Dementia Pilot – Impact Report

‘*Let’s Connect*’: Dementia Pilot

What's in a name?

The programme was deliberately named **‘*Let’s Connect*”** rather than using the word ‘dementia’ in its title. This was informed by research highlighting that stigma and the fear of being treated differently can have a significant impact on people living with dementia. Alzheimer's Society's 2025 survey found that 42% of people living with dementia reported feeling ashamed or stigmatised because of their symptoms (*The Lived Experiences of Dementia 2025: Survey Report*, Alzheimer's Society, 2025). Research into the experiences of dementia diagnosis has also highlighted concerns about the impact of a diagnosis on personal identity, independence and social relationships. People may fear being labelled, judged or treated differently, leading some to conceal their diagnosis or withdraw from activities and social interactions (*Subjective Experiences of Cognitive Decline and Receiving a Diagnosis of Dementia*, Harris et al., 2019; *People With Dementia Disclosing Their Diagnosis to Social Networks: A Systematic Review and Meta-Synthesis*, Kohl et al., 2025).

We were conscious that explicitly labelling an activity as being for people with dementia could make some individuals feel singled out or defined by a diagnosis, potentially creating a barrier to participation. We therefore chose a name that focuses on the positive purpose of the programme: connection, shared experiences, conversation, meaningful activities and human relationships.

‘‘Let’s Connect’’ reflects our commitment to protecting dignity, promoting inclusion and recognising the person beyond their diagnosis. By focusing on what people can enjoy and share together, rather than on a condition, we aimed to create a welcoming environment that encourages participation and supports a sense of belonging, while responding sensitively to individual needs.

Executive Summary

Funding acknowledgement. The *Let’s Connect* dementia pilot was funded in full by Clinks through its Health and Wellbeing Alliance Reactive Work Fund. Recoop would like to extend its sincere thanks to Clinks for its support and investment, which made the development and delivery of this pilot possible.

‘‘Let’s Connect’’ was initially developed as a person-centred activity programme to support people experiencing Dementia or cognitive decline within a custodial environment. During engagement with Community Hubs, it became apparent that people with similar needs were also accessing community-based services. The pilot

was therefore extended to include people living in the community who remained on licence, allowing the programme to be explored across both custodial and community settings.

The pilot involved 31 participants across HMP Wymott, HMP Ashfield, HMP Styal and Probation Wellbeing Hub in Bolton. Evaluation evidence was gathered through activity and mood records, participant feedback, professional observations, cognitive screening at HMP Ashfield and environmental reviews.

Key Findings

- **Participant experience:** A total of 37 participant feedback forms were returned from HMP Ashfield and HMP Wymott. Feedback highlighted enjoyment, companionship and the value of social interaction alongside structured activities. Written comments included references to enjoying activities, spending time with others, the opportunity to socialise and, cups of tea!.
- **Mood and engagement:** Recorded mood data indicated positive responses following activities, suggesting that meaningful activity can provide opportunities for enjoyment and emotional engagement.
- **Activity suitability:** A range of activities, including matching games, reminiscence, familiar music, creative activities and simple group games, supported engagement. Findings highlighted the importance of adapting resources to different levels of cognitive ability.
- **Professional observations:** Observations highlighted the importance of flexible facilitation, appropriate activity selection and a supportive environment. The pilot also identified the need for appropriate preparation, guidance and ongoing supervision for peer mentors supporting people experiencing dementia-related needs.
- **Cognitive screening:** Five participants at HMP Ashfield completed pre- and post-intervention Montreal Cognitive Assessment (MoCA) assessments. Four recorded an increase in their score, while one remained unchanged. These findings are exploratory and do not establish that the programme caused cognitive improvement.
- **Environment:** Reviews of communal areas identified existing features that may support participation, alongside opportunities to consider accessibility, activity spaces, orientation aids and other environmental factors.
- **Staff training and national relevance:** Recoop has developed prison staff training to support understanding of dementia and cognitive decline. The Rehabilitation and Change Directorate has expressed interest in the training being made available nationally, and a mapping exercise with HMPPS has been undertaken to review its alignment with the Adult Health, Care and Wellbeing Core Capabilities Framework.

Overall Conclusion

The findings suggest that '*'Let's Connect''* offers a promising approach to providing meaningful, person-centred activity and opportunities for social connection for people experiencing Dementia or cognitive decline. Extending the pilot to include people living in the community on licence has also created an opportunity to explore the programme's relevance across different criminal justice settings.

Pilot Reporting period: May to October 2026

Purpose: To evaluate participation, engagement, immediate mood changes, activity preferences and learning from the pilot.

1. The Settings

The *'Let's Connect'* Pilot was delivered across four settings:

- HMP Wymott
- HMP Ashfield
- HMP Styal
- Probation Wellbeing Hub (Bolton)

The pilot explored how structured, accessible and meaningful activities could support engagement and wellbeing for people living with dementia or experiencing dementia-related needs.

NB. HMP Styal joined the pilot at a much later date in September 2026

2. The Toolkit

The pilot was supported by the *'Let's Connect' Toolkit*, developed to help facilitators provide safe, meaningful and person-centred engagement. The toolkit included guidance on understanding dementia, choosing and adapting activities, maintaining dignity and offering reassurance, alongside practical resources covering sensory stimulation, reminiscence and sharing activities.

Activities and resources were coded according to the early, moderate and advanced stages of dementia, helping facilitators select appropriate approaches for different levels of ability and engagement. Guidance from the Alzheimer's Society was also used to inform the suitability of activities across the different stages of dementia.

The toolkit was designed to support delivery by trained peer mentors or staff, providing a flexible approach that could be adapted to different settings while promoting consistency through a shared resource.

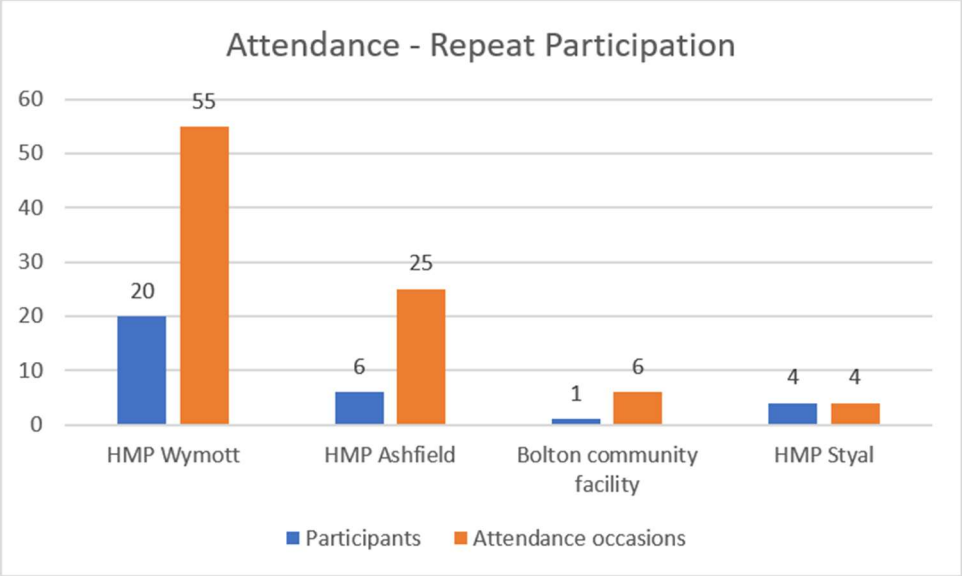
Throughout, the emphasis was on enjoyment, emotional wellbeing, dignity and connection, rather than testing memory or expecting participants to achieve a particular result. This person-centred approach recognised that dementia affects everyone differently and that activities may need to be adapted in response to individual needs, interests and reactions.

The aim was to create positive opportunities for engagement, social interaction and meaningful connection, regardless of a person's stage of dementia or cognitive decline.

3. The Evaluation

The data collected 100 activity entries and suggests that the programme was successful in engaging participants, with high participation levels and positive immediate mood observations across most recorded activities.

The data also recorded 90 attendances across the four participating settings.



Key findings include:

- 67% of recorded activity entries showed an improvement in observed mood between the beginning and end of an activity.
- 30% showed no recorded change in mood.
- 1% showed a deterioration in observed mood.
- 80% of entries recorded high participation, with a further 17% recording moderate participation.
- 52% of activities lasted one hour or longer, indicating that many participants remained involved for sustained periods.
- Sharing Activities was the most frequently recorded activity type, accounting for 68% of entries.

- Dominoes was the most frequently recorded specific activity, suggesting that familiar, accessible games may provide a useful starting point for engagement.

These findings indicate that the pilot has potential as a practical approach to promoting social interaction, purposeful activity and positive immediate experiences. The findings should be interpreted as descriptive observations from the pilot rather than evidence of long-term improvements in dementia symptoms or clinical outcomes.

4. Overview of Participation and Reach

Across the four pilot settings, the data recorded 31 participant records across 90 attendances and 100 recorded activity entries. (NB more than one activity could be recorded during an attendance, therefore the total number of entries is higher than the number of attendances).

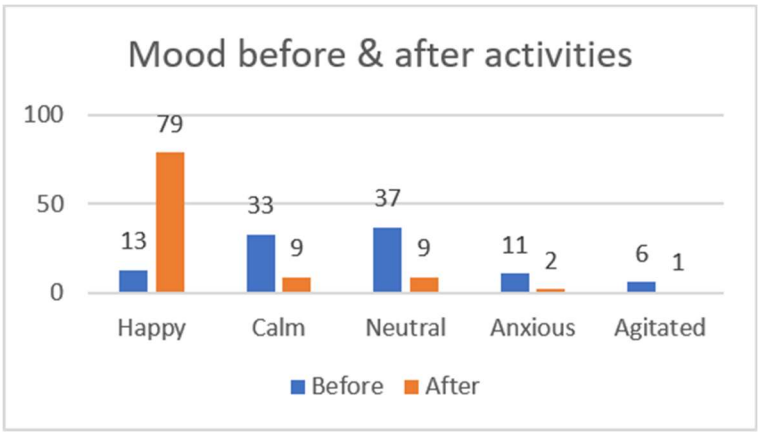
- HMP Wymott recorded the highest level of participation, with 20 participants attending on 55 occasions
- HMP Ashfield recorded 6 participants attended on 25 occasions.
- Bolton Wellbeing Hub had just one participant who attended on 6 occasions.
- HMP Styal recorded 4 participants, each attending once during the evaluation period. It is important to note that HMP Styal only joined the pilot in late September.

The figures demonstrate the importance of distinguishing between the number of individuals reached and the frequency of their engagement. Repeat attendance provided opportunities for participants to become familiar with the activities, develop relationships with facilitators and engage with the programme over time.

Across HMP Wymott and HMP Ashfield, 26 participants attended on a combined 80 occasions, providing the main source of repeat custodial engagement during the pilot.

5. Immediate Mood Outcomes

Mood was recorded before and after activities using five categories: Happy, Calm, Neutral, Anxious and Agitated.



The reduction in entries recorded as Calm following activities should be considered alongside the increase in those recorded as Happy. Both Calm and Happy represent positive emotional states, and movement between these categories should not be interpreted as a deterioration in mood.

One participant recorded as Calm before and Agitated after. The entry describes: "*Engaged in a conversation for a few minutes but had become restless and left the group early. Didn't like the Sensory Tactile Cards at all*".

Another participant recorded as Anxious before and after. The entry describes the participant as 'High' participation and attentive during the Matching Card game but mood recorded did not change.

For the purpose of the impact report, movement towards a more positive mood category was considered an improvement. For example, a change from Anxious to Calm, or from Calm to Happy, was recorded as an improvement. This recognises that the purpose of *'Let's Connect'* was not simply to maintain a settled emotional state, but also to create opportunities for enjoyment, stimulation and positive emotional engagement.

The data records the following as improvement in mood (67%):

- Calm to Happy 24%
- Neutral to Happy 29%
- Anxious to Happy 9%
- Agitated to Happy 4%
- Anxious to Calm 1%

The data also recorded:

- 30% showed no recorded change in mood (which includes 13% who remained Happy)
- 1% showed a deterioration in observed mood.

The findings highlight the potential value of meaningful activity in supporting both reassurance and positive emotional experiences.

Mood was recorded by the person facilitating or supporting the activity, based on their observations of the participant at the beginning and end of each session. Five categories were used: Happy, Calm, Neutral, Anxious and Agitated. These observations provided an indication of immediate mood responses rather than a clinical assessment or measure of longer-term emotional wellbeing.

The findings suggest that the activities provided valuable opportunities for people experiencing cognitive decline, including those with diagnosed or undiagnosed dementia, to enjoy positive emotions, stimulation and social connection. The increase in entries recorded as Happy, alongside the reduction in Anxious and Agitated observations, indicates the potential benefits of meaningful, person-centred activity in supporting emotional wellbeing, maintaining a sense of identity and promoting inclusion and connection.

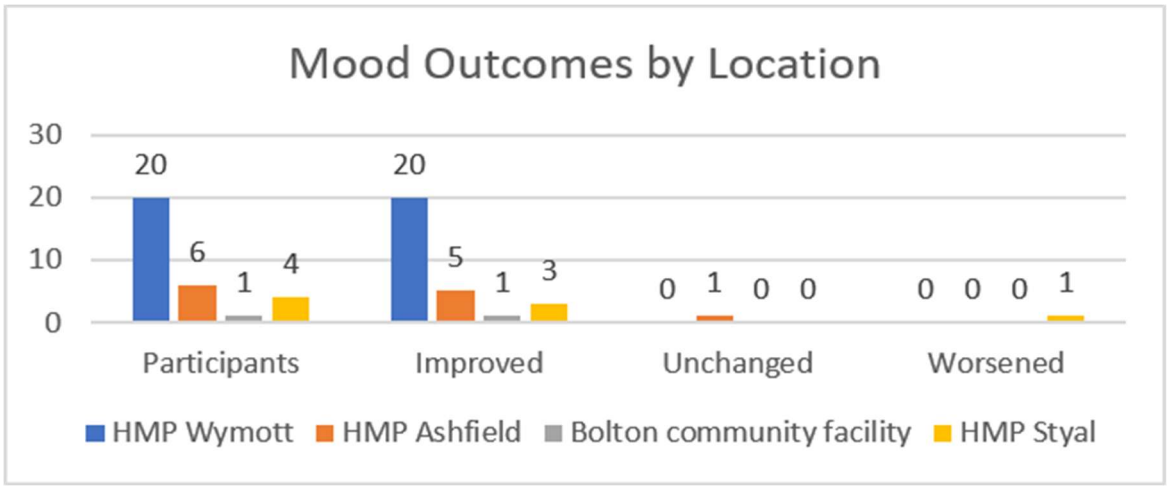
6. Mood Outcomes by Location

This included four different delivery settings, with varying numbers of participants and opportunities for repeat engagement. The findings from individual establishments should therefore be interpreted in the context of their participation levels and the amount of data available.

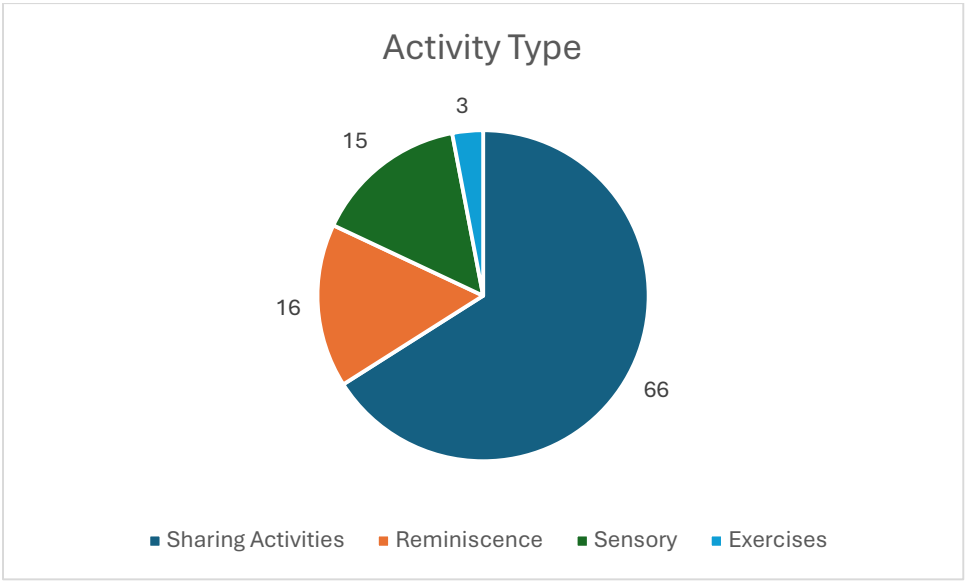
Of the 31 participants:

- HMP Wymott recorded all 20 participants improved
- HMP Ashfield recorded that of 6 participants, 5 improved and 1 recorded as Anxious before and after, but attentive during the Card Matching game.
- Bolton Community hub included just 1 participant whose mood improved
- HMP Styal recorded 4 participants, 3 of whom improved while 1 recorded a worsened mood. One participant recorded as Calm before and Agitated after. The entry describes: "*Engaged in a conversation for a few minutes but had become restless and left the group early. Didn't like the Sensory Tactile Cards at all*".

These findings provide an encouraging indication of the potential value of meaningful, structured activity in supporting positive immediate mood responses. However, they should be interpreted cautiously given the small sample and repeated observations of individuals across different sessions.



7. Types of Activity Delivered



Sharing Activities represented the largest proportion of the recorded programme. These activities provided opportunities for conversation, shared experiences, interaction and participation.

Reminiscence and sensory activities also formed a meaningful part of delivery. These approaches can offer different ways to participate, particularly where verbal communication, concentration or confidence varies between individuals.

Seated Exercises formed a small part of the delivery in Bolton Community Hub with one participant engaging on 3 occasions.

Examples of activities recorded

The evaluation included a range of familiar and adaptable activities, including:

- Dominoes and other board games.
- Nostalgic images and reminiscence prompts.
- Conversation about previous jobs, interests and life experiences.
- Music and discussion about songs and artists.
- Quizzes and matching games.
- Guided visualisation, including imagining a beach setting.

The range of activities suggests that the programme was not dependent on one particular approach. Facilitators could use different activities to encourage participation, stimulate conversation and respond to individual interests.

Practice Example – HMP Ashfield

At HMP Ashfield, one participant particularly enjoyed using the Handyman magnetic board. Prompts from the Buddy encouraged conversation and reminiscence about his father's shed, with the Buddy observing that the experience appeared to leave him feeling happy and content.

The participant also took part in the more challenging *Match the Dots* activity. Although he struggled to match the patterns, he remained interested and participated by moving the dots around the board. As the Buddy observed, "He was still very much involved, and he enjoyed doing what he could."

This example illustrates the importance of offering activities that reflect individual interests and abilities, while recognising engagement and participation even when an activity cannot be completed as intended.

Practice Examples

Dominoes - *"Neither of us had played for many years. We discussed the rules of the game and XX appeared to enjoy the game. He was able to match the numbers on the dominoes without any difficulty or hesitation".*

Let's Chat Cards - "*Talked about the best advice he had ever been given and what he would ban if he could. Was able to hold a meaningful conversation and discuss reasoning."*

Matching Memory Cards - *"We commenced with a conversation card game whereby XX picked three cards with topics of interest to him and we talked about football, music and his working life. XX was able to remember previous jobs, football matches he had*

attended and his love of music. He told me about gigs he attended and as we were talking about these subjects we played a CD with songs from the 60's."

Sharing Music - *"XX enjoyed listening to the music through the session and was able to name all the artists."*

Snakes & Ladders - *"We had a game of snakes and ladders and XX was able to roll the dice and move his piece the correct number of moves. We had three games of which he won 2. He said he was glad he won because he didn't like losing."*

Game of Jenga – *"XX seemed to enjoy this. He is quite competitive and spent time to think about the game and the impact that removing blocks would have on the structure of the tower."*

Game of Ludo - "*We talked through the rules and played the game. XX said he enjoyed it more than the other games we had played. He was competitive and was able to count the pieces around the board and understood the concept of the game."*

Draughts - *XX said he hadn't played the game for at least 50 years but he enjoyed the game. He was able to follow the rules of the game but when he wasn't sure he asked me.*

True/False card quiz/game - *"appeared to enjoy the quiz and it opened up conversation around the different facts on the quiz. "*

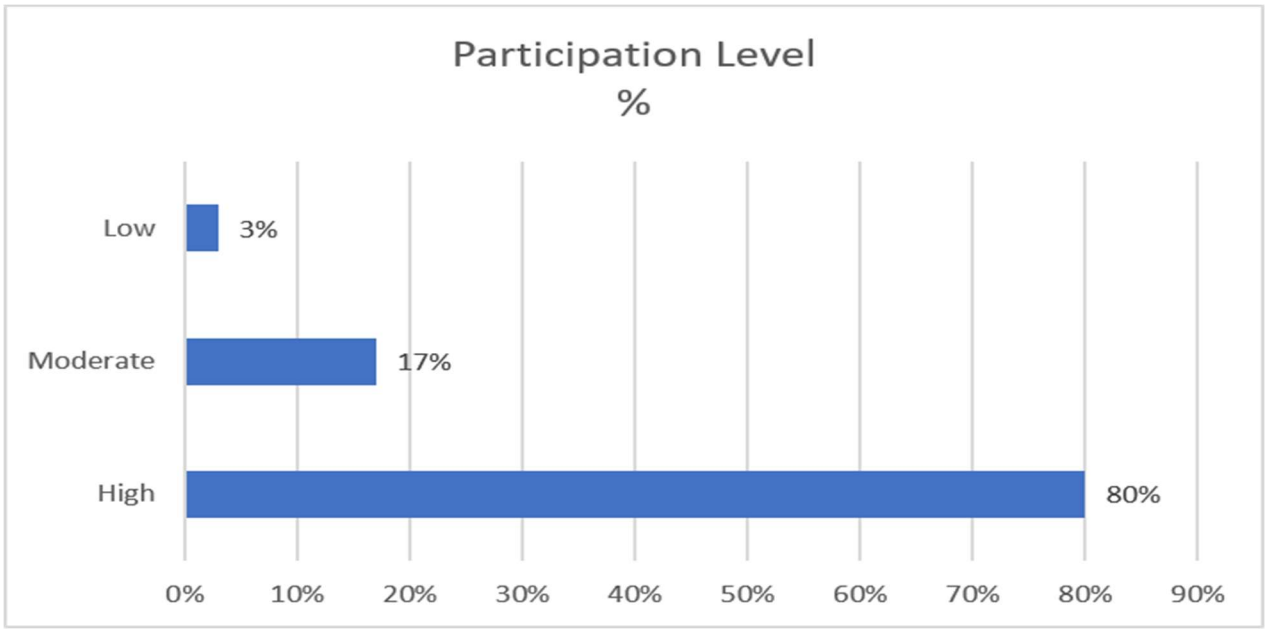
Nostalgia - *"Enjoyed looking at nostalgic images from the past. He was able to identify many of the images and items and discuss each one in further detail."*

8. Engagement and Participation

Participation in *'Let's Connect'* was recorded as High, Moderate or Low, providing an indication of engagement with the activities delivered during the pilot.

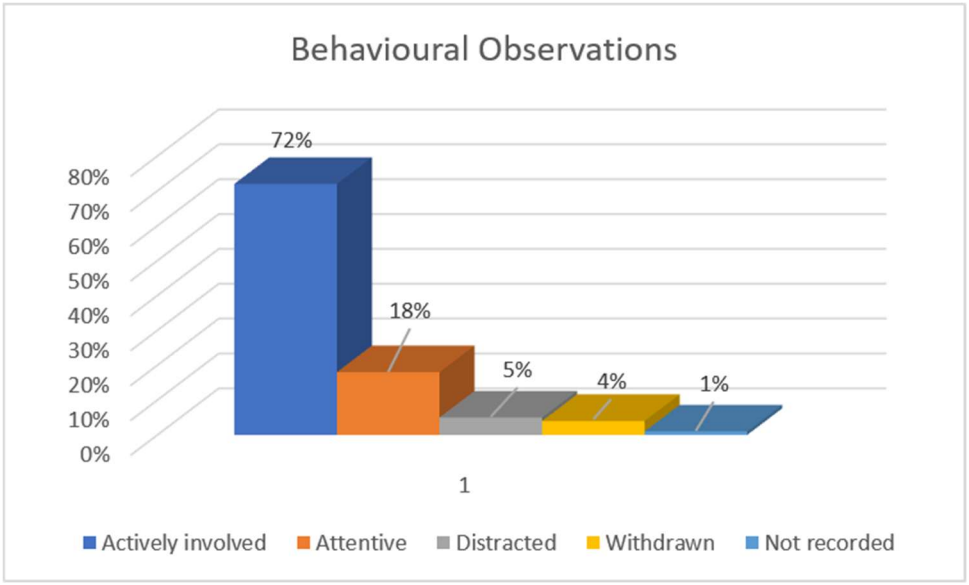
The majority of recorded entries (**80%**) were rated as showing high participation. This suggests that the activities generally provided engaging opportunities for people experiencing cognitive decline to take part.

Engagement took different forms, including participating in games, sharing memories, listening to music or interacting with others.



These findings are based on recorded observations across activity sessions rather than the number of individual participants. As participants attended on multiple occasions, the figures reflect engagement recorded throughout the pilot and should not be interpreted as the proportion of different individuals who consistently demonstrated high participation.

Behavioural observations provided additional information about engagement.

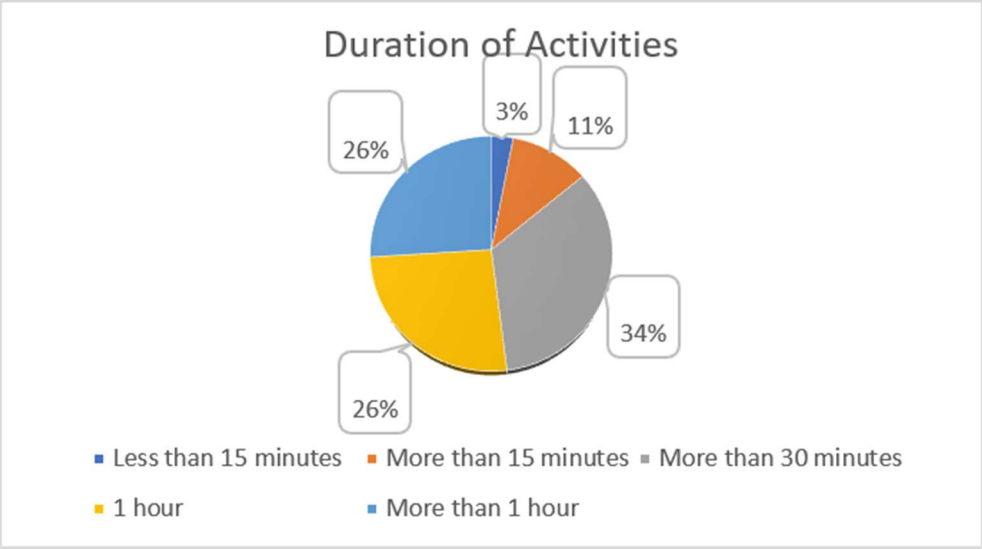


In 90% of entries, participants were described as actively involved or attentive. This supports the finding that many participants engaged positively with the activities offered.

The observations also demonstrate the importance of flexibility. Some activities did not suit every participant, and there were examples of restlessness, early departure or limited benefit from a particular activity. This reinforces the need for facilitators to adapt activities according to individual preferences, abilities, attention and responses.

9. Duration of Activities

The recorded duration categories were as follows.



More than half of the recorded activities lasted one hour or longer. This suggests that the programme was able to support sustained participation in many sessions, rather than relying exclusively on short interventions.

10. Activities that Appeared Particularly Popular

Activity	%
Dominoes	47.5
Nostalgia	10.1
Matching Game	7.1
Snakes & Ladders	6.1
Sharing music	6.1
Other activities combined	23.1

The popularity of dominoes, specifically in the male estate, suggests that familiar games may provide an accessible way to initiate interaction and maintain participation. Familiarity can reduce the need for complex instructions and allow people to take part at their own pace.

Reminiscence activities, music and nostalgic images offered opportunities to talk about personal experiences, memories and interests. Shared conversation can also provide a route into social interaction for participants who may not readily engage with a more formal group activity.

The findings should not be interpreted as proving that one activity is universally more effective than another. The most suitable approach is likely to depend on the individual, their preferences, communication needs, abilities and mood on the day.

11. Qualitative Observations and Learning

The evaluation included examples of participants engaging through music, games, reminiscence and conversation.

Activities involving songs, artists and nostalgic images provided prompts for discussion. Participants were also able to share memories of previous jobs, interests and experiences. Familiar board games and quizzes offered structured opportunities to participate, while guided visualisation provided alternative approaches.

These observations are important because they suggest that effective delivery requires more than simply providing a set of activities. Facilitators need to recognise individual responses, offer alternatives and adapt the session where necessary.

The pilot therefore provides useful learning about the importance of:

- Offering a range of activities rather than relying on one format.
- Using familiar objects, games, music and images as prompts for engagement.
- Providing opportunities for conversation and social interaction.
- Allowing participants to engage at their own pace.
- Recognising when an activity is not suitable and adapting it.
- Recording observations to help inform future activity planning.

Buddy Preparation and Support

During the pilot, in addition to their formal Buddy training, Buddies received a brief overview of dementia and guidance on supporting people experiencing cognitive decline. This provided an introduction to understanding individual needs and adapting their approach when supporting participants with activities.

The pilot highlighted the importance of ensuring that peer mentors have appropriate preparation, guidance and ongoing support when working with people experiencing dementia-related needs.

For establishments considering future delivery, additional training and ongoing supervision should be considered to ensure Buddies feel confident in their role, understand the needs of participants and know when to seek further assistance from staff or healthcare professionals.

Occupational Therapist observations and feedback

At HMP Ashfield, the delivery of *'Let's Connect'* was supported by an Occupational Therapist, who provided additional observations on participant engagement, activity suitability and the delivery environment.

The OT reported that mood scores were the same or higher following activities for all participants, with the exception of one individual on one occasion. The observations also highlighted the importance of providing a safe, neutral and relatively distraction-free environment.

Exploratory cognitive screening findings

Also at HMP Ashfield, pre- and post-intervention Montreal Cognitive Assessment (MoCA) scores were available for five participants. The MoCA assessments were all completed prior to the Let connect group sessions and again after. They consist of a 1:1 assessment which gives an ultimate score out of 30. 26 and above is considered normal cognitive function.

Each member of the group completed the assessment with Occupational Therapy before starting the group. This also gave an indication of the individuals cognitive ability and helped when planning how to grade the activities to suit individual's needs.

The same assessment was completed when participants had come to the end of the group sessions. This was to see if there had been any changes. Therefore, each participant completed the assessment twice.

As dementia is deteriorative, scores were not really expected to significantly improve. It was the aim that they would not get any worse.

Four participants recorded an increase in their score, while one participant's score remained unchanged. Across the five participants, the average score increased from 13.8/30 before the intervention to 16.2/30 afterwards.

The use of the MoCA was used as an Outcome Measure tool in this instance. So, it was completed before, and then after the intervention (Group) to attempt to capture if the outcome was successful.

These findings are encouraging and provide an additional area for any future evaluation. However, given the small sample size and the limitations of pre- and post-intervention screening, the results should be interpreted cautiously. They do not establish that participation in *'Let's Connect'* caused an improvement in cognitive function. Further evaluation with a larger sample and clearly defined assessment intervals would help establish whether similar patterns are observed more widely.

12. Participant Feedback: The Participant Perspective

A total of 37 participant feedback forms were returned from HMP Ashfield and HMP Wymott. Forms were completed at the end of sessions. The forms were not identified by establishment or individual participant.

The forms were designed to be accessible, using simple tick-box responses and facial expressions to allow participants to communicate their experiences. Participants were invited to comment on whether they enjoyed activities, how easy or difficult they found them, whether they would like to participate again and how the activity made them feel.

Written comments highlighted enjoyment, companionship, the tea! and the opportunity to socialise. Feedback included comments such as "Very enjoyable", "I liked the painting", "Really enjoyed it. Good company" and "I enjoyed the activity. Also the socialising."

These responses reinforce the importance of the social experience provided by *'Let's Connect'*. The opportunity to spend time with others, share experiences and enjoy companionship appeared to be an important part of participants' experience, alongside the activities themselves.

The 37 returned forms represent feedback occasions rather than 37 different participants. As forms were collected across multiple sessions, they provide an additional perspective on participants' experiences throughout the pilot.

The feedback complements the mood records and professional observations gathered during the pilot. It provides valuable participant-reported evidence of enjoyment,

engagement and social connection, although it should not be interpreted as evidence of sustained improvements in cognitive function or wellbeing.

13. The Environment and Its Role in Supporting Participation

As part of the *'Let's Connect'* pilot, structured environmental reviews were undertaken at participating sites, focusing on communal areas used by participants and for programme delivery.

The reviews identified positive features, including quiet spaces, activity areas and resources, alongside features relating to accessibility, lighting, mobility and access to outdoor environments. These provide a useful foundation for supporting meaningful activity, social interaction and participation.

The environmental reviews were informed by an assessment tool originally developed for use within a care-home setting. While this provided a useful starting point for considering features that may support people experiencing cognitive decline, it was not specifically designed for the prison environment.

The findings should therefore be viewed as indicative rather than a comprehensive assessment of accessibility or suitability.

The reviews focused on communal areas used by participants and did not include individual cells. This is an important consideration when interpreting the findings, as the wider living environment may also influence an individual's experience of cognitive decline and ability to participate in daily activities.

14. Requirements for Delivering *'Let's Connect'*

The pilot demonstrated that *'Let's Connect'* can be delivered using a flexible combination of peer mentors and staff, supported by a structured toolkit.
For establishments considering introducing the programme, several practical considerations should be taken into account.

a) Training and preparation

Peer mentors or staff require an understanding of dementia and cognitive decline, person-centred communication, activity adaptation, maintaining dignity and recognising individual needs. They should also understand how to respond if a participant becomes distressed or disengaged.

The pilot provided Buddies with a brief overview of dementia rather than in-depth training. Any future delivery should consider additional preparation and guidance appropriate to the responsibilities of those involved.

b) Ongoing supervision and support

Peer mentors should have access to regular supervision and guidance from an identified member of staff. This provides opportunities to discuss participant needs, review activities, address concerns and ensure that delivery remains safe and appropriate.

c) Staff time and co-ordination

Successful delivery requires an identified staff contact to co-ordinate referrals, facilitate access to participants, support peer mentors and oversee activity recording. Sufficient time should be allocated for preparation, delivery and supervision.

d) Environment and resources

The availability of suitable communal spaces is important. Environments should be as quiet and free from distraction as possible, with appropriate lighting, accessible activity spaces and consideration of mobility and orientation needs.

The pilot highlighted that meaningful activity does not necessarily require extensive facilities or specialist equipment. Familiar games, music, conversation prompts and sensory resources can provide accessible opportunities for engagement when appropriately selected and adapted.

e) Evaluation and monitoring

Establishments should have clear arrangements for recording attendance, activities delivered, participation and observed mood. Anonymous participant feedback should also be incorporated into delivery, with an identified member of staff responsible for ensuring that forms are collected and retained for evaluation purposes.

15. Staff Training and alignment with National Standards

Alongside the development and delivery of the ‘Let’s Connect’ pilot, Recoop has developed training for prison staff to support their understanding of dementia and cognitive decline and to strengthen their confidence in supporting people with dementia-related needs within custodial settings.

The Rehabilitation and Change Directorate has expressed an interest in making the prison staff training developed by Recoop available nationally. In support of this, a mapping exercise has been undertaken with HMPPS to review the training content against the Adult Health, Care and Wellbeing Core Capabilities Framework (CCF).

This exercise was intended to ensure that the training aligns with the relevant capabilities identified within the framework and supports the wider HMPPS approach to developing staff knowledge and skills in health, care and wellbeing.

This interest represents an encouraging development for Recoop and recognises the potential relevance of the training beyond the establishments involved in the pilot. While national availability remains a matter for further consideration, the mapping exercise provides an important foundation for demonstrating the training's alignment with the capability framework.

16. Limitations

The *'Let's Connect'* pilot provides encouraging early evidence about the value of meaningful, person-centred activities for people experiencing dementia or cognitive decline. However, the findings should be considered within the context of the pilot's scale and evaluation methods.

The data involved a relatively small group of 31 participants across four different settings. Participation levels varied considerably, with repeat attendance recorded at HMP Wymott and HMP Ashfield, while HMP Styal and Bolton had much smaller numbers of participants.

The activity and mood records included repeat observations of the same individuals across different sessions. Consequently, activity-level findings represent recorded occasions rather than independent participant outcomes.

There was no comparison group, meaning it is not possible to establish whether observed changes were directly attributable to the pilot or would have occurred for other reasons.

Mood was assessed and recorded through observations of Facilitators before and after activities, providing an indication of immediate responses rather than longer-term changes in wellbeing.

The five pre- and post-intervention MoCA assessments at HMP Ashfield were exploratory and are insufficient to establish changes in cognitive function.
The findings from HMP Styal and the Bolton community setting are particularly preliminary, given the small number of participants and limited opportunities for repeat observation.

These limitations do not diminish the practical learning from the pilot but highlight the importance of further evaluation with larger participant groups, consistent recording methods and longer-term observation.

17. Overall Conclusion

The *'Let's Connect'* pilot provided an opportunity to explore the use of person-centred activities with people experiencing dementia or cognitive decline.

The findings indicate positive participant experiences, with feedback highlighting enjoyment, companionship and social interaction. The 37 participant feedback forms returned from HMP Ashfield and HMP Wymott provided an additional perspective, with written comments reinforcing the value of social connection alongside structured activities.

The mood data showed positive immediate responses following activities, including an increase in entries recorded as Happy and a reduction in responses indicating anxiety and agitation. These findings suggest that participation in *'Let's Connect'* was associated with positive immediate mood responses during the pilot.

Professional observations highlighted the importance of flexible facilitation, appropriate activity selection and a supportive environment. The pilot also identified the importance of appropriate preparation, training and ongoing supervision for peer mentors supporting people experiencing dementia-related needs.

Cognitive screening undertaken with five participants at HMP Ashfield showed an increase in scores for four participants, while one participant's score remained unchanged. Although these results are encouraging, the small sample size means that no firm conclusions can be drawn about the programme's impact on cognitive function.

The findings should be considered in the context of the pilot's scope and the limitations of the data collected. In particular, changes in recorded mood following activities should not be interpreted as evidence of sustained improvements in wellbeing or long-term outcomes.

The inclusion of HMP Styal and the Bolton community setting has also provided an opportunity to begin exploring how *'Let's Connect'* might be adapted for different populations and environments. These findings offer a useful starting point for further development, particularly in relation to women's experiences and community-based delivery.

Overall, the pilot provides encouraging early evidence of the value of *'Let's Connect'* in offering meaningful activity and opportunities for enjoyment and social connection for people experiencing dementia or cognitive decline. The participating sites will retain the toolkit and may use the resources within their existing arrangements and as their circumstances allow.