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CARE-FULL NEIGHBOURHOODS

Exploring the aesthetic dimension of neighbourhoods for people living with dementia

Andrew Clark

Introduction

Just over 15 years ago, Richard Ward and I completed a pilot study on the neighbourhood experiences of carers who supported people living with dementia. That project (Ward et al., 2012) sparked a collaboration that continues to this day and further fuelled my ongoing interest in the meanings people attach to locations that lie just beyond their front doors. This pilot study informed a larger international, longitudinal study about the neighbourhood experiences of people living with dementia as part of a five-year programme of research led by John Keady, one of the editors of this book (see Keady, 2024). As part of that earlier pilot work, Richard and I asked care partners to take us on a walk around the neighbourhoods where they lived. Whilst that work focused on carers' experiences, those individuals living with a diagnosis who they cared for would sometimes accompany us. On an overcast, damp afternoon in early autumn, a couple led me to a somewhat unremarkable group of playing fields that backed onto their home on the outskirts of Manchester. I can no longer remember which of the couple said it, but as we trod our way through the empty football pitches, I was told that whilst this 'might look like a field to anyone else, to us it is quite beautiful'. This is a statement that has stayed with me and that has sparked this chapter. The explanation for such a declaration probably lies less in pithy statements about beauty being in the eye of the beholder and more in the ways in which we find meaning in even the most mundane and anodyne of places and landscapes. It is this noticing of the aesthetic qualities of ordinary places, the importance they play in the lives of people impacted by dementia, and the ways in which places might care for those who frequent them, that I consider here, and which has prompted me to ask whether there is a care aesthetic to the most mundane of neighbourhood experiences.

DOI: 10.4324/9781003623441-15

There is a nascent interest in understanding where environments might fit within the care-aesthetic discourse. This typically focuses on sites of conventional indoor care such as hospital wards or care homes (see, for example, Richardson and Campbell, 2024; Jones et al., 2025; although for an exception see Rita Newton and her colleagues' work in Chapter 9 of this book). Mention of aesthetics specifically in the context of dementia and neighbourhoods might pre-empt thoughts about the appearance of built environments; good and bad examples of dementia friendly architecture or design; or, perhaps, discussion about how the layouts of streets and public places might invite or exclude, enable, or disable people's engagement and interaction in the public realm. All these things are important, as much work on dementia-inclusive communities attests to, but this is not the only way to think about how 'neighbourhood aesthetics' might matter.

Taking inspiration from thinking on the aesthetics of care (Thompson, 2022, 2023) and everyday aesthetics (Saito, 2008), this chapter offers an exploratory account of how we might understand the relationality that connects people living with dementia to other people and places. I draw on re-analysed material collected during a five-year longitudinal study of the lived experience of neighbourhoods for people living with dementia (Ward et al., 2018) and reflect on what routine and habitual practices, interactions, and engagements with neighbourhoods can reveal about the meaning of neighbourhoods in the lives of people living with dementia; and how attending to the emplaced aesthetics of everyday life for people living with dementia might lead to more care-full neighbourhoods for everyone. My intention is not to reach a definitive positioning of neighbourhoods as part of the constellation of 'aesthetic' practices and environments, but to set out some preliminary thoughts about how an aesthetic lens might help us to rethink how and why neighbourhoods matter for those impacted by dementia.

Neighbourhoods as relational practices

Recent reviews have highlighted the multifaceted nature of neighbourhoods, emphasising how they are perceived and experienced as both psychosocial and material constructs (Seetharaman et al., 2021; Sturge et al., 2021; Gan et al., 2022). Thoughtful environmental design can enhance support for people living with dementia and offer deeper insight into how they engage with their surroundings. Such studies reveal how neighbourhoods can either support or hinder daily life for those living with dementia (Sturge et al., 2021). Behavioural and psychosocial dimensions of dementia mean that individuals can encounter barriers that limit their access to neighbourhood spaces, potentially impacting their well-being and increasing feelings of vulnerability (Bartlett and Brannelly, 2019; Biglieri and Dean, 2021, 2022). Such work is vital for understanding and supporting all individuals and those impacted by dementia, but my focus here is to move beyond approaching neighbourhoods as sites that require modification, and reflect on how

neighbourhoods might be understood as, and in turn be reproduced through, aesthetic attentiveness to neighbourhood-situated practices.

By neighbourhood practices, I mean the processes, interactions, and engagements that make up the constellation of people, place, and personal biography that we might then label one's neighbourhood (Ward et al., 2021; Ward et al., 2022). For neighbourhoods are relational, fluid entities, more than mere spaces through which people move to perform specific tasks. They also serve as settings for everyday social practices that help build and sustain a broader socio-dementia infrastructure and citizenship (Clark et al., 2020; Clark et al., 2024). But where, if at all, might aesthetics fit into this?

Recent developments in dementia studies have highlighted an emphasis on the aesthetics of care, which foregrounds the importance of recognising and valuing the unique identities and preferences of individuals living with dementia. This perspective prioritises relational, everyday, embodied, and present-moment experiences (Dowlen et al., 2024). Invoking the idea of aesthetics emphasises the deliberate, practised, and crafted nature of caregiving interactions and the ensuing sensory experiences. Elements such as bodily engagement, tactile interaction, vocal tone, spatial awareness, and the temporal construction of caregiving practices collectively contribute to the formation of care-aesthetic experiences. Here, care is seen as a sensory, embodied, and skilfully crafted practice, applicable across both formal and informal care contexts, rather than reducing it to merely technical or task-oriented functions (Hanlon and Carlisle, 2015; Dowlen et al., 2024). In social care, this approach draws critical attention to the nuances of interpersonal interactions, including micro-movements, touch, eye contact, tone of voice, and body posture. By paying careful attention to these sensory dimensions, in the actions of both caregivers and the responses of care recipients, it is possible to illuminate often-overlooked qualities of the care experience (Dowlen et al., 2024). Thompson (2023) takes this further to argue for an understanding of how a 'care moment' comprises interconnected, embodied practices that produce a shared sensory experience. Crucial for my thinking here, this includes the actions of everyone involved, shaped by their relationship to the surrounding environment; the spatial organisation, material interactions, and physical activity that make up settings like health and social care environments such as hospital wards and care homes, as well as locations considered beyond or outside of conventional 'care environments' such as the streets, parks, retail, and leisure places that make up the physical and social infrastructure of neighbourhood life.

Wider study context

In what follows then, I present some indicative, rather than representative, examples to illustrate how attending to a care aesthetic might illuminate neighbourhood experiences and practices. Some material has been presented elsewhere and is reinterpreted here, and some is presented for the first time. It is drawn from a five-year

study investigating the neighbourhood experiences of people living with dementia (for an overview of each of the eight work programmes that constituted the ESRC/NIHR 'Neighbourhoods and dementia study', see Keady, 2024). On Work Programme 4 of the 'Neighbourhoods and dementia study', we aimed to achieve two primary objectives: (i) to generate rich, situated understandings of neighbourhoods as experienced and lived by individuals with dementia; and (ii) to empower participants to express and represent their relationships to place in ways that were personally meaningful and contextually situated.

The study employed a participatory, longitudinal framework to investigate the intricate nature of everyday interactions and encounters that inform lived experiences within local environments. Our conceptualisation of a neighbourhood extended beyond its material and spatial characteristics to incorporate social and biographical dimensions of neighbourhood engagement. We developed a qualitative, longitudinal, and comparative research design, utilising three primary approaches that had been used in previous work (Clark, 2017):

1 Walking interviews encouraged participants living with dementia, occasionally accompanied by family carers, to guide us on 'neighbourhood walks' mostly commencing from the front door of their residence. This method facilitated an embodied and narrative exploration of place, allowing participants to articulate and demonstrate their spatial practices and affective connections to their neighbourhoods.
2 Filmed home tours were undertaken based on the premise that engagement with the neighbourhood begins with the act of exiting the home. These tours provided insights into the domestic threshold as a liminal space bridging private and public realms.
3 A participatory social network mapping technique was employed collaboratively with participants and, where possible, their carer partners. This aimed to examine the structure and significance of everyday social relationships that potentially function as sources of support, interaction, and community participation.

Walking interviews and social network mappings were conducted at two distinct time points to capture temporal changes in participants' relationships with their neighbourhoods. Home tours were generally conducted once, except in cases where participants had relocated, warranting a follow-up tour. Finally, a small subset of participants produced diaries documenting their daily movements and social interactions over specified periods. The research was conducted across two United Kingdom (UK) sites: Stirling and the Forth Valley in Scotland and Greater Manchester in England, as well as Linköping in Sweden, though I draw here on data from UK-based participants. Ethical approval was secured through the relevant governance frameworks in each locale and all names shared in the extracts that follow are pseudonyms, in line with the research protocol. In what follows, I represent and reflect on some material we have presented elsewhere (and credit

our original writing accordingly) and consider other data extracts for the first time. Most (though not all) of the material presented is drawn from the Greater Manchester fieldsite.

Illustration 1: Neighbourhoods and environmental aesthetics

Writing with my colleague Sarah Campbell and others (Campbell et al., 2023; and see Sarah's main contribution to this book in Chapter 5), I have explored how environmental factors can foster either comfort or discomfort within the home. For participant Lily, the view from the window of her modest two-room apartment offered a crucial link to the outside world. From her seat, she watched the steady movement of people entering and leaving a nearby gym. Remarking that she 'never got fed up sitting there' watching the world pass by, Lily recounted being woken by the noise of outdoor exercise and responding by shouting to the gym-goers below her window; an act that conveyed her sense of presence and belonging within the neighbourhood. Similarly, George, who lived in a high-rise building, used pocket binoculars to observe distant activity, especially on clear days. This practice allowed him to stay visually connected with the neighbourhood, reinforcing his sense of engagement with the wider community (Clark et al., 2020). Such visual connections maintained from within the home were vital to feeling included and rooted in place. Beyond the potential for observing, participants also emphasised the sensory value of their windows in connecting with nature. One described witnessing the changing seasons from inside his apartment, calling the winter landscape a 'fairy wonderland'. Another appreciated the light coming through her window which offered views of distant hills and seasonal transitions, and another remarked that her mood mirrored light levels in her home, telling us that 'when her flat [apartment] was bright, she felt bright'. And a further participant told us how she would doze in the afternoon with the curtains open so she could see her neighbour's tree from her bed, which she described as 'fabulous to watch', which points to the ongoing importance of maintaining connections to nature within the context of ageing at home (Musselwhite, 2018).

So, how a neighbourhood looks, sounds, smells, or 'feels' matters. But this does not mean that seemingly unpleasant or uncomfortable qualities need to be eradicated, or that everyone will experience the same environmental aesthetic in the same way. A walk with Albert along a busy main road enabled a connection with a career driving heavy goods vehicles:

Researcher: Oh, it's a bit quieter now that traffic [has reduced].
Albert: It is yeah.
Researcher: How do you feel about the traffic round here?
Albert: It never bothers me…Never bothers me because I was on heavy goods myself you see so I've always, I've always had the noise of the traffic.
[later]

Researcher: Has it changed much around this area?
Albert: No not, not really no. It's got noisier.
Researcher: Yeah, more people have got cars I suppose.
Albert: Yeah, more traffic. But I mean that doesn't bother me, like I say, I used to drive heavy goods [vehicles] so I've had that in my ears all the time.

Of course, it is not that busy roads or high volumes of traffic are problem-free. Indeed, our work, and that of others, shows that they do create barriers for people living with dementia who are continually having to weigh risk against the benefits of free movement (Odzakovik et al., 2021). Too many stimuli in the surroundings can also lead to negative behavioural changes such as confusion, disorientation, agitation, and anxiety whereas a calm and serene environment can alleviate distress and minimise behavioural changes. But what is also of interest here is how Albert's experience of place is particular to him, and created through his history, and this needs to be recognised when considering how changes intended to improve life for some individuals can have unintended consequences for others. We should not make presumptions about the sorts of atmospheric aesthetics that might better suit people living with dementia without their engagement. An individual who spent a lifetime amongst traffic-noise, or the hustle and bustle of a major city, might not appreciate quiet serenity in the way someone who has lived their life in rural areas for example.

These accounts present an arguably obvious, but nonetheless important link, to how we might understand the care of neighbourhood aesthetics that has been identified in wider neighbourhood research. The perceived aesthetics of a neighbourhood – encompassing the tactile, emotional, and sensory experiences individuals encounter – are a critical determinant of place experience and have health promoting effects for everyone (Root et al., 2017). But focusing solely on such qualities is to overlook other forms of care aesthetics.

Illustration 2: Neighbourhood and relational aesthetics

My second example concerns the ways in which neighbourhoods can offer an explicitly social aesthetic, and here I draw especially on the sense of everyday aesthetics. Thompson (2023) suggests that situating care aesthetics in 'everyday life' requires understanding the often small-scale 'interpersonal and intercommunity relations' (p. 54) that constitute the bedrock of why neighbourhoods might matter to people living with dementia. Here, for example, is Douglas telling us about a barber shop he frequents and neatly encapsulating the wider sense of connection, and belonging, that this brings:

> The barber shop is a place, a local place that people go and people sit down and people come in and chat and friends come and things like that, you know.

Returning to Albert, who produced his social network map with input from his wife and primary care partner Vera, Albert spoke of being embedded in local relations and of knowing people who live in the area with whom he can chat. The couple returned to this later in the much more emotive context of the gravesite of their daughter:

Researcher: So, you know a few people who live round here?

Albert: I know quite a few that live round here and if I see we're coming up to one of them we'll stop and have a little chat and see how things are going.

[later]

Albert: The paper shop which I used to go to [is] at the top of the road…

Vera: Oh, that was great, it's closed now, they knew him very well there.

Albert: They knew me, and I knew them, I could stop and have a chat with them, you know.

Vera: And then when he'd done that, he'd walk down to [daughter]'s grave, see if the flowers were alright.

Albert: Yeah, I'd walk down from the corner because it's behind there, the shop, there's the graveyard where [daughter] is, my daughter is buried and I used to go up there…

Researcher: Yeah. So, do you miss going up there?

Vera: Not now, he goes to the garage.

Albert: Well, I do call in occasionally, but not…I used to go every day when the paper shop was there, but it's gone, that's gone now.

Vera: And I don't want him to stop going, I want him to, you know, make sure that he can still go out, even though he's got his identity [card], make sure he's got his identity [card] in his pocket, just in case he gets lost. You never know.

This is an example we have discussed elsewhere as indicative of the value of such small-scale social connections to social health (Ward et al., 2018; Clark et al., 2024), and above we also see the intersection of present and past connections. But what we also glimpse is the importance these neighbourhood-based relationships are for supporting communication, affording multisensory stimulation, and enabling shared experiences through opportunities to interact – in place – with other people. Alongside, we also see the juxtaposition of immeasurably significant relationships and life-shaping events such as a child's death, alongside the irreverent banality of the greeting of a shop worker, which are both made meaningful through a habitual walk. I do not intend to trivialise the tending of a loved-one's memorial to the level of being greeted in a shop. But that both happen within a few minutes' walk neatly demonstrates the relational facets of neighbourhood-based care.

Because shop staff demonstrate an attentiveness towards Albert, he is in turn able to go on to care for his daughter's grave. The loss of those staff, brought on by the closure of the shop, in turn risks the loss of a further, more profound, care practice. For what on the surface might be a convenient serendipitous engagement borne out of a routine and habitual practice enables a care landscape of love and attachment that reaches far beyond the mundane.

Illustration 3: Neighbourhood care as an embodied, sensorial aesthetic

Connections with local actors can provide a form of latent support or assistance that remains inactive until triggered by particular conditions. In their early research on community care, Philip Abrams and his colleagues introduced the term 'neighbourhood care' to emphasise the importance of informal support networks provided by individuals residing in close geographical proximity (Bulmer, 1986). This is especially relevant for those living with dementia where they may serve as a safety net, becoming accessible when individuals encounter circumstances requiring aid (Wiersma and Denton, 2016). Whilst neighbourhood ties play an important part in shaping individuals' social support networks, what also emerges as significant is the maintenance of these relationships through routine, locally situated practices. These practices foster opportunities for support by cultivating a sense of familiarity and mutual recognition, shaped by recurring presence in shared spaces at particular times. This familiarity constitutes an aesthetic experience, not only visually, through the recognition of familiar faces, but also performative, expressed through small but meaningful gestures such as nods, smiles, and brief greetings. Dennis took us for a walk beside a nearby canal that is cared for by the environmental charity 'Waterways' (see https://waterways.org.uk/; accessed 1 March 2026), following a route that he often takes, and which has long-time connections to key stages in his life:

Dennis: It's quite well looked after because the Waterways people do a lot of work… but there's lots of people who come down and do a bit of cleaning up and changing and all the rest of it just because they want to keep it really nice.

Researcher: Have you always been [keen on] nature?

Dennis: Oh yes very much so, from being a child even when you went to go and get tadpoles you know doing all that sort of stuff I was always keen and especially animals or anything like that was great and getting conkers and you know the things that you would expect and then as we got older of course I found out about girls so started, you know, but as I say it's lovely when you walk along the canal and everything.

For Dennis, the canal is more than a local beauty spot; it is a location that affords fleeting connections to others:

> Well I always think if you say good morning to someone, someone will say [back] to you 'good morning' or 'lovely day, what are you doing today?' Just to say 'good morning lovely day', you know, I love doing that down there on the canal because that's the main place where it happens to *me*.

It is often only in moments of disruption that the deeper significance of these interactions becomes fully apparent and when their value beyond the symbolic is revealed:

Researcher: Nowadays, would you go out for a walk locally?
Viv: Locally on my own, yes. I'm not feared [afraid]. Because I know the area quite well, and the people know me, and I know them.
Researcher: So, you don't get lost when you come out?
Viv: I have been lost a few times, but that was my own fault because I've took the wrong turning, gone the wrong way, and then straight away [inaudible] 'are you all right love?' And I don't know where I am, and she was absolutely lovely. She said, 'come on in and have a cup of tea and calm down'.

The offer of a cup of tea is more than an act of kindness. To use Viv's phrase, it is a way of engaging that was, and remains 'absolutely lovely', a gesture that Viv can remember and draws on to maintain her independence, reassured that others are looking out for her. Viv's treading the same path and frequenting the same shops build up a sense of recognition and belonging that moves from being present, to having a presence, and where she is not just noted, but noticed.

Such examples arguably risk perpetuating the idea that care is something done to others, with recipients depicted in a passive role (Tronto 1993; Milligan, 2003). Yet, care is rarely one-directional. Even the acknowledgement of strangers that Dennis told us about depends on him making that initial connection. Care is performed between dyads and across networks (Milligan and Wiles, 2010). Lily explained how she looks out for a neighbour who in turn looks out for a wider group of older residents in the supported living scheme where they lived:

Lily: He's one of my neighbours and he's a very devout Catholic and he fetches us all a little bottle of holy water with the picture of our Lady of Lourdes on the bottle and everybody looks out for him and he's…he looks out for everybody else.
Researcher: Do you look out for him, Lily?
Lily: Yes, if I thought anybody was going to take the mickey out of him, I wouldn't let them.

Of course, Lily's 'looking out' for her neighbour is more than a visual act of care. It makes up the situated practices of her everyday routines; of noticing and noting the ordinary so as to identify when something might be amiss amongst her neighbours. What Lily also describes breaks away from conventional care-dyads; she is part of a network of care located across multiple actors. Dennis's, Viv's, and Lily's examples hint at the importance of understanding neighbourhoods as embodied experiences, produced through sensorial encounters that constitute more than behaviours and actions. Neighbourhood care aesthetics is not just about how a neighbourhood looks, or even feels, but it is also about how small gestures – the offer of a cup of tea, or looking out for someone – embody the aesthetic practices of care not between a person and an object but between people in place.

Illustration 4: Care aesthetics and neighbourhood temporalities

My fourth illustration involves temporality as a form of care aesthetic. To write of time, and especially time-past, in the context of dementia is complex, and I do not wish to reduce that complexity here. However, we know that environments, and objects within them, can trigger remembering, both good and bad. As we saw with Dennis, this can in turn prompt neighbourhood care practices. Memories of places, and the people and activities that make them as well as remnants of changed places that might remain in the guise of a pathway or building, offer glimpses of those pasts. Such memories might, but crucially are not always, grounded in changed environments. Sal, for instance, led us down what used to be a woodland track, whilst a walk with Jean took in a shopping centre that retained strong childhood memories:

Sal: And at the end of the street there was the forest track, it was called, which was basically the bit that ran between the gardens of the houses and the railway embankment. And there were trees and we used to play in there. But you didn't go far.

Jean: This part is new, but see down there? When we go by there, you'll see that's the shopping centre, you know the shopping area? That's where…I can remember actually…I don't know. Because me and my twin, my mum had a twin pram, a Silver Cross twin pram. I always remember that twin pram and I remember it being very…where can we go? I would go back straight out this way. My mum used to walk us down there. I always remember as well, she used to put reins on us, horrid things, and then she used to walk us to the shops. That was where my mum went shopping.

It is not just being in the environment that triggered such memories, but also the process of moving through them. Such memories emerge in part from the bodily and sensual clues that carry them and are released when walking through places where they were produced. Such memorialising brings a temporal structure to life;

not just in terms of the present having a past, but also of the present having a future. For example, Mark took us to a farm that has a long-standing significance for him as a site he used to work, and where his adult son now works and visits with his own children:

Researcher: So, you still come to this farm, the one that we're going to?
Mark: I come up…it's all animals up here, it's all cattle. And if my… [son] is the one that comes up. In fact, if he can't make it for any reason at all, he'll ask me to go up… His boys are still at school, but in a few years' time they'll not be boys any longer, they'll be men. And my feeling is that I want him to spend as much time as he can with them. That's the way I look at it. But apart from anything else, I don't find it, I find it just quite a pleasant trip out. I don't find it's anything…

Mark doesn't quite finish his sentence here, and I cannot finish it for him, but his search for the right words reflects a core element of the aesthetics I have been discussing. They are unremarkable, almost to the point of being unspoken or unarticulated, yet, at the same time, they have a remarkable capacity to matter; to enable people to know that they belong to people and to place. And that is why they are so potent.

Care aesthetics and memory intertwine in dementia care where physical environments, personal items, and interactions can significantly impact a person's well-being and sense of self. Saito's (2008) everyday aesthetics also encompass the look and feel of spaces and objects, which can trigger memories and create a sense of familiarity and comfort for individuals living with dementia. Conversely, a lack of attention to aesthetics can lead to disorientation and a feeling of being disconnected from one's surroundings. Places do not need to resemble how they once were to enable memorialisation; for Sal and Jean, it is enough to *know* these places were once like this. This knowing brings a kind of comfort, even if it is one, as Mark alludes, that is difficult to articulate. Neighbourhoods are more than sites cluttered with objects that trigger memories. They are situations of ongoing social and material interaction; where memories are sometimes lucid, sometimes irrevocably lost. They bring a sense of safety and belonging associated with being known in and knowing about place; and they offer an assemblage of connections with other people, environmental features, and personal histories.

Illustration 5: Imagining neighbourhood care aesthetics

People-object-environment interactions, recollection, and embodied experiences all intersect to create an emergent neighbourhood care aesthetic. In this final illustration, I consider the imagination. The first illustration demonstrates the potential of the aesthetics of the natural environment to enable a sense of belonging to place;

and a story from Viv crystalised how participants did not just enjoy looking at, or being amongst, nature, but contributed to its meaning (Ward et al., 2018). On a walk through her neighbourhood, Viv took us to a tree that held special meaning for her and her grandchildren:

Viv: There's a tree that its name is the Knock-Knock Tree because somebody has painted a white door and has put a tiny little door knocker on it. So, you knock on the door to see if the fairies are in. And, of course, they never are. They've always gone out to see to fairy business.

Researcher: So…every time [your grandchildren] come that's something they want to do?

Viv: Yeah.

Researcher: So, are they ever hopeful that the fairies will be there?

Viv: Yeah. The Knock-Knock Tree…And the seven-year-old granddaughter loves going on adventures and so as soon as we're in the valley she'll say, 'where are we today, grannie?', and I have to think. So, I've turned it round and say, 'well where do you think we are?', and we have all sorts of adventures. We're in such and such a different land and what have we got to look out for and are they goodies or baddies, and I put on different accents and voices.

The value of this tree for Viv lies not just in its environmental aesthetic, but also in the way it is caught in an assemblage of interactions between the tree itself and Viv, Viv's grandchildren, and their past experiences, and their collective narratives, with the tree a crucial actant in suspending belief or becoming enchanted 'in the moment'.

Keady et al. (2022) have argued that:

> 'Being in the moment' is a relational, embodied and multi-sensory human experience. It is both situational and autobiographical and can exist in a fleeting moment or for longer periods of time. All moments are considered to have personal significance, meaning and worth.
>
> *(p. 687)*

It is during care-full moments that aesthetics come to the fore, illuminating the individuals, actions, objects, institutions, and environments that collectively create them (Thompson, 2022). To understand the significance for Viv of a seemingly ordinary tree, we need to pay attention to this wider constellation within which it, and Viv, sit. It is only then that we can start to appreciate the mutuality of care between them both. As someone living with dementia, Viv remains an active agent contributing to and shaping the environments in which she resides, rather than a passive

recipient of care and support. Tronto (1993) asserts that care should be understood as a comprehensive activity encompassing all actions that maintain, sustain, and repair our world, enabling us to live within it as well as possible (p. 103). For Viv, and indeed for others we spoke to, this world comprising memories and bodies as well as physical and social environments intricately interwoven within a complex, life-sustaining web within which neighbourhoods are also entangled.

Discussion: care aesthetics, dementia, and the environment: from design, to feeling, to being

When approaching care aesthetics, Thompson (2023) draws upon two principal fields: everyday aesthetics and relational aesthetics. Everyday aesthetics, as articulated by Saito (2008, 2022), underscore the importance of heightened sensory and emotional experiences in daily life as central to the construction of meaning. Relational aesthetics foregrounds the aesthetic dimensions of human interactions, portraying them as flexible, evolving, and subject to refinement. Care aesthetics emerges from this as a multisensory and complex experiential domain. Rather than evaluating care solely on its visual aspects, this perspective acknowledges that care engages the full range of human senses, including touch, sound, and movement. As Jones et al. (2025) observe, such moments of care are constructed through the actions of all those present and are shaped by their relationship to the broader environment. This includes the interplay of material elements, spatial organisation, and physical activities that collectively generate an atmosphere within health, social care, or community-based settings.

The five illustrative cases presented in this chapter show in different ways how adopting a care aesthetic lens to view how individuals living with dementia interact with and experience their neighbourhoods can help us make sense of neighbourhoods as embodied, relational, experiential, and socio-temporal situations and practices. Appreciating how individuals living with dementia become emplaced in their neighbourhoods, and how they too come to know and emplace themselves in their surroundings, is mediated through shared aesthetic and personal engagement with the places and people. These reciprocal relationships contribute to 'care-full' neighbourhoods, characterised by empathetic awareness not only of the individuals receiving care but also of the spaces they inhabit. Care-full neighbourhoods, then, are distinguished by a relational sensibility, marked by a familiarity with and attentiveness to people and place, that underpins the provision and reception of care.

Neighbourhood aesthetics requires an attentiveness to the style and sensory experiences in our daily lives outside of more conventional design contexts or semblances of what constitutes 'beauty'. To draw on the illustrations presented above, neighbourhood aesthetics consist of the small things, experienced 'in the moment', that make life feel pleasant, meaningful, or emotionally rich: the sense of connection achieved by the view from a window; the feelings that accompany a stranger's greeting or a smile of recognition in the street; the offer of a cup of tea when

disorientated; the associations attached to the sound of traffic; or even the collaborative suspension of reality whilst telling stories about a tree. In these and I suspect countless other cases, finding beauty in the ordinariness of something that 'might look like a field to anybody else' relies on appreciating the phenomena, activities, routines, and interactions that constitute our daily lives (Fleetwood-Smith et al., 2022). In this way, making 'meaningful moments of connection' (Fox et al., 2025, p. 9) within and to neighbourhoods can enable people living with dementia to not just feel, but actively be, present in place.

Conclusion: care-full not carefree neighbourhoods

The concept of care is inherently complex. Conradson (2003) suggested one way might be to examine experiences of care through the 'subjectivities that emerge, or which are made possible, within a particular […] space' (p. 509). Such space enables the development of more positive forms of selfhood and supports the consolidation of such identities. Understanding this necessitates paying close attention to the social relationships that constitute caring practices, as well as to the material dimensions and agentic capacities of space, including neighbourhoods, in which these practices occur.

Social care policy has a prevailing focus on delivering individualised interventions to people living with dementia in their own domestic environments in ostensibly 'mainstream' ways, such as through the provision of formal support for personal hygiene or domestic duties. This positions care as taking place within asymmetrical dyadic relationships, typically between a caregiver and a care recipient, and risks occluding the complex, distributed, and collective dimensions of caregiving and care-receiving. It also fails to recognise the practical and conceptual value of more collective modalities of care that can emerge organically within a neighbourhood, and in which the enactment of care becomes an embedded and constitutive aspect of everyday social-environmental relations. Such contexts underscore broadening theoretical understandings of care to encompass collective, relational, and situational forms. They also resist reducing care to the binaries of giver and receiver, to recognise the reciprocal nature of human interdependence at the heart of care aesthetic concepts. So, if there is one thing care aesthetics might bring to our attempts to better understand the neighbourhood experiences of those living with dementia, it is to help us frame care as an 'ethic of encounter, or as a set of practices' (Conradson, 2003, p. 451) in all sorts of places beyond those of more familiar dementia care.

Research and practice about the environment and dementia has a long history, and so too does that about environments and aesthetics, where a feeling, atmosphere, or sense of attachment can contribute to meaning and belonging. This has been a cautious foray into exploring how a particular kind of aesthetic (care), cast in a particular kind of environment (neighbourhoods), framed through the temporal lens of the everyday, might help us make sense of how people living with dementia

experience or encounter the places where they live. My endeavour has been partial at best, but what I hope to have achieved is some sense of how we might better understand neighbourhood experiences (and indeed any kind of spatial experience) for those living with dementia beyond a narrative of inclusive street design and infrastructure improvements. In the merging of the social, material, sensorial, biographical, and routine, all whilst trying to keep individuals centre stage, attending to the aesthetics of everyday experience might just help endeavours to move beyond reducing people living with dementia to risky or vulnerable subjects each time they engage with their neighbourhood.

Acknowledgements

The data presented here was collected in a study funded jointly by the Economic and Social Research Council (ESRC) and the National Institute for Health and Care Research (NIHR). ESRC is part of the UK Research and Innovation (UKRI). The views expressed in this article are those of the author and not necessarily those of the ESRC, UKRI, NHS, NIHR or the Department of Health and Social Care. Material from Work Programme 4 of the ESRC/NIHR Neighbourhoods and Dementia mixed methods study. Study Reference Number: ES/L001772/1. I thank all participants who generously gave their time to the research as well the many individuals and organisations working in the dementia sector who supported the work in other ways. Much of the data presented here was carefully collected by Sarah Campbell: thanks to Sarah and also to Richard Ward, who led the Work Programme 4 team, for helping me to think through how and why neighbourhoods might matter.

Three Key Reading References

Reference 1

Fox, S., Thompson, J. and Keady, J. (2025). Meaningful moments of connection: How people affected by dementia and their carers living at home understand, interpret and experience everyday aesthetics. *International Journal of Geriatric Psychiatry*, 40 (8): e70136. Available: https://doi.org/10.1002/gps.70136; accessed 1 March 2026.

This paper explores how people living with dementia at home and their carers experience and interpret everyday aesthetics; ordinary sensory, relational, and material experiences that carry personal meaning. The study identified six key types of connection: with others, with material objects, with self-image, with pride and societal value, with enjoyable activities, and with the lived environment. These oftentimes subtle moments help sustain identity, wellbeing, and personhood despite cognitive changes. The authors show how recognising and supporting these meaningful experiences in home-based dementia care can enhance person-centred support, guide carers in maintaining identity and connection, and inform policies and environments that respect the sensory and relational lives of people with dementia.

Reference 2

Thompson, J. (2023). *Care Aesthetics: For Artful Care and Careful Art*, London: Routledge.
This book examines the intersection of care and aesthetics, proposing that caring practices, be they healthcare, homecare, or community settings, can be understood as inherently artistic, requiring attention, creativity, and sensitivity. The book demonstrates how artistic practices, such as participatory arts or creative facilitation, can function as forms of care that support wellbeing, connection, and dignity. Drawing on examples from healthcare, dementia care, and arts-based interventions, the text shows how attentiveness, relational engagement, and aesthetic awareness enrich both care and art, advocating for a framework in which care and creativity mutually inform and enhance one another.

Reference 3

Ward, R., Clark, A. and Phillipson, L. (eds.) (2021). *Dementia and Place: Practices, Experiences and Connections*, Bristol: Policy Press.
This edited book is not about aesthetics, but it is about how people living with dementia experience, navigate, and relate to the places around them. Shifting the focus from institutional care to home- and community-based living, chapters examine themes like belonging, attachment, mobility, and social connectivity, highlighting the relational and environmental dimensions of daily life. The book emphasises understanding dementia through the lens of lived experience and place, offering insights for researchers, practitioners, and policymakers to create more supportive, inclusive environments. A number of the chapters present findings from Work Programme 4 of the ESRC/NIHR-funded 'Neighbourhoods and Dementia mixed methods study' that also underpins this chapter.

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