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Cultural dementia care: a review of Museum-led programmes for informal caregivers

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ABSTRACT

Background: Museum-led dementia care programmes enable social and cognitive outcomes for people living with dementia and their caregivers. However, the long-term effects on informal caregivers and the scalability of these interventions remain under-researched.

Methods: A systematic search in 3 databases followed PRISMA guidelines, focusing on studies from 2004 to 2024 in Australia, Europe and North America. The study aimed to map the existing evidence on the impact of museum-led interventions for informal dementia caregivers, and identify the mechanisms supporting their wellbeing.

Results: Out of 272 identified papers, 7 met the inclusion criteria. These studies demonstrated medium-high quality and highlighted the positive impact of museum-led programmes on caregivers' wellbeing.

Conclusions: Museum-led programmes are a valuable component of comprehensive dementia care, emphasising the need to integrate cultural interventions into health and social care policies to support informal caregivers' wellbeing. Future research should assess long-term impacts, scalability, and integration into diverse care settings.

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KEYWORDS

Museum interventions; dementia care; caregivers wellbeing; literature review; creative wellbeing

Introduction

The intersection between arts and health, particularly within dementia care, has garnered considerable attention over the last decade (All-Party Parliamentary Group on Arts, 2023; Fancourt & Finn, 2019; Lackoi et al., 2016). Cultural and artistic interventions, including museum-led programmes, are increasingly recognised as valuable for enhancing the wellbeing of both people living with dementia (PLWD) and their caregivers (Camic et al., 2014; Chatterjee & Camic, 2015; D'Cunha et al., 2019; Farina et al., 2017; Ganga & Wilson, 2020; Kinsey et al., 2021; McGuigan et al., 2015). These programmes offer creative opportunities for emotional support, social engagement, and cognitive stimulation,

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helping to reduce stress, alleviate depression, and foster emotional resilience in caregivers (Farina et al., 2017; Ganga & Wilson, 2020; Kinsey et al., 2021)

Dementia is a global health challenge, with nearly 50 million individuals currently living with the condition, and this number is expected to triple by 2050 (WHO, 2019). The progressive decline in cognitive and emotional functioning (Alzheimer's Association, 2018; WHO, 2021) places considerable stress on informal caregivers, often family members (Cabote et al., 2015; Dening et al., 2016; Farina et al., 2017; Lindeza et al., 2024). In response to this growing need, the WHO (2021) emphasises that caregivers require extensive support alongside PLwD, an integral component of addressing the broader challenge of dementia care.

Schulz and Martire (2004) define informal caregiving as a multifaceted role involving tasks that range from assisting with daily living to managing complex medical care, often with little formal training. The demographic profile of informal caregivers is diverse, yet studies have shown a significant representation of middle-aged to older women, frequently daughters or spouses (Ganga & Wilson, 2020). Informal caregivers face significant physical and mental health challenges, such as stress, depression, and isolation, as well as difficulties in accessing formal support (Connell et al., 2001; Gilhooly et al., 2016; Lindeza et al., 2024; Schoenmakers et al., 2010). Social isolation and financial strain further exacerbate these issues (Nicholson, 2012). However, positive aspects are also reported, including a deepened sense of purpose, fulfilment, and strengthened relationships with PLwD, leading to personal growth and emotional rewards (Carbonneau et al., 2010; Quinn & Toms, 2018). Hence, a nuanced approach to this complex role highlights the need for targeted interventions that provide both practical and emotional support to sustain caregivers' wellbeing (Cabote et al., 2015; Cheng & Zhang, 2020; Farina et al., 2017).

Museum-led programmes offer emotional support, cognitive stimulation, and much-needed respite for informal caregivers of PLwD (Camic et al., 2014; Hunt et al., 2018; Pienaar & Reynolds, 2015; Rosenberg, 2009). These programmes reduce feelings of isolation and stress, alleviate symptoms of depression, and foster emotional resilience through meaningful interactions and shared creative activities (Camic et al., 2014, 2016; Ganga & Wilson, 2020; Goulding, 2013; Hunt et al., 2018). Museums offer structured, non-clinical, and sensory-rich environments encouraging art-making, object handling, and guided discussions. The non-verbal and creative interventions allow caregivers and PLwD to engage on emotional levels that transcend cognitive limitations, facilitating shared joy and emotional release (Camic & Chatterjee, 2013; Belver et al., 2018; Camic et al., 2016; Ganga et al., 2024; Johnson et al., 2017).

Additionally, arts-based activities have been shown to promote brain health, suggesting that creative engagement may enhance neuroplasticity and delay cognitive decline (Fancourt et al., 2018). By combining emotional support with cognitive stimulation, arts-in-health initiatives provide a holistic approach to wellbeing, making them a valuable complement to healthcare strategies for dementia care and caregivers' support (Clift & Camic, 2016). While museum-led dementia care programmes have shown promise in a few settings, questions remain as to how these initiatives can be scaled across diverse cultural and socio-economic contexts and embedded sustainably into existing dementia care infrastructures. Scalable models must account for regional differences in museum capacity, caregiver support services, and health and social care policy.

The theoretical framework for cultural dementia care has to be multidimensional, drawing upon arts-in-health (Clift & Camic, 2016), person-centred care (Brooker, 2003; Fazio et al., 2018), emotional resilience (Walsh, 2012), attachment (Kokkonen et al., 2014), and ecological approaches (Bronfenbrenner, 1979). This framework addresses the complexities of caregiving by focusing on the interplay between individual, social, and cultural factors. Arts-in-health theory posits that creative engagement can improve wellbeing by offering emotional, cognitive, and social benefits (Clift & Camic, 2016). Person-centred care models prioritise the individual's emotional and social needs alongside their medical ones, recognising their personhood beyond the condition (Brooker, 2003; Fazio et al., 2018). Resilience models further enhance the understanding of how museum-led activities can strengthen caregivers' capacity to adapt to caregiving challenges by fostering emotional and psychological resilience (Walsh, 2012). Attachment theory provides insights into the relational dynamics between caregivers and PLwD, emphasising the role of meaningful connections in reducing stress and promoting wellbeing (Kokkonen et al., 2014). Finally, Bronfenbrenner (1979)'s ecological approaches emphasise the interplay of family, community, and cultural institutions, situating museum-led interventions within broader socio-cultural systems to address caregivers' holistic needs and challenges. This multidimensional framework collectively highlights the importance of addressing the complex interplay of individual, social, and cultural factors in cultural dementia care.

Much of the research to date has focused on short-term benefits, like stress reduction and job satisfaction, for formal carers, with limited examination of sustainability and scalability across diverse care settings (Kinsey et al., 2021; Sefcik et al., 2022). A more comprehensive understanding of how these programmes contribute to caregivers' wellbeing, including how they can promote creative strategies and improve care practices, is still needed. This gap suggests a need for focused investigation into how museum-led activities can be effectively integrated into caregiver support programmes, assessing their long-term effects on caregiver wellbeing and their potential to innovate care practices. Moreover, there is a crucial need to understand the effective elements of these programmes and analyse the mechanisms that drive their success.

This review synthesises research from 2004 to 2024, focusing on museum-led interventions across Australia, Europe and North America. The review addresses the research question: *How do museum-led art and cultural interventions influence the wellbeing of dementia caregivers?* It aims to i) identify and synthesise existing research on the impact of museum-led art and cultural programmes or interventions on the wellbeing of dementia caregivers; ii) to evaluate the evidence on museum-led dementia care practices, examining the mechanism of success (e.g. cultural participation); iii) to determine how these interventions can best support dementia caregivers, guiding future studies in enhancing their effectiveness; iv) to identify the gaps in the literature and suggest areas for future research, focusing on how cultural and artistic interventions can support dementia caregivers.

This paper contributes to the academic discourse by positioning its findings within the broader field of arts and health, with an emphasis on creative strategies in dementia care. It offers practical insights for cultural institutions seeking to enhance their dementia caregivers' programmes, particularly addressing its mechanism of success. These interventions align with both global and regional health policy priorities. The *WHO's Global Action Plan on the Public Health Response to Dementia 2017–2025* advocates for non-pharmacological

approaches and caregiver support, (WHO, 2017). The UK's *Major Conditions Strategy* (Department of Health and Social Care, 2023) adopted a holistic approach to managing dementia, emphasising prevention and innovative care pathways (Alzheimer Europe [UK], 2023). In line with these developments, the UK has also advanced social prescribing, enabling healthcare professionals to refer dementia caregivers to non-clinical services like arts and cultural programmes. Similarly, the *European Dementia Monitor* (UK, 2023) identifies ongoing disparities in dementia care across Europe, advocating for robust caregivers' support and dementia-inclusive policies. This review aims to inform these policies by focusing on person-centred, community-based cultural interventions.

Methods

The present systematic search of the literature followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), and the Cochrane Handbook (Green et al., 2011) suggestion for reporting the characteristics of included studies – Studies, Data, Methods, Outcomes (SDMO) approach (Munn et al., 2018). No ethical approval was required as this was a review of published journal articles.

Search strategy

The second author (LD) searched three databases and conducted hand-searching between 16 May and 16 August 2023, including Web-of-Science, SCOPUS, and PubMed. The search strategy was developed against keywords and tested on the Web-of-Science. A combination of the keywords “dementia”, “museum”, and “caregiver” was searched (Appendix 1). Hand-searching of systematic and literature review reference lists produced by the database search was then conducted. The search covered a spectrum of social sciences and humanities disciplines. No text mining or automation tools were allowed, language was restricted to English, the timescale was restricted to records published between 2004 and 2024, and geographical scope was restricted to the UK and Europe. However, this was expanded to include papers from Australia and the USA as they met all other criteria and, therefore, were considered to contribute to the literature review aims.

Inclusion criteria

The inclusion of peer-reviewed journal articles and sources from handsearching were defined by the PICOS criteria (Population, Intervention, Control, Outcome, Study type). Eligible populations were defined as informal dementia caregivers, participating in a museum-based intervention with any/no control group, and at least one of the following outcomes – i) wellbeing; ii) dementia awareness; iii) dementia caring skills (taken from the Dementia Core Skills Education and Training Framework) (Tsaroucha et al., 2013) There was no restriction to study type, and studies were excluded if they were not arts or culture-focused, museum-based, or solely recruited PLwD. These criteria were specified to meet the review's aims in developing effective, creative, museum-based care strategies with wellbeing-focused outcomes for informal dementia carers.

Data extraction and critical appraisal

Data extraction was conducted by one author and then checked by the other, using a tool designed by the lead author to gather the following information (Table S1):

- (i) Title
- (ii) Year
- (iii) Study overview (design and aim)
- (iv) Population (type, description, number)
- (v) Intervention (location, content, duration, method/mode)
- (vi) Data collection (measures/constructs, method/mode, time points)
- (vii) Mechanisms of success
- (viii) Findings (quantitative, qualitative)
- (ix) Wellbeing outcomes

The authors independently conducted title, abstract, and full-text screening on the results. Full eligible texts were screened based on inclusion criteria (Appendix 2). Discrepancies were discussed and resolved by consensus. Data extraction was conducted by one author and then checked by the other, using a tool designed by the lead author.

Quality assessment of the quantitative findings was done using a tool developed by the What Works Centre for Wellbeing, which is a checklist for evidence of intervention effectiveness taken from the What Works Centre Guide to Evidence Review Methods (Snape et al., 2019). Qualitative methods were assessed for quality using an appraisal tool developed by the Critical Appraisal Skills Programme (Long et al., 2020). Both tools provide a systematic way to assess the risk of bias and methodological quality of the data, allowing a judgement about the confidence level in the data (low to high).

Narrative synthesis/data analysis

Data was organised into a coherent narrative of the information gathered during data extraction (Table S1); statistical meta-analysis and qualitative data synthesis were not suitable due to variations in study designs, outcome measures, and populations Popay et al. (2006). This narrative synthesis sought to assess the effects of interventions and the elements influencing their execution and effectiveness, structured through the SDMO approach Munn et al. (2018). Headed sections (Studies, Design, Characteristics, Interventions, Measures, Outcomes, and Mechanisms of Success) clarified the narrative and enabled comparison between studies during construction.

Results

Source selection

The literature search identified 272 papers. The results were downloaded into Endnote, and an exclusion process using a set of keywords removed 25 papers. (Appendix 3). This was done to efficiently exclude any papers primarily focused on topics other than arts/creative interventions that were not museum-based. Titles followed by abstracts were

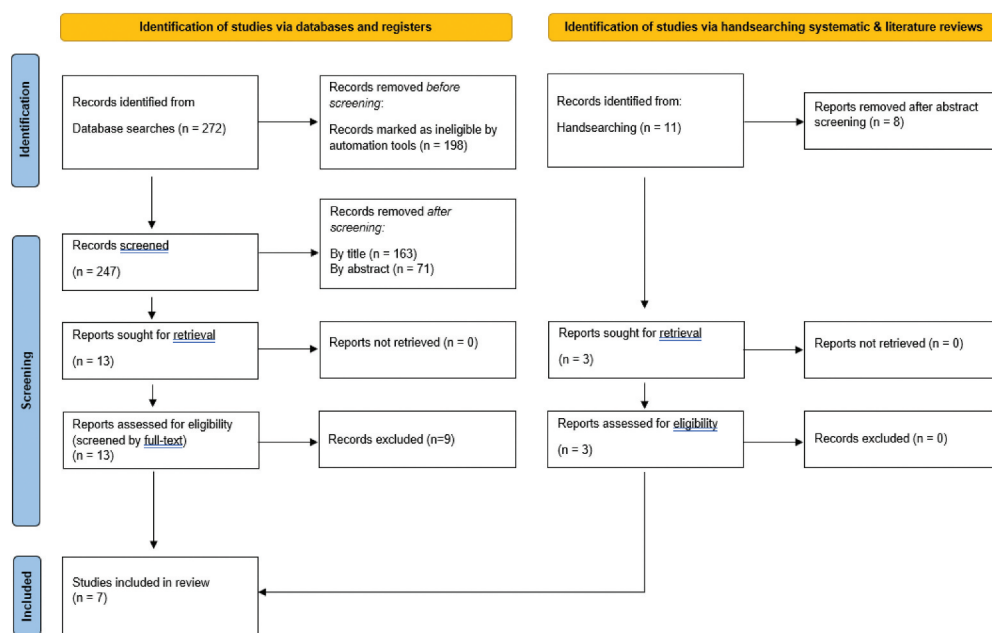


Figure 1. Prisma diagram showing the study exclusion process.

screened; any which did not refer to either museum or creative-based interventions, PLwD or caregivers, or wellbeing outcomes were excluded. Any systematic or literature reviews deemed relevant based on their abstract were hand-searched by a reference list, applying the same criteria to the titles used for the database results. The abstracts of the included titles were then screened. This left a final list for full-text screening against a set of inclusion criteria ($n = 16$), resulting in **7** selected for inclusion (Figure 1) (Page et al., 2021).

Critical appraisal

Quality assessment indicated a medium-high confidence level in the quality of all seven included studies (Appendix 4). Sample sizes varied: Johnson et al. (2017) included 66 participants, while Loizeau et al. (2015) and Camic et al. (2014) had 16 and 24, respectively. Smaller samples, typical in exploratory studies or niche populations like dementia caregivers, can still provide valuable insights with robust methods and effect size reporting (Clift & Camic, 2016; Faber & Fonseca, 2014). Despite limitations in statistical power and generalisability, the studies' qualitative and mixed-methods designs ensured their acceptability for inclusion, reflecting the complexity and specificity of dementia care interventions.

Studies

Six studies were peer-reviewed publications from journals themed around care and ageing (Camic et al., 2014, 2016; Ganga & Wilson, 2020; Johnson et al., 2017;

McGuigan et al., 2015), and one was an evidence report from an ongoing museum project (Rosenberg et al., 2009). All studies were conducted between 2009–2020, with four set in the UK (Camic et al., 2014, 2016; Ganga & Wilson, 2020; Johnson et al., 2017), one in Switzerland (Loizeau et al., 2015), one in the USA (Rosenberg et al., 2009), and one in Australia (McGuigan et al., 2015) The studies were based in museums or art galleries, per the inclusion criteria. They all aimed to investigate how art-related interventions in museums impacted a range of wellbeing outcomes in caregivers and PLwD (Table S1). However, each study had a different approach to the artwork and museum collections, showcasing a variety of ways in which these types of interventions can be conducted; through art viewing, group and dyad discussions, participatory storytelling, object handling, creating art, or a curated mix of these.

Design

Five studies used a pre-post design to measure intervention impact (Camic et al., 2014; Ganga & Wilson, 2020; Johnson et al., 2017; Loizeau et al., 2015; Rosenberg et al., 2009), one of which also took measurements at two other time points during the intervention (Johnson et al., 2017), whilst two only collected data post-intervention (Camic et al., 2016; McGuigan et al., 2015). Five studies (Camic et al., 2014; Ganga & Wilson, 2020; Loizeau et al., 2015; McGuigan et al., 2015; Rosenberg et al., 2009) used a mixed-methods design, one collected qualitative data (Camic et al., 2016) and one collected quantitative data (Johnson et al., 2017). Only one study solely recruited caregivers (Ganga & Wilson, 2020) whilst the rest sampled caregiver-PLwD dyads (Camic et al., 2014, 2016; Johnson et al., 2017; Loizeau et al., 2015; McGuigan et al., 2015; Rosenberg et al., 2009); some additionally assessed volunteers (Loizeau et al., 2015; McGuigan et al., 2015) and art gallery facilitators (Camic et al., 2016; McGuigan et al., 2015). Due to the aims of the present review, the sole focus henceforth will be caregiver outcomes.

Study characteristics

Ganga and Wilson (2020) investigated subjective wellbeing, mood, and dementia awareness of caregivers ($n = 64$; 71.88% white, 76.56% women) in three separate regions of England; the settings were the Museum of Liverpool, Salford Museum and Art Gallery, and the British Museum. Camic et al. (2016) recruited caregivers ($n = 12$) from distinctive geographical regions of the UK, though the art galleries were unspecified, assessing social relationships and attitudes to dementia. Camic et al. (2014) also based their intervention on two different art galleries (Nottingham Contemporary and Dulwich Picture Gallery), recruiting 12 caregivers and measuring caregiver burden and health-related quality of life. Johnson et al. (2017) solely assessed subjective wellbeing in caregivers ($n = 30$; 86.7% women, mean age = 66), and was set in a museum in the South-East of England. Loizeau et al. (2015) recruited four caregivers (mean age = 64.5), assessing mood, caregiver burden, attitudes to dementia, and subjective wellbeing. Rosenberg et al. (2009) recruited caregivers ($n = 37$; 75.7% spouses, 24.3% adult children; 67.6% women) to take part in the Meet Me at MoMA (Museum of Modern Art in

New York) programme, none of whom had previously taken part, investigating their social relationships, mood, self-esteem, and health-related quality of life. McGuigan et al. (2015) recruited eight caregivers, though only seven regularly attended (age 35–44 ($n = 2$), age 55+ ($n = 5$)), assessing the impact of the intervention in terms of satisfaction, successes, and suggestions for improvement.

Interventions

Ganga and Wilson (2020)'s study implemented an intervention explicitly targeted at family caregivers of PLwD. It was based on the House of Memories project, a dementia training and awareness programme previously shown to improve caregiver outcomes such as wellbeing, dementia awareness and understanding, empathetic skills, confidence, and creativity in formal caregivers (Wilson & Grindrod, 2013). Ganga and Wilson (2020) recruited informal caregivers for their Family Caregivers intervention, focussing on museum objects and collections. It comprised one session split into three components: i) an introduction to dementia through character-based documentary films; ii) dementia-friendly activities using collections and objects from the museum; and iii) an experience of using the House of Memories app. They also received supplementary materials, including an activity planner and a memory tree. Johnson et al. (2017) also incorporated object handling into their intervention, which was one of three distinct components in a one-session intervention, averaging 6 dyads in each group. These were i) object handling (45 minutes) – museum objects were held, examined, and discussed by the group; ii) social intervention (25 minutes) – refreshments and general conversation; then iii) art viewing (45 minutes) – paintings were viewed and discussed by the group. For five out of 11 groups, sessions one and three were swapped to account for order effects.

Rosenberg et al. (2009) provided evidence from the “Meet Me at MoMA” programme for PLwD and their caregivers, which takes place at the Museum of Modern Art. This was also a one-session intervention, though unlike the standard programme, participants were invited back for a second visit. The first visit lasted 90 minutes, whereby a trained art educator led the group to several artworks and posed questions to engage participants in observing, describing, interpreting, and connecting to the works and each other. Historical points about the artworks were conveyed throughout, and smaller group discussions were used to spark further interaction among participants. The second visit took place eight days later, whereby participants took part in a unique interactive discussion and were given a book of highlights from the MoMA collection, free museum passes and the opportunity to explore the other art galleries.

By contrast, studies by Camic et al. (2016), and Camic et al. (2014) were longer-term interventions, both consisting of 8-weekly 2-hour sessions. Each session had two distinct hour-long components, which were i) art viewing/discussion – a few pieces of art were discussed in each session, and in later sessions, participants could select a piece they particularly liked to discuss in their dyads, and ii) art making – different art materials were provided each week and the art was based on the pieces they had seen in the first session. Activities included sculpting, making lino prints, and constructing collages. The two components were run by a professional art educator and a professional artist, respectively. Loizeau et al. (2015) Also, a long-term intervention was implemented, involving attending 9 weekly 2-hour sessions. They utilised a methodology called *TimeSlips*, a

participatory approach to creativity for those living with dementia. Each session comprised an hour of storytelling, facilitated by a professional artist, and involved constructing stories around selected artworks inspired by participant discussion. This was followed by an hour of informal socialising and refreshments. McGuigan et al. (2015) conducted two hourly sessions over 6 weeks, with three distinct components: i) a settling-in period (20–30 minutes); ii) intervention (35–40 minutes), which could include object handling and discussion, looking at historic images, and gallery tours; and iii) refreshments and socialisation, which was optional.

Measures

Ganga and Wilson (2020) used a 5-item adaptation of the Warwick Edinburgh Mental Wellbeing Scale to measure subjective wellbeing, and a 12-item adaptation of the Zarit Burden Interview (ZBI) to measure caregiver burden. These were administered 8 weeks pre- and post-intervention. They also measured mood immediately pre- and post-intervention using the Smiley Face Assessment Scale (SFAS), for which a face is selected to match the current mood – very sad, sad, neutral, happy, or very happy. The researchers also gathered observational field notes and invited participants to express their thoughts on social media throughout the intervention, which were thematically analysed. Johnson et al. (2017) Instead, visual analogue scales were used to measure subjective wellbeing. Five sub-scales – happiness, wellness, interestedness, confidence, and optimism – were completed immediately before and after the first and last sessions. Loizeau et al. (2015) used the SFAS to measure mood immediately pre- and post-intervention. They used two subscales from the Caregiver Burden Inventory (CBI) to measure caregiver burden – emotional health and social relationships – and the Dementia Attitudes Scale (DAS-D) to measure attitudes to dementia, administered two weeks pre- and post-intervention. Semi-structured interviews were conducted at these same time points to enquire about subjective wellbeing, and further to investigate the results of the CBI and the DAS-D. These were analysed thematically.

Camic et al. (2016) also conducted semi-structured interviews 2–3 weeks after the intervention and made detailed observational notes during the intervention, both of which were thematically analysed. Camic et al. (2014) used the ZBI to measure caregiver burden pre and post-intervention and conducted semi-structured interviews 2–3 weeks after the intervention; topics included participation in the viewing and making of art components, relationships, communication, and gallery context. These were thematically analysed, along with researcher observations made during the intervention. Rosenberg et al. (2009) used the SFAS to measure mood immediately pre and post-intervention. They also used the Family Assessment Measure (subscales: Communication, Affective Expression, and Involvement) to measure family relationships, the Rosenberg self-esteem scale, and the QOL-AD to measure caregivers' quality of life. To measure social support, caregivers were asked about the number of people with whom they felt close and their satisfaction with social support. These measures were all implemented immediately before and then again 8 days after the session. A separate take-home evaluation was also given to participants, to be returned three days after the initial visit, which gathered qualitative and quantitative feedback on their intervention experience. McGuigan et al. (2015) conducted focus groups after the intervention, which lasted 90 minutes and elicited responses concerning satisfaction with the intervention, what went well and what could be improved. Researchers also observed and made notes on the sessions.

Outcomes

Satisfaction with intervention

Of the caregivers who attended the Meet Me at MoMA programme (Rosenberg et al., 2009), all but one said they enjoyed the experience, and 88.2% said they would consider doing another similar experience. Ganga and Wilson (2020) found that caregivers responded positively about the House of Memories sessions, with all of them highly rating the overall experience and information given. Loizeau et al. (2015) reported that all caregivers had high satisfaction with the intervention, mainly due to the familiar atmosphere, the compassionate facilitator, and the good intervention organisation. Participants in Camic et al. (2014) intervention were unanimous in their enjoyment and satisfaction with the intervention.

Subjective wellbeing

Subjective wellbeing outcomes were mixed. Ganga and Wilson (2020) did not find a significant difference pre- to post-intervention, however Johnson et al. (2017) found an increase over time and significantly higher post versus pre-object handling and art viewing, respectively. This was true irrespective of the order of the sessions and did not change significantly from pre- to post-social refreshment break. Loizeau et al. (2015) investigated subjective wellbeing qualitatively; two of the four caregivers reported an increase due to the intervention, one said that to say their wellbeing had improved would be an exaggeration, and the fourth said they already had good subjective wellbeing prior to the intervention due to good work-life balance. McGuigan et al. (2015) did not specifically investigate subjective wellbeing, but evidence from the focus groups shows that the intervention positively impacted this outcome. Shared experiences and socialisation for caregivers were key strategies that contributed to this – “It gave me something to keep my interest, and it was nice and pleasant, and meeting the staff was just fantastic.” Researchers observed caregivers talking to each other about their shared experiences. They stated that the museum provided a safe place for them and the PLwD to experience; they enjoyed feeling welcome and the intervention’s engaging delivery.

Caregiver burden

Despite Camic et al. (2014) showing a trend towards a reduction in caregiver burden, this was non-significant. Qualitative data from Camic et al. (2016) suggested that the burden of everyday demands could outweigh the benefits of such an experience, which could explain this finding. Likewise, Loizeau et al. (2015) found no significant difference despite a slight increase in the subscale “emotional health”. However, reflecting their subjective wellbeing findings, qualitative data found that two of the four caregivers felt a positive shift in their caregiver burden, saying they felt more patient and better able to deal with it. Ganga and Wilson (2020) found no significant change in caregiver burden scores from pre-to-post-intervention.

Mood

All studies that used the SFAS (Ganga & Wilson, 2020; Loizeau et al., 2015; Rosenberg et al., 2009) found a significant increase from pre-to-post-session. Loizeau et al. (2015) found this was consistent for all nine intervention sessions, and post-interviews showed that many caregivers attributed this increase to the social contact they experienced. From their take-home evaluations, Rosenberg et al. (2009) observed an “emotional carryover”, whereby caregivers’ heightened moods persisted three days after the programme.

Social relationships

Subjective impression of family relationships increased positively for caregivers (Rosenberg et al., 2009), though non-significantly; however, there was a significant increase in the number of people whom caregivers said they felt close to. Interviews from Camic et al. (2016) indicated a positive impact on caregivers’ relationships with the PLWD – one caregiver said that she enjoyed their relationship more because she was relaxed; therefore, it felt like respite time for her, too. They also found that caregivers experienced peer support, deemed important to them, and connection through the intervention, with some even swapping phone numbers. Camic et al. (2014) also found a positive social impact. For example, one caregiver found it “psychologically uplifting” to do an activity with the person they cared for.

Dementia awareness and attitudes

Loizeau et al. (2015) found no significant differences in attitudes to dementia. However, qualitative data showed that three of the four caregivers said they discovered the importance of patience. The other said his knowledge of dementia and understanding of the person he cared for both improved due to the intervention. All four also reported a positive change in their attitude towards dementia, highlighting their increased awareness and surprise of the creative abilities, concentration levels, and attentiveness of the person they cared for. Camic et al. (2016), similarly, found that some caregivers expressed surprise at what the person they cared for was capable of and produced during the sessions, such as singing and art making.

Ganga and Wilson (2020) found that 75.9% of caregivers considered *House of Memories* to be an opportunity to get to know other caregivers and the support services available as well as to learn more about cultural activities as an alternative to clinical or medical support interventions. The majority considered it was an opportunity to reduce the perceived stigma associated with dementia by raising awareness (82.8%), to learn about how to live well with dementia (86.2%) and to promote dignity, respect, and compassion in care (96.6%).

Health-related quality of life

Rosenberg et al. (2009) found a significant improvement in caregiver health-related quality of life, largely due to an increase in the subscale of emotional health, reflecting what was found by Loizeau et al. (2015) when investigating caregiver burden.

Self-esteem/worth

Rosenberg et al. (2009) found little change in caregiver self-esteem from pre- to post-intervention. Through qualitative interviews, Ganga and Wilson (2020) found that House of Memories positively impacted caregivers' self-worth; for example, caregivers could acknowledge their importance, realise that they are not alone, and understand that help is out there.

Mechanisms of success

The success of museum-based interventions for caregivers' hinges on multiple mechanisms of success (Table 1). The setting of a museum, as a valued cultural institution, offers a stimulating and creative environment that is novel and welcoming, allowing participants to step away from everyday life (Camic et al., 2014, 2016; Ganga & Wilson, 2020; Loizeau et al., 2015; McGuigan et al., 2015; Rosenberg et al., 2009). The intervention itself, which combines empathy with intellectual and emotional stimulation, is delivered by sensitive facilitators who ensure engagement is person-centred, treating the PLwD with dignity while also placing caregivers at the centre of the intervention (Ganga & Wilson, 2020; Loizeau et al., 2015; Rosenberg et al., 2009). It offers novel activities that encourage art and object engagement, providing a multisensory and multi-component experience enriched with quality information (Camic et al., 2014, 2016; Ganga & Wilson, 2020; Johnson et al., 2017; McGuigan et al., 2015; Rosenberg et al., 2009). The social aspect of these interventions fosters meaningful communication and social interaction, reducing isolation through the support of peers (Camic et al., 2016; Ganga & Wilson, 2020; McGuigan et al., 2015), and enjoyable activities shared between caregivers and the people they care for (Camic et al., 2016; Johnson et al., 2017; Loizeau et al., 2015; Rosenberg et al., 2009), emphasising the significance of viewing the person beyond their dementia (Ganga & Wilson, 2020; Johnson et al., 2017; Loizeau et al., 2015; Rosenberg et al., 2009).

Discussion

This review has examined the impact of museum-led programmes on the wellbeing of dementia informal caregivers, exploring how these initiatives support caregivers' wellbeing and social inclusion. The findings are discussed within an multi-dimensional theoretical model for cultural dementia care, positioning museum-led interventions within arts-in-health (Clift & Camic, 2016), person-centred care (Brooker, 2003; Fazio et al., 2018), emotional resilience (Walsh, 2012), attachment (Kokkonen et al., 2014), and ecological approaches (Bronfenbrenner, 1979).

Museums as catalysts for dementia care

Wellbeing outcomes

Museum-led interventions improve various wellbeing outcomes, including subjective wellbeing (McGuigan et al., 2015), mood, caregiver burden, health-related quality of life (Ganga & Wilson, 2020; Johnson et al., 2017; Loizeau et al., 2015; Rosenberg, 2009), social relationships (Camic et al., 2016; Rosenberg, 2009; Rosenberg et al., 2009), and attitudes

Table 1. Matrix of outcomes by mechanisms of success.

Outcomes mechanism of success	Intervention satisfaction	Subjective wellbeing	Caregiver burden	Mood	Social relationships	Dementia attitudes and awareness	HRQoL	Self-esteem
Creative Engagement	Loizeau et al	Johnson et al McGuigan et al	Camic, T & P	Rosenberg et al. Ganga & Wilson Rosenberg et al.	Rosenberg et al.	Ganga & Wilson Camic, B & T	Rosenberg et al.	Rosenberg et al.
Community Belonging	Loizeau et al	Johnson et al Loizeau et al McGuigan et al Johnson et al	Camic, T & P Loizeau et al	Loizeau et al Rosenberg et al.	Camic, B & T Rosenberg et al.	Ganga & Wilson Loizeau et al	Rosenberg et al.	Ganga & Wilson
Museum as a Therapeutic Place	Loizeau et al	McGuigan et al		Ganga & Wilson Rosenberg et al.	Camic, B & T Camic, T & P Rosenberg et al.			

towards dementia (Camic et al., 2016; Ganga & Wilson, 2020; Loizeau et al., 2015). In this sense, museum-led interventions are grounded in principles of person-centred care, emphasising the individual's identity, preferences, and emotional and social wellbeing (Fazio et al., 2018). These programmes are designed to respond to caregivers' unique circumstances, offering tailored experiences promoting dignity, autonomy, and meaningful engagement (Brooker, 2003).

By engaging in meaningful cultural activities within the museum alongside peers and cultural professionals, caregivers experience stress relief and improved mood, reducing feelings of isolation and promoting positive social connections. Beyond providing respite, these settings nurture a sense of recognition and emotional connection, addressing caregivers' holistic needs (Brooker, 2003). The interventions also resulted in the perceived value of the PLWD being heightened, with caregivers' surprise at the PLWD's hidden or unexpected skills or awareness, the sense of privilege that came from the focused attention of the facilitators, and the awareness of the person behind the dementia coming to the forefront. Even in cases where changes are not statistically significant, qualitative data highlight consistent emotional benefits and "in-the-moment" (Windle et al., 2018), where arts engagement offers immediate uplift and relief from caregiving responsibilities. Ganga and Wilson's (2020) research emphasises the potential of museum settings to enhance caregiver outcomes through targeted activities that leverage museum objects and collections, reinforcing dementia awareness and empathetic skills in caregivers. This approach not only aids in improving wellbeing and dementia awareness but also enhances empathetic skills, confidence, and creativity among informal caregivers, as it deepens carers' engagement with cultural institutions as community health resources (Wilson & Grindrod, 2013). Museum as a community-asset is part of a broader community support system (Bronfenbrenner, 1979).

Similarly, Johnson et al. (2017) highlight the importance of object handling within the museum context, providing evidence that interactive sessions involving museum objects can foster social interaction and emotional stimulation, aligning with the goals of person-centred care models that prioritise social and emotional connections (Fazio et al., 2018). This finding parallels the outcomes reported in the Meet Me at MoMA programme (Rosenberg et al., 2009), where caregivers experienced reduced isolation and stress and strengthened emotional connections and social engagement. In this programme, art educator-led tours encouraged observation, interpretation, and connection – key components within arts-in-health frameworks (Fancourt & Finn, 2019). Furthermore, the importance of meaningful relationships in reducing stress and fostering psychological resilience (Kokkonen et al., 2014) is observed through strengthened social and emotional bonds between caregivers and PLWD. In contrast, longer-term interventions like those conducted by Camic et al. (2016), and Camic et al. (2014) offer structured sessions that combine art viewing/discussion with art-making activities facilitated by professionals. This blend of intellectual engagement and creative expression offers a holistic approach leading to improved socialisation, emotional support, and reduced caregiver responsibility through shared creative activities. Loizeau et al. (2015) adopted a similar long-term approach with their *TimeSlips* methodology, emphasising storytelling and social interaction around artworks, which underscores the potential of creative and participatory methods in dementia care within museum settings. McGuigan et al. (2015) long-term intervention demonstrated the value of providing a multi-component museum

experience in an understanding and pleasant environment. They highlighted the enhanced impact of a more complex intervention involving physical handling, discussion, observation, and education. These approaches highlight the arts-in-health theory's (Clift & Camic, 2016) focus on creative engagement for emotional and cognitive stimulation, demonstrating the potential of creative methods to reduce isolation and strengthen social bonds (Nicholson, 2012). Research on arts-in-health needs more rigorous studies to evaluate the effectiveness of different art therapy modalities across diverse cultural contexts (Emblad & Mukaetova-Ladinska, 2021).

Museum-led programmes deliver significant benefits across cognitive, emotional, social, and relational dimensions, addressing the diverse needs of caregivers through a combination of arts-based, person-centred, and resilience-focused approaches. While short-term gains such as stress relief and improved mood are well-documented, the long-term sustainability and scalability of these outcomes require further exploration, particularly regarding their integration into broader caregiving practices.

Despite promising evidence of the short-term impact of museum-led interventions on caregiver wellbeing, questions of scalability remain. To embed these programmes sustainably into existing dementia care infrastructures, future work must explore models that leverage local assets and partnerships across cultural and care sectors. This might involve training museum and care professionals collaboratively to co-deliver interventions, creating replicable programme toolkits, and using social prescribing pathways that can seamlessly connect caregivers to cultural support. Consideration of resource capacity, local policy priorities, and regional inequalities will be vital to ensuring these interventions can be sustained and adapted across diverse contexts.

Mechanism of success

The success of museum-led interventions lies in their unique combination of non-clinical, sensory-rich environments and structured yet flexible activities that promote intellectual stimulation, emotional expression, and social bonding. These mechanisms are organised across three core areas: *Creative Engagement*, which allows for meaningful expression and connection through art-making, art-viewing, and reminiscence; *Community Belonging*, which fosters social support and shared experience among caregivers; and *Museum as a Therapeutic Place*, which leverages the museum setting as a sensory-rich and restorative environment.

Creative Engagement: art-making, art-viewing, and reminiscence through museum objects offer powerful verbal and non-verbal tools that foster emotional expression, intellectual stimulation and connection between caregivers and PLwD (Johnson et al., 2017). Art-making enables hands-on, non-verbal communication transcending cognitive limitations, allowing caregivers and PLwD to engage in shared creativity, joy, and emotional release (Camic et al., 2014). *Creative Engagement* aligns with arts-in-health theory as artistic expression fosters cognitive stimulation and emotional resilience by engaging participants in activities that transcend cognitive limitations (Clift & Camic, 2016). This channelling of emotions supports resilience, providing caregivers with constructive outlets for stress and emotional challenges. Art-viewing and facilitated discussions around museum collections create reflective opportunities, enabling participants to interpret and share emotional responses to art (McGuigan et al., 2015; Rosenberg, 2009; Rosenberg et

al., 2009). This fosters moments of aesthetic appreciation and cognitive stimulation, encouraging caregivers and PLwD to connect over shared experiences (Ganga & Wilson, 2020). Reminiscence activities and storytelling are memory triggers rooted in shared personal or cultural heritage (Loizeau et al., 2015). Cultural learning through art-making and storytelling provides caregivers with reflective opportunities to explore shared heritage and narratives. This fosters a sense of continuity and identity, particularly valuable for caregivers navigating the shifting dynamics of dementia care (Loizeau et al., 2015). Museums offer a unique sensory-rich setting for respite and intellectual engagement, reinforcing person-centred care principles by tailoring activities to caregivers' preferences and needs (Brooker, 2003).

Community Belonging: Museum-led interventions are social activities. These programmes also play a critical role in fostering community engagement by creating supportive spaces where caregivers can share experiences with peers, reducing feelings of isolation and building networks of social support (Logsdon et al., 2007; Nicholson, 2012; Camic et al.). The social aspect of museum-led interventions encourages meaningful interactions among caregivers, who often face similar challenges and can provide mutual empathy and understanding (Camic et al., 2019). The emphasis on social connections and the museum as a community asset stresses the interplay between individual well-being and broader community networks (Bronfenbrenner, 1979). Through shared discussions, reflections, and responses to art, caregivers gain validation and understanding, developing a sense of belonging and identity within the museum's inclusive environment (Camic et al., 2014, 2016; Johnson et al., 2017; Rosenberg, 2009; Rosenberg et al., 2009), deepening a sense of connectedness where caregivers feel acknowledged and valued (Ganga & Wilson, 2020; McGuigan et al., 2015; Rosenberg, 2009; Rosenberg et al., 2009). *Museum as a Therapeutic Place:* Museums serve as place-based assets, offering a sensory-rich, non-clinical environment where caregivers can step away from daily caregiving responsibilities, experiencing both privilege and respite (Camic et al., 2016; Hunt et al., 2018; Pienaar & Reynolds, 2015). Sensory-rich museum environments stimulate multiple senses, which has been shown to activate memory pathways and foster emotional connections, particularly in individuals with cognitive impairments (Belver et al., 2018; Fancourt et al., 2018). These interactions enhance both cognitive stimulation and emotional wellbeing, creating moments of joy and respite for caregivers. As inherently valuable community asset, museums provide a change of scene and an immersive setting that encourages emotional and intellectual engagement through art, artefacts, and stories (Camic et al., 2014; Loizeau et al., 2015; Rosenberg, 2009; Rosenberg et al., 2009). With empathetic facilitators to guide these experiences, museums create a nurturing atmosphere that promotes learning, social interaction, and mutual support (Ganga & Wilson, 2020; Loizeau et al., 2015). This environment enables caregivers to connect with peers, reducing feelings of isolation while enhancing emotional wellbeing and alleviating stress (Ganga & Wilson, 2020; Johnson et al., 2017; McGuigan et al., 2015). This therapeutic environment aligns with resilience models, highlighting how restorative settings and supportive interactions enhance caregivers' ability to adapt to the demands of caregiving (Walsh, 2012). The success of museum-led programmes derives from a blend of intellectual, emotional, and cognitive stimulation, unique learning experiences and high-quality facilitation at place (Ganga et al., 2024). These experiences enhance social bonding and allow caregivers to connect deeply with PLwD and other caregivers, strengthening a supportive community

network. This impact extends beyond the caregiver-PLwD dyad, as caregivers frequently report feeling more connected to others facing similar challenges, reinforcing a broader support community. By integrating cultural engagement with traditional care models, museum-led programmes enhance caregivers' quality of life, advocating for a holistic approach to dementia care (Chatterjee & Noble, 2016; Alzheimer's Association, 2018; Cabote et al., 2015; Camic & Chatterjee, 2013; MacPherson et al., 2009; Chatterjee & Camic, 2015; Fancourt et al., 2018; Lackoi et al., 2016; Morse, 2020).

Contribution to practice and research

The present research offers several contributions to the field, primarily i) providing evidence of the effectiveness of museum-based interventions on caregiver wellbeing outcomes, and ii) providing insight into which mechanisms are the most effective at producing these outcomes and improving our understanding of how.

The limited number of studies found here highlights the need for further research into caregiver outcomes; only one study solely sampled caregivers and, therefore, was the only one to truly isolate the caregiver experience. Future research should focus on addressing *how the mechanisms of museum-led programmes vary across cultural and socio-economic contexts. What are the long-term impacts of these interventions on caregiver resilience and wellbeing? How can digital technologies complement in-person museum programmes to expand accessibility? How do social support networks and health disparities influence caregivers' wellbeing?* Culturally sensitive assessment tools must be developed to accurately measure caregiver burden, stress, and wellbeing across diverse groups (Kiadarbandsari et al., 2024). Understanding cultural beliefs and coping strategies is essential to fostering adaptive practices, alongside leveraging social support networks (Morris, 2024). Art therapy's potential in diverse contexts warrants exploration (Emblad & Mukaetova-Ladinska, 2021). Addressing health disparities (Robinson-Lane et al., 2024) and conducting longitudinal studies remains critical for sustained caregiver support

In particular, future work would benefit from longitudinal and comparative designs to assess sustained impacts of museum-led programmes on caregiver wellbeing and resilience. These designs could explore how different frequencies and durations of participation influence long-term outcomes, and examine variations across diverse sociocultural and geographic settings. Incorporating mixed-methods approaches and participatory research would also enable a deeper understanding of caregivers' evolving needs and programme adaptability over time. Longitudinal studies could capture not only immediate and short-term improvements in wellbeing but also the extent to which these benefits persist or diminish as dementia progresses and caregiving challenges change. Studies could also investigate the relative effects of different intervention components – for example, object handling versus art-making – to identify which elements of the programme (e.g. object handling, art-making, storytelling, social interaction) are mechanisms of success. Furthermore, co-designed research with caregivers and cultural professionals will help tailor interventions to diverse cultural and healthcare contexts, ensuring they remain feasible, impactful, and adaptable at scale. Exploring hybrid delivery formats, such as combining in-person museum visits with digital sessions, would also improve accessibility for caregivers facing mobility, financial, or time constraints.

To build up the evidence base, more high-quality mixed-methods research is needed, demonstrating the impact of arts on museums on a broader range of caregiver outcomes, using consistent measures for validity and reliability. Mixed-methods research incorporating longitudinal cohort studies and participatory action research could provide robust data on sustainability and cross-cultural adaptability. Participatory research methods involving caregivers in designing research questions, interventions, and evaluating outcomes can truly understand and address the complex needs of cultural dementia caregivers. Long-term impacts should also be investigated, a key focus due to the degenerative nature of dementia and the potential for increased responsibility on caregivers (Falzarano & Siedlecki, 2021). Randomised controlled trials focusing on specific components, such as object handling or storytelling, could isolate the most effective elements of these programmes. To directly address museum-led interventions and their funding needs, the research could benefit from dedicated funding specifically targeting long-term, multi-session museum-based interventions focussed on dementia caregivers. This would allow an in-depth examination of museum-led programmes' sustainability, replicability, and cross-cultural applicability across different settings and care models, addressing existing research gaps.

The present review demonstrates the importance of a holistic approach, a multidimensional theoretical framework and the value of a more complex intervention involving emotional, intellectual, and cognitive stimulation, with multiple components such as handling, discussion, and specific activities. Future research could further investigate how specific elements of a holistic approach, in isolation and combination, impact specific outcomes and provide a deeper understanding of the mechanisms behind creative and participatory approaches such as the ones seen in this review.

Review limitations

Due to the limited number of interventions set in museums using solely caregivers, the original research aim was expanded to include art galleries and those that investigated dyad outcomes or also used other subjects such as PLwD, volunteers, and museum staff. This led to consideration of the caregiver outcomes separately from those of the PLwD, which could risk some loss of context and meaning. For example, as previously discussed, caregivers' wellbeing was sometimes enhanced by observing the person they cared for engaging in meaningful creative activities and their improved wellbeing as a result. Therefore, a deeper consideration of PLwD wellbeing outcomes in tandem with caregiver wellbeing outcomes may have enriched the findings. However, overall, reasonable consideration was given to this in the narrative synthesis, though future research could investigate wellbeing in this more integrated sense.

Conclusion

Museum-led dementia care programmes offer significant benefits for informal caregivers, enhancing social engagement and overall wellbeing. These interventions create welcoming and stimulating environments that foster creativity, respite, and social connection. While impactful, their depth and duration of benefits vary, highlighting museums as valuable but situational assets in dementia care. A review of seven studies (2004–2024)

reveals limited research on caregiver outcomes, with small samples and short-term focus underscoring the need for robust, longitudinal investigations. Future research should prioritise standardised measures, scalability, and effective elements of holistic approaches to integrate cultural interventions into comprehensive dementia care policies and strategies. By combining robust theoretical frameworks with innovative practices, future research can develop culturally sensitive and evidence-based dementia care strategies that address the diverse needs of caregivers globally.

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