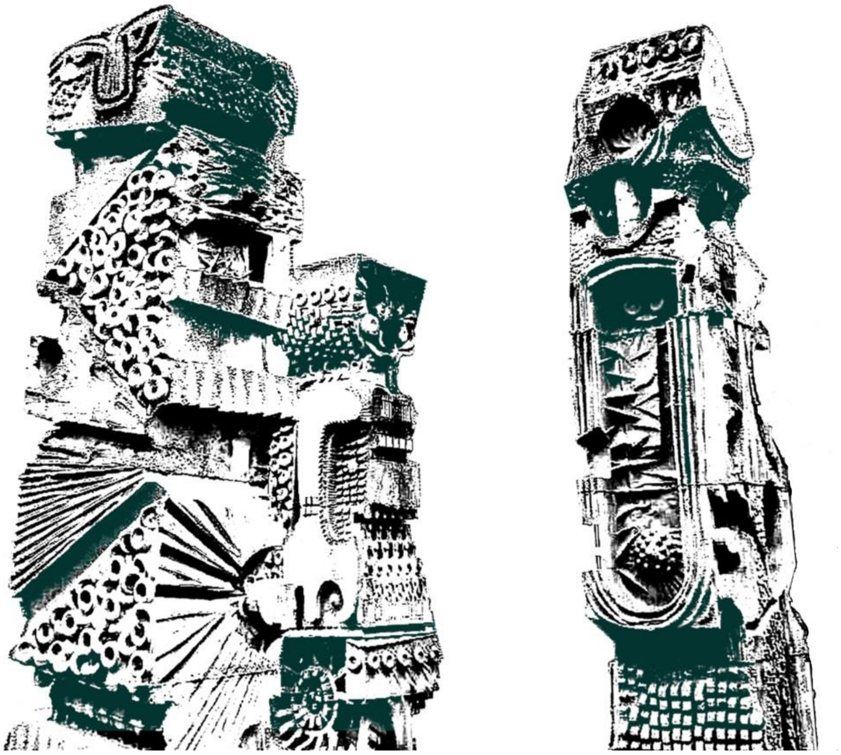

Evaluation of the Sensory Palaces Project
FINAL REPORT

May 2018

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FOREWORD

Learning is at the core of Public Engagement at Historic Royal Palaces. We provide formal and informal learning opportunities to a wide range of audiences across all the palaces, reaching tens of thousands of people every year. A key principle in our approach to programming is to be guided by audience need, constantly evaluating to ensure maximum impact.

The Sensory Palaces programme for people living with dementia and their carers is an example of this principle in action. Piloted over 2013-14 in a series of consultations and trials, evaluated in 2015 and running as a regular programme since 2016, Sensory Palaces has achieved great popularity with its audiences.

This evaluation in cooperation with the Salford Institute for Dementia at the University of Salford helps us document, evidence and discuss the wellbeing impact of the programme, which is, together with the heritage setting and sensory focus, its unique strength. It helps us share our approach to developing best practice in dementia programming and it raises the profile of such work in a heritage setting.

We would like to encourage anyone working in the sector to engage with people living with dementia. There is a power in creating wellbeing experiences for those who often feel excluded from cultural offers. When past and future become elusive, fear-provoking concepts, life can unfold with a considerable joy in ‘here and now’.

We would like to thank Salford Institute for Dementia and all who participated in this study.

Historic
Royal Palaces

Acknowledgements

We would like to thank the facilitators at Hampton Court Palace and Kew Palace for making the evaluation team so welcome in the sessions; and the Staff of Historic Royal Palaces for their assistance in planning data collection visits and collecting background data on each participant and for working with us to make the work enjoyable. Finally our thanks go to each person with dementia and care partner who generously shared their time and experiences with us.

Executive Summary

The Salford Institute for Dementia at the University of Salford was commissioned by Historic Royal Palaces to evaluate their Sensory Palaces programme at Hampton Court and Kew Palaces. The evaluation took place between May 2017 and May 2018. The aim of the evaluation was to explore to what extent the Sensory Palaces programme benefitted those participating in the sessions and the role of the heritage setting in this process.

The first phase of work was a review of the available research evidence about similar programmes of work internationally. Nineteen published studies were included in our review reflecting the relative paucity of research in this area and the innovative nature of the work being undertaken by Historic Royal Palaces. Our evaluation process involved interviewing, via unstructured conversations, telephone interviews and face-to face interviews with key stakeholders; namely people living with dementia, their care partners and the facilitators of the programme. Focus group discussions were also held. We observed the sessions using an established observation technique Dementia Care Mapping (DCM) (University of Bradford 2016) while also collecting unstructured observations. Short structured 'mood' questionnaires were used to collect self-report data from participants about how they felt before the sessions and how they felt at the end. These three data sources form the basis of the findings we present.

The Sensory Palaces Project evaluated very positively from all data sources enhancing the credibility of our findings and conclusions. The impact on well-being for care supporters and the person living with dementia was considerable with findings from all data sources demonstrating that participants experienced high levels of enjoyment and attending the sessions impacted positively on individual well-being. Self-report data highlighted participants' enjoyment of learning new things and the opportunity created in sessions for different forms of creative expression. Both of these aspects were echoed and expanded on through the interview and DCM data. The findings demonstrate that participating in the Sensory Palaces programme benefitted the well-being of participants in three particular ways: first, by promoting a sense of overall enjoyment and engagement - from enjoying a tea/coffee together, to walking around areas of either Hampton Court or Kew Palace, to participating in a creative activity; second enabling new learning about how people used to live and connections with the past, with one another (the person with dementia and their care partner) and other participants; and the creation of an opportunity to explore a place and think about the space and the historic timelines of the buildings and events that happened there and also one's own personal history.

The Heritage sites added greatly to the experience of participants; first by connecting with emotional memories of prior visits; second by building on a sense of pride in a setting they were familiar with and which promoted a sense of privilege in being able to attend and visit parts of the setting they might not normally be able to see; third the historical context enabled care partners in particular to put their current experience into a wider perspective and people living with dementia were also able to reflect on their personal histories; finally attending sessions in such beautiful surroundings created a sense of attending an event of value and worth. Any physical access restrictions due to the age and style of the two settings were accepted with staff anticipating support needs to ensure participants were able to navigate the space and enjoy their experience at the palaces.

The Historic Royal Palaces programme is an example of a dementia friendly heritage initiative in practice. The programme has been sensitively developed anticipating the challenges and supports that individual participants may require. As a model, it could be replicated in other Historic Royal Palace settings and it could also be adapted by other heritage providers to promote access to heritage spaces for people living with dementia. The facilitators and staff who deliver the Sensory Palaces programme are highly skilled communicators who provide a high level of quality interactions with those who participate in the programme. The ‘sensory’ element of the programme creates opportunities for engagement of the senses that often is articulated as creative expression – dance or movement or making something using arts and crafts materials. Walking around the palace grounds is in itself a sensory experience particularly when outdoors but also indoors, for example in the kitchens when the log fires are burning. The combination of personable staff and facilitators who engage and interact and include all participants; well thought through sensory experiences promoting creative expression and being in a historic space where new learning can occur in a relaxed and inclusive environment has created a programme that is highly valued by participants and is a model worthy of replication at other sites.

Section 1 Introduction

Sensory Palaces (SP) is a health and wellbeing programme managed by the Public Engagement team at Historic Royal Palaces (HRP), for people living with early dementia and their care partners. The programme, delivered at Hampton Court and Kew Palaces, engages audiences in the palaces through a unique combination of senses, spaces and stories (Historic Royal Palaces, n.d.). Sessions are two hours in length. Expert freelance artists, who are skilled in supporting people living with dementia and their care partners, deliver them.

The aim of the SP programme is to increase the sense of health and wellbeing in people living with early stage dementia and their care partners, encouraging new learning opportunities in a safe and welcoming environment. It seeks to become a best practice model of engagement that can be translated to other HRP and heritage sites, to serve this growing population (Historic Royal Palaces, n.d.)

An initial evaluation was carried out by Willis Newson consultancy in 2015. Their report, *Sensory Palaces Programme 2015: Evaluation Report* has provided a framework for the development of a research protocol to build on these initial findings in order to provide a robust evidence base for the impact of the programme. The evaluation took place between May 2017 and May 2018. The evaluation team was comprised of staff members from HRP and from the University of Salford Institute for Dementia. HRP staff collected the background demographic data for the Salford team to analyse and assisted with all the practicalities of the Salford researchers going into the palaces to collect data.

The evaluation aimed to answer two key questions:

- What is the health and wellbeing impact of the Sensory Palaces programme on the participants – people living with dementia and their carers?
- What role does the heritage setting play in their experience and the wellbeing impact of the programme?

The detailed objectives for the project were to understand:

- the health and wellbeing impact of the Sensory Palaces experience on people living with dementia
- the health and wellbeing impact of the Sensory Palaces experience on care partners

- the health and wellbeing impact of the Sensory Palaces experience on couples' relationships (people living with dementia and their care partner spouses)

- the role of the heritage setting in the wellbeing impact of the Sensory Palaces experience

The following sections of this report address the evaluation questions by first providing an overview of the literature included in our review of the established research in this area (section 2). We then provide details of the design of the evaluation (section 3) before going on to present the findings from the three primary sources of data collection (section 4): Interviews (4.2), Dementia Care Mapping observations (4.3) and mood questionnaires (4.4). Section 5 discusses the findings and presents our conclusions.

Section 2 Literature review

2.1 Introduction

This review draws on systematic review principles and presents an analysis of the available literature on wellbeing programmes designed for people living with dementia and their care supporters, with particular reference to programmes in heritage settings, and the resulting impact for participants. The review focuses particularly on how the settings themselves affects the experience of the participants. The purpose of the review is to critically evaluate the available evidence from the published literature on the role of the setting, and particularly heritage settings, in the experiences and wellbeing of people living with dementia and their care supporters; and to assess the current state of knowledge, identify support implications and what this may mean for future research.

With the numbers of people living with dementia increasing, dementia has become a challenge that can no longer be overlooked in the United Kingdom. According to the Alzheimer's Society Annual Report (2016/17), there were an estimated 850,000 people living with dementia in the UK in 2015. This number is expected to increase to over 1 million by 2025 and over 2 million by 2051. In the UK, more than 40,000 people under the age of 65 are currently living with early-onset dementia (Prince et al., 2014).

Dementia is characterised by a progressive decline in a person's physical, cognitive, social and emotional capabilities. The deterioration can lead to impaired memory, learning and reasoning; stress; visuo-perceptual problems, and difficulty in adjusting to the sensory/mobility impairment that can accompany ageing. As a result, people living with dementia need more support in activities of daily life and have an increased need for care that can be stressful for both the person with dementia and their care supporter (van der Linde et al., 2013). Consequently, there is a need for support services to alleviate stress and to maintain and enhance the wellbeing of people living with dementia and those caring for them.

For the purposes of the review, "heritage" is defined 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). A report by Fujiwara, Cornwall, and Dolan (2014) suggests that there is an association between heritage site visits and visitor wellbeing. This report emphasises that visiting heritage sites has a substantial positive connection with the life satisfaction of visitors from the general population. The report also suggests that this connection is slightly more significant than from participation in sports and arts. Work by English Heritage suggests that heritage assets have the ability to create 'pride', 'a sense of place' and 'a sense of community' by linking the present with the past (Wineinger, 2011; English Heritage ,2000; English Heritage ,2006; English Heritage ,2014).

Research undertaken by Age UK has recognised that engagement with creative and cultural activities including heritage, makes a significant contribution to one's overall wellbeing compared to other factors (Age UK, 2017; Maeer, Robinson and Hobson, 2016). The value of heritage has been described as a source of identity; a source of character and distinctiveness (Historic England, 2016). The provision of appropriate opportunities for people with dementia and their care supporters to engage in visits to heritage sites would therefore appear to have the potential to provide valuable wellbeing and health benefits. This review explores the existing research evidence concerning such benefits.

2.2 Method

This literature review draws upon the principles of systematic review in its approach to searching for peer-reviewed material relating to well-being programmes for people with dementia and their care supporters, delivered in museum, historic or heritage settings.

2.2.1 Search Terms

An initial scoping search using internet search engines, Google Scholar and preliminary searches of the databases (see paragraph 2.2 below) revealed few studies specific to well-being programmes for people with dementia delivered in heritage settings. There are examples in the UK and elsewhere of well-being programmes provided by arts and heritage organisations targeting different service user groups, which feature the viewing and/or handling of art works, artefacts and objects, sometimes with associated arts and crafts activities. These are sometimes delivered on-site and sometimes in residential, health or care facilities. Therefore, the terms for the database searches were developed to include such programmes for older people and people with cognitive impairment, and similar programmes delivered by specialised museum/ heritage/gallery staff in any care settings.

Table 2.1: Search terms

Historic sites **AND**	Well-being programmes **AND**	People with Dementia
OR heritage settings	**OR** object handling	**OR** dementia
OR art galleries	**OR** sensory programmes	**OR** older people
OR museums		**OR** cognitive impairments
OR historic palaces		

2.2.2 Database searches

Searches were conducted using Science Direct, Web of Science and Ovid Abstracts; and four databases accessed via EBSCO Host (Academic Search Premier, CINAHL, Hospitability and Tourism, and MEDLINE) between July 2, 2017 and July 10, 2017, using the search terms in combination as above.

2.2.3 Inclusion criteria

Peer-reviewed papers were included in this review if they:

- Were published from 2010 to date
- Described and/or evaluated well- being programmes for people living with dementia, older people, or people with cognitive impairment, delivered in galleries, museums or in heritage settings; or by gallery, museum or heritage site staff in residential, hospital or community facilities
- Reviewed existing literature on such programmes

2.2.4 Search results

Based on the above inclusion criteria, titles and abstracts of the journal papers were screened for relevance. A total of 185 journal papers were recovered. If there was clear relevance, the full paper was retrieved for detailed analysis. Thereafter full papers were assessed for final inclusion in the review. Table 2.2 provides detailed database search results. After screening of titles, abstracts and removal of duplications, 14 papers were found to meet the inclusion criteria, with a further five studies identified through 'snowballing' (i.e. via reference lists in the retrieved papers), making a total of 19 papers for review.

Table 2.2: Search results

Data Base	**Number of Journal papers**	**Number of Journal papers after screening of titles, abstracts and removal of duplications**
EBSCOhost (included Academic Search Premier, CINAHL, Hospitability and Tourism, MEDLINE)	154	9
Web of Science	1	1
Ovid	7	4
Science Direct	23	0
TOTAL	**185**	**14**

2.2.5 Overview of the literature

Table 2.3 provides the full details of each paper in date order starting with the most recent first, with each paper assigned a number that is referred to throughout this section.

Table 2.3: Number allocated and full paper reference

No	**Reference and Country** (where the study was conducted)
1.	Roe, B., McCormick, S., Lucas, T., Gallagher, W., Winn, A., & Elkin, S. (2016). Coffee, cake & culture: Evaluation of an art for health programme for older people in the community. *Dementia.* 15(4), pp.539-59 Whitworth Art Gallery and Manchester Museum in 2012 , UK
2.	Camic, P.M., Baker, E. & Tischler, V. (2015). Theorising how art gallery interventions affects people with dementia and their caregivers. *The Gerontologist*. 56(6), pp.1-10. UK
3.	Flatt, J., Liptak, A., Oakly, M., Varner, T., & Lingler, J. (2015). Subjective Experiences of an Art Museum Engagement Activity for Persons with Early Alzheimer's Disease and Their Family Caregivers. *American journal of Alzheimer's disease and other dementias.* 30(4), pp.380–389. The Andy Warhol Museum in Pittsburgh, Pennsylvania. USA
4.	Johnson, J., Culverwell, A., Hulbert, S., Robertson, M., & Camic, P.M. (2015). Museum activities in dementia care: Using visual analog scales to measure subjective wellbeing. *Dementia*. 6(5), pp.591 – 610. Museum in the southeast of England
5.	Smiraglia, C. (2015). Qualities of the Participant Experience in an Object-Based Museum Outreach Program to Retirement Communities. *Educational Gerontology*. 41(3), pp.238-248. Implemented at 12 retirement communities around the Boston area, USA
6.	Solway, R., Thomson, L., Camic, P. M., & Chatterjee, H. J. (2015). Museum object handling in older adult mental health. *International Journal of Mental Health Promotion*. 17(4), pp.201–214. United Kingdom (UK) National Health Service (NHS) psychiatric hospital

7.	Camic, P.M., Tischler, V., & Pearman, C.H. (2014). Viewing and making art together: a multi-session art-gallery-based intervention for people with dementia and their carers. *Aging & Mental Health*. 18(2), pp.161-168. Two intervention sites, Dulwich Picture Gallery and Nottingham Contemporary
8.	Zeilig H., Killick J., & Fox C. (2014). The participative arts for people with a dementia: A critical review. *International Journal of Ageing and Later Life.* 9,pp.7–34. Focus on UK context
9.	Ander, E.E., Thomson, L.J., Blair, K, Noble, G., Menon, U., Lanceley, A., & Chatterjee, H.J. (2013). Using museum objects to improve wellbeing in mental health service users and neurological rehabilitation clients. *British Journal of Occupational Therapy*. 76(5), pp.208-216. In 3 National Health Service healthcare settings (**inpatient neurological rehabilitation**, London; outpatient **neurological rehabilitation**, Oxford, and **inpatient mental health care**, Reading)
10.	Camic, P. M. & Chatterjee, H. J. (2013). Museums and art galleries as partners for public health interventions. *Perspectives in Public Health.* 133(1), pp. 66-71.
11.	Eekelaar, C., Camic, P.M., & Springham, N. (2012). Art galleries, episodic memory and verbal fluency in dementia: An exploratory study. *Psychology of Aesthetics, Creativity, and the Arts*. 6(3), pp.262-272. **Gallery-based intervention** at London's Dulwich Picture Gallery, the oldest public art gallery in Europe
12.	Thomson, L., Ander, E.E., Lanceley, A., Menon, U., Noble, G., & Chatterjee, H.J. (2012). Enhancing cancer patient well-being with a non-pharmacological, heritage-focused intervention. *Journal of Pain and Symptom Management.* 44, pp.731–40. Cancer patients, London hospital
13.	Thomson, L.J., Ander, E.E., Menon, U., Lanceley, A., & Chatterjee, H.J. (2012.) Quantitative evidence for wellbeing benefits from a heritage-in-health intervention with hospital patients. *International Journal of Art Therapy*. 17(20), pp.63-79. 4 wards of a large inner London hospital and 3 other healthcare settings in London and Oxford UK
14.	National Museums Liverpool (2012). *House of Memories*; National Museums Liverpool Evaluation Report.
15.	Ander, E. L., Thomson, G., Noble, A., Lanceley, A., Menon, U & Chatterjee. H. (2012). Heritage, Health and Well-Being: Assessing the Impact of a Heritage Focused Intervention on Health and Well-Being. *International Journal of Heritage Studies*. 19(12), pp.229-249. London. UK

16.	Lanceley, A., Noble, G., Johnson, M., Balogun, N., Chatterjee, H.J. & Menon, U. (2012). Investigating the therapeutic potential of a heritage-object focused intervention: A qualitative study. *Journal of Health Psychology*. 17(6), pp.809-20.
17.	Roberts, S., Camic, P.M., & Springham. N. (2011). New roles for art galleries: Art-viewing as a community intervention for family carers of people with mental health problems. *Arts & Health: An International Journal for Research, Policy and Practice.* 3, pp.146–59
18.	MacPherson, S., Bird, M., Anderson, K., Davis, T., & Blair. A. (2009). An art gallery access programme for people with dementia: 'You do it for the moment'. *Ageing & Mental Health.* 13, pp.744–52. National Gallery of Australia (NGA)
19.	Mittelman, M., & Epstein, C. (n.d.) *Meet Me at MoMA Program: Research*.

Ten of the nineteen studies relate to people with dementia and their care givers. [2,3,4,7,8,10,11,14,18,19] Of the other nine papers, three concern patients with mental health problems and their care supporters, three relate to older people with cancer and three to older people in general.

Sixteen of the papers report evaluation studies concerning well-being programmes based upon art viewing, including discussion of the selected art object, [2,3,7,11,17,18,19] or object handling. [1,5,6,12,13,15,16] Two of these are internal evaluation reports, one from the National Museum Liverpool [14] and one from the Museum of Modern Art (MOMA) in New York.[19] The Liverpool Project[14] evaluates a training programme designed to equip museum staff and carers at the National Museum to deliver sensory and arts sessions to people with dementia. Six of the projects involve a related art or craft making activity completed during the session.[1, 2, 3,7,11,17] Of the other three papers one is a literature review,[8] another is a comparative study of two museum based activities,[4] and the third is a discussion paper[10] considering the benefits of museum and art based activities as a non-pharmacological intervention to promote health and wellbeing.

Ten of the programmes are delivered in museum or art galleries; [1, 2, 3, 4,7,11,14,17,18, 19] six take place in hospital or care settings, [6, 8,12,13,15, 16] and one in an independent living community facility.[5] None of the projects is delivered in a heritage setting. Three projects are based in USA,[3,5,19] one in Australia,[18] and the rest in the UK.

Of the 16 evaluation studies, eight studies employ qualitative methods [1,2,6,9,14,15,16,17] and an equal number of studies states that they are using mixed methods. [3, 5,7,11,12,13,18,19]

2.2.6 Data extraction

Data was extracted from the papers relating to the country where the study was conducted, the programme design, study objectives, methods used, and the findings from each study, with particular reference to the concerns of the Sensory Palaces programme evaluation; i.e:

- *Programme design* (e.g. activities, participants, number, staff support, staff number, staff training, and disciplines facilitator expertise).

- *Issues related to setting or environment* (e.g. the nature of setting, atmosphere value, safety, access, wayfinding etc.).

- *The impact on the wellbeing of the participants (e.g.* including and social enhancement, intellectual enhancement, reminiscence, positive feeling, engagement and enjoyment, tactile stimulation etc.).

Findings not related to the above categories were also noted, and are presented in table 2.4 below.

2.3 The papers in context

Arts-based and cultural activities are being gradually suggested as a valuable activity for people living with dementia in terms of reducing negative impacts of the illness. They include a range of activities such as dance, music, creative writing, visual art and singing. However, although there is some evidence to suggest that the use of such activities can provide general wellbeing and health benefits, existing reviews of the literature indicate a limited number of peer-reviewed research studies that demonstrate the wellbeing benefits for people with dementia by engagement with art and cultural programmes (Beard, 2011; Salisbury, Algar and Windle, 2011).

Within the peer-reviewed literature that does exist, a number of studies that did not meet the review inclusion criteria, and material from within the grey literature, have suggested that people living with dementia who were engaged in arts-based activities show enhancements in social and psychological wellbeing (Staricoff, 2004; Roush et al., 2010), improved confidence, enjoyment, and social interaction (Camic, Williams, and Meeten, 2011), and reduced depressive symptoms (Musella et al., 2009), although these studies involve relatively small sample sizes.

Chatterjee, Vreeland, and Noble (2009) confirmed that museum objects handling sessions enhanced self-reported patient life contentment and health status of in-patients in hospital settings. Rosenberg (2009) reported on a study at New York’s Museum of Modern Art, in which people in the early stages of Alzheimer's disease and their care supporters participated in art viewing sessions in the museum, facilitated by trained museum staff. Research has also reported increased sustained attention, engagement, and communication during arts-based activities (Kinney and Rentz, 2005; Musella et al., 2009; Rosenberg, 2009).

The physical spaces and social contexts in which art and museum objects are viewed or handled can influence learning and social interactions (Falk and Dierking 2000). For example, the therapeutic significance of the art gallery setting for care supporters was justified in a study that involved people caring for a relative with a severe and longstanding mental health problem (Roberts, Camic and Springham, 2011). 'House of Memories' is a museum-led dementia awareness programme run by the National Museums Liverpool, which offers training, access to resources, and museum-based activities to allow care supporters to deliver person-centred care for people with dementia (House of Memories, 2017). Silverman (2010) emphasises the importance of museums as places of stimulation, and suggests that museum settings can contribute to participants' health in many ways, such as support relaxation; physiological benefits, emotions support and encourage identity. Several major international galleries have used their venues for interventions, with the aim to include promotion of health and well-being. Examples include programmes run by the National Gallery of Australia, Sydney, the Museum of Modern Art (MoMA), New York, Whitworth Gallery in Manchester and Tate Britain, London (Roe et al.,2016; Camic, Roberts & Colbert, 2009). More recently, Historic Royal Palaces have published a guide to making heritage sites more dementia-friendly, based on case studies from a number of heritage sites in the UK (Historic Royal Palaces, 2017).

Despite the apparent potential of these programmes, there is a major research gap; overall, though the scientific base is increasing, there is largely a lack of rigorous methodology to validate the benefits, and research findings are mixed. Complex interventions such as these are often implemented in a varied style by different investors (with different expertise), to varied populations and in dissimilar settings, all of which can affect the results derived (Pawson, Greenhalgh, Harvey and Walshe, 2004). This diversity increases challenges in terms of recognising an appropriate programme model. In this review, the focus was to explore the significance and contribution of the delivery setting to the experiences of and benefits to participants with dementia

2.4 Review of the literature

2.4.1 Analysis

The findings from the studies relating to the categories described in section 2.5 were examined and summarised, and then analysed thematically to identify key messages in the literature.

The majority of the studies included in the literature review emphasised the wellbeing benefits of attending these sessions for the participants, and explicitly to people living with dementia and their care supporters. [1,2,3,4,5,6,7,8,9,10,11,12,12,15,16,17,18,19] Participants reported that they were treated with dignity, felt a sense of achievement by learning new skills and welcomed the opportunities for social interaction (MacPherson et al., 2009).[18] Lanceley et al., (2012)[16] emphasised the psychological benefits to the participants. 14 studies discussed the importance of carefully structuring/ design of such programmes, not only providing social, sensory, tactile stimulation but also intellectually stimulating, enjoyable, engaging via activities designed to accommodate the needs of participants.[1,2,3,5,6,7,9,10,11,13,16,17,18,19]

Table 2.4 provides an overview of the thematic areas covered by the papers included in this review.

Table 2.4: Findings from the literature by category

Categories	**Commonalities and differences**	**Number of studies supporting**	**Reference**
Programme design	**Session design:** Session structure, making art work and taking it home, sharing information about the session e.g. the routes to follow in advance, something different, enjoyable experience, richer experience, small group size, sight, touch and sound, touchable/ physical objects, discussion, sharing information, engagement, shared, story, prompts for disclosure, role play, special, access to art, responding to painting, shared experience, social aspect, intellectual stimulation, need based activity, opportunity for participation for both	14	1,2,3,5,6,7, 9,10,11,13, 16,17,18, 19
	Staffing: Sufficient staff , flexibility in staff support, feeling special, relaxing	5	1,2,3,10,18
	Staff training: Trained facilitator / staff, relationship with the facilitator, communication	5	1,13,17,14, 19
Impact on wellbeing	**Social elements**: Social enhancement, socialisation, social aspect, shared experience, social inclusion, social interaction, family relationship, identity as a couple	12	1,2,3,5,7,8, 9,10,11,15, 18,19
	Learning: Learning new information, intellectual stimulation, mental stimulation, reminiscence, sensory enhancement, evaluation skills, comparing skills, communication/ conversation, responding, discovery, talking about task, participation, imagination, surprise, verbalisation, engagement, tactile stimulation, factual observations	16	1,2,3,5,6,7, 8,9,10,11,1 3,15,16,17, 18,19
	Psychological benefits : Mood , enjoyable, comfortable, regaining lost status, acceptance, self-worth/sense of self, positive feeling, equability/ personhood, normalcy, confidence, autonomy, control, emotions, humour/delight,	18	1,2,3,4,5,6, 7,8,9,10, 11,12,12, 15,16,17, 18,19

	needs, memory, personal association, happiness, calm, independence, sense of connection, continuity, identity, sense of privilege		
Setting/ Environment	**Physical aspects of environment**: Wayfinding/ navigation through various spaces, safety, privacy, relaxation	4	1,10,17,19
	Gallery/Museum/ Heritage setting: Luxurious, privileged, special, inclusion, valued, something different, luck, prestigious, chance to visit, acceptance, accepting environment, welcoming, important, aesthetics, famous.	8	2,3,7,9,10,15,17,19
Others	**Sustainability and development**: Future feasibility of the programmes, new perspectives, alternative approaches for support, collaboration between the health sector, heritage sector and university to deliver such programmes.	6	1,10,14,15,18,19
	Public awareness of dementia: New insight/ acceptance, normal treatment, changed perception, enhanced communication awareness, person centred care, understanding of participants feeling, family perspective, connection.	5	2,8,14,17,19
	Inclusion: Part of society, structure to people's lives, relationship between the facilitator and the PWD, stability, see art differently, open doors to other different experience, normal learning, chance for special outing, more social network after the session Relief that the PWD will be treated with dignity.	7	2,8,10,11,13,17,19
	Barriers: Concerns about the programme, breaks/ time allocation to each sessions, logistical issues, background noises, visual impairments, activity programme, recreation based activity, sometimes enthusiasm of the carer discourages PWD to respond	5	2,3,5,18,19

2.4.2 Programme design

- *Session design/structure*

The studies have highlighted the wellbeing benefits of including physical objects in the sessions. Most demonstrated the importance of touchable, physical objects as major beneficial components of the programmes.[3,5,6,7,9,15,16,17] The Heritage in Hospitals research project, reported by Ander et al., (2013),[9] established the therapeutic role of museum objects in a hospital setting. However, the objects should be easy to handle, taking into consideration the physical capabilities of the participants. The significance of physical interaction with objects i.e. through touch, sight and sound offers a richer experience to the participants,[5,6,15,16,17] and this literature suggests that the use of heritage objects provides a sense of identity, continuity, and stability.[2,3,6,9] Taking a physical object and engaging with that object through various senses can be a powerful experience, according to Thomson Ander et al (2012).[12] This study also stressed that the museum object handling sessions provided both 'stimulation and distraction', both of which are extremely significant for well-being. It has been observed that that during heritage-object handling sessions, people with impairments, with staff support, were able to engage with the object at various levels, including in a creative manner, and to consider what their disease meant to them.[6,14]

The skills of people with dementia should not be underestimated while designing these sessions. There is often an over emphasis on their difficulties and problems rather than focussing on their actual abilities. If the sessions are not designed appropriately they could lead to disengagement of the participant.[6] Two studies have suggested that in order to provide better opportunities for participants, the number of participants attending a particular session should be small.[3, 19] This is not only beneficial for the people with dementia but also helps the staff to provide appropriate care and support during the session.[4]

- *Staffing*

Five studies included in the review have suggested that these sessions should be designed with an appropriate number of staff i.e. providing sufficient support to people with dementia and their care supporters.[1,2,3,10,18] The studies have also highlighted the importance of staff flexibility; for example, by varying or interrupting planned sessions to provide emotional support to the participants if needed.[1 2,3] This not only helps participants feel more relaxed, but provides them with a psychological benefit such as feeling special.[3,10] Sessions designed with sufficient numbers of staff to support the participants can additionally provide a sense of psychological security.[9]

- *Staff training*

Staff must have an understanding of the impact the condition has on people with dementia. This includes consideration of how the individual person with dementia might think and feel. It will be helpful if the staff offer support according to participants' needs, as far as possible. Therefore, trained facilitator and staff support is necessary, as it will provide a sense of safety and security to the participants.[1, 13, 14,17, 19]

2.4.3 Impact on wellbeing

- *Social enhancement*

12 studies supported the social benefits of attending such programmes from the perspective of people with dementia, care supporters and from the perspective of the staff involved.[1,2,3,5,7,8,9,10,11,15,18,19.] The studies highlighted the perspective of care supporters, which suggested that participating in such sessions/groups helped in reducing their sense of isolation. Care supporters felt that attendance together with their partner enhanced their identity as a couple and not just as a care supporter for a person with dementia, which could be a lonely experience. Several studies reported that care supporters appreciated that the sessions helped both carers and people with dementia to feel less alone, through meeting other people in similar situations, and feeling supported by other carers.[2,3,6,9,12.] Participation not only provided a shared experience but also a strong sense of returning to 'normality', and enjoying activities as they did prior to the onset of the dementia. Inclusion is also aided by taking the service out into various community settings, particularly for groups who might feel stigma in public spaces, related to social views about the illness.

- *Learning*

Communication, storytelling, discussion, group participation, and improved verbal fluency, allowed for meaningful communication and understanding to occur, be it through making art, discussing paintings in the gallery, or having the opportunity to socialise during the sessions.[9,11,17] Six studies identify that shared learning, and engagement between people with dementia and their care supporters have shown stimulating impact on the participants.[5,6,8,9,13,19] Conversations consisted of providing assistance to other residents, sharing information, sharing memories or just talking about the task.[5] For some, art making encouraged a valued manner of interaction and understanding/collaboration for couples.

- *Psychological benefits*

Eighteen studies highlighted some psychological benefit of participating in such sessions; for example, positive feelings, personhood, sense of self, autonomy, control, comfort, and a sense of continuity.[1,2,3,4,5,6,7,8,9,10,11,12,13,15,16,17,18,19.] The people who participated in the programmes reported that these sessions elicit enjoyment and improvements in mood, and help them to participate in activities in an enjoyable manner.[2,4,13,15] For some, memories were stimulated by the object handling activities, including memories of time spent with family or friends.[11,17,18] Smiraglia (2015)[5] shows how participants talked about their experiences of doing photography with their families. Further benefits of such sessions could include a general sense of achievement, enhanced learning abilities, confidence, and connections with past memories, gaining a sense of identity, a feeling of being valued and other emotional benefits.[5,6,9,10,15,16,19] There was evidence of significant improvements in positive emotions, wellbeing and happiness, and in patients' perceptions of their own health, and positive impacts on relationships among staff, patients and their care supporters.[6,9]

2.4.4 Programme Settings

- *Significance of the programme setting*

Within the literature reviewed here there was some limited consideration of the significance of the settings in which the sessions took place, but little specifically about historic or heritage settings and their impact on participants. Where the setting was considered, the studies referred to two main aspects of the built environments, although these are not developed in detail in this body of literature. One relates to the ways in which attending programmes in galleries or museums settings made participants feel part of a luxurious, prestigious setting. Attendance not only gave them opportunity to visit these spaces, but also to feel accepted back into society, to feel valued and to regain a sense of identity, often lost on the journey into this illness. The second element concerns the physical aspects of the built environment such as anxieties about wayfinding and navigating through various spaces.

- *'Gallery/ museum' settings*

Eight studies found that using gallery or museum settings as venues for delivering such sessions help to make the overall experience much richer for the participants.[2,3,7,9,10,15,17,19] These studies stressed participants' experience of museums and art galleries as special settings for programme delivery, described, for example, as *privileged, quiet, special, welcome, important,* and as having *architectural grandeur.*

Participants in some studies emphasised the significance of such settings as a 'valued place' which takes them away from everyday activity and worries about the illness.[2,7] The literature included in this review suggests that art-viewing or object handling sessions delivered in a prestigious setting can make participants feel privileged, welcome and important, and provided them with a chance to visit such famous settings, which they might not otherwise do.[2,7,10,19] The art gallery/museum setting used as an enabling and distinctive environment supported participants to feel like active members of society, who are socially included and valuable as people.[7]

- *Physical aspects of environment*

It is documented in four studies that the physical characteristics of the environment are also important when considering certain sites as venues in which to deliver such programmes.[1,10,17,19] Two studies highlighted that concerns about wayfinding/navigation through various spaces have been mentioned by participants.[1,19] It is also recognised that if information is shared in advance and appropriate staff support is provided on the day, this can help improve safety and provide a much more relaxed environment for the participants.[10,17,19]

2.4.5 Other issues emerging from the Literature

- *Programme sustainability and development*

Six studies raised the challenges of maintaining and developing programmes beyond pilot phases, and highlighted the future feasibility of the programmes, considering new perspectives, alternative approaches for support, and collaborations between the health sector, heritage sector and universities to deliver such programmes.[1,10,14,15,18,19] Evaluation evidence of such programmes in collaboration with universities could help to justify their wellbeing impact, which could further help in delivering more of these for people with dementia.

- *Public awareness of dementia*

Five studies discussed benefits relating to the development of new insights, acceptance and awareness about dementia in general and people with dementia in particular.[2,8,14,17,19] Staff participating in the studies have highlighted that running programmes of this kind for groups of people with specific needs, such as people living with dementia, has enhanced their understanding of dementia and increased general awareness about the disease. It further aided them to understand the perspectives of the people with dementia and their care supporters. With better understanding and training the facilitators are enabled to deliver the sessions in a better way, incorporating sensory approaches, enhanced communication i.e. more listening, slowing down and responding to participants' needs, and moving at their pace.[14]

- *Inclusion*

Seven studies emphasised the significance of people with dementia and their care supporters feeling ‘normal’, i.e. feeling part of society, and the value of activities such as these programmes providing structure and stability to their lives.[2,8,10,11,13,17,19] Further this could be through enriched relationship between the facilitator and the person with dementia. The studies have also highlighted that participants felt that these sessions opened doors to different experiences, giving them more confidence to access other opportunities, as carers anticipated that the person with dementia would be treated with dignity.

- *Barriers and concerns*

Five studies acknowledged various concerns about specific programmes, such as insufficient information sharing in advance with the participants, for example, about the breaks/ time allocation to each session, the routes they will follow, entrances to buildings and concerns about background noises. One study reflected on whether the visual stimulation of art enabled the person with dementia to remain engaged in the process. Some studies also highlighted worries expressed by participants about whether they would be capable of completing the activity included in the sessions.[2,3,5,18,19] One study stressed that sometimes the enthusiasm of the carer to participate may discourage the person with dementia to respond.[19]

2.5 Themes from the literature

From the above analysis of the study findings, a number of themes emerge:

- *The value of new learning and experiences for people with dementia* - Participants tend to learn something from the session activities, or new skills, that increase their confidence and ability.

- *The importance of promoting inclusion while acknowledging and accommodating differences* - focus should be to maximise meaningful involvement of persons with dementia

- *The potential contribution of the setting to participants’ sensory, emotional and social experience* - The whole environment is significant for proving a holistic engagement with the settings as it could stimulate all senses and instantaneously lead to recollection of past memories for the participants.

- *The significance of sharing information about the physical environment including the programme itself* - To maintain inclusion and equality, the accessibility of the essential information is significant. This not only provides the participants with choice and control but also ensures how well they could use the service. Additionally, it is important that the information be provided in a range of ways and formats. This includes face to face, by telephone, online, written information in a variety of formats, and services that meet the needs of the participants.

- *The potential of creating dementia awareness* - Lack of awareness, lack of understanding or stigma attached to the condition, previous poor experiences creates obstacles. Information and education for the community, including people living with dementia and their care supporters can improve raising awareness, improving understanding and decreasing stigmatizing viewpoint.

2.6 Discussion

The analysis of the literature demonstrates that participative arts and object handling programmes are able to contribute positively to the lives of those living with dementia in various ways. This review tends to support conclusions drawn elsewhere; that is, that such programmes appear to be able to support communication, encourage creative capabilities, stimulate new learning particularly ‘in the moment’, improve cognitive function, increase confidence and self-esteem, social participation (Museums Libraries & Archives, 2010) and generate a sense of autonomy amongst other acknowledged benefits such as social, tactile, intellectual, sensory stimulation (UK Department of Health, 2009).

Within the papers reviewed here is evidence of broad agreement about aspects of participatory arts and cultural programmes for people with dementia and their carers, including design principles, and areas of benefit for participants. This literature suggests that setting such programmes in publicly accessible cultural, architecturally important or historical settings adds something to the experiences of the participants. However, this is not explored in depth or detail, and is not a specific research question for any of the studies reviewed.

The review has suggested a wide research landscape to address the impact of multidimensional enhancement experience of senses i.e. via use of spaces/setting/arts-based activities/ handling objects, have on wellbeing and health of people living with dementia. For people with dementia, it is vital to explore into all the senses to generate memories. It may possibly be a photograph to look at, an object to touch, music to listen to or something to smell or taste which can all take anyone back in time, in particular to a very specific memory for many people. Such multisensory programs can have psychological benefits, but very few have been studied empirically (Olazaran et al., 2010; National Collaborating Centre for Mental Health, 2007). The evidence base could be strengthened, in particular, studies that take place over longer time periods with more diverse groups of people with dementia and that use a variety of evaluative methods (several studies have confirmed the effectiveness of combining qualitative with quantitative measures) are necessary (Cox , Burns and Savage , 2004).

2.7 Conclusion

This literature review demonstrates that there is a growing body of evidence to suggest that the arts, cultural and heritage sectors can make a significant contribution to improve the health and well-being of people in general, including for people living with dementia and their carers. However, there is limited robust empirical and qualitative evidence about the impact and contribution of the settings, in particular heritage settings such as historical sites and buildings, in which such programmes or activities take place. The little work that has been done suggests that heritage settings could be used as integral components of an intervention i.e. forming a link with the past memories of the participants. The studies identified for this review include relatively little consideration of the settings involved, and specifically about heritage settings. The current evaluation of the Sensory Palaces Programme begins to fill that gap.

Section 3 – Evaluation design

3.1 Partnership arrangements

Salford Institute for Dementia at the University of Salford undertook the evaluation in partnership and collaboration with the Public Engagement Team at Historic Royal Palaces (HRP). HRP staff involved in the delivery of the Sensory Palaces programme supported the planning of the evaluation and the data collection process, for example, in agreeing the wording of interviews; monitoring and reviewing the progress of the project; and taking part in dissemination activities with members of the evaluation team.

3.2 Ethics

3.2.1 Ethical approval

Ethical approval for the study (Ref: HSR1617-134) was granted by The University of Salford Research Ethics Panel on 12 June 2017. Having begun the data collection, the evaluation team became aware that the Sensory Palaces facilitators had valuable perspectives on the programme, and ethical approval to extend the data collection to include individual and/or group interviews with the facilitators was granted on 28 July 2017.

3.2.2 Ethical issues and dementia

People with dementia are potentially vulnerable, and although during the early stages of the disease, they may have the capacity to give their consent to taking part in research studies, they may have difficulties with comprehension, communication and attention; and may not remember the details of what is involved. Throughout the study, the evaluation team adopted an established method of process consent, in order to ensure the sustained consent of people with dementia (Dewing, 2008). This involved on-going consent monitoring, with a focus on mood and engagement to suggest an active willingness to participate. Participants were reminded that they did not have to take part if they did not wish to do so, and that they could withdraw at any point. In the event only one couple who had originally indicated verbally that they would take part, subsequently decided not to do so.

The evaluation team recognised that discussing aspects of dementia might be distressing for people living with the disease, and their family members/care partners. The planning for the project took account of the possibility that participants may become distressed during the sessions or the data collection. Members of the team were ready to do all they could to alleviate any anxiety, including explaining anything that participants felt anxious about, and allowing any breaks, if needed. Each individual and instance would be considered independently; participants were free to decide the level of participation and could withdraw at any time. In the event of concern or distress, participants would have the opportunity to discuss this with the research team. Signposting information to appropriate support services (local Alzheimer Society, who are partners with HRP) was available, to be provided following the session if necessary.

3.2.3 Consent process

HRP staff contacted SP participants who were due to take part in the Sensory Palaces programme during the data collection period to explain about the evaluation project, gauge initial feelings about participation and answer any questions. They followed up this conversation with an email attaching copies of the information sheets and consent forms.

On the day of the session, the SP team provided printed copies of the information sheets and consent forms, and they or members of the evaluation team spoke to participants to explain the study, answer any questions, go through the consent forms and collect signatures of people who were willing to take part.

In some instances, participants attended several sessions during the data collection period; and the evaluation method involved follow-up telephone conversations. In these cases, the evaluation team reminded participants that they had previously given consent and checked that they were still willing to take part in the study.

3.2.4 Data protection

Data was anonymised prior to analysis and all personal identifiers were removed.
Names and contact details of participants were stored on a password-protected computer, accessed only by the researchers and others as appropriate (i.e. project staff).
Hard copy data was stored in a locked filing cabinet in a room only accessible to members of the research team. Only members of the research team (including transcribers) have had access to the data; this includes questionnaire data, interview data, including audio recordings and photographs. Any digital data (e.g. audio recordings and transcriptions) stored electronically are held in a password-protected area, and only members of the research team have access to this information. Data will be retained for a period of five years from the conclusion of the evaluation.

Quotations used in this report or other publications are anonymised, and include no names or personal information that identifies individual participants.

3.3 Evaluation design

The design drew on an initial evaluation report produced by Willis Newson (2015). This has provided a framework for the development of a research protocol to build on the findings from the initial evaluation, to provide a robust evidence base for the impact of the programme. Our study used a range of data collection techniques, including structured DCM observations, and unstructured observations as well as interviews, taking account of the possibility that some people attending the programme may not be able to participate in focused conversations about their experiences. We also collected basic quantitative data to provide descriptive statistics about the demographic profile of people attending the programme.

The mixed methods research design acknowledges the complexity of dementia, which consequently warrants a complex research approach, seeking increased understanding of the issues (Robinson, Emden, Croft et al, 2011). Quantitative and qualitative approaches (which have also been described as 'structured' and 'unstructured') (Axinn & Pearce, 2006, cited in Robinson et al, 2011, p.333) provide different perspectives. The former is often more appropriate for addressing contextual factors and outcome measures, the latter for examining generative mechanisms, that is, in programme evaluation, the combination of resources offered by a programme and participants' responses to this combination, and their relationship with outcomes (Dalkin, Greenhalgh, Jones et al 2015).

3.3.1 Data collection methods

- *Demographic data*

Basic demographic information was collected about participants (PLWD and care partners).

Twenty-four individuals living with dementia were included in the evaluation; seventeen men and seven women. There were seventeen female care partners and seven male.

The age of the PLWD participants ranged from 62 years – 94 years.

We also collected occupational data for the person living with dementia and analysed this according to The National Statistics Socio-economic classifications. The majority of participants would be classified as middle class (58%) with equal numbers of upper class and working class participants (17%) (see Table 3.1).

Table 3.1 Socio-economic status of person living with dementia

Social grade classification	Socio-economic category	Examples of previous occupation	Number of participants	Percentage of participants
A	Upper Class	GP, Solicitor	4	17%
B/C1	Middle Class	Teacher, manager,	14	58%
C2/D	Working Class	Seamstress, renovator	4	17%
Missing data	-	-	2	8%
TOTAL			**24**	**100%**

As can be seen from Table 3.2 Alzheimer's was the most common diagnosis received by participants; with the time since diagnosis varying between two and nine years. The most common length of time for participants was 3 or 4 years (42%) (Table 3.3).

Table 3.2 Dementia diagnosis

Type of dementia	Number of participants with diagnosis	Percentage of participants with diagnosis
Alzheimer's	10	42%
Posterior Cortical Atrophy (PCA)	2	8%
Mixed dementia	5	21%
Frontal Temporal Dementia	2	8%
Vascular Dementia	1	4%
Mild cognitive impairment	1	4%
Missing data	3	13%
Total	**24**	**100%**

Table 3.3 Time since diagnosis

Time since diagnosis (years)	Number of participants	Percentage of participants
9	1	4%
8	1	4%
7	4	17%
6	1	4%
5	3	13%
4	5	21%
3	5	21%
2	2	8%
Missing data	2	8%
TOTAL	**24**	**100%**

We also recorded their home postcodes to enable us to establish the catchment area of participants. Figure 3.1 below shows the distance travelled by participants attending the sessions at Hampton Court Palace (HCP) or Kew Palace (Kew) (shown as red dots). Numbers on the map indicate the total number of participants coming from each location.

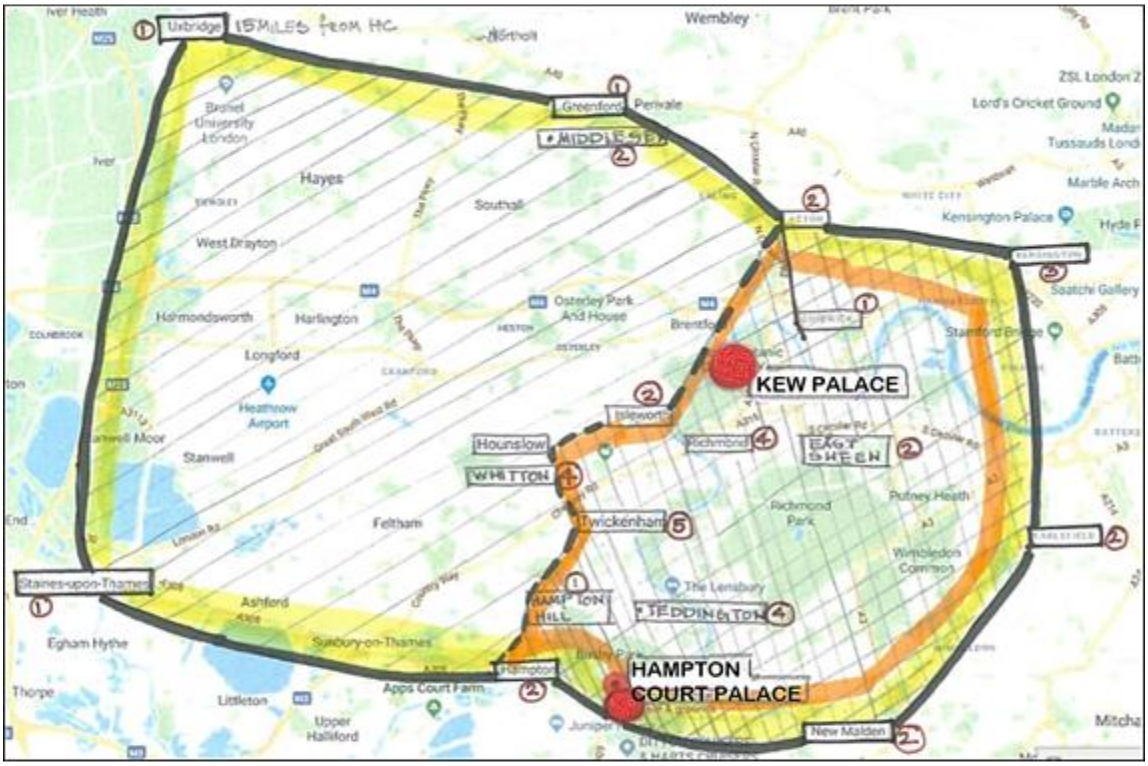


Figure 3.1 Location of participants' homes in relation to HCP and Kew

- *Mood Questionnaires*

All participants in the Sensory Palaces programme were asked to rate their mood at the beginning and end of each session, on a scale of 1 – 5 (1 = Not at all happy; 5 = very happy); and at the end of the session to rate their enjoyment and make comments about this if they wished. A total of 131 sets of pre and post questionnaires were collected.

- *Observations*

Data collection via observations of Sensory Palaces sessions took place between June and December 2017 following initial introductory visits to both Kew Palace and Hampton Court Palace in June 2017.

Table 3.4 below summarises each observation session by location, activity, number of attendees and the percentage of the session mapped. The highest percentage of any session mapped was 96% (session 12, 13, 14); the lowest percentage of any session mapped was 33% (session 5). Two sessions were mapped at Kew Palace and 12 at Hampton Court Palace. Twenty-four individuals with dementia (7 females; 17 males) attended the sessions.

Table 3.4 Overview of data collection sessions

Session	Date	Location	Theme	# Attendees	Mapped Time	% Session Mapped
1	20.06.17	Hampton Court	The Grape Vine	3	1 hour 30 mins	75
2	11.07.17	Kew Gardens	The Kitchens of King George III	4	1 hour 30 mins	75
3	18.07.17	Hampton Court	A Courtier's Commentary	3	1 hour 30 mins	75
4	01.08.17	Hampton Court	Queen Mary II and Baroque Palace	5	1 hour 30	75
5	22.08.17	Hampton Court	Queen Mary II and Baroque Palace	3	40 mins	33
6	05.09.17	Hampton Court	Tudor Symbolism	6	1 hour 35 mins	79
7	12.09.17	Kew Gardens	The Sensory Postcard	3	1 hour 35 mins	79
8	19.09.17	Hampton Court	Tudor Symbolism	5	1 hour 40 mins	83
9	03.10.17	Hampton Court	Chocolate Court	5	1 hour 15 mins	63
10	17.10.17	Hampton Court	Chocolate Court	5	1 hour 40 mins	83

11	07.11.17	Hampton Court	William III: Battle Music	5	1 hour 50 mins	92
12	21.11.17	Hampton Court	William III: Battle Music	4	1 hour 55 mins	96
13	05.12.17	Hampton Court	Tudor Feast	5	1 hour 55 mins	96
14	12.12.17	Hampton Court	Tudor Feast	4	1 hour 55 mins	96

The table demonstrates a total of 78% of the sessions were mapped overall (22 hours of a possible 28). In terms of the number of five-minute timeframes for each participant, this equates to 1149 timeframes, giving a total of 95.75 hours of mapping completed. The maximum number of sessions attended by any one participant was six sessions, and the lowest was one session. It was not always possible for the researcher to map the full session.

- *Structured Observations: Dementia Care Mapping (DCM)*

The Dementia Care Mapping (DCM) method involves gathering data using three coding frames:

1. Behaviour Category Codes (BCC) relate to people's behaviours/ the type of activity engaged in.

2. Mood and Engagement Codes (ME) records the state of affect and engagement experienced using a six-point scale ranging from +5 (very positive mood or deep engagement) to −5 (very negative mood). ME is averaged over the mapping period to provide a summary of Well/Ill-being scores for an individual or group.

3. Personal Enhancers (PE) / Personal Detractions (PD) codes document details of interactions or events that contribute positively or negatively to the experience of each individual with dementia. The PEs and PDs are described according to their nature and intensity. Qualitative notes detailing any elements not captured by the structured coding frames are also collected. This allows additional information to be collected about the setting in which the mapping is taking place.

Observation periods are structured into 5 minute timeframes with a BCC and ME code assigned for each participant for each 5-minute time period. Any PDs/PEs are also noted for each timeframe for any participant who experiences personal enhancers or detractions.

Table 3.5 Behaviour category codes and descriptions.

Code	Memory Cue	General Description of the Category
A	Articulation	Interacting with others verbally or otherwise
B	Borderline	Being engaged but passively (watching)
C	Cool	Being disengaged, withdrawn
D	Doing for self	Self-care
E	Expressive	Expressive or creative activities
F	Food	Eating or drinking
G	Going Back	Reminiscence and life review
J	Joints	Exercise or Physical sport
I	Intellectual	Prioritising the use of intellectual abilities
K	Kum and go	Walking, Standing or moving independently
L	Leisure	Leisure, fun and recreational activities
N	Nod Land Of	Sleeping or dozing
O	Objects	Displaying attachment to or relating to inanimate objects
P	Physical	Receiving practical, physical or personal care
R	Religion	Engaging in a religious activity
S	Sexual Expression	Sexual expression
T	Timalation	Direct engagement of the senses
U	Unresponded to	Attempting to communicate without receiving a response
V	Vocational	Work or work like activity
W	Withstanding	Repetitive self- stimulation of a sustained nature
X	Excretion	Episodes related to excretion
Y	Yourself	Interaction in the absence of any observable other
Z	Zero option	Fits none of the existing Categories

Table 3.6 details the mood and engagement values. The average ME value over the observation period helps to measure the relative level of well or ill-being experienced during the mapping period, known as the well or ill-being – the WIB score (Brooker & Surr, 2010).

Table 3.6 Mood and engagement values

Mood	ME Value	Engagement
Very happy, cheerful. Very high positive mood	+5	Very absorbed, deeply engrossed/engaged
Content , happy, relaxed Considerable positive mood	+3	Concentrating but distractible. Considerable engagement
Neutral. Absence of overt signs of positive or negative mood	+1	Alert and focused on surroundings. Brief or intermittent engagement
Small signs of negative mood	-1	Withdrawn and out of contact
Considerable signs of negative mood	-3	
Very distressed. Very great signs of negative mood	-5	

Table 3.7 provides the coding frame for personal enhancers (that is instances of practice where the person with dementia's well-being is enhanced) and personal detractions (instances where the person with dementia's well-being is negatively influenced). Personal Enhancers or Detractors are instances when the five basic human needs of Comfort, Identity, Attachment, Occupation and Inclusion identified by Tom Kitwood, initial author of the method, are either met (enhancer) or unmet (detraction) during the period observed.

Table 3.7 Personal detractions/personal enhancers coding frame

Personal detractions	TYPE/Number	Personal enhancers
	COMFORT	
Intimidation	1	Warmth
Withholding	2	Holding
Outpacing	3	Relaxed space
	IDENTITY	
Infantilisation	4	Respect
Labelling	5	Acceptance
Disparagement	6	Celebration
	ATTACHMENT	
Accusation	7	Acknowledgement

Treachery	8	Genuineness
Invalidation	9	Validation
	OCCUPATION	
Disempowerment	10	Empowerment
Imposition	11	Facilitation
Disruption	12	Enabling
Objectification	13	Collaboration
	INCLUSION	
Stigmatization	14	Recognition
Ignoring	15	Including
Banishment	16	Belonging
Mockery	17	Fun

- *Unstructured Observations*

Contemporaneous field notes were made, focusing on three elements of the Sensory Palaces sessions – Sensory, Story and Spaces – and supplemented by photographs of the spaces, objects and artefacts taken using an iPad. The hand written notes were typed up, with explanatory details added where necessary.

The purpose of these observations was to add depth and detail to our understanding of the sessions, particularly with respect to the use of the heritage setting. This allowed us to include observations of the people living with dementia during movement around the site (participants did not always move from one point to another in a close group, so it was not possible at these times for MS to observe all of them using DCM). It enabled us to capture comments and responses of carers/care partners (who were not observable under the DCM protocol) during the sessions themselves. The observations also afforded another opportunity to monitor continuing consent.

- *Participant Interviews*

Interviews
Face-to-face and/or telephone interviews were carried out with people living with dementia, their carers or care partners, and with session facilitators. Interviews were audio recorded and transcribed verbatim for analysis.

Participants:

Pre-session interviews

All of the pre-session interviews were carried out by telephone, and involved conversations with care partners, rather than people living with dementia. There were fewer first-time participants attending the sessions than we had anticipated, and only six pre-session interviews were completed. The interviews focused on how participants had found out about the sessions, their expectations, and any anxieties about attending, particularly in respect of the needs of the person they were caring for.

Post- session interviews

These interviews explored participants' experiences of the session, what they had enjoyed most and least, and whether they would consider attending in the future.

Table 3.8 below shows that 40 post-session interviews took place; however, this figure represents 30 rather than 40 individual participants. As a number of participants attended more than one session during the data collection period, some contributed more than once to post-session interviews. This happened in two ways. First, to give full opportunity for the individual with the diagnosis to speak, we ensured that two fieldworkers were present during the majority of the sessions to enable us to interview the person with dementia and their care partner independently. However, this was not always possible and in some instances couples wanted to remain together. Where this happened, we focused on talking to the person living with dementia, and sometimes arranged to speak to the care partners by telephone later, with the result that some care partners are counted as having participated twice in post-session interviews. Second, as we were having difficulty in talking to people living with dementia without their care partners' comments or interpretation, we planned a different approach following one session in an attempt to talk directly to people living with dementia. Using photographs of a previous similar session, we asked care partners to work together in a group to comment on the photographs, and we used the same photographs as prompts to talk with the people living with dementia. This is referred to as 'Group Session' in the table, and was carried out on 17 October 2017, with the consent of participants on the day. Some of the participants in this session had spoken to us previously about their participation in earlier sessions, and so are counted twice in the post–session interview figures.

Follow up interviews

All participants in the post-session interviews were asked if they would be willing to talk to us again in 3 – 6 months' time about the impact of the sessions over a longer period. Participants were contacted by telephone, email, or text message to arrange telephone appointments. These interviews covered participants' reasons for continuing attendance (or not) at Sensory Palaces; the impact, if any, on themselves and the person they cared for, and explored some of the themes emerging from the earlier interviews relating to the objectives of the project. Finally, participants were asked for any other comments or observations on the programme. These interviews mostly involved care partners as although people living with dementia were invited to take part, their care partners generally felt that telephone discussion would be difficult for them. Interviews were carried out with eight care partners, and two people living with dementia.

Table 3.8 below details the numbers of interviewees who contributed at each point of the data collection process, and how (i.e. by telephone or face-to-face).

Table 3.8 Number of interviews

	Telephone		**Face-to-Face**		**Group Session**		**TOTALS**
Participant	**PLWD**	**Carer**	**PLWD**	**Carer**	**PLWD**	**Carer**	
Pre-session		6					6
Post-session		7	12	11	5	5	40
Follow Up	2	8					10
TOTALS	2	21	12	11	5	5	**56**

- *Facilitator interviews and focus group*

Facilitator Interviews

Four facilitators were interviewed, one in person immediately following delivery of a session, and three by telephone. The interviews focused on:

- the facilitator’s area of practice and how they became involved with the programme
- their experience of the programme itself, including how this compared with other similar programmes they had worked with
- the impact of the heritage setting on the planning and delivery of their sessions for Sensory Palaces

- their impressions of the impact of the session on participants.

Facilitator Focus Group

Five facilitators attended one focus group held at Hampton Court, three of whom had also been interviewed. The focus group addressed different aspects of their work on the programme, although there was some overlap with the content of the interviews.

The facilitators were asked to address the following:

- What they brought as artists to the use of the heritage spaces at Hampton Court and Kew Palaces.

- Their views on the impact of the heritage spaces on the participants in the programme.

- Any challenges or barriers relating to working in these heritage spaces?

The session therefore invited facilitators to explore their use of the heritage setting and their opinions as to its impact on participants' responses and engagement.

- *Assessment of the physical environment*

Initial site visits were carried out at both sites - Hampton Court Palace and Kew Palace - before starting the evaluation of the Sensory Palace sessions. These site visits assisted in understanding the physical environments in which the sessions are delivered. It also helped to identify potential issues that could make the PLWD unable to use the physical spaces of the historic setting. The observations were based on prior research evidence around dementia friendly environments.

The aspects of the built environment that were looked at in both settings were; the walking distance from the gate to the activity room; provision for wheelchair users; level access; signage; accessibility to the toilet facilities on the site; lighting in the activity room; and available seating arrangements. As the project progressed the importance of the heritage site for the experience of the sessions was explored as it became apparent that this was the most relevant factor to both participants and the funder; rather than the physical features of the site that promote accessibility due to physical or social disability.

3.4 Data analysis

3.4.1 Overview

The two fieldworkers, working with their own data, initially carried out analysis of the structured observations, unstructured observations and the interviews separately. Subsequently, this analysis was shared amongst the evaluation team to identify similarities and differences across the data sets, and to consider how these could be understood in relation to the study's aims and objectives.

3.4.2 Analysis of specific data sets

Dementia Care Mapping

The DCM raw data was analysed according to the guidelines of the DCM manual (University of Bradford 2016). Data is collected according to pre-defined codes representing each person's behaviours (Behaviour Category Codes: BCC), mood and engagement (Mood and Engagement Codes: ME) and the quality of staff interactions with the person with dementia (Personal Enhancers; PE's and Personal Detractions; PDs). It is then possible to calculate the percentage of time each individual spent in each Behaviour Category (BCC) and their Mood and Engagement levels (ME). The total number of Personal Detractions (PDs) and Personal Enhancers (PEs), and the average ME value over the observation period. This helps to measure the relative level of well or ill-being experienced during the mapping period (known as the well or ill-being – the WIB score) (Brooker & Surr, 2010). This analysis allows for a clear picture of how each person with dementia experienced the sessions in terms of behaviours engaged in and also their enjoyment of sessions based on the well-being scores.

Unstructured observations

Conversation and comments made by participants were analysed thematically, and compared with the analysis of the interviews and group discussions. Analysis of interactions, behaviours and movement around the site provided supplementary data to add richness and detail to the interview and DCM data.

Interview Analysis

The interview data was analysed thematically, according to guidelines developed by Braun and Clarke (2006), beginning with separate analysis of each set of participant interviews (pre-session, post-session and follow-up) and facilitator interviews, and then exploring and comparing themes occurring across the interview data sets. Analysis was undertaken with the project objectives in mind as broad thematic categories (health and well-being; relationships; the historic setting), but began by paying attention to the data at a semantic level, and arriving at initial codes. More detail of the process of analysis is provided in section 4.1 (Qualitative Data Analysis).

Mood Questionnaires

The mood ratings from the questionnaires were examined and compared for people living with dementia and carers/care partners pre- and post-session, and the findings reported descriptively. Qualitative comments, where provided, were analysed thematically.

Section 4 - Findings

This section of the report presents the findings of from the three data sources; interviews and focus groups; observations and mood questionnaires. We first present the interview and focus group data.

4.1 Interview and focus group data

This data set comprises interviews with participants and facilitators; a facilitator group discussion, and a post-session feedback event involving 5 care partners and 5 people living with dementia; and ethnographic observations of 12 of the sessions, three at Kew and 9 at Hampton Court Palace, recorded in field notes and photographs.

4.1.1 Interview and group discussion analysis

Both the face-to-face and telephone interviews were digitally recorded and most were professionally transcribed. However, the post-session face-to-face interviews took place in surroundings where there were other people nearby, so that there was considerable background noise on the recordings. Some of these were difficult to decipher due to problems with sound quality, and five recordings were transcribed by the interviewers (C/PLWD2; C/PLWD4; C/PLWD5; C/PLWD6; C/PLWD8 and C/PLWD10).

The interviews were analysed first as separate data sets based on the category of participant (care partners, people living with dementia and facilitators) and, for PLWD and care partners, at the three time points – i.e. pre-session, post-session and follow-up.

The initial data analysis was carried out by one member of the team, who familiarised themselves with the transcriptions, and noted initial descriptive codes against elements of the data, drawing upon the words used by participants (e.g. ‘visiting gardens’; ‘understanding the person’; ‘good days and bad days’). Subsequently, these initial codes were grouped into categories (e.g. ‘heritage activities’; ‘hopes about the programme for the PLWD’; ‘varying nature of the condition’). Attribution of categories took account of but was not limited to the evaluation objectives. Once initial categories had been identified, the data was analysed by a second member of the team, who verified and where appropriate, suggested amendments to the categorisation.

At this stage, the analysis was shared with team members, who discussed and agreed the coding and categorisation, and agreed the key themes within and across the interview data sets.

4.1.2. Pre-session interviews

All six pre-session interviews were conducted by phone with carers, or with friends or relatives intending to accompany the PLWD to a Sensory Palaces session for the first time. Although the respondents were asked whether it would be possible to talk to the PLWD, none felt that this would be appropriate over the telephone. These interviews lasted between 13 and 23 minutes.

The interviews began with some general questions about the person living with dementia, and went on to ask about how participants had found out about the sessions, their expectations, and any anxieties about attending, particularly in respect of the needs of the PLWD.

4.1.3 Post session interviews

Where possible, post session interviews took place on-site immediately following the session. Sometimes couples were interviewed together (eight interviews); sometimes we were able to talk to PLWD and care partners individually (five and four interviews respectively). We also spoke to seven care partners at a later date on the telephone. These interviews lasted between 11 and 63 minutes.

The interviews covered participants’ experience and enjoyment of the sessions, the impact of the heritage setting and the benefits of attending.

4.1.4 Follow-up interviews

All the follow-up interviews were conducted by telephone. There were eight interviews with care partners, and two with PLWD. These interviews lasted between 5 and 55 minutes.

The interviews covered similar areas, but asked participants to comment on longer-term impact, beyond the day of the session itself.

4.1.5 Post session discussion

The post-session discussion took place immediately after a session based on the Chocolate Kitchen, which included information about the history of chocolate, a visit to the relevant part of the site, and a chocolate tasting game. The discussion was based around a set of photographs taken at an earlier delivery of the same session, and aimed to support people living with dementia to give feedback about their experiences, by talking about their experiences, with the photographs to provide clues and reminders. Care partners were given the same set of photographs and asked to provide any comments using post-it notes.

4.1.6 Facilitator interviews

Four of the facilitators were interviewed individually, three by telephone and one in person immediately following the delivery of a session. The interviews lasted between 29 and 52 minutes. The interviewees were asked to talk about their own professional background and discipline; how they became involved with this project and its relationship to other work they had done; their experience of developing and delivering sessions for Sensory Palaces, and their views about the impact and benefits of the programme for the participants.

4.1.7 Facilitator focus group discussion

Five facilitators, three of whom had also been interviewed individually, attended a group discussion held at Hampton Court Palace during one of their regular Skill sharing training day. The group interview lasted 47 minutes. The group discussion was based around four topics: the particular contribution of artists to the use of the heritage spaces in the Sensory Palaces programme; their views on the impact of the heritage spaces for participants; any challenges or barriers relating to work in these spaces; and their perspectives on how the sessions affect the well-being of the participants.

4.1.8 Ethnographic observation analysis

Field observations paid particular attention to three key aspects of the sessions: the story; the ways in which sensory elements were integrated into the delivery; and the ways in which spaces were used, in terms of both facilitator planning, and participant response. Where possible, conversation between participants and/or members of staff and the evaluation team was recorded in the field notes. This material was analysed in its own right, and then compared with the analysis of the interviews and group discussions.

4.2 Findings from interview and focus group data

Analysis of the data suggested that the findings could be reported under three broad themes.

Two of these themes relate to the well-being impact of the programme, at two levels - firstly, the well-being impact on individual participants during the sessions, and the factors that contribute to this; and secondly, the impact of participation on individuals outside the sessions themselves, and beyond the immediate experience. The third theme is concerned with the particular contribution of the heritage settings.

4.2.1 Theme 1: Enjoyment and engagement

This theme is concerned with participants' immediate experiences of attending the programme. People living with dementia and their care partners are almost unanimous in reporting that they enjoy and value the sessions. In discussing their experiences, participants talked about their feelings and responses during the sessions, and identified a number of features of the programme that appear to contribute to these positive responses. Significant factors include the design and delivery of the programme and in particular, the structure and content of sessions; the way in which participants are welcomed to and engaged in sessions; and the friendliness and empathy of staff. Facilitators talked about their approach to session design and the factors they consider in planning both content and process elements of the session, including the ways in which they attempt to make connections with participants who may have communication difficulties.

- **Enjoyment of the sessions:** ***"It's special to us, coming here"***

Throughout the interviews, and via the ethnographic observation of sessions, care partners and people living with dementia gave clear messages about their enjoyment of the SP programme, directly and indirectly. In analysing the interview data, we looked at the comments made by care partners and PLWD about their own enjoyment, and care partners' assessment of the extent to which the person they cared for enjoyed the sessions.

Care partners were almost unanimous in identifying at least one element of the programme that they enjoyed for themselves; for example, the activities, the social elements, and/or the historical environment; and several explicitly stated that this programme provided enjoyment to both participants - themselves, and the person for whom they were caring:

> *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, because you end up going to lots of things that you don't particularly enjoy. [CP3]*
>
> *Oh yes, I mean, I enjoy it as much as him, and with age we are not going out so much, and so this is such a nice way of going out, seeing something beautiful. [CP9]*
>
> *My experience has been that both the participant and the caring participant have really enjoyed it. [CP7]*

Only one respondent (CP6) felt that they could not state that they had enjoyed the experience, although they acknowledged that this was to some extent related to a combination of factors on the day they attended for the first time. These included travel difficulties, arriving late due to problems with parking, poor weather and the response of the person being cared for on that day:

> *I didn't think that the content outweighed all the bits and pieces of trying to get there and get to the venue…PLWD6 lost a bit of interest. When we were going from room to room, she was like, "Where are we going now? Where are we going now?"... Maybe it was an off-day, who knows? [CP6]*

However, even this participant accepted the value of the event for others who attended, and described it as *well presented, and well put together.*

Nine PLWD were interviewed immediately following their attendance at one of the sessions, and all stated clearly that they enjoyed the events:

> *Oh, I always do…I look forward to coming; I enjoy meeting people with similar likes. It's special to us, coming here. (PLWD2)*
>
> *It's very good; I enjoy it. (PLWD7)*
>
> *I enjoy them, I look forward to them and they are valuable. (PLWD15)*

- **Engagement and participation in sessions: "*smiles came on his face*"**

Care partners' comments about their partners' enjoyment were more nuanced, in that they tended to 'evidence' their assessment of this enjoyment by describing how the PLWD engaged in activities during the sessions, or some other aspect of their response.

> *You almost know how much they enjoy these things by how quickly they'll get out of bed to go to them. [CP3]*
>
> *I noticed the man next to us, he was declining on everything…then suddenly his face was brightening up, and, you know, he was participating. [CP5]*
>
> *Well, the fact that he was over-anxious at the beginning and then smiles came on his face, you know, that proved to me he enjoyed it, you know? [CP18]*

Sometimes, care partners observed details of people's responses during the sessions that might go unnoticed by other people, but suggested to their care partners that they were involved and engaged, if only momentarily:

> *The gardens were lovely and she really enjoyed looking out at those. And she noticed the points, the way they'd done the hedges. So you know what, it was really amazing, the things that she picked out from looking at the gardens. [CP12]*
>
> *What was interesting this time was how he did actually stand up with the rest of us, and start moving his arms. That was, you know, amazing; it doesn't matter how little it is. [CP14]*
>
> *He is listening all the time. He may not actually be looking at you, but he's listening…his Alzheimer's is PCA, it affects the optic nerve. I'm not so sure what he can see, but he's always listening. [CP15]*

Facilitators made some similar observations:

> *For instance, one of the gentlemen today, who perhaps wasn't involved in giving an opinion about what he was tasting, but his face lit up every time he had a new bit…so that's a very small success, but it's in the moment. You do zone in on people and you start to feel their little bank of, you know, mini-successes rising. [F3]*
>
> *I'm always looking for how they're connecting on a mind and body level. It doesn't need to be a massive expression outwardly. [F4]*

Care partners observed that they, and the person they cared for, did not necessarily find all aspects of the sessions equally appealing, and that they enjoyed some elements more than others. However, the interviews suggested that most people found something to enjoy:

> *OK, it's probably a little bit slow for me, but I don't go for me, I go because it's a good thing for PLWD1. I still enjoy it, chatting to people and wandering around…it's a bit of fun, and who doesn't like fun? [CP1]*
>
> *I like the historical bit and I also really enjoy if there's any kind of arts and crafts at the end. [CP10]*

- **Structure and content of sessions: *"They put a lot of thought into it, and I think it's well set up"***

Conversations with facilitators explored the factors they took into account when planning their individual sessions, including how they interpreted the brief given to them by HRP and connected this with their own field of artistic practice. During the facilitator interviews, and in the facilitator focus group, all contributors talked about the way in which their work was influenced by the heritage context, and the specific requirements of the 'Sensory Palaces' format. This is considered in more detail below (Theme 3). However, all were conscious too of the importance of designing sessions that met the needs of carers, and of PLWD, who may be experiencing different symptoms and be at different stages of their dementia journeys, for example, in terms of communication, attention span, mobility and ability to engage in activities.

> [It's about] *allowing* [the session] *to unfold in its own way…you've got to let go of the structure, but have it* [Focus Group participant]
>
> *Our skillset is in relating to people and communicating with them through a creative kind of vehicle, rather than educating them* [Focus Group participant]
>
> *…using sensory approaches basically to engage people who for whatever reason have communication difficulties, and difficulties experiencing things on a purely linguistic level.* [F2]
>
> *In terms of working with older men,* [how to] *keep their interest, because it seems that the groups are often made up of men living with dementia with their partners* [F1]

> *I've made props myself, so I don't want them to look childish, but they're playful, and elemental play is to have them engaging…and brings about a particular type of mood.* [F4]

Care partners were asked to comment on aspects of the session design, including content, pace, and timing. Care partners, and to a lesser extent, PLWD, talked in detail about what worked for them in respect of the content and structure of sessions, which appeared to reflect the care that HRP staff and the facilitators put into planning their design and delivery. They talked about the way in which 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.

> *It's the pure, pure friendliness. If it wasn't for that, it wouldn't work at all* [PLWD4]

> *A nice comfortable environment and a cup of tea, and so on. That was very welcome, and a nice welcoming thing.* [CP5]

Pace and timing were appropriate, but varied throughout the session, creating interest and maintaining attention, as did the different activities involved:

> *I think the pace is very pleasant. It's quite a slow pace, you just feel that you can completely relax.* [CP7]

> *There's small sections, the little talk beforehand and laying down what's happening…it's broken down quite nicely I think*. [CP8]

> *I think the pace is good, yes, and the timing. If it was any longer I think it would be too tiring. But moving from, you know, sitting down, and then walking somewhere, and then coming back, and doing something physical, is good*. [CP10]

> *Each session has its own variety of things to do, so you look forward to doing something different each time you come.* [PLWD11]

Participants recognised the value of the sensory elements built in to the programme:

> *We had lots of things to smell outside, and things like that, to engage in; all the time something going on. I think that's important to have.* [CP13]

> *This worked for some reason, the talk first, and it worked. But then we were shown things, weren't we? We were actually handed things round, the pot, the jug, and you know, it was hands-on really, even through the talk.* [CP18]

> *They put a lot of thought into it, and I think it's well set up. And they've prepared it very, very well; and it was a pleasure to see actually.* [PLWD15]

- **Staff and facilitator approaches: *"You're not forcing people into it; you're leading them into it"***

While participants expressed satisfaction with the structure and content of the SP workshops, they also valued greatly the attitude and approach of the staff and volunteers who organised bookings and supported participants on the day, and of the facilitators who led the sessions. Staff were not always distinguished by role during the interviews, but words used to describe the people supporting the sessions included *excellent* [PLWD2]; *switched on* [CP7]; *pleasant and happy* [PLWD11]; *gentle* [CP14]; *helpful* [CP9], and *empathetic* [CP14].

Staff attitudes contributed to participants feeling safe and comfortable in the sessions:

> *The women that are providing that Sensory Palaces element to the education programme, you know, are really open and easy to talk to and very understanding* [CP7]

Participants commented on how staff spoke to and interacted with PLWD, in ways that took account of the difficulties they may be experiencing, but without being patronising:

> *The last one we went on, she was particularly good with dealing with questions and asking about what people thought, what they liked the best. She phrased her questions and interpreted it if it needed to be rephrased or made simpler…Not all people can do that the way she did*. [CP10]
>
> *They're being spoken to in a very adult and informative way, you know, they're not being treated like they are stupid and they can't do things.* [CP15]

They talked about feeling supported and encouraged to join in conversations and activities, but not expected or required to do so:

> *People are gentle, you know, people are not putting pressure on you.* [CP14]
> *I think it's being done properly. It's, it's…you're not forcing people into it, you're leading them into it [*PLWD4]

- **Immediate well-being benefits: *"This is the best medical treatment that you could possibly get"***

Interviews with care partners, PLWD and facilitators, ethnographic observations of the sessions, and analysis of the qualitative comments on the ‘mood questionnaires’ all indicate that participants appear to gain benefits from attendance in the short term, i.e. during and immediately following the sessions. Enjoyment of the time spent at SP in itself appears to be regarded as a benefit - care partners talk about their own enjoyment in positive terms, and appear to get pleasure and satisfaction from seeing the person they care for interested and engaged in some, if not all, aspects of the session, as discussed above.

Both care partners and facilitators spoke about improvements in people’s mood during the course of the sessions, particularly the mood of PLWD. For care partners, this is an important, even if short-lived benefit. A number of interviewees were clearly 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:

> *When I'm having a bad day, I look at these photos of PLWD14 and me when we were in our twenties, and it lifts me up because I think, this is the man I fell in love with, you know. And you have to do that…*[CP14]

Several care partners commented that they saw a positive change in the mood of the PLWD following the sessions, and saw this immediate effect as reason enough to continue attending:

> *I think overall, as part of the other things he does, it definitely helps with mood, because it’s doing something different…I just hope he can keep going for as long as he can go there, because it really helps him* [CP1]
>
> *When we first filled in the questionnaire, I think he was a bit ambivalent about his mood. He went up a notch when we completed it at the end. His mood had gone up, that is what he put on the chart, the questionnaire. So therefore he wasn’t going home resentful and thinking, oh, I’ve wasted my time*. [CP5]
>
> *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]

When the facilitators were asked about the well-being benefits of SP, they also commented on the improvements in participants' moods, but were more circumspect, apparently uncertain about over-claiming the impact of the programme.

> *In terms of evidence…there's stuff that you can't always make tangible, and then there's stuff that is tangible* [F4]
>
> *It's kind of hard to know, but I definitely did notice from both sessions, by the time people were leaving there was just a bit more lightness, I think in the room, in terms of everybody's mood.* [F2]
>
> *…they seem really really happy being there. I don't know if that's, you know, enough to say, being happy. After we finished I would say that most of the group, their mood is up and they've enjoyed themselves.* [F1]
>
> *It's hard to express, something about connection, and something about people accessing their own identity and being able to express that [Focus group participant]*

However, two session participants were in no doubt about the value of the sessions for people's well-being, and described them as providing a form of 'treatment' for the PLWD:

> *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.* [PLWD11]

4.2.2 Theme 2: Connecting and learning

While immediate benefits, on the day, or at least 'in the moment' were identified in the qualitative data, a second message emerging from the analysis relates to benefits extending beyond the immediate experience of attending SP. This theme then is concerned with the impact of the programme on PLWD and care partners beyond the sessions themselves, and with the wider social benefits of the programme.

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.

In terms of social benefits, the data suggests that the programme provided a form of support to care partners in their caring roles, reinforcing existing relationships, developing new social contacts and promoting social inclusion. Attendance at the programme helped care partners recognise that they continued to be members of the wider community, entitled to participate in public social and cultural activities; and several talked about the way in which their involvement in the programme encouraged them to attend other events, including, but not only, those designed for people with dementia.

Facilitators shared their observations of interactions between care partners and the person being cared for, and on the benefits for carers.

- **Social connections:** ***"If somebody isn't there you miss them"***

The SP programme is designed around the '3 S's' - story, sensory and spaces; however, a fourth 's' - social - was noted by the evaluation team as an important feature of the programme, and was evident throughout all elements of the data collection. The programme appears to support social connections at several levels. It provides opportunities for participants to meet new people (other participants, staff, facilitators) and engage in general social intercourse; allows care partners to connect with other carers in similar situations to their own; improves the quality of relationships between care partners and PLWD, and enables participants to join the visitor community at the two heritages sites.

Comments made by participants during the interviews suggested that the general social contact afforded by attending SP was enjoyable and rewarding:

> [I enjoy] *meeting people, with similar likes, different people* [PLWD1]

> *It's nice meeting other people, other carers* [CP8]

> *Well, I'm coming because there's going to be something interesting, and it's nice to talk to people who are organising and running the sessions.* [PLWD16]

This social contact did not necessarily involve engagement in lengthy conversations with other people, but nonetheless was noted as a positive aspect of attending the programme:

> *We've all got to know each other, and you know, if somebody isn't there you miss them* [CP3]

> *The carers will have a little word with each other, you know, when we're walking around, we find that happens. And we get chuffed if the actual people, you know, the people with dementia, will actually converse with one another as well* [CP14]

However, two people, who talked specifically about their own feelings of isolation, said that this opportunity was of particular importance and a significant reason for their visits:

> *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* [PLWD11]

> *For me well, I'd love to meet someone else, I'd like to meet another carer,* [another] *dementia spinster.* [For] *support really, because I feel very alone a lot of the time* [CP13]

- **Support with caring role and responsibilities:** ***"I can go there and relax because everybody is in the same boat"***

Almost all those who contributed to the interviews, particularly the post-session and follow up interviews, mentioned the SP 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 in which the programme helped them both during and after sessions.

Care partners valued the opportunity to talk directly to others about their experiences of caring, and to share ideas, strategies and information about other activities and sources of support. Comments suggested that these conversations sometimes contained an emotional element, and were not only instrumental in nature:

> *It's nice to meet other people, to have a chat, and especially other carers. It's a bit of a commiseration, that sort of support.* [CP9]
>
> *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]
>
> *It shows you how they [carers] deal with the situation or don't. And the frustrations they share. And it helps you put things into context for them.* [CP12]

One of the PLWD 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* [PLWD4]

Another significant benefit to being in a social group such as this seems to be the familiarity of other care partners, staff and facilitators with the symptoms of dementia. Knowing that other people in the group would understand unexpected or unusual behaviour by the PLWD helped care partners to relax and enjoy the sessions, and relieved the anxiety that they sometimes 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]*
>
> *I can go there and relax because everybody is in the same boat. We're all looking after people that may start to react in a way that we find difficult, but it's like that for everyone there. [CP15]*

Ethnographic observations supported these comments. When moving around the site, and when given a few minutes to look around a particular area of the palaces or gardens, care partners and PLWD might walk separately from one another, talking to staff or other participants. In these moments, care partners were not solely responsible for the person they were caring for, or for making decisions about what to do or where to go next. The responsibility and focus, normally resting with them as care partners, was temporarily shared or shifted:

> *It would be nice if someone else…how can I put it? I don't mean take responsibility, but if someone else was the main focus, rather than just me. [CP1]*

One of the facilitators noted:

> *I notice that there are moments throughout my session where people stop feeling reliant on each other, and they have a little bit of time where they're smelling something, or just turning around and having a few steps in that direction, where there's sometimes a freedom born through experience, through delivery, which I think is a really nice thing* [F3]

The extract from the field notes below captures some of the way in which participants moved around the space, in this instance during the 'Tudor Symbolism' session, which involved a visit to the Tudor Garden, filled with fragrant herbs and sculptures of heraldic symbols. During this part of the session, participants were able to walk around the garden as they wished, with the person they had come with, with others or on their own. Staff remained in the centre of the garden providing a point of convergence for the group.

Extract from Field Notes

11.10am Garden entered through an archway, into a courtyard with buildings on all sides, and onto a paved area, ahead an arrangement of rectangular beds with paths in between and edged with low green and white striped strips and boards with quotations (photos). In each bed is a post topped with one of the wooden heraldic symbols. An enclosed space.

Group spreads out as they enter, looking at different sections of the garden. I walk around in effort to notice what different people are doing/saying. This is difficult, as people are all moving about, not possible to capture all of what goes on.
CP7 and PLWD7 together, she asks him which symbols he likes the best; CP10 and PLWD10 separated, in different parts of garden. PLWD10 with Volunteer. SP staff member reading some info from iPad to PLWD16, about the symbol of the white hart and white rose.

After a few minutes, group gathers together at the centre of the garden; SP staff member and F2 using iPad and talking about the symbols.
PLWD15 and CP15 standing a little apart from the main group.
PLWD7 moves away from the group, CP7 goes to join him.
CP15 turns round pointing out parts of the building to PLWD15
PLWD16 chatting to CP10, PLWD10 standing by listening
SP staff member talking to PLWD17 and CP17
PLWD7 has walked to the front right hand bed (from entrance) looking at photocopy he has brought outside with him. CP7 picks a seed head from one of the plants and shakes it in his ear so he can hear seeds rattling. PLWD15 and CP15 walk round to meet them, CP7 gives them the seed head.

SP staff member in middle of garden, still with CP17 and PLWD17. To their right (looking from entrance) PLWD10 is talking to PLWD16, conversation seems to be about roses, PLWD16 had asked something and PLWD10 responded.
PLWD22 nearby talking to Volunteer, asking about the flowers and plants. Volunteer talks about the herbaceous border near tennis courts, which is planted up in the winter.
PLWD22 then asks about the dragon sculpture, asks if they were ever alive; Volunteer says it was a symbol.
PLWD10 and CP10 looking at the bed nearby, PLWD10 points out a large spider in the middle of a web to me. I comment, ask them if spiders bother them, as some people don't like them. PLWD10 says he is not keen, says it is eating something. I look closely; it has an insect, take a photo.
CP17 and PLWD17 walk past us to look at the next bed containing sage, talk about the scent of sage. CP17 bends down to smell the plant.
CP16 and PLWD16 move off by themselves.

11.20am People separated, in couples, Couple7, Couple17; Couple16. Couple22 with Volunteer, PLWD10 with SP staff member and F2, CP10 by herself on paved area.
CP15 talking to SP staff member, notices PLWD15 and takes seat to him, joins him and chats.
PLWD10 – seems interested in herbs that F2 has picked – trying to identify one and recall the name, gets it 'oregano'. CP10 talking to Volunteer about?

11.25am SP staff member and F2 encouraging group to move back inside. On way through PLWD16 goes into entrance of Chapel Royal, CP16 follows in to bring her out, Volunteer waiting for them, last in group. Walk through Fountain Court then through Clock Court where CP10 takes photo of PLWD10.
On way in to room, CP17 pauses to look at chart of kings and queens.
11.30am group returning to the room.

Figure 4.1 Extract from field notes 'a'

- **Care partner and PLWD relationships:** ***"It's something you can do together"***

One of the more detailed objectives of the evaluation was to consider the impact of the SP experience on couples' relationships. Although this objective specified relationships between PLWD and their carer spouses, some of the PLWD who participated in the evaluation attended the sessions with a son or daughter, other relative, or friend. In this section, the term 'couple' will be used to refer to any pair of participants irrespective of the nature of their relationship.

During the interviews, a number of participants talked about the changes that these relationships had undergone since the onset of the dementia, and their feelings about this:

> *We were in church one day, and there was a child screaming, and he turned around and said, "Would you shut the F-up!" using the full word right at the top of his voice. Now I wanted to die, I absolutely wanted to die…[CP3]*

> *I've lost him as a husband, and, well, it's just very different now anyway, but he is still here. It could be worse I suppose; it could be a lot worse. [CP13]*
>
> *If you compare what they were doing in their life before they got dementia…he was brilliant with words, and reading, you know. And then you look at what you're married to now, and it's just sort of down to very basic stuff. [CP14]*
>
> *We've had 21 years of a very good friendship, and now our relationship is somewhat changed because I'm more looking out for her all the time [CP20]*

Most of the comments made about these changes were charged with feelings of loss and regret; however, one care partner had experienced a change in the PLWD that for her at least, had some compensations:

> *And you know what, she is so appreciative. I mean, we've never been particularly tactile, Mum and I, but now I feel I can cuddle and kiss her, which I've never done before… so there are positives that have come out of her dementia. [CP12]*

Attendance at the sessions supported some couples to relate to one another

> *It's something you can do together, you can get out*. [CP8]
>
> *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]*

Care partners talked about the opportunity SP gave them to continue engaging in activities relating to shared interests:

> *We've always enjoyed going to art galleries and things like that [CP4]*
>
> *We both love the outdoors, we like interiors and we like…but we love gardens..[CP5]*
>
> *We love things like English Heritage and National Trust properties, and we were both interested in history and human-related stories [CP20]*

Commenting on their observations of relationships within the sessions, facilitators noted some changes in dynamics between PLWD and their care partners:

> *I think there were some nice moments…it seemed to shift the power dynamics sometimes [F2]*

> *You can feel the strengthening bonds between people, that adds something to them as a unit, 'cos it's something they've both enjoyed or found worthwhile; as simple as sitting side by side with a little score sheet [F3]*

- **Stimulation and Development: "We need to have full and busy lives while we can"**

The importance of stimulation for PLWD was mentioned in all three sets of interviews (pre-session, post-session and follow up). Three care partners in the pre-session interviews hoped that the programme would provide opportunities for the people they cared for to learn and engage; implying that this was something they were still capable of doing and would benefit from.

> *What made this slightly different was that it's not just a sit-down in a room…it's being shown things [CP1]*
>
> *[I am hoping that the programme will] stimulate the brain, so that he doesn't get into depression, or lose interest in things like that.[CP5]*
>
> *I expect we're going to be sort of educated…She loves being educated, she always loves learning. [CP20]*

Participants in the post-session and follow up interviews made similar points:

> *We need to have full and busy lives while we can. I think PLWD5 would agree with that. He wouldn't want to be…he wouldn't feel it was right for him to just drift away in a chair, falling asleep half the afternoon [CP5]*
>
> *It gets him moving around and thinking about something else, 'cos if he's left to his own devices, he'll just sit and daydream, you know? And so it's good for him to be in a group of people, doing something, thinking about something [CP10]*

They suggested that the information (stories) and sensory activities contained within the sessions provided new experiences for care partners and PLWD, and did so in ways that respected their capacity to develop and achieve.

> *It's informative and you know it extend, because you come home…like the chocolate thing; we went on to investigate it further, so it's got an ongoing stimulation [CP3]*
>
> *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 [PLWD11]*
>
> *It's an informative session that would be delivered, perhaps to, I hate to say it, like a 'normal' person… And all right, he might not remember it the next day, but at that time…he gets a great deal of pleasure of finding out information [CP15]*

Although for some PLWD, care partners reported limited carry-over of such learning following the sessions, sometimes they were surprised by apparent recollections or connections following the sessions:

> *Whenever we go we find something new, and it's nice where, "Oh, you remembered that!" or, "Can you remember what we did then?" sort of thing. [CP9]*
>
> *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]*
>
> *Although sometime he doesn't participate probably as much as he used to, he remembers every session when we get back. [CP15]*

Following the introductory story and site visit, the SP sessions involved an activity, inviting participants to take part in, for example, music-making, movement or arts and crafts. The arts and craft activities gave participants the opportunity to create something of relevance to the subject of the session, for example, a sensory postcard, Tudor calling card, salt dough decoration or pie topper, which they were able to take home with them. Although not all participants were comfortable or confident to attempt these 'hands-on' activities, there was no pressure to do so, and support was offered when people appeared uncertain. For some participants, having a go and sometimes completing the activity brought about a sense of achievement:

> *He was quite proud of his little thing with the tag on for the Christmas tree [CP3]*
>
> *Int: You made a card today?*
>
> *PLWD15: Well, that surprised me. But to be honest, the majority of the brainpower that was going into it was not coming out of me, it was coming out of CP15! [PLWD15]*

Taking items they had made home with them provided care partners with something to prompt memories of the session, or to introduce the next planned visit to the PLWD:

> *We generally bring something home that I can show to him and say, "Look, this is what we did at Hampton Court". And I say, "Do you remember?" He might not remember straight away, but then he remembers, in, sort of, a few weeks' time. [CP4]*
>
> *People always admire her sensory postcards, because that's something very visual. Mine is downstairs in the home where they all sit, and hers is in her bedroom. So it's always being observed, and it's a good conversation point. [CP12]*

- **Building a life with dementia: "I build around it as much as possible"**

For many of the evaluation participants, Sensory Palaces sessions have become a regular feature in the latest phase of their lives, that is, life with dementia. Throughout the interviews, there was a sense of people doing their best to carry on enjoying their lives, despite the challenges brought by the condition.

Sensory Palaces sessions are free of charge, and currently, there are no restrictions placed on how many times people can attend. Some people have attended the same session on more than one occasion, but both care partners and facilitators comment that no two presentations of the same session are the same:

> *The people, they come again and again, and they change. You see them decline unfortunately, or they come with a different support worker, so it's always in a state of flux… it totally changes the dynamic from one session to the next [F2]*

These regular or repeated visits to Hampton Court or Kew Palace provide a focal point for participants, something to look forward to as part of their routine; and valued

> *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]*
>
> *It's something that we can do every month, if you see what I mean. It's in the diary. [CP15]*

Care partners talked about the importance of keeping themselves and the people they cared for busy, active and engaged (se 4.3.4 above). Some PLWD were still able to continue activities independently, such as attending sporting events as spectators, participating in sports and physical activities, or meeting friends at the pub or at home for social events.

> *I must say we go out a lot. We go to the theatre or we go to exhibitions and that sort of thing. And he seems to be enjoying it still. [CP9]*

Others needed support to continue to be socially active, although finding suitable activities was not always easy. The reasons for this included concern on the part of care partners about attending 'mainstream' activities or events, absence of specialist dementia provision, and sometimes reluctance or anxiety on the part of the PLWD to try new or unfamiliar things. SP met all these needs effectively, and four people said that their involvement in the programme had encouraged them to try taking part in other activities or visiting other sites:

> *PLWD7's big thing that he learnt is that it's safe to go to things. It's comfortable, it's enjoyable, don't be afraid, you know, you can go. And I think it's really made him more able to go to all sorts of things. [CP7]*

> *I am finding that we not only do that in the month, but we go to other activities. People have noticed that PLWD14 has become more – how can I put that – I mean, because he's more sociable, he's relaxing [CP14]*

4.2.3 Theme 3: Place, space and time

This theme addresses the second evaluation question – the significance of HRP's heritage settings on the well-being impact of the programme. Delivery of the programme in these special places, and the provision of access to the particular spaces within them in which specific sessions take place, are novel and distinctive elements of the SP programme. Analysis of the qualitative data suggests 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 enhances their experience of the sessions.

- **Relevant Spaces: "It makes it come alive so much more"**

Both facilitators and participants suggested that one way in which the heritage setting contributed to the impact of the SP sessions was through the relevance of the spaces to the content they were delivering, and the way in which this appeared to support engagement and understanding.

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:

> *The historic setting definitely adds more to the session. [CP2]*

> *I mean, in Kew Palace they took us to and played music on an old harpsichord, and it really gave us something that we hadn't experienced before [CP9]*

> *You've got the right atmosphere you see. It's not like going somewhere and going to a room and just talking about something; you've got the atmosphere as well, and you can talk about other things to do with it [PLWD11]*

> *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]*

In the individual interviews and group discussion, facilitators talked in some detail about this aspect of the programme. Having access to the historic setting provided opportunities to work in new and interesting ways:

> *HRP are keen that their spaces are at the centre of the session [F3]*
>
> *[The organisers] have extracted the link to the story, the historical links and the story, much more than I've ever done on any project before [F1]*

As artists rather than historians, facilitators said that in developing their sessions, they had found it challenging to produce workshops based upon historical events or characters, and expressed anxiety about historical accuracy, which for them was less important than finding a point of connection with participants. Two facilitators stated directly that they had been concerned that participants might ask questions that they could not answer:

> *I have a reluctance to go from A-Z in a very straight way, and the idea of storytelling, I found that slightly constricting, because if you're on the way, on the story, it's too linear somehow [F1]*
>
> *The historical information [attached to spaces] is complex by nature, because it's sort of…leads through in chronology. Sometimes it's hard to simplify certain parts of the information…you have to find ways to work with that so you're giving the organisation what they want. [F3]*
>
> *The hardest part about working for them is actually the story. And trying, you know, to answer questions about it, cos we're not coming in as historians. We're coming in as artists, working with historians. [F4]*
>
> *The challenge of working with a heritage space is knowing that you've got the right historical facts, you're trying to be as authentic as you can be….I feel literally the weight of history [Focus group participant]*

However, despite the challenges, facilitators found that building their sessions around the particular spaces in which they took place added another dimension to their practice; and that making the stories and spaces connect was fundamental to the success of delivering the sessions in these spaces:

> *Knowing that you are in that space doing something that is relevant to that space, is, I think, there is something kind of powerful about that somehow. And you feel more connected… [F2]*

> *I think the onus on making the stories of the spaces and the spaces integral to the package is…I totally understand why they need to do that, otherwise we could be delivering this session here today anywhere. We could just be tasting some chocolate [F3]*
>
> *In other settings you're trying to bring the extraordinary through the artwork, your resources, through yourself and the way you're delivering it. Whereas here, the extraordinary is all around you. [Facilitator Focus Group]*

Defining the nature of any well-being benefits associated specifically with this notion of relevance was more difficult. One of the facilitators suggested that for some participants, it gave a kind of legitimacy, or gravitas, to taking part in activities that they might otherwise find childish or meaningless:

> *Often it's quite hard to get the older men to take part in a kind of craft-based activity…so finding out historical relevance, and the fact that they're at Hampton Court gives it a quality that, if you were sat in a village hall or something…I don't know what it is, sophistication or something, that it's all right to do [F1]*

- **Special qualities of the sites: "All the history and architecture and everything, you know, it just works really well"**

Through the interviews and during the sessions, a number of participants talked about the 'special' qualities of the sites that made visits their significant and memorable experiences:

> *I think the setting is a bonus isn't it? You know, no matter what you do in a local centre somewhere, it's never going to match that moment when you walk round the corner and there's the front of the palace, and you're in that beautiful courtyard, and the clock chimes, and oh, I mean, it's just a wonderful place. [CP1]*
>
> *The thing about Hampton Court, it's first of all a beautiful place to be, and it feels safe [CP14]*

The impact of the setting was captured during one of the SP sessions at Hampton Court, when the facilitator began by asking participants to describe their immediate responses on entering the palace grounds:

Extract from field Notes

F starts by asking everyone to introduce selves and give a word about the impact of coming into the palace.
PLWD21- a lovely place, so well kept. Gardens beautiful.

F comments – impact for her, crossing the bridge. Takes breath away.

CP21 – evocative, uplifting
Researcher – impressive
CP10 – impressive and welcoming
PLWD10 – 'I just do as I'm told' (prompted) 'It's a nice castle, nice to come here'
CP4 –surprised and pleased today re young children visiting. Reminds her of when she was a child. Amazing it's stood here for so long.
PLWD4 – happy to come, grown up with it. I was born near here.
F asks if PLWD4 has seen it change?
PLWD4 says not really altered, my mother was always marching us round.
PLWD10 – it's got busier
CP3 – glorious in the sunshine. Been many times before
PLWD3 – like coming back to an old friend, renewing acquaintances.
SP staff – worked here 5 years, feels special that regular people are allowed in
PLWD5 – I live locally, been many times, it's a lovely place
CP5 – suddenly remembered one of v joyous times we came, with daughter and grandchildren to the skating rink. It was booked but they let them in.

Figure 4.2 Extract from field notes 'b'

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 in moving round old buildings, some participants, both care partners and PLWD, had other health issues such as joint problems, tremor and eye conditions, which could be potential challenges in sites such as Hampton Court and Kew Palaces. However, participants reported few physical barriers to accessing the sites, and acknowledged that full accessibility to all areas would not be possible.

> *No, I don't think [there are barriers]. I mean, they've got to conserve these places [CP14]*

> *The thing he finds a little disconcerting is the cobbles: I think they throw him a bit. But you know, there's nothing you can do; it's cobbles round there. [CP15]*

They were appreciative of the efforts made by staff to ensure that they had a safe and comfortable experience while moving through the buildings and outside spaces:

> *We can manage that at the moment. PLWD8 does like to sit down, but they have those excellent little chairs just to rest for half a second. [CP8]*

Some minor issues were mentioned relating to the physical environment, although people were clearly reluctant to be critical:

> *One teeny, weeny, weeny thing…in the winter when we meet up it is extremely cold because we have to stand out on the front. I think it would be nice if somehow or other we could at least be under cover, but that's the only, only criticism. We all try to arrive and be on time, and so it's normally a wait of 20 minutes. In winter that can be cold. [CP3]*

> *I do find that hanging around...in fact, I had to ask to go and sit under the archway; it's sheltered but it's still very draughty. I'm not sure whether meeting outside in a cold place is a good idea, frankly. [CP5]*

> *I didn't know where the gate was, and I asked, and it wasn't signposted…so it was a little bit stressful when I got there [CP6]*

Overall though the messages about their experiences of the heritage settings as places were positive ones:

> *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 [PLWD1]*

> *Being around with all the history and architecture and everything, you know, it just works really well [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. [PLWD16]*

- **Pride and Privilege "A historic gem on your doorstep"**

Appreciation of the special qualities 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:

> *We lived a mile away from Hampton Court, so we used to go there a lot of Sunday afternoons…it was like having a historic gem on your doorstep that you could just go and use as a park [CP*
>
> *My parents are very staunch royalists, and well, we're all very proud of heritage anyway [CP12]*
>
> *Well for us, we're very proud of where we live, and you know, we're so privileged to have this on our doorstep [CP13]*

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]*
>
> *If you're thinking that there's various hospital appointments and that, it just gives you a feel good factor, you know what I mean. You feel like you're more valued sometimes, when you've got a nice location to go to [CP12]*
>
> *We were one of the first groups to actually go into the kitchens and then taste the chocolate…But the thing is, you're actually doing this, which if you were just a visitor to the palace, you'd probably sign up for one of these session, you'd pay extra for it. But I just think we are treated so well. [CP14]*
>
> *"Like a trip out, a holiday, a day off thing to do"*

Participants expressed appreciation that there was no charge to attend the programme, and that they were welcomed to stay on-site for the rest of the day if they wished to do so.

> *I'm very conscious that I'm getting to wander round Hampton Court for free – you know, what's not to like? [CP1]*
>
> *The thing is that they've made it accessible, they've made the parking free, they've made it that you can go and look round afterwards. They've made it, they've made you feel welcome. [CP4]*

> *We always [stay on site afterwards], we go and have a lunch and wander about. I often say to my family, oh, it's nice. We can go through Hampton Court without paying the entrance fee…It's expensive to enter. [CP9]*

Facilitators identified inclusion and participation as important principles for programmes such as this, including widening participation in terms of who visits such settings.

> *It's about being inclusive, I think that's definitely the strength of it. It's quite political, and so it's getting ownership over things that belong to us…it's having the right to be there [F1]*
>
> *The fact that not everybody gets to be kind of active in those spaces means it's nice that there is something they are getting that the general public aren't [F2]*

One participant said that visiting HCP for these sessions had caused her to think about heritage settings as suitable places to visit with the person she was caring for, given that he was still physically active and not experiencing problems caused by his dementia affecting mobility:

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

Another care partner was more anxious about visiting other heritage sites, and said that greater awareness of the needs of PLWD might help:

> *I don't think people are very aware of what the problem is. And that can make you a bit nervous…I think some people could do with being a bit more aware that there's Alzheimer's people around [CP15]*

Others also commented that it had become more difficult for them to manage such visits, although sometimes this was because it was no longer possible to travel too far:

> *We're members of the National Trust, but you know, now those things are falling away a little bit because it would mean a stayover, which isn't possible. He just gets so confused if he's out of his own environment. [CP3]*

- **Places: "Loads of happy memories"**

During the facilitator focus group, the question of how the programme could be made available to a wider group of people was raised:

> *It has a very limited set of people that come…it makes you wonder, like, gosh, we're in London, surely there's other people that might be able to come as well, and why don't they? [Facilitator Focus Group participant]*

It may be relevant that one significant aspect of participants' enjoyment of these places was the relationship they had had with the sites throughout their lives. Most participants in the programme 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 the palaces at 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.

> *It really does help to reminisce a bit and remember…"Oh, I remember when we brought the children there" [CP9]*
>
> *She does remember so well that we all used to go there as children. So that's a good sort of talking point [CP12]*
>
> *We would go to Hampton Court as a couple, and when…our son's 20 now, but we would visit quite regularly [CP15]*
>
> *Well when we were there at Hampton Court, I was so pleased to see that he remembered being there before and what we did, and things like that triggered off memories [CP18]*

Several care partners commented that the person they cared for was usually willing, and in some instances, keen, when told that there was to be a visit to Hampton Court:

> *PLWD4 can relate, because he 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]*

- **Individual and collective histories: *"Time-shifting"***

Facilitators and some care partners were explicit in talking about how the setting intensified sensitivities to the nature and significance of time, and to individual and collective histories. For example, the memories of care partners and PLWD of earlier visits to the Palaces were part of their individual stories:

> *I suppose it's about those spaces, obviously very rich with stories, and that in turn leads to people telling small parts of their own story [F3]*
>
> *What I find working there is that it allows that particular population to speak about their past, to have a connection to their own memories [F4]*

However, the heritage setting offered the opportunity to locate those individual stories within a wider story, of shared and collective significance:

> *And I think the historical element of it makes people feel quite comfortable. I don't know if that's to do with the generation that we're seeing now in this age group, perhaps history was stronger at school and they feel quite well-educated. So I find that people come feeling comfortable with the concept of the history and they tend to know way more about the monarchy that we're talking about than I do, because they remember and they're knowledgeable about it. So I wonder if that, you know, helps the engagement, like I know this, this is familiar to me, I know the kings and queens, I know who they are, I know what happened, from their long term memory. [Facilitator FG participant]*

This dimension of the programme was difficult to evidence, or to articulate precisely, but is something that facilitators seemed to ‘feel’ from time to time during the sessions:

Extract from facilitator focus group

FG4: The art is like, this is…all the places we were in, they all have this historical value, but when the art happens, it's almost like you provide the Tardis. And so whether it's through allowing you to think…make these sort of maybe surreal or unusual connections, or there's a sort of freedom to be allowed to imagine that you are part of it.
FG5: Yeah, that was wonderful.
FG4: And that’s like what we had today, you know, all those things, that's where the art bit comes in. Because it's not about exactly what happened in the history, it's about feeling like you're in it and all becomes like more now, you know.
FG5: A little bit inside of it, yeah, and bringing that…
FG4: It's something about time shifting, I think.

Figure 4.3 Extract from facilitator focus group

The juxtaposition of fleeting, and for some, soon-forgotten experiences, with the history carried by the heritage sites sometimes brought about poignant and thoughtful moments for participants too, particularly care partners. For example, one session based around HC’s Great Vine encouraged participants to contribute moments from their own histories to include in a ‘vine timeline’. The facilitator began the session by inviting participants to bite into a grape, and describe the sensory experience; an experience that would have been shared with people over the 300-year history of the vine.

> *It’s like, having the object or the thing, then taking it out of its expectations of what it is, putting it somewhere else, and saying, well, this is a time-travelling grape. It’s a mundane thing, but in that moment, or in those few hours, it suddenly takes on these other properties [F1]*

Figure 4.4 Grapevine timeline

This activity was particularly powerful for some participants. Two people commented that being in these ancient places caused them to reflect on the continuity of life, and the march of time, and on their place in history. These comments were made in the on-site post-session interviews, so immediately after the experience.

> *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]*
>
> *I mean, well you know, you feel part of something that's timeless. That's bigger than yourself. The sense of history that's here is impressive, you know? [CP10]*

4.3 Findings from dementia care mapping data

Dementia Care Mapping (DCM) data can be used to provide information about the activities and perceived wellbeing of individuals or groups of individuals. This section provides an overview of the data collected via Dementia Care Mapping. It will explore the sessions collectively, before discussing specific sessions grouped via themes.

Activities

As outlined above there are 23 Behaviour Category Codes (see Table 3.5). BCCs are subdivided into those behaviours that are thought to have high potential for well-being (Type 1, such as A, D, E, F, G, I, J, K, L, O, P, R, S, T, V and Y), and those with potential for low well-being (Type 2, such as B, C, N, U, W). The data collected shows that 14 of the 23 Behaviour Category Codes were observed during the sessions (Table 4.3.1).

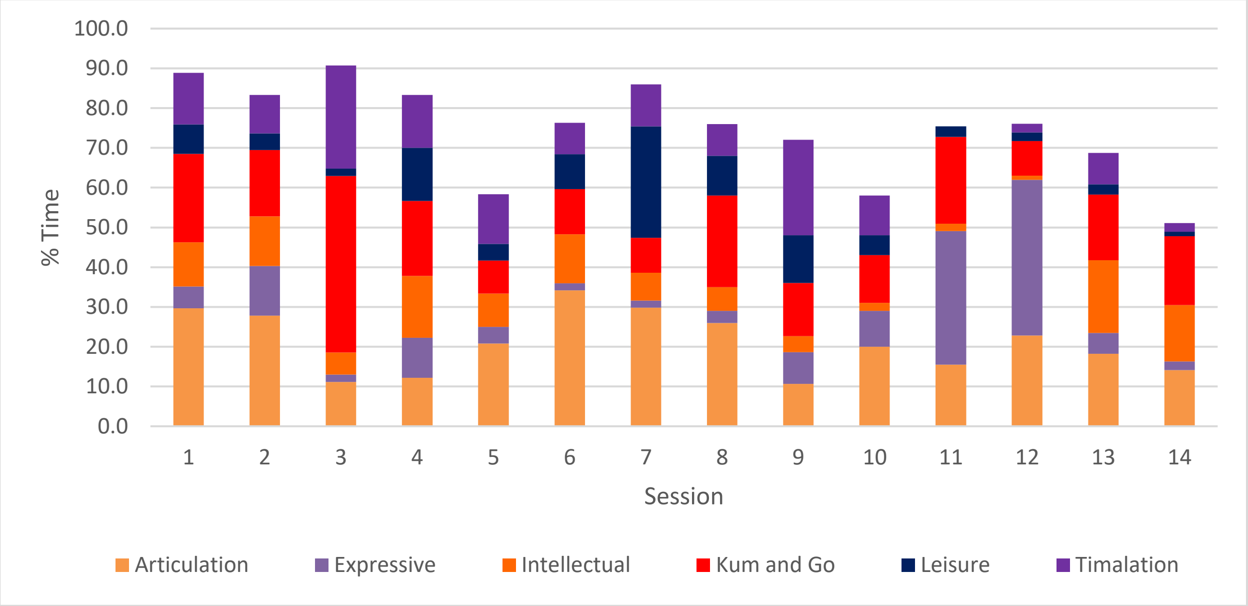
Six categories with the potential for high well-being were most commonly observed accounting for 73.9% of the timeframes observed. These behaviour categories were; interacting with others (A); creative expression (E); using intellectual abilities (I); moving independently (K); engaging in leisure, fun and recreation (L); and sensory engagement (T). This is highlighted in Table 4.3.1 below.

Table 4.3.1. Percentage of time spent engaged in each activity observed.

Code	Category Name	General Description of the Category	% Time Frames Mapped for Category
A	Articulation	Interacting with others verbally or otherwise	20.9%
B	Borderline	Being engaged but passively (watching)	7.0%
C	Cool	Being disengaged, withdrawn	0.3%
D	Doing for self	Self-care	2.8%
E	Expressive	Expressive or creative activities	10.9%
F	Food	Eating or drinking	3.4%
G	Going Back	Reminiscence and life review	0.8%
I	Intellectual	Prioritising the use of intellectual abilities	8.7%
K	Kum and go	Walking, Standing or moving independently	17.1%
L	Leisure	Leisure, fun and recreational activities	7.0%
P	Physical	Receiving practical, physical or personal care	4.4%
T	Timalation	Direct engagement of the senses	9.3%
V	Vocational	Work or work like activity	3.8%
X	Excretion	Episodes related to excretion	3.5%

The corresponding figure (Figure 4.3.1) above shows the percentage of time engaged in each of these activities per session (see session themes in Table 4.3.2). Activity engagement varied across all sessions, even those with repeated themes (see session 9 and 10, both 'Chocolate Court' for an example). Sessions 2 (The Kitchens of King George III) 11 and 12 (William III: Battle Music) allowed for greater creative expression, whereas others favoured sensory stimulation 3 (A Courtier's Commentary) and 9 and 10 (Chocolate Court). It may be important to consider the mobility of some participants, particularly in sessions that appear to require physical activities (session 3 - A Courtier's Commentary; and 7 and 8 - Tudor Symbolism; for example). Indeed, the need for some individuals for help with physical care (e.g. help with walking from one environment to another) could account for the less active codes overall in sessions 5 (Queen Mary II and Baroque Palace); 10 (Chocolate) and 14 (Tudor Feast) or were captured as another type 1 category code promoting well-being such as interaction (A) and sensory activities (T) or expressive activities (E).

Figure 4.3.2 Percentage of time spent engaged in the six most common type 1 activities per session.



The behaviour category codes that were most observed all have the possibility of enhancing well-being. Sensory activities are captured under the code T, 'timalation' but may also be captured under the code E, 'expressive' as both allow the observer to record instances where the individual participants may be listening to (T) or making music (E), touching and smelling flowers (T) or arranging flowers (E). Therefore, elements of sensory engagement may be captured under the codes E or T. As can be seen from Table 4.3.2 the combined percentage of time participants as a group were engaged in these behaviour category codes is c.20%, therefore for around 1/5th of the time observed participants were involved in activities that promote engagement of the senses and creative expression.

Table 4.3.3 Session themes

Session	Theme
1	The Grape Vine
2	The Kitchens of King George III
3	A Courtier's Commentary
4	Queen Mary II and Baroque Palace
5	Queen Mary II and Baroque Palace
6	Tudor Symbolism
7	The Sensory Postcard
8	Tudor Symbolism
9	Chocolate Court
10	Chocolate Court
11	William III: Battle Music
12	William III: Battle Music
13	Tudor Feast
14	Tudor Feast

During all observed sessions PLWD were generally engaged in conversation with staff and facilitators, where they recounted happy memories from the past. The PLWD were engaged in the activities and overall participants enjoyed the sessions. The Mood and Engagement Values recorded demonstrate levels of enjoyment most clearly.

Mood and Engagement

In addition to documenting the specific activities of participants, DCM can also be used to give an indication of a person's well- or ill-being (WIB) during each five-minute time frame. Well- or ill-being is scored on a six-point scale from +5 (well-being or deep engagement) to −5 (ill-being, distress). The average WIB value for individuals was +2.5 and ranged from +1.6 to +3.6. This demonstrates positive levels of wellbeing for all participants on an individual basis. WIB values can be averaged for individuals or a group of individuals during a time period. Figure 4.3.2 shows the percentage of time participants spent in well- and ill-being across all sessions.

Figure 4.3.4 Percentage of time spent in well or ill-being throughout the sessions

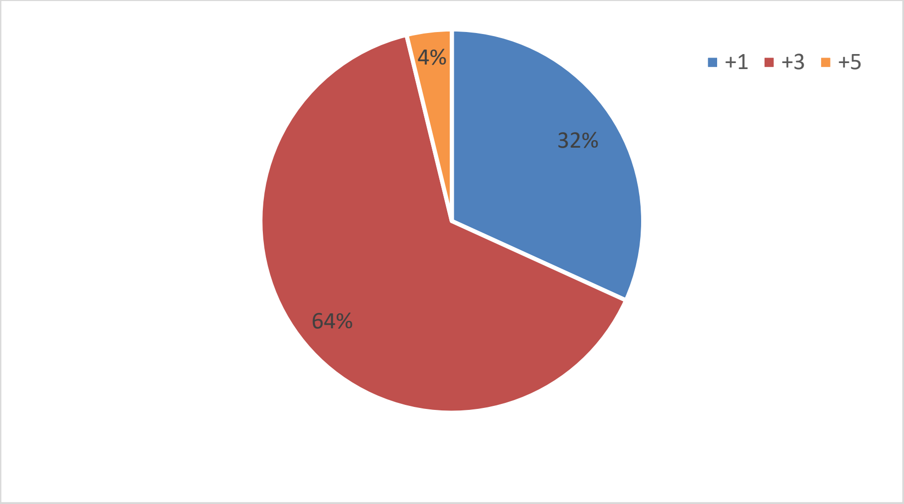
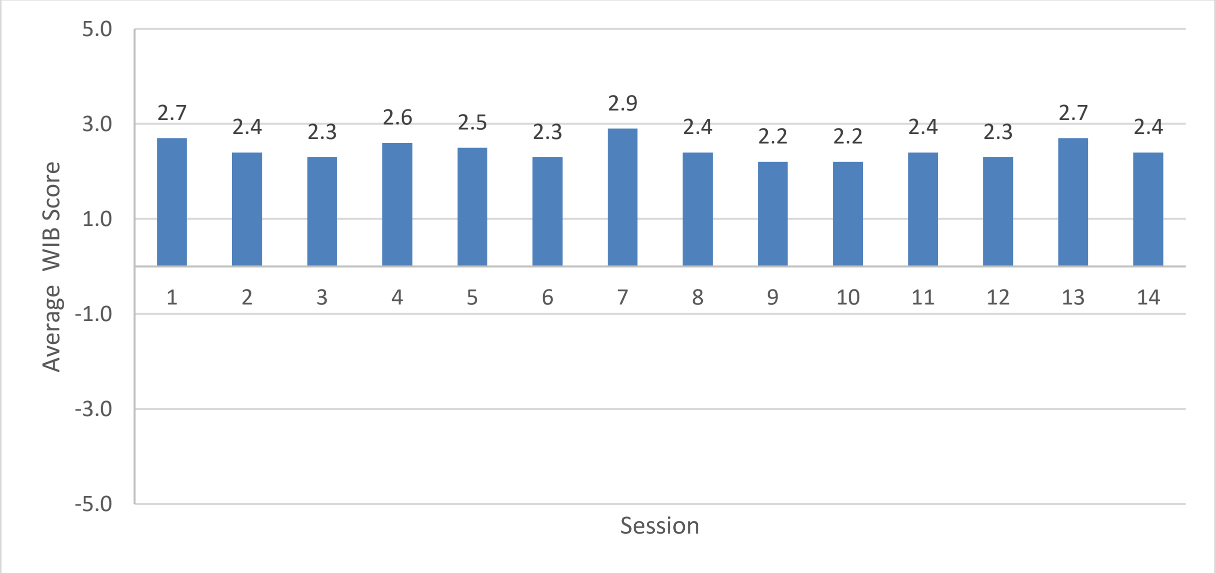


Figure 4.3.4 demonstrates a high level of positive mood and engagement recorded during all sessions overall (68% +3 and +5), suggesting participants enjoyed the sessions. Average scores were documented per session and these are highlighted in the graph below (Figure 4.3.3).

N.B. *There was a very low level of ill-being recorded at less than 0.5% across all 22 hours mapped. This is not represented in the graph above as it is less than 1%.*

Figure 4.3.5 Average WIB scores mapped per session



As Figure 4.3.5 shows, participants enjoyed the sessions overall, with all sessions scoring an average well-being score of between +2 and +3. Session 7 (The Sensory Postcard) scored the highest average WIB score at +2.9, with the lowest WIB scores documented for sessions 9 and 10 at +2.2. Interestingly, the sessions with the lowest WIB scores, sessions 9 and 10, were the Chocolate Court themed sessions. The sessions by individual themes are explored below.

Sessions by Themes

As Table 4.3.3 demonstrates, each session was themed around a particular topic, with corresponding activities taking place. There were nine themes explored in the fourteen sessions mapped. These have been summarised below, and sessions covering the same theme have been grouped and discussed together.

Average WIB scores have been explored to give an indication of participants' mood and engagement throughout activities in each session. Fluctuations in WIB scores can give an indication of aspects participants particularly enjoyed or did not enjoy. For themes with more than one session, we can compare WIB scores to show if there is coherence across the sessions. The observations collected allow us to posit potential reasons for differences in mood/engagement at a particular point in time.

The Grapevine

The Grapevine was the first session mapped on 20th June 2017, hosted at Hampton Court Palace. This was the only session of this theme mapped. In this session, participants were introduced to the grapes, explored the Great Vine and then took part in an arts-based activity based on the same theme. There were three people with dementia and three care partners at this session. The average wellbeing recorded at this session was +2.7, indicating positive mood and engagement overall.

Figure 4.3.6. Average Well- Ill- Being (WIB) Scores for Grapevine session at each time frame

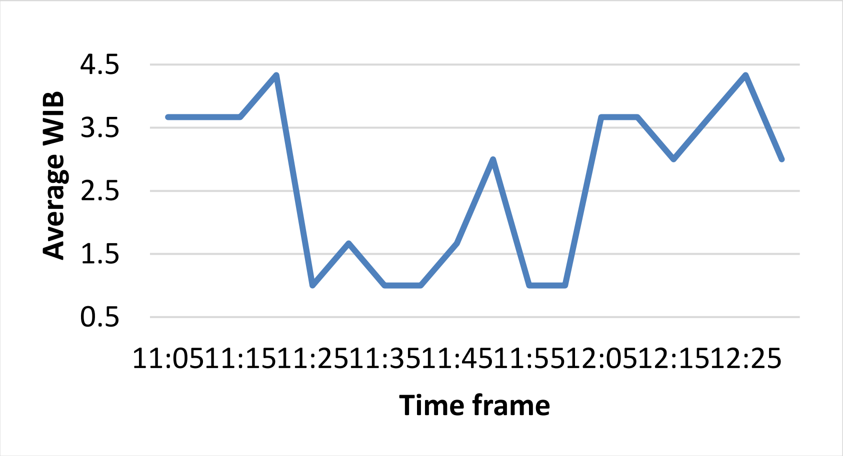


Figure 4.3.6 shows the average WIB scores mapped across the observed portion of the session. Participants demonstrated sustained positive mood and engagement during the latter half of the session. Dips in engagement (11:25, 11:55) are due to periods of transition, for example moving from the main activity space to the Great Vine, and back again.

The Kitchens of King George III

The Kitchens of King George III was the second session mapped on 11th July 2017, hosted at Kew Palace. This was the only session of this theme mapped. This session started with a sensory activity (smelling herbal remedies); participants then explored the kitchen garden, the18th century Georgian kitchens; and finally took part in an arts-based activity with salt-dough. Four people with dementia were mapped for this session. The average wellbeing recorded at this session was +2.4.

Figure 4.3.7 Average WIB for the kitchens of King George III session

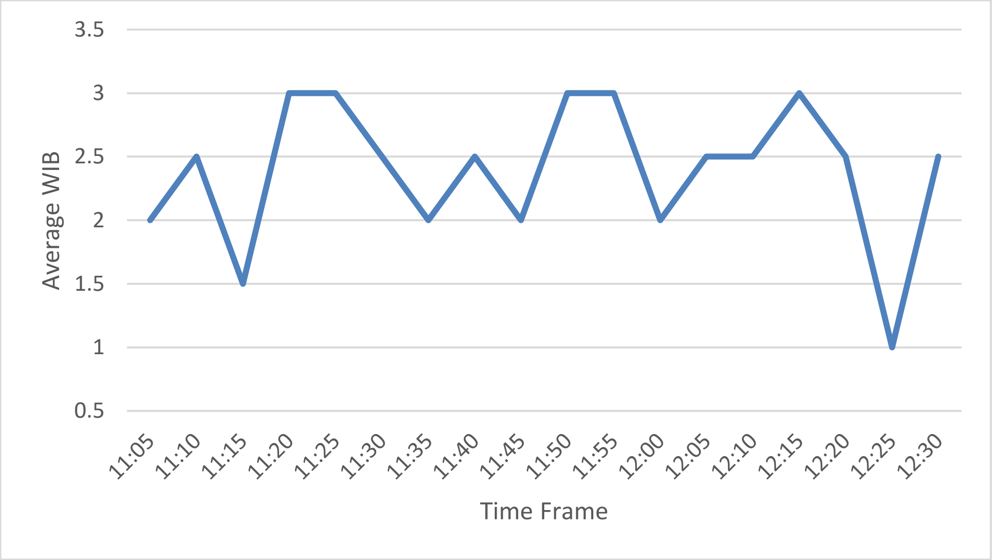
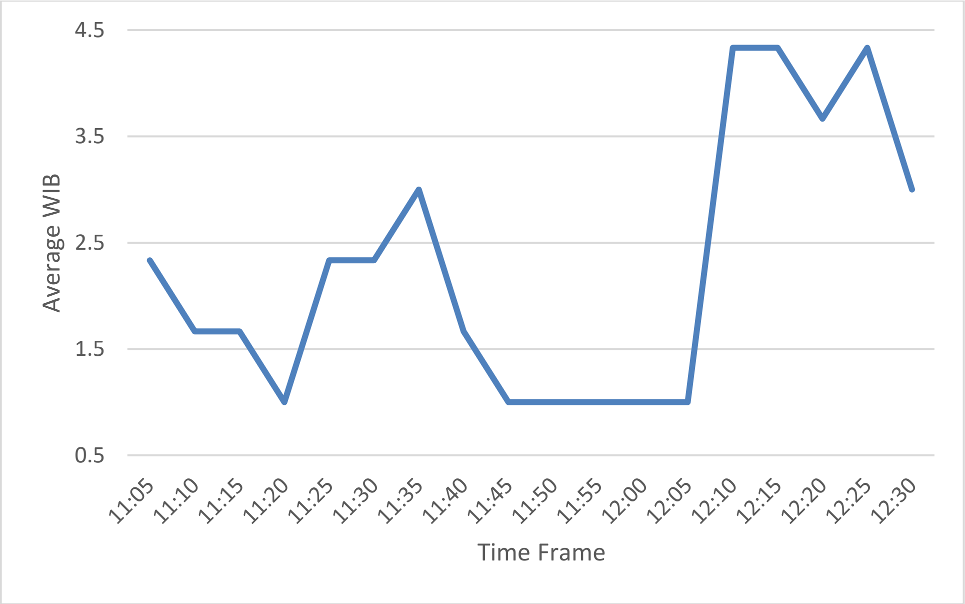


Figure 4.3.7 demonstrates when participants enjoyed the activities, particularly when in the garden (11:25) and kitchens (11:50). Declines in engagement were documented when participants were travelling from one place to another (see 11:15 and 12:25).

Courtier's Commentary

Courtier’s Commentary was the third theme mapped on 18th July 2017, at Hampton Court Palace. This was the only session of this theme mapped. The session began with participants exploring music via an iPad, before being shown the portrait of Prince George and other rooms of interest in the Court. The final part of the session comprised of a music activity. Three people with dementia were mapped for this session. The average wellbeing recorded at this session was +2.3.

Figure 4.3.8. Average WIB for courtier's commentary session



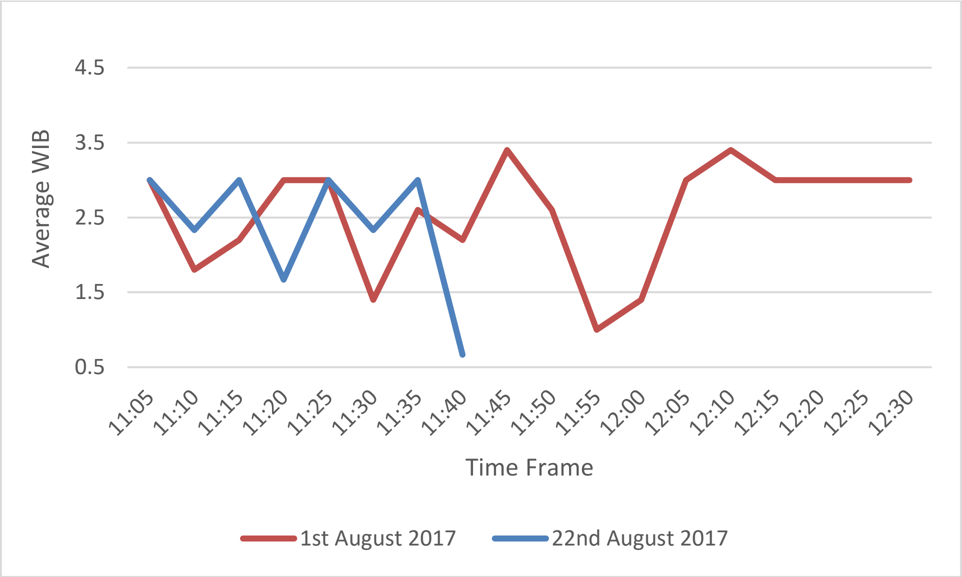
As can be seen from Figure 4.3.8 participants appeared less engaged during the middle activity when they explored the Queen's State Apartments. Wellbeing scores appeared to increase dramatically during the musical activity towards the end of the session.

Queen Mary II and the Baroque Palace

The fourth and fifth sessions mapped were under the theme of "Queen Mary II and the Baroque Palace". The first of these two sessions took place on 1st August 2017 and had five participants with dementia in attendance. The second took place on 22nd August 2017 and had three participants with dementia. Both sessions were hosted at Hampton Court Palace. The sessions began with an audio-visual activity based around music and expression (including dance), participants then explored the gardens, before ending in expressive activities with music, ribbons and a large parachute.

The average WIB scores were +2.4 for 1st August 2017 and +2.5 for 22nd August 2017.

Figure 4.3.9 Average WIB for Queen Mary II and Baroque Palace sessions

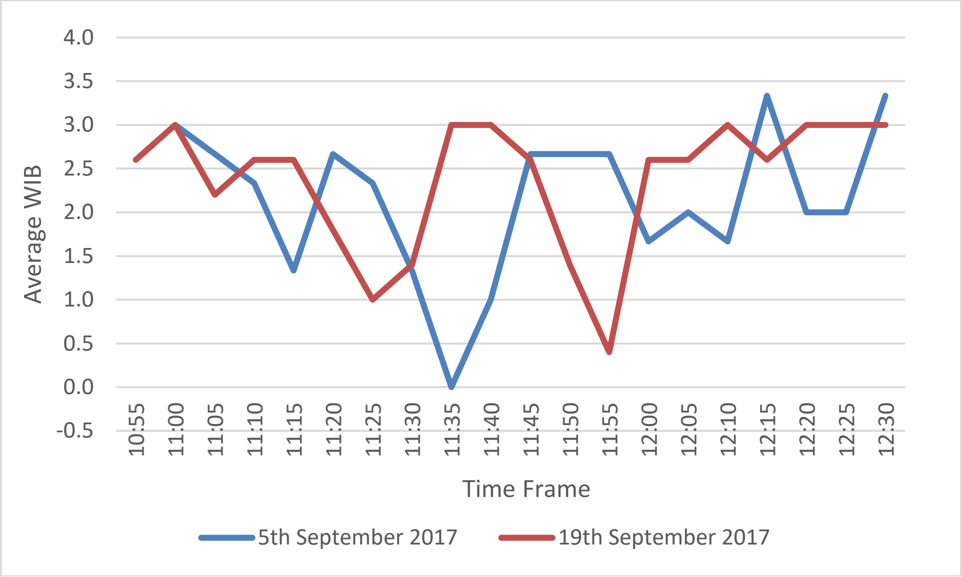


The lower average WIB scores (11:40, 11:55) were recorded during breaks and periods of transition, for example walking from one space to another. From 11:05 – 11:40 on 1st August, the average WIB score for participants was +2.4. Given that the average score for 22nd August was +2.5, this suggests positive mood and engagement for the first 40 minutes of both sessions. The researcher was not able to complete data entry for the second half of the session on 22nd August 2017, so comparisons are not possible. However, as demonstrated in Figure 4.3.9 there was sustained engagement and positive mood during the latter half of the session on 1st August 2017, demonstrating the activities were positively received by participants (12:05 – 12:30).

Tudor Symbolism

The sixth and eighth sessions mapped were under the theme of "Tudor Symbolism". The first of these two sessions took place on 5th September 2017 and had six participants with dementia in attendance – the highest of all sessions recorded. The second took place on 19th September 2017 and comprised five participants with dementia. Both sessions were hosted at Hampton Court Palace. The sessions began with a learning activity about Tudor symbols, followed by a walk around the Chapel Garden. The latter half of the session comprised an art activity whereby participants made 'calling cards'. The average WIB scores were +2.6 for 5th September 2017 and +2.5 for 19th September 2017.

Figure 4.3.10 Average WIB for Tudor symbolism sessions



The marked dips in engagement shown in Figure 4.3.10 are transitionary periods where participants had either paused for a toilet break (and were therefore not mapped, see 11:35 - 5th September) or were recorded as walking from one space to another (such as to the garden or back to the Community Room, see 11:55 – 19th September). Mood and engagement rose when participants enter the garden (11:20 – 5th September, 11:35 – 19th September) and discuss what they can see and smell. In addition, the graph demonstrates positive mood and engagement during the ‘creative making’ activity (started at 11:40 on 5th, and 11:55 on 19th September), and this is sustained through the reflection period at the end of both sessions.

Sensory Postcard

‘Sensory Postcard’ was the theme of the seventh session mapped overall, and the second mapped in Kew Palace. The session took place on 12th September 2017, and was the only session of this theme mapped. This session started with a sensory activity, followed by an exploration of one of the gardens. Participants were then invited to create their own sensory cards. Three people with dementia were mapped for this session. This session had the highest average WIB score overall at +2.7.

Figure 4.3.11 Average WIB for sensory postcard sessions

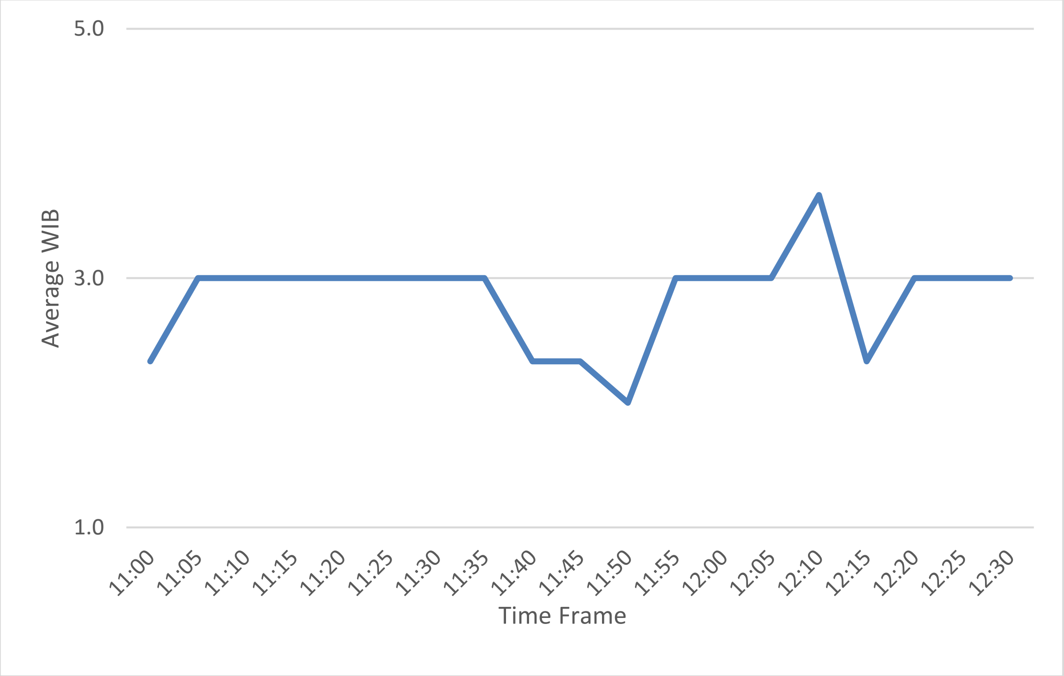


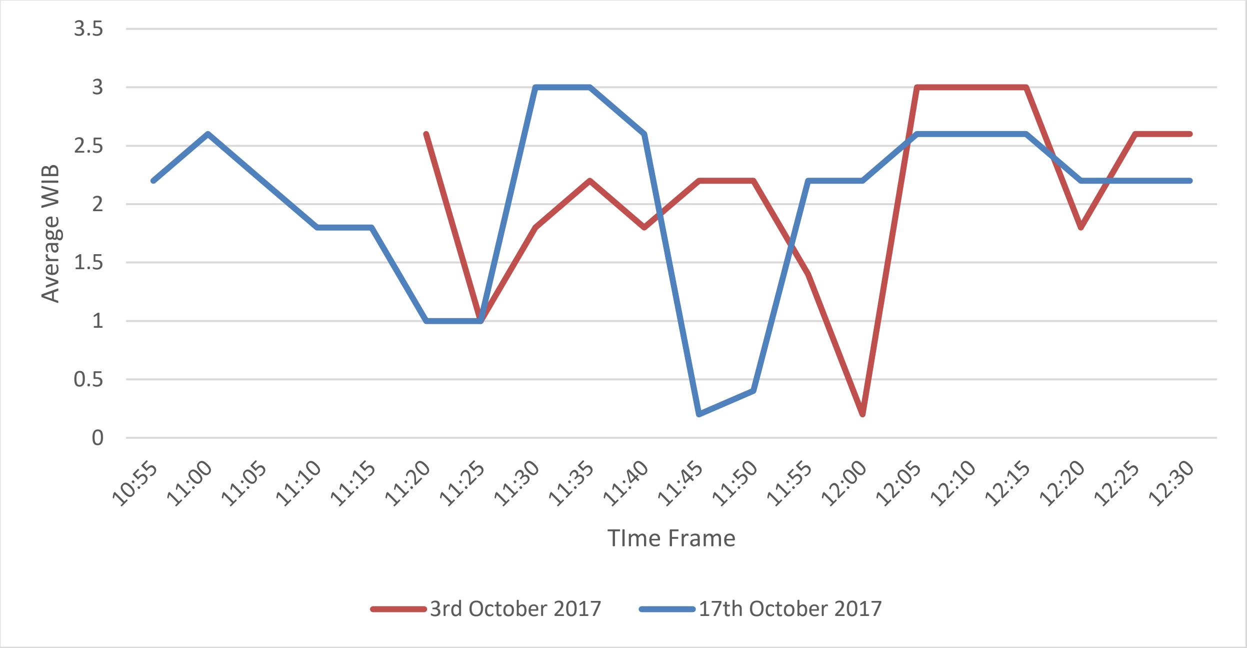
Figure 4.3.11 demonstrates that the group's mood and engagement was positively sustained for the beginning activity (11:00 – 11:15) and during the exploration of the garden (11:15 – 35). Lower scores were recorded when moving from the garden to the indoors between 11:35-11:50 before starting the next activity. Interestingly, the level of mood and engagement was sustained throughout a transitionary period noted at 11:20 when participants travelled to the garden. The increase at 12:10 can be attributed to staff praise and celebration of participants' creations, demonstrating a social impact on participant mood.

Chocolate Court

The theme of Sessions 9 and 10 was 'Chocolate Court'. These sessions were hosted at Hampton Court Palace and took place on 3rd and 17th October 2017 respectively. Both sessions began with a learning activity about the use of chocolate, before participants were invited down to the 'chocolate kitchen' for sensory activities including smelling spices and chocolate making ingredients, tasting chocolate in the community room. Five different people with dementia were recorded at each session. Both sessions scored the lowest overall WIB values at +2.2. While this is the lowest score out of all sessions, well-being was still recorded positively on average.

The researcher did not map the beginning of Session 9 on 3rd October 2017, however, the graph (Figure 4.3.12), demonstrates the activity at the start of the session (illustrated by average well-being of participants from Session 10) was well received by participants.

Figure 4.3.12. Average WIB for chocolate court sessions



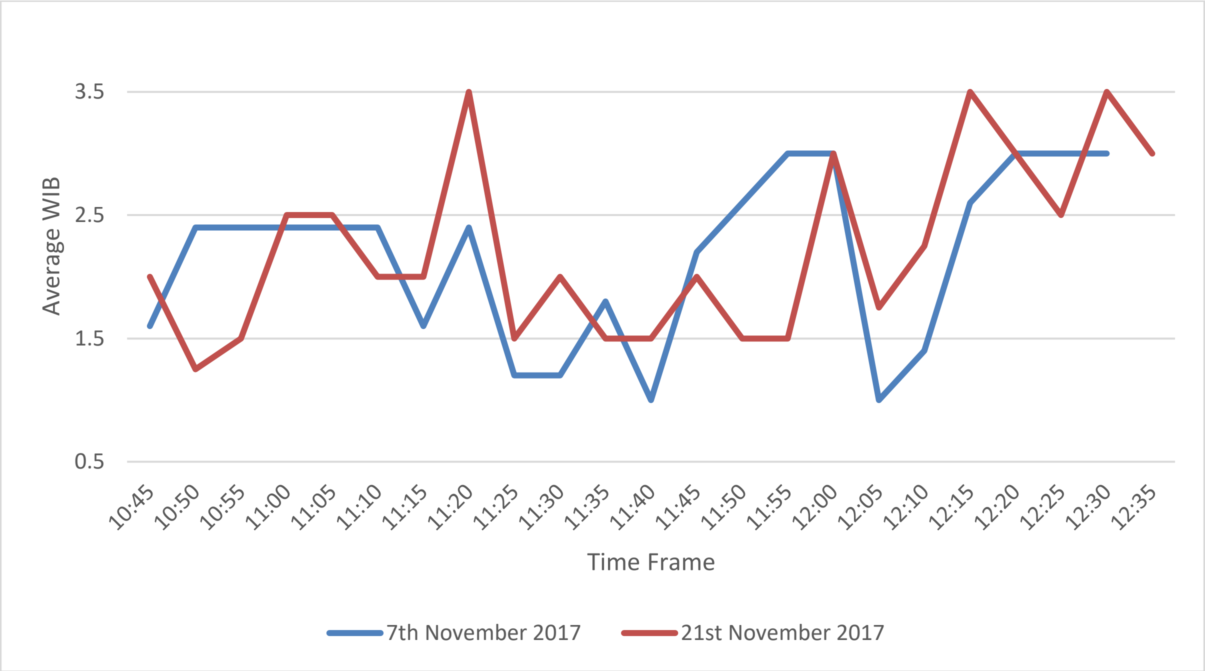
Increases in wellbeing were demonstrated upon entering the kitchen at 11:30 for both sessions, as participants were able to engage their senses and take in the new environment. There was sustained positive well-being during the chocolate tasting activity at the end of the sessions (12:05 onwards). The decrease in participants' average WIB at 12:20 on 3rd October 2017 was attributed to participants not enjoying the final sample of chocolate provided during the activity, however this was not emphasised during Session 10.

Decreases in average well-being scores (11:15-25, 11:45, 12:00) link to periods of transition and toilet breaks throughout the sessions and are therefore not directly attributed to decreases in mood because of a particular action or stimuli.

William III: Music from the Battlefield

The theme of Sessions 11 and 12 was 'William III: Music from the Battlefield'. These sessions took place on 7th and 21st November 2017at Hampton Court Palace. Five people with dementia were mapped during 7th November and a further four people with dementia were mapped on 21st November 2017. Both sessions began with a learning activity about the use of music in the military, before participants were invited down to the Guard Chamber in the King's State Apartments. Participants then took part in a musical activity to finish the session. The overall WIB values were +2.4, and +2.3 for 7th and 21st November 2017 respectively.

Figure 4.3.13. Average WIB for William III: Music from the battlefield sessions



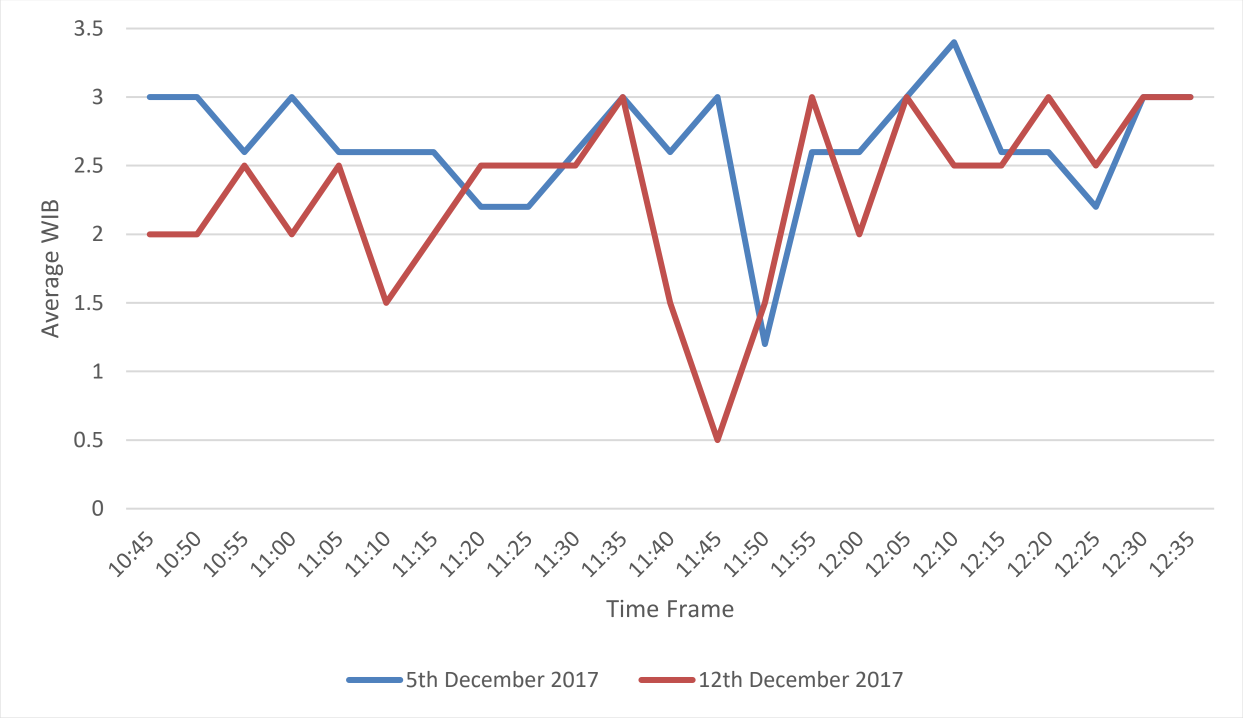
As can be seen from Figure 4.3.13 at approximately 11:20, participants in both sessions engaged in a short activity with a drum. Participants enjoyed this activity, as demonstrated by the sharp increase in mood and engagement for this time frame. Following this activity, the participants were led to the Guard Chamber (shown by the decrease in wellbeing through this transitionary period).

At 12:05, participants in both sessions stopped for a short toilet break and made their way back to the community room, and the session finished with a musical activity. Again, the graph demonstrates high positive mood and engagement when engaging with the instruments and music, suggesting participants particularly enjoyed these aspects of the sessions.

Tudor Feast

The final two sessions mapped (Sessions 13 and 14) were under the theme of 'Exploring the Tudor Feast'. These sessions took place on 5th and 12th December 2017 at Hampton Court Palace. Participants explored the Tudor kitchens, and took part in sensory activities (for example, smelling herbs, spices and ingredients), before finally partaking in a creative activity. Five people with dementia were mapped during Session 13, and a further four people with dementia were mapped during Session 14. The average wellbeing score for Session 13 was +2.7, while Session 14 had an overall average score of +2.4.

Figure 4.3.14 Average WIB for exploring the Tudor feast sessions



As figure 4.3.14 demonstrates the decrease in average recorded well-being on 12th December 2017 at 11:10 may have been due to walking outside during a transitionary period from one room to another. On this particular day, the weather was noted as bitterly cold, and participants appeared to not enjoy being outside, and this could have affected the average well-being. In addition, the further decrease at 11:45 (12th December) was due to a toilet break (and therefore participants could not be mapped). This is also demonstrated at 11:50 on 5th December.

The increase in average recorded well-being occurring at 12:10 was during the salt-dough activity. Participants enjoyed the activity, and specific increases in enjoyment were noted when participants were engaged in positive social interactions for example, a participant laughing during the activity with her care partner and a facilitator.

Personal Enhancers and Detractions

Personal enhancers or detractions are recorded to give an indication of the ways in which participants' needs are met during a moment. This can be via social interactions or through their environment. Within Dementia Care Mapping, there are 5 needs, further sub-divided into 17 enhancers and detractions. The 17 enhancers are demonstrated in Table 4.3.3 below. Within each need category, the personal enhancers are episodes that are likely to increase a participant's needs being met, whereas personal detractions undermine these needs.

Staff and facilitators were skilled at creating at warm and welcoming environment for session attendees at the start of every session and explaining upcoming activities in a relaxed pace. After several of the sessions, participants applauded the facilitators, demonstrating their thanks and praise for the activities they had just attended. This celebration of the activities is a clear positive indication that participants enjoyed the sessions.

Table 4.3.15 Number of personal enhancers recorded across all sessions

Need	**Personal Enhancer**		**Number of Instances**
Comfort	Warmth	*Showing genuine affection, care or concern*	15
	Holding	*Providing safety, security and comfort*	4
	Relaxed Pace	*Recognising the importance of helping to create a relaxed atmosphere*	27
Identity	Respect	*Treating a participant as valued; recognising their experience and age*	5
	Acceptance	*Entering a relationship based on an attitude of acceptance*	0
	Celebration	*Recognising, supporting and delighting in participants' skills and achievements*	8
Attachment	Acknowledgement	*Recognising a participant as unique; valuing them as an individual*	2
	Genuineness	*Being honest and open in a way that is sensitive to their needs and feelings*	2
	Validation	*Recognising and supporting participants' reality*	0
Occupation	Empowerment	*Assisting the participant to discover or employ abilities and skills*	7
	Facilitation	*Assessing levels of support required and providing it*	8
	Enabling	*Recognising and encouraging a participant's engagement*	34
	Collaboration	*Treating the participant as equal in what is happening*	4

Inclusion	Recognition	*Recognising the participant's uniqueness with an open attitude*	4
	Including	*Enabling the participant to feel physically and psychologically included*	34
	Belonging	*Providing a sense of acceptance in a setting*	0
	Fun	*Using and responding to the use of fun and humour*	26

There were 178 observed instances of personal enhancers across the 14 sessions. The five most common personal enhancers were warmth, relaxed pace, enabling, including and fun. Each of these have been explored in more detail below.

- **Warmth**

Staff and facilitators were skilled at creating a welcoming atmosphere for participants, and showed concern for participants' wellbeing throughout the sessions, for example, checking in and asking if participants were 'okay', or as in the example below:

> *"A participant with dementia is carrying a folding chair. A staff member approaches and asks if he needs help carrying the chair, and the participant replies that it is for his wife – implying he does not need help. He then comments on a recording, prompting further conversation with the staff…" Field notes, 11th July 2017.*

In the above example, the demonstration of concern for the participant by the staff opens the line of communication with the staff about the activity and enables the participant to engage in positive social interaction, thereby creating an opportunity to increase his overall wellbeing.

- **Relaxed Pace**

Staff introduced each activity, and participants were able to go at their own pace throughout the sessions, stopping for breaks when needed. Staff and facilitators were also conscious of ensuring participants were fully engaged with activities at a pace appropriate to the group for example:

> *"Back in the room after visiting the courtyard. The facilitator reminded the participants of the symbols everyone had just witnessed outside. Then she introduced the 'calling card activity' and the Tudor's technique." Field notes, 19th September 2017.*

This reiteration of previous events is a skilled way to ensure all participants are reminded of what has happened and enables those who may have missed any symbols to further engage with the next activity, particularly if the following activity builds on previous sensory experiences.

- **Enabling**

Staff and facilitators were highly skilled at encouraging participants’ engagement, particularly during creative activities such as engaging with instruments and visual art activities (for example, the calling cards). They often encouraged participants verbally, by providing further materials (for example, demonstrating extra colours available during art activities), or by clapping along (for example, during musical activities encouraging increased participation). These positive affirmations by staff and care partners may enhance the wellbeing of participants as a group as well as on an individual basis.

- **Including**

Staff and facilitators were also highly skilled at including all participants in activities, for example, making sure each participant was able to view resources shown on the iPad, experience the sensory materials such as smelling bottles or using equipment, or contribute to introductory and reflective activities individually. There were also examples of making sure specific individuals felt included when their contribution may have been missed for example:

> *“A participant attempts to say something, but the room was noisy and the facilitator leading the group did not notice. Another staff member requested the group listen to what the participant had to say. He was then able to share his thoughts with the group.” Field notes, 3rd October 2017.*

In the above example, staff work collectively to maximize the participant’s sense of inclusion in the activity taking place and enable him to contribute to the session. This sense of inclusion within a group setting can increase participant well-being and encourage individuals to feel valued for their personal contributions within the group.

- **Fun**

Fun and humour were a large part of the sessions, with participants seen laughing and enjoying their time with facilitators, staff and care partners. This was in response to specific stimuli, for example a participant and facilitator sharing humour over a sheet smelling strongly of fish (11th July); sharing a joke with a participant – either instigated by the participant…:

> *“A participant is introducing himself and makes a joke about his name. The group listen and laugh with him” Field notes, 20th June 2017.*

… or by the facilitator through anecdotes or stories. Activities were also seen as ‘fun’ overall, and participants expressed this explicitly, for example:

> *"At the end of the drumming activity, a facilitator is handing out the post-session questionnaires for completion. As a participant is handed a questionnaire, she comments "It was fun… are we finished? Thank you." Field notes, 21st November 2017.*

In this way, fun is a key way to promote wellbeing, and the observations during the sessions capture this alongside participant well-being scores and self-reported questionnaires post-session.

Personal Detractions

While no specific personal detractions were recorded, there were rare examples where aspects of the environment could have detracted from a participant's experience, for example:

> *"The stair-well had low light intensity… it was difficult to see the steps… [a person living with dementia] …was experiencing real difficulty. There were some box-like instruments… near the edge of the stairs which made it difficult for him to hold the hand rails" Field notes, 18th July 2017*

Staff and facilitators demonstrated they were conscious of many of the uneven surfaces (cobbled walkways and staircases), and supported participants on many occasions, however it may also be beneficial to consider placement of articles around these already challenging surfaces to maximize participant abilities to traverse the environment independently.

Summary from observations of sessions

- Participants were actively engaged and participating for the majority of all sessions
- Participants demonstrated consistently high levels of wellbeing evidence via the WIB scores, suggesting positive mood and engagement overall.
- Decreases in recorded wellbeing and engagement predominantly took place during transitionary periods – moving from one room to another - or during toilet breaks when coding could not occur.

4.4 Findings from mood questionnaire data

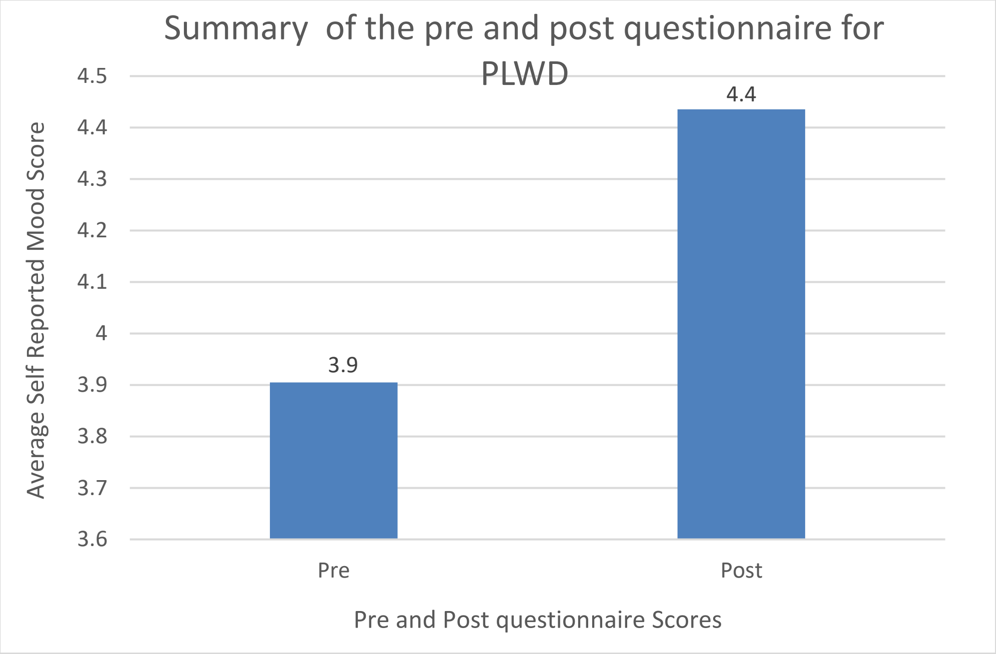
Mood questionnaires (see appendices 3 and 4) were used to ascertain the self-reported mood of all participants of the Sensory Palaces sessions at the beginning and end of each session. A five-scale was used with 1 equating to reporting feeling not at all happy; to 5 reporting feeling very happy. A total of 131 sets of questionnaires, i.e. pre and post, (reflecting the repeat visits of some participants) were collected and analysed. Of these, 130 sets of questionnaires represent 65 PLWD and 65 care partners, and one set of questionnaires was completed by a PLWD whose care partner did not fill in the forms.

The pre session forms were completed once people had arrived and had sat down for a cup of tea or coffee. The post session forms were completed just before participants left the meeting room. The data shows that mood improved for 59% of participants, remained constant for 39% with 2% of participants reporting a decrease in their mood.

The bar charts below summarise the average mood score prior to the session (Figure 4.4.1) and after the session (Figure 4.4.2) for both the PLWD and their care partners.

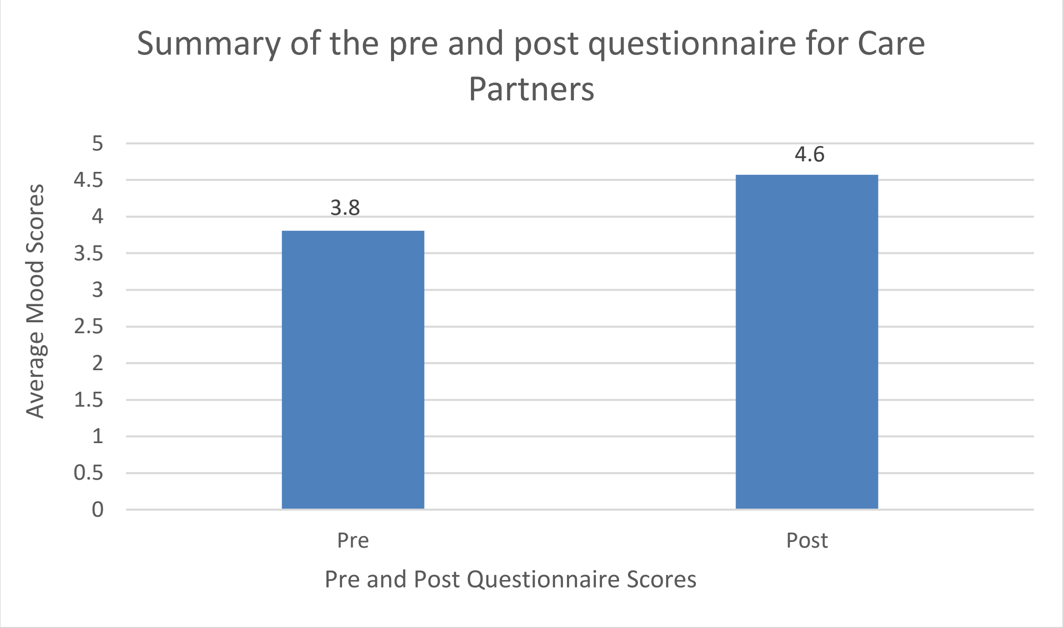
The average pre-session score for all PLWD was 3.9. This increased to 4.4 after attending the session.

Figure 4.4.1 Average self-reported mood scores of PLWD



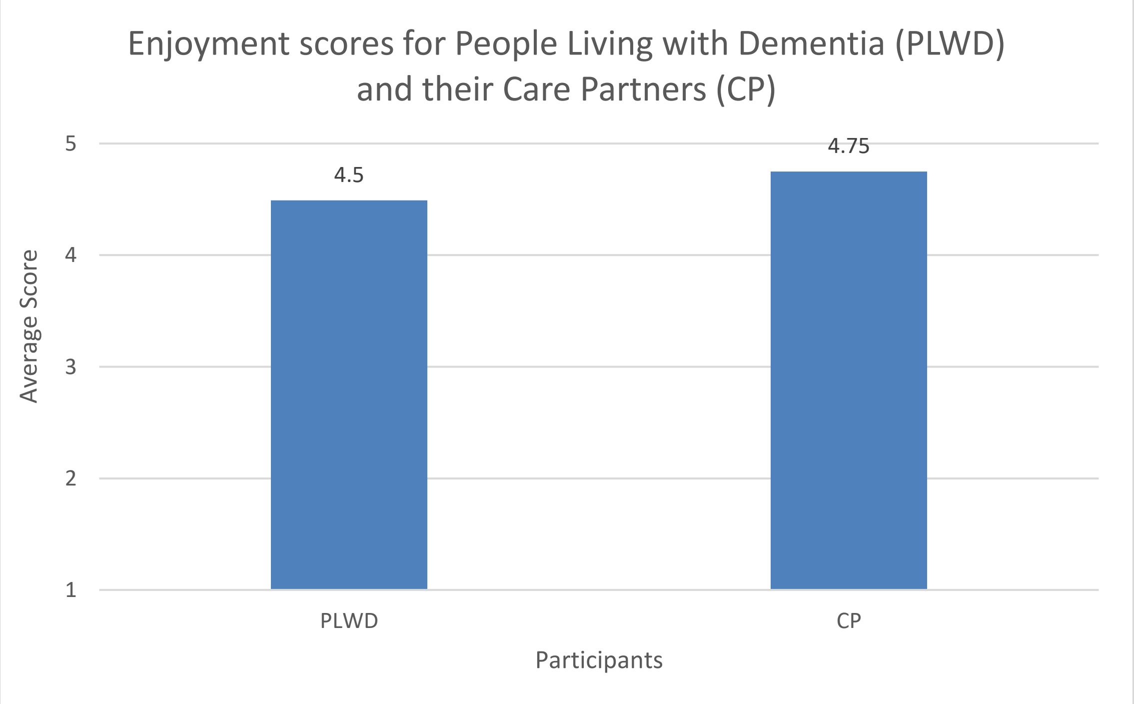
The average pre-session score for all care partner participants was 3.8 this increased to 4.6 after attending the session. The increase in self reported mood score was 26% for people living with dementia and 20% for care partners.This demonstrates that all participants reported mood improved after participating in a session.

Figure 4.4.2 Average self-reported mood scores of care partners



The questionnaire also asked participants to report their enjoyment of the sessions overall. The average score for participants living with dementia was 4.5. and 4.75 for their care partners (see Figure 4.4.3). These are very high scores for both people living with dementia and their care partners (1 being the lowest possible and 5 being the highest possible score).

Figure 4.4.3 Average self-reported enjoyment scores of the PLWD and their care partners.



Overall, the mood questionnaire data demonstrates a positive impact on self-reported mood for all participants; both people living with dementia and their care partners. There was however a small number of people living with dementia who reported a decline in mood. When we examined this further we found that their open-ended comments suggested they had enjoyed the sessions even when they had reported a decrease in mood based on the mood questionnaire scale. For example in response to what they had enjoyed about the sessions participants reporting lower mood post-session commented:

> *The information given and the listening to the answers. The idea that the audience really mattered. [PLWD8]*
>
> *Enjoy most? … The friendliness of the group. [PLWD4]*

An analysis of the open-ended questions in the mood questionnaire demonstrates enjoyment of the sessions in two distinct ways: new learning and creative expression. First participants commented on the pleasure of new learning opportunities:

> *Learning about the herb garden and symbols created during Henry VIII time in Hampton Court and creating our very own 'calling card'. [CP4]*
>
> *Interesting factual facts and background. [PLWD4]*
>
> *Enjoyed everything especially [learning about] the symbolisms aspects of life in Tudor times.[CP14]*
>
> *We all learned a lot about Hampton Court Palace life. Thank you very much.[PLWD11]*

The opportunity for creative expression was also valued by participants:

> *Enjoyed seeing the dance video, listening to the music, going out into the pretty and colourful garden, learning more about the William and Mary period. I quite enjoyed the creative activities as they ** into one's feelings and find expression for them.[CP21]*
>
> *Movement made me feel happy. Being with others made me feel part of group - strangers [CP9]*
>
> *Poem reading - great to 'hear' as well as smell and feel heat. Activity was great fun, satisfying, something to actually use as display. Professional looking. [CP10]*
>
> *PLWD15 really enjoyed the music and playing - he always gets pleasure and feels happier when singing or playing.[CP15]*

There were also comments about general enjoyment of the session:

> *Fascinating and enjoyable session.[PLWD9]*
>
> *I enjoyed most if not all of the session. [PLWD14]*
>
> *Enjoyed all aspects of the session. Amazing. Thank you.[CP12]*

The self- report data strongly echoes the positive mood scores observed using Dementia Care Mapping providing clear evidence that the sessions impacted positively on the majority of participants' mood and well-being.

The open-ended comments in the questionnaires mirror aspects of the positives documented during interviews and focus groups. This provides clear evidence that participating in these sessions are highly valued by participants, both those living with dementia and their care partners.

4.5 Summary of findings

Our evaluation design has allowed us to evaluate the Sensory Palaces project using data collected from three different sources; and based on this to conclude that there is clear evidence that the Sensory Palaces programme provides immediate well-being benefits for PLWD and their care partners during and immediately after the sessions. It suggests too that for the majority of participants who attend on an on-going basis, benefits extend beyond the sessions themselves and into other areas of their lives, particularly for the care partners. The skill of the facilitators in developing and delivering sessions based on the 'Three S's'; the support and commitment of SP staff, and the atmosphere, authenticity and antiquity of HRP's heritage settings together provide an experience for PLWD and their care partners that is valued and valuable.

Section 5 - Discussion and conclusions

This evaluation set out to answer two questions:

- What is the health and wellbeing impact of the Sensory Palaces programme on the participants – people living with dementia and their care partners?
- What role does the heritage setting play in their experience and the wellbeing impact of the programme?

And detailed objectives for the project were to understand:

- the health and wellbeing impact of the Sensory Palaces experience on people living with dementia
- the health and wellbeing impact of the Sensory Palaces experience on care partners
- the health and wellbeing impact of the Sensory Palaces experience on couples' relationships (people living with dementia and their carer spouses)
- the role of the heritage setting in the wellbeing impact of the Sensory Palaces experience.

We will address each of the two questions in turn and in the process address the four objectives.

5.1 Impact on health and well-being of participants

As can be seen from the findings section above (section 4) the data from observations, self-reports and accounts collated via interviews and focus groups with key stakeholders indicates that the impact on well-being is considerable. The sessions are well received and valued by both the person living with dementia and their care partners.

The self-report data from people living with dementia suggested that they were aware of a positive impact on their mood from participating in the sessions, and that the opportunity to engage in creative expression and learn new things were particularly enjoyable aspects of attending the sessions for participants. Interview data revealed positive reflections and memories from participation, with DCM observations highlighting high levels of types of activities that can lead to high well-being. WIB scores reflected this clearly, as high levels of well-being were observed. It is notable that the sessions had high levels of observed personal enhancers. This is in large part testimony to the skill of the facilitators in the delivery of sessions and their personal communication skills with participants.

What is perhaps most surprising about the findings is the positive impact for care partners, given that the sessions have been designed primarily with the needs of those living with dementia in mind. Care partners valued the sessions for the comradeship with other participants providing care and support to a person living with dementia; even if it was just an insight into knowing they were not alone in their situation. Care partners also reported positive impact on their relationship with the person with dementia. The sessions acted as a leveller and enabled both the person with dementia and their care supporter to enjoy learning and participating in an activity together. The sessions also led to conversation topics following the session's end. This was facilitated in particular when a 'take home' item had been developed during sessions and acted as a visual prompt, leading to conversation and reminiscence between the person with dementia and their care partner. Care partners also expressed satisfaction and a sense that attendance had been worthwhile when they observed positive responses in the PLWD, or saw them engage in a way that they didn't see so often in other contexts. This provided them with a sense of achievement for both the person with dementia and for their interactions with the person living with dementia.

Findings from observations and interviews demonstrate high levels of engagement with the programme with care partners reporting achievements for the person with dementia and a positive impact on their ability to interact and talk to the person with dementia that was good for their relationship during and after attending the sessions. Participating in the sessions together was observed to be a positive experience for those living with dementia and their care partners due to the sense of belonging to a group and learning together, that was observed. The range of behaviours recorded have high potential to promote wellbeing and this was evidenced by the high levels of well-being observed for individuals and the group as a whole in every session. Personal enhancers were observed demonstrating the skills the facilitators brought to engage participants; in addition, many personal enhancers were exacerbated by belonging to a group and experiencing things together with a care partner as well as other participants.

The evidence from the three data sources strongly supports our conclusion that the Sensory Palaces Programme has a positive impact on the well-being of all participants, both those living with dementia, and their care partners.

5.2 The role of the heritage setting in promoting well-being for participants

Four aspects to how the heritage setting promoted well-being are evident in the findings.

First, the participant base is primarily local with the heritage settings having fond memories from prior visits either with children, partners or other family for participants. This is an interesting finding, in that there appeared to be some sort of emotional connection or memory that supported the PLWDs' enjoyment of sessions and reported willingness to attend. People came on repeat visits – to a familiar place associated with happy times. A pre-existing connection might be important for a lot of potential visitors with dementia; at least in the first place. It appears that those most likely to attend the Sensory Palaces programme were those who had visited heritage sites previously.

Second, the sense of pride associated with the heritage sites was evident in the value placed on being able to attend sessions in either of the palaces; and that they could attend without cost. Pride in the National 'treasure' that was close to the homes of participants and in a sense 'belongs' to them; privilege because of their 'special' access to parts of the site that others don't access in the same way and the fact that they came to know and are known by staff creating a positive concoction of emotions promoting a sense of pride, being highly privileged to access the programme and being valued by staff.

Third, attending an event in a heritage setting allowed many care partners in particular to be able to put their current experiences, many difficult, into a historical perspective. This is an unintended impact of having the sessions on heritage sites. This was particularly true for the care partners, and for people living with dementia who were able to locate themselves in their personal past and the past of the heritage sites.

Finally, the heritage site made attending the sessions an event of value and worth in the participants' calendars and in their minds. They felt valued as people, and wanted to attend. Knowing a session was imminent boosted their mood and sense of having something to look forward to attending. Participants reported seeing the sessions as a day out, a treat, and looked forward to it. Also some said it prompted them to consider visiting other places suggesting that as their confidence increased via the familiarity of one setting it encouraged some participants to consider going to other heritage settings.

It should be noted that Heritage sites were built before legislation and policies in relation to promoting access to accommodate any disabilities. Therefore as with any older building or location heritage sites do have accessibility issues with stairs, cobbles, location of toilets and accessing upper floors. Although the heritage sites had some physical attributes that posed challenges to participants to navigate the space, for example for walking stick users on cobbled walk ways and areas that might be difficult to access, this did not seem to be regarded as a barrier by participants, rather it was accepted as a characteristic of the heritage spaces. In addition, staff were aware of the potential difficulties participants might face and were supportive and helpful in overcoming these on a day-to-day basis to meet the needs of individual participants. Therefore, the location of the Sensory Palaces programme within the heritage sites was evaluated as key to the success of the initiative.

5.3 Conclusions

Historic Royal Palaces has an established programme providing an opportunity for people living with dementia and their care partners in their local area to experience a heritage site and to participate in education sessions that have an undoubted positive impact on well-being as evidenced by data from three different data sources. Our findings demonstrate that the experience of participants at Hampton Court Palace and Kew Palace were indeed experienced 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).

The Sensory Palaces programme is a highly innovative approach, sensitively delivered to enable active participation of people living with dementia and their care partners from the local community. This approach could be developed to enable more individuals to benefit from accessing this opportunity. Historic Royal Palaces guide (2017) about how to make heritage settings more dementia friendly is an important document as is the first of its kind internationally to explicitly discuss how heritage environments can be welcoming environments for people living with dementia. The findings in this evaluation report provides clear evidence as to how this might be achieved beyond the environmental access issues; rather our findings highlight how individuals living with dementia and their care partners can be engaged and included to promote well-being within a heritage setting.

This programme could be replicated in other HRP sites and also by other heritage providers, such as the National Trust or independent historic sites. The barriers of an environment designed for able bodied and mentally agile citizens at a time when disability concerns were not taken into account are not a barrier in practice for participants, in large part because of the careful design of sessions and levels of support provided. Indeed the sense of occasion and privilege at being enabled to participate outweighs any potential barriers in the minds of the participants.

The skills that artists bring to the facilitation of the sessions cannot be underestimated. Coupled with the skills of the historians of Historic Royal Palaces a unique learning situation has been enabled promoting a levelling experience for all concerned who have different skill sets and interests together. People living with dementia and their care partners feel welcomed, that they have been given special access to something of value culturally and that is something they personally value.

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APPENDICES

APPENDIX 1 – INTERVIEW GUIDES - PRE AND POST SESSION

The Pre-Session Interviews will explore the following broad areas:

How participants found out about the Sensory Palaces sessions, and reasons for deciding to attend:

- Links to existing interests/activities
- Something new
- Opportunity to socialise

Expectations of the session, including hopes and anxieties about attending:

- Access, way-finding, distance, busy?
- Dementia friendly concept – expectations that needs would be considered and met

Post-session interviews will include the above (for participants who have attended previously), and cover the following areas:

Experiences of the session, including what they liked/enjoyed, and anything that they didn't enjoy:
Favourite part of the day

- Positive examples of the programme/activities
- Anything missing/anything that they didn't enjoy or could be done differently
- Impact of the setting, including any barriers or difficulties relating to the physical environment

Impact of the session.:

- Feelings before and after
- Any immediate benefits they identify from attending.

Thanks for participation.

APPENDIX 2: INTERVIEW GUIDE – FOLLOW UP

(Preparation – review notes of previous interview with the participant before the interview)

Preamble:
You spoke to us [date] about your experience of attending [session] at HCP/Kew, and said you would be happy for us to contact you again. We would like to follow up some points from the conversations we have had with people over the last few months, and ask you about anything else you would like to say about the project.

Visits since last interview

- Have you attended since [relevant session]?
- If so, how many times/which sessions?
- If not, why not?
- When did you last attend?
- Do you intend to continue attending sessions? Reasons.

Well-being benefits for carer and for PLWD.

Develop from previous interview – people might have more to contribute if they have attended subsequent sessions. Look for concrete examples, e.g. mood, behaviour, conversation, social contact, contact with others outside the session, relationships. Encourage respondents to provide examples of what people living with dementia have said about the sessions, where it is not possible to speak to the people with dementia themselves.

- During the sessions themselves
- Immediately following the sessions, same day, next couple of days
- Longer term benefits

Heritage Context

Remind participants that evaluation is looking at impact of heritage setting.

- Ask for any further comments about this, based on visits since last interview (if relevant). Prompts based on 'themes' from previous interviews – time; personal/family and collective histories; privileged access; barriers; sensory impact.

- What do you do immediately following the sessions i.e. do you ever/usually stay on-site? (Reasons; what do you do if you stay on-site?)

- Do you visit Kew, HCP or other heritage sites outside the sessions? More or less than previously? Reasons. Factors you take into account when visiting other sites- any links/comparison with experiences at Sensory Palaces?

Other

- Anything else you would like to tell us or talk about re SP programme.

Thanks for participation

Historic Royal
PALACES

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Salford
MANCHESTER
1967-2017 50 YEARS

APPENDIX 3

Welcome to ‘Sensory Palaces’

We hope you will enjoy the session.

Before we start – how are you feeling today?

Please tick the box next to the picture to indicate your answer


☐ 1 Feeling really unhappy


☐ 2 Feeling a bit unhappy


☐ 3 Feeling neither happy nor unhappy


☐ 4 Feeling quite happy


☐ 5 Feeling really happy

Historic Royal PALACES

University of Salford MANCHESTER 1967-2017 50 YEARS

APPENDIX 4

Thank you for coming to 'Sensory Palaces'

How are you feeling now? Please tick the box next to the picture to indicate your answer


☐ 1 Feeling really unhappy


☐ 2 Feeling a bit unhappy


☐ 3 Feeling neither happy nor unhappy


☐ 4 Feeling quite happy


☐ 5 Feeling really happy

How did you enjoy the session?


☐ 1 Really did not enjoy


☐ 2 Did not enjoy


☐ 3 Neither enjoyed nor did not enjoy


☐ 4 Enjoyed


☐ 5 Really enjoyed

What did you enjoy or not enjoy about the session?____

____