has equipped almost 15,000 caregivers with the knowledge and skills necessary to provide compassionate and effective care for individuals living with dementia.

House of Memories Cymru was launched in 2023, funded by the Welsh Government, and provided an adaptation of the programme to meet the needs of those living with dementia and their carers in Wales. The programme was designed to reflect the wellbeing objectives of the Welsh Government's Programme for the 6th Senedd. The expansion of House of Memories into House of Memories Cymru represents a significant milestone, underscoring a commitment to tailoring dementia care initiatives to the specific needs and contexts of Welsh communities. The bilingual programme, comprising workshops, training sessions, and a dedicated app, aims to foster meaningful conversations and connections between individuals living with dementia and their caregivers in Wales. By addressing the unique challenges faced by caregivers in Wales and providing culturally relevant resources, House of Memories Cymru aims to provide hope and support for families impacted by dementia across the country.

The evaluation

The roll-out of the programme started in Autumn 2023 with workshops for formal and non-formal carers. These in-person sessions held in Conwy, Aberystwyth and Swansea were followed by online delivery of the same content. The half-day sessions are aimed at the specific needs of attendees. The House of Memories Dementia Awareness for Family and Friends introduces informal carers to the resources available, to help them share and connect through dementia. The House of Memories Dementia Awareness for Health and Social Care Professionals training introduces formal carers to the opportunities for enhancing person-centred care for people living with dementia.

Researchers at Liverpool John Moores University (LJMU) evaluated the programme using a mixed-methods approach. This included quantitative analysis of workshop attendees' subjective wellbeing, engagement with museums, beliefs about dementia and the role of carers. Qualitative focus groups were arranged to draw out the benefits of the programme and narrow in on some of the challenges. The museum communities of Wales are vital stakeholders in the programme and analysis was undertaken to assess how well understood the wider wellbeing framework of the Welsh Government was amongst this group.

The research provided a wealth of findings to help refine and develop House of Memories Cymru.

Participant survey

Attendees responded overwhelmingly positively to the training. Notably, all family and friends respondents reported positive experiences regarding the relevance of museum activities to dementia care and the promotion of dignity, respect, and compassion in care. Comments from participants underscored the programme's sensitivity and effectiveness, though some noted a desire for more time for hands-on activities and networking opportunities.

Similarly, healthcare professionals praised the training's impact on reducing stigma, enhancing understanding, and promoting the use of innovative tools like the My House of Memories app. While some suggested adjustments to the session structure and content, the overwhelming majority expressed enthusiasm for incorporating House of Memories' principles into their professional practice. These findings affirm the pivotal role House of Memories Cymru can play in enhancing dementia care practices and fostering a supportive community for both carers and individuals living with dementia in Wales.

There were differences in museum visitation between family and friends carers and professionals, with 37.2% of professionals visiting monthly compared to 20% of family carers. While most family carers visit museums for exhibitions, only 11.5% of professionals do so, with a quarter of those visiting for professional purposes. Post-training, 37.5% of family carers and 30% of professionals visited museums, with some professionals attributing their visit to the training, indicating the programme's positive impact on promoting museum engagement.

The comparison of participants' perceptions before and after House of Memories' training reveals notable shifts in understanding and attitudes towards dementia care. Family carers exhibited a positive change post-training, with a decrease in the belief that dementia is a natural part of ageing and an enhancement in understanding that it's not solely about memory loss. While there was no significant alteration in the understanding of dementia's causes, there was an increased belief in living well with dementia and recognition of the individual beyond the condition. Although these changes are promising, the small sample size warrants cautious interpretation of the results.

Healthcare professionals demonstrated positive shifts in their understanding of dementia as a brain disease rather than solely memory loss; however, the changes in beliefs about living well with dementia and recognising the individual beyond the condition were minimal, likely due to the sample size issues. Overall, the limited sample size prevents definitive conclusions regarding its effectiveness in enhancing healthcare professionals' knowledge of dementia.

Changes on respondents' subjective wellbeing pre- and post-training were assessed using several standard measures. There was no significant change observed for family carers but there was evidence that the wellbeing of health and social care professionals increased after training.

Focus groups on the programme collaboration

The collaboration with House of Memories Cymru was received positively by museum partners, who were enthusiastic about the opportunities it presented. Although some partners faced some hurdles, such as selecting items for the app and managing bilingual content during training sessions, these were viewed as areas for enhancement rather than significant obstacles. The partners suggested increasing collaborative discussions among museums and improving interpreter services to better support Welsh-speaking

participants, which would streamline the process and enrich the experience for all involved.

The professionalism and organisation of the House of Memories Cymru team were highly praised by the partners. The partners were optimistic about the collaboration, viewing it as a chance to augment their museums' offerings and engage more effectively with their communities.

Overall, the partnership with House of Memories Cymru was considered a valuable initiative by the museum partners. It offered substantial potential benefits, promising to enrich museum programmes and expand their reach to broader audiences. The feedback, while highlighting areas for improvement, underscored the success of the programme and the positive impact it had on the participants.

Stakeholder survey on the 6th Senedd Health and Wellbeing Objectives

The survey on museum stakeholders regarding engagement with the Welsh Government's 6th Senedd Health and Wellbeing Objectives showed mixed familiarity, engagement, and readiness levels across objectives. While all stakeholders were familiar with the objectives, most admitted that knowledge was limited. Engagement varied, with most museums thought to range from somewhat to very engaged, and all stakeholders found the objectives easy to understand and relevant. Changes in funding since the objectives were published were recognised by stakeholders, but there was widespread feeling that accessing funds for engagement remained challenging. Stakeholders had varied awareness of how objectives influenced museums and areas, with scepticism about the efficacy at regional levels. Preparedness amongst museums for the objectives varied, with more optimism for some than others. Overall, diverse engagement levels among museum stakeholders with Welsh Government objectives was found.

A follow-up survey following participation in the House of Memories programme found increased familiarity and positivity towards the objectives. However, there appeared to be a decline in stakeholders' confidence in their museum's readiness to meet the objectives, suggesting underlying resource concerns despite positive intentions.



2 Introduction

Recent figures estimate that 46,800 people aged 65 and above are living with dementia in Wales – a variety of diseases characterised by a progressive cognitive and overall decline. It was responsible for 3,530 deaths in Wales in 2021 – the third highest cause after COVID and heart-disease, and the leading cause amongst Welsh females. Part of this impact is explained by Wales being an ageing society with the median age increasing from 41.5 in 2011 to 42.9 in 2022, a trend projected to continue in the coming decades. Within the UK the number of older people with dementia is estimated to increase by 70% by 2040 (Wittenberg et al. 2019). Therefore, support for people living with dementia and those that care for them is a priority for policymakers.

As the disease progresses, people with dementia can commonly require high levels of care, most of which is provided by informal or family caregivers. Being a family caregiver can carry a high burden in having to provide emotional and day-to-day support for people living with dementia (Cabote et al., 2015; Dening et al., 2016; Farina et al., 2017; Lindeza et al., 2020). The challenges are multi-faceted: the impact on mental and physical health (Connell, Janevic, & Gallant, 2001; Gilhooly et al., 2016; Lindeza et al., 2020; Schoenmakers, Buntinx, & DeLepeleire, 2010); financial struggles (Connell et al., 2001); and the administrative burden of dealing with healthcare services (Wittenberg et al., 2018). Such difficulties can influence how carers are able to care both for the person living with dementia and themselves (Cabote et al., 2015; Farina et al., 2017; Cheng & Zhang, 2020).

Whilst there is no cure for dementia, culture and arts programmes and specifically museum-led initiatives have been found to provide help and engagement to both individuals with dementia and their carers (Camic & Chatterjee, 2013; Chatterjee & Camic, 2015; Chatterjee & Noble, 2016; N Morse, Lackoi, & Chatterjee, 2016). Museums are particularly well-suited to this both in their environment and their access to objects that can foster reminiscence (MacPherson, Bird, Anderson, Davis, & Blair, 2009; Nuala Morse, 2020). Such programmes also provide opportunities for formal carers enabling them to bring in creative approaches to their caring strategies (Wilson, 2022). House of Memories is a museum-led dementia awareness training programme for carers (formal and informal) and people living with dementia. It was developed in 2012 by National Museums Liverpool with funding from the UK's Department of Health. It began as a full-day museum-based training intervention combining dramatic set pieces, forum theatre, interactive facilitation, museum and gallery tours, reminiscence therapy techniques, and museum education activities. It has since evolved to use documentary-style videos based on real-life scenarios. The programme is supplemented by training resources, including a demonstration of the My House of Memories app for mobile devices. The programme has also been adapted and developed for delivery in different professional environments (including NHS acute care services), and with several national and international partner museums. In the decade since its launch, more than 14,000 carers from health and social care sectors and ancillary public services have participated in the programme.

Since 2012, House of Memories evaluation studies (Wilson & Grindrod, 2013; Wilson & Whelan, 2014; Wilson & Whelan; 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.

House of Memories Cymru is a development of this resource for carers in Wales. Following initial analysis by researchers from Liverpool John Moores University (LJMU), a framework was developed to adapt House of Memories to the specific needs of communities in Wales reflecting the wellbeing objectives of Welsh Government's Programme for the 6th Senedd. The bilingual programme consists of workshops, training, and a dedicated House of Memories Cymru app. Together, these strands hope to foster conversations between people living with dementia and their carers.

The app is specifically designed to meet the needs of Welsh communities, including a mixture of audio, video, and images of historical items which users could search to curate a collection of memories that hold relevance for them.

House of Memories Cymru was launched in October 2023 at the Welsh Senedd and was subsequently rolled out across the country in a series of workshops and training aimed at both informal family and friend carers and formal health and social care professionals. These half-day workshops held in-person and online were open to both Welsh and English speakers and introduced attendees to the House of Memories resources. Each workshop was specifically tailored to the different needs of formal and informal carers.

This study aims to understand the impact of House of Memories Cymru on participants' beliefs about dementia, engagement with cultural institutions, and crucially on their subjective wellbeing. We surveyed attendees of all workshops, both in-person and online, before and after the training to gain an understanding of the populations of formal and informal carers within Wales and their personal understanding and experience of dementia. Alongside this quantitative analysis two focus group interviews took place – one with the House of Memories Cymru team and one with the museum partners.

Finally, recognising House of Memories Cymru's important role within the cultural landscape of Wales, LJMU researchers surveyed representatives of the museums that constitute the key House of Memories stakeholders. Here the aim was to gauge the wider understanding of and engagement with these objectives and how they related to stakeholders' practice and aims. Following stakeholders' training on the specifics of the objectives, a follow-up survey assesses the development in stakeholder understanding.

House of Memories Cymru represents a vital initiative in addressing the growing challenges posed by dementia in Wales. By providing tailored support and resources for both formal and informal caregivers, as well as fostering engagement with cultural institutions, House of Memories Cymru aims to enhance the wellbeing of individuals living with dementia and their caregivers while contributing to the cultural landscape of Wales. Through comprehensive evaluation and stakeholder engagement, this study seeks to further understand and enhance the programme's impact, ensuring it continues to meet the evolving needs of its participants and stakeholders.

3 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 wellbeing.

3.1 Workshop survey

We assessed the efficacy of training both to family carers and health-care professionals. This training was provided both in English and Welsh.

House of Memories Dementia Awareness for Family Carers, a half-day programme for informal carers, was scheduled in three Welsh cities or towns with the English workshop running in the morning and Welsh in the afternoon.

House of Memories Dementia Awareness for Health and Social Care Professionals was a similar programme but with the focus guided towards professionals who work with people with dementia. The same split day structure was followed.

The attendance at the training sessions was impacted by ongoing rail strikes during the period, leading to the cancellation of a few sessions due to low attendance. Despite these challenges, the online sessions for the House of Memories training proved to be a successful method of engagement with the sessions either fully or over-subscribed. These virtual sessions not only maintained continuity in training but also demonstrated the effectiveness of remote learning platforms in reaching and engaging participants. Details of the full sessions run are in Table 1.

Table 1 House of Memories Workshops and Training

Venue	Date	Type
Swansea Museum	25 October 2023	Family carers
Swansea Museum	25 October 2023	Healthcare professionals
Ceredigion Museum	9 November 2023	Healthcare professionals
Conwy Culture Centre	24 November 2023	Family carers
Conwy Culture Centre	24 November 2023	Healthcare professionals
Conwy Culture Centre	25 November 2023	Healthcare professionals
Online - English	1 March 2024	Healthcare professionals
Online - English	5 March 2024	Family carers
Online - Welsh	1 March 2024	Healthcare professionals
Online - English	12 March 2024	Healthcare professionals

A member of the LJMU research team was available to assist respondents in completing paper surveys before the start of the training session. Respondents were asked to provide an email address so that a follow-up survey could be sent out one month after the training. This time lag was considered appropriate to allow attendees to incorporate any new processes into their caregiving routines.

The half-day dementia awareness workshop 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. Attendees were introduced to dementia-friendly museum activities and given the opportunity to try out the My House of Memories app, which can be used by carers outside of the museum setting.

Additional online training sessions for both family carers and health and social care professionals took place in March 2024. The content of this training aligned with that delivered in-person, so it was deemed appropriate to survey attendees with the same questions. These surveys were conducted using the online platform JISC. Attendees who signed up for the sessions received a survey link via email in the week before attending. Those who attended were also encouraged to complete a follow-up survey at the end of the training session. A final follow-up survey was sent four weeks after the online training to collect data on any changes in practice that attendees had implemented since attending the training.

The specific aim of these surveys was to determine the effectiveness of House of Memories in:

- (1) improving museum-led dementia care in Wales.
- (2) increasing Welsh formal dementia carers' awareness and skills against national frameworks.
- (3) improving formal and informal dementia carers' subjective wellbeing.

To that end the survey contained quantitative profiling of participants; Dementia Core Skills Education and Training Framework (Tier 2); cultural and digital practices, including museum visits; and three standardised measures of subjective wellbeing.

3.1.1 Common sections

As with previous House of Memories research we asked about attendees' engagement with cultural assets 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 care obviously vary between the family carers and professional caregivers. For the former the intention is capturing the differing profile of carers – their relationship to the carer; stage of dementia; the time commitment required. Professional carers' questions are guided towards how this training fits with and can complement their 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 constructed three measures of subjective wellbeing that are appropriate for this evaluation. These are the Dementia Care Impact Measure (DCIM) (Wilson & Whelan, 2016), the Office for National Statistics four questions on wellbeing (ONS4) (ONS, 2024) and the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant et al., 2007). Full details of each measure can be found in section 4.1.

3.1.2 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.

3.2 Focus groups

Two focus group interviews took place. One with the House of Memories Cymru team and one with the museum partners who had participated in the training programme. The latter had completed a survey during their training sessions. Upon completion of the survey, respondents were asked if they were willing to be contacted to participate in a focus group regarding experiences of the training sessions, as well as their overall thoughts on House of Memories Cymru. Four museum partners participated in the focus groups, whilst the House of Memories Cymru team was represented by five members. Please see Table 1 for a brief description of the focus group participants.

The focus groups took place during February and March 2024 and were conducted, recorded, and transcribed via Teams. Following this, the transcripts were checked for any errors, then coded for analysis.

Originally, it had been anticipated the focus groups would last approximately 45 minutes; yet both lasted over 1.5 hours. The focus group guide consisted of seven sections and used a semi-structured design to allow for a more conversation-like interview (see Appendix), which enabled participants to tell their “stories” in a relatively free manner. The guide asked a number of questions about the participants’ experience of working with House of Memories Cymru, the specific nature of the intervention itself, what dementia-related activities they provided beforehand and the future plans for the museums.

Table 2 Focus group participants.

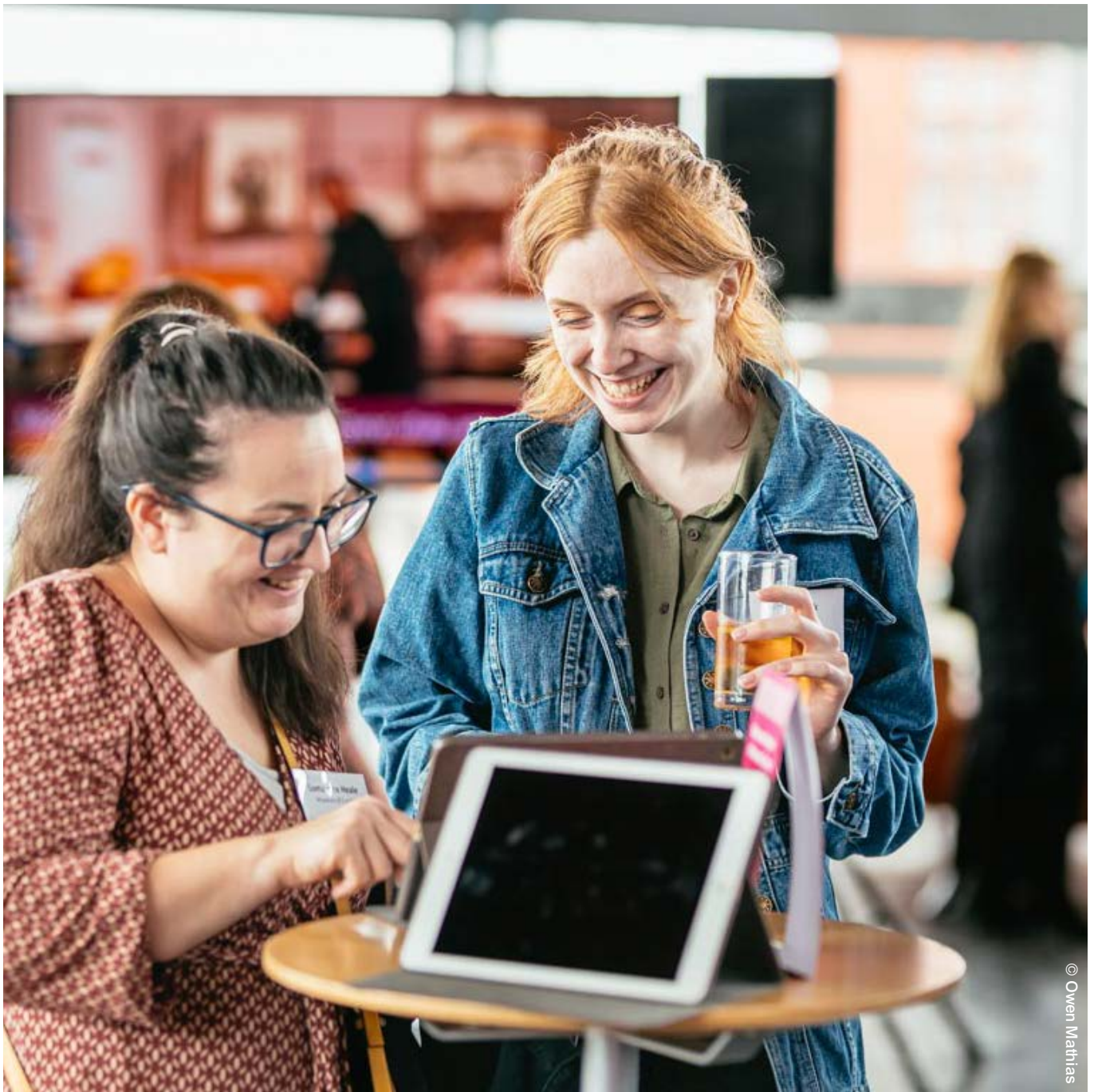
	Gender	Role
House of Memories Cymru partner 1	F	Senior Manager
House of Memories Cymru partner 2	M	Creative Consultant
House of Memories Cymru partner 3	F	Marketing officer
House of Memories Cymru partner 4		
House of Memories Cymru partner 5	F	
Programme Manager	F	Senior Manager
Museum Partner 1	F	Community engagement officer
Museum Partner 2	F	Literature officer
Museum Partner 3	M	Dementia voice lead
Museum Partner 4	F	Museum curator

3.3 Stakeholder survey

An online survey was sent out to key stakeholders in House of Memories via the Qualtrics platform. Questions were geared towards respondents' familiarity and engagement with the Welsh Government's 6th Senedd Health and Wellbeing Objectives as outlined in Table 5.

To gauge respondents' thoughts on the influence and efficacy of the objectives, open-ended responses were elicited related to their museum, local area, region, and Wales as a whole. Information about museum type, changes in funding, and organisational structure was also requested.

A follow-up survey was sent in April 2024 to stakeholders who had responded to the initial survey to assess any change in their familiarity and understanding of the objectives.



4 Findings

Key findings

House of Memories Cymru training received high satisfaction levels among both family carers and healthcare professionals.

Participants found the training relevant, effective in reducing stigma, and promoting dignity and compassion in care.

While most respondents recommend the training, there is room for improvement in session delivery and practical skill development.

About 41% of respondents used the My House of Memories app after the training, and 13.6% used the House of Memories toolkit.

Overall, the findings indicate the positive impact of the House of Memories programme on dementia care knowledge and attitudes.

4.1 Workshop survey

A total of six in-person training sessions were conducted for families and health and social care professionals, covering both English and Welsh languages. These sessions took place in locations including Conwy, Swansea, and Ceredigion. Additionally, four online training sessions for families and professionals were completed via Zoom. Table 3 breaks down the number of responses for each session.

Table 3 Breakdown of training survey respondents.

Groups		Number of responses	
Healthcare professional session	Digital	Before	13
		After	22
	In-person	Before	22
		After	2
Family carers' session	Digital	Before	3
		After	6
	In-person	Before	7
		After	2

In the family carer group, the House of Memories dementia training session at the Conwy Culture Centre on 24 November received the highest attendance. Following this, the session at the Swansea Museum on 25 October was also well-attended by families. Among healthcare professionals, the sessions at the Conwy Culture Centre on 24 November and the Swansea Museum on 25 October had the highest attendance. Healthcare professionals also attended sessions at the Ceredigion Museum on 9 November and the Conwy Culture Centre on 25 November. The Welsh language sessions scheduled in Ceredigion were cancelled, and in Conwy, the only cancellation was the session intended for Welsh family carers.

Overall, there were a low number of responses to the survey, especially among family carers. This was especially the case for follow-up surveys from in-person attendees, for either professionals or family carers. Responses were slightly healthier for the online training, especially for health and social care professionals.

There is the usual attrition found in surveys which presents some selection effects, in that the sample from the before survey differs from the post-training survey.

To increase the power of our analysis, we have pooled the online and in-person survey responses. However, the issues of low number of observations and unbalanced survey panels should be kept in mind throughout as a limit of how much inference we can draw.

In total we had 10 responses to the pre-survey for family carers and 8 for the post-survey. For healthcare professionals we collected 35 responses before the training and 24 after.

4.1.1 Sociodemographic

In Figure 1 we display the demographic data captured by all respondents in the initial surveys. For both types of attendees, most respondents identified as female - 85.7% of professional caregivers and 70% of family carers.

Most respondents were married: 57% of health and social care professionals and 50% of family caregivers. Professionals were more likely to be single - 31% compared to 10% for family carers – but the latter displayed more reluctance in answering this question.

The average age of participants is 45.1 years old for health and social care professionals and 54.8 years old for family carers, indicating that most participants are in their middle age.

As might be expected, the two groups differed in terms of work status. 70% of professional respondents reported being paid employees compared to 15% self-employed and 12% students. The family group were much more likely to not be in paid work, with 50% retired.

In both groups, most respondents identified as White – British, Irish, or other; comprising 90% of family carers and 95% of health and social care professionals. The remainder identified as mixed race or belonged to other ethnic groups.

In terms of the highest level of education, a bachelor's degree was the most common attainment for both groups, constituting 40% of each sample. 30% of family respondents possessed a master's or doctorate degree, whereas in the professional group, this figure is slightly lower at 23%.

Informal carers were asked about their relationship with the individuals they cared for (see Figure 2). Among 10 responses, four identified themselves as sons or daughters, while one indicated they were a spouse or partner. Additionally, two respondents identified as a son or daughter-in-law, and another as another family member. The remaining respondent served as chair of the local action group.

As can be observed in Figure 3, the stage of dementia among the individuals cared for varied fairly evenly. Three carers reported moderate severity, with each other category comprising two respondents. There was one non-response.

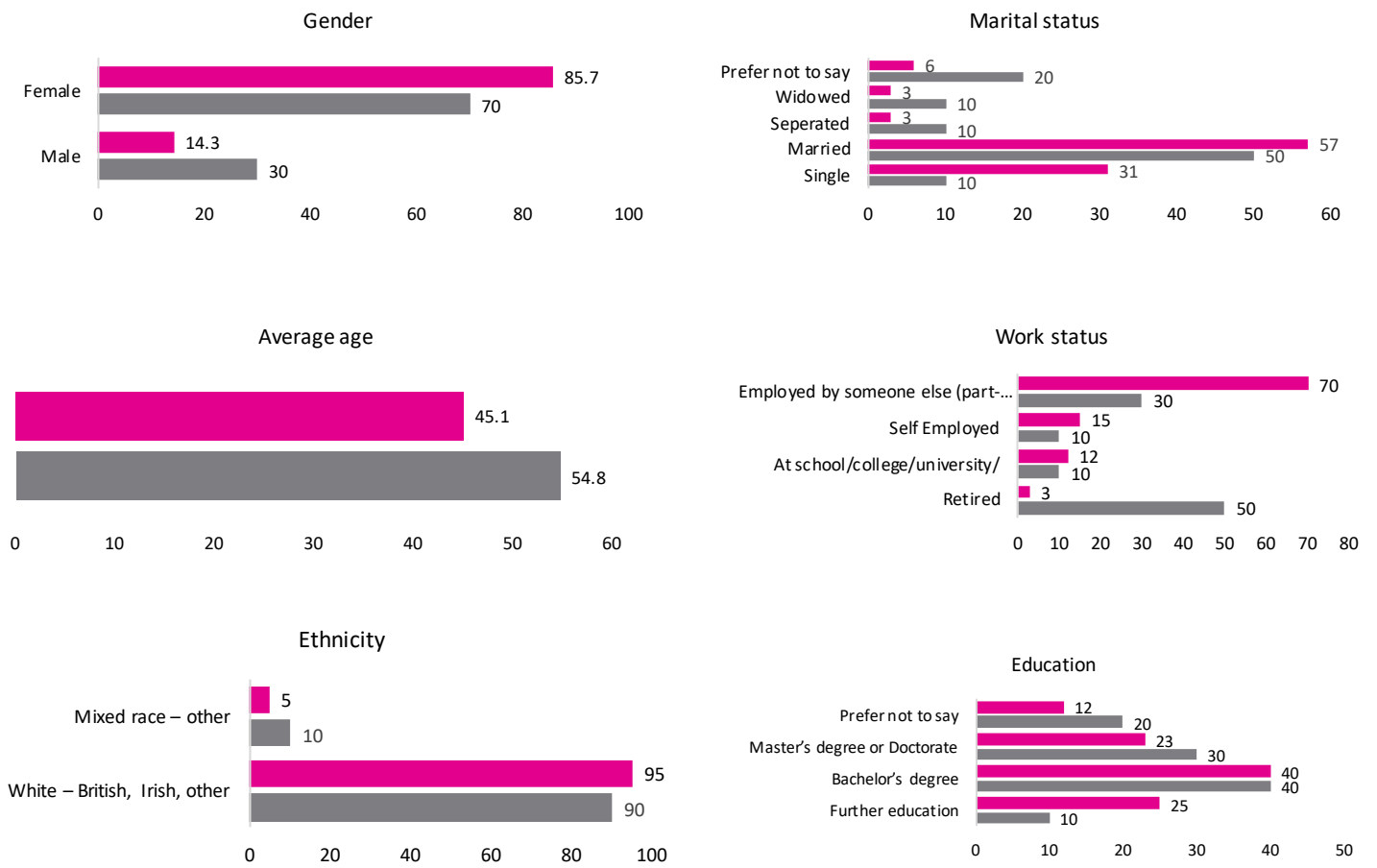


Figure 1 Demographic breakdown of House of Memories training survey respondents. [%] (n-family = 10, n-professional = 35). Professional Family

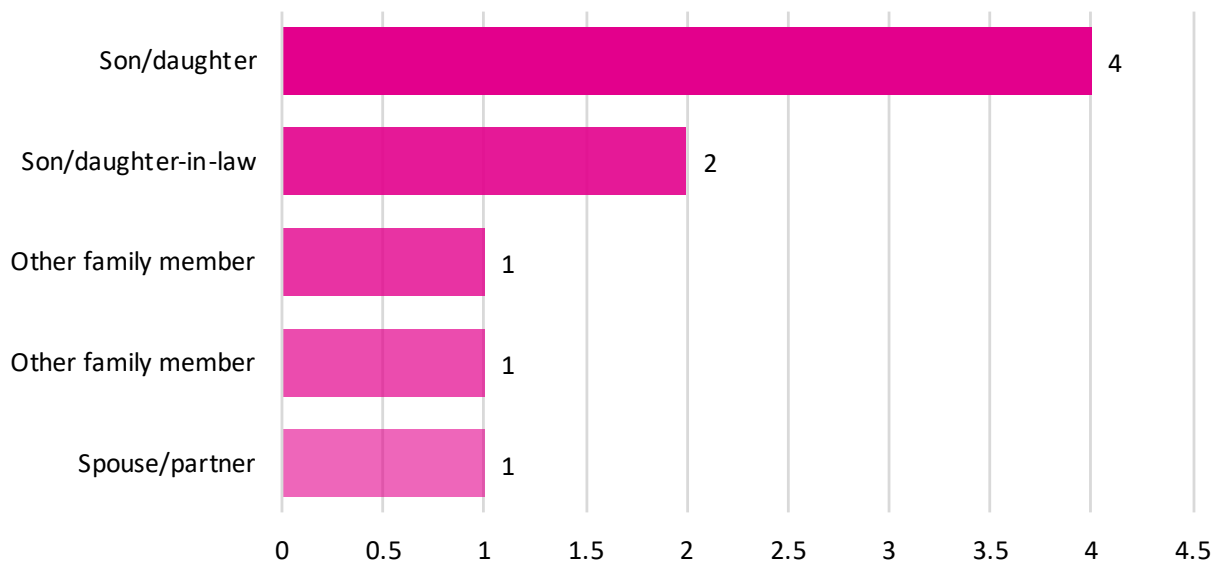


Figure 2 Family workshop attendees' relationship with people with dementia. [number of responses]

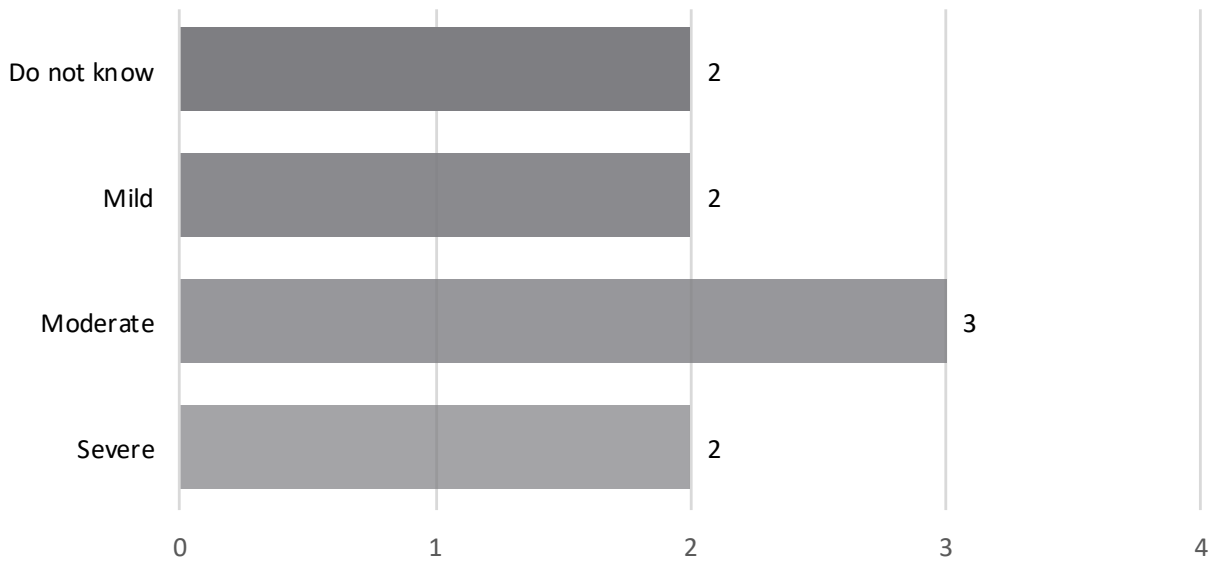


Figure 3 Family carers: “What is the stage of dementia of the person you care for?” [number of responses]



4.1.2 Training evaluation

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

Most informal carers who attended (70%) noted that they were interested in the session because they were caring for someone with dementia. The remainder were volunteers with people living with dementia. Out of the ten respondents only one had taken part in any memory or reminiscence activities at a museum before. When asked what they were most looking forward to the focus was on learning more about dementia and the resources available as well as sharing experiences.



Figure 4 Experience of House of Memories Training – Family Carers [1: Extremely Negative – 5: Extremely Positive] (n = 8)

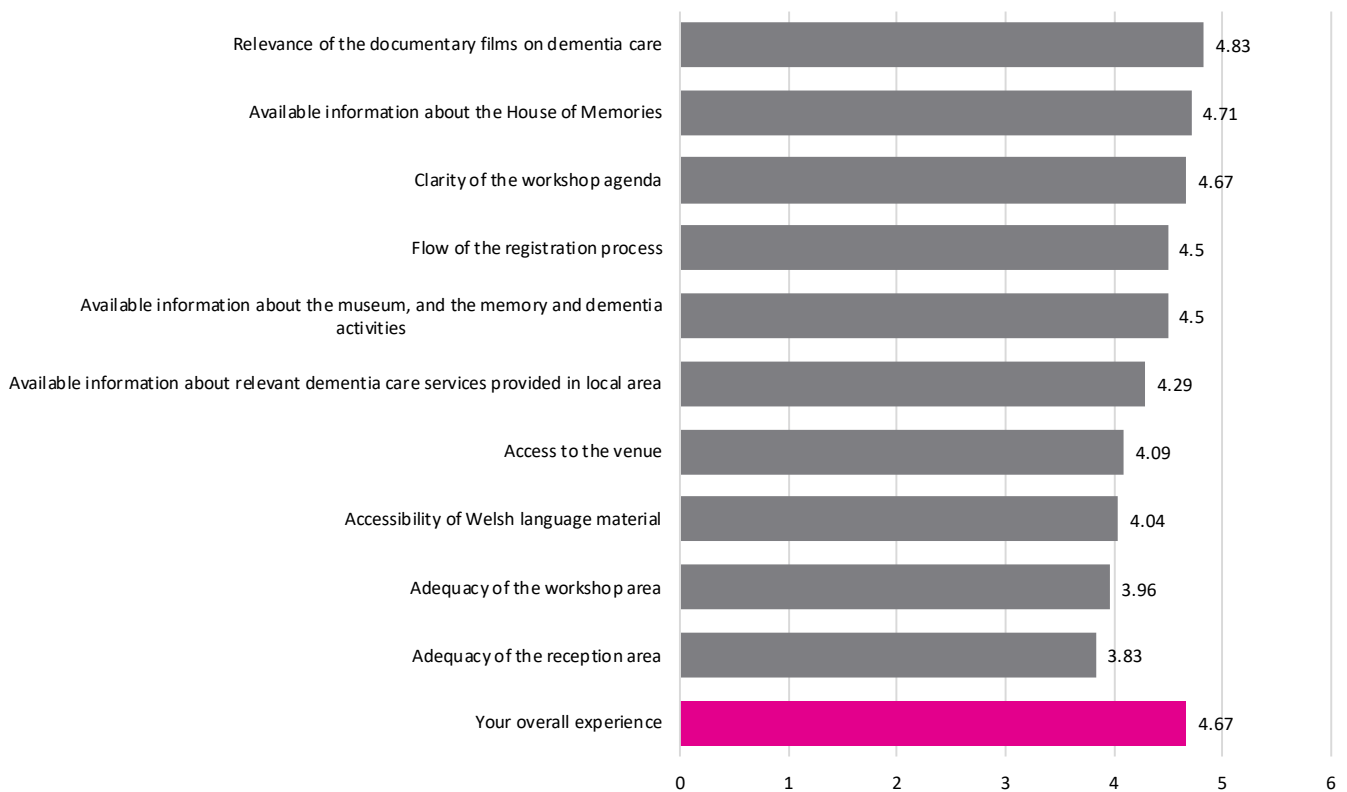


Figure 5 Experience of House of Memories trainings – Health and social care professionals . Carers [1: Extremely Negative – 5: Extremely Positive] (n = 35)

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.

We summarise the findings for family carers (Figure 4) and professionals (Figure 5) below, using the sample mean of all responses, with higher averages indicating more positive responses.

Family and friends carers

Family carers displayed a high level of satisfaction across different aspects, with mean scores ranging from 3.88 to 4.88. Overall, the experience of the training was rated highly, with 62.5% rating it Extremely Positively, 25% Positively, and 12.5% Neutral. No negative responses were recorded for any question.

One hundred percent positive responses were found for the following:

- Available information about the museum, memory, and dementia activities.
- Available information about the House of Memories.
- Relevance of the museum activity to dementia care.
- Relevance of the My House of Memories app demonstration.
- Opportunity to reduce perceived stigma associated with dementia by raising awareness.
- Opportunity to promote dignity, respect, and compassion in care.
- Clarity of the workshop agenda.

The responses demonstrate the effectiveness of training in helping House of Memories Cymru meet its educational aims:

- All respondents (62.5% Extremely positive, 37.5% Positive) considered the session they attended contributed to reducing the stigma associated with dementia.
- Most (37.5% Extremely positive, 37.5% Positive) considered the session they attended contributed to learning how to live well with what they have.
- All respondents (50% Extremely positive, 50% Positive) considered that the session they attended contributed to promoting dignity, respect, and compassion in care.
- Most (28.6% Extremely positive, 42.9% Positive) considered the session they attended contributed to getting to know other carers and reducing isolation, social exclusion, and loneliness.

This positive response was underlined by comments from the respondents:

My mother had dementia and I want to volunteer to support those living with it and this workshop treated it with sensitivity and respect...

[G]reat example films - well done very impressive

I'm at the beginning of my journey as a dementia carer so some of the questions are not applicable to me. However I thoroughly appreciate your support. The session was excellent.

In the survey, there were some critical comments focusing on the app demonstration:

"I would have liked a bit more time to play and test the app and ask questions."

Additionally, there were some presumptions about attendees: "I felt the later questions presumed I was the main carer, I'm not, my dad is, so it was difficult to answer." One respondent noted they were disappointed with the session: "I had hoped to get to know other carers, which there seemed little space for in the programme, and I hoped I would at least be guided to find more obvious material which would evoke actual memories."

Most respondents (87.5%) noted that they would recommend the training, with 50% of all respondents noting "Positive experience created by educators and staff" as what they most enjoyed about the session.

Fifty percent of respondents reported having used the My House of Memories app with the person they care for, with 25% using it at least once a month. As the follow-up survey was sent up to 4 weeks after the training, this entails using the app at least once.

Healthcare professionals

Healthcare professionals displayed a similar level of satisfaction, with mean scores ranging from 3.83 to 4.83. Overall, the experience of the training was highly rated, with 68% Extremely Positive and 32% Positive.

One hundred percent positive responses were found for the following:

- Overall experience
- Relevance of the My House of Memories app demonstration
- Clarity of the workshop agenda

The responses demonstrate the effectiveness of the training in helping House of Memories meet its educational aims:

- Most respondents (64% Extremely Positive, 32% Positive) considered the session they attended contributed to reducing the stigma associated with dementia.
- Most (68% Extremely positive, 24% Positive) considered the session they attended contributed to learning how to live well with dementia.
- Most respondents (80% Extremely Positive, 16% Positive) considered that the session they attended contributed to promoting dignity, respect, and compassion in care.
- Most (61% Extremely positive, 26% Positive) considered the session they attended contributed to getting to know other carers and the support available to carers.

This positive response was underlined by comments from the respondents:

Thank you for an interesting and enlightening training session. I look forward to introducing my carers and cared for to the app.

Really enjoyed the training, videos were fab. I will highlight the app in the Dementia training I deliver to social care staff.

[I]t was very informative, stimulating and worthwhile training

Keep doing what you are doing it's an amazing idea

My undecided or neutral answers are due to me only just completing the training so will need time to reflect on how it transfers into the care setting, the impact on the residents I care for. But my initial feeling is that it is a very positive addition and will bring a positive response.

Online respondents provided some useful feedback on the session. The focus was on the relevance of some of the material given the professional status of the attendees and a lack of opportunity for enough discussion:

Just so many people in the meeting, we didn't know who was attending- what their roles w[h]ere for networking or contact after the session.

Given the attendees' prior knowledge around dementia, it would be good to reduce the length of time spent on speaking about dementia and increase the time spent on the app and discussing the necessary skills in running/supporting reminiscence sessions in different environments i.e. with groups, individuals etc.

Possibly extend the course time to allow a little more time for discussion and a bit more in depth focus on some areas around using heritage in this context.

41% of respondents reported having used the My House of Memories app. This signaled a marked increase in participants use of a tablet for memory activities. Prior to the training only 20% had indicated engagement with this kind of activity. The majority of those who had not (87.5%) cited lack of awareness of such resources as the main reason. This indicates a low level of familiarity with digital resources for memory activities. It underscores the need for educational initiatives like the House of Memories workshop to raise awareness about such resources.

Post-training explanations for not using the My House of Memories app included: "Haven't had the opportunity yet - but will definitely be using it", "I don't have a dementia patient at present"; "Training needs to be rolled out to my team of carers."

13.6% of respondents reported having used the My House of Memories toolkit. Those that used it indicated that they had used the "How to create a memory box" guide.

4.1.3 Museums and dementia care

Key findings

While a significant proportion of professionals hadn't visited museums in the past year, those who did were more likely to do so monthly, primarily for professional or other purposes.

In contrast, family carers frequented museums for exhibitions, indicating a preference for leisure and personal enrichment.

Post-training, a notable number of both groups visited museums, with some professionals attributing their visits to the training, suggesting a positive trend in promoting museum engagement among participants.

In examining the responses gathered from both family carers and health and social care professionals in our survey, a significant aspect we explored was their past interactions with museums. Delving into their museum experiences provides valuable insights into the existing perceptions and connections individuals hold with these spaces, serving as a foundational understanding for the broader analysis of our findings.

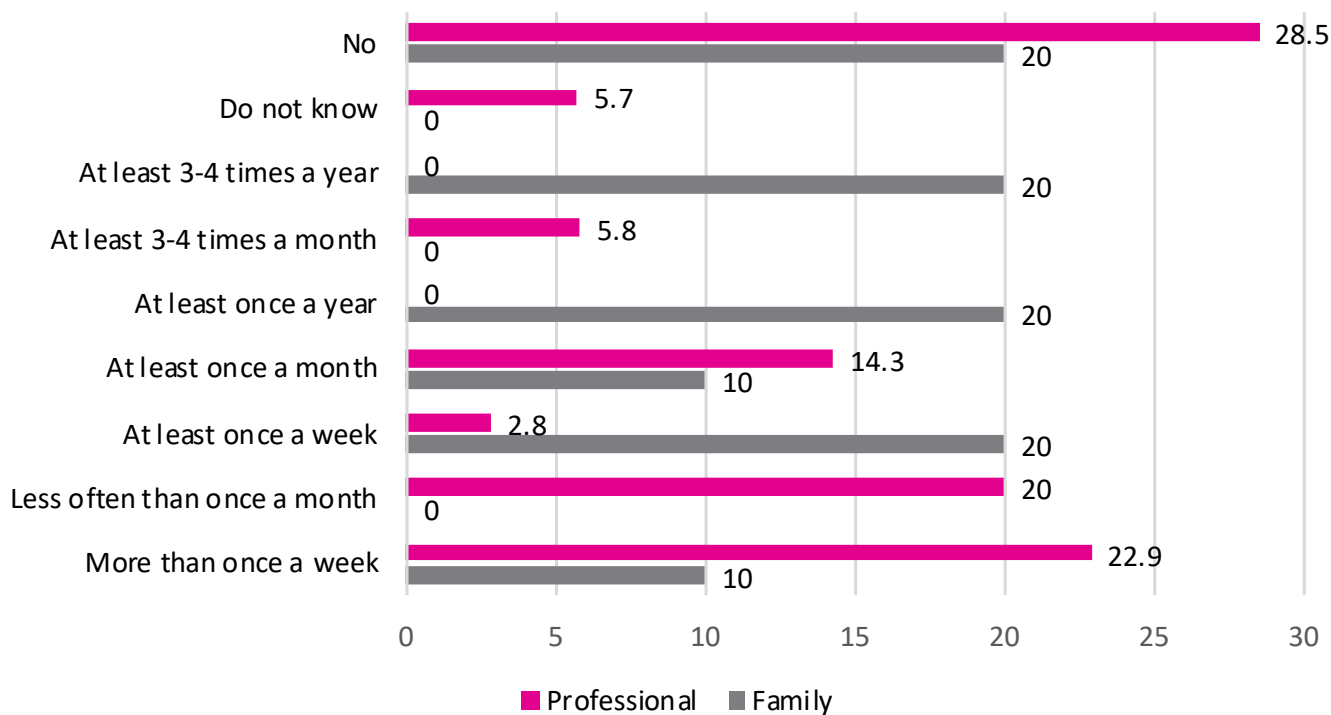


Figure 6 Visited a museum during the past 12 months? [%] (n-family = 10, n-professional = 35)

Figure 6 shows the visiting history of respondents in the preceding year. 28.5% of professionals did not visit a museum in the last 12 months, a slightly higher level than the 20% for family carers. Although health and social care professionals were less likely to have visited, 37.2% reported visiting a museum once a month in the past 12 months, compared to 20% of family carers.

Figure 7 reveals that 60% of family carers visit museums for temporary and permanent exhibitions, whereas this percentage is 11.5% for health and social care professionals. Additionally, 25.8% of professional caregivers visit museums for professional purposes.

Respondents were asked if they had visited a museum since the training. 37.5% of family carers (3 of 8) noted they had, mostly with family and friends. Only one of those respondents said that the training had influenced their decision.

30% of health and social care professionals (7 of 23) visited a museum, for a mix of reasons. Of those seven visitors, four agreed or strongly agreed that the training had had some influence of their decision – a positive sign of the efficacy of the training to promote engagement with museums.

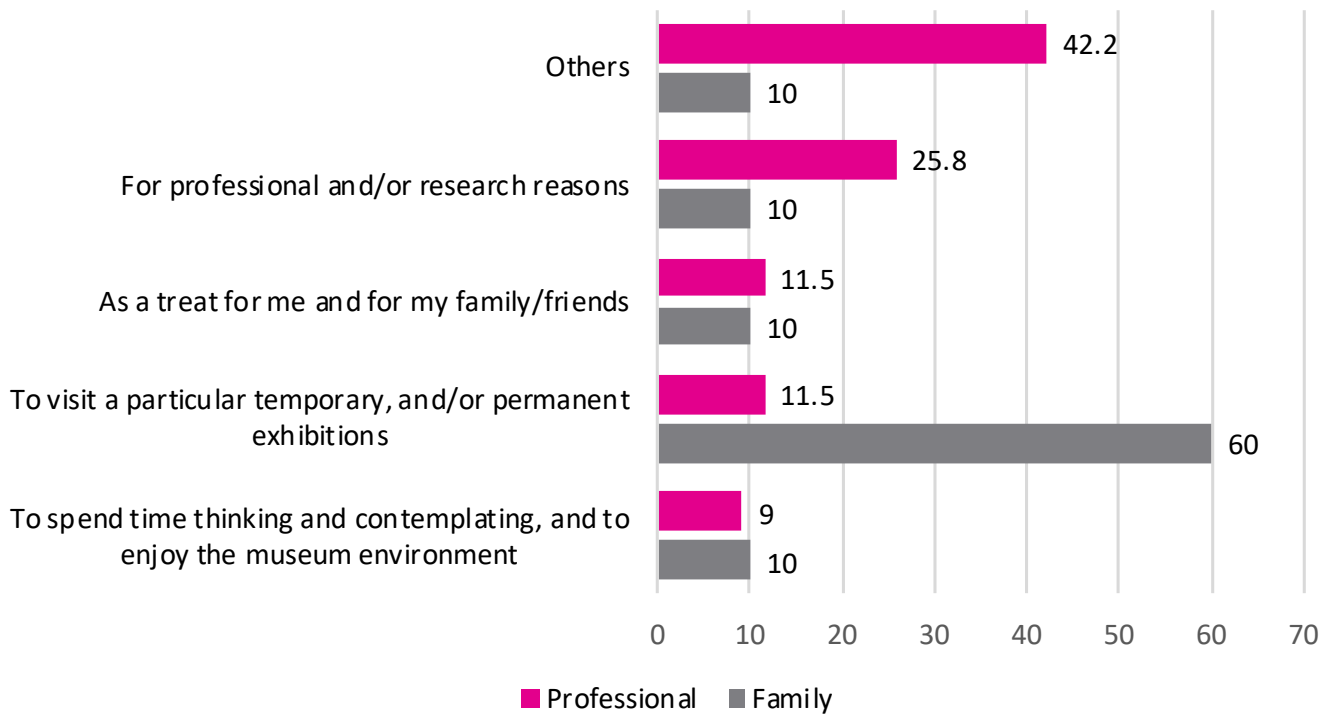


Figure 7 Reasons for participating in memory or reminiscence activities in museums or galleries? [%] (n-family = 10, n-professional = 35)

4.1.4 Participants’ beliefs about dementia

Key findings

There were positive shifts in understanding among family carers, with increased awareness that dementia is not a natural part of ageing and a stronger belief in living well with dementia.

Healthcare professionals also exhibited improved understanding, particularly regarding the brain’s role in dementia.

In both cases, due to small samples, the changes were not statistically significant.

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 diseases of the brain. (Correct response - Yes)
- You can live well with dementia. (Correct response - Yes)

Family carers

Figure 8 compares beliefs about dementia before and after the training for family carers, pooling in-person and digital groups. It should be reiterated that given the very low sample size the difference shown here should not be considered indicative of a statistical difference.

We see a shift in participants' perspectives following the training, with responses moving towards the empirically "correct" response. This could be taken as evidence, albeit weak, of the positive impact of the House of Memories training on shifting family carers' beliefs and perceptions about dementia.

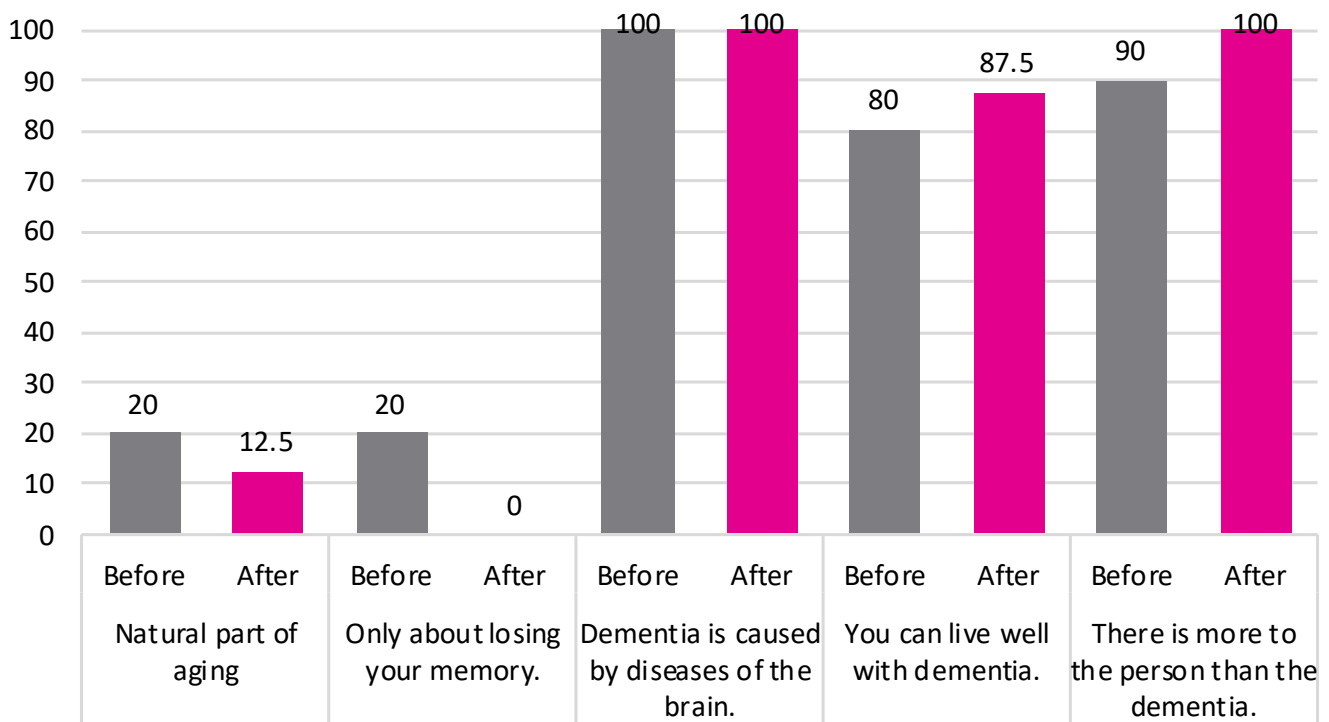


Figure 8 Family carer beliefs about dementia. [% who respond "Yes"] (n-before = 10, n-after = 8)

Prior to the training, 20% of participants held the belief that dementia was a natural part of ageing, a percentage that decreased to 12.5% afterward. Additionally, post-training, all participants disagreed with the notion that "dementia is only about losing your memory," indicating an enhancement in their understanding. The training did not alter perspectives on the causes of dementia, with all participants maintaining the understanding that it is caused by brain diseases. However, there was an increase in the belief that one can live well with dementia, rising from 80% to 87.5%. Furthermore, the conviction that "there is more to the person than the dementia" strengthened, increasing from 90% to 100%.

From this evidence the House of Memories training had a positive impact on family carers' perspectives in family carer sessions playing an educative role on the nature of dementia. However, the issue of the small sample size should be reiterated.

Healthcare professionals

In Figure 9 we outline the result from the same questions given during the healthcare professional training.

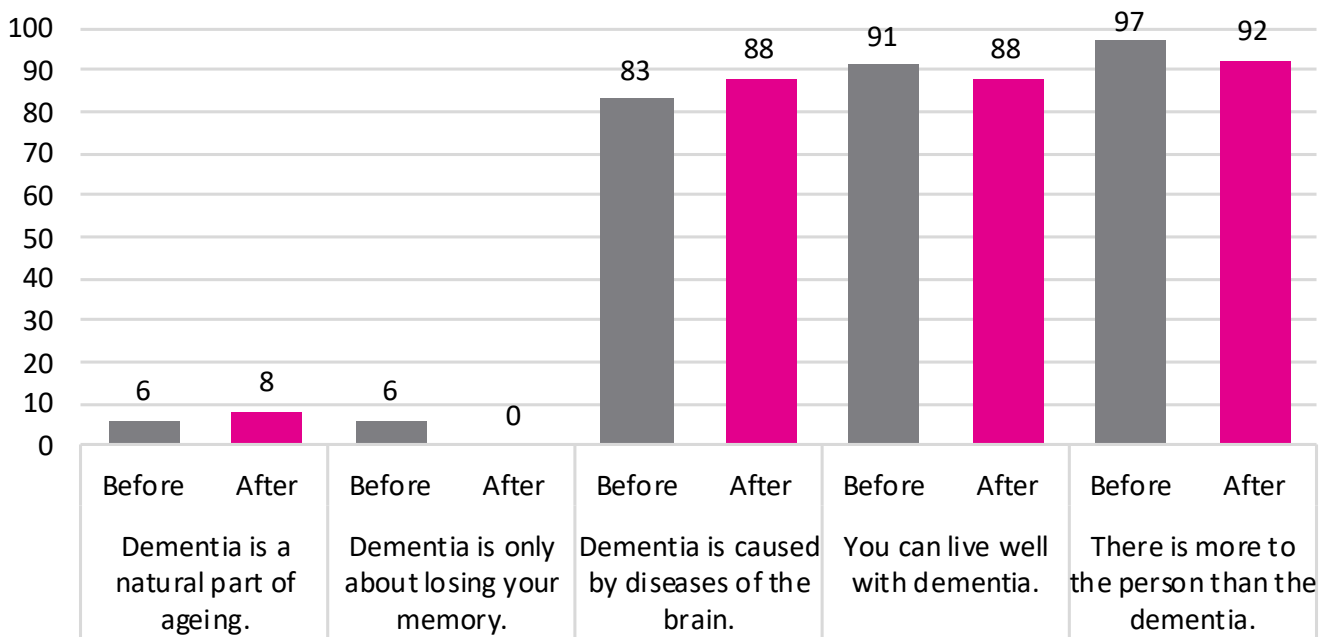


Figure 9 Healthcare professionals' beliefs about dementia. [% who respond "Yes"] (n-before = 35, n-after = 24)

The analysis reveals positive changes, including an increase in the belief that dementia is caused by diseases of the brain, rising from 83% to 88%. Additionally, there was a notable shift in the belief that "Dementia is only about losing your memory" with the proportion of participants answering "No" increasing from 94% to 100%. These changes are in the direction we would expect if the training were to increase understanding about dementia. However, the magnitude of the shifts are small and given the sample size are not statistically different from zero.

The same insignificant change can be found for response to "You can live well with dementia" and "There is more to the person than the dementia". Response to these statements became more negative following the training – a movement in the "wrong" direction. Again, these differences do not pass any threshold of statistical significance. Further, the surprising drop in positivity may be due to the mismatching of the Before and After panel. As noted in the online survey more people responded to the post- than pre-survey. Therefore, the fall in the proportion of "correct" responses could be due to the different nature of the samples rather than any negative causal impact of the training. Whilst attempts were made to match the individual responses by submitted email addresses to provide a balanced sample, on the whole respondents were reluctant to provide these contact details.

At most, we can conclude that there is no evidence that the training made respondents less informed about dementia. Given that healthcare professionals would be expected to be more knowledgeable about dementia this is an expected finding.

4.1.5 Dementia Care Impact Measure

Key findings

The Dementia Care Impact Measure (DCIM) and ONS4 measures were used to assess participants' subjective wellbeing regarding dementia care before and after the House of Memories training.

For family carers, while the DCIM responses indicated potential positive changes, the low post-training responses limit conclusive analysis. Similarly, the ONS4 measures showed declines in wellbeing, but the small sample size hinders definitive conclusions.

Healthcare professionals showed a small increase in wellbeing after the training according to the DCIM, with the ONS4 measures suggesting no significant change,

The WEMWBS Scale indicated a potential increase in wellbeing post-training for professionals, but further research with larger samples is necessary for conclusive results.

To assess the potential impact of the training on participants' subjective wellbeing regarding dementia care, we utilized 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.

For both pre- and post-training surveys, we aggregated the responses on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree). The statements provided to family carers encompassed a mix of positive and negative aspects. To derive an overall measure, we reversed the coding for any negative statements (indicated by an asterisk in Appendix Figure C), where higher values indicate greater subjective wellbeing concerning dementia care.

Family carers

The number of responses after training was poor here so any inference of changes brought on by the training are of little use. Shifts in either a positive or negative direction may only indicate the make-up of that sample rather than any effect of the training. For these reasons we forgo any analysis of this data. For the sake of completeness, the survey results can be found in Appendix figures Figure C to Figure E.

Healthcare professionals

Figure 10 shows the before and after sample means for professional caregivers. Whilst we do have a larger sample than with the family carers we would once again caution readers to not infer too much from these results. The overall change in average responses is small. The clearer message is the consistency in the changes with most average responses becoming more positive. We can see this in the overall score which increases from 4.21 to 4.40 after training. This appears to be driven by increased proportions of respondents strongly agreeing with the statements and less respondents disagreeing with any of the statements. Overall, this is suggestive evidence that the training had some positive impact on attendees' wellbeing regarding dementia, although there is no statistical significance in the change.

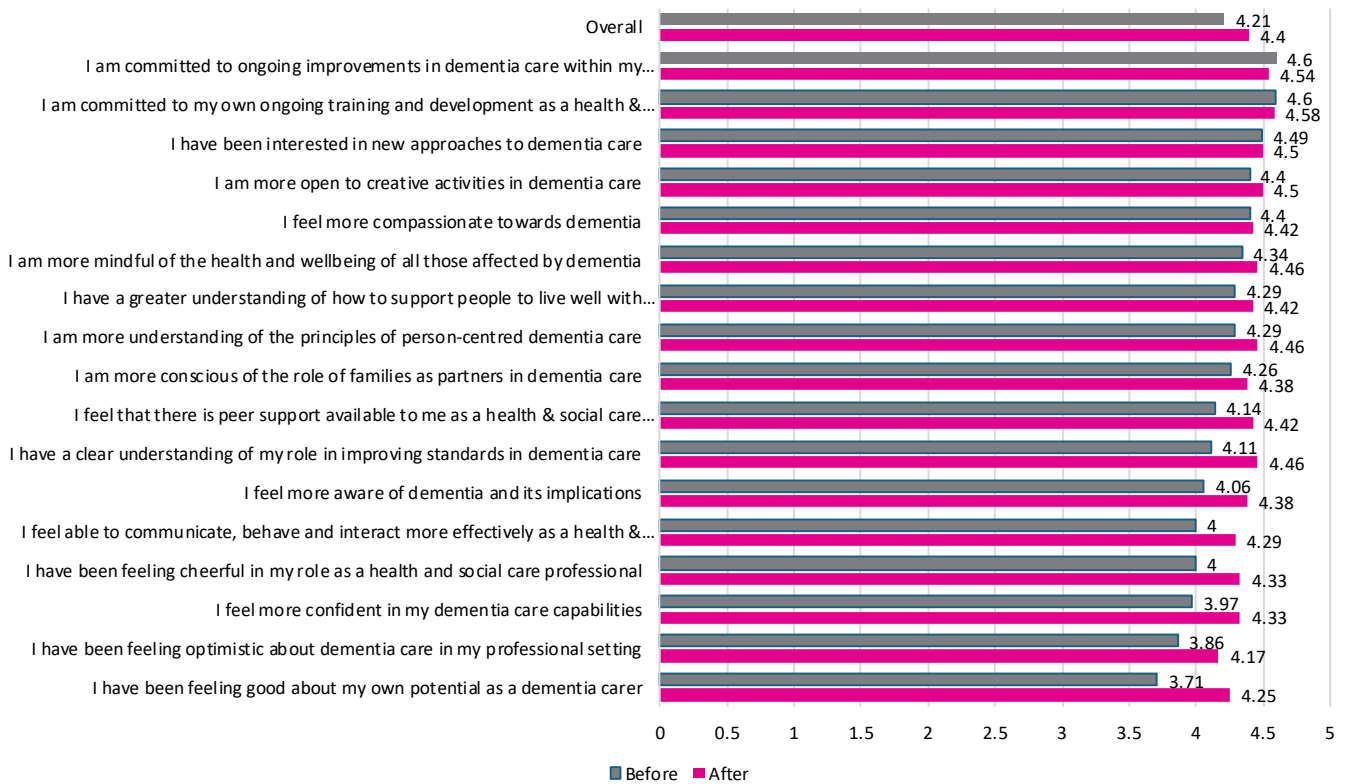


Figure 10 Dementia Care Impact Measure (DCIM) questions for Healthcare professionals. [%] (n-before = 35, n-after = 24)

4.1.6 ONS four questions

Here we assess changes in respondents’ wellbeing using the Office for National Statistics (ONS) Personal wellbeing measure (ONS4). This is a standard questionnaire approach that is designed to capture an individual’s view of their own wellbeing. Respondents are asked the four questions in Table 4 and must respond on a scale of 0 (not at all) to 10 (completely).

Table 4 ONS4 measures of personal wellbeing

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 as well as presenting aggregate figures. As the anxiety measures is a more negative measure with scores indicating higher anxiety, we reverse the direction of the measure to allow easier comparison.

Family carers

Figure 11 appears to tell quite a dispiriting story with declines in wellbeing overall and across three of the four questions. Here we again face the limits of our sample. A small number of observations means a sample average is vulnerable to outlier observations with low reporting of wellbeing as is the case here. We would need a larger number of responses than we have here, even after pooling our data, to be able to infer anything about the changes in wellbeing amongst this group.

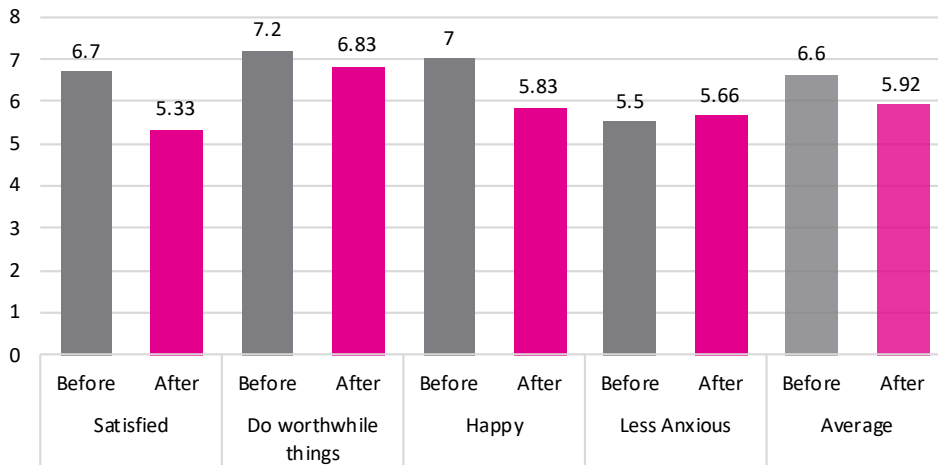


Figure 11 Personal wellbeing family carers. [0 (not at all) - 10 (completely)] (n-before = 10, n-after = 6)

Professional carers

With a slightly larger sample Figure 12 appears to tell a slightly more encouraging story. Whilst we still see a fall in the self-reported measures in two of the four questions the magnitude of the changes are small. The overall measure is essentially unchanged and statistically that is the story that can be taken from these responses. It appears that there has been no significant change in the average of the ONS4, either negative or positive, in the period after the training.

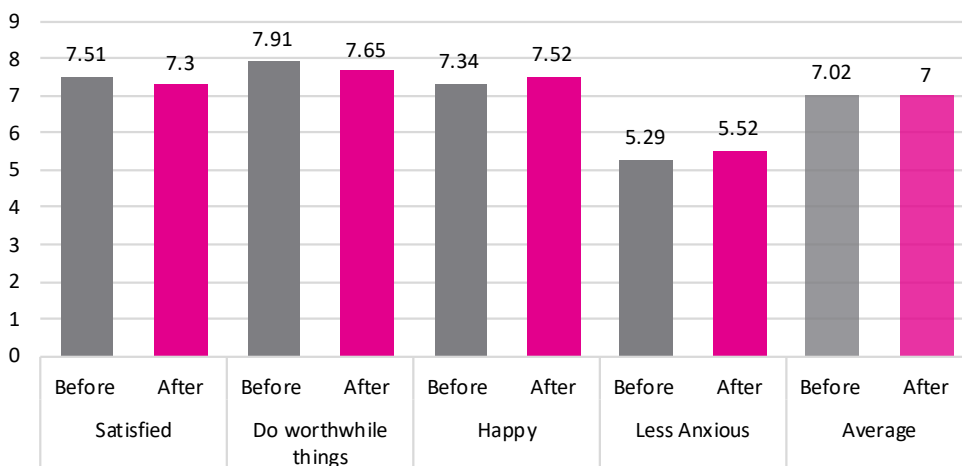


Figure 12 Personal wellbeing professional carers. [0 (not at all) - 10 (completely)] (n-before = 35, n-after = 24)

In both cases, for family carers and healthcare professionals, the low number of participants limit the usefulness of this analysis. A comprehensive study with more responses from family and health and social care professionals is needed to reach exact answers. This indicates the need for further research to draw definitive conclusions about the impact of the training on participants' scores.

4.1.7 WEMWBS Scale for Health & social care professionals

The Warwick–Edinburgh Mental Wellbeing 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' wellbeing 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 wellbeing, 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.

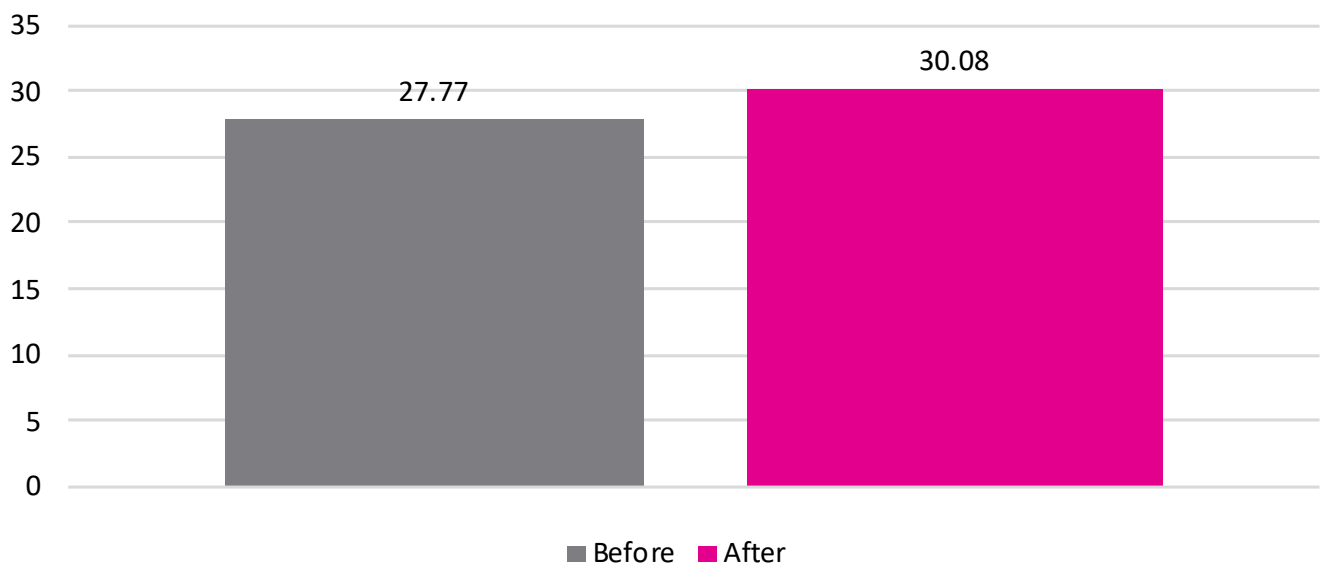


Figure 13 WEMWBS score for health & social care professionals (n-before = 35, n-after = 24).

Figure 13 depicts the descriptive statistics of the responses to the WEMWBS questionnaires. The WEMWBS after the training (30.08) is higher compared to before training (27.77). Both scores are in the range of the top 15% of UK population samples and meet the threshold of high wellbeing.

Clearly, there is an increase in the average WEMWBS score for the health & social care professionals' sessions when pooling in-person and digital groups. This signifies a potential change in participants' perspectives following the House of Memories training and a t-test reveals that the mean scores are significantly different at 5% confidence level. A Mann-Whitney test for independent samples suggests the difference is significant at the 10% confidence level.

The WEMWBS Scale indicates a positive impact of the House of Memories training on the wellbeing of health and social care professionals. The average WEMWBS score for professional sessions in in-person and digital groups increased after the training, reflecting an improvement in participants' sentiments and perspectives.

Despite finding a borderline significant difference between the pre- and post-groups that suggest a statistical improvement is subjective wellbeing, due to the limited number of observations, a more comprehensive study is needed in the future to provide an exact answer on the broader effect of the training on participants. This would allow for a more in-depth understanding of the training's impact and its potential benefits for health and social care professionals.

4.2 Focus groups

4.2.1 House of memories

Key findings

Focus groups' participants emphasised the importance of House of Memories Cymru's digital nature, which allowed museums to extend their dementia-related activities beyond physical constraints and engage with the wider community.

The digital format proved beneficial in the context of COVID-19 restrictions, enabling activities without face-to-face contact.

House of Memories Cymru was seen as a supportive tool rather than a replacement for existing activities, particularly considering funding pressures.

Participants noted the significant impact House of Memories Cymru had on their museums, acting as a catalyst for positive change and reaffirming the importance of reminiscence in dementia care.

The programme facilitated improved links with key stakeholders such as care homes, though its full impact was yet to be fully realised.

Despite challenges in bilingual adaptation, participants spoke positively about the programme's adaptability and potential transferability to international markets.

Characteristics

At the beginning of the two focus groups, the participants were asked to provide a detailed description of the House of Memories Cymru intervention. The characteristics of the programme therefore became a prominent theme in the early parts of the focus groups.

A dementia -friendly digital resource for people living with dementia, and that's called My House of Memories Cymru

House of Memories colleague 1

It was really important that our museum partners were a core part of defining the content [...] so House of Memories is based on an initiative that evolved out of Liverpool, but when we designed it, we designed it to work at scale and we designed it so that it could be culturally specific wherever it lands [...] the Welsh model is very distinct to Wales and it's informed by the Welsh partners, museum partners, who look after the heritage of Wales

House of Memories colleague 1

Due to the very digital nature of the programme, it also appeared to enable the museum partners to expand their dementia-related activities further beyond the physical constraints of the museum itself and engage more deeply with the wider community. Museum partner 1, a community engagement officer at a museum in mid-west Wales, for example, commented:

It's a great resource, I think, particularly for families to engage their loved ones. I'm interested in it because I think it's really a good way to roll out the idea of reminiscence without someone like me who could lead it. Because, there is no staff time.

Museum partner 1

Working on House of Memories was an amazing opportunity to work on a digital resource that we could share with people.

Museum partner 2

I suppose it's an, it's an interactive display on the go, isn't it? [...] So it provides us with a greater opportunity for a greater sensory experience, beyond our galleries.

Museum partner 3

Interestingly, as the programme launched 2 years ago, the aftermath of COVID was also very apparent, and again, the digital characteristics of House of Memories Cymru appeared to be a benefit due to the limited physical contact required as a result. For example, Museum partner 4, a museum curator at a museum in North Wales, commented:

Having House of Memories or something to get on with was brilliant because of its very nature, it didn't involve face to face contact and handling collections signups. So that was great.

Museum partner 4

Likewise, the partners did not consider it a replacement of existing activities, but a way to support and improve those existing activities. Particularly, in light of funding pressures. Museum partner 1, a community engagement officer at a museum in mid-west Wales, for example, commented:

I don't see it as a replacement of me going into care homes, but I'm aware there aren't many of me going into care homes. But it gets the idea of reminiscence out there!

Museum partner 1

Impact

The focus group partners spoke at length about the impact the House of Memories Cymru has already had on their respective museums, acting as a catalyst for change for the better, whilst also reaffirming the importance of reminiscence in relation to caring for people with dementia. Museum partner 3, a dementia voice lead for a number of museums across Wales, for example, commented:

We've purchased iPads solely to take the My House of Memories app out [...] it has allowed us to improve on what we already offer.

Museum partner 3

House of Memories has actually been the catalyst we need to look at another way of getting the word out there, of sharing our collection [...] I think it's really confirmed a kind of culture around reminiscing, so it's not just this kind of weird sideline activity and these days, if it's not online, people often think it doesn't exist. So, I think it'll be really useful [...] having a digital presence is for this in this domain is really helpful I think and affirming culturally affirming.

Museum partner 1

Nevertheless, the impact on those attending the initial training sessions was apparent, with the focus group participants speaking of the profound impact the sessions had in the immediate aftermath. Museum partner 2, a literature officer for a council in South Wales, for example, described a particularly positive story:

There was one person who attended the in person training with me and she was so inspired by it, she went to her very elderly aunt afterwards and then she sent me a video of her aunt engaging , you know, with the House of Memories toolkit and some of the resources she picked up at the training and she it just blew her mind about how well it worked from the theory of the training through to the practice of talking to an older person and sharing memories.

Museum partner 2

Others described how the project had enabled their museum to improve links with key stakeholders in their areas, such as care homes, although it was also evident from the conversations that the full impact was yet to be truly evident. It became apparent that due to the features of House of Memories Cymru, hard-to-reach geographical areas within Wales, were suddenly within reach as well. Indeed, the rural nature of Wales was acknowledged as a challenge during the focus group, with public transport being a particular issue:

[House of Memories Cymru] has actually resulted in [...] we've actually been able to make some links with care homes who are now going to borrow some of our boxes and use them independently, alongside the My House of Memories app.

Museum partner 2

Access to one of our sites is limited If you don't have access to private transport, so [House of Memories Cymru] will fulfill part of that in that it will give people in those areas particularly access to our national collections.

Museum partner 3

I still don't feel in a way that we're making as much of it as I'd like to, to be brutally honest, there's always more that we could do [...] but we're now in a position where we are able to do a lot more than we were previously.

Museum partner 1

Transferability

Notably, House of Memories Cymru is part of a wider organisation, with “models” in England, the US and Singapore as well. Transferability is key to House of Memories, regardless of which model people engage with. Staying true to this model was imperative upon the launch of the new Welsh model, as outlined by House of Memories Colleague 1:

So I think that geographical spread of the programme aligned with the language was quite important to us, so that hopefully wherever you are and wherever you encounter House of Memories, this is the same with all of our models, it feels relevant to you where you are and where you live [...] It's not a one size fits all story of heritage and culture, culture and dementia. The Welsh model is built upon quite a lot of experience and knowledge that we've gathered from developing the programme over quite a significant period of time.

House of Memories colleague 1

Evidently, the House of Memories team had previous experience and knowledge of launching in new territories, which inevitably helped prepare them for House of Memories Cymru. As a result, transferability from existing models to the new Welsh model was to some extent easier. The key challenge for House of Memories emerged in the bilingual nature of House of Memories Cymru, which House of Memories had not done before. However, the museum partners spoke positively of the bilingual nature of the programme. Museum partner 3, dementia voice lead for a number of museums throughout Wales, for example, noted:

I didn't really see it as a challenge to adapt to the Welsh content at all really [...] the big one is, is the bilingualism. I think the adding of Welsh content made it into that Welsh context. So, once it was launched, I saw it was suitable as it was really.

Museum partner 3

Others went further and commented on the programme's apparent adaptability, with partners being keen to explore wider purposes of the House of Memories Cymru and potential transferability to more international markets:

Having House of Memories or something to get on with was brilliant because it's very nature, it didn't involve face-to-face contact and handling collections signups great. [...] there's no reason why you couldn't use House of Memories for wider purposes.

Museum partner 4

The collection [...] there are so many people with links to Wales everywhere there's such strong interest in [famous poet] in places like America and Italy. So there's a sense that our objects, you know as well as having a local resonance that that, that they also have an international one to some extent as well.

Museum partner 2

4.2.2 Museum Dementia Activities

Key findings

Museum partners highlighted the challenges in implementing dementia-related activities prior to engaging with House of Memories Cymru.

Despite previous efforts, funding limitations and staffing constraints hindered their ability to sustain such initiatives, especially amid the COVID-19 pandemic.

Nevertheless, partners discussed the variety of activities they had undertaken, including reminiscence pods and workshops, showcasing their commitment to supporting the dementia community.

Funding remained a pressing concern for the future, but partners expressed optimism about leveraging House of Memories Cymru's resources to mitigate staffing challenges and promote dementia awareness.

They emphasised the importance of continued promotion of the programme within their networks to maximise House of Memories Cymru's impact and enhance engagement with museums, fostering a supportive environment for those affected by dementia.

Current

Some museum partners discussed at length the dementia-related activities they had been involved in prior to working with House of Memories Cymru. It was apparent that many had been engaged with such activities in the past. However, unfortunately, due to a lack of funding, many activities had had to be shelved in recent times, particularly during and after COVID. For most partners it seemed that whilst dementia-related activities were in place, they lacked the staff to deliver them. As museum partner 1, a community engagement officer at a museum in mid-west Wales, commented:

We're a small team and we really don't have much time. There isn't anyone else in meeting who really does any work with elderly people particularly [...] we can't offer much in terms of staff time or expertise.

Museum partner 1

Of course, once the funding ended, we were in that position again where we were just going to skeleton staff with, with it being me and our front of House team here. So obviously limited very much what we could do and the memory boxes were sat there.

Museum partner 2

A recent challenge for us is and, you know, [others] has touched on, we're very, very small staff. In fact, at the time, I think we didn't actually have a museum curator. Our contribution is probably [...] quite small. I guess that was the kind of main challenge for us.

Museum partner 4

Nevertheless, the focus group partners discussed at length the type of activities they had in place:

So I got these reminiscence pods which are really more suitable for maybe like a care home to borrow rather than individual family or you know, a carer and then you've got the House of Memories as well.

Museum partner 4

We had started our work focusing on supporting the dementia community, probably back in about 2015/16. So regardless of us being one organisation, they are quite individual and [...] quite autonomous from one another in what they develop and the programmes that they use [...] So we started with dementia friendly audits [...] we got a few quite a few examples of activities that we did deliver prior to getting involved with the project.

Museum partner 3

We've always done quite a lot of work through our literature programme and the workshops here and [...] developed reminiscence boxes [...] we're able to loan those out to the community. We did quite a lot of research and consultation and our outreach officer at the time was able to visit care homes, talk to people, see what people responded to best.

Museum partner 2

Future

As with the past and current concerns, funding was a recurring topic during the focus group, with a number of the partners being under considerable pressure as a result. Nevertheless, it was thought that House of Memories Cymru would be particularly useful during such hardship, due to its limited demands on staff time. As such, the partners were keen to continue promoting the opportunities provided by House of Memories Cymru within their wider networks.

So I think it's just down to us now to use it during our activity sessions to sign and then our development of packages for, for families, to levels of people affected by dementia, to raise awareness of that resource in terms of the training itself.

Museum partner 3

I am booked on to the 12 March session. 22 colleagues of mine booked on to the 1 March sessions, the online sessions and as they come up you know we're promoting them through our network.

Museum partner 3

Local authorities are going into such a, you know, bad period of like no money and that I think to be honest is going to be a question of using what we've already created and just and promoting and trying to make the most of that and obviously House of Memories is gonna be very useful and just getting out what we've already got.

Museum partner 4

In turn, it was hoped that as the awareness of House of Memories Cymru improves, engagement with museums might also improve as well:

As community engagement officer, I would really like to have more groups come in ready-formed groups. So rather than us doing our own, you know, targeting individuals to kind of tap in a bit more to groups who would just come in and use a space and use our resources and with regards the app. To have something that is available to people in their own homes or in the care home setting is great. I hope it would kind of encourage people to come to the museum as well.

Museum partner 1

4.2.3 Partnership with House of Memories

Key findings

Despite the overwhelmingly positive sentiment towards the partnership with House of Memories Cymru, some challenges emerged, particularly in the early stages.

Partners suggested some improvements to the level of guidance on selecting items for the app, highlighting the need for more collaborative discussion among museums.

The bilingual nature of the programme posed difficulties during training sessions, with partners suggesting improvements in interpreter services to accommodate Welsh-speaking participants more effectively.

Despite these challenges, partners remained enthusiastic about the collaboration, praising the professionalism and organisation of the House of Memories Cymru team. They appreciated the ease of getting involved and securing buy-in from senior management, attributing it to the strong brand reputation of House of Memories.

Overall, partners were impressed with the programme's delivery and saw it as an opportunity to enhance their museums' offerings and engage with their communities more effectively.

Challenges

Whilst the museum partners spoke overwhelmingly positively of the partnership with House of Memories Cymru, some challenges were still experienced, particularly in the early days of the partnership. Despite a great deal of guidance provided on the selection of items for the app, some partners felt that there was scope for some improvements:

I was disappointed in that I thought we might get more guidance on choosing items. I thought we might have more discussion on the objects and maybe be more aware of what other people other museums were choosing, because basically we all did that very individually.

Museum partner 1

Choosing the objects was a little difficult for me and some ways because our collection is quite specific and it doesn't have the same sort of general Swansea history items in a way.

Museum partner 2

Another challenge noted by the partners was in the nature of the delivery of the training. The bilingual nature of the programme did not appear to always run as efficiently as some of the partners might have expected. Museum partners 3 and 4 in particular commented on this:

There was an interpreter, but the team had obviously come from Liverpool, so they were all English speakers [...] it was clunky basically.

Museum partner 4

I think it would have been useful [...] for the presenter to be someone Welsh speaking. I think having the English presenter and Welsh participation and contribution and in retortment [sic] in English, I suppose kind of probably doesn't appreciate that for those whose first language is Welsh, for those who are more confident in speaking in Welsh, it's not just their contribution that they are more comfortable, it was it's the reception of that of that information as well. I think that could probably could have been done better in a way.

Museum partner 3

Strengths

From the focus group, it was apparent that the partners remained excited to be working with House of Memories Cymru and the opportunities this would bring to their museum and wider communities. Overall, it seemed that the partners had been very impressed with the House of Memories Cymru team, at their approach and professionalism in delivering the programme, to the extent that it appeared to deliver more than originally expected by the partners.

I was already getting the House of Memories newsletter from Liverpool museums cause I've heard about it and I've been getting the newsletter for a while so I thought it just sounded brilliant.

Museum partner 2

It was a very professional approach. I was very impressed how organised they were [...] the way it was, uh, broken down into separate parts and I thought they did that well. That was more than I expected

Museum partner 1

The ease at which to get involved with House of Memories Cymru was also noted as a particular strength, especially in regard to getting permission from senior management, given the existing models already in place by House of Memories. As such, it appeared overall brand strength was a particular asset for House of Memories Cymru.

It was very easy to get involved in and very professional setup and those initial meetings there was just so much enthusiasm and knowledge from the team at Liverpool that it just brings you along with it. It was fabulous because it was tried and tested.

It felt it was less risky for us and it was, you know, it was easier to get the buy in from senior management to go ahead with it because you could say this is what it is.

Museum partner 2

So again the purposes of the training fit well with our aims and they fit well with what people are seeing as areas that they want to develop their own skills and awareness in.

Museum partner 3

To have something that is available to people in their own House of Memories or in the care home setting is great.

Museum partner 1

4.3 Stakeholder survey about the 6th Senedd Health and Wellbeing Objectives

Key findings

We gathered responses from seven museums, providing insights into their engagement with the Welsh Government’s 6th Senedd Health and Wellbeing Objectives.

While familiarity varied, all respondents reported some level of engagement and found the objectives easy to understand and relevant.

Despite this, only half of the respondents were aware of any programme or policies developed in response to the objectives.

Changes in local funding were noted following the publication of the objectives, but stakeholders found accessing funding to engage with them challenging.

Stakeholders indicated varying degrees of influence at different levels—museum, local area, region, and Wales—depending on factors like alignment with existing policies and local authority support.

Despite overall positive responses, stakeholders expressed concerns about preparedness for certain objectives.

4.3.1 Initial survey

11 initial surveys were sent out in March 2023 from which we received six full responses and one incomplete response.

Respondents were asked several questions about their institution’s engagement with the Welsh Government’s 6th Senedd Health and Wellbeing Objectives as outlined in Table 5. These objectives focus on areas of responsibility devolved to the government and are designed to best “allow people and communities to prosper and thrive both now and in the future” (Welsh Government, 2021).

Stakeholders were asked to note their familiarity, engagement with the objectives, their ease of understanding and their relevance. Table 6 collates the responses.

Table 5 Welsh Government’s 6th Senedd Health and Wellbeing Objectives

- 1 Provide effective, high quality and sustainable healthcare.
- 2 Continue our long-term programme of education reform, and ensure educational inequalities narrow and standards rise.
- 3 Protect, re-build and develop our services for vulnerable people.
- 4 Celebrate diversity and move to eliminate inequality in all of its forms.
- 5 Build an economy based on the principles of fair work, sustainability and the industries and services of the future.
- 6 Push towards a million Welsh speakers, and enable our tourism, sports, and arts industries to thrive.

- 7 Build a stronger, greener economy as we make maximum progress towards decarbonisation.
- 8 Make our cities, towns, and villages even better places in which to live and work.
- 9 Embed our response to the climate and nature emergency in everything we do.
- 10 Lead Wales in a national civic conversation about our constitutional future and to support a presence on the world stage.

All respondents reported some familiarity with the key objectives although the level of awareness leaned towards only slightly knowledgeable. In terms of engagement this varied quite uniformly between somewhat and very. On a positive note, no stakeholder reported no level of engagement. No respondent found the objectives difficult to understand with the majority reporting that they were at least somewhat easy to follow. All respondents found the objectives relevant with the majority considering them extremely so.

Table 6 Stakeholders' attitudes to Welsh Government's 6th Senedd Health and Wellbeing Objectives. [no. of responses] (n-before = 7).

	How familiar is your museum with the objectives?	How would you rate your museum's engagement with developing the objectives?	How easy is it for you to understand the objectives?	How relevant do you think the objectives are?
Extremely	2	2	3	5
Very	1	2	2	1
Moderately	1	1	2	1
Slightly	3	2	*	*

At the time of the initial survey only 50 percent of respondents reported knowledge of any programme or policies that their museum was developing in response to the objectives.

All respondents had registered a change in local funding (see Figure 14) in the wake of the publication of the objectives and all but one stakeholder thought the same was true for funding at the regional and national level. However, despite this most stakeholders found it difficult to access funding to engage with the objectives.



Figure 14 “Since the publication of the Welsh Government’s 6th Senedd Health and Wellbeing Objectives, do you think there have been changes to funding at the Local, Regional and National level?” [no. of responses] (n = 7).

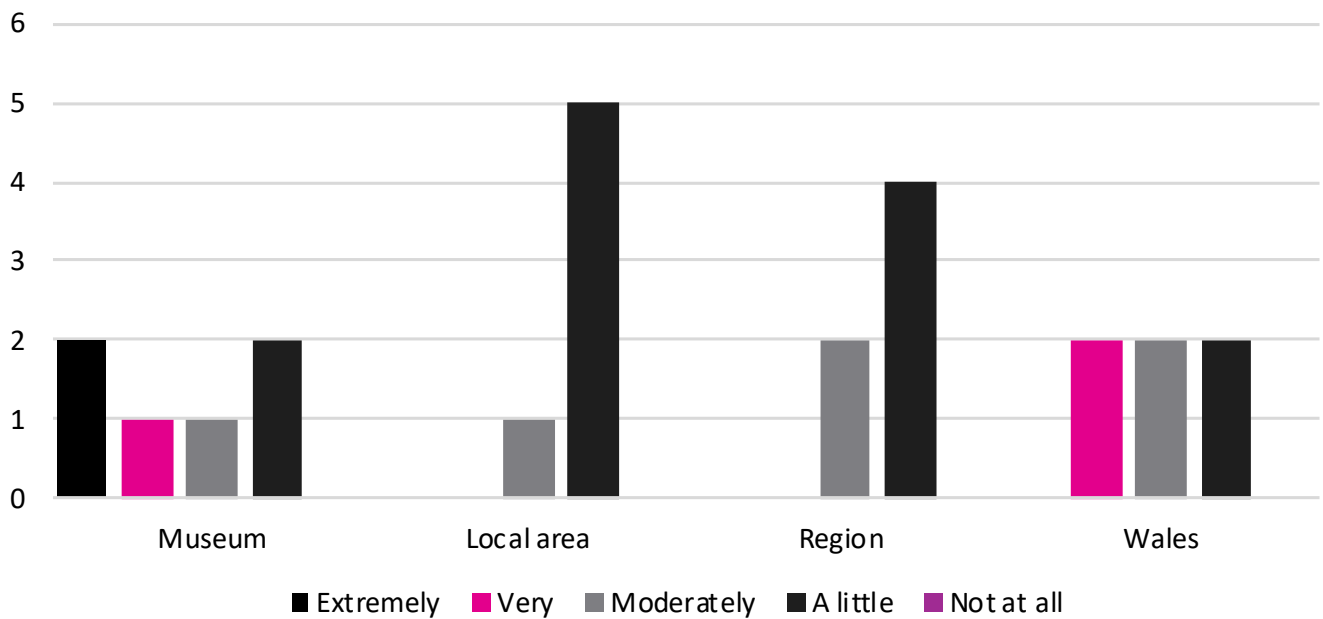


Figure 15 “Are you aware of how the Welsh Government’s 6th Senedd Health and Wellbeing Objectives influence the development of your museum, local area, region and Wales.” [no. of responses] (n= 6)

In terms of stakeholder knowledge of how the objectives would influence their museum, there was an even split between those who were extremely aware and those who only had a little knowledge. Awareness was generally lower for the local, regional, and national level but no stakeholder reported no awareness.

To look at this in a little more depth respondents were asked to highlight specifics of how the objectives influenced each category.

At the museum level the objectives did appear to be at the forefront of stakeholders' minds although this was partly due to the alignment of the objectives with existing government policy.

The wellbeing objectives are very often in mind when making plans at our museum

I had not heard of the 6th Senedd objectives before. The wellbeing for future generations act objectives are the real drivers for us as a museum service and are fully imbedded into the council's work framework. Many of the 6th Senedd wellbeing objectives mirror those in the wellbeing act but not all, so how influential they are I cannot say.

As a local authority venue, our strategy is influenced by Welsh Government policy - however, this seems to follow the aims of the Wellbeing of Future Generations Act and that is the golden thread running through the highest level Local Authority documents through to our individual venue's business plan

Many of the objectives are considered when creating events, outreach and heritage opportunities.

Opinions on influence at the local area tended to depend on whether stakeholders represented a Local Authority venue. If so, the influence was quite clear but if not there did not seem to be much.

I really don't know and haven't given it much thought

The wellbeing for future generations act objectives are the real drivers for us as a local authority and underpin what we do. They are fully imbedded into the council's work framework. Many of the 6th Senedd wellbeing objectives mirror those in the wellbeing act but not all, so how influential they are I cannot say. The local authority have public service boards who are the interface between the council and their communities when it comes to addressing wellbeing objectives.

As a local authority venue, our strategy is influenced by Welsh Government policy - however, this seems to follow the aims of the Wellbeing of Future Generations Act and that is the golden thread running through the highest level Local Authority documents through to our individual venue's business plan. We also contribute to Public Service Board wellbeing objectives

In my opinion, the local authority is not planning its efficiency and delivery in ways that are focused on the wellbeing objectives and taking into account how the third sector and/or museums contribute to those objectives. They have recently stopped funding independent museums despite having a new culture strategy that is based around the wellbeing objectives - the words in their policies do not match the action on the ground, or budget planning.

Priorities do not seem to have recently changed.

It is very rural and people are spread out so it's difficult to see how the objectives influence

As stakeholders were asked to consider things at the regional level there appears to be a slight increase in scepticism of how well the influence was felt on a larger geographical scale.

I am sure that Welsh government policy would be led by those objectives but there are also the wellbeing for future generations act objectives which are similar and major drivers and I'm not sure how they dovetail together or whether one takes priority over the other?

The recent wellbeing plan that was produced for the area was a very low standard. It did not take into account the work of the third sector or many strategic organisations, and even statutory organisations, that can collectively collaborate to action the wellbeing objectives.

Regionally, the silo-approach to the wellbeing objectives is not effective. More funded opportunities for children to play/learn through Welsh medium and also sport and leisure funded activities for children.

A lot of wellbeing opportunities are not in North Wales, and are in South Wales

Responses were positive when asked to consider the national level influence suggesting the power that national government has to promote the objectives.

Welsh Government policy will be clearly led by the objectives; however, as noted above, the implementation of the Wellbeing of Future Generations Act and the Public Service Board wellbeing objectives are embedded in all we do. We were not familiar with the 6th Senedd Wellbeing Objectives until this exercise. It'd be interesting to know whether WG measure performance against the Wellbeing Objectives, against the WFGA, or a combination of both. The Wellbeing Objectives seem like a fuller expression of the WFGA, so they're clearly intimately linked as would be expected.

Much of the external funding that the museum receives is because of a commitment to the Wellbeing objectives by Welsh Government departments and the organisations they support. The regions and local areas are not keeping pace with the strategic focus on the wellbeing objectives.

Clearly more investment in green energy, getting Welsh into communities, community support for vulnerable people.

I see the objectives reaching some Wales-wide initiatives.

Respondents were asked to judge how prepared their museum was in working towards each individual objective (see Table 7). The majority thought that their organisation was at least moderately prepared for Objectives 3 and 5. Most stakeholders thought their museums were very ready for Objectives 2, 4 and 6. Several stakeholders note that they are not at all ready for Objective 1 and most were downbeat about their readiness in Objective 10.

Table 7 “Rate how prepared you think your museum currently is to work towards each objective, thinking about your policies, activities, projects, and resources.” (n = 6)

	Extremely	Very	Moderately	Somewhat	Not at all
Provide effective, high quality, and sustainable healthcare.			1	3	2
Continue our long-term programme of educational reform, and ensure educational inequalities narrow and standards rise.		4	2		
Protect, re-build, and develop our services for vulnerable people.			5		
Celebrate diversity and move to eliminate inequality in all of its forms.	1	5			
Build an economy based on the principles of fair work, sustainability, and the industries and services of the future.		1	2	3	
Push towards a million Welsh speakers, and enable our tourism, sport, and arts industries to thrive.	1	5			
Build a stronger, greener economy as we make maximum progress towards decarbonisation.			5		1
Make our cities, towns, and villages even better places in which to live and work.	3	2	1		
Embed our response to the climate and nature emergency in everything we do.		3	2	1	
Lead Wales in a national civic conversation about our constitutional future and to support a presence on the world stage.		1		3	1

4.3.2 Follow-up survey

In March 2024, we distributed follow-up surveys to all initial respondents and obtained four responses. However, one response was completed by a stakeholder who had not participated in the initial survey. To ensure a direct comparison, we have excluded this response from the comparative analysis, focusing solely on the responses from the three stakeholders that completed both surveys.

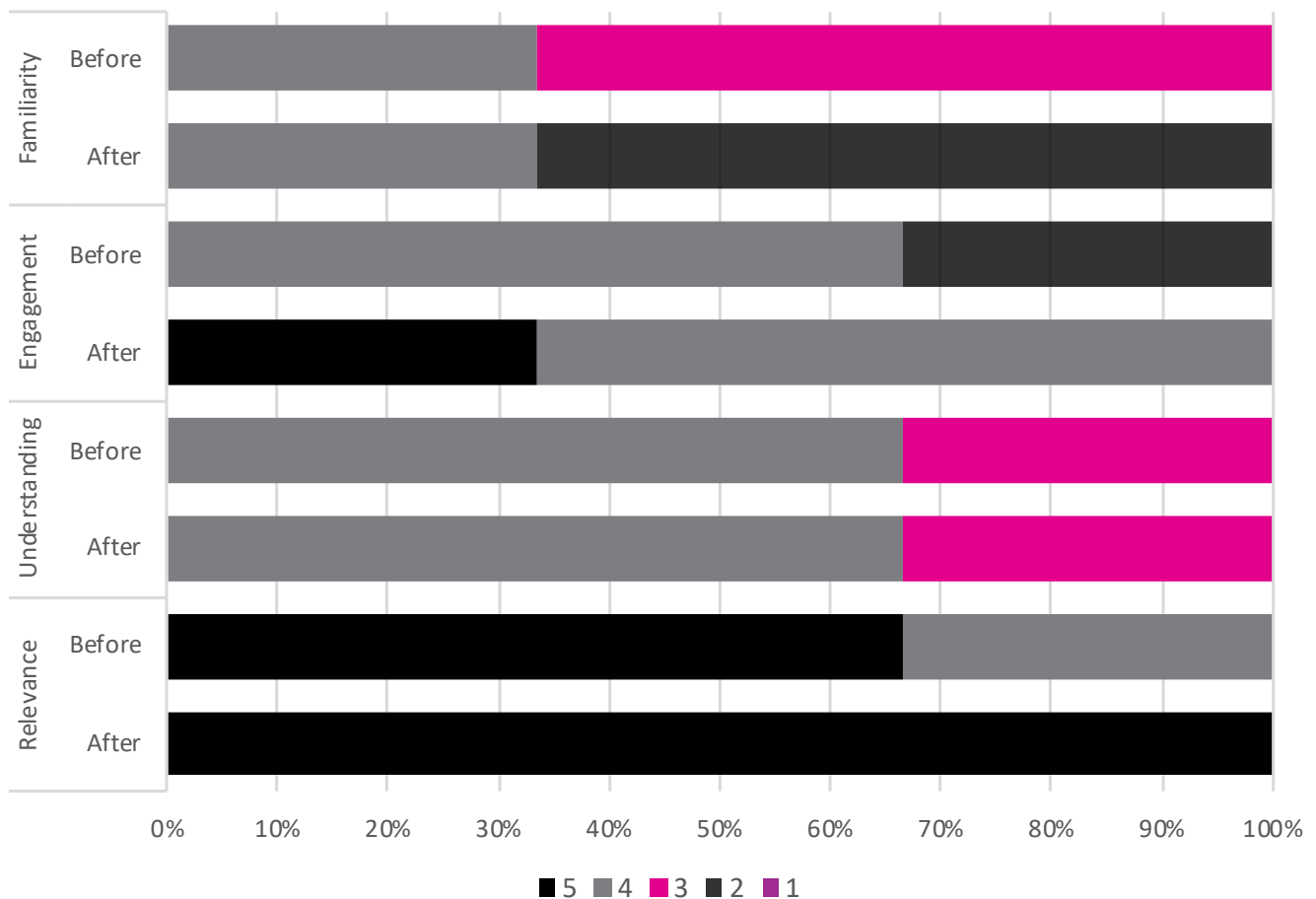


Figure 16 Stakeholders’ attitudes to Welsh Government’s 6th Senedd Health and Wellbeing Objectives – Before and After. [no. of responses]

Figure 16 illustrates the shift in stakeholders’ attitudes towards the objectives following the workshop, using a 5-point scale where higher numbers indicate increased positivity. The results indicate that stakeholders became more familiar with the objectives post-workshop, with those previously slightly familiar now rating their familiarity as moderate. Stakeholders perceived an improvement in their museum’s engagement and overall viewed the objectives as highly relevant. This suggests that the workshop had a positive impact on increasing knowledge about the objectives and fostering greater positivity. The stability in the ease of understanding suggests that the level of clarity of the objectives was already satisfactory.

There was an increase from one stakeholder to two in the awareness of their museum developing projects in response to the objectives. These developments included developing qualifications for adults with autism and/or learning disabilities and delivering creative writing opportunities for people seeking sanctuary.

Table 8 “How easy do you think it is for your organisation to access funding to engage with the objectives?” - Before and After.

	Before	After
Museum A	Neither easy nor difficult	Somewhat difficult
Museum B	Somewhat difficult	Extremely difficult
Museum C	Somewhat difficult	Somewhat difficult

One stakeholder’s perception regarding changes to funding at the local, regional, or national level slightly shifted, with one now expressing uncertainty compared to the previous unanimous agreement. Regarding ease of access to funding the picture worsened (see Table 8) as two out of three stakeholders thought it had become more difficult to accessing funding.

There was slight improvement in awareness of how the objectives influence development at all levels. At the museum level examples included activity planning and the inclusion of the Wellbeing of Future Generations (Wales) Act 2015 in one museum’s Forward Plan. The priorities of councils were given as evidence of influence at that level and Public Service Board reporting was cited at the regional level. For the country stakeholders mentioned the The Anti-Racist Wales Action Plan and LGBTQ+ Action Plan and, encouragingly, “[P]articipation in, and funding of, House of Memories Cymru”.

Figure 17 examines stakeholders’ beliefs regarding their museum’s preparedness to work towards each objective. We compare the responses for each museum and each objective from Table 5 before and after the workshop. The overall trend indicates a regression in stakeholders’ confidence regarding their museum’s preparedness. In almost all cases, stakeholders’ confidence in their museum’s readiness either remained unchanged or became more negative. Although this evidence is limited to responses from three museums, it suggests a community concern about the adequacy of resources available to museums to meet the objectives, despite their positive aspirations.

Potential explanations for this could be found in one stakeholder’s comments.

Our museum is well aware of the Wellbeing objectives and have tried to embed them in all we do. The reason I put “moderately” prepared for most answers in the previous section is that we are very much under threat from under-funding which has an impact on what we can deliver.

Objective	Museum	Extremely	Very	Moderately	Somewhat	Not at all	Don't know
1	A				Before	After	
	B				Before		After
	C					Unchanged	
2	A		Before	After			
	B			Before	After		
	C		Before	After			
3	A			Unchanged			
	B			Before	After		
	C			Unchanged			
4	A		Unchanged				
	B	Before		After			
	C		Before	After			
5	A				Unchanged		
	B			Before		After	
	C			Before		After	
6	A		Unchanged				
	B		Before		After		
	C		Before	After			
7	A			Before	After		
	B			Before			After
	C			Before	After		
8	A	Before		After			
	B		Before		After		
	C		Before	After			
9	A			After			
	B		Before		After		
	C		Before	After			
10	A			After	Before		
	B	Before					After
	C	Before		After			

 Before
  After
  Unchanged

Figure 17 "Rate how prepared you think your museum currently is to work towards each objective, thinking about your policies, activities, projects, and resources." – Before and After.

Appendix

Focus group guide with House of Memories team

Aims

- To explore the launch of House of Memories Cymru
- To explore the Welsh programme development and implementation

Introduction

- Introduction of the researcher.
- Aims and objectives of the evaluation:
 - o Focus group 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);
 - o Anonymous verbatim quotations may be used in the final report but will only be attributed to regional cohorts, not individual participants.
 - o Focus group will last approx. 30 minutes and will include a short list of pre-prepared questions as follows.

Beginning / Icebreaker

- Please tell me about yourself
 - o What's your role within the organisation?
 - o What does it entail in relation to House of Memories Cymru?

House of Memories Cymru

- Please provide a detailed description of House of Memories Cymru intervention.
 - o What are the aims/objectives?
 - o What are the museum memory and dementia-related activities/programmes?
 - i.e the methods?
 - o How would you characterise the participants of the programme ?
 - How do they differ (family v professional carer)?
 - o Please tell me about the bilingual nature of the intervention
 - Did this provide any challenges? If so, please elaborate.

- o Could you point out any challenges? If so, how would you describe them?
What was the museum's strategy to overcome those challenges?
- o Please tell me about the role of the moderator
 - Eg. what skills were required?
- o How does the Welsh module compare to other international modules
 - Also, other bilingual modules?

Development of the Welsh Programme

- How was the programme developed and funded?
- Please tell me about the partnership with Welsh Government & museums
 - o How did it come about?
 - o Please tell me about how it all fits into Welsh national policy?
 - o How did you recruit the museum partners for the project?
 - o How was it hoped it would help the Welsh museums to achieve their aims?
 - o Would you say the partnership was a success? Why?
 - o Did you encounter any challenges? If so, how would you describe them?
What was the organisation's strategy to overcome those challenges?

The future of the museum's memory and dementia-related activities/programme

- What does the future of the project look like? What will happen going forward?

Conclusion

Explore any topics that were left uncovered.

Develop any topic that the interviewee considers relevant.

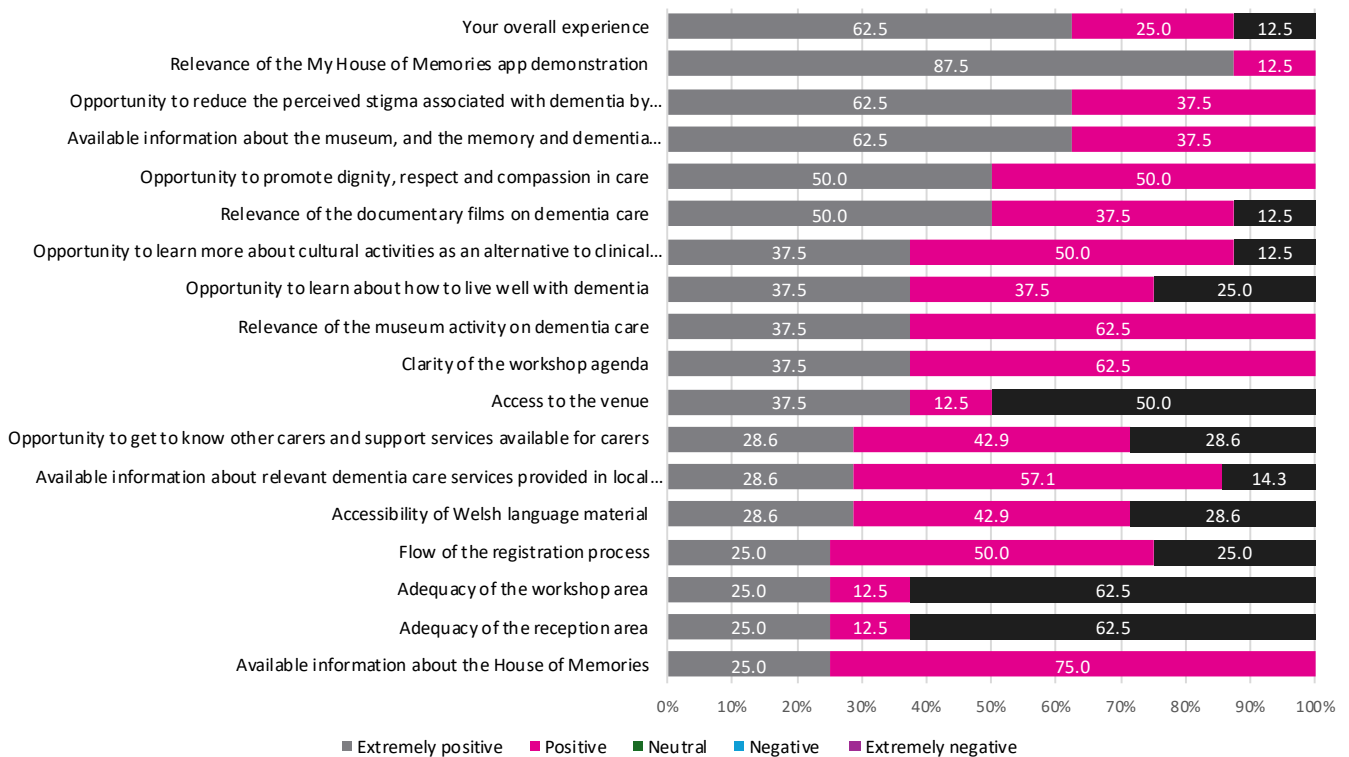


Figure A Experience of House of Memories Training – Family Carers [%] (n = 8)

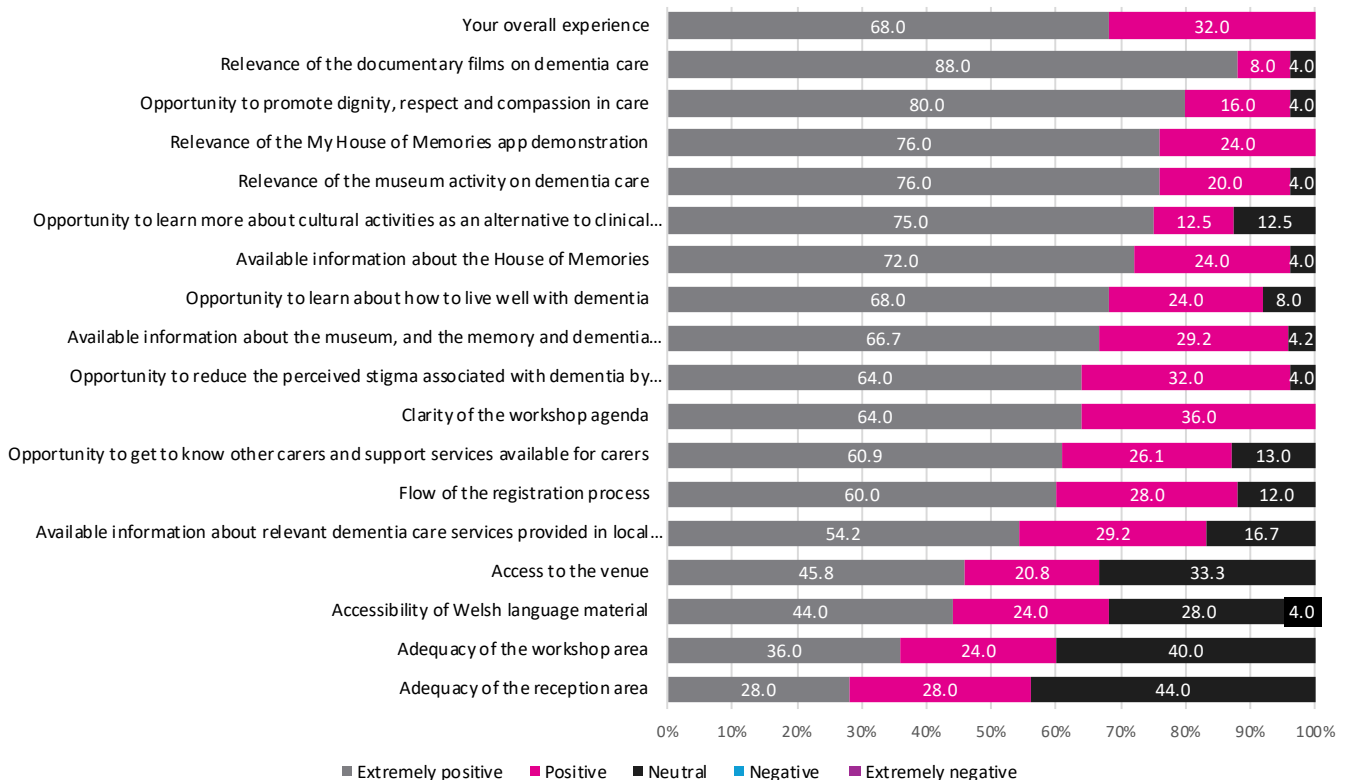


Figure B Experience of House of Memories trainings – Professionals Carers [%] (n = 24)

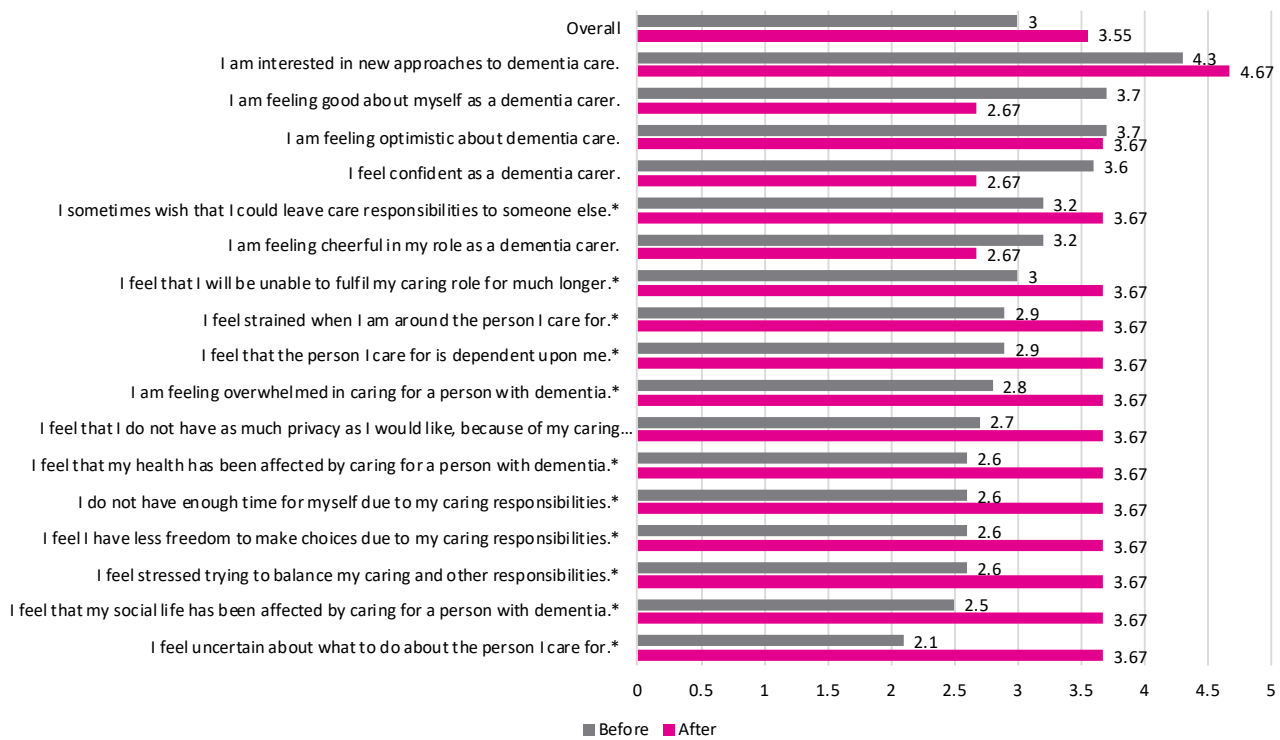


Figure C Dementia Care Impact Measure (DCIM) questions for family carers. [%] (n-before = 10, n-after = 3). Higher scores indicate more positive answers. Scoring has been reversed for those measures indicated by *.

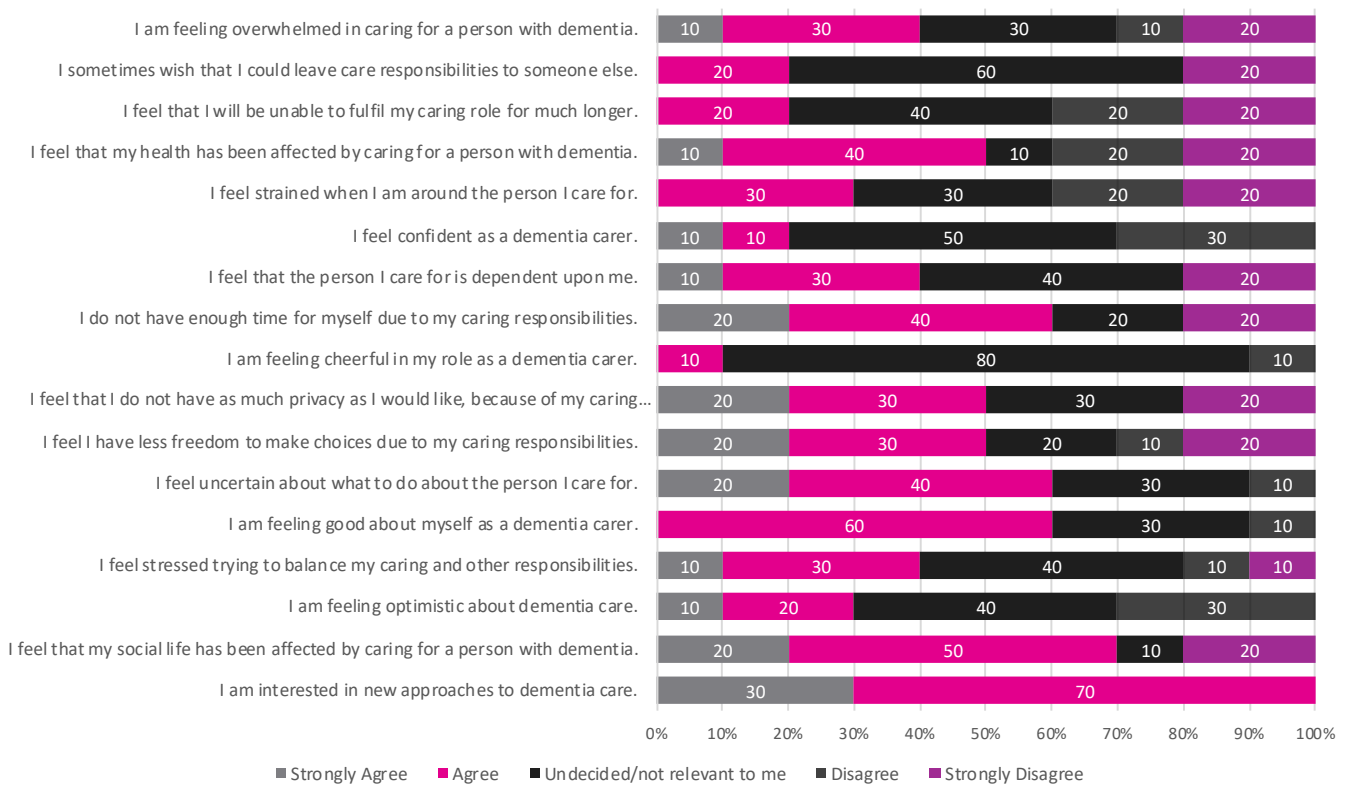


Figure D Dementia Care Impact Measure (DCIM) questions for family carers – Before Training. [%] (n = 10)



Figure E Dementia Care Impact Measure (DCIM) questions for family carers – After Training. [%] (n = 3)

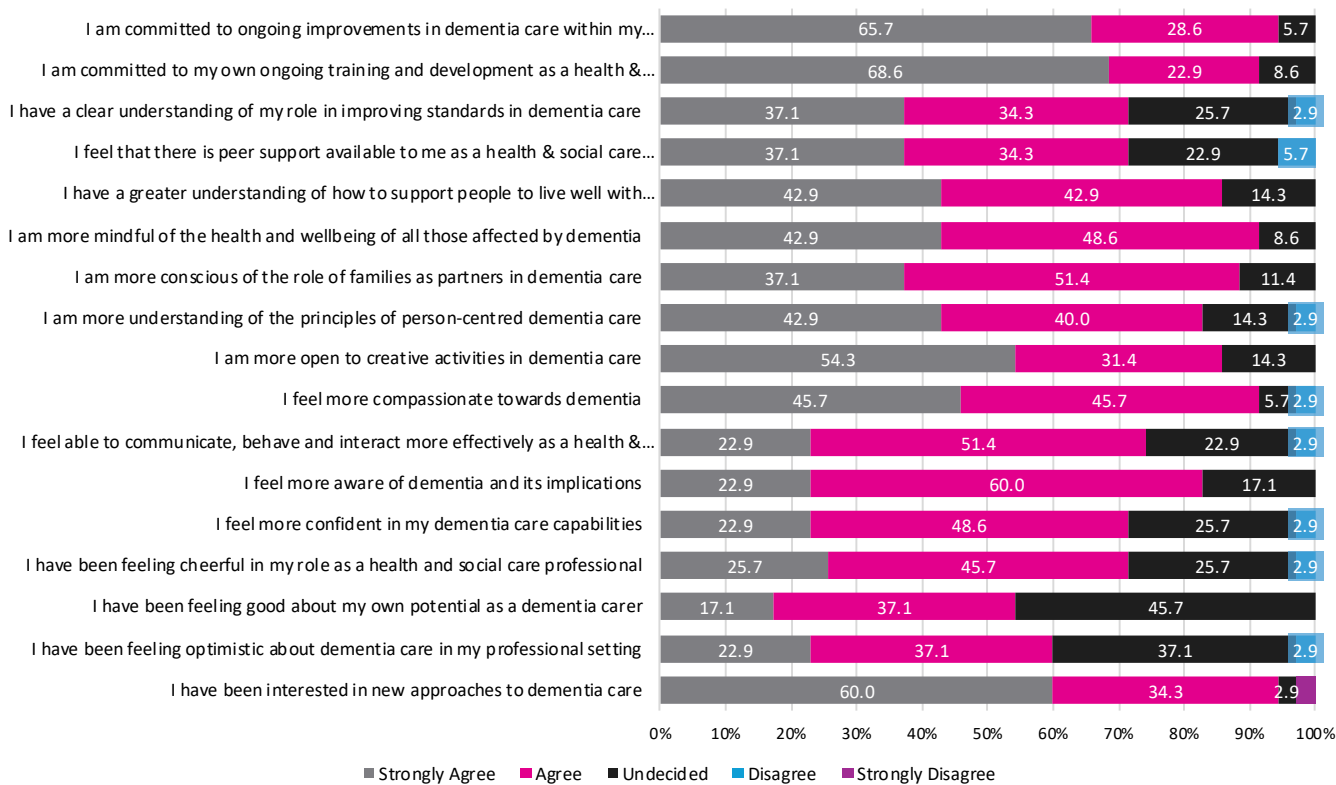


Figure F Dementia Care Impact Measure (DCIM) questions for Healthcare

Professionals – Before Training. [%] (n = 35)

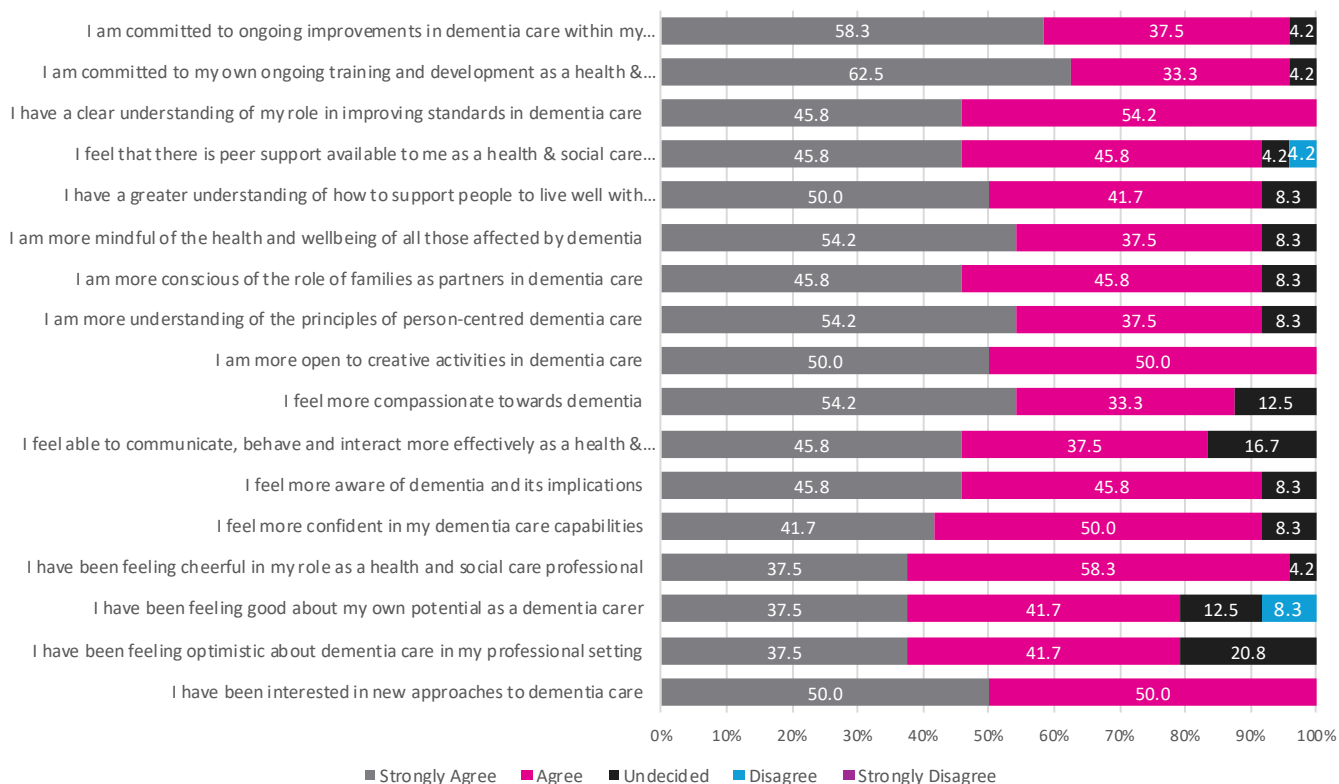


Figure G Dementia Care Impact Measure (DCIM) questions for Healthcare Professionals – After Training. [%] (n = 24)

References

- Cabote, C. J., Bramble, M., & McCann, D. (2015). Family caregivers' experiences of caring for a relative with younger onset dementia: A qualitative systematic review. *Journal of Family Nursing*, 21(3), 443-468.
- Camic, P. M., & Chatterjee, H. J. (2013). Museums and art galleries as partners for public health interventions. *Perspectives in Public Health*, 133(1), 66-71.
- Chatterjee, H., & Camic, P. (2015). The health and wellbeing potential of museums and art galleries. *Arts & Health*, 7(3), 183-186. doi:10.1080/17533015.2015.1065594
- Connell, C. M., Janevic, M. R., & Gallant, M. P. (2001). The costs of caring: impact of dementia on family caregivers. *Journal of geriatric psychiatry and neurology*, 14(4), 179-187.
- Dening, K., King, M., Jones, L., Vickestaff, V., & Sampson, E. L. (2016). Advance care planning in dementia: do family carers know the treatment preferences of people with early dementia? *PLoS One*, 11(7), e0159056.
- Farina, N., Page, T. E., Daley, S., Brown, A., Bowling, A., Basset, T., . . . Banerjee, S. (2017). Factors associated with the quality of life of family carers of people with dementia: A systematic review. *Alzheimer's & Dementia*, 13(5), 572-581.
- Ganga, R. N., & Wilson, K. (2020). Valuing family carers: the impact of House of Memories as a museum-led dementia awareness programme. *International Journal of Care and Caring*, 4(4), 573-593.
- Gilhooly, K. J., Gilhooly, M. L., Sullivan, M. P., McIntyre, A., Wilson, L., Harding, E., . . . Crutch, S. (2016). A meta-review of stress, coping and interventions in dementia and dementia caregiving. *BMC Geriatrics*, 16, 1-8.
- Lindeza, P., Rodrigues, M., Costa, J., Guerreiro, M., & Rosa, M. M. (2020). Impact of dementia on informal care: a systematic review of family caregivers' perceptions. *BMJ supportive & palliative care*.
- MacPherson, S., Bird, M., Anderson, K., Davis, T., & Blair, A. (2009). An art gallery access programme for people with dementia: 'You do it for the moment'. *Ageing & mental health*, 13(5), 744-752.
- Morse, N. (2020). *The museum as a space of social care*: Routledge.
- ONS. (2024). Personal wellbeing user guidance. <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide> . Accessed 3rd May 2024.
- Tennant, R., Hiller, L., Fishwick, R. et al. (2007) The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS): development and UK validation. *Health Qual Life Outcomes* 5, 63.
- Welsh Government (2021). Programme for government 2021 to 2026: Wellbeing statement.
- Wittenberg R., Hu B. Barraza-Araiza L. & Rehill, A. (2019) Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040
- Wittenberg, Y., Kwekkeboom, R., Staaks, J., Verhoeff, A., & de Boer, A. (2018). Informal caregivers' views on the division of responsibilities between themselves and professionals: A scoping review. *Health & Social Care in the Community*, 26(4), e460-e473.

- Wilson, K. (2022). House of Memories at National Museums Liverpool: Advancing the role of museums in health and social care.
- Wilson KM, Grindrod L. 2013. An evaluation of House of Memories dementia training programme: Northern Model.
- Wilson KM, Whelan G. 2014. An Evaluation of House of Memories Dementia Training Programme: Midlands Model.
- Wilson, K., & Whelan, G. 2016. An Evaluation of House of Memories Train the Trainer programme.
- Windle, G., Gregory, S., Newman, A., Goulding, A., O'Brien, D., & Parkinson, C. (2014). Understanding the impact of visual arts interventions for people living with dementia: a realist review protocol. *Systematic Reviews*, 3, 1-7.