

# ***'You come because it is an interesting place': The impact of attending a heritage programme on the well-being of people living with dementia and their care partners***

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## **Abstract**

Promoting access to heritage settings has been acknowledged as a way to promote well-being in the United Kingdom 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 well-being and social inclusion for those living with dementia. This study 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 United Kingdom. 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

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three themes: enjoyment and engagement; connecting and learning and place, space and time. The findings demonstrate that participants highly valued the heritage sessions and reported positively on the impact this had for their individual well-being and their relationships with one another. This study highlights the opportunity for heritage sites to contribute to promoting well-being for people living with dementia.

### Keywords

heritage, dementia, self-reported well-being, heritage sites, people living with dementia, care partners

## 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 well-being; 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 study 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 United Kingdom.<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 and material dimensions of their experiences ([Harrison, 2013](#)), but also to the meanings and emotions evoked by their engagements ([Bagnall, 2003](#); [Smith & Campbell, 2016](#)).

Heritage sites offer the opportunity to physically visit a place of interest, as well as promote social interaction and mental stimulation, three elements of living well with dementia. Promoting access to an area of social life that have been largely overlooked in dementia and in heritage research offers the opportunity to further social inclusion for those living with dementia as set out in policy directives ([Department of Health, 2012, 2015](#)).

## Heritage and well-being

In the United Kingdom, well-being has become an important government priority ([Health and Social Care Act, 2012](#); [Care Act \(England\), 2014](#)). This has influenced policy developments, including for the arts, culture and heritage ([Mendoza, 2017](#); [Reilly et al., 2018](#)). Research exploring the health

benefits through engagement with heritage has been noted as limited (Ander et al., 2013) but demonstrates that there are reported benefits by participants. Pennington et al. (2019) comment on the impact of heritage on well-being as important in public health discourse in the United Kingdom in particular. However, little work exists about engaging people living with dementia in heritage sites and the benefits for participants. Given the inclusion agenda in dementia discourse (Department of Health, 2012, 2015) and the concern to promote access for people living with dementia to all areas of society, we explored the potential role of heritage sites in promoting well-being for people living with dementia.

Engagement with creative and cultural activities, including heritage, makes a significant contribution to well-being compared to other factors such as having children/intergenerational connections or living with someone else (Maer et al., 2016; Age UK, 2017), and there is an association between heritage site visits and visitor well-being (Fujiwara et al., 2014). The culture and heritage sector has acknowledged this with initiatives to reach marginalised, vulnerable and excluded groups, including people with dementia (Allen et al., 2015; Gould & Vella-Burrows, 2017). For example, the New York Museum of Modern Art (MoMA) model of engaging audiences with dementia with their collections is a popular approach (Broadhurst & Roberts, 2009). Heritage sites are often seen as the preserve of experts; however, using the example of heritage preservation following natural disaster, Gibson et al. (2018) present a compelling argument for the need for a partnership approach with the general public when conducting heritage-based work. The study reported on here is a clear example of a heritage site attempting to work in partnership, and to be facilitators, rather than regulators of heritage (Gibson et al., 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 well-being and inclusion for older people is well established as reviews illustrate (Wiles, 2005; Sixsmith & Sixsmith, 2008; Vasunilashorn et al., 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 et al., 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 & Wiles, 2018), and heritage sites can be seen as collective ‘cherished possessions’ that offer the opportunity to reminisce but also to go to places that enable one to live well in the present while ageing and experiencing dementia.

### **Context**

There are limited examples of efforts being made by heritage sites to reach out to people with dementia, reflected in case studies included in HRP’s guide to making heritage sites more dementia-friendly for visitors (Klug et al., 2017). There were no instances though of research reporting well-being programmes for people with dementia delivered in heritage settings. We extended our search to examine well-being programmes for older people or people living with dementia or cognitive impairment delivered in museum, gallery or heritage settings; or through outreach work by museum, gallery or heritage staff delivered in residential, hospital or community facilities.

Work conducted in the United Kingdom, United States of America and Australia demonstrates that museum and gallery approaches to provision for people with dementia tend to be focussed on objects and artefacts (Ander et al., 2013) rather than on space and place. Dementia-specific activities in the museum and gallery sector with evidence of well-being impact are often linked with the

reminiscence model of working, for example through object handling, or ‘memory boxes’ (Charlesworth & Wenbourne, 2017) although there have been notable moves to engage with objects creatively without the purpose of reminiscence (Camic et al., 2014). We found no studies on programmes delivered in heritage settings as defined in this study, although 10 were delivered in museums or art galleries, such as the Whitworth Art Gallery in Manchester (Roe et al., 2016) and the Andy Warhol Museum in Pittsburgh (Flatt et al., 2015).

While the significance of the setting where programmes were delivered was not a specific research question for other work in this area, commentary suggests that visiting certain places evoked a sense of privilege, in terms of the way that participants appreciated the special arrangements being made for them in beautiful and important places, outside the usual visitor experience (Camic & Chatterjee, 2013; Mittelman & Epstein, 2009). The potential challenges posed by the physical characteristics of the environment also received comment, such as wayfinding and navigation through unfamiliar spaces (Mittelman & Epstein, 2009; Roe et al., 2016), as did the importance of advance information about the venue and of staff support on the day (Roberts et al., 2011; Camic & Chatterjee, 2013).

The significance of space and place has been identified as ‘promising’ in contributing to community well-being (Bagnall et al., 2018). However, understanding the particular and unique nature of the relationship between place, people and well-being has been identified as the ‘largest gap’ in research on heritage and well-being (Reilly et al., 2018), and until this study, the contribution of heritage spaces to well-being in dementia had not been explored. How to measure well-being in relation to participants’ involvement in arts, museum and heritage work is also recognised as a challenge (Thomson et al., 2012; Thomson & Chatterjee, 2014). The working definition we used here is based on Kitwood’s (1997) internationally recognised model of needs for people living with dementia, with the concepts of inclusion, occupation and identity of particular relevance to heritage work. This is similar to the definitions of well-being found in Pennington et al.’s (2019) review of well-being and heritage studies.

## The SP programme

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

## Research design

We explored: What is the health and well-being impact of the SP Heritage programme on the participants – people living with dementia and their care partners?

A mixed-methods approach was adopted to reflect the complexity of approach required to study dementia (Robinson et al., 2011). Two data sources, mood questionnaires and interviews are reported on here, alongside participant demographic data. Ethical approval was granted by the University’s Research Ethics Panel.

## Access and consent

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

## Data collection

48 individuals consented to participate in the evaluation study, 24 people living with dementia and 24 care partners, most of whom were spouses of the person with dementia. Six participant couples attended only one session, the remaining 18 attended between two and six sessions.

## Demographic data

Demographic data were collected from 22 of the 24 individuals living with dementia, 17 men and 7 women with an age range of 62–94 years and from 24 care partners, 17 women and 7 men. Alzheimer's was the most common diagnosis (42%), followed by mixed dementia (21%). Time since diagnosis was from two to 9 years, with the most common length of time being 3–4 years (42% of participants). We also collected occupational data for the person living with dementia (PLWD) and analysed this according to the UK National Statistics Socio-economic Classification. The majority of participants would be classified (Office of National Statistics, 2010) as middle class (58%) with equal numbers of upper class and working-class participants (17%).

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

*Interviews.* We planned to interview participants at three time points – prior to first attendance at SP, immediately post-session and at 3-month follow-up. However, we had not anticipated the number of people attending more than one SP session. During the data collection period, there were few people who attended for the first time, and consequently few opportunities to carry out pre-session interviews. During post-session interviews, participants often included comments about other sessions they had previously attended. At follow-up, most participants were continuing to attend on a regular

basis, so exploring continuing impact after 3 months was not relevant. Therefore, the plan to interview all participants at three time points could not be realised.

Thirty participants (15 people living with dementia and 15 care partners) were interviewed, some of them more than once. A total of 33 face-to-face interviews took place on-site immediately after the session, and seven telephone interviews around a week after the sessions. Two fieldworkers attended the sessions to enable us to interview the PLWD and their care partners separately. In some instances, couples wished to remain together and when this happened, we focussed on talking to the PLWD and sometimes arranged to speak to care partners by telephone later.

### *Data analysis*

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

### **Findings**

The findings are reported under three broad themes: *enjoyment and engagement; connecting and learning* and *place space and time*. The first two relate directly to the well-being impact of the programme. The third draws out the particular contribution of the heritage settings for participants' reported well-being.

#### *Theme 1: Enjoyment and engagement*

People living with dementia and their care partners were almost unanimous in reporting that they enjoyed and valued their participation. They talked about their feelings and responses and identified features of the programme that contributed to these positive responses. Important factors included the structure and content of the sessions, the way participants were welcomed and supported and the friendliness and empathy of staff (Scholar et al., 2019).

Almost all care partners identified at least one aspect of the sessions that they enjoyed for themselves.

It's a very jolly event. It's one of, you know, the few things that the carers enjoy as much as the people that are there... [CP3]

Nine people living with dementia were interviewed immediately after attendance, and all said that they enjoyed attending:

Oh, I always do...I look forward to coming; I enjoy meeting people with similar likes. It's special to us, coming here. [Person Living With Dementia2]

Care partners' comments about their partners' enjoyment were more nuanced. They tended to 'evidence' their assessment of this by describing how the PLWD engaged in activities during the sessions, or some other aspect of their response such as changes in facial expression, for example faces 'brightening up' or 'smiles came on his face'.

Participants were asked to comment on aspects of the session design, including content, pace and timing. Care partners, and to a lesser extent, people living with dementia, talked in detail about what worked for them. They valued the attitude and approach of the staff and volunteers who organised bookings and supported participants on the day. They talked about the way the facilitators provided a structure and focus to the sessions yet managed to achieve this flexibly and responsively, within a comfortable, welcoming environment and atmosphere.

Several care partners were struggling emotionally with the impact of dementia on the person they were caring for and the implications for themselves. One response was to focus on the here and now, and to take things 'day by day', so that anything that tipped the balance from a bad day to a good day was of value:

His mood is a lot better, and so that obviously helps with his ongoing care...For that day it's probably, you know, a lot better...the day goes a lot better for us, yeah...I would say probably 99.9% I'm certain if we go there, we are going to have a good day. [CP15]

Two participants described the programme as providing a form of 'treatment' for people living with dementia:

You know, it's...I think it's almost a valuable treatment...I think if you could bottle that and apply it in other directions, I mean it is something that would work greatly. [CP3]

I don't believe that any medical treatment could do it better than what we do now. This is the best medical treatment that you could possibly get. I mean, tablets are all right, but without this, you would lose it. [Person Living with Dementia11]

Mood questionnaires showed an increase in mood scores from the start to the end of the session of 26% for people living with dementia and 20% for care partners. Average enjoyment scores were 4.5 for people living with dementia and 4.75 for their care partners. A small number of people living with dementia reported a decrease in mood from the beginning to the end of the session, but despite this their enjoyment scores and comments suggested that they had enjoyed the sessions. Thus, enjoyment was a clear factor in the success of the programme for self-reported well-being impacts, observed well-being during the groups and also the reflections from participants in the interview data where enjoyment of the programme clearly benefitted those who felt isolated, who were having challenges maintaining their relationships alongside the challenges of providing support to the PLWD; the programme brought fun and enjoyment for participants improving their reported mood and sense of well-being.

## *Theme 2: Connecting and learning*

A second message emerging from the analysis concerns the impact of the heritage programme beyond the sessions themselves.

The heritage programme is designed around the '3 S's' – story, sensory and spaces; however, a fourth 's' – social – emerged as an important feature of the programme. The programme supports

social connections at several levels. It provides opportunities for participants to meet new people (other participants, staff and facilitators) and engage in general social interaction; allows care partners to connect with others in similar situations; improves the quality of relationships between care partners and PLWD and enables participants to join the wider visitor community at the two heritages sites. Several talked about the way in which their involvement in the programme gave them confidence to attend other events.

General social contact at the sessions was enjoyable and rewarding:

I think that the [social aspect] is the most important part of it, because a lot of people who are on their own, like myself, sometimes they feel isolated [Person Living with Dementia11]

Almost all those who contributed to the interviews, particularly the post-session and follow-up interviews, mentioned the programme as a source of support for care partners. While there was value in contact with other carers in general terms, for example in realising that other people were dealing with similar challenges, care partners identified some specific ways the programme helped them both during and after sessions:

It's nice to see other carers with the person they're caring for, and see that interaction, and you know, pick up tips, or just appreciate what people can do and are going through [CP10]

One of the participants living with dementia commented on this aspect of the programme in a post-session interview:

And they [care partners] talk to one another...and it's most important [Person Living with Dementia4]

Another significant benefit was the familiarity of other care partners, staff and facilitators with the symptoms of dementia. Knowing that group members would understand unexpected or unusual behaviour by the PLWD helped care partners to relax and relieved the anxiety experienced in other public situations:

When you go to something like that you know everyone is going to feel the same as you, so if they do something outrageous, you know, no one's going to take any notice; and you know that is a lovely feeling because when you go anywhere else, you're on tenterhooks all the time [CP3]

Participants, particularly care partners, identified that although they were acutely aware of how life had changed for them and the challenges to come, involvement in the programme reminded them that there were still things that they could do and enjoy and still things they could learn. Most of the participants were long-married couples, and dementia had changed the nature and quality of relationships between them. Attendance at the sessions helped some participants to relate to one another as couples, rather than as carer and cared for:

We are doing stuff together, and it doesn't feel like I'm looking after him in a way...I'm not having to do stuff for him, he's listening with me. We have a chat about the things that have gone on; we can have, like, a proper conversation. [CP15]

The sessions provided opportunities for people to continue engaging in activities relating to interests they had shared during their lives together and to access new experiences. Participants suggested that



the heritage sessions were stimulating and interesting and were presented in ways that respected the capacity of persons living with dementia to develop and achieve:

It's all part of getting involved in things to keep the brain active: reading and finding out things and experimenting, you know, just to keep your mind going really. [Person Living with Dementia11]

Well, I'm coming there because there's going to be something interesting [Person Living with Dementia 16]

This may be 'in the moment' for some people living with dementia, but care partners were sometimes surprised by apparent recollections or connections following the visits:

You don't always realise initially the benefit. But when different things come up in conversation and you relate it back, then you realise just how valuable it has been to my mother [CP12]

It's informative, and you know, it extends because you come home and, like the chocolate thing, we went on to investigate it further, so it's got an ongoing stimulation [CP3]

For several participants, heritage sessions have become a regular feature in their life with dementia. These regular or repeat visits to Hampton Court or Kew Palace provide them with something to look forward to as part of their routine:

You've always got that to look forward to. He always...I always write it on the calendar, and he looks, and he says, "Ooh, we're going to Hampton Court". [CP4]

The importance of learning was reported in the open-ended questions in the mood questionnaires demonstrating enjoyment of the sessions in two distinct ways. Participants commented on the pleasure of new learning opportunities:

Interesting factual facts and background. [Person Living with Dementia4]

We all learned a lot about Hampton Court Palace life...[Person Living With Dementia11]

Creative expression was also valued, particularly by the care partners:

We generally bring something home that I can show to him and say, "Look, this is what we did at Hampton Court"... [CP4]

In this way, the SP programme supported the well-being of participants through providing the opportunity to learn and connect with others and provided opportunities for the person with dementia and the care partner to learn together and be in a situation that enhanced their relationships with one another.

### *Theme 3: Place, space and time*

This theme specifically addresses the significance of the heritage settings for the well-being impact of SP. Delivery of the programme in these iconic palaces and in selected spaces within them is novel and distinctive elements of the SP programme. Our findings suggest that the unique heritage settings where the programme is delivered and the emphasis placed on making connections between the

spaces, the people who lived in them and their stories and the participants' sensory, physical and emotional experiences of the spaces positively enhance their experience of the sessions.

Participants talked about how the historic surroundings enhanced their enjoyment, and how access to authentic spaces and artefacts helped them connect with the session content and activities:

You're hearing about the history of the place where you're actually in...it makes it come alive so much more than if you're just in a classroom and shown some pictures. It makes it so much more real for them, and relevant, and much more memorable perhaps. [CP15]

It's nice to come to Hampton Court, it's all very ancient though you know. You come because it's an interesting place. [Person Living with Dementia 16]

The unique qualities of the sites and the impact of the settings in terms of their architectural grandeur, size and beauty were also significant:

It's a lovely place, so well kept. The gardens are beautiful [Person Living with Dementia21]

The age of the sites is another special quality, but protected buildings such as these cannot always be adapted to meet the needs of people with disabilities. As well as some of the consequences of dementia, such as perceptual difficulties that might affect mobility and confidence, some participants had other health issues such as joint problems, tremor and eye conditions, which could pose potential access challenges at heritage sites. However, they reported few physical barriers to accessing the sites and accepted that full accessibility to all areas would not be possible:

It's made me more aware that [heritage sites] are actually very comfortable to walk around, there's good refreshments available and they're actually easy places to go if you're in our situation [CP7].

Appreciation of the settings was reflected in what people said about their sense of pride in historic sites such as these and about feeling fortunate to have them on their doorsteps. Being invited to attend the programme in these surroundings, and being given privileged access to parts of the site and to activities not available to the general public made participants feel valued:

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

An apparently significant aspect of participants' enjoyment was the relationship they had had with the sites throughout their lives. Most participants lived within 15 miles of the venues, and many were familiar with them from childhood or from when they were bringing up their own children and had visited Kew or Hampton Court for family days out. They had emotional connections with these places, with the result that they seemed to find them comforting and familiar:

... he [husband] used to come here a lot with his mum when he was younger. He's always keen to come. Whenever I say, if we had to miss one, it's "Ooh, I'm disappointed" [CP4]

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

Some participants were explicit in talking about how the setting intensified sensitivities to the nature and significance of time and to individual and collective histories. Memories of earlier visits to the palaces were part of their individual stories, but for some, the heritage setting offered the opportunity to locate those individual stories within a wider story, of shared and collective significance. The juxtaposition of fleeting and for some, soon-forgotten experiences, with the history carried by the heritage sites sometimes prompted poignant and thoughtful moment for participants.

There's something about it; they've stood the test of time that they're there, and you know, they're part of history and beyond...the continuity of life. And that wonderful laying out of all the things that have happened in that period of the [Hampton Court Great] vine; you know, forgetting about our own personal things. When you stop and think, they're almost trivial [CP3]

It's a spectacular place. There's no other way you can express it. It is an amazing place, and although I wasn't around at the time, we've got to be absolutely thankful that all those million bombs that came over at that time didn't destroy that wonderful piece of British history [Person Living with Dementia1]

Delivery of the programme in the heritage sites was an important factor in the underpinning positivity reported by participants, contributing to the sessions feeling special to them and enhancing their enjoyment and well-being. Looking forward to attending a setting that was seen as unique and spectacular, rather than to a social service setting enhanced perceptions of self-value and enjoyment as a couple.

## Discussion

Sensory Palaces is an unusual example of a well-being programme for people with dementia in which 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 and 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 to 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 SP 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 and dancing. Programme staff actively strived to facilitate activities that made the historic space 'alive'. This permission, and even sense of entitlement, to use the space beyond the norms of being a tourist was recognised by the participants. The spaces became functional again during SP sessions, with local people (the participants), in an historic setting in contemporary times.

Delivery in these multisensory environments, including indoor and outdoor spaces, has been shown to enhance well-being (Maer et al., 2016), and this was indeed the case in our study.

Despite sometimes experiencing some practical challenges in getting to the session (ensuring the person with dementia was up, ready and able to travel to the venue), many care partners said attendance was worthwhile when they saw positive responses in the person they were caring for, or saw them engage in ways that they might have done before their diagnosis, or that they did not see so often in other contexts. This provided them with a sense of achievement for the person with dementia and pleasure in the person's ability to take enjoyment from participation.

Participants commented that they enjoyed the fact that they were involved in these activities in 'relevant' spaces. This suggests that the atmosphere, authenticity and antiquity of HRP's heritage settings together may contribute to providing an experience for PLWD and their care partners that is valued and valuable and impacts positively on well-being. Authenticity is a concept that has been identified in other heritage studies where the physical location was found to be an important component of the reported enjoyment and engagement with a heritage project (Wesener, 2017). Authenticity is however a complex concept and is subject to many definitions and understandings (Alivizatou, 2012; Kidd, 2011; Paddon et al., 2014; Merrill, 2015; Su, 2018).

Having the opportunity to attend the heritage sites contributed to participants feeling included, another of Kitwood's dimensions of well-being for people living with dementia. If there were places available, participants could come on repeat visits; they were encouraged to remain on site after the session had ended. They came to know and be known by staff, not only those directly involved in the programme, and were recognised and acknowledged by them. Visits to the palaces were seen as treats or days out. Sessions were significant events in their calendars. Knowing a session was imminent boosted people's moods and sense of having something to look forward to, something that participants in Meet Me at MOMA reported (Mittelman & Epstein, 2009). The possibility of continuing visits on a fairly regular basis may be significant in accounting for the ongoing well-being benefits for people living with dementia reported by some care partners, and further research as to the factors influencing the longevity of such benefits is indicated.

Participants referred to feelings of pride and privilege in talking about their involvement in the SP programme. For example, one person, who described themselves and their family as 'staunch royalists', was proud of the associations of the sites with the British royal family, while another participant who was not born in the United Kingdom but had lived near Hampton Court Palace for many years had enjoyed being able to introduce visiting relatives from overseas to the 'historic gem' on their doorstep.

While English Heritage suggests (2000, 2006, 2014) that a sense of 'pride' can be engendered through accessing heritage sites, there have been criticisms of an approach to heritage that tends to materialise a specific national identity and to privilege the lives and stories of particular social groups and in so doing to exclude others (Waterton, 2010). Although in talking about 'privilege' in the context of this study, SP participants most often appeared to be referring to the 'special treatment' they received when attending the programme, free of charge, designed with their specific needs in mind, allowing them to access parts of the sites not normally open to the public and enabled them to develop relationships with HRP staff.

Hampton Court and Kew Palaces were built before the introduction of legislation and policy concerned with the promotion of access and so have features such as staircases rather than lifts, cobbled surfaces, low lighting and sometimes difficult to access toilet facilities, an areas of concern previously reported by care partners and providers of leisure and tourism opportunities (Innes et al., 2015; Page et al., 2014). Although these issues presented challenges to some people, participants did not consider them a barrier; rather they were accepted as characteristics of the heritage space, and

staff were seen as supportive and helpful in overcoming these to meet the needs of individual participants. Moving around and through the spaces, rather than remaining in one room throughout the session, enhanced their sense of the grandeur of the settings, as well as providing gentle exercise.

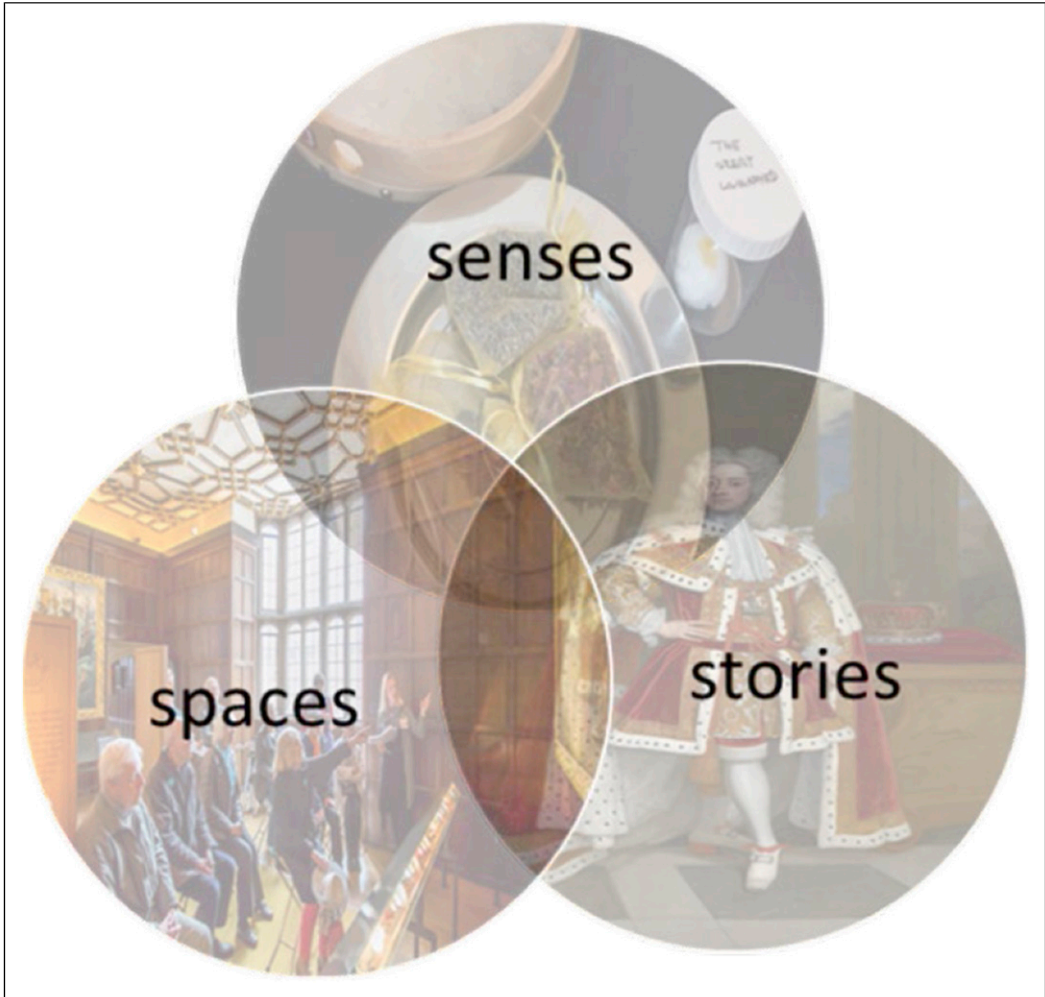
The data suggest that many participants had visited other heritage sites, and that for most of the participating couples, this had been an activity they had shared over many years. This is in keeping with Wineinger's (2011) findings, where prior exposure to heritage sites increases the probability of accessing heritage sites in the future. However, participants attending these sessions were primarily local, and most were familiar with these particular sites from previous visits. The significance of personal connections with heritage sites is acknowledged in the literature: for example Wesener (2017) discusses the continuity of a relationship with a place, in his case, an area for jewellery production, and Bagnall (2003) identifies the important role of the relationship between heritage sites and personal and cultural biographies and life histories in visitors' experiences.

In our study, many people had fond memories of Hampton Court and Kew Palaces from visits with their parents, their children and or other family and friends. For a number of people living with dementia, there appeared to be an emotional connection or memory that supported their enjoyment of sessions and their reported willingness to attend. This suggests that having some kind of pre-existing connection with a particular heritage venue might be of particular importance for visitors with dementia; and that knowledge of a place and the authentic roots it has in memory is an area worthy of further study in considering approaches to heritage work with people living with dementia. Proximity to the site may also be important, given the challenges of travel for some people living with dementia and the demands this makes on care partners.

Attending events in these sites that span several centuries, enabled some participants, especially care partners, to think about their current experiences, often challenging, in a historical perspective. This has a similarity to Paddon et al.'s (2014) study where participants of a heritage object handling programme in hospitals were observed to remember and reminisce, and in the process to attribute meaning to their lives both past and present. Participants in the SP programme made comments that suggested they were able to locate themselves in their personal pasts and the past of the heritage site, and perhaps offered them access to a sense of personal identity, another aspect of Kitwood's well-being model. This was an unintended impact of the sessions via the links made to the palaces stories and spaces.

The benefits to the relationships of individual care partners and the PLWD is an interesting aspect to our findings as learning together, enjoying the activities and going out to a place that as a family they may have visited previously all enhanced the sense of connection between couples. Having the opportunity to talk to others in similar situations was also beneficial for care partners who could relate to each other's experiences while also knowing other care partners understood any behaviour that the PLWD might engage that they might find difficult in another context. Thus, relationships between participants, between staff and participants (Scholar et al., 2019) and between the dyad of the PLWD and the care supporter were all enhanced by their engagement with the SP programme.

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



**Figure 1.** 3 S's model.

There is also a question that remains about the impact of gender on participation and access. Many of the participants attended with spouses/partners, which is perhaps significant given Wineinger's (2011) finding that living with a partner increased the probability of visiting two categories of heritage sites (parks and gardens, monuments, castles or ruins), although gender was not found to be a statistically significant factor in the probability of visiting such attractions. Although there were roughly equal numbers of men and women in the SP study, there were more women than men care partners – 17 out of a total of 24 care partners attending the programme, most of whom were caring for men living with dementia. This is an interesting phenomenon, especially since there are more women than men who experience symptoms of dementia, (Alzheimer Research UK, 2018) and it may be associated with the relative likelihood of men and women becoming carers of people living with dementia, and evidence that suggests that male caregivers are less likely to make use of community services (Pöysti et al., 2012). It is not possible to determine whether the

findings of the study would have been different had the gender of care partners been more evenly balanced, but our participant pool does reflect the finding of (Pöysti et al., 2012) as there were more female caregivers accessing this service than male caregivers. Exploring the impact of gender on participation and access is an area worthy of further investigation.

## 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 well-being 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 PLWD 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 & 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 which 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 well-being 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 well-being (Scholar et al., 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 well-being.

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## Author Contributions

Innes designed the study, analysed data, conceived and drafted the paper. Scholar conducted the interviews, analysed data and contributed to the draft of the paper. Sharma conducted the initial literature review. Haragalova collected the demographic data and contributed to the draft of the paper. All authors commented on the draft manuscript and approved the final version.

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## Note

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

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