

Cultural Diversity in Arts for Brain Health Webinar, Tuesday 5 July 2022

AGENDA

Veronica Franklin Gould, President, Arts 4 Dementia

CHAIR: **Dr Sharmi Bhattacharyya**, Consultant & Clinical Lead, OPMH North Wales, Betsi Cadwaladr University Health Board and lead Editor, The Old Age Psychiatrist, Royal College of Psychiatrists.

Dr Karan Jutla, Senior Lecturer in Health (Dementia Lead) Institute of Health, University of Wolverhampton, presents ethnically diverse diagnostic tools.[but COVID]

Dr Sonu Bhaskar, Director, Global Health Neurology Lab, Sydney, Australia.

Thanh Sinden Culture Health and Wellbeing Alliance and the Centre for Chinese Contemporary Art, Manchester.

Maki Sekiya, Japanese concert pianist plays and discusses Somei Satoh's "Mirrors in the Dream" and the Japanese Green Chorus.

Arti Prashar OBE, artist and drama practitioner: 'Visionaries: A South Asian Arts and Ageing Counter Narrative'

Kadria Thomas, English/Yemeni Gospel singer, songwriter, choir leader.

Bisakha Sarker MBE, Founder and Artistic Director, Chaturangan South Asian dance.

Dr Mercy Wanduara, Department of Fashion Design and Marketing, Kenyatta University, Nairobi presents Kenyan basketry by women from Central and Eastern Kenya.

Majkaja Arts Resource Agency Aboriginal Arts Centres Keeping our Elders Strong, Ilkuntji artists (Video: Art Centres Keeping our Elders Strong)

Margaret Morris, Hackney Caribbean Elderly Organisation, Arts for Elderly Engagement.

Rushna Miah, chair, Herts Asian Women's Association, providing a social prescribing service.

SPEAKER DEBATE

Chair's summary

Veronica, close.

SPEAKER BIOGRAPHIES

VERONICA FRANKLIN GOULD FRSA AMRSPH founded Arts 4 Dementia in 2011 to develop weekly programmes for early-stage dementia at arts venues, training, best practice conferences and reports, with a website to coordinate arts opportunities for dementia in the community. Her inaugural programme, *Reawakening the Mind* (2012-13) won the London 2012 Inspire Mark and Positive Breakthrough in Mental Health Dementia Award 2013, with Veronica named T Sunday Times Changemaker finalist. On publication of *Music Reawakening* (2015), was appointed A4D president. Her regional guide, *Reawakening Integrated: Arts & Heritage* (2017), maps arts opportunities for dementia and aligns arts within NHS England's Well Pathway for Dementia. Her social prescribing programme (2019-21) opened with a conference *Towards Social Prescribing* (Arts & Heritage) for the Dementias (May 2019, Wellcome Collection). To address cross-sector issues raised, she piloted dance and drama social prescribing programmes to test the process and ran cross-sector meetings around the UK. Findings were disseminated in a conference and report '*Arts for Brain Health: Social Prescribing as Peri-Diagnostic Practice for Dementia*' (2021).

PROFESSOR SHARMI BHATTACHARYYA is a Consultant in Old Age Psychiatry working in Wrexham, North Wales. A consultant since 2007 she has other academic and management roles: Visiting Professor at the University of Chester, Lead Editor for the Faculty of Old Age Psychiatry newsletter, Medical Member for Mental Health Tribunals, Clinical Lead for Older People's Mental Health Services in North Wales. However, her interest and passion lie in working with older people with mental health problems. She is involved in research, teaching and has publications and presentations in areas such as dementias, mental health in ethnic communities, and dementias in younger people.

DR KARAN JUTLLA, Dementia Lead for the Institute of Health at the University of Wolverhampton, has been developing tools to diagnose dementia in culturally diverse communities. She is a passionate researcher and educator dedicated to promoting cultural inclusivity in dementia care. As an academic, Karan's research interests in the challenge of dementia care, particularly within South Asian communities have spanned over a decade. She continues to support policy makers, and health and social care service providers to potentially address and deliver superb outcomes for a hitherto neglected but growing part of the community. Karan has a 'grass roots' approach and is keen to ensure that leadership level decisions are reflected in the quality of care received by service users. Her passion for dance and appreciation of the arts allows her to both combine and support creativity for improved mental health and wellbeing. For more information about Karan, and her work, visit www.drjutlla.com

DR SONU M.M. BHASKAR, MD Ph.D. PD (Stroke/Neurology, Director of the Global Health Neurology Lab, Sydney in Australia. is an award-winning physician-scientist, healthcare executive, board director, and academic neurologist with a specialization in vascular neurology & neuroradiology. Dr. Bhaskar leads national, international, and intersectoral programs, in global health and health systems, on reducing social inequalities in health with a focus on vulnerable populations and under-resourced settings. His pioneering research, leadership, and community engagement have had a local and global impact attracting numerous prestigious awards in Australia and overseas including the 2019 European Academy of Neurology Investigator Award, 2020 Rotary Vocational Excellence Award, 2021 Paul Harris Fellow recognition by Rotary International, and the Australian Government's Distinguished Global Talent Immigration (GTI) Award in 2021-22.

THANH SINDEN is a board director of the Culture Health and Wellbeing Alliance. An experienced Cultural professional with a demonstrated history of working in museums, arts and heritage organisations, Thanh is passionate about making a difference and curious with the intersection between culture heritage and social impact. She supports teams and organisations to make bold cultural changes that bring better equity, diversity and inclusion to businesses. She has worked with the Museum Association, Tate, What Next? Movement, the British Council, Culture Coventry, the Arts and Social Care Project at Wolverhampton and a range of community organisations and activist networks to foster the right conditions where inclusion and collaboration are embedded in teams. She is a former chair of the executive committee of Museum Detox, a UK network that champions fair

representation and inclusion of ethnically diverse cultural, intellectual and creative contributions; and until recently was Interim Executive Director of the Centre for Chinese Contemporary Art.

MAKI SEKIYA, a Japanese concert pianist of world renown, has been musician in-residence at Green Templeton College, Oxford since 2017. Maki first performed Samei Satoh's "Mirrors in the Dream" at her Wigmore Hall debut in spring 2022. As well as performing, Maki is interested in the holistic, therapeutic role of music. As a music educator, she has formed a local music community Oxford Music Hub to connect like minded intergenerational musicians. She is a graduate of Moscow Conservatoire and lives in Oxford with her musical family. She recorded piano recitals to be shown at the Human Welfare Conference 2021, as in conversation with Emeritus Fellow Sir Muir Gray about ageing, music and wellbeing – music to elevate the mind. Maki will introduce Maki the Green Chorus, the North London Japanese female choir for which her mother is the pianist.

ARTI PRASHAR OBE is at the forefront of immersive sensory theatre practice for people living with dementia and learning disabled people. She has a strong commitment to collaborative arts with values based on human rights. She stepped down as Spare Tyre's Artistic Director/CEO in August 2019 after inspirational and acclaimed leadership for 19 years. Research with Elizabeth Lynch MBE: Visionaries: a South Asian Arts and Ageing Counter Narrative for CADA and Art and Dementia in the UK South Asian Diaspora for Baring Foundation. Arti was acknowledged in the Queen's New Year list 2022 with an OBE; she received a Tonic Award 2020 (inclusion and diversity) and is a Winston Churchill Fellow 2013 (spirituality, dementia and ageing). A director and, consultant, Arti is Research Fellow at the Centre of Contemporary Theatre at Birkbeck University.

KADRIA THOMAS has been choir director for the Accord Inspirational Gospel Choir since 2000, then the Pennine Care Trust in 2012 based in Ashton in Greater Manchester, the latter specifically formed for individuals who have mental health challenges or who work with and support those with mental health. In 2016 Kadria was invited to direct a choir that supports people with dementia, their care providers, support staff and volunteers. Over the last 15 years Kadria has used her experience and skills to deliver numerous health and wellbeing workshops to people of all ages and from diverse cultural backgrounds using her singing expertise and as a motivational speaker. Her invitation in 2002 to speak and deliver a presentation at a conference for 200 women entitled 'Healing in the Music' was the first of many, since then Kadria has been invited into prisons, community initiative events such as 'Mothers Against Guns', 'Every Child Matters' to deliver tailor-made workshops and seminars.

BISAKHA SARKER MBE is a dance artist and the artistic director of Chaturangan, an arts organisation engaged in a diverse range of creative activities to raise the profile of South Asian dance for health and wellbeing. She is a performer, producer, choreographer, researcher, educationalist and writer. Bisakha has extensive experience of working with South Asian dance and art in different health settings e.g. hospitals, care homes and community projects. Her company, in partnership with other universities and art centres, has organised a number of landmark national and international dance conferences on topics like 'Dance and Ageing' and 'Dance and Dementia' establishing a new style of artist-led conference programming. Bisakha, a Churchill Fellow, is featured in The Artist in Time. (2020, Baring Foundation).

DR MERCY WANDUARA, Lecturer & Chairperson Fashion Design and Marketing at Kenyatta University, Nairobi, has a training and career background in clothing, textiles and education. She holds a PhD in Fashion Merchandising, an MSc in Textile Materials and Bachelor of Education (B.Ed.) degree in Home Economics. Mercy has a work experience of over 25 years at various levels of the Kenyan educational system. Apart from teaching, Mercy has held various administrative positions in the Kenyan education sector. Among other activities, she has been involved in both local and international collaborations where she has held talks and demonstrations on her research work. Her interests centre on textile crafts, indigenous textiles and micro and small businesses.

MARGARET MORRIS, a Caribbean artist, has been working with the Hackney Caribbean Elderly Organisation, delivering a range of Arts for Elderly Engagement for sixteen years. She works with wood, glass-painting, needlework, gardening, music and dance. She is currently preparing a book with

the group, looking at healing herbs they used in the Caribbean when they were young and continue to use in the present day. The Hackney Caribbean Elders are also doing a project on Afro-Caribbean music and dance. Every year the group exhibits at the [Hackney Museum](#).

RUSHNA MIAH is Chair of the Hertfordshire Asian Women's Association (HAWA), a voluntary association which runs events, workshops and projects for women from all racial and cultural background. These range from our Saheli Tiffin Club, Habiba Garden, culturally diverse social prescribing, Kick Boxing as well as visits and trips organised to eradicate loneliness and isolation amongst diverse ethnic communities. Her role as a Covid Recovery Ethnic Diverse Officer is about tackling health inequalities amongst the ethnically diverse communities. Rushna is a trained Life Coach and a qualified Sylheti interpreter. She speaks Hindi, Urdu and little bit of Arabic.

THE TALKS

Veronica Franklin Gould, President, Arts 4 Dementia

Good morning. welcome to our Cultural Diversity in Arts social prescribing webinar to help Preserve Brain Health – in association with the Optimal Ageing Programme at the University of Oxford and Arts 4 Dementia.

The growing understanding we share today is that thanks to social prescribing – GPs referring patients for personal appointments with link workers for much-valued non-clinical support – their patients can now be empowered from the onset of symptoms of a potential dementia – to preserve their brain health through engaging in arts of personal and exciting interest.

In multicultural Britain our arts workshops for brain health are naturally inclusive, welcoming participants from all cultures, this webinar celebrates a wonderfully diverse range of culture-specific arts offered here and around the world for people to participate in even as – and especially when – they and their loved ones are coping with challenges of mild cognitive impairment

It is everyone's human right to participate in arts in the community, but from the onset of dementia this can be a challenge.

Each year, there are over 200,000 new cases of dementia in Britain – some 10 million new cases worldwide. Connecting with social arts groups of personal cultural interest, through social prescribing, can help them preserve their sense of normalcy, their brain health, wellbeing, their cultural identity and achievement in the community for years longer.

Sharing imaginative ideas, creating together helps modify risk factors for dementia and nurture resilience.

Although course leaders will be trained in dementia awareness such as that offered by Arts 4 Dementia and others, there is no sense of dementia at these arts sessions:

Hearing and making music, singing, dancing, creating visual and decorative arts of all kinds in a group of fellow artists enables individuals and their family partners to keep learning and in so doing maintain a significant – vital – sense of belonging. Because – Socially creative activity offers joyous protection against loneliness in the otherwise fear-filled months years leading to and beyond diagnosis of our most feared condition.

We warmly thank our chair **Dr Sharmi Bhattacharyya**, a Consultant in Old Age Psychiatry and Clinical Lead, OPMH North Wales. Sharmi is Visiting Professor at the University of Chester and lead Editor of [The Old Age Psychiatrist](#), Royal College of Psychiatrists.

Hearty thanks too to our distinguished speakers for the knowledge you are about to share with our guests - from all over the UK, Australia, Canada, India, Ireland, Japan, Lithuania, Taiwan, New Zealand and the United States of America

Each speaker is going to talk on their specialism for five minutes and share further guidance and ideas in an informal speaker debate chaired by Sharmi.

We shall hear insights into the variety of creative cultural opportunities through which people experiencing mild cognitive impairment can preserve their brain health. - and the pathway to and from those opportunities, via the Culture Health and Wellbeing Alliance (CHWA) and through social prescribing.

Dr Karan Jutla, is a dancer - and Senior Lecturer in Health (Dementia Lead) Institute of Health, University of Wolverhampton, who has been developing ethnically diverse diagnostic tools, will be followed by the award-winning Director of the Global Health Neurology Lab in Sydney, Australia, **Dr Sonu Bhaskar**,

Thanh Sinden as a board director of the Culture Health and Wellbeing Alliance, will explain how cultural organisations can raise awareness of your programmes to participants – through health teams and social prescribers Thanh will also tell us a little about the Centre for Chinese Contemporary Art in Manchester.

The concert pianist Maki Sekiya, musician in residence at Green Templeton College, Oxford, will play and discuss Samei Satoh's highly imaginative "Mirrors in the Dream" and briefly touch on the Japanese women's Green Chorus.

Arti Prashar, the immersive sensory theatre practitioner, founder of Spare Tyre cannot be with us but has kindly recorded a talk including her recent Creative Ageing report: 'Visionaries: A South Asian Arts and Ageing Counter Narrative'

Kadria Thomas, the English/Yemeni Gospel singer, songwriter, community, choir leader like all our speakers, welcomes people of all ages, elders with and without dementia, but if symptoms worsen, she also runs a specific Together Dementia Gospel choir, so gospel singers can keep singing.

Bisakha Sarker, Founder and Artistic Director of Chaturangan will talk and demonstrate in her inimitable way the beautifully expressive storytelling, poetry and movement of engaging in South Asian dance.

And from Kenyatta University in Nairobi **Dr Mercy Wanduara** will present Kenyan basketry by women in their Central and Eastern Kenya townships.

We then show a video on Aboriginal Ijkunti artists from the **Majgkaja Arts Resource Agency** on: [Art Centres Keeping Australian Elders Strong](#)

Margaret Morris will present a range of fine and decorative arts she teaches on Thursdays at the Hackney Caribbean Elderly Organisation in London

Finally, **Rushna Miah**, will talk about the range of activities offered by the Hertfordshire Asian Women's Association, and the social prescribing service they provide.

I shall now hand over to our chair, **Sharmi Bhattacharyya**, who will kindly introduce speakers and after each has spoken for five minutes, she will chair what promises to be a fascinating a fertile debate. Sharmi, warm thanks, over to you.

CHAIR: Dr Sharmi Bhattacharyya, Consultant & Clinical Lead, OPMH North Wales, Betsi Cadwalladr University Health Board. Lead Editor, The Old Age Psychiatrist, Royal College of Psychiatrists.

Thank you, Veronica. Good morning, I'm really looking forward to these very exciting speakers. Speaking about Cultural Diversity in Arts for Brain Health, focusing mostly on preserving brain health. All the speakers will be very exciting and talking about cultural diversity, but I think it's important also how they talk about inclusivity, equity, representation, belonging, which I think will inform our debate later. Let me first introduce the work of

Dr Karan Jutla, Senior Lecturer in Health (Dementia Lead) Institute of Health, University of Wolverhampton, who helped develop ethnically diverse diagnostic tools.



Unfortunately, Karan cannot be here due to COVID. She was going to present the new ADAPT South Asian Dementia Pathway, a project funded by the National Institute for Health Research to meet the diagnostic needs of South Asian communities. Our chair and Karan's research colleague, **Dr Sharmi Bhattacharyya** speaks:

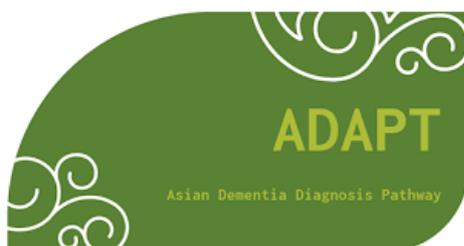
I have known Karan for a long time and have worked on several projects with her on South Asian communities. She has worked with South Asian communities for many years, developing research tools, and has written a lot of papers on this.

Some 25,000 people from ethnic minority communities live with dementia in the UK. The largest single group is the South Asian community. They are at greater risk of developing dementia due to what we call the vascular risk factors - diabetes, hypertension - all those being much more in that community. But they are less likely to access support and so may not actually seek help until later on and when they are in crisis.

I think Rushna is speaking about representation and belonging later on, which will be very important and tie in with this. Other differences include a preference to seek support from local community organisations they are familiar with, rather than from NHS and statutory services. Of course there are language barriers, and cultural barriers and such differences in access can actually mean that symptoms of a potential dementia are more likely to be missed or misinterpreted by the NHS and other services; and they may therefore receive their diagnosis at a later stage, which limits their access to NICE recommended treatment, leading to inequalities in service provision. Such differences in access to help and support can mean that they and their carers are potentially disadvantaged.

ADAPT Asian Dementia Diagnosis Pathway

So the ADAPT South Asian Dementia Pathway was developed as an online toolkit. The research partnership involving Universities of the West of England, Bradford, Bath, Wolverhampton, the Dementia Alliance for Culture and Ethnicity, NHS Bristol, North Somerset and South Gloucester CCG and others, in collaboration with the Race Equality Foundation.



On the Race Equality Foundation website, there is a video on the South Asian Dementia Diagnosis Pathway, for which I had the pleasure of being interviewed to communicate linguistic respect. Here are clips from the film to show how the toolkit provides accessible, tailored resources to enable services to provide more culturally appropriate care, with linguistic and cultural guidance:

Masood Qureshi, dementia advocate, living with dementia

Dementia is a taboo subject as far as the Asian community is concerned. I think it's misunderstood and not only just misunderstood, it's confused with mental illness and they link it automatically to old age. Although it's showing up now that younger people are getting it. I'm 54 when I was diagnosed.

What should services be aware of when diagnosing people from South Asian Communities:

Mr Mohammed Akhlak Rauf, Cultural diversity consultant

To start with, we think about who are South Asian – they may come from Afghanistan to Bangladesh, from Nepal, Bhutan to Sri Lanka, the Maldives 1,000 miles across. In this country, we tend to group people together. That takes away the diversity within diversity. So somebody from the Punjab might be very different from Bengal, for example. Their language, their diet, their entire faith might be different. So for us, it's really important to try and understand who are we talking about before we can look at their journey.

What do health care professionals need to learn to provide person-centred care to South Asian Communities?

Dr Sharmi Bhattacharyya, Old Age Psychiatrist

It's not possible to learn a full language, but maybe some words which are more important would help. I think Respect is a big thing for that generation. not calling somebody by their first name. That doesn't happen in South Asian communities. People might feel awkward about it. And so either you might refer to someone as "Mr. Singh" or "Mrs. Singh", or you just say "Uncle" or "Auntie" that will be perfectly fine.

Do people from South Asian Communities have different experiences of dementia care?

Naim Vali, Community educator, Diversity and Steroid lead

By the time people realize that is dementia. I think it's at the latter stages. The other issue within the South Asian communities is that I think a lot of people might get diagnosis, but they don't access support services. Services need to understand the community, but the community also needs to understand what dementia is and what services are available. It's that gap that I think needs to be built.

We need to lay a strong foundation, and to build that foundation through education – understanding doing workshops, training sessions, awareness campaigns, in the heart of those communities.

SB, chair Thank you.

Dr Karan Jutla's Alzheimer's Society report *Understanding experiences of post-diagnostic dementia support for the South Asian Community* has since been published this week, July 2022

I now invite Dr Sonu Bhaskar, CEO and Founding Director of the Global Health Neurology Lab in Sydney, Australia.



Dr Sonu Bhaskar, CEO and Founding Director of the Global Health Neurology Lab in Sydney, Australia.

Thank you, I really look forward to this interaction. Well, today, I'm going to give you a bit of a flavour on where social prescribing sits within neurology.

I come from Sydney in Australia and I lead a team of Global Health neurologists - people interested in global health, neurology and social medicine. So to give you an introduction about what we do and what kind of enterprise we have:



Social enterprise dedicated to health promotion and preventing diseases

It is a social enterprise, dedicated to promoting health and preventing diseases. We develop low cost, open source and scalable, innovative solutions. And we address pressing global challenges with a focus on low resource settings and disadvantaged communities.

Our mission is to save a billion lives globally by humanizing and transforming healthcare, through cutting edge neuroscience and engineering. We are a very multidisciplinary team, as you can see, very culturally diverse and are very proud of it, that the team that brings innovation from different perspectives. So a team of clinicians, engineers, researchers, and policymakers.

What is the need of bringing social prescribing to neurology?

As several neurological conditions cause debilitating disability over lifetime; and presently, we have no viable treatments, possibly except few conditions such as stroke, where we know the endovascular thrombectomy, where we can pull the clot out of the brain and we can save these patients. But generally the prevalence and burden of neurological conditions are dramatically increasing across the world, in developing countries and the developed world. Therefore, they pose a huge global health and societal challenge.

What mediates outcomes? Social Determinants of Health

What mediates outcomes in neurological conditions? The circumstances in which people grow, are born, live and work are all part of what we call the social determinants of health, which one of the great British the Michael Marmot proposed as SDOH mediating health outcomes in chronic disease and health outcomes across populations.

Social prescribing – a complementary strategy (ie, arts) to enable people to live their best lives

We are also aware that less favourable socio-economic determinants, such as employment, ethnicity, social inclusion, do have an effect on people's health outcomes. Therefore, we must look outside the solely medical model in order to treat neurological patients holistically and enable people to live their best lives, which is where the social prescribing really comes in. Because it's a complimentary strategy, which goes beyond the traditional models of care and compliments that model at the same time.

The brain – a social construct

Now, let me give you a brief introduction of what the brain is. As the brain is a social construct. A number of studies across the neurological conditions - multiple sclerosis (MS), stroke and Alzheimer's - have shown that the different aspects of social wellness and wellbeing affects the condition, the progression, as well as the outcomes after the condition.

Loneliness and isolation

The Multiple Sclerosis Society 2018 survey revealed that 60% of people living with MS experienced loneliness as a result of their condition. People from lower socio-economic backgrounds, specifically the culturally & linguistically diverse (CALD) communities and smokers are at a higher risk of social determinants of health. Therefore, their risk of severity after COVID-19 is much more in comparison to the controls.

Alzheimer's Australia's recent research survey showed that out of 1,500 people that they surveyed, people with dementia were the loneliest people in Australia. They reveal that the people with dementia were twice as likely to have a higher rate of loneliness compared to the general public and people with dementia and carers were significantly more lonely than the general public itself.

A Northern Manhattan stroke study, encompassing some 655 ischemic stroke patients over five years, revealed that social isolation before a stroke predicted outcomes after stroke. The reasons the study found was that poor compliance, depression and stress, all mediating, what you call the worst outcomes after the condition.

Social prescribing – Preventing disease

Where social prescribing fits in is understanding how social determinants of health impacts the health outcomes specifically in neurological conditions. Patients who are at risk of neurological conditions are also important. This is where I think we can get the maximum bang for the buck in terms of preventing these diseases, from a global health perspective.

Starting now, we can all take action to change this and modify our practices, whether a GP or giving specialist care to better serve our patients. For instance, do you enquire about the food security of your patients? If you are a neurologist, ask that question, whether your patients may be food insecure - these patients might be at a higher risk of cognitive decline or diagnosed with neuromuscular illness can be better facilitated and helped with the understanding of social determinants of health.

Open Questions for discussion:

- Do you as a healthcare professional practice social prescribing or are your patients aware or social prescribing? In Australia awareness is quite limited in comparison to UK, where the field is much more mature.
- Social prescribing a prevention - for diseases such as stroke, MS, and Parkinson's. I think it important to move from the strategy to combat disease, to prevention. That's where we can really bring that global health perspective.
- Capturing high-risk patients, as I was speaking to Veronica before, is really a strategy which can reveal where our communication with GPs can play important role. Patients, such as who at a higher risk of cognitive decline we can capture them in the GP clinic and bring them at the appropriate time to the specialist positions. At this level, the collaborative and integrated care starts at the GP level, travels through your home, to the supportive services onto the specialist care. So the entire continuum of care is important.
- The possibility to provide social prescribing at scale is such an important issue in low-resource settings, in India, in several other countries where the opportunities of high end treatments are quite limited.
- At last neurological patients from under-resourced countries have limited access to quality health care services. That's why innovative solutions such as social prescribing can provide large scale innovative inputs to these patients.

I leave you with these words from Jesse Jackson *When everyone is included, everyone wins.*

SB, chair Thank you. That was really interesting. I hope we can bring up some of your points in the debate.
Our next speaker is Thanh Sinden

Thanh Sinden, Board member, Culture Health and Wellbeing Alliance the Centre for Chinese Contemporary Art, Manchester.



Thank you. I'm mainly going to be talking about the Culture, Health and Well-being Alliance (CHWA), of which I'm a board member, a direct role. CHWA is a sector support advocacy, powered by our memberships and network, so it's membership driven. Through our advocacy, our mission is to build a common understanding about creativity and culture, that it's integral to the health and wellbeing. The approach is to look at engaging in prevention, health created not just through treatment and disease, but through our holistic approach and a communal collective and co-produce and inclusive. so we want to empower our network and our changemakers, nationally, regionally, and to collaborate and to create this change of our vision, is a healthy world powered by creativity and imagination.

Regional networks

A lot of the work that we do is that we connect our regional champions in our networks, around the country in the UK, and our Lived Experience group (LENS) regional networks with our strategic, partners like the National Centre for Creative Health and that the All Party Parliamentary Group (APPG) on Arts, Health and Wellbeing. We share practice and research and toolkits and enable our practitioners and support and advocate and champion for better conditions for more inclusive and equitable approach to health inequalities. We amplify and, listen to our network needs and we support leadership and training and development.

CHWA – free membership

We are a free membership organization to join and support us in building a thriving, cultural, creative health sector. We have over 5,800 members of freelance creative practitioners, museums, heritage, arts, health across the country. We collaborate with 50 strategic partners, around culture health and social care.

For myself as a director, of CHWA I support the CHWA organisation itself, to enable it to support the sector development, in this area.

Centre for Chinese Contemporary Art

As Interim Director of the Centre for Chinese Contemporary Art in Manchester until recently, one of the things we have been able to keep progressing and going is our Ageing Well. It's part of the city itself in terms of the cultural sector and the cultural organizations in the city in supporting the Ageing Well agenda. Part of that is to get some efficiencies in supporting provision for people who are at risk of isolation, who are isolated, to enable the cultural and creative access to arts and culture being more inclusive and addressing particular needs. We have various activities that we do at the Centre specifically to support older Chinese, Asian participants to engage in the arts and cultural sector.

SB, chair Thank you, Thanh. That was really interesting.

SB, chair Our next speaker is Maki Sekiya, the Japanese concert pianist. Maki, we look forward to your presentation.



Maki Sekiya, Japanese concert pianist plays and discusses Somei Satoh's *Mirrors in the Dream* and the Japanese Green Chorus.

I would like to start by sharing my recital, where I play a Japanese minimalistic piece of music – recorded at the Wigmore Hall in London this spring: Somei Satoh's *Mirrors in the Dream*:

I hope that this music might have given you a sense of space, as though you were maybe walking into a temple or a very special building. I think not only this piece of music, but of music in general. Music can give a transformative feeling for the listener, as if you ended up in a different place - it transfers you to another space and time. I think in terms of brain stimulation, for example, with dementia that it can be, effectively used. We have been talking with Sir Muir Gray of the Optimal Ageing Programme and he actively supports projects with virtual reality. Music by itself, I could say also, is capable of providing something almost like a virtual reality – by itself already, because it contains elements for our listeners to transcend to another space and time.

What it does is help the listener to connect to the outer world. so that in this way, the music can be effectively used in the care process. Also I think music should be used more often for carers in order to connect with patients, because of its instinctive, natural language with which to relate to any human being really – you don't need to have had a special education to make use of the music for people with mild cognitive impairment, if you're caring for somebody or you feel you are being cared for. Music should be more frequently used in general.

The Green Chorus, for Japanese women over 50

I was going to mention a little bit about my mother's, activity in North London, There is a Japanese ladies Green Chorus where she act as the accompanist. And my mom is aged 77 now, but she's still keeping very busy with the accompaniments. It has been a kind of connecting experience for her, also with these Japanese ladies, of different generations in these musical activities can also bring different people together from different parts or the town culture.

CHAT: Holly Marland: This particular tonal minimalist music allows space for people to process the musical information and is relaxing.

SB, chair Thank you, Maki. That was beautiful. Absolutely beautiful. Thank you.

Arti Prashar OBE, artist and drama practitioner: ‘Visionaries: A South Asian Arts and Ageing Counter Narrative‘

Hello and thank you for inviting me to speak and share my experiences as an artist, a researcher and as the daughter of parents who had vascular dementia and Parkinson’s related Alzheimer's disease. Over 10 years ago I began researching arts & dementia.

Reminiscence theatre One of my first decisions was that I would not focus on reminiscence as it felt like we were locking people into a past life rather than accepting them as they are – in the here and now. Our loved ones are undergoing a significant change when they are living with dementias. A change we have to be accepting of.

The Garden was a multi-sensory show which relied heavily on space transformation using projection, smell touch taste and sound to enhance the experience. The theme of seasons and communing with nature unintentionally became a metaphor for an end of life spiritual journey.

Audiences often sat in total silence at the end of the show. We had touched people – with and without dementias - on a deep emotional level. Whilst touring The Garden I started to wonder why we weren't reaching more ethnically diverse communities?



Is dementia taboo within the South Asian diaspora?

A report was commissioned by the Baring Foundation and is [available on their website](#). Research conducted asked is dementia taboo within the South Asian diaspora? Could the arts dismantle this taboo, how culturally specific does the project have to be? We spoke with 120 people including doctors, scientists, community workers and of course older people. People from different religions, with different languages and cultures.

Love Unspoken

This show, using a South Asian aesthetic involving folk and classical Indian dance, Urdu and Punjabi poetry, jasmine and classic Indian film songs ,was designed to enable SA carers to perform alongside us. Its theme was love. [The response](#) towards our thoughtful exploration was beautiful. It resonated profoundly. Many tears were shed. Unfortunately, the pandemic stopped this show, and I am still considering whether or not to revive it.



Visionaries: A South Asian Arts and Ageing Counter Narrative



Visionaries was commissioned by the Creative Ageing Development Agency (CADA) in 2021. It was researched and written with Elizabeth Lynch as was the previously mentioned report. Our aim has been to foreground the voices of the artists, group leaders, heritage workers and participants we have spoken to and to present what they think is important. The 33 artists and 6 community organisations who participated represent a wide range of practice and art forms.

Some of our findings include:

- Limited perceptions of South Asian artistic practice and community arts practices – they need to be made visible to inform discourse, practice and content in our cultural institutions
- The importance of programming work that can resonate with South Asian communities, especially if they are not currently attending these spaces
- Programming ambitious South Asian arts and culture can attract audiences from all cultural backgrounds and connect older people with a shared history of place, work and community

The findings offer us all both insights and inspiration for inclusive creative practices. They also indicate shifts and changes in behaviours and attitudes, approaches and policy delivery. Some of our recommendations are:

1. **Profile and contribution of older South Asian artists** needs to be raised and space created for conversations that matter.
2. **Legacy and counter-narratives:** this is a historical moment in time when stories, artworks and artefacts need to be collected for successive generations and to be placed in the story of art, culture and heritage in England.
3. **Building a diverse and representative arts and heritage workforce** in mainstream institutions is essential.

I hope you will read this report as the case studies and artist words are truly thought provoking.

SB, chair Well, that was fabulous. Wasn't it?

Next is the gospel choir leader Kadria Thomas. Kadria, we look forward to hearing from you.

Kadria Thomas, English/Yemeni Gospel singer, songwriter, choir leader

Coming into this as a practitioner, a singer and songwriter for over 30 years now, it's strange to have to focus on something that for me comes very naturally. Finding new ways of actually bringing people together to sing something that comes naturally to us each and every day.



Singing as life's pick-me-up

We sing when we cook and the food tastes much better. With singing you also get movement and that's my favourite bit. I can't sing then stand still. I just love everything about the way that singing in particular, gospel and inspirational music actually just brings life into us. It approaches, lyrics evoke emotion, lyrics deal with emotion. At certain times when we feel low we put on our favourite songs as a pick-me-up.

Overcoming trauma - words feed our souls

When we're frustrated, we can look for words that actually feed our souls so that we can actually lift ourselves up from whatever space we're dealing with. Yes, there is scientific research and I can start talking about the research regarding soldiers overcoming trauma in the first and second world wars and how the first acknowledgment of music therapy, I think, was around that time. What is it that makes us cry, just by singing a lullaby? What is it that soothes people, at difficult times, at happy times, the celebrations.

Multicultural joy of gospel singing for all

But I want to talk about the joy, that safe space that brings people together from all walks of life. My mum is from Yorkshire. My dad is from Yemen and I'm married to a Jamaican, whose brother is married to a Chilean and it goes on. Music and the arts allows us to identify and empathize with people from all walks of life.

In 2019, my husband's mum passed away in the April and in the June, my dad passed away from dementia, after having dementia since 2012. At my mother-in-law's passing away, all the choirs that we work with - there's five of them - over 200 singers from all walks of life and all cultures coming together paying tribute. That in itself is a testimony, a lasting testimony, a memory of joy and yes, sadness, but joy superseded it – peace, calm of mind and so on.

I just continue to work with people, whether they have dementia, whatever, mental health, physical health, I use all my techniques breathing the warmups and then the singing and the movement, to create the opportunity for people to feel better and to think that there is a way forward.

Hopefully what I've said, just clicks with us all, that we shouldn't be afraid of singing out loud. We shouldn't be afraid of moving and singing and dancing.

CHAT Veronica, A4D : Kadria's weekly gospel choirs for people of all ages help preserve brain health and identity; and when dementia worsens she also runs the Together Dementia Gospel choir in Manchester.
Berni Godinho : Music therapy the joy it brings especially to people with dementia ! Beautiful
Andrew Pritchard : Hillsong in Oxford is very therapeutic.

Kate White : I love the inclusivity of our presenters today. Thank you Kadia for sharing your passion for singing. Lets Reimagine is a wonderful song written and sung by people living with dementia and those supporting them. **Berni Godinho** : Kate wonderful video ! Thank you.

Holly Marland Shared Harmonies CIC and So Many Beauties are working together on an Intercultural Song and Resource Book for singing groups for people living with dementia. If anyone would like to contribute ideas, links and/or songs from different cultures please email hollymarlandmusic@gmail.com. We are keen to support singing for dementia groups to include more songs in different languages - with the simplicity and space in them to allow for processing and promoting intercultural understanding. Also to showcase professionals like Kadia who are doing incredible work - encouraging emergent practitioners from different ethnic backgrounds. It would be lovely to hear from you if you would like to contribute.

SB, chair Thank you so much, Kadia, that was fascinating. I think it resonated a lot of things we think about, all the time about dancing and how important it is. So thank you.

Our next speaker is Bisakha Sarker, Founder and Artistic Director of Chaturangan Dance. I look forward to hearing your talk. Thank you.



Bisakha Sarker MBE, Founder and Artistic Director, Chaturangan South Asian Dance.

I start by thanking Arts 4 Dementia and Veronica for making this cultural diversity as an integral part of their webinar series.

Dance - stimulating enhanced sense of wellbeing

I work very much as a freelance artist, as well as taking artists, team of artists from Chaturangan I base my work on the comment that I heard from Professor Christopher Bannerman at a conference for ageing, where he said *Dance gives me an enhanced sense of wellbeing*. I really love that word; and I try to evoke that same thing. Whoever I work with whenever we work, I try to get that sense of enhanced sense of wellbeing. “Enhanced” to me means that it stimulates. We often feel good, but this is also knowing that I'm feeling good.

Challenge of working across cultural boundaries

Geographically where I started my work and the area within which I worked, it happened that I had to work across cultural boundaries. That was a big challenge for me. Whenever I approached somebody to do that, in care homes or gatherings of older people or people with dementia, they will immediately say “We don't have any Asian people.” Immediately people think that the image of Indian dance that they have offers glamour and technical challenges, that it's not for everybody, that Indian dance is only for Indian people.

Common human emotions - Indian dance is for everyone to share

Then I really had to fight that whatever we bring on the table is for everyone to share. I love dancing. I get my confidence, courage and conviction from it. That's what I would like to share with others as an artist. So I try to find some kind of common human emotions to build the work.

Rhythm and narrative in Indian dance

Two of the important things of Indian dance is its very strong association with rhythm, so I use that and the narrative element of it, which opens the emotional side of the participants' engagement.

Social prescribing – dance for wellbeing – link workers need to know what is available

Also, it is really important, specially since now we are talking about social prescribing, on the one hand we need to educate and train up our dancers and artists to see how they can bring in their work, within the wellbeing sector and health related work, but also for the key link workers of social prescribing to really go out and find out, to know about what is there in the community in and around them.

One such combination happened recently in my life. During the COVID a lockdown, as we all know, it was really difficult, but that during that time, I had some wonderful experience of doing some work, which otherwise might not have happened, but one that I would like to tell you about is

Online collaboration with Annapurna Indian Dance for NHS Calderdale



Our collaboration between Annapurna Indian Dance and the dance movement psychotherapist Dr Richard Coaten who was in the hospital at Calderdale and who was very keen to have this dance experience for his patients, people who were there. So we managed to do what was for me, it was really so fulfilling experience of bringing these two together. There were a few people there and before it, he just said “Can you do

something about, freedom?” Many of these people in that situation and feel very tied down. It's not really their own choice to be there.

Creating a sense of freedom through dance

So can you bring a feeling of freedom and exploring things? So I thought about various simple props, like these silk scarves and sometimes just a very simple thing, like, pipe cleaners, which can make beautiful shapes. People like to move their hands even when the sitting that and doing something, creating something. So some little things like that.



Sailing around the world – far away from the hospital room

But on this occasion, I brought some paper boats, which we have made as children. We just did a bit of work on the water, and then we all thought, let's move with the boat. And we sailed, we put all our negative thoughts and various things into the boat and let it flow/float away. And then we went somewhere with that.

I'll put a little bit of music on for you to hear Then with music we all move. We asked them: “Where would you like to go?” Everybody gave beautiful answers of where they will have to go. Somehow Then within seconds in that confined hospital room, there was a feeling of everybody moving and so we travelled all over the world in our mind with these beautiful little paper boats. Thank you.

SB, chair I wish I could have been there. It sounded so lovely. Thank you.

CHAT

Holly Marland: Lovely paper boat, reminds me of Tagore's poem Paper Boats.

Annapurna Indian Dance: Bisakha Sarker delivered an amazing dance workshop with the participants in the hospital in Calderdale. A project Annapurna Indian Dance with NHS at Calderdale Hospital with support from Dr Richard Coaten Dance Movement Psychotherapist. The project, conceived and created by Annapurna Indian Dance, is probably the first online South Asian dance and music workshop streamed directly into a hospital ward for older people. It could not be delivered live as intended, due to COVID19 protocols. The online performance was made possible by way of a large whiteboard, an effective sound system and Teams internet

platform The dance workshop was delivered by Bisakha and the theme was based on a beautiful story involving paper boats into which participants placed treasured imaginary objects and their dreams, floating them off on the river of life. It was an inspiring choice that brought feelings of wellbeing, hope, inspiration and joy. We could see that on people's faces and from what they said about it afterwards. Exactly what was needed to help bring some beauty through the dance into the space, if only for a short time. The flute was skilfully played by Vijay Venkat with Bisakha bringing so much life, artistry, skill and energy to the proceedings through her dancing and presentation of the theme she brought to us. **Berni Godinho** : Agree it was uplifting Bisakha !

SB, chair Our next speaker is Dr. Mercy Wanduara from Kenyatta University; and she's going to talk about Kenyan basketry. Thank you.

Dr Mercy Wanduara, Department of Fashion Design and Marketing, Kenyatta University, Nairobi presents Kenyan basketry (Ciondo) by women from Central and Eastern Kenya.

Thank you, Sharmi. I would like to talk about basketry, which is commonly known as Ciondo by women from Central and Eastern Kenya.

As Sharmi rightly said, I am an academic. I'm a lecturer. So this is part of a study that I had carried out about the women weavers in Eastern Kenya. I am interested in crafts and as weaving or knitting, or these crafts very therapeutic for even healthy people and more so for people with ailments like dementia.

No governmental support - Kenyan families support each other at home

Unfortunately, in Kenya, we do not have good support from governmental organizations to support such individuals and therefore they are taken care of by families in their homes.



Ethnographic study

So I carried out a study with the aim to find out how women weavers carried out their activities in their home environment. I wanted to find out their hidden stories during the weaving process. These are some of the baskets that the women weave

Objectives

My main objectives were to find out about their “untold stories” which are not known during the weaving process. Because there are very many weavers all over the country, I followed a loosely organized group in Eastern Kenya. I call them loosely organized because they are not registered. They have just formed groups for themselves as acquaintances or friends, and they meet regularly to weave and reminisce about their lives and about whatever they are doing in the community. They live in one village where they are close to each other. Their connection is basically interest in basket weaving. So anyone interested in weaving and lives close to their homes can join the groups. Their objectives are mainly to share ideas about weaving and provide emotional support for each other - any other family issues that they might have.

Weaving to combat isolation

There were men that weave these backpacks are mainly senior citizens, they're elderly; and they are very lonely because their children have all grown and left home, and sadly many of them are widowed. So this is a good exercise to keep them busy and to give company each other. That's me and one of the women, as we discussed in this interview.



This is a group that I interacted with. I spent quite a bit of time with them, several days. I got involved in the activities. The group was formed mainly for socialisation during leisure time. The women meet in the evenings after their days' work to connect and discuss their achievements and their worries, and also to seek solutions to their problems. They have formed unregistered merry-go-rounds, where they make

financial contributions, to help them in times of need. They also meet on open market days, (Tuesdays and Fridays) and on Sundays which is their day of worship.

Environmental practice

Baskets are made using indigenous fibres and also colour. There's nothing that they buy. They make everything from the environment, the processing of the yard involves getting the fibre from plants and spinning by hand.



Members equip themselves and refresh their weaving skills. If somebody has something new that they want to share, this is the opportune moment that they do to educate others. There is always something new to learn from each other, such as placing of the warp yarns to create the required size or the right tension of the baskets

Mutual sales and marketing support



Baskets are sold to family and friends through word of mouth and informal networks amongst the weavers. Members help each other with the marketing of the products that they make. Here they are displayed for sale to the tourist market. They are pretty beautiful



and good for the tourists that visit Kenya. They are sold even out of Kenya..

Members' general welfare

Apart from weaving, the group is involved in the general welfare of its members. For example, because they do not have electricity, they have joined the scheme where they have installed solar power and gadgets, such as television sets, satellite dish, lighting bulbs and mobile phones in their houses. They have also installed rain water, harvesting using plastic tanks which they buy with the money that have pooled together.. They have also pooled resources to enable the government to help them pipe water into their homesteads.



Baskets tell a story

Finally, I would like to say that every single yarn in a basket – either warp or weft - tells a story. The warps tell most stories because they are naturally sourced and are processed from the beginning until they make the final product -the plants are just around them.

Thank you very much. I look forward to interacting with everybody.

SB, Chair Thank you, Mercy. That was so beautiful.

CHAT

Jane Wells : Beautiful baskets Mercy and very interesting presentation.

Rushna :My grandmother used to make baskets like these Mercy, so beautiful. **Mercy Wanduara** : Thank you Rushna

Berni Godinho : Beautiful Mercy ! I picked one up whilst in Kenya and apart from beauty long lasting ! M

Mercy Wanduara Thank you Berni

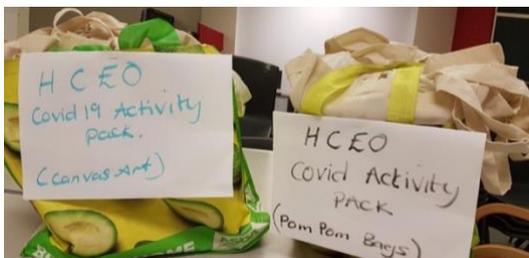
Annapurna Indian Dance : What a lovely project !

Here is the remarkable Australian Aboriginal Iikuntji artists [YouTube](#) published on the [Majkaja Arts Resource Agency](#) website [Arts Centres Keeping our Elders Strong](#).

Margaret Morris, Hackney Caribbean Elderly Organisation, Arts for Elderly Engagement.



Thank you. I'm based in Hackney London and I work for an organization called the Hackney Caribbean Elderly Organization. The main focus of our organization is the wellbeing of our members. I run the arts and crafts workshop and I work with the elderly from the ages of 50 to 103. We do various projects, which includes, woodwork, needlecraft, gardening, ceramics and work on canvas. So it's quite a wide range of things that we do with a mixture of men and women. Some people have dementia, others don't. Their abilities vary.



I'd like to share with you some of the work that they've done. For example, during the COVID times when this was a time when many of our members felt very isolated and it was really difficult for them to see their family and friends or, come to the centre. So we brought the centre to them. I made activity kits and they were delivered by other members of staff, and

members were able to continue through Zoom to do the work that we do in the centre.



Woodwork and ceramics

Here are some of the things that they've done. They work with ceramics. This is a tray, so after they have finished painting their mug and tray, they can have a nice cup of tea.



Needlework

We also do needlework, They made this lovely cushion. It has a practical use, because what I found was that once they have created something, it needs to have a practical use as well. So they can sit on this, for comfort.

We also looked at Aboriginal art,. We discussed it and all the members took part. What I find really helpful is for them to work individually, in pairs and also as a collective group., such as



HCEO Garden

This plaque which we are going to use to open our garden as soon as it's finished.

HCEO annual exhibition at Hackney Museum

Each year members exhibit their work at [Hackney Museum](#). I find that this not only values the work they've produced. This gives them a sense of pride and makes them feel capable..



Caribbean Music and dance

We also have a fantastic time. I've introduced music. In fact, When we have our sessions, I always have music in the background, which gives us a lovely atmosphere. We're looking at music from the Caribbean, from when there were back on the various islands, what music they look and they listened to, how did they dance to it, which is a lot of fun.

African drumming – learning to dance, hear drums speak

Also I invited an African drummer and he brought all his drums and all the members and all the staff - we had visitors that day to come collectively as community and as part of our centre had a fantastic time. We were drumming and learning to dance in the African style as well. During the drumming sessions, it was not just playing the drum, it was also learning about what the drum says. It actually speaks. We had a fantastic time.



The main thing is a passion for what we do - it makes our members enjoy what they do. Thank you for having me on this platform. Thank you very much.

SB, chair Thank you, Margaret. That's wonderful what you do and so interesting to hear.

SB, chair Now Rushna Miah, we look forward to your talk.



Rushna Miah, chair, Herts Asian Women's Association, providing a social prescribing service.

Thank you. Herts Asian Women's Association, based in Hertfordshire, is a grassroots voluntary organization, led and run by Asian women. This was formed in 2008 when we came away from our sister organization the UK Asian Women's Conference,

which is a national organization, because we wanted to do more grassroots, local work in Hertfordshire. That initial conference was formed by a few Asian women who got together because they wanted to help Asian women in promoting and having a voice.

HAWA is a small organization, with about eight management committee members. We have 15 to 20 volunteers who are bilingual and offer their services, within our various projects that we do. We've got to approximate the 150 members at the moment, but our work is county-wide and we do have projects in different areas as well.

We want to help to empower the women and integrate them into mainstream society by building their confidence and having a voice within the society as well. We promote cultural diversity as well.

Aim

We aim to work towards the advancement of women and promote human rights and gender equality.



Objectives

We provide education activities that support women as well, to help develop their self-confidence and enhance their self esteem. We provide opportunities to have a voice and influence change through forums, seminars, meetings, with co-production sessions to influence service development. We hold connection groups to stave off social loneliness; and provide opportunities for women to take a practical part in developing their day-to-day activities and living. HAWA provides information, advice and guidance for any issues our members may be facing.

So at the moment, HAWA runs a range of projects, including the Tiffin lunch club, a community garden, literacy classes, a social prescribing service for ethnically diverse communities, a befriending service, a food bank and more:



The Tiffin Club

Our lunch club for ladies over 45 was formed in 2009, when we found a gap in service provision for Asian women from ethnically diverse communities who were feeling isolation and loneliness. We wanted to bring them together in a safe space where they have a sense of belonging and representation through our coordinators there.

Habiba Community Garden

Our community garden was named after one of our Tiffin Club members Auntie Habiba. It's a community garden within Hertfordshire where our ladies go.



Social Prescribing for Ethnically Diverse Communities

Our social prescribing service supports and advises vulnerable women in the Ethnically Diverse Community about the importance health and wellbeing

- Raising awareness in the community about health concerns such as dementia
- We offer support to women who are diagnosed with early signs of dementia
- We sign post members to other services for accessing additional support such as dementia UK and services offered by local authorities
- Our Tiffin Club offers a social support network to our members
- Tiffin Club members also have access to further advice and guidance and partake in activities aimed to boost health and wellbeing
- The Habiba Garden offers a peaceful and relaxing social environment to our members to enjoy
- We have an online literacy class for ladies to participate and learn English

Ladies can come to us for anything such as benefits, employment, domestic violence issues, or anything to do with signposting them to any other services they require.

Befriending Service

We also offer a befriending service, which was especially beneficial during the pandemic where a lot of the ladies suffered loneliness and isolation. So we formed that befriending service then to help with that, within the social prescribing.

Social Prescribing – food bank

We are also a referral agency for the food bank in central district food bank that we work with, where, if we identify that someone need help with this, we do a referral. We pick up the food pack and we discreetly deliver the food pack to the client as well. so that they're not having to go to a hub to collect their food.

Kickboxing

We also run Thai kickboxing classes for women of all ages. That was formed to enhance women's self-esteem, self-confidence and to make them more aware of how to protect themselves as well.

Literacy classes, refugee and interfaith support

We also run online literacy classes and supporting the refugees, as well as the interfaith.

Bilingual staff

Our staff are bilingual and they interact as well with the other ladies that are there. It's forming, friendships and doing various activities like knitting, crocheting, - they knitted some blankets for the hospital, the children's hospital as well. We also do hand massage and last week they did baking.



Stimulating trips

We take them on trips such as Lavender gardens, Buckingham Palace, places where they would not have visited before. We've done walks with the ladies as well. through Oxfam Herts Hike, just to empower and encourage the ladies because initially there's an apprehension, *oh, we can't do that*. But, by handholding them, they did a three-mile walk. Then they did a five mile walk in between. We had a picnic in the field, it's just having that sense of community actually and, being comfortable where they are.

One of the ladies said the Tiffin club is like a lifeline for them for her. It's helping her with her mental health and her wellbeing as well.

Life Coach

I am a life coach as well. I'm a life coach. And one of the things we do with it when we get together with the ladies at the Tiffin club is to talk about how they're feeling their wellbeing, what kind of things that they want us to bring in as well, like service providers, such as Dementia UK, diabetes, and things like that.

Queen's Award for Volunteer Services 2022

HAWA won the Queen's Award for Volunteer Services this year. We are immensely proud because of the number of work that we do and our volunteers as well.

CHAT Rushna Miah : www.hawaherts.co.uk Please visit our website to see what we do

SB, Chair Thank you. Now that's fabulous. Congratulations for winning the Queen's award.

SPEAKER DEBATE

DR Sharmi Bhattacharyya, chair

This has been a fabulous event. I'll open up the debate for about 15 minutes. Some of the things I took from today is How do we celebrate cultural diversity in preserving brain health, -by being inclusive, equitable, representative, finding safe spaces, belonging. Those were the points raised today. So I'll open it up. I think Dr. Bhaskar, you spoke about loneliness. That is a huge thing we face here; and I think all these projects support the social prescribing model and not the medical model, which we are so used to in all of our minds, especially as doctors

Dr Sonu Bhaskar

Thank you, Dr. Bhattacharya. Primarily when I look at it, it's about respect. Belonging is about respect, I think, when people feel that they are respected and there is a sense of empathy, that we are listening to you, that three minutes of listening, which we all doctors studied in medical school, but hardly practice. * I think that three minutes of conversation and letting patients talk through their journey and their experiences really matters. That shows what Arianna Huffington, founder of the Huffington Post talks about, compassionate directness, ie you're compassionate but you can still be direct, understanding what patients believe that have the best of heart in while caring for them. So I think that also gives patients a safe space of belonging that they feel safe with you and their care providers and caregivers. I think, if we can bring that integrated care where we are talking to everyone in between all the social prescribers, a link the evangelists out there and everyone in that entire

continuum we should be talking to each other. And if we put patients, no matter which community they belong right at the centre of that debate, I think we will be able to give the best of optimal care for our patients.

***CHAT VFG** response to Sonu: In the UK, because GPs have a ten-minutes limit, social prescribing linkworkers were introduced, with more time - 30 mins to an hour, to listen and establish what matters most to patients, their strengths, needs and weaknesses and what they would most like to do for their wellbeing – and empower them to take up local activities of interest, to help preserve their brain health

Rushna Miah, HAWA

What Sonu said really resonates, and it's really important for them to be listened to. That's what we provide at the Tiffin Club, space where they can express their feelings and views. I think that's really important, and we have carers that come as well; and for them, it's their me time away from that caring role, thinking about themselves, having that space is really important.

Social prescribing is one of the things that we do as an advice and guidance service. In Hertfordshire, we have HertsHelp, but that's for everyone to access. Unfortunately, the data statistics show that the uptake from the Asian community and the ethnic diverse community is quite low. I think that's because of the lack of representation and lack of cultural understanding, that this is a low uptake, which is why HAWA formed their own ethnically diverse social prescribing service.

Kadria, Thomas, gospel choir leader

Call to embed arts on prescription – for cultural identity and wellbeing

I just wanted to say, but for people with a clinical condition sometimes – I don't want to call them patients – ‘people’ involves their families go through everything in the system, - it's very clinical and not v often that you actually get to feel at ease going from the start of a process to the end of it. That's I really think where the arts shine.

We've seen video clips of pianos in train stations and so on. It would be lovely if the NHS - any medical establishment – actually has that provision for people to feel safe and to have a representation of their culture, of who they are. I know it's a big task, but I think for us to succeed, to actually feel good about the way that we treat our elders ourselves, and the generations to come ,is to have more of the arts, more of the wellbeing and the holistic approach to the way we interact with one another. Somewhere along the line, we lost that tradition of making art. It was in every single family, every single community as far back as you can remember.

Intergenerational holistic integration of arts and nutrition

On a trip to Vancouver in 2002, we ended up, which was my delight, actually living with a First Nation people, who had no rights, they had no voice. We did a workshop there with children, and as we were workshopping and singing music with the children, the elders were bringing their food and putting it in ovens in the same space. So we're singing and smelling this food cooking – I mean, how amazing was the experience for us? It was a multipurpose thing which automatically brought the community together. During the singing, people were eating, people were drinking, we were sharing stories. I think that holistic approach opens up the door. I wish we had more like that across the country and globally really.

SB chair Thank you

Margaret Morris, Hackney Caribbean Elderly Organisation

It's such a wonderful platform to be able to share all these ideas and what we do. As, for example, in my centre, it's wonderful when you see the progress in our members, some who are quite in a shell and the way they bloom interacting with one another, getting engrossed with the work that they do.

Intergenerational baking

We will also integrate the elders with the younger folks. I have found that it's a growing thing. Where before my time, the elders and the youngsters did things together they don't necessarily do that now. So we went to an event where all the elders taught the young people, how to bake traditional cakes and things like that. So it's a matter of them feeling good about themselves, it's as a matter of all of these things, the music, everything just enables one to feel valid and secure.

SB, chair Thank you, Margaret.

Bisakha Sarker, Indian dance

I think we artists always love to talk about the work that we do, because that is really so exciting and it is a real thing that's happening. But I would like to pick up some of the points that Arti Prashar brought in, which are really important, which is a profile raising, having more heritage projects to collect. How we have reached where we have reached is really an important legacy and something to chronicle and more importantly, building the workforce. so that younger artists, new artists who are coming, how to excite them. We really need to pay attention to them.

Arts to preserve brain health, relieve stress, from the onset of symptoms

And most of all, I think some of the things that Veronica was very passionate about is the pre-diagnosis stress for the family. Somehow we have not mentioned it And organizations that I know of Balbir Singh Dance Company in Yorkshire who are actually active with social prescribing, if they can extend or somehow include those families and people who are having that horrible real stress from pre-diagnosis tension. So I thought that it's really important for us to mention that area in discussion.

SB, chair Thank you a very important point raised. I think the legacy of culture and how we preserve it is very important.

<p>CHAT Annapurna Indian Dance : it is true the younger artists need to be encouraged to take on this side of dance work. Rightly said Bisakha</p>

Dr Mercy Wanduara, Kenyan basketry by women from Central and Eastern Kenya.

Thank you, Sharmi. for me, first of all, thank you for having me here. I said earlier that in Kenya we do not have organized groups where we take care of the ill, the elderly, They are taken care of in the family. I've really gotten good information and help is very well linked to the arts. Arts are helping the sick and elderly people. We do it in the families in Kenya, but I didn't see it the way I've seen it today. And I'm really delighted that I got into this, and I hope I can get into more of these discussions because they're interesting. And I think they should be well documented to help countries like ours, where we do not have the organizations like old people's homes or other facilities where we take care of the seniors. Thank you.

SB, chair Thank you, Mercy.

SB, chair Maki, is there anything you wanted to highlight?

Maki Sekiya, Japanese concert pianist

There are a lot of things that I've learned in today's meeting. Thank you so much. I've been thinking about some building a community where different generations can meet through the music and maybe to share. As an educator with my husband, we teach a lot of children and we would like to bring these talented children to a more diverse community and audience, to share, for example, to more activities, organize concerts, maybe in care homes and do more outreach. So, there are a lot of things I could learn from today's conversation, I could pick up and build on practice, bring the younger and older generation cooking together or sharing an experience or singing, which has been mentioned. Also, I think we would as a generation - because I'm in the middle between the older and younger generation, so I would like to contribute more, as everybody else in this meeting today.

SB, chair Thank you. One last point from Sonu

Dr Sonu Bhaskar

Thank you. Dr. Bhattacharyya, just some final comments I've been listening to this quite inspiring.

Culturally appropriate art interventions

If I may add that while designing social prescribing, we should think about, culturally appropriate, culturally inspired interventions. When I say culturally inspired interventions, as I walk into my hospital here or in a neighborhood and there are these beautiful paintings by Aboriginal artists. As you know, aboriginal paintings are inspired by their communal living; and that is such a safe space to give patients and people who walk through that space. So thinking about health systems that are involved and inspired from culturally diverse backgrounds, that will be one suggestion that I could make.

Prevention - salutogenesis

The second one is that I think we need to think about moving from the perspective of treating disease, to prevention – the salutogenesis approach to interventions. As we have heard from Rushna, she talked about hand-holding patients taking community members into those places. That's why it's important to be sensitive to those needs and being mindful of what we can do and the change that we can bring.

I congratulate all of you for what you do in the community.

SB, chair Thank you, Veronica, for giving me the opportunity to chair this wonderful event. Absolutely fascinating what's been going on.

Veronica, Arts 4 Dementia

Thank you, Sharmi. You always been an inspiration, both in Wales and, and through your editorship of *The Old Psychiatrist*. Your understanding is ever motivating; and we especially valued your guidance today when Karan, couldn't speak due to COVID. To have you give South Asian diagnostic advice was terrific. Thank you all, speakers and delegates old and new. We shall be continuing the dialogue in our ongoing Arts for Brain Health webinars. As Bisahka said, my passionate desire is to help steer the way to bridge the pre-diagnostic gap, provide support, which social prescribing can offer to people, when they're beginning to have symptoms and are terribly worried that it might be a dementia. Even if it isn't, the arts are so good for them. The great thing about culturally diverse

communities is that they/you look after loved ones with dementia – a term many do not use., preferring simply to refer to their ‘brain condition’ like a ‘heart ‘condition. Arts activities for elders include them even when symptoms arise or continue. Looking for gospel singers, I actually heard about Kadria, whose choirs include elders, through her Together Dementia Gospel Choir signposted on the Arts 4 Dementia website – lovely to know that the stimulation of gospel singing continues to preserve brain health.

Thank you so you all for generously giving time to share your expertise and insights; and many congratulations on your inspired and empowering work. I should once again like to thank Amisha for her magnificent technical support – not least licking the recording into shape – and to my brother Nigel Franklin for his constant support – despite COVID today.

Our next webinar on September 6th will be hosted by the Global Brain Health Institute - uniquely in his series, focussing on their Atlantic Fellows’ post-diagnostic work. In October, back to arts to preserve brain health pre-diagnosis, we shall address disabled and digital access; and we shall end up with a webinar in partnership with the Global Social Prescribing Alliance. Meanwhile, thank you to our speakers for sharing your expertise and to our delegates from near and far for joining us. We look forward to seeing you again on 6 September

It's amazing. Thank you so much, Veronica for organizing this. This is fantastic.

And it's lovely to see now because it was in the dark before.

CHAT

Holly Marland : This has been a wonderful event. Thank you to all the speakers and to Sharmi for chairing. Thanks also to Veronica for bringing us all together.

Qetnefert Khema Netri : Thank you the organisers, hosts and presenters very enlightening, inspiring and truly uplifting.

Thanh Sinden This has been so great to hear all this wonderful arts diverse and inclusive, creative culture and health work. Thanks for the invitation.

Mercy Wanduara : Good work Rushna **Rushna** : Thank you Mercy

Kate White : Thank you so much to ALL speakers and to Veronica for making it all possible.

Balbir Singh : Lovely inspiring stories. Great to hear.

Jacqueline Anne Bruce : Thank you so much to all speakers and for Veronica for making it possible.

Andrew : Thank you Veronica for making this zoom meeting possible Best Wishes Andrew

Annapurna Indian Dance: It was all very informative and useful to know such great work happening done across the globe.

Berni Godinho: Listening to the folks that come to you ! So connecting with them in their stories makes them feel respected and heard and empowered

Karen : Thank you so much! the platform has been inspiring.

Verity : Thank you soo much and hearing the amazing work and connections to create meaning

Miah : www.hawaherts.co.uk Please visit our website to see what we do. Thankyou so much and for being part of today's platform

Sally Medlyn : Thanks so much to all the speakers and organisers for such stimulating discussion. Inspiring session, thank you all for sharing your stories. Looking forward to reading up more about all these projects!

Beatrice Walker : Thanks for a great session - can you share the links to each of the projects after the session? [VFG Delighted, here is the typescript with links].

Qetnefert Khema Netri : Thank you to the organisers, host and speaker very uplifting and inspiring.

Tracey Lilley : Thank you involved in organising this fabulous webinar, some wonderful projects 😊

Sarah Lasenby : That was very interesting many thanks

Ana Sanchez : Brilliant work, speakers and organiser, congratulations. Thank you all so much!

Lisa Merryweather : Thank you very much **Mercy Wanduara** : Thank you all

Kadria Thomas : thank you everyone I love this, more more more please.

Berni Godinho : Thank you so inspiring and wonderful to be hear to see all the great work that you are doing
Amisha Parmar, A4D The Webinar today has been truly amazing and I really enjoyed it.