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MANCHESTER

# "You come because it's an interesting place" : the impact of attending a heritage programme on the wellbeing of people living with dementia and their care partners

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**“You come because it’s an interesting place”: The impact of attending a heritage programme on the wellbeing of people living with dementia and their care partners.**

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Abstract:	<p>Promoting access to heritage settings has been acknowledged as a way to promote wellbeing in the UK for people living with dementia and their care partners. Yet there is a lack of information available internationally on the contribution of heritage sites to promote wellbeing and social inclusion for those living with dementia. This paper addresses this gap by reporting on the impact for 48 people of participating in the ‘Sensory Palaces’ (SP) programme run by Historic Royal Palaces at Hampton Court and Kew Palaces in the UK. Two primary data sources were used; post-session interviews involving 30 participants (the person living with dementia and/or their care partners), and 131 sets of self-complete pre and post session mood questionnaires administered directly before and after SP session attendance. Analysis of the data sets is presented under three themes: Enjoyment and Engagement; Connecting and Learning and Place, Space and Time. The findings demonstrate participants highly valued the heritage sessions and reported positively on the impact this had for their individual wellbeing and their relationships with one another. This paper highlights the opportunity for heritage sites to contribute to promoting wellbeing for people living with dementia.</p>

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Figure 1: The 3 S's model



For Peer Review

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6 **Title: “*You come because it’s an interesting place*”: The impact of attending a heritage**  
7 **programme on the wellbeing of people living with dementia and their care partners.**  
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15 wellbeing in the UK for people living with dementia and their care partners. Yet there is a  
16 lack of information available internationally on the contribution of heritage sites to promote  
17 wellbeing and social inclusion for those living with dementia. This paper addresses this gap  
18 by reporting on the impact for 48 people of participating in the ‘Sensory Palaces’ (SP)  
19 programme run by Historic Royal Palaces at Hampton Court and Kew Palaces in the UK.  
20 Two primary data sources were used; post-session interviews involving 30 participants (the  
21 person living with dementia and/or their care partners), and 131 sets of self-complete pre and  
22 post session mood questionnaires administered directly before and after SP session  
23 attendance. Analysis of the data sets is presented under three themes: Enjoyment and  
24 Engagement; Connecting and Learning and Place, Space and Time. The findings  
25 demonstrate participants highly valued the heritage sessions and reported positively on the  
26 impact this had for their individual wellbeing and their relationships with one another. This  
27 paper highlights the opportunity for heritage sites to contribute to promoting wellbeing for  
28 people living with dementia.  
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54 Key words: heritage; dementia; self reported wellbeing; heritage sites; people living with  
55 dementia; care partners  
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## Introduction

Dementia friendly communities have been advanced by UK Government policy directives (Department of Health 2012; 2015) and international policy influencers (e.g. Alzheimer Disease International 2015) to promote living well for people diagnosed with dementia. Heritage sites offer the potential to engage people living with dementia and to promote wellbeing, however there is a dearth of international literature on this issue and the role of heritage sites in promoting dementia friendly communities has remained largely unexplored.

This paper reports findings from an evaluation of ‘Sensory Palaces’(SP), a programme for people living with dementia and their care partners, provided by Historic Royal Palaces (HRP) an independent charity that cares for six royal palaces in the UK,<sup>1</sup> HRP states that it is guided by four principles – guardianship, discovery, showmanship and independence (HRP 2018), and that it is committed to working with audiences who face barriers to engagement. The SP programme is delivered in two palaces - Kew Palace and Hampton Court Palace.

The concept of ‘heritage’ is difficult to define, and critical heritage scholars have raised questions about the tendency of governments and ‘experts’ to favour a definition of heritage that privileges “grand, large and ancient” physical sites with clear links to significant events in a country’s history (Waterton, 2010, pp. 86). There is no doubt that the two sites where this study was conducted could be described in Waterton’s terms. We adopted Historic England’s definition of heritage as an “aspect of the worth or importance attached by people to qualities of places, categorised as aesthetic, evidential, communal or historical value” (Historic England 2008), while paying attention not only to the way in which participants in the programme engaged and disengaged with the physical site (Smith, 2012) and to the corporeal

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3 and material dimensions of their experiences (Harrison, 2013), but also to the meanings and  
4 emotions evoked by their engagements (Bagnall, 2003; Smith and Campbell, 2016).  
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10 Heritage sites offer the opportunity to physically visit a place of interest, as well as promote  
11 social interaction and mental stimulation, three elements of living well with dementia.

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13 Promoting access to an area of social life that have been largely overlooked in dementia and  
14 in heritage research offers the opportunity to further social inclusion for those living with  
15 dementia as set out in policy directives (Department of Health 2012, 2015).  
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### 23 **Heritage and Wellbeing**

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25 In the UK, wellbeing has become an important government priority (Health and Social Care  
26 Act 2012; Care Act (England) 2014). This has influenced policy developments, including for  
27 the arts, culture and heritage (Mendoza 2017; Reilly, Nolan and Monckton 2018). Research  
28 exploring the health benefits through engagement with heritage has been noted as limited  
29 (Ander et al 2013b), but demonstrates that there are reported benefits by participants.  
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37 Pennington et al (2019) comment on the impact of heritage on wellbeing as important in  
38 public health discourse in the UK in particular. However little work exists about engaging  
39 people living with dementia in heritage sites and the benefits for participants. Given the  
40 inclusion agenda in dementia discourse (Department of Health 2012, 2015) and the concern  
41 to promote access for people living with dementia to all areas of society, we explored the  
42 potential role of heritage sites in promoting wellbeing for people living with dementia.  
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53 Engagement with creative and cultural activities, including heritage, makes a significant  
54 contribution to wellbeing compared to other factors such as having children/intergenerational  
55 connections or living with someone else (Maer, Robinson and Hobson 2016; Age UK 2017),  
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3 and there is an association between heritage site visits and visitor wellbeing (Fujiwara,  
4 Cornwall, and Dolan 2014). The culture and heritage sector has acknowledged this with  
5 initiatives to reach marginalised, vulnerable and excluded groups, including people with  
6 dementia (Allen et al. 2015; Gould and Vella-Burrows 2017). For example, the New York  
7 Museum of Modern Art (MoMA) model of engaging audiences with dementia with their  
8 collections is a popular approach (Broadhurst and Roberts 2009). Heritage sites are often  
9 seen as the preserve of experts; however, using the example of heritage preservation  
10 following natural disaster, Gibson, Hendricks and Wells (2018) present a compelling  
11 argument for the need for a partnership approach with the general public when conducting  
12 heritage-based work. The study reported on here is a clear example of a heritage site  
13 attempting to work in partnership, and to be facilitators, rather than regulators of heritage  
14 (Gibson, Hendricks and Wells 2018).

### Heritage sites, dementia and ageing well in place

The body of work around ‘ageing in place’ and the importance of multiple aspects of geographies on wellbeing and inclusion for older people is well established as reviews illustrate (Wiles 2005; Sixsmith and Sixsmith 2008; Vasunilashorn, Steinman, Liebig, and Pynoos 2012). Ageing well in place is recognised to go beyond the walls of an individual’s home, but extends into their neighbourhoods and wider communities (Wiles, Leibing, Guberman, Reeve, and Allen 2012). Heritage sites can be seen as an example of wider community resource. Cherished individual possessions have been argued as a means of looking back but also to continue to age well in the present (Coleman and Wiles 2018), and heritage sites can be seen as collective ‘cherished possessions’ that offer the opportunity to

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3 reminisce but also to go to places that enable one to live well in the present while ageing and  
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5 experiencing dementia.  
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## 10 **Context**

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12 There are limited examples of efforts being made by heritage sites to reach out to people with  
13 dementia, reflected in case studies included in HRP's guide to making heritage sites more  
14 dementia-friendly for visitors (Klug et al. 2017). There were no instances though of research  
15 reporting wellbeing *programmes* for people with dementia delivered in heritage settings. We  
16 extended our search to examine wellbeing programmes for older people or people living with  
17 dementia or cognitive impairment delivered in museum, gallery or heritage settings; or  
18 through outreach work by museum, gallery or heritage staff delivered in residential, hospital  
19 or community facilities.  
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33 Work conducted in the UK, USA and Australia demonstrates that museum and gallery  
34 approaches to provision for people with dementia tend to be focussed on objects and artefacts  
35 (Ander et al. 2013), rather than on space and place. Dementia specific activities in the  
36 museum and gallery sector with evidence of wellbeing impact are often linked with the  
37 reminiscence model of working, for example, through object handling, or 'memory boxes'  
38 (Charlesworth and Wenbourne 2017) although there have been notable moves to engage with  
39 objects creatively without the purpose of reminiscence (Camic, Tischler and Pearman 2014).  
40 We found no studies on programmes delivered in heritage settings as defined in this paper,  
41 although ten were delivered in museums or art galleries, such as the Whitworth Art Gallery in  
42 Manchester (Roe et al. 2016) and the Andy Warhol Museum in Pittsburgh (Flatt et al. 2015).  
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3 While the significance of the setting where programmes were delivered was not a specific  
4 research question for other work in this area, commentary suggests that visiting certain places  
5 evoked a sense of privilege, in terms of the way that participants appreciated the special  
6 arrangements being made for them in beautiful and important places, outside the usual visitor  
7 experience (Mittelman and Epstein 2009; Camic and Chatterjee 2013). The potential  
8 challenges posed by the physical characteristics of the environment also received comment,  
9 such as wayfinding and navigation through unfamiliar spaces (Mittelman and Epstein 2009;  
10 Roe et al. 2016) as did the importance of advance information about the venue, and of staff  
11 support on the day (Roberts, Camic and Springham 2011; Camic and Chatterjee 2013).  
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26 The significance of space and place has been identified as ‘promising’ in contributing to  
27 community wellbeing (Bagnall et al. 2018). However, understanding the particular and  
28 unique nature of the relationship between place, people and wellbeing has been identified as  
29 the ‘largest gap’ in research on heritage and wellbeing (Reilly, Nolan and Monckton 2018),  
30 and until this study, the contribution of heritage spaces to wellbeing in dementia had not been  
31 explored. How to measure wellbeing in relation to participants’ involvement in arts, museum  
32 and heritage work is also recognised as a challenge (Thomson et al. 2012; Thomson and  
33 Chatterjee 2014). The working definition we used here is based on Kitwood’s (1997)  
34 internationally recognised model of needs for people living with dementia, with the concepts  
35 of inclusion, occupation and identity of particular relevance to heritage work. This is similar  
36 to the definitions of wellbeing found in Pennington et al’s 2019 review of wellbeing and  
37 heritage studies.  
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### 56 **The Sensory Palaces Programme**

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3 ‘Sensory Palaces’ is a heritage programme designed to provide authentic, creative, site  
4 specific, multisensory experience away from the ‘reminiscence models’ of working with  
5 people living with dementia, focusing instead on the ‘here and now’ experiences in a safe  
6 dementia-aware environment. The programme’s ‘Three S’s’ model combines sensory  
7 stimulation, storytelling (based upon historical information) and period spaces exploration.  
8 Individual sessions are designed and delivered by creative facilitators, representing a range of  
9 artistic disciplines including sculpture, dance and music, who work to a detailed brief but are  
10 given considerable creative freedom in choosing aspects of the site’s ‘story’ to develop their  
11 ideas.  
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26 Figure 1.  
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### 33 **Research Design**

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37 We explored: What is the health and wellbeing impact of the SP Heritage programme on the  
38 participants – people living with dementia and their care partners?  
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44 A mixed methods approach was adopted to reflect the complexity of approach required to  
45 study dementia (Robinson et al. 2011). Two data sources, mood questionnaires and  
46 interviews, are reported on here, alongside participant demographic data. Ethical approval  
47 was granted by The University’s Research Ethics Panel.  
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### 56 ***Access and consent***

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3 HRP staff contacted programme participants in advance to gauge initial feelings about the  
4 study and to answer any questions. An email followed with information sheets and consent  
5 forms. All participants were living with dementia in their own homes and had variable health  
6 and levels of physical functioning. However, all had the ability and the capacity to consent to  
7 participation in the project. On the day of each session researchers verbally explained the  
8 study, answered any questions, and obtained written consent. An established method of  
9 process consent was followed (Dewing 2008) involving on-going consent monitoring, with a  
10 focus on mood and engagement as indicators of willingness to participate. Participants were  
11 reminded their participation was voluntary and they could withdraw at any point. In the  
12 event of concern or distress, participants had the opportunity to talk to the research team, and  
13 signposting to appropriate support services was available.  
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### 31 ***Data Collection***

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33 48 individuals consented to participate in the evaluation study, 24 people living with  
34 dementia and 24 care partners, most of whom were spouses of the person with dementia. Six  
35 participant couples attended only one session, the remaining 18 attended between 2 and 6  
36 sessions.  
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### 48 ***Demographic data***

49 Demographic data was collected from 22 of the 24 individuals living with dementia, 17 men  
50 and seven women with an age range of 62 – 94 years; and from 24 care partners, 17 women  
51 and seven men. Alzheimer's was the most common diagnosis (42%), followed by mixed  
52 dementia (21%). Time since diagnosis was from two to nine years, with the most common  
53 length of time being 3 – 4 years (42% of participants). We also collected occupational data  
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3 for the person living with dementia and analysed this according to The UK National Statistics  
4 Socio-economic classifications. The majority of participants would be classified (Office of  
5 National Statistics 2010) as middle class (58%) with equal numbers of upper class and  
6 working-class participants (17%).  
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### 14 *Mood Questionnaires*

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16 All 48 study participants were asked to rate their mood at the beginning and end of each  
17 session using a short bespoke questionnaire. Repeat attenders completed a questionnaire at  
18 each visit. Pre-session questionnaires required participants to describe their mood on a scale  
19 of 1 (really unhappy) - 5 (really happy); and post-session to repeat the mood rating and to rate  
20 enjoyment using a similar scale. They were also invited to comment on their enjoyment  
21 scores. We collected 131 sets of pre and post questionnaires. Of these, 130 sets represented  
22 attendances by 65 people living with dementia and 65 care partners. One set was completed  
23 by a person living with dementia whose care partner did not fill in the questionnaire.  
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### 38 *Interviews*

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40 We planned to interview participants at three time points – prior to first attendance at SP,  
41 immediately post-session and at three month follow up. However, we had not anticipated the  
42 number of people attending more than one SP session. During the data collection period  
43 there were few people who attended for the first time, and consequently few opportunities to  
44 carry out pre-session interviews. During post-session interviews, participants often included  
45 comments about other sessions they had previously attended. At follow up, most participants  
46 were continuing to attend on a regular basis, so exploring continuing impact after three  
47 months was not relevant. Therefore, the plan to interview all participants at three time points  
48 could not be realised.  
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6 Thirty participants (15 people living with dementia, and 15 care partners) were interviewed,  
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8 some of them more than once. A total of 33 face-to-face interviews took place on-site  
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10 immediately after the session, and seven telephone interviews around a week after the  
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12 sessions. Two fieldworkers attended the sessions to enable us to interview the person living  
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14 with dementia and their care partners separately. In some instances, couples wished to  
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16 remain together and when this happened we focussed on talking to the person living with  
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18 dementia and sometimes arranged to speak to care partners by telephone later.  
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### 24 **Data Analysis**

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26 The study design allowed us to evaluate the wellbeing impact of the SP project using three  
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28 data sources: participant demographic data, mood questionnaires, and interviews.  
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33 Thematic analysis (Braun and Clarke 2006) of mood questionnaire comments and interviews  
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35 was undertaken through an analysis of each set of participant interviews, and then exploring  
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37 and comparing themes occurring across the interview data sets. Initial codes (e.g. visiting  
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39 gardens) were grouped into categories (e.g. 'heritage activities'). Attribution of categories  
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41 took account of, but was not limited to, the research question. Once initial categories had  
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43 been identified (HS) the data was analysed by a second member of the team (AI) who  
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45 verified or suggested amendments.  
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### 51 **Findings**

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53 The findings are reported under three broad themes: *Enjoyment and Engagement; Connecting*  
54  
55 *and Learning* and *Place; Space and Time*. The first two relate directly to the wellbeing  
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3 impact of the programme. The third draws out the particular contribution of the heritage  
4 settings for participants' reported wellbeing.  
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### 10 ***Theme 1: Enjoyment and Engagement***

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12 People living with dementia and their care partners were almost unanimous in reporting that  
13 they enjoyed and valued their participation. They talked about their feelings and responses  
14 and identified features of the programme that contributed to these positive  
15 responses. Important factors included the structure and content of the sessions, the way  
16 participants were welcomed and supported, and the friendliness and empathy of staff  
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24 (Anonymous, 2019).  
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28 Almost all care partners identified at least one aspect of the sessions that they enjoyed for  
29 themselves.  
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35 It's a very jolly event. It's one of, you know, the few things that the carers enjoy as  
36 much as the people that are there... [CP3]  
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42 Nine people living with dementia were interviewed immediately after attendance, and all said  
43 that they enjoyed attending:  
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49 Oh, I always do...I look forward to coming; I enjoy meeting people with similar likes.

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51 It's special to us, coming here. [Person Living With Dementia2]  
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56 Care partners' comments about their partners' enjoyment were more nuanced. They tended to  
57 'evidence' their assessment of this by describing how the person living with dementia  
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3 engaged in activities during the sessions, or some other aspect of their response such as  
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5 changes in facial expression, e.g. faces “brightening up”, or “smiles came on his face”.  
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10 Participants were asked to comment on aspects of the session design, including content, pace,  
11  
12 and timing. Care partners, and to a lesser extent, people living with dementia, talked in detail  
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14 about what worked for them. They valued the attitude and approach of the staff and  
15  
16 volunteers who organised bookings and supported participants on the day. They talked about  
17  
18 the way the facilitators provided a structure and focus to the sessions, yet managed to achieve  
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20 this flexibly and responsively, within a comfortable, welcoming environment and  
21  
22 atmosphere.  
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28 Several care partners were struggling emotionally with the impact of dementia on the person  
29  
30 they were caring for, and the implications for themselves. One response was to focus on the  
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32 here and now, and to take things ‘day by day’, so that anything that tipped the balance from a  
33  
34 bad day to a good day was of value:  
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40 His mood is a lot better, and so that obviously helps with his ongoing care...For that  
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42 day it’s probably, you know, a lot better...the day goes a lot better for us, yeah...I  
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44 would say probably 99.9% I’m certain if we go there, we are going to have a good  
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46 day. [CP15]  
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51 Two participants described the programme as providing a form of ‘treatment’ for people  
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53 living with dementia:  
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3 You know, it's...I think it's almost a valuable treatment...I think if you could bottle  
4 that and apply it in other directions, I mean it is something that would work greatly.

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7 [CP3]  
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12 I don't believe that any medical treatment could do it better than what we do now.

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14 This is the best medical treatment that you could possibly get. I mean, tablets are all  
15 right, but without this, you would lose it. [Person Living with Dementia11]  
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21 Mood questionnaires showed an increase in mood scores from start to end of the session of  
22 26% for people living with dementia, and 20% for care partners. Average enjoyment scores  
23 were 4.5 for people living with dementia and 4.75 for their care partners. A small number of  
24 people living with dementia reported a decrease in mood from beginning to end of the  
25 session, but despite this their enjoyment scores and comments suggested that they had  
26 enjoyed the sessions. Thus, enjoyment was a clear factor in the success of the programme for  
27 self-reported wellbeing impacts, observed wellbeing during the groups and also the  
28 reflections from participants in the interview data where enjoyment of the programme clearly  
29 benefitted those who felt isolated, who were having challenges maintaining their relationships  
30 alongside the challenges of providing support to the person living with dementia; the  
31 programme brought fun and enjoyment for participants improving their reported mood and  
32 sense of wellbeing.  
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## 50 51 ***Theme 2: Connecting and Learning***

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53 A second message emerging from the analysis concerns the impact of the heritage  
54 programme beyond the sessions themselves.  
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3 The heritage programme is designed around the ‘3 S’s’ - story, sensory and spaces; however,  
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5 a fourth ‘s’ - social – emerged as an important feature of the programme. The programme  
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7 supports social connections at several levels. It provides opportunities for participants to meet  
8  
9 new people (other participants, staff, facilitators) and engage in general social interaction;  
10  
11 allows care partners to connect with others in similar situations; improves the quality of  
12  
13 relationships between care partners and person living with dementia, and enables participants  
14  
15 to join the wider visitor community at the two heritages sites. Several talked about the way in  
16  
17 which their involvement in the programme gave them confidence to attend other events.  
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24 General social contact at the sessions was enjoyable and rewarding:

25  
26 I think that the [social aspect] is the most important part of it, because a lot of people  
27  
28 who are on their own, like myself, sometimes they feel isolated [Person Living with  
29  
30 Dementia11]  
31  
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35 Almost all those who contributed to the interviews, particularly the post-session and follow  
36  
37 up interviews, mentioned the programme as a source of support for care partners. While  
38  
39 there was value in contact with other carers in general terms, for example in realising that  
40  
41 other people were dealing with similar challenges, care partners identified some specific  
42  
43 ways the programme helped them both during and after sessions.:  
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49 It’s nice to see other carers with the person they’re caring for, and see that interaction,  
50  
51 and you know, pick up tips, or just appreciate what people can do and are going  
52  
53 through [CP10]  
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3 One of the participants living with dementia commented on this aspect of the programme in a  
4  
5 post-session interview:  
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9  
10 And they [care partners] talk to one another...and it's most important [Person Living  
11  
12 with Dementia4]  
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16  
17 Another significant benefit was the familiarity of other care partners, staff and facilitators  
18  
19 with the symptoms of dementia. Knowing that group members would understand unexpected  
20  
21 or unusual behaviour by the person living with dementia helped care partners to relax, and  
22  
23 relieved the anxiety experienced in other public situations:  
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28 When you go to something like that you know everyone is going to feel the same as  
29  
30 you, so if they do something outrageous, you know, no one's going to take any notice;  
31  
32 and you know that is a lovely feeling because when you go anywhere else, you're on  
33  
34 tenterhooks all the time [CP3]  
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40 Participants, particularly care partners, identified that although they were acutely aware of  
41  
42 how life had changed for them and the challenges to come, involvement in the programme  
43  
44 reminded them that there were still things that they could do and enjoy, and still things they  
45  
46 could learn. Most of the participants were long-married couples and dementia had changed  
47  
48 the nature and quality of relationships between them. Attendance at the sessions helped some  
49  
50 participants to relate to one another as couples, rather than as carer and cared-for:  
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3 We are doing stuff together, and it doesn't feel like I'm looking after him in a  
4 way...I'm not having to do stuff for him, he's listening with me. We have a chat  
5  
6 about the things that have gone on; we can have, like, a proper conversation. [CP15]  
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11  
12 The sessions provided opportunities for people to continue engaging in activities relating to  
13 interests they had shared during their lives together, and to access new experiences.  
14

15  
16 Participants suggested that the heritage sessions were stimulating and interesting, and were  
17 presented in ways that respected the capacity of persons living with dementia to develop and  
18  
19 achieve:  
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26 It's all part of getting involved in things to keep the brain active: reading and finding  
27 out things and experimenting, you know, just to keep your mind going really. [Person  
28  
29 Living with Dementia11]  
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35 Well, I'm coming there because there's going to be something interesting [Person  
36  
37 Living with Dementia 16]  
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42 This may be 'in the moment' for some people living with dementia, but care partners were  
43  
44 sometimes surprised by apparent recollections or connections following the visits:  
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49 You don't always realise initially the benefit. But when different things come up in  
50  
51 conversation and you relate it back, then you realise just how valuable it has been to  
52  
53 my mother [CP12]  
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3 It's informative, and you know, it extends because you come home and, like the  
4 chocolate thing, we went on to investigate it further, so it's got an ongoing stimulation  
5  
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7  
8 [CP3]  
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15 For several participants, heritage sessions have become a regular feature in their life with  
16 dementia. These regular or repeat visits to Hampton Court or Kew Palace provide them with  
17 something to look forward to as part of their routine:  
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24 You've always got that to look forward to. He always...I always write it on the  
25 calendar, and he looks, and he says, "Ooh, we're going to Hampton Court". [CP4]  
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31 The importance of learning was reported in the open-ended questions in the mood  
32 questionnaires demonstrating enjoyment of the sessions in two distinct ways. Participants  
33 commented on the pleasure of new learning opportunities:  
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40 Interesting factual facts and background. [Person Living with Dementia4]  
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42 We all learned a lot about Hampton Court Palace life...[Person Living With  
43 Dementia11]  
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49 Creative expression was also valued, particularly by the care partners:  
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51 We generally bring something home that I can show to him and say, "Look, this is  
52 what we did at Hampton Court"... [CP4],  
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3 In this way the SP programme supported the wellbeing of participants through providing the  
4 opportunity to learn and connect with others and provided opportunities for the person with  
5  
6 dementia and the care partner to learn together and be in a situation that enhanced their  
7  
8 relationships with one another.  
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### 14 ***Theme 3: Place, space and time***

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19 This theme specifically addresses the significance of the heritage settings for the wellbeing  
20 impact of SP. Delivery of the programme in these iconic palaces, and in selected spaces  
21 within them are novel and distinctive elements of the SP programme. Our findings suggest  
22 that the unique heritage settings where the programme is delivered, and the emphasis placed  
23 on making connections between the spaces, the people who lived in them and their stories,  
24 and the participants' sensory, physical and emotional experiences of the spaces positively  
25 enhances their experience of the sessions.  
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38 Participants talked about how the historic surroundings enhanced their enjoyment, and how  
39 access to authentic spaces and artefacts helped them connect with the session content and  
40 activities:  
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49 You're hearing about the history of the place where you're actually in...it makes it  
50 come alive so much more than if you're just in a classroom and shown some pictures.  
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52 It makes it so much more real for them, and relevant, and much more memorable  
53 perhaps. [CP15]  
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3 It's nice to come to Hampton Court, it's all very ancient though you know. You come  
4  
5 because it's an interesting place. [Person Living with Dementia 16]  
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10 The unique qualities of the sites, and the impact of the settings in terms of their architectural  
11  
12 grandeur, size and beauty were also significant:  
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17 It's a lovely place, so well kept. The gardens are beautiful [Person Living with  
18  
19 Dementia21]  
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24 The age of the sites is another special quality, but protected buildings such as these cannot  
25  
26 always be adapted to meet the needs of people with disabilities. As well as some of the  
27  
28 consequences of dementia, such as perceptual difficulties that might affect mobility and  
29  
30 confidence, some participants had other health issues such as joint problems, tremor and eye  
31  
32 conditions, which could pose potential access challenges at heritage sites. However, they  
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34 reported few physical barriers to accessing the sites, and accepted that full accessibility to all  
35  
36 areas would not be possible:  
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44 It's made me more aware that [heritage sites] are actually very comfortable to walk  
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46 around, there's good refreshments available and they're actually easy places to go if  
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48 you're in our situation [CP7].  
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54 Appreciation of the settings was reflected in what people said about their sense of pride in  
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56 historic sites such as these, and about feeling fortunate to have them on their doorsteps. Being  
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58 invited to attend the programme in these surroundings, and being given privileged access to  
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3 parts of the site and to activities not available to the general public made participants feel  
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5 valued:

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10 You know, if you go to [activity] it's in a really grotty room, it's the biggest room  
11 they've got at [name of hospital], which is where the mental health service is run  
12 from. It's a really grotty old room with a divider in the middle pushed back. There's  
13 no pictures, it's miserable... I think having a really exceptional environment to come  
14 to a workshop like this makes a huge difference [CP7]

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23 An apparently significant aspect of participants' enjoyment was the relationship they had had  
24 with the sites throughout their lives. Most participants lived within 15 miles of the venues,  
25 and many were familiar with them from childhood, or from when they were bringing up their  
26 own children and had visited Kew or Hampton Court for family days out. They had  
27 emotional connections with these places, with the result that they seemed to find them  
28 comforting and familiar:  
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40 ... he [husband] used to come here a lot with his mum when he was younger. He's  
41 always keen to come. Whenever I say, if we had to miss one, it's "Ooh, I'm  
42 disappointed" [CP4]

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49 It's like coming back to an old friend, renewing acquaintances [Person Living with  
50 Dementia3]

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56 Some participants were explicit in talking about how the setting intensified sensitivities to the  
57 nature and significance of time, and to individual and collective histories. Memories of  
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3 earlier visits to the Palaces were part of their individual stories, but for some, the heritage  
4 setting offered the opportunity to locate those individual stories within a wider story, of  
5 shared and collective significance. The juxtaposition of fleeting and for some, soon-forgotten  
6 experiences, with the history carried by the heritage sites sometimes prompted poignant and  
7 thoughtful moment for participants.  
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19 There's something about it; they've stood the test of time that they're there, and you  
20 know, they're part of history and beyond...the continuity of life. And that wonderful  
21 laying out of all the things that have happened in that period of the [Hampton Court  
22 Great] vine; you know, forgetting about our own personal things. When you stop and  
23 think, they're almost trivial [CP3]  
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33 It's a spectacular place. There's no other way you can express it. It is an amazing  
34 place, and although I wasn't around at the time, we've got to be absolutely thankful  
35 that all those million bombs that came over at that time didn't destroy that wonderful  
36 piece of British history [Person Living with Dementia1]  
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45 Delivery of the programme in the heritage sites was an important factor in the underpinning  
46 positivity reported by participants, contributing to the sessions feeling special to them, and  
47 enhancing their enjoyment and wellbeing. Looking forward to attending a setting that was  
48 seen as unique and spectacular, rather than to a social service setting enhanced perceptions of  
49 self-value and enjoyment as a couple.  
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## Discussion

Sensory Palaces is an unusual example of a wellbeing programme for people with dementia in that it is designed with the intention of opening up heritage sites to this group, and is unique in that it takes place in two distinctive heritage spaces, with their own histories, stories and resonances.

The SP programme is carefully designed around the historic sites, using the ‘three S’s’ of Spaces, Story and Senses. Facilitators construct individual sessions based on a story related to a specific part of the site and include an activity relevant to this. Participants are occupied throughout the session, moving between parts of the site, visiting particular spaces, exploring stories and undertaking themed activities. Unusual, multisensory and historic aspect of the sessions’ spaces offered different and new environment to the participants compared with their habitual ‘spaces’ of home. The programme offered the opportunity to explore different aspects of self – personal identities outside these familiar or habitual spaces. I know who I am in my home, in my garden, in GP’s surgery but who am I in the Great Hall of Hampton Court, dancing to Tudor music? Who could I be carrying a candle through the Haunted Gallery? How do I experience myself drumming in the Guard room? Many participants alluded to the sense of being liberated from their identity as carer or PLWD during the sessions. It could be argued that their presence in a different space paired with the offer of creative activity facilitated, or gave permission, to explore and connect with different aspects of self outside habitual and familiar roles.

The Sensory Palaces programme made a strong offer to participants to inhabit the historic spaces - to literally take their place in the space in the historic rooms and fill them with self expression – music making, talking, singing, dancing. Programme staff actively strived to facilitate activities that made the historic space ‘alive’. This permission, and even sense of

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3 entitlement, to use the space beyond the norms of being a tourist was recognised by the  
4 participants. The spaces became functional again during SP sessions, with local people (the  
5 participants), in an historic setting in contemporary times. Delivery in these multi-sensory  
6  
7 environments, including indoor and outdoor spaces, has been shown to enhance wellbeing  
8  
9 (Maer, Robinson and Hobson, 2015), and this was indeed the case in our study.  
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18 Despite sometimes experiencing some practical challenges in getting to the session (ensuring  
19 the person with dementia was up, ready, and able to travel to the venue), many care partners  
20 said attendance was worthwhile when they saw positive responses in the person they were  
21 caring for, or saw them engage in ways that they might have done before their diagnosis, or  
22 that they did not see so often in other contexts. This provided them with a sense of  
23 achievement for the person with dementia, and pleasure in the person's ability to take  
24 enjoyment from participation.  
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36 Participants commented that they enjoyed the fact that they were involved in these activities  
37 in 'relevant' spaces. This suggests that the atmosphere, authenticity and antiquity of HRP's  
38 heritage settings together may contribute to providing an experience for person living with  
39 dementia and their care partners that is valued and valuable and impacts positively on  
40 wellbeing. Authenticity is a concept that has been identified in other heritage studies where  
41 the physical location was found to be an important component of the reported enjoyment and  
42 engagement with a heritage project (Wesener 2017). Authenticity is however a complex  
43 concept and is subject to many definitions and understandings (Kidd 2011; Su 2018; Merrill  
44 2015; Alvizatou 2012; Paddon et al. 2018).  
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3 Having the opportunity to attend the heritage sites contributed to participants feeling  
4 included, another of Kitwood's dimensions of wellbeing for people living with dementia. If  
5 there were places available participants could come on repeat visits; and they were  
6 encouraged to remain on site after the session had ended. They came to know and be known  
7 by staff, not only those directly involved in the programme, and were recognised and  
8 acknowledged by them. Visits to the Palaces were seen as treats, or days out. Sessions were  
9 significant events in their calendars. Knowing a session was imminent boosted people's  
10 moods and sense of having something to look forward to, something that participants in Meet  
11 Me at MOMA reported (Mittelman and Epstein 2009). The possibility of continuing visits on  
12 a fairly regular basis may be significant in accounting for the on-going wellbeing benefits for  
13 people living with dementia reported by some care partners, and further research as to the  
14 factors influencing the longevity of such benefits is indicated  
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33 Participants referred to feelings of pride and privilege in talking about their involvement in  
34 the SP programme. For example, one person, who described themselves and their family as  
35 'staunch royalists', was proud of the associations of the sites with the British royal family,  
36 while another participant who was not born in the United Kingdom but had lived near  
37 Hampton Court Palace for many years had enjoyed being able to introduce visiting relatives  
38 from overseas to the 'historic gem' on their doorstep.  
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49 While English Heritage suggests (2000; 2006; 2014) that a sense of 'pride' can be  
50 engendered through accessing heritage sites, there have been criticisms of an approach to  
51 heritage that tends to materialise a specific national identity and to privilege the lives and  
52 stories of particular social groups, and in so doing to exclude others (Waterton, 2010). In  
53 talking about 'privilege' in the context of this study though, SP participants most often  
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3 appeared to be referring to the ‘special treatment’ they received when attending the  
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5 programme, free of charge, designed with their specific needs in mind, allowing them to  
6  
7 access parts of the sites not normally open to the public and enabled them to develop  
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9 relationships with HRP staff.  
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14 Hampton Court and Kew Palaces were built before the introduction of legislation and policy  
15  
16 concerned with the promotion of access, and so have features such as staircases rather than  
17  
18 lifts, cobbled surfaces, low lighting and sometimes difficult to access toilet facilities, an  
19  
20 areas of concern previously reported by care partners and providers of leisure and tourism  
21  
22 opportunities (Page, Innes and Cutler 2014). Although these issues presented challenges to  
23  
24 some people, participants did not consider them a barrier; rather they were accepted as  
25  
26 characteristics of the heritage space, and staff were seen as supportive and helpful in  
27  
28 overcoming these to meet the needs of individual participants. Moving around and through  
29  
30 the spaces, rather than remaining in one room throughout the session, enhanced their sense of  
31  
32 the grandeur of the settings, as well as providing gentle exercise.  
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40 The data suggests that many participants had visited other heritage sites, and that for most of  
41  
42 the participating couples, this had been an activity they had shared over many years. This is  
43  
44 in keeping with Wineinger’s (2011) findings, where prior exposure to heritage sites increases  
45  
46 the probability of accessing heritage sites in the future. However, participants attending these  
47  
48 sessions were primarily local, and most were familiar with these particular sites from  
49  
50 previous visits. The significance of personal connections with heritage sites is acknowledged  
51  
52 in the literature: for example, Wesener (2017) discusses the continuity of a relationship with a  
53  
54 place, in his case an area for jewellery production, and Bagnall (2003) identifies the  
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3 important role of the relationship between heritage sites and personal and cultural biographies  
4 and life histories in visitors' experiences.  
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10 In our study many people had fond memories of Hampton Court and Kew Palaces from visits  
11 with their parents, their children and or other family and friends. For a number of people  
12 living with dementia, there appeared to be an emotional connection or memory that supported  
13 their enjoyment of sessions and their reported willingness to attend. This suggests that having  
14 some kind of pre-existing connection with a particular heritage venue might be of particular  
15 importance for visitors with dementia; and that knowledge of a place and the authentic roots  
16 it has in memory is an area worthy of further study in considering approaches to heritage  
17 work with people living with dementia. Proximity to the site may also be important, given  
18 the challenges of travel for some people living with dementia and the demands this makes on  
19 care partners.  
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35 Attending events in these sites that span several centuries, enabled some participants,  
36 especially care partners, to think about their current experiences, often challenging, in a  
37 historical perspective. This has a similarity to Paddon et al's (2014) study where participants  
38 of a heritage object handling programme in hospitals were observed to remember and  
39 reminisce, and in the process to attribute meaning to their lives both past and present.  
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47 Participants in the SP programme made comments that suggested they were able to locate  
48 themselves in their personal pasts and the past of the heritage site, and perhaps offered them  
49 access to a sense of personal identity, another aspect of Kitwood's wellbeing model. This was  
50 an unintended impact of the sessions via the links made to the Palaces stories and spaces.  
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3 The benefits to the relationships of individual care partners and the person living with  
4 dementia is an interesting aspect to our findings as learning together, enjoying the activities,  
5 and going out to a place that as a family they may have visited previously all enhanced the  
6 sense of connection between couples. Having the opportunity to talk to others in similar  
7 situations was also beneficial for care partners who could relate to each others experiences  
8 while also knowing other care partners understood any behaviours that the person living with  
9 dementia might engage that they might find difficult in another context. Thus relationships  
10 between participants, between staff and participants (anonymous 2020) and between the dyad  
11 of the person living with dementia and the care supporter were all enhanced by their  
12 engagement with the sensory palaces programme.

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29 There are a future questions, beyond the remit of this study. For example,—about how to  
30 encourage other people with dementia, who do not live close by and perhaps have less  
31 experience of visiting heritage sites of any kind, to access opportunities such as this, and for  
32 further research to help us understand the significance of prior connections with a particular  
33 site. There is also the potential to apply the learning from heritage sites to other  
34 environments, for example natural environment such as green or blue spaces that offer  
35 individuals with emotional and local connections. Creating guides to enable this through  
36 people (staffing or family members) to for example access woodlands, shorelines, hillsides  
37 and areas of natural beauty is an area also worthy of further research consideration.

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51 There is also a question that remains about the impact of gender on participation and access.  
52 Many of the participants attended with spouses/partners, which is perhaps significant given  
53 Wineinger's (2011) finding that living with a partner increased the probability of visiting two  
54 categories of heritage sites (parks and gardens, and monuments, castles or ruins), although  
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3 gender was not found to be a statistically significant factor in the probability of visiting such  
4 attractions. Although there were roughly equal numbers of men and women in the Sensory  
5 Palaces study, there were more female than male care partners – 17 out of a total of 24 care  
6 partners attending the programme, most of whom were caring for men living with dementia.  
7  
8 This is an interesting phenomenon, especially since there are more women than men who  
9 experience symptoms of dementia, (Alzheimer Research UK 2018) and it may be associated  
10 with the relative likelihood of men and women becoming carers of people living with  
11 dementia, and evidence that suggests that male caregivers are less likely to make use of  
12 community services (Pöysti, Laakkonen, Strandberg, et al. 2012). It is not possible to  
13 determine whether the findings of the study would have been different had the gender of care  
14 partners been more evenly balanced but our participant pool does reflect the finding of  
15 (Povsti et al 2012) as there were more female caregivers accessing this service than male  
16 caregivers. Exploring the impact of gender on participation and access is an area worthy of  
17 further investigation.  
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## Conclusion

We have been able to present one of the first studies exploring the perspectives and experiences of people living with dementia and their care partners of participation in a heritage site programme, and therefore this study has contributed to the gap in knowledge about the role of heritage sites in promoting wellbeing for people living with dementia, and the way heritage sites can contribute to the UK policy directive, and international interest in how to develop dementia friendly, or inclusive, communities. It has also contributed to the relative lack of examples of activities for both the person living with dementia and their care

partners that bring mutual benefit and enjoyment and that enable people living with dementia to negotiate places out with the home (Herron and Rosenberg 2017)

The heritage site was undoubtedly a contributing factor in the enjoyment reported by participants. The access challenges of the heritage site that may have been anticipated as a potential physical barrier were not the reality for participants, who understood the challenges the buildings posed and valued the measures staff had developed to ensure that they could experience the heritage setting, and indeed access some areas restricted from general public visits. This is a key finding for other heritage sites across the globe who may be considering widening access to their facilities, as they seek to address the call for inclusion and involvement of people living with dementia by dementia friendly community (initiatives Department of Health 2012, 2015).

The key to the success of this programme for the reported wellbeing of participants is a combination of accessing heritage sites that are perceived as special places to those who attend, and the promotion of inclusion, enjoyment and learning through the 3 S's model, (figure 1), where the creative facilitators created opportunities for participants to learn together in a social environment that promotes self-reported wellbeing (Anonymous, 2019),.

Heritage has been a neglected topic within dementia studies discourses. This study demonstrates that heritage sites offer many opportunities to engage people living with dementia in their local and individually constructed notions and memories of heritage sites that break down social boundaries and differences to promote engagement and wellbeing.

Footnote: [hrp.org.uk](http://hrp.org.uk).

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