



VERONICARTS  
Arts for Brain Health



Arts 4 dementia  
Empowerment through  
artistic stimulation

LIVE LONGER BETTER

*Global Social Prescribing*

*The A4D Arts for Brain Health Debates 2021-22*



Hosted by Veronica Franklin Gould  
President of Arts 4 Dementia

In association with

Professor Sir Muir Gray

Director of the Optimal Ageing Programme at The University of Oxford

and

International Longevity Centre

Global Brain Health Institute

Global Social Prescribing Alli



HSH Dr Donatus, Prinz von Hohenzollern,  
Patron of Arts 4 Dementia

I wholeheartedly support A4D's global campaign to raise awareness of the vital role of social prescribing to preserve brain health through the power of music and the arts.

Global advances in social prescribing since Arts 4 Dementia's conference, "Towards Social Prescribing as Diagnostic Practice for Dementia" (2019, Wellcome Collection) have been phenomenal. It has been a privilege to work with policymakers, scholars and practitioners in, culture, heritage, health and wellbeing across the world – and people living the experience closer to home – in our campaign to raise awareness of the vital role of engaging in cultural and creative activity to preserve their brain health.

Social prescribing enables GPs to refer patients to arts earlier than ever before – crucially, from the onset of symptoms – to ease isolating strain in the years leading to diagnosis of our most feared condition. Where possible, let's avoid the use of the stigmatizing term, *dementia*.

The concept of preserving brain health is empowering. Involvement with arts of personal choice, making discoveries, learning, enjoying a sense of wonder, sharing new skills in a cultural group can transform the experience and is worth fighting for. NICE recommends social prescribing to leisure activities post diagnosis, but why wait, why endure agonies, when the great Creative Health movement has much to offer. Our hope is therefore that NICE will introduce an amendment to refer patients to weekly re-energising arts and wellbeing activity at their initial assessment.

The Creative Health movement, the new National Centre for Creative Health and indeed our own A.R.T.S. for Brain Health: Social Prescribing transforming the diagnostic narrative for Dementia: From Despair to Desire, aroused such interest in 2021 that to open the dialogue wider, we have been running a series of increasingly global webinar debates. Sir Muir Gray, Director of the Optimal Ageing Programme at the University of Oxford chaired the first, remarkable debate between our A.R.T.S. for Brain Health conference chairs, Professor John Gallacher, Professor of Cognitive Health at The University of Oxford and the NHS National Clinical Director for Dementia and Older People's Mental Health Professor Alastair Burns. With Muir as co-host, 141 speakers contributed to debates addressing individual art forms, nature and heritage, cultural diversity and disability and the funding of arts on prescription.

It has been an honour to partner debates with the International Longevity Centre, tGlobal Brain Health Institute and Global Social Prescribing Alliance.

Special thanks are due to our A4D patron HSH Dr Donatus, Prinz von Hohenzollern, who has given encouragement every step of the way and to Sir Muir, who has spurred us on at each debate. To have the support and direction of the NHS Chief Knowledge Officer and author of *Increase your Brainability and Reduce your Risk of Dementia*, (2021, Oxford University Press), you simply have to spring into action.

Veronica Franklin Gould  
President, Arts 4 Dementia

2023

## Speakers Said . . .

---

**The Rt. Hon. The Lord Howarth of Newport, Co-Chair, All-Party Parliamentary Group on Arts, Health and Wellbeing:** This is a time to consider new approaches and policies reflecting our humanity. We believe that SP of Creative Health, Arts for Brain Health activities can help forge stronger bonds in society. Shared creative activities can mitigate loneliness, strengthen mutuality and develop community resilience.

**Professor John Gallacher, Professor of Cognitive Health at The University of Oxford and Director of Dementias Platform UK:** What we want to focus on is how arts for dementia can assist us as our brain changes with age – to go right back through our lifestyle, so that we are protected against cognitive decline and neuropathology. We're really talking about is brain health, where people are taking as much care of their brains as they are of their muscles, of their heart and of their liver. (D1: [The Science](#)).

**Professor [Alistair Burns](#), NHS National Clinical Director for Dementia and Older People's Mental Health:** Fantastic to hear the scientific evidence. To see those improvements that can be made and that Arts 4 Dementia has codified, are clear – the huge potential for arts, looking at dementia and difficulties with memory. It's something that everyone can enjoy, which is key. It can be personalised. It can be done with a relatively modest investment. It can be done easily and well. (D1: [The Science](#)).

**James Sanderson, Director of Community Health and Personalised Care, NHS England: and NHS Improvement:** We've seen not just the growth of SP around the world. We know how beneficial arts activities are for our health and wellbeing – in particular, for our brain health. I'm really pleased that we've brought all these pioneering opportunities and entrepreneurial spirit together with what is now a solid infrastructure within healthcare systems. ([Conference](#))

**Dr Michael Dixon, Chair of the College of Medicine, NHS National Clinical Champion for Social Prescription:** We've got to start looking at how the arts are part of preserving brain health, of making people's lives more fulfilling, and reducing the rate at which people develop memory problems. It is crucial if you're a GP to go in early – in the first place – to make sure that your patients, or you yourself take a real interest in the arts as something that can keep your brain developing and going. ([Conference](#))

**Fergus Early, Artistic Director, Green Candle Dance** *You dance in your head.* Dance involves much brain power – creativity, taking decisions, solving problems, calculating, spatial relationships at speed. If people are widely offered the chance to dance in older age, we can look forward to a time when older people are no longer regarded as a burden, but rather, the truth is that they can be and are an inspiration. (D2: [Brainability and Dance](#)).

**Katie Derham, BBC Broadcaster:** What we all have here a fervent belief that music can transform people's physical and mental health. We have a sense of what programmes are out there, how they work, how more people can access them and how we can campaign at a policy level for music to be made more central to our lives. (D3: [Music](#)).

**Professor Sir Muir Gray CBE:** It's tremendously exciting. The evidence is very strong now that we can prevent, delay, slow down and even reverse, in some cases, dementia. To do this we have to increase activity – physical, cognitive and emotional. Few ways better of doing that than through drama. (D4: [Drama](#)).

**Christopher Bailey, World Health Organisation:** Boy, I so much want to just speak with the previous speakers because they've spurred so many ideas in my head. Wellbeing in Alzheimer's cannot be measured in terms of the cure. It's measured in terms of moments of peace and moments of coping. By engaging in the arts, you can provide opportunities to help people cope, to achieve the highest degree of their abilities to be productive and helping form a sense of community. (D5: [International](#))

**Dr Gail Kenning, University of New South Wales, Australia** It's so important the conversation that we're having here, the profound value of art that stands outside of the clinical, the medical, as a different way of engaging with issues. My approach has primarily been about how art can be used to overcome stigma and to show agency of

## Speakers Said . . .

---

people with dementia, to promote normalcy. There's a way of engaging prior to a diagnosis, Art can help at that point and allow for continuity after diagnosis. (D5)

Francesca Rosenberg, Director of Community, Access and Schools Programmes, Museum of Modern Art. (MoMA), New York, USA. It's a great pleasure to be a part of this important event At MoMA we love the idea of working with doctors and nurses and social workers to have them prescribe our programming as part of an individual's treatment. We know that conversations about art can be a jumping-off point for deeper connections, as well as a way to make meaning and space for reflection. (D5: Int),

Professor Brian Lawlor, Professor of Old Age Psychiatry at Trinity College Dublin. Co-Director of the Global Brain Health Institute, Ireland & California, USA. Creativity can be a very powerful prescription to improve brain health in both the people living with dementia and those at risk of dementia. But we do need to merge arts and science and unite scientists and practitioners to create the evidence base that convince policymakers, that imagination and the arts are critical for human flourishing survival and for brain health and help turn the fear and stigma of dementia inside out. (D5: Int).

Professor Semir Zeki, Professor of Neuroaesthetics, University College London The experience of beauty – musical, visual, mathematical beauty or beauty from sorrow or from joy – activates the medial orbitofrontal cortex. That part of the brain puts people in a good state, healthy state, euphoric state. What has come out today is the implicit realization that activity involved in the arts has an organic effect. It concentrates the brain in achieving the satisfaction of the pleasure principle. (D6: Visual Arts)

Dr Desi Gradinarova, Senior Policy Advisor, Wellbeing & Inclusion Strategy, Historic England. NASP Historic Environment Lead There is growing evidence that more frequent cultural engagement is linked to better memory and ability to perform cognitive tasks, while heritage and creative activities have a role to play in increasing creativity and stimulating brain health and imagination. (D7: Heritage and Nature)

Dr Lucy Loveday, Associate Dean, Faculty Development Innovation and Performance, Health Education England. People can feel held by nature and feel this sense of belonging and this opportunity to reconnect with a part of yourself that perhaps you've lost or forgotten. Embrace the beauty, the huge transformative potential of the natural environment for your health and wellbeing. (D7: Heritage and Nature).

Professor Catherine Loveday, Professor of Cognitive Science, University of Westminster. Language has been rated as one of the top measures – one of the top predictors of quality of life is when people have language loss. So it's really important to try and preserve language. (D8: Poetry and Creative Writing).

Kadija Sesay, literary activist, poet founder of tInscribe Black writers programme, of SABLE Litmag. Co-founder of Mboka Festival of Arts, Culture and Sport in Gambia People came from different cultural backgrounds. We learned so much at the workshops, from people who were at Grenfell, just to find out what linked them to those images or the particular culture. (D8: Poetry and Creative Writing).

Dr Sonu Bhaskar, CEO, Global Health Neurology Lab in Sydney, Australia: To give you a flavour on where SP sits within neurology here, our lab is dedicated to promoting health and preventing diseases,. We address pressing global challenges with a focus on low resource settings and disadvantaged communities; and develop low-cost, open-source and scalable, innovative solutions. (D9: Cultural Diversity)

Dr Mercy Wanduara, Kenyatta University, Nairobi, presenting basketry (Ciondo) by women from Central and Eastern Kenya. I'm delighted that I got into this, and I hope I can get into more of these discussions. 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. (D9: Cultural Diversity).

Professor Brian Lawlor, Co-Director, Global Brain Health Institute, Dublin and San Francisco. GBHI is passionate about arts and creativity and the potential for arts to impact on brain health and dementia prevention. It is so important to bring scientists and artists together, to train together, work and share expertise together. (D10)

## Speakers Said . . .

---

**Ieva Petkute, Lead of [Association, Dementia Lithuania](#):** Visual stories expand our knowledge about how health and social care services meet needs, what the gaps are, and how we can build knowledge about the nuances of people's experience that are often overlooked when we implement research only in traditional ways. (D10: GBHI).

**Maritza Pintado-Caipa, neurologist, Peru:** It is almost painful to talk about the brain when people have other priority needs, like food or clean water. I am trying to assess cognitive functionality of those living in rural communities in the jungle and the Andes. I strongly believe that we should use art to preserve the brain and for cognitive assessment in rural communities. (D10: GBHI).

**Kamran Malik, CEO Disability Rights UK** The arts have a significant role to play in changing narratives, in creating inclusive practices and environments that value our human difference. By doing so we are better as a society. Inclusive thinking, planning and performing is the world I want to see.' (D.11: Disability Arts)

**Dr Rashmi Becker MBE, Founder of Step-Change Studios, Board Champion for Equality, Diversity and Inclusion, Sport England** People talked of the value of arts transcending boundaries of language, the multi-sensory experience ... advocacy, disability, justice, stigma, challenging perceptions, dependence, independence, interdependence, social prescribing and system change. (D11: Disability Arts)

**Martin Robertson, living with Post Cortical Atrophy:** One day at Alzheimer Scotland, I was having a foggy day. I put on ta VR headset. A whale suddenly came towards me. My brain became alive. Everyone saw my body straighten up. They were amazed at how quickly it had happened. The feeling kept going for a few days. I use VR a lot. (D.12: VR & Live-Streaming)

**Kunle Adewale, artist. Arts for Brain Health Nigeria. Founder of [Global Arts in Medicine Projects](#).** There are no elderly friendly services in Nigeria. We see decreased functional independence and elder abuse is rampant. In creating a fairer, healthier and equitable world, digital technology is fundamental for seniors. Using VR for the elderly and vulnerable population will make them enthusiastic about life. (D12: VR)

**Rebecca McGinnis, Senior Managing Educator for Accessibility, [Metropolitan Museum of Art, New York](#)** Multi-sensory experiences that centre on art is a hallmark of our programming. I want to focus on that, and how that affects accessibility, inclusion for all audiences with and without disabilities, and why is this important

**Professor Kheng Hock Lee, Director, Deputy CEO, SingHealth Community Hospitals. Singapore.** Art activity allows our patients to express their emotions and explore meaning, to communicate and it improves their self-esteem and confidence. We are convinced that art activity should be very much a part of social prescribing.

**Dr Bogdan Chiva Giurca Development lead, GSPA. Founder of the SP Champion scheme.** SP provides hope for the future generation of healthcare professional. I invite you all to break those barriers in those perceptions, amongst the future generation of healthcare professionals. we will be discussing its SP around the world.

**Mags Patten, Executive Director, Public Policy and Communication, ACE.** Veronica's focus on fostering wellbeing implied by that concept of brain health is an important starting point for us. This broad space of stronger, happier creative communities is where enormous gains can be made. Our Creative Health and Wellbeing Plan leads to a position where Creative Health is a fundamental part of living well for communities and globally. It directs us to tap into shared priorities across funders, and the health and social care sector. It also directs us to widening engagement with creativity and culture with a focus on those who experience barriers to access, supported and informed by data on health inequality. This way of working represents a really fundamental shift away from health projects as additional activity, towards viewing health and wellbeing as germane to the cultural sector's purpose. (Conference)

**Joshua Ryan, Head of the Thriving Communities programme at NASP:** Shared investment, with a three-year funding cycle, you're much better able to track impact and grow the work – that's where we're looking going forward.

## The Debates

---

<b>1.</b> The Science, Evidence and Importance of Arts for Brain Health	11
<b>2.</b> Increase Your Brainability and Dance to Preserve Brain Health	25
<b>3.</b> Music for Brain Health	44
<b>4.</b> Drama for Brain Health	64
<b>5.</b> International Social Prescribing Day: Arts for Brain Health	84
<b>6.</b> Visual Arts for Brain Health	119
<b>7.</b> Heritage and Nature for Brain Health	142
<b>8.</b> Poetry and Creative Writing for Brain Health	175
<b>9.</b> Cultural Diversity in Arts for Brain Health	201
<b>10.</b> Co-Creating Arts for Brain Health: A global perspective	224
<b>11.</b> Disability Arts for Brain Health	257
<b>12.</b> VR and Live-Arts Streaming for Brain Health	294
Global Social Prescribing: Arts for Brain Health Conference	330
Speaker Biographies	384

---

## Abbreviations

APPGAHW	All-Party Parliamentary Group on Arts Health and Wellbeing
CHWA	Culture Health and Wellbeing Alliance
GM	Greater Manchester
GSPA	Global Social Prescribing Alliance
GBHI	Global Brain Health Institute
ICS	Integrated Care Services
ILC	International Longevity Centre
NASP	National Academy for Social Prescribing
NCCH	National Centre for Creative Health
NHS, NHSE, NHSI	National Health Service, NHS England, NHS Improvement
PCN	Primary Care Network
RCT	Randomized Control Trial
SP	Social Prescribing or Social Prescription
SPLW	Link workers or Social Prescribing Link workers
SPN	Social Prescribing Network
TC	Thriving Communities (NASP)
UCL	University College London
VCSFE	Voluntary, Community, Faith and Social Enterprise
VR	Virtual Reality
WHO	World Health Organisation

# The Debates

Hosts: Veronica Franklin and Sir Muir Gray

---

## 1. The Science, the Evidence and the Importance of Arts for Brain Health

Chair: Sir Muir Gray (Director, Optimal Ageing Programme, The University of Oxford), Professor Alistair Burns (NHS National Clinical Director for Dementia) and Professor John Gallacher (Professor of Cognitive Health, The University of Oxford Director, Dementias Platform UK).

## 2. Increase Your Brainability and Dance to Preserve Brain Health

Chair: Dr Charles Alessi (Senior Advisor to Public Health England), Sir Muir Gray, Fergus Early (Green Candle Dance), Dr Bogdan Chiva Giurca, (GSPA, SP Student Champion Scheme)

## 3. Music for Brain Health

Chair: Katie Derham (BBC Broadcaster) Dr Bogdan Chiva Giurca, Dr Iban Tripiana Sanchez GP (Spain), Phil Hallett (Coda Music Trust), Grace Meadows (Music for Dementia), Victoria Hume (CHWA), Sian Brand.

## 4. Drama for Brain Health

Chair: Dr Peter Bagshaw GP (SW Mental Health Clinical Network) Dr Sheila McCormick (University of Salford), Andy Barry (Royal Exchange Theatre, Manchester), David Workman (Southwark Playhouse), Machteld De Ruyck (Leeds Playhouse), Jenny Marshall and Bee Busell (Open Age), Anna Woolf (London Arts in Health), Liza Jarvis (SPN).

## 5. International Social Prescribing Day: Arts for Brain Health

In partnership with the International Longevity Centre.

Chair: Baroness Greengross, A4D patron and Chief Executive, ILC James Sanderson, Dr Gail Kenning (Australia), Professor Brian Lawlor, GBHI (Dublin and California), Christopher Bailey (WHO), Alexandra Coulter, Francesca Rosenberg (MoMA, USA), Edith Wolf Perez (Arts for Health Austria), Professor Ruth Mateus-Berr (University of Applied Arts Vienna), Dr Bogdan Chiva Giurca, Professor WanChen Liu, Taiwan), Wei-Tung Chiang, University College London.

## 6. Visual Arts for Brain Health

Chair: Professor Martin Orrell (Director, Institute of Mental Health, University of Nottingham) Professor Semir Zeki (Professor of Neuroaesthetics, UCL) Professor Helen Chatterjee (UCL Biosciences and UCL Arts and Sciences) Sue Mackay (CHWA, Thackray Museum), Ruth Salthouse (Linking Leeds), Pam Charles (Leeds Black Elders), Jessica Santer (Art by Post), Kate Mason (The Big Draw), Holly Power (The Wallace Collection), Hamaad Khan.

# The Debate Speakers

---

## 7. Heritage and Nature for Brain Health

Chair: Dr Desi Gradinarova (Historic England)  
Dr Lucy Loveday (Associate Dean, Faculty Development Innovation and Performance, Health Education England), Deborah Munt (CHWA), Katrina Gargett (Archaeology on Prescription), Julie Hammon (Stepping into Nature, Nature Buddies), Caroline Gibson (Green Scripts, Australia), Alistair Tuckey (Durlston Country Park and National Nature Reserve), Elena Tutton, (Dorset Council, Wellness Nordic Walking).

## 8. Poetry and Creative Writing for Brain Health

Chair: Professor Lynne Corner, Director of VOICE and COO, UK National Innovation Centre for Ageing, University of Newcastle)  
Professor Catherine Loveday (University of Westminster), William Sieghart (Forward Thinking), Kadija Sesay (literary activist, poet, SABLE Litmag), Kate Parkin (CHWA, Equal Arts), Daisy Barrett-Nash (poet), John Deutsch (Writers at Play participant), Cheryl Moskowitz (poet, novelist), Nabeela Ahmed (poet), Justyna Sobotka (Healthy London Partnership).

## 9. Cultural Diversity in Arts for Brain Health

Chair: Dr Sharmi Bhattacharyya (Betsi Cadwaladr University Health Board)  
Dr Sonu Bhaskar (Director, Global Health Neurology Lab Sydney, Australia).  
Thanh Sinden (CHWA, Chinese Centre for Contemporary Art), Maki Sekiya (Japanese pianist. Japanese Green Chorus). Arti Prashar (artist and drama practitioner), Bisakha Sarker (Chaturangan South Asian Dance), Dr Mercy Wanduara (Kenyan basketry), Kadria Thomas (Gospel choir leader), Margaret Morris (Hackney Caribbean Elderly Organisation), Rushna Miah (Chair, Herts Asian Women's Association)..

## 10. Co-Creating Arts for Brain Health: A global perspective

In partnership with Global Brain Health Institute

Chair: Brian Lawlor, Professor of Old Age Psychiatry, Trinity College Dublin. Deputy Executive Director, Global Brain Health Institute.

*GBHI Atlantic Fellow Presentations:*

Kunle Adewale (Nigeria), Dr Nicky Taylor (Leeds Playhouse), Ieva Petkute (Lithuania), Carlos Chechetti (Brazil), Maritza Pintado-Caipa (Peru).

Panel chair: Professor Ian Robertson (Co-Director, GBHI), Lenny Shallcross (World Dementia Council), Glenna Batson (Duke University, North Carolina, USA). Maud Hendricks (Outlandish Theatre, Dublin), Dr Bogdan Chiva Giurca.

## 11. Disability Arts for Brain Health

Chair: Dr Rashmi Becker (Sport England. Step-Change Studios).  
Kamran Mallick (CEO, Disability Rights UK), Dr Michelle Howarth (SPN), Dr Lucy Burke (Centre for Culture and Disability Studies), Nabil Shaban (actor, co-founder, Graeae Theatre), Fleur Derbyshire-Fox (English National Ballet), William Ogden (Decibels, music for the deaf), Rebecca McGinnis (Metropolitan Museum of Art, New York), Furrah Syed (Visual arts for the blind), Dr Beverley Duguid, InsightMind (poetry for the visually



# The Debate Speakers

---

impaired) Jan-Bert van den Berg (Artlink Edinburgh and the Lothians), Ruth Fabby, Disability Arts Cymru.

## 12. VR and Live-Arts Streaming for Brain Health

Chair: Sir Muir Gray, Director of Optimal Ageing Programme  
Martin Robertson (living with Posterior Cortical Atrophy), Charles King (Rovr Systems), Professor Khalid Aziz (Aziz Corporate). Michael Blakstad, (Digital media access for care homes). Claire Sandercock (The Eden Project), Kunle Adewale (Creativity and Digital Equity for Nigerian Seniors), Rosa Corbishley, (Bristol Beacon / LSO Live Streaming), Suzannah Bedford (Armchair Gallery), Douglas Noble (Live Music Now), Lisa Sinclair (Scottish Ballet), Bisakha Sarker (Live streaming dance).



## Global Social Prescribing: Arts for Brain Health Conference

In partnership with the Global Social Prescribing Alliance.

Keynotes: The Rt. Hon. The Lord Howarth, Chair of Trustees, NCCH  
Dr Michael Dixon (NHS Clinical Champion for SP),  
Dr Michael Dooley, College of Medicine, introduces  
James Sanderson Director of Community Health and Personalized Care, NHS)

GSPA chair: Dr Bogdan Chiva Giurca. Hamaad Khan

A4D Model: Ronald Bennett, Veronica Franklin Gould.

SP Pathway chair: Sian Brand (Co-Chair SPN)

Sian Slade (Australia), Professor Kheng Hock Lee (Singapore)  
Professor Sonia Dias (Portugal).

Arts on Prescription Pathway chair: Alexandra Coulter, Director, NCCH:  
Maddalena Illario (Italy), Edith Wolf Perez (Austria),  
Sonia Hsiung and Melissa Smith (Canada).

Funding chair: Tim Anfilogoff (NHS)

Chris Easton (Director of Strategy and Impact, NHS Charities Together)  
Mags Patten (Executive Director, Public Policy Arts Council England),  
Joshua Ryan, (Head of Thriving Communities, National Academy for Social Prescribing)



Social Prescribing campaign picture by Jane Frere, *D-Iagnosis: From Despair to Desire – The Arts to Preserve Wellbeing*, commissioned by Arts 4 Dementia, 2019.



## DEBATE 1

# “The Science, The Evidence and The Importance of Arts for Brain Health”



LIVE LONGER BETTER



# Debate 1

---

## “The Science, The Evidence and The Importance of Arts for Brain Health” (Tuesday 2 November 2021)

Hosted by Veronica Franklin Gould, President, Arts 4 Dementia, this is the first of a series of monthly webinar debates between leaders in dementia, dementia prevention, SP, creative health, culture, health and wellbeing to guide actions to effect social change – enable and empower people from the onset of symptoms, to preserve their brain health and resilience in the community through engaging in social arts activities.

### CHAIR

- 12** **Sir Muir Gray**, Director of the Optimal Ageing Programme.at The University of Oxford

### SPEAKERS

- 12** **Professor John Gallacher**, Professor of Cognitive Health at The University of Oxford. Director of Dementias Platform UK
- 16** **Professor Alistair Burns**, National Clinical Director for Dementia and Older People’s Mental Health for NHS England and NHS Improvement

**VFG, host** Thank you for the knowledge you are about to share.

Many of you here today, from all over the UK, from New Zealand, Uzbekistan, Turkey, Ireland, Canada and the United States, will know something of our Arts 4 Brain Health programme to bridge the gap, those isolating, fear-filled months / years leading to a potential dementia diagnosis. Some ten million people around the world are diagnosed each year.

Thanks to NHS SP, GPs can now refer patients at the onset of symptoms for personal appointments with SPLW to help maintain fulfilling active life in the community. Weekly opportunities to engage in whatever means most to them, stimulating active creative life to override the strain in this stressful period.

We shall be privileged to hear insight as never before, into “The Science, the Evidence and the Importance of A.R.T.S. for Brain Health”. We welcome Alistair, John – and our chair, Sir Muir.

*A.R.T.S. for Brain Health  
Social Prescribing transforming  
the diagnostic narrative for dementia  
From Despair to Desire:*



Veronica Franklin Gould



## D.1 Sir Muir Gray, Chair

---



I've been working with confused people for about fifty years - and I was talking about my colleagues! I find still the majority of the medical profession is very confused, particularly about brain health, dementia and mental health among old people. That's partly due to the way our brain was programmed.

I qualified in 1969, but still right up until 2000, people like me – young, keen medical students – were being taught the liturgy of a man called Professor Cajal, who got the Nobel Prize in 1906. His message was that after childhood the brain dies off, unlike the liver or the kidneys. About 2000 things started to change, and people like John Gallacher started to publish research that showed everything that we thought about the brain was wrong. Now this starts to lead to new ways of thinking and classifying what happens to us. For example, the relationship between the word “dementia” and “Alzheimer’s Disease”, or perhaps we should have it in the plural “Alzheimer’s Diseases”. Thanks in part of to modern technology we now know a lot, but it does require scientists to study how the brain and the mind work. And our first speaker is John Gallacher from The University of Oxford. He is a scientist, who has been finding out how the brain works. John, I am going to pass over to you now to say a little bit about what we now know about the way the brain works, and the relationship between the brain and the mind.



### **Professor John Gallacher, Professor of Cognitive Health at The University of Oxford and Director of Dementias Platform UK**

Thank you very much, Muir. It really is my pleasure to join you and thank you very much for joining us in this conversation.

#### **Neurobiology of the brain**

I am going to speak in a very limited way about the neurobiology of the brain. What we want to focus on is how arts for dementia and other interventions can assist us as our brain changes with age. First of all, let's just take a step back. We're not really, I think, focussing on dementia. We're focussing on brain health; and just as, if you like, going to the surgery to get a heart transplant is really a last resort having missed the boat, so looking for treatments for severe dementia is a last resort – we don't want to miss this boat. We want to go right back through our lifestyle, our early years, so that we are protected against cognitive decline and neuropathology. What we're really talking about is brain health. We'd like to get to a point in our culture where people are taking just as much care of their brains as they are of their muscles, of their heart and of their liver. That's where I'd like to start.

#### **Neuropathology**

Now, the evidence on neuropathology: although it's extremely complicated, effectively we have proteins operating in our brain cells which are not operating as they ought to. They are either too much or too little, or in the wrong balance; and this causes the neurons in our brain to deteriorate and eventually to die. It's not just a matter of brain mass, which is reduced. It's a matter of all the connectivity, the information containing connectivity disappearing as well. And then once a neuron has died, that's more or less it.

## D.1 Professor John Gallacher

---

### **Generating New Synapses**

But what we're discovering more recently is that our neurons – the actual connections between neurons – are made of a little sub-organ called a synapse. Synapses come and go. This is really exciting, because it means that we can generate new synapses; and if a neuron is generating synapses, it doesn't die.

So there is great hope that we can be continually learning throughout our years, continually generating strong signals across synapses, generating new skills, new ones as we learn new skills, new competences and this will extend the functionality of our brain. The evidence on this is strong; it comes from many sources – we won't go into them all now – but it's not disputed that this is not just ongoing, it's something we can enhance and improve with our lifestyle and perhaps other interventions.

### **A.R.T.S. Evidence**

Let's move on to the evidence about arts for dementia. By and large, the evidence is weak, that's not to say poor – I think it's good – but it's nevertheless weak because the studies we have at our disposal are too small; therefore, it's difficult to detect effects with the level of confidence that many sceptics would like. However, by and large, the studies do support a very strong impact of SP - let's include it as arts for dementia – on psychological wellbeing. The quality of life is undoubtedly improved. We'll talk about that shortly. The extent to which it prevents pathology is open to debate. It may well do, in terms of maintaining synapses, and that is a very plausible argument.

### **Maintaining the brain's software or hardware?**

But there is a basic issue: Are we improving or maintaining the software in our brains through these different interventions, or are we building and maintaining the hardware in our brains through these different interventions? I think it's probably a combination of both, the proportion of which we just do not have the data to discuss, so in the time-honoured phrase the jury is out on that one, but nevertheless both those options are there.

So when we go and do dance or cookery, gardening, singing or paint a lovely picture, what is actually going on to improve the wellbeing and potentially enhance and extend brain function? Well, several things are happening. It's worth reflecting your own experience on how this may help you. Say for example, I don't know whether you paint at all. I'm an extremely poor watercolourist. These colours go everywhere; and even though it is meant to be part of the skill, it certainly doesn't make me feel at all in control of the painting. But when I'm painting my concentration is focussed. Time seems to pass and there's a sense of what psychologists call "flow" and throws everything else out of the cognitive window. You're focussed on this one thing and it really is therapeutic. You come away thinking, 'That's absolutely fantastic!' Also, I only paint things I find beautiful. Even if I'm not very aesthetic, I know what I like. It triggers emotion through imagery in me. I can imagine dance and music triggering emotion in other people. A beautiful piece

## D.1 Professor John Gallacher

---

of music is just so satisfying, even if it brings tears to your eyes, it is thoroughly satisfying.

### **Increasing Communication**

Engaging in these activities also increases our communication. Communication is important, at two levels – a high touch level and a low touch level. To be talking about meaningful things to those in our social networks is really important, but also to be talking about everyday events, news gathering, this, that and the other, that's what you get only by broad contact, social groups. These things help us frame our frame of mind. It's very easy for us to be locked inside our own thinking, inside our own philosophical cave, as Plato would say, and we do not understand. We begin fail to appreciate broader pictures, broader perspectives, broader context and communication is absolutely critical for giving us this broader context, a more balanced view of our place in the world.

### **Self-realisation – Expression**

Then there's self-realisation, and to some extent this is related to flow, to be able to express ourselves in a meaningful way is something that we as human beings, if you are interested in human origins you would discover that anatomically modern humans occurred some 300-500,000 years ago, but actually, culturally, modern humans, where they are painting, creating music is a much more recent phenomenon, but it is fundamental to who we are and whether you are very good at something, whether you are just a learner to be able to have that sense of expression in something you have created is very, very satisfying.

### **Social Cohesion**

A final function is social cohesion. We are social animals, so to speak. We find our place in terms of our relationships. To be building relationships so that it's not just one relationship that you're over dependent on, but actually, there's a network of relationships that you're interdependent with; and that brings a great sense of meaning and social dignity to be contributing to other people's lives and enabling and allowing them to contribute to you.

So there we have some basic functions of what's going on. We've discussed also the mechanisms very briefly in terms of generating synapses and keeping the brain as healthy as you can. But there's, I think, a slightly broader perspective I'd like to end on.

### **Stimulating the Mind**

Really, we're talking about brain and body health, stimulating the mind, stimulating the body, so for example, if you were to have some very basic public health analogies, one would be

- Exercise – Do More!
- Smoking – Stop!
- Alcohol – Drink Less!
- Obesity - Change your Diet!

## D.1 Professor John Gallacher

---

- For your cognitive health - Use it or Risk Losing it!
- And for your mental health – Focus on your Wellbeing!

Those last two are particularly relevant for us today. It is not self-indulgent at all, it's just taking yourself seriously to be able to work out how I can contribute to my cognitive health, my mental health and through those how I can contribute to the lives of others. Thank you.

MG, Chair Well, that was very clear. Some very important messages, to focus on the positives of brain health. In our new book *Increase your Brainability and Reduce your Risk of Dementia*, we focus on the positive. and the key issue that has emerged for me is the importance of activity. We are going to have an activity prescription linked to every drug prescription - we've got that on the back of the GP information systems to make that happen. The GP doesn't even have to remember to press the button.

### **Activities, mission, purpose - services**

John said we don't think sharply about the distinction with mind and body, we think of physical, cognitive and emotional; and the ideal types of activity I'd like you to think about. For example, I would like the older people, like me, of Leeds competing with the older people of Sheffield to see which population can raise more money for the Yorkshire Wildlife Trust, which employs young people. It's a mission and purpose; and competition I think is very important. We see now what we need. We need services, like mental health services to cope with problems when they occur.

What you're hearing today is a revolutionary message, a cultural revolution.

Our next speaker Alistair Burns is leading the revolution in the NHS. As a consultant in mental health and old age, he is seen when he was in his day job, before he went to NHS England, as someone who ran a unit or delivered services. But Alistair has always had a clear understanding that his job was education; and that the more highly trained the professionals are, the more difficult they are to educate because they have to unlearn what they have learned beforehand. So, Alistair is a very influential person. He is very highly respected; and he is bringing about changes in the way people think. We are more worried about what the professionals think as they are more difficult to change. Alistair, over to you.

## D.1 Professor Alistair Burns



### Professor Alistair Burns, National Clinical Director for Dementia and Older People's Mental Health for NHS England and NHS Improvement

Thank you very much for the opportunity to talk about something that is incredibly important and, as Muir suggests, something that is close to my heart.

Sir Muir, you said that you qualified in the 1960s. I qualified in 1980; and I remember at that time there was still when we talked about 'cancer' as young medical students, we talked ways to avoid about saying 'cancer'. You were talking about a lump or a tumour or a growth. One of the things that we have learned in dementia – and I take John's point absolutely – we're not just talking about dementia here, we are talking about brain health. But, certainly in dementia, there was something about the fact that in cancer we're probably a generation behind in terms of awareness and the engagement that we have around dementia and brain health, as an extension of that.

And John, fantastic to hear the scientific evidence. As you said Muir, when I was a student, we thought that once your brain had shrunk that was it, but to see those improvements that can be made and that Arts 4 Dementia has codified, I think are clear.

### Personalisation – The Well Pathway

One of the opportunities for me was really to look in terms of personalisation. Early on in the pandemic we looked at the six areas in terms of ways that we can improve the care for people with dementia. We articulated these as The Wellbeing Pathway – excellent Arts 4 Dementia report (SP<sub>1</sub>, 2021) that colleagues have reported on was about Preventing Well.

NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA				
PREVENTING WELL	DIAGNOSING WELL	SUPPORTING WELL	LIVING WELL	DYING WELL
<p>Risk of people developing dementia is minimised</p> <p>"I see great information about reducing my personal risk of getting dementia"</p>	<p>Timely accurate diagnosis, care plan, and review within 30 days</p> <p>"I was diagnosed in a timely way"</p> <p>"I am able to make decisions and know who to go to help, support and who else can help"</p>	<p>Access to safe high quality health &amp; social care for people with dementia and carers</p> <p>"I am treated with dignity &amp; respect"</p> <p>"I get treatment and support, which are best for me, dementia and my life"</p>	<p>People with dementia can live normally in safe and accepting communities</p> <p>"I know that folk around me and looking after me are respectful"</p> <p>"I am included as part of society"</p>	<p>People living with dementia die with dignity in the place of their choosing</p> <p>"I am confident my end of life wishes will be respected"</p> <p>"I can expect a good death"</p>
<p>Prevention<sup>(1)</sup></p> <p>Risk Reduction<sup>(1)</sup></p> <p>Health Information<sup>(1)</sup></p> <p>Supporting research<sup>(1)</sup></p>	<p>Diagnosis<sup>(1)</sup></p> <p>Memory Assessment<sup>(1)</sup></p> <p>Concerns Discussion<sup>(1)</sup></p> <p>Investigation<sup>(1)</sup></p> <p>Provide Information<sup>(1)</sup></p> <p>Integrated &amp; Advanced Care Planning<sup>(1)</sup></p>	<p>Choice<sup>(1)(1)(4)</sup></p> <p>BPSD<sup>(1)(2)</sup></p> <p>Linkage<sup>(1)</sup></p> <p>Advocate<sup>(1)</sup></p> <p>Housing<sup>(1)</sup></p> <p>Hospital Treatment<sup>(1)</sup></p> <p>Technology<sup>(1)</sup></p> <p>Health &amp; Social Services<sup>(1)</sup></p> <p>Hard to Reach Groups<sup>(1)(1)</sup></p>	<p>Integrated Services<sup>(1)(1)(1)</sup></p> <p>Supporting Carers<sup>(1)(1)(1)</sup></p> <p>Carers Respite<sup>(1)</sup></p> <p>Co-ordinated Care<sup>(1)</sup></p> <p>Promote Independence<sup>(1)</sup></p> <p>Relationships<sup>(1)</sup></p> <p>Leisure<sup>(1)</sup></p> <p>Safe Communities<sup>(1)(1)</sup></p>	<p>Palliative care and pain<sup>(1)</sup></p> <p>End of Life<sup>(1)</sup></p> <p>Preferred Place of Death<sup>(1)</sup></p>
<p>References: (1) NICE guideline; (2) NICE Quality Standard 2019; (3) NICE Quality Standard 2019; (4) NICE Pathway; (5) Organisation for Economic Co-operation and Development (OECD); Evidence National; (6) Carers; (7) Research and Psychological Support in Dementia</p>				
<p><b>RESEARCHING WELL</b></p> <ul style="list-style-type: none"> <li>Research and innovation through patient and carer involvement, monitoring best-practice and using new technologies to influence change</li> <li>Building a co-ordinated research strategy, utilising Academic &amp; Health Science networks, the research and pharmaceutical industries</li> </ul>				
<p><b>INTEGRATING WELL</b></p> <ul style="list-style-type: none"> <li>Work with Association of Directors of Adult Social Services, Local Government Association, Alzheimer's Society, Department of Health and Public Health England on co-commissioning strategies to provide an integrated service ensuring a seamless and integrated approach to the provision of care</li> </ul>				
<p><b>COMMISSIONING WELL</b></p> <ul style="list-style-type: none"> <li>Develop person-centred commissioning guidance based on NICE guidelines, standards, and outcomes based evidence and best-practice</li> <li>Agree minimum standard service specifications for agreed interventions, set business plans, mandate and map, and allocate resources</li> </ul>				
<p><b>TRAINING WELL</b></p> <ul style="list-style-type: none"> <li>Develop a training programme for all staff that work with people with dementia, whether in hospital, General Practice, care home or in the community</li> <li>Develop training and awareness across communities and the wider public using Dementia Friends, Dementia Friendly Hospitals/Communities/Homes</li> </ul>				
<p><b>MONITORING WELL</b></p> <ul style="list-style-type: none"> <li>Develop metrics to set &amp; achieve a national standard for dementia services, identifying data sources and set profiled ambitions for each</li> <li>Use the Intensive Support Teams to provide 'step-down' support and assistance for Commissioners to reduce variance and improve transformation</li> </ul>				

### Preventing Well.

We know that probably one third of new diagnoses of dementia could be prevented, by taking care largely but not exclusively, for vascular risk factors, but also in the Lancet Commission which is freely available, led by Gill Livingstone, Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. We talked about the modifiable risk factors for the development of dementia. We are not talking about preventing dementia, but if we address preventing dementia and brain health, they are essentially not too far apart.

## D.1 Professor Alistair Burns

---

### Deafness and Social Isolation

Some of the things that surprised us slightly about looking about how you could reduce your risk of dementia, a very common one was deafness. I know in work with support from John and Muir, one of the things that we are looking at is: Should we be paying more attention to issues of deafness and hard of hearing as a risk factor? That brings in a point that John made, social isolation. We know for example that deafness that can make social isolation very much worse. One of the hallmarks when we discuss mild cognitive impairment in dementia, it cuts the person off from themselves, it cuts the person off from their communities, and from their families.

### Stigma

Being cut off from your community I think is in no small part behind the stigma that we know that exists for people with dementia. We know it's the most feared illness for people over the age of fifty and that part of that is driven by a sense that that nothing can be done – there is no treatment or cure for dementia. But as we've heard from John and the excellent work of Veronica and Cicely and colleagues, there is in fact a huge amount that we can do. It's true that we don't have one pill that will make everything right, but if we look at the approach which is common in a number of disorders, it is extremely important.

### **Diagnosing Well**

The second was looking at Diagnosing Well. We know that still probably only two-thirds of people who we think have dementia come forward for diagnosis and can access that support. We know that the ways in which that diagnosis is made. Usually it is in memory clinics, but increasingly it is done in neurological clinics and primary care.

### Peri-Diagnostic Support

When someone presents with symptoms of dementia it can sometimes take a little while to confirm a diagnosis. In that area which we call the peri-diagnostic space, there's lots that can be done; and again the opportunities for looking at the creative arts – John has given examples – to concentrate the mind to look at prevention and look at mental health are clearly important. So one of the things that I would like to do is to begin to concentrate on that peri-diagnostic support and not wait. Often it can be several months before diagnosis is given; and with the Dementia Change Action Network and colleagues as well, people like James Sanderson who is in charge of Personalisation at NHS England, we've got lots that we can do to give people activity and to give people not just something to do, but to give them a real opportunity to improve things while that process goes along.

We've heard from John the issue of use it or lose it. We know that in terms of that peri-diagnostic support, what's good for your heart is good for your head. And in fact there's some evidence even when people have a diagnosis of dementia, looking at those vascular risk factors, making sure that someone's hearing is optimal can improve the situation there.

## D.1 Professor Alistair Burns

---

### **Living Well and Supporting Well**

The other two aspects of the Pathway, as well as Treating well and Dying well, were Living well and Supporting Well – these are really two sides of the same thing. When we talked about Supporting Well, we used to concentrate on that immediate post-diagnostic period; and in Scotland there was an aspiration that people would have support for the year following the diagnosis. Living Well is that lived experience of the person in their community. I am often reminded that the vast majority of the experience of a person with dementia, their families and carers are in their own communities and not with the NHS, so that Living Well is clearly extremely important.

### **Loneliness and Isolation – and depression**

John also mentioned the issue of loneliness and we know that particularly during the Covid pandemic, that enforced isolation has been very difficult for people with dementia, their families and carers; and the Alzheimer's Society and other charities have done a great job bringing to the fore the importance of that. This brings in the aspects of depression as well. We know that people who are lonely are at greater risk of developing dementia; and that goes down to the issue of if people don't have social contacts, that can be a risk. It's also a risk factor for depression. If people look at the difference between isolation and loneliness, I think a definition of loneliness that I've heard – it's the difference between those social contacts you want and those social contacts you have.

I know that some people who I visit at home and see people, who are caring for someone who has memory problems and dementia, that can be very lonely. So the importance of looking at the opportunity for arts is key and as John has said looking at the mind and the brain and looking at the interaction between depression and dementia is key.

### **Personalisation**

The big prize for me is the issue of personalisation. We talk about personalisation, particularly in the care of people with dementia and support for their carers and families, that personalised approach is key. We see it, for example in music. As has been said, there are aspects of music that can bring back good memories, some that aren't so good. Everyone will remember that first dance at the disco, perhaps that first kiss at the time of a particular piece of music. Also, we know that those emotional memories are much more strongly held, much firmer held than memories for facts. So bringing back through music or through art, those memories from a long time ago, to get that support is key.

I think for me, in conclusion, Sir Muir, if there were things that I think are the real opportunities here, it's the huge potential for arts and looking at dementia and difficulties with memory. It's something that everyone can enjoy, which is key, It's something that can be done. It can be personalised. It can be done with a relatively modest investment. So we're not talking about building a brand new hospital, or a huge expensive medication. It can be done easily and well.

## D.1 Debate

---

### Linking Health and Social Care

As we move forward post-pandemic in the NHS, linking health and social care, of which there has been lots of discussion recently, I think dementia, I always say as a condition it is an exemplar, where linking health and social care is important. I think arts and dementia is a huge piece of glue which can bring people together and that ultimately will be better for people with dementia and their carers.

MG, Chair Thank you very much, Alistair.

What we would like is to get ideas and proposals.

There is a wonderful report that has just been published by the Department of Health and Social Care, with the to me astonishing title, Dept of Health & Social Care (2021) *Good for me Good for us Good for Everybody: A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions* (September 2021) It is about over-prescribing at all ages, and the estimate is that about £2 billion of drugs do no good,, are pointless – ‘pointless’ is the term used - this is not just drugs for mental health and many of them are for older people, in their 80s or 90s. I think what we need to do is to shape up some budgets, some bids, so I have put in a question in the Chat *Imagine you are responsible for brain health and disease in a population of a million and you have just been given £1m from the drugs budget, what would you invest in?* (For responses, see [transcript](#)).

JG It strikes me that a lot of this is to do with the social fabric of our communities. You don’t have to be a Michelin-starred chef to lead a cookery group, and you don’t have to be Monty Don to lead a gardening group You probably do need to know what a dance move is to lead a dance group but you don’t need to be a member of the Royal Ballet. To facilitate community activity where there is some necessary but not overqualified leadership to gather people around their interests in group I think would be a very cheap way of achieving a substantial impact.

MG, Chair Yes and we would find that many of the people running these groups could be run by people over the age of 60. So we need to think of low-cost activities

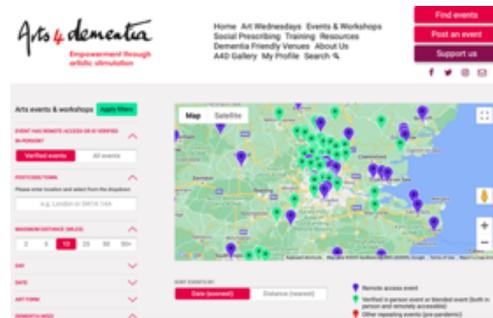
VFG, Host Actually an area we haven’t tapped, thinking about low cost is the University of the Third Age where people can teach other and people with cognitive challenges can get the satisfaction of knowing that they can be useful to each other; and it doesn’t have to cost a great deal and Yes it would be fantastic to get the infusion of funds, particularly because that would enable the partnership funding between the arts organisation, the integrated care system, the SPLW, spiritual and ethnic groups etc and local authorities.

In a way, it’s more a matter of joining the dots; and now the GPs know that all you are saying – we are learning so much now - SPLW can relieve them of time and worry, that it is of great value to them to have arts as treatment, whether it is physical/mental/creative activities, but it’s the act of doing. It does need an infusion of funds because arts work on time-limited projects and

## D.1 Debate

we need to have ongoing activities, so, yes, an injection of funds and I would say that the return on investment for this sort of thing would be huge, because if you can keep people healthier – we found that arts keeps people healthier with A4D for some three years longer in the community, as Henry Simmons also found, that will save a lot of GP and care time in the community.

**AB** Muir, just to build up on the things that you were saying. One was that People always need permission to do something. There are a couple of great examples. Melanie Hammond in the Chat - thank you very much for describing your experience in running a group. You mentioned that some people who attended the group are now leading it. One of the things that we try and do is give examples of good care. We have a very active [FutureNHS](#) page on the NHS England where it would be fantastic to highlight some examples. I know that [Arts 4 Dementia](#) do a great job at advertising what's there, but if any of you or colleagues would like to write to me c/o [A4D](#) or directly to me, it would be great to see if any of these could be put on the website and we can get ideas and steers from each other.



**MG, Chair**

### **Digital inclusion – virtual reality / live streaming musical performance into care homes**

Can I ask John about digital and the internet, and the complexities of reaching those in isolation, obviously, deafness is a major issue. Mobility is a big problem. I am working on the assumption on the evidence that I've seen that, as well as encouraging face-to-face communication, digital inclusion is a very important feature. Think of the people in care homes, who love Schubert - one for every seven care homes - Imagine them coming together as a community. We need to think not just of the excellent live, local initiatives, but start to think nationally, of people in care homes who may be keen on Shostakovich, and would love to go to a Shostakovich concert, or to see a particular artist that others may have never heard of, I think that – live streaming might be another theme for discussion, John, if you think there might be an evidence base, a value from digital. We are looking at virtual reality (VR) – you can actually stand in a chorus of an opera for VR. (See [Virtual Reality and Live Streaming Arts for Brain Health](#), p.349).

**JG** It depends what you mean by evidence because if we're looking at formal scientific studies I don't think they've been done, but if you are looking at people's social preferences as enacted by millions of people around the world, it's a fantastic idea!

**MG, Chair** Think of [Fortnite](#)! These guys in the VR business can do anything you like, go down the [Grand Canal](#), walk over the Accademia Bridge It's a gaming industry that has created the opportunity to not just go to an art

## D.1 Debate

---

gallery but walk upstairs including your niece in Toronto? That's one thing I'd like to take forward, encouraging local, but as a national organisation ...

**Another problem group – Men.** There are not many opportunities for men.

**AB** Sporting Memories, not just for men, but looking at brain health and football, it has a great network. The other one is Men's Sheds. There are gender specific opportunities available. In relation to the very important point of digital consultations in memory clinics is to make sure there is no exclusion. We must be mindful for people who don't have access and make sure there are opportunities for them as well.

**MG, Chair** Let's focus a bit more on A.R.T.S., the broad range of cultural and creative activities.

**JG** In my tender years as a researcher I was working on the Caerphilly study in South Wales, and I did a survey of people's lifestyles and what would predict healthy behaviours. Curiously, a health message was irrelevant. Although it was important, it was not associated with levels of behaviour.

### **Enjoyment, Convenience, People to enjoy behaviour with**

The three things that were associated with a high level of behaviour were enjoyment, convenience, people to enjoy behaviour with. These consistently predicted high levels of exercise, high levels of good diet – it was a curious combination, now with hindsight it's obvious. But, actually, it wasn't obvious until we measured it.

**MG, Chair**

### **Heritage**

Anything that involves the three aspects – emotion, cognition and physicality – I think, is what we're looking at. You can start off with a walking group, but if they're raising money to support young musicians. I would call that an arts project. I think again we're looking at the sense of mission, something else, which is important.

### **NHS investment needed for SP arts and wellbeing activities**

There's more money wasted in the NHS - if you look at the prescribing budget and the increase in the number of MRIs, which the NHS needs to recognise. It is very interesting that the report *Good for You, Good for Us, Good for Everybody* does say that one of the reasons for over-prescribing is a lack of social and active prescribing opportunities. So the message is getting through. What would be very good - I don't know if there GPs in the audience - I wonder if we could have a Volunteer PCN who could even switch funds £5k from drugs spending to arts spending. Any GPs like to comment? Tiny amounts for the health service, huge amounts of money – Transport £5k if you are running a club, you can do a hell of a lot for £5k.

### **Arts as Therapeutic Interventions.**

I think you should use the word 'therapy' to reach the subconscious of people in the NHS.

## D.1 Debate

---

### AB GP Awareness

People talked about SP and of GPs being aware of what's available, which is why advertising and Veronica the info A4D has on what's available is important.

### Dogs

I was just going to ask John in terms of the evidence from what you were describing something that's easy, social interaction. do you think we should all get a dog? Alzheimer Scotland has a specific initiative Dogs for Dementia. I say they are *Guide dogs looking for a career change*. The benefits of being out with them.

**MG, Chair** There's a big Harvard report Get Healthy, Get a Dog at Harvard Medical School

**AB** When I go out with a dog everyone stops, everyone talks to you. Exercise, if you can't find your way home, the dog will bring you home.

**JG** I think it's an excellent idea, provided you can look after the dog.

**AB** Thanks to Ruth Kerr for Hen Power in the north-east. That originated, I think, in sheltered accommodation. An elderly gentleman had episodes of confusion, when he would call out names, Rosy . . . it turned out that he was calling his chickens. So they brought in some hens. It was really significant. It is an example of looking in a different way. Hen Power is a very good example

## CHAIR'S SUMMARY

**MG, Chair** What we need is:

- Use the A4D website, link to Alistair's website.
- Videos If you have got a little video of something happening in your project, send a video link to A4D. There's nothing like showing things, Sporting Memories, for example, or the Heritage project. We need action, more than words. Wittgenstein said that *Every idea is a picture* so we need pictures of what people can do to excite this.
- PCNs Then we need to look at ways, with Alistair's help, we can start to build this in. We've got to reach the PCNs - 6 or 7 for each of the partnerships.
  - Finance shift And I would go for a little bit of shift of finance. Other Health and Wellbeing coaches can be funded from some new NHS funds. We've got to look at ways in which we can get these small sums of money, I think, when there are issues about transport- (big sums of money too) -
- We'll feedback on this in the next webinars.
- There's a need for brand. This is important. I think A4D is a good brand - for Brain Health'. and interventions - doing things.

## D.1 Debate

---

- We need a digital and virtual theme (see pp 000-00). Poor people are less likely to be online than wealthy people, but that is starting to change quite quickly. It's like the telephone was 50 years ago when there were people without telephones. But that's not going to last.
- We'll have to start thinking *How can people have something stimulating every day of their life?*, whether it is bagpipes or Schubert is a matter of personal choice and preference. If you don't behave, we'll give you bagpipes

**VFG, Host** Thank you very much indeed. There's so much food for thought: emotion, cognition and physicality being what we all need and of course social connections. It's been an immense privilege to hear you experts explain it; and Muir, we shall follow through on your suggestions. I should like to close with our participant whose vascular dementia diagnosis, after a year of art and drama that revived her memory and reading ability, was revised as stroke damage and she continues arts with people living with dementia – ignoring stigma, superb!

**MG, Chair** Join the revolution - I generate new work!

**AUDIENCE** – Delegates registered from, Canada, Ireland, New Zealand, Turkey, Uzbekistan, USA and throughout the UK.



## DEBATE 2

# “Increase Your Brainability and Dance to Preserve Brain Health”



LIVE LONGER BETTER



## Debate.2

---

### “Increase Your Brainability and Dance to Preserve Brain Health” (Tuesday 7 December 2021).

Our second A.R.T.S. (Activities to Revitalise The Soul) for Brain Health debate focuses on dance and exercise to prevent the advance of cognitive decline and how SP to weekly exercise and arts activity as peri-diagnostic practice, at the outset of symptoms of a potential dementia, empowers people to preserve their brain health.

#### H O S T

**Veronica Franklin Gould**, President, Arts 4 Dementia

#### C H A I R

**25 Dr Charles Alessi**, Senior Advisor to Public Health England.

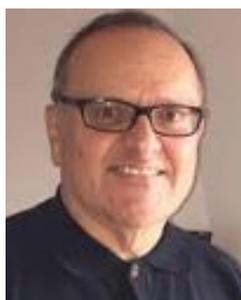
#### S P E A K E R S

**26 Sir Muir Gray**, Director, Optimal Ageing Programme at The University of Oxford

**33 Fergus Early**, Artistic Director of Green Candle Dance

**35 Dr Bogdan Chiva Giurca**, Development Lead, Global Social Prescribing Alliance. Clinical Champion Lead, NASP.

**39 D E B A T E**



#### Dr Charles Alessi, Chair

Thank you and welcome, welcome from all over the world to what is likely to be a really energizing hour, where we're going to look into the potential of us living fuller, more complete lives, wherever we find ourselves. But surely to start, we should really move to Fergus, because if we are talking about exercise and dance, sitting in front of a screen all day doesn't do any of us any good. Fergus, would you help us a little just to start?

#### Fergus Early, Artistic Director of Green Candle Dance leads dance exercise warm-up

Morning everyone. First of all, have a stretch, a bit of a grunt and a groan, stretch any part of your body that feels like it could do with a stretch. Just open your eyes wide. Open your mouth wide. Stretch your arms out wide. Bring everything in tight, pull your elbows in, screw up your face. Deep breath through your nose and let it out. Once more. Deep breath in and breathing out. That should just wake up our physical cells a little bit.

**CA, Chair** Thank you, Fergus. This was a wonderful example of how, whether one is wheelchair bound, whether one is able to move around, there is still exercise that we can do, and it's important that we do that.

## D.2 Brainability and Dance - Dr Charles Alessi

---

### **Global transformation in health and care.**

We are at a pivotal time in health and care globally. The COVID pandemic has transformed everything. Health and care has changed more in the last few weeks and months than it's changed in the last few years. The effect on people who are living with non-communicable diseases, like dementia for example, has been significant. This is a global issue. It's not only being felt in the UK, but everywhere. It has led to a wholesale rethink in terms of where we need to be and where we need to go with health and care.

### **Forestalling the symptoms of tomorrow**

There is an increased emphasis on personalization of care, really thinking and talking in terms of brain health, like we talk about heart health. Because there is a lot we can do today to forestall the symptoms of tomorrow. Taking these lifelong approaches, which fundamentally changes the way we actually interact in and between ourselves; and how we interact with the health systems.

But being connected and not socially isolated is fundamentally important, and the arts have an incredible position to assist us in ensuring we remain connected with our communities and with what is most beautiful in the world. Of course, the arts are some of the most beautiful things you can find in the world. We will see more and more national initiatives in England, in the Middle East, and in the Far East around getting people to connect more, to get involved more. Because we know that what you do today can have a significant effect upon what's happens tomorrow, and the degree of symptoms and the way we manage and live with our symptoms.

So, let's start this conversation, with Sir Muir Gray, for a sense of potentially what we could be doing in terms of increasing our chances of delaying symptomatology, delaying symptoms associated with cognitive decline.



**Sir Muir Gray, Director of the Optimal Ageing Programme, The University of Oxford.**

### **'Living Longer Better = Physical, Cognitive, Emotional'**

Our interest is in increasing healthy life expectancy. That means delaying or preventing dementia, frailty, and really the key issue is to think about that period at the end of life, that we are heavily dependent on others. We want to try and minimize that. I don't find people want to live to 118 or 142 – they're interested in living longer, better. We have a major programme called Living Longer Better that we're running, and it's by the promotion of activity – physical, cognitive, and emotional.

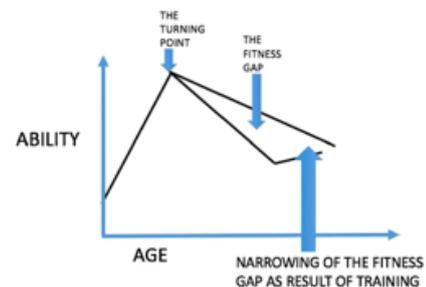
What I'm going to do is to talk through what we know about the science of what has happened to us as we live longer. I'd give exactly the same talk if I was in a bridge club in Oxford, or a bowls club in South London, or in a Mosque. Or to a collection of people who are interested in dance. I have been called, 'The Carlos Acosta of the NHS' – only by myself, but these things have

## D.2 Brainability and Dance – Sir Muir Gray

got to start somewhere. Quite often I look at the ballet, and wonderful rehearsals on YouTube. The discipline of these people and the work they do is just terrific. I'm going to give you some information, and then we'll open it up for discussion.

### Biological Process of Ageing

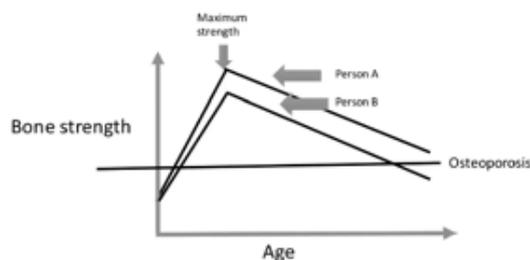
Ageing is not a cause of major problems until the 90s. There is something called the normal biological process of ageing, and it does have two effects. One is that it affects maximum level of ability, pulse rate, for example. And it affects resilience, the ability to respond to either a change in temperature, or a trip or stumble, or lockdown, time in bed. You see, there are only two phases in life. There's a phase of growth and development, a turning point, and from then on it's downhill all the way. But most of the effects are not due to the biological process of ageing, but to through other processes.



The start in life is very important.

Here's an example of bone strength, but the same would apply to intellect. Probably the most important determinant of a long and healthy life is not the wealth of your parents, although that helps greatly,

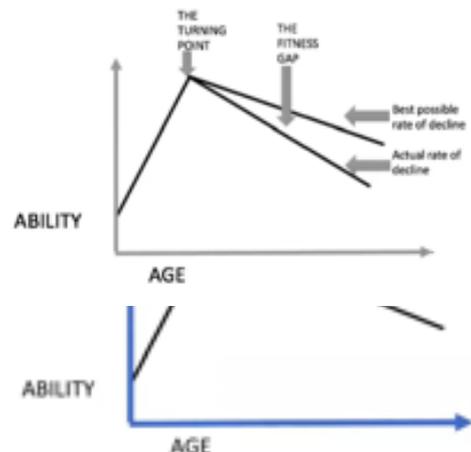
**A Comparison of the Decline in Bone Strength in two Different People Showing that the Level of Strength at any Age is Determined, in part, by the Maximum Level before Decline Starts**



but wealth, and the commitment to education. If we took brain strength, as well as bone strength, you can see that some people get a better start in life. And the more you can build up during the phase of growth and development, then the better position you are.

### The Fitness Gap

But for most people, what happens to them is that from a certain point, that turning point - and that's usually when they get their first job, their first sitting job - a fitness gap opens up between the best possible rate of decline and the actual rate of decline. GP, when you become a GP, you then move to sitting.



The average GP only gets about 2000 steps in the working day. Bevin said the main exercises doctors get is jumping to

## D.2 Brainability and Dance – Sir Muir Gray

conclusions. So, they do get some exercise. But this is what happens to all of us. This is an environmental problem. It's not a lifestyle problem. It's an environmental problem due to the car, the computer and the desk job. The fitness gap is there. And fitness, ladies and gentlemen of the bridge cup or the mosque, there are five "s"s in fitness: strength, stamina, suppleness skill at the fifth S is psychological. The good news is that at any age, you can narrow the fitness gap. Dance at any age will narrow the fitness gap.

### Disease

The second factor that affects if we live longer is Disease. This shows that the number of people with long-term conditions increases each decade; and the number of people with more than one long term condition increases each decade. But this is not your ageing. This is you living longer in an environment in which we are

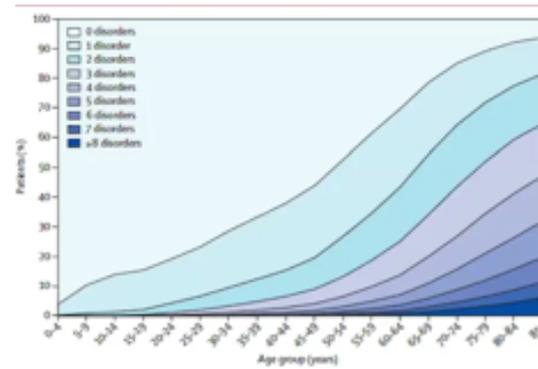


Figure 1: Number of chronic disorders by age-group

exposed to risks. The environment of the car, the computer, and the desk job. Even if you don't smoke or you stop smoking, we live in a very unhealthy environment.

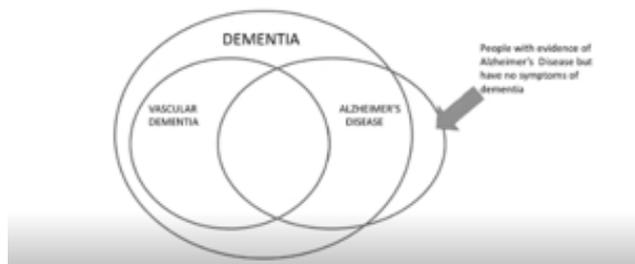
The approach some people see is that we've got a palaeolithic body in a post palaeolithic world. For hundreds of generations, we've evolved to be active, but we're now in an environment where we don't have to be active. And when there are calories everywhere. At every checkout you can get more calories than you need. So we've had a mismatch between our bodies and the environment we live in. The result of that is disease, various sorts, including vascular disease.

### Reducing Your Risk of Dementia

When we think a little bit about dementia, we have to be clear that there's a difference between dementia and Alzheimer's disease. And this is expressed with this Venn diagram.

Alzheimer's disease is one very, very important cause of dementia, but it's not the only cause of dementia. There are other causes. And for this reason, you can reduce your risk of dementia. This is very important, because when disease

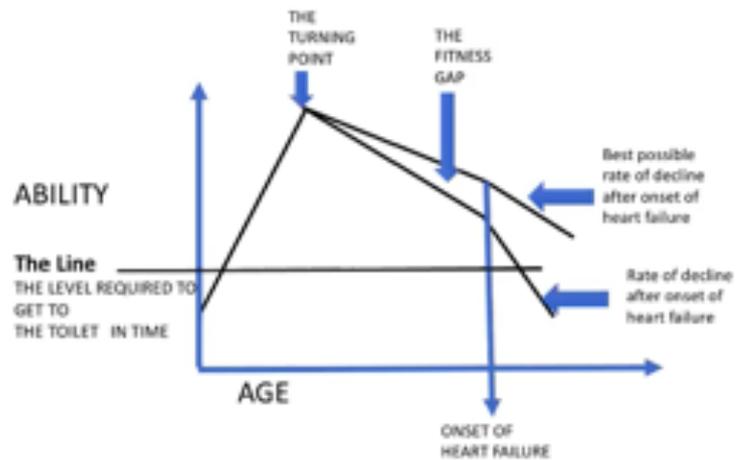
### The Relationship between Dementia, Alzheimer's Disease and Vascular Dementia



comes along, then the fitness gap gets wider, faster. I had a myocardial infarction about ten years ago, lost a chunk of heart muscle, so my maximum cardiac output is affected.

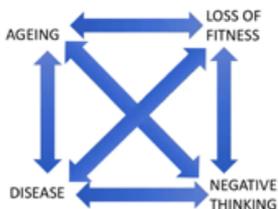
## D.2 Brainability and Dance – Sir Muir Gray

But the fitness gap gets wider faster, and as you can see here, that it's because of loss of fitness that you may drop below what I call the line. The line is that part in which you can no longer get to the toilet in time. And after that it's game over, social care. The reason the fitness gap gets wider faster is not so much because of the combination of aging and disease.

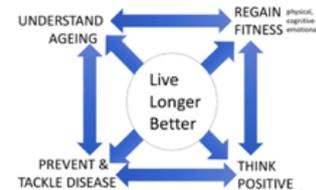


### Negative Thinking vs Living Longer Better

But because other people start doing things for you, they have negative beliefs and attitudes. Instead of helping someone get back to the shops, they arranged for Ocado to do home deliveries, completely the wrong thing to do. Because the evidence is at any age, no matter how many long-term conditions you've got, you can close the fitness gap. So, lots of fitness, disease and negative thinking.



Here's what happens at the moment. And here's our plan in the Living Longer Better programme: Prevent and tackle disease, regain fitness - physical, cognitive, and emotional - and think positive. The concept of brain health getting widely accepted.

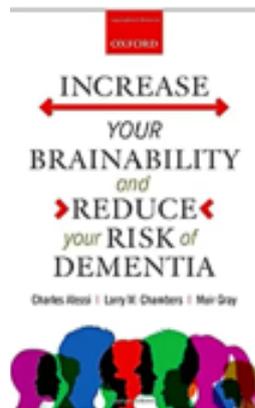


### Increase your Brainability and Reduce your Risk of Dementia

Here's the book that Charles and I wrote with Larry Chambers, a colleague in Canada.

And this is a recent report from Alzheimer's research on brain health.

It's a very general report, but it puts it on the agenda. It doesn't tell you what to do, but we are very clear about what you should do



### Alzheimer's Research UK BRAIN HEALTH CONSENSUS

Report summarised and updated in partnership with Brain Health November 2021

#### HEADLINE MESSAGES

- Brain health is a new concept to ensure the potential gains from reducing the risk of dementia dementia are maximised. This requires a shift in thinking to focus on the prevention of dementia, rather than just the treatment of those who have dementia.
- Brain health is a new concept to ensure the potential gains from reducing the risk of dementia dementia are maximised. This requires a shift in thinking to focus on the prevention of dementia, rather than just the treatment of those who have dementia.
- Brain health is a new concept to ensure the potential gains from reducing the risk of dementia dementia are maximised. This requires a shift in thinking to focus on the prevention of dementia, rather than just the treatment of those who have dementia.
- Brain health is a new concept to ensure the potential gains from reducing the risk of dementia dementia are maximised. This requires a shift in thinking to focus on the prevention of dementia, rather than just the treatment of those who have dementia.
- Brain health is a new concept to ensure the potential gains from reducing the risk of dementia dementia are maximised. This requires a shift in thinking to focus on the prevention of dementia, rather than just the treatment of those who have dementia.

#### BACKGROUND

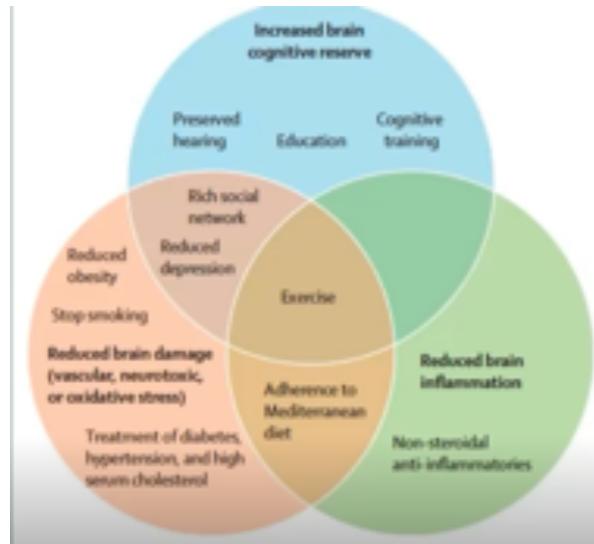
This document is one of the largest global health consensus statements in the UK alone, nearly 7,000 people from across the UK, including patients, carers, and the general public, have contributed to this document. It is a landmark report that sets out a clear vision for the future of dementia care, and a plan to achieve it. It is a landmark report that sets out a clear vision for the future of dementia care, and a plan to achieve it.

Alzheimer's Research UK is a leading dementia charity in the UK. We are committed to supporting research, raising awareness, and providing support for people living with dementia and their families.

## D.2 Brainability and Dance – Sir Muir Gray

### Dementia prevention, intervention, and care: 2020 report of the *Lancet* Commission

The *Lancet* Commission on *Dementia prevention, intervention and care* is strongly evidence based. The scientific evidence is very strong. As you can see here, there are different overlapping factors. One is to do with the brain itself, keeping the brain tissue healthy. That would be sleeping well, minimizing stress, minimizing the number of drugs you take, either self-administered or from the doctor. And then keeping your blood vessels healthy. But look right in the middle there, right in the middle is the exercise, which affects it all.



### **Triple Whammy: The Three Strategies to Increase Brainability and Reduce the Risk of Dementia Overlap**

Here's what we call our Triple Whammy programme.

- Keep the brain tissue healthy.
  - Sleep well.
  - Control stress
  - Avoid drugs
  - Physical activity as a direct effect in the brain.
- Secondly, improve the blood supply to your brain. It's the same as reducing the risk of a heart attack.
- Thirdly, increase engagement with other people.



The model is changing.

### **Prescription for Longevity in the 21<sup>st</sup> Century: “Renewing Purpose, Building and Sustaining Social Engagement and Embracing A Positive Lifestyle”.**

The first editorial in 2020 for the *Journal of American Medical Association*, which is one of the world's top medical journals, was by a man who is a laboratory scientist. Look at the subtitle. In the first editorial of the 2020s, that was there for a reason. They're signalling a change in paradigm.

### **Preventing, Delaying, Slowing, Reversing**

To open the debate, because we have a lot of very good people, what I've tried to do is to write down the benefits of dance in reducing your risk of dementia.

## D.2 Brainability and Dance – Sir Muir Gray

---

Then also in slowing the rate of dementia, and even reversing some of the changes that occur.

So, we need to think about Preventing, Delaying, Slowing, Reversing.

You start off - this is of rising importance - just watching dance. I watch dance maybe every second day. I often watch the rehearsals as opposed to the performance, because I think it's fascinating watching the people rehearsing.

### The benefits of dance in rising importance

- Watching dance you love alone
- Watching dance you love with others , there are 1,745 people in care home who love the firebird, that is one every 6.7 care homes
- Watching dance and joining in with VR
- Dancing alone
- Dancing in a group
- Dancing in a group to raise money for young dancers
- Dancing in group raising money and competing with another group
- Being on a committee to to organise these activities

#### **VR - Watching dance on the internet, creating social groups, joining in**

Then there's the issue of watching dance with other people. Here's a number I've made up -. 1,745 people in care homes who love *The Firebird* - that's a lot of people, but that's only one maybe 6.7 care homes. What we're doing now is looking at how we can use the internet to get people joining together.

We should be aiming – and if any of you have links with dance companies - we should be trying to set up a Stravinsky club or a *Giselle* club, so that people dotted about in all these care homes or living in their own at home, who love *The Firebird* or love *Giselle* could not only watch it, but could watch it with other people and have a discussion afterwards, have disagreements - which is the better *Giselle*, or is it Osipova, or Nunez? Let's have a talk.

Or watching Scottish country dancing or other forms of dance. that's watching dance, and how we use Virtual Reality (VR) to tackle the problems of isolation. That's watching dancing, but also joining in, because with VR, you can actually join the chorus of an opera, or you can join the line of dancers and stand with them.

#### **The Rovr Treadmill (see **VR & Live-Streaming Webinar**, page **297**)**

We've got in Oxford a very good treadmill called the Rovr. It doesn't actually move. You just move your feet, it detects the movement to feet. I'd be very interested in introducing some people to the man who created this treadmill, because we're now starting to introduce that into care homes so that people can stand and could walk the Cornwall coastal path, or they could stand in an opera chorus so they could stand, they could move in a line in the ballet. Then there's actually dancing yourself, and that's starting to move on. Dancing alone is better than just sitting, watching. Dancing in a group is obviously better. I've been very pleased to be supportive of the dance charity, the Aesop charity,

## D.2 Brainability and Dance – Sir Muir Gray

---

which is based near Oxford, and it's getting people back to dancing, ballroom dancing, ballet, Scottish country dancing. That's dancing in a group. You can see the VR system [here](#), Face to face is our number 1 priority but VR has a very important contribution.

### **Social Mission and Purpose – raising money for young dancers**

Then we need to start thinking about the idea of social mission. So, dancing in a group. But why don't we try and raise money for unemployed, young dancers, for example. It's very clear now, remember what Jama said:<sup>1</sup> it's having a purpose. So here's a purpose of raising money for young dancers who've had a very tough time. Older people have had a tough time, but younger people have an even tougher time as a result of a lockdown.

### **Competition**

Then they've got very interesting competition, so the older people of Chichester start competing with the older people of Bognor Regis. How we could use competition.

### **Set up a project with a purpose – social engagement, challenge and purpose**

Finally, if you want to really reduce your risk of dementia, start up something like A4D, or get on the committee, or like Veronica become the key person in that. Because that combination of social engagement, challenge and purpose seems to be very, very important.

### **The science, research evidence to influence risk factors**

The same would apply to piano playing and other forms of art. But I wanted to just to try to relate what we know about the science of what happens to us to live as we live longer, and the evidence from research about what we can do to influence those risk factors and really just open it for discussion now, raising issues about either questions to me, or Charles you could identify what actions people could take, either as individuals or as organizations to try to be more inclusive and particularly reaching people who are no longer able to get out, are housebound or who are in some form of institutional care, because as *The Lancet* said: *It's never too early and never too late in the life course to reduce your risk of dementia.*

**CA, Chair** Thank you, Muir, that's a really good start of our discussion. Now we'll ask Fergus to give his sense and to develop what you have described. I love meaning and purpose. For me that is what has driven me to get so engaged in this.

---

<sup>1</sup> Alimujiang, A. (2019) Association Between Life Purpose and Mortality Among US Adults Older Than 50 Years, *JAMA Netw Open*. 2019;2(5):e194270.

## D.2 Brainability and Dance – Fergus Early

---



### Fergus Early. Artistic Director, Green Candle Dance Company

We are based in Bethnal Green in East London and work with people of all ages. When I founded the company about 34 years ago we had the underlying philosophy that everyone has a right to participate in and watch dance, but many people don't have the opportunity to exercise that right, so my colleagues and I set out to provide some opportunities initially for children and young people with and without learning disabilities and then for older people which has become an increasingly large part of our work over the years, and in the last decade particularly working with people with dementia.

### **Working with Older People – Dance a subversive act!**

When we started, working with older people in dance was a sort of contradiction in terms. What was required of older people was that they should sit there and stay put. Moving was not on the agenda. To get older people dancing was a subversive act that threatened the systems that tended to revolve around the convenience of relatives and carers rather than the actual needs of themselves.

### **Dance for emotional wellbeing and dementia prevention**

Over the years it's become clearer and clearer that dance has an enormous amount to offer older people, both in physical health, Emotional wellbeing and as a preventative measure for many incapacitating conditions such as dementia and Parkinson's disease, for example.

### **Joseph Verghese, "Leisure activities and the risk of dementia in the elderly"**

Many of you will be aware of the extraordinary piece of research conducted by Joseph Verghese (2003, *New England Journal of Medicine*). This 21-year experiment proved a conclusive relationship between increased activity in groups of older people and their lessened likelihood of developing dementia. The activities were of two sorts: physical, such as walking, swimming, horse-riding, dancing and cognitive, such as reading books, doing crosswords and so on. Although most of the activities didn't show much instance of lessening the risk of dementia, frequent dancing came out as the group who were by far the least likely to develop dementia which, from my point of view then, was very, very exciting - our experience in Green Candle echoes this in maybe non-scientific ways.

### **Spinoff dance for people over 55s**

We have a group for people over 55's, Spinoff. Currently, the average age range is 62- 86. This group has been running continuously for 25 years, with some people here from the start. It accommodates 12-17 people at any one time, approximately 200 over 25 years. In all that time I've only known three members to have had a positive diagnosis of dementia. Anecdotally, it bears out Verghese's findings. So without having a conclusive evidence to the question Why Dance? - we can conjecture:

## D.2 Brainability and Dance – Fergus Early

---

### **Why Dance? – physical, emotional, cognitive self – *You Dance in your Head***

Is it because dance involves more of the self – the physical, emotional, the cognitive self than any other activity? Dance involves much brain power which surprises some people: Memory is obviously important in learning and remembering sequences of movement, but in its improvisational forms, for example, dance involves creativity, taking decisions, solving problems, calculating, spatial relationships at speed, for example all sorts of complex brainwork is involved in dancing. I often say to students of mine *You dance in your head* – That's where you dance, so the relationship between the head, the brain and dance is critical. Emotionally dance offers the opportunity to express yourself and allow your feelings to emanate through your whole body.

### **Music and dance inextricably and importantly linked**

Music and dance are inextricably linked in most cultures. When we are working with people living with dementia, whenever possible we have a live musician to accompany the dance. This offers many things, a strong rhythmic base, emotional immediacy and great flexibility. We have the ability with a live musician to respond to individual needs and tastes of the people we are working with.

### **Dance groups - Social activity – *Dancing is fun!***

Also, it's significant that dance is, by and large, a social activity to be taken in groups. We know that dance stimulates the body to produce feelgood chemicals such as endorphins. But perhaps the simplest thing is the most important. Dancing is fun!

### **Practitioner Retention**

Other research has shown that dance has an excellent record for retaining practitioners compared to other gym activities which attract good initial attendance but tend to lose participants relatively soon. People attending dance classes are more likely to stick with them for weeks, months and years.

### **Physical activity *clothed in imagination and creativity***

I am convinced that the deciding factor between physical activity and dance is that the dance involves physical activity, yes, but clothed in imagination and creativity. Dance then is incredibly relevant to older people, offering a joyous route to wellbeing.

### **Older People Dancing – preventing and slowing dementia, an inspiration!**

Possibly helping to prevent dementia and slowing its symptoms, if people are widely and routinely offered the chance to dance in older age, I believe we can look forward to a time when older people are no longer regarded as a burden, but rather, the truth is that they can be and are an inspiration.

**CA, Chair** Thank you for that inspiring thought. I want to bring in Bogdan to help us think through the potential of these lifelong approaches and with an emphasis around SP.

## D.2 Brainability and Dance



Dr Bogdan Chiva Giurca, Development Lead, Global Social Prescribing Alliance (GSPA).

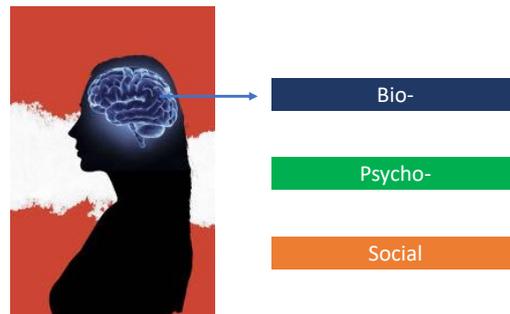
It's such a pleasure to be here. I am a clinician by background, but I'm also the GSPA Development Lead, as well as the Clinical lead for the Champions programme. Today we talk about brain health. I've chosen a special background - I'll explain what it means and why water and why the vibrations around it.

### Paradigm change

Muir was certainly very inspiring to hear when he talked about this, the signalling of a change in the paradigm that we've held dearly for so long. I'm going to start with that, with an Aristotle quote that is dear to me - it means everything to the work that I've been doing so far - *Give me a child until they're seven and I will show you the man*. The reason that's important to me is because we are constantly being influenced by our environments, by perceptions and as Muir beautifully portrayed by the negative thinking around ageing and how we perceive ageing in terms of a number and how that shapes our mindset - especially, coming from a clinical position, when you see elderly patients within the hospital environment as well.

### Medical training

To start, this is what we are being exposed to whilst we're being trained as healthcare professionals, not just medical students and doctors, but the whole of the workforce. Students are being taught the biological aspects. We are taught about the



psychological and social aspects as well, but normally this is what gets drilled down into our heads at the anatomy, the box, that the brain as an equipment tool that we can look at and unpick - we'd be able to tell you what nerves go where, and the anatomy of the brain. But we wouldn't be able to explain how we treat someone suffering from loneliness or social isolation. That's because we are good at the biological side, but less at the psychosocial side of the element.

### Algorithms vs life

We constantly get taught in algorithms. We usually get taught that if there is high blood pressure or dementia, then follow the algorithms, follow the pathway from the [NICE Guidance](#) or the guidelines that exist for that. But life, we know, is not an algorithm; and we know - if there is an algorithm - where we seriously missing some data sets in here.

### Providing for doubling of people over 50

What we're trying to do at the moment is to look at the problem. I think Muir expressed it quite beautifully earlier. But my worry when I'm in the hospital, what worries me the most, is the idea that by 2050, we'll have double the amount of people living over the age of 50. That scares me because as a

## D.2 Dance – Dr Bogdan Chiva Giurca, SP

---

clinician, within the healthcare environment, within the hospital, I am rarely able to provide the capacity needed now, let alone when there'll be twice as many older people. So that really scares me.

### **One-third ill**

The second point that scares me about this is the idea that the healthcare system, as it's been developed, catered for acute infections and was allowing us to look at the one-third of the people at one time who are sick. Think about that. My job in A&E is being paid based on the number of sick people who come in. We have built this sad, revolving-door mentality, this fixing-shop mentality, where we formalized hospitals around the world so that you can seek support, healthcare and help from the so-called medical experts who wear white coats and have their pens lined down the pockets.

### **But two-thirds healthy**

We miss the opportunity to focus on the two-thirds of people who are healthy at one point. And we miss the point of prevention and health creation. Though for many of you, these principles sound like they should be the norm, I promise you the specific breed of clinicians that we've been training for years, we think very differently sometimes because that's what's been drilled and ingrained into our mindset, into our culture. Hence, Muir's point around that paradigm shift in and delivering 21<sup>st</sup>- century healthcare as it should be. Not because it's a nice thing to do, but because it wouldn't be possible to cater for all the people who will be coming through on one point.

### **Looking after our brain health**

Brain health and supporting individuals does not start within hospitals. We criticize patients who come in with newspapers and ask them to not do our jobs. We often say, why don't you let us do our job as a doctor, when in fact

patients with lived experience, who live as part of a healthy community, will know better how to manage their conditions and how to live healthily in a community group as well.



### **Patient activation**

Health truly starts within our communities and within our homes. We shouldn't forget that. And the culture that is being driven slowly is moving towards that direction. I'm talking here about co-design, co-creation patient activation and shared decision-making, an ability to listen to our patients and support them fully in their endeavours, so that we can hear not just about what's the matter in terms of a diagnosis, but what really, truly matters to them as they age and how they can remain healthy and not just pick a number on their age moving forward.



## D.2 Dance - Dr Bogdan Chiva Giurca, SP

---

### **Greatest clinical barrier to health**

You may think these slides just tell a beautiful story and a great view of a young dreamer. Many of you will start thinking, hang on, there's something there that we're not tackling, because what's the biggest barrier to me in the clinical environment, listening to a patient? What do I struggle most with? What's the number one problem GPs have with their patients, what do I face in the A&E is Time, as some of you will criticize and rightly think. How can you deliver that person centred care and that SP intervention? How can you find the time for it? And to that I always say – False!

### **Education the biggest barrier – Connecting to SPLW for person-centred care**

I think education is the biggest barrier. Not time. Time is relative, and time can be quantified and be put in as an upfront investment. If I take ten extra minutes to connect someone to a SPLW and they get connected within the community and supported to co-design, to create a plan of their own based on what truly matters to them with the SPLW - and join a dancing class, like Fergus was saying, and enjoy the benefits of that, then really I'm not going to see them again so soon. Or I'm going to deal with their biomedical aspects, but they're going to get a lot of benefits from the psychosocial elements; and that's an upfront investment that I, as a doctor and as a clinician and willing to make.

### **Deprescribing medication and reducing strain on healthcare system**

Yes, I'm sacrificing ten minutes, but I'm saving future appointments, which means deprescribing medications. So we're not overprescribing painkillers. We are also reducing the strain on the healthcare system and reducing the amount of clinical interventions that are often unnecessary as we've seen in the recent [Chief Pharmacy Officer report<sup>2</sup>](#) saying that 10% of all the drugs we prescribe are useless and just lay there with the patient in the house, but they never are actually needed. And maybe you will think that it's an overstatement to say that education is the biggest barrier, but here are some facts.

### **SP reduces GP workload**

According to the Royal College of General Practitioners, 59% of GPs said that SP reduces the workload. and those who said they didn't were the ones who were never trained or educated in SP.<sup>3</sup> So that is again to say that I don't believe time is our biggest problem here.

### **SP Champion Scheme – bi-directional opportunities**

I think education for the future workforce. Today's programme that illustrates the importance of shaping the future generations, where students can learn first-hand, from lived experience, as much as they learn about anatomy, learn how dancing classes, music or drama on Prescription, learn about how engaging in arts programmes supports and empowers patients with dementia

---

<sup>2</sup> Ridge, K. 2021. "Major review estimates 10% of items dispensed in primary care are overprescribed", *The Pharmaceutical Journal*, 22 Sep 2021.

<sup>3</sup> "RCGP calls on government to facilitate 'SP' for all practices" [Royal College of General Practitioners survey, May 2018.](#)

## D.2 Dance – Dr Bogdan Chiva Giurca, SP

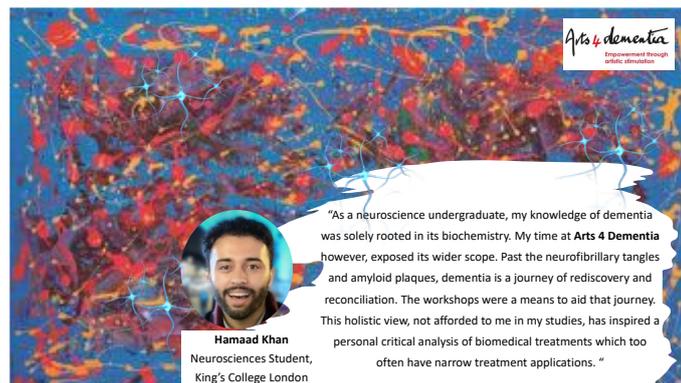
---

to preserve their brain health, which goes to say that there's a bi-directional learning opportunity there.

### Widening student learning

As students learn from the situation, they become more open to see things differently as a clinician in the future. But also they bridge the intergenerational gap, provide reverse mentoring and energize the elderly, with whom they engage during those sessions.

Hamaad, a neuroscience student, said that his knowledge had been solely rooted in biochemistry, but his time at A4D has truly exposed him to the wider scope, past the amyloid



plaques dementia and became Hamaad's personal journey, that dementia could be aided through more than just the medication and those clinical appointments – and that we get to do in the hospital tomorrow. Hamaad has been rescued – as have many other students..

### Global SP Alliance

We are not just talking UK. We've launched the Global Alliance for SP, which looks at workforce as one of its core aims, but also at research evidence, and an international community of practice. So we can learn from each other and from the different existing SP models across the world.

### The Ripple Effect

So with your support, what we're trying to do is spread the word, involve the future generation and change that paradigm that Muir was portraying earlier, and just to close, it stands within your power to act on this vibration to cause that ripple effect. No matter how small you think your impact may be in just pointing a student – a school student or a university student – towards one of these activities and giving them a hand to understand that the value of psychosocial interventions, you will change their perceptions. And it will help us deliver, not in one year's time, but maybe in five years' time, as the generations move through, as the students of today become healthcare professionals of tomorrow, that vision of that 21st century healthcare that Muir was talking about earlier.

**MG** *We have discovered the elixir of life - it is knowledge consumed through life-long learning*

**CA, Chair** Thank you very much for that intervention, Bogdan, because what you described was moving from body parts to people, which is the journey that a lot of us have been on as physicians for many, many years.

## D.2 Brainability and Dance - Debate

---

### **MG Face to Face – and value of virtual**

We always say that obviously we should be getting people out more to meet other people, but that many have difficulty with that. And then I am very interested in people as you become less mobile, then virtual meetings with other people become necessary because there may be very few people near you. Supposing I don't know if Shostakovich has done a ballet, but the number of people interested in Shostakovich ballet<sup>4</sup> - there may not be anyone else in Oxford, so virtual gives you that chance to meet with them. In general, we focus on getting people out more to meet others in the face, but the evidence is strong and getting stronger.

### **Avoiding the term “digital” – natural**

I'm trying to stop the word “digital”. Tim Bernes Lee was asked in 2000 what was his ten-year ambition? He said that nobody would be using the word “internet”. We don't talk about electric health or electrical healthcare. So we're not going to speak about digital healthcare in ten years' time.

## **D E B A T E**

### **CA, Chair Blended – Face to Face**

What we're talking about now is this new blended approach to assist people with behaviour change through a life course. Digital modalities form part of that. But concentrating on digital is crazy. We need to be talking about people; and people interact best in a face-to-face environment. I'd love for today to be a face-to-face meeting if we could, but sometimes you need a bit of both. Usually, you need a bit of everything – I think this is what we're describing.

Fergus, what's your sense of what you heard today? Did it give you some comfort that there is the evidence that dance is important?

### **FE Value of supporting evidence.**

Absolutely. I am very relieved to see so many points of connection in what we're all saying and so encouraging. As a practitioner I've never doubted the reality of what we're doing, but to have the backup of real evidence is brilliant.

**CA, Chair** There is a real question, Fergus, when is certainty achieved? When things are absolutely certain, perhaps it's a little bit too late. We need to be in a position whereby on the balance of probability, it is more than likely that something is beneficial. Now we know there have been lots of experiments and research around how important it is, for example, to be agile enough, to stand up from a chair; and we talk about walk speed and longevity. There's all sorts of research. Clearly being a dancer and having been fortunate enough to actually see dancers sometimes professionally as well, they're extraordinary

---

<sup>4</sup> (Shostakovich ballets, *The Golden Age* (1930), *The Bolt* (1931) and *The Bright Stream* (1935) and *Ballet Suites* (1935).)

## D.2 Brainability and Dance - Debate

---

people in my opinion, because they are incredibly supple, but those are the professional dancers. Even for us, moving, dance is wonderful because you have music to help you – it's such an opportunity to retain that suppleness, that connectedness, that is so important.

### **FE Evidence of enjoyment, scientific proof the cream.**

The great thing is, if you give people a situation where they can dance, hopefully in a group, you want to prove that there's some way scientifically that this does some good. But the first thing is they're all having a great time, really enjoying it first and foremost. So, you know, something's going on, good, whatever. The rest is cream (on the pudding)

**CA, Chair** Bogdan, Can you comment on what you heard today from Muir, from Fergus?

### **BCG Digital, health inequalities and accessibility**

On the digital aspect, which is a very powerful comment, I think we should note and perhaps support those who are most in need around that. That is a big barrier for people. It goes back to health inequalities as well. It's how do we ensure we grant access to those most vulnerable, and those most in need? And how do we ensure we don't leave anyone behind?

### **Reverse mentoring and involving students**

I would hope that we can take advantage of that reverse mentoring in which you once again, get the students living within nearby communities, the youngsters to meet informally, to develop some groups, to do some training and some IT, sessions as well. But I believe IT access remains a big problem. We could widen the gap if we're not carefully tackling that as well.

**CA, Chair** Yes, that's exactly why we should be thinking of blended approaches. There's wonderful research around the generational effects of having people work with their grandparents. We know this really does make a difference.

### **Music and connectedness**

Does music assist with connectedness? Let me ask you Fergus first. What, what's your sense about the effect of music on people with cognitive decline. You're working within that area all the time?

**FE Rhythmic unity** I think it's tremendously central to everything. On all sorts of levels music is, always feeding things; and obviously music and dance have always had this intimate connection. For example, there's some interesting research going on at the moment about the benefits of rhythm. It's a simple thing, but what's happening when people are joining together in rhythmic unity of some sort, with music, with movement?.

**CA, Chair** You are certainly not kidding. I still can't figure out why Richard Strauss put some music together at the end of *Der Rosenkavalier* and 80% of the audience starts crying. Why a series of notes induces tears. That is something to reflect upon.

## D.2 Brainability and Dance - Debate

---

**MG** Yes, this is very important and perhaps you should follow this up. We've got a combination of things happening now.

- Firstly, there is concern about overprescribing.
- Secondly, I haven't managed to pull this off yet, but it is possible to shift money from the prescribing budget to an activity budget, but I think this will happen soon.
- I'd like to include teachers of dance along with physical activity professionals, as people who are providing a therapeutic service – to link up with a professional association for dance teachers ([National Association for Teachers of Dance](#) and Sussex-based [International Dance Teachers Association](#)), get the SP link
- Absence of SP or Active prescribing opportunities Actually, the Overprescribing Report said that one of the reasons for overprescribing was the absence of social or active prescribing opportunities. The word Active has been written for the first time in a Department of Health paper, and I'm in touch with the top of the office there.

I think this is the start of something and thanks to A4D for developing it.

We now need to make it happen!.

### **Putting “Dance” on the prescription list**

We now need to put “Dance” on the prescription list. We haven't got the opportunity for doing this because we're just about to introduce this system where every drug prescription will be accompanied by an activity prescription. And that could be both an online prescription and a link to a local dance opportunity through SP. So we're getting close.

### **Creating a directory of dance opportunities for brain health**

List dance opportunities (see [Arts 4 Dementia website](#)) I'd be very pleased to follow this up. Veronica, you're got a terrific group of people together. So let's try and think, how could we get a list of the dance opportunities? Then I know how to build them into the GP information systems In the years to come.

### **CA, Chair Next Steps for dance on prescription**

Can I ask you each, starting with you Muir because you have the floor at the moment. So to give some thoughts as to next steps, next steps, which you would suggest, make sense for the audience and for us within a minute, please,

### **FE Linking teachers and practitioners with social prescribers**

What Muir was just talking about is very exciting for me, the idea of actually getting a directory, linking teachers and practitioners with prescribers. I think that the logical route would be through a national organization for community dance, called [People Dancing](#).. With them, we could certainly begin to sort that out quite quickly and I'd be very excited to be part of that because I think it's what we need.

## D.2 Brainability and Dance - Debate

---

### **BCG** Trust in the complementary value of SP

I was just reflecting on a point that Muir made earlier. Isn't it interesting to get the so-called experts, the doctors, to suggest dance and social activities – we had to call it SP. It's because it's in our genes as clinicians to want to medicalize things, but it acted as a great Trojan horse to get the buy-in from others, to drive this revolution, this change in the way we deliver health care to acknowledge that social and psychological is as important as biological.

We're not saying replace it. That's not the idea, it's not delivering a purely psychosocial model, it's saying you're complimenting it where it's not fit for purpose and where it doesn't meet the needs of the individual. And I'm going to end on that note, but just to say, you have my vote on, on brain health and I'm going to support that the future generation Count on us. There are several medical students in the audience that I saw on the comments as well. Count us in. We'll do our best.

**CA, Chair** Muir, final thoughts.

**MG** This is the end of the beginning. We look forward. Charles, and I will follow this up with Veronica. This used to become part of the British national formula for activity therapy. I'll follow up with People Dancing. Thank you very much.

**VFG** Thank you for your compelling guidance and superb chairing.

**AUDIENCE** – Delegates registered from Australia, Austria, Canada, Curacao, China, France, India, Ireland, Korea, Taiwan, World Health Organisation, USA and throughout the UK.



## DEBATE 3

### Music to Preserve Brain Health



LIVE LONGER BETTER



## Debate 3 Music

---

### **Music to Preserve Brain Health (Tuesday 11 January 2022)**

Chaired by BBC broadcaster, Katie Derham, this webinar invites leaders in SP, clinical neuropsychology, culture, health and wellbeing, and specialists in music for dementia, to present guidance to help spread the practice of SP to music to preserve brain health.

The uplifting power of music making, singing, learning, playing an instrument, dancing, performing together, nurtures our resilience in the community. Whatever the genre - classical, rock, pop, community choir, orchestra or band - music has a vital role to play to preserve brain health.

Useful research resources for this webinar include the [Global Council on Brain Health's report Music on Our Minds: The Rich Potential of Music to Promote Brain Health and Mental Wellbeing](#), (2020). A4D, [A.R.T.S. for Brain Health: Social Prescribing transforming the diagnostic narrative for Dementia: From Despair to Desire](#), (2021) and [Music Reawakening](#) (2015):<sup>5</sup>

#### **H O S T S**

**Veronica Franklin Gould**, President, Arts 4 Dementia

**45** **Sir Muir Gray**, Director, [Optimal Ageing Programme](#)

#### **C H A I R**

**46** **Katie Derham**, BBC Broadcaster, A4D Patron

#### **S P E A K E R S**

**46** **Dr Iban Tripiana Sanchez**, Clinical Neuropsychologist, Castellón de la Plana, Spain

**48** **Dr Bogdan Chiva Giurca**, [National Academy for SP & Global SP Alliance](#)

**50** **Phil Hallett**, Chief Executive, [Coda Music Trust](#)

**52** **Grace Meadows**, Director, [Music for Dementia](#))

**54** **Victoria Hume**, Director, [Culture Health and Wellbeing Alliance](#)

**56** **Sian Brand** (NHS England [SP](#) Regional Facilitator)

**58** **D E B A T E**

---

<sup>5</sup> Actions from this webinar provided supporting material for SP Music for Brain Health for the Health and Care Bill committee stage debate in House of Lords, proposed by Baroness Greengross and Rt. Hon. Lord Howarth of Newport, January 2022.

## D.3 Music

---



Sir Muir Gray, Director, Optimal Ageing Programme, co-host

**Digital Connection:** Firstly, I'm going to speak a little bit about digital and obviously we should get people face to face. But we're looking at different ways in which we can use the power of digital:

**Streaming music into care homes** (see pp.00-00)

We can stream concerts to care homes. Maki Sekiya, the Japanese pianist here (see p.00) has done that. Even more important, I think, is we can connect people. There's probably 1,382 people love Verdi in care homes – but that's one every six care homes, but could we bring them together? The answer yes; and it needn't be Verdi. It could be bagpipes or Scottish country dance music or something like that.

**Opera companies to record on VR**

We need to get the big companies, like Garsington, to record their operas on VR and we are introducing VR to care homes – You can stand in the chorus or dance in the chorus line !!!

**Musical preferences in medical record**

The same applies to the medical record. If the record had a musical love, eg Verdi, then the GP information system could automatically connect then to Verdi initiatives locally and virtually. The patient is the only person constant in health care - everyone else is part time or sessional, so we need to take responsibility for our medical and musical record. And when people are admitted to a care home their musical preferences and passions would be collected - as important as their NHS number.

**GPs prescribing music**

The third digital initiative that's taking place is that GPs will be able to prescribe music now that we've got the GP information systems able to do SP.

**Set up a charity to promote music / help young musicians**

The other thing I'd here say is that if you want to reduce your risk of dementia, the most important thing you can do is to get involved in setting up a charity who promote music or to help young musicians. It's interaction and challenges with others that's probably the single most important thing you can do. And the tougher the job the better it is for you. So I look forward to today's programme very much and be thinking about ways in which we can make this real and every care home, and every person isolated in their own home; and how we can build it into music therapy, linked to every drug therapy.

**VFG, A4D host**      Thank you Muir.

Welcome to Katie Derham, our longstanding Arts 4 Dementia patron and chair of our *Music Reawakening* conference and highly popular BBC broadcaster - presenter of Radio 3's *In Tune*, of the BBC Promenade Concerts at the Royal Albert Hall, and stunning *Strictly Come Dancing* finalist. Katie, as ever, a very warm welcome!

## D.3 Music

---



Katie Derham, BBC, Chair

It's an absolute pleasure. You know how committed I am to supporting your wonderful organization and how important this whole area of research is to me personally, Such a pleasure to be here and for so many of you to be joining as well. This is something that I've been very passionate about for a long time. I've got the delight at the moment of presenting a podcast, which I hope people listen to called Just the Tonic, which is really focusing on the transformative power of music and the arts.

What we all have in common on this panel is a fervent belief that music and the arts can transform people's physical and mental health; and what I hope we get from the next hour or so is a sense of what programmes are out there, how they work, how more people can access them and how we can campaign at a policy level for music to be made more central to our lives at every stage.

We have this eminent panel, Veronica has introduced them; and I'd like to ask them all to talk for about five minutes or so each, so that then we all have a chance at the end of this hour to get involved, have a discussion; and for me to be able to take questions from you all as well, who are listening to this webinar. So first though it is my great pleasure to hand over to Dr. Sanchez, the clinical neuropsychologist from Spain. Dr Sanchez, can you set the scene for us, if you liked why music is so good for the brain health.



Dr Iban Tripiano Sanchez, clinical neuropsychologist

### Improving memory and attention

Studies show how music improves memory in general, verbal memory in healthy subjects; and those with dementia, demonstrating how music improves working memory and attention; and how musical memory prevails over other types of memory in Alzheimer's disease.<sup>6</sup>

- Music and cognition
- Improved verbal memory
- Improved working memory and attention
- Musical memory prevails over other types of memory in AD

### Active musical practice improving cognitive performance

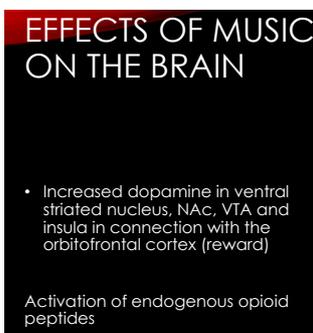
Active musical practice improves cognitive performance in general. In our group of research, we are working on this. Active musical practice increases cognitive reserve; and if cognitive reserve is increased, it is less probable that the diagnosis will be Alzheimer's or another dementia. Music reduces disruptive, aggressive behaviours and anxiety in people with Alzheimer's.

**Empowering social interaction and participation** Music is an important source of social and interactional cohesion,<sup>7</sup> increases participation and empowerment in people with dementia.

---

<sup>6</sup>Balakrishnan Nair, (2013) Music and Dementia

<sup>7</sup>Sixsmith A. & Gibson G. (2007), Music and the Wellbeing of people with dementia



## D.3 Music

### Reducing apathy, inducing pleasure

Live music reduces apathy in people with dementia too. One of the effects of music on the brain is increased dopamine, inducing pleasure sensations, activation of endogenous opioid peptides. <sup>8</sup>

### Reducing stress, anxiety and pain

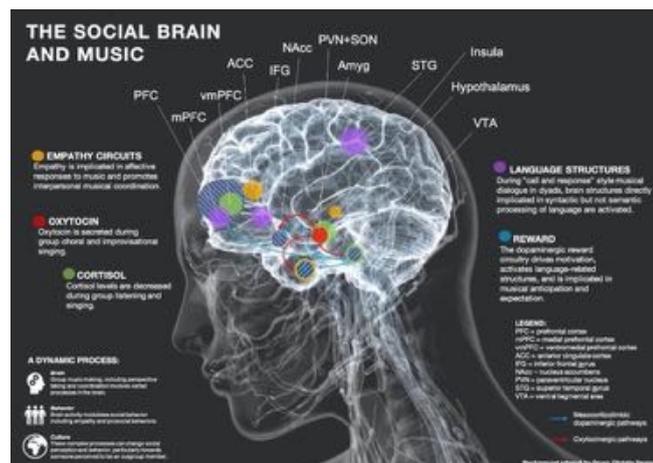
The use of music will reduce stress, protect against disease and modulate pain. Music in the brain reduces levels of endorphins, of cortisone, of anxiety.

### How music strengthens the immune system

An important theme of music for me in dementia is that music strengthens the immune system. One aspect of Alzheimer's or another dementia relates to infection, bacteria infection in the mouth, like gingivitis or herpes virus in the brain. Here music is important in strengthening the immune system. It's very, very important for me. Studies provide evidence that music increases activity of NK cells, increases lymphocytes, T cells, CD4. It is significant that music modulates the immune system, increases social participation and increase empathy, which is important. increased oxytocin level too.

### Impact of group singing

Singing in groups increases oxytocin levels, the concentrations of immunoglobulin s-IgA, one of the main antibodies in the body.<sup>9</sup>



**Sian Brand** That evidence is so helpful to us to widen promotion of music to support brain health and even general wellbeing!

Now, I invite Bogdan, please, to speak next because you're working with other doctors. I know how passionately you feel that this knowledge about the importance of music and the arts on brain health has to be integral to the training in the medical profession:

<sup>8</sup> Holmes, C., Knights, A. et al (2006), "Keep music live: music and the alleviation of apathy in dementia subjects".

<sup>9</sup> Vernia-Carasco & Sanchez, I.T.(2021) "Active Musical Practice for the Prevention of Alzheimer's. A Case in Alcora, Spain". CHWA International Conference). Greenberg, D.M. et al (2021) *American Psychologist*. "The Social Neuroscience of Music: Understanding the Social Brain Through Human Song".

## D.3 Music

---



### Dr Bogdan Chiva Giurca, NASP, GSPA

Thank you, Katie, for the warm welcome. It's lovely to see so many familiar faces, so many people from around the world joining in. Thank you so much Iban for that fantastic point around the evidence and the benefits for music.

#### **Health care vs sick care**

When I say the word “health” or “healthcare”, what do you think of? What do you imagine? Here, we’re already in a group where you’ll be thinking about much more, but your mind does that without you wanting to. One day, go around and think about scrubs, stethoscopes, blood tests, X-rays, imaging scans, blood pressure, cuffs pills. That's what young students go into healthcare for, right? Stitching suturing, surgery, illness; and you're not wrong to imagine all of those things. It's the way medicine has really been portrayed for decades, using battleground terminology of fighting illness. We've more or less been taught to deliver a sick care model, one that pays doctors like me within the emergency department to fix and repair what's broken. But how wrong is that?

How wrong is it that we don't put a price on preventing disease, on teaching our young trainees and students to improve brain health in the long run. We seek a formal diagnosis constantly, clinging to it with our teeth and don't go ahead until we've put a label on an individual, when we could have actually helped them live well in the longer run, regardless of the diagnosis and label. The revolving door and fixed shop mentality we built over the years only allows us to focus on the one-third of the total population at a given time - those who are already sick. Think about that for a second. Two-thirds of us are currently healthy, but we don't get to think about health until we become ill. So when we do get ill, we seek it in formal institutions where the so-called experts are waiting to save the day.

How have we allowed that to happen? Because year after year, we've taught healthcare students in an algorithmic fashion, in a constant battle against disease. If X, then Y. What we were really doing was offering tomorrow's healthcare professionals, a tunnel vision, a one-dimensional definition, a biomedical approach to health, a definition that sadly doesn't reflect the reality that we live in, a reality defined in proportion of 80% of our social determinants of health, our housing, our income, our education, our access to certain activities.

With people living longer, a rise in long-term chronic diseases and the dramatic increase in dementia by 2050, as reported in the Lancet paper,<sup>10</sup> we have to change the definition of health once and for all.

#### **Brain health at the heart of local communities**

Brain health doesn't have to start within the hospital environment. Brain health starts within our homes and at the heart of our local communities with

---

<sup>10</sup> “Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: an analysis for the Global Burden of Disease study, Jan 6, 2022

## D.3 Music

---

activities such as music, like Iban said. For the future generation of cultural professionals, they need to understand that too.

### **Training**

First and foremost, healthcare professional training must include music on prescription through organizations, such as Arts 4 Dementia. Music for dementia students from across the UK have already started to understand that medicine is far from just being biomedical in nature. They clearly caught me in time and look how that's turned out.

### **Early referral to music to preserve brain health**

Secondly, early referral and accessibility to brain health activities, such as music within the community is crucial. Accessibility - music shouldn't only be accessible to some, it should be accessible to all. It should be everyone's basic human right? But for that to happen, we need to tackle health inequalities and ensure we don't leave anyone behind, because it's easy for us to keep engaging with people who are self-motivated and self-empowered to seek such activities. But what about the ones who don't have the opportunity to learn about or experience the benefits of music?

### **Funding support for music programmes**

Support for the voluntary care sector organizations is crucial to ensure adequate funding for such activities to take place - activities that we know will result in healthier individuals and therefore healthier communities in the long run.

### **How we can reshape values, effect culture change to preserve brain health**

What can we – the already converted – do to change the definition of health once and for all? I believe whether we like it or not – hopefully we do like it – we are role models for those around us, be it in our own families as individuals, be it within the clinical environment as mentors, or within the academic world or even within the workplace as colleagues. Through each of our spheres of influence, we can play a role in reshaping values and beliefs, both amongst the current, but also the future generation. I don't talk just about clinicians. I talk about everyone's perspective and definition of health; I think my promise to myself and to you is that I'll continue campaigning for SP and access to healthy community activities until tomorrow's healthcare professionals see SP and music interventions as exciting as the most expensive immunotherapy drug or the most complex brain surgery you can imagine. When that happens, when we see all that social and psychological as important as biomedical, we'll get to experience the full benefits of community health and prevention. Thank you.

**KD, Chair** I'd like you to be everybody's doctor! That's inspirational.

Let's turn now to examples of extremely successful programmes, putting this work into action. I'd like to introduce you to Phil Hallett from Coda Music Trust. He has been working with arts education for many moons. He's a champion, I think it's fair to say, and I'd love to hear more from you about what Coda is doing down in Dorset.

## D.3 Music

---



### Phil Hallett, Chief Executive, [Coda Music Trust](#)

Thank you, Katie. The charity Coda Music Trust is actively engaged in delivering the kinds of services and activities that we've been talking about so far this morning.

#### **Meeting musical needs of Dorset elders**

We're creating a little bubble of wonder down here. I've been here about ten years now; and it's lovely to see how people are responding. We sit on the border of Dorset in the New Forest, in a beautiful part of the world. Our local population is significantly older than other places in the UK. I think at one point Christchurch had the most elderly population in Europe. As a small community-based organization, it was natural for us to begin to meet the needs and demands of our local population. Over time the word has spread and our staff and users have seen the potential for doing more.

#### **Social ensembles, bands, courses and classes**

At the moment, we work with around 200 people in their '60s and older, every week. (We do also work with people of all ages and abilities, but I'm focusing today on this group of people.) We provide a whole range of social ensembles, and bands, and courses and classes that occupy a space in the sweet spot between learning and wellbeing - they meet both those objectives. Ten years ago, we had one choir here at Coda. Now our choirs are joined by ukulele bands, jazz bands, folk bands, and a whole range of beginner and intermediate courses and classes that enable progression to and from these groups.

#### **Music's vital role in health and wellbeing**

Although we have a significant arts and health programme at Coda, which includes a clinical music therapy service and projects that use music to specific health issues, such as Parkinson's, stroke and dementia, the lure for people coming to the bands and groups I'm talking about here was first and foremost to learn, to play music in a band with other people. However, over the past decade, as general awareness has grown to how music can play a vital part in keeping physically and mentally active and supporting health and wellbeing in older age, we've seen this area of work grow as a motivation for working with us. People now come because they know playing music is good for them, sure and simple as that.

#### **Financial sustainability**

The groups that we run are pretty much financially sustainable; and I think that's an important element for us to look at in this whole kind of mix, especially as the SP structures are emerging in the UK. We typically charge a small fee for attending (£5, £6 or £7), which multiplied by numbers in the group helps to pay for our professional music leader and other costs where necessary. Sometimes there's a combination of a small fee and subsidies or donations or grants, for which Coda fundraises as a charity, either specifically for core courses or classes, or more generally as a charity. But on the whole, when we're creating a sustainable range of activities and services here.

## D.3 Music

---

### **Qualitative testimony**

There is no formal evaluation around the impact with these groups, just a myriad of anecdotal evidence and testimony from those attending about how it's helped with a recent bereavement or how it's kept people positive and connected throughout the pandemic or how their confidence has grown, having performed publicly for the first time. All of these, though, are key indicators when you start looking at wellbeing, surveys and results.

### **A blended way forward for music on prescription**

I know that probably to truly connect with the formal health and social care services, more evaluation is probably a requirement, but I think what we're trying to create here is a model where there's a blended way forward, where music on prescription perhaps led by a clinical music therapy team and playing in a band are acknowledged as points on a scale of progress in the path to improving or maintaining wellbeing.

### **Witnessing culture change for users, health and social care systems**

In the past few years, I've certainly seen a culture change on the ground with both our users and with the health and social care systems. Certainly, a move towards more holistic understanding of health that includes wellbeing and non-medical interventions, some acceptance by people themselves of their role in their own health and an acceptance of how art and arts organizations can play a vital part in this bigger picture.

When I first got here, we would deliver to GP surgeries, our fliers around Singing for Health sessions, and people were confused as to why we were doing such a thing and not accept those flyers. They were wondering what that was; and similarly, more seriously, maybe we would fall down when trying to get mental health patients referred for music therapy by social adult social care departments, but this is changing now.

Instead I see excitement on the faces of local social prescribers when I describe the whole range of opportunities that are offered by Coda and our cultural partners locally. There are lots of challenges, I think in particular, how we work together with such different cultures of practice. Also, maybe, whether the solutions we're offering can be accepted by those who are so used to medical intervention themselves, and even whether charities like Coda can survive, to play their role in this system as funds become scarcer and need greater.

### **Rusty Rockers**

But for now I know almost 25, mostly older gentlemen will invade Coda shortly for their Rusty Rockers session, which is a kind of musical Men's Shed. They come to achieve their dream of playing in a rock band, but in the process, they make new friends and find support for their shared concerns. They're challenged and stimulated mentally to learn and play their favourite songs and physically to get and keep their fingers and toes moving. They may never tour the world, but they may still be dancing like Mick Jagger and the Stones well into their '70s and '80s. And that's gotta be a good thing, isn't it?

## D.3 Music

---

**KD, Chair** Most certainly does. I've now got that image in my mind of what, to what your morning is going to be like after this debate; and it's noisy and it's full of joy. Thank you so much for all the work you do.

Can I turn now to Grace at Music for Dementia to just explain a little bit about the powerful work that you've been doing there. I know that you're aiming to work with the DCMS and change policy, so it would be really interesting to hear that angle as well.



**Grace Meadows, Director, [Music for Dementia](#)**

Thank you, Katie. And thanks to everybody. It's been a very inspiring already this morning and there's more to come. I know that we are, as Bogdan mentioned, talking to the converted, but for those of you who aren't aware, Music for Dementia is a national campaign calling for music to be an integral part of dementia care for all the reasons we have discussed this morning.

With the pandemic, we are faced with extraordinary challenges now that are acute, that are complex, that are cross sector and require a joined-up, collaborative, cohesive co-operative approach as to how we approach them, how we recover, how we rehabilitate. Whilst music is not a silver bullet, it's not a panacea for everything, what we have learned, what we know and what the evidence shows us is that music is incredibly powerful to support health and wellbeing.

### **Working with UK Music for music across the lifespan**

Since April last year we have been working with [UK Music](#), the umbrella body representing the UK music industry, to say, what more can we do if we join up and take a genuine cross sectoral sectorial approach. Elevating the original mission of the Music for Dementia campaign, which was bringing people together around the power of music for one particular group, we are now saying what happens if we put music into life across the lifespan?

I am naturally biased as a music therapist and as a musician and someone who's worked in the NHS, in special educational needs, end of life, I've worked with mums-to-be right through to people at the end of life. I can see how music is the soundtrack to our lives. What we are saying is, let's make music an integral part of our lives. Bogdan, you said something really important about accessibility. That chimes in very nicely with what we've always said at the campaign: that it's about the right music at the right time delivered in the right way by the right person. It's that individualized personalized approach. And you can take that if you have the right national and local services in place, and that's what we're calling for with our work with UK Music. We've done a series of workshops.

### **Power of Music report – to improve & enrich our wellbeing, sense of self, contribution to the world**

We're in the process of writing a report and presenting that to the Departments of Culture Media and Sport, of Health and Social Care, and the Department of Education. Because we understand that we need to do this



## D.3 Music

---

together if we're going to create that culture and behavioural change and that different approach to music, taking it from being a nicety to that "absolute necessity" (Oliver Sachs). We've always said that music, isn't a nicety for people with dementia. It's a necessity, but actually as we are all musical beings, We all have the capacity to respond to music. Whether we believe that or not, regardless of what we think of our voices, we all have an inherent ability to respond to music; and therefore we have this capacity to have music as a health and wellbeing tool across our lifespan. What we've found through this consultation is that we are a nation of untapped musical potential. We're not all going to be part of the Rolling Stones, or Nigel Kennedys. We're not all going to be extraordinary musicians of that calibre, but we can use music to enhance and improve and enrich our wellbeing and our sense of self, our sense of contribution to the world - all these soft skills that actually create meaning and purpose and give us drive and momentum and support our wellbeing. And in turn, all of that does feedback and support brain health.

So we will be presenting to government a very bold vision of how we put music into the lifespan; and brilliantly we already have the support of the Secretary of State for the DCMS, Nadine Dorries, who we're talking to about these recommendations. We have the support of the music industry, of Universal Music, which is incredible. We have the support of James Sanderson, the Director of Personalized Care, and others at the NHS and all of you on this call. That's really important because naturally there are issues in the music and health space, because of the impacts on resources.

Let's get behind this one mission, one vision – to ensure that we have an ecosystem that works for all, and that allows local services to flourish, but also allows national programmes to happen, to work in partnership together. It might sound a bit utopian, if we get the structures in place properly, we can make this happen. We can make it so that somebody is growing up with music; and that music is then a self-agency tool to support their health and wellbeing. Then we're really getting into this idea of personalized care, what matters to the individual. Music on Prescription is absolutely the heart of this report and recommendations, because we need to shift that mentality around music being merely nice to have - it is an absolute necessity.

To Muir's point, it's this blended approach we need, that technological aspect, but we also need to make sure that there are in-person services. It's really about the right music at the right time, in the right way. So our campaign is absolutely about music and enabling people to be seen, for who they are, beyond their condition, whether that's dementia or whatever it might be. It's about saying: let's make this integral to what it means to support health and wellbeing. It's very encouraging to hear the collaboration this morning, because it absolutely personifies what it is that we're trying to shift in terms of culture and behaviour and system change. The pandemic has sadly presented us with an opportunity to consider how we can do this differently, how we recover and rehabilitate, with music at the heart leading the way.

I will be fascinated to hear how Nadine Dorries's support actually manifests as policy change. We're all keeping our fingers crossed.

## D.3 Music

---

**KD, Chair** Let us hear now from Victoria, because having heard how important this is, let's talk about how we actually get it all out there. Victoria is Director of the Culture, Health, and Wellbeing Alliance, and has - what's the latest count? - 6,000 practitioners at your fingertips.

**Victoria Hume, Director, Culture Health & Wellbeing Alliance (CHWA)**

Lucky us. Thanks, Katie. it's a pleasure to be here.

**Empowering people to do what they love to do – creativity not the exception, but the rule**

I'm going to start by quoting the Arts 4 Dementia report [A.R.T.S. for Brain Health: SP transforming the diagnostic narrative for Dementia: From Despair to Desire](#).<sup>11</sup> One of your supporters, Andy Burnham, who said,

*I think “care” is helping people do what they love to do, allowing them to connect with their passions, what animates them in life. Empower them to do what they love doing.*

which hits the nail on the head for me. And like all of us, I'm going to work from the assumption that we all believe that giving people access to creativity at moments of crisis, is an essential expression of care. What we're really interested in CHWA is how we can make sure that that becomes not the exception, but the rule.

**CHWA practitioners – freelancers, small organisations – driving arts prescription**

It's important to say that as Phil just illustrated, SP is just one mechanism for helping health services connect with creativity. There are tens of thousands of people already delivering this kind of work around the country in hospitals and clinics in many different community settings as an organization. As you've just said, we've got thousands of members, most of whom are the practitioners who are driving this work forward. It's really dominated by freelancers, small arts organizations. Many museums are engaged in this kind of work. We put out [reports in 2020 and 2021](#) that highlighted just 100 of these arts organizations who were reaching people shielding at home or stuck in institutions during lockdowns, finding ways to support mental and physical health, despite all the obstacles in all of our ways. But SP at this moment with the government backing that it currently has, has the potential to be a really important mechanism to take this further.

**Culture change need: to align medical and arts prescription programmes**

Going back to the A.R.T.S. for Brain Health report again, Professor Martin Marshall, the Chair of the Royal College of General Practitioners says that

*The shift for us in general practice is not just engaging with those medical activities which are core, but to engage with social activities, and make sure the two are aligned.*

So this is a logistical problem, but it's also a cultural one. It represents a huge culture change in primary care and social care and public health, but also in the



A.R.T.S. for Brain Health  
Social Prescribing transforming  
the diagnostic narrative for dementia  
From Despair to Desire



Veronica Foxkin Gould

Arts 4 Dementia

---

<sup>11</sup> A.R.T.S. – wide ranging cultural, creative, heritage, nature etc

## D.3 Music

---

cultural sector, which is beginning to move toward a better understanding of how we can work in a collaborative way.

### **How can freelance musicians or music organizations liaise with social prescribers?**

At CHWA we work with a network of regional champions, a bit like the SP Network, to make sure we understand the realities of this work on the ground and also to spread great practice. But one of the questions that we're trying to answer is: how does a freelance musician or a music organization actually get involved with SP on a practical level? There's no real answer to that question at the moment. A lot of passionate, determined people and organizations have found ways really by just knocking on every door they come across until someone lets them in, but it's a tiring process, a bit arbitrary. It tends to depend on individuals, energies and connections: GPs and SPLWs might want to prescribe into arts programmes: and arts organizations might want to be supporting people's health. There are some amazing examples dotted around the country as we've just heard. But we don't have a consistent and efficient system for making that happen.

### **Government investment needed to fund music and arts prescription programmes**

The real answer to this, echoing Grace's point about having the right mechanisms in place, is proper investment. The government has committed a certain amount of money to the SPLW programme – arguably, not nearly enough - but almost no funding for people who are actually providing the prescriptions.

The A.R.T.S. for Brain Health report highlights the Thriving Communities Fund, which is an exception. It's a great model for bringing together collaborators across health and across a range of specialists, community organizations, not just the arts, but people providing access to nature, supporting exercise, supporting help around finances. And it's really good to know that there's some potential for that programme to be extended. What I hope it will do is catalyze investment into giving these kinds of cross sector collaborations a long-term future, not just this kind of project-based approach that we seem to be stuck in at the moment.

We know from our CHWA surveys that the vast bulk of creative work supporting health is funded through project grants from charitable trusts and foundations. So we have this kind of precarious project-based system trying to meet a big statutory system. What we really need is investment into an infrastructure that can build the kind of alignment that Martin Marshall is talking about.

### **Beacons of joined up place-based partnership respond to local needs**

There are some real beacons out there taking a strategic approach to this work. Gloucestershire CCG has been investing in arts on referral for two decades now, and that longevity of investment has led to significant falls in GP consultation rates and hospital admissions. In 2020 the Greater Manchester Combined Authority. - again goes back to Andy Burnham and the way that the

## D.3 Music

---

city is operating launched a publication called A Social Glue: Greater Manchester, A Creative City Region, which aligns culture with Greater Manchester's commitments to health equality, as the UK's first Marmot city region in Cornwall in the Isles of Scilly, the council's Culture and Public Health teams have come together to develop a creative health and wellbeing partnership - that's particularly focused on addressing health inequalities, improving mental wellbeing, addressing loneliness and isolation.

For me, it's this kind of place-based partnership work that can respond to local priorities and it can provide a network for creative practitioners in this area to be able to find that way into health that can be so elusive at the moment. It's this kind of joined up thinking. Grace referred to an ecosystem, which is a really helpful word that will give us the chance to spread the word that we all know should be happening everywhere.

Music is really like all creativity offers, this chance to transform the story for, and the experience for individuals and their families at moments of deep crisis and change. It can't be about one-off miraculous events any more. This is about how we can make miraculous into the everyday.

**KD, Chair** Victoria, thank you so much. I think it's ideal now that we've got Sian Brand here to talk from the perspective of being part of one of those networks and to just to discuss a little bit about the challenges faced, just trying to make it all pull together and actually working with the practitioners.



### Sian Brand, Co-Chair, National Social Prescribing Network

Thank you, Katie; and thank you so much, Victoria, and all of the other previous speakers, I am just so totally inspired. I've been in SP for a number of years now, probably almost seven years from when the Network started the national network - moving from a social movement of SP to national policy in probably the quickest turnaround I've ever seen happen for the NHS in terms of commissioning something.

So where does SP sit? It came around formally within the NHS England Long-Term Plan, which is now three years old. Funding for SPLW has been in place now for 2½ years. We're still relatively new in terms of national policy. But since that point, we've actually grown the workforce of SPLW to in excess of 1500 across England. That doesn't include social prescriber SPLWs in the devolved nations or emerging across the world, as we know from Bogdan and the Global Alliance.

**NHS Personalised Care: *What matters to you, rather than what's the matter with you.***

It's very much within NHS Personalized Care strategy. You may have heard the saying it's about *What matters to you rather than what's the matter with you.* We're changing that conversation we have with people we're talking to in the NHS and really focusing on their strengths and their assets, their history, what makes them them - music is absolutely a key part of this.



## D.3 Music

---

### **Surgery-based SPLWs**

These SPLW generally are based around GP practices. Many are hosted actually by voluntary sector organizations, but they serve a practice-based population. Anybody with a social need should be able to access a SPLW at an appropriate point where they need it - and obviously never more so than during the pandemic.

### **SPLWs seeing how music meets people's needs**

Have we seen the need for SP SPLWs and that shift to supporting people in their social needs. And music, absolutely, as we've heard from the evidence, and it's wonderful to have that. Evidence plays a key role in health and wellbeing generally, so that bio-psycho-social model and the SPLWs play a key role in knowing what's in the community – that comes as a generic part of their role as SPLWs. But also the need has been mentioned by others, particularly around connecting and knowing what's happening in their communities - it will be different even across the county, as to knowing what's available when, where, and to whom.

### **How SP learning coordinators / regional facilitators can guide linkworkers (SPLW) to music**

In my roles as learning coordinator and regional facilitator, I support the SPLWs directly very practically around the learning and development. I am opening their eyes and I'll absolutely be sharing this webinar with all of my SPLWs in the east and the national team as well

### **Supporting Integrated Care Systems**

I also support systems. We have emerging integrated care systems, and these will be the strategic leaders in regions that will be deciding how their money is spent. I will be placing in front of them, things like this, that say, look, look at the evidence, look at what Phil's doing. Look at how Grace is reporting different schemes and look at Victoria's reports. What are we doing? How are we spending our money? And we will work very closely with the National Academy of SP (NASP) and the regional leads around Thriving Communities.

What's really challenging for those SPLWs at the moment is working in a pandemic. They have very, very heavy, heavy caseloads. So if organizations or musicians suddenly pass their information to individual SPLWs, it's very difficult to get that grit around building relationships because they are so stretched. Even though the ambition of NHS England is to grow teams of SPLWs within PCNs and GP practices, we're not quite there yet.

### **Raising awareness to SPLWs**

The easiest way is probably to connect with your regional facilitator or learning coordinator and link with NASP Thriving Communities lead for your region as well. That way we can build a sort of mini distribution of knowing what's available for music in a set area and share that in a much more accessible way for the SPLWs to get hold of that information.

## D.3 Music – Debate

---

We hold peer support sessions, and many of the areas actually like to have speakers come along and tell them what's going on. There are practical ways that we can help you connect. I hope you take that opportunity to link with those appropriate people.

My job after today is to spread the message about this wonderful webinar and the debate to the SPLW in my region. I'll definitely do it with my other learning coordinators across indeed the country. And I will say the national team as well. Thank you

### DEBATE

A lot of interesting points have been raised. One which strikes me initially is that with the amount of evidence that we've got between us here in this group, how much more convincing does the government need, quite frankly? This is what strikes me every time I have these conversations with people who work with the music and brain health and health generally. Would someone like to get the ball rolling with that.

#### **Sir Muir Gray The Future of Clinical Practice – change the way the professions think**

I think the government's done enough actually. They can do a bit more. I very much hope they get Grace's report and do something about it. Maybe we should plan an attack on the various Royal Colleges. For example, what is The Chartered Society of Physiotherapy's policy on music? The Royal College of GPs is probably on board. I say we can relieve their work by doing it automatically - so the GPs' information systems. but the British Geriatric Society or Royal College of Psychiatrists. We've got to get down to the future of clinical practice; then as the Chief Pharmaceutical Officer's 2021 report on Overprescribing 'Good for me Good for us Good for Everybody: A plan to reduce overprescribing to make patient care better and safer ...said it was a lack of social and active prescribing possibilities that was one of the reasons for prescribing, we need to change the way the professions think, as Bogdan was saying early on.

**GM** I'd absolutely agree with what Muir said and we do need that. Absolutely. But we also need a public campaign so that we start to understand the role of music in supporting health and wellbeing much more, and that people start to associate music with it being an absolute necessity; and I think we can do that in a variety of fun and amazing ways. Just think about what the work Vicky McClure has done with Our dementia choir. She has absolutely put front and centre singing and music for people living with dementia as synonymous. If we can do that over a period of three years in really targeted well-thought-out national campaign that has landing points in it, we can start to help people make associations with music where they may not do currently. It's really about speaking to need, demonstrating how music can address needs, through conversations at a national level. How can music help us address isolation and loneliness? How can it help us support recovery and

## D.3 Music – Debate

---

rehabilitation from the pandemic? How can it support dementia? We need to be taking up to a huge level in terms of the messaging. It's a real communications piece, as well as the kind of systematic tactical stuff that needs to happen, that sort of underpins and ensures that sustainability that the Victoria was talking about.

**KD, Chair** I think your point about it being a big national conversation is so important, Grace. But I know there are questions coming in as well, making the point that there is a reduction in music in schools; and if we're not getting children accessing music at a young age then we have got a bit of a problem, getting them to understand the importance of music for their health and wellbeing. So are you sensing at a policy level when you're dealing with DCMS, that they're talking to the Department of Health, the Department of Education as well?

**GM** Yes, what we're doing is we're trying to take a cross departmental approach to this is, is to bring DCMS apart from Education and the DHSC together. Because if we want to push that lifespan message, we have to have all those departments working together.

**VFG, Host** To bridge the gap in support for people as symptoms of a potential dementia come in, we need GPs to know that they can refer them to music right at that early stage, because they are living in fear and trauma. And increasing strain at home needs to be overcome.

### **More empowering to refer to “preserving brain health” than passive “for dementia”**

And also, although A4D and Music for Dementia have “dementia” in their name. where possible, especially before a diagnosis, when people are traumatized by the thought of having a dementia to refer to “brain health”. Mindful that of the terrible adjective “demented” that people casually misuse, the [Global Brain Health Institute](#) had an excellent podcast by a person who has dementia. She said, *I would much rather people referred to my condition as “a brain disease - like heart disease”*. It's a matter of tact.

If we can try now and think of brain health, of preserving brain health, always to be positive and empowering before and even actually after diagnosis. We did all need to have “dementia” in our charities’ titles because people needed to know that music and the arts - all of that - really do help. But where possible, if we can change the language and refer to preserving brain health before and after diagnosis – actually we should change our charities’ titles now to Brain Health, it would make people feel much less uncomfortable. We just need to bridge this gap.

### **NICE Dementia Diagnosis Guideline amendment to recommend music and arts at the outset**

I'm hoping a campaign for an amendment to the [NICE Dementia Diagnosis guideline NG 97](#). NICE has a SP guideline, and currently recommend arts for dementia post-diagnosis - this was quite an achievement - but now this amendment and tactful updating of language is needed. Because if you're engaged in a re-energising social, musical group throughout memory

## D.3 Music – Debate

---

assessment, which, however sensitive, makes people worry that they are failing the test and, worse, in front of their son or daughter, who has never before pitied their parent, being referred to music at the onset of symptoms will enable people to remain happily active in the community. Obviously, we want music throughout the life course. But now we need to make a concerted effort to avoid hurtful comments like “s/he’s away with the fairies” and talk instead to the husband or wife. Talk to them. It is everyone’s right to enjoy music and the arts – and as dementia symptoms strike, people need encouragement and support to enrich their lives through music – Coda is a perfect example of the wide range of musical opportunities.

**KD, Chair** Victoria, what would you like to connect?

### **VH Building trust and raising awareness of musical opportunities**

Some of this is about building trust. I spoke about the fact that there's a culture change. As a GP, how do you get excited about referring somebody to a music programme - A, if you don't know where there is one / B, if you're not sure how exactly that's going to contribute to health. There are several aspects to it: there's exactly what Muir said, the national conversation is definitely a big part of that; and an awareness-raising programme.

### **Quality, process and involvement**

Some of the anxiety that we hear expressed is around quality frameworks and how you assess as a clinical practitioner, the quality of the work that you're prescribing people into. I get very nervous about the word “quality” in relation to the arts, because I associate it with a High Arts ideal, which is not really what a lot of this work is about. It's much more about process and involvement.

### **First Quality Framework for SP**

NASP, the National Association of Voluntary and Community Action, and Spirit of 2012 are collaborating on the first quality framework for SP, which will be really helpful for us, because it takes the pressure off arts organizations to be determining that, at a distance from clinical imperatives. But a lot of it for me is about local partnerships. It's experiencing this work that often converts people to understanding the value of it; and if we can get to a point where GP consortia and SPLWs are able to work more with artists who are in the same physical area as them, then you start to build trust and understanding. It becomes much more about relationships that have some sort of longevity and less about this abstract idea of clinical over here and music over here.

**KD, Chair** Is it a pipe dream to think that one of the most effective ways to get that trust and understanding from the health practitioners would be for them to experience it themselves?

**VH** I don't think it's a pipe dream at all. It's critical; and thank God for Bogdan and all the work he's doing. Getting this work into clinical education is totally critical for me. If people have experienced some aspect of the arts during their education, as clinicians or as Allied Health professionals, that totally transforms the way they work.

## D.3 Music – Debate

---

**KD, Chair** So I'm thinking Bogdan, you need to set up several choirs in amongst all junior doctors.

### **BCG Wide-ranging students to interact with participants at arts for brain health workshops**

Absolutely. And not just doctors, broad healthcare professionals, but also arts students who are working together with medical students, nursing students, occupational therapy students, physiotherapists and drama students interacting together in such a way that they appreciate health differently once again - in a way in which we don't just fix broken things, in a way that we prevent, and create health from the beginning. This I think is something we've neglected, but we can't neglect anymore.

We know there will be a projected increase of dementia by 2050, and what the pandemic is showing us now, and with people living longer, which is to be celebrated, there's an increase in chronic diseases. With more and more patients turning up, the quality in care is decreasing because we're running around trying to fix things.

### **Misconception amongst clinicians that personalised care and SP increases workload and time**

There's a huge misconception amongst clinicians and amongst my colleagues thinking that personalized care and SP increases their workload and their time. And they think they don't have time to deliver that. I've had comments made to me as a doctor in the Emergency department that I don't have time to do certain activities or be nice to people and try to look at the long-term problems and that's wrong because I know deep down it is an upfront investment of time that I'm making, and therefore it's going to prevent them in the future from coming in and using the service again.

### **GPs feel SP eases their workload**

Royal College of GPs report shows 59% of all GPs feel SP eases their workload - but funny enough it was only those who were trained on the subject. The correlation there being that education is the barrier, not time.

**KD, Chair** We are approaching the end of our time. Veronica, do you want to just round things up?

**VFG, Host** Thanks above all, Katie, because your presence here has brought in more delegates than we've ever had before to our Arts for Brain Health webinars. Thank you for your professional support and wondrous inspiration. The efficacy of music itself played no small part; and Muir you have guided our webinars to make a difference.

### **Arts for care homes**

And although Arts 4 Dementia's charitable mission has always been to support through artistic stimulation for people living in the community - so, apart from our training for arts facilitators, my experience has not involved care homes, I appreciate the vital importance here too, so we'll share the issues raised today.

## D.3 Music – Debate

---

### **Cross-sector student interaction with participants at arts workshops to preserve brain health**

A key point that Bogdan has made is the involvement at arts workshops of medical and neuroscience, nursing, physiotherapy students and art students interacting together with people experiencing cognitive challenges. Sian, we should liaise with you to find out how to include social care trainees too, and all get together.

### **Working towards policy change**

Thank you to Katie, to each vital speaker, to Iban, the clinical neuropsychologist from Spain and to you all for guiding the webinar today, working towards policy change.

### **Postscript**

Baroness Greengross put forward for debate in the House of Lords amendments to the Health and Care Bill recommending that patients be referred to SP for music and the arts – from the onset of symptoms of a potential dementia to preserve brain health, with A4D invited to contribute input, including this [webinar transcript](#).

**AUDIENCE** – Delegates registered from Canada, India, Malta, Spain, Taiwan, USA and throughout the UK.



## DEBATE 4

### Drama to Preserve Brain Health



LIVE  
LONGER  
BETTER

*Arts 4 dementia*  
Empowerment through  
artistic stimulation

## D.4 Drama

---

### **Drama for Brain Health (Tuesday 8 February 2022)**

Co-hosted by Veronica Franklin Gould, President, Arts 4 Dementia (A4D), and Sir Muir Gray, Director of the Optimal Ageing Programme at The University of Oxford, this webinar debates models of drama as creative ageing programmes to preserve brain health. Developing characters, working together to create scenarios is a truly engaging way to relieve the loneliness fear and trauma people feel in the period leading to diagnosis of a potential dementia. Our aim being to guide the provision of support at this vulnerable stage, we do not debate post-diagnosis, for which arts are well established,\* but focus on drama models for elders and the SP route from the GP surgery to drama programmes.<sup>12</sup>

Our speakers, specialists in drama for creative ageing – which due to training in Mild Cognitive Impairment and early-stage dementia can be continued post diagnosis – and in culture health and wellbeing and SP, present a range of models. We learn how through SP SPLWs (SPLW), GPs – patients’ first port of call with potential symptoms – can refer patients at the outset of symptoms through SPLW to local drama opportunities, to protect against cognitive decline, loneliness, depression, relieve strain, encourage ingenuity and self-expression, bringing a joyful sense of camaraderie and accomplishment.

\*I should like to add, as founder of A4D’s arts workshop programmes for early-stage dementia, that drama post-diagnosis is vital too and it is valuable to know that all the theatres involved today also run programmes for dementia post-diagnosis – as exemplified in the Leeds Playhouse Dementia Friendly Performances guide produced by the UK’s leading drama for dementia expert, Nicky Taylor (see page 230)

#### **H O S T S**

**Veronica Franklin Gould**, President, Arts 4 Dementia

**65** **Sir Muir Gray**, Director, The Optimal Ageing Programme, at The University of Oxford

#### **C H A I R**

**66** **Dr Peter Bagshaw GP**, Clinical lead for Mental Health and Dementia, Somerset CCG. Chair of Clinical Engagement at the UK DRI DEMON Network.

#### **S P E A K E R S**

**66** **Dr Sheila McCormick**, Senior Lecturer, BA Programme Leader in  
& Theatre and Performance, University of Salford - author of Applied  
**81** Theatre: Creative Ageing

---

<sup>12</sup> A.R.T.S. for Brain Health: SP transforming the diagnostic narrative for Dementia: From Despair to Desire (2021, Arts 4 Dementia)

## D.4 Drama

---

- 67** **Andy Barry**, Elders Company producer at the Royal Exchange Theatre, in Manchester
- 69** **David Workman**, Head of Participation, Elders Company & Encore, Southwark Playhouse, London
- 71** **Machteld De Ruyck** Older People's Programme Manager at Leeds Playhouse
- 73** **Jenny Marshall**, Head of Member Experience. **127 Bee Burgess**, Head of Outreach and Support Services for Open Age in West London.
- 75** **Anna Woolf**, London Arts in Health, Culture Health & Wellbeing Alliance (CHWA),
- 77** **Liza Jarvis**, Senior Programme Manager, NHS South-West SPN Learning Co-ordinator,
- 78** **D E B A T E**



**Sir Muir Gray, Director, Optimal Ageing Programme, author of Increase your Brainability and Reduce your Risk of Dementia, co-host.**

### **Increasing activity to prevent, delay, slow down, even reverse, dementia**

It's tremendously exciting. The evidence is very strong now that we can prevent, delay, slow down and even reverse, in some cases, dementia. And exactly the same risk factors are for frailty. Dementia and frailty are the conditions that people fear most. We no longer fear cancer in the same way. It's a long-term condition and very treatable. To do this we have to increase activity – physical, cognitive and emotional. Few ways better of doing that than through drama. We are also thinking a lot about how we can use virtual as well as face to face. Obviously, we should get try and people out of their homes, but we are now going to introduction through GP systems ways of reaching people in their own homes.

### **Connectedness**

Secondly, we need to think of connectedness and there are now ways of connecting people, so there must be in care homes or in their own homes 1,251 people who love *Hamlet* and maybe 781 people who love Whitehall Farces, if you remember Whitehall Farces. These communities can be brought together using the internet to share and experience.

### **Living Longer Better**

Finally, I'd say to you, organising arts and drama from yourselves is a very good way to reduce your risk of dementia, challenges - very exciting and I think we are now seeing the move from recognising the NHS as a disease service to diagnose and treat disease, but wellbeing is improved by many other interventions, one of which is drama. Looking forward to today's workshop and I would like to congratulate Veronica in all she's doing to bring together music, drama and pictorial art forms and the contributions that the arts can make to Living Longer Better

## D.4 Drama

---

### “Elders” and healthy longevity

We are moving from talking about “ageing” except to describe a normal biological process that does not cause problems till the later nineties. We are now focused on healthy longevity. Great to see how many of you are using the term “elders”



Chair: Dr Peter Bagshaw GP, Clinical lead for Mental Health and Dementia, Somerset CCG. Chair of Clinical Engagement at the UK DRI DEMON Network.

Thank you, Muir. I absolutely endorse what you are saying. The current evidence shows we can reduce the incidence of dementia by about 40% by introducing lifestyle changes. Now, if you think there is a drug out which didn't have any side-effects, was free and reduces your chance of dementia by about 40%, we would all be taking it! So why aren't we doing these lifestyle changes?

Part of it is around reducing metabolic syndrome, obesity, inactivity, loneliness, but part of it is around cognitive stimulation, which is a NICE recommended procedure. I can't think of a better way of being cognitively stimulated than doing arts. Somerset Emotional Wellbeing Podcast.



Dr Sheila McCormick, Senior Lecturer, BA Programme Leader in Theatre and Performance, University of Salford

Good morning, thank you Peter. I think it probably would be helpful for me to give some context to what applied theatre is and how it differs in this area than it does, potentially, in other areas.



### Applied theatre

Applied theatre, which many people attending will know, is a practice of making work with for or by a community, and entering into that community as a visitor, knowing very clearly that you are a visitor and that you're not a member of that community; and offering an opportunity to make with, or for, or by, work. I think the difference between applied theatre in this particular area and applied theatre in, say, prisons or in schools, is that this type or form of applied theatre is very much about affect. It's about pleasure and sociality, engagement, community, spending time with another individual, as opposed to potentially learning something, whether that can be something that comes as an aside.

## D.4 Drama

---

### Being “other”

What would be interesting to think about is what makes this kind of practice slightly different from other practices and I think it is about addressing issues that relate to dementia but also issues that relate to ageing and social isolation and marginalisation, ageism, a sense of other in society and being “other”, which is an unusual thing because we will all age, but we seem to hold people who have aged from ourselves, certainly in our youth and middle age.

### Intergenerational practice

What I am interested in now is looking at interdisciplinary practice. I've moved on to look at areas around death and dying, and attitudes towards death and dying But I am also really interested in intergenerational practice - not necessarily just young people with older people - but also middle-aged people with older adults, young children with older adults, so that we become a more inclusive society and then these kinds of issues that we're talking about become less othered and very much part of the conversation as we grow old ourselves.

**PB, Chair** Thank you Sheila.. That's fantastic.

We shall now move on to Andy Barry who is Elders Company Producer at the Royal Exchange Theatre in Manchester.



[Andy Barry, Elders Company producer and theatre director, the Royal Exchange Theatre, Manchester](#)

### Challenging ageing stereotypes

At the Royal Exchange Theatre Elders Company we have got quite an established Elders Company which has also developed into a wider Elders programme. The overarching aims are to promote creativity in later life and encourage that. As we all know, it's a powerful tool to help people feel valued, feel energised and to have a sense of purpose as well, and also a sense of joy. I think that really importantly the Elders is also about challenging ageing stereotypes, not just in wider society but also in individuals because often those stereotypes are internalised.

Our Company model is a year-long journey which people take part in. It's for people over 60.

At the end of that year, they become graduates. We continue to work with them and they engage with us regularly in different ways, including joining our Elders Leaders Programme which is a leadership programme. We also have regular public day-long



## D.4 Drama

---

programmes - activities called *Elders Mondays* which take place twice a month; and that includes play-reading, play-writing and practical drama sessions

We also do a lot of intergenerational work with our young company. We have found ways to move people through the programme and to keep challenging them as we do that, stretching them in new ways. That also makes space for new people who want to become involved.

The people who join us are a mix of first timers. What we are able to do is create quite safe supportive spaces where people build confidence and also friendship groups. I think this experience really helps people. As they are ageing it helps them to develop support networks and also build their own personal resilience which can become really useful in other areas of their life.

During the pandemic we have been challenged to help them to remain creative. The film you are seeing is a mockumentary that we made of a group of older people in Manchester trying to keep their theatre group going, It was our love letter to theatre. Also, at the start of the pandemic and on Zoom they said they wanted to be connected but also to laugh together, so that was the brief that they set. As the lockdown progressed, new people have joined, and new friendships have formed.

A group of our Elders graduates went further and with support they started their own daily coffee mornings. It soon became a creative space and during lockdown they started to produce their own films, which they have posted on YouTube. They still continue to meet every day, including on Christmas Day. It's a really great example of how with a bit of support from us, they can support themselves in a much deeper way than we were able to as an organisation. They have done that for themselves. They have been creative. They have published their own collection of poetry anthology called *Elders Unmuted* which they then sold at a profit for the theatre. So, it becomes part of a much bigger ecology and being together has given them purpose and stretches them in different ways, creatively, technologically. Some of them have really developed their leadership skills.

### Intergenerational

As well as making theatre, we create spaces for people from different generations to meet and talk. This challenges people to think in new ways, to grow and maybe shift opinion. These

photos are from an online project. We did a music project and then also an in-person piece of theatre last year called *Wit & Wisdom* which



## D.4 Drama

---

explored the role of comedy in our lives. It was fun and joyful, but it also provoked some interesting discussions around race and gender and inclusion, which were really interesting to have intergenerationally.

### **Phone a Friend & We'll Be in Touch**

Then we did *Phone a Friend & We'll be in Touch*, a project where we partnered some of our leaders with people living with dementia, creating poetry together on the phone - there is a [short film online](#). That was a really nice way of older people supporting other older people.



Finally, I think the key learning or takeaway from my talk will be that being part of a company programme like this, one can develop: confidence, resilience, emotional and physical wellbeing. It can also be a space where people can belong and celebrate the joys of being alive.

**PB, Chair** Thank you, Andy. Anyone who's thinking they may be a little old to get involved in theatre, we have fine older actors - Dame Judi Dench, for instance. I recently saw Sir Ian MacKellen skipping up and down steps on stage as a 25-year-old Hamlet. Sir Anthony Hopkins played a man with dementia in *The Father* very movingly. So get involved - it's never too late!

**SM** The Elders have also come to teach our students at Salford University.

**MG, Co-host** A sense of mission is very important. Could every elder group not only participate but raise money, eg, through a sponsored walking programme, to help the theatre and older actors



**David Workman, Head of Participation, [Elders Company](#) & [Encore](#), Southwark Playhouse, South London**

I'm responsible for all our programmes of work, working in the community, outreach, but today talking about two particular projects. We've got our Elders Company, for which I take a lot of inspiration from the work of Andy. We are part of a network across the country, with Leeds Playhouse, amongst others. All our work is predicated on the belief that arts are a fundamental right. Whatever, wherever you find yourself in life, whatever age, whatever background, whatever situation, we bring that to bear in all of our work.

### ***Elders Company* – drama to preserve brain health**

Our Elders Company, very similar to the work of the Royal Exchange, is a group that supports older people, aged 65 and over. That's a way of

## D.4 Drama

---

using drama to stay active to maintain Brain Health, connections with others, combat loneliness, combat isolation; and we've continued all the way through lockdown. That group has been running for six years. Many of the group have been with us since the start. They have continued, built their own connections, their own relationship and friendships between within that. And that for us feels as important as the work we do. It's those connections though, those communities that build and support.

### **Encore – drama to preserve brain health pre- & post-diagnosis**

But in conjunction with Arts 4 Dementia in 2020, we launched *Encore* – (formerly known as *Muse of Fire*) - which was a project for adults diagnosed or awaiting diagnosis of early-stage dementia, with the aim of using drama as a tool to support memory loss, cognition, maintaining confidence with participants. That's been running since 2020, and through locked down. With that, we had a range of participants, some who came with their partners, some with their friends; it's been great because again, lots of them have continued with us. And there is clear anecdotal sense of the impact, it's hard. Sue, a participant who had had a diagnosis of potential vascular dementia, who's managed to maintain her reading ability and regained aspects of that. and she's really proud of being able to do that. It's been nice to be able to support her.

### **Range of drama**

Thinking of the work we do with the group, it depends - we look at a range of things. We've looked at scripted texts, everything from Shakespeare to contemporary works. We've looked at devising using our own imaginations, our own ideas around social and political themes and all of this, it's about engaging the brain, engaging those processes to support, continued engagement and health.

We work with around 45-60 older people across all our programmes every year. And much like Andy we've helped develop their leadership skills as well as directors, as writers, as facilitators and working with younger people as well. We really try and provide a broad range of opportunities.

In terms of SP, we've also worked with our local SPLWs to spread the word about the work. That's an ongoing process and ongoing relationship building. But we were really keen to develop that and share the impact of the work with SPLWs and GPs, so that we can hopefully have people referred to us across all our work.

I'm really pleased to be able to be part of the network with everyone here, to share what we're doing and share that here from the great work of everybody else. Thank you very much.

## D.4 Drama

---

**VFG, co-host** It was remarkable to learn from one of your Southwark Playhouse participants that her diagnosis of vascular dementia, due to loss of memory and reading ability following a stroke, was revised after a year of art and of fantastic drama with you, during which she regained her memory and reading ability. Doctors subsequently revised the diagnosis to stroke damage, no longer dementia.

**PB, Chair** Thank you, David. We were talking earlier about the arts and theatre as cognitive stimulation, but you've stressed that it's also about getting people together. We know for instance, that loneliness and social isolation is a specific risk factor for dementia. The work that you and others are doing in bringing people together is fantastic.

We're next heading back up north. Having gone down to London, we're going up to Leeds:

### **Machteld de Ruyck, Older People's Programme Manager at [Leeds Playhouse](#)**



It's lovely to be here. The Leeds Playhouse has a history going back 30 years when we started creating creative opportunities for older people. Some members, who have been part of this programme throughout, started in their '50s and now are in their '80s, which is exciting.

The Playhouse does lots of work with people living with dementia (Our Time), but Veronica has asked me to talk about what we do pre-diagnosis and what creative opportunities we have for people to improve brain health. So I'm going to focus on *Heydays*:

#### **Heydays**

Heydays is a creative arts project. We have 200 members coming to the Playhouse every Wednesday. They take part in a range of creative arts activities - arts and crafts, drama, dance, singing, talks, discussion groups, member-led playreading. So it's a really busy day on a Wednesday with lots of opportunities!

Our drama group has a very generous, inclusive space where people can try drama or develop their skills in drama. In some terms they perform, sometimes they don't, so there's no pressure on members. There are about 30 people in the drama group – luckily, not all 200 at the same time in the drama group. What is really good about this group is that it's really inclusive of people to just want him to try drama for the first time or people who've been part of it for a very long time, have a new challenge every term.



## D.4 Drama

---

### **Working with GPs for 30 years**

We have worked for the last 30 years with social prescribers - SP was there before the actual role of a social prescriber was in GPs. We have worked with GPs and memory health support workers into getting people to *Heydays* and try the drama group.

### **Companionship**

This has been a really beneficial journey for people because they have tried something new. They found companionships. As Andy was talking about as well, the companionship that people find within the community of that space can be really supportive.

### **Modifying risk factors for dementia**

It also really helps with the NHS outcomes of improving balance, reducing the risk of falls, isolation, which can all lead to decline in brain health.

We don't promise anything like clinical outcomes in the work. But what we do promise is that we will create an engaging, stimulating environment. And we have seen people who have attended a drama group with Mild Cognitive Decline, and they have been coming for over a decade, but we just support people. And the *Heydays* membership is really supportive to people as well, which is really important

### **Dementia Friends & Member Information Sessions**

We have Dementia Friends sessions, and information sessions for the membership, so that if they have someone who might start to display some symptoms, that it's a really supportive environment and that people can continue to be creative. We do an array of other work at the Playhouse for people with a diagnosis, who go on to co-create our programmes for participants with dementia.

**PB, Chair** I was really interested that you used the phrase “brain health”, because this is something that’s come to the fore in the last year or so, a different way of looking at it rather than there being this disease cause by Tao, called dementia. We look at brain health which is around the general ageing and Sir Muir was pointing out the links between dementia and frailty. Of course there are links with Parkinson's disease and other neurodegenerative diseases. The sort of thing that Machteld tells and the others are describing a way of boosting our brain health to protect us against the decline that can happen with ageing and with other damaging factors. It's a new way of looking at it and one that I'm very keen about as it's less stigmatizing. So thank you.

**VFG, Co-Host** Leeds Playhouse, like Southwark Playhouse, offers ideal programming – Heydays members with MCI, can continue co-creating with dementia, through your Our Time.

## D.4 Drama

---

**MG, co-host** Don't worry about measuring clinical outcomes. Evidence is very strong that

- 1) Activity, physical cognitive and emotional
- 2) Being engaged with others
- 3) Having a sense of purpose

will all lead to better brain health and wellbeing so just concentrate on measuring those activities



**Jenny Marshall, Head of Member Experience, Open Age**

**Connecting to elders through arts, cultural and social groups, physical activity, learning**

Open Age operates predominantly in north-west London, providing a wide range of low-cost high quality group-based activities for people aged 50 and above, generally across four main categories - arts, cultural and social groups; physical activity; informal learning; and outreach and support services. Our oldest member is actually 104 years old.

Our purpose is to connect people over 50, enable them to appreciate experiences and new opportunities; and also to enable older people to continue to age well, mentally and physically and, of course, have fun. Speaking to this audience in relation to drama, I wanted to talk briefly about some of the work Open Age has done and continues to work on. Open Age generally works with a variety of partners, not only to host more opportunities for our members, but equally, so they can feel connected to their local community and culture.

### **Partnership: National Theatre**

We worked with the National Theatre as one of eight founding community partners in their public arts programme. This project was about creating extraordinary works of interactive theatre; and brought together community organizations and theatres together as a force for change. The partnership was over about two years and included ongoing workshops that led to a production each year, The first year Open Age were part of a 200 cast performance that performed *Pericles on the Olivier stage* at the National Theatre itself. I got very emotional when I saw that one. And in the second year, *As You Like It at the Queen's Theatre in Hornchurch*. The idea was that the community would go to the theatre; then the theatre would come to a local community theatre for the second year. Most of the members taking part had not even considered attending a drama group, let alone be on stage. It's quite daunting being on the Olivier stage. But many said that it gave them a purpose or a stage to find their identity and created a willingness to try new things. One member said, "I found a family in the theatre."

**VFG, Co-host** I'll never forget our A4D dance, music and art participant with dementia – he'd have a go at anything – telling me years later that he was learning Shakespeare lines each night for Open Age – how inspiring!

## D.4 Drama

---

### **Partnership: Comedy with Imperial College**

The second project I wanted to share is a comedy project in partnership with Imperial College. We wanted to build on the legacy of the [Public Acts](#) initiative, where members gained new-found confidence, a project which continued to encapsulate inclusivity, share connections, experiences, and a sense of purpose through Open Age's self-made community and its partners.

We wanted to capture, hone and showcase the comedy-writing skills of older local residents, probably a demographic not normally associated with comedy.

Participants attended four workshops and wrote a five-minute comedy routine, which they performed a fundraising event for Open Age. Members also learned about the science of the brain, science of laughter and science of consonance as part of their journey. Feedback was overwhelming and really positive. Even I was slightly shocked when the first member of their opening act joked about a recent sexual experience they had. But our partners felt that it was an open forum to share that. It's an experience for us, on a learning curve for all. Open Age has seen first-hand how drama has enabled members to tell their story, express feelings appropriately and form new or improve relationships, and as a result have decreased anxiety and loneliness, thus allowing members to age well individually.

As part of a new community, I wanted to introduce my colleague Bee at this point, because we have multiple gateways into Open Age; and I think it's useful for the audience to know how you can refer into an organization like ours.

### **Bee Burgess, Head of Outreach and Support Services, Open Age**

For people who might not easily make their way to an Open Age activity, because anybody over 50 can join, they just ask for the Membership Form and away you go. But for those who are isolated or have other barriers to participation, the Outreach and Support services team acts as a gateway. If you go onto [our website](#), click on [Support and Referrals](#) for the [Referral Form](#). We ask for anybody making a referral to contact our link-up service first. Have an informal chat to make sure that it's the right fit for both.

### **Outreach and Support activities, Men's Space programme**

There you'll see our tailored services under the Outreach and Support. There's a whole host of things, including a [men's programme](#), creating safe space, lots of activities under there, as well as phone groups and other things. That's it in a nutshell.

**PB, Chair** Thank you, Jennie and Bee. You were saying how people feel well when they're on stage and rise to the challenge. There's a phrase "Dr. Theatre" amongst actors – the fact that you've got to go on stage and deliver, however you're feeling, can actually improve your wellbeing and health. You've demonstrated "Dr. Theatre" very well.

## D.4 Drama



### Anna Woolf, Interim Director, London Arts in Health, Culture Health and Wellbeing Alliance London regional champion

I would like to talk about a resource we've been developing at London Arts and Health (LAH) to help practitioners. At LAH, we are a sector support organization. Our role really is to connect freelancers, practitioners and organizations with clinical staff, helping to meld all those conversations together to make sure that best practice is happening.

#### **Creativity and Wellbeing Week**

We're a charitable sector support organization for London. We also have a festival called Creativity and Wellbeing Week, which runs every May; and we offer lots of peer support and training. Here I want to thank Veronica for her amazing reports - that's the kind of thing that we promote through our networks and make sure that people have access to, best practice and research. We also have a website newsletter and lots of online resources.



#### **The Arts and Culture, SP Mythbuster**

Something that we've been developing for the last year with the Greater London Authority is a resource called The Arts and Culture, SP Mythbuster. What we've found is that lots of

freelance members of our organization or lone practitioners or smaller organizations are really delivering brilliant cultural, SP activities already, but might be struggling to make that jump into more formal SP avenues. For example, connecting with local SPLWs, understanding what evaluation might need to be provided or how to get referrals. We built this toolkit in collaboration with lots of organizations. Veronica kindly consulted on this and is featured in one of the podcasts - you can hear her talking about referrals. The toolkit is really there for people to utilize and it contains lots of different links. We're publishing a second iteration of this in March. It's quite London focused.

#### **Culture Health and Wellbeing Alliance (CHWA)**

I will also talk briefly about CHWA of which we're one of the regional leads for London. CHWA is a brilliant organization, a national organization. If you find your Regional Coordinator through CHWA, you can outreach to them and make those links with local SPLW and think about the best routes in.

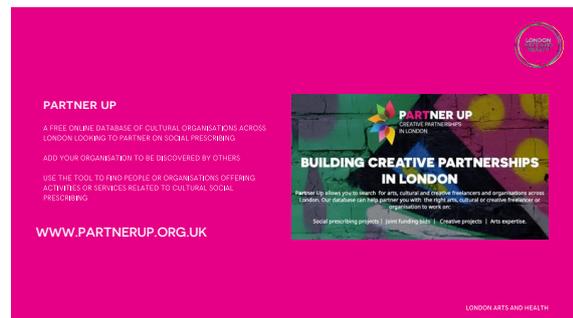
## D.4 Drama

### NASP Thriving Communities

Something that we've found a lot in London and we've chatted to many different people, including those involved in TC projects and SPLW - is that they often feel quite overwhelmed by cultural organizations. You have amazing offerings, but they need to find ways to filter and work with people and make sure they're working within any sort of NHS systems, particularly thinking about how you make that referral or how you might do evaluation. This toolkit is a way to learn a bit more about that.

#### Partnerup

We also have another tool that might be useful called PartnerUp. This is a way of building creative partnerships. So if you're offering something, a certain practice evaluation or whatever, it might be, research, you can use our free PartnerUp tool to find other like-minded organizations.



#### **Examples of SP Best Practice: Culture on Prescription**

Essentially, at LAH and CHWA, we're always looking for good examples of SP or best practice - we can promote these across our network and our channels. For example, on Thursday this week, we are strategically running with the Greater London Authority and Arts Council England round tables; we have the head of Public Health for London and cultural organizations and we are going to host a roundtable thinking about the new Integrated Care System structure and how culture is baked into that offering.

How do we ensure that our brilliant cultural, SP projects, like those we're talking about today get commissioned and a part of that mix to keep everybody healthy and happy. So, if you're doing that kind of work, please talk to your CHWA regional leads because they can help to elevate this up the food chain, so to speak. Hopefully these provide helpful resources and some other people to network and link within your region.

**PB, Chair** Anna, you mentioned SP, which leads us on to our next speaker. Having been a GP and prescribed pills for three decades, I had to realize rather late in the day that I've been doing it completely wrong and that I should have been prescribing SP lifestyle, emotional wellbeing, self-help; and that, that would have made a much bigger difference to my patients' health than all these wretched pills that I prescribed them. So, as I say, that takes us very well to Liza Jarvis.

## D.4 Drama

---

### Liza Jarvis, Senior Programme Manager for south-west NHSE SP Network.

I'm really inspired by all those wonderful presentations because in my job, I don't get to hear a lot about arts and culture and I could listen to you all day and thank you, Anna, for a really nice segue into looking at SP. I'm a senior programme manager for NHS England in the south-west region for our personalized care team; and I lead on SP across the whole region.

#### **SP – Two-Way Communication**

I'm going to talk to you about ways that you can start engaging more with SP, SPLW, Regional Learning Co-ordinators, to find out what's going on in your region, to start growing the ability for people to refer into your services. But also for you to be able to connect the other way as well. It's a real two-way communication.

#### **Collaborative**

We worked very much with the voluntary and community sector, with our colleagues in TC at NASP and also with the local authority. SP isn't new - that's what we did when I started as a youth worker. But now it has been badged by the NHS and we have SPLW. It is very much that collaborative approach between everybody and about how we can support people to reduce social isolation and find some of the solutions to people's support needs within their local communities and making sure that people can link up with things that matter to them.

#### **Reconnecting**

Activities that patients may feel are in their past, or that they haven't been able to connect with in a while, SP is a great way of making sure that people can connect back with arts and culture and what really bring them joy, which as we have heard, can have a massive medical impact.

#### **Making Contact with SPLW**

In every PCN, there should be at least one SPLW. This means that every GP surgery should be able to link into one SP networker. They might be spread across a couple of different surgeries, but there will still be somebody who is your contact. The best way to get in touch with them is through your local GP surgeries. Because as you can imagine, people change all the time. They move around. There are more SPLW all the time. Some people have four or five SPLW. Some focus on SP for older people, or for children and young people, or the armed forces. SPLW are popping up all over the place. So, GP surgeries are the best place to make contact.

If you are struggling, you can come through me and I can give you the contact. You can go through your Regional Learning Coordinator. In every region there is somebody like myself - I cover the south-west, but there is somebody who covers SP and looks at supporting the existing SPLW - but also being that communication between what's going on nationally, but also on the ground. What are the innovative things that we can get people linking in with?

## D.4 Drama – Debate

---

### SPLW “What Matters to You” Conversation

Sometimes when we have that “what matters to you” conversation with people, they don't know what they want to get involved in. They don't know what is possible. So it's really important that SPLW know what's available in arts and culture and can say, “Well, have you thought about this, or have you thought about that?” So having that partnership conversation is key when we're working with people.

Finally, to say that SP and engaging people in everyday ordinary activities is life-changing. We've seen some amazing outcomes for people. And as David and Machteld have said, some of the things that they've seen in their projects are absolutely fantastic. But we need to get SPLW and PCNs linked up with what you're doing and pushing arts and culture, which has such a fantastic impact on people's lives.

**PB, Chair** Thanks Liza and to all our speakers. I'd now like to throw open the debate.

### **D E B A T E**

**VFG, Co-host** I wonder if you have any thoughts here. A GP in my choir looked really despondent. He had referred patients to arts to help with their depression, but he wasn't getting any feedback, This surprised me as he had the Elemental SP software feeding into his EMIS system.

Thinking of arts organisations, theatres on this call, I wonder if any of you are formally linked up with social prescribers through your Thriving Communities projects, in partnership with local PCNs, for example, so that the GPs could really see the value that their referrals through their SPLWs and their SP software. The SPLWs recommend fantastic programmes, the wonderful work that you all do Liza, but we know they are very busy SPLWs, responsible for tens of thousands of patients.

How can GPs receive feedback, Is more training needed, for example as it surely is important that GPs see the real value of your magnificent drama programmes. Would anybody want to speak on that subject?

**MdR** I can reflect a little bit about a partnership that we have got with a surgery that is not specifically related to older people's work, but we have a partnership with a GP surgery; and we are exploring our relationship surrounding health inequalities and how we're working together with a GP who has got some trailblazer funding to really formalize those referrals; and I think that has gone a step further than SP, because it's really created a partnership together with Glasgow University, the surgery and the Playhouse, which is a model that is really interesting, especially looks around health inequalities amongst young people. But obviously that is a model that can be working for all ages.

I think this is the way forward that with this trailblazer funding, where a GP gets a day a week to figure out how partnerships with health and cultural

## D.4 Drama – Debate

---

sector can work. That's pretty extraordinary that the time of a GP gets one day a week to develop that, but that project is still really much in development, and I don't lead on it. I'm not an expert on it, but that's an example of how I think we are working towards the future in partnerships.

**MG, Co-host** We now have the GP information systems set up so that they will automatically generate an activity prescription, eg linked to the word depression even though the GP forgets to do it or, as a locus, does not know about local opportunities. Everyone who gets a pill will get an activity prescription too. Remember, activity is cognitive and emotional as well as physical

**PB, Chair** Thank you. I've got a question from the floor.

**Cultural Diversity** - (See Cultural Diversity in Arts for Brain Health, pp.00-00)

CHAT **Anna Briggs**. Do any of you organize activities targeted BAME elders? I know this is a particularly difficult area. I've recently worked with the Race Equality Foundation, trying to reach out to South Asians in particular, because we know that we're just not getting it right in this group in dementia.

**JM** Open Age's model is both to deliver in dedicated spaces alongside 50-60 different community venues. In a nutshell we think it important to provide dedicated space but equally to go where older people are, which means that we ensure we reach a diverse audience any age 50 to 100+

**DW**

**Black Writers Collective** At Southwark Playhouse, our project [separate cultures] isn't targeted specifically, but we reach out to community organizations or groups who work with particular groups to encourage them to join. That's ongoing, building relationships with groups in the community, but we've got a writers' group for black people - for all ages. Members of our Elders Company have also joined that, working with younger writers. We also try and refer participants to other opportunities. It's ongoing, building those connections and then spreading the word within our community for us.

**AB**

**The Dream Project for older people from the African and African Caribbean diaspora**

I was just going to say that in terms of the Royal Exchange Theatre Elders recruitment and referrals to our projects, it's an area of diversity. Ethnic Diversity is an area that we can do a lot, lot better. This year we're running a project called The Dream Project for older people of the African and African Caribbean, diaspora which is a specific project that is led by an older black artist. The hope is that by the end, some of those people will have had a safe, embedded experience with us and then feel more comfortable and willing to access some of our other programmes; and if the model works, it might be something that in future years, we focus on different global majority communities who we aren't seeing now, access our programmes. We're at the early stages of that.

## D.4 Drama – Debate

---

**M de R** That sounds amazing. I'd love to hear more about The Dream project. That sounds fantastic. I was just going to say that I think what I've always been reluctant for it to become about recruiting people just to make our programs more diverse. The targeted thing is not about just making us look more diverse as a project.

### **Partnership working**

The most successful projects that we run - similar to Andy - is our partnership working. The most successful project is that we work with leaders in that community and that it is a mutual exchange of what we're offering, but also what they're offering. It's not about us parachuting in and saying, "oh please come to this project", but seeing what we can do to help. Because we have a duty as cultural organizations that are majorly white led in this country, to see how we can be better providers of culture, arts and creativity for communities that do not feel traditionally represented in our cultural settings. We really need to do a lot better. The Playhouse needs to do a lot better. I think the sector needs to do a lot better, and that the expertise is in the partnerships. But as Andy was saying, I think we have to do better and we have to develop, and we have to create meaningful work that is accessible and not just about upping our Equal Opportunities monitoring forms.

**AB** Just to add to that, it actually makes us stronger as arts organizations, because it makes the work more interesting and more representative and richer. I definitely think that's the way to approach any form of inclusion and broadening reach.

**VFG, A4D host** Language In our A.R.T.S. for Brain Health SP report we address cultural diversity and inclusivity. Rather than use the term BAME, we refer to "ethnic diversity" or "inclusivity", but many of these cultural organizations, such as Leeds Black Elders who run their own activities. The thing is to link in with them, for the arts organizations to link in with them and try and perhaps partner with them.

CHAT **Anna Briggs** "Inclusivity" isn't an appropriate term, it implies white people including others into the mainstream, like a favour that's granted. "Diversity" isn't a great term either as it often means inviting a few people of colour to bring a sprinkle of change, as opposed to actual representation.

**PB, Chair** I think you're right to pick up on the terminology, It's a minefield, isn't it getting the right terminology because you just don't know if you're getting the correct term and it changes. We were recently notified by the NHSE discouraging us from using the term BME or BAME, but unfortunately with no suggestion as to what we should use instead.

### **Nigel, A4D** **Training Offer for Ethnic Minorities**

At A4D, we run an early-stage dementia awareness training for arts facilitators, and we have long recognized the importance of there being community arts opportunities, workshops within ethnic minority communities led by people who might be said look like the people from the community. And it's very hard to get people to come and do training from those communities. We now run an ethnic minority initiative which enables people to attend these

## D.4 Drama – Debate

---

full day trainings, specifically for art facilitators working with people with dementia, who can attend at a very profoundly discounted price for an already subsidised programme. And after leading or assisting in two community sessions, they can get that fully refunded. So, we would like to push that, and let people know within communities of this offer for ethnic minorities.

**VFG, A4D host** May I ask if anyone wants to talk about moving from drama for creative ageing to post diagnosis, so the ease of transfer. I remember when I went up to Leeds Playhouse, it was clear that *Heydays*, drama as creative ageing for older people is very different from *Our Time*, the drama programme post-diagnosis. It was hugely moving to feel that these programmes were being co-created or interview based, really exciting. So it would be very good to know, particularly for the prescribers how a patient, for example, a person, who has got early symptoms of potential dementia.

I would also like to say that if people are referred to preserve their brain health and are doing it while they are having memory assessment, this will preserve their confidence. Then by the time they have their diagnosis, they'll know how they can continue these wonderful drama programmes. If their diagnosis turns out not be a dementia, the engaging character of drama and other programmes has been good for their wellbeing and helped to preserve brain health.

It would be interesting to know if any of the drama leaders know, at early stages, how to transfer to your post-diagnostic programmes?

**PB, Chair** I think we're sometimes guilty of feeling that people with dementia can't do things and that's absolutely not the case. Many have been moved by Paul Harvey, composing on his piano with quite advanced dementia. I was lucky enough to be involved with *The restaurant that makes mistakes*, the Channel 4 programme where people with dementia were running a restaurant. So absolutely people after a diagnosis can still lead very full lives.

**Tom Watkins, East region lead for NASP Thriving Communities Drama – a powerful, meaningful way to enable expression** This session brings together several of my very dear passions. Firstly, SP and wellbeing in general, drama which is very dear to my heart and good dementia care. I just wanted to summarise some of the thoughts that occur to me right now, which is that I think that drama is uniquely placed to help support people from ethnically diverse communities to navigate their time pre- or post-diagnosis, because for some people, for certain members of communities, it can be quite difficult to cope with the stigma of a diagnosis like dementia. Drama can help people to express that in quite a meaningful and powerful way, for people, who may otherwise, may struggle to explain and come to terms with that because of their cultural identity. So, I think that this is really significant work.

**Dr Sheila McCormick, Senior Lecturer, BA Programme Leader in Theatre and Performance, University of Salford.**

Veronica has asked me to speak to the last question. It's fantastic to hear about all of this work and I'm looking forward to learning more about it. Very specifically, Veronica asked us to speak about that pre-diagnosis period. I think for me, a lot of the work I correlated in *Applied Theatre: Creative Ageing* was

## D.4 Drama – Debate

---

about a public-private continuum; and how this work is presented very much along that continuum. The private very much being either small group sessions or I know we're asked not to speak about care situations today, there are those elements between the public and the private. I think all the health benefits that have been talked about today are significant.

### Visibility

Also really important is the sense of visibility and space to be present within arts practice and seen as viable creators and artists in and of themselves. That's one thing we haven't really touched on, that part of this work creates visibility.

You mentioned, Peter, that the television show, *The Restaurant*, for example, we should say that, although this stuff does happen privately within a workshop space, some of the material is presented in a public form. All that can do is provide more visibility for a group in society, whether we like it or not, that is much more marginalized than any other age – youth, children, middle-aged, whatever else. That's a vital element that perhaps we should think about more. How do we, as facilitators, as researchers, as academics, how do we point to a lack of visibility? We don't see older adults, we don't see all people in the same way that we see people of my age and younger as regularly.

### Marginalisation

I think that's part of a broader question around marginalization. We're talking about marginalized communities; and how do we encourage them to access our arts and arts practice. I think in and of itself, this age group this marginalized.

So anything that can create more visibility around the sorts of issues that they deal with regularly, I think is really important politically, culturally, socially. That's the other wonderful aspect of this work. Yes, it creates a health benefit and allows people to age in a better way.

There's been lots of terminology thrown around today. That's been really helpful about things that are appropriate and inappropriate. But one of the things I think most inappropriate about our society is that for some reason, we hide a particular group within that society and we don't allow them to be visible. We don't highlight their activity within our society. I think that one of the practices that's so wonderful about this work is that it also makes people seen and presents them and allows them to be less “othered”. Anyone that is “othered” in society has a huge burden to carry. That's one of the points I really wanted to make about the practice, what I'm very interested in, the political aspect of this work. Thank you for inviting me, I really enjoyed it.

**PB, Chair** Sheila, that's a powerful, very well-made and a very good point to finish on. This has been an exciting morning. It feels like we've set ourselves up for another meeting in the near future.

**VFG, A4D host** Warm thanks to our chair and speakers for your splendid guidance and debate on models for drama, partnerships, SP routes, inclusivity, visibility, as opposed to “othering” – all with delegate input much valued.

**AUDIENCE** – Delegates registered from Australia, Austria, France, Germany, Ireland, Singapore, , USA and throughout the UK.



## DEBATE 5

### International: Arts to Preserve Brain Health

#### “From Despair to Desire”

In partnership with the International Longevity Centre



LIVE LONGER BETTER

## Debate 5 International

---

### **International: Arts for Brain Health “From Despair to Desire” (Tuesday 8 March 2022)**

In partnership with the International Longevity Centre, celebrating 25 years, and to coincide with Social Prescribing Week, this webinar presents developments in Arts on Prescription from the World Health Organisation Australia, Austria, Ireland and the United States. James Sanderson, Chief Executive of NASP and Head of Personalised Care at the NHS discusses the biomedical context, the advance of SP and need for arts prescription as psychosocial support.

We are honoured that Baroness Greengross, CEO of the ILC, Co-Chair of the All-Party Parliamentary Group on Dementia., is chair this debate on national and international advance in arts prescribing to preserve to brain health.

#### **H O S T S**

VFG, President, A4D.

**85** **Sir Muir Gray**, Director, Optimal Ageing Programme at The University of Oxford.

#### **C H A I R**

**85** **Baroness Greengross**, A4D patron, CEO of the International Longevity Centre and Co-Chair of the All-Party Parliamentary Group on Dementia.

#### **S P E A K E R S**

**86** **James Sanderson**, Director, Personalised Care, NHS England and NHS Improvement; CEO of NASP.

**91** **Alexandra Coulter**, Director, National Centre for Creative Health.

**93** WORLD HEALTH ORGANISATION **Christopher Bailey**, Arts and Health Lead, WHO.

**95** USA **Francesca Rosenberg**, Director of Community, Museum of Modern Art, New York, USA

**97** AUSTRALIA. **Dr Gail Kenning**, University of New South Wales

**100** AUSTRIA. **Edith Woolf Perez**, Chair, Arts for Health

**191** AUSTRIA. **Professor Ruth Mateus-Berr**, University of Applied Arts, Vienna.

**103** IRELAND **Professor Brian Lawlor**, Global Brain Health Institute..

**106** **Dr Bogdan Chiva Giurca**, Global Social Prescribing Alliance, NASP.

**108** TAIWAN. **Professor WanChen Liu**, Tainan National University of the Arts, Taipei.

**111** TAIWAN. **Wei-Tung ‘Joy’ Chiang**, PhD candidate, UCL

**112** **D E B A T E**

## D.5 International

---



### Sir Muir Gray, Co-Host

#### **Art's vital role in reducing the risk, delaying the onset of dementia**

Discussing with my colleagues in Oxford, we don't know a lot more about dementia, how some of it is caused by Alzheimer's Disease which you cannot yet prevent or treat, so we need more research. But we can reduce the risk of dementia. We can prevent or delay the onset of dementia; and music and the arts have a vitally important part to play in preventing or delaying the onset.

It's partly through the stimulation; it's partly through the learning. It's also very much through being involved and engaged with others. Those of you involved in organizing arts for dementia can be encouraged by the fact that that's precisely the sort of activity that reduces your risk of dementia.

But even when dementia comes on, we now know that we have underestimated the ability of people with dementia, whether it's due to Alzheimer's disease or other causes. To learn, to grow, to develop new nervous structures in the brain. They need each stimulation, preferably stimulation in a group, preferably stimulation in a group with an emotional link to one another.

#### **Sense of purpose – encourage people with dementia to fundraise for young artists**

I'm also very interested in increasing the sense of purpose. How can we get people with dementia involved in fundraising for young people in the arts? Here's a challenge for you.

So, we can prevent or delay dementia. But for everyone with dementia, whether it's due to Alzheimer's disease or other causes, the arts have a very, very important part to play.



### Baroness Greengross, Chair

#### **Where there's life there's hope - where there's dementia, there are ways of challenging it**

Thank you so much. Can I say how honoured I am and how delighted to be part of today's event, which I think is very important because it really challenges the negative view. Dementia is the last terrible disease. Nobody can do anything about it.

What we're doing today is challenging that and saying, oh yes, there's plenty that can be done. You can go on having a life. You can go on meeting other people. You can go on being you a real you, a you with thoughts, with opportunities with friends and many things can be done to go on giving us hope. So, it's a great honour for me to be here. I'm delighted to be part of this initiative, this movement to make us remember that where there's life there's hope and where there's dementia, there are ways of challenging it and overcoming the worst of it.

## D.5 International

---

Today's participants include people from across the sectors, scholars from the United States, Taiwan, Peru, Australia, France, Ireland, Canada, Italy, Switzerland, Austria, Singapore, Belgium, Bulgaria, as well as the UK. And the number of people living with dementia is increasing rapidly across the whole of the world. We know that the arts and other forms of SP can play a very important and quite profound role, both in supporting brain health and to help prevent or slow the advance of different kinds of dementia. So I'm really privileged to be part of today. Now we'll go to our initial speaker if we may, James Sanderson, Director of Personalized Care at the NHS:

James Sanderson, Director of Personalised Care, NHS England & NHS Improvement. Chief Executive, NASP



Thank you very much. Baroness Greengross. It's lovely to see you again. Looking down the list of today's attendees, a wonderful array of names of people, many of whom I've got to know over the last few years, with this wonderful community, all determined to make SP happen at scale to benefit many, many thousands of people.

### **SP and health inequalities**

So why is SP important than? Well, we have very significant inequalities in our society. If you look across the world, this is true in most countries that people living in, the poorest areas have poorer life expectancy and poorer health outcomes. In the UK now, people born in the poorest areas will develop long-term conditions 10 to 15 years earlier than those living in the most affluent areas and may well, die 10 to 15 years earlier, too.

And as Muir has just been saying, whilst we have limitations in biomedical treatments for conditions such as dementia, we can put things in place that will prevent the onset of the illness. And we can put things in place to enable people to live their best life, regardless of the condition that they're living with.

### **Biomedical advances**

In terms of biomedicine, over the last 100 years, as a civilization, we've used biomedicine to make some incredible advancements. It was less than 100 years ago that we discovered penicillin and that was 1924. If you look at everything that's happened in the medical world over the past 100 years, our ability to transplant hearts and lungs, our ability to have scans of brains through MRI scanning, the opportunity of developing amazing vaccines. We've seen the benefit of biomedicine very recently, haven't we through the COVID 19 vaccination programme. So biomedicine still has an amazing role to play.

### **Biomedical limitations**

But there are limitations. We know now that biomedicine can cause harms. One in five people over the age of 65 are in hospital, not because of the condition that they're living with, but because of the medications that they're taking. And if you look at the limitations of biomedicine in other ways as well, you see that we have issues with anti-microbial resistance. We have issues with addiction to opiates and painkilling drugs

## D.5 International

---

In England, the National Institute for Health and Care Excellence recently said that actually for many people living with chronic pain, exercise was going to be much more effective for them than the prescription of painkillers. And we know things like swimming twice a week can be better for arthritis in the hip and then cortisol injections into the hip.

So whilst we have embraced by biomedicine quite understandably over the last 100 years, whilst we have taken all the benefits that we can have from biomedicine, and whilst we recognize that, it will still play an amazing role as it goes forward. It develops with things like precision medicine and the opportunity of tailoring medicines much more clearly to people's genetic makeup, we've still got a long way to go.

### **Need to shift focus – psychosocial support to be well, live well**

However, it's not the only answer. Psychosocial support sitting alongside biomedicine, I think, can create a new revolution for healthcare. We've got to shift our focus. We've got to shift our focus to what being well actually means. Being well means not being treated in hospital. Being well means not being treated by a GP. Being well means living our best life. I believe that that can come through community connection, through embracing the arts and culture alongside exercise and sport, alongside the natural environment, alongside gaining knowledge and information as human beings to enable us to have choice and control over our decisions, to enable us to be informed about our health. If you look at people that experience good health outcomes, they tend to be people that have high levels of activation, people that are in control of their health and wellbeing.

### **Societal barriers to living well**

But we know that societal barriers prevent all of us from achieving the same aims. We've got to look at that. We've got to stop treating the condition. We've got to start treating the cause. How many prescriptions do we write for inhalers for respiratory conditions, when actually it's the damp flats that the individuals living in that's causing the problem with that respiratory illness. We are not focusing on the right things.

### **Arts for brain health preserving cultural & creative life even as cognitive challenges set in**

When it comes to dementia, we know that there is a world of possibilities out there for people living with dementia. We know that the arts can inspire, can enable us to be calmer. We know that the arts can create connection with other people, at a level at which as human beings we crave; and we know that the arts are incredibly powerful for not just improving people's lives, not just maintaining people's existence, but actually giving people a better life than they could imagine they could have ever had. When I speak to people living with dementia and I see the impact that the arts have had on their lives. You realize that actually we've got an untapped medicine here that can really be transformative.

## D.5 International

---

### **4,500 PLWs to be available to every GP to link people to community interests**

That's why for me, SP is so important. Through the work that we're doing in NHS England, we're in the process of enabling 4,500 SPLWs to be employed through primary care. We're putting in a process where SPLWs will be in every PCN, every GP practice across the country. And those individuals will have time to sit down and support people with dementia and their families, time to listen, time to develop a plan that is tailored to the individual. Then those SPLWs will work with that individual to connect them to opportunities in their community. That may be a walking group. It may be a gardening club. It may be a community choir. It may be walking football. It may be the opportunity of being part of an art project, either in their own home or at a local library or local gallery. There is a world of possibility out there. And the SPLW model is something that we are heavily invested in because we understand that this approach to supporting people with biomedicine, but alongside psychosocial support is the future of healthcare.

### **National Academy for Social Prescribing (NASP)**

Through NASP, we're looking at developing all of the zones of SP. It's been fantastic to work with Arts 4 Dementia on a number of programmes to try and bring this message forward, that art is a really significant intervention in the lives of people living with dementia.

So it's great to be able to address this wonderful gathering of people this morning, a fantastic range of speakers from all across the world. I wanted to commend Veronica for all the work that you've done in this space in bringing this message to us all. I'm really looking forward to working with you all in the future to really make SP happen. Thank you.

**SG, Chair** I think to open our minds to the possibilities that you've told us about and hinted at many more, that's wonderful news. Opening our eyes to opportunities in which so many people who haven't previously been involved can now be fully part of a programme which will affect the lives of hundreds, thousands of people, if not immediately, certainly in the longer term. Thank you very much, indeed.

**JS** responds to Anna Briggs' comment in the Chat:

### **Prevention**

Anna was making a point about prevention, the lack of focus on prevention in terms of Health approach here in the UK. There's much more that we need to do in relation to preventing ill health happening in the first place. I think that's a real challenge. Most developed health economies have this challenge. Our focus is on downstream care and support. Our focus is on emergency crisis care in the main. That shift is starting to happen now in the way in which we are structuring the healthcare system over here.

### **Integrated Care Systems [ICS]**

Many people on the call may not be aware that we're developing what are called Integrated Care Systems here, which will bring together health and

social care and community providers at a local level. There's going to be 42 ICS across England. Those providers will have a responsibility for population health, to keep their populations well. The reason that that will work better than our current system is that the current system is far too fragmented. So whilst you do have join-up of health and social care and community, actually in many ways, those bodies also operate as separate entities. So, it's not the responsibility of the Accident and Emergency Department to reduce the number of people coming into it, it's the responsibility of the A&E to treat the people that arrive.

In an Integrated Care System, the A&E should be trying to reduce people coming in, in the first place, working with its partners. I think there's a scary stat that 40% of people in A&E don't need to be there. Of course, it may be the only place that they can think of to go, it may be their opportunity of getting the help they sorely need. But actually if we're failing them in the community, then that's not great because nobody should be in A&E that doesn't need to be there. So, I agree, we've got to really sharpen up our approach to prevention and change this dial on where people are going in the system.

**SG, Chair** I think that's so important and it's certainly a very English thing too, and I include Wales, Scotland and Northern Ireland, not just England, to just to grin and bear it. Whereas what we need to do is to be with other people much more because some of our problems originate from loneliness, we know that; and to have more people around you gives you a strength to combat what might happen in the future, as well as what is already happening. And we know that, so anything we can do to bring people together with a reason that they don't think is a stupid reason, a reason that they feel justified in using to bring people together, loneliness being one of the worst aspects of our society, I think.

If any international speakers want to ask James, now's a really splendid opportunity to do so, as you develop your SP, perhaps Edith, who is proposing SP to the Austrian government and has a White Paper out, would like to ask a question. Edith, is there anything you'd like to ask James?

**Edith Woolf Perez, Chair, Arts for Health Austria**

### **Funding culture on prescription**

Yes. I would like to. we are just starting in Austria to have it. We just had the first pilot for six months now. The evaluation is not out yet, but I have talked to quite a lot of SPLWs who have participated in the pilot. I would like to ask you this. Of course, we have been given, a pot of money from the Ministry to start this SP and then the local authorities augmented that, especially with funds, for cultural events. How is the financing of SP working in England or the UK?

**JS Strong infrastructure**

Great to see you this morning. It's a really good question, in terms of the way in which the funding, across the myriad areas that SP covers, can be found.

## D.5 International

---

In terms of the model over here, first and foremost you've got to have very strong infrastructure. So, the centralized funding from government, to enable the SPLWs to be employed in primary care is core to this. You've got to have the infrastructure in the healthcare system.

### **Community – mixed economy**

However, in terms of the community, what we found is best is a mixed economy. This doesn't work being completely commissioned by the health sector because actually we're looking at problems that go way beyond health. We're looking at issues of housing, relationships, social isolation, loneliness, that are not the preserve of health.

### **Danger of over-medicalising non-health issues**

I think there's a danger in over medicalizing the solutions. What we don't want is directly commissioned health care solutions here, because then you end up with health care professionals delivering solutions. That's fine in certain settings, but this is something very different.

### **Shared investment - advantage of cross sector local collaboration**

What we found works best is that at a local level, you have collaborations; and that happens between national and local government. So the statutory bodies are involved at both national and local level. Then Voluntary Community Sector are involved and also attracting commercial sector funding as well. When you've got that mixed economy, it means that there is no single ownership of SP, which there shouldn't be. It means that you've got more natural relationships and more natural activities happening in the community and people then aren't accessing or being linked to a medical programme, they're being linked to their own community. I think that's really important. That's not to say that the NHS in England shouldn't be putting money into this – of course it should, and it does – but it shouldn't be funded directly in that way. I think that would kill off what we've actually gained from this sort of programme.

People with dementia don't want to go to an NHS building to have a medicalized arts programme. They need to be going to the local gallery, to the library, to the community centre. They need to be with people who are going there not because they've been referred but because that's what they enjoy doing on a Tuesday morning or Wednesday afternoon.

So that's what we're working on. The concept of shared investment in local communities and pooled resources

**SG, Chair** Indeed, and the arts here are extremely important. Getting together for music. My own priority would always be a musical event because I've seen what that can do in people's attitudes; their courage to join in. But there's dance. There's art. There's every sort of leisure activity which can come in here and help people to find partners with whom they can join in new activities, whether it's singing or dancing or playing an instrument. Whatever their chosen art form, that is so important. Now we turn to Alexandra Coulter, Director of the National Centre for Creative Health

## D.5 International – NCCH, UK

---



### Alexandra Coulter, Director, National Centre for Creative Health, UK

Thank you very much and hello everyone; and thank you very much for the invitation to join this panel, Veronica, and for all the amazing work you've been doing, and thanks, James, for setting the scene and giving us such insight into how the concept of SP is working within that wider health context. So as we've been hearing, arts and cultural activities combine cognitive complexity with mental creativity and have been well-researched as interventions for people with dementia; and as Muir was saying, we now know that cultural engagement can help delay the onset of dementia. Many of you will know the work of Dr Daisy Fancourt. She's been doing extensive research on cultural engagement as a protective factor using the English Longitudinal Study of Ageing and has found a dose-response relationship between cultural engagement and the risk of developing dementia.

There are of course, many potential barriers to people engaging with the arts and creativity if they are not used to doing so. And we know that people in more deprived areas are less likely to engage with community activities, if indeed those community activities are available locally; and mobility and transport, are as problematic as the social and emotional barriers people may experience.

SP is a key opportunity for meeting this need and we've been hearing more about that from James. At the National Centre for Creative Health, we're working with NHS England to support and encourage integrated care systems, to embed creative health approaches at a systems level, through planning, commissioning and workforce development. But one of the great advantages of being creative is that we can do it for ourselves.

I was very struck recently by the story of a young person with mental health difficulties who had been involved in creative activities as part of mental health services in Manchester. They were quoted as saying that the great thing about the creative work was that they had the coping strategy within them. They weren't dependent on a therapist or a pill

### **Health creation**

I'd like to bring in here, the concept of health creation and how it might relate to brain health and how creativity might relate to health creation. One of the parliamentarians who was involved in the Inquiry, which led to the Creative Health report was Lord Crisp, a former Chief Executive of NHS England. At the time he was working on a manifesto for a healthy and health creating society. Recently, he has published a book on this subject *Health Is Made at Home, Hospitals Are For Repairs. Building a Healthy and Health-Creating Society*, which tells the stories of health creators as he calls them, such as the young people in Cornwall leading their own dance project to combat the challenges of rural deprivation, the TR14ers, still going strong after 15 years.

### **Salutogenesis**

Health creation is something more than the prevention of illness. Nigel Crisp links it to back to Aristotle's concept of human flourishing and to more recent

## D.5 International – NCCH, UK

---

thinking on salutogenesis. Salutogenesis has a particular focus on the coping mechanisms, which help us to maintain health despite adversity, and includes the theory of a sense of coherence, our ability to make sense of the world around us, feeling we can cope and enjoying purposeful activity. When we're being creative, we're making stuff, we're making new stories. We can reach a state of flow and we can connect with others.

### **Creativity as a brain health behaviour**

Neuroscience seems to suggest that creativity is not confined to one distinct area of the brain and involves a concerto of brain wide neuronal activity. At the Culture Health and Wellbeing International Conference last year, Daisy was part of a panel where everyone was asked what their hopes for the future were. Daisy said that she hoped engagement in the arts will be seen as a health behaviour and be taken seriously as such. This is not just about health services taking it seriously, but about all of us, having a belief in the power of our own creativity to help us flourish. If it was more widely understood that being creative contributed to brain health and could be a protective factor for cognitive decline, older people in an anxious state about their brain health might be more inclined to seek out opportunities for engagement.

### **Public campaign to raise public awareness**

I think to make progress on creativity as a health behaviour, we need a public campaign to raise public awareness, as well as awareness with those agencies and health services that could support access. This could be based on the dose response evidence. There are moves in different parts of the country led by partnerships between public health and culture to do campaigns along these lines, celebrating everyday creativity for our health and wellbeing.

### ***Be the change you want to see in the world.***

Finally, I'd like to acknowledge today that we're experiencing the anxiety and horror of the invasion of Ukraine. Our screens and heads are full of images of death and destruction. I believe our ability to imagine is crucial to maintain our sense of coherence and meaning. We need to believe in the power of our imaginations to imagine ourselves into a flourishing planet. We need to have hope; and on this day, which is International Women's Day, I'll finish with a quote from a woman. Many people believe Gandhi said this, but it was Arleen Lorraine, a New York high school teacher who coined the well-known call to action, *Be the change you want to see in the world*. So, my question to myself actually is while acknowledging the grief and trauma around us, what action can we take to be health creators for ourselves, our communities, and wider society. Thank you,

**SG, Chair** Alexandra. That's really lovely and many ideas that we both need to take in ourselves, but also share with other people. It's lovely. Thank you so much.

I should like to introduce Christopher Bailey, Arts and Health Lead at the World Health Organisation.

## D.5 International, WHO

---



### Christopher Bailey, Arts and Health Lead, World Health Organisation

I want to apologize upfront if I don't respond to any text or questions - I can't see. So, if any questions eventually do come up, if they could be actually posed to me verbally, that would be helpful.

Boy, I so much want to just speak with the previous speakers because they've spurred so many ideas and thoughts in my head.

### **Ukraine**

I'll just begin with the last thought when Alex mentioned the situation in the Ukraine. My heart goes out on so many levels, but one immediate level is those people with disabilities, whether they are wheelchair bound, the blind, the deaf or neurological disabilities like Alzheimer's, they are in such dire straits right now in these urban centres in the Ukraine, and are often alone and abandoned, and as great as the tragedy is in general, of course always the more vulnerable in our society bear the brunt of the horrors of these things. So I just want to underline that colour of what Alex just brought up, in terms of the topic at hand. There are so many things that I want to talk about and support, but I think I'll begin with a little bit of a clarification.

A number of the speakers have talked in general about the ability of the arts to delay or prevent the onset of dementia. From the evidence that I've seen, there may be a reduced risk, but I think it may be overreaching to state definitively it can prevent dementia. It's not a prophylactic, it's not a cure; and I think getting back to what Muir was saying about the danger of over medicalizing the solution, it doesn't need to be a cure or a prophylactic in order to have tremendous benefits to the individuals and the caregivers around those individuals, who are trying to manage, their state of dementia; and I think that's an important concept.

### **New York: Museum of Modern Art MeetMe**

When the Museum of Modern Art a number of years ago, started their programme, bringing in patients with Alzheimer's and other forms of dementia to experience their art collection at first hand with guided tours, with trained caregivers, with docents and curators, and were guided through their own personal experience, dealing with the art, they found that that experience did not necessarily measurably slow or prevent further damage, but in this field, you have something called the Dementia Wellness Index, which measures moments of cognition, moments of connection with others, moments of connection to your past, and being able to reengage in a linear flow of time, which is so incredibly difficult with this condition; and also measuring the deficits, the absence of moments of panic and anxiety and what you can say in the MoMA example.

### **National Gallery of Singapore**

Then in other examples around the world. Just recently during the pandemic, the National Gallery of Singapore took as its model, the MoMA programme, and tried something similar, with a bit of a more robust measurement system. What they found with the index is that yes, there was a distinct drop in those

## D.5 International –WHO

---

moments of anxiety of panic. There was an increase in the moments being able to even fleetingly reconnect to your past, to your relationships, to imagine a future, all of these things are disrupted by this terrible condition.

In Alzheimer's in particular, wellbeing is not measured in terms of the cure - there is no cure. It's measured in terms of moments of peace and moments of coping and moments, even if they are not strung together cumulatively, into a constant state of wellbeing. To have more flickers of it, not only offers relief, pleasure and comfort to the people managing this condition, but also the caregivers who can also be under tremendous stress and suffer great anxiety themselves. This can be through dance. This can be through engagement with the visual arts, as I've just described and in choral encounters with music.

In my own case, my father-in-law suffered from advanced Alzheimer's. He was a pianist his entire life. It did not prevent the onset of this disease, and towards the end, he also forgot that he was a pianist. He would often forget what a piano was, but when placed at the keyboard, there would be something in his nervous system that would remember how to play. That confusion that you would see on his face, the anguish of trying to understand what the thing. Once the music began to play, once the motor reflexes began to harmonize with the sound that was emanating and the reaction of his mind and hearing that sound, you could visibly see on his face, a prolonged moment of contentment and flow that Alex so wonderfully described.

Unlike people who are neurologically typical, those moments are increasingly small with the advance of the disease, but those moments are still profound and profoundly meaningful to the person and to the people around them. So, I think we don't need to necessarily make or overstate the prevention argument to understand the profound value of the arts for people with dementia and the profound opportunity for social investment into the arts, for SP, and the value that it has.

### **Elderflowers – clinical clowns**

There's a group of clinical clowns in Scotland, called Elderflowers. One clown described to me a moment before the pandemic, when she was in a nursing home with patients who are in an advanced state of dementia, and they were not paying attention to each other. There was a television on full blast. It was just filling the air with noise. There was no interaction with it either, a very tough audience. What she did was she stood in front of that audience and she began to cry. One or two of the patients noticed that the clown was crying; and finally, one of them asked *What's wrong?* and the clown said *It's Valentine's Day - and nobody sent me a Valentine.* Right then, from the back, an Irishman who had not interacted with any of the other patients for over three months, stood up, walked in front of the crowd, bent down on one knee clasped his hands and sang a love ballad.

### ***Loneliness is the inability to express what matters to you most***

What we know from engagement with the arts, as Alex alluded to, is that neurologically in the MRIs, we can see, it's not just affecting one or two isolated parts of the brain, there is a crisscrossing that's happening - the brain

## D.5 International

---

lights up like a Christmas tree. When you have that damage, you can create those moments where the brain can actually override that damage, even if fleetingly. As the Baroness pointed out, perhaps the greatest toll is the sense of profound loneliness; and as Carl Jung once said, *Loneliness is not the absence of people. Loneliness is the inability to express what matters to you most.* By engaging in the arts, you can provide those opportunities, even if, for a moment to help people cope, to achieve the highest degree of their abilities in that situation to be productive in terms of contributing to that group and helping form a sense of community. That is the definition of mental health at WHO.

**SG, Chair** Thank you so much, Christopher, that was wonderful and I think had a huge amount in it to affect everybody here and make us realize how deep things expressions of feelings and emotions are and what they can do to help us help other people as well.

I'd now like to turn to Francesca Rosenberg. I did a lot of work with the Museum of Modern Art in New York some years ago, and they are wonderful in identifying and providing a whole lot of wonderful experiences for people who are, who are suffering from some form of dementia. They have a terrific record in this field.



**Francesca Rosenberg, Director of Community, Access and Schools Programmes, Museum of Modern Art. (MoMA), New York, USA.**

It's a great pleasure to be a part of this important event and I thank Veronica and the team for including me and for including MoMA. I am here in New York City at MoMA and I'm so sorry that I can't be with you but it's great to share some information about MoMA's commitment to serving older adults.

### **War Veterans Art Centre**

We have a very long history of serving individuals with disabilities and older adults. During the summer of 1944, we opened a war veteran Art centre which helped to rehabilitate veterans through free classes such as painting, drawing and sculpture and it really helped them to develop new skills and also to get them re-acclimated into civilian life. Today we continue in this spirit by thinking about how we can bring art to people and how it really can be transformative.

### **Meet me At MoMA**

In 2006 the museum launched meet me at MoMA, an educational designed programme for people with Alzheimer's disease and other forms of dementia as well as their care partners. And we offer interactive tours designed for individuals in their early and middle stages, and we have had people in late stages of dementia as well. Building on our programme, we launched the MoMA Alzheimer's programme in 2007, which led to research and outreach to institutions both nationwide and internationally, that focused on how best to address the needs of those impacted by the disease, within a museum environment. Over the course of the project, MoMA facilitated 150 workshops

## D.5 International, MoMA, USA

in 25 states in 17 countries; you can see in the map on the bottom of this slide, the places we have worked with. As a result, over 125 cultural institutions have committed to working with people with dementia and their care partners. As part of this initiative, we also created a book (upper right) and a [website that is still available](http://www.moma.org/visit/accessibility/meetme). I invite you to visit it, to learn more about our research and also more details about designing programmes at cultural institutions, at care organisations and also it's meant for families who are working with individuals one on one, at home. The information is available in both English and in Spanish.



### Prime Time for people aged 65 +



Programming for people with dementia is still very important to us. We started noticing that care partners wanted to stay connected with the museum even after their loved ones passed on. They didn't necessarily feel comfortable continuing to come to this particular programme. So we wanted to think about alternatives; and in 2015 we launched Prime Time, which is an outreach and programming initiative aimed to increase participation of people, ages 65 and up. We developed an advisory board of older adults and after extensive research, we now offer all different kinds of programmes, including those that involve art-looking which you see above right in our Matisse galleries and on the left, artmaking in our classrooms.

### SP

During the research stage, we learned about SP, programmes that were offered in the UK and in Canada that found no examples of it in the US and we love the idea of working with doctors and nurses and social workers to have them prescribe our programming at MoMA as part of an individual's treatment. We know that conversations about art can be a jumping-off point for deeper connections, as well as a way to make meaning and space for reflection.

The goal of the programme is to empower socially isolated, older adults, and to help them feel connected to the museum, to art, to each other and to themselves. One of the first programmes we did was with an organization that provides hospice care. During the pandemic, we actually expanded our SP to work with caregivers associated with Alzheimer's support programmes and a variety of community organizations serving socially isolated older adults.

## D.5 International – USA / AUSTRALIA

---



### Connecting our reach online

Over the last two years, we moved our programmes like so many museums online - there have been some positives to this.

You can see here a group, zooming in from their individual homes, all looking together at an Edward Hopper painting. Online, we've been able to reach people outside of New York and also to connect with health compromised individuals who may have challenges getting out of their home, especially during the colder months. We can also show work that is not on view, that's outside of our collection or from places all over the world. It's been quite exciting to have that resource. The negatives of course, are that people with dementia sometimes have difficulty focusing and it's much harder to engage individuals generally in a programme that is done through a computer - it's not the same as being in the museum in the galleries together in front of a work of art.

### Maintaining connection

We'll continue to offer virtual programmes, but we're also really making a push to bring people back onsite to the museum – we did our first guided tour last week. We have been giving out annual passes also for anyone who has participated in our virtual programme so that they can come to the museum independently and maintain a connection to the museum after the programme ends. Next week we're doing a Prime Time Day. That's a free day for anyone who is 65 and up where we're offering, a guided, printed resource, to have them go around the museum and look, and some other incentives, at the cafe and at the stores. We already have 400 people signed up for it.

I'd love to hear from any of you and think about how we can perhaps work together and certainly learn from each other. Thank you again for including MoMA in this, this wonderful event.

**SG, Chair** Thank you, Francesca. It's a great privilege to have you with us from New York. Now I shall turn if I may to Dr Gail Kenning in Australia.

### Dr Gail Kenning, University of New South Wales, AUSTRALIA



I'd like to acknowledge that I'm on Gadigal land - the Gadigal people of Eora Nation in Sydney in almost cyclonic conditions tonight.

Following on from what our previous speakers have said, I think it's so important, the conversation that we're having here, and to carry on from what Christopher said about the profound value of art that stands outside of the clinical, the medical, as a different way of engaging with issues that bump up against health, but are not necessarily just about health. The work we do is very much about thinking about quality of life, quality of engagement, what people can do.

## D.5 International – AUSTRALIA

---

### **Overcoming stigma**

I guess the work that I've done, certainly over the last 10 to 15 years, in engaging with arts and health, arts and mental health, arts in relation to dementia, has primarily been about how art can be used to overcome stigma - and stigma, particularly about dementia – and to show agency of people with dementia.

### **Promoting normalcy in times of trauma**

The other aspect that I think is really important is when we engage with people with dementia in the arts, it promotes normalcy. There's a way of engaging prior to a diagnosis, after a diagnosis that really can support people and building that engagement with arts. It's also in times of trauma. It may be before a diagnosis, but there's that sense of discomfort, issues around mental health, trauma, and stress. Art can help at that point as well, and allows for some continuity after diagnosis. Of course, what I'm talking here about that engagement normalcy that happens as well from the carer and the person caring from the family member and not just the person with dementia.

### **Arts as a vehicle for conversation**

The other way that we use arts in our work is how we can use arts as not about arts engagement necessarily, certainly psychosocial engagement, but how do you use art as a vehicle to have those difficult conversations, to talk about things that you can't normally talk about, and again, bring some normalcy into the way of engaging.

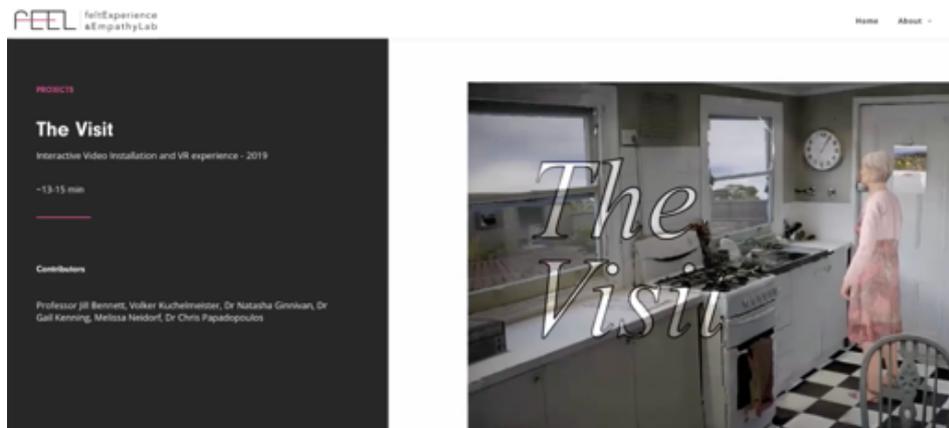
### **Taking arts to the people – Art Gallery of New South Wales**

The other thing that I think is really important in what we're trying to do is that trying to take art to the people. In the same way that often when we look at clinical and medical services, we expect people to go to clinical and medical services or be taken to spaces. This has happened with the arts if you need to go to the gallery, you need to go to this place if you want to engage. How do we now take the arts out to people? This is something that's particularly in Australia, we're seeing with our regional and remote communities in times of lockdown, how do you actually engage with people? We're trying to work out ways of how to engage through arts, to connect with people, to overcome that loneliness. In a sense, whether you have a diagnosis of dementia, whether you're a carer or not, we're finding that in the community, we need to overcome this sort of sense of isolation and loneliness.

### **Use of technology – and co-designing to connect people**

In a lot of our work, we're also starting to use technology. The technology that we use, it's not about the technology. It's about how can you get the technology to connect people. And this is what we're always doing when we're using arts with people or co-design. A lot of the work that we do, if people don't like art, we can engage them in co-design projects that bring people together. It's about connecting. In a sense, that's my positioning.

## D.5 International, AUSTRALIA



### *The Visit*

I'd like to show you just a small piece of a virtual reality work that we've done, an immersive work. It's a fourteen-minute piece, There's also a [video](#), but this piece of work, which is important for us was that we engaged with people with dementia all the way through. We listened to their stories. We heard their experiences, and every word that's spoken by the character here is from people who experienced dementia. The important thing for us is that it shows the agency that people have when they have dementia. So often that agency is taken away. So I'm going to go to two clips. One is where just the character walking, the welcoming us into her kitchen; and the second part is where she talks a little bit about the coping strategies:

*You're back! Come sit down where I can see, we can have a Chat.*

*Don't hover, You can stay for a bit, can't you?*

*I don't get to see you that often.*

*I've just made us a pot of tea.*

*I'll get you something to wait in a while.*

*Are you hungry? I'm small toast*



### **The Visit - Hallucination coping strategy: 30-minute rule**

I'm now going to go on a little bit further into a piece where the person talks about how she engages with the hallucinations that she experiences



*My Shed disappeared last week, or so I thought. I looked out the kitchen window and there was just a concrete base, I was mortified. All my gardening things were in there, but I have this 30-minute rule. I was about to report the crime to the police, but then I thought, Ooh, no, no, no, just wait 30 minutes and I'll come back and look. And of course it was quite happily there when I came back in 30 minutes.*

So let me come back.

## D.5 International – AUSTRALIA / AUSTRIA

---

### Having agency to talk about experiences

What's important for me in making this work we engage very closely with people with dementia, who talked about their experiences. What was important was that they had the agency to tell their stories and to talk about, what their experiences were. It's from doing this, when we, display this work in a gallery or at various festivals that we've done in a sense, the audience are there to listen. What we recognize is so often people with dementia experience somebody else taking over the conversation, somebody else saying what needs to be done. Here, the audience doesn't get the chance to do that. They are asked to sit alongside and listen; and it's through that experience of listening and deep listening that they come to understand the experience of people with dementia. So in a sense, this underwrites, all of the types of work that we're doing is that, engaging with people with dementia, but this very much the idea of going out into the community.

So why do an artwork about somebody with dementia? It's because we can get out into the community and reach people who wouldn't necessarily know anything about dementia. We go to schools, we go to art galleries and people suddenly engage and start learning about this. This is one way of getting this work out there.



### Edith Woolf Perez, Chair, Arts for Health, AUSTRIA

Thank you very much for the kind invitation. It is a pleasure and honour, and it is a big opportunity also to talk to this international panel about the issues that we are trying to pursue in Austria as well. Although we are at the start, this might be good because we can learn from all the experiences that you have already made around the world.

In the last two years, the discussion about arts for health, arts in health, arts and health has been gaining ground, and it has been gaining ground from the culture side, as well as from the health side.

### **Arts for Health Austria responding to need**

Arts for Health Austria is an association to promote the idea of the role of the arts for health and wellbeing. We founded this association two years ago. We have been driven by the demands that have been put on us to follow. Now for instance, we have developed a project for Long COVID patients, a music programme with singing and breathing, and also in consultation with English National Opera who did the ENO Breathe programme, we are now working on a project to welcome the refugees who are now here from this terrible war in Ukraine, to integrate them or to make contact with the community through arts projects.

### **SP White Paper and pilot for the Ministry of Culture**

We have also been commissioned by the Ministry of Culture to produce a White Paper: Arts and health in Austria. It is focusing on the best practices in European countries. We have been very lucky that Veronica and Alex have written the UK part for this White Paper. And on the health policy agency,



## D.5 International – AUSTRIA

illness as a failure, but, in reality, what is happening here, beneath, is something very important; and the roots show us something about us. I will explain why

### **Losing the meaning of things**

Byung-Chul Han, a South Korean philosopher who lives in Berlin now has written a new book *Undinge*. I don't know yet if it's translated into English, but in many other languages. He writes that we are increasingly losing the meaning of things and he refers to the Japanese novelist Yoko Ogawa, who takes it even further in her novel *The Memory Police* about a dictatorship which one - capitalist or communist - which liberates or expropriates from all things and with it, the memory disappears. For me, dementia or cognitive impairment is actually a mirror of our society, if I may say.

### **Early days for SP in Austria**

In Austria, unfortunately there's currently no preventive medicine in the context of dementia. We are starting from the very beginning. SP is a new direction, but just starting. There are some *Demenz* coffee meetings for people with early dementia, such as organized by Alzheimer Austria, for example, *Promenz*.

### **Language in dementia**

The name *dementia* is also not readily used by people with dementia. People prefer to speak of people 'with dementia' and people 'without dementia'. Currently, people with dementia want to be called 'people with cognitive impairment', some even want to speak about 'forgetfulness'.

### **National Science Fund of Austria projects**

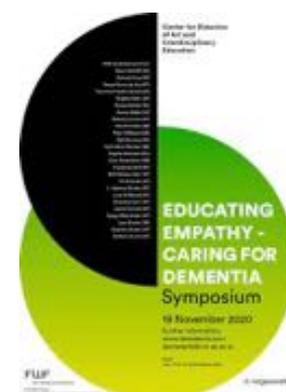
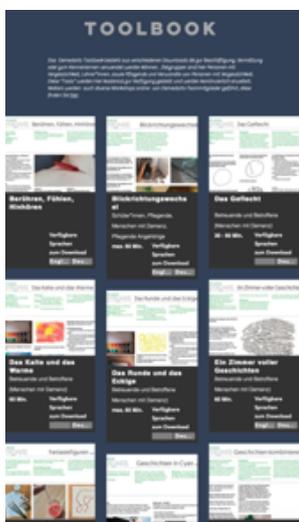
#### **PEEK FWF funded AR-609 Art & Dementia: Artistic research**

I would like to shortly present you The National Science Fund of Austria-funded arts and dementia project is the first arts and dementia project in Austria. I'm honoured to present to you, actually, the second one we are guiding; and it's about artistic research where the Austrian government investigates especial, fundings for artistic research projects and the ways actually grasping the emotional and central concerns for your artistic research empathizing society was artistic and using artistic research as an epistemic process and art as a transfer project.

### **The Demedarts Tool Book**

We recently organised a Tool Symposium, all now online and our tool book, translated into various languages, will present easy workshops, for caregivers and people with dementia or cognitive impairment. There are also workshops you can do yourself. It's what creativity brings you at home. You can use these tools - they are open source.

We're a large team of inter-disciplinary artists. We collaborate with the University of Music, and we

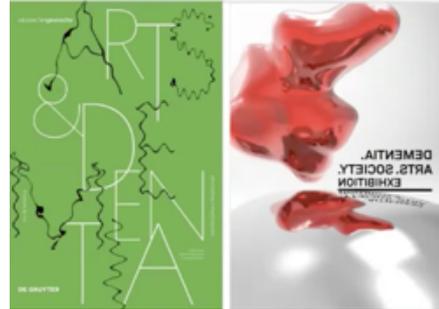


## D.5 International – AUSTRIA

have performance artists, designers, art educators and many disciplines, painters.

### **Arts and Dementia: Interdisciplinary Perspectives**

I would also like to refer to our *Arts and Dementia: Interdisciplinary Perspectives* book we published in 2020, where you can find many contributors, from Gail, Veronica and many others, talking about how they integrate arts to illnesses.



### **FWF funded WKP132: Art4Science – St Anna Children’s Cancer Research Institute**

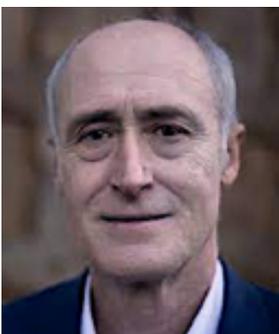
Veronica also asked me to introduce to you a project where we use arts for illnesses, let's say in that case, it's a collaboration, Art4Science, with St Anna Children’s Cancer Research Institute. Austria is quite famous for child cancer research. Here we interact, we are grasping scientific assets via Art. Art works as a form of knowledge discovery. Actually it is very interesting that the scientists said it's through the interpretation of cells that, for example in this case, as I painted here, they discovered new questions for the research, although they have been researching for many years on this topic. This is about the Ewing sarcoma cell, a tumour cell.



What this proves for me is that we need to show more about our art investigation that really can investigate not only for wellbeing for people, but also for our society in general.

**SG, Chair** Thank you very much.

I want to turn, if I may to Professor Brian Lawlor of the Global Brain Health Institute, of Dublin and California.



### **Professor Brian Lawlor, Professor of Old Age Psychiatry at Trinity College Dublin. Co-Director of the Global Brain Health Institute. IRELAND & CALIFORNIA, USA.**

I'm going to give a perspective from the Global Brain Health Institute (GBHI). We're based here at Trinity College Dublin and the University of California in San Francisco.

So, perspective on SP: Arts and creativity can be a very powerful prescription to improve brain health in both the people living with dementia and those at risk of dementia. But we do need to merge arts and science and unite scientists and practitioners to create the evidence base that convince policymakers, that imagination and the arts are critical for human flourishing survival and for brain health. We heard a lot about this already this morning - what we know about the benefits of arts and creativity and how arts can work for brain health.

## D.5 International –IRELAND & USA

---

### **Being in flow – benefits of immersion in creative activity**

First of all, through engagement, arts and creativity for enjoyable and productive activity for all, including people living with dementia. This is primarily because the arts and creative engagement in arts is rewarded by our brains. Being in flow and being immersed in creative activity can decrease anxiety and improve wellbeing for people living with dementia; and as such, is a natural anti-depressant and anti-anxiety agent.

### **Helping to generate meaning, process emotion**

The arts and creativity also provide meaning. They provide a sense of purpose and agency for the people living with dementia. We know that it doesn't have to be an external goal when you're immersed in a creative activity. Arts and engagement in creative practice is an opportunity to generate meaning for people living with dementia and help them process difficult emotions. For example, coming to terms with, and accepting the diagnosis of dementia.

### **Inclusivity**

Arts and creativity can also provide inclusion and belonging. Arts and creativity can be for everybody. That includes people living with dementia and in creative practice and engagement with the arts.

### **Value, healing, wellness, joy, advocacy and hope**

The emphasis is always on valuing your contribution and what you can do at that moment, not what you can do. This can be a powerful, healing process for people living with dementia. Arts and creativity provide wellness and joy. We can bring playfulness and joy to health care and home care settings, all of which improves quality of life and wellbeing for people living with dementia and for their caregivers. Arts and creativity also provide advocacy and hope.

### **Professional understanding of brain health**

From the professional perspective, arts and creativity can be used to disseminate awareness and knowledge about brain health and foster a greater and empathic understanding of the perspective of the person living with dementia amongst healthcare professionals and the general public.

### **Prescribing creativity**

These are very strong arguments for prescribing arts and creativity for brain health. And there is gathering evidence for the benefits of listening to music, playing a musical instrument and singing for your brain health and for people living with dementia. We know that dance improves motor function and may improve cognition in Parkinson's disease and people living with dementia and, as may involvement in other artistic pursuits - we've heard about this this morning theatre and poetry and writing - and often through a co-creative process with people living with dementia.

### **To convince policy makers and political leaders**

The challenge, however, for the field lies in developing a stronger evidence base around effective arts and creative interventions for brain health and dementia that will convince policy and policy makers and our political leaders

## D.5 International – IRELAND & USA

---

so that arts become an integral part of our health and social care services for people living with dementia. How do we get there?

### **Funding for robust, sound, methodological research**

We need to support and fund more robust and methodologically sound research around arts and creative interventions in brain health and dementia. Now this can include randomized controlled trials, mixed method studies, but very importantly, the development of new methods and methodologies.

### **Breaking down silos, integrating training, expanding research infrastructures**

We need to be very creative in that space. Importantly, we must break down the silos that exist between clinicians, social care practitioners and our artists and creators who are not connected across a common purpose at design and implementation level. To accomplish this, we'll acquire integrating training approaches and expanding research infrastructures to support such activity.

### **Global Brain Health Institute Atlantic Fellows**

This is where we at the GBHI and our Atlantic Fellows, where the Equity in Brain Health Fellowship programme believes that we can make an important contribution. GBHI embraces arts and creativity for brain health, as we believe that the combined and cooperative power of arts and science and co-production with people living with dementia, can change the tragedy narrative around dementia to hope. Arts and creativity are a core part of the Fellowship Curriculum at GBHI. Up to 30% of our interprofessional Fellows – that should be a giant company, the arts, humanities and the creative space. As part of their Fellowship, artists and creators work and train with scientists and doctors to learn how science can inform their practice and how art and creativity can help transform the scientists' approach, the goal being to improve the lives of people living with dementia and their caregivers.

### **Funders**

Many creatives and artists have received funding from GBHI together with the Alzheimer's Association, Alzheimer's Society UK, to carry out art and creative interventions for people living with dementia, as part of our pilot funding programme. In this way GBHI is helping to grow the evidence with SP of arts and creativity for brain health becoming part of the fabric of every country's national policy.

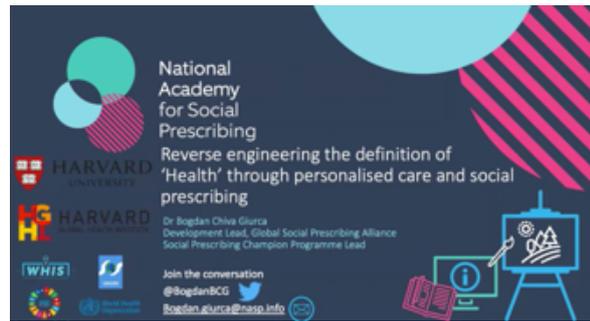
### **Driving SP Policy and Practice for Brain Health**

I'd like to finish with a quote from one of our GBHI visual artists from Nigeria, Kunle Adewale regarding his creative work with people living with dementia. *When I engage with people living with dementia, there's a joy, the sense of connectedness to creativity helps them express themselves.* So arts and creativity can build brain health and help turn the fear and stigma of dementia inside out. But we need to bring arts and science and artists and scientists together for brain health and continue to build the research evidence-base to inform and drive our SP policy and practice for brain health – upwards and onwards!

## D.5 International



Dr Bogdan Chiva Giurca,  
Development Lead,  
Global Social Prescribing  
Alliance. Clinical  
Champion Lead, NASP.



It's a pleasure to be here  
with you Baroness and  
thank you so much,

professor for a fantastic call for action. It sets me up beautifully there for the need to work horizontally across the sectors and to integrate the disciplines in this as well. I just wanted to say a huge, happy International Women's Day to all the inspirational women on this call; and to those of you who have been pioneering this and many other, healthcare, much of healthcare work across the globe as well.

### Health definition

I want to start by playing a  
little game with you, if I may,  
one that tries to prove a point  
around the definition of  
health. Try not to overthink  
as you write in the chat, the  
first word that comes to mind



and be ready when I'm going to say two words from my end. Try and play this game with me – when I say “Health” or “Healthcare” – what's the first word that pops into your mind It would be really helpful to see. Brilliant!:

### CHAT

<i>Medicine</i>	Victoria King MA FRSA (UK)
<i>Doctors</i>	Kate White , (UK)
<i>Hospitals</i>	Nigel, A4D (UK)
<i>Life</i>	Anna Briggs (FRANCE), Roslyn Smith (AUSTRALIA)
<i>Illness</i>	Wendy Harris, Edith Wolf Perez (AUSTRIA)
<i>Clinical</i>	Lizzie Hoskin - Manchester Camerata (UK)
<i>Money</i>	Elizabeth Muncey (UK)
<i>People</i>	Veronica, A4D (UK)
<i>Wellbeing</i>	NGO Committee on Ageing (SWITZ) Mauro, Laura Barritt and Lita Toor (UK)
<i>Keeping well</i>	Alison Pearce (UK)
<i>Wellness</i>	Javed Iqbal (UK)
<i>Care</i>	Lisa Heaney, Millennium Centre, (N.Ireland, UK)
<i>Support and wellbeing</i>	Zeenat Jeewah (UK)
<i>Wealth</i>	Holly Marland (UK)
<i>Moving, hospital</i>	Leena Hannula (FINLAND) Mauro Maglione Scotland (UK) <i>You are great!</i>

I'm also conscious. You're a group of already converted people who know the value of arts in health and the value of much more than the clinical medicine, but I'm just trying to prove a point. Many of you have mentioned *wellbeing*, *keeping well support home care*, but many of you also have mentioned *illness*, *clinical doctors, nurses, pills*.

## D.5 International

### Social experiment at Harvard

The point I'm trying to make is really a social experiment we run at Harvard with students and academics. We had 516 people visiting across the day from all walks of life and asked them this exact question without priming their brains and priming their minds with that picture.



**Results** Following the thematic analysis from there was that 441 people said words related to biomedicine, such as doctor illness, pills, sickness, so on and so forth. Those, you mentioned finances, cycling, food and so on and so forth, or psychosocial elements were only 75 individuals, which accounted for 15% of the experiment group in that particular instance. But let's try Google as well.

### Google on “health” and “health definition”

If you Google “health”, this is what you get back – a bunch of stethoscopes, of pictures with clinicians and white coat adopters, of pills, a bunch of clinical images, all suggestive that health is



sickness, or is there to cure the illness rather than prevent the illness. If we Google “health definition”, surprise, surprise, the definition that pops up initially is the state of being free from illness or injury in the dictionary, which we know is very different from the World Health Organisation definition of 1948, “a state of complete physical, mental and social wellbeing, *not merely the absence disease or infirmity*”.

I know a lot of this is AI driven and based on algorithms, even if you go on an incognito window and you search these terms, you should be able to retrieve some of these common things. What's not AI driven is people's perception of health and social care. When you ask someone what their perception is of health in general.

### Systemic healthcare decline - result of illness and sick-care model

What I'm wondering as a young doctor in the hospital, when I see the signs of a tired healthcare system in the UK, the signs and the gaps in workforce, patients we cannot support in the healthcare environment, because we've not supported them within the community. It is disappointing and sad because we've allowed this to happen over time – by focusing on an illness model and a sick-care model that we've propelled forward over the past years, without thinking about what really keeps us well – which, as many of you say, are the arts and the community support that we get at home as well.

### Repair-shop model failing patients

The point I'm trying to make here is that when I'm in hospital and I'm sticking plasters on individuals and on patients, we see this repair shop and this fix-shop model that Alexandra Coulter beautifully spoke about in terms of health

## D.5 International - TAIWAN

creation. We've allowed ourselves to have a one-in one-out system, where one patient comes in, we only have a certain amount of time with them and we send them back home with yet another drug, yet another pill. We therefore fail them. That's not the reason why myself and many other clinicians have gone into medicine for.

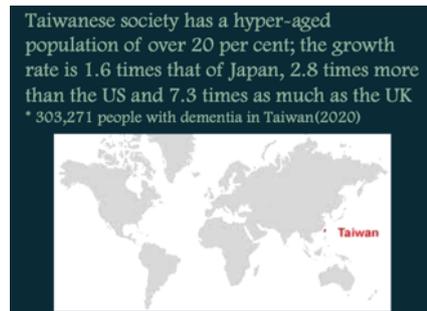
### Evidencing SP

The reason I'm making this point is that SP provides hope for the future generation of healthcare professional, and I'm inviting you all to break those barriers in those perceptions, amongst the future generation of healthcare professionals. Many things burned us once again.

### Professor Wan-Chen Liu, Tainan National University of the Arts, Taiwan. "Creative Ageing Movement through Museums for People with Dementia in Taiwan"



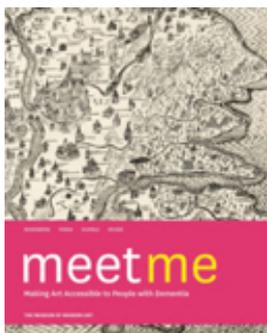
I'm going to talk about what has been happening in Taiwan in recent years. In Taiwan, the ageing population growth rate is 7.3 times faster than in the UK. The total population of Taiwan is 23 million, of whom 0.3 million have dementia. You can see the size of our island - the UK is 6.5 times bigger than Taiwan.



My background is art education, art museum and museum education. I felt it was time for people working in museums to know what was going on, that it was really important for the museum to address this situation.

### **Taiwan invites MoMA and international museums to share creative ageing learning**

In 2013, I invited the educator from MoMA, New York, to Taiwan to show present her MeetMe programme. To see their practice for myself, in 2015, I travelled to New York. I joined The Museum of Modern Art (MoMA) and The Metropolitan Museum of Art to learn how they organized educational programmes for people with dementia. I took training in creative ageing. Those five days opened my mind to what was going on in the United States.



Later, we introduced chairs to the museum in Taiwan to prepare for people with a disability, with dementia. I invited more people, from the Metropolitan, from Fine Art Museums in the UK, and also from Japan, Arts Alive, Yuki Museum of Art in Osaka, and Arts Minds founders from New York and specialist pioneers to share their practice with the museum people in Taiwan, to see what we could do for our people here. We looked to the UK,



## D.5 International – TAIWAN



keen to invite National Museums Liverpool, because we wanted to learn from their House of Memories and introduce this for our museum programmes.

### SP begins – creative ageing

In 2016, we held a one-day national symposium and workshop. There were several museum directors there. We explained what we wanted to do, that the really key person is a doctor. People who joined our symposium were extremely interested to do that. The National Taiwan Museum provided some activities for elders.

However, only the National Taiwan Museum of Fine Arts, from 2015, focused on programmes for people with dementia. Realizing that we needed to know more than museology, museum studies, that we should combine with education and learn the elders' needs, we undertook research and professional development in Taiwan. I worked with the different museums and the centre to provide art for people with dementia, and for caregivers.



### A quiet revolution – an earthquake in Taiwan

I think that this quiet revolution is a kind of earthquake, that people working in museums felt it was not enough, that they needed to do more. So in 2017, we worked with a specialist from the UK, to organize a joint conference.



In 2018-19 people from the arts in Taiwan, not just those working in museums, from the theatre, arts centres, we travelled to the UK, to see what was happening your country. We also invited some pioneers from the UK to Taiwan to share their practice for us to learn here.



### Icare symbol

In 2018, the National Taiwan Museum of Fine Art was the first time that they, they set up the Icare symbol, as policy, to become their responsibility. I invited several doctors and social workers and helped them to set up the Dementia Friendly Museum. We want people know that this is important. As we know that

the awareness and attitude, of not only the director, staff members, volunteers, but all who work in museums is important, we organized training and marketing for both inside and outside marketing teams.

### International Conference

We organized an international conference and workshop and invited people from the UK, Ireland and the United States, to create, like today, the opportunity to talk together and also help our National Museum of Fine Arts

## D.5 International – TAIWAN

in Taiwan, to advise on hardware and software, because they need to prepare for participants with dementia. If a doctor says there are more people with dementia, we need to find out how museums can help their patients and how we can help.

### **Museum Prescribing Handbook**

We also designed and developed some handbooks, one including the basic knowledge, principles, SOP, and how to face challenges. They established a member who works there and knows how to care for people with dementia and caregivers.

On 19 January, I played the role as a bridge, introduced the Taipei City Hospital, Dr. Leo and his team, and the meeting with a director of the National Taiwan Museum in Taipei, Taiwan. Then they talked to each other. There was this communication; and in August they signed a contract, an Agreement that we want to do something for people with dementia. That was the first museum where we talked about museum prescribing.



Then in 2020, this was a process, a learning by doing. With the term Museums on Prescription, and prescribing, people started to pay more attention. Our museums, not only the National Taiwan Museum, but also Tainan National Museum and the National Museum of Taiwan History, tried it out and more museums wish to do so. This is briefly what happened in Taiwan.



### **Need for cross-governmental, cross-sector collaboration**

We still need a central government, local government, the museum hospital, mental health services, social work system, all working together. Not only for people with dementia, also for their caregivers. As we know that caregivers have a lot of pressure and need support, we not only help the people with dementia have greater opportunity to get involved with us, but also the caregivers

### **Unconditional love in museums**

We continue to do research and development. We know that for people with dementia in museums, it is not easy, but it is important that they have the opportunity to enjoy feelings of wellbeing, love, What we try to do is to be there with them, to give unconditional love. I think that is the key, so here it is briefly, hopefully in the future, everybody can work together and have the chance to visit Taiwan. Thank you very much.

Here is Joy who worked very hard as my student, Joy.

## D.5 International – TAIWAN

---



**Wei-Tung 'Joy' Chiang, advising New Taipei City Government in Taiwan on SP in the cultural sector.**

Thanks for the invitation. I'm very happy to be here, to share the SP process in Taipei and in New Taipei City. To give a very clear picture of what SP is going on in Taiwan. Today I'm going to share more details about the process of SP to the creative aging activities with you.

### **Raising awareness of cultural programmes**

Firstly, I will give an example of how a person knows about SP and these resources near where they live. Usually in Taiwan, there are plenty of community centres. The community centre staff can tell a person and their family members what SP is and where they can reach resources, even introduce or refer them to the cultural organizations that collaborate with the community centres.

### **SP referral process**

Now I'm going to talk about the SP referral process: We don't have SPLW assistance at this moment, so most cultural institutions work directly with the community centres, not via the SPLWs system. The community centre can refer older adults to cultural institutions, such as museums, art galleries and city libraries. There are SP schemes for enhancing the older people's mental and physical health. Then after older adults attended their SP projects, or as we call it creative activities, the cultural organizations will report what they have been doing and the situations to the community centres. That is the SP process in Taiwan.

### **Four cultural prescription programmes**

In the final part, I will share, four culture institutions' offer. They offer better programmes in New Taipei City.

#### **The National Taiwan Museum**

provides ten weeks of sensory-based programmes. They plan sessions by engaging the adults' sense of smell, touch, hear, and vision looking at the exhibitions, touching the museum objects and even making their own artwork, having their portfolios and virtual exhibition.



**The National Symphony Orchestra** offers a national maestro series and music-making workshops to encourage older adults, to use their household goods and their bodies to create their own music and enjoy.

**Hondao**, the Senior Citizens Foundation, offers fantastic programmes, such as my fashion show, which allows older adults to show their unique beauty.

Then there is **History Alive**, which provides storytelling workshops, intergenerational theatre and oral history workshops. History Alive focuses more on intergenerational interactions, which means older adults can interact with the younger generations to get a better mature understanding. This concludes my presentation.

## D.5 International – Debate

---

**VFG, A4D Host** Thank you WanChen, and our warm thanks Greengross for chairing this mornings' talks on cultural prescription, research and development around the world. It has been honour and a privilege.

Alexandra Coulter, Director of the National Centre for Creative Health, will now chair the debate. To have two such highly experienced women to steer our talks on International Women's Day has been remarkable.

### DEBATE

#### **CHAIR:** [Alexandra Coulter](#)

I thought I would just talk a little bit, ask a question connected to Brian and Chris's presentations, because we have such an international community here and fantastic work happening around the world. There is a lot of, connection going on. You can tell. The work at MoMA has influenced projects all over the world for many years now. So within the practice, if you like, there's a lot of exchange, but how can we move to a more of a policy level globally?

#### **Bringing scientists and artists to train and work together**

Brian, you talked about the need to bring together scientists and artists. So there's a shared language. I think this kind of idea of bridging shared training – and Bogdan also referred to that. We need to work horizontally across sectors; and you talked about pushing policy. At that level, presumably you might mean even with global level. I've wondered if you want to say a little bit more about that. Then we could go to Chris who might have a view on how that could work through the World Health Organisation.

**Brian Lawlor, GBHI** Thanks Alex. I think that we've been working too much in silos. I think artists and scientists have been working on their own, perhaps not together. At the GBHI we believe it's really important if we're going to change the narrative, we have to bring the scientists and the artists together, to train together, work together, share the expertise together. For us, it's working really well. I think for the artists to really understand the neuroscience, the brain science, but also the issue just for people with dementia. But also for the scientists to understand the artistic methods and creativity and that process as well. So I think we can all learn from one another and to my mind - and I think Chris alluded to this - there is a lot of testimony and evidence that arts and creativity work, and I really believe they do work,

#### **The need to gather evidence for policy makers**

But to convince politicians and policymakers, I think we have to gather the evidence, summarize the evidence, bring the evidence together and work together in that regard. Perhaps we haven't done as good a job in that. I think that that's something, a meeting like this, a meeting of minds like this can actually help us move forward in a very creative way to summarize, pull the evidence together. Well, what else do we need to do to work together to push this forward? This type of webinar is an opportunity for me to meet people that I would not otherwise have met. I think it's emblematic of the siloing that

## D.5 International – Debate

---

has gone on in the past. So I really welcome this type of opportunity for discourse and discussion.

**AC, Chair** I think actually this is one of the big advantages of what the pandemic has done, isn't it? because we are all now much more familiar with these webinars and using Zoom. It's a really effective way for us to connect across the world.

There is a [Global Social Prescribing Alliance](#). I was at the SP Show on Friday virtually, and I heard a bit about that. Bogdan, do you want to just tell people a bit more about that and when they can get involved?

**BCG, GSPA** Absolutely. I think there's a fantastic opportunity for partners from across the globe. GSPA has been set up with support from the [United Nations](#), the [World Health Organisation](#) and NASP. The policy level is driven by the main policy partners I've mentioned. Then we have a global network of international partners representing 23 different countries, many of which have spoken today, including



### NASP Playbook

Australia, Singapore, Japan, and several others. For those who would be interested, we have developed a [playbook](#) of what good SP looks like on the ground and a few other elements in the building blocks in there. So you can access that for anyone interested in looking at workforce and student involvement, involving arts students with medical and healthcare students.

### International Student Champion Framework

There's also an [international student framework on the website](#) and to support students working together for better health, that includes art activities and SP, because those would be interested in the evidence with building an international evidence collaborative, as part of one of the workstreams of the GSPA. International partners will be getting together and summarizing some of the evidence on 29 March.



### Social Prescribing Day summaries

On [SP Day](#), 10 March NASP are launching summaries, that might be of interest. The statistics will be quite exciting for many of you – do keep your eyes peeled for that, because I know it informs narrative quite often.

**AC, Chair** Thank you, Bogdan. I suppose one of the issues here is the complexity of the space that we're all connecting in and SP is a massive movement unto itself. Arts and dementia is an intersecting enormous global movement as well. So it's something about the specialism and the specialist knowledge around particular care pathways, particular conditions – particular art forms, even – that we were all dealing with as well as this complexity around health systems.

WanChen, did you want to ask questions of other speakers in the panel?

**WC**

Sure. I think the challenge now in Taiwan, we have no common language, the medical term, government and the museum or our centre or theatre. we have

## D.5 International – Debate

---

limited resources, limited budget. We want to do something, but it's without a common language. And also that attitude that we really want to do something because the government, sometimes the politicians, they want the numbers.

### **Naturally small person-centre programmes for dementia provide limited evidence**

Our groups are tiny, because we care about quality. So for the people with dementia, it is impossible to you provide programmes for bigger groups. This is our challenge. I don't know how other countries or UK, how you deal with those things.

**AC, Chair** Yes. I think, WanChen, you're reflecting that complexity on you because, and this is coming up in the chat, Kate White is talking about evidence and the way that evidence is shared and that language issue around different sectors and resources and power actually, I think, is a key issue.

**CHAT Kate White** The evaluation issue is such a stumbling block as its not nuanced enough at present to convince funders of the value of the arts. We need in my view to move towards an anthropological approach of detailed observation and personal testimony of what works for people with dementia and their care partners. How do we get this across in a medically dominated culture? The last speaker's description so powerfully illustrated this. For example, my husband with Alzheimer's would return home from a music event and sit at the piano with incredible energy and engagement in my mind stimulated by what he had been enjoying – the after-effects for me too as his care partner full of gratitude for what he could give me and others, it's not a one way street.

And, also in the chat about lived experience and testimony, Brian.

**BL** I think this is a really key point about what is effectiveness, what does evidence and the importance of testimony and listening to people living with dementia and the caregiver, Again I think it's about joining up the dots and breaking down the silos here. I think there hasn't been enough crosstalk, so that's where we need to go. But I think the difficulty is that we do need to summarize the evidence and the effectiveness and the testimonies to be able to push this forward. You know, that's what the policy makers will make us do that and provide that. We can't run away from that. We have to build consensus and agreement among ourselves.

**AC, Chair** Yes, there's something about building consensus between us isn't there, and then there's this constant journey towards better understanding across different sectors and silos. I always think that evidence is crucial, but it really isn't the answer because you also need lived experience testimony, and you need to communicate how it can be operationalized. What are the actual practical things that can be done? What the funding is. All those issues are often barriers as well. So it is bringing all those things together. Gail, you have your hand up?

**GK** I would really be interested to comment on from what Kate's brought up. I think it's a really important point that often we go to the point where there is not enough evidence, or we need more evidence or we need a

## D.5 International – Debate

---

different type of evidence. If we think about the relationship between arts and health, we can certainly look at many indigenous communities. You have different ways of engaging with arts and health and have many thousands of years of showing how it works in their communities. Now we can't take the way of working and then just superimpose it somewhere else. But I do think that we really have to consider what we talk about as evidence. I think it really talks to what Brian was saying about how we bring these different types of evidence together. We're doing some work at the moment, where we have deep qualitative researchers who engage very closely with people with lived experience, engaging with people who are designing RCTs. There's something here that so often these ways of engaging and evaluating are seen as poles apart. If we can start having those conversations about what is evidence in this space and how we get these two different ways of engaging together, I think then we're going to start making steps. There's a little bit of educating on both sides as we go and understanding what the arts can do through that.

### **Evidence in the moment**

**AC, Chair** Yes, and I have to say that your film that you showed us clips from, for me, even in that moment, I had such a deeper understanding because you enabled the voice of people with dementia to be manifested. And for us, as you said to listen carefully, I think that's a very powerful tool. That combined with the evidence-based is much more powerful.

**GK** If I can just pick up on the end of that, which I don't think has been discussed very much today, but is a really important part of things that we're talking about with arts is the power to be transformative in the moment. That requires a very different way of valuing it. We can't do art, come back later, have look see what it's done because in many cases, and certainly when we know that people watch that film, that the transformation happens there in the moment, and you can only pick up the evaluation later from it. It's that kind of experience that we're trying to work with, that transformational experience.

**AC, Chair** I did think that Chris spoke very powerfully about the importance of the moment didn't he, and it is, as you say, that's such a difficult thing to capture and evidence and give its true power to. Does anyone else from our speakers want to say anything? Otherwise, I'll pick up on a comment in the chat around funding.

**VFG, A4D host** Thinking back to the real urgency is that whether with, or without evidence, people at the onset of dementia, who, whether it's dementia or it isn't, who are nervous of going out are undoubtedly much better if they are offered SP to a weekly social creative group. We have actual evidence there that this does work through a participant who had lost her memory and reading ability and was diagnosed with vascular dementia following a stroke. After a year of art and drama who taken up art and drama, her memory and reading ability returned and her diagnosis no longer recorded as dementia. She really was very much a changed person simply because the works had been oiled by regular arts engagement.

## D.5 International – Debate

---

Bogdan, did you want to talk more about student involvement? Having arts, medical and social care students interacting together with participants is so valuable at the beginning of their careers, following on from what Brian was saying before, actually engaging in this activity so that the evidence can be disseminated through their dissertations at that earliest stage. And so when doctors are learning the value of creativity for their patients' health and wellbeing, they learn it at that early stage - I think arts colleges now do like their students to have a portfolio of experience.

Just returning since I've got an opportunity to try and bridge this gap for people right at the onset of a potential dementia but obviously what we want is arts lifelong.

### **Funding**

NASP Thriving Communities model of funding is not going to be continued, but a similar cross sector partnership funding model is about to be announced.

**AC, Chair** Yes, as James said, this funding sort of multi-source funding, but I think there's a point in the chat from Holly, which is a bit different, which aren't the silos perpetuated by funding streams. That isn't quite the same as looking at multi funding sources, but that our systems are barriers to making this work happen. I do actually think that is absolutely the case and it starts in our country right at the top. So the Treasury functions on a divide-and-rule model where they use money and they use funding streams to manage demand and to manage different departments in Government. They don't encourage cross sectoral cross government department working. I don't think there are any politicians in the roofs. I can say that, but I do. I think that there are systemic problems, but anyway, Bogdan, did you want to talk anything about funding

### **BCG Funding and value-based care**

Just briefly on funding, Alex, and just to say that for me, funding is only a problem as for many of you, when it doesn't go to the right place. I think there's something not about funding in general, but something about value-based care and funding that should go where it's meant to be going and the communities that need the most. It is the same with digital interventions that reach that digitally minded individuals, but cut out those individuals who are less fortunate, unable to access to such interventions. So again, I think something around value-based care is something around communities and eyes on the ground and a central pot of funding that could be disseminated. A model of that could be Googled, as Thriving Communities fund from NASP in which small grants have been given across the UK, to communities in less fortunate areas; and as small grants as £50,000 create new opportunities for people in those communities and support those areas. So something around the health inequalities and making sure that the funding goes into the right place.

**AC, Chair** Yes, absolutely. We haven't really talked hugely about that, health inequalities in place issues around place, which is very much where the focus is here. Also, as Bogdan said, the Thriving Communities Fund. What it also did, which I think is interesting is the power of funding stream like that, is

## D.5 International – Debate

---

that it made people form collaboratives and partnerships. They couldn't apply for the funding unless they were already collaborating across different sectors and across their communities. That's a key power that funders have.

**Leena Hannula, delegate from Urajärvi Manor Museum in Finland**

I come back to Aristotle, because in Finland they have made a lot of research about elder people. I did my PhD for seniors who had visited museum over 14 years in a senior club. Jari Pirhonen in his working at Tempere University of Applied Sciences has talked about this recognition that Aristotle has developed the idea that it is not just words, but deeds, what you do. In my research, I found out that there are many institutions which could do part of that work with social institutes, and together with all professionals. It's not that terribly expensive either. MoMA has developed visual thinking strategies with Abigail House. It has been also researched that it has very good influence.

In Finland, we now have our own association about visual thinking strategies, and we are developing it also with people with dementia and other needs. This was just what I wanted to say, but the recognition is very important. It is how you recognize a person as a person, not with, as a person who needs a medicine or something, and visitors have very much importance. Thank you.

**AC, Chair** Thank you, Leena. There is amazing work happening in Scandinavian countries, I know, in Finland and across Scandinavia around arts and health more broadly, and lots of interesting research, longitudinal research

**WC** I can mention my own experience because when earlier people talked about evidence. For example, I was helping two elderly couple with dementia in the gallery. The woman had been coming regularly to the gallery and museum studio over two years. But this was my first time meeting her and the next time, then a gallery member watched how I guided them and told me after the programme, that the woman never talked. She was involved with everything, but did not talk. But when I guided her and allowed her to feel safe and calm, she started feeling relaxed and wanted to talk. So thinking of the evidence, sometimes we need patience. It may have taken her three years, but finally she wants to do that. Collecting data quickly can I think be dangerous.

**AC, Chair** That's a really interesting point. What you've been saying and what Gail was illustrating in her film, reminds me of a talk by a Japanese doctor, Dr Yukimi Uchide on the notion of reciprocity and how much we learn from the people we're with, that it's not a doing to. You're really saying how you learned from that individual, how to understand the condition and how to help her. I think that quiet, slow, and real listening that Gail was talking about is so important and can get a bit lost in this debate about evidence. Absolutely.

**VFG, A4D Host** Thank you Alex. Your wide-ranging experience in the field as chair of today's debate and our speaker guidance have been of great value to our national and international delegates.

**AUDIENCE** – Delegates registered from Australia, Austria, Belgium, Bulgaria, Canada, Finland, France, Ireland, Italy, Peru, Singapore, Switzerland, Taiwan, USA and throughout the UK.



## DEBATE 6

### Visual Arts to Preserve Brain Health



LIVE LONGER BETTER



## Debate 6      Visual Arts

---

### **Visual Arts for Brain Health (Tuesday 15 April 2022)**

Professor Martin Orrell, Director of the Institute of Mental Health at the University of Nottingham, chairs a debate between leaders in neuroaesthetics, culture, health and wellbeing and social prescribing to re-energising culturally diverse, visual arts programmes that empower people to preserve their brain health.

Speakers discuss the brain's neurological response to beauty, the referral routes to re-energising arts programmes and how effectively and enjoyably the visual arts triggers people's imaginative and social skills.

Exploring and discussing the amazing range of objects in a museum or creating art in a studio or at home and celebrating together at exhibition is a truly engaging way to relieve the loneliness, fear and trauma people feel in the period leading to diagnosis of a potential dementia.

#### **H O S T**

**Veronica Franklin Gould**, President, Arts 4 Dementia

**120** **Professor Martin Orrell** Director, Institute of Mental Health, University of Nottingham.

#### **S P E A K E R S**

**120** **Professor Semir Zeki**, Professor of Neuroaesthetics, University College London

**121** **Professor Helen Chatterjee**, Professor of Biology, Genetics, Evolution and the Environment, Division of Biosciences, University College London.

**122** **Sue Mackay**, Culture Health and Wellbeing Alliance regional champion, Director, Thackray Museum.

**123** **Ruth Salthouse**, Wellbeing Coordinator, Linking Leeds

**125** **Pam Charles**, Leeds Black Elders Association

**127** **Jessica Santer**, Art by Post, Southbank Centre, London

**129** **Kate Mason**, Director, The Big Draw.

**133** **Holly Power**, Community Learning Producer, The Wallace Collection, London

**134** **Hamaad Khan**, Development Support Officer, Global Social Prescribing Alliance, talking on the NHS SP Champion Scheme.

**135** **D E B A T E**

## D.6 Visual Arts

---



**CHAIR: Professor Martin Orrell, Director, Institute of Mental Health at the University of Nottingham**

I'm delighted to be here and thank you for organizing a fantastic meeting and to all the participants from around the world, which is really exciting.

**Professor Semir Zeki, Professor of Neuroaesthetics, University College London**

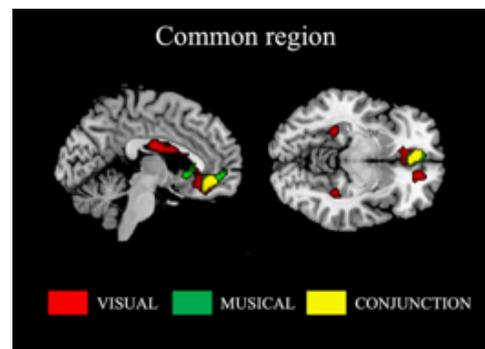


Thank you. I should try to be brief by addressing the question of necessity, for the experience is not a luxury. We often associate beauty with luxury and class and money, but in fact, it's a necessity for everybody.

To explain that I shall go to Sigmund Freud to ask a simple question. What do people seek? He answered it by saying they seek happiness. How do they seek happiness?

### **Pleasure Principle**

They seek it by satisfying what Freud called the Pleasure Principle. Now it's quite important to realise that the Pleasure Principle as he pronounced it – he pronounced it in German and in German pleasure is *Lust* – it means both pleasure and desire.



### **Medial orbitofrontal cortex and the experience of beauty.**

The experience of beauty from whatever source, whether it's musical or visual or mathematical beauty or beauty from sorrow or from joy, always results in activation in this part which is called the medial orbitofrontal cortex, shown here in yellow. And that part of the brain is actually also active when people experience reward and pleasure. It puts people in a good state, healthy state, euphoric state. It is a large part of the brain. Any part of the brain is not there for decoration. It is there to be made use of. And one of the uses to which this part of the brain is put is in fact the experience of pleasure and the experience of reward. One of the means by which we can experience pleasure and reward is through the experience of beauty.

### **Hedonic experiences**

There you have it. You have got an area of the brain that is specialised for what you might call hedonic experiences. But it is not all sitting there waiting to be activated whenever you feel. It's just like the spleen or the liver. These things are active all the time and have to be kept active. In a way, the reward and pleasure centres of the brain should be kept active; and they can be kept active, among other things through the experience of beauty, regardless of the source from which it is derived.

The Pleasure Principle of Sigmund Freud: people disagree about Sigmund Freud's theories, but the pursuit of pleasure as a means of gaining happiness,

## D.6 Visual Arts

---

which he claimed in his book *Civilization and its Discontents* is the main thing that people pursue. The pursuit of happiness is in fact fundamental to our wellbeing – one of the ways of pursuing that is through beauty, whatever its source. Thank you.



[Professor Helen Chatterjee, Professor of Biology, University College London](#)

### **Biopsychosocial impacts**

My research has focused on understanding the biopsychosocial impacts of engaging in arts, creativity and community-based activities, including nature-based activities. What that means is understanding what happens across the whole body. We're really interested in the emotional effects, cognitive effects, physical and physiological effects, and also the social effects.

Like many people on this call today, I've been involved at various levels of thinking about how we can better connect the research that we do in the universities that here and across the world with what goes on on the ground, and the practice that many of you are involved in delivering with all different types of participants. To that end I've been working with the All-Party Parliamentary Group for Arts Health and Wellbeing (APPGAHW).

### **[Creative Health: The Arts for Health & Wellbeing \(July 2017, APPGAHW Inquiry\)](#)**

I think you'll all be familiar with this report. I hope the *Creative Health* report, which was a key product of that inquiry, that APPGAHW Inquiry, it was published several years ago. It's a great place to go and start understanding the diversity of that evidence-base. What we know about the evidence is that there's a fantastic plethora of evidence showing the benefits of arts and creativity in community-based engagement. But we know that we have a big challenge about connecting up that evidence-based with both practice and particularly thinking about how we work better in partnership with healthcare partners, thinking about referral practices, which Veronica mentioned. Two of the really big recommendations came out of the *Creative Health* report and the APPGAHW Inquiry:

### **National Centre for Creative Health**

The first one was to set up a national strategy centre around creative health, thinking about how we can better make links with the health sector. And we did that two years ago. Lord Alan Howarth is the co-chair of the APPG for arts and health on myself and Alex Colter set up a new national strategy centre called the [National Centre for Creative Health](#). And I'll put you some links in the chat in a second, and that's a great place to go to work in partnership with organisations like the [Culture, Health and Wellbeing Alliance](#), who you'll be hearing from later, we work in partnership with the [NASP, NHS Personalised Care](#), and many of the different organisations to help think more strategically at a national level about how we can better embed arts, creativity and community-based practices in health to deliver better public health for all populations.

## D.6 Visual Arts

### Masters in Arts and Sciences, University College London

Another key outcome was really to think about how we can better educate our new professionals entering both the arts sector and the health sector. To that end, we've created a completely new programme at UCL. It's a completely new qualification, a Master's in Arts and Sciences, recognising the really interdisciplinary nature of the work that we will all do; and also embedding those principles of creative health or health creation, embedding arts, creativity, nature, and community-based approaches in public health. I won't have time today to tell you much about the details of that programme. Several of the speakers that you're going to be hearing from come from organisations that we work in close partnership with. Our students go off to visit wonderful collections like [The Wallace Collection](#). They go off to visit and have activities like [Green Gym](#) activities, understanding the benefits of nature-based engagement. And all the students work in partnership with a research project with an organisation, some of whom are represented here today, like the [NASP](#) or like individual arts and creativity organisations. We couldn't really run our programme without those important partnerships.

### **Linking research policy and practice**

I guess that really sums up the sorts of work that we're interested in, which is about those links, as Veronica said, that we need to make better between research policy and practice. I do encourage you to chat and think about what those links could be and think about how we can all work better in partnership together. I think there's some fantastic examples of that coming up.

**MO, Chair** That's excellent. I think this working in partnership is key because I'm sure that some of the benefits are also related to the working in partnership element that you have for the arts.



### Sue Mackay, Culture Health and Wellbeing Alliance Regional Champion, Director of Collections and Programmes, Thackray Museum of Medicine

I shall be speaking with Ruth Salthouse, who delivers the [Linking Leeds](#), SP (SP) service out of our Museum.

As a medical museum, we have an imperative to develop programmes and partnerships which really help people to care for themselves and for others. That is our mission. Two of the most important connections within this stream of work are with SP and with the Culture, Health and Wellbeing Alliance, which Helen has mentioned.

Ruth and I wanted to expand briefly today on how those strands connect in the work we're doing from the macro to the micro,. That's how we'll structure our talk today.



## D.6 Visual Arts

### Culture, Health and Wellbeing Alliance,

CHWA is a national organisation, an Arts Council funded, free-to-join membership organisation. I've put the vision up here. I am the regional museum champion for CHWA in Yorkshire and Humber.



There is also an arts champion, Deborah Munt. Our role is to ensure that relevant organisations and individuals in our region are connected in their work: the Lived Experience Network and museum development organisations, Arts Council and other organisations such as the Leeds Arts Health and Wellbeing Network.

### **New regional CHWA steering group**

We're meeting at the moment to discuss setting up a steering group because for Deborah and me it's quite a load to be representing the whole region. We advocate for the work that CHWA and culture and health generally does, showcasing NASP's national and regional work in forums like this. And we help members to develop their practice. We currently have a call-out for organisations to host, Doing it For Ourselves Together programme, which will be hosted by regional members to explore themes which are relevant to them - either recently completed projects or things that they're looking to develop, and looking for help for, from other partners and members. So that's what we do nationally and regionally as CHWA, which as Helen mentioned, came out of the *Creative Health* report as well.



### **Ruth Salthouse, Wellbeing Co-ordinator, Linking Leeds, at Thackray Museum**

Giving some context on where Linking Leeds is coming from as a SP service. Nationally with NHS England, we have a Five-Year Plan for Personalised Care, which is trying to move away from health being a deficit model – ie, you're only healthy when you are free from disease and looking at it that way into a positive model, which is looking at wellbeing, looking at strengths in the individual. So really trying to empower people with their own health care, their own wellbeing, and looking at it from a positive point of view.

SP is a massive strand in this and has been funded UK-wide. It is predicted that every pound spent on SP saves the NHS £27.50 in costs. What we're doing with SP is empowering individuals to connect with things in their community, whatever that might be, that positively impacts their wellbeing. So, with brain health, engaging in local creative arts things, as we all know, can really strengthen health for that person

### **Referrals**

What that means for us as Linking Leeds: We are working with over 500 people every month citywide, and embed ourselves in our local communities as

## D.6 Visual Arts



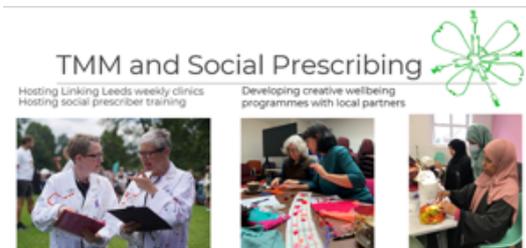
best we can. We work with GPs, we get self-referrals, we get referrals from other organisations as well to then link people up with local groups, services and activities to benefit their health. As you can imagine, we've got lots of things in Leeds that can help people and much of it grassroots. We use a database to find the right services for people that are in front of us. We try and keep track of all the information of all the partnerships we have in Leeds to connect individuals up with depending on their individual needs.

### SM – Thackray Museum the first UK museum to host SP clinics.

How does the work that Ruth and I do play its part in SP at the local level? We were the first museum in the country, as far as we know, to host a SP clinic, which is fantastic and very exciting for us.

### SP Training

We also work with Linking Leeds to host SP training. That has involved, as you can see on the left, the art doctors who worked with the Thriving Communities projects that we have in Leeds with both Linking Leeds and ourselves, and other partners to put together training materials that would help the SPLWs to really explore what creativity can bring to health. As well as working directly with SP, we also, as a museum develop creative wellbeing programmes with local partners. We've had a particular focus for some reason on textiles at the moment. You can see in the centre, community participants contributing to our [Periods exhibition](#).



### Arts for financial wellbeing and improving life chances

We're not only about personal wellbeing. We're also about economic and social wellbeing, so the group of women on the right are learning to use sewing machines, producing products for wellbeing, but also improving their economic and life chances.

We have worked with a number of partners and SP directly to further our wellbeing work.

### RS, Linking Leeds

Having the clinic at the Thackray means is that we have a weekly clinic, based in the centre of the community in which we operate.

We work all across Leeds city region, but we work specifically in each of our communities. As a Wellbeing Coordinator I cover this blue area. As you can see, the museum is right in the heart of it. It provides a really accessible space for me to hold my appointments. And although there are lots of GPs based in the area, many are small, converted family homes and so often don't have the space for myself. Also, they have not been safe for me to use for the last couple of years due to the pandemic.



## D.6 Visual Arts

---

Having this space at the Thackray means I have a safe space to operate out of, to do my face-to-face weekly appointments. I can have more relaxed and creative appointments. I can use the museum space to walk people through. It's less clinical and it can get people thinking a little more creatively, a little more relaxed into what health and wellbeing means for them.

It has also provided a direct link into new SP opportunities. Everything is soon mentioned there with new activities that they're doing. Those go straight onto our database, that I can use to link people in directly with, but also their volunteering opportunities. I work with the volunteer manager at Thackray Museum to provide that information for people straight away when they walk in the door.

**SM** I hope that's been beneficial, you've learnt a lot. Certainly, as a museum we've really benefited from the partnership that we have made with SP. It's really encouraged local people to come into the museum, which is a really key aim for us.

There are many barriers for some people to engage in culture. So all the programmes that we can organise to help overcome those barriers are absolutely fantastic. We have been brought together through Thriving Communities funding. TC has now come to an end as a project (for TC funding strategy update, see page 376), but as strategic and delivery partners, Together in Leeds, we've pledged to continue to work together.

Ruth and I are setting up a further training session for social prescribers so that we don't lose that link and we continue to introduce new social prescribers to the power of creativity in health. Thank you.

**MO, Chair** Excellent. A joint presentation there. I liked the idea of being an art doctor that sounds like a very appealing job for me. I think the idea of also having a living museum which is really connecting with the community is wonderful. SP is something that's the present, but it's also the future. We're going to need to be more involved in this and to learn more about it.



### **Pam Charles Advocacy Support, Leeds Black Elders Association<sup>13</sup>**

I work as an older persons advocate for Leeds Black Elders Association. LBEA was started in 1991 by a small group of local residents who realised that the needs of the local older Afro- Caribbean community were not being met by Social Services (now Adults and Health). These needs were cultural needs such as food, language, entertainment and general care needs. As time went on, the need for LBEA's services grew and they began to receive local government funding, gained status as a charity and were able to apply for funding from various streams. Although our name says 'Black Elders', we cater for all elders who may need support – we are very proud to be an inclusive service.

LBEA is part of the Leeds Neighbourhood Network schemes which is made up of 40+ various projects which are based in local communities and work with

---

<sup>13</sup> Pam having been taken ill, we include her talk to A4D Yorkshire & Humber meeting, Oct 2020)

## D.6 Visual Arts

---

the elders within that community to reduce social isolation and improve their health and wellbeing. We have now been in operation for almost 30 years providing advocacy, social activities, gardening, decorating, delivering hot meals to elders homes seven days a week and we are also a 'gateway' to the services the elders may need to access. We are the first point of call for many when they do not know where else to turn and have an open-door policy to cater for any needs the elders within the community may have.

My role as 'Older Person's Advocate' is to support the elders in ensuring their voices are heard in the services which they access such as health, housing and finance. We will discuss what their desired outcome is and work towards that. I will work with them until a satisfactory resolution has been reached. My role is extremely interesting as no two days are the same as not, 'one size fits all'. Every elder is an individual and they are treated as such.

### **Reading group**

The activities we provide are at the request of our elders, for instance, we had a few elders who were keen readers and requested a reading group. They told us how they would like this to look and we provided the space and support for them to do it. They took complete ownership of this group and we only got involved at their request. This was a successful group and enjoyed by all who took part.

### **Weekly activity club**

We also run a weekly activity club where we have up to 40 members in attendance. Here we do a variety of activities including dominoes, knitting, different forms of art, we have guest speakers delivering information session on subjects such as health, scams, Wills and we also do an hour of exercise. This is led by a local gentleman who is a professional dancer and exercise coach. He plays the music that the elders know and love and all of his exercises can be done either seated or standing, whichever the elders choose.

### **For all elders**

We used to run a dementia and stroke club some years ago and then decided that it would be nice to bring all of the elders together under the banner of the activity club. We have people who are at different stages of dementia, people who have had strokes, people who have various illnesses, people with various mobility needs and people who just want to get out and socialise. The beauty of this is that a lot of the elders had worked together in the many different industries in Leeds from the 1950's until retirement. We've seen the benefit of bringing everyone together as it creates a wonderfully stimulating environment. It has created a relaxed and open place to learn and understand various illnesses and conditions which can affect people. It arouses the interests and discussions of those who used to work in the medical field, of those who may be experiencing the same conditions and of those who are not experiencing any serious medical conditions. It breaks down barriers and allows those who may need a little extra help to be cared for by their peers.

The music, both live and recorded, is an extremely important part of our activity club. We have seen the positive and energising effect it has on all

## D.6 Visual Arts

---

elders but particularly all those elders who are struggling with their mobility or have dementia. We have seen those with dementia sing a song from beginning to end with lucidity. We have seen them get up and dance while smiling and engaging visually with others. We have seen those with mobility struggles move in ways they thought they couldn't and report relief from some aches and pains which they have been experiencing for some time.

**MO, Chair** It sounds like a fantastic organisation.



**Jessica Santer, [Art by Post](#), Southbank Centre:**

Art by Post is a project run by Southbank Centre. We started it in the first lockdown. Southbank Centre already had an arts and wellbeing programme that really focused on social isolation and loneliness, because we knew that that was a huge problem across the country.



### **To combat loneliness and social isolation**

Some of you will know of the research that came out in 2019 showing us that nine million people in the UK feel lonely some or all of the time. We know that it has huge impacts on our mental health, but also on our physical health as well. So it's something we were already really concerned about. When the pandemic struck, we knew it was going to become a bigger problem for more people across the UK. Although our building was shut and most of our programme closed and 85% of our staff are furloughed, we felt the arts and wellbeing programme was the one thing we needed to keep doing.

### **A different initiative – not digital!**

We could see that huge numbers of arts organisations were turning to digital and offering exciting digital programmes. But we know lots of people don't have digital technology at home. We wanted to offer something different.

### **Art by Post booklets as inspiration**

So we created Art by Post, which was a series of free booklets that could be sent in the post to people every month. We commissioned a fantastic range of artists to create these booklets with us. We were really keen to find ways to continue to employ artists through the pandemic. That was really exciting.

### **4,500 participants**

We hoped that 300-500 people would sign up for this project, particularly those who were isolated, with long-term health conditions and didn't have digital technology. Almost overnight, 1,000 people signed up to the programme and that the number just kept on rising until we had 4,500 people receiving the booklets, once a month.

## D.6 Visual Arts

---

### National Art by Post network of partners

We then created a network of national partners to support the project, to help with recruitment, but more importantly, to be able to provide local support to those people, to signpost them to local services. Once people could start to leave their homes and to do face-to-face activities, they'd be able to invite them to that activity as much close to home for some people than London.



### *Of Home and Hope* exhibition at Southbank

We always have this hope that we'd be able to have an exhibition. Along with the booklet, participants received a free post envelope to send their artwork back to Southbank Centre. As the centre was close, the free post – and artwork was directed to my house. It was a bit like that bit in Harry Potter where the post just keeps coming through the door. Hundreds of artworks, poems, letters and drawings were sent to us.

In September, 2021, we were able to have an exhibition for two weeks at Southbank Centre, which was called Art by Post of Home and Hope. The exhibition then went on tour to five of the venues around the country to share the artwork with a wider audience. It's been a wonderful project, a really great way to stay connected during the pandemic. People talked about looking forward to the yellow envelope coming through the door.

### Yellow envelope exciting interest

We created bright yellow envelopes, so people could recognize it instantly. There was real excitement about as envelopes arriving in the booklets and finding out about the artists that month. Also people reported that they really felt connected to the large Art by Post community, even though they weren't meeting people.

Now we are at the stage of considering what we do next, without bypass, how we continue to stay connected to these people around the country, but how we also returned to in-person face-to-face activity. I'm going to wrap up now but we made a lovely film, a really fantastic documentary about the project and on our website. Thank you.

**MO, Chair** That's excellent. It's amazing to think of how many people you're actually in contact with and how many people you connected with in the pandemic. It's really an example of fantastically being able to do, reach out to people. I think we'll obviously have people have lots of questions for the presenters.

## D.6 Visual Arts



Kate Mason, Director, [The Big Draw](#)

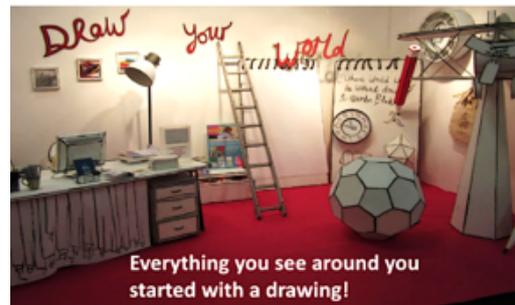
First of all, thank you so much for inviting me on behalf of The Big Draw to take part. I feel like I'm in very illustrious company with everyone here. I'm coming at it from a slightly different angle, perhaps in the terminology that we use at The Big Draw. It's really interesting to hear how everyone's framing it.

For people who don't know The Big Draw, we've been around for 22-23 years, very much based on our community participatory-based model work, which has grown and spread around the world.

### Drawing- visual thinking, meaning

I often go into schools or universities and we get this idea of seeing people to think about drawing and visual thinking.

The Big Draw isn't just about pretty pictures and drawing with pencils and paper. It's about making marks with meaning, and it's looking at how you might make marks across a whole range of different disciplines and sectors in different materials. We work cross sector. It's polymathic, it's interdisciplinary. So some of the things on this slide that we talk about, will probably resonate with some of the things that you will be talking about.

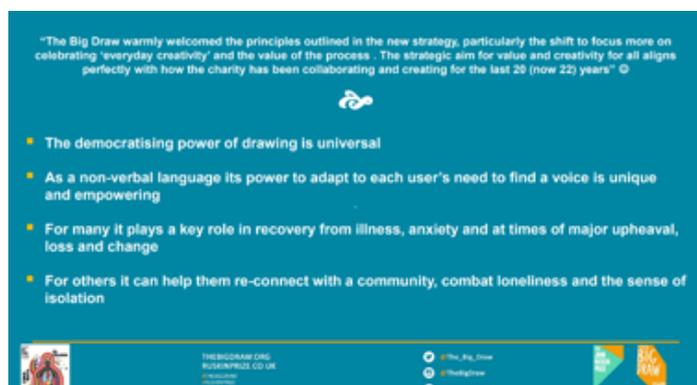


### Drawing – a democratizing tool

We use drawing, that's our tool, mark making, a huge democratizing tool. It's obviously non-verbal language. It cuts across barriers. We see a lot of event organizers and partners using drawing mark-making as it plays a key role in recovery from illness. People have been talking about isolation, loneliness, and we see that drawing, art-making being used a lot. We have literally hundreds of case studies, amassed over 23 years. That's the challenge for us. We've been doing this for a long time.

It was lovely to see the quote at the top, the visual “warmly welcomed”. That's actually from a recent Arts Council application. Like many charities, we found it very

difficult in 2020, and we're delighted to get some of the recovery money, but it was quite funny reading the new focus for the Arts Council, because many organisations are talking in the language that we've been doing for the last 23 years. It's interesting to see how things are shifting.



## D.6 Visual Arts

### Global reach

Very briefly a little bit about our reach. As I say, we have a global reach. We have lots of participants who have been around for a while.



### A vitality celebration

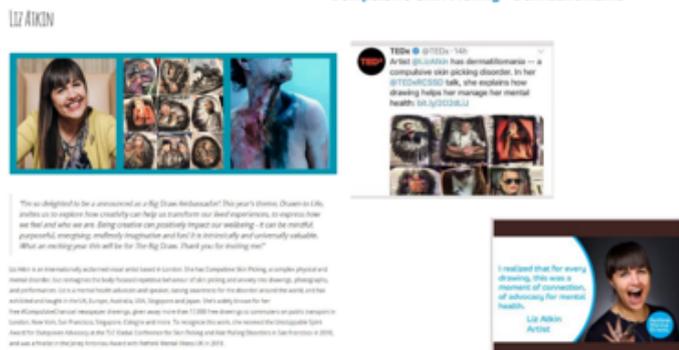
On the left is our global theme for this year. It's very much a vitality celebration of joy thing, but just to get down to some examples. It's very hard for me to hone in on a few examples because we have thousands of event organizers around the world. I've tried to just pick a few that I thought might resonate.

### Care UK

We have had and hopefully ongoing a three-year partnership with Care UK, which have 120,000 homes around the UK. We were thinking a lot on what we might do together to make it work. Many of the care homes have these massive screens in their rooms. So obviously they were able to isolate and we were able to stream directly into those care homes. Very many of the care homes, most of them took part over the last few years.

### Lived Experience

We brought in some of our associated artists and advocates, people like Liz Atkins, people like Gary Andrews to lead those sessions, people with lived experience. I think that's a very



important thing, the lived experience. Liz has a compulsive skin picking; and that she was able to talk about the using charcoal and it's the haptic. It's using your hands. It's the hand eye coordination it's getting into the zone. It's that whole therapeutic effect of doing something that you enjoy. Really interesting to hear Semir's presentation, fascinating. It's getting into the flow and you forget where you are and what you're doing. The impact that that has on your brain and your breathing. your body.

### Showcasing wide-ranging organisations

What we like to do is to showcase. We champion lots of organisations that are doing this type of work. There are so many organizers. Life drawing went into a number of care homes and the residents absolutely loved it. They really responded.



## D.6 Visual Arts

### Care home feedback



We had the feedback from their care homes that quite a few of the residents are obviously non-verbal, hadn't taken part in activities in their enrichment programme, but they did take part in these activities. That was lovely to hear.

Our ambassador Gary is quite well known on social media. He lost his wife to sepsis and started drawing as part of his therapy.

### A Visual Diary

The reason I've put him in - we do quite a bit with him - is this idea of starting a visual diary, creating an everyday habit, something that we talk about quite a lot at The Big Draw, encouraging people to just draw daily and not drawing necessarily pretty pictures, but making marks or whether you want to do on the iPad or visual on paper, pencil, and paper, it doesn't matter, but just to get your brain working, to get into the flow, it helps regulate your breathing helps you relax.

Some examples of individual artists who did daily drawing challenges in lockdown for people online to take part in. This isn't dementia specific. It is for anybody who has been struggling with isolation, very popular. Another example in Marigold the maker, it's hard to pull out from so many thousands of events.



### Sketch crawls

Another regular thing we do is we run sketch crawls. I think that brings together the, the haptic, the hand to eye it brings the social context, people coming together. It's the outdoors, it's the nature. It's the slowing down. It's the looking at things, fragility of nature around us, all of these things playing into feeling better.

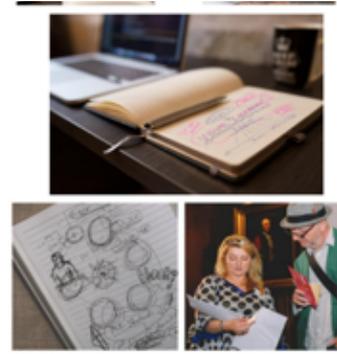


## D.6 Visual Arts

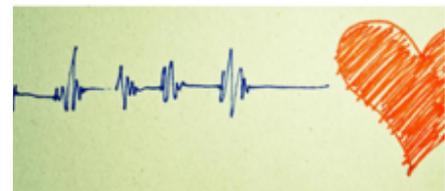
### Lived Experience

I mentioned earlier about the people that we choose to partner and work with. We will always go for people with

lived experience. One of the things I wanted to talk about very briefly about myself. I also have lived experience as the Director of The Big Draw and I use drawing and knitting actually, and sewing, to help me feel better. I've written about this. I have severe OCD if untreated and I use my own SP in my everyday life to do what I need to do. This is coming from a very personal perspective as well, which I think feeds into our work.



### What doctors can learn from patients who draw their illnesses



### Resources

We have lots of resources, online videos, blogs. We have Mini-Mag resources. There are case studies online, all downloadable. If people want to find out more, do get in touch:

**MO, Chair** That's really wonderful. The visuals are amazing. It's brilliant, the ideas and how it all comes across and seven million people is truly staggering, to think of seven billion being linked up with The Big Draw.

**KM** That's just our direct participants over the 23 years here and doesn't include our vast digital audiences. I would say to the amazing people on the screen today that we want to share and champion what all these organisations are doing, to help, share and promote them through our Newsletter and social media:

## D.6 Visual Arts

---



Holly Power, Community Learning  
Producer, [The Wallace Collection](#)

I manage the [Community Engagement Programme](#) at The Wallace Collection. We are a historic townhouse located just behind Oxford Street in central London. We're a national museum and with a very large collection. The collection ranges from old master paintings, French porcelain furniture, wax, miniatures, and arms and armour, all of which we use as a basis for a range of programmes that we offer.



### **Out of the Frame**

We have a very well-established programme for adults with a diagnosis of dementia, from early-onset dementia, to late stages, we visited a range of settings, for example, [Out of the Frame](#) where we go in to care homes or bring, invite people into the museum. We have lively conversational sessions around the collection.



But today I'm going to present something slightly different to you. It's a project that we haven't yet done, presenting some ideas of a project that we'd like to do. At the Wallace Collection, we're particularly interested in how participation in arts and culture influence feelings of wellbeing and social connection, and how they can support people to lead fulfilling lives as they age.

### **Regular arts engagement**

Through delivering regular sessions what we've seen is that people keep asking us when are you coming back, when can we see you again? It's that regular engagement in arts activities that we feel people are really lacking, or that they would like to be regularly engaged. It's interesting what you were saying about drawing and it being a very democratic thing. I think sometimes we find people are quite nervous about drawing, the amount of times people tell us *I can't draw it*, but it's like we're very much equally. It's not about that. It's about trying things. It's about process. It's about just developing, and creative response. So that's what we're about as much as anything.



### **Year-long arts programme to preserve brain health**

Today I'd like to share some aspirations for a year-long programme that we'd like to run for older adults pre-diagnosis, for those experiencing maybe mild memory difficulties or some cognitive impairment, but not quite diagnosed and they're going to the GP and they're starting that process, pre diagnosis. It can be a long and quite alienating process. We'd like for them to be signposted to our programme.

It would be a year-long programme - three eight-week terms. Working in partnership with organisations would be essential to delivering this programme, particularly SPLWs and local SP networks, in and around the London area, that we haven't developed as fully as we would like.

## D.6 Visual Arts

---

I'm very open to hearing from you, your advice about working with new co-workers in SP. We can feel that our overall aims of the programme would be that if people engage in weekly arts activities in the months leading up to memory assessment and diagnosis, they'll be able to maintain a sense of identity, fulfilment and belonging in the community.

### **Social connectivity**

Social connection would be crucial too. Attacking loneliness is something that has been identified as part of the GLA's long-term plan, and learning. This is a key issue in London; and it would be as much about social connection as the arts. This quote in [Centre for Cultural Value report \(2022\)](#) felt fitting for the seminar today and also what we've hoped to achieve.

*In relation to wellbeing, cultural participation afforded older people a range of positive emotional experiences, making them feel happier and helping them to cope with negative life events . . .*

*Engaging with culture also led to older people feeling a sense of achievement through opportunities to experience challenge and learn new skills. Older people also reported feeling more of a connection with their own personal identity, as well as building a collective identity, which led to increased confidence and self-esteem.*

Cultural participation, offering older people a range of positive emotional, making them feel happier, engaging with culture, their feeling sense of achievement through opportunities to experience, challenge, learn new skills, preserve personal identity and building collective identity, which in turn lead to increased confidence and self-esteem. That's all something that we would draw on and hope to achieve with the year-long programme such as this.

Thank you



**Hamaad Khan, Development Support Officer for the [Global SP Alliance](#), talking on the [NHS SP Student Champion Scheme](#)**

My name is Hamaad. I'm a postgraduate student studying for my Master's in Global Health at UCL. I also work as a Development Support Officer for the Global SP Alliance, which is in partnership with [NASP](#).

### **NHS SP Student Champion Scheme – bidirectional learning & support benefits**

In my second year of my undergraduate studies - that was only two years ago when I was studying neuroscience at Kings College London - I had the absolute pleasure of being introduced to Veronica and the A4D programme.

In my three-month volunteering experience, I learned more about medicine, health and disease than what was offered in my university curriculum even now. I saw first-hand how dementia is more than just its physical symptoms and pathophysiology, that the personal burden of dementia can diffuse across relationships. But most importantly, I saw how patients were empowered by the arts in the very moment they were supposed to be disempowered and disaffected by their diagnosis and dementia, along with many other diseases, as

## D.6 Visual Arts - Debate

---

far as too often, defined by loss and deficit, SP, particularly with the A4D programme, allow patients to find their health and wellbeing again. This just won't be my personal experience.

### **Offered at every UK medical school**

NASP now funds the SP Student Championship Scheme allowing doctors of the future to learn, engage, and promote SP in their region, just like I did with my volunteering experience. And as a result, I'm proud to say, we now have all medical schools in the UK teaching SP in some form. Some places like Imperial College have now dedicated an entire module to SP.

### **Medical and healthcare studentships strengthening medicinal practice of arts and health through SP**

This year as we welcome our new cohort of 22 studentship awardees, which I'm delighted to say also includes not just medical students, but allied healthcare students. We hope to further strengthen the truly medicinal practice of arts and health through SP, where students can learn and experience the power of art to our health and change the future clinical practice towards a more personalised holistic biopsychosocial care model and recognise the power of creative arts to our patients.

If anyone is interested in learning more about the Student Championship Scheme for SP, here is my email [hamaad.khan@nasp.info](mailto:hamaad.khan@nasp.info)

**MO, Chair** Thank you. Hamaad, that's really helpful.

## **D E B A T E**

**MO, Chair** At the beginning we talked about the Pleasure Principle and I'd like us to think about how they arts work, how the arts work on humans. One of the things is that it's having an experience of the arts is not just in the moment, it is in the moment, but there's also looking forward to it, the anticipation, it's not just a snapshot experience. At the time it's enjoyable, it's creative, stimulates reflection, but also afterwards, you can reflect and reminisce on it. But also it helps connect us in a relational way to other people and to the world and helps with our identity and sense of dignity. So I think that sometimes people just think of the arts in the moment, but actually there's the before, there's the during, and the after. Would people like to comment on that?

**Professor Semir Zeki** Yes, I'd like to comment on that. I think it's an extremely important point. I think what has come out this morning is the realization implicitly, perhaps not explicitly, but the implicit realization that the arts and activity or artistic activity involved in the arts has an organic effect. I think people often believe that art is something spiritual and there's not so many for the GP, for example, to prescribe, but it is and if you want to reward the reward system, if you want to keep it active and going, you have to do that.

## D.6 Visual Arts - Debate

---

I was extremely interested in what Kate had to say from The Big Draw. Why is it so effective? And the reason is that it actually concentrates the brain achieving a concept, the end result of which is the satisfaction of the pleasure principle. I know that in Austria and Switzerland it is used very, very regularly in hospitals, actual drawing classes in hospitals on a daily basis. It engaged them completely until they get the satisfactory answer that gives them the pleasure, which of course excites the pleasure principles. I think as long as we as a society realize that this is not just something which is spiritual, but it is actually organic. I think is implicit in all the talks morning,

**MO, Chair** Semir, can I ask you, do you think it's just a drive related to pleasure and desire, or do you think there's other elements as well? Because that was how you kicked off your talk in relation to the impact on the brain.

**SZ** I mean, of course Freud emphasized sex, as he would, but he also emphasized the arts. He did talk a great deal about the arts. I think it is a drive, but why did you have that drive? It is like a hunger. It's got to be sated. You've got to eat. In a way you've got also to assimilate those centres where they cannot be left inactive. So I think it's a built-in drive. Yes.

**MO, Chair** I'd like to move on to a question in the chat from David Truswell, which is about how far people had success, engaging with minority ethnic communities and including them in cultural activities in their work, maybe people do. Kate?

**KM** We tried something It was a new thing that we did last year We did a number of digital residencies for artists, but we spent quite a lot of time of team time and outreach trying to work very hard on the language and the positioning and how it was promoted. We did do it differently to how we'd done it before.

### **Adapting language to limit 'othering'**

We really did change the language and the approach with a view to limiting 'othering'. Like so many arts charities, The Big Draw is a fairly mainstream arts charity. I think they fall into that category quite easily. We had to work quite hard to do something different. We did change it and we had a totally different result, which was fantastic.

### **Language made all the difference 'I can see that that's for me!'**

We were offering nearly £2,000 for a pretty much free reign, digital residency however the artist or the collective wanted to do it, working with us, with support from us and resources and mentoring and all the rest of it. And I'd never seen any of these submissions, these artists, or these groups coming forward before. The evaluation showed that the language made all the difference. There's lots of arts opportunities out there and they'd look at it and think *I will come back and apply for that because that's for me - I can see that that is for me*. It was all down to the language, but also how we encouraged partners, community organisations to support us with the promotion, So at that grassroots level as well. I've been at The Big Draw for nine years. I've worked in the arts cultural sector for 26 years. And I was a bit sceptical actually. I thought, it's not going to make much difference, but it really did make a total

## D.6 Visual Arts - Debate

---

difference in who came through, in terms of us being able to then shine a light on those underrepresented and overlooked voices, which is really what we wanted to do.

I think it is all about that. Giving safe spaces. Whether physical or virtual platforms of support.

I would say we had some pushback as well, which was quite interesting. We did have few difficult phone calls. We had a few emails who were uncomfortable about the language, saying that it, in some ways excluded them. They were mainly coming, I would say from more of an older, white, more privileged demographic. but we did have that, which was interesting in itself. The residences were hugely successful. Of course, they were bringing in their own networks. It's something we would like to do more of again.

**MO, Chair** That's excellent, thank you. I know there's been some work on job adverts and job descriptions and the language is crucial in terms of who applies and is put off by it.

**KM** It really wasn't like that really. It sounds awful. When we were looking at the team, I thought that sounds a bit long-winded, but then I thought no, this is how we need to do it. This is what we need to do to reach the people that we want to reach.

**MO, Chair** I think people use the term *candidacy*, in a way where you can see yourself, *Oh, that's something for me*.

**KM** Well, that was what we kept hearing. People were saying, *What we could see, this was something for me*, that the people that we got a bit of a pushback on it. We made every effort within all the copy to say that this is open to everybody. it wasn't positive discrimination. It was open to all, but we were encouraging. So it wasn't, It was how the individuals were self-identifying. So actually those individuals that were a bit sniffy felt that they identified for whatever reason as being an under-represented or an overlooked voice time, whether they should have replied.

**MO, Chair** I think this is an important point about white privilege, because it's something we might not be aware of us ourselves, but it is around.

**CHAT: VFG, Host** Language is so important, which is why it really helps referring to non-stigmatising 'brain health' for people before they are comfortable with their diagnosis of dementia, which may be years later. So many participants used to say 'I haven't got dementia' 'I haven't got Alzheimer's.' Though more than one A4D participant liked to reassure us that they had a diagnosis simply for the camaraderie, though they were warmly welcome – and did – continue anyway.

**Ruth Salthouse** As a city-wide service Linking Leeds, we work with everyone. We've only got two referral criteria from our service, which is for people:

- Aged over 60
- Registered with the GP

## D.6 Visual Arts - Debate

---

### Translation

We also have access to a translation service over the phone, which is on demand. Around 30% of our clients are people of colour, from different ethnic minorities. We see a lot of people, a really even cross section of the population of Leeds. And in terms of actually getting them into creative activities, groups, that sort of thing, what we find is successful is when, I think Kate mentioned a really good point about feeling like that space is for them.

### Project run by community for community

So in their local area, run by people who look like them or have similar experiences to them. One of the activities that the Thackray Museum, the textiles work has been run with a local organisation called Give a Gift who are made up of Muslim women. They're bringing in people who are of their community, other Muslim women to interact with the museum in that way; and that's where we find it really works. Having big institutions just put on activities that on their website isn't enough. It's really letting those activities be run by the communities that they are there for.

**Sue Mackay, Thackray Museum** To build on what Ruth was saying there, we recently relaunched the museum with the aim of engaging with the local community. We're in Harehills, which is one of the most challenged wards in Leeds and in the country. It's an incredibly diverse and dynamic community. We've thought long and hard about this and done various projects since we relaunched to engage the local community.

### Giving space – to make your museum a community asset

What we found is that it's about putting yourself out there as a community asset, and truly collaborating the programmes that you put on. We have to acknowledge that there is a complete imbalance in the demographic of people engaged in the arts. We are mostly whites and at leadership level we've mostly middle-aged. So we need to acknowledge that and we need to do a lot about our recruitment and, importantly, as Kate was saying about the artists and the other organisations that we collaborate with, so that's really important.

What we found works is to simply give space. We have the luxury of being funded by the Arts Council as a National Portfolio Organisation over a number of years. And that means that we do have the ability to give space to the community, literally allowing them to come in and use our space for meetings, which enables us to grow really exciting relationships and truly co-create programmes. We find out what people are interested in and then we're able to help them develop programmes around it.

So those are my top tips:

- Becoming a community asset
- Giving space
- Co-creating and artist collaborations.

**MO, Chair** Thank you, Sue. Space is a crucial thing, isn't it? Because many organisations need places to meet. So, if you can offer some way to meet, that

## D.6 Visual Arts - Debate

---

automatically gives you a link and a way in and showing that you have an understanding of some of their needs as well, space of which is one of them.

**HC** Going back to that point, really, such an interesting discussion about what it is about arts. I would also include in that nature. A lot of our speakers have talked about the importance of connecting with nature as part of arts and creativity. Semir, you mentioned immersion.

**CHAT** Two useful papers **HC** recommends, exploring links and synergies between arts and nature, can be found on page **00**, in our next webinar: Nature and Heritage for Brain Health.

### **Multisensory benefits**

**HC** I think it's also useful to think about that the part of the benefits of these activities is that they are multisensory and it's a whole body experience, even if that's just for some people simply using their upper body or thinking about things like hand-eye coordination.

So you've got, as Semir says, that deep level cognitive processing, but there's also that emotional connection. A lot of people have talked about psychosocial benefits. I think it's really helpful to think about these benefits in the round, across the whole body and that sort of embodied experience. There is a physical and a physiological component, and there is this deep level of cognitive processing; and there is also those emotional and social connections.

Creativity is at the heart of all of that. Maybe that links into Semir's ideas about the Pleasure Principle and understanding the cognitive aspects involved in creativity and being creative across the whole body. So I hope that's useful, but it really helps us when we think about articulating the benefits of these sorts of activities to think about the multisensory aspects of it

**SZ** I think Helen has made a very important point. Creativity is one of the most important issues that we can address as a society, and one which about so little is known – why it gives so much satisfaction, why it engages people so heavily, that it satisfies them. I think it's one of the most wonderful subjects, but we've got very little in terms of grants awarded to studies of creativity, and very little is known about it. The only thing we do know about it's extremely effective.

**MO, Chair** I think also art has a role in making sense of the world for us. I wouldn't say that it's just something which is not just about pleasure, but it's about helping the making sense of what's going on, sometimes making sense of trauma, making sense of what you want to be doing, where you want to be and how you relate with other people. We see this as people like watching dramas that they can relate to, you know, amongst other things,

**SZ** Very important. May I just say, I think you made an extremely important point, which we've glossed over, about art giving you knowledge about the world. This is an extremely powerful point. I would just put it in a broader context. I would say that in a way it stabilizes our world for us by giving you more knowledge – it stabilizes. There's great comfort in that. I think it's an extremely important point to make. Thank you very much for it.

## D.6 Visual Arts - Debate

---

**MO, Chair** That's fine. I'm going to thank you very much all the speakers today and also for the very interesting debates and the excellent points. I think the connections people have made in both in their talks and also in the chat are really very important. I see that some of these things are actually about going back to nature. I see in the chat. It's been a very rich and diverse seminar.

**MO, Chair** Now I'm going to hand over to Veronica for the closing remarks. Thank you all. I'd just like to thank you for organizing this wonderful event.

**VFG, Host** Thank you Martin, for your superb chairing. As Professor of Psychiatry, highly involved in this field, it's been a privilege to have you as chair. Thank you so much and to all our speakers today, for sharing your expertise, to help spread the practice, to bridge the gap and empower people earlier than ever before, from the onset of symptoms of a potential dementia – how we must avoid that stigmatising word – to preserve their brain health through the re-energising social and cultural inspiration of arts.

Thank you to all our delegates from near and far – and special thanks too to our A4D team.

**AUDIENCE** – Delegates registered from Australia, Canada, Curacao, Indonesia, Ireland, Romania, Singapore, Taiwan, USA and throughout the UK.



## DEBATE 7

### Heritage and Nature to Preserve Brain Health



LIVE LONGER  
BETTER

Arts 4 dementia  
Empowerment through  
artistic stimulation

## Debate 7

---

### **Heritage and Nature for Brain Health (Tuesday 10 May 2022)**

The uplifting power of joyful engagement in nature, discovering our heritage together nurtures our resilience in the community. Engaging in re-energising social activity in nature, exploring our historic and natural environment, individuals and partners protect themselves from loneliness and preserve their brain health and resilience in the fear-filled months years leading to diagnosis of our most feared condition.

Dr Desi Gradinarova, Senior Policy Advisor, Wellbeing and Inclusion Strategy at Historic England and Historic Environment Lead at the NASP, chairs a debate between leaders in social prescribing, culture health and wellbeing, on referral to Heritage and Nature programmes. Speakers present a range of outdoor, wildlife, archaeological, conservation and carpentry and the social prescribing route to Nature on Prescription.

#### **H O S T S**

**Veronica Franklin Gould**, President, Arts 4 Dementia

**143** **Sir Muir Gray**, Director of the Optimal Ageing Programme at The University of Oxford.

#### **C H A I R**

**144** Chair: **Dr Desi Gradinarova**, Senior Policy Advisor, Wellbeing and Inclusion Strategy, Historic England. Historic Environment Lead at NASP.

#### **S P E A K E R S**

**147** **Dr Lucy Loveday**, Associate Dean, Faculty Development Innovation and Performance, Health Education England.

**149** **Deborah Munt**, Board Director, Culture Health and Wellbeing Alliance

**151** **Katrina Gargett**, Community Engagement Officer, Archaeology on Prescription, York Archaeological Trust.

**153** **Julie Hammon**, Area of Outstanding Natural Beauty Stepping into Nature, Nature Buddies .Project Coordinator.

**156** **Caroline Gibson**, Green Scripts, Bigger Hearts Dementia Alliance, Baccarat, Western Victoria, Australia.

**161** **Alistair Tuckey**, Durlston Ranger, head of volunteers, education and interpretation Durlston Country Park and National Nature Reserve, Swanage.

**163** **Elena Tutton**, Health and Activity Lifestyle Activator Place Services, Dorset Council Wellness Nordic Walking

## D.7 Heritage and Nature

---

**165** **Julie McCarthy** Strategic Lead for Live Well and Creative Health at Greater Manchester Combined Authority and GM Health and Social Care Partnership

**167** D E B A T E.



Sir Muir Gray, Director, 'Live Longer Better, Optimal Ageing Programme, The University of Oxford.

### **Nature and Public Health: The Evidence**

I've got a number of points I'd like you to think about. The evidence base is very strong and the probably the best place to look is The Oxford Textbook of Nature and Public Health: The Role of Nature in Improving the Health of a Population.<sup>14</sup> I'm neither author nor editor, so this is an independent recommendation. It's full of excellent research showing how green activity is even better than activity in your own room or in a hall or gym. It seems to have an important effect on inflammation. We now know the inflammation is an important factor in increasing the risk and the progress of dementia.

### **Activity – physical, cognitive, emotional**

The other issue is that we think of activity as having three dimensions - physical, cognitive, and emotional. All three are covered by activity in a natural environment. There are two particular groups that we need to think about: firstly, people in care homes and secondly, and even more challenging, people isolated in their own homes. Now the two ways in which I think we can enhance the green experience:

### **Use of Digital Technology**

The first is the use of digital: I think we need more cameras in birds' nests, rabbit holes, fox dens are just watching ferns grow, so digital. There is an issue of digital exclusion, but most AgeUKs are working on that.

### **How older people can contribute to greening their environment**

The last thing I want to say is we need to look for ways in which older people can be allowed and enabled to contribute. What we are saying to our various groups, who are becoming more active, why don't you adopt the local wildlife trust? And if you're doing a walking programme in a care home, why don't you raise money for the local wildlife trust? It improves the greenery of the county and it improves a job prospects for young people, but we can think of bringing greenery home, near home. And, for example, letting some gardens go wild in blocks of flats. So, think about people who are isolated, thinking about people in care homes and blocks of flats. Think about the use of digital and about sense of mission. Can we enable older people, people with dementia of all levels to be involved in sponsored walking, to improve the green environment in which they and their families live. I look forward to hearing from the speakers.

---

<sup>14</sup> Van den Bosch, M. & Bird, W., 2018,

## D.7 Heritage and Nature



Chair: Dr Desi Gradinarova,  
Senior Policy Advisor, Wellbeing &  
Inclusion Strategy,  
Historic England.  
NASP Historic Environment Lead.



Thank you for inviting me to chair the debate today. It's a real pleasure to be with you.

I have spoken on more than one occasion about the wellbeing benefits of engaging with heritage and the historic environment, especially their very pronounced, powerful supporting mental and brain health.

There is growing evidence that more frequent cultural engagement is linked to better memory and ability to perform cognitive tasks, while heritage and creative activities have a role to play in increasing creativity and stimulating brain health and imagination.

### **Heritage – combining nature, people, culture, history and climate**

I'm especially delighted that we are looking today at both nature and heritage. I honestly believe that the best way to approach connecting people to our environment is to see it as one holistic thing made of nature, people, culture, history and climate. The everyday person doesn't see things in sectors; and we have to try and see it from people's perspective and offer as wide and rich understanding of the environment and its opportunities to individuals and communities as possible.

From a heritage perspective, there is much that our sector can offer to help improve mental health and wellbeing.

I'm sure that we all have enjoyed a stroll around a historic market town, explored a historic house, attended exhibitions in museums and galleries or a service in a historic place of worship.



### **Intangible Heritage**

Heritage is not just buildings. It includes historic landscapes, historic parks and gardens, archaeological sites, historic coastlines and something people consider the intangible heritage – people's shared memories, past experiences and their personal stories. This intangible heritage often means more to both communities and to individuals than a park or a listed building itself. Connecting with all these aspects of our heritage and nature around us can contribute

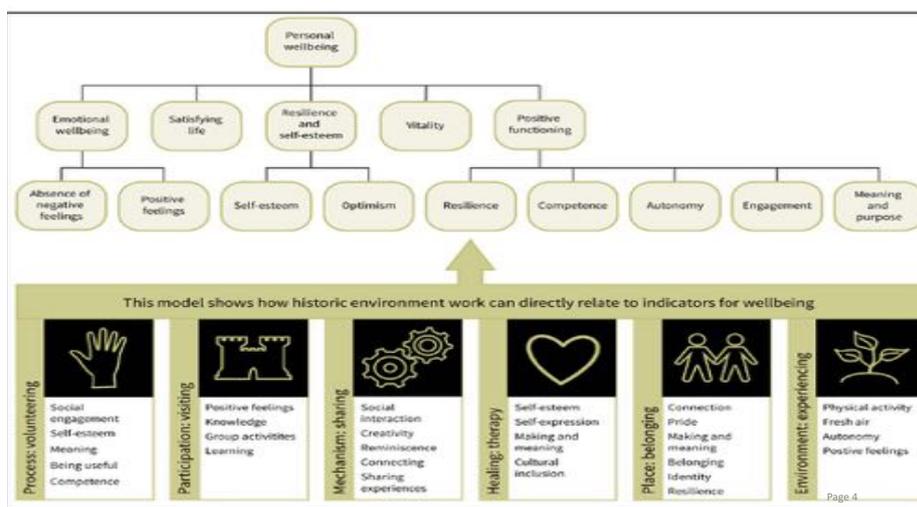


## D.7 Heritage and Nature

immensely to our feelings of belonging, identity and purpose, and helps people come together and be proud of the places they live in; and as a result, increase community cohesion and to improve our wellbeing.

### Wellbeing and the Historic Environment

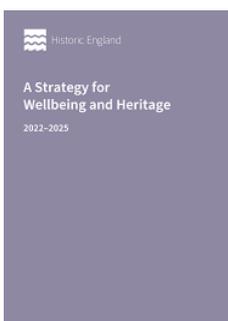
Practical ways to use heritage for personal wellbeing improvement are summarized in our assessment on [Wellbeing and the Historic Environment](#) (2018) and how to utilize things like volunteering and visiting historic sites, sharing stories and experiences as a therapeutic approach, including specifically for boosting brain health, through the power of reminiscing, connecting with the past and exploring places of meaning and memories together. We talk about six routes into this agenda - the last is about environment, and how heritage can help us experience our environment even better and deeper.



Not only do heritage sites and places give us the opportunity to be outside and connect with nature or be physically active, but they also provide that additional cultural air to that experience, helping us to feel part of something bigger, something meaningful and important, increasing our feelings of identity and belonging and stimulating our imagination, promoting learning and instilling that sense of discovery. Often, they also offer solace and escape, transporting a safely into another world of pastimes and wonder, exploring the connections of our own past and stories and those, the people next to us. Heritage helps us understand ourselves and how we as human beings relate to each other and how we fit into this world.

### Heritage and Wellbeing Strategy, May 2022

At Historic England we realize that there is so much more we can do to promote wellbeing through our work and to address health inequalities through heritage. To this aim we're launching our new Wellbeing and Heritage Strategy, which will ensure that wellbeing is



**Heritage and Wellbeing – strategic approach**

- Historic England's Wellbeing & Heritage Strategy
- Key priority areas for embedding wellbeing in heritage work
  - Younger people
  - Older people
  - Mental Health
  - Loneliness
- Partnership with National Academy for Social Prescribing

Page 5

## D.7 Heritage and Nature

---

embedded in our work as heritage professionals and as a key objective of all Historic England projects, we're looking at four key priority areas as a start - young people, older people, mental health, and loneliness - all of them relevant to issues connected with brain health and mental wellbeing. We are aware that these groups are not mutually exclusive, nor do they cover every element of health and wellbeing. But we believe that this focus will help us develop knowledge with partners to understand specific needs of particular communities.

### **SP – Heritage England partners with the National Academy**

One of the most promising delivery mechanisms of embedding wellbeing and addressing health inequalities is SP, an approach in which the health system is massively investing and with which many other sectors – such as nature, art, sports – are very actively engaged. We believe that there is a great opportunity for the heritage sector to get involved in this space as well, and to maximize our public value and our contribution to improve public and individual health, Historic England has partnered up with NASP; and we're working with many colleagues across sectors to promote SP, help create these links and partnerships and support the development of innovative SP approaches.

As I mentioned, I'm appealing for holistic approach to the environment. Heritage as part of the natural environment and our relationship with nature as part of our heritage.

#### **Resources:**

*Heritage & Wellbeing Special Research edition* - Historic England Research on wellbeing .

*Wellbeing & the Historic Environment* (2018) Historic England. Policy, case studies & framework.

*SP and the potential of Historic England's local delivery* (2020) Case studies

*Heritage and Wellbeing* (Historic England website) – our team web pages – more case studies and resources

*Heritage, Health and Wellbeing* (2019) The Heritage Alliance – case studies from the wider sector

*Wellbeing in Volunteers on Heritage at Risk Projects* - report on volunteering benefits

*Heritage Action Zones, Enriching the List, Heritage at Risk, Historic Environment Records*

*Heritage and SP* webinar (June 2020)

*Heritage and SP* (September 2021) article Historic England Research

*Heritage Special episode from Podcast on Prescription*

Now I invite my wonderful colleagues to take the virtual stage and share their knowledge and experience of utilizing the power of heritage and nature for improving our brain health and mental wellbeing.

## D.7 Heritage and Nature



Dr Lucy Loveday, Associate Dean, Faculty Development Innovation and Performance, Health Education England. Stay connected

This is a brief overview, highlights of existing and emerging evidence that supports the potential role of nature to benefit our wellbeing, preserve brain health and enhance our sense of wellbeing for mental health.



### Trees – benefits of phytoncides

Some of these highlights involve trees; and what the Japanese traditionally call *shinrin-yoku*, which literally translates as forest bathing. This is led by some key researchers in Japan, Dr.Qing Li and Professor Yoshifumi Miyazaki whose studies demonstrate that trees and plants produce phytoncides, volatile organic compounds, that can have a mediating role to benefit our immune system function. Being in the presence of forests and trees not only benefits and impacts on our psychological sense of wellbeing, but also at a physiological level, reducing our stress, hormone, blood pressure, and increasing our heart rate variability, which is all supportive of lower stress state.



**Fractals**, named in 1975 by a Polish mathematician, Benoit Mandelbrot, describe the pattern that repeats on a progressively finer scale to produce objects of enormous visual complexity and beauty. Fractal patterns are abundant in nature: in this pine cone, in peacock feathers, seashells and many more areas and places in nature. Professor Richard Taylor and his team demonstrate that looking at images of fractal patterns with a mid-range D-value assigned can have a favourable effect on our neurophysiology, which I summarized for the *Journal of Holistic Healthcare* 2019 (pp 52ff).

### Green Exercise

Exercise is, of course, good for us; and when we exercise outdoors – if we are able and it's safe to do so –there is the additional benefit of the Vitamin D boost. My systematic review "Move with age: Strength and balance" examines literature around the types of movement, physical activity and exercise that support strength and balance as we age.

### Gardening – positively associated with Health & Wellbeing

One way we can combine nature with movement is to garden. Gardening lends itself as a natural facilitator to meeting physical activity requirements or recommendations. A national survey in England (2020), not surprisingly showed spending time in the garden, will positively be associated with a sense of enhanced wellbeing and overall health.

## D.7 Heritage and Nature

---

### **The Cognitive benefits of interaction with nature, its restorative effect – fascination**

We live in busy hyper-connected lives and our central executive function, which is responsible for keeping our attention focused, directing it appropriately, that mechanism, that neural pathway can become very fatigued. [Kaplan and Kaplan Attention Restoration Theory: A systematic review](#), (1989, 'University of Exeter) recognize features present in natural environments: Being Away, Extent, Fascination, Compatibility. Those features have real potential to restore the mental fatigue and stress that we can experience, particularly the soft fascination, which can evoke this sense of restoration and it can manifest itself in many ways, be it through the observation and enjoyment of watching a [butterfly's](#) wings or the visual magnificence of a display of a starling murmuration.



### **Birdsong eases mental fatigue, reduces stress**

It's not only the visual sensory input from nature that can support us, it's also the auditory Birdsong. We have just celebrated the International Dawn Chorus. There's always a Tweet of the Day on Radio Four to enjoy. [Dr. Eleanor Ratcliffe](#) is doing some fantastic research into the role of Birdsong to support our stress and preserve our sense of restoration.



### **Sensing Nature for the people who are sight impaired**

Here is a pied flycatcher and a link to Graham Taplin's audio soundscape in the fantastic [Sensing Nature](#) project which really looks at bringing nature to people who are sight impaired and may therefore find it challenging to access these opportunities in the environment. ([Nature soundtrack 1](#), [Nature soundtrack 2](#))

### **The Natural Environment – a Symphony for the Senses**

Bratman and colleague's 2019 review, '[Nature and mental health: An ecosystem service perspective](#) showed the impact of nature experiences and the benefits to mental health: increased happiness and subjective wellbeing, positive social interaction, cohesion and engagement, engenders sense of meaning and purpose in life, decreases mental distress, positively affects aspects of cognitive function, memory, attention and impulsive inhibition, improves imagination and creativity. So embrace the natural environment, almost like a symphony for the senses in whatever way you can, for its joyful, restorative effect.

### **Swimming – modifiable risk factor for dementia**

As one of the first ever outdoor swimming ambassadors I feel I must direct you to some interesting [emerging research around cold water proteins](#), studying the swimmers at the parliament LIDAR and [Professor Giovanni Mallucci](#), Professor of Clinical Neurosciences, at the UK Dementia Research Institute Centre at the University of Cambridge is leading on that research - ultimately, it's about Connection.

## D.7 Heritage and Nature

---

### Alleviating loneliness – Connecting through nature

We live in this hyper-connected world, but we have this sinister challenge playing out – loneliness. Loneliness affects so many people, particularly those who are older, potentially at risk of being socially isolated. Nature can offer places and spaces that often people can't.

### A Ring of Nature – *We are Nature*

Nature can be non-threatening. Nature can be safe. People can feel held by nature and feel this sense of belonging and this opportunity to reconnect with a part of yourself that perhaps you've lost or forgotten. This beautiful display of pebbles at a beach in Pembrokeshire - creating a ring of Nature. *We are nature*, says [Andy Goldsworthy](#) the environmental sculptor. If we talk about losing connection with nature, then we're losing connection with ourselves. We're not inseparable. The survival of our species depends upon the natural world. So I encourage you to embrace all the beauty, the huge transformative potential that lies within the natural environment for your health and wellbeing. Thank you. Stay Connected! Here is my [Nature on Prescription Handbook \(2021\)](#); [Nature on Prescription Handbook](#) Evidence ECEHH: [Beyond Greenspace](#) Projects: [Virtual Nature](#), [Have a go ...](#)



### Deborah Munt, [Board Director, Culture Health and Wellbeing Alliance](#)

Thank you very much for inviting me to speak today. The [Culture Health and Wellbeing Alliance \(CHWA\)](#) is a membership organization of around 6,000 members - people who have a vision for culture and creativity as part of the world of health creation. It is a small support organization with a national remit. We try and reach into the regions; and the small team are doing a really good job of developing support materials around all things, culture and health.



### CHWA and SP

Included within that is SP - to support grassroots and frontline activity, the kind of activities you'll be hearing about today. It also tries to amplify the voice of the sector, the people doing that work, because you will hear of the great variety today. It often happens out of passion, bloody mindedness of the people who are involved in it. Often it is not strategically supported or developed, and that is one of the missions of CHWA.

So today I'm not really talking about frontline delivery, but rather about infrastructure – or lack of it – to support that work. There is SP material, a [whole page](#) dedicated to SP for anybody who would like to find out more about that in terms of CHWA. The web-page lists things like museums on prescriptions, toolkits or the London Arts and Health SP [myth-busting tool](#).<sup>15</sup>

---

<sup>15</sup> Its many useful links include [A.R.T.S. for Brain Health: Social Prescribing transforming the diagnostic narrative for Dementia: From Despair to Desire](#), (2021)

## D.7 Heritage and Nature

---

### Contacting CHWA national team

If you are a member of CHWA and even if you're not, and you have an inquiry about anything within its remit, you can contact the team and they will do their very best to be able to, to help you with your inquiry, within the limitations of, of being a small national support organization. I think they average about two inquiries a day in England. So please do feel free to contact either the national team.

### Regional CHWA champions

Or, the Alliance has a Network of Regional Champions and in every area there is an arts champion and a museums and heritage champion. So if CHWA need help with an inquiry that you might make, they would also reach out into more local knowledge, through the regions; and whilst what can't happen through those regions, because those regional champions are voluntary roles, we can't provide you necessarily with a really beautiful, simple, clear pathway from a SP client, through their SPLWs, right through to the individual artists, museum practitioners or nature practitioners, because that is a very big and complicated job. Unfortunately, we're not able to do that, but what we might be able to do, if you have a request, say for example, you would like a particular gathering in a particular area to look at how you might organize around SP or you might want to have debates and conversations about it. Then the CHWA may well be able to support you in convening that activity.

### Culture and Creativity Week, 16-20 May – join SP events

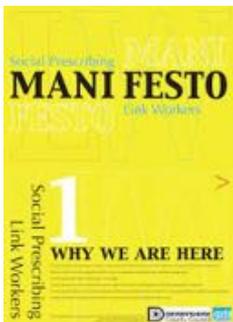
It also partners with the London Arts and Health on their Creativity and Wellbeing Week in May each year. On 19 May, there will be a day specifically dedicated to SP, which I would recommend you join; and on Friday 20 May, I and my SPLW colleagues in Derbyshire will be launching the SPLW Manifesto that we have been working on as a result of an artist-led support programme during the COVID lockdowns.

The work that I'm doing in Derbyshire is a good example - there isn't enough infrastructure to be able to support this work. It's very complicated.

Every PCN gets to do SP in its own way. Then in every area, there are different flavours, different organizations, different assets, different passions, different people on the ground. That makes for a very complicated blend of a landscape to navigate. We have very little in the way of infrastructure that might broker and help people navigate that whole world.

### Creating soft social infrastructure around culture and health

So outside my work with CHWA, I am a sort of freelance developer within culture and health. In Derbyshire, we are now looking at how do we create a soft social infrastructure around this? We are looking at supporting SPLWs to develop a network of simple social groups right across the county and the idea of this is eventually they become a kind of peer support network for SP clients and for SPLWs themselves.



## D.7 Heritage and Nature

---

### Cultural Programmer

Then in parallel with that, we are also looking at developing a role around the Cultural Programmer who would work with the culture sector to work up the offers that are available, to tweak the universal offers, but also to look at where there are gaps in provision and commission new pieces of work. The programmer would then be able to link directly with that network of SPLW, social groups across the county, so that there would be a really direct exchange of information. The programmer would be able to connect the various organizations that are in an area to those directly, to the SP clients, via those groups. This is the kind of infrastructure at the moment that we think is missing.

Hopefully, I will be able to report back at some point about much clearer, more tangible and transparent pathways to help this process on its way. And then this will be exactly the kind of thing that CHWA would then be able to amplify, share in the hopes that we can share that learning more broadly across the country and across the world.



**Katrina Gargett, Community Engagement Manager, Archaeology on Prescription York Archaeological Trust. Museums and Heritage Award 2022, Community Engagement Programme of the Year – Congratulations!**



It's wonderful to be here today to tell you about our new project Archaeology on Prescription. York Archaeological Trust is an educational charity which operates four attractions across the city centre, including the world-famous Jorvik Viking Centre. We also have an active commercial field work unit undertaking archaeology ahead of development projects. But I'm here to tell you about the work that we've been doing in the community engagement team.

### Archaeology on Prescription

Over the last year we've been developing Archaeology on Prescription, which is our new SP project, aiming to engage the residents of York in archaeology to improve wellbeing, to foster new social connections, and improve self-esteem and confidence through the development of new skills and knowledge about archaeology and the past.

The project really came about because we began having conversations before the COVID 19 pandemic about the potential for archaeology to improve wellbeing for those within York who are struggling with their mental health, who might be lonely or isolated have one-on-one long-term conditions or complex social needs.

## D.7 Heritage and Nature

---

As Desi highlighted in her presentation, it's long been acknowledged within the sector that involvement in heritage can have a positive impact on an individual's mood. And archaeology as something which has traditionally been very off limits as an activity for those who aren't working in it, has all the right ingredients to really benefit those who do and can engage with it.

### **Tactile, physical, outside, exciting, wondrous, social**

Archaeology is very tactile. It's physical, it gets people outside and we've heard about the benefits of being out in nature. It's exciting. We can already resonate with that wonder of discovery. but most importantly, archaeology is a social activity. It's fundamentally a human experience. It's something that can connect us all with each other and with the people of the past and can really contribute to a sense of place and belonging. and it can really unite people in a shared cause. You have discovery and everybody working together and to meet the same aim, which is to discover more about the past. So in that sense, it's very suitable as a SP activity, which can have a profoundly positive impact on someone's personal and collective wellbeing.

Our project is intergenerational. We engage a range of ages, from older people who have retired and to working-age adults and young people and students who are facing mental health, difficulties and loneliness. So it's quite an ambitious project. It's not like all we've ever done before.

### **Nine-week pilot project 2021**

We took our first tentative steps into SP by doing the pilot project. We secured a number of small pots of funding from local funders, which we used to deliver a nine-week pilot from September to November 2021 excavating in the site of the garden of a disused care home owned by the City of York Council, adjacent to the medieval city walls in a historic area called Walmgate.



Because this was our first foray into SP, we decided to pilot the project with two non-statutory charitable organizations who we've worked with on previous community engagement projects, who already work with those who we hoped might benefit from taking part in the project. Those are: Converge who are a charity based at York St. John University who offer creative courses for students with mental health needs and Changing Lives who work with people recovering from addiction. Working with these two charities in the first instance has enabled us to have the support of professionals and support workers in mental health for our delivery team, as well as providing us with training and mental health awareness, because we acknowledged that we are archaeologists and we are not mental health professionals. The pilot itself was a brilliant experience.

### **Participants**

We had around 30 participants in total, referred from our two project partners, and they were able to take part in a range of archaeological and artistic activities as part of a flexible model of delivery that we developed, where people could choose what they wanted to get involved in on the day, based on their individual needs and interests. Nearly all our participants took part in trowelling, even where disability or access issues made that a challenge. They

## D.7 Heritage and Nature

---

also had the opportunity to do finds processing, fines bagging and identification, recording and researching the rich history of the Walmgate area and alongside that, they had opportunity to lead the way in co-creating artistic pieces.

We had one participant who created a collage of the site. They did field sketches and even created a film about the story of the excavation, which was really lovely. They found lots of things, as we are very lucky in York: you stick a trowel on the ground, you're going to find something because we have 2000 years of occupation. They found lots of objects, from pottery to animal bone.

I can never not mention our star find from day one, which was a Terry's chocolate orange wrapper dropped here from 1989 - that long ago. That really did contribute to that sense of place with the Terry factory being based in York



### **Converge Evaluation and Research Team (CERT)**

The impact of the first pilot was: We were quite taken aback by just how much of an impact it did have. We of course commissioned it to be evaluated, by the Converge Evaluation and Research Team (CERT) who were based at York St John University.

They are a research team made of people with lived experience. The results indicated that the project had a hugely positive impact on the mental health of those who took part: They felt welcomed and supported and confident to engage in archaeology by the staff team. They felt part of a team. They made new friends, they enjoyed the range of activities on offer and really appreciated having that agency to choose what they wanted to do. And that they learned a great deal about archaeology, the past, York and about each other.

They supported the anecdotal evidence that we had from some of the participants who by the end of the project really opened up in very profound ways. So just the first nine weeks alone has proven to us, the archaeology really can have a profound impact on a person's wellbeing and sense of self-worth.

### **Current second nine-week pilot – SPLW referral**

We're currently in the middle of delivering a second nine-week pilot where we're working with more local non-statutory partners, including Sash homelessness charity, Blueberry Academy, and Door 84, who work with young people facing social and mental health challenges. And we have our first referees through our local SPLW. Many of those who are older people who have been suffering from loneliness. I could tell you so much more about the project, how we developed it and how we developed our referral process and kind of the challenges that we faced and are facing as we continue to develop the project. This is only the beginning for the archaeology on prescription.

### **What's next for Archaeology on Prescription**

Our bigger aim is that we make this into a sustained year-round programme where people can be referred either through non-statutory partners or through

## D.7 Heritage and Nature

---

SPLW. Not only that, we want to establish it as, as a model that we can take to other archaeological sites in York, and further afield to cities like Nottingham and Sheffield, where we have our other offices.

Of course, as Deborah has highlighted, there are challenges around that as the SP landscape looks different in each region across the UK. I'd be happy to talk about that in the debate later on. Above all, we are really hopeful that by fully establishing and expanding our offer, we can make a significant, positive and profound difference to as many people's lives as possible by engaging them with archaeology.

**DB, Chair** Katrina, it was brilliant to hear about this very innovative work that you are leading on.



**Julie Hammon, Area of Outstanding Natural Beauty: Stepping into Nature, Nature Buddies Network Project Co-Ordinator**



The Stepping into Nature programme has been running since 2016. And it looks at working with a consortium of different partners to make green spaces and green-space activities and nature-based activities more inclusive,

particularly for people living with long-term health condition or cognitive impairment or in a carer's role.

### **Connecting to Nature**

The main aim of a Stepping into Nature and the Nature Buddies Network is that we feel that connecting to nature should be accessible for everybody. We believe that connecting to nature should be accessible for everybody.

### **More than getting out into nature**

It's not just about getting out into nature. It is actually taking part in a meaningful activity, what you're out there. That could be doing poetry outside, or doing art outside, or going on the history of walk. It's a varied different thing. What we've found through the programme that we've been delivering is that there was a gap in people being able to get to us on their own that maybe weren't feeling so confident or didn't have anybody to go with; and they didn't feel like they could actually engage on their own. So we have linked in with The Arts Development Company and we put in the Thriving Communities bid and the Nature Buddies Network was part of that delivery.

### **Volunteer Nature Buddies**

The idea would be that we would set up a volunteer Nature Buddies initiative to support those finding it difficult to get out. We wanted to embed it within

## D.7 Heritage and Nature

---

organizations, as an option for people to sign up. So it wasn't just having a pool of volunteers. It was actually people that dealt with either the volunteers or they actually had contacts with clients and recipients who needed this extra support.



The reason was because we wanted people to be able to get out into nature and get into green spaces locally to them and become more confident and hopefully then reducing the impact of social isolation and increasing their physical and mental wellbeing. This was one-to-one volunteering. We would link a Nature Buddy volunteer with a recipient who actually wanted to be able to get out; and that needed to be driven by what those people wanted. So, it could have been a walk down to the park or simply sitting out in the garden feeding the birds. It was very much to be driven by what people were requiring.

This is a rough role of actually how it would work or how it does work. It's a circular moment. The people who are recipients link in with organizing groups who have contact with people in need of support and the volunteers and so forth and the surrounds. We could have organizations involved in it that coordinated volunteers, but also organizations that had contact with people in need. It was about connecting that loop together.

### **Best Buddies**

The Nature Buddy role has a certain amount of autonomy where the Nature Buddy finds what suits the person that they are linked in with best, and then helps them support them on that journey of living happier, and healthier. It's very much looking at people-centred and it's very much linking into what people were requiring.

### **Where we are we today**

The pilot started over a year ago now. It was due to finish in March but has extended over to June. We only have one organization signed up, [AgeUK](#), but they've been piloting the initiative and want to continue piloting it over the next year, we've got twelve people signed up for the regular activities and

### **Feedback**

The effect that it's had on people has been profound. There are some really strong stories about how people now are being able to get out; and the changes that it's made into their daily habits. But we came across a few barriers that we have to address:

### **Addressing Barriers**

Capacity from the organizations that are linked in has been tight, especially after COVID and having to catch up with everything, Our capacity to deliver it, because this is an add-on project to an already heavy workload, and limited resources. We didn't have a lot of funding in the first place to be able to deliver

## D.7 Heritage and Nature

---

this. So it was trying to work out what it was we actually needed to potentially get it off the floor and get it wider. Getting organizations to have a bit of understanding of how they can embed it within what they're already doing, because they're already tight with resources they're already lacking in capacity. It was a difficult sell to try and sell it to them to get them involved. But it was met with loads of enthusiasm; and people who wanted to become involved, thought it was a really good idea. The engagement around that has been really beneficial that's coming out of it.

### **Final report upcoming – Getting the Nature Buddies Network Mainstream**

We'll have the final report on the effects that the Nature Buddies Network has had, in the next month or so. [[Thriving Communities in Dorset Evaluation Report, June 2022](#)] We're struggling to get it mainstream. And I suppose for me having all these people and these experts together into listen to me, it's how do we take it wider?

Any advice around whether it's a good idea - Should I ditch it? Shall I carry on? would be good. That's my contact details. If anybody wants to get in touch with me, have a chin wag and a chat over where the problems lie. I'm happy to chat. Thank you.

**DG, Chair:** Thank you, Jules. That was brilliant.

We're going now all the way to Australia, so to speak, to hear from Caroline Gibson of Green Scripts.



**Caroline Gibson, Green Scripts, Bigger Hearts Dementia Alliance, Ballarat, Western Victoria, Australia.**



### **Being in nature is good for your health**

Thank you for having me I'm from Australia and so far, I think everyone's ideas it's fantastic. I wasn't sure about how we fit it in, but I think we do. This first slide is just a breakup of what our poster looks like. Basically, it's about Green Scripts being in nature is good for you. We focus on staying active for longer and reducing isolation, decreasing stress and anxiety and enhancing memory and thinking.



First of all, I should acknowledge the traditional custodians of the land, where I work live and raise my family, the [Wadawurrung](#) and [Djadjawurrung](#) people. And I recognize their continuing connection to the land and waterways.

Just to give you an idea where I am, I'm in Australia, Victoria, and about where the sea is in Victoria is where this project is run in Australia. It's the first such project in Australia using the Bush.

## D.7 Heritage and Nature

---

### Green prescription

Green prescription - we've all talked about it. We know that SP is a good, positive thing for people's health outcomes. The Royal Australian College of General Practitioners here in Australia - it's been reported that 70% of GPs believe referring patients to community activities and the like will improve health outcomes. But the barrier is most of them do not have links to such services. They don't know they exist.

I heard you talking about SPLWs before we've got Community Connectors in some areas doing some hard work, but our project is a community driven project. It comes from the grassroots up.

### Woowookarung Regional Park Dementia Friendly Forest & Sensory Trail

We have a park where we live in Ballarat from the Canadian state forest called Woowookarung – it's really lovely. It actually means in Aboriginal means 'place of plenty' and it certainly has been. The Dementia Friendly Forest and Sensory Trail walk was developed there. It was started by the Bigger Hearts Dementia Alliance, a volunteer group in Ballarat, which was developed out of a Compassionate cities project, which then becomes Compassionate Ballarat. They called themselves Bigger Hearts. It was a Dementia Community Alliance and the people that started it. Ann Tudor and Edie Mayhew. Edie had dementia and Ann was her partner and carer. They were determined. I think I heard the word bloody mindedness. They certainly were, that they were going to make a mark on our community and it was going to become dementia inclusive.

### Parks Victoria, university, local business, government support

They lobbied with Parks Victoria. There was this space in the forest that was being developed. Then what happened was this wonderful trail. The fact, I think that being community driven and community supported is what really has made this a success.



Community driven, community supported

On the left are the seedlings that were going to go into this area. They were grown up with Parks Victoria at one of the Melbourne University rural sites. COVID hit schools were supposed to take the trays and nurture them.

Because of COVID, there was a big call out and hundreds of people in the community took a tray of seedlings home and looked after them for six months until they were ready to be planted, when, we were able to involve schoolchildren and local community members from far and wide came to help.

We had support from a lot of local businesses, state, local governments. Bank of Melbourne staff, executives that came down also helped with planting and also with some of the other infrastructure we needed. Just a few photos to start.

## D.7 Heritage and Nature

### Green Scripts

Green Scripts, as the project's called, is the tool, the online resource illustrating the different health benefits of being in nature. We built this online tool as a free resource basically so Primary Care practitioners would have some of the language or something to show people other than the flyer that people could just access on their phone. It's just like an app that looks at what the physical, mental health and social care needs of people living with dementia and their support persons accessing space. So Green Scripts is the tool, while the script is the Woovookarung walk, the space in nature. Both projects bring Dementia Friendly Community grants to help support their development.

### “Dementia”

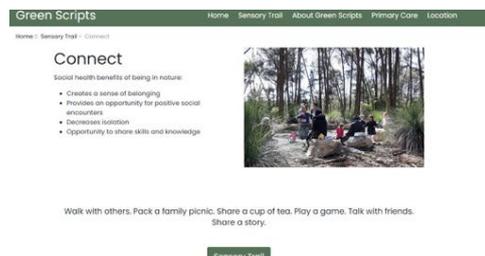
We deliberately use the word “dementia”, partly because it came from Ann & Edie’s determination not to shy away from it. By using the word we're looking at normalizing, reducing stigma or the acceptance of people living with dementia and to a certain extent, extend support, acceptance of that journey towards a diagnosis.

### Sensory Trail – Symphony for the Senses

But the trail is for everyone who wants to engage with nature, it's been built as a space to move, sit, touch, look, smell, listen, be alone, be with others and reflect. A lot of people, I noticed, were writing down words – *fascination / exploration / embrace connection / belonging / heritage / culture / symphonies for the senses*. All this I believe is built into this area. The Green Scripts resource has four sections Walk, Move, Connect and Think:

### The Green Scripts App: Connect page

This highlights the social benefits of being in nature: creates a sense of belonging, decreases isolation, opportunities for positive social encounters, to share skills and knowledge. Below are what you can do: walk, pack a family picnic, share a cup of tea, story, play games, talk with friends.



This is the park map showing elements of the Park:

## D.7 Heritage and Nature

### The Bush Window

This is what's called Bush Window, Edie's got a picture frame - you can put yourself into nature. It says *The trees want to know how you are*. Is that section's Bush window.



If you sit behind Bush window and look up - some of the local artists, ... there's a possum in the tree there. They've created little concrete sculptures that some of the local artists built and donated. We've got a couple of wombats, a couple of kookaburras, wallabies. There are other things too, located around the path for people to discover. There are some real ones as well, but these ones are much more reliable. You have to find one. We've got a section in the walk called



### The Lizard Lounge:

There are a couple of concrete lying back chairs and, on the right, that is what you see when you look up through the trees that visit lounge.

**Stone circle** is a big space with the rocks around in a circle that's been used for some indigenous storytelling. Tai-Chi from our local community centre, yoga. and childrens' birthday parties.



### The Wrens' Rest

We also have a Wrens' Rest, even though that is not a wren. It is an eastern yellow robin. The Wrens' Rest area on the walk has got some seating and it's where you can most likely hear the wrens. There are a lot of bird-watching groups that supported us in this placement.

### Wildflower Walks

We've got wildflower walks along this area. There are volunteers who take people along and show them the wildflowers.

### Magic in the Forest

We've got a part that's called magic in the forest. One of our local artists has gone around and picked bits up from the forest and then reconfigured them into these little bits of furniture that, and they're down in the bases of trees, in little nooks and crannies, and see if that's something you want to do, you can go and find them. They eventually wash away - they're Edie's transient bits of magic.

## D.7 Heritage and Nature

---

### All-inclusive accessibility

To summarize, it's an accessible inclusive space for everyone, a Dementia Friendly Walk. I love that idea of the Nature Buddies. We do through the Bigger Hearts Alliance have people that if there's someone who's a little bit nervous about going out into the forest or just not too sure, they can contact us and someone will come out and meet them there.



We have 400 people accessing the trail weekly, which is quite phenomenal. The people accessing the trail are people living with dementia and their carers, and we have a lot of younger people, disability groups and people out of residential aged care facilities because they've now got a destination they can go to. This section of the trail has been built in such a way that two wheelchairs can sit side by side. With a flat ground, it's an easier walk.

### Sensory trail rising

The walk does end up coming into what's called the 10,000-step walk that's currently being developed. You can start off on this nice walk sensory trail. Then it gets progressively harder as you get out to the lookout and then come back around the other side of the forest.

### Green scripts and the challenge of linking to GPs and primary care

So, the Green Script is the part of the tool linking it, describing it to GPs and primary care. That linking has been challenging, partly because of COVID - we weren't allowed to put flyers or posters into waiting rooms, they all came out. We weren't really able to access primary care very well. I am a community nurse and I had struggled too because we had so many people; and we just weren't allowed in with COVID.

### *The inkling*

We have got the Dementia Pathways project happening at the moment, nationally, but also if so, Victoria, from what I call *the inkling*, that time when people start to think, hold on, something's not quite right, but I can't put my finger on it right through to post diagnostic management - I'm on an advisory group for this.

### Linking In

I'm going to work at linking in Green Scripts and SP into this tool, which will then be sitting on the GPs and practice nurses' computer. So when they're working, there'll be able to link in and print something off about it. Green Scripts is the tool, but the trail is key. I think its success was due to the compassion, generosity and inclusiveness our community. So many people came together. We had Parks Victoria who owned the land, our local indigenous community whose land it is, are also heavily involved.

## D.7 Heritage and Nature

---

### **Educational support, local government, business, artists & local community**

Federation University helped build the tool. I just did the content. University students put in the scanning barcodes, so you can actually hear on different parts of the journey: what's the bird calls are and who, what they are etc. We've had schools involved in planting and maintenance. Local business, such as bank of Melbourne, state local government have provided bits of funding, local artists built us things and the general community.

### **Dementia inclusivity rising**

We've had so many people experience the walk who have had dementia that have felt included in the space and constantly going back. But we've also had so many people go without problems with having dementia and not feeling them excluded either. It's been a wonderful experience to be part of.



**Alistair Tuckey, Durlston Ranger, head of Volunteers, Education and Interpretation Durlston Country Park and National Nature Reserve, Swanage**



I have the privilege of working at this fantastic national nature reserve,

Durlston Country Park. It's one of the best places in the UK for wildlife an amazing place for people. About 250,000 people come here each year.



It's a great place to unwind to de-stress and draw strength from the natural world and the amazing heritage of the site, an incredible place for wildlife - over 4,000 different species of living thing, from birds to butterflies, to bees, some amazing views, wonderful landscape to immerse yourself in.

### **Volunteering for health and wellbeing**

I'm not going to talk about that community of species here, but more about the community of people at Durlston and in particular about the power of volunteering, for people's health and their wellbeing. A really strong community of volunteers here - about 17,000 hours a year of volunteer time - people from different age groups, different backgrounds, doing all sorts of different work. Volunteering's an extremely powerful way to draw strengths through difficult times in your life; and we wanted to make our volunteering here as inclusive as we possibly could.

## D.7 Heritage and Nature

---

### **Inclusive, accessible volunteering – re-empowering**

Making sure that people with disabilities, with long-term health conditions could all access volunteering, because I think it's one of the worst things about having a disability or a health condition is how disempowering it is. So really volunteering not only gives you that social element, helps you learn skills, but it's also about giving - giving the power back to people at a time in their lives when they may not have much ability to make change in the world. So what I particularly wanted to focus on today was not the way volunteers are involved in, in the practical work, in the visitor services and the education, but particularly through a new project here, which we've called Everyone Needs a Shed, - everyone does! and here's our lovely shed, with The video.

### **Everyone Needs a Shed – peer to peer support**

Really the point of the project was to offer new ways for people to volunteer, which were very informal, very sociable, which weren't too physically demanding and also very much about volunteers working with other volunteers, trying to get away from that sort of gift relationship you sometimes see in health and social care work so that it really is peer-to-peer support.



The Shed is open for people of any age. Our youngest volunteer at the moment is fourteen and our oldest has just very proudly celebrated his 98th birthday.

The Shed to start with was very much a blank canvas. It's been co-created with the growing number of people who use it, doing all sorts of different work, whether that's gardening - we've talked a little bit about already:

### **Gardening with a purpose**

Gardening with a purpose as well, selling those plants to raise money for the park and support the park and projects. Growing plants to be used in our Landscape Restoration scheme, which we're running here as well. It's such a great way of – oh there's Gerald - such a great way to bring people together, to take that gentle exercise, to learn skills, to share skills as well with each other.



People of many different backgrounds, trying out things like bringing woodworking here, getting to use axes and pole lathes for the first time, making bird boxes to be used around the park; and just making those amazing connections between people.



### **Intergenerational**

One of the nicest things I think about the Shed is the huge range of people, of different age groups to come.

## D.7 Heritage and Nature

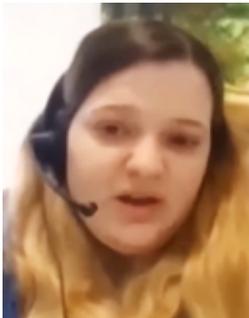
---

### Memory café members helping in nature nursery

This was a lovely project with our local [memory café](#), people with dementia, where the volunteers from the café were working with kids who attend the [Nature Nursery](#) here, running activities for them. That's a great two-way relationship. The kids loved the company of the people from the memory café, who really enjoy helping those kids experience nature, be creative together. That was really successful and it continues to grow.

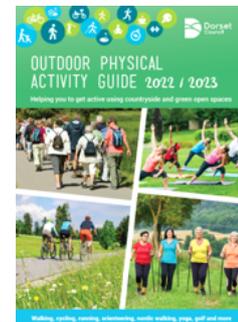
The Shed's developed a really strong community in a very short time. We've [Cuppa and a Chat](#), which is aimed at people perhaps were socially isolated, at the garden gardening session, practical sessions. Those people are supporting each other in amazing ways.

During the first lockdown, we said perhaps we ought to get together on Zoom so that the Sheddies can keep in touch with each other. I suggested it to one of the Sheddies. He said, *oh, we've been doing that for weeks!* When one of our volunteers, Brian who's blind lost his guide dog during lockdown another Shed volunteer immediately stepped in to help him get out and about with access to the park access nature again. So it really is that magic that always happens when you put people and nature and green spaces together and good things happen, not just for people, but for nature as well. At Durlston, we also offer yoga, park runs, [Mindfulness Walks](#) and [Forest Bathing](#). Here is a video on [Volunteering at The Shed](#). Really, it's that magic of getting people into nature and good things happen for both.



### Elena Tutton, [Health and Activity Lifestyle Activator Place Services, Dorset Council](#). [Wellness Nordic Walking](#)

Hello, my role is split between the Active 4 Health Exercise Referral Programme, the Outdoor Activity programme, and day to day running of our Golf & Activity Centre. I'm here to talk about my links to SP, our exercise referral programme and our outdoor activities.



### SP referrals

In my role, I receive referrals for patients who may benefit from exercise for a range of reasons from a variety of health professionals such as GP's, physiotherapists and social prescribers. We receive referrals for a wide range of conditions, including long-term conditions, weight loss and mental health conditions, as well as patients who may not currently have any conditions, but are at risk of developing certain health conditions in the future. We also receive patients with neurological conditions such as Parkinson's, MS or Dementia patients.

### Assessing risk

Every patient is different, and when I contact patients after they have been referred, I have to assess their risk level, and categorise them as low, moderate

## D.7 Heritage and Nature

---

or high risk, and then place them on an appropriate pathway. For example, patient who is at the onset of dementia would typically come through as a low-moderate risk patient, dependent on any other conditions they may have and their overall health. A patient further along in the disease progression would likely come through as a high-risk patient and would need a bring a carer with them to sessions. Typically, a moderate or high-risk patient, will need to be referred to a leisure centre, and depending on the severity of their condition(s) may need to see a specialist instructor.

Low risk patients can be referred onto any of our outdoor or community-based activities, such as health walks, cycling or Nordic walking.

### **Wellness Walks at Moors Valley Country Park**

Our Nordic Wellness Walks are suitable for people with a lower level of fitness, a health condition or are getting back into exercise. The Wellness Walks take place in the forest and around the lakes at Moors Valley Country Park, and incorporate mobility exercises to help with flexibility, balance and strength, as well as general fitness.

### **Nordic Walking – health and wellbeing benefits**

Nordic walking has many benefits, including improving cardiovascular fitness, maintaining muscle strength and flexibility, and range of motion around the joints. Maintaining bone density to reduce the risk of developing osteoporosis, improving memory and reducing cognitive decline.

Regular exercise, such as a Nordic walk, also reduces the risk of developing various health conditions such as: hypertension, heart disease, type 2 diabetes and cancer to name just a few.

Another benefit of Nordic walking is the reduced strain through the hips, knees and ankles compared to a regular walk, as the poles allow the effort to be redistributed, with greater use of the arms, so these sessions are great for people with injuries or those who have problems in their lower limbs.

### **Benefits for older people**

Many of our regular walkers tend to be older, and so the walks have been very beneficial for them to help maintain their mobility and reduce their risk of developing health conditions as they age.

### **Exercise referral programme**

The aim of our exercise referral programme has been to connect people in Dorset who may benefit from regular exercise, with an activity that they enjoy and is appropriate for their health needs. Nordic walking is one of the many activities we offer to help people get more active in their local area, and we have recently been able to expand our programme to offer more regular Nordic walking sessions across the county, and we now offer walks in Blandford, Ferndown, Moors Valley, Bridport and Wimborne, with hopes to offer walks at even more locations over the next few years.

## D.7 Heritage and Nature

---



**Julie McCarthy** Strategic Lead for Live Well and Creative Health at Greater Manchester Combined Authority and GM Health and Social Care Partnership

I'll give you a whistle stop tour of Beyond SP in Greater Manchester (GM) and linking in with the green agenda and with brain health - a dip into about 50 different things.

### **Why SP?**

In GM, we have very much a strategic focus on inequity and addressing the wider determinants of health across the life course. The kind of facts and research that we focus on other, we know that 20% between 10 and 20% of GP appointments are non-medically related, but around loneliness, depression, housing, etc. This is where SP really comes into its own. We also know that, demographically, older people are more likely to access their subscribing prescribing, although that demographic, that age group is lowering. We also know that, at the moment in GM, it's about two to one female to male take up. So your biggest cohort for SP is older women, and it's actually all the white women as well at the moment.

SP gives people time to focus on what matters to the person, through a shared decision-making and personalized care and asset-based approach. It's that time that a GP or nurse doesn't have to give to someone, but this relationship can unpick the reasons why someone has approached a GP, because they don't know who else to talk to. But we know that this is a really important relationship because there is clinical evidence that isolation and loneliness alone can shorten someone's lifespan in the same amount as smoking fifteen cigarettes a day. We're not only talking about mental health, we're talking about physical health and about people dying earlier because they feel isolated.

### **GM in partnership with VCFSE**

In GM we work in partnership with the VCFSE sector, private and public sectors. The role of the SP infrastructure is to identify needs and gaps within the community and to develop the local offer and until April 2022, NHSE funded regional associates to support systems and SPLWs.

### **Regional SP Learning Coordinators no longer funded by NHSE**

But from now on that responsibility of that responsibility sits with regional personalized care teams.

### **Embedding SP within Health & Social Care**

In GM we're quite lucky that because social distribution we've carried on that support for those teams. So SP is embedded within our health and social care partnership. We work closely with the training hub and programme boards in GM. So that's mental health, for example, suicide prevention, diabetes, brain health. Our pathway for brain health and dementia in GM is called, Dementia United, to offer additional training to SPLWs. We're able to work as well with the steering group to identify support and training needs. So that's a really integrated approach. But other support and trainings available through NHS through NASP, Personalized Care Institute and Health Education

## D.7 Heritage and Nature

---

England, which offers training around person-centred approaches and engagement with community. There's a lot of support out there, but not necessarily focused around brain health and/or dementia.

### **Green SP**

In terms of green SP, we are one of seven national pilot sites funded by DEFRA and we're targeting those most disproportionately impacted by COVID-19. We've got four Test and Learn Sites delivering the programme.

- Sow the City in Manchester. focusing on food-growing schemes
- Lancashire Wildlife Trust testing types of activity that attract participation from across a broad demographic
- Petrus in Rochdale, breaking down barriers to participation, they're specialists in homelessness. They're looking at a diversity access.
- Salford CVS, who are looking at the links between green spaces and therapy.
- Across GM, we have City of Trees who are creating a resource help, delivering shared assets and training, etc.

Generally, we're trying to establish referral pathways from mental health trust and other local referral channels - trying to unpick how we integrate the support across the life course, including brain health. Brain health is an across the life course issue.

As well as that, my main job at GMCA Health and Social Care Partnership has two parts, both related to this subject.

### **Live well**

Live Well is a manifesto commitment, one of those commitments that Andy Burnham was elected on. It's my responsibility to work out how we deliver against that. Essentially, it's a beyond SP programme. We are aiming to build on our local SP services to create a minimum offer, which will be a structured, consistent offer - information, advice, and support - with routes into supported activity, all with the aim of improving personal and community wellbeing, resilience, and social connection. We're designing it with, communities. It will be delivered with communities. It's going to be easy to access and support people with what matters to them. It's an asset-based approach.

One of the central pillars is access to green spaces. The others are: financial inclusion, access to cultural and creative activity, physical activity, housing. Those are our main pillars at the moment - they may change. We're working on that, and we're working very closely with the voluntary sector that with health and social care colleagues and with public service reform colleagues as well around this. We have a very strong public service reform team in GM where, basically, their raison d'être, and I sit within that team, is addressing the wider determinants of health and social inequality.

### **Creative Health City Region**

As part of that piece of work, moving away slightly from green, but this is linked, I'm also developing the infrastructure and the strategy around the

## D.7 Heritage and Nature

---

Creative Health City Region. Our aim in GM is to become the first Creative Health City Region. We are in close conversation with the National Heritage Lottery Fund about how we link the green agenda with outdoor spaces and with heritage sites – one of the HLF outcome measures is around wellbeing. They've done a lot of work around how, and they're doing a lot of work at the moment thinking about how inequality at greenspaces heritage are linked together. So we are creating a strategy, I've got draft number four on my desk, which links recommendations from the Marmot Review, a review into inequalities in England, and the GM Independent Inequalities Commission report, which was a GM specific report about how we address inequalities and the wider determinants of health, our new GM strategy, and also current research on the role of culture and creativity and addressing the wider determinants of health.

We're trying to link that all together under the umbrella of Live Well. Access to green spaces is an important part of that, alongside culture and creativity. When we're talking about how we support the workforce, we're conscious that a lot of people are not in the formal NHSE-funded SPLW roles, but might be working in a community allotment or might be working with a supper club with older people. So we've created an Introduction to SP, which anyone can access on the Personalized Care Institute website. You just have to register and then go to the resource hub. The aim of that is to give an introduction to people who work in community settings with people or the voluntary sector, but also health and social care professionals who might not understand the opportunities that SP brings. That's one of the ways we address access into this world.

### **Live Well Make Art**

We're relaunching a Live Well Make Art network to support practitioners, both in health and creativity around SP and also broader, creative health approaches.

### **GMCA Ageing Hub**

I've worked really closely with the GM Aging Hub - they're part of the GMCA website – who are about to launch a pilot in ten areas across GM looking at Healthy Neighbourhoods and green is a major part of that approach, particularly as a green city region is one of our three major aims for GM over the next five years.

**DG, Chair** Thank you, Julie. It's been brilliant. It's wonderful to see the wide variety of work you've done in GMCA and your partnership. This is exactly what we're trying to encourage more partners across the sectors, including local authorities and general health sector, to explore. I'm sure that it will be a great example for people to see.

It's been fantastic to see the range of practices, of projects and activities, and research that's been going on in so many different areas of heritage, nature and SP.

For our sector specifically in the heritage sector, a lot of the challenges that we have in embedding wellbeing and also in implementing SP as a delivery

## D.7 Heritage and Nature - Debate

---

mechanism of different wellbeing, is the awareness amidst people about the potential of your external environment to raise your wellbeing. We need more evidence and more research specifically to show that positive effect and it's increasing. there's more and more obviously, that is happening.

### **Heritage SP Community of Practice**

In an attempt to bring a variety of colleagues and sectors together, Historic England is not only partnering with organizations like the NASP, but with other colleagues across our sector. We've formed recently a Heritage Social Prescribing Community of Practice where we are trying to see what's happening in our sector and to support each of us in the different organizations – national and local – to grow the knowledge and the understanding, to help us all bring guidance, evidence and toolkits that we can share widely within the sector and with others. I know that the Nature and the Natural Environment sector are even further ahead of us, and even today, they have the Green Prescribing event, which is running in parallel, which I'll be also interested to see later today. They already have plenty of evidence that shows what those benefits are.

In terms of SP, I know there are challenges to implementing these projects in practice, a lot of funding and infrastructure challenges of the moment, but this is partly because it's such a new mechanism. It is not new in theory, but in the practice, in the scale and level to which we're trying to implement it across a variety of sectors, it is massive. It has great potential because, as many people said, we are focusing on the person-centred approach, on people's needs. For that reason, it is worth putting all our efforts strategically in that.

### **DEBATE**

**VFG, host** Desi. Your chairing of these innovative and wide-ranging approaches to heritage and nature for brain health, may we debate a little:

#### **Volunteering – intergenerational**

Volunteering highlighted today was much valued, for people who are concerned about their brain, opportunities to volunteer are brilliant because this helps preserve their brain health in the best possible way, enabling them to feel useful. And the intergenerational approach also discussed in several talks does offers mutual enthusiasm.

Caroline, thank you for joining us from Australia. Is there anything you'd like to talk, discuss with British colleagues?

#### **CG, Green Scripts Australia, indigenous population around Ballarat.**

Our Green Scripts project at Ballarat is a low socioeconomic regional town with a population of 100,000 people. Very quickly we step off the edge into rural. We have a rather large indigenous population, not a lot of other multiculturalism. We're starting to get a refugee centre, largely Togolese and Somalian. Other than that, we're not like Metro Melbourne. Someone's doing an art series of women with dementia and they're doing portraits of people relating women with dementia within the forest space. So hopefully we'll move to become more and more inclusive c as people hear about it.

## D.7 Heritage and Nature – Funding debate

---

**DG, Chair**      **Funding**      I'd like to take the comment in the chat, about one of the biggest problems or challenges currently in implementing SP is the funding situation.

### CHAT      **Lack of funding to support VCSE prescriptions**

**Alison Watson-Shields** : It has been an incredibly interesting morning. My usual concern is that, based on my personal experience, there is more demand on the VCSE sector but very little/no funding to support the work.

**Dr Sonu Bhaskar** :May I suggest that for sustainable funding we need to think about activity based funding from NHS/DoH. Activity based funding will help sustainable reimbursement for providers involved.

It's usually based on funding a project for a short period of time and the usual funders are the different lottery funds of heritage in community lottery and other funders are obviously not only developing more capacity and interests specifically in supporting SP, but as Julie said, having wellbeing at the core of the main areas which they would like to support. This is always very positive. However, we're looking now – I mean, not only Historic England, but NASP - to find a sustainable long-term solution. This is a long process where the Health sector and the Department of Health, obviously leading by implementing SP as part of their ten-year old plan. They're investing by supporting SPLW to be part of PCNs. But we understand that it is the third sector and it is also even the private sector who have to be encouraged and supported to feed into developing SP.

### **Shared Funding**

One of the ways we're trying to explore as a solution is to create original shared funds in which different bodies, different funders, even businesses that want to support these schemes can put in and they can become part of sustainable programmes that the local authorities can support in that way.

What Julie McCarthy just said in their plan and their vision is something that we want to encourage further. This is a first step. But that's how we learn and how we try to promote partnerships. They have to be focused on local needs. They have to be focused on collaboration, working across different sectors, on different levels as well; and they have to be of course, developed in a way that will be different in different areas. There isn't a one size fits all. There is a lot of work to happen. But the good thing is, there is will; and there's interest in a wide spectrum of players in that field. I take at least some encouragement from that.

**VFG, Host**      Oh, thank you, Desi. As you know, our report, [A.R.T.S. for Brain Health: SP transforming the diagnostic narrative for Dementia: From Despair to Desire](#) massively highlighted the TC Fund partnership structure, which Jules is part of. I think that is an ideal SP model and mortified that it has stopped. But, as you know, NASP is holding a funding event shortly, at which we hope to learn more – (See Funding Debate page **376** with TC update).

## D.7 Heritage and Nature – Funding debate

---

### **DG, Chair** Looking beyond twelve-month project funding

It has not stopped in that sense. It is changing. What I just said, encouraging the creation of regional based, not national necessarily, but regional, shared community funds is the way we're going forward. It may not be called TC Funds Round Two, it may be called something else, but that's the way we were going because TC sponsorship was brilliant and demonstrated how SP as a model could work and should work. But we do understand that we can't let the third sector and everybody else just work from a funding a 12-month project to funding another 12-month project. This is good, but we have to move to something more sustainable; and that's where we're going next.

### **VFG, Host** Bi-directional benefit of SP Student involvement

I think the key is doing things to involve the university students. You have this wonderful SP Student Champions Scheme. Throughout our Southwark project we were lucky to have arts and medical/neuroscience students interacting together with the arts participants for bio- or rather tri-directional benefit - win-win because this generates greater understanding at the start of student careers as well as helping evaluation and their dissertations – with keen intergenerational benefits for arts participants too.

**DG, Chair** Yes, that's part of it, definitely our students and our clinical SP champions are one way to help us promote this and get the partnership between sectors. But SP will become more of a whole community approach. I heard quite a few examples today from other organizations that are already implementing this in one way or another. What I mean is in support of the SPLW employed by PCNs, we are having more and more examples of peer supporting and volunteering networks.

**VFG, Host** May we ask the speakers for example, Ali, how is Durlston all your fantastic, huge programme, funded – It's a whole Green Prescription programme really, isn't it?

**Alistair Tuckey, Durlston** We have the advantage of being part of a site. So as long as I can make sure that the site keeps washing its face financially, that gives us the opportunity to support volunteers. The Shed, it was initially funded through a National Heritage Lottery Fund project which established the facilities and then through the staff already based at the Park.

### **Largely volunteers, supported by paid staff, supporting each other.**

We were then able to support volunteers to do that important work. I think it's absolutely key, isn't it, that volunteers need a degree of support from paid staff. That's vital for them to be able to work effectively. You can then get to that point where 95% of the running of the Shed is now done by volunteers, which I think not only gives us the resource to be able to do it. But it's also really key to the ethos of that sense of ownership and that atmosphere of the Shed that as I say, is not a carer/caree relationship. It's a bunch of people working together.

**VFG, Host** Brilliant. And Caroline, in Australia, how is Green Scripts funded? Is it funded by the health teams?

## D.7 Heritage and Nature – Funding debate

---

**CG** Our funding is a mixture of funding, goodwill and donations. Parks Victoria – it's their land, it's part of the state park – have put in quite a bit of funding. It's taken years of gathering bits of buckets of money as we go. Dementia Australia gave us two grants as part of the Dementia Friendly Communities programme. Businesses donated materials, for example, the Lizard Lounge. Local business donated and make that, local artists donated the sculptures we've got in the trees. School groups did a lot of the planting. So it really is a community funded thing out of Goodwill. But Parks Victoria have oversight of the area.

**VFG, Host** Wonderful. Katrina, would you like to tell us more how Archaeology on Prescription is funded?

**KG** **NHS, Community Renewal and Lottery Funding**

Our first pilot was funded by smaller, local charitable trusts and a few of them got together to form a pot. Then we developed a winter programme over the winter months when we couldn't be onsite – that was post excavation artistic activity. We were lucky to secure a small amount of funding from our local CCG. We accessed NHS funding for that. But just before December we were awarded a Community Renewal Fund grant from the government, which enabled us to develop the project, but that finishes at the end of June. We're currently in the process of seeking further funding. We're putting in for a National Heritage Lottery grant, which hopefully if we get will keep us going for another three years, but it's that classic thing that Desi saying about many projects like ours, where we are seeking funding on a monthly and yearly basis. If we really can secure local funding, regional funding as Desi was explaining, that will be really beneficial for us.

**VFG, Host** Excellent that the Heritage Lottery funds crucial SP projects for heritage. That is really useful. It's just having these SP innovators able to talk to you - wonderful,

**DG, Chair** Thanks. That's very important

**VFG, Host** It's so difficult as arts programmes have traditionally been trust-funded projects whose time limit was unattractive for NHS referral if by the time participants plucked up the courage to take up the offer, only to find that programme has stopped. But the wonderful thing about cross-sector funding and what we've heard so much about today is how social prescription programmes can keep on going and it's thrilling to hear you speak, wonderful to hear you Desi when you're at the forefront of the decision-making.

**JH, Stepping into Nature** All my projects have been funded by a National Lottery funding from the Arts Council and we've had funding from Thriving Communities. For us it's a different approach in that we're trying to embed the inclusiveness within programmes that are already running. So when we walk away from it, they have been embedded within that, or there are elements that people can self-manage. I agree, Desi, I hate it when you have a great project that's delivering and then it stops. I've always considered how – if we don't get funded – we can sustain it in other ways, that enables people to make their own decisions, to be able to get involved. If we fund a walk, for

## D.7 Heritage and Nature – Funding debate

---

instance, it'll be a walk that's been in a nature-based organization that maybe doesn't engage with that audience. We'll go in, help them set it up, we'll help them deliver it; and then it becomes part of their normal delivery.

**DG, Chair** **Heritage Connectors** Absolutely right. Actually, we're also looking at creating something similar to what you're doing. You talked about Nature Buddies and we're looking at creating something similar called Heritage Connectors, and we're actually developing it, learning from Natural England in your practice, in your experience. I know that there are other colleagues in other sectors centred in arts and sport, that they're doing something similar as well. That's exactly it, the whole community approach to SP is exactly that, to use existing schemes, existing volunteering and other community support mechanisms which can implement SP. So it's just part of what people do. That's one way to support that sustainability.

Another of our colleagues today on the webinar talked about exploring how the health sector and the NHS can look at sporting activities, financing activities, and that's of course another thing that we're looking to do. NHS Improvement are also interested in taking part in those shared original funds that we're trying to create with the community fund and other helpers and supporters.

But at the moment, the main focus of the health sector's SP funding is support for SPLW. So we're trying to attack it from different angles. But at the end of the day, I think Jules, you're absolutely right, we should be using what is already there and enhancing it, just making it work better, for the future.

**JH** If you want to test, we've got plenty of heritage down here in Dorset.

**DG, Chair** That's why we always open for propositions.

**JH** **We empower others to deliver**

We've actually just got a little bit of funding from the NHS to deliver nature-based wellbeing activities for their staff as a pilot. So, again, it's because we're working with a large consortium of different partners. We don't actually deliver anything. We empower others to deliver.

**DG, Chair** That's the secret. It's exactly that, engaging partners across sectors and people who help you with, whatever area their developing depth, their expertise is. So, that's brilliant.

**VFG, Host** Thank you all. It's been incredibly generous of Desi, giving valuable time and expertise from your policy and strategic roles, to exchange experiences and guidance today. We are so lucky to have you and all of you is really terrific. and Caroline speaking from Australia. Our thanks to Sir Muir Gray for his eminent and experienced support – he sets the bar very high, encouraging, urging action, for us to think of innovative ways for those who simply cannot get outside can enjoy nature through the imaginative use of technology – which will be a theme for a later webinar.

**AUDIENCE** – Delegates registered from Australia, China, Italy, Nigeria, Portugal, Slovakia, Taiwan, USA and throughout the UK.

## D.7 Heritage and Nature – Resources

---

Professor Helen Chatterjee (at preceding Visual Arts webinar) recommended two useful papers exploring links and synergies between arts and nature:.

\* Thomson, L.J., Morse, N., Elsdon, E. & Chatterjee, H.J. (2020). Art, nature and mental health: Assessing the biopsychosocial effects of a ‘creative green prescription’ museum programme involving horticulture, artmaking and collections. *Perspectives in Public Health*, 10(11), 1–9.

\* Fairbrass, A.J., Chatterjee, H.J., Jones, K.E. & Osborn, D. (2020). Human responses to nature- and culture-based non-clinical interventions: A systematised review. *Perspectives in Public Health*.

Ian Witterick, carer, Kings Langley, Herts: May I suggest “Forest Bathing”, can also be incorporated into the arts, photography, video on mobile phones and getting back to nature.



## DEBATE 8

# Poetry and Creative Writing to Preserve Brain Health



LIVE LONGER  
BETTER

*Arts 4 dementia*  
Empowerment through  
artistic stimulation

## Debate 8

---

### Poetry and Creative Writing for Brain Health

(Tuesday 7 June 2022)

Professor Lynne Corner, Director of VOICE and COO at the UK National Innovation Centre for Ageing at Newcastle University, chairs a debate between leaders in poetry and cultural diversity in creative writing, culture health and wellbeing and the SP referral route to empower people to nourish their brain health.

The emotional imagination of composing poetry, your voice heard, - sharing words with a group of fellow writers enables individuals and their family partners to preserve their identity and sense of belonging. Especially, at this vulnerable time, engaging in absorbing 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.

#### H O S T

Veronica Franklin Gould, President, Arts 4 Dementia

#### C H A I R

**176** Chair: Professor Lynne Corner, Director of VOICE and COO at the UK National Innovation Centre for Ageing (NICA) at the University of Newcastle.

#### S P E A K E R S

- 177** Professor Catherine Loveday, Professor of Cognitive Science, University of Westminster
- 180** William Sieghart CBE, founder of the National Poetry Day and Chairman of Forward Thinking
- 181** Kate Parkin, Regional Culture Health & Wellbeing Alliance champion and Creative Ageing Programme Manager, Equal Arts
- 183** Daisy Barrett-Nash, poet. Writers at Play: 'The Art of Letter Writing' for Equal Arts
- 184** John Deutsch, Writers at Play participant.
- 186** Kadija Sesay MBE, FRSL, FRSA, literary activist of Sierra Leone descent, poet founder of SABLE Litmag.
- 189** Cheryl Moskowitz, American poet, novelist, translator.
- 192** Nabeela Ahmed, writer, poet, storyteller, teacher, artist.
- 193** Justyna Sobotka, Healthy London Partnership: SP Project Officer, Regional Learning Coordinator Support.
- 195** **D E B A T E**

## D.8 Poetry and Creative Writing

---



CHAIR: Professor Lynne Corner, Director of VOICE and COO at the UK National Innovation Centre for Ageing (NICA) at the University of Newcastle.

Thank you very much. It's my pleasure to be here, a great honour. I'm so happy to join you and congratulations to you and Nigel and others on a fabulous webinar series, exploring all aspects of that and brain health. I think it's absolutely fantastic. I am looking forward to exchanging such a wide range of views. We have got some fantastic speakers to hear different experiences and perspectives.

I have a particular interest in brain health and brain capital. By way of adding to Veronica's introduction, I think good brain health is essential to human flourishing. Despite the importance of maintaining and looking after brain health, we simply don't know enough yet about the impact of brain health disorders; and also how best to navigate to brain health resources and support good brain health in our communities, our workplaces, and wider society.

This is very timely and important. Of course, problems with brain health have increased during the COVID Pandemic and put the spotlight on this important issue. And with more people at an ageing population, both in the UK and globally, more people experiencing cognitive frailty and brain health issues, this is going to be so important in the future months and years, So we need, for sure, to know much more about what we can do to support people experiencing brain health problems, and what we can practically do individually and collectively to support and care for people, for those who are experiencing those kinds of early symptoms. And as Veronica said, it encompasses such a wide range of skills and issues – everything from emotional intelligence and the creativity to name such a few.

There are so many different ways that we can look to creative writing and poetry as a range of resources and offers to really support and enable people to maintain that sense of identity, that sense of belonging and expression, in those very crucial early months and years.

It is my pleasure to introduce our first speaker, Professor Catherine Loveday from the University of Westminster. Katherine's a neuropsychologist. I'm interested in memory music and neuro-development, and I'm sure many other areas Catherine, you can tell us about the author of *The Secret World of the Brain*. So a very warm welcome today and really look forward to hearing more about the neuroscience around this issue.

## D.8 Poetry and Creative Writing

---



**Professor Catherine Loveday, Professor of Cognitive Science, University of Westminster.**

We live in a world that's steeped in language. We have spoken words. We're hearing speech, we read text and we have our own internal monologue as well. We are steeped in language all the time and it's a really fundamental human capacity.

### **Language loss and importance of its preservation**

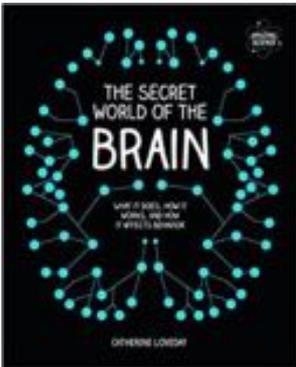
For that reason, when language is lost, it can be very distressing to people; and it's been rated as one of the top measures – one of the top predictors of quality of life is when people have language loss. So it's really important to try and preserve language. I want to speak about language more generally. Veronica has asked me to talk about language in the brain and then I want to just say something about language and memory and how we can promote the language activity in the brain.

### **Complexity of language**

The first thing to say is that language is really quite a complex thing. To be able to either speak or understand language is really complex, to the point that computer scientists still haven't got it right, despite many years of trying to get computers to produce language and understand language. I think that in itself tells us something about how much the brain is having to do when we engage in language in any form.

### **Speech - Losing and understanding speech**

We know from neuro-psychological studies that a lot of what we know comes from looking at what happens when somebody loses a part of speech. If they are no longer able to produce speech, but are able to understand speech, then what we can ascertain from that is that the ability to produce speech must be using a different part of the brain to the part that understands speech. This is how our understanding of speech started. It began with a case study in 1861, when a French doctor, Paul Broca, found a patient who could no longer speak but could still understand. Many experiments followed. We now have brain imaging and all sorts of more complicated ways we can look at it. What we do know is that it's much more complex than that.



### **Receiving sounds and creating words and sentences**

If we think about what's happening in our brain, when we try to understand speech, we are having to receive sounds. We're having to put those sounds together. We are having to create words. We then have to string those words into sentences. Then we have to refer to our memory banks to work out what those sentences might mean.

### **Prosody and the musical ups and downs of speech**

There are all sorts of other things going on: The production of speech uses yet more parts of the brain, and also the things that people take for granted, things like prosody, the up and down of speech, and how we add, in a sense, the music to our words. I've very sadly had a friend, who's had a right brain stroke. Now people often think of language as the left brain, so if our left

## D.8 Poetry and Creative Writing

---

brain is preserved, we can still speak. But, actually, what you find is that some elements of language still get disrupted, and some words will be lost.

### **Metaphor and understanding the abstract use of language**

Understanding those kinds of nuances of how language goes up and down, even things like being able to understand metaphors and being able to understand language use in a slightly more abstract way.

### **Speech production through various brain parts**

All these different functions are using different parts of the brain. What we now know is that some of those things are really specific. The production of speech tends to be isolated in one part of the brain, usually on the left, but not for everybody. Also, recognizing individual words. That again is a localized function in particular parts of the brain. Actually, most of speech is involving all parts of the brain. It's a really distributed function. For example, understanding metaphors and understanding the tones that people use, all those are tapping into many different areas of the brain.

### **Language and memory – multilingual case study – language stimulating different brain areas**

Language is also very neatly tied up with memory. In an experiment many years ago to try and prompt memory in somebody using different languages, we worked with a case study who spoke four languages. He was in his nineties. We tested his memory for his life, in those four different languages. What we found was that depending on which language we used, we would access a different part of his life. When we used the language he had learned in his very early years, it would access that part of his life. If we used a language he had learned in his thirties or forties, he was talking about things that happened later in his life.

There were important messages here because there's also evidence that when children learn languages, their memories are tied up with the words they knew. Children can't produce such complicated memories from their early years because they didn't have the language to be able to explain them. So, language and memory are really tied up with each other. The take-home messages from this are that first of all, that language is stimulating many different areas of the brain.

### **Creative expression when components of language are lost**

The second message is that we can lose some components of language and still have others. What is important about that is that sometimes, for example, people might become quite poor at grammar, or they might lose certain words or certain elements of speech. But actually, in some ways, what that means is they produce sometimes more creative and different language. So simply for example, where people no longer have access to particular words, what will happen is that they often have to find new words and be more creative and find different ways of doing it. If they lose the rules of grammar, then they can use language in a more artistic, creative way. We're still so full of meaning.

## D.8 Poetry and Creative Writing

---

### **Bilingual protective mechanism – activating different parts of the brain to access memory**

The final key point I wanted to make is around this idea of language accessing our memory. There are speakers and delegates here who work specifically with people who are bilingual and I think this is really important. We know that, to some extent, bilingualism is a protective mechanism and here is good evidence that people who speak more than one language seem to have a degree of protection against memory loss.

But I think it's also really important to recognize that by using language in different ways, we will be accessing different aspects of people's autobiographical memory. And if somebody is bilingual or even trilingual, if one language doesn't work, then using another language is going to be activating different areas of the brain and certainly different parts of the memory system.

I hope that's given a little bit of an overview of what's going on in the brain. It's obviously much more complicated than I can say in a few minutes, but I hope that's given a little bit of a flavour and food for thought.

**LC, Chair** Thank you, Catherine, for your fantastic introduction. It's fascinating that we can access different parts of people's life through different languages and how important that detail is for us, for caring for somebody and to be able to understand the practical ways that we can develop support. I also loved the way that you emphasized retention and the positives of actually emphasizing what's retained, not just what's lost. Perhaps we can pick that up again in the discussion at the end.

It's my pleasure now to introduce William Sieghart who is the founder of National Poetry Day and chairman of Forward Thinking. He's published many, many books, including *The Poetry Pharmacy*. A very warm welcome. Thank you so much for joining today and I'm fascinated to learn more.

## D.8 Poetry and Creative Writing

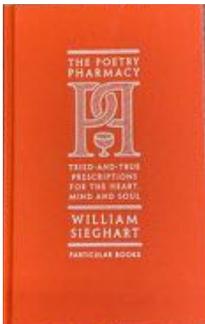
---



William Sieghart CBE, Founder of the National Poetry Day. Chairman of Forward Thinking

### **The Poetry Pharmacy**

Thank you, Lynne. I started The Poetry Pharmacy by mistake. I was asked when I went to a literary festival and I was giving a talk about poetry if I would sit and attend and listen to people's problems one-on-one and try and prescribe a poem for the anxiety that the person who was coming to tell me their worries, had. That grew and grew and grew and I ended up writing a couple of books. The Poetry Pharmacy: Tried-and-True Prescriptions for the Heart, Mind and Soul and The Poetry Pharmacy Returns: More Prescriptions for Courage, Healing and Hope



### **The right poem at the right time normalises the difficulty**

Over the last seven or eight years, I must have listened to around 1,500 people's problems, one-on-one, and tried to find them the right poem for the difficulty. It's taken off completely unexpectedly. I suspect it's because most people have a need for poetry. They turn to poetry, perhaps better expressed, in times of need. But they don't really know where to look. If they find the right poem at the right time, it will give them a sense of complicity with how they feel, expressed rather more elegantly than they can express themselves. It makes them feel that they're no longer alone, that they're not mad. And that if the poem was written hundreds of years ago, then we've always felt like that, it kind of normalizes the difficulties.

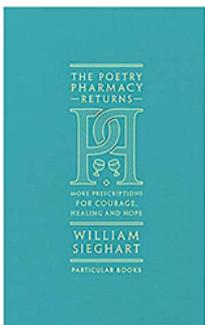
### **Poetry learned in childhood stimulating sense of the present, of identity**

I've also done a lot of readings and talks about poetry and the healing power of poetry to all kinds of groups, including people with dementia. One of the most intriguing things for me about talking about poetry to them is that the moment I read or recite a poem that they might have learned in their childhood, instantly they are very present. And the carers often email me after the talk to say they were present for a long time after I was gone. That connects really with what Katherine has just said about language and age.

For National Poetry Day some years ago, we worked with one of the universities on a study on people's sense of personal identity. One of the things that really struck across all generations was how the poems that people learned off by heart as a child were very much part of what made up their sense of themselves.

So that's where I come from. I'm not a trained professional. I just come from a poetry background. But I've been keenly aware in the 30 years I've been involved in poetry just how striking the connection is between poetry and mental health. I've had the extraordinary evidence in a way of being able to, when I find the right poem for the right moment for the right person, they seem to get out of the chair and a foot taller.

I'm just here today to listen and to learn, but also to say that if there's anything I can do to connect, to help you, I'm more than happy to share any of my work or my experiences with you.



## D.8 Poetry and Creative Writing

---

**LC, Chair** Thank you so much, William. The fact that you've listened to 1500 people's problems makes you, a bit of an expert in this. What I loved about that was, the point you made about finding the right poem at the right time. and speaks to personalization of this agenda, that there isn't one size fits all. It's a deeply personal journey. It's a deeply personal experience; and it changes over time. That's so important.

**WS** I think it's also worth saying, and I know that Veronica is very keen on the writing of poetry to help bring that language and so on. But I've also done a number of talks to carers and carers' networks just about how reading the right poem at the right time to somebody can really be helpful to. So don't forget that side of it.

**LC, Chair** Absolutely. I think the two sides of the same spectrum, aren't they? Perhaps we can pick that up again in the discussion at the end, because I think that that right poem at the right time really resonated with me.

Now we turn to Kate, from an organisation that I've known for many years. Equal Arts.



**Kate Parkin, Regional Culture Health & Wellbeing Alliance champion and Creative Ageing Programme Manager, Equal Arts**

Equal Arts is a leading creative ageing charity based in Newcastle, but we cover the country and further afield as well. We deliver projects for older people. Typically, those at risk of socialization, isolation, living with dementia and with longer term health conditions. We work about 50/50 with people living independently at home. I've just come from a session this morning where we're doing clay-making with a group that have had just recent diagnosis of dementia, at the Hatton Gallery at Newcastle University.

### **Care settings**

We run projects such as HenPower, which is hens and creativity coming together in care settings across the country and increasingly in other countries as well we also have a HenPower app in Australia .

### **Regional Champion, Culture Health and Wellbeing Alliance (CHWA)**

Aside from my programme manager role, I'm also a volunteer, unpaid champion for the Culture, Health and Wellbeing Alliance, fondly known by the sector as CHWA.



### **Free cross-sector membership**

Membership is free to all, so anyone here can join it's for the creative sector, the cultural heritage sector and for health professionals, so from GPs, we have probably more dementia based, essential services in Sunderland, but also for artists. creative facilitators and those with lived experience. We have about 5,800 members across the country, about 200 in the North-east. We

## D.8 Poetry and Creative Writing

---

have people with lived experience, mental health survivors who join as well. There are meetings three or four times a year, and we offer conferences, national conferences. The aim is that we provide the four cornerstones of CHWA: partnership, equity, advocacy, and research.

### **Partnerships**

It's about creating partnerships between, particularly between the health sector and the creative sector and artists as well, so everyone can talk to each other, share ideas and work in partnership, which was very fortuitous when it came to the Arts Council England and the [National Academy for SP](#). They setup a partnership project program called [Thriving Communities](#), which was a [SP](#) programme, which fits neatly within the work of CHWA. It was a great way of really building those partnerships because people are seeing people in meetings. It was a great way for everyone to come together.

### **Equity**

It's also about addressing in terms of equity, championing and advocating health and cultural inequalities and work around policy change and building a shared community of practice, essentially. That's it in a nutshell.

### **Awards**

There are awards as well as to promote your work as artists, as cultural organizations, health partnerships, [up on the CHWA website](#),

### **CHWA Creative Health Quality Framework, CIC, NPO**

We're setting up a quality framework with Creative Health at the moment to explore that wider quality framework. CHWA is now a fully-fledged, independent community interest company and has just applied to the Arts Council to become a [National Portfolio Organisation](#). We'll find out in September or October 2022.

### **Become a Member**

You can [join on the website](#). Anyone can join. It's great for artists to connect, especially with the cultural organizations, the health sector, but also to be part of that wider conversation to really affect change and to support better practice – for all.

### **Writers at Play: Equal Arts Creative Writing – online in the UK and USA**

Now I'm going to introduce someone we work with at Equal Arts. One of our other projects, as well as pottery, is creative letter writing. We have Creative Writing groups, one of which is called Writers at Play. They are based both in England and in the U.S. This is currently an online group, so it works well if I find the right time to connect with our participants. Writers at Play is an older adults group led by poet and creative facilitator Daisy Barrett-Nash, who will now talk about the group, the work of the projects and a little bit about the impact.

## D.8 Poetry and Creative Writing

---



### Daisy Barrett-Nash: Writers at Play, Poetry Legacy and 'The Art of Letter Writing' for Equal Arts.



Hello, I am a poet and creative arts practitioner. I'm the founder of Legacy Poetry, which is an organization that assists elders in creative writing, documenting their life story and creating purpose in later life.

#### **Writers at Play**

I'm the resident artist at Writers at Play, which is a Friends of Equal Arts group, funded and supported by them. We run creative writing workshops weekly on Zoom for people aged 55 plus. Last year, Writers at Play took part in Legacy Poetry, and we created a Legacy Poetry Anthology of their poetry, documenting their lives and imparting wisdom to the younger generation.

#### **The Art of Letter Writing**

This year, we are embarking on a project called “The Art of Letter Writing”, which Equal Arts received funding for. It is really exciting that we get to embark on that together. The Art of Letter Writing is a project to connect intergenerational community groups through creative writing letters. We're going to be sharing poetry and short stories that offer snippets of their lives that will be included in an anthology and performed at a celebratory event at the end of the year. All the community groups involved will be able to come and actually meet their pen pals face-to-face or video-to-video on Zoom.

#### **Purpose**

Equal Arts is currently working on the theme of Purpose within their organization. We're putting that theme into our work too. They've been writing practice letters around purpose and what that means for them in later life and how creativity plays a part in that. Over the past year they have become artists in their own right, and have come to acknowledge and accept that they are artists, especially at the celebratory event for Legacy Poetry last November. I believe that that is then offering them a purposeful pursuit in creating, which is to share their work on a professional level and know they are offering a meaningful contribution to this landscape.

#### **Writers at Play group poem on Purpose in Later Life**

Here's a snippet of the group poem that they wrote recently on Purpose in later life and how creativity plays a part in that.

*Maybe that's why we like writing.  
We're not analysing, we're noticing, reflecting.  
It changes your vision.  
When you slow down,  
you can be in the same space  
and see something or not see it.  
The purpose is an acceptance of things.  
Freedom is realizing your purpose  
is what's right in front of you  
and not this big thing.*

## D.8 Poetry and Creative Writing

---

We also have some testimonies from the group to show how much they've got from this experience:

*I've met online several wonderful people*

*I find it very fulfilling*

*Apart from growing in my writing creatively, I feel like I'm part of the family in this group.*

*Think of all the laughing we've heard today.*

*They all produce wonderful stuff and try to me convince me that mine is as good as theirs Brain stretching. Our group feels like family.*

*I've always lived in small towns. This Writers group makes me feel like a world traveller.*

*Writing with this delightful group from your country and mine*

*I've learned something of the satisfaction that my late wife must got from the plays and poems that she wrote*

*Helping me overcome my procrastination, I've put off writing my memoirs for far too long.*

*I found another voice in this group by writing and listening to other people.*

*Sharing our thoughts, feelings in ourselves.*

*It's proved to me that you're never too old to learn something new.*

As you can see, every elder in the group gets a lot out of these weekly workshops, and the becoming a community of people who are really close friends who have never met in person. It's adding such value to their lives. So from this social experiment I've found that bringing elders together, creating a sense of safety and community and most importantly, having a sense of purpose to their creative writing, preserves brain health and general mental wellbeing.

**LC, Chair** So many powerful themes. I love that sense of sharing our thoughts and feelings in ourselves.

Now John Deutsch, whom you saw in Daisy's talk, is going to tell us about his wife and who by all accounts sounds to have been an amazing writer, actress, and about the impact that poetry, creative writing is having for him, and his experiences. John, welcome.



**John Deutsch, Writers at Play member, computer software developer.**

I've already learned a huge amount from what we've heard. I would certainly like to amplify what Daisy has put together. I'm a member of the group that she runs and she really is a wonderful leader. She doesn't tell us what we've got to do, she makes suggestions. She says things like:

- Think of a song that's always been important to you
- Then write a poem
- Include an extract from the song in your work

and so on. She gives us ideas, and we come up with our own completely different interpretation of those ideas. That was clear in that film. We, as members, always appreciate each others' work. I feel what I do is rubbish and

## D.8 Poetry and Creative Writing

---

everyone else's sounds brilliant. But when I read mine they seem to have a similar opinion of mine as I do of theirs, so it can't be as rubbishy as all that.

### **My wife Ann wrote poems, plays and pantomimes**

My wife led me into writing. Ann wrote lots of poems and plays. She was very active in her church where the vicar was keen on drama. Ann wrote plays for performance there; she acted in her own plays and many others. Every Christmas she used to write a real old-fashioned type pantomime all in rhyming couplets, always full of laughter. The cast used to invite me to performances because I encourage the audience to laugh at anything I find funny. I got more and more in awe of her skills.

### **My own writing – computer software**

I wrote computer software all my working life. I'm still doing it. That's a way in which I'm preserving my brain health by carrying on doing mental work that I've always done. But I'm now doing creative writing as well which I think is improving it even more. I've never written anything creative before. We used to have fun writing limericks together. Some of you may have heard of the Cambridge bookshop song – made up entirely of names of the bookshops of the 1950s, to the tune of Frères Jacques Together we produced a similar thing based on Northern Line tube stations.

### **My writing – poetry**

I did write one poem myself triggered by my sadness about my wife's illness because she was beginning to have not much brain health.

*DARLING ANN, WHERE ARE YOU?*

*Darling Ann, where are you? Oh dear, where  
have you gone? Sometimes you still recognise  
me, I am your husband John.*

*Sometimes in me you see your brother, be it Roderick or Bill.  
Our children's names you don't remember. The sadness makes me ill.*

*From that dreadful man Alzheimer One  
day a summons came. Why did you have  
to follow? Why must you play his game?*

*Words used to be your treasure. Poems and plays galore.  
Sadly now they all desert you, Your writings come no more.*

*Things get harder day by day,  
But yet we'll soldier on. You  
are still my lovely Ann, And  
I'm your loving John.*

John Deutsch, 2012

Fifth verse added August 2014 just after our golden wedding

### **Writers at Play**

Early in the first lockdown I joined an online project in which a group of older people exchanged letters with a group of much younger people. We did not know whom we were paired with until the end of the project. Someone involved with that group happened to mention Daisy's online Legacy Poetry

## D.8 Poetry and Creative Writing

---

project. Right from the start I absolutely loved it and wrote several poems during the project. My colleagues on the project produced many brilliant pieces of work

### **Teaching an old dog to learn new tricks – preserves brain health**

I found huge satisfaction in learning some new skills. Yes, you can teach an old dog new tricks. It keeps me stimulated and I'm sure that it helps preserve my brain health.

### **A mark of respect - protecting against loneliness**

I also feel that trying to do a little of what Ann was so good at is out of respect and reverence for her huge skills. Nearly everything I've written is largely about Ann and doing this somehow eases as my sense of loss and loneliness. We were married for 54 years very happily. She died almost four years ago now. How do you ever get over it?

**LC, Chair** John, I love the fact that you're preserving the legacy; and I think it's lovely that you've got that opportunity as you said, to improve and preserve your brain health. Perhaps in the discussion we could talk a little bit more about how you can tell it's improving your brain health, because I think that's a super important part of how we can evidence the impact of this important work. Thank you, John very much.

Our next speaker is Kadija Sesay who is a poet, founder publisher of SABLE Litmag, and has published several anthologies. I'm really super keen to hear about your work and your perspective.



**Kadija Sesay MBE, FRSL, FRSA, literary activist of Sierra Leone descent, poet founder of the [Inscribe Black writers programme](#) and of [SABLE Litmag](#) and co-founder of [Mboka Festival of Arts, Culture and Sport in Gambia](#)**

Oh, thank you. Yes, it is interesting. If I talk for too long, just tell me to be quiet because I get very excited about what I do.

### **Anthologies for writers of African and Asian descent**

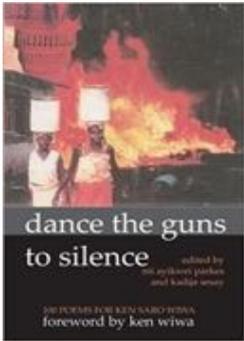
I edit a lot of anthologies mainly for writers of African and Asian descent. I call myself an anthologist as well. I love doing that, and I work for an organization called [Inscribe](#) that is attached to [Peepal Tree Press](#) in Yorkshire and they publish Caribbean writers. So I work with Inscribe, specifically with black British and Asian writers, and help them to develop their work and get published. But yes, anything poetry-wise around the world is quite fun for me.

### **Counteracting Writer's Block**

What I thought I'd like to do today is just to introduce a couple of things that I use with people to stimulate them, because I really don't believe in this thing called writer's block. I think maybe tutors make it up just to make some money or something. People don't have writer's block. There are so many different things that can make you want to write – and love writing.

## D.8 Poetry and Creative Writing

---



### **Dance the Guns to Silence 100 love poems in memory of Ken Saro-Wiwa**

I once did an anthology with a friend called Nii Parkes, he's a Ghanaian writer, Dance the Guns to Silence (2005) - it was to remember the Nigerian writer and activist Ken Saro-Wiwa. And it was like a hundred poets from around the world. We just said to everybody, Write a love poem. Everybody writes a love poem. Everybody falls in love with somebody or something at some stage in their life. What about love? There you go. You can write a poem. To me, everybody can be a poet if they want to.

### **Visual Verse online creative magazine – one image, one hour, 50-500 words, the picture is the starting point, the text is up to you**

One of the anthologies - and this is actually not an anthology – it's not mine, but it's one I think is quite wonderful is called Visual Verse. The first of every month they put up an image, it could be a really weird and fantastical image, or it could be a really classical image. But what they do, is they commission two or three writers to write to that image, and that will be up to the first fifteen days. Then they invite anybody else to write as well. It could be a poem, it could be fiction, it could be anything. But you only have an hour and you've got to do between a minimum of 50 to 500 words, but you've got to stop after that time.

So that just makes you get down and write immediately. It makes you really think, really widely – because it might be an image you don't even like, but that is the image for the month. Write something! You can say anything out of that. I think it's such an inspiring way to get yourself into just taking yourself out of a space that you don't want to be in at the time; and the opposite, focusing in on something as well to focus your mind. But also, that image might bring out some really strange, interesting things you hadn't thought about for a long time or that you didn't want to think about. That is what is so challenging about it, because it's not something that you would absolutely expect.



### **Khadija Saye exhibition In This Space We Breathe (2021, British Library).**

One of the images that they used, it must have been in 2021 – you lose focus of time with this pandemic - they wanted people to write about this image by a Gambian artist called Khadija Saye who died tragically in the Grenville Tower fire. She was about 25 years old and she created this absolutely fantastic series of photographic images and they're all based on her culture.

When you look at them, the images are so simple because – it's a very complicated old photographic process - and she is in the photograph with one object. This object is usually a cultural object that links to either her life or her culture or something like that. So that was the image for the month. And they just asked me out of surprise to write it. I was actually working on the exhibition in the British library In This Space We Breathe. That was fantastic for me and things just gelled.

## D.8 Poetry and Creative Writing

---

*TURRA'NDOOR* Kadija Sesay  
(for Khadija Saye)  
They haunt me! Your eyes  
that expose much more than flesh.  
Aren't you scared, namesake?  
Dress, lips, ears, eyes — closed  
under sacred words sewn up.  
Yet you see, everything.  
You have seen, but do not want to see.  
Gis nga waye goumbo  
You wear tééré like  
a scholar hides precious words  
in miniature books.  
Body, nose, cheeks — Black.  
You see colour we can't see.  
You are still, namesake.  
  
Speak the unspoken; show the unseen.  
Wahh lou kendoul wahh, won'neh lou ken gissoul

### **Workshops at Grenfell Tower, for people of diverse cultures, help with grief and trauma**

People came from different cultural backgrounds, coming to England. We learned so much doing workshops from people who were at Grenfell, just to even find out what linked them to those images or the particular culture. People say, oh, yes, we use that as well, but *this* is how we use it. These were all things I was learning as the workshop tutor. It was wonderful because then I could then share it with other people. People might want to look at that and just see, what was this young woman Khadija Saye was about, and also the whole thing around Grenfell Tower and about writing.

Ever since that tragedy happened, they've been having creative writing workshops at the Grenfell Tower in that area. They often welcome people to join with them, to share as well. That is also really great for people who maybe going through grief and trauma of different types. That's why I just really love using these different elements and these different things that people have created for poetry.

*Invitation to join Kamitan Arts and the Poetry 4 Grenfell family this and every Thursday 4-5:30pm*  
*We invite you to join Kamitan Arts and the Poetry 4 Grenfell family this and every Thursday 4-5:30pm*  
*@ the Tea Gardens\* Lancaster West Residents' Association*  
*Lancaster West Neighbourhood Team*  
*leading up to and post the Grenfell 5-year Anniversary,*  
*"Memoirs of Loved Ones: Forever in our Hearts" Poetry Workshops for all the FAMILY*  
*Connect with the healing beauty of nature Collect flower petals to decorate your poems Reminisce on*  
*fruitful memories and creatively share*  
*This is a safe supportive space and opportunities to recite at local stages and community sharings will be*  
*available but not compulsory in the creative healing process*  
*#Intergenerational #Artists #Singers #Poets #Musicians Welcome!*

## D.8 Poetry and Creative Writing

---

### Afripoetree app - poets of African descent in video, audio and text

I've created an app called Afripoetry with a lot of information about Pan-Africanism, which I'm really into, but African poets, African poets in the diaspora. Well known poets and not so well-known poets. You can experience it through either audio and video and just reading poetry as well. There's lots of different ways to experience a poet and learn about other poets. Thank you for listening.

**LC, Chair** Kadija, thank you so much. That's absolutely fantastic. I thought that was just wonderful to hear the experiences. You raised a really important point, up about how the power of creative writing as a tool. I think you said it was to support mental health, grief, and trauma. And it comes in different shapes and forms for different people at different times, but it just shows the interchangeability of that and how important it is.

Our next speaker is Cheryl Moskowitz.



### Cheryl Moskowitz, poet, performer, novelist, creative translator with a background in theatre and psychoanalysis

Thank you so much. It's great to see so many of you here. I am a poet and a poetry practitioner. That's to say, that I facilitate poetry sessions in the community, but I work with a wide variety of groups, most of whom would not call themselves poets. I work in schools in prisons, in hospitals and hospices, with homeless refugees, and on projects with several mental health charities, including Arts 4 Dementia (Poetry and Dementia, Illuminating the Present), which I loved.

My own experience as a poet is that poetry helps me to integrate my thoughts and to make connections when I feel a bit discombobulated or disconnected. I'm particularly drawn to working with people who are experiencing a similar kind of disintegration, whether it's physical, mental or emotional. In fact, I would say in the course of most of our daily lives, we all fit into that category in one way or the other.

Lynne suggested that we identify three key points in what we want to say. These are mine:

1. Poetry is a bonding activity.
2. Form can be a good container.
3. In poetry as well as in life, we could do worse than situate ourselves entirely in the present.

I'm going to start with a quote relating to that last point and the quotes from an essay by the novelist and poet D. H. Lawrence entitled *Poetry of the Present*. Lawrence says:

*The poetry of the beginning and the poetry of the end must have that exquisite finality, perfection, which belongs to all that is far off . . .*

*But there is another poetry: the poetry of that which is at hand: the immediate present. In the immediate present there is no perfection, no consummation, nothing finished. The strands are all flying, quivering, intermingling into the web. The waters are shaking the moon.*

## D.8 Poetry and Creative Writing

---

I love especially those last two images, that idea of strands intermingling into the web and waters shaking the moon. I never know quite how to describe what happens in one of my sessions, but I would say that there's definitely an intermingling of everyone's thoughts, ideas and preoccupations; and however random or chaotic, we managed to merge these collectively into one beautiful collective whole - much like a spider weaving a web.



### Creative translation of poetry from other languages

Veronica asked me to talk about my work as a creative translator. Creative translation of poetry from other languages doesn't require the participants or even the facilitator to be a linguist. It's more about having an exquisite curiosity in something that you don't quite understand.

The process of creatively translating a poem is one part detective work equipped with clues like glossaries and rough little translations to the text being looked at, but one part alchemy, which I think comes into every poetry session. This comes about by paying close attention to the feel of something and trying to recreate that in whatever way might be possible through words, whatever words one has to hand. Finally, as a way of explaining a bit more about my first and second point, that poetry is a bonding activity and that form can be a good container,

### Leaving

I'm going to finish with a poem of my own that I wrote after spending time with my father from whom I'd been estranged for most of my life and managed only to reconnect with him toward the end of his, when he'd been diagnosed with Alzheimer's. The 'you' in this poem is my husband who actually came with me on this particular visit. In the poem I described the process of writing a cinquain together, which is a form I often use when working with groups - I might be able to say a bit more about how I've done that in different workshops later when we have discussion. But now I'll leave you with this poem:



#### LEAVING

*You came with me to see my father. 'This is your son-in-law,'  
I told him. He looked mildly pleased as though having something in law made the  
visit all the more significant. The sun was  
unusually strong for November and the season's colours were everywhere. 'Let's write  
a cinquain!' I suggested, thinking we might capture the  
scene and that a poem of five lines and twenty-two syllables might  
still be within reach if we all worked together. The first line should be our subject, two  
syllables long. 'What shall we call this?' I held up what the vine maple had dropped.  
'Leaf,' he said. 'Oh yes,' I said,  
'but we need one more syllable.' 'Leaves' he said, his intelligence outmatching the  
form. 'Brown leaf?' I offered. His was better. The second line is four, it should tell us  
what it looks like.*

## D.8 Poetry and Creative Writing

---

*He looked at me quizzically. What else was there to describe? 'It's curled,' you said 'and dry.' Coming to my rescue just when I was about to fall, headfirst into my father's void. 'Oh yes, curled and dry, and look!*

*There are veins just like on your hands.' My father stretched out his fingers and gazed at the underside of his wrist and the back of his hand, following the trajectory. Dorsal digital veins, blue rivers coursing*

*Basilic and Cephalic routes. Something flickered, a doctor's curiosity, and for a moment, that was all the description necessary. Six syllables for the third line, something to do with purpose. My father looked incredulous.*

*A leaf is just a leaf, surely. Nothing more. I was harrying and he did not want to be harried. 'An action?' I coaxed. 'It blows in the wind,' you said and right there, that's why I married you. Swooping in like*

*Superman to save me. Yes, yes. The wind blows, the leaf falls and there we have it, six syllables. Two, four, six... and now, eight.*

*At the sound of counting my father finds renewed interest,*

*something he'd once been good at. Eight syllables to tell us what the subject feels like.*

*My father nods his head and breathes out*

*a sigh that sounds almost like laughing. You suggest 'sad' and I say*

*'wistful,' and we both think about how we will leave here soon.*

*The last line is an echo of the first, two syllables. The sun has changed its position and now we are sitting in almost complete shade.*

*My father pulls his cap on over his head and you release the brakes to push the chair on ahead. I wait to write the whole thing down for him and place it with the leaf in his room where he can see it.*

*Leaving*, by permission of the author from *The Girl is Smiling*  
Cheryl Moskowitz, Circle Time Press 2012

Here is the cinquain:

*brown leaf  
such dry curled veins  
falls from trees when wind blows  
a bit sad, wistful autumn starts  
leaving*

**LC, Chair** Well, that was incredibly powerful. I loved your three points. I think coming back to that, to talk a little bit about the bonding activity. I really liked the *stimulate in the present* because I think that's a perennial debate for people with cognitive impairment. I am going to ask you in the panel discussion about a *good container* and also the point you made about using whatever words come to mind.

Next Nabeela Ahmed is a writer, a multi-lingual poet - coming back to that point that Catherine made earlier about the multilingual nature - and also a storyteller who teaches poetry and creative writing.

## D.8 Poetry and Creative Writing

---



**Nabeela Ahmed**, writer, poet, storyteller and artist, who teaches creative writing for South Asian people at libraries in Bradford.

### **Ten-week writing course at Manningham Library**

I am teaching at Manningham Library. Originally the course was funded by a new publisher, Fox and Windmill. They supported the first the next ten weeks; and after that Bradford Libraries supported it. We have been running since October. Each session on Saturday runs for two hours, from 10 to 12 in the morning. I try to cover three kinds of themes in it:

#### **Nurturing**

I like to go for something that's nurturing because as writers and poets and writers, we are very critical of our own work, whether our work is good enough. I always incorporate an element that nurtures us as humans, as writers.

#### **Skills for a range of writing**

The second element I try to incorporate is to do with skills and craft. Because it's creative writing, in my group I've got people who are writing novels, who write short stories, who are writing memoirs, playwrights, who are going to write a monologue, all genres from sci-fi to comedy. So we've got the whole range of writers. I try to take in different types of work. Luckily, they're all open-minded so will have a go at whatever I bring.

#### **Improving, experimenting with form, theme, dialogue – and language**

We'll have a go at improving our character, improving the theme, improving dialogue, all kind of writing. We'll have a go at six-word stories or writing piece of flash fiction, writing in various languages, experimenting with lots of different forms and themes.

#### **A longer theme over six weeks**

Over the next six weeks, we'll focus on a longer theme. We decided on the pieces of the work that we're going to be focusing on. It's going to be a longer piece. It's going to be one piece we'll be concentrating on each week. At the end of six weeks, we'll have hopefully a chapter written, 60 minutes, a monologue, a first chapter of a memoir, for example, something to showcase.

#### **Feeding back**

In the third section we always feed back. Because the most precious thing as writers is to actually get some feedback on our work. Did people understand this or that player, or this or that part? Did they like it? Did something completely confuse them? That's a really precious time. We have guidelines around that, that people have to be kind and supportive. The feedback has to take you somewhere. So there's always a section where we will share a portion of our work. We take it in turns in the group; and then the rest of the room gives feedback – ideally written notes, so when you go home you don't have to remember everything that everybody said that you could possibly improve on it.

## D.8 Poetry and Creative Writing

---

That's how I structure the sessions. In the middle, I always give a break. It's a kind time. People have become friends, so they have a catch-up.

### Arts outing

At the end of the last ten-week session. For the last one we went to Haworth and we held our session on the [Brontës moors](#) and had a meal afterwards. So we try to fit in the artist's date in our sessions.



For the last session on this one, I am hoping to go to Saltaire to visit the [Hockney gallery](#). He's got a new exhibition with the trees. We could do some writing there with the trees and perhaps showcase them.

### Multilingual poetry workshops across Bradford

I also teach multilingual poetry workshops and general poetry workshops at libraries across Bradford. And within those, it's a case of accessing all the languages, all the different dialects that you speak, to be able to create something that's going to be wholesome and not trying to force something into a language and words that don't fit it or you need so much explanation.

**LC, chair** Thank you so much Nabeela. That was absolutely fantastic. And again, so important to emphasize the need for culturally appropriate opportunities too, for people to express..

Now our final speaker today is Justyna, who is the Healthy London Partnership SPN Manager. We started the webinar with an introduction about how important SP was to support – both the creative writing opportunities for individuals, and communities to access – so, really looking forward to hearing from you Justyna about the important work that you're facilitating and leading.



### Justyna Sobotka, SP Network Manager, Healthy London Partnership



The [Healthy London Partnership](#) is an organization that provides leadership and support to London system, including an NHS England [Integrated Care Systems](#), [Primary Care Networks](#) (PCNs). We work to spread and scale personalized care, including SP. My role is to coordinate the [London SPN](#). We have more than 400 [SPLW](#) across London already, based in PCNs across the capital.

I trained as a psychologist and was a SPLW back in 2019, when SP was introduced to PCNs, and now advocate for the development of SP across London, also developing pathways and career pathways, for SPLWs. I facilitate peer support sessions and peer learning events for London SPLW. I

## D.8 Poetry and Creative Writing

---

also facilitate the London SP Advocates programme and manage London SP workspace on the [FutureNHS](#) collaboration platform, which is the platform where SPLW and other stakeholders can share resources.

### **Sharing links to creative writing programmes with SPLW**

This is quite crucial to get all your links - from all organizations that support creative writing and poetry – so we can actually place that in shared directories or with within our networks.

If you are London-based and are happy for SPLW to refer to your services, do send details to [my personal address](#) and I will ensure that we share this with SPLW across London. It would need to be pan London - if your service covers specific boroughs that may be tricky, but if you are offering pan London services, I'll be really keen to get this information to all the SPLWs.

I will quickly explain SP, then I will focus on how it works across London and how you can get in touch with your local SP service. LW have been present in the community setting for many years, but in 2019, the NHS introduced them to GP surgeries and PCNs.

### **Why SP was introduced**

One in five GP appointments focused on wider social needs rather than acute medical issues. In areas of high deprivation GPs reported that they spent significant amount of time with people who have problems with that or housing, stress, loneliness or physical inactivity. As traditional health interventions were not the most appropriate support, SP was introduced to enable the NHS and local authorities to help people access the community services, activities, resources, facilities that are available to help them manage to overcome social factors. SPLW are a key part of their multidisciplinary teams, within PCNs, within GP surgeries or voluntary sector organisations that actually provide support to people.



### **SP Referral Criteria – long-term medical condition, mental health needs, loneliness or isolation, complex social needs, legal advice**

The main referral criteria for SP usually is that the person presents one or all of the five main core referral criteria: The first is that the person has one or more long-term condition, needs help with mental health, feels lonely or isolated, or has complex social needs that affect the person's wellbeing. There are also some specialist SPLW in some boroughs, including mental health LW, some LW specifically support children and young people. Some support patients with cancer or some provides social welfare, and legal advice.

### **SP referral pathway**

Referrals to SPLW can be made from a wide range of agencies, including pharmacies, hospital discharge deans, other health professionals. But most referrals are made either through the GP surgery, or self-referral. If you are interested in getting in touch with a LW for SP, you are most likely to be successful in accessing SP through referral from your GP. Some services across London also accept self-referrals. Then you can use one of our resources to identify your service and then get a self-referral:

## D.8 Poetry and Creative Writing

---

### Resources

- Healthy London Partnership [video about SP in London](#):
- More about the [HLP Team](#) [HLP projects](#):
- Sign up for our [London SP Newsletter](#)

### SP conversation

The person – with partner if they wish - has an hour's holistic session with the LW. It's like a conversation, where the LW's task is to identify what matters to the person they are speaking to. Then they try to match what the person is interested in or what the person needs to increase their wellbeing with the offer that they have. So, as we were talking about creative writing

and poetry - that sort of activity or art classes, walking groups, free programme for new parents, legal support, debt advice, housing advice, many different activities that LW have access to because they are also [Community Builders](#) (see page 00).



### The London SP Map – raising awareness

One of the projects that I am involved with has been creating the London SP map. This map presents the overall SP picture in all of the London boroughs. That would include SP providers in certain areas and also all individual SP services in London. You can get contact information to the manager or to the website; and you can quickly check who is a SP provider in your borough and gets contact details that will enable you to access this. I would be really happy to share their details and if you'd like to learn more about what we have, you are welcome to use our resources and I should be happy to answer your questions.

**LC, chair** Thank you, Justyna. It is so important that people understand the process of SP and how to access it; and then also that we can make links between different communities so that people can get the right support at the right time, which is a theme that's come up throughout the talks. So, thank you to all the speakers for your contributions today. Time now for a discussion between the speakers.

### DEBATE

**CHAIR:** Professor Lynne Corner, Director of VOICE and COO at the UK National Innovation Centre for Ageing (NICA) at the University of Newcastle.

### Language

I'd like to pick up a first point from Catherine's introduction to some of the neuroscience around language, and talk a little bit about that issue, Catherine, about emphasizing retention, not loss because dementia and cognitive decline is often a narrative of loss. It's often a very felt experience of loss, but in terms of language, can you talk a little bit more about the importance of emphasizing retention?

## D.8 Poetry and Creative Writing - Debate

---

**CL** I think that with any sort of cognitive function - anything from language to memory, to our understanding of the world. There is never this blanket loss - I worked with people with brain injury and all sorts of strokes etc. and it's never a blanket loss. The key thing I think for me as a neuropsychologist is to find the bits of the system that are still working and okay. How we can emphasize those and work with those.

What I'm picking up from everyone today is about finding what is personally relevant to people. One of the ways to really emphasize the skills that people do have, is to find an in to them, what is personal personally relevant? So, right at the beginning we heard about finding a poem that absolutely works for somebody. Then that becomes a vehicle for people to tap into the areas of their language system that are still working; and all these different types of allowing people to express themselves, I think, as many modes of expression, as much freedom as people can have.

It's almost like when we use language with young children, one of the things that some people tend to do is correct children. But what we know from the evidence is that the best thing to do is not to correct, it's just to work with and to support. Sometimes it's to model other things, but usually if someone is communicating, that's what matters. It doesn't matter how they're doing it or what words they're using or what order those words come in, we should respond to it as a form of expression. That allows people to then have the confidence.

A lot of this comes down to confidence and by giving people the confidence to express themselves in whatever way is comfortable. Tapping into those areas of the communication system that's still working, we give people the best chance of being able to use language and communication for as long as they possibly can. Some of that is about the things that we've talked about, which is to use people's preferred language and to make it as accessible as possible.

**LC, Chair** Thank you, Catherine. That's beautifully put, because I do think that emphasizing, as a tool for carers, as well as the people with lived experience, in terms of no one quite knowing what to say sometimes, but enabling people to express what they're feeling, is just so important.

### **Navigating support**

That leads to something that William said, which I wanted to pick up on, the practicalities of navigating to the right support at the right time and William, there's a question in the chat about: How do you find the right poem at the right time? Can you tell us a little bit about from your experience.

**WS** I suppose I've learned from listening to so many people and working out which poem seems to have the biggest impact on people. And ironically, the most popular complaint, if that's the right word for it, that people bring to me is loneliness.

## D.8 Poetry and Creative Writing - Debate

---

### A poem for loneliness

The shortest poetry prescription I've ever discovered is just two lines about loneliness by the Persian poet [Hafiz](#) from 700 years ago where he says:

*I wish I could show you when your're lonely or in darkness  
The astonishing light of your own being*

and I suggest to people that they stick that on their mirror and learn it off by heart and just look at it every morning as a way of getting started.

### Choosing the poem best suited to the condition

Though I don't want to push my Poetry Pharmacy books, that have in all I think 110 conditions with a poem, and I've written a few paragraphs about why the poem might help that particular condition. Those are two source materials where you can actually connect whatever the anxiety to a particular poem that I'd found and they have been tried and tested on people and in terms of all the people I've listened to.

**LC, Chair** Brilliant. This issue about improving and preserving brain health came through, especially from John, you put it beautifully about learning new skills and how it kept you stimulated.

### Evaluation measures

Can I ask a little bit about how can you tell? Can you talk a little bit about what, what do you look for to evidence this, because an important part of SP is the evidence-base around how you can tell and see the impact and feel the impact that creative writing and poetry is happening. So what do you do with your particular work to capture that. Can I start with you, Kate.

**KP**

### Feedback types

We capture impact. It's more about feedback really in a variety of ways. But what we do with all our sessions, we make sure that we have an online, very simple system, which everyone can access, artists as well. On our website, we give them all a login. at the end of the session, that can just feedback or if there's anything that they need to feed back or they have any considerations or concerns. Often, we have everything. "X looked very thin at today's session. He left early which is very unusual." We would follow those up.

### Care staff feedback

Also, we look for feedback from care staff. We get that 360 as well as residents, if we are in care settings. We really try and use observational evidence - that's a good way of using the feedback form as well for artists, for staff and for family members to capture that without having more intrusive questioning.

### Too many questions

We have learned our lesson because in one of our projects where we're using the [Warwick and Edinburgh Mental Wellbeing Scales](#) (acronym WEMWBS), it felt at times we were asking too much of people and it took away the quality

## D.8 Poetry and Creative Writing - Debate

---

of the session. We were going backwards because we're asking them how they felt at the beginning, how they felt at the end.

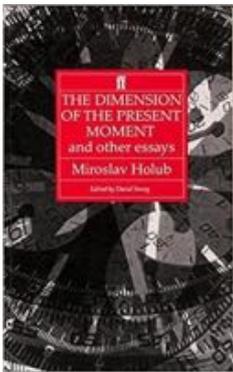
### Observation and imagery

We try to do more observation. We also use lots of imagery. We do films – that's a great way of capturing people's journey. Also the work itself: we ask artists at every session to take photographs. We don't have to be highfaluting. We put those up on a closed group. We have two, an outer Facebook page and a closed Facebook page for artists and for care staff and it's about sharing practice to say 'this works', 'love this', inspiring ideas and also getting the feedback from those participants. These are probably our most successful ways.

**LC, Chair** Cheryl, the point you made about situating in the present, I guess that is echoed in what Kate just said, that it's not about before and after necessarily. It is about that moment – in the present. Could you say a little bit about that because that was a theme that resonated through all the presentations.

**CM**

### Engagement



The measure for me as a facilitator is engagement. What I had to examine was how quickly in everyday speak we fall back on referring to the recent past or the future - what are you going to do later? Or what have you been doing today? - and actually to retrain myself in terms of the language that I use within the context of a workshop to be entirely present is an almost instant way of increasing the level of engagement, because it's a stress reducer. Because we can all be in the present and sometimes the present is only a very short thing - The wonderful poet, Miroslav Holub who was also an immunologist, wrote an essay called *The Dimension of the Present Moment* (1990) and he decided it was only three seconds long, but that's enough to just be there in the moment. Also, I think the present is where we are always all together in. and anything that deviates from the present separates us.

## CHAIR'S SUMMARY

**LC, Chair**

### Brain stretching – and reimagining through poetry and creative writing

I think that the message that I've taken from today about retraining to be in the present is actually a really powerful point. I think it was Daisy who said about brain stretching - I loved that concept as well. But through creative writing, through poetry, you can really re-imagine what we can be. It's such a powerful way to express what different people are feeling at different points in the journey; and that sense as well, I think, which I always take from any work with brain health and cognitive impairment is the personalization of it in that everybody's journey is so different and we need a range of tools, a range of ways to be able to capture and respond to that at different points in the journey and to be flexible in our approach.

## D.8 Poetry and Creative Writing - Summary

---

### **Connecting to different skills, different organisations and laughter to enhance brain health**

I want to thank you all. I have learned so much and have thoroughly enjoyed the session. I think for sure there is power in poetry and in a range of creative writing opportunities. What I've taken from today is that need to connect to different skills, different organizations and capacities together so that a person with dementia, people living with brain health issues, to know how to navigate to that. Because for sure there are some fantastic examples of best practice and some of the words were uplifting in terms of the sense of enjoyment and the laughter that we can take and the resilience that can come from creative writing and for poetry. I've learned so much. I hope you've all enjoyed it.

I've been inspired by the range of innovative ways that people are using creative writings in different communities to really stimulate and to help people to manage what can be a very difficult journey and experience. But in terms of the emphasis on preserving brain health and in stimulating people's ability to *can do*, not *can't do*. I think it's something that I will really take away. Thank you so much for sharing all your different perspectives and experiences today.

**VFG, Host** Thank you, Lynne. There has been much food for thought and emotions. We were indeed fortunate to have you as our chair with your wealth of experience and innovation for ageing and dementia and to have such excellent and generous speakers debating wide-ranging practice, ideas and guidance, which we are honoured to share with delegates – and readers – around the world.

**AUDIENCE** – Delegates registered from Australia, Canada, Egypt, India, Ireland, Nigeria, Oman, Singapore, South Africa, Switzerland, Taiwan, Turkey, Uganda, USA and throughout the UK.



## DEBATE 9

# Cultural Diversity in Arts for Brain Health



LIVE LONGER BETTER

Arts 4 dementia  
Empowerment through  
artistic stimulation

## Debate 9

---

### Cultural Diversity in Arts for Brain Health

(Tuesday 5 July 2022)

The uplifting power of enjoyment of creativity in our own or new culture nurtures our resilience in the community. Engaging in re-energising social activity from the onset of a potential dementia empowers individuals and their loved ones to preserve their brain health, combat isolating fears and nurtures sense of identity, of belonging and resilience for years longer.

Dr Sharmi Bhattacharyya, Consultant and Clinical Lead for Older People's Mental Health at Betsi Cadwaladr University Health Board in North Wales chairs a debate between leaders in social prescribing, culture health and wellbeing, sharing insights on diagnostic tools and arts workshops celebrating diverse cultures. Academics and specialist practitioners present a vivid range of culturally diverse arts opportunities, raising awareness from participant to cultural programmes.

#### HOST

Veronica Franklin Gould, President, Arts 4 Dementia

#### CHAIR

**202** Dr Sharmi Bhattacharyya, Consultant and Clinical Lead for Older People's Mental Health, Betsi Cadwaladr University Health Board in North Wales. Editor, The Old Age Psychiatrist, Royal College of Psychiatrists

#### SPEAKERS

(Dr Karan Jutla, Senior Lecturer in Health, Dementia Lead, Institute of Health, University of Wolverhampton taken ill with COVID), Dr Bhattacharyya, involved as a consultant in Karan's research programme, presents the ADAPT ethnically diverse diagnostic tools.

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

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

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

**208** Arti Prashar OBE, artist and drama practitioner: "Visionaries: A South Asian Arts and Ageing Counter Narrative".

**210** Kadria Thomas, English/Yemeni Gospel choir leader.

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

## D.9 Cultural diversity in arts for brain health

---

- 213** **Dr Mercy Wanduara**, Department of Fashion Design and Marketing, Kenyatta University, Nairobi presents Kenyan basketry by women from Central and Eastern Kenya
- 215** **Mangkaja Arts Resource Agency Aboriginal** “Arts Centres Keeping our Elders Strong”, Ilkuntji artists, Australia.
- 215** **Margaret Morris**, Caribbean artist, Arts for Elderly Engagement, Hackney Caribbean Elderly Organisation.
- 216** **Rushna Miah**, chair, Herts Asian Women's Association, SP service.
- 218** **D E B A T E**



**ADAPT**  
South Asian Dementia Pathway

### CHAIR: Dr Sharmi Bhattacharyya

Good morning, I'm really looking forward to these exciting speakers who will be talking about Cultural Diversity in Arts for Brain Health, focusing mostly on preserving brain health. And as well as cultural diversity, 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 was to have presented ADAPT, the South Asian Dementia Pathway, a project funded by the National Institute for Health Research to meet the diagnostic needs of South Asian Communities (SAC), but has been taken ill with COVID-19. [ Dr Bhattacharyya, her colleague in the development of ethnically diverse diagnostic tools, presents ADAPT]

**SB, Chair** I have known Karan for a long time and have worked on several projects with her on SAC. She has worked with SAC for many years, developing research tools, and has written many papers on this.<sup>16</sup>

### SAC at greater risk and less likely to access support

Some 25,000 people from ethnic minority communities live with dementia in the UK. The largest single group is the SAC. 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 importantly 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. Language barriers, cultural barriers and such differences in access can mean that symptoms of a potential dementia are

---

<sup>16</sup> Karan Jutler's Alzheimer's Society report Understanding experiences of post-diagnostic dementia support for the South Asian Community is published this week (July 2022).

## D.9 Cultural diversity in arts for brain health

---

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**

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, quoting interview filmed for the toolkit:

#### **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 was 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 people – 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. Somebody from the Punjab might be very different from Bengal, for example. Their language, their diet, their entire faith might be different. For us, it's really important to try and understand who are we talking about before we can look at their journey.

#### **Communication guidance for health care professionals providing person-centred care to SAC**

##### **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 SAC. People might feel awkward about it. 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.

## D.9 Cultural diversity in arts for brain health

### Do people from SAC 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 SAC 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.



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



I really look forward to this interaction. Today I'm going to give you a bit of a flavour on where SP sits within neurology.

In Sydney, Australia, I lead a team of Global Health neurologists - people interested in global health, neurology and social medicine.

### Social enterprise dedicated to health promotion and preventing diseases

The Global Health Neurology Lab 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 that the team that brings innovation from different perspectives. So, a team of clinicians, engineers, researchers, and policymakers.

### What is the need of bringing SP 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.

### Social Determinants of Health mediating outcomes

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.



## D.9 Cultural diversity in arts for brain health

---

### **SP – a complementary strategy 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 SP 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. 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 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.

### **SP – Preventing disease**

Where SP 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

## D.9 Cultural diversity in arts for brain health

---

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 SP or are your patients aware of SP? In Australia awareness is quite limited in comparison to UK, where the field is much more mature.
- SP 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 SP 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 SP can provide large scale innovative inputs to these patients.

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



[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 Wellbeing Alliance (CHWA), of which I'm a board member. 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 is integral to 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. We want to empower our network and our changemakers, nationally and regionally. To collaborate and to create this change of our vision, is a healthy world powered by creativity and imagination.

### Regional networks

We connect our [regional champions in our networks](#) around the UK and our [Lived Experience group \(LENS\)](#) regional networks with our strategic,



## D.9 Cultural diversity in arts for brain health

---

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, 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. As a board director of CHWA, I support the 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 run various activities at the Centre specifically to support older Chinese, Asian participants to engage in the arts and cultural sector.



### **[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.



## D.9 Cultural diversity in arts for brain health

---

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. I believe 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 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.



### **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 ten years ago I began researching arts and 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.



## D.9 Cultural diversity in arts for brain health

---

### Love Unspoken

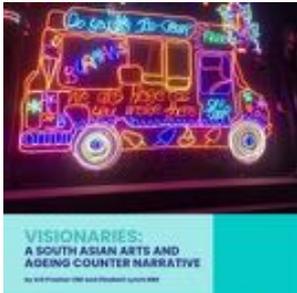
This show, using a South Asian aesthetic involving folk and classical Indian dance, Urdu and Punjabi poetry, jasmine and classic Indian film songs, was designed to enable SA carers to perform alongside us.



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. 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 insights and inspiration for inclusive creative practices. They indicate shifts and changes in behaviours and attitudes, approaches and policy delivery. Key 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.

## D.9 Cultural diversity in arts for brain health

---



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. 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**

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. Music and the arts allow us to identify and empathize with people from all walks of life.

In 2019, my husband's mum passed away in the April -, 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 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 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.<sup>17</sup>

---

<sup>17</sup> Kadria's gospel choirs help preserve brain health and identity; and when dementia worsens she also runs the Together Dementia Gospel choir in Manchester.

## D.9 Cultural diversity in arts for brain health

---



**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 debate 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. 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.

### **SP – dance for wellbeing – SPLWs need to know what is available**

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

### **Online collaboration with Annapurna Indian Dance for NHS Calderdale**

One such combination happened recently in my life. During the COVID a lockdown, we all know how difficult it was, but that during that time I had wonderful experience of doing work, which otherwise might not have



## D.9 Cultural diversity in arts for brain health

---

happened. One that I would like to tell you about is 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. We managed to do what was for me, really such a fulfilling experience, bringing these two together. There were a few people there and before it, he just said “Can you do something about, freedom?”



### **Creating a sense of freedom through dance**

Many of these people in that situation and feel very tied down. It's not really their own choice to be there. So can you bring a feeling of freedom and exploring things? I thought about various simple props, like these silk scarves and sometimes just a very simple thing – pipe cleaners, which can make beautiful shapes. People like to move their hands even when they are sitting - doing something, creating something, 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.



### **Where would you like to go?**

I'll play a little bit of music 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.

### **CHAT**

**Annapurna Indian Dance:** Bisakha 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 COVID-19 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. (VFG, A4D host adds – For further detail, see page **323**).

## D.9 Cultural diversity in arts for brain health



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



I would like to talk about basketry, which is commonly known as *Ciondo* by women from Central and Eastern Kenya. I am an academic. I'm a lecturer and this is part of a study that I had carried out on 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



## D.9 Cultural diversity in arts for brain health

---

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. I look forward to interacting with everybody.

**Rushna** My grandmother used to make baskets like these Mercy, so beautiful.



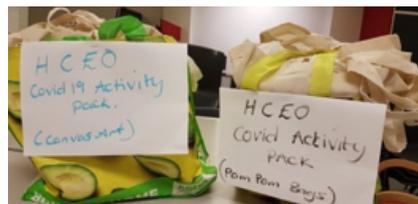
## D.9 Cultural diversity in arts for brain health

\*\*We highly recommend the Australian Aboriginal Ilkuntji artists [YouTube](#) published on the [Majgkaja Arts Resource Agency](#) website [Arts Centres Keeping our Elders Strong](#).



**Margaret Morris, Hackney Caribbean Elderly Organisation, [Arts for Elderly Engagement](#).**

The main focus of our [Hackney Caribbean Elderly 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, including woodwork, needlecraft, gardening, ceramics and work on canvas. So it's quite a wide range of things, with a mixture of men and women. Some people have dementia, others don't; and 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 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.



### **Aboriginal art**

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

### **HCEO Garden**

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



## D.9 Cultural diversity in arts for brain health



### 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 they were back on the various islands, what music they listened to, how did they dance to it, which is a lot of fun.



### African drumming – learning to dance, hear drums speak

I invited an African drummer, who brought 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.



**Rushna Miah, chair, Herts Asian Women's Association, providing a SP service.**

**Herts Asian Women's Association** is a grassroots voluntary organization based in Hertfordshire. Led and run by Asian women, HAWA 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



## D.9 Cultural diversity in arts for brain health

---

services, within our various projects. We've got approximately 150 members, but our work is county wide and we do have projects in different areas.

### **Aim**

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. 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.

HAWA runs a range of projects, including the Tiffin lunch club, a community garden, literacy classes, a SP 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 for ladies in Hertfordshire was named after one of our Tiffin Club members, Auntie Habiba.

### **SP for Ethnically Diverse Communities**

Our SP service supports and advises vulnerable women in the Ethnically Diverse Community about the importance of 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



## D.9 Cultural diversity in arts for brain health

---

- 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 SP.

### **SP – 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.



## D.9 Cultural diversity - Debate

---

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

### **Life Coach**

I am a life coach as well and one of the things we do 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 range of work that we do and our volunteers as well.

**SB, Chair** Thank you. Congratulations for winning the Queen's award.

## **D E B A T E**

**Dr Sharmi Bhattacharyya, Chair** This has been a fabulous event. Some of the points I took from today is How do we celebrate cultural diversity in preserving brain health – by being inclusive, equitable, representative, finding safe spaces, belonging. Dr. Bhaskar, you spoke about loneliness. That is a huge thing we face here; and I think all these projects support the SP model and not the medical model, which we are so used to in all our minds, especially as doctors

### **Dr Sonu Bhaskar      Compassionate Directness**

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.

If we can bring that integrated care where we are talking to everyone in between the social prescribers, and 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.

\*(VFG, A4D Host adds: In the UK, GPs have a ten-minutes limit. SPLW were introduced to be able to give more time to patients - 30 mins to an hour – to discuss what matters most to them, their strengths, needs and weaknesses, 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).

## D.9 Cultural diversity - Debate

---

**Rushna Miah** What Sonu said really resonates, and it's 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.

SP 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 SP service.

### **Kadria Thomas, Gospel Singer Language – “people” rather than “patients”**

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 very often that you actually get to feel at ease going from the start of a process to the end of it.

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

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.

**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.

## D.9 Cultural diversity - Debate

---

### **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. 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.

**Bisakha Sarker, Indian dance** I think we artists always love to talk about the work that we do, because that is 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 SP, 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.

**Dr Mercy Wanduara** . 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. I'm really delighted that I got into this, and I hope I can get into more of these discussions because they're interesting. 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.

**Maki Sekiya, Japanese concert pianist** There are many things that I've learned in today's meeting. 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, to more activities, to organize concerts, maybe in care homes and do more outreach. 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

## D.9 Cultural diversity - Debate

---

- 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.

### Dr Sonu Bhaskar      **Culturally appropriate art interventions**

If I may add that while designing SP, 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 neighbourhood 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**

Secondly, 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.

**VFG, A4D Host**      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 giving South Asian diagnostic advice. 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, their aim is to help steer the way to bridge the pre-diagnostic gap, provide support, which SP 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 help their cognitive challenge and sense of belonging. 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 less stigmatising “brain” condition like a “heart” condition. Arts activities for elders - led by facilitators trained to understand early symptoms of the various dementia types - are inclusive and when symptoms arise, they can 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 all for generously giving time to share your expertise and insights; and many congratulations on your inspired and empowering work.

**CHAT:** *This is fantastic . . . it's lovely to see now because it was in the dark before.*

**AUDIENCE** – Delegates registered from Australia, Canada, India, Ireland, Japan, Lithuania, New Zealand, Taiwan, USA and throughout the UK.



## DEBATE 10

### Co-Creating Arts for Brain Health A Global Perspective

In partnership with  
The Global Brain Health Institute



LIVE LONGER BETTER



## **Co-creating arts for brain health – a global perspective (Tuesday 6 September 2022)**

To mark World Alzheimer’s Month 2022, our September Arts for Brain Health webinar was held in partnership with the Global Brain Health Institute (GBHI) – University of California, San Francisco | Trinity College Dublin and chaired by GBHI Deputy Executive Director, Professor Brian Lawlor. The diverse creative activities of Atlantic Fellows for Equity Health at GBHI, co-produced with and for people living with dementia, generate powerful messages of hope, engagement, inclusion and connection. There is so much to be learned from the innovation emanating from different countries and geographies.

This debate illustrates the richness and diversity of a number of these global creative interdisciplinary activities. GBHI Atlantic Fellows’ presentations are followed by a panel discussion of experts in arts and brain health, SP and transdisciplinary approaches for people experiencing symptoms of dementia.

### **H O S T**

**225** **Veronica Franklin Gould**, President, Arts 4 Dementia

### **C H A I R**

**226** **Brian Lawlor**, Professor of Old Age Psychiatry, Trinity College Dublin. Deputy Executive Director, Global Brain Health Institute.

### **A T L A N T I C F E L L O W P R E S E N T A T I O N S**

**226** **Kunle Adewale, artist** “Arts for Brain Health: Creativity and Digital Equity for Nigerian Seniors.” (Africa)

**230** **Dr Nicky Taylor, theatre and dementia specialist:** ‘Co-creating a radical narrative of hope in a dementia-friendly theatre production’ (Leeds, UK)

**234** **Ieva Petkute, arts researcher and manager**, Lead of Association Dementia Lithuania: “Visual art – to support the creation of new knowledge in brain health” (Lithuania)

**238** **Carlos Chechetti, researcher, social entrepreneur and teacher:** “What’s your passion? Reliving Memories programme: passions to promote brain health in Sao Paulo.” (Brazil)

**241** **Maritza Pintado-Caipa, neurologist**, Experience of ageing and dementia in rural Peru.

### **P A N E L D I S C U S S I O N**, in conversation with

**244** **Professor Ian Robertson**, Co-Director, Global Brain Health Institute

**245** **Lenny Shallcross**, Executive Director, World Dementia Council

## D.10 Global Brain Health Institute

---

- 246** **Glenna Batson SC.D.**, Instructor of Dance, Duke University, North Carolina.
- 247** **Maud Hendricks**, Artistic Director, Outlandish Theatre, Dublin.
- 248** **Dr Bogdan Chiva Giurca**, Development Lead, Global Social Prescribing Alliance. Clinical Champion Lead, NASP
- 252** **C H A I R ' S S U M M A R Y**



### Veronica Franklin Gould, President, Arts 4 Dementia

In World Alzheimer's Month, it is an honour to co-host today's Arts for Brain Health SP webinar with the Global Brain Health Institute (GBHI).

I speak on behalf of Arts 4 Dementia, the UK charity specialising in arts workshop practice to help re-energise and inspire people live with early-stage dementia and carers, with and a website to signposting arts opportunities by dementia need, art form and postcode. Our idea being, like that of GBHI to transform the narrative of dementia from tragedy to hope, or from despair to desire.

There are some 55 million people living with dementia worldwide, with ten million new cases each year.

It is everyone's human right to participate in arts in the community, but with dementia, especially from the onset of symptoms, this can be a challenge. Joining social arts groups of personal cultural interest, through SP, empowers people to preserve their sense of normalcy, wellbeing, their cultural interests, achievement and resilience in the community for years longer. Sharing imaginative ideas, creating together helps modify risk factors for dementia and nurture resilience for person and carer living with the condition.

SP connects patients to local arts programmes of personal and exciting interest – and in choosing to participate, whether peri- or post-diagnosis, they are taking enjoyably constructive action to preserve their brain health.

Since the NHS introduction of SPLW to be available to GPs for non-clinical support, such as direction to local arts opportunities, we have been running this series of Arts for Brain Health SP webinars to raise awareness of the linkability of patients to the brilliant practice such as we shall hear today.

We warmly thank our co-host and chair, Professor Brian Lawlor and look forward with keen interest to GBHI's Atlantic Fellows' presentations on their innovative arts practices for Brain Health and to the distinguished panel discussion led by Professor Ian Robertson, Co-Director of the Global Brain Health Institute, between leaders of the World Dementia Council, on Dance from Duke University in North Carolina, Outlandish Theatre in Dublin – and Dr Bogdan Chiva Giurca, thanks to whom SP is advancing around the world.

## D.10 Global Brain Health Institute

---



### Professor Brian Lawlor, GBHI, Chair

Thanks so much for that wonderful introduction. I'd just like to add my welcome to Veronica's welcome here in World Alzheimer's Month

The Global Brain Health Institute is really passionate about arts creativity and the potential for arts to impact on brain health and dementia prevention.

There are two aspects to the webinar today. One is about the issue of co-creation, so when we're working with arts for dementia, we're working with co-creating co-producing with people living with dementia.

The other aspect of today's debate is that it's global: we're going to hear from five Global Atlantic Fellows from all over the world, who are going to tell you about their experience, their practice of co-creating arts for health and wellbeing for people living with dementia.

We're going to have five speakers speaking for ten minutes, and then we're going to have a panel discussion based on the conversations that you're going to hear from the five global fellows, and I hope that people in the Webinar will be able to put questions in the Chat and Ian Robertson and the panel will try and address those questions, but without much further ado, I want to start by introducing our first speaker, Kunle Aduwale, who's a Global Atlantic fellow here at GBHI. He's done incredible work out there in Nigeria and all over Africa, working with people living with dementia. He's going to give his perspective about co-creating Arts for Dementia in Nigeria.



### Kunle Adewale, Lagos, Nigeria

Hello, everyone! It's so good to meet all of you today. I'm excited about this opportunity to share the incredible work that we've been doing on this side of the world. I'm a Global Atlantic Fellow based in Lagos, Nigeria. I am also a

humanitarian artist. I'm the founder of the Arts in Medicine Projects in Nigeria

Today I'm going to talk about Arts for Brain Health, creativity and digital equity for Nigerian seniors.

Nigeria, a middle-income country in sub-Saharan Africa, is recognized as being tremendously diverse culturally, linguistically, socio-economically and geographically. It is also the seventh most populous country in the world, and given its current population growth, Nigeria is projected to become the third most populous nation in 2050 even overtaking the United States.<sup>18</sup>

Despite commendable global advancement in disease management and health promotion strategies, all the Nigerians and their families continue to face many challenges, including disability, declining cognition, loneliness, and inadequate



---

<sup>18</sup> Adegoke, 2017.

## D.10 Global Brain Health Institute

---

access to optimal care and support, barriers to care that are intimately related to the country's multifaceted diversity.<sup>19</sup>

The **Arts for Brain Health Project** utilizes artistic creativity to improve social engagement opportunities for people living with dementia, ultimately transforming the experiences of patients, professional caregivers and family members. This project took place in five elderly care homes in Lagos (Nigeria) and one federal neuropsychiatric hospital. 94 elderly people benefited from our creative engagement. 21 caregivers also participated in this experience.

We have four video tracks in this Arts for Brain Health project:

- **Fine Arts** track includes creating digital paintings or digital arts, using technology
- **Performing Arts** track: music and dance
- **Virtual reality**: VR experience
- **The Arts for Brain Health Exhibition** and Music Concerts.

### Fine Arts – Creativity by Ipad



Participants were introduced to technology. They were taught how to navigate the technology using the Ipad and then creating their own experience. Some of that is very personal to them. Some participants in the home mentioned their favourite childhood heroes, favourite musicians. then through digital technology, they got to create a portrait of their music or musicians. Some of them also created their whole personal experience in the home where they were resident. It's very interesting to see how technology is helping them to engage, to connect and to have a meaningful experience.



Some created a digital picture or painting of their favourite sports hero like Pele from Brazil. It's fascinating to see how persons with cognitive decline are facing their own dementia and are able to reconnect through technology to be able to have joy in their life, even for a short time.

Feedback:

- *Participants loved their works and participated very well and clapped for themselves.*
- *It was a happy moment for us. Thank you for thinking about us. Please come back again.'*
- *The participants were excited when they spoke about their dream location and favorite fruit. As seniors, they were more excited while creating a graphics design with image(s)...*

It's very interesting to see that some of them, who have never travelled before by reason of social economic difficulty. They mentioned places they would like to travel around the world and were able to use our technology to create an experience for themselves - it's such a beautiful experience for them.

---

<sup>19</sup> Ojembe & Kalu, 2018. Guerchet et al, 2017.

## D.10 Global Brain Health Institute

---

### Performing Arts: Music and Dance – creating favourite songs using Ipods

Some of the elderly, as well as those with dementia also got to participate in music and dance. We consulted with them by asking them their favourite musicians and music that brings joy to them, that makes them smile and makes them happy. It's interesting to see how music is bringing joy and hope to this population – you could see the joy on their faces.



They smile in a home (left) where some of these people experience hostility, where some of them are withdrawn socially. The music session, the dance session got them activity, got them moving and dancing again. You can see the other guy (below) who is standing, moving his body. Dementia had nothing on them, dementia could not stop them from just connecting and experiencing music and dancing to this music.



#### Feedback

- *Some of the participants were singing along and dancing when listening to music and dancing during the performance*
- *All staffs tapped into the spirit of music; they hailed each participant while they danced to their favorite songs*
- *Many of the participants were happy with the experience, some said it brought back memories and many of the songs that were performed were old classics. There was singing and dancing and emotions in the space*

This is just incredible feedback from that musical experience, the dance experience they had participated in the arts for brain health.



### Virtual Reality Arts – using curated artworks, photographs, favourite music

We also introduced virtual reality to the elder population. Through VR we are able to help them also to connect to their favourite musician as well. It's like being in a cinema, even though they were actually in the home, they experienced curated works of art, curated photographs of Nature, their favourite musician. One of them spoke about watching Ray Charles on the stage. He happened to be the first DJ in Nigeria. An interesting person like that who actually being a DJ. By reason of cognitive decline, through VR connects to someone like Ray Charles. They've got movie, dancing. It was a whole lot of conversation and engagement. VR helped to activate that intergenerational engagement even between these persons who are living with dementia, and even some of the young people that volunteered or do that work in this care home, being able to experience that joy



#### Feedback

- *At first I thought it was only meant for the younger ones for gaming, but looking at the elderly ones putting it on, trying to copy dances and all. I was very happy with the sight, they felt so alive, they expressed themselves, like they were still in that young form*

## D.10 Global Brain Health Institute

- *Dancing is so good, they look brighter and refreshed and they are so pleased with what they did, and we are happy about the VR session. They don't mind doing this every day. Some of them expressed their experience, saying they were not so stiff after all*

### The Arts for Brain Health Exhibition

The events of the project came to a close through the Arts for Brain Health Exhibition (19-27 February 2022). This event celebrated the creativity of persons with dementia and cognitive impairment in our programme.

The Group Art Exhibition at the renowned Art Pantheon Gallery in Lagos featured 40 art pieces developed during the digital art session at the participating care homes. During the opening, the exhibition hosted over 70 persons, including seniors, their administrators/ caregivers, top government officials, NGOs, arts and culture organization and the general public were in this space to celebrate them.

They got to see their works - created in a home – being displayed in a modern art gallery. What a way of dignifying our elders! Rather than magnifying dementia, we are actually dignifying our elders. You can see some of them being fascinated that wow! *See my artistic works! See, my creativity being displayed on the wall!* It's such a beautiful and incredible experience.

### **Bridging the gap: Creativity and Digital Equity for Seniors – destigmatising dementia**

In conclusion, the Arts for Brain Health Projects project provided digital access to seniors, so that they can leverage technology for memory, mindfulness, meditation, and mental health. It enables the seniors to be socially connected, enthusiastic about life, finding the missing sparks in their lives and promoting dignity for the Nigerian seniors.

The project destigmatized dementia, inspired social engagement and healthy seniors with their physical, emotional health and wealthy lifetime. It gives them a lifetime opportunity to relive the beautiful memories of their favourite places, people and music in Nigeria and around the world.

The Arts for Brain Health project helped to bridge the generational and digital technology gaps by providing technological access for seniors and care homes for the elderly, through the facilitation and fusion of art and technology-based therapeutics for dementia care and cognitive impairments.

I want to say a Big Thank You! to our amazing Arts for Brain Health Project team in Lagos, Nigeria, to our partner, Alzheimer's Society and to GBHI.



## D.10 Global Brain Health Institute

---

**BC, Chair** Truly inspirational. You can see the joy on people's faces that have been able to bring to them with this project. Congratulations!

Nicky Taylor is a theatre and dementia specialist. She specializes in the whole area of creative engagement for people with dementia. I had a wonderful experience in Leeds, meeting her and seeing a play that she was involved in terms of the creative engagement, *Maggie May*, which we shall hear about now.



**Dr Nicky Taylor, Theatre and Dementia Research Associate, Leeds Playhouse**

**'*Maggie May*: Co-creating a radical narrative of hope in a dementia-friendly theatre production' (Leeds, United Kingdom)**



Hello, I'm Nicky Taylor, a Research Fellow at Leeds Beckett University and Theatre and Dementia Research Associate of Leeds Playhouse. The Playhouse is a producing theatre, with a reputation for socially engaged practice with communities and world-class stage productions. My work focuses on supporting people living with dementia, to live fulfilling, creative lives and invites them to be creative equals in sharing stories about life with dementia.

I'm going to share how our play *Maggie May* developed; and whilst I'm the one telling you this story today, it's the story of many more people, some who would define themselves as artists and many who wouldn't, who contributed in different ways over five years to co-create this piece. Some of whom got to see the final version, and some who sadly didn't, all of whom made a profound impact on how the story was shaped and shared.

**Plays about dementia, focussing on loss and despair were unsettling – not for people with dementia**

I've spent years seeing the plays about lives affected by dementia. Working in a major producing theatre, I am frequently approached by artists making work on this topic, keen for their plays to be programmed. I noticed these plays followed a typical pattern. They focused on loss and despair, often telling a frightening story of diagnosis to death within the space of an hour. Dementia was used as a powerful and unsettling device to disturb or derail. Characters with dementia burdened someone else's seemingly more important story.

When artists approached me with invitations to see their plays, I would accept and tell them I'd be bringing a friend with dementia. At this point, more often than not the response was the same. It probably isn't a good idea, too upsetting to bring someone who actually has dementia. It's not for people with dementia.

**Need for change, for balance – people need room for possibility, for hope**

I felt this had to change. Why were the very people affected being excluded? Why couldn't a character with dementia be shown in a more balanced way, experiencing a slice of life rather than repeatedly reaching an inevitable and depressing end.

## D.10 Global Brain Health Institute

---

It was a clear lack of stories that would be supportive for someone recently diagnosed. I feel we have a responsibility in making art about dementia to the people who are most affected by it. Of course dementia presents tremendous challenges. But there is enough stigma and fear. People need room for possibility and hope, to help them imagine living not just existing with this condition. And stories change when we change, who is involved in the telling.

We wanted to tell the story of a woman with dementia, not someone extraordinary or privileged, but an ordinary woman living in Leeds with recognizable challenges, adapting to life with dementia in the first year after diagnosis, amongst a network of family, friends, social and working lives.



### *Maggie May*

Our play was commissioned in 2017 after a search for a playwright who could buy into the idea of writing a hopeful story about dementia. We were very fortunate to meet Frances Poet, who had family experience of dementia and an open mind about what the play might be. Frances worked with a broad range of people with different types of dementia at Leeds Playhouse, to understand and amplify their experiences and coping strategies within the script. Frances says

*Maggie May has been a genuinely collaborative process from first to last, shaped by people with dementia for people with dementia.*

*There's a scene where Maggie realizes she's wearing odd shoes and goes away to change them, only to come back with another odd pair of shoes on. One lady proudly told her friends at the reading. 'That's me!'*

### **Bonding through music and dance**

Frances cleverly focused on music, highlighting this as a supportive form of communication between main character Maggie and her husband Gordon, who met while dancing to 1970s tunes. These songs continue to resonate and solidify the couple's bond. As they adapt to life with dementia, the songs become a form of call and response. When communication becomes more difficult, he starts the songs and she finishes them.



### **Navigating difficult moments through Humour**

Frances uses humour as a method of navigating the more difficult moments - going into hospital, conversations about end-of-life wishes, sharing news of the diagnosis with friends. As Peter, who lived with dementia told us, *You need to laugh. If we didn't have humour, we'd go under.* Maggie's humour is her way of coping and of maintaining her social identity.



## D.10 Global Brain Health Institute

---



### Agency, control and hope

*Maggie May* places a character with dementia centrally, with agency, a sense of control and therefore of hope. Maggie doesn't disintegrate. She keeps going, supporting her family and making a positive difference in her world. This was more representative of the people I was meeting through my Playhouse work – people determined to stay socially connected and purposeful for as long as possible.

### People living with dementia as advisors

Our brilliant director, Jemima Levyk, stayed true to this vision throughout, carefully incorporating advice, ideas and strategies from people living with dementia who visited rehearsals and consulted on aspects of the play as it began to take shape.

One of these people was a well-known dementia activist, the best-selling author Wendy Mitchell (on the left), who has long supported our work. Though most were local people with dementia, like Rosa (right), who engage in creative activities at the Playhouse as part of their social support networks, ordinary people making a difference to how art is made.



Mick and Lynn said:

*Consulting on the play was such a surprise. For someone to listen to our thoughts and opinions, to take notice, was wonderful. We weren't the sort of people who went to see plays before, never mind talk to someone writing a play.*

*We'll have a real sense of pride when the play comes to the Playhouse. I'm not going to pretend it won't be difficult though, it's going to be very emotional, because for us it's life. It's real.*

*People think a dementia diagnosis is a door closing, but it's not. It's another door opening. You just have to be brave and walk through it.*



### Colour palette

People with dementia shared important considerations about being an audience member. Their guidance meant we could prioritize things that help people stay connected to the play, visual markers setting the emotional tone to each scene, such as sunny days represented through set and lighting design, a specific colour palette was chosen for each character's costumes, making it easier to stick with who's who. So Gordon always wears brown, whereas Maggie's son Michael always wears blue.



### Caption boxes, scene length and attention-grabbing sound and music

Short reminders about people and place appeared in text on caption boxes at the side of the stage, helping to guide audiences into each scene, and to stay oriented as the play progressed. The length of each scene was also considered to ensure the audience didn't have to focus for too long. The sound design and the use of music acted as a supportive attention grabber and a welcome interlude from dialogue.

## D.10 Global Brain Health Institute

---

### **Audience participation**

Audience members were invited to sing along to familiar tracks, and this active participation aimed to sustain engagement and concentration.

### **Interval - not unsettling cliff-hanger, but positive and supportive**

Also, the timing of the interval was carefully considered. Most plays would leave the audience on a dramatic cliff-hanger at the interval. But people told us this may be a chance to leave if they were feeling tired; and leaving at a point of unresolved peril might be emotionally troubling. So we moved Maggie's dramatic hospitalization earlier in the play. This was resolved by the time of the interval and if people needed to leave. They felt Maggie was recovering well and being supported,

### **Dementia-friendly performances**

We listened carefully to people with dementia and took their advice, making our play as inherently dementia friendly as possible. As a result, we felt confident to warmly welcome audience members with dementia to every performance rather than simply one or two designated dementia-friendly shows.

After COVID-related delays our play finally premiered at Leeds Playhouse in May 2022, before touring to Queens Theatre Hornchurch in London and Curve Theatre in Leicester. It felt more important than ever to highlight the value and contribution people make to society, challenging some of the pandemic's rhetoric which had left many people feeling entirely disposable.

Sharing the play required dedicated awareness-raising work with front of house teams at all three venues to prepare staff to sensitively support audience members with cognitive and physical challenges. For example, staff supported engagement with the picture booth, which was a dedicated front-of-house, quiet space which travelled with the production. This was co-designed with people with dementia to celebrate their relationship with music. Audience members were invited to use the picture booth as a space for calm reflection, if needed.

Staff can now use their increased knowledge and confidence from welcoming *Maggie May* audiences into future dementia-friendly shows which all three co-producing theatres offer for their major in-house productions.

### **Writing with Dementia**

Finally, ensuring that people with dementia were recognized as contributors was extremely important, with invitations to a celebratory press night, programme notes written by people with dementia and paid speaking arrangements, such as an event called Writing with Dementia which amplified their creative contributions.



## D.10 Global Brain Health Institute

---



We continually reinforce the important role people with dementia played throughout this process.

*Maggie May* was extremely well received. We were proud of our local and national reviews, including five stars in the stage and extremely moving audience feedback.

*Maggie May* reinforces what's possible when we co-create, valuing voices that are less often part of the conversation.

### Centre for Theatre and Dementia

My future plans for building on this work are firmly tied with my pilot project with the Global Brain Health Institute. I'm developing a feasibility study to co-produce a Centre for Theatre and Dementia practice and research. There are many more stories to tell, and naturally the most important collaborators in this endeavour will be people living with dementia who are generous and brave enough to take these steps with me.

To end, I would like to thank everyone who was part of creating *Maggie May* for their tremendous creativity and care, thank you.

**BL, Chair** Thanks Nikki. It's beautifully described in co-creation, co-design and truly authentic. As I said, I had the pleasure to experience it myself. It was truly amazing I'm sure much great work will come from what he plans.

I'm just delighted to welcome our next speaker, Ieva Petkute, who is an arts researcher and manager based in Lithuania. She spent a year here with us in Dublin as a Fellow and she's going to tell us about arts and cultural interventions for people living with dementia in Lithuania.

**Ieva Petkute, Lead of [Association, Dementia Lithuania](#): “Visual Art – to support the creation of new knowledge in brain health”**



I'm truly delighted to be part of this event celebrating World Alzheimer's Month. I'm representing the Association Dementia Lithuania, and the arts for health organization *Socialiniai meno projektai*.

My presentation will have two parts. Firstly, I would like to invite you to taste an Art-looking experience and then look into how creative practice as an integral element to support transformative processes in policy development, what I am involved in in Lithuania



### Art Looking

I will start this presentation with an invitation to look at this image, with a note that my intention is to talk to every one of you on this call as if we were sitting in the same room - a friend with you who is listening and who is looking at this image, I wanted to show

you this artwork and have a minute of looking at it. It might be very familiar to you or totally new. [Water playing] But we can have a moment of looking and reflecting at this together, and doing so individually in our thoughts, and together with me. As I know we both are curious about what arts have to do with brain health. The title of this artwork is *The Great Wave Off Kanagawa*; it's considered the most famous Japanese artwork in the world created by the artist Hokusai, in 1831.

I want to invite you to connect with the image as we're sitting here and now. So, friend, reflect on what you see. You're likely to distinguish shapes, the powerful bending, the sharp edges and angles and the pointy bits, the contrast, the diverse intensity of the blue. They all connect together to form elements we may notice: the waves, the foam, the boats – one, two, three. You might draw attention to the inscriptions on the top left corner. You might also be noticing something about the mood, or the contrast of the colours. Are they only cold, or is there some warmth?

Stay longer with the artwork. We will go deeper into the scene, exploring what's happening there, noticing what is. The waves are powerfully bending, and boats are navigating, and the mountain is sticking in the back and the grey-looking sky.

Let's make one more step further to explore and bring interpretations. I would love to know your thoughts. Who are those people? Are they fleeing the wave or the opposite? Are they aiming to face it, to challenge it? And then, how the sea connects with the mountain. It appears tiny and budding in the back in the dark shadow of undefined daytime. It looks like it can be followed by the breaking wave.

### Connecting – personally – interacting with the painting

Let's get to try to connect with this artwork, do you connect with this atmosphere, the emotion, or maybe the scene. Does it connect with your life, with how you feel in your daily life, with how are you doing or keeping yourself, how you are taking care of yourself.

If you could transform into one part of the painting, which part would it be? The wave, the man or woman in the boat, boat itself or the mountain or something else – and why?

Is there a story or experience you would like to share with me? If you could, I would love to hear it.

## D.10 Global Brain Health Institute

---

### Conversations – the inspiration of art

Art truly is a great inspiration of our conversation about both: the art and the life. Conversations like this can mean a world to people living with dementia and their carers.

#### A Lithuanian tour

This is a moment from one of the tours led in Lithuania. Such stories are a possibility in the capital Vilnius and a few museums. My hope is to spread this practice to become available in most museums, and thus not only becoming more welcoming, but also contributing to creating dementia open, friendly, inclusive societies. In moments like this, in this picture, art can be a stimulus to explore our humanity, and how aspects of our life are linked through a shared experience.



Now we are in this room, in the spiritual room; and we have this shared experience of being at this event and our networks are, and our interests broad or narrow brought us here, and museums who are serving the whole society and should find ways to talk to the diversity of people and normalize experience and store of dementia to the whole society. That's the museums using art as inspiration and a museum space can open conversations about art and life, in other words, about health, inequality, stigma, our differences, life, cycle, and many, many other things.

#### Towards Dementia Strategy: Situation analysis and Public Awareness (Iceland, Lichtenstein, Norway)

I share just a snippet of my work and a project towards a dementia strategy situation analysis and public awareness. This multi-commerce multi-complex initiative (financed by EEA Grants 2014-21 Active Citizens Fund) aims to advance dementia strategy in Lithuania which unfortunately we do not have.

The initiative which is led by the arts for health organization “Socialiniai meno projektai” has all these partners involved, coming from social health, care and community. (Ministry of the Culture of the Republic of Lithuania, Ministry of Health of the Republic of Lithuania, Lietuvos Kultūros Taryba, Lithuanian University of Health Sciences, Lithuanian Sports University and others).

#### Art as policy for dementia

- Aims
- 1. **Situation analysis** through policy, service delivery assessment, and stakeholder mapping.
- 2. **Recommendations** for dementia strategy development.
- 3. **Awareness** around dementia and dementia open community development.



The aim of this initiative was drawn from the WHO Guide *Towards a Dementia Plan*. And we're doing some research work which will result with recommendations for the policymakers.

We also implemented awareness initiatives which includes developing

## D.10 Global Brain Health Institute

---

community of people even dementia and their carers basically from scratch, and the uniqueness of this project is that is all initiated and led for all those partners by arts for health organization which really puts the holistic approach in the centre.

I want to draw attention to the recommendations element where creative art approaches play a very meaningful role. The recommendations will be based on the research work done.

### Photo voice

Part of this research done is using photo voice method, so photography will be used as a practice to collect information about the care experience and through our recommendations out of that experience. This will contribute to the knowledge built through the policy assessment, services assessment done using more traditional methods.



We are in the preparatory stages of this photo voice work. I share with you just a couple of photographs to bring a feeling about the potential of such work.

Egle, a carer for her dear mother, has kindly gave permission to use this picture for the purpose of this presentation. She represents one of the numerous stories that will help us to communicate about the lived experience and the challenges the carers of people living with the dementia experience on a daily basis, and how those challenges could be improved addressing the current system of service.

In other words, visual stories will expand our knowledge about how health and social care services are meeting the needs, what the gaps are, and how we can do better to build knowledge about the nuances of people's experience that are often overlooked when we implement research only in traditional ways.



**BL, Chair** Thank you, Ieva. It's just wonderful to see how your work is progressing and taking this creative art approach, how you're really going to make a huge difference to the lives of people living with dementia in Lithuania. Congratulations and thanks for sharing that with us.

Our next speaker, Carlos Chechetti, is a researcher and social entrepreneur based in Sao Paulo. He is a Global Atlantic Fellow. We heard reference from Kunle about Pele and we're probably going to hear more reference to footballers from Carlos's work. He's going to tell us about his programme, "Reviving Memories". This is work that he's carrying out in Sao Paulo in Brazil. Great to have you here, Carlos.

## D.10 Global Brain Health Institute



Carlos Chechetti, researcher,  
social entrepreneur, teacher

**“What’s your passion?  
Reliving Memories  
programme: passions to  
promote Brain Health in  
Sao Paulo, Brazil”**



### RELIVING MEMORIES

Revivendo Memórias uses passion as cognitive stimulation, socialization, social reintegration and improves the mood and quality of life for older adults and people with cognitive decline and Alzheimer.



I'm Carlos Chechetti: I'm a Global Atlantic Fellow for Brain Health, and I am going to introduce Reliving Memories a social programme I am developing in Brazil.



### Loneliness

I shall start with a poem written by a participant in our programme.

*The most profound sadness  
that you can imagine  
is to know so much about life  
and having no one to tell*

It's a beautiful sad poem, a powerful poem. We know that people with a dementia can walk into social isolation and loneliness, feelings stigmatised by society. All these feelings end up in chronic negative emotions, such as depressed mood, anxiety and apathy. Gradually, with little cognitive stimulation and fewer social and emotional moments, they may feel that they are losing their identity and consequently, the meaning of life.



Unfortunately, the narrative about dementia is that there is no cure, and also nothing can be done. That the person who doesn't understand anything anymore because he is losing his memory; and they end up staying on the side in a corner of the house, waiting for the course of the disease to come to an end.

### Positivity of Passion

But we know that they can still live well for many years, and they can live moments of positive and special emotions. What if activities based on their passions could help them get out of loneliness and reintegrate themselves into society?



## D.10 Global Brain Health Institute

### Memories of football, music, films

Talking about remarkable games of your favourite teams; listening to music that marked your adolescence; Films that made you feel emotional; poetry and books that touched you deeply are powerful passions and memories that stay with us for a lifetime and can help people reliving emotional memories and live special moments in the present.



That's why we created the Reliving Memories programme in Brazil. We are a cognitive and behavioural neurological group in the Hospital Das Clinicas in Sao Paulo, we are responsible for developing research and occupation, carrying the aid of transportation, cognitive decline in dementia. So We created a programme that uses passion as a cognitive activity and socialisation for older adults and people with cognitive memory decline.



revivendo  
memórias

NEUROLOGIA  
HOSPITAL DAS CLINICAS FMUSP

MEDICINA  
USP

HC  
FMUSP

### Cognitive and Behavioral Neurology Group

The GNCC of the Department of Neurology at Hospital das Clínicas, USP Medical School, is responsible for developing research and outpatient care in the areas of cognition, cognitive decline and dementia.



### Creating favourite interest groups

Passions can be your favourite sport, music, cinema, literature and poetry, gastronomy, etc. wherever they lost. We identify what the participant loves and create interest groups and develop activities based on those passions.

What we want most is to create and always have this environment and atmosphere where participants are provoked to speak and tell their stories related to their passions, an atmosphere where there is no pressure of right or wrong. It's just a time for leisure and fun.

When the pandemic came in 2020, we had it to adapt the programme to the online model. We invited participants to do the activities via Zoom, Google Teams, WhatsApp. We did it in the way they could.

## D.10 Global Brain Health Institute

---



We were interested to see how they reported to us that they only dressed up during the week when they are going to do the activity with us, Domita put on make-up and Antonio got dressed up in his football team's clothes. For Gilberto, the poet who wrote the poem I read at the beginning – every week was like a new show for him. He sang his songs and recited his poems. That was the only way we were able to communicate with him.

### Impact

Two interesting things we observed during the activities in the online format:

- 1) Cognitive stimulation was stronger because the participant can talk much more than in a public space and have more attention.
- 2) The family can participate together in the activities.

In the public space socialization was stronger, which shows the importance of continuing in digital format as well. Today we work on the hybrid model.

And finally, our challenges here in Brazil and why is it so important to have a low-cost social project that is easy, especially to serve low-income communities in Brazil.

### Challenges in Brazil

- Almost half of the 200 million population has no basic sanitation or drinking water.
- More than 30 million people are hungry or without enough food to eat
- High rate of illiteracy
- More than 30 million elderly people. In 30 years elders may exceed children
- More than 2 million living with dementia, the number could quadruple within decades
- Hard to achieve sponsors, resources and support for the causes of ageing and dementia. Governments and society not interested.
- Carers are the invisible heroes.

Thank you so much.

**BL, Chair** Carlos, those pictures have captured beautifully the sense of loneliness isolation, but how this programme can really turn this around. I'm struck by how we've heard from the UK, from Nigeria, from Lithuania, of the same problems. You see the same joy and the same connection in the pictures from Lithuania, Nigeria, the UK and from Brazil. So we are connected. We really thank you so much for sharing and for getting up so early this morning.

Last but not least, we're moving a little bit further west in in South America to Peru, and I'm just delighted to introduce Maritza Pintado. She's a neurologist in Peru, and she's going to tell us about her work, dealing with aging dimension, that perspective in Peru.

## D.10 Global Brain Health Institute



### Maritza Pintado-Caipa, neurologist: “Older Peruvians, Benefits and Barriers”



#### Older Peruvians, Benefits and Barriers

Maritza Pintado Caipa  
Neurologist  
Atlantic Fellow for Equity in Brain Health

September 2022

Atlantic Fellows | GLOBAL BRAIN HEALTH INSTITUTE

Hi, everybody! Good morning! Good afternoon. My name is Maritza Pintado. I'm a neurologist from Peru, and also a Senior Fellow for Equity in Brain Health. I am based in Lima currently. But my work is focussed in rural and urban communities outside the capital.

I will tell you a little bit about this work, and how and where all the Peruvians are living in my country. I will talk a little bit about our benefits and barriers for them living in Peru.

### Population

We have 33 million inhabitants. More than one-third of the population lives in the capital Lima. Around 20% live in rural areas.

### Diverse geographical regions

Peru is known as one of the most diverse countries in the region. We are very rich in terms of geography, because we have three main regions: the Andes in the middle of the country, the jungle, the green part, and the coast. That is the reason why our environment is so diverse also and why our culinary is very rich and delicious, and the birth culturally, socially and ethnically.

### Diverse languages

We have more than 40 different languages in the jungle, and two main other languages in the mountains, Quechua and in the coastal region more of us speak just Spanish.

### Older adults

12.4% of the population is over 60 years old. Around 40% of them live alone, and many times it is higher in the rural areas.

More than 60% do not have a retirement pension, and 18.3% live in extreme poverty

### Health

In terms of health. Just 25% of the population has insurance, but many people who live in rural areas don't have any kind of health coverage.

### Barriers to care

Access to care is extremely poor due to various barriers. The main one is geographical. Many times we don't have access to go to these communities. We have cultural barriers, because of diverse environment, for example, linguistic. Many physicians like me, for example, cannot speak the jungle



## D.10 Global Brain Health Institute

---

languages, unfortunately, and this can be a huge barrier to approaching communities.

### **Uncontrolled dementia risk factors.**

7% of the population in the capital city of Lima, Peru, lives with dementia. But there is little to know knowledge of the cognitive health of older Peruvians who live in urban and rural centres outside Lima.

Why we focus on these communities is because 42% of older adults living in rural communities are illiterate and are at risk of cognitive impairment just by being illiterate. Indeed, illiteracy has been associated with other poor health outcomes that are relevant to brain health.

For example, poor management of cardiovascular disease and diabetes (82.7% of women and 73.6% of older men). 50.9% have some form of disability: hearing impairment, visual impairment, physical disability. 20.4% have malnutrition, because old implications many times it's a little.

Being a physician, it is almost painful to talk just about the brain and memories which is important, when they are perceiving and considering other kind of priority needs, like food or clean water, or just basic things.

### **Health Benefits through a sense of “Awe”**

On the other hand, we have many benefits living in this kind of area. Not everything is very bad, fortunately. For example, many older Peruvians live in beautiful countryside and enjoy the health benefits of the sense of awe.



### **Active Older Peruvians: Functionality and Independence**

Some 26% of total Peruvian homes have an older adult as head of household. In rural areas, 38.4% of homes are headed by older women, while men head 24.0%.

Where the old are part of the daily life, they are functional and independent people, and remain active in their respective communities for long periods of time.

Over 60% are employed often in cognitively and physically demanding areas, such as agriculture, transportation, mining and construction. They are still productive for the community and they are feeling well for that.

### **Intergenerational exchange: Passing on their knowledge**

We are still maintaining and experiencing the benefits of intergenerational exchange. They are passing on their wisdom, their knowledge through generations. Thanks to that they still retain wisdom, knowledge and the ability to live and build wonderful things with their hands, beautiful buildings everywhere in the country.



## D.10 Global Brain Health Institute

---



### Wisdom Weavers

Talking about Wisdom Weavers, for example, I will invite you to wonder what's going on with the brain of these people when they are creating perfect and beautiful choices. Many of them are illiterate, don't know anything about numbers, which is left or right, but they make these beautiful clothes, dresses and blankets, just by using their hands beautifully.



### **Cicilio Paco Huilca**

Cicilio is 100 years old. He lives in the Paru-Paru Community and makes these beautiful dresses. He is illiterate, he can't hear, he has hearing disabilities, physical disabilities. He is able to see just a little bit, but he is still making these dresses and teaching his

granddaughter how to make them, which is beautiful.

Obviously as a physician, I can't assess cognitively this person, because he speaks just in Quechuan and was not able to see a paper. He is illiterate, and we have many barriers to assessing him cognitively, but because he is still preserving the beauty of the design, the symmetry of the design, the perfection of the design of these dresses. I will say that he is still functional also, I will imagine that his brain is still working well.

Art for these people is part of their community life, of their culture, of their identity – our identity – which is so important; and we have to preserve that.

### **Cognitive Health and Functional Abilities of Illiterate Older Peruvians**

About my work. I'm focused on trying to assess cognitive functionality of those living in rural and urban communities in the jungle and in the Andes.

But there are barriers for physicians in that we are trying to measure using the same tools as for the big urban cities, which is not ideal. For now, I have more questions than answers. I am in the middle of my research. I think that we have to transform these barriers into opportunities. I think it is mandatory to change the way we measure cognition and functionality in these communities and population.

### **Using art to preserve brain health and to assess cognitive functionality**

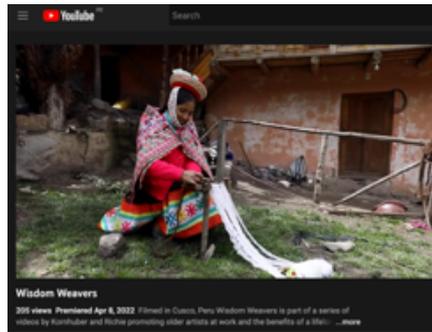
I strongly believe that we should use the art to preserve the brain and that we should use the art as a way to assess cognitively the brain of these kind of communities.

In that way I am starting my pilot project in these communities. Also, with other GBHI Atlantic Fellows and another fellow from Social Equity, we were in Cusco at the beginning of 2022, trying to make and capture some experiences from this beautiful community.

## D.10 Global Brain Health Institute - Panel

---

I invite you to watch this beautiful documentary, [Wisdom Weavers](#), to understand how these people are weaving, how they are preserving the art through generations, and also look for new ways how we could preserve this wisdom and knowledge in our communities. I will invite you to read the beautiful description that Rowena Richie and other GBHI Fellows made about this wonderful experience in Peru. Thank you so much.



**BL, Chair** Thanks so much, Maritza. I love this idea of arts and creativity as being part of everyday life. You've truly given us a global perspective and really what we all can learn from one another right across the flow.

I am also struck by all five speakers' strongly visual presentations. It's interesting. Maybe Ian and the panel will have some feedback on that. I think there's a message in the importance of visual art, imagery, and photography, in terms of communication. So, thanks so much to all of the speakers.

Now our panel discussion. I'd like to hand over, introduce my colleague, Ian Robertson, who is a cognitive neuroscientist and Founding Director of GBHI.

### PANEL DISCUSSION

#### In conversation with



**Professor Ian Robertson, Cognitive Neuroscientist, Founding Director, Global Brain Health Institute:**

Thank you, Brian. What an inspiring session, Kunle, Ieva, Maritza, Carlos, and Nicky, really very thought-provoking.

I'm delighted to introduce four panel members who are going to discuss this: **Lenny Chalcross** is a fantastic leader in dementia. He's Executive Director of the World Dementia Council and Lenny's been a fantastic inspiration for our GBHI Fellows and given us such support. **Glenna Batson** is a remarkable figure who we've linked to in recent years, looking at the intersection of dance movement, science and somatic education. Brian was talking about the visual aspects here of the presentations which I agree with. We have to think of all these other dimensions of getting into the brains of people with certain types of cognitive limitations.: So we are delighted to have Glenna here. **Maud Hendricks** is a theatre artist and co-director of the Outlandish Theatre platform and she, like Nicky Taylor, is very interested in co-creation. **Dr Bogdan Chiva Giurca**, a medical doctor, and a global lead in the movement towards SP. It's a fantastic panel. Thank you all for joining in here. Lenny, can I ask for your perspective on this whole arts and dementia approach and the implications of the programmes we've heard this morning

## D.10 Global Brain Health Institute - Panel

---



**Lenny Shallcross, Executive Director, [World Dementia Council](#):**

Thanks, Ian. I'll just add my thanks to everyone who's spoken. It was, as you say, very diverse and interesting, I think from my perspective, you see three different elements being described in the presentations, public policy elements:

### **Direct benefit to individual and carer**

One of which is a very direct benefit for the individual and the caregiver, so there's a describing these interventions with the intention of a better outcome for the individual in terms of some quantifiable health or wellbeing metrics.

### **The right to participate in social arts activity**

Then you heard it in the first presentation, describing what happened in Lagos the sense of your ability to participate in a society as a right. I used to be a political advisor with the Department of Culture in the UK. We gave out several hundred million pounds to arts institutions every year. There were generally nice social metrics around it. But basically, we funded the arts because we thought it was a good thing – like we funded symphony orchestras, the Royal Opera House, theatres and the rest. There's an element to all of this which describes the fundamental idea that you should be able to participate in society, irrespective of whatever obstacles you have.

### **Impact of arts for dementia challenging the perspective of those unaffected**

Then there's a third element that's been described, I think, in all these programmes, which is almost the inverse – saying to people who are not directly affected by dementia, challenging their perspective. You heard a bit around stigma being talked about and you heard about awareness. I think my first broad strategic takeaway is that all these programmes, what you hear intertwined in these three different elements: the benefit for the individual, the fundamental right by the individual's participation in society and then the impact these programmes have on the perception of people are directly affected

**IR, Chair**      What an impressive analysis! A really very powerful perspective, a great way to kick off the discussion.

Glenna, you're coming at the brain in a different way through dance and movement in the body. Tell us a bit about your perspective.

## D.10 Global Brain Health Institute - Panel

---



Glenna Batson SC.D., Instructor of Dance, Duke University, North Carolina.

Sure. what an impressive array of gorgeous projects. I see myself really as a bridge. I've also spent quite a bit of my career in neurorehabilitation as a physical therapy faculty. I come between those two.

### **Human agency, ownership of body, movement and expression as stimulus to brain health**

What I really kept seeing over and over again is this, what I would call the human agency and ownership of body, movement and expression that you can't suppress, regardless of what the conditions are. In each of these cases that I'm seeing how, through their methodologies, these artists, investigators, Fellows are really understanding how performance itself, of one kind or another, whether it's indigenous to their culture or not, is a stimulus to brain health, and to really becoming, the turning *I can't* into *I can* over and over again. The rights of the human individual, movement is a right, embodiment is a right, being able to touch and feel and connect with people. Is a right These are all embodiment human rights that I like to call them, in which arts is the very thing that is the vehicle or the way in, which these people can enter into this.

### **Policy change**

I also was tuned into the degree in which each speaker was wanting to see how this would ultimately project into policy change, so that there would be endurance in the project, so that it wouldn't just be: Well, this is very nice for people, and yes, they have better quality of life – and of course they do. These are important. We still need, in my mind, to really outline those descriptors of behaviour which, from what they're learning. can be described in terms that scientists can also understand and participate in as well. I love the idea that somewhere along the line we are all building competencies in what's happening with brain health. This is to me a very exciting time and I'm delighted to be part of it, at whatever place I am on the on the satellite of this incredible matrix.

**IR, Chair** Thank you, Glenna. I think you and Lenny both touched on rights, agency this whole sense of regaining control. Essentially, you can do something irrespective of what your condition.

Maud, it's delightful to have you here, and I'm sure you were particularly interested in Nicky's wonderful presentation. could you tell us a bit about your perspective about the session this morning.

## D.10 Global Brain Health Institute - Panel



### Maud Hendricks, Artistic Director, Outlandish Theatre, Dublin:

Thank you so much for having me. It was an absolutely thrill to listen to everybody, and I find this excruciatingly interesting because I don't come from the academic perspective. I'm an artist always searching for what it is to be an artist and how to engage with people to co-create. Together with Bernie O'Riley, we run the Outlandish Theatre platform, with a residency University Hospital in Dublin 8. We are affiliated with the hospital in terms of arts, health and community engagement. We invite anybody from the public, both hospital and outside, in Dublin 8 to join in with the weekly practice of performance, experimentation and creation. We're experimental, always looking at what engagement is and how to create.

### Mercer's Institute for Successful Ageing (MISA)

We also work in MISA, at the Psychiatric Daycare Hospital in Dublin. and we've just finalized a project for the Comfort Zone there.

Listening to everybody's projects. There is this: I always find it really interesting to look at practices and methodologies.



Then doing them as another thing. When we engaged with patients in the Day Care Hospital, the engagement was primarily led by our engagement with their psychiatric staff – the head nurse and the psychiatric doctor.

The particular success story with our project there is that our engagement was both interested and curious both ways. We were interested in the practitioner, the practice of psychiatric care, and they are very interested in what an artist does, and how it works. They are interested in art – the creation of and the experience of art. The engagement within the patient was born out of that in a way, because the communication between us and the staff led to a really close understanding of the patients' needs.

Then, when we engaged with the patients, it was a discovery process of what they would like to create. The success of the story of this project was that we could have a very slow process of getting to know the patients; and the creation process was led by their autonomous way of being and by getting to understand how they are in the depth of their character and the depth of their understanding of life and their wisdom. In spite of their cognitive situation, we were able to come to a co-created process, adapted to their abilities, their interests and deep wisdoms, which was both fun, and embraced the discomforts of silences and discomforts of not knowing how to answer something, discomfort of emotions that are too overwhelming to express at the time.

### **Deep listening**

In relation to listening to your projects, I am very interested in methodologies, but I also find that any methodology leads to generalizations which need to be broken down in a grassroots way. I'm always interested in qualitative research

## D.10 Global Brain Health Institute - Panel

---

methodologies that closely listen, this idea of a deep listening and a deep engagement which goes away from generalizations, bringing new knowledge to a level of breaking down the process of being in the now with somebody in a room and the creation process that leads from that.

**IR, Chair** That's very interesting. The idea of deep listening, of suspending the functional goal directive behaviour. I've been struck with Ieva's example of engaging with a picture and engaging people's response to that. There's deep listening and there's deep looking and deep attention to any of the domains of this incredible mystery of consciousness, that is as much there in dementia as it is in any other aspect of human awareness.

Bogdan, you have a remarkable meteoric career, becoming an evangelist of SP. You have introduced this in the curriculum in the medical schools in the UK, One of the challenges that struck me about everything we have heard from the panellists and from speakers today is: the pharmaceutical industry has an entire infrastructure for delivering pharmaceuticals, whereas the arts industry does not have an infrastructure for delivery of these kind of wonderful things we see.

[Dr Bogdan Chiva Giurca, Development Lead, Global Social Prescribing Alliance. Clinical Champion Lead, NASP](#)



Thank you. That's the aim, I think, to make arts and similar activities dance, music, culture, heritage, as exciting and as fashionable as immunotherapy or blockbuster drug. I think once that clicks into clinician's brains, I think we'll have a complete mindset shift. Let me just start by saying what an inspiring array of presentations earlier, action driven individuals, they were policy driven as well, they wanted to make sure change is being made.

### **The sick-care model**

I feel a bit embarrassed sometimes because I think we clinicians can sometimes be a strange breed in the sense of medicalizing and going with the sick-care model of patching people up, sticking plasters into the emergency department, like I've done many times in London. Then you end up sending people back into the local community to what actually made them sick in the first place - not because you don't want to help them, but because in your mind you don't have time. You're on this constant hamster wheel of the fixed shop. You know the repair shop. There is a revolving door in the emergency department, and there's a one-in / one-out system. So even if you patch them up for the moment, you feel somebody else's job to deal with them in the local community.

### **Social and psychological value of arts on prescription – a global movement**

That is the point when you write, *Dear GP, This person can probably benefit from SP*. You just pray and hope they can refer to community services. There are many angles there. However, I think one is the reluctance of clinicians; and I think that's slowly, with support from all the speakers – they are the fantastic

## D.10 Global Brain Health Institute - Panel

---

individuals who you were portraying – the true impact of art and music and dance. I think it slowly is becoming a bit of a movement across the globe.

We recognize we need to move from the sick care model to one that embraces the idea of helping people and that health that starts at home and within the local community. It doesn't start within hospitals. It doesn't start with medical experts with white coats and pens lined up their pockets telling people what to do. We know that's not how it works anymore. I think that's what inspired me.

I felt that we were letting down community groups, community groups who were asking for support, they were asking for us to listen to them and to support them – by providing what individuals and patients actually needed, not more pills and procedures that would just patch up the situation. That's not a challenge for modern day medicine. I know what medicine can do. I've had patients on immunotherapy. It's fantastic. But I know we are also failing a quarter of our patients who come in for pure social reasons or for pure psychological reasons, who could really do with some Arts on Prescription, Gardening on prescription, or Dance on Prescription, and they could really do with those evidence-based alternatives in there as well.

### **Global Social Prescribing Student Champion Scheme**

That's what made me really try to mobilize the masses in terms of students across the UK and now, in 23 different countries we lead the Global SP Alliance, with the World Health Organisation, the United Nations, and we hope to implement these ideas across the world. This still remains a challenge. This is a great story, what I'm telling you here, but community groups, voluntary sector need to be supported if we want to have proper referrals, if we want to make referrals from within the community to support individuals within the community.

### **Arts prescription needs funding structure**

If we want to negotiate from within the hospital. If we want to support individuals in the local community, we need to make sure we fund those accordingly, be it through central pots, be it through small grants. There are many examples, but we need to make sure that we don't just dump things into the voluntary sector, the community sector, because that's not how it works.

### **Collaboration to change the narrative and shift in values**

And we need to work together with those fantastic projects and fantastic initiatives across the globe to change the narrative and cause that shift in values and beliefs.

**IR, Chair** Thank you for that. Lenny, I remember you've worked in Government in the Department of Health as well, and I remember you telling me about how you have to focus on one thing. Just getting one thing changed at the policy level is such an enormous struggle in government, given all the competing demands on ministers. So what's your perspective from back in a policy perspective, the challenge of bringing these wonderful types of approaches in that, Lenny.

## D.10 Global Brain Health Institute - Panel

---

**LS** There's a very similar situation in lower middle-income countries in some ways, and in higher income countries, because it's very difficult to get funding almost anywhere. Following on from what was just said, looking at particularly the kind of funding situation in the UK, our health spending is less than other Organisation for Economic Co-operation and Development (OECD) countries, but it is quite high.

### **High UK health spending on acute hospital system**

However, we spend a lot more compared to comparable countries on the acute sector – ie, like the big hospitals. The UK has the highest spending of comparable OECD countries on the acute hospital system. Over the last decade of austerity, actually, the hospitals have expanded.

### **Hospital expansion at expense of preventing ill health**

It's now a struggle to keep people out of hospital, and you end up in this rather vicious policy cycle because the main political challenges confronting the health systems at the moment are ambulances backing up out of hospitals. Why? A decade of capital underspending, difficulty of getting people out of hospital – ultimately the long-term solution is keeping people out of hospital. But you've got to check the money right now at trying to fix the sector. What you see is hospitals dragging in the cash, dragging in increased spending to do more and more of the same thing, The bit that's really being squeezed is the investing in community infrastructure, keeping people out of hospital.

### **Challenge of long-term health plans**

The solution to that is these long-term health spending plans. There's this idea that you create smaller pots of funds. The best improvements that took place in the UK was following the publication of The NHS Long-Term Plan in 2000. It was a decade-long expenditure and lots of the benefits you didn't see – we are living off the benefits, even now the kind of capital expenditure that took place between 2005-10. So the main strategic challenge for policymakers is this long term willingness to making investment in something that is going to take years and years to come to fruition, and it's a huge challenge for them to do so.

**IR, Chair** Maud, you're both into your practitioners trying to deliver, or you are delivering in this. What's your experience of? If you like getting the funding, or how you're managing to integrate with the health providers.

**MH** We're a very small platform. We are Arts Council funded, statutorily funded. We are lucky in Ireland to have a separate Arts Council.

### **Disadvantage of Arts participation as separate arts funding, but social awareness**

Acknowledgment of arts participation as a separate desk that has benefits and disadvantages, that arts participation is seen as a separate kind of art form really, which I would question. But it is really good because it does put focus on social engagement work within the arts as something that needs to be funded.

## D.10 Global Brain Health Institute - Panel

---

### **Arts and Health – need for collaboration**

Arts and Health platform is also really advanced in Ireland. The festivals and the industries are aware of arts and health and social engagement projects, but on an individual level. Again, I would say, it's all about the collaboration with the healthcare workers and the management that we both work within the Coombe Hospital and MISA as well. Once there is an awareness of the quality of the work that can be done with the proper engagement, I think then the conversation leads to opening up, seeing where there is space for finding funding and conversation. So I think it's all about the collaboration that is needed between the health care workers, the institutions, and the management, and the artists to work together on this.

**IR, Chair** Thank you. Glenna, your thoughts on this?

**GB** Sure, I'm coming from a university perspective from Duke and from Johns Hopkins, Peabody here in Maryland, where I've just moved. What I'm seeing is that the community work goes on regardless. There are small projects that happen throughout the community in these little satellite artistic hubs which do get seen.

### **Need for administrators and scientists to experience arts prescription**

The hardest thing is to get administrators and even scientists to come and participate alongside what is happening, just getting them into the room to dance with us, for example, and various projects that are offered. This whole idea, co-competencies, where we really can bring in these people to actually experience what it is that we were doing, because to write it up as a narrative and apply for funding, looks very nice, but in a sense of what good might it bring, both economically, scientifically and in other ways to larger funders. One of the challenges, at least for us has always been - how do we bring the people into the actual experience of what is happening, the funders, so that they really can see what is going on, and of what use and benefits this can be.

I think it's beginning to happen, certainly, and the groundwork otherwise continues regardless, with other types of projects that are happening in small studios and small communities and so forth. There's both the global and local dialogue that needs to go on and to be able to have that global and local dialogue happen. It just means that it has to be experiential. Somewhere along the line, there's got to be some kind of joint experience of people in the same room experiencing the same thing, even if it's just talking.

**IR, Chair** That's very much along the lines of what Lenny was saying with participation. I was struck with Maritza's comment. What's going on in the brain? There's this 100-year-old man who can't hear and yet he's producing these wonderful things and similarly with Kunle and Ieva engaging with this visual art, it's been really interesting. Thank you, all four of you. For a fascinating perspective.

**GB** Can I just say two things.

## D.10 Global Brain Health Institute - Summary

---

### **Use of Hands and Beauty**

One is that there was a lot with hands in this last one with hands with Maritza, and I just kept thinking what a what a great idea - hands, If people are embarrassed to dance, they can use their hands. Exactly, and the other is we need a discussion about beauty. What is its use in human life: (VFG, A4D host adds. See Dr Semir Zeki, Professor of Neuroaesthetics, page 120).

**IR, Chair** Wow! To find great and hands together. Thank you, Lennie. Thank you for that fantastic discussion. I'll hand back over to our chairman, Brian.

### **CHAIR'S SUMMARY**

**Professor Brian Lawlor** Ian, thanks so much and thanks to the panel for a really stimulating discussion, I think this debate has really been all about the importance of the transdisciplinary approach and our five Global Atlantic Fellows have shown that. They've given us an incredibly important global perspective. What we can learn from one another. We don't have all the solutions in the Global North, that's for sure, and we can learn a lot from the Global South. A couple of things struck me:

#### **Immediate benefit from arts participation for people living with dementia**

One is the immediate benefit that you see from the arts participation for people living with dementia. The joy in people's faces. What a gift that is, that you can do that you can have these moments of joy, these moments of joy can persist. There is real obvious benefit to participation for people living with dementia in terms of arts, how inclusive it is, and how inspiring I think some of the interventions that we heard about today are.

#### **Arts for Brain Health changing the narrative – co-creating, instilling Hope**

We heard a lot about Hope, and I think Arts for Brain Health really does change the narrative, and it does instil a lot of Hope. But it does require authenticity And I think we saw this in a number of the presentations the importance of co-creation with people living with dementia.

#### **The need to push forward policy change**

Moving to some of the points from the panel discussion around arts and creativity and brain health, we heard that it is a right, Also, I think it struck me from Maritza's presentation, it's part of everyday life. Arts creativity, and participation in arts, creativity for brain health is part of everyone, really, and it can change the narrative. We heard about policy implications, how we really have to push forward in terms of changing minds and changing policy in this regard.

#### **To build bridges and break down the siloes, professional barriers**

I think we are still siloed in some of our approaches. Panellists spoke of the importance of building bridges, breaking down professional barriers,

## D.10 Global Brain Health Institute - Panel

---

particularly at the health professional level. We have to break down these siloes, these barriers, for the benefit of people living with dementia to deliver comprehensive policy interventions and care for them – to make a difference.

**VFG, A4D Host** Thank you, Brian, Ian, and to your GBHI Fellows and distinguished panellists for inspirational discussion and debate on arts practice for brain health. We have heard so well how co-creation, co-curation, and collaboration between arts and health are the way to secure the funding.

### **Arts prescription funding: collaborative cross-sector for sustainability**

Following up panellists' concern for funding, NASP's TC Fund set out the ideal cross-sector, place-based (arts base) partnership model for sustainable arts prescription. Because this involves all stakeholders – universities are key to this – you will find the structure in our report [A.R.T.S. for Brain Health: SP transforming the diagnostic narrative for Dementia: From Despair to Desire](#). This details how SP links people to participatory arts programmes for brain health and highlights the [Global SP Student Champion Scheme](#) through which medical, neuroscience and arts students have been interacting with participants with dementia, raising early awareness of the role of arts to preserve brain health, underpinning vital health and social care strategy change .

Thank you to GBH for sharing your expertise, for co-hosting, chairing, presenting and debating GBHI Fellows' best practice **Co-Curating Arts for Brain Health, A Global Perspective**. with from listeners around the world

**AUDIENCE** – Delegates registered from Argentina, Australia, Austria, Botswana, Brazil, Canada, China, Ghana, Greece, India, Ireland, Japan, Lebanon, Lithuania, Mexico, Netherlands, New Zealand, Nigeria, Panama, Peru, Philippines, Singapore, Taiwan, USA and throughout the UK.

## D.10 Global Brain Health Institute

---



### **Professor Brian Lawlor writes:**

Arts and creativity can be a powerful and safe prescription to improve brain health in both people with dementia and those at risk of developing dementia. So, what are the benefit of arts and creativity and how does it work for brain health?

Arts and creativity offer engagement and activity. And arts and creative engagement is rewarded by our brains. It can decrease anxiety and improve wellbeing in people living with dementia (PwD) and as such is a natural anti-depressant and antianxiety agent.

Arts and creativity can provide meaning for PwD. There doesn't have to be a sense of purpose or an external goal with a creative activity. Arts and engagement in creative practice can generate meaning for the person and help process emotions, in particular, coming to terms with a diagnosis of dementia.

Arts and creativity are inclusive and for everyone, even for PwD. In creative practice and engagement with the arts, the emphasis is on valuing your contribution and on what you can do, not what you can't do.

Arts and creativity can bring playfulness and joy to healthcare and care home settings all of which improves the quality of life and wellbeing to PwD and formal caregivers.

From the professional perspective, arts and creativity can be used to disseminate awareness and knowledge about brain health and foster a greater empathic understanding of the perspective of the PwD amongst healthcare professionals.

There are strong arguments for prescribing arts and creativity for brain health. And there is gathering evidence for the benefit of listening to music, playing a musical instrument, and singing for brain health and for PwD. Engagement in artistic and creative practice can help process emotions and improve our wellbeing. Dance improves motor function and may improve cognition in Parkinson's Disease and in PwD, as may involvement in other artistic pursuits, such as theatre, poetry and writing, often through a co-creative process for PwD

The challenge for the field lies in developing a stronger evidence base around effective arts and creative interventions for health and in particular brain health and dementia that will convince policy makers and politicians. So, how do we get there?

We need larger and more robust and methodologically sound trials including RCTs, of arts and creative interventions' very importantly we must break down the silos that exist between clinicians, social care practitioners and our

## D.10 Global Brain Health Institute

---

artists and creatives who are not connected across a common purpose or at implementation level.

So, this is where we at the Global Brain Health Institute believe that we can make an important contribution.

GBHI embraces arts and creativity for brain health as we firmly believe that we need arts, science, and a co-creative collaboration with PwD to change the tragedy narrative of dementia.

Arts and creativity are a core part of our fellowship curriculum and 20-30% of our interprofessional fellows at GBHI come from the arts, humanities, and creative space.

They work and train with scientists and doctors to learn how science can inform their practice and how they can help transform the scientist's approach to improve outcomes for people with dementia and their caregivers.

Many of these creatives and artists have received pilot funding from GBHI the Alzheimer's Association and Alzheimer's Society UK to carry out art and creative interventions for PwD. In this way we can help grow the evidence base so that SP of arts and creativity for brain health becomes a part of every country's national policy.

I'd like to finish with a quote from one of the GBHI visual artists from Nigeria regarding his creative work with PwD:

*When I engage with people with dementia, there is a joy that transmits . . .  
the sense of connectedness through creativity helps them express themselves*

**Arts & creativity can build brain health and help turn the fear and stigma of dementia inside out**

But we need to bring arts and science together for brain health and continue to build the research evidence base to inform policy and SP practice.



## DEBATE 11

### Disability Arts for Brain Health



LIVE LONGER  
BETTER

*Arts 4 dementia*  
Empowerment through  
artistic stimulation

## Debate 11

---

### **Disability Arts for Brain Health** **(Tuesday 4 October 2022)**

Engaging in re-energising social activity from the onset of a potential dementia empowers individuals and their loved ones – with and without disabilities – to preserve their brain health, combat isolating fears and nurture their sense of identity, of belonging and resilience for years longer.

On the tenth anniversary of Disability Rights UK, Kamran Mallick, Chief Executive of Disability Rights UK opens our Disability Arts for Brain Health debate, chaired by Dr Rashmi Becker MBE, Sports England Board Champion for Equality, Diversity and Inclusion. Leaders in culture and disability, social prescribing, health and wellbeing share insight into a range of arts for people living with visual impairments, deafness, physical disabilities and those experiencing early symptoms of a dementia. (BSL Involve interpreters)

#### **H O S T**

**258** **Veronica Franklin Gould FRSA RSPH**, President, Arts 4 Dementia

#### **C H A I R**

**260** **Dr Rashmi Becker MBE**, Board Member of Sport England. Board Champion for Equality, Diversity and Inclusion. Founder, Step-Change Studios, London.

#### **S P E A K E R S**

**259** **Kamran Mallick**, CEO, Disability Rights UK.

**260** **Dr Michelle Howarth**, Lead: National SP Network Special Interest Group: Nursing.

**262** **Dr Lucy Burke**, Principal Lecturer, Centre for Culture and Disability Studies at Liverpool Hope University.

**265** **Dr Rashmi Becker MBE**, Founder, Step Change Studios, London.

**268** **Nabil Shaban**, Actor, activist, co-founder, Graeae Theatre for disabled people.

**270** **Fleur Derbyshire-Fox**, Director of Engagement, English National Ballet “Dance for Parkinson’s”

**272** **William Ogden**, Trustee Director of Decibels, Music for the deaf.

**274** **Rebecca McGinnis**, Senior Managing Educator for Accessibility, Metropolitan Museum of Art, New York.

**280** **Furrah Syed FRSA**, Artist, Educator, Colour Energy Specialist, Visual arts for the blind and visually impaired.

**283** **Dr. Beverley Duguid**, founder of InsightMind poetry for the visually impaired.

## D.11 Disability Arts for Brain Health

---

**285** Jan-Bert van den Berg, Director, Artlink Edinburgh and the Lothians

**287** Ruth Fabby MBE, Director, Disability Arts Cymru.

**289** D E B A T E

**292** C H A I R ' S S U M M A R Y



**Veronica Franklin Gould FRSA, President, Arts 4 Dementia**

Good morning to you all – joining us from around the UK, Australia, Austria, Ireland, Italy, Malaysia, Mexico, Taiwan and the United States of America. Welcome to our first Disability Arts SP webinar to preserve our health and wellbeing – our brain health.

It is everyone's human right to participate in arts in the community, but for people living with a disability and experiencing early symptoms of a dementia, this can be a challenge.

So it is truly splendid on this tenth anniversary of Disability Rights UK to be opening the conversation on a compelling range of disability arts that can help to preserve our brain health. Our chair Kamran Mallick, Disability Rights UK's chief executive, has just been rushed to hospital – we wish him the very best and most comfortable recovery – and are immensely grateful to Dr Rashmi Becker MBE, Founder of Step Change Studios and Sport England Board Champion for Equality, Diversity and Inclusion, for stepping into the breach.

Some ten million people around the world are expected to be diagnosed with a dementia this year, their natural fears compounded by stigma. Creating and being seen to participate in artistic endeavour can transform their despair to desire.

### **Arts 4 Dementia**

I speak on behalf of Arts 4 Dementia, the UK charity specialising in arts workshop practice to help re-energise and inspire individuals and carers to override symptoms of early-stage dementia, with a website to which you can signpost your arts opportunities for all stages of dementia in the community, by art form, virtual accessibility, dementia need, and postcode.

The growing understanding we share today is that thanks to social prescribing (SP) – GPs referring patients for personal appointments with SPLWs for much valued non-clinical support – their patients with and without disabilities can now be empowered from the onset of symptoms of a potential dementia – to take-up inclusive disability arts to re-invigorate their lives

SP connects patients to local arts programmes of individual and exciting interest – and in choosing to participate, whether peri- or post-diagnosis, they are taking enjoyably constructive action to preserve their brain health.

Joining social arts groups of personal cultural interest, through social prescribing, empowers people to preserve their sense of wellbeing, their

## D.11 Disability Arts for Brain Health

---

cultural identity, achievement and resilience in the community for years longer. Sharing imaginative ideas, making music, performing dancing, creating together helps modify risk factors for dementia and nurture resilience for person and carer living with both dementia and disability.

Our aim through this webinar series is to raise awareness of the linkability of patients to the brilliant practice such as we shall hear today from our speakers.

### Stigma

One thought I should like to share with surrounds stigma – some people with early symptoms of dementia, as well as natural fears, can feel a sense of shame. In preparation for this webinar, I sense that disabled people are proud to identify as such – look at the Paralympic Games – I wonder whether with the additional challenge of potential dementia, stigma may be less of a worry, than actually coping with symptoms – still a challenge. Interesting to know.

Here is a link to the [Social Model of Disability](#).



### Kamran Mallick, Chief Executive, Disability Rights UK

I am really sorry not to be there today, (Kamran writes from hospital). I was looking forward to listening to all the wonderful speakers lined up today and take part in the conversation.

Disability Rights UK is a Disabled people led organisation. Our work is rights and justice based and we are working with other organisations and individuals to bring about a truly inclusive society – one where Disabled people are supported, listened to and valued. Our rich diversity as a community is our strength as we bring unique perspective through our lived experience.

We talk about Disabled people and those with long-term health conditions because everyone does not identify themselves as a Disabled person. However, often the experience is the same. Someone with a condition such as Dementia may not think that they are a Disabled person, they may see it as an illness or perhaps age related. What matters is that all of us, experience barriers because. These barriers are part of the social construct - the way we structure our communities, places of education and work, social activities to the narratives written about us. If we can start to remove the barriers that I would ask, are we still Disabled people. Yes, we have various conditions, illnesses, disabilities but those in themselves don't make us Disabled, the barriers do.

The arts have a significant role to play in changing narratives, in creating inclusive practices and environments that value our human difference, by doing so we are better as a society. Inclusive thinking, planning and performing is the world I want to see. I certainly don't have the answers but working together we can move in that direction. The saying in our Disabled community of *Nothing About Us Without Us* is something we should always remember.

**VFG, Host** Thank you, Kamran. Our Disability Arts for Brain Health webinar is now in the also highly experienced hands of Dr Rashmi Becker - Rashmi, thank you very much for chairing today.

## D.11 Disability Arts for Brain Health

---



**CHAIR: Dr Rashmi Becker MBE, Founder of Step Change Studios, London. Board Member of Sport England, the Board Champion for Equality, Diversity and Inclusion.**

Good morning, or good afternoon, depending on where you are in the world. I am Dr. Rashmi Becker. I am the founder of Step Change Studios, and I also have over 25 years' experience, working in government, social policy, disability, policy, the care sector educational, and the arts amongst other things. So I'm delighted to hosting today.

Thank you very much for joining us. I am really excited about the discussion and looking forward to hearing everyone's views and to having an exchange and debate after everyone has spoken. I will introduce our first speaker, Dr Michelle Howarth, who is the lead in national SP special interest group in nursing.



**Dr Michelle Howarth, Lead: National SP Network Special Interest Group: Nursing**

Thank you for the introduction I've been asked to set the scene a bit and talk about SP what that means and particularly what it means for people with disabilities, so I am hoping to put some context around today.

### **What is SP?**

SP is a means of enabling GPs and other front-line health professionals to refer patients to a link worker (SPLW), to provide them with a wellbeing conversation about what matters to them, not what's the matter with them - it turns this medical model on its head, -during which they can learn about the possibilities for themselves and design their own personalized solutions.

### **SPLW**

The important thing here is that that the SPLW has a very personalized conversation, a wellbeing conversation with that individual. Not everybody is referred, that people are only referred if it's for a non-clinical reason. It's estimated that about 30% of GP appointments now are made unnecessarily for a non-clinical reason.

You can self-refer to different organizations, but for a social prescription to work that has to be that referral pathway.

The SPLW or Community Connector works alongside a number of different other roles, such as the Health and Wellbeing Coach and Care-Coordinators and is embedded within that multidisciplinary team. They work alongside the GP, advanced practitioners, the voluntary services, etc.

Typically, SPLW might originate from the area that they are prescribing to, and they will have asset-mapped all the different opportunities within that particular area.

The organization that I've worked with in Salford, for example, started off a number of years ago with five Community Connectors. They were all born and



## D.11 Disability Arts for Brain Health

raised in Salford. They knew that area like the back of their hand, and they could refer very quickly somebody to an intervention. I think there's now sixteen of them. That demonstrates the explosion of SPLWs and Community Connectors that we've had over the past couple of years.

### The social prescription

The things that they might send them for are arts-based movements, drama, exercise, yoga, gardening groups, Knit and Knatter groups, all of the lovely assets that are there in the community, that build on somebody's strengths, rather than their deficits.

We know there's a lot of SP ongoing across the United Kingdom. It has tried to be mapped, but because of the uniqueness of the interventions, it's difficult to pinpoint where everything is taking place. If we take, for example, Greater Manchester, there are over 17,000 VCSE organizations operating in Greater Manchester alone, of which 72% or thereabouts are very small organizations with less than a £1,000 a year income, right the way through to larger organizations, such as Macmillan, Age UK, 42nd Street, and all of those amazing organizations.

### SP process

The referral pathway often originates through the GP, through the SPLW, out into the one of those assets within the community, such as arts. There are different models of SP - the SP lights. This is based on

Richard Kimberley's work (2015) where somebody might recognize that someone's going to a GP a lot, and it might be somebody in the reception area, who notices a patient coming in a lot for social isolation and says: *Have you thought about going to this local group* and that's just a simple signposting.

### Wellbeing conversation

There's a medium prescription where a GP or health professional may have a wellbeing conversation and that might be around a medical reason that's related to a condition – for example, weight management as part of management of the long term Type 2 diabetes, and they might refer to Weightwatchers or to a physical activity supporter; and then the holistic approach, which is what we all try and aim towards is where the SPLW has a wellbeing conversation with the individual.

### Individual SPLW support

They follow that individual what they need, so it's like eight times with that individual. They literally take them to the intervention and hold their hand. It's been very effective. There's quite a lot of evidence about the referral processes about the impact. Specialist pathways are emerging: the National Academy of SP (NASP) was launched in October 2019 and there are specialist pathways for children, young people, people with mental health.



## D.11 Disability Arts for Brain Health

---

### **SP support for people with learning difficulties**

There are emerging pathways specific for people with learning disabilities, and those are SP services to patients who have a learning disability. That might mean helping them to find things in the local area that can help their physical, mental health and wellbeing to help them feel happier and healthier.

### **Green prescriptions**

We even have Green SP now, where nature-based intentions are promoted, being outdoors, getting involved allotment groups, etc.

### **How a social prescription can help you**

To recap then, how a social prescription can help you: It's used for non-clinical reasons. It's never used for a clinical issue – the GP or health professional always support clinical issue.

It's about helping you to find things to do in your local area that can affect your impact, your physical mental health and wellbeing, making you feel happier, healthier, more connected with the with the community.

They can support annual health checks; they can help complete goals, health action plans, etc.

They have questions. If you're worried or concerned and can help to join groups, volunteer organizations, prepare for employment and enabling people to meet others in a safe and encouraging way.

I would encourage everyone if they're interested to find out more about the SP schemes. There are many across the country. They are all very different, but they do follow the same referral pathway.

**RB, Chair** Thank you, Michelle. That the point about community and local is very interesting, and something we might pick up on later

CHAT

**Claire Stevens, Voluntary Health Scotland**

My organisation, Voluntary Health Scotland runs the Scottish Community SPLW Network, sponsored by the Scottish Government, a community of practice and peer support for the nearly 300 SPLWs embedded in primary care across Scotland: (typically these SPLWs are commissioned via the Health and Social Care Partnerships). Additionally, Spring runs the SP Network Scotland, which is an open access network for anyone in Scotland involved in SP.

## D.11 Disability Arts for Brain Health

---



Dr Lucy Burke, Principal Lecturer at the Centre for Culture and Disability Studies at Manchester Metropolitan University

I am very grateful to Veronica for extending an invitation to me to speak about the arts, disability and dementia. My research explores the ways in which we think about and portray forms of cognitive difference for instance, learning disability, autism and dementia in life-writing, literature and film and I have also worked with people with dementia and learning disabled and autistic young people and artists and performers on a range of projects, including, most recently, the Arts Council England project Transforming Leadership with Access All Areas Theatre Company and Disability Arts Online.

There is a paucity of research on the role of the arts in the early stages of a dementia diagnosis in relation to the experiences of people living with specific impairments.

### **Learning disability and dementia**

I'm going to focus here on learning disability. We know, for instance, that people with Down's Syndrome are at particular risk of early onset Alzheimer's and that the prevalence of dementia across in people over 60 is two to three times greater in learning disabled people. However, there is very little sustained research currently that focus on the ways in which arts-based interventions might be utilised in this specific context.

### **New ways of evaluating arts interventions needed to assess true impact for learning disability**

There's a pressing need to do this work, although I feel strongly that we need new ways of evaluating arts-based interventions that avoid reducing outcomes to measurements and to ways of measuring that often exclude or fail to capture disabled peoples' experiences. However, I would argue that insights from critical and cultural disability studies and creative projects with and by learning-disabled people have a very significant role to play in reorienting some of the ways in which we tend to think about dementia and what it means to have a diagnosis and indeed in a broader sense, what it means to be human.

Creative and critical work that explores the experiences of people whose differences are strong, in other words, whose difference is marked by atypical forms of communication and different ways of interacting socially and some different sensory experiences, all of which we see in autistic people learning disabled people often. Often there's a very important insight into the very diverse ways in which people exist in the world, and about what matters and what we think makes a meaningful life.

### **Expressions of selfhood – poetic rather than narrative, beautiful fragments of language**

For example, conventionally in dementia studies much is made of the centrality of memory to identity, and to the importance of Telling a Story. However, for lots of learning-disabled people and particularly those who may not use language in a typical way, they might not express a narrative identity according to the traditions of autobiography, or express a sense of self via

## D.11 Disability Arts for Brain Health

---

memory work. However, one of the things that emerges very strongly in the kind of work I've done is that expressions of selfhood can be poetic rather than narrative, captured in moments or exchanges, in beautiful fragments of language, in the movement of bodies and the rhythms of our daily rituals.

### **Interdependence**

For people who require other people to live and to thrive, recognition of our interdependence, mutuality and interconnection of shared meaning-making is essential, and at its very best, there is a creativity at the heart of care and caring, and of creative, imaginative interaction with the world.

### **Creativity and connection**

Everyday creativity is expressed in the songs we might sing together, the rhymes we make up, the rhythms we beat, the value we place on these moments of connection and problem solving, working together to create spaces in a world which is fundamentally inhospitable to particular groups of people.

What is important is that this insight dislodges the highly individuated models of personhood that are deeply entangled with the fear of dementia and the fear of the losses that it might bring; and they point to other ways of understanding selfhood and human value.

### **Understanding of dementia – valuing different ways of being**

The understanding of dementia as a disability or via the lens of disability activism is therefore not simply about bringing social-model thinking to our identification of environmental, physical, attitudinal and communication barriers – though this is obviously very important - it is also about appreciating and valuing different ways of being in the world and the new knowledges that they provide us with.

I need to emphasise that in saying all this, it is not an attempt or an endeavour to elide learning disability and dementia – I think we are talking about very different conditions and experiences – but to argue that a recognition of the value difference and drawing on the creative and collaborative nature of care and life, with living with various differences in its very best sense is something we need to hold onto and extend to our thinking about dementia today and the ways shared practices like the arts might be used to enhance people's lives and to enable people to flourish, particularly through a difficult diagnosis. Thank you.

**RB, chair** Thank you. That was really interesting from Lucy, some really interesting points around the Social Model and interdependence.

I'm wearing two hats at the moment, firstly as chair – I now speak as the founder of Step-Change studios. They follow on from each other.

## D.11 Disability Arts for Brain Health



Dr Rashmi Becker MBE, Founder, Step-Change Studios, London. Board Member of Sport England and Board Champion for Equality, Diversity and Inclusion

Step-Change Studios, is an inclusive dance company that supports disabled people to dance. We support people from all ages and abilities from aged two to 102, people with physical, mental and sensory impairments. I am currently in the US. doing a little bit of research. I'm in New York, but normally I am based in London.



### **Terminology**

Just a bit of framing, in case there are people taking part that may not know some of the terminology, and things like the Social Model. It's funny because disability is often talked about in minority terms.

One in five people in the UK is disabled, and the figure is similar in the US, where there are 61 million people who have a disability. Again, we use different terminology: in the UK we tend to say 'disabled people' and in the States, we tend to say 'people with a disability'.

### **Understanding and thinking around disability – the Social Model**

In my background I have a PhD which focused on intellectual disabilities, and I did a lot of work around the Social Model and over our history, our understanding of disability has changed.

We are less likely now to think of it in terms of just the medical impact of having a disability. We have the term Social Model and that thinking is that it's not just the condition of having a disability, it's our environment. It's social conditions around us that actually are disabling. Whether that's housing, whether that's transport. whether that's our working environment that can be physical challenges, it can be social attitudes, and so on.

### **The thinking around the Social Model is changing – interdependence vs stigma**

Also, as Lucy referenced, our thinking is changing as well, because there is a stigma around dependence. Yet most of us will have dependencies at some point in our lives. Most of us will be carers or be cared for at some point in our life.



Even the thinking around this Social Model is changing because there is greater recognition that this idea, what we valued in life is focused on independence. But actually, there's growing recognition of the importance of interdependence, and that actually we're all reliant on each other.

## D.11 Disability Arts for Brain Health

### Disabled people's rights and better self-advocacy

The last point I make before I mention a little bit about Step Change Studios is also greater recognition of disabled people's rights, but also seeing much better self-advocacy. So not just seeing disabled people as vulnerable or at risk and using the sort of language that we have in the past and seeing much more leadership and representation.

But at the same time there are still challenges and there are still lots of lots of issues concerning people that may lack mental capacity.



### Benefits of dance and movement for people with dementia and verbal challenges

We're talking about dementia today and people who might be non-verbal or not able to self-advocate; and at Step Change Studios we work a lot with people with complex disabilities and who are nonverbal and who lack mental capacity.

The role of the arts is absolutely amazing in terms of people's quality of life, and I think we'll be preaching a little bit to the choir here today with some of the speakers that we have. There's so much research out there, so much evidence showing the positive impact of the arts and also physical activity on health and wellbeing, on physical health and mental health. You'll hear about those from colleagues I'm sure, and it's everything from the obvious physical benefits, but also the importance of connection, helping tackle social isolation, helping with things like concentration. We work with people with behavioural challenges in terms of severe Autism. It can help manage people's behaviours and anxiety, self-injurious behaviour - the list goes on. Our work at Step Change Studios.



### Founding Step Change Studios: Lived experience and the need to improve connectivity through dance

I founded Step Change for a lot of reasons: I have a brother and I am guardian to my older brother who has severe Autism. He is nonverbal. He lacks mental capacity and growing up music and movement has been a really important way for us to connect, and in helping manage his self-injurious behaviour and his anxieties. I felt there weren't enough opportunities where I was for disabled people to participate in dance. So I set up Step Change Studios.

### Range of dance genres

We provide a whole range of dance, lots of different genres, and we work in a wide variety of settings. We look at very grassroots level in the community, but we also create professional work, creating a platform for professional artists that don't often have an opportunity to have their talent showcased. We have delivered and continue to deliver a whole range of innovative programmes. Blind ballroom, for example.



## D.11 Disability Arts for Brain Health

### **Race and disability – Dance Dosti**

We've started also to look at intersection so as well as disability - the intersection, for example, between race and disability. During COVID we ran a really

innovative programme, supporting people with disabilities from a South Asian background, because both disabled people and people from black and Asian backgrounds were disproportionately impacted. So we developed all sorts of online dance programmes, and in person programmes when we could emerge from COVID.



### **Influencing care providers to integrate arts and physical activity integral into care provision**

But the third point which is really important, that as well as the delivery is the advocacy side, in trying to improve better practice in the sectors that we engage with, for example, the care sector. Trying to work with care providers to recognize the value of the arts and physical activity in the lives of people they support, working with the dance and the sports sectors to recognize and improve the support that they can give, both to participants, but also in improving inclusive practice amongst professionals, and also influencing policy, and making sure that policy when it comes to inclusive practice again and creating opportunities isn't a tick box and it isn't an add-on. But it's integral to formulating policy.

### **Enabling disabled people to feel empowered through dance – and behavioural change**

Lastly, we work and again, you've already heard this and I'm sure you'll hear it more, for a lot of disabled people and the adults we meet, they've spent their lives being told what they can't do rather than what they can. This can impact a lot of psychological barriers when it comes to feeling like they belong, that they can contribute, and that they have a place in dance, and there's a whole world of dance when it comes to the body, and how you should look etc, which again is almost a separate conversation. But, in trying to enter that space they can feel stigmatized. A lot of our work focuses on empowering and supporting disabled people, both as artists, but also to represent what they want and the sort of environment that they want to see, and the behavioural

change they want to see when it comes to feeling like they can be in that space, and that they can benefit from everything that the arts has to offer -

This video about the dance programme focused on disabled people of South Asian heritage, with audio description.



## D.11 Disability Arts for Brain Health

---



Nabil Shaman, Actor, activist, co-founder, Graeae Theatre for disabled people.

Hello! First thing I'm not Nabil Shaman - Shaman is a joke on my part in creating my email address, which doesn't have my real name. It's Shaman Nahagwe which is to do with my heritage. My name is Nabil Shaban

### **Mythological foundation – to destroy myths surrounding disability – Solidarity!**

Also Graeae is pronounced as 'grey eye'. But we don't speak Greek. I've never met any Greek who could enlighten me as to how you say the name of the Three Sisters who were the inspiration for the name 'Graeae'. They were cousins of the Gorgons and why we chose them as the name for the theatre company, partly because we were interested in mythology, and the purpose of the founding of the company was to break up the myths, destroy the myths surrounding disability in every respect. So we focus on the misconceptions and the mythologies regarding handicap, cripples, disabled people. The *behindert*, as described in Germany. We toyed with various ideas for Greek names for the theatre company. One was Cyclopes - we didn't think that would quite work. Another was Centaur – half horse, half human.

### **The Graeae – analogy of the disabled gorgons, their solidarity, sharing in order to advance**

The one that I felt was perfect, though I didn't know their name at the time, I just knew that as there were three sisters who had one eye between them, that was a very good analogy of being quite disabled by having only one eye between them, and that it also represented the idea of co-operating, solidarity, being together, sharing what we've got in order to advance our situation.

Anyway, the story of the Gorgons and the Graeae was such that Perseus who was out to kill the Gorgons, out to kill Medusa, could only get information about where they were, how to do it by approaching their cousins, the Graeae. He double-crossed them in the end and didn't help the Graeae at all, but that's another story.

### **Graeae Theatre founded to provide opportunities for disabled actors to act**

Now, why did Graeae come into being? Why did we, Richard Tomlinson, my co-founder – who sadly is dead - and I create Graeae. From my point of view, it was because I wanted to be an actor, pure and simple. Back in the '60s and '70s, the opportunities for disabled people to be actors didn't exist unless you were in an amateur dramatic group maybe or at school, but even then, as a disabled person, it was very hard, almost impossible, to get a local AmDram to consider you to be part of their group.

At the age of 16, in 1969, I wrote to nearly every drama school I could think of and said *I'm in a wheelchair and I want to be an actor*. They basically told me to get stuffed, or maybe 'form your own group', or run play-reading sessions. One suggested that I got in touch with the only person in Britain that we knew of who was a disabled performer:



## D.11 Disability Arts for Brain Health

---

### Michael Flanders advised

He was a singer, comic writer called Michael Flanders. They said: write to him and ask him how he got going and get advice from him. I did and his best advice was the only way you are going to do it is to create your own opportunities. Write your own material, write stuff that the public would be interested in hearing about or seeing, and make sure you give yourself the best roles. That's basically how Graeae was created from this very good advice.



Now I'm someone with a very vivid imagination. I've always been accused of that. That is often an excuse for telling me I'm a liar because of my vivid imagination. But I thought of television back in the '50s and '60s, because I was in a hospital for disabled children for six years, and the television and the radio was my mother and father in many ways, and I wanted to be like those people I saw on television.

When I saw Roy Rogers or Richard the Lionheart, or William Tell, Robin Hood, etc. I that ah, that's how I can escape from my condition. I can become what they are. Now I knew that they weren't real. I knew that they were people who were pretending, and that was a great excuse for me to think that I can live in a pretend world and be something that I know I'm not. But at least I can pretend that and that in a way was what inspired me to try to become an actor. But, of course, it wasn't easy, as I've just explained, and we had to create our own opportunities to do that.

### **Art as therapy for all**

The thing about art as a therapy is that I think that art is a therapy for everyone. Because everyone is searching for themselves, searching to find out who they are, where is their position in the world. where is that position with themselves? Many of our problems are created because we don't know enough about ourselves. I was thinking about that the other day and thought,

### **Know thyself – heal thyself**

This is what the Greeks were talking about, the Socratic maxim which people quote, although actually it didn't belong to Socrates. It's just a phrase found in the Delphic oracle. *Know thyself*. This is the thing about the arts. That's the means by which a person can discover themselves, find out what their worth is, know how they can present themselves to the world, express themselves. Now along with that idea of Know thyself, there's also what Jesus is allegedly said to have said *Physician know thyself*, or, I should say, *Physician Health thyself*, and you can put the two together by saying: Artists, with your work you can know thyself and thus heal yourself.

That is how I regard the whole idea of art therapy, because it's not a specialist area. It's something that affects every single person who wants to be creative, who wants to find out who they are. Every artist is struggling to find out who they are, why they are, whether it happens to be Van Gogh, or Dali, or Frieda Carlo or Beethoven, they are all struggling human beings. They are all people with some kind of soul hurt in many ways, partly perhaps because they don't

## D.11 Disability Arts for Brain Health

---

feel like they belong in this world, that they are perhaps alienated from themselves and from the universe. So they need to find a way in which they can find themselves, so that they can then heal themselves.

### **Dementia – important to preserve sense of self**

This is pertinent obviously with regard to anyone at the onset of dementia, because that's when you're starting to forget who you are. That's when you are getting lost in a world where your memory is fading; and it's our memory that enables us to know who we are. Without the memory, we don't know who we are, and memory can be one of the first casualties of the onset of brain damage which then brings about dementia, so it's important that we try to be artists when we feel we are using ourselves so that we know, so we can rediscover who we are.



[Fleur Derbyshire-Fox](#),  
Director of Engagement,  
English National Ballet

[Dance for Parkinson's](#)

That was wonderful, Nabil. I was really touched by those words, so meaningful, and although I have written some things I wanted to talk about, you've made me think about why Dance for Parkinson's?

I felt very passionate about starting Dance for Parkinson's for English National Ballet, because my uncle was living with Parkinson's and his world was getting smaller and he was feeling very isolated.

Parkinson's affects around 145,000 people in the UK. Many people develop the symptoms after the age of 65, but thousands of people living with Parkinson's are still of working age.

Dance for Parkinson is a dance and cultural programme that supports people to manage their symptoms. But fundamentally it's about being in the moment when you enter English National Ballet, you are a dancer. You leave Mr. Parkinson's outside, and you express yourself and the beauty of your movement, and everything is about what you can do in that moment, and that's very special connectivity with others that group motivation in the class. We have very beautiful musicians, so the music and the movement together is a driving force for people living with Parkinson's to be expressive dancers and to feel empowered, and we challenge the public perception of Parkinson's and about living well with Parkinson's into a more expressive part of your life and what you can contribute and co-create.

## D.11 Disability Arts for Brain Health

---

### **Social Prescribing**

I am going to talk a bit about SP. We scaled up Dance for Parkinson's over four years, and it's delivered through affiliated hub partners. We've got a dance Agency, [Dance East](#), [National Dance Company of Wales](#), [Oxford City Council](#) and [Merseyside Dance Initiative](#), and to supplement in-person and to widen our reach, we also have a [National Online Dance for Parkinson's Offer](#).

### **University of Roehampton – Dance for Parkinson's (DfP) research study**

The programme was underpinned by research from the [University of Roehampton](#). [Dr Sara Houston](#) The findings of this three-year mixed methods research suggested positive outcomes, such as helping people with Parkinson's to stay motivated and to maintain an active lifestyle physically and socially. When you're living with Parkinson's at whatever stage, it is that social connection that is so important, and if you're living with [Parkinson's at stage three](#) - that is when there is a slow cognitive decline with memory, mood, behavioural problems, processing information – that's when dementias may set in. So we need to provide this very caring and nurturing environment, while also challenging, fun and joyous.

Dance provides a meaningful and stimulating activity in that supported environment, enabling our dancers to feel more certain about the future, despite their symptoms, and reduces the interference of symptoms in daily living.

### **West London Clinical Commissioning Group (CCG)**

The West London CCG commissioned Dance for Parkinson's, under their older people's portfolio in 2016-17, when the company was based in West London. (We have since moved to East London). They commissioned the programme because of the opportunities it provided for personal expression, recognizing social interaction and peer support the people living with Parkinson's might otherwise lack. They also felt that the project helped fill a gap in provision for post diagnosis support, especially for older adults in stage two and three, as clinically described symptoms.

### **Scaling-up Health Arts Programmes: Implementation and Effectiveness Research (SHAPER) with King's College London – 12 weekly sessions on diagnosis**

Following the CCG Commissioning, we are now part of a major study with Kings College, London, funded by the Wellcome Trust, under the acronym SHAPER. This study will assess the effectiveness and implementation of known arts in health interventions by scaling up and embedding them across King's Health partners, making the case for NHS CCGs to socially prescribe and fund these programs.

The study aims also to evidence how the arts can enhance health and wellbeing for larger cohorts than has previously been possible. So the end game would be that everyone at the point of diagnosis may be offered a twelve-weekly sessions of dance for Parkinson's, and in twelve weeks there's a real journey – it's not

## D.11 Disability Arts for Brain Health

---

just the dancing and the music. it's also about attending cultural activities, having other artists coming in and having a performance at the end of those twelve weeks; and it would be provided for people of all ages, with all groups 1, 2 and 3 of mild, moderate, and severe symptoms.

### Ambassador Alan Ferrett

*Going to English National Ballet classes has changed my life. The atmosphere is more like a club where everyone is upbeat and happy. I couldn't do without it.*

*When I'm at English National Ballet I am a dancer and I leave Mr. Parkinson's outside the door*

That's what we're about – it is about our dancers and our ambassadors with lived experience shaping our programme and evolving this programme.



I'd like to finish with a little extract of a film, *Momenta, 10<sup>th</sup> Anniversary of Dance for Parkinson's.*

Fleur adds two further resources below.<sup>20</sup>



### William Ogden, Trustee Director of Decibels, Music for the Deaf.

First of all, I should introduce myself. (Signing) My name is William Ogden, and because I know that some of you have come from abroad as well, I know the American sign language, which is my name is Will. I am profoundly deaf and I'm partly blind as well in my right eye.

A big thank you to Veronica for allowing me to be part of this fantastic webinar today, and I must say that all the speakers here have been so inspirational and it is fantastic to be able to hear what they did as well. It's obviously inspired me even more to continue with the work that I'm doing at the moment.

As someone who is profoundly deaf, I have always used my personal experience to make a positive difference to the lives of the deaf community in the UK. We have always had love for the arts in general, whether it's theatre comedy, music, festivals, or exhibitions.

### **Inclusivity and Diversity**

The word 'inclusivity and diversity' is being thrown around a lot these days. The rapper Stormzy said *It's not a buzz word* and even though that was such a short sentence, it was really impactful because it isn't a buzz word - it's always going to be around. We are continually having to fight sometimes for that to be provided or implemented with the deaf community.

---

<sup>20</sup> *Patterns of Perception – Central St. Martin's, UCL* and *More Than Movement: Exploring Motor Simulation, Creativity, and Function in Co-developed Dance for Parkinson's - BEAM Lab, University of Manchester.*

## D.11 Disability Arts for Brain Health

---

With that in mind, I am advising a variety of different organizations, recommending positive working practices to be put in place, because they need to be able to embrace the diverse and inclusive world that we live in today, in the UK.

In my work with the Performance Interpreting and they provide interpreters to be provided at music festivals, gigs, Wembley Arena. I know has a permanent contract with them to have every show to be interpreted, and we were part of that to be able to fight with many different organizations to be able to get them to get the resources to be able to put them in place because deaf people love music just like they would do with any anyone else.

Just on that note, I am a musician myself, and I was fortunate to have learnt to play the electric guitar, because I have a cochlear implant and enhancers for me to be able to pick up on and the musical notes and I had the opportunity to support Mr. Paul Weller who used to be a guy from The Jam, who I am sure you may have heard of, who was also trying to get more awareness that deaf people can be able to do anything, and you'll probably think him.

### **Decibels**

Decibels is a charity that I feel strong about because we are currently, for example, overseeing a project where we're going to Barbados in line with American as well as British musicians, to be able to give an opportunity for deaf young adults, older adults, adults living with dementia, and as well as young children who are all profoundly deaf to be able to use music as a tool to communicate to one another. Music is such a is such a powerful tool. like Nabil was saying, - I feel really strongly about what he said - it connects all of us together. We are all artists in our own right.

You may be asking: Does it take extra specialist knowledge to include people who are deaf, to be able to make music? The answer is, No, because it doesn't take much of an adjustment.

### **Adjustments for deaf musicians**

Simple steps, such as tapping deaf people on the shoulder to get their attention or flicking the lights on and off. you can't touch them, demonstrates just how important it is visually, as well as connectively, that they can be able to learn how to play a music instrument. Even learning some basic sign language as well, such as playing notes from A to G also engages deaf people to be able to memorize as well as play a musical instrument.

### **Memory**

Now talking about memory: The reason why that's also such a keyword for the deaf community is because I have a very lovely friend who's called Rose Ayling Ellis who is deaf herself and she's been on a show called *Strictly Come Dancing*.



## D.11 Disability Arts for Brain Health

---



### Deaf dancer Rose Ayling Ellis felt the music to win *Strictly Come Dancing* 2021

For our American viewers, *Strictly* is a bit like dancing with the stars. It's a show about demonstrating your dancing skills. Rose Ayling Ellis famously won it, and she has said that she memorizes all the feel of the beat and to be able to feel the music through

how she expresses herself. through the arts of music.

It just comes to show that we can do anything, the deaf community, but it is the society that disables us from stopping ourselves in being given these opportunities.

I hope that I have shown you a range of what we can do as individuals, and what we try and do to get ourselves out there, but sometimes we just have to just keep fighting, to be able to hope that people will start to accept that deaf people can do anything. Thank you very much.

**RB, Chair** Thank you Will. I'm really interested in words around advocacy and empowerment.



### Rebecca McGinnis, Senior Managing Educator for Accessibility, Metropolitan Museum of Art, New York

It's such an honour to be here with this this amazing group of people. I want to talk to all of you after the webinar today, and some on an ongoing basis.

### Access – Accessibility at The Met. What we Do

My team is based in the Education Department at The Met, but we have a remit that crosses the museum. We develop programmes that are tailored for people with specific disabilities and partner with organizations – disability and community organizations. We collaborate with others on designing programmes that are inclusive for all audiences; and we act as internal advisors on accessibility and inclusion throughout the museum. We also work to centre, to make more visible representation of disability throughout the museum, and disability justice in the arts, in terms of staff and interpretation.

## D.11 Disability Arts for Brain Health

---



### Access Programmes

Our programmes take many forms. Some are scheduled, they happen on a regular basis, people sign up for them, or some people just drop in. There are partnerships and we also develop tours and programmes throughout the city, at different sites for groups and individuals with disabilities.

### Offering choice

Some of the principles that we consider. When we are designing our programmes, we are very conscious of offering choice, different ways for people to participate – whether within a programme or across the options. People might just want to visit the museum independently or participate in a particular programme for particular audiences.



### Challenging perceptions and expectations

Another thing that's very important is the idea of challenging perceptions and expectations - Fleur mentioned that in relation to Parkinson's – challenging what people might expect to do or want to do in a particular context.

### Connectivity and co-creativity with disabled people to foster belonging

We also want to connect people to art and to each other through the experiences that we offer and create. Those experiences are really co-created and become a community with the programmes that we devise. We value and centre disability perspectives and the experience of disabled people. I think that's a really important justification for programmes that are tailored for particular audiences to have this co-created space where the disability experience is central. Others have mentioned how that co-creation and interdependence, mutual meaning collective meaning-making fosters belonging.

### Multi-sensory arts engagement

Multi-sensory experiences that centre on art is a hallmark of our programming. I want to focus on that, and how that affects accessibility, inclusion for all audiences with and without disabilities, and why is this important



### Learning through senses other than vision and hearing in the Museum.

Every sense offers different types of information. Some senses are good at some things and not so good at others. We get different types of information from, for example, when we look, versus when we touch. So one sense isn't a substitute for another. They all give us different information. Learning through the senses

## D.11 Disability Arts for Brain Health

other than vision and hearing, which are the predominant senses that we think of using in a museum, are essential for some people

Redundancy of information through different senses, reinforcing information through different senses can help people with, for example, learning disabilities or cognitive impairments, dementia, as long as we don't overload with too much sensory stimulation all at once.



And, of course, multi-sensory experiences can help everybody to connect, to engage. Programming is really more inclusive when designed with this type of sensory engagement in mind, and also offers those important options for different ways to participate. So if you want to identify as someone with a disability that's fine. If you don't, that's fine. We're doing these things anyway. people can choose preferences based on preferences or access needs.

### Movement

Activities inviting movement help participants to understand

- Spatial relationships
- Narratives
- Emotions, body language, gesture
- Artistic processes



### Movement

For example, movement is good at helping people understand spatial relationships, stories, emotions, and even artistic processes. Here are examples from different programmes for different audiences.

In these images: (top) for kids who are blind or partially sighted,

acting out characters in a Miro painting; (centre) in our Seeing Through Drawing workshop using one's body to conceptualize the size of a painting. In our Discoveries programme for people with developmental and learning disabilities and autism (below right), using movement to understand this sculpture by Umberto Boccioni, that is very much about movement through space.

In the screenshot (below left) from our Virtual Met Memory Café for people with dementia, we are stretching – physical movement is a component of those online activities as well, to get the blood flowing, help people connect with others. You see that others are doing the same activity.

Movement can also be really integral in different ways. Here our drawing class for people who are blind or partially sighted, Seeing Through Drawing where we're drawing from a verbal description that focuses on movements or drawing movement from touch.



William Merritt Chase, "Carmencita" oil on canvas, 1890

## D.11 Disability Arts for Brain Health



Edgar Degas, Dancer, bonded bronze replica from original bronze cast, original cast, 1919



### Touch

Touching a sculpture, and then responding to that with mark making that represents movement. The sense of touch is central in many of our programmes too. I mentioned how designing the tactile experience with those differences in mind, so touch is immediate, requires physical contact. It is sequential. You can't get this global view that you get when you look at something it's active. You're active, so it can help to focus attention, for example, if you're touching and looking at the same time. You're moving your hand across a tactile diagram (above left), for example, or across a sculpture.



### Smell

We also use smell in a number of programmes. Smell is a sense that is sometimes compromised for people with dementia. But it's an option, to imagine smell in a programme, to create smell or sense by combining different senses to create a fragrance, to think about an object, how smell fits into the narrative, the history of an object. For example, an incense burner in our Islamic collection (bottom left) is a work of art, where we talk about smell, and maybe even how an opportunity to smell what might have been burned in that incense burner.



### Wine-tasting, multi-sensory pairing with works of art

We like to combine these sensory experiences for different audiences. This was a drop-in Friday evening event when the museum is open late. We brought in a sommelier for a wine tasting. People were invited to note the smells and the taste that they experience, what words would

they use to describe those smells and tastes of the wine. Then we paired those with works of art. They followed up with a tour in the galleries and used their place mats with their notes to see if they could connect, using that cross-sensory vocabulary to connect to the works of art in tours.

### Sensory Experiments



## D.11 Disability Arts for Brain Health

### Programmes for people who are blind or partially sighted.



Here are different ways of using touch. I show here a tactile graphic. This is a programme that took place in our Arts of Oceania Galleries. We had an artist in residence from the Pacific Islands - we did a tactile graphic of tattoos on her arms (top left, below) and she was explaining the significance of each.



Then we touch original works of art, and sometimes reproductions in the galleries and in more intimate classroom settings, sometimes with gloves, sometimes without gloves, but always really focusing on what touch can tell us about an object. So regardless of disability, we can get new information through touch.

### Seeing Through Drawing

In our drawing class for people who are blind or partially sighted, we're also considering things that might be adaptations or design elements for participants who might also have some cognitive impairment, dementia. So I'm thinking again about that idea of redundancy of information,

giving instructions in a way that's not overwhelming, that's one step at a time, offering those choices and different ways to connect a physical, sensory and cognitive stimulus that that others have mentioned.



### Discoveries



Similarly, in workshops for kids, teens, and adults, with learning, disabilities, developmental disabilities, and autism. I know the terminology is different in the UK. But these are really multi- or intergenerational workshops, where everyone participates together, so that multi-multi-sensory engagement and flexibility of strategies that are used to engage people are crucial here. It's very much a community, a co-created community of participants and educators teaching artists that's evolved over time. We are making thinking, meaning together – Rashmi was talking about that – and also creating an experience that's going to be hopefully accessible to everyone, which involves a lot of experimentation. Some things don't work. Let us know and we'll try something else.

## D.11 Disability Arts for Brain Health

### Programmes for Deaf people - training

We have programmes in American sign language which are also engaging multiple senses. Art making touch

We have a training programme for deaf educators so we're also looking at when we're training people to become museum educators, incorporating teaching with smell, with touch, how to incorporate those in a setting which is American Sign Language (ASL) led.

#### Programs and accommodations for Deaf people

##### Scheduled programs

- Met Signs Tours
- Met Signs in the Studio
- An Evening of Art & ASL

##### Partnerships and by-request tours in ASL

##### Accommodations

- ASL interpretation
- Tactile interpretation
- Captioned digital features
- Audio guide transcripts

##### Videos in ASL

##### Training for Deaf educators



### Met Escapes for people with dementia and their care partners

We have Met Escapes in person in the Museum, and the Met Memory café, which is currently virtual. The goals of those programmes are very much in line with what others have talked about: this idea of creating a space where everyone is comfortable.

We have a lot of opportunity for social engagement for making new friends, sharing experiences. hopefully having a positive impact on caregiver burden and isolation, giving that opportunity to just be in the moment and to focus on what's in front of us. Moving around the museum, we get that physical exercise and cognitive and social stimulation that hopefully contributes to improved quality of life for everyone and including the educators

### Met Escapes



### Riffing together, creating graphic art scores – inspired by live jazz music

Here's some examples this was a on the top left an art-making workshop for Met Escapes where we had a jazz trio and we're looking at works of art inspired by jazz. The musicians were



playing as people were making. They played music that was familiar to people, and then they also they actually improvised by using the works of art that people were making. They use them as a graphic score and played their artworks. The two art forms were riffing off each other, which was great fun.

**RB, Chair:** That was so interesting, particularly the multi-sensory descriptions

## D.11 Disability Arts for Brain Health



### Furrah Syed FRSA, Artist, Educator, Colour Energy Specialist, Visual arts for the blind and visually impaired

I am an artist and educator, based in London. I am passionate about making art accessible to all, and always focus on making art inclusive, as we all need to be able to experience the enrichment that art can offer us. Art transcends barriers of language, culture, disabilities. age gender. Art connects us immediately. I offer a multi-sensory art experience. I have seen results in many formats as to its benefits in a therapy sense, in an empowering sense, improving our mental and physical health,

#### **Experiencing life – and art - without one sense**

I have worked with many organizations globally the Royal National Institute for the Blind, Vision Australia, the Singapore Association for the Visually Handicapped, Visions in New York and organizations in the UK.

Recently, I did an interesting workshop with the multi-national technology company Atos, which showed a different perspective, offering an opportunity to experience the effect of shutting down one of your senses. You learn a lot more about the experiences of people who don't have those senses in their day-to-day life, how things can be designed to be more accessible to them. Working with Atos was quite enlightening, how you can share with people a different perspective.



I gathered valuable data from workshops I delivered globally. Learning at the workshops was educational for both the participants, and people delivering the workshops.

#### **Workshops for the blind or partially sighted**

My workshop format for people who are blind or partially sighted – tailored for people with varying needs – consists of three separate parts.

#### **Feeling textures and movement**

The first is feeling textures and movement on the canvas. I have created many canvases for workshop with specific that varying amount of textures that are interesting for people to experience using the sense of touch.



In each workshop I have a variety of people with needs in terms of sight. Some are completely blind, some are partially sighted, so it's an interesting perspective to hear what different people experience on the canvases.

## D.11 Disability Arts for Brain Health

### Feeling Colour Energy



I then show people how to feel colour energy without the need for sight. We can actually all do that. I'll mention more about that in a moment. But it's wonderful to share that technique with people where we can actually physically feel colour energy without the need for sight. It's been wonderful, hearing the empowering responses from people when they realize that they can actually do it. We can all do it.

### Creating abstract art

The third section of my workshop is where we create textured art together. So I provide a range of textures for people to choose what they want to put onto a canvas, with a variety of colours, which they could also go in depth if they want to have warm colours and cool colours. The purpose of this is to empower people to know even that if they can't see what they're doing, that they can absolutely create art, and then they can have the pleasure of being able to share that art with their family and friends.

I cannot explain in words the emotional feeling that I get when I see people feel so happy that they can do this, that they've been given the opportunity to do this. During many of my workshops in various countries, I have had feedback from people where they have said, and coming from the perspective of somebody who's blind they've said to me, *Nobody has ever bothered to ask us about art, let alone give us the opportunity to experience art using the sense of touch.* They have felt very grateful and empowered and enriched to have these experiences. I have had a lot of feedback about the aspect of showing people how to feel colour energies without the need for sight.

#### Technique of feeling colour energies

- Wavelength & frequency interval of colours
- Dark colours absorb heat
- Light colours reflect heat
- Each colour has its own level of energy
- Heat and light are two different forms of energy

Colour	Wavelength Interval	Frequency Interval
Red	- 700-635 nm	- 430-480 THz
Orange	- 635-590 nm	- 480-510 THz
Yellow	- 590-560 nm	- 510-540 THz
Green	- 560-490 nm	- 540-610 THz
Blue	- 490-450 nm	- 610-670 THz
Violet	- 450-400 nm	- 670-750 THz

### Feeling Colour Energies – technique

Colours have a varying wavelength of frequency, depending on the colour and the shade of the colour. Dark colours absorb a lot more energy. Therefore, they emit a higher frequency of heat and energy that we can physically feel, in comparison to a light blue or a white. Light colours absorb a lower frequency of energy which means that they emit a lower frequency of heat. It's more of a cooler energy. We can differentiate between these two energy emissions with our eyes closed, or if somebody who is blind. Then going deeper I can show people how to feel shades of colour depending on the frequencies displayed on to the canvases.

So, each canvas I create for the workshops has cool areas and warm areas. Those are easy to differentiate. I show people how to feel shades of colour depending on the frequencies that we have or displayed onto the canvas.

## D.11 Disability Arts for Brain Health

---

### **Dementia inclusive**

I deliver workshops for people of all ages and needs including the older generation, where there are aspects of dementia and other conditions.

### **Impact testimonials from international workshop participants**

My workshop findings have been fascinating to me and to organisations I work with, seeing the responses of participants at able to physically feel the difference between colours and between shades of colour and how excited they are that they can actually do this. I have data showing correlations between people's reactions to different aspects of the workshops. Interactions with art can makes such an impact on people, not just their mental and emotional health, but their physical health; how to utilise the power of colour in everyday life, how colour can improve our mood and how art breaks down the barriers of culture, language, age and disabilities. I have seen the power of art making positive impacts on people in many countries.

For an idea of the impact of these workshops in encouraging people to create, here are sample testimonials.

- *The workshop was exciting and exhilarating. I didn't think I would be able to feel the colours on the canvas, but to my surprise, I could easily feel the warm and cold areas. (VISIONS, New York)*
- *I learned that blind people can also paint using their own creativity and found that colour has energy too. (Malaysian Association for the Blind)*
- *Really felt the energies and colours, and appreciated the chance to create art for the first time. (Hong Kong Association for the Blind).*

Participants feel empowered by their art experiences, which leave a lasting impression and encourage them to continue to create art.

### **Spreading the practice**

Programmes exploring colour energies for people who are blind should be available in museums and galleries and institutions where people can access art in all formats. I should like to see visual arts for them and those with other disabilities available on a wider scale in all countries where people do need accessibility to art.

**VFG, A4D Host**      The [Blind Braille Artist Clarke Reynolds – Seeing without Seeing](#) may be of interest.

### **RMcG, Language**

At the Met we are transitioning from “autism spectrum disorders” to “neurodiverse” and “neurotypical” for non-autistic people.

## D.11 Disability Arts for Brain Health

---



Dr. Beverley Duguid, founder of InsightMind.

Poetry for the visually impaired.

Hello! I am here today to talk to you about InsightMind, which is an initiative I started two years ago, to teach creative courses for mind, body, and soul. What I mean by that is courses that will help you relax, and learn meditation, and also learn mindful movement.

A big part of this is Mindful Poetry, courses which I developed and am still developing, to help you write poetry, and also just have fun with words. I teach predominantly marginalised and underrepresented groups. This is so because these are the most marginalized people in our society.

I also teach from my own lived experience of having glaucoma, which means I have collateral sight (Mindful Poetry booklet)

### Mindful poetry for visually impaired people

Two years ago I developed and continue to run an eight-week course, as well as a four-week course, on Mindful Poetry for visually impaired people, which have been very successful. The feedback has been very positive and my class has produced an ebook of illustrated poems. The course is really how I teach – very adaptive, but inclusive., which is my main aim. So I talk to people particularly my visually impaired students.



### **Discussion 1: How participants want to write**

We talk about how they want to write first because we talk about journaling and how do you want to do that as a visually impaired person. Some people will use braille. Some people will want to write digitally. Some people still write with Pen, but not everybody can do that.

### **Time and space**

We talk about the issues they've had in other classes, where they weren't given the time to explore those different issues. I give people the space to do that.

### **Accessible formats**

What are the access and format? How do they want to write? and what's the easiest for them to write in the class, It's really a big discussion we have at the beginning. We get rid of that, and then people want to come along to the next session and learn poetry from that. What they feel comfortable about and writing in their own format.

### **Voiceover, dictating, typing**

People sometimes use voiceover, as well – that's an example where voiceover is something you might have on your smartphone or your apple phone, and it reads out the screen. It can also read out your own work for you, so you'll dictate it, or type it.

## D.11 Disability Arts for Brain Health

---

### Hearing your poetry

Then you can listen to it back to make sure that it sounds okay. You can get a mechanical voice to reading it back - that is better than nothing to some people, because it helps them to hear what their poetry sounds like, and then they can 'read' it themselves.

### Exercising memory

It calls for a lot of memorization of their work and that's another skill that visually impaired people have quite good memories to be able to remember their work without having it in front of them.

### Discussion 2: Writing poetry

The second bit of the course is when we go on to write poetry. We talk about all the things that you would talk about in a mainstream class and try to foster all of that. But we just do it in slightly different ways sometimes and have to be inventive.

### Metaphor imagery similes

I teach about metaphor, imagery simile, all those different things you use to write poetry. Then I ask people who haven't seen before, or maybe haven't written poetry before, how they how they get in touch with imagery. If you haven't been able to visualize in your mind before, or see around you, it's a bit difficult how you want to write things down.

### Sound, touch, smell

I use sound. We then go into the senses; and this is where my second course came in about developing the senses to write poetry. I would then give people a series of prompts to help them write. Normally prompts are quite visual but in my course the prompts are sound, or touch or smell, and so we use different things to help people to write that poetry which are very different. It adds to having a quite a dynamic class where I give people find an object to write about, and it can invoke memory as well. It leads to quite exciting work where people think *Oh, I didn't think I could do this before, because I couldn't imagine before I can't think about what something looks like*. So they can they think about it.

### Thinking about colour

Then some people begin to think about colour and they've never seen colour before, and they think about how they can write about colour.

It lends to a very interesting and dynamic class.



VFG, A4D host Beverley is a committee member of [BAME VISION](#), providing workshops for culturally diverse blind and partially sighted people.

## D.11 Disability Arts for Brain Health

---



Jan-Bert van den Berg, Director, Artlink Edinburgh and the Lothians

Hello! I'm going to briefly talk about the ways in which we support disabled people to access the arts in Edinburgh and surrounding areas.

What you can see behind me is the Red Note Ensemble performing, and they are performing on a large blue wedge, which also transmits the sound as/vibration. What happens is that sound is transposed into vibrations, and people can experience that music in a completely different way.

The blue wedge was inspired by work that we were doing in a day centre for people with complex disabilities, where we looked at different ways in which we could engage people, where their perceptions were as important as the ones that the artists brought, and where the collaborations developed in a way where equality was achieved. It took a long time. It took us about 20 years to get to this point.

### **Multi-dimensional and multi-sensory engagement**

The blue wedge was situated at the Tramway in Glasgow, a large exhibition space, where we also had a huge tower that blew bubbles in smoke. We had a massive silk which blew in the wind, and then also transmitted sound. It was a multi-dimensional and multi-sensory way of engaging with people.

All that work was inspired by the people that we'd worked with, that we'd worked with over a long period of time, and where we had made real efforts to understand different sensibilities, different ways of thinking and different ways of being.



## D.11 Disability Arts for Brain Health

---

### Thinking differently

I think that's an incredible level achievement. It's also an incredible way of thinking about the arts in a slightly different way, from a slightly different direction, from a slightly different perspective. Really really important for us, but I think for all of us, this thing about how people not only access the arts, but also how they engage with it, and how they direct us to achieve different things, to achieve different ways of experiencing what is around us, different ways of thinking.

### Health and social care

What's been interesting in this particular example is that actually those who worked in health and social care got it very quickly. They knew it was a contemporary art space. They knew they were occupying an exhibition as such, but they also understood where the exhibition had come from.

### Variety of interactive artistic experiences

What was more interesting for us is then how we make sure that people would engage with it, how we make sure that they had the time to really experience this. We did this not only by having exhibition there, but also by performances, performances of contemporary classical music,



dance, but also of different types of experiences, things that we knew would appeal to people; and that included an impersonator, an opera singer and the Contemporary dance company that's based at the Tramway. So, a whole load of different ways of getting people to respond, to engage and to participate.

What we created was something quite special, [he created something] where everybody could enjoy and engage with the exhibition on their terms – not something that I've seen that often, but also not something that should be unique, and I think with that thought I'll leave here because actually this should be what we should all be able to experience. From my point of view, it is something that after twenty, thirty years we have finally achieved.

If you want to find out more, please visit our website [Artlink Edinburgh](#) and get in touch with us.

Thank you for listening.

**RB, chair** We arrive at our last speaker before our panel debate. I would like to introduce Ruth Fabby, who is the Director of Disability Arts Cymru.

## D.11 Disability Arts for Brain Health



Ruth Fabby MBE, Director,  
Disability Arts Cymru

**Disability Arts Cymru**  
A work of art  
Creu Celf

Hello everyone, it's so lovely to be here. Thank you for asking me to come. Fascinating to hear the talks and lovely to see some people I've known for quite some time in the room as well. I'm the Director of Disability Arts Cymru. 'Cymru' is the Welsh name for Wales. We have our own language and our own culture here. We are supporting artists to really make it in the sector.

When I started this job just three years ago, I was the Director of DaDaFest, formerly Northwest Disability Arts Forum, and before that Full Circle Arts in Manchester, so I've been around a long time in disability arts.

**DaDaFest**



### **Political activism – our weapon to challenge the ableism**

What's been great is how we've seen the sector change. Our work actually was formed through the movement to get our voices heard in society, and the arts were the vehicle that was our weapon, our weapon for change, our weapon for activism, our weapon to challenge the ableism.

Sorry I'll slow down. I've got a signer working with me. I get very excited about the work I do. It's been exciting, because that political start to our work became quite active and quite demonstrative in very political ways. It's why we've got these conversations today, because disabled people were fed up being talked about or done to.

### **Changing the narrative around disability – callout inequalities around Ablism**

We have to change the narrative around disability and call out the inequalities round Ableism, and the fact that, particularly in the art sector, very few of us are in positions of leadership. Hearing Nabil talking about that earlier, setting up Graeae, that's very much the same model we had with setting up DaDaFest, because we just didn't see artists getting a break into the spaces where we all need to be seen, where we can affect change by having ourselves seen. One of the great quotes we've had in DaDaFest was *This festival reflects my reality*, and it's so important our reality is seen throughout society, so DaDaFest has done its thing and it continues in Liverpool

I'm now in Wales, working with a membership organisation to bring change, supporting those members who are self-disclosing as disabled, or deaf, or neurodivergent artists across Wales. It's a free service we offer them. If people want to join us from outside, they can for £10 a year and we do a lot of activities to support them.

### **Strategic change in Wales**

But the big thing we do is really institute that strategic change, both delivering the quality training, but also initiatives in arts programmes that will make more and more opportunities for the artist to work in the sector. In Wales, when I first started in 2019, the Arts Council of Wales showed only



## D.11 Disability Arts - Debate

---

**RB, chair** Thank you so much Ruth, and again, there's a whole subject in there around intersectionality as well.

### DEBATE

**RB, Chair** Could I open discussion and invite people's reflections on anything that particularly stood out, or that you wanted to highlight that you've taken from the discussion, or from the speakers that we've had so far, reflections or anything that particularly stands out as critical in the discussions we've had.

**VFG, A4D Host** May I ask speakers about stigma.

#### **Proud to identify as disabled vs prominence of dementia stigma**

This arises from preparatory discussions for this webinar, learning that disabled people are proud to identify as disabled, whereas many people new to the disability of dementia, deny even to themselves that they have the condition, partly due to anxiety about their degenerating brain, but also to the stigma that surrounds the condition.

My question is do people already living with a disability challenge, mindful that they will have internalised while publicly declaring pride as a disability artist, think of dementia as another challenge to be coped with, thinking less of the stigma than people who are not living with a disability and are new to the sense of being 'other' with the sudden realisation that their brain is degenerating. It is because of this fear of stigma that I promote the idea of preserving brain health.

I just wondered what speakers think about stigma of a dementia diagnosis when you're disabled?

**RF** Can I answer that because it has been really interesting for me. I started wearing hearing aids at six years old, after being labelled as Educationally Sub Normal, then, realizing it was actually a hearing thing I was dealing with, and that my engagement from that point on really impacted the rest of my life, and I found the arts was the first time I got to find a voice, something I could do and feel proud of. Then I found the Social Model and the disability movement, and it radically changed. how I saw myself. I was no longer that burden.

#### **Language – deafness gain, rather than hearing loss**

I realized a lot of the language about the stigmatization of being deaf, and *I Can't* is always from a deficit. So it has been something that really interests me.. As I've got older and acquired more impairments. It is interesting how you change and shift the narrative around your life, but actually I challenge, I say, I've got a deafness gain not hearing loss, and as I can't move as much because of my lung condition and my mobility impairment it's giving me a new way to be liberated in a wheelchair when I need to use that. So, changing that conversation is really important.

## D.11 Disability Arts - Debate

---

In Liverpool we did an intergenerational project in shelter accommodation where many people becoming disabled with young disabled kids to do writing, and they were discovering new ways to see themselves as disabled people acquired impairments later.

It's not exactly the context of dementia, but actually the conversation doesn't always have to be about tragedy, suffering, *We can't*. It needs to change and challenge that. Words are important that we use words that can do that.

**RB, Chair** Thank you, Ruth. Is there anyone else who would like to comment on the difference in acquiring a disability or developing dementia later in life?

My own reflection is that most people don't have just one disability. People tend to have more than one disability and different impairments and each one has its own opportunities and its own challenges, and I think it very much depends on the type of disability you have, the type of environment that you're in and the type of support that you have.

One of my worries as guardian to my brother who is nonverbal and severely disabled. I have a massive fear around ageing and disability because he won't be able to communicate what is happening, or how his feeling, and so on. I do think there's a whole subject of study and that we need to better understand around aging and disability, particularly people with complex needs.

**FS, Visual Art for the Blind** Can I add to that Rashmi. I totally agree with what you're saying and coming from a perspective of the Asian background, there are a lot of cultural aspects to address as well, because I've seen it myself where there are stigmas, people are embarrassed to talk about it, and they don't have the support. A lot of people from various ethnic backgrounds don't have the support network, where somebody can be open and honest about their additional needs. Definitely in the older generation in the Asian community there is a big issue of admitting, or of anybody feeling comfortable to say they have dementia, or they have Alzheimer's etc. I'm coming from a perspective where my mother has early-stage dementia, and there are a lot of complex issues going on right now. So I think, cultural backgrounds, especially with the Asian community that I have experienced, there.

**RM, Met Museum, NY** I think it depends. People's own changes to the way they see themselves and their own personal identities are not held in a vacuum. An important variable there is going to be the way in which one society or culture perceives dementia, and the experience of dementia. It's all very wound up together also with ageing in general, and the way we perceive ageing and the acquisition of disability. I don't think you can separate them, but I love what Ruth said about having discovered the Social Model and being able to have a way to recontextualize your own experience as a disabled person, and possibly apply that to the changes that one experiences when they have dementia. Very interesting.

## D.11 Disability Arts - Debate

---

**RB, Chair** I think Veronica, putting it more delicately, putting it crudely, no personally, I don't think just because you have a disability it's easier to deal with another type of disability and they're all very different, and I think we all experience stigma. If you look at our protective characteristics. people experience stigma and unequal treatment in very different aspects of their lives. It's not something people have talked about intersection as well going back to Furrah's point, but that can be gender. It can be sexuality, it can be all sorts of things, and then there are social inequalities that also impact.

**VFG, A4D Host** Actually, my question, mindful that those who have not experienced disability are rarely proud of living with dementia and speakers having explained to me how proud people often are to identify as living with a disability, is: what is speakers' experience of disabled people's response on being faced with symptoms of a dementia – might their focus be more on the new challenge, than concern about stigma.

**VFG adds:** Awareness of stigma with dementia, whether it's cultural diversity or the awful general stigma associated with dementia, was Arts 4 Dementia's raison d'être – inspirational arts activity to override the stigma and preserve wellbeing.

So my question was, is it easier for people who already live with a disability whether stigma was lower down the their agenda for them when dementia hits or whether just the same where they still feel that awful worry about dementia.

**RB, Chair** Three colleagues have experience they want to share around stigma.

**Kate White**, professional delegate and carer: It's been an amazing event. I wanted to speak to the stigma issue because I think it is about the feeling of empowerment, and that comes from so many different factors in a person's life. So, the being able to face a diagnosis - perhaps it might be. dementia in this case – comes from so many different factors in your background and in the culture and community that you live in. I think that the narratives, as people have been talking about narratives around disability, are also so stigmatizing around the narratives of dementia.

### ***We're out and proud with dementia - Dementia as an asset***

When my partner and I, John, who had dementia he said, *We're out and proud with Dementia*, and that's made a big stir in not only in our family, but in the community – how can you be out and proud with a disability of that kind? So I think we need to really be speaking out about the ways in which dementia can be an asset to the community, and not a deficit.

**RB, Chair** I think one of the interesting things that that is a thread that's run through a lot of speakers has been this sense of community and the role of the arts in connecting people and bringing people together versus the isolation one might feel whether living with dementia or someone with a disability. Thank you all very much.

## D.11 Disability Arts - Summary

---

### CHAIR'S SUMMARY

**RB, Chair** I hope people have found what each other have shared valuable. I'll just flag a couple of things that grab me from the speakers. Just a very brief summary of the things that stood out for me:

#### **The value and role of arts in the community**

The idea of community and the value, the role of the arts, both in terms of the practical benefits when it comes to physical health, but also the social benefits,

#### **Philosophical, existential understanding**

Almost philosophical, existential, the arts helping us understand ourselves and understanding the world around us, or ourselves in the world.

#### **Social Model of Disability – dependence, independence, interdependence**

When we were talking about systems and the Social Model of Disability, a few people spoke of dependence, independence, interdependence. That is critical.

#### **Arts transcending barriers**

But there are so many aspects, particularly because a lot of practitioners here may not have direct influence over but are critical to the effectiveness of how we deliver and present its happening.

**VFG, A4D Host** Rashmi, your wise, informed guidance has shone throughout. Our warm and grateful thanks to you, to our Involve signers and to our speakers for sharing your inspirational experiences, guidance and calls for action. We shall never forget today. Thank you very much.

**AUDIENCE** – Delegates registered from Australia, Austria, Ireland, Italy, Malaysia, Mexico, Taiwan, USA and throughout the UK.



## DEBATE 12

### VR and Live Streaming Arts for Brain Health



LIVE LONGER BETTER

Arts 4 dementia  
Empowerment through  
artistic stimulation

## Debate 12

---

### **VR and Live Streaming Arts for Brain Health** **(Tuesday 8 November 2022)**

The uplifting power of engaging with arts activity, participating, using virtual reality to enjoy superb performances or explore museums and heritage venues nurtures a sense of awe, resilience and wellbeing.

Weekly access to the arts has a vital impact on people's brain health and wellbeing. In care homes, access to the arts through digital media, live streaming, whether painting, singing, acting, dancing or watching the most exquisite quality operas or masterpieces of fine and decorative arts in opera houses and other magnificent venues they can no longer visit, live streamed performances, interactive arts workshops, virtual reality bring it to them, inspires them to unlock their creative instincts, helps them to stay lucid and to communicate with their loved ones. Entering a magnificent heritage venue, introduced by the owner must be magical from a care home.

Sir Muir Gray, Director of the Optimal Ageing Programme at The University of Oxford, chairs this innovative, international debate in Virtual Reality and live arts streaming for care homes.

#### **H O S T**

**295** **Veronica Franklin Gould**, President, Arts 4 Dementia

#### **C H A I R**

**296** **Sir Muir Gray**, Director of Optimal Ageing Programme, The University of Oxford

#### **S P E A K E R S**

**296** **Martin Robertson**, living with Posterior Cortical Atrophy, shares his VR Experiences.

**297** **Charles King**, Chief Operating Officer, Rovr Systems, "VR Activity Therapies, Physical, Cognitive, Emotional"

**299** **Professor Khalid Aziz**, Lead Communication Skills Coach, Aziz Corporate.

**301** **Michael Blakstad**, Digital media access for care homes.

**304** **Claire Sandercock**, Head of Insight, The Eden Project, GOALD partnership with Centre for Health Technology at the University of Plymouth

**306** **Kunle Adewale**, artist: Arts for Brain Health Nigeria: Creativity and Digital Equity for Nigerian Seniors "Virtual Reality Arts"

**312** **Rosa Corbishley**, Development Director of Bristol Beacon, LSO Live Streaming orchestral partnerships with care homes.

**314** **Suzannah Bedford**, Director, City Arts Nottingham, Armchair Gallery.

## D.12 VR and Live-Arts Streaming

- 316** **Douglas Noble**, Strategic Director, Live Music Now, Live Music Now Live-streamed Concerts.
- 320** **Lisa Sinclair**, Senior Dance Health Manager, Scottish Ballet, Time to Dance, Duet.
- 323** **Bisakha Sarker**, Artistic Director, Chaturangan, Live streaming dance in association with NAPA Arts in Care Homes.
- 325** **D E B A T E**
- 327** You're never too old to be a pin up Girl Social Welfare Institute, Yangpu District, Shanghai, China.



### Veronica, President, Arts 4 Dementia

Good morning – joining us from Australia, Canada, Hong Kong, Indonesia, Ireland, Lebanon, Lithuania, The Netherlands, Nigeria, Taiwan, the United States of America and throughout the UK.

Welcome to this Virtual Reality and Live Arts Streaming Webinar to preserve our health and wellbeing – our brain health – inspired by our chair today, Professor Sir Muir Gray, to bring an innovative range of cultural and creative stimulation to enliven the lives of people who are isolated or living in care homes – so that they can participate or ingeniously feel they are participating in wondrous activity.

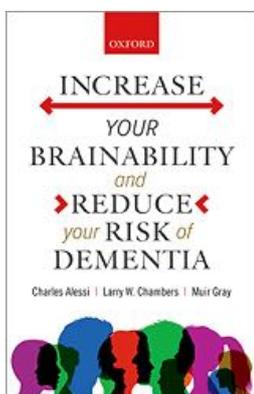
It is everyone's human right to participate in the arts, and our speakers today show how technology opens up this world to enable them to experience awe and wonders of the wilds of nature, to join in, sing and dance.

Digital advances - virtual reality and live arts streaming - greatly taken up during and since the pandemic, have generated innovative opportunities that can now bring glorious cultural experiences to people living in isolation, hospitals, care homes.

So, it is truly splendid to have with us today leaders in the digital development that can make this happen, activists, national and international exponents – and Sir Muir our chair, for a long time Chief Knowledge Officer of NHS, is Director of the Optimal Ageing Programme at The University of Oxford, running a campaign to reduce your risk of dementia and co-author of Increase your Brainability and Reduce your Risk of Dementia (2021).

Today's debate is Sir Muir's initiative. He is determined that whatever a person's cultural favourites, music, art, dance, drama, the natural world can be live-streamed to them.

Before handing over to Muir, our first speaker, a self-declared IT Geek living with Post Cortical Atrophy, shares his VR experiences.



## D.12 VR and Live-Arts Streaming

---



### Martin Robertson, living with Post Cortical Atrophy.

I used VR a lot and it came out purely by accident. One day I was having a foggy day and Alzheimer's Scotland were having a technology day nearby. We went along and I saw the VR headset and as I've always been an IT geek, I thought I'd try out. So I sat down, put on the headset, and a whale suddenly came towards me. My brain suddenly became alive and everyone in the room was watching and they could see my body straighten up. They were really amazed at how quickly it had happened. And the feeling kept going for a few days. And I said to myself, well if it works . . .

I actually did a virtual bike ride on my daughter's exercise bike to London and back and bought the local Alzheimer's group a VR headset and computer, which they still have to this day.

After Covid Alzheimer's got back in touch with me and they've actually given me an Oculus headset with two controllers. That's all you need. The two controllers set up space you need to play about in. So when I have a foggy day, I go on it and I'll go and look up places where I've been. For instance, I've been on safari, so I'll go to Kenya and it's just as if you're there. You can reach out and stroke the lion, which obviously you never do a real life, but it's there for you to do. I go to places where I've been in holiday. That's how I use it.

However, it's mainly used in art for 3D drawing. You put out one of your hands with a controller and you can draw 3D pictures and things like that. There's also 3D games, but because I've got Posterior Cortical Atrophy, I don't have any perception. So that kind of game is no use to me.

However, it is very useful. And with Alzheimer's Scotland, I will soon be going up to their Outdoor Resource Centre where we'll be making a VR film of their Centre so that people can put on the VR headset and look as if they're there. Hopefully it'll be good, because nature is always calming and it's definitely calming if you're in it, sitting on an armchair.



### CHAIR: Sir Muir Gray CBE, Director, Optimal Ageing Programme, The University of Oxford.

Well, a wonderful testimony there to the third healthcare revolution. So we've had two healthcare revolutions. One is the public health revolution of the nineteenth century, which brought us clean, clear water. The second has been the high-tech revolution of the last fifty years. It's astonishing what's happened: transplanted, MRI, hip replacement. These are amazing things, but they've got their limitations. Now we need the first and second revolution to continue. But we're now in the third healthcare revolution driven by three forces – citizens, knowledge and the internet.

For today's workshop we've brought together a range of people who are using, let's call it "digital". I don't particularly like the word Tim Berners Lee was asked in 2000, what was his ten-year ambition, and he said that no one would use the word 'the internet' in ten years' time and same with "digital".

## D.12 VR and Live-Arts Streaming

---

We don't talk about 'electricity healthcare', but 'digital' will do us for the moment. Now we're not suggesting that people with Alzheimer's or any health problem or any of us do not need more face-to-face direct contact, more hugging, more direct stimulation.

Our first speaker is Charles King, who's taken technology, develop for another purpose and has transformed it. Charles, over to you.



Charles King, Chief Operations Officer, Rovr Systems.

“VR Activity Therapies, Physical, Cognitive, Emotional”

Hello everyone. At Rovr Systems we are involved with providing VR activity therapies, very much like what Martin was talking about, but we are taking it a little bit further than that. We're very interested in the physical, emotional, and cognitive, activity therapies, so dealing with both the body, the social connections and keeping the mind active.

I'm going to just take you through a brief group of slides, which we've taken in more recent times. We work with care homes, we're in hospitals and we're just starting to go into hospices as well.

**Seated VR 360-vision, people watching, becoming part of life again.**

Here we can see our Rovr Relieve product, where we are really interested in companionable conversations and reminiscences. These are 360 videos. The person wearing the headset can look all around them and the person who's holding a tablet can see what they are seeing.



As a consequence, it's like two people going to a viewpoint and looking out and having some shared reference point to look at and to chat and to discuss together. That's a really important aspect, but particularly with this, it enables people to people watch and to become part of life again.

Oftentimes we find people feel they're separated from life; and by placing in in these environments, they can feel part of that life again. They could be part of an audience, at a theatre or at an opera – they can actually watch people play music and be part of the audience there, and not be reliant on a BBC channel, or a director's whim of how long they stay on anybody – they can look anywhere they like.

## D.12 VR and Live-Arts Streaming

### Active VR, generating unwitting exercise

We move on from seated VR experiences to active VR experiences. These are very much social, intended to generate unwitting exercise for people who may

normally not exercise at all, may be brought down from their bedroom and

placed in their chair and may sit there for most of the day. They may actually not do more than about 100 steps a day; and yet we have found we can encourage people to walk up to three kilometres. We've had people in care homes walking that far. What they're doing is sliding their feet backwards and forwards. It's exercising all the muscles associated with the knee, and it strengthens those muscles. Perhaps if they're not going to walk again, well then it keeps that lower body exercised and also helps them potentially gain the movement for full walking.



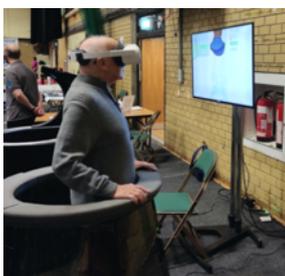
### “Walking” for hours, chatting and talking while strengthening muscles

We have here a lady who's in Oxford. She's actually walking. She's 87 years old. She walked continuously for one hour, while she was chatting with a carer in Cornwall – that's 200 miles away – and another friend in West Sussex. All of them were walking and chatting together as they walked through a scene. So this was social connection. This lady was absolutely mesmerized by being somewhere different, chatting and talking to other people, totally unwitting exercise. At the end of that hour, she complained that her legs hurt. That was brilliant because we'd strengthened some muscles there. Unfortunately, there's no gain without a little bit of pain if you're going to strengthen your muscles.



### Fully mobile VR

Here we have the next stage on. We have come from seated VR, to seated active VR to now fully mobile VR. Here is a lady, our oldest participant at present of 103 years old, and she's walking around the place down in Cornwall. She's in an assisted living setting. Joyce is walking around a place called Maker Heights. It's a World War II redoubt fort on the Cornish coast, with all the sounds of the birds and the sea in the spectacular viewpoint, looking out over Plymouth. It was an opportunity to walk with others and these social, both the seated active and this fully mobile active VR, You can see she's standing in a treadmill here. I can show you those treadmills a little better in the next couple of slides. Essentially what they do is, that they're able to walk forever and with other people. They don't have to be in the same country. People can join either from a laptop or from another VR headset, from anywhere else in the world.



### Intergenerational VR

You can see, we've got a gentleman here doing this. And then other members of the family who are younger, the next generations down, this is cross-generational and opens the opportunity for those sandwich generations who would love to be



## D.12 VR and Live-Arts Streaming

---

with their parents, but also have responsibilities for children. And maybe they can have a walk with their parent without actually having to go and visit them on every occasion. Maybe a walk once a day.

So that's us. That's what we do with activity therapies, social, cognitively stimulating, to try and help people live longer better. Thank you.

**MG, Chair** Thank you, Charles. Terrific. This brings up the issue that we've been discussing.

### **Recommendation: Care homes and GPs to record patients' cultural interests**

Maybe everybody who gets admitted to a care home should have their favourite reading and their favourite music recorded, because Charles has shown that if you play music that's relevant to somebody, you reach some part of their brain and get a terrific response.

### **Digital SP**

Now the same applies to people in their own homes. Maybe every GP should record the person's favourite music, favourite books, favourite type of programme, favourite hobbies, and we can do digital SP. So here's an example of revolutionary technology.

### **Introducing very respectable ex-BBC Revolutionaries**

Now, our next two speakers are very respectable revolutionaries. There are great people emerging now. I was terrifically impressed when I first met Khalid and Michael. They are in Winchester, both ex BBC. They have identified the fact that in a significant proportion of care homes, the only internet connection is in the office and in some big television stuck in the lounge that no one really knows how to work. So as well as the message they are thinking, a lot like Charles, about the medium.



### **Professor Khalid Aziz, Lead Communication Skills Coach, Aziz Corporate.**

It's good to be with everyone today. I was very honoured to be invited by Michael Blakstad, who you'll hear from later, to chair what was a seminar designed at really drawing together all the technologies and all the thinking technologies, such as the brilliant stuff we've just seen – we can see it's very effective. We also drew amongst our number, people who had really studied this whole business of dementia. Without going through all the findings, I'll just give you my takeaways, because I was very much the layperson there. I have had no real experience of dementia, but of course we all know what it's like to visit someone.

What really struck me was that often there are awkward conversations. If you see somebody in hospital who hasn't got dementia or in a care home who hasn't got dementia, you have a conversation which goes around. *How are you? I'm all right, thank you. What have you been doing today? Well, not much because I've been stuck in this bed, or this chair.* Then the visitor is really rather stuck for

## D.12 VR and Live-Arts Streaming

---

something next to say. And what one really wants is some point of mutuality, the sort of thing you saw just there from Charles's fantastic presentation of his technology where you are both experiencing something together.

### **The Reminiscence Bump**

What was also clear from our seminar was that there's something called the Reminiscence Bump. We tend to form our memories apparently during the ages of 15 to 30. The reason behind that is because that's when most of our change takes place in our lives. We become adults, we leave home, we go out to work, we probably form romantic liaisons, we may even get married and so on. Those are the bits that stick apparently with people who have dementia longest. They are the things that are still there when short term memory has disappeared. So if you can pull together the Reminiscence Bump appropriate clips of whether it's video, cinema, or even adverts – people can remember adverts, you know, *For Mash Get Smash* and *Shake n Vac* adverts – that stimulates all sorts of memories. What they discovered is that it doesn't have to be too tailored. In some cases, just a picture of anyone on a beach can stimulate memories of the person with dementia, who can remember suddenly when they were on a beach, and they can talk about that too.

What struck me was that if you can absolutely get this going, because one of the big resistances of course care home staff are greatly under pressure. There aren't enough of them, and so on. But, actually, it would greatly expand the dwell time of people who visit their relatives with dementia because they've got things to do *with* them, as opposed to things to do *at* them. I came away hugely enthused by the possibilities of – sorry to use this awful word – not just warehousing people with dementia but helping them live better lives.

### **Connectivity - digital opportunities to enable people to connect, live better lives.**

I know with all the charities I've been involved with, particularly the ones to do with disability, it is all about us as society ensuring people can live the best lives they possibly can. The real barriers, and I'm sure Michael Blakstad will say more on this, is trying to get the connectivity there. There are all sorts of resources around charges, organization, the BBC has an archive of copyright-free and certainly payment-free material that can be used. There are all sorts of things around. But the real sticking point is connection, connectivity, and that's what we've got over.

We had people at our seminar also from care homes, who are struggling just to keep their homes open and solvent. Whatever happens from here on in, the solution has to include a way of communicating the benefits of this. It would seem to me that just as we have had in education, the revolution of having teaching assistants and parents coming in to read, extra reading with children, we could actually augment the care, help the paid carers go further, if we could make it so much easier for visitors to their relations with dementia, to stay there longer using technology and using connectivity. I hope that's helpful.

CHAT **Jane M Mullins** The shared experiences of using this tech may contribute to friends sticking around when people are given a diagnosis

## D.12 VR and Live-Arts Streaming

---

**MG, Chair** Very helpful. Khalid and Michael, I think you were colleagues together a number of years ago

**KA** We were in the BBC at the same time, but our path didn't quite cross. I was at one stage going to be the presenter of a very famous programme which Michael established called *Tomorrow's World* – that was long after Michael had left. But then we were colleagues together in ITV when we both went to television South. So we did actually then work together.

**MG, Chair** “Renaissance!”, not “retirement”

Well, I think, by the way, one of our moves is a do with the word “retirement” - it's called “Renaissance”. So, it's a fine for using the word “retirement”! We're speaking to people who are having Renaissances and one of them is Michael Blakstad.

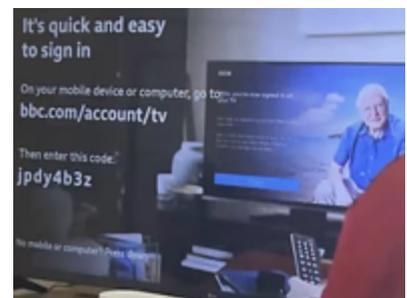
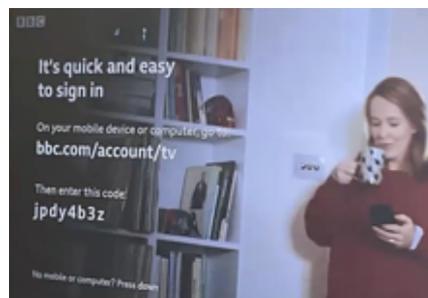
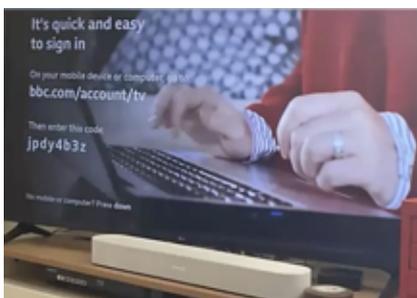
Michael has inspired me by his detailed knowledge of the challenge that people with Alzheimer's and others face, but his ability to relate that to a strategic approach. Michael initiated the meeting in Winchester, which led to this connectivity. It's the medium and the message, remember. So we've got lots of messages, but we need the medium. Michael, over to you please.



**Michael Blakstad, [Digital media access for care homes.](#)**

Well, thank you for those kind words and thank you Khalid for covering the ground. Thank you. My story begins in a strange way.

I was having lunch one day or planning to have lunch. My carer brings me lunch at one, so I can watch the *One O'Clock News*. And instead of getting the news, I got this message, (below left) followed by this image, (centre) and she has her mobile. followed by this *It's quick and easy*, she says. (right) - it isn't, when you've got shaky hands and you can't read the code. I missed the lunch and I missed the news.



David Attenborough may be good at this sort thing, but I'm not. It really brought home to me how very difficult it is to operate today's technology. And I haven't got dementia. I may have Parkinson's. I don't have dementia. It's totally impossible for people with dementia to get through to television. And when they do, the content isn't clear, and they don't know what they're going to watch.

## D.12 VR and Live-Arts Streaming



My wife went into a care home in Hampshire in July 2020, just after in lockdown. She had a torrid time. And I'm just going to show you a little bit. I went in with her. There's a community activity that's better here.

Tricia sat in her room with nothing happening on the telly.

It's useless too. I went to another care home because Trisha had to be moved on because her dementia got worse. The same thing there – they had these wretched channels which sit there with nothing suitable, hundreds of channels suited to its national businessmen and its remote control that people can't operate.



### Media versus Dementia

So I formulated this phrase, “Media versus Dementia”. I went against the advice, which you obviously observe of using the word “versus” instead of “for”. But I'm not “for” dementia – I'm against it. We're battling with this. We're launching our website soon.



### **Media – not singular, but plural = interactive**

I'd like to take up Muir's point on the business of media. I'm a classicist and I hate the word “media” used in the singular to describe the Fourth Estate everything to do with mass communication: newspapers, television, radio and the rest of it, as though it was a thing. Whereas in fact “media”, as all your good people know, is a lot of medium, any means of communicating with people, whether it's VR, whether it's music, whether it's audio, whether it's TV and the people could interact back. And that's where I start. There's got to be an interaction.

### **The Walled Garden**

I decided we would form a Walled Garden, taking the phrase from the Victorians, which is basically a place of horticultural peace and protection, from which residents may select and play their favourite music, audio content, memorabilia, and make it their favourite. They've got to be able to play it when they want, play it again if they want to.

### Walled Garden Seminar, Winchester

I called a seminar and it was a fantastic event. The guy on the screen is Jake Berger, the head of BBC Archive Content and they are with us. At the end of the day, they all vowed that they should take this forward, that the Walled Garden should indeed be formed.



## D.12 VR and Live-Arts Streaming

---

They came up with three groups loosely divided into horticultural section: the gardeners are the scientists, the flower beds are where the content grows, and the technology is a bit unreal. It's a jukebox because we need something. As Muir said, you don't see the technology, you don't mention the word 'digital'. It's just got to get there because people want to.

We came with three important things (and lots of others):

- Reminiscence theory – the Science – which Khalid mentioned. Everybody knows that people lose their short-term memory first. What they didn't know is that it can be that unlikely content brings up really unlikely memories.
- The BBC suggested an i-equivalent of memory channel – iPlayer: Memory Channel: The Content
- Finally, an App – the technology – That's where we're heading next.

### Need to understand the stages of dementia

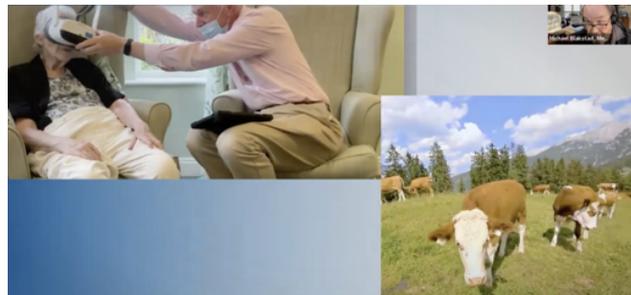
I went to a Dementia Friendly Performance of *Crazy for You* musical at Chichester recently. I went to one at the National Theatre as well, and I realized that it was a wonderful occasion. But the people there were very early in their dementia, and nobody was really measuring how far their dementia had got or anything else. So, the next stage is to think about the stages at which dementia happens. We don't know enough about it and we need to study it.

For instance, my wife Trisha, by this time was beginning to repeat what she said over and over again, Michael and Sophie. And that's basically that's what happens with dementia. She did do some artistic activity. She was an artist. She was an architect. She could also understand it and she came along to a villages exhibition programme in Winchester.

But what are we to do in terms of genuinely communicating? What are the content that we need to create? What are the performances that get through to them? The BBC kindly supplied me with some footage of film, which I had made. We also gave her VR experience. Charles very kindly came over and put the camera on her – tried to, she took it off. It did lift her a bit. Both experiences lifted her. I cannot say they made a huge amount difference, but then she was very far gone. Tricia unfortunately died a month ago today. At her funeral, I was able to get her one last of experience of music.



We want to get the range of dementia, find out which bits of media appeal to them most and how they can access it most easily. We need to get connectivity in every care home. We want to get carers who can actually operate the equipment.



And we need to get content that suits them. That's the mission. I hope very much that VR will play a large part in that.

## D.12 VR and Live-Arts Streaming

**MG, chair** Michael. Wonderful. I think when Charles was playing or using the VR with Sophie, there was as he moved from one VR to another, there was some tinkling music; and she suddenly said in the midst of a stream of *Sophie, Michael*, she suddenly said, I think Charles, *That's not very complex music, is it?* Something had been reached in that way. That's good.

So the revolution is underway and we'll come back with questions to Michael and I love it. *Media versus Dementia*. Good solid Latin all the way through, Michael.



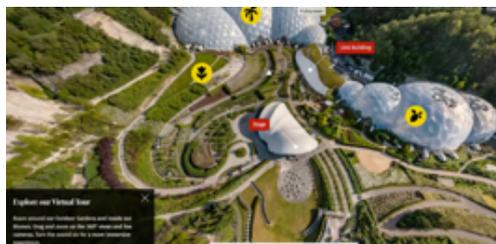
**Claire Sandercock, Head of Insight,  
The Eden Project.**

[‘The Eden Universe’ GOALD partnership with Centre for Health Technology at the University of Plymouth](#)



### **Eden Universe**

Firstly, to share the background on what I'm going to talk about today. It all came about from the 5G Testbed and Trial programme set up by the Department of Culture, Media and Sport (DCMS) to fund projects that explored how 5G technology could influence people's experiences.



Our project entitled Eden Universe was one of nine that won a DCMS bid to explore, how 5G networks could enhance people's lives. We were delighted to be selected to take part in such an exciting project trial how 5G could enhance the ease and experience both at our site in

Cornwall and online, reaching different audiences both locally and globally. The whole journey was a fantastic opportunity to work with new technologies and new partners to explore innovations for the future.

If you haven't been to the Eden Project, this is what we were trying to bring to life through different two different audiences, both globally and locally. This is the one of the outputs of Virtual Tour.

### **Eden Universe Partners**

We work with a range of partners to create, deliver, and evaluate our content. One was Marshmallow Laser Feast. They created amazing Augmented Reality (AR) experiences. We worked with META Camera who installed seven 360-degree cameras into our biomes, both the Rainforest Biome and the Mediterranean. And we worked with AQL who were our 5G provider. We were also very excited



## D.12 VR and Live-Arts Streaming

---

to work with the [University of Plymouth Generating Older Active Lives Digitally \(GAULD\) Team](#). They collaborated with us on the evaluation of the health and wellbeing aspect of the trial. More on that shortly.

### Range of 5G digital experiences

At Eden Project Cornwall, we installed the 5G network and supporting fibre infrastructure. We developed a range of digital experiences to test how 5G could align with our mission, which is all about connecting people to each other and the living world. We created four exemplars to connect with different audience groups.

- Visitors on site and online
- Health and wellbeing in care homes
- Education and schools
- Art and culture online

Across a four-month period, we trialled and evaluated the experiences and shared findings with DCMS.

### Health & Wellbeing in Care Homes

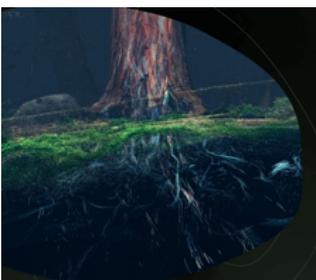
Today I'm going to expand a bit more on our Health and Wellbeing exemplar. An objective from the start of the project was to understand whether taking a virtual Eden into Care Homes had an effect on health and wellbeing in the residents of these care homes:

- In what way could a digital experience of Eden enhance connection to the natural world and to other people?
- Could it provide new conversations to have with fellow residents in care homes, care home staff and family members?
- In what way could it influence mood and sleep?
- Very importantly, to test whether or not we can provide an opportunity for lifelong learning to learn something new whatever age you are.

Collaborating with the University of Plymouth allowed us to be part of a much bigger research programme, which was very exciting for us. We teamed up with the GAULD team, a project run by the Universities of Sterling and Plymouth. Their overall aim is to bring older and younger adults together to explore the use of digital health technologies – sorry, now I'm using language that maybe we have to change, but it's in my script – I've written a note to myself! They know from literature and previous research, there's a lot of support for the health and wellbeing benefits from physically visiting sites like Cornwall. But obviously there are groups that can't do that. So to be able to find new ways to visit culture attractions like Eden, evaluating this was a great opportunity for them.

### Content: [The Invisible Rainforest](#)

In terms of content developed, we created a [Virtual Tour](#) of the Eden Project in Cornwall, which included amazing AR experiences set in our Rainforest Biome. The Invisible Rainforest is made up of three different experiences, one of which was the [Weather Maker](#) - this is an experience viewed through one of the 360-



## D.12 VR and Live-Arts Streaming

---

degree cameras, which climbed and descended one of the biggest trees in our rainforest biome. We also had other cameras live-streaming across the biomes.

### The Dawn Chorus at Sunrise

We had a 20-minute virtual nature experience that featured the Dawn Chorus at Sunrise, set in Eden's Outdoor Gardens.

Really special content was delivered across three different technologies:



- An iPad with headsets - this accessed the Virtual Tour, along with the AR content
- A Room with a View, where we had a large projector screen set up with lovely Eden plans to give it a real sense of nature. There was an experience with VR headsets; and for the VR headsets, we created three additional pieces of content. And it was a little bit like a VIP Tour of Eden through the Outdoor gardens, another six-minute film, the Rainforest Biome and a third the Mediterranean Biome.
- The Virtual Nature Experience, which included the Dawn Chorus

Three Cornwall Care Homes took part in the trials. Each had a different one of the technologies to see how their residents got on with it.

### **Training Care Home Staff**

In setting up the experiences in the care homes, we provided the staff with training. This involved showing them how to use the equipment and a guide to each of the experience. So when they sat down with their residents on a weekly basis, they had tasks to take them through. So everybody knew what was going on each week. Activity leaders in each of the care homes delivered the experiences from us.

At the start they found that the use of the equipment to took a little bit of time, but very quickly, the residents were able to find their own way around the gardens, find out new bits of information in the Rainforest Biome, and for a lot of the residents – not all of them, but for some of them – it inspired them to learn more about the different waterfalls around the world. Some residents thought it was a lovely, peaceful experience. It was so nice for them to see the different images. It was a relaxing experience they found. Some said they absolutely loved it and it made them feel really happy.

We're now looking to futureproof these experiences used specifically within community groups, such as care homes. The assets that we have will be handed over to the wider Eden team, and we'll be looking to develop and deploy alongside our other various work streams.

That is Eden Universe in a nutshell. I've just skimmed the surface, but I hope that gives you a sense for what it was all about.

**MG, Chair** That was wonderful. So the Eden I think epitomizes this possibility. We can give people reminiscence and the BBC has got plenty of reminiscence, *Dr Finley's Casebook*, for example. We can give people foreign travel and we can give them nature.

## D.12 VR and Live-Arts Streaming

### MG, Chair Intergenerational workouts - Digital giving in older age

Charles and I were discussing whether we shouldn't in our work in Oxfordshire, adopt the Buckinghamshire Oxfordshire, Berkshire Wildlife Trust. Whether these people who are moving their feet couldn't be raising money to tackle climate change and create jobs for young people. So we're thinking of ways in which we can not only provide stimulation, but also what seems to be very important. And I think it's very important not to write people off who've got dementia.

### Digital activity restoring sense of purpose – for Climate Change

It is clear now that lack of purpose and the feeling of uselessness accelerates the climb. So I think the Eden Project would epitomize where we want people to look. Certainly, we want to look at foreign cities and look at where you were brought up. But I think this idea of the future climate change and thinking of future generations is very powerful for people with dementia. So, thank you very much for that.

And Nigeria is just intellectually such a stimulating place. I'm working a bit with healthcare in Nigeria. Our speaker now, Kunle Adewale, is at Arts for Brain Health in Nigeria. And I think actually this thing called "digital" took place faster in Africa than in many parts of England. Partly, I think, because you bypass wire, didn't you. You move more directly to communication. So there's a lot to learn and we're going to hear some from Kunle - over to you, please.



Kunle Adewale, artist. Arts for Brain Health Nigeria. Founder of [Global Arts in Medicine Projects](#)

“Creativity and Digital Equity for Nigerian Seniors: Virtual Reality Arts”

It is great delight to join all of you here. I'm going to be talking about a VR programme in Nigeria. My focus today is the creativity and digital equity for Nigerian seniors.

### Nigerian elders – vast population growth

Nigeria is described as a culturally and environmentally diverse and, and lower middle-income country in Sub-Saharan



Africa with over 200 million population. It is currently the seventh largest country in the world – amazing, with the fastest population growth. Nigeria also projected to become the third largest country in the world in 2050. Nigeria has the highest number of older people on the continent of Africa, and the nineteenth highest across the globe, with the population of Nigerians aged 65 and older projected to nearly triple by 2050.

## D.12 VR and Live-Arts Streaming

### Psychosocial health factors during the ageing process for Nigerian seniors

There's increased demand for healthcare services. We have inadequate health prepared healthcare workforce, absence of elderly friendly services. We also see increased economic stress, retirement status, absence of a social security system, or system for seniors in Nigeria.



There are also changes in family dynamics which include caregiver stress, elder abuse, which is very rampant and a big deal here in Nigeria.

We also see decreased functional independence. So there are changes in functional status and decreased social networks among the elderly people.

### UN International Day of Older Persons 2021 'Digital Equity for All Ages'

The United Nations International Day of Older Persons 2021 theme was "Digital Equity for All Ages", which predicates the need for access and meaningful participation in digital world by older persons. The fourth industrial revolution characterized by rapid digital innovation, characterized by exponential growth has transformed all sectors of society including how we live, work and relate to one another. Technological advances offer great hope for accelerating progress towards the Sustainable Development Goals (SDGs)



### VR fundamental for seniors in a fairer, healthier, equitable world

In creating a fairer, healthier and equitable world, digital technology is fundamental for seniors. Using VR for the elderly and vulnerable population will make them enthusiastic about life. It will help them to find the missing sparks in their lives. A lot of young people in Nigeria are really engaged in using VR. You go to the malls, or you see young people using it for gaming entertainment. But including seniors helps to bridge the intergenerational gaps.



### Digital access promoting social, physical and emotional wellbeing

This access promotes social engagements in the homes and helps seniors with their physical, emotional and wellbeing. It helps them to relive the beautiful memories of their favourite places, people and music locally and globally. Inclusion is part of the wellbeing package.



### VR programme

Our VR engagement for Nigerian seniors runs across three settings: a care home for the elderly, an elderly group in the community and a community day-care centre for the elderly. The core areas that we look at in engaging the elderly in Nigeria are the concept of Equity, the area of Dignity, Diversity and Humanity.



### Access

We know that access is fundamental. Not everyone can afford to buy the headset. Not everyone can afford to go to the care homes, right? So we find a way around deploying the asset, facilitating VR engagement across groups, across our communities and across homes as well.

## D.12 VR and Live-Arts Streaming

### Participant range

Participants in our programme are aged 60 upwards. This includes participants living with dementia and Alzheimer's disease, those with cognitive impairment, stroke patients, among many others. We have this wide spectrum of participants in our VR engagement.

### Conversation

For us, everything begins with conversation. When we go to this home, we don't just impose ideas. The first thing we do is to just start the conversation. *How are you doing today?* From there, we go to, *Okay, we would love to share a moment with you. Would you like to experience VR?* Then say, *What would you like to do?* as part of the things we do – just like you go into a restaurant, right, and they serve jollof rice. There is fried rice, there is plantain, there is beans, there's cocoyam. So you don't just give somebody fried rice, except the person who wants the fried rice. We don't just give them an experience they don't recommend, or they don't really request for. From the conversation we are able to know, right, to find out what they really desire to experience VR.

### Cultural options

We provide a wide range of options for seniors based on their preferences. We are very intentional about what they want to experience. These are part of the options that we have for them: music, dance movements, comedy skits, movies, we have guided meditation of mindfulness, art, sport, and tourism. All of these are part of the VR experience that the seniors in Lagos in Nigeria have been enjoying for the past month.



### VR Applications

What we do basically using VR. We don't have the funding to hire or to employ developers to help us to develop new things that the seniors might want to explore. But what we do usually is to buy applications like Healium, like TRIPP, of course we also explore the VR YouTube channel to be able to explore in opportunities for seniors who want to really interact with technology.

Apps were purchased to support VR engagement for Nigerian seniors, Healium, TRIPP, Eleven Table Tennis, Golf, all the applications including YouTube, all of these parts of what we leverage for the seniors in Nigeria.

### Challenges

What are the challenges that we have faced facilitating immersive, technological experience for seniors living with dementia, those with cognitive impairment, those with strokes among many others. There's this dimension of internet accessibility. Internet is very important for us to use. We use Oculus Quest 2 and also Oculus Go.



Internet access. We realised that in certain communities, like the rural areas, there is no access to internet, which means that seniors might not be able to experience or have access. So we downloaded videos and



## D.12 VR and Live-Arts Streaming

---

curated them into the VR headset, to enable us to engage with seniors independent of the internet. We were able to mitigate that challenge with the access to internet.

**Education** There's also lack of education. The use of VR technology requires more education for the staff of the care homes and the residents. The communication barrier is one of the challenges of using VR in the homes in Nigeria. Nigeria is a low income, developing country. The use of technology, VR in care homes seems very strange, not a popular thing. So we are taking time to really educate the staff of this care home on how to use VR, how to navigate and how to deploy it for some of these seniors.

**Funding** As we don't have VR content developers, we basically leverage existing digital content and buy applications. The headsets are not affordable, so the homes cannot make purchases yet.

### Headsets

Currently we have about five headsets that we use across about seven homes in Lagos, Nigeria, over 80 to 100 older persons have really experienced a VR programme. Each headset costs about \$500. We currently have five headsets. Although some of the care homes were inspired by the social engagements triggered by the VR sessions, they are making moves and have developed a keen interest in purchasing headsets for their clients.

### Safety Checks

We look at is safety checks. Is this safe for the elderly ones to use VR? The residents and participants were not introduced to content that would make them feel dizzy or lose mobility. To avoid the risk of falls and injury, we stick to digital content they feel comfortable with. This is very important for us to check that they are okay to use the headset. We try to check, *Is this okay for you? Do you want to experience this?*



### Training care home staff

One of the things we tried to do is to train the care home staff members on the use of VR for the residents.



### Testimonials from seniors and caregivers

*The VR experience gives me a feeling that I can never forget!* This man (above left) now in one of our care homes, was the first DJ in Nigeria. He said he would love to experience Ray Charles on VR YouTubes. He was crying. Long ago he had seen Ray Charles live on stage *Using the headset gives me a feeling that I can never forget*, seen in the documentary of our programme.



Another senior (centre left) said on his first experience of a VR headset: *I stood up to dance when the music entered my brain. It elevated my spirit here.*

A caregiver spoke about VR experiences improving the moods of the seniors:

*It brought back good memories and they were more interactive than ever before.* Seniors said the experience made them excited. It made them feel like people still care; and for some, it removed for some depression.



## D.12 VR and Live-Arts Streaming

---

### **VR equitable, inclusive, intergenerational, combats loneliness, anxiety, stigma and depression**

In conclusion, the VR programme helped to minimize inequities as participation was open to seniors across classes, tribes, religions, ethnicity, and gender. It destigmatizes dementia and other health conditions associated with ageing. The VR project helped to bridge the generational and digital technology gaps by providing access for seniors in care homes, community daycare centres, and elderly groups in the community, through immersive technology. Lastly, the VR engagement for Nigerian seniors provided a room to escape, loneliness, isolation, anxiety, stigma, and depression associated with ageing.

### **Partnership and Support**

Healium, The Atlantic Institute and the Rhodes Trust in Oxford, Global Brain Health Institute, Alzheimer's Society and Alzheimer's Association.

Thank you so much. It's been a pleasure having this conversation with you all.

**MG, chair** Great superstar Kunle. Thank you very much.

#### CHAT

**Norwood Creech** Is the wearing itself of the headset ever an obstacle?

**Sonia Levesque** Yes, I was going to say the weight of the headset itself can be an issue... I wonder if there is anything available to help assist / distribute the weight... like a custom c-stand with wheels type set up?

**MG** Charles I think I am right in saying headsets will get lighter ? (It's fascinating and encouraging to see all of these projects and initiatives - wonderful work!)

**CK** Headsets are getting lighter. We use Pico headsets because these balance the weight front and rear making them feel lighter and easier to wear. Will they get lighter? Yes, they will. The next gen Pico's are lighter and eventually they will become like spectacles, but this will take 5- 8 years from now. Well done, Mr Kunle! It is an interesting presentation. VR is indeed therapeutic for the elderly ones.

**MG, Chair** Can I just ask you, Charles, are these headsets going to get lighter?

**CK, Rovr Systems** Yes, they are going to get lighter. The technology at present is all based around mobile phone technology. So you have a screen which needs electronics to drive it. Then you need a battery to run that.



We use Pico headsets because they balance the electronics at the front and the battery at the rear. That makes them lighter too. It feels lighter to wear. But even the next generation of those which are coming out now, Pico 4X are lighter still than they

## D.12 VR and Live-Arts Streaming

---

were. But the end game will be when the headsets become pretty much like the glasses that Claire and I are wearing, for instance. They will be that light. They will be that small. They will use wave guide technology. I know the people who are working in this area, and I reckon it will be, unfortunately, probably about five to eight years from now before they'll get there. But we will get there.

**MG, Chair** Great. Okay.

**CK** Accelerate. It may be faster, but they will go in that direction.

**MG, Chair** Great. Well, tremendous range of speakers.



**Rosa Corbishley, Development Director of Bristol Beacon, [LSO Live Streaming orchestral partnerships with care homes.](#)**

**[Bristol Beacon presents the LSO on BBC News 10 – to every care home in the UK](#)**



Thank you for the opportunity to speak to you all today. This is a wonderful thing and we're excited to talk about our project. [Bristol Beacon](#) is a music charity, based in the southwest, in the beautiful city of Bristol. Our charity was formed in 2011 to take on the organization and management of the concert hall [then called Colston Hall](#). We also run a regionwide [Music Education Hub](#), and we have a really substantial community and outreach programme, of which the programme I'm here to talk about is part.

I've heard so much from the other speakers today about both programmes that link profoundly to memory, but also then those that are encouraging people living with dementia to be stimulated and to have new experiences. We like to think that our programme with the [London Symphony Orchestra](#) is in fact providing the two sides.

### **Live-Streaming Orchestral Music Partnership for Care Homes**

I'll describe a little bit about what we've done and then how it came about. Essentially, our programme was a partnership between the London Symphony Orchestra. [Sir Simon Rattle](#) was very prominent in the conversation as well initially. It started with a particular care home group in a Bristol with a very enlightened owner operator. It also importantly had a connection with the [Care Quality Commission \(CQC\)](#). We felt that was a really great opportunity.

Bristol Beacon was right in the middle of a major capital programme - we are due to open a [new concert building](#) next year, 2023. So, in fact, this concert happened in Bath. We often promote shows into [Bath Forum](#), also part of the story. What we did was develop a programme with Sir Simon Rattle and with the wonderful team at the LSO, Tim and Andra East, Head of [LSO Discovery](#), and Tim Oldershaw, Head of Customer Relationships, that we thought would pull on people's reminiscences.



## D.12 VR and Live-Arts Streaming

---

### Beethoven and Martinů

The first programme we did together was Beethoven's Symphony No 6, but then they also wanted to have wonderful new works or new works in here. So we also had Martinů's Rhapsody-Concerto for viola. And this we promoted the live-stream really heavily using CQC's networks.



### Care home partnerships

We also developed a number of partnerships with care home groups across the country. We tended to focus on groups because obviously can reach multiple points through care home groups.

### Internet access

It was very interesting to hear Michael talking about internet access. We had to be very considered about how we promoted multiple routes in to the live-stream so people could look at it in any platform. I've got some lovely photos to show you of a care home that looked.

### Streaming through care home screens, tablets and mobile phones

The care homes organizer put it on a big screen in the central space. We had a lot of people doing that, but we also had individuals looking at it on tablets and people looked at it on phones as well. Any route through, franklin, excited us.



### Rattle's thank-you to care staff and residents

*It's a way of saying thank you to people who have done so much and who have been on the front lines like never before in the last 18 months, both carers and residents (2021).*

The streaming came at a particular time: Simon Rattle and the chief executive Louise Mitchell, were always really clear, that this was a thank you not only for those residents living with dementia care homes, but also the people who'd looked after them through the pandemic.

### Live-Streaming on a mass scale, at the highest quality

The initial live-streamed concert was a real response to the pandemic and people were very excited about online, but we've actually discovered that it's been a very valuable way to offer music on a mass scale, at a national level, at the highest quality; and we're working with partners that represent the highest quality through the London Symphony Orchestra.

## D.12 VR and Live-Arts Streaming

---



### How our LSO partnership began live-streaming into care homes

So how did it come about? We're incredibly lucky to be working in partnership with [Geoff Crocker](#), who owns [Bristol Care Homes](#), with four homes across the city. It actually came out of a really passionate idea of his that he knew that we had concerts and events with the LSO and he wanted to get that opportunity into care homes. In fact, he helped us to think really big and funded most of the live-stream work. We're delighted to say that it continues; and we are due to present our third one in March next year.

**MG, Chair** I'd love to use these pictures when we were giving talks and persuading others. I think we've been discussing virtual communities probably in every care home. There's somebody who really loves Beethoven, and people who really love Benjamin Britten is probably in 1.78 care homes; and people who love bagpipes – one for every 32.6 care homes. There's something about developing virtual communities of people to have a chat after the concert. That's what we're working on too. Charles's technology can do that. So with the concert, we'll have a cup of tea or a drink afterwards and a chat people.

**RC** That's nice. We did some of those in lockdown as well. They worked very well because that recreates the experience of being at a concert, doesn't it? It's what we all love. It's a social experience.

[Suzannah Bedford](#), Director, [Joe Pick](#), Communications and Audience Development Manager, City Arts Nottingham

### [Armchair Gallery](#)

Thank you so much for inviting us to talk today. I'm Suzannah Bedford and I'm the CEO and Creative Director of City Arts. I'm very grateful to my colleague Joe, who's kindly going to take us through the [Armchair Gallery app](#). This is an accessible app that's been designed for tablets and it's a great, free resource for carers who are working in residential homes.

### Digital access from armchair to world class cultural venues

The wonderful thing about the Armchair Gallery is that it brings arts and culture to you. It enables residents of care homes to effectively be taken out into seven world class venues, for digital visits to a different venue each week, to [Yorkshire Sculpture Park](#), [Chatsworth House](#) in Derbyshire, [Dulwich Picture Gallery](#) in London, two National Trust properties, [Mr Straw's House](#) in Worksop and [Newstead Abbey](#) in Nottinghamshire, [The Lowry](#) in Greater Manchester and [Pitt Rivers Museum](#) in Oxford.



## D.12 VR and Live-Arts Streaming

### Personal welcome



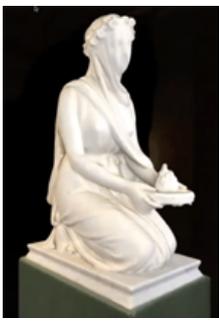
You get a very personal welcome into the venue. If you click onto [Chatsworth House](#), it feels like you are being welcomed by the Duchess of Devonshire to their home and to their amazing collection at Chatsworth. It makes you feel like you're there, gives a sense of you being outside on an actual visit.

If you are a carer and you've got this great resource, then you can choose to focus on an artifact or an artwork. This gives you the opportunity to even have a talk and gives you an interactive element.

### Zooming in to look closely at each artifact

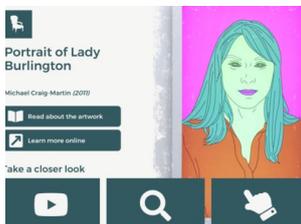
You can choose to have a very close detailed look at artifacts. For instance, we just saw that veiled marble sculpture - Vestal Virgin by Raffaele Monte (1846-47). And it's really beautiful 3d. This gives you an idea of what you would see.

So each featured artifact like this across all the different venues has a whole step-by-step guide. You can run a structured workshop with in either one-to-one or in a group. We'd advise that carers just look through each venue to select activities - there are about 18 activities across the six venues.



### Michael Craig-Martin, The Countess of Burlington.

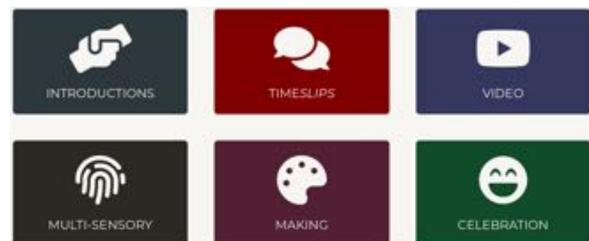
Here is a digital portrait of Lady Burlington at Chatsworth, introduced on the video by the sitter herself and commissioned by her father-in-law, the 12<sup>th</sup> Duke of Devonshire in 2010. As a carer, you can look at assess the level of difficulty.



### Dementia Friendly Activities

The Armchair Gallery app gives several activities for each venue, with some pre-planning materials and a bit of thought as to what you'd like to achieve from this workshop. The methodology behind the activities is dementia friendly. The activities were designed by Claire Ford, who spent time as an artist and residents in a care home herself. She has very much designed these activities to be as closely participant-led as possible.

The activities are focused around using the artwork and that idea of going into a venue as a stimulation for the senses, to encourage people to connect on many different fronts.



## D.12 VR and Live-Arts Streaming

---

### Training resource for carers

Claire has made a training resource for carers, an [Instruction Video](#) and [Instructional Blog Post](#).

### Accessing the Armchair Gallery app

The Armchair Gallery app can be accessed through an iPad or tablet, to a television, though not through a computer. If you buy an adapter and you're as technically capable as Joe is, this would allow you to project this wonderful app as if it were live-streamed.

**MG, Chair** That's wonderful.

#### CHAT

**Martin Robertson** Would you consider Armchair Gallery being filmed in VR? The experience is so much more immersive.... I know a VR film maker but lives in Scotland.

**MG** Charles, looks like a great VR opportunity !

**MG, Chair** After the seminar's over and we've all gathered in the pub, I'm going to buy you all probably a double gin, it's on me, but particularly for the Nottingham team to meet Charles King, because what we'd like is for people to get up and walk and walk upstairs in the Ashmolean Museum. I think that the way you thought this out, Charles if we could add VR into that - Martin's already raised this as an issue - I think it'd be even more impactful, so you could walk and climb stairs as you move from exhibit to exhibit, talking to your niece in Toronto or you do so. Great.

Let's move on. We're back to music. I think we must be very broad about music. I would like a Chris Barber concert, for example, as well as Beethoven. We're thinking of all sorts of music. There'll be one Chris Barber fan and every two care homes I would guess, maybe more.



[Douglas Noble, Director, Live Music Now and Sophie Dunn, Director of LMN South-West](#)

[Live Music Now "Live-streamed Concerts"](#)

I am the Strategic Director for Adult Social Care and Health for [Live Music Now](#) (LMN) and delighted to be joining and presenting LMN as part of this important event. In this presentation, I will give a brief overview of who Live Music Now are and run through some of the ways we have been using live-streaming with live music over the last couple of years, some of the learning and challenges, as well thoughts about its future.

### UK charity bringing about positive social impact through music

Live Music Now is a UK charity covering England, Wales and Northern Ireland. There is a separate sister organisation Live Music Now Scotland.

  
**Keeping The Music Going**  
**Live Streaming and Live Music**  
Douglas Noble Strategic Director, Adult Social Care and Health, Live Music Now



## D.12 VR and Live-Arts Streaming

### Social impact through music

- We work towards social impact through music, which is supporting the musical lives of people experiencing challenging circumstances through disadvantage and social exclusion.
- We develop and support the musical workforce of professional musicians and
- We advocate and evidence to transformative benefits of music on learning, development, health and wellbeing.



#### LMN Musicians

Our musicians are our most important asset and we very carefully select and train them. And it's really important to us that they represent the diversity of the communities and the rich musical landscape of the United Kingdom. You can find out

more about our musicians and us through that link and QR code above.

Like many organizations in early 2020, we found we could no longer work in person overnight and very quickly developed from being a live delivery organization into being a production organization.

### Live Streaming Activity Types

Three types of live streaming live music for people living with dementia and the people supporting them emerged.

- Live music concerts.
- Interactive workshops – we have always done a lot of interactive work.
- Workforce and sector development and support.



#### Live Music Concerts

Live Music  
In Care  
Concerts



Songs  
& Scones  
Community  
Concerts



North  
Bristol NHS  
Trust with  
Fresh Arts-  
Hospital  
staff  
concerts



Supporting the mental health and wellbeing of the hospital community

#### Live Music Concerts

We had regular Facebook Live concerts called Live Music in Care for Care Homes on Wednesday lunch times.

We had community concerts aimed at people living independent in the community with support organizations, our Songs and Scones programme. We also had Wellbeing Concerts for staff working in hospitals. This one with the Bristol NHS Trust – just an example of some of the things that we did.

## D.12 VR and Live-Arts Streaming

---

### Interactive Participatory Workshops

We also carried on with our interactive participatory workshops. Agency and choice and control are very important parts of our practice. This is [Apple Blossom Lodge](#) in Northern Ireland, where we worked with men living with dementia on a one-to-one basis, as well as in small groups. It was with a musician called Louis McTeggart and included music making on iPads. Here are quotes from the staff team that we worked with. *It has taken him to a place with music he thought was lost forever. It's the one thing that he's been involved in, in the five years since he's been here.*



### Flute Shake Live Online musical workshop

At Cheverton  
Lodge care  
home in  
London.

### Workforce and Sector Development

#### Keeping the Music Going online event

Workforce and sector development are always very important to our practice. We ran a large gathering online with over 70 people, musicians, support workers, care workers, as well as people living with dementia themselves. It was an opportunity to try and support music to carry on, but also to find out something about the needs that could be met in terms of making that happen and supporting that to happen, around the need for information and guidance.

This came back from the audience: Staff support, training, encouragement needed and technical support and digital knowhow and equipment.

#### Learning and challenges

- There were lots of technical challenges, as I'm sure other people found. We ran webinars to support musicians around tech and production. We also found that enormous development took place in care workers through necessity in the face of the lockdown. They got confident in using technology to get online and to be able to access things. It was a real testament to their self-sufficiency and ingenuity.
- Audience development is always difficult for us as a national organization. It was such a full landscape, so much choice. We relied very heavily on local and regional partners.
- Our interactive practice was limited, although that really developed. The use of things like music tech, iPad as instruments and the ways that we worked with and engaged and got support from care teams was really key and always will continue to be so.

## D.12 VR and Live-Arts Streaming

---

### Impact on Mood

We were really light touch around our evaluation. We didn't want to make demands, but we gave the opportunity for people would give feedback and they did. Our online interactive sessions showed positive impact on mood generally, but also from both before to after taking part in our sessions.

### The future - Live-Streaming continues

So what's the future for live streaming for LMN? Obviously now we can get back in person. We're putting our time, effort and resources into that, but we will carry on live streaming. Workforce development webinars will carry on, both for our musicians and for staff teams working in care homes. There's potential to develop more regular live concerts. We have a model that we do with schools called Musical Mondays and of course we're ready to respond to the circumstances, any circumstances that might come along and prevent us working in person in the future.

### Feedback from our live-streaming programme:

Support worker, Totness Caring: *A great response to the pandemic which really made people feel socially connected and uplifted, thanks to the professionalism, warmth and musicianship of the performers*

Care Home Team LMN Scotland: *It was excellent to see one of our residents, who was very stressed/distressed ... encouraged to come through to see what was happening ... he became very relaxed throughout the music playing and tapping his feet. ... he did not wish to dance or sing, just listen.*

NBT Staff Member: *The concert really helped me engage back in with work seeing my colleagues, as well as others who I don't know, and just having some enjoyable time together without the pressure of work.*

**MG, chair** That was a wonderful presentation. We're going to have time for discussion. A couple of points emerging now. One is, how do we bring these together and with a light touch. I was speaking to the editor of the *Caring Times* magazine today. There are two other magazines, so I think Veronica, you and I need to just pull these things together. There are probably others we haven't got involved. The second is deafness and thinking about adapting this for individuals with visual and hearing problems. We'll perhaps address that in a separate workshop, but it may be some of you could comment on that in the chat room. Great, Live Music Now.

CHAT

#### VFG Deafness

Dr Fiona Costa, on the call, does great work in the field, research in music for dementia, looking too at hearing and autism.

**MR** My dementia hits the senses mainly. So visual and hearing are major problems for me, but VR seems to help me.

**Yan Xing, Assoc Professor, Nottingham Trent University** For autism, we did a pilot short survey with autistic students, it seems the visual sensitivity spectrum is very wide, but very interesting.

## D.12 VR and Live-Arts Streaming

---



Lisa Sinclair, Senior Dance Health Manager, Scottish Ballet

'Time to Dance', 'SB Duet' and more.



Thank you for that lovely introduction. It's so great to be here today and to be connected with such an inspiring group of people and organizations. Thank you so much for inviting me to speak about Scottish ballet's programmes. My name is Lisa and I'm Senior Dance Health Manager at Scottish Ballet. We are Scotland's National Dance Company and the mission is to inspire on stage and beyond, which is incredibly important to the work that we do, particularly within our Engagement Department.



I lead the Dance Health team, overseeing three neurological programmes Dance with Parkinson's Scotland, our MS programme SB Elevate® and our dementia-friendly programme Time to Dance®, wellbeing resources for health and social care staff, placements for medical students, and a new programme for people living with Long Covid. We also deliver training and have a SB Health Research Committee.

Today I am talking to you about *Time to Dance* and our work in care homes. Our care home work has spanned the last few years and includes live interactive workshops in person and virtually and intergenerational projects.

### **Live Streaming to Care Homes**



Throughout the course of the pandemic, as I am sure you can all relate to, we have really honed in our digital skills. And while we'd already started to look at our digital offering as a company, it was really amplified and accelerated significantly in direct response to the pandemic and within our Care Homes offering the first thing that we were able to do was to deliver an online creative digital project that brought together a team of artists to explore dance creativity and connections through dance, through visual art, through storytelling and filmmaking, using Zoom as a creative platform, which was central to connecting residents in care homes with community participants as well, drawn from across our three neurological programmes.

It was really important for us that within that as well as there being a product that we were working towards together as a team, as a group of artists, that social connection and that process was the main driver with the work that we were doing. We really wanted to create an online virtual community, a sense of connection throughout this period of isolation and a time where people were unable to leave their rooms, their homes, but still wanted to find that connection to each other and to themselves and to their creativity.

## D.12 VR and Live-Arts Streaming

---

### **Live Music and Movement by Zoom for Care Homes, with props and costumes**

We continue to run weekly online Zoom sessions, not only within our programmes, but also within our communities, our network of Care homes across Scotland. We did that because we had been delivering on Facebook Live, but we felt that that didn't give us enough interaction, It didn't have that human connection that was so much missing from the Facebook Live sessions. We've been able to continue to offer that to Care Homes across Scotland, offering live music and movement sessions that have social time before and after as well. We also bring in costumes and props into the mix as well, so that we can use these to inspire creativity and discussion. We'll play short excerpts of Scottish Ballet footage, dance performances, as well as the odd vlog filmed by some of our principal dancers at the ballet, so that residents have a really well-rounded opportunity to engage using a range of access points too.

### **Connect Festival of Friendship**

We were invited in 2021 to be part of the Connect Festival of Friendship, which we didn't manage directly, but we did deliver a 30-minute live music and movement session, which was part of a curated programme, a one-day festival that brought together care homes from across the Ayrshire area of Scotland. It was so lovely to be part of that wider network and celebration of all the fantastic work that was happening with and in Care Homes all across that geographic area.



### **Snow Queen**

That is a format that we would like to try within our team this winter season, when we deliver Snow Queen-related production workshops in care homes. We'll offer some in person as we always do, and we'll continue to offer pre-recorded resources too. But we are going to try and bring

together the wider network of care homes across Scotland that we engage with, because there's a real strength in that, really connecting people socially in that way through the arts.

### **The Secret Theatre**

As a company, we released our first feature film, full length film, *The Secret Theatre* in December 2020. The first few weeks of that were an exclusive preview period for friends and Scottish Ballet members. We also extended that out to

our partners at NHS Greater Glasgow and Clyde, who received the viewing link, networks across that health board area, also some of our Snow Queen footage. We sent that link out to our Care Home networks across Scotland.



## D.12 VR and Live-Arts Streaming

---

The feedback was that many of those care homes had their own private viewing parties where they had nibbles and they got dressed up. It was like they had their own Night at the Ballet in their own setting, which was really lovely to hear.



### *Duet*

Lastly, I want to draw attention to our programme *Duet*, which is a series of resources that we created to support people who are particularly isolated, who can't leave their rooms and who are particularly reduced in their

mobility as well. It's been created to be dementia-friendly with our neurological experience in mind, and they're short resources that are either designed to energize or to relax. They're 10 minutes long, they're pre-recorded and they're available for use in care homes, in hospital settings or at home. Now, they're quite different to what we've offered before in that they've been designed very specially, very carefully to be enjoyed safely in bed or at the bedside, ideally to offer a one-to-one experience, a more intimate and gentle one-to-one experience with a carer or a companion, whether that be an unpaid carer or a paid carer.

It was really important for us to offer something that wasn't just another dance resource like we already have. We wanted people to feel entertained and connected to dance, in lots of different ways. So the ten-minute resources are created in two halves. The first half is a short excerpt of beautiful Scottish Ballet dance footage, and it's then just to be enjoyed, to either lie back or sit back and enjoy it with another person. So it really reduces that isolation and helps somebody to feel the intrinsic benefits of dance, before then having an invitation to gently move your body to music, either independently or with that other person.



### **Snow-Queen BSL resource**

Now as part of this, there is a BSL resource which we're just about to launch, a Snow Queen-inspired BSL resource. We also have our

Starstruck energized resources and our Haud Close Tae Me relaxed resources. We have two films, all of which are captioned.

We have user guides, we have two audio resources, and then of course our BSL resource too. As part of this, we want people to feel really confident and empowered to use these in whatever way is meaningful and relevant to them. We offer free skill-up and information resources virtually and in person. And we've been able to stream these live into multiple care homes and other organizations and settings at the one time, bringing people together as a

## D.12 VR and Live-Arts Streaming

---

community to learn how they can best use these resources to facilitate and support those they care for, to have that really enriching experience.

Just to finish on that note, I do have a small call to action about our Duet resources, that I would really love to share, if we have time. Thank you so much for inviting me to be part of this event today and to listening. I would welcome any thoughts or questions or suggestions. Please do contact me if there is anything that you want to discuss further.

**MR, Chair** Wonderful.

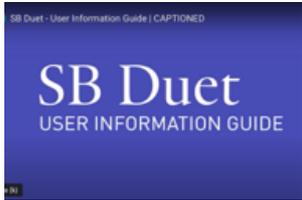
### **Use of language and need for a Cultural Revolution**

Now language is the key importance and I've talked about banning the word 'retirement' and the word 'physical activity'. I've tried to ban that. It's because everyone I see it's activity – physical, cognitive and emotional.

We now understand what's happening to us as we live longer. The normal biological process of ageing doesn't cause major problems until the late 90s. There are three other processes. One is

**Loss of fitness** - physical, cognitive and emotional – starting at the age of 22 for most people when they get their first desk job. I've been sitting now for 50 years at various jobs I've done. The second is **Disease** - Diseases, like fitness, much of it is caused by, not lifestyle but the environment - the car, the computer, the desk job, the sofa. There are diseases you need luck to avoid like Parkinson's and Alzheimer's, and diseases are often complicated by accelerated loss of fitness. That's due to the third **Incorrect and negative thinking - ageism**. We need to think in a different way. It's a cultural revolution that we need. So I see all of you as revolutionaries and I think dance is a bigger example of a revolutionary technique.

Our last speaker, Bisakha Sarker is going to also see this. Over to you.



### **Bisakha Sarker, Artistic Director, Chaturangan:**

#### **Live Indian Dance Streaming for care homes, in association with NAPA Arts in Care Homes**

Thanks for arranging this timely webinar. VR and live streaming are new tools of communication as artists we must make full use of it.

I'd just like to tell you a couple of my own experiences as an individual dancer. During the dark days of lockdown I felt restless and desperate to reach out and touch, to do something to lift the mood of fear and anxiety in care homes, people being so isolated, as if almost imprisoned in their own rooms. I approached some care homes, offering zoom sessions, without any success. Zoom was a new concept with many technical and security worries.



## D.12 VR and Live-Arts Streaming



I was almost going to give up hope of doing anything in care homes, when suddenly an opportunity came from the National Activity Providers Association (NAPA) who were collecting resources for arts in care homes. I offered to deliver a dance session, and had sheets to work with movement. Fortunately, Alison Teader, Programme Director at NAPA, took up my proposal. It was a new idea, which is always hard to promote, particularly if you do not have the support of a big organisation behind you. They offered it to all their care homes in their organisation.



Out of that, Anchor Care Homes took the bold step to offer the session to all their care homes across the country – 38 care homes took it up and joined in our Indian Dance workshop with live music, delivered on the day of National Celebration of Arts in Care Homes. It was a wonderful experience and showed that it can be done. We all had worries about how it would work?

In several of the care homes, they had put large screens to show the activities. Because this was Indian dance, they dressed up in saris and other Indian outfits. They decorated the place with banners or whatever artifact they had. It was really wonderful to see the joyful atmosphere all the care homes were experiencing.



Mark operating the Zoom from London made us co-host. I was leading the dance from Liverpool, to the music of Chris Davies playing live from Manchester, reaching centres all over the country. Chris and I had many discussions and were led by our experiences to select the music and the movements, coming together to stream into all those care homes nationwide – I can never forget this experience.

### Care homes need more culturally diverse materials and activities

Culturally diverse materials, dance or music are not always accessible, not always taken to the care homes and I think that's a missed opportunity. We have got so much of things that we can draw from.



### Living streaming dance into a hospital

The second experience was another wonderful one. It was not in care homes, but I had the pleasure of live streaming an Indian dance workshop to the Geriatric dept of Calderdale Royal Hospital in Halifax, with live music of Vijay Venkat. This was another new initiative, a partnership with Shantha Rao of Annapurna Dance Company and Dr. Richard Coaten. There was a small group of people and there was really wonderful communication between the two.

## D.12 VR and Live-Arts Streaming - Debate

---

### Paper boat props for imagining outside activity



We could have a discussion and then take it up with little paper boats as props. Because the idea was that Richard had asked me to do something to give these people a sense of outside, because he felt many of them feel very claustrophobic – they were not really there from their old wishes, they all just wanted to get out of there. So to bring that sense of being away, somewhere that they may like to go and feel comfortable, I got this idea of using little colourful paper boats so that we can just imagine we are going. Some beautiful conversation came out of that and we then added the live music and the movements.

### Call for more partnerships between healthcare and artists = low-cost solution to high-quality live arts streaming into care homes.

All these great experiences are very much one off, but they suggest how much we can do with proper research and collaboration, if we can manage to do that. Lisa also said that, and I think everybody agrees, that for this sort of work to succeed, we need a good partnership between the arts sector and the healthcare providers. Opportunities to research and create suitable material and methods of delivery can allow care homes to access high-quality arts - at low cost. I rest my case here



I'll just play a little bit of the music that we performed on that day, so you can actually sense, in terms of interactivity, how you can do more with this abstract music - and *Catch a Falling Star and Put it in Your Pocket and Never Let it Fade Away*.

MG, Chair      Wonderful!

## DEBATE

### MG, Chair      Digital Manifesto

For our discussion questions. I'd like to use Chair's privilege or power to ask Michael and Khalid, do we have a clear two-page statement on what care homes need to do?

### Better digital access for individuals in care homes

I think we're aiming for people to have good access in their own room, although it's often good to share and maybe things like the bagpipes, you don't want to watch in the lounge.

#### CHAT

MR      I am involved in Scottish co research regarding personal music in Care Homes, looking at difficulties.

## D.12 VR and Live-Arts Streaming - Debate

---

**Teenagers to give digital training for care home staff** - Then the issue of staff. Is there some simple training of staff. We've been looking at ways in which that we can get teenagers, boys from local school to come in and train because *Fortnite* has revolutionized the way people think and demonized the lives of many parents of teenage boys. But there's a lot of skill out there.

So Michael and Khalid, are we clear in your mission? Do we have a manifesto that we could take to every care home and every retirement housing community and say, this is what is needed?

**MR** I think our mission is to persuade the management of care homes, that what we are doing is A) going to release carers' time and B) do some good to the residents.

What I don't know is how you communicate these activities via media, ie, not in person, because it strikes me that most of what we've heard is quite expensive per caput, if professionals have to visit homes to do it. Until we can find exactly what can be communicated, preferably two ways over some kind of medium, then I think it's going to sound rather middle-class. There is a danger that care homes already very expensive and are the prerogative of the well off. State care homes don't exist and those that are mainly council-run are losing money. So there's a social challenge here.

**KA** I would add that there are clear obstacles to overcome. What's frustrating, as everybody would've picked up from this excellent webinar today, is that there are lots of resources out there, plenty that can be delivered. The issue is that final mile, getting it into where it needs to be got into.

**Digital add-on package to enable vital contact for people with dementia** - Michael will tell you more about this. We are working on trying to have a pilot or two to see if we can get it working. The main thing is not to try to do everything all at once. If we can get something working, that's the start. Sadly enough, money will be involved. But if you start to see it working and if in care homes where people are paying significant sums already, you can offer something as a package, to add on to the care, this would be so useful to those who are visiting people living with dementia, because they are often struggling, really struggling to make that contact. This will help. You can see it's going to help.

**Intergenerational, tech-savvy, intercultural support** - The other point is, Muir, it's an excellent idea of yours to bring in youngsters who are very agile on the tech. If for no other reason than there's nothing so powerful as I've seen in my involvement with elderly disability charities, whereby you can get young people mixing across the social divide with older people. I am often amazed at the connection they do make. Well, we want them to make two connections, the obvious social one, but actually make the technological connection too and make it really easy for people to make the tech work. That includes the carers too, because a lot of the carers, of course, are coming from relatively humble circumstances and they themselves won't be that tech savvy. So there's a lot to do there and we do have, as you say, Muir, that tremendous resource of young people - like the scouts, cadets and people like that as volunteers to come and work in care homes to train people in tech. Or maybe just somebody to be

## D.12 VR and Live-Arts Streaming - Debate

---

there when, if we get all this tech in to sort of firefight and troubleshoot – the mini IT department if you like. It's very exciting. We've just got to get it started somewhere and then I believe the rest will follow.

CHAT

**CK** Further education colleges ComSci students seem to have to align themselves with a company for ~200 hrs over a year. Here is a [free resource to help in Care Settings](#)

**MR** We are looking at Loved One remotely switching on music through Ipad and then on to TV, making up for lack of visitors. Excuse me, I am an IT geek with dementia – don't forget we have skills!!

**MB** We're just pioneering scheme with the University of Winchester whereby its media and communication students adopt a person with dementia and help them devise and produce and use the media of their choice. That's the kind of thing.

**MG, Chair** Yes, I can always tell those teenage boys, they go white. When I mentioned the *Fortnite*, Jane Mullins has gone white in the Chat Room. I think what we're seeing is, there's wonderful things taking place. There's the potential to develop it. We probably need to write it up as though it's probably for the Social Services Committee level, because they're responsible for inspecting private homes as well as delivering care people in their own homes. You have to remember people who are isolated and think in that way.

**Dementia Care Plan** Then there are two opportunities. One is the Dementia Care Plan that was due to be published earlier this year, but we've had three Secretaries of States since then – we need to keep our eye open for that. I think, actually, Michael would be a very good person to get in front of the new [Secretary of State](#) because there'll be money floating about there.

**Arts for Brain Health Digital Resource** Then Veronica, we need to bring together, start to build a resource and we actually met [Jeremy Hughes](#), who used to be the Chief Executive of Alzheimer's UK and is now setting up a digital network, [Accelerating Innovation Programme](#). I think we need to bring some of these things together just a little bit. Each continues with its own unique identity and method, but they all need the wiring and the staff able to do it. So that's what to do!

**VFG, A4D Host** We shall follow up indeed! On the youth question, the [SP Student Champion scheme](#) could be involved. They joined our A4D workshops, working together with arts teams and participants. Maybe they could assist care home training and live-streaming activity as part of their medical/neuroscience /social care/nursing education, useful for dissertations.

And finally! Thank you all so much for sharing your expertise today. Your suggestions guide the way forward. Let's hope that arts and health partnerships such as those we've heard today will enable cultural gems to stream into care homes. A very special thank you to Muir, for your brilliant inspiration and guidance today and throughout our [Arts for Brain Health](#) series. And as the digital world develops, we shall think of VR and live-

## D.12 VR and Live-Arts Streaming - Debate

---

streaming reaching all over the world, while here in London, the Wigmore Hall, the Royal Opera House, National Theatre, English National Ballet, the Southbank Centre and others stream regularly:

Residents of the Social Welfare Institute in Shanghai –

unmissably, show us how!

**MG, chair**      **The Digital Revolution**    Let's call it 'Digital'. I think it will be helpful. There's probably going to be a lump of money in the Dementia Care Plan. The danger is that's all spent on alarm systems – we need to be ready for that. So we use the word 'digital' and this is digital therapy – the Digital Revolution gets under way today. Viva the revolution!

**AUDIENCE** – Delegates registered from Australia, Canada, Hong Kong, Indonesia, Ireland, Lebanon, Lithuania, The Netherlands, Nigeria, Taiwan, USA and throughout the UK.



**Global Social Prescribing:  
Arts for Brain Health Conference**

In partnership with the  
Global Social Prescribing Alliance

**LIVE LONGER BETTER**



# Global SP Arts for Brain Health Conference

## 22 December 2022

---

### HOST

**331** Veronica Franklin Gould, President, Arts 4 Dementia

### SPEAKERS

**333** The Rt. Hon. The Lord Howarth CBE, Co-Chair, All-Party Parliamentary Group on Arts, Health and Wellbeing. Chair of Trustees, National Centre for Creative Health.

**334** Dr Michael Dixon LVO, OBE, MA, FRCGP, Chair, College of Medicine, NHS Clinical Champion for Social Prescription

### CHAIR

**335** Michael Dooley, Treasurer, The College of Medicine.

**336** James Sanderson, Director of Community Health and Personalised Care at NHS England and NHS Improvement.

### GLOBAL SP

**338** Chair: Dr Bogdan Chiva Giurca GSPA Development lead and founder of the Global SP Champion scheme.

**341** Hamaad Khan, SP development in 23 countries,

**343** Ronald Bennett, A4D drama participant VFG, A4D Arts prescription for Brain Health workshop model.

### SOCIAL PRESCRIPTION PATHWAY.

**347** Chair: Sian Brand, Co-chair, Social Prescribing Network (SPN).

**348** AUSTRALIA Sian Slade, Melbourne School of Population Health.

**350** SINGAPORE Professor Kheng Hock Lee, Director, Office of Community Engagement & Education (OCEAN), SingHealth Community Hospitals, Singapore.

**352** PORTUGAL Professor Sonia Dias, Coordinator of Public Health Research Centre, NOVA National School of Public Health. University of Lisbon, Portugal

**354** PORTUGAL Dr Maria Marques, Data Scientist, NOVA.

### ARTS ON PRESCRIPTION PATHWAY.

**358** Chair: Alexandra Coulter, Director, National Centre for Creative Health.

**358** ITALY Maddalena Illario, Department of Public Health, Research & Development Unit, Federico II University and Hospital, Naples.

**362** AUSTRIA Edith Wolf Perez, Director, Arts and Health Austria.

**365** CANADA Sonia Hsiung, Director, Canadian Institute for SP

**366** CANADA Melissa Smith, Program Curator of Collaborative Learning, Art Gallery of Ontario.

# Global SP Arts for Brain Health Conference

---

## FUNDING SUSTAINABLE ARTS PRESCRIPTION PROGRAMMES

- 370** Chair: Tim Anfilogoff, Head of Community Resilience for Herts Valley CCG; SPN Steering Group  
Member Sustainable social prescription funding models.
- 372** Chris Easton, Director of Strategy and Impact, NHS Charities Together
- 374** Mags Patten, Executive Director, Public Policy and Communication, Arts Council England.
- 376** Joshua Ryan, National Academy for SP, The Thriving Communities place-based funding model
- 379** FUNDING DEBATE



### Veronica Franklin Gould, President, Arts 4 Dementia

A warm welcome to you all – joining us from throughout the UK and so many countries around the world (Australia, Austria, Canada, Curacao, Egypt, France, Greece, Hong Kong, Ireland, Jamaica, Nigeria, Portugal, Singapore, Switzerland, Taiwan, throughout the UK and much of the United States of America).

It is an honour to be hosting our SP Arts for Brain Health Conference in partnership with the Global Social Prescribing Alliance (GSPA). We are profoundly grateful to our chair Michael Dooley, Treasurer of the College of Medicine and to our highly respected global speakers.

On behalf of Arts 4 Dementia, the UK charity specialising in weekly workshop practice at arts venues to help re-vitalise people affected by early-stage dementia and carers, I should like to pay tribute to our late patron Baroness Greengross, Co-chair of the All-Party Parliamentary Group on Dementia and to Lord Howarth of Newport, Co-Chair of the All-Party Parliamentary Group on Arts, Health and Wellbeing. Both spoke in the House of Lords earlier this year, in support of amendments to the Health and Care Bill, promoting social prescription and, specifically, SP to arts for brain health. Sally's wisdom and support had powered Arts 4 Dementia's advances for over a decade.

Some ten million people around the world are expected to be diagnosed with a dementia this year, their natural fears compounded by stigma. Creating and being seen to participate in imaginative, artistic endeavour can transform their despair to desire.

It is everyone's human right to participate in arts in the community, but for people embarking on life with dementia, this can be a challenge – a challenge SP can now meet, through referral by GPs, grateful to be able to refer fearful patients to enjoyably constructive 'treatment' to preserve their brain health. Joining social arts groups of personal interest, through SP, empowers people to combat stigma and preserve a sense of normalcy, cultural interests, identity and wellbeing in the community for years longer. Sharing imaginative ideas,

## Global SP Arts for Brain Health Conference

---

creating together helps modify risk factors for dementia and nurtures resilience for person and carer living with the condition.

SP, as you know so well, connects patients to local arts programmes of personal and exciting interest – and in choosing to participate, whether pre- or post-diagnosis they are taking enjoyably constructive action to preserve their brain health.

Today's conference marks the apogee of our webinar series to raise further awareness of best practice, following our report [A.R.T.S. for Brain Health: SP transforming the diagnostic narrative for Dementia: From Despair to Desire](#). We have heard how in some developing countries SP is a natural outcome of communities protecting their elders, for example weaving in the Andes, basketmaking in Kenya.

It will be fascinating to discover from our international speakers today how SP is developing in your countries, the pathway from patient, via SPLW to arts programme, whether referred from the GP or local agencies – the advances, the barriers.

Lord Howarth, also Chair of the Trustees of the National Centre for Creative Health – and Dr Michael Dixon, Chair of the College of Medicine and NHS National Clinical Champion for SP, though unable to be present, have recorded our opening talks.

Our keynote speaker James Sanderson, Director of Community Health and Personalised Care at NHS England discusses the progress of SP, nationally and internationally, which will be examined in detail by Dr Bogdan Chiva Giurca and Hamaad Khan, the development team at the Global Social Prescribing Alliance. Bogdan founded the SP Student Champion Scheme through which arts and medical students interact with Arts for Brain Health participants – one of whom Ron Bennett, presents the lived experience. I shall outline the Arts prescription workshop model.

For the global arts on prescription debates Sian Brand, Co-Chair of the SP Network will chair presentations on the SP pathway from Australia, Singapore and Portugal and Alexandra Coulter, Director of the National Centre for Creative Health, is chairing arts prescription presentations from Italy, Austria and Canada. – innovative advances, collaborations at fascinating different stages of development.

Tim Anfilogoff chairs an all-embracing debate on Funding Sustainable Prescription Programmes, with Mags Patten of Arts Council England, Chris Easton of NHS Charities Together and Joshua Ryan, the National Academy's Thriving Communities Lead. Now we welcome Lord Howarth.

## Global SP Arts for Brain Health Conference

---



The Rt. Hon. The Lord Howarth of Newport CBE, Co-Chair, All-Party Parliamentary Group on Arts, Health and Wellbeing, Chair of Trustees, National Centre for Creative Health.

It's a great pleasure and privilege for me to have the opportunity to speak at this Global Social Prescribing Arts for Brain Health Conference, which is one in a series of very important webinar debates that Veronica Franklin Gould has organized over many months' past.

The Creative Health movement is reaching across boundaries between the NHS and social care, the arts and the voluntary sector and increasingly around the world, demonstrating the power of collaboration to prevent illness and enhance health and wellbeing.

In the three years since the NHS Long-Term Plan placed a new emphasis on prevention, social prescribing (SP), non-clinical intervention referred by GPs through link workers (SPLW) has been central to the strategy - and the arts central to SP. The NHS and the Department of Health brought together key partners from across Government and the voluntary sector to found the National Academy for Social Prescribing (NASP) to guide development, partnership practice and training. Much more needs to be done to develop preventative strategies, but this commitment to SP is encouraging.

Arts Council England's ten-year strategy Let's Create has introduced a Creative Health and Wellbeing Plan to promote collaboration between organizations and practitioners in the arts, the health and social care sectors.

There is an increasing evidence-base showing profound health and wellbeing benefits of engaging in creative activity. Dr Daisy Fancourt's reports for the Department of Culture, Media and Sport and for the World Health Organization are important resources. The Creative Health Inquiry of the All-Party Group on Culture, Health and Wellbeing led to the foundation of our National Centre for Creative Health to play a pivotal role in promoting collaboration and influencing policymakers, enabling Creative Health to become integral to health and social care and wider systems. The new Integrated Care Boards are increasingly embracing Creative Health.

Professor Martin Marshall, until recently Chair of the Royal College of General Practitioners, points out that *The shift for us in general practice is not just engaging with the medical activities which are core, but to engage with social activities and make sure the two are aligned.* That culture change is happening in medical education. GPs are increasingly incorporating Creative Health approaches into their curriculum and developing avenues for continuing professional development in this area. The next generation of clinicians are recognizing the benefits of Creative Health, finding that the approach is welcomed by their patients, particularly when recommended by a trusted GP.

SP of Creative Health activity is opening up new opportunities to people earlier than ever before in their journey through dementia to reengage their cultural and creative interests. Engaging their imagination empowers them to preserve brain health and resilience in the community.

## Lord Howarth of Newport

---

There could be years between the appearance of early symptoms and the moment at which someone receives a memory assessment and a diagnosis. This could be a lonely and fearful time during which the arts can be particularly sustaining. Creative activity slows the deterioration of the brain. The benefits of engagement with creative activity continue for a long time, helping to preserve independence, health and wellbeing.

SP to arts for brain health – properly resourced – can keep people healthier for longer and relieve pressures on the NHS. As we face a crisis in funding a health and social care system whose rising costs constantly outstrip the growth of our economy, we know that these preventative strategies need to be central to policy focusing more on wellness, on empowering activities that help preserve brain health, as well as necessary clinical assessment. We must harness Creative Health to help us become a healthy and health-creating society.

We believe that SP of Creative Health, of Arts for Brain Health activities can help forge stronger bonds in society. Shared creative activities can mitigate loneliness, strengthen mutuality and develop community resilience. This is a time for all of us to consider new approaches and policies reflecting our humanity.



[Dr Michael Dixon LVO, OBE, MA, FRCGP, Chair of the College of Medicine, NHS National Clinical Champion for Social Prescription.](#)

Social prescription has advanced amazingly over only four or five years. Now, some of you will say, well, social prescription is as old as the hills. Going back to the [Peckham project](#), back to developments at [Bromley by Bow](#) and [Newcastle](#) and [my own practice in Devon](#). But the idea of the SPLW and the idea of it as a national popular movement is actually very recent, only started in 2016. And yet over those four years, we have been able as a group to create social prescription as a national model, with universal roll-out.

There are two or three social prescribing link workers (SPLW) in every GP practice or group of practices, I should say, and extraordinarily, NHS England has completely met its targets in terms of the number of interviews and people helped and SPLW that exist. So, it is an extraordinary story in terms of realizing that we do need to go upstream and help people address inequalities at root and often, starting with benefits advice, housing advice, employment help, but then developing in all sorts of ways to create something that gives back people meaning and purpose to their lives.

Now that's where today's conference comes in, because the arts may seem counterintuitive as something that is important for health, but is crucially so because arts not only develop our aesthetic selves, or not only develop interests, provide something for people to really take an interest in, but also it's about people doing this often together. It's often about bringing people together and feeling part of an organization, whether in the arts it's a singing group, a reading group or whatever.

## Global SP Conference - Dr Michael Dixon

---

And in this field that we're talking about today, dementia, I think even more so because, it's sometimes seen as arts interventions for people who already have dementia. But we've actually got to go upstream there as well. We've got to start looking at how the arts are part of preserving brain health in the first place, part of making people's lives much more fulfilling, and therefore reducing the number of people or the rate at which people develop memory problems.

So absolutely crucial, I think, in the message today is go in early, make sure that your patients, if you're a GP, or if you're a person, that you yourself take a real interest in the arts as something that can keep your brain developing and going. Even as our brains get older, and inevitably with an ageing population, we're all going to find that our memories are less good and our interests diminish as we get older. The arts are crucial again, because, if we've got a firm basis and interest in the arts, then if our brains do become less useful, effective as we get older, then the arts provide us with that real base of interest and connection which exists.

I'm a real fan of arts and dementia. I think the whole movement created by Veronica has been an extraordinary process of banging doors open, not accepting anything for granted, and also challenging received opinion. Received opinion being that the arts may not be relevant, and if they are relevant, it's for advanced dementia. What I think she's done is to make us all realize that the arts are intrinsic to preventing us falling ill in terms of reducing the progress of any illness that we might have.

Finally, if we've had a basis in the arts when we do become ill, when we do find our memories, are failing, giving us something that we can connect with and that can make a quality of life that we otherwise wouldn't have. This is an area that is crucial and really important and I look forward to hearing what everyone else has been able to say.

### VFG, A4D host

Thank you so much Michael. Like our colleagues here today, our aim is to provide a platform to showcase best practice by others. So, continuing this exciting collaborative journey, we welcome Michael Dooley to chair our opening session.

### CHAIR, Michael Dooley, Treasurer, The College of Medicine

It's a great privilege to be here. What I love about the work that you're doing is all about teamwork and working together. Creating a multidisciplinary team is great for the patient. But without further ado, I'd like to hand over to our first speaker, James Sanderson, who is Director of Community Health and Personalized Care at NHS England. He leads a range of programs and supporting people to have greater choice and control over health and wellbeing.

Thank you so much for coming, James.



## Global SP Conference - James Sanderson, NHS

---



### James Sanderson, Director of Community Health and Personalised Care at NHS England and NHS Improvement

I want to start by congratulating everyone who has joined this conference this afternoon, because looking down the list of attendees, I can see so many pioneers in this space of promoting the arts for health and wellbeing, and specifically for dementia. You really have been trailblazers that have enabled policymakers and people across health systems, across the world, really take stock of the way in which they were approaching health and really get some momentum behind national initiatives. None of that has been possible without the really ground-breaking work that pioneers like yourselves have done. Congratulations to Veronica and Nigel and everybody at Arts 4 Dementia for really tackling this course head on and pushing the boundaries of what has been possible.

I think the momentum we've got now is down to everybody's collective and individual hard work. So, on the basis that we all, I think, share the view that the arts are hugely transformative for health and wellbeing, hugely influential, and we've been all working on various pursuits over many years to ensure that this gains the recognition that it deserves within health policy contexts.

#### **SP to arts and culture as national policy**

The really positive thing now in England is that we have SP as part of national policy. In 2019, we put SP into the Long-Term Plan for the NHS. We said that psycho-social support work in the arts and culture activities, sports and exercise, natural environments – those areas had as much hope and possibility of transforming the Health Service as digital technology and other advancements in medications. We said that SP should be part of the offer that every patient visiting a GP in England gets. We recognize that there is a real importance in providing support for people who experience social issues rather than medical issues. But we also recognize the importance of the benefit of arts and culture alongside traditional medical approaches.

#### **Growing network of SPLWs**

Because of that, we were able to put in place a network of SPLWs (SPLW), people that could be in Primary Care Networks (PCN) whose job, whose sole purpose it was to connect people to social activities in their communities, to find out what matters to individuals, to work with them, to develop a core plan of things that are going to improve their health and wellbeing, through non-invasive, non-pharmaceutical means. SP has really taken off since that point. We've now seen 1.3 million people benefit. We've got a network of around 3,000 SPLW now embedded in primary care, and that network continues to grow. We're in the process of recruiting more and more people all the time, not just because of the recognition of the benefits of the system in supporting practices, but also – and importantly – the recognition of the benefit that this has to people. I think this is hugely transformative.

SP addresses a real challenge in the system. One in five appointments being non-medical needs.

## Global SP Conference - James Sanderson, NHS

---

### **SP to support ageing population**

We know that the benefits of ageing are vast - we've had a 17-year increase in life expectancy in this country over the past 70 years, which is a huge, huge achievement. But we know that – as we've heard from Michael and Lord Howarth – the challenges of ageing, the types of conditions that we're going to be living with for a long period of time are significantly challenging. Many of those – like dementia – do not have a cure associated with them, so how we can support people through other means is incredibly important.

### **Global development**

We've also seen not just the growth of SP in this country, but the growth of SP around the world. I was very fortunate to be in Singapore last week with colleagues from around the globe, including Siân – we will be hearing her later – who were talking about how beneficial SP has been in their area as well.

We've seen not only the National Academy for Social Prescribing (NASP) take shape in England over the last three years, really championing SP. We now see the opening of the Canadian Institute for Social Prescribing, which is focused in a similar way to NASP. And Lord Howarth himself has launched a commission as part of the National Centre for Creative Health to take forward further advancements in how we commission arts-based activities to support health and wellbeing.

So not only is the work that you've all been doing for many years now recognized for its true importance and its true transformative nature, what we're seeing is the infrastructure growing, not just in this country, but around the world, to support this to happen at a huge scale. I think that is terribly, terribly exciting. We've got now a global movement, the Global Social Prescribing Alliance has created a Playbook recently to enable countries to easily adopt the basis of SP, the infrastructure that they need to put it in place.

We've actually got 25 countries now that we're working with and that come together as part of a network that can demonstrate huge, huge advancements in those areas. So you are all part of something that's truly revolutionary for health and wellbeing and is truly a global movement.

I think in these exciting times that we can now properly be bold about our wishes of getting the arts up there as part of mainstream medical treatment and support.

### **The way forward**

In addition to that, we need to think beyond health systems. We need to think about how we can connect people in other ways, how we can have people in communities that are trained up on knowing the benefits of the arts. But also, we've got a long way to go in convincing the public, those people that can connect themselves ensuring that the information is out there, so that we know how beneficial these activities are for our health and wellbeing, in particular, for our brain health. You heard Michael say there about the preventative nature of arts in terms of deterioration. Now, if we can get those messages out, that's going to be great for people and for their health and wellbeing as well as it is for healthcare systems.

## Global SP Conference - James Sanderson, NHS

---

So thank you very much to all of you for everything that you've done so far in this great movement. Well done to everybody that's pioneered such great opportunities for improving health and wellbeing. I'm really pleased that we've brought all of that pioneering and all of that entrepreneurial spirit together with now what is a solid infrastructure within healthcare systems, not just in England, but around the world. Thank you.

**MD, Chair** Thank you, James. I'm going to ask you one question – I'm involved with the College of Medicine. When you speak to my colleagues in secondary care, they do not know about the role of SP, what SP is. How can we spread the good?

**JS** I completely agree with you that the benefits of SP links to various interventions in secondary care are huge. I think we've only just started scratching the surface there. SP has begun its life in general practice, bridging that gap between general practice and in community services as well, where we see SPLW now incorporated as part of multidisciplinary teams working across communities, whether that's working on site, occupational therapists and physios and pharmacists, there's a great opportunity for bringing those teams together in more neighbourhood specific areas to really push this agenda forward.

In secondary care, we're starting to see some of the crossover in terms of treatment of various conditions, like cancer, where a lot of SPLW are working in that area alongside medical interventions and for people living with cancer. We've also seen the benefits of SPLW being placed in accident and emergency departments and secondary care to support or those individuals who are turning up to A&E with more social needs. I think now that we've got the really significant infrastructure in place in primary care, the opportunity of further growing that workforce is really upon us.

Just to mention obviously the work that's gone on by the NASP in relation to the Thriving Communities programme. I know that Joshua is speaking later on. That's been ground-breaking in bringing programmes together, bridging the gap between various community providers with statistical bodies as well.

Arts for Brain Health has played an important role in moving some of those programmes forward. I think we've got momentum now. This is the big thing. We've got momentum. We've got the evidence that it works. We've got the infrastructure to do it. And for all of those on the call that are working to put this in place or working in Brain Health., hopefully this will give them confidence to recognize that what they're doing is known to be important and a huge value for the future of healthcare systems.

# Global SP - Dr Bogdan Chiva Giurca

## GLOBAL SOCIAL PRESCRIBING

**CHAIR:** Dr Bogdan Chiva Giurca GSPA Development lead and founder of the Global SP Champion scheme.



Thank you very much, and a warm welcome to you all. We've seen people from all around the world that can see colleagues all around, from Australia to Singapore, Austria and so on and so forth. And what a beautiful introduction from Lord Howarth, from Michael Dixon and James paying tribute to the work that you've all been doing to push SP further, far beyond the boundaries of the UK and showing its impact around the world.

In this session, we will be discussing the impact of SP has had around the world. Then you will be hearing from some of our international partners, giving you real examples from the ground of what this looks like in countries around the world as well. As James was saying, thanks to many of the partners that we've had, we've been able to put together a true global movement.

I can see we have colleagues tuning in from every single corner of the world, and we're very grateful for all the support. The Alliance is a true global community of partners all coming together. It's a knowledge-sharing platform being able to spread and scale innovation across the world as well. If you'd like to find out more, there's a bunch of resources, open source and freely available online. You can access all of these via the [SP Playbook](#).

Or if you're interested more in student work, you can find out more from our [SP International Student Movement Framework](#). We've also recently published with authors from over 20 countries, a [global health publication](#) with developments from SP around the world as well.

When you look at our map, there's enthusiastic individuals like the ones you see in the chats today, and people who are eager to get involved and get stuck in the work. Alongside their busy day-to-day jobs, they are volunteers supporting this movement and pushing it further alongside yourselves. They represent over 23 countries around the world and what they have achieved is truly incredible.



They get together in organized conferences like the one James was mentioning earlier in Singapore – I know Dr. Lee will be talking more about this later – or in the USA, where there's recently been a workshop on [designing SP for US Policy](#) as well as the great work done by the [Canadian Institute for SP](#) on a new definition for SP, that has been written up and launched through a paper, [Establishing Internationally Accepted Conceptual and Operational Definitions of Social Prescribing Through Expert Consensus: A Delphi Study](#)

# Global SP - Dr Bogdan Chiva Giurca

When you look at those individuals, what you find is that they are working with each other, more than in a professional relationship. It's a true close-knit family of individuals and it reminds us of how SP started within England in the first place. Everybody is there for one another. Everybody flies around the world and supports one another to make sure their countries can thrive. We are aware that one size does not fit all. So we want to make sure we have alternative models and alternative ways of looking at SP for different contexts.

We've had the privilege of hosting several learning site visits for our international colleagues who are out there and who'd be keen to join us for in person site visits or study visits. Do drop us a note. We'd be more than happy to welcome you. We've had ministers from Nigeria, from Japan and presented in various places with support from the World Health Organization as well.



## SP Champions

Lord Howarth spoke of the power of the future generation and the importance of medical education. We have developed a [SP Champions Programme](#), with NHS England in collaboration which is open to clinical and non-clinical staff.



## SP training for allied health professionals

This training programme does include consultant, cardiologists or secondary care staff members, but it also includes receptionists, discharge coordinators and managers, physiotherapists. Pharmacists - so Allied Healthcare professionals, not just doctors. It includes a wide range of multidisciplinary team champions, all of whom get to learn about SP and then pure teach each other within the workplace and get together to spread the word, about SP

Taking one step further, going even backwards. In the early days of our training, we are working with thousands of students who Veronica has supported over the years. But these students have been marvellous at changing and shifting the curriculum, not just in medical schools, but in universities across the UK. We're grateful for [Anya de Longh](#), one of the occupational therapists, who became involve in SP as a student, who's forced us to move away from just medical schools into allied health professional roles and working together to change and shift the curriculum across, as well. They have accomplished, they've accomplished over 1,250 teaching sessions.

University deans are now advocating for a curriculum shift to make sure the future generation is equipped with the right skills for the right demographic in the 21st century.

Now without further ado, I'll hand over to my colleague Hamaad, who will talk about the Global Map for SP, which we've developed with over 23 countries around the world.

# Global SP Conference – Hamaad Khan



## Hamaad Khan, Global Social SP Alliance Development Support.

Thanks Bogdan. It's a pleasure to be able to have the opportunity to talk to you today about the global situation of SP.

We all know that SP has grown in its profile prevalence in practice over the recent years. We've heard much from Bogdan's presentation already, and much of it is thanks to the many speakers who are here this afternoon. He mentioned the Global SP Alliance and its network of international partners that consider it a multisectoral network of collaborators, mobilizers and catalysers.

We are proud to have a representation from 23 countries around the world and hope for that number to grow much more in the future. It is through their kind collaboration and cooperation that we were able to collect vignettes or small



profiles of how SP is demonstrated in practice within these different countries and their health system context.

### **Creating a world map of SP - language**

Through that effort, we were able to create a world map of SP, as it were. SP is now truly a global movement that spans cross the breadth of the world. You can see that within the diversity of its terminology. In England, we obviously talk about SPLW. They are referred to as Community Connectors in Canada, social workers in Portugal, beautifully in Iran, in Persian they describe them as *behvarzes* – (wellbeing workers) – Persian *beh* meaning wellbeing and *varzes*. being skilled people who are particularly skilled for the wellbeing of their community. In India we have the accredited Social Health Activist Workers who also can be described SPLW and *Asha* in Hindi of course, meaning “Hope”, delivering hope for the community and people within their community. In Japan you have *Seikatsu Shiens*, who deliver long-term community support and care for people to ensure that they're integrating and engaging with community services for the betterment of their overall health and wellbeing.

# Global SP Conference – Hamaad Khan

## ENGLAND



~ 2,500 Link Workers, 2023 plan for 4,000. Upscaling for NHS Winter plan

And you've got Wellbeing Co-ordinators and Community Connectors in Singapore and Australia respectively.

If you could just indulge me in giving you a whistlestop tour and perhaps a whiplash inducing tour about how social prescribing looks like across the world.

### Diversity of UK practice

#### England

We've heard much of England being the first country to nationally implement SP into policy with the NHS Long-Term plan in 2019. We've also had commitments for further recruitment for the SPLW workforce to increase it up to 4,000 by winter's end. A lot of countries, papers and research talk about the UK. But it's important to recognize the diversity and practice and the developments happening within the nations of the UK.

#### Wales

Wales has remarkably developed their IMAGE All Wales Model of SP; and it puts particular emphasis on the community support because recent research found that much more SP referrals happen within community settings, which is slightly opposed to the England primary care model.

#### Scotland

Scotland has its own SP developments, and quite uniquely, has themed SPLW who are particularly skilled and have gained the competence in dealing with vulnerable populations, be that homelessness or refugee population, so that they can ensure that access and health outcomes are delivered for those that most vitally needed.

#### The Netherlands

The Netherlands have their wellbeing on prescription, which is a national knowledge network of primary care providers, welfare workers and social workers. They have their framework described as a burger because apparently everyone loves and understands a burger. My crude translation over here of that model as well shows that there is similarity in principle, but diversity in practice. In principle, it's much the same. You have screening and referrals of patients and a Wellbeing Coach appointment and that Wellbeing Coach is community-based. They have competency in their local environment so that they can ensure that appropriate referrals are made for their patients. Similar developments happened in Finland, and they happen in Austria, and they happen in Spain, too. Portugal we will hear much from later on.

#### Spain

But I think the key thing, particularly about Spain to take note of is they have this Champions programme. Of course, we have the NHS Clinical Champions programme, and it's nice to see that something is emulated within Spain. Two, they offer a three-hour course for the health workforce to become agents of change within their health centres, so that they too can advocate and help

## WALES



All Wales Model of SP (2022)

WSSPR (2020) with 350 members

## SCOTLAND



SP predominantly facilitated by SPRING and mPower

Community link workers (CLWs) are recruited by third sector

Edinburgh has 24 CLWs across 45 GPs employed by 11 VSOs



## THE NETHERLANDS



Welzijn Op Recept "Wellbeing on Prescription"

National knowledge network of primary care providers, welfare workers, social workers and policy officials



## AUSTRIA



Federal ministry funded SP project in 2021 (6 months)

Piloted across 9 primary care clinics – primary-care based model

Health professionals (doctors, nurses, in-clinic social workers) briefed and trained on SDH and community activities

Want to avoid forming new profession (LW)

## THE NETHERLANDS



Welzijn op Recept Landelijk kennisnetwerk

# Global SP Conference – Hamaad Khan

## FINLAND



Transference of responsibility of health and social care services from the 310 municipalities to 22 new health and social service counties

New governmental funding  
€400 m for 2022 – 24

## SPAIN



Catalonia has SP integrated into patients' electronic records

There's an accredited 8 hour program that enables doctors to make appropriate and accurate referrals

Further 3 hour course available to become "agents" within their health centres – similar to England's NHS Clinical Champions Program

## PORTUGAL



propagate their principles of social, describing the practice, optimistic patient-centred care, and just to go and note about Championing.

It's really important that we think about the future health workforce, because current health education informs future clinical practice. And if SP is about modernizing our models of care and our health system, then it's so much more vital to ensure that we have this future workforce and the future generation knowing, engaging, and working to develop and implement SP, not just in their practice and knowledge, but in their education too.

The Global SP Student Council was established in 2020; and there are more developments to come from that. We have events around the world to increase awareness of SP across campuses and to ensure that SP is firmly placed within health curricula across the world.



## Through the Champion Scheme – able to see neurodegeneration beyond physical symptoms

Just to end on a note of personal experience, I can say that I knew about SP as a student, when I was very fortunate to be afforded the opportunity to volunteer with A4D's workshops. There I met Ron, who will be speaking right now. Ron was an A4D participant; and I can say from my personal experience then as a neuroscience graduate, I was able to see neurodegeneration beyond its physical symptoms that we talk about, and SP as a treatment or as a coping mechanism to help increase wellbeing and wellness in individuals with something that wasn't afforded to me in my university education. So I can speak from personal experience to say how transformative it is, because we all know that health exists beyond the membrane of our biology. I saw that at A4D and it was a pleasure to be able to volunteer at their drama programme – Ron is speaking now brilliant!

## Ronald Bennett, A4D participant in Drama for All at Southwark Playhouse and Veronica Franklin Gould on the A4D Arts prescription for Brain Health model.



**RON** Thanks for asking me. I got the pleasure of meeting you when I was at the Playhouse and I enjoy every minute when I come to the Playhouse. It's totally fun. I make a load of new friends through it. The staff at the Playhouse are wonderful. They help out. We do plays, and I would never dream of doing anything like that. I was always a shy person and sat on my own and wouldn't talk to anybody quite a lot, but I managed to come out my shell and be able to talk to people and laugh as well. It's just amazing.

You go home to an empty house, but on a Wednesday, when I come to the Playhouse, it's just fun. Everyone laughs. We have a tea break and biscuits and we meet up for coffee as well in the week. Some of us would go shopping and meet up in a coffee shop and we talk about what we're doing at the Playhouse.

## Global SP Conference - Ronald Bennett

---

It's just a new experience. It gives me something to look forward to and something I never thought I'd do – never thought I'd join a Playhouse or do a play. I consider myself not that good. And when the Doctor decided me to go there, because I was a bit scared, a bit nervous, but within a couple of hours, it was just lovely to meet up with a lot of people, especially Veronica, who talked to me a lot and helped me settle in. It's just lovely.

**VERONICA** Ron, it's wonderful to see you. Would you like to tell us how you came to hear about Southwark Playhouse?

**RON** I found it through my doctor. I went to see my mental health doctor. She asked me to come along. I fixed an appointment to see Veronica. I don't really know, because the scaredness, not been liked, and I forget things sometimes and I think people look at you funny. I got to it from my Doctor.

**VERONICA** You were the life and soul, together with Hamaad, actually. I remember him standing up, leading these wonderful scenes. You were terribly funny in lockdown when you had you composed a scenario with another SP medical student champion. You were hopping about on your painful leg.

**RON** I done Elvis Presley, didn't I?

**VERONICA** You co curated in the most fantastic way. This was a programme we were doing for a year, and you've been doing it ever since.

**RON** The one I'm doing now is different. What I've started this is for people over 61 - over 60s. That is brilliant because it's just everyone's so funny and I look forward to going on a Wednesday morning. Sometimes I'm the first one there waiting to get in. We go for coffee after, as I said; and in the week we might meet up. I may be going to Tesco's next door and we meet up and have coffee. Brilliant. So it's a family. It's like today, if I wasn't here, I'd be sitting indoors watching that daytime television, drives me round the bend.

**VERONICA** I remember you had orange walls and terrific pictures, plucked fruit from your bowl and acted with it, grapes as earrings! You're a people person and you brought everything to life. It was hilarious.

**RON** Yeah. The best thing. Funnily enough. I was telling the doctor about us, and I thanked her. It's a couple of years now I've been here, and I thanked her for recommending me. And she said I told her what we'd been doing. We've got our play in a fortnight, on the following Wednesday. We've all got our different things. Mine is in a waiting-room with another woman. We're waiting to be seen and I'm a moanie old git in it.

**VERONICA** You said also helped you get over pain.

**RON** My legs are still in pain now. I've got patches on for morphine, because I can't bend my legs - it swells up. It's so easy to sit indoors. I can't be bothered to go out. Theatre gets me out. It gets me there because as I said, you have a coffee break, you have a laugh and everyone's got their different personalities and everyone's funny.

**BCG, Chair** Thank you Ron -for reminding us what truly matters and giving us purpose!

## Global SPC – Veronica Franklin Gould, A4D



### VFG, The A4D Arts Prescription Model

Shall I just tell explain the model for this programme? Ron has been continuing the weekly drama workshops David Workman has been running at Southwark Playhouse since we began our A.R.T.S for Brain Health SP programme in 2020.

At the end of that year NASP's Thriving Communities Fund set out the structure for collaborative sustainable arts prescription, which I have ever since been keen to promote as a universal arts for health model. It will be really interesting to hear Joshua Ryan's update!

Naturally, thinking of the person's needs, central to the A.R.T.S. for Brain Health prescription is the

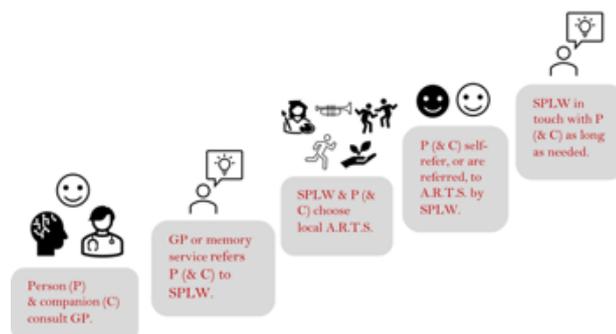
- Programme of weekly participatory arts or wellbeing workshops at cultural venues
- For people experiencing early symptoms of mild cognitive impairment or a potential dementia, and their companions
- Led by artists trained in early-stage dementia communication, their focus not on stigmatising 'dementia', but on the empowering use of A.R.T.S. to preserve brain health
- The workshops challenging but achievable, rewarding for all – designed, in consultation with potential participants, to re-energise and inspire
- Whether or not the diagnosis is ultimately a dementia, participants enjoy cognitive benefits. If a diagnosis is confirmed, participants remain part of the group, co-curating, improvising, inspiring each other.

**The ideal programme format:** is three eight-week terms of weekly two-hour workshops, timed to coincide with the academic year, so as to involve students of the art form and medical students, interacting together with participants for mutual benefit

- to understand the capabilities as well as challenges of people whose cognitive impairment is mild
- to support the arts team and evaluation
- share the learning through their dissertations and
- help spread the practice.

COST - £8,000 for each weekly arts project, plus Project Co-ordinator fee.

**Participant referral** is through SP at the onset of symptoms, a GP referring their patient to their primary care SPLW who can empower them to engage in local arts activity to preserve their brain health.



## Global SPC – Veronica Franklin Gould, A4D

### Arts for health dissemination

UK Arts organisations can disseminate their programmes and SPLW can find them through Culture Health and Wellbeing Alliance, SPN and Thriving Communities regional champions – and locate or post A.R.T.S. opportunities on the [A4D website](#). Arts organisations can also liaise directly with their local surgeries and PCN SPLW, who are keen to hear of arts prescription opportunities.



**Collaboration** is the way forward to raise maximum awareness, funding and sustainability. A cross sector arts and health consortium, with perhaps more than one arts organisation to offer choice, working together, planning content with potential participants with lived experience, building relationships. With Thriving Communities place-based model in mind involving all stakeholders – the ideal arts for health consortium starts with the A.R.T.S. Prescription.



- A.R.T.S. organisation who is providing the weekly programme – maybe more than one A.R.T.S. organisation for variety.
- Local PCN, whose GP and SPLW – glad to be able to offer arts as health-enhancing ‘treatment’ at this early stage – will refer participants
- Local authority, proud to fund arts and health programmes
- Ethnic, cultural and/or disability groups
- University for arts and medical students (SP Student Champion Programme)

The arts prescription consortium is then well-placed to raise awareness to all stakeholders and attract cross sector funding.

Engaging in weekly arts practice can enable participants to preserve their health, their brain health and resilience in the community for years longer – as explained in our [A.R.T.S. for Brain Health: SP report \(2021\)](#) - some three years we and Alzheimer Scotland observe – and substantially save health and social care costs. Thank you, Bogdan.

Now we welcome Sian Brand, Co-Chair of the Social Prescribing Network, to chair the next session.

# Global SP Conference – Sian Brand

---

## THE SOCIAL PRESCRIPTION PATHWAY

### CHAIR, [Sian Brand, Co-Chair of the National SPN](#)



Wow, what a wonderful afternoon. Already my mind is buzzing. Thanks, Ron, for sharing your story. It was so heart-warming. I also live with pain, so anything that can help reduce pain and having those connections in the community, making friends and laughter. My goodness, laughter is so important, isn't it? I can see you're nodding your head there. We all need a little bit more laughter in our lives.

I think arts and culture has a really important part to play in bringing that along with other things. And I'm sure that Daisy, although absent at the moment, can share some amazing research and evidence around not just even partaking in art, but also in watching the art has an impact, a positive impact on our health and wellbeing and our brain health.

### **National SP Network – origin**

I'm really honoured to be here today to chair this session which is about the SP Pathway. I'm Co-Chair of the [National SPN](#). This network came into being back in 2015. My goodness, it seems such a long time ago where we were aware that there was a movement, a social movement brewing for SP. The group of people that then became the steering group and still are of the national network, developed and wrote a document called [Making Sense of SP](#). So have a look at that, it really highlighted the key elements to the SP Pathway.

Some of those fundamentals that are, as we see globally now, present in most, if not all of the SP models that are evolving and that really comes to the referrer. And in the NHS, this is not just GPs and practice staff, it is from anywhere in the community where that person pitches up with the need. We're not patients all of the time, we're residents. So from social care, from police, ambulance, DWP, housing associations, SPLW can work with them at any point. So that's the first part of the pathway.

The middle part, the crucial part for the NHS model is that SPLW role, and we heard earlier from Hamaad about all the different names that this crucial role, this connecting role is called across the globe as well, so really important in terms of [What Matters to You conversation](#), that personalized approach, building trust and rapport.

And then finally, the other key element referring to a friend that's also actually on the call, Tim. There's no point having lots of travel agents if you've got no holidays to send the people to. So our SPLW being the travel agent, if we have no voluntary sector, if we have no community, if we have no social capital, actually, that referral out, that connecting out of our patient of our resident to that support is going to be really difficult and, would not then fulfil our SP model. So that voluntary sector at the end, and the arts and culture, particularly that we're talking about today. The opportunities of people engaging in things that are going to actually support their brain health.

# AUSTRALIA – Siân Slade

## Caitlin Muhl, Definition of SP, 16 November 2022

I encourage you to have a look at a new study by Caitlin Muhl of Canada 'Establishing an internationally accepted conceptual and operational definition of SP', just published literally this last month. That will show you the key elements of where we are going globally with the definition of SP in the pathway.

It is my pleasure and honour to now move on to our first speaker of this session. I'd like to welcome Siân Slade from Australia. She's at Melbourne University in the School of Population Health, and I'd like to pass over to her for the next few minutes. Siân, hi there.

## AUSTRALIA

Siân Slade, Melbourne School of Population Health, Australia.

Lovely to be here and to see everyone - some familiar faces and some new faces. You've seen this map from Hamaad.



### SP Australia

This is SP Australia. It's literally a snapshot.: Our capital is here in Canberra in the Australian capital territory. Then we've got states and territories, and they've all got their own capital cities. We are both a Federated model, and we've got states and territories and a different funding mix here.

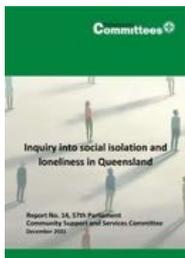
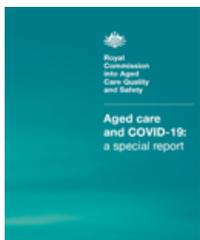


**Evolution of SP in Australia** We've had an evolution of SP really, kicked off by Leanne Wells and the Consumer Health Forum in 2019, with a roundtable and resulting recommendations. 2020 saw a couple of Royal Commissions in Australia and also an Inquiry into social isolation and loneliness in Queensland, which Bogdan was part of representing on, and a controlled evaluation this year.



In the last couple of years, we've had a National Preventive Health Strategy and also a future focused Primary Healthcare Plan. We also have a Long-Term Plan, a little like the NHS plan. So that gives you a bit of a policy environment of where we're at in Australia. SP is mentioned throughout.

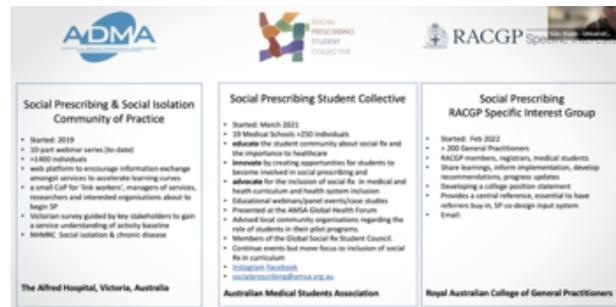
However, we do not have a formal SP mandate here in Australia at the moment. What we do have is a Guiding Coalition and a very strong guiding coalition both operating locally at a state level, nationally and internationally.



# AUSTRALIA – Siân Slade

## Community Connection, Collaboration and Coordination

I wanted to talk briefly about some of the things that are happening in Australia at the moment. These are illustrations really of the community connection, collaboration and



coordination. Three groups I wanted to particularly highlight the Australian Disease Management Association (ADMA), have been holding a community of practice since 2019, well over now actually 1,500 individuals. I've run ten sessions so far. These are really about building communities. What happens is people come on the call, they share the different initiatives they're doing, keep a database of what's happening. And they're really, particularly through the COVID time, has been a great way of ensuring that the Connectors are connected to be helping people that they're supporting in the communities.

### SP Student Collective



Building on what Bogdan said – piggybacking on to the UK and also Canada – the SP Student Collective now operates across all the medical schools in Australia; and, same as Bogdan also highlighted, incorporating now Allied Health and expanding one of the things they've been looking at, curriculum, and I'm sure Kheng Hock Lee mentioned around curriculum and SP. So again, the opportunities to leverage and work with different countries.

### Royal Australian College of GPs SIG

The Royal Australian College of GPs have a Special Interest Group in SP, which is very important to us. Going back to sort of the pathway piece, Veronica, that you talked about, we have a Community and Primary Healthcare Model here in Australia, which is akin really, to what the experiences in the UK.

Finally, to set the scene, to give you the picture, there's lots of activity happening in Australia at the moment that we really need to get to a point of formalizing, scaling and coordinating these pieces.

Starting in Queensland - I'll mention again Genevieve Dingle (Associate Professor in the School of Psychology at The University of Queensland), shortly in terms of some work in the arts space and music and mental health and brain health. But working through here in terms of, for example, activities that are happening through libraries, with Campaign IPC Health have been long-standing, as have PCCs here, who are in New South Wales.

The Victorian government actually have SP activities based in Melbourne and Victoria have six pilots now operating in mental health and wellbeing. In Tasmania, the island at the bottom of Australia, you see lots of activity happening in a co-ordinated way in South Australia and the same.

## AUSTRALIA – Siân Slade

---

### Arts for Brain Health

Lastly, I just wanted to focus on creative arts, and particularly around mental health, health, dementia, arts on prescription. Not as much activity as you have happening in the UK, but certainly many different types of activities starting to happen. Genevieve Dingle is a key protagonist with this. Also there is, yes, Black Dog Institute, some of you may have heard of. And for me here, the Royal Melbourne Hospital have been doing a lot of work in music therapy; and I wanted to close actually with some work that's happening at Melbourne University, which is called MATCH. This is a focus on music for dementia. So, really in line, I guess, with the topic that we're talking about today, but really thinking about sort of different ways of being able to reach people. I hope that gives you a snapshot of us in Australia. Any questions, feel free, folks, to come back to me.

**SB, Chair** Siân, thank you so much. It's really lovely to see the advances being made in the arts and culture element in those last couple of slides there. And we all have to start somewhere, don't we know once we open that Pandora's box, things will start to come flooding out and there will be some real shakers and movers and change agents out there. So it's really lovely to see that starting for you over in Melbourne.

What really interests me, as well as the structure is there so that framework of the pathway which then enables those opportunities coming up from community, from arts and cultures to fit really nicely, in a co-ordinated way. It's then about the funding, isn't it, which I know we're going to be talking about later, but thank you, Sian, lovely.

I'd now like to welcome from Singapore Professor Kheng Hock Lee, who's Director of Office of Community Engagement and Education of the SingHealth Community's Hospitals. Now, I know you're probably still really in an excited state after your conference last week. How did it go? We really look forward to hearing to you speak now, Kheng.

### SINGAPORE

**Professor Kheng Hock Lee, Director, Deputy CEO, Education & Community Partnerships, SingHealth Community Hospitals.**

Yeah, thanks. I think we really had a good time in Singapore. It's like a reunion of friends, although we are meeting for the first time. So really thank our friends from the Global SP Alliance (GSPA) because of our conference. Now SP is on our national agenda.

The 1st Asia Pacific SP Conference made headlines in our newspapers, national newspaper, as well as in the News. So it's really a boost to the SP movement in Singapore.



## SINGAPORE – Professor Kheng Hock Lee

Today, I would like to share what we are doing in SP in Singapore, a section on it that's relevant to arts activity. We started SP in secondary care in Singapore, and now it's spreading into primary care.

### Arts for Wellbeing

Within SP. Some of my colleagues, the social workers and our Wellbeing Coordinators, or SPLW, realized that many of our patients enjoy art and participate through art. So we created what we call art-focused SP.

### Art-focused SP

Largely with the help of art therapists, that was seconded to us from our National Arts Council, we were convinced of the importance of art activity in the sense that it can be an extension of reminiscence therapy. It allows our patients to express their emotions and explore meaning, and it helps them to communicate to their peers as well as to the health care workers; and it improves their self-esteem and confidence. They enjoy it, they feel relaxed, and it's a way for them to engage and socialize. Most important of all, we notice that it seems to preserve their cognitive function as well, which is why we think that arts actually promote wellbeing. As we all know, for SP, the outcome you're aiming for is actually wellbeing.

### Bringing the Community into the hospital

Our concept is to bring the community into the hospital, so that they can continue into the community in the right frame and to be connected to activities that they can continue in the community as well. This is the three-session programme that was created:



- In the first activity session, they create a Collage of what they like in terms of what they like to do in life, to create their favourite food and their favourite activities.
- In the second session is a Hands-on where we connect them to something that's happening currently in the community, usually seasonal. Right now, Christmas is coming. So our arts and crafts sessions are focused on the Christmas season.
- Finally the last session, we call it the Superpower Mini Session, where we ask them to create masks that represent what they wish they can have as a superpower and then use that for engagement and for self-expression.

**Collage** For the first session, we realized that it really strengthened their sense of agency. Through this collage, they were able to express themselves what they like and what they don't like and their sense of self as well. And during those sessions, they were able to reconnect with other people and as well as with themselves



## SINGAPORE - Professor Kheng Hock Lee

---



**Hands-on** In the second session, I think it's connecting them to the season that's happening in the community and the relatedness to the community as well.

**Superhero Me** Then, of course, in the last session, I think we restored their sense of competency, put them in a mode of positive thinking and self-affirmation.

### Two case studies

I'd like to share some just two examples of what this kind of participatory art activities have and the impact that they have on our patients.

### A.R.T.S. engagement giving voice, understanding, connection

One of the patients has actually been deaf since he was young, so he's socially isolated, elderly, and sometimes we assume he's a very quiet and not so sociable person. But through the collage activity, he was able to write down these feelings. The pleasure that he has from eating his favourite food, which is noodles, his enjoyment of kung fu movies from Hong Kong when he was young, his appreciation of Chinese opera and how he feels comfortable on a rainy day in the warmth of his little room, looking out to the windows, and how he loves animals such as dogs and birds. Through all this, he's able to reconnect with himself and help others understand him better. So, in a way, this activity gives voice to this person who is deaf and unable to speak.



### Creating beautiful flower basket – restoring confidence and sense of self

The last example, by way of illustration, is this lady. Now she was an independent lady, but she became ill with a chest infection. She had a fall and fractured her wrist; and that injury caused her to lose confidence in her ability to take care of herself. She was very despondent. She doesn't want to leave the hospital. She feels that she is unable to take care of herself when she leaves the hospital and insisted that she will not leave a hospital until we remove the cast.



Our SPLW connected her to this participatory art activity where she used materials to create these beautiful artificial flowers. At first, she was hesitant, but at the end of it, she was so proud of this piece of art that she had created, that she was going around showing this piece to all the patients, doctors and to the therapists. That restored her sense of self competency and confidence to the point that now she asked to be discharged before the cast was even off.

### Impact of SP to participatory A.R.T.S. activity

From these examples, we see the impact for people, especially those who recently suffered a blow to their confidence and ability to care themselves. It helps them to connect with others through expression, with the participatory art activity. We are convinced that art activity should be very much a part of SP. Thank you very much.



**SB, Chair** Thank you. Kheng Hock Lee. That is a really fantastic presentation. I love those two case studies at the end. It's ironic, isn't it? Society has never more tools to be connected, but actually, it's even more easy

## PORTUGAL – Professor Sonia Dias

---

to get disconnected, both from ourself and those around us. And the impact of that disconnection is so challenging to our health and wellbeing. And yet, simple activities that you've just demonstrated there can bring so much so quickly in advancement of somebody's self-esteem, their connection to others, their confidence.

### PORTUGAL



Professor Sonia Dias, Coordinator of Public Health Research Centre at NOVA National School of Public Health. Professor at NOVA University of Lisbon, Portugal

From the outset we saw the great benefits of SP, the potential broadband and physical health detector Social Determinants of Health and social needs to offer person-centred care, to strengthen preventive care and to bridge healthcare organizations. With the third sector as well as leading to decrease in overuse of health care, reinforcing the sustainability of the Portuguese National Health Service. So I did not doubt that this was a strategy that we were keen to help implement in Portugal.

SP movements in Portugal started with a small local power project with a bottom-up approach in two primary health care units local to the community. We started with integration as a primary healthcare team and our team from NOVA School of Public Health to ensure that right from the beginning we had an approach to study and collect information that best informed implementation. Later on, we had an evaluation study Developing evidence on SP initiative in Lisbon: Challenges and insights for improving, with the participatory approach and based on the context of the intervention.

The SP project was implemented to respond to the use of socioeconomic and emotional needs through the activation of many assets to enable them to manage their health and wellbeing better. This project also aimed at improving communication, articulation and collaboration between health professionals, SPLW and social partners.

Through the years and with a lot of persistence, the interest in SP has been growing at local authority and policy level, and we have started working in scaling at the initiative in different regions in Portugal.

From the beginning, the NOVA School of Public Health has been involved in the planning and implementation as well as in the design of evaluation frameworks which enable us to understand What Works platform in what circumstances and why we are not supporting other teams either from the local authorities or the health side, to implement strong SP projects and scale up this initiative for the country. Indeed, SP is a complex intervention. It involves multiple stakeholders as multiple models, different user talents, varying aims and the range of potential outcomes. This complexity posed challenge for implementation as well for evaluation and scaling application.

What we are learning from the groundwork of students in the field and evaluation findings is that we could help improve SP effectiveness, ethics and sustainability. Also, what we know so far is that for the potential of SP to be

## PORTUGAL – Maria João Lopes Marques

achieved, it requires a collective engagement of national, region and local authorities and multiple stakeholders.

To conclude, I want to mention that NOVA School of Public Health created SP Portugal with the mission of strengthening the research, implementation and dissemination of the initiatives in Portugal. Furthermore, SP Portugal includes a team of members of the independent community, the health sector and the social sector, which has participated in several events in public health promotion and integrated care to promote SP. The team are also developing training for health and social professionals. We are very much committed to SP on a national, but also international level.

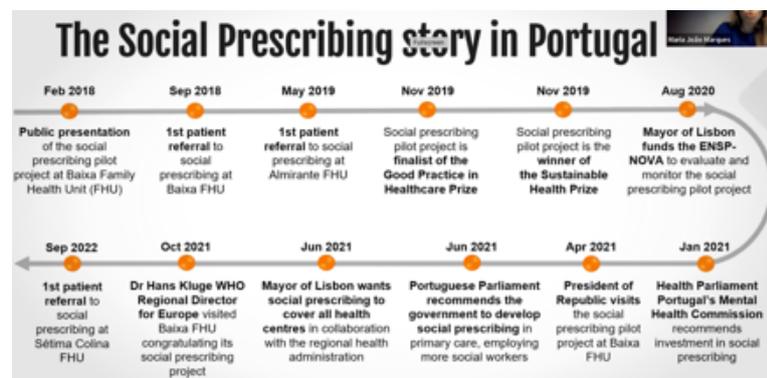


### Maria João Lopes Marques. Data Scientist, NOVA School of Public Health, Lisbon 'SP pathways in Portugal'

First of all, thank you for the invitation. It's a real pleasure to be with you today in this exciting webinar under this lovely partnership between the Global SP Alliance and Arts 4 Dementia. I'm going to briefly share some of the insights of our pilot experience of SP in Portugal.

#### From small local pilots to Portuguese policy level

From the beginning of SP, NOVA Public Health School in Portugal has been involved in the planning,

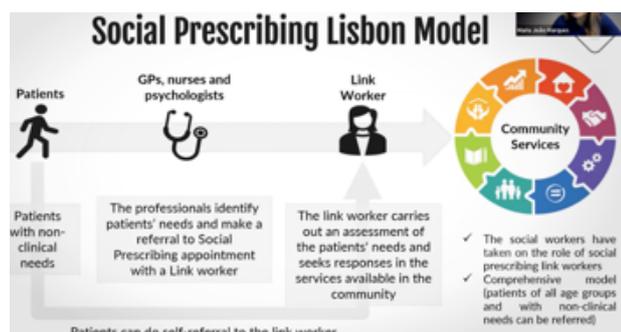


implementation, and design of the valuation framework.

SP in Portugal is really in early stages compared to the experiences previously shared. It started at the end of 2018 in two primary health care units in the Portuguese capital, Lisbon. The movement began with a small local pilot project in a bottom-up approach. Since 2020, interest in SP has been growing at local authority and policy level.

#### Social workers as SPLWs, receiving referrals from GPs

In the Portuguese context, social workers mostly based in community-based organization or even public entities, play the role of SPLW and receive the referrals from GPs.



## PORTUGAL – Maria João Lopes Marques

The SP model implemented into family health units in Lisbon is really comprehensive with regard to the criteria for referral, including patients of all age groups and with non-clinical needs enrolled in these two units.

To give you a flavour, these units are in downtown Lisbon, and they are really public primary health care centres linked to the Portuguese National Health Service, which provides general health care to all age groups of the population enrolled in these units. In this case, approximately 28.000 people. The population assisted by these units is composed of people experiencing vulnerabilities, such as

seniors in isolation, recently arrived migrants, people with low education, unemployed and homeless.

### SP users

So again, it's in its early steps, but taking a quick

look at the first 40 months of the SP, around 700 referrals were made. In terms of the user characteristics, approximately 70% are women, around 40% with more than 65 years old, most with at least one chronic condition. Here we can see clearly that the most frequent chronic conditions were cardiovascular diseases, mental health, obesity. Also, around 40%, a significant number, were from migrant backgrounds.



### Social needs and risk factors for cognitive decline identified

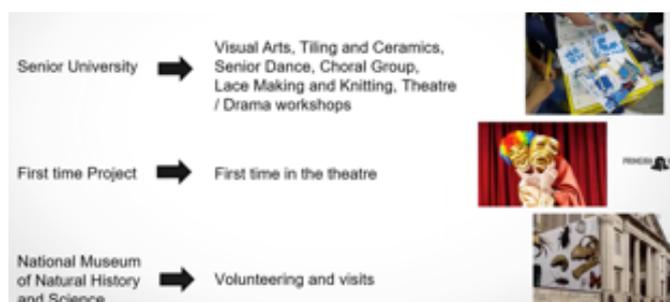
So, the main social needs identified were access to social benefits, social isolation, and mental health. This is really important because we know more than ever that both social isolation and cognitive inactivity are risk factors towards people developing cognitive declines, especially as they grow older.

### Barriers – funding, human resources, time, users' perceptions of the interventions

We were able to explore the barriers and facilitators regarding the implementation process. We conducted interviews with GPs, social workers, social partners. All stakeholders interviewed highlighted as factors that really facilitated the implementation, the characteristics of professionals, frequent and dynamic communication, proximity to the community, and the physical presence of SPLW inhouse services. But also a lot of barriers still, mainly issues related to funding, human resources, time availability, and users' perceptions of the interventions were really the main barriers.

### Referral pathway

In Portugal, GPs make the referral to the SPLW, for instance, to preserve their brain health. SPLW carry out an assessment of



## PORTUGAL – Maria João Lopes Marques

---

users' needs and – this is really important – their strengths and preferences, not only from an individual approach, but also the family approach; and they seek responses in the services available in the community.

### **Asset mapping**

So, in Portugal, the SP model is really embedded in community settings. Here we must acknowledge the efforts conducted by the SPLW and all the partners to map out not only the formal services and resources available, but they really look into the informal resources that are available, and not so well known. We know that it's fundamentally important for people to retain meaning, but also purpose and general wellbeing, and arts-based processes and activities are key in achieving this, alongside with the more traditional and, of course, medical approaches.

### **Transformative, positive impact of arts-based activities**

What we are finding is that the arts are really transformative and can really have a positive impact on cognition, attention, stimulation, enhanced communication, engagement. So, the SPLW are really investing in making arts-based activities accessible to the users of SP. Here, the important thing is not only to stimulate mind, but also to create a social experience, impacting both at the individual, but also the community levels.

### **Isolated seniors living side by side with migrants unable to speak Portuguese**

To give you an idea. This pilot started in downtown Lisbon, one of the most multicultural neighbourhoods in Portuguese capital. You have seniors isolated in ancient buildings without elevators, really isolated, living side by side with recently arrived migrants. Most of them don't speak Portuguese. More than 30% of the residents are migrants, with 50 nationalities living together.

### **Photovoice**

Here we have some of the arts initiatives included in the reforms, from the SPLW. We have from the most traditional arts activities to the most innovative, such as the Photovoice engaging people from different backgrounds that really can share their experiences and narratives through the power of the photographs.

### **Barriers – participant motivation, perception of arts**

Here, the challenge is really motivating the participants, namely the ones with mild cognitive impairment and potentially dementia or other mental challenges, to participate and come to the appointments with SPLW. Having SPLW who are based in community organizations and know the communities well, sometimes going to their homes, is really key.

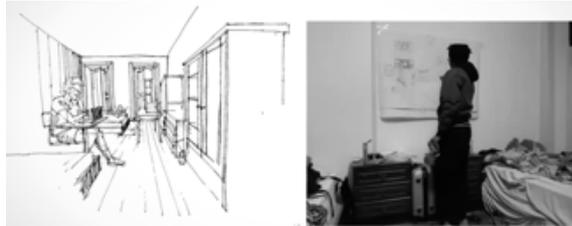
We also know that, unfortunately, there is still a fundamental disconnect between how we develop initiatives, including in the arts, and the way they are received by the members of the community, by the users. As a result of this disconnect, when we evaluate how effective interventions are, we find that they are often weak, not scalable at all, and don't even seek to reach segments of the

## PORTUGAL – Maria João Lopes Marques

population, because many initiatives are designed for what we call the Miss or Mr. Average and therefore, many people are still left behind.

### Need to engage users in co-design of arts initiatives

This disconnect comes really from no inclusion of users in the co-design of the arts initiatives and how they are implemented here.



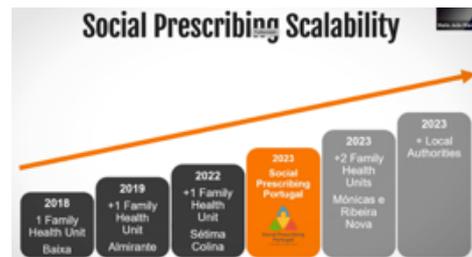
To finalize, we were able, during the pandemic with all the lockdowns, still to carry on some arts initiative. Here we have the example of a virtual Photovoice initiative where we were able to

engage different users online participation to take pictures or design and to share their images and their experiences in online group discussions. It was really important also to engage the users from the set of this initiative in the design of the initiative and in the implementation.

### Scaling up SP in Portugal

Interest in SP has been growing in Portugal, and we have started working on the scaling-up of the initiative in different regions in Portugal.

Thank you.



**SB, Chair** Great, thank you so much, Maria. Just a couple of really important reflections there. Firstly, was the interest in health inequalities and the support to migrants. I was particularly interested as well, when you showed the slide about museums. Obviously, this isn't just about arts as in theatre and cinema and other active arts. It's also about museums. And you mentioned volunteers. Now we know volunteering. The evidence is volunteers live longer and happier lives just up to five years longer. That volunteering and the final bit that really caught me, Maria, was about that asset base. It's not a determination of the SPLW or a GP or a social worker, or a Connector as to what that person needs. It's actually what they bring, what are their assets and that's "What Matters to You Conversation" - what is it that you can have that you do already that you enjoy as well as filling the gap that is in their lives at the present time. So, those were my observations.

I'd like to thank Siân, Kheng Hock and Maria for sharing your stories of the pathway across the globe. I know we're going to go a bit further, so it's a whistlestop tour today, really appreciate your time, particularly being out of the time zone significantly

**VFG, A4D host** Thank you, Sian, for your brilliant chairing all the speakers, your valued highlights from their inspirational talks and for your expertise as Co-Chair of the SP Network. And now, Alexandra Coulter, who has done so much for Culture Health and Wellbeing and is director of the National Centre for Creative Health, to take forward the Arts Prescription panel. Thank you, Alex.

## Alexandra Coulter, Director, NCCH

---

### THE ARTS ON PRESCRIPTION PATHWAY

**CHAIR:** [Alexandra Coulter](#), Director, National Centre for Creative Health.



Thank you, Veronica. Thank you very much for asking me to chair this section. We've been hearing about the context of SP globally and in individual countries and projects, and we're now honing in on the Arts on Prescription pathway. As Michael said at the beginning, people have been doing this kind of work for a long time, and certainly in the arts, Arts on Prescription has been well established in pockets across England, I would say. But it's with the commitment from NHS England in the Long-Term Plan and the establishment of all the SPLW around the country that everything has grown so exponentially.

It's really fascinating to hear now from three further countries. We have Italy, Austria and Canada about what they've been doing, how they've been working with the arts in SP in their communities. First of all, we have Maddalena Illario from the Department of Public Health Research and Development Unit at the Federico University and Hospital in Naples. Over to you Maddalena.

### ITALY

**[Professor Maddalena Illario](#), RSCN and Campania RS, Federico II University and Hospital, Naples. 'Arts on prescription pathway: Innovative approaches in brain health.'**



Thank you so much for the invitation to join this inspiring initiative, because I am rather new to the SP field, but I feel this community is open and warmly welcomes newcomers. There is a movement in Italy also, and there is a growing awareness with respect to the impact of SP, especially on loneliness and social isolation.

This has been paralleled by an increase also in the voluntary sector which plays a key role, as we heard from previous speakers, especially Maria, the role that volunteers play in providing valuable services to bridge the gap for social innovation and integrating and addressing other needs of our patients. This growth has been, especially concerning southern regions - indeed, my region, this is Campania, has seen an increase by 4% in the social sector. Mostly social prescription of social services relates in Italy to high complexity patients' needs and are carefully regulated by the National Agency and the Ministry of Health.

*Purple benches for sociality and social prescribing in Italy*



Vinchiatturo, Campobasso

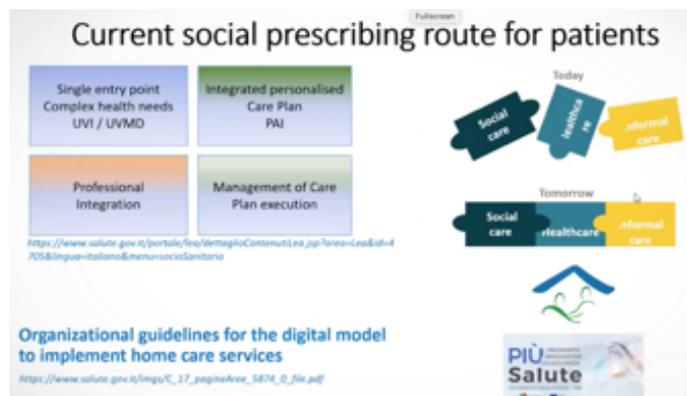


# ITALY – Professor Maddalena Illario

## SP – digital model

Currently there has been an effort in improving the integration of digital solutions and innovative approaches into strengthening social services integration through

organizational guidelines and taking advantage of recently appointed National Resilience Recovery Plan funding.



## Paradigm shift from reactive to person-centred approach to health

There is a paradigmatic shift from reactive disease management towards person-centred and innovative approaches to health. Products outside the traditional settings for healthcare service provision and health promotion can also be deployed by pilot initiatives inside the address. We heard about the effectiveness of music therapy and thermal spas. This means that we need to take into account the socio-cultural elements that drive behaviours in humans.

This is also the reason why there has been a strong engagement of the Minister that in health promotional activities through the National Plan for Disease Prevention 2020-25, that has been supported by initiatives



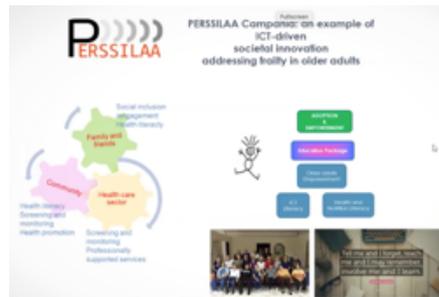
such as the online National database of projects and interventions for Disease Prevention and Health Promotion – good practices tool. There has also been an effort of the regions in receiving these plans.

- In Campania for example, there has been health promotion guidelines that are driving the initiatives of local health agencies and health promotion, engaging with the communities of volunteers.
- There is also a new initiative Open the Doors, and that is an executive master focusing on mental health and chronic diseases and which role there can be for culture and cultural valuable initiatives.

## Digital health developments

There are growing initiatives on the ground, like Health Campus Campus Salute that is being replicated in many cities throughout Italy, where a number of professionals from the healthcare sector has been stimulating the engagement of local volunteers beyond the healthcare professional sectors in reaching out to citizens in the streets and involving them in building their digital and health competencies.

## ITALY – Professor Maddalena Illario



### Perssilaa Campania: Cultural ICT project addressing frailty in elder adults

We have been also involved in one project that has been pioneering the community engagement to prevent the frailty in older adults. In this project we have been implementing rather successfully, I would say, an education

package that was built on the empowerment of the race for digital and ICT literacy. The activities that we were deploying included also cultural and arts activity. And although it was an ICT-driven societal innovation project, it was showing that we are clinicians, so we were measuring the impact of this

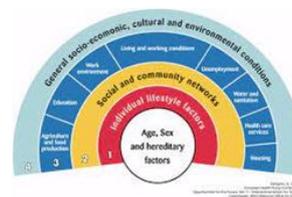
### Perssilaa Campania: Mild Cognitive Impairment (MCI) Measures

Although we were not delivering clinical services per se, we were measuring the impact and one of the tools we used was provided by Professor William Malloy and Dr Rónán O’Caoimha from University College Cork in Ireland, a very sensitive and specific tool to measure MCI.

### Impact on cognitive functioning

We could measure the impact on cognitive functioning, all these activities together that were targeting food and nutrition, physical activity, socialization, were improving cognitive functioning significantly. We then validated the tool in Italy and now we are currently further developing the exploitation of this kind of activity.

- Cognitive functioning is influenced by a multitude of factors

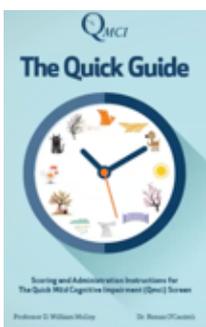


### Measuring the impact of social and cultural engagement and diet on wellbeing and resilience

While the project was being deployed, we decided to measure the impact of social and cultural engagement and dieting on wellbeing and resilience in a group of residents in the periphery of Naples. We could measure the target group who had a subscription to a local theatre, so they were engaged in the place. We investigated the relationship between BMI adherence to diet and perceived wellbeing in a sample of 571 subjects over 60 years of age – our evidence showed that engagement into social and cultural activities is associated with higher wellbeing and resilience, in particular in females – and also inappropriate access to clinical services were significantly different between the two groups.

### SUNFRAIL – national study

Currently, we're trying to bring this all together into a national study that will start next week. So today's meeting is very timely and this study is exploiting the result of the previous European project, SUNFRAIL, and developed a very



# ITALY – Professor Maddalena Illario

simple nine-line questionnaire, which also non-health professionals can deploy and administer to identify health domains at risk in older adults in this case to link to further, more detailed assessments

## Tool to prevent cognitive decline

And specifically in this case, we can focus on cognitive decline and the quick MCI tool to identify health promotion activities that can concur synergically to improve health outcomes for these older adults, preventing disability and dependency, and also delaying the onset of dementia.

## Barriers

- Policy commitment at multiple levels
- Stakeholders engagement
- Organizational models and culture
- Siloed approach to address complex challenges
- Business models.

## Sustainability

The usual problem that has also been referred to is sustainability. We know by fact that sustainability strategies for health services include disease prevention, health promotion, reduction of inequalities that are addressing vulnerable people's needs. But nonetheless, we still keep investing less than 3% in these activities.

## Implementing, sharing and scaling up innovative good practices

We also know that in all these good practices that are digitally supported, can help implementing personalized approaches to health promotional strategies if we just think about sustainable solutions. Here there is a room to strengthen investment and include this kind of services in the social prescription framework. This is something we cannot do by ourselves.

**Prospective observational cohort study for identification of frailty risk factors in community-dwelling older adults – SUNFRAIL+**



Multidimensional Frailty Screening



PROGRAMMA MITTONE INTERNAZIONALE SALUTE

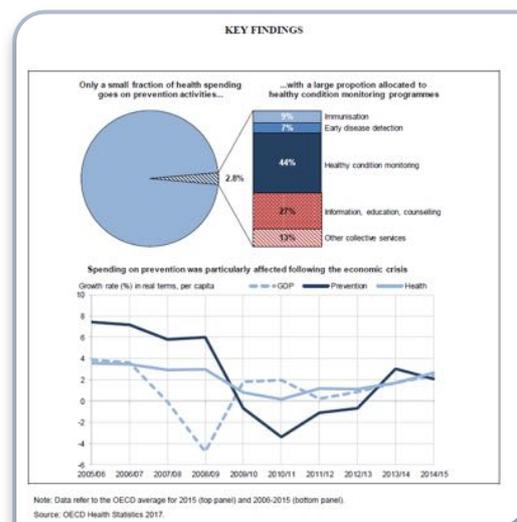


7 Centres in 7 Regional Health Systems

QUESTIONNAIRE NUMBER		ID
Date and Place		
<b>PROFESSIONALS</b>		
Professional	<input type="checkbox"/> Nurse <input type="checkbox"/> GP <input type="checkbox"/> Other professionals	
	<input type="checkbox"/> Social workers <input type="checkbox"/> Community actors <input type="checkbox"/> Caregiver	
<b>BENEFICIARIES</b>		
Gender	Level of education	
<input type="checkbox"/> M <input type="checkbox"/> F	Age	<input type="checkbox"/> Low (without studies, Primary school) <input type="checkbox"/> Medium (Secondary school or vocational degree) <input type="checkbox"/> High (University, Master or PhD degree)
<input type="checkbox"/> <65-74 <input type="checkbox"/> 75-85		
<b>QUESTIONS</b>		
1. Do you regularly take 5 or more medication per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you recently lost weight such that your clothing has become looser?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Your physical state made you walking less during the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you been evaluated by your GP during the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you fallen 1 or more times during the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you experienced memory decline during the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you feel lonely most of the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. In case of need, can you count on someone close to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you had any financial difficulties in facing dental care and health care cost during the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Biopsychosocial dimensions assessment**

- Prescription Adherence:** Medication Adherence Report Scale (MARS)
- Nutrition:** Assessment of adherence to the Mediterranean diet (PREDIMED) and Mini Nutritional Assessment (MNA)
- Physical activity:** Short Physical Performance Battery (SPPB)
- Adherence to Medical visits:** Checklist
- Fall risk:** Age-friendly environment assessment tool (AFEAT) and Time Up and Go test
- Cognitive decline:** Quick Mild Cognitive Impairment (QMCI) and General Practitioner assessment of Cognition (GPCOG)
- Loneliness:** Geriatric Depression Scale (GDS)
- Support network:** Social Provisions Scale (SPS)
- Socio-economic conditions:** Self-assessment questionnaire (MUSE)



# ITALY – Professor Maddalena Illario

## European Reference Network

We have been working in a huge effort to build communities, local communities that are innovation ecosystem. We try to bring together government organization, academy researchers, industry, patients and citizen society through European reference sites.



Stakeholder-driven, dynamic initiative:  
-to foster innovation in local ecosystem  
-valorize the work done in each territory

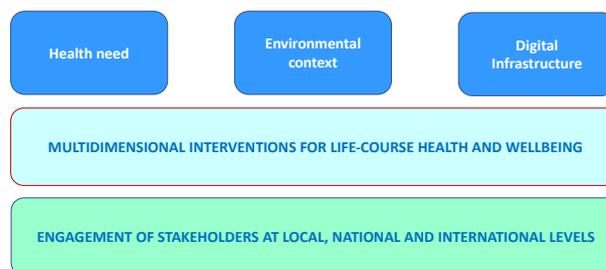


[www.rscn.eu](http://www.rscn.eu)



There is a network that is a European reference site community that supports local communities to develop and exchange good practices.

## Our approach to innovation



I hope that we can contribute to further develop this community of SP in our community, helping to conjugate innovative approaches, mobile led and digital solution with SP.

## AUSTRIA



### Edith Wolf Perez, Director, Arts and Health Austria, “SP in Austria”

I'm so inspired by this session that I feel like the baby in the room, because Arts for Health in Austria and SP are really new. Not that there are not many activities, but to bring them together is the challenge.

### SP pilots, June- Dec 2021 & Feb 2023-July 2024

We had the first pilot in 2021 for six months. The UK served as a role model. Also in Austria, SPLW played a central role. The aim of the pilot was to generate implementation experience, and to build on this to develop a professional basis to implement SP on a sustainable level in Austria.

### Prevention and health promotion

The pilot was launched and funded by the Ministry of Health and Social Services, because it meets one or two of the Health Goals Austria, which is prevention and health promotion.

Out of 17 applications to the core, nine primary care centres were chosen. They were chosen for diversity, so that the panel made sure that there are rural and urban primary care centres, that special target groups were addressed, and that long established facilities, as well as emerging centres, were included.

# AUSTRIA – Edith Wolf Perez

---

**Participants** During the six months, 178 patients took part in the SP scheme. The main target groups were people with migration backgrounds, the uninsured, single and elderly people.

**Referral needs** The most common reason for SP for transfers were social or emotional needs, health promotion and prevention, no social network or other support, signs of overstress and anxiety. I think this corresponds to the general global picture.

## Culture on prescription - theatre

Regarding arts and culture, I would like to mention, an initiative in Graz - the capital city of the southern Austrian province of Styria - where extra funding came from local government for theatre tickets. This met two goals: They supported



- the SP scheme
- the local theatre, because after the pandemic, theatres are really fighting to get their audiences back.

National Theater Graz invited SPLW to sensitize participants into their programme. Ten people took up the offer and visited theatre events. So that they didn't come alone, they came with a companion, to enable social exchange to discuss it. There were also discussion groups for visitors and some of the patients - and some of the visitors also joined with them.

## Evaluation

The evaluation of the first pilot showed that it was a success. In the facilities, link working could be established, it was working really well. Disadvantaged groups could be reached. Improvements were assessed in mental health, 16% social networking, health, literacy and future prospects. The acceptance rate showed that. 100% of the participants would recommend SP.

## Health funding for pilot 2, Feb 2023 – June 2024 recognises economic benefits

Based on this acceptance, there is a call out now for a second, longer pilot starting in February 2023. The Ministry of Health is funding it with €560,000. If you compare this to the first pilot, when the cost was €300,000 for just six months. Now for our 18-month pilot it is €560,000.

I wonder whether they all underestimated the economic benefits of SP in the first call, because the reduction of the budget indicates that there was money left over. I haven't been able to find out the exact reasons, why this was handled like that.

## Resources

In the meantime, there are resources are available. The evaluation is done scientifically by Gesundheit Österreich, an agency connected to the Ministry of Health. They provide

## AUSTRIA – Edith Wolf Perez

---

- Quality assurance measures
- Training for SPLW
- There is now also in the BA for social workers - link working module as part of the curriculum at the University of Applied Social Sciences Upper Austria (Linz)
- There is a standardized documentation
- Evaluation.
- Networking meetings have led to an exchange of experiences and from there a SP handbook was produced.

These are really the prerequisites to make a sustainable implementation. I talked about theatre on prescription.

As we have heard during the day, participating in arts activities on a regular basis is actually much more beneficial – especially for elderly people – in preventing cognitive decline.

### **Next step for arts for brain health in Austria**

There are many initiatives and arts initiatives in Austria that address this topic, but they are not connected. They are not in the local network. The next step for arts and culture would actually be to raise awareness about the role of the arts for health and wellbeing, motivate local arts organizations to get active and provide offers within the Social Prescription module and create an arts for health network on the local level, on the regional level, and nationally and, of course, internationally. So this is the first step for SP in Austria. Arts for Health Austria is trying to promote SP very much in their goals.

**AC, Chair** Thank you. Edith. Very interesting how those priorities from health we're seeing that across all the presentations around person-centred care, prevention, promotion and, um very interesting to hear about the challenge of integrating the arts and cultural ecosystem, which is obviously there, separately from SP and how that can be integrated into SP, which I think is also a challenge here.

# CANADA – Sonia Hsiung

---

## CANADA

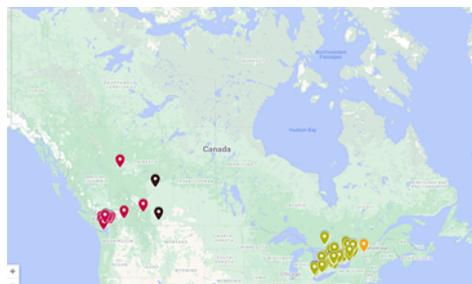


Sonia Hsiung, Director, Canadian Institute for SP (CISP), Art Gallery of Ontario.



It's a pleasure to be here. My colleague Melissa and I are joining you from Toronto,

Canada, which is the traditional lands of the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. An important context for the work that we do in SP and otherwise, is the continued inequities faced by our indigenous communities. We hold very closely our responsibilities to work towards reconciliation.



### Range of SP initiatives in Canada – differing challenges

Canada is comprised of ten provinces and three territories. Many of our structures, including our health and social care systems, are provincially governed, so each province organizes health care in a different way. Canada is also vast geographically, so that means the challenges in each community facing and the resources are available within each region is quite different. There are a number of SP initiatives being implemented in various regions that you see on this map with different types of investments.

Canada is comprised of ten provinces and three territories. Many of our structures, including our health and social care systems, are provincially governed, so each province organizes health care in a different way.

### Regional SP funding practice

In British Columbia, marked by red dots on the map, SP is funded by the Ministry of Health as a demonstrative project and being led by Community-based organizations.

In Alberta with the black dots, the initiatives are being funded by a private foundation as well as the Ministry of Seniors and Housing in Ontario with the green dot, there's a large collection. There are different models that are emerging from hospitals, older adult centres, home care organizations, paediatric hubs, and others. The largest number of initiatives are located within the comprehensive primary health care sector in a type of model we call Community Health Centres, which is primary health care collocated with Allied Health Professionals, community programming, and community development workers. These initiatives are funded by private philanthropy, as well as partnership with organizations like the Art Gallery of Ontario.

I think you get the picture here that while we have very strong momentum, all of our initiatives are regional. They are time-limited by funding and ad hoc. So, unlike the UK, and I think some of the other places that Sian mentioned, we don't have a system-wide investment into this type of practice anywhere. This also means that engagement with arts and cultural organizations in particular, and the pathways to connect people to arts-based interventions, are highly dependent on the region, on the specific project funding, and on organizational specific initiatives.

# CANADA – Sonia Hsiung

## The Canadian Institute for SP (CISP) – new national hub

We formed CISP as a national hub, with the aim of connecting people, the practices, the projects and the research across different sectors together

under one big network. So that we can learn from each other and collaborate and celebrate what everyone is doing in a way that is grounded in our commitment to equity, to community leadership and to collaboration.



## National framework for SP in Canada

We're intentionally right now, bringing together key stakeholders to co-create a national framework for SP for us in Canada that has shared principles and values, but is adaptable to our unique contexts and assets in the different communities. We've brought together communities' interest around advancing clinical practice, research, policy and knowledge mobilization. We hope that together we can build a momentum for policy and practice change in our country. So we're forming that foundation together with multisectoral partners and participants. They include organizations that have a national mandate, focussing on specific underserved populations in Canada.

## Canadian SP Student Collective

We also have a Canadian SP Student Collective that's moving the knowledge and practice forward in education with their peers.

The Art Gallery of Ontario, under the leadership of Melissa Smith, is one of our key arts partners in the Canadian SP landscape. I'll pass it to her to speak more about the arts, culture, and, wellbeing, community practice and the pathways to the arts with the principles of equity and co-creation, what that looks like in practice and how her and her colleagues are pushing to make what they do more standardized across Canada. Over to you, Melissa.



## Melissa Smith, Programme Curator of Collaborative Learning, Art Gallery of Ontario, Canada.

Thank you, Sonya. It is a real pleasure to be here to share what we're working on and to hear from so many wonderful folks.



- **Connect** arts & culture and healthcare professionals across Canada
- **Identify** the needs and opportunities to advocate for Social Prescribing
- **Provide** a space to share resources
- **Celebrate and network** with individuals and organizations to support Social Prescribing

## Arts, Culture and Wellbeing National Community of Practice

I'm a co-chair of the Arts, Culture and Wellbeing National Community of Practice, which originated as an informal group for local Toronto arts and culture

workers and healthcare professionals to connect. Rachel Robbins, an arts psychotherapy student, former Director of Education Engagement at TO Live

## CANADA – Melissa Smith

---

and Vanessa Smith, manager of education outreach at the corporation of Roy Thompson Hall and Massey Hall are my fellow co-chairs. Over the past several years, as we've adapted to many changes in our industries, both arts and healthcare, we now operate in connection with CISP, and we serve as a national hub to connect people with aligned interest in SP and wellbeing, specifically in relation to arts and culture.

### Alliance for Healthier Communities

We also connect with an organization called the Alliance for Healthier Communities, which supports Community Health Centres. The not-for-profit organizations that provide primary health and health promotion programmes for individuals, families and communities. We collect our programmes and site information to share with community health centres, raising awareness.

Picking up from where we've heard some of our speakers address things before today, I'm going to share how this work manifests by describing a case study and how pathways manifest in Canada in this sort of limitless stage, while we build a formal model.

### The Art Gallery of Ontario

I work at the Art Gallery of Ontario (AGO). The architecture is by Frank Gehry, and we're located in downtown Toronto, which is Michigan territory and also governed by a treaty between the Mississaugas of the Credit and the Canadian government. Again, this is very important for us to acknowledge as a colonial country. AGO is one of the largest art museums in North America, attracting approximately one million visitors annually. We have a collection of over 120,000 artworks ranging from Indigenous and Canadian to European, and we also mount special exhibitions.



**AGO Mission and Vision 2028**  
AGO will lead global conversations from Toronto through extraordinary collections, exhibitions and programs, and by reflecting the people who live here.  
Our Core Values are Art, Audience and Learning.

### Education and Programming

I am part of the Education and Programming division, and we really try to generate meaningful, experimental and inclusive experiences connecting people, art and contemporary ideas.

### Access to Art

We create access and pathways to the AGO through our community and neighbourhood memberships. So organizations serving marginalized individuals can provide their clients with free visits. The work I do is very much about curating the AGO's Access to Art through a suite of programmes, exhibitions, and installations that support visitors with perceived or physical barriers to the AGO. You can see the range of those programmes on our Access to Art page



**Access to Art**  
Art in the Moment, Art Enables, Deaf Culture Moments, Multisensory Programming, Relaxed Visits, Seniors Social, Mindful Maker Space etc.

### Peer Art Ambassador Programme

We believe that programming, beyond providing tickets, is key to supporting SP and access to art. So, I'm just going



## CANADA – Melissa Smith

---

to share a little mini case study of how we can do that work. It's really inspired by facilitating peer-to-peer relationships. So, with the South Riverdale Community Health Center and the AGO as service organizations, we decided to remove the authoritative role of the museum or health centre and prioritize a peer-to-peer co-designed experience at the AGO riffing off of the person-centred care. South Riverdale offers a range of programmes that are peer led and inspire people to play an active role in their health and wellbeing.

### **Peer practice**

The peer programme is made up of members of the community who have lived experience with chronic illness, pain or disability who are paid for their work. The paid peers learn to practise core self-management skills such as goal-setting, decision-making, problem-solving, emotional management of symptoms as an integral part of their clinical journey, and to combat perceived and physical barriers to the AGO. Peers are involved in the programme development. The co-design approach ensured that peers informed the programme based on lived experience, saw themselves as integral to service design, and valued their role as stakeholders and the services offered in the partnership. This is also a way we work to help deconstruct the colonial systems that are inherent in a museum and espouse the Disability Rights tenet of *Nothing for us without us*.

### **Gallery tours and offsite art-making workshops at community centre**

As a group, we decided to focus on gallery tours and offsite art-making workshops at the community centre, which were offered based on a training workshop and toolkit produced by the AGO. We found this was a successful way to encourage confidence with visiting the AGO and continuing the experience via artmaking back on the home turf of the Community Health Centre. Over a three-year period, we had 85 active repeat participants and we worked in an Iterative process, hosted focus groups to inform the evolution of the programme and evaluation and just some quick qualitative feedback was

- *I enjoyed myself.*
- *I felt calm and relaxed.*
- *The group facilitator helped me feel dignified and respected, and the group facilitator helped me feel comfortable at the gallery.*

### **Barriers – perceived and physical – learned from focus groups**

This was really important because during focus groups previous to this, we found that one of the number one points people raise about barriers to the gallery is feeling that they need to know about art history. They also say that sometimes they don't see themselves reflected in the collection, and the one that breaks my heart the most, that they don't know what to wear. So there are really these perceived barriers as much as physical ones.

### **Pandemic shift online – wider provincial reach**

During the pandemic, we transitioned to a monthly one-hour Zoom meeting offered by an art educator (tour) and an art instructor (artmaking). Between April 2021 and March 2022, we served 552 participants during the live events and 5,127 in the asynchronous recording available on the AGO website and

## CANADA – Melissa Smith

---

Facebook as an online programme. We noticed a wider provincial reach, particularly for rural communities, health centres, who were recommending the programme as a form of social prescription in a grassroots way.

### **Funding**

All this programming is supported operationally at the AGO. One-third of our funding is from the provincial government - the Ministry of Tourism, Culture and Sports - a one-stop-shop for that Ministry, the second third by box-office sales and a third by donors and sponsors, the last bit is by granting bodies and foundations. None of that funding is specifically earmarked for accessibility or SP. This is also the work that I do within my portfolio.

### **Arts on Prescription at AGO - relieving inequalities through co-design**

Finally, by co-designing processes that are determined by people who are using the services, we found that we've promoted agency and created inclusive spaces and access for people who otherwise might not have considered or experienced the wellbeing benefits of cultural spaces like the AGO.

### **Health arts partnerships – working together for wider policy and systems change**

The Arts, Culture and Wellbeing National Community of Practice is collectively trying to move the arts sector towards health arts partnerships like this one and are supporting CISP in a wider policy and systems change work.

**AC, Chair** Thank you, Sonia, Melissa, that was fantastic. It's inspiring to hear what's going on around the world. Interestingly, you have led us into the next session, which is around sustainability and funding. Thank you very much, everyone. I'll come back to Veronica to introduce the next session.

**VFG, A4D host** Thank you, Alex, for your brilliant chairing. We're so fortunate to have Alex who is the fount of all knowledge on culture, health and wellbeing as chair of your fascinating Arts Prescription Pathway. Now we welcome Tim Anfilogoff to chair the Funding session and guide us towards Sustainable Arts Prescription Models for funding. Thank you, Tim.

# FUNDING – Chair: Tim Anfilogoff

## FUNDING SUSTAINABLE ARTS PRESCRIPTION PROGRAMMES



**CHAIR:** Tim Anfilogoff, Head of Community Resilience for Herts & West Essex Integrated Care Board; National SP Steering Committee & NASP SP Champion

What a privilege it is to be here. I was thinking of 2016, when I was in the room when the English SP movement really kicked off. I've also had the privilege of going to Ontario where I worked with Sonia in 2018 to see the progress has been made internationally. It's just so exciting.

We've got the Poisoned Chalice, which is to try and talk about funding:

What is an Integrated Care System (ICS) for?

Integrated Care Systems exist to achieve four aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

### Integrated Care Systems

I'm going to just set the other three speakers in a bit of context in terms of where we are in England. Since July, we've had something in England called the Integrated Care Systems. It's a

partnership between the NHS and - in our case in Hertfordshire and West Essex, 15 local authorities and a partnership of many voluntary organizations, which is called the Voluntary Community Faith & Social Enterprise (VCFSE) Alliance.

### VCFSE Alliance

This is something that each new ICS is meant to have. It is really important as part of creating a real partnership with the voluntary sector.

Now, there isn't a silver bullet here, and Joshua will be talking, about the model of Thriving Communities, but there is some research that's been done about the different models of funding in England.



**NASP Briefing: Sustainable funding models for SP: examined in the report by Richard Kimberlee, Marie Polley et al:**

- **Single commissioner:** A Clinical Commissioning Group (CCG), Local Authority (LA), Housing Association, or PCN mostly commissioning a Voluntary, Community, Faith and Social Enterprise (VCFSE) sector organisation to manage and deliver SP.
- **Collaborative commissioning of complementary services:** CCG and LA together commissioning a VCFSE organisation for management and delivery.
- **Fully integrated commissioning:** Chief Executive Officer (CEO) of CCG and LA. e.g. a CEO leading both LA and CCG

## FUNDING – Chair: Tim Anfilogoff

---

- **In-house delivery:** CCG and LAs jointly delivering SP.
- **Direct funding of VCFSE sector:** CCG providing block grants for VCFSE sector organisations to deliver SP. (time-limited)
- **Using Personal Health Budgets (PHBs)** or integrated PHBs.

One of the things that comes out of that research is a clear message that it's having all the stakeholders working together that gives you the best chance of coming up with sustainable funding. And on that point, I think, that it's really important that ICSs in England are driving a vision about the role of the volunteer sector as a whole in addressing the wider determinants of health.

### Funding Prevention in Bradford

One example I could give you is Bradford, where they're actually working as a system to try and shift 1% of the overall funding for health and social care into the voluntary sector. So away from putting out fires, if you like, to the sort of work people have been talking about today in preventing fires happening in the first place, and people getting sick because they're lonely or whatever.

### Evidence

Next to all this, it's important that we talk about the data, that we're starting to get better at collecting. In particular, we can show that our SP in Hertfordshire is reaching the 3% of the population in the most deprived fifth in England, and we're doing that much more than we're reaching other bits of the population. So, clear focus on deprivation and also clear evidence that we're improving the life satisfaction and happiness of our citizens according to the ONS4 scale that we use and reducing their feelings of anxiety.

That's not all about Arts on Prescription, but some of that will be about Arts on Prescription. And just to stress the importance of that VCFSE Alliance in our ICS, we're working together with them on a Health Creation Strategy, looking specifically at those aspects of health where the voluntary sector can make all the difference.

The ICS wants to promote health and wellbeing  
(not just 'fix' people when they get sick)

*'Health Creation is the process through which individuals and communities gain a sense of purpose, hope, mastery and control over their own lives and immediate environment; when this happens their health and wellbeing is enhanced.'*



I'd like to introduce Chris Easton now, who's going to talk about the same set of principles, both from his NHS Charities Together role, but also his experience of working in the NHS in Manchester.

## FUNDING – Chris Easton

---



### Chris Easton, Director of Strategy and Impact, NHS Charities Together

Good afternoon, I work as Director of Strategy and Impact for NHS Charities Together who works alongside the Arts Council on the NASP Thriving Communities programme, supporting SP. I've been with NHS Charities Together a couple of months now, but prior to joining the charity, I spent ten years in the NHS, initially working in national policy, and then subsequently locally within an integrated healthcare system in Manchester.

One of the many things we did during that time in Manchester was commissioned what was at the time one of the largest social subscribing programmes in the country in 2016. a time that predated the onset of SPLW working within PCNs. The programme that we delivered worked with over 2,500 people per year.

What was really interesting about SP for me during that time was the impact that it has on people's lives.

#### **Positive impact of SP for both individuals' lives & health and social care system – 40% reduction in GP activity after SP referrals**

The improvements in people's wellbeing both in a quantifiable measurable sense, but also in an anecdotal sense is quite incredible. The other thing we were able to do is to evidence that not only did SP have an extremely positive impact on individuals' lives, but it was also able to reduce activity in the health and care system, particularly in unplanned activity. We were able to demonstrate around about a 40% reduction in General Practice activity for those people who referred into a SP programme versus those who were thought to be in a position to benefit but opted not to take up the referral - really significant in terms of the impact that such programmes can have on the system.

#### **Vital role of voluntary sector in SP**

A key part of the success that we achieved in Manchester was founded on the basis and founded on the recognition that the voluntary sector plays a vital role in SP.

You can't develop programmes as local health and care systems that drive activities to the voluntary and community sector without first thinking about how that infrastructure is to be sustained and funded. So, prior to joining you today, I wanted to give a little bit of thought to some of the key elements that for me, are critical to sustainable funding approaches in the voluntary and community sector:

#### **Key impact that Social Determinants of Health on planned & unplanned NHS activity**

Firstly, we need to understand and believe in the impact that the Social Determinants of Health have on both planned and unplanned activity in the NHS. It's really, really significant. And if we think about the volume of activity that's generated from a social context, this provides the evidence rationale for approaches such as SP.

## FUNDING – Chris Easton

---

### **Importance of investing in infrastructure to fund non-clinical support – the arts prescription**

It's important locally that we invest in infrastructure. So the monetary sector can unlock all sorts of funding and opportunity that supports people in ways that the health and care system simply cannot.

### **Suited to diverse needs of arts providers, large & small**

But many of these organizations are very small. Many of them need the kind of support that infrastructure organizations provide within localities. It's really important we recognize the diversity of the sector and foster it.

### **Inherent value in public sector support for voluntary community sector**

Not all voluntary sector providers are large. Many are micro organisations and run entirely on volunteers with income of only a few thousand pounds. Yet actually, some of these organizations can provide support to individuals that is so incredibly valuable. It's important that public sector uses its spending power to bolster the volunteering community sector. There is an inherent value in having a vibrant and diverse voluntary community sector within our localities. Yet too often it's not something we prioritize investing in within the public sector. And often – it's fair to say – we treat the voluntary sector a bit poorly in the way in which we might commission or fund services.

### **Evidence impact**

Finally, evidencing impacts effectively. The potential of programmes like SP that tap into the things that drive ill health and subsequently activity within the health and care system are absolutely integral to the future viability of the health and care system. Without tackling the drivers of demand, it becomes virtually impossible to meet the rising demand that faces the system.

Thank you very much.

**TA, Chair** Thank you very much. Chris's points about the importance of the evidence being able to demonstrate why this should be funded and that vision around the wider determinants of the value of the voluntary sector are crucial. It's been part of why we recently managed to convince the NHS to put £500,000 this winter into money advice, because of all the people who might otherwise end up not being able to turn on their heating and ending up in hospital.

The next speaker is Mags from Arts Council England.

## FUNDING – Mags Patten, ACE

---



Mags Patten, Executive Director, Public Policy and Communication, Arts Council England.

It was very kind of Veronica to say to me as we were preparing for this session, that she felt our Creative Health Plan deserved the term best practice. But it doesn't sometimes feel like that to me. I'd rather like to suggest that where we are feels so much like work in progress; and I think a learning mindset and openness to new ideas is going to help us make that progress.

To give colleagues from abroad and context, the Arts Council is the national development agency for arts and culture in England.

### Arts Council Investment

We invest about £600 million a year of tax and lottery income; and of course that's a reasonable sum of money, but it's never enough, especially to match our ambition in creative health.

### Let's Create

We've undergone a strategic shift in the last few years with Let's Create, our ten-year strategy focused on the public benefits of high-quality arts and culture and communities. This strategy has informed the development of that Creative Health Plan.

### **Arts for brain health – important collaborative starting point.**

I think Veronica's focus on fostering wellbeing implied by that concept of brain health is an important starting point for us as well. I feel that this broad space of stronger, happier creative communities is where there are enormous gains to be made. And I want at this point to say that this plan didn't really come from the Arts Council. It came from practitioners and from talking and listening deeply with the public. So the fact I'm talking about this today is a tribute to the efforts of many people in this room.

I think from where I sit, I see this all as a rather complicated jigsaw in which we are a strategic partner. But of course, jigsaws have a deeply satisfying payoff in terms of providing a practical outcome. So let me talk you through the pieces we place in the jigsaw.



### Creative Health and Wellbeing

As I've mentioned, there's our ten-year strategy Let's Create and that's directly informed our plan for Creative Health and Wellbeing, which we published earlier this year. Together they lead to a position where Creative

Health is a fundamental part of living well for communities and globally. The plan directs us to tap into a set of shared priorities across funders and the health and social care sector. It also directs us to widening engagement with creativity and culture with a particular focus on those who experience barriers to access and supported and informed by data on health inequality. This way of working represents a fundamental shift away from health projects as

## FUNDING – Mags Patten, ACE

---

additional activity, towards viewing health and wellbeing as germane to the cultural sector's purpose. The plan itself is built around three jigsaw pieces of Partnerships, Place and Practitioners. I was asked to give you really practical examples about how that translates:

### **Partnerships**

We have grown our relationship with the National Academy of SP as absolutely critical to progress. Recently, we've invested in an Arts and Cultural Leader at the Academy which will help ensure that the arts is a core part of our shared thinking and to connect the cultural sector to SP strategically. It sits alongside similar posts funded for sport, nature, financial advice. It will help us in that engagement with national level structures and network to foster growth.

### **Practitioners**

I'm delighted that we're continuing to offer support to the Creative Health and Wellbeing Alliance who we've recently announced we'll be part of our National Portfolio funded organizations through 2026. We support them as a network and membership organization, connecting arts and health practitioners across England and providing resources and developing best practice in this field

### **Place**

This feels like an absolute critical area of development for us in the coming year. As an example of that, one of the things we've been doing is deepening our partnership with the National Centre for Creative Health, and having conversations with them about the potential of investment in Regional Connectors to link NHS regions with the creative sector. I think as the Arts Council itself is making the changes to its own ways of working to adapt, to orientate to a new strategy. I think we need that support on the ground in place to make things happen. This would help us with essential place-based engagement to foster structures and networks.

We do need to bring the Arts Council and our sector into conversations with the NHS through ICS structures, as we already naturally do have very long-established links with local authorities.

### **Libraries**

I want to emphasize the role of libraries around Place and as a development agency for libraries rather than the direct statutory funder. We want to develop their role as critical community hubs. Of course they already exist in every community, free to enter and they're just wonderful things; and I think as an example of things we've done there, we've shifted the focus of our project grants to reflect that we want to support the health and wellbeing offer that we hope to see growing libraries over time.

I know Joshua is speaking about Thriving Communities in which we are another key project around Place, in which we were a partner. There's a lot to learn from that programme about working in Place.

## FUNDING – Mags Patten, ACE

---

### **Establishing place-based links and bridges across national relationships**

But for me the big structural challenge is how we are going to establish those place-based links and bridges alongside the national relationships, which now starts to feel more secure and stronger.

### **Three-fold increase in arts and health investment**

I want to finish with what really matters to the public – the art. Our shift as a funding body in our strategic orientation really makes a difference to how we invest. For example, investment in arts and health increased threefold via our National Lottery Project grant since the Arts, Health and Wellbeing All-Party Parliamentary Group landmark report *Creative Health* urged us to do more in 2018.

We've also increased the number of organizations doing work in the new national portfolio announced in November. That's a whole range of exciting new organizations as well as established icons that we are supporting. We have the [Wigmore Hall addressing young onset dementia](#) or organizations like [Magic Me](#) in East London bringing the young and old together for creative projects or [Still Curious](#) project in South-east England offering memory walks and curiosity cafes for older people. So, there's a lot of work for us to do, exciting development for us to engage in. But that jigsaw I referred to, it feels like some of the pieces are now slotting into place.

**TA, Chair** Thanks, Mags. The metaphor of a jigsaw is really helpful.

I think that Joshua's going to pick up on that whole set of principles, talking about Thriving Communities next; and if you want to talk about the NHS, I'll be happy to talk to you as well. Josh.



### **Joshua Ryan, National Academy for Social Prescribing “The Thriving Communities place-based funding model”**

Thanks, Tim. Good afternoon and thanks so much to all the inspiring speakers we've had today. It always warms my heart to see the passion and dedication and knowledge and skill of my fellow colleagues in SP. My name is Joshua Ryan, and I'm the Head of the Thriving Communities Programme at NASP.

### **Connected communities are Thriving Communities (TC)**

The [Thriving Communities Programme](#) itself exists to support the VCFSE sector in delivering SP activities whilst also developing sustainability and resilience in these uniquely challenging times. We do this through a co-ordinated, cross-sector and collaborative approach to peer-to-peer learning, amplifying best practice, webinars building networks, encouraging and enabling place-based cooperation. We believe that connected communities are thriving communities.

If, like Mags said, SP is the Jigsaw, then Thriving Communities is here to show people what the picture on the front of the box actually looks like.

## FUNDING – Joshua Ryan, NASP

---

### **Thriving Communities Fund – whole community approach crucial for sustainability**

One of the ways we've enabled SP activities to thrive at a place-based level was through our [Thriving Communities Fund](#). You will have heard about it already today. This was jointly delivered with Arts Council England and numerous other partners. It was a £1.8 million fund designed to encourage cross-sector collaborative working at a place-based level, requiring each successful project to have elements of arts and culture, physical activity, heritage and the natural environment, as well as an academic partner to help with our evaluation. 37 projects were funded working across a range of target communities, such as people living with dementia, homeless people, asylum seekers, unpaid carers and effort, needs, diverse communities. We believe that this collaborative approach, this whole community approach, is crucial to securing sustainable funding for this fund.

### **Thriving Communities Evaluation, August 2022**

A year-long evaluation was carried out, a few highlights being that

- Over 11,000 people were supported by projects attached to this fund
- 80% of all referrals were attended.
- Approximately £1 million in supplementary funding was leveraged by this approach, showing just how much this model is attractive to investors and develops the sustainability of the organizations involved.

Feedback from the organizations themselves said that it

- Built the confidence to use local assets
- Gave experience of maintaining partnerships between organizations at a local level
- Built the SP infrastructure within region
- Developed strong links into the health system.

The full evaluation link can be found [here](#) and on the NASP [website](#).

### **Participant feedback**

But to me personally, the most important outcome is a quote from participants who said to me, *You have all been so supportive, gentle, it was so lovely. I feel like I'm being listened to and understood. There is help there and there is hope there.* To me, that's more important than any numbers I can give you. Obviously, the numbers help and they're incredibly positive. But there are 11,000 stories like that to tell, 11,000 lives changed by this innovative approach to funding SP.

This joined up collaborative approach using local infrastructure at a place-based level. By strategically developing collaboration between both the VCSFE sector and the health sector, the TC Fund has generated this wealth of evidence for us to carry it forward into the next phase. So, with this being very much a pilot project, and our seeing the successes from it, I guess the big question is, what's next?

## FUNDING – Joshua Ryan, NASP

---

### **What's next?**

Please be aware that this is very much a proposal and an early draft – so early that I've actually only been given permission to share it with you during the course of this webinar. So, whilst the details may be quite vague, I can assure you that this is being worked on very much at the moment.

### **Shared Investment Fund to support a sustainable SP system – 2024 pilot in 5-7 ICS locations**

Our aim is to develop a Shared Investment Fund to support a sustainable SP system focused on tackling health inequalities that enables our healthy TC. We are proposing with the National Lottery Community Fund to work alongside NHS England and the new Integrated Care Systems to run a shared investment pilot in five to seven ICS locations, to be launched in 2024.

### **£1 million investment per ICS for provision of community-based activities and services**

We would be looking for initial investment from each ICS of approximately £500,000 to be matched and administered by the National Lottery Community Fund, size £1 million per ICS. Now, these funds will also be open to investment from the public and private sectors and individual philanthropists to support and build the provision of community-based activities, services and information to benefit the local population's health and wellbeing needs.

### **NASP's next major piece of work - Investment model for the future of SP**

If successful, this could provide an investment model for the future of SP, generating greater, sustained investment into the sector. It's something that we could potentially roll out nationally. This is our next big piece of work at NASP, and like I said, it's in the very early stages indeed, but we're receiving very positive feedback from all parties concerned.

### **Whole community approach - Together we are Stronger**

The message from NASP in terms of funding is that Together we are Stronger. We have shown that these collaborations between organizations across all sectors provide a much more risk-free investment for all kinds of funding channels. That's something we want to promote for what we're calling our whole community approach. Our seven regional leads will be going out into the field next year to try to bring these communities together, upskill them, build these networks, and continue the work that TC has done. That's what we see as the NASP contribution to the future of funding for SP.

# Funding Debate

---

## FUNDING DEBATE

**TA, Chair** I wonder if we could reflect on the fact that this is not exactly the most straightforward time to be seeking funding in England's massive cost of living crisis. As I mentioned earlier, some of the funding that we can get our fingers on is going to things like making sure people know they can get advice as to how to turn their heating on. So how do you convince people with budgets that painting and theatre and pottery and all these things that we know are wonderful for people in preventing cognitive decline, how do we really get them to put their hands in their pockets and fund these things?

**JR, NASP Thriving Communities** I'll say Tim, when is it ever a good time to talk about it - it's always going to be a budget crunch. But I think

**Evidence is the key thing** and something that our TC regional leads will be doing next year is rolling out a very easy-to-use Evidence Collection System, because we're aware that a lot of people that provide SP are very small, incredibly dedicated and brilliant organizations, but that evidence may be not their strong suit. We need to be able to gather as much as we can; and working with our evidence collaborative at NASP, that's something that we can morph into a series of packages that can be directly targeted at certain types of funding streams, because we know what certain government departments or certain parts of the NHS or certain individual franchises want to hear. And then we have the ability to act as a fulcrum around which all of that can be collated and presented in the right way.

It's all about working to show both the financial and the personal impact of the work that we're doing, because we know it works, but it's finding the right language and the right statistics. We're getting there. We have the TC Fund evaluation, with really strong evidence in there, including 37 separate case studies. I only touched on some of the outcomes, but I could speak for hours on what we have. It's just about getting those in front of the right people in the right way.

**TA, Chair** I think a really important point about the right people in the right way, because I think sometimes people can come at this from a very clinical point of view and not understand some of the importance of the wider determinants, and that longitudinal change or risk of change. But absolutely, if you can help the systems to present – particularly, the volunteer sector, the arts sector, to present the evidence in a way – that will press the right buttons and be really helpful.

Mags, in terms of your work, the same stories. But I guess to some extent, you're coming at it from the art more than the health and wellbeing. Do you collect stories in the same way? You have the same evidence base to share?

**MP, ACE** I think we have a shared mission with NASP and other people.

### Funding A.R.T.S. research projects

We fund directly some research projects. We funded some of Daisy's work, for example. I think it's an area for us to develop. This would be a personal thing for me because I'm a part time amateur academic in my spare time, and a lot of

## Funding Debate

---

the research I'm doing comes out of the social sciences. So it looks to find causation in different ways.

### **Cross sector collective evidence – not just RCTs – shared advocacy**

One of the things I'd love us to be able to do, as a collective, is to recognize that the randomized control tests are not the only way to show causation and effect. There's so much that we can go at as shared advocates for this over the next few years. So, yes, it is important to us. I think we'll only achieve that strong argument by coming together.

### **Supporting the National Centre for Creative Health**

I know one of the things we're keen to do is to support the National Centre for Creative Health. Our chief executive has joined the commissioners of that work to build on the very important APPG findings to bring some of that together and bring it to the attention of policymakers. So, I think those sorts of initiatives are really important.

### **Using economic downturn to build development platform for growth – preparing for take-off!**

I'm a bit of a natural optimist, hopefully not a foolish optimist, I'd like to say. Let's try not get overwhelmed by the narrative of the economic downturn. It's going to be hard. There might not be much growth over the next couple of years, but if we're wise, what we'll do is build a development platform for growth. Maybe it will mean investing a bit less in some of the product we'd like to do, it may be a bit more in capacity building and networks and relationships, so that when the good times come back, we'll be really ready for take-off.

### **Libraries – warm spaces getting the conversation going, building community**

But, also, economic pressures create opportunities. I referred to libraries earlier. I don't think anybody is content with the idea that libraries are having to be warm spaces for people this winter, but they are. And if that gets people in and gets the conversation going and builds community, then there will be some positive outcomes from that that we should encourage.

**TA, Chair** It's funny you should say that, Mags, because I was just about to mention warm spaces, because in a sense, there's a captive audience there, some of whom will be from very deprived backgrounds, facing a lot of challenges and possibly amenable to some activity. Definitely, the idea of people just sitting around in libraries all day doing nothing, that's not particularly attractive to anyone. I think it's a really good opportunity to link to stuff that's already around and people can engage in.

### **Volunteering**

One of the other things that occurs to me in all this is that we've heard that volunteering extends your life and it makes you happy. There are a lot of people who come into SP as people who are using services, who come out the

## Funding Debate

---

other end as volunteers. Presumably there's nothing to stop them being doing creative stuff as part of that and being part of a self-growing network of people who share crafts and art skills and so on. We should be looking at that too.

**MP, ACE** I mean that idea has been germane to a programme that we've been running for a decade now called Creative People and Places, which in many ways is one of the forbears of some of our approaches that have been formalized in the strategy of Let's Create. And the way if you look at the evaluation of the Creative People and Places programme, I think you've places like the Bait programme in north-east England. They show the real enormous potential for people to become engaged and then to become active volunteers and to change their relationship with their place.

**JR, NASP** I can say that of the 11,000 people impacted by the TC Fund, 414 of them were retained as volunteers by the organizations.

**TA, Chair** That's the sort of evidence that I think there isn't an ICS in the country that wouldn't be pleased to hear, again, because of the public health evidence that it's good for you to volunteer – and being a resource that's cost-effective and building communities that can do these things for themselves.

I'm reminded of during COVID first lockdown, we had a group – funded through Captain Tom – who made a blanket together. They did it online. They crocheted, sewed, knitted, and then somebody put it all together at the end and then they could all look at this. Obviously, the creative bit was really important, but actually it was a medium through which they supported each other through difficult times. There was feedback that said at one point Fred would be down and we'd be up, and then other times Fred would be up and we'd be down, and we'd help each other through. That was a powerful example. You don't have to be Gauguin to be doing something that is good for you and good for others.

**MP, ACE** **High Quality making a real difference**

You don't, Tim. What I would argue, though, is that the quality of the process matters. The public aren't stupid. They know when something's inspiring and high quality. I think that makes a difference when people are really engaged. Quite often that looks like this isn't necessarily enormously expensive, but it might often involve a relationship with an artist from that community, working with that community to release their creativity. [VFG confirms: *High quality provides the vital inspirational spark that inspired the foundation of A4D Arts workshop practice to preserve brain health*]. It's a very special way of working, I think. Absolutely. I think we certainly, if the Arts Council don't want to place any particular value on any type of art form, we want to place value on the quality of the work that happens.

**TA, Chair** Josh, you're saying you've been able to show really powerful outcomes from Thriving Communities, but how much of that funding was then continued through other means? Or how much did that inspire ICS or whoever else to fund continuation?

**JR, NASP** I have a background in funding, and I'm aware of the challenges of project funding when priorities change after one year, and you're

## Funding Debate

---

suddenly left with an absolutely huge hole to fill. It's in the region of 90% of the TC-funded projects are still running, having sourced outside funding. But I'm hugely aware that one year is not enough. This is very much a draft proposal we're working on at the moment. Nothing is confirmed, nothing may happen, but it would be a three-year funding cycle we'd be looking at. That wouldn't necessarily be specific project funding either.

### **Core cost funding**

I'd be looking at being able to fund core costs, for example, which are so often forgotten by the major funders. But keeping the lights on is just as important as delivering activities. Of course, with a three-year funding cycle, you're so much better able to track the impact that the work is having and grow the work. So that's where we'd be looking at going forward.

**TA, Chair**

### **Evaluation cost**

There's an important aspect there about the cost of evaluating as well, isn't it? If the statutory sector is expecting all this data and evidence, then it has to be able to resource that as part of the overall resourcing. We might be able to make savings by getting people to collaborate on that, rather than everybody doing it separately. Somebody in the chat mentioned what is the possibility of some sort of standardized health outcomes from art measures that we could all use, so we're looking into this more consistently. But it is a fair point that data costs money, and even telling stories probably costs. It's much easier to tell a story about the patient that you had that if you're a doctor that really changed their lives. It's much harder to get all that hard data together.

**JR, NASP** It's not just data. Data costs money, volunteers cost money, tea and coffee cost money. Those often really aren't hardwired into funding. It's always going to be supplementary to project; and in my opinion, that's absolutely not the way it should be. It's much more holistic than that.

**TA, Chair** **Private sector funding** - Is there any sense in which we've got experience of the private sector getting involved in either the follow up to Thriving Communities or with yourself, Mags, with the Arts Council in actually seeing a role for sponsorship of this particular type of artistic activity?

**MP, ACE** It's an active conversation amongst some of the well-established arts donors. I can't think of an immediate example of a specific project that's led to a specific outcome, although I'm sure that there are examples of different funders and donors that have put money into projects. I remember previous conversations I've had with James Sanderson about this and talking about a mixed economy; and that feels important. This may not always be big donors, great as big donors are, but it might be like the local economy of a local business or something playing a part in this. It's really interesting.

**VFG, A4D Host** May I answer this? I worry about it though, because the whole reason for really loving your arts for health approach is that arts trust funding, et cetera, is so short term, this is not useful for SP and it takes such

## Funding Debate

---

a long time to fundraise in that way. Whereas if you have collaborative funding altogether, collaborative funding on the lines of your original Arts Council, NHS Charities Together, Sports Council, TC, it's a much better way of raising awareness, working together, collaborating with people with lived experience a whole lot, if we go back to the old way of getting private funding, it might be short term.

Warmest thanks for sharing your vision and insight, steering the way for the future sustainable funding of arts prescriptions for brain health, Your debate, your contributions have been invaluable. Tim, you set the context for a really constructive debate - thank you so much for chairing the funding session, to enable the spread of A.R.T.S. prescription programmes for brain health – and indeed all health and social care needs. The challenge to raise awareness and funding for those programmes calls for structure. Cross-sector collaboration is surely best and to have Chris of NHS Charities Together, Tim illuminating the ICS system, and then Mags from Arts Council England and Joshua Ryan sharing the new from TC Shared Investment Fund vision, hot off the press. We shall keep a keen watch on developments. We are all hugely interested to work together ongoing, the way forward. Your thinking is seriously exciting.

Thank you to all our chairs and speakers today for opening our eyes to SP advances around the world, the challenges, the diversity and efficacy. It is so good to know that thanks to your innovative developments, collaborations, SP to creative health, arts for brain health support is growing around the world.

We are really grateful to Bogdan - you are an inspiration, and it has been a real privilege to host this conference with you, in partnership with the Global SP Alliance. Gosh, how you motivate us. Warmest thanks. I would like to give you the last word. I'd like to hand over to our magnificent co-host, Dr. Bogdan Chiva Giurca

### Bogdan, Global SP Alliance host

Veronica, thank you ever so much. I don't think there's much more to us than to thank you wholeheartedly for bringing us all together, as you beautifully do all the time. You've convened here a series of fantastic speakers, and I'm more surprised by the incredible audience who's been contributing throughout on the chat, staying very active throughout. I think I speak on behalf of everyone to say that it's been full of energy and full of knowledge that I'm sure we'll be able to revisit through the recording. So huge thanks to all the speakers. Huge thanks to all the partners. Please reach out. Please connect each one, lift one up. The SP world started as a movement, like many of you have described it a grassroots approach of people who are supporting each other and pushing this agenda further, for better health across the world. Once again, big thanks, Veronica for such a beautiful webinar.

Many thanks to our speakers and chairs, and we look forward to launching these debates as a resource in the new year.

**AUDIENCE** – Delegates registered from Australia, Austria, Canada, Curacao, Egypt, France, Greece, Hong Kong, Ireland, Jamaica, Nigeria, Portugal, Singapore, Switzerland, Taiwan, USA and throughout the UK.

## Speaker Biographies

---

**KUNLE ADEWALE**, a Nigerian artist and global leader, is the Founder and Executive Director of the Global Arts in Medicine Fellowship. Since 2018, Kunle has facilitated creative engagement for older people living with Alzheimer's and Dementia in Nigeria, USA and Ireland. Supporters of his projects include the U.S Mission in Nigeria, the U.S Department of State, Alzheimer's Association UK, and Alzheimer's Society. His global works have been endorsed by the Smithsonian Institution National Museum of African Arts and the Arts Council of New Orleans. Kunle's VR programmes for Nigerian seniors living with dementia, and other health conditions have featured on France24, Aljazeera, Reuters, the *Guardian* and *Voice of America* and other global media platforms. He is a GBHI Atlantic Fellow for Equity in Brain Health at the University of California San Francisco. (**D10** page **226** and **D12** page **307**).

**NABEELA AHMED** is a writer, multilingual poet, spoken word artist and storyteller. She writes and shares her work in English, Urdu and Pahari. Her poetry was the main feature of Keighley Arts and Film Festival in 2020. She teaches creative writing and poetry workshops. She has had poems published in England, America, Pakistan and India. Her self-published book, *Despite our Differences* (2018) is available through Amazon. Nabeela is currently working on her novel. (**D8** page **192**).

**DR CHARLES ALESSI GP**, Senior Advisor at Public Health England, leads thought leadership around productive, healthy ageing, dementia and targeting risk reduction. He is COO for HIMSS, a global advisor supporting the transformation of the health ecosystem through information and technology, assisting governments around the world, corporations, hospital chains and HIMSS members to improve the health and wellbeing of citizens. Charles is a globally recognized and trusted leader in health information and technology, with wide experience around health systems and the interface between healthcare, social care and the personalization of wellness. He is an adjunct research professor in clinical neurosciences at the Schulich School of Medicine at the University of Western Ontario, Canada and Visiting Scholar at the Odette School of Business in Windsor, Ontario. A former chair of the National Association of Primary Care, with over 40 years in NHS clinical practice, Charles has published widely. With Sir Muir, was co-author of *Increase your Brainability and Reduce your Risk of Dementia*, 2021 (**D2** page **25**).

**TIM ANFILOGOFF** led the partnership which developed the Community Navigator service in West Herts in 2014, which now employs 100 social prescribers in Herts. A national SPN steering group member, he co-authored Making Sense of SP in 2017 and mentored the Alliance of Ontario Community Health Centres in 2018, who won the international SP award in 2019. Tim has worked on the carers' agenda for over 30 years, in the voluntary sector, social care, for the DH (managing national strategy 1999-2001) He is currently NHS Head of Community Resilience for Herts and West Essex ICB.A. A trustee of Carers UK and speaks nationally and internationally on carers and SP, Tim served for three years on the Economic and Social Research Council Advisory Board on Sustainable Care. (**Conference** page **370**.)

**PROFESSOR KHALID AZIZ LVO DL FRSA** is Lead Communication Skills Coach, Aziz Corporate. Khalid Aziz is Chairman of Aziz Corporate, a consultancy founded in 1983 which offers C-suite management coaching to FTSE and Fortune 500 companies. Khalid established his career initially in the media with more than 20 years' experience in journalism principally with the BBC and ITV. For 24 years he was Chair of the Wessex Children's Hospice Trust which built, equipped and ran the first children's

## Speaker Biographies

---

respite care hospice in central Southern England. Between 2011 and 2020 he was Chair of Enham Trust, which looks after the interests of more than 7500 adults with disabilities. Since 2019 he has been Chair of Gilbert White's House and Gardens. He has held Visiting Professorships at the Southampton University School of Management, the University of Winchester and Cass Business School, City of London University. (D12 page 299).

**DR PETER BAGSHAW** has been a GP for over 30 years. His medical interests include holistic medicine, mental health, disease risk reduction, metabolic health and dementia. He has worked as Senior Clinical Fellow at the University of Bristol, and is currently Clinical Lead in Mental Health, Dementia and Learning Difficulties for Somerset CCG. For five years he was the Director of the S-W Clinical Network for Dementia. He co-authored the NHSE *Older person's Mental Health Primer* and is Mental Health and Dementia section editor of the online magazine *Chronic Conditions*. He is author of *Daggers of the Mind* about an Art therapist in a psychiatric hospital using music to help people with dementia, 2022. (D4 page 66).

**CHRISTOPHER BAILEY** is Arts and Health Lead, World Health Organisation, based in Geneva, Switzerland. His programme focuses on the research agenda, community implementation and mobilizing the global media to explore, understand and support the health benefits of the arts, in everyday life as well as an instrument in the field. Educated at Columbia and Oxford Universities, as well as at the American Academy of Dramatic Arts, before entering Global Health and Philanthropy, Bailey was a professional actor and playwright. He is presently engaged heavily in using the arts in the COVID19 response. (D5 page 93).

**DAISY BARRETT-NASH** is a poet and community arts practitioner. She works with a wide range of community groups but her passion lies at two ends of the spectrum, with elders and with young people. Daisy works to integrate these groups, creating intergenerational connections in her projects. Daisy is currently the resident artist with Writers At Play, a friends of Equal Arts group for 55+ on zoom. In 2021 she supported the group to create a Legacy Poetry anthology. In 2022 they are embarking on 'The Art of Letter Writing,' connecting with three other community groups to share their creative writing through the lost art of the written and posted word. (D8 page 183).

**ANDY BARRY** is a theatre director and the Elders Programme Producer at the Royal Exchange Theatre in Manchester. The Elders programme promotes creativity into later life and challenges stereotypes about ageing. Participants take part in a wide variety of activities including regular drop-in sessions in play-reading, playwriting, and practical drama sessions. Each year a new group of people over 60 participate in the year-long Elders programme of activities to develop their artistry and theatre-making skills; graduates continue to take part in activities and work intergenerationally with our resident Young Company. During 2020/21 the Company was recognised locally and nationally through awards and award nominations for adapting its programme during the pandemic. (D4 page 67)

**GLENNA BATSON** works at the intersection of dance, movement science and somatic education where she has honed a trans-disciplinary approach to embodied cognition. Professor emeritus of physical therapy, she has drawn from multiple

## Speaker Biographies

---

sources as catalysts for teaching, research, advocacy, and artistic and personal growth – a convergence illustrated in her book *Body and Mind in Motion: Dance and Neuroscience in Conversation*. She currently lectures in dance science and Somatics at Johns Hopkins University, Duke University and University of Limerick. Clinical investigations have focused on dance improvisation for Parkinson's, and mental imagery for stroke rehabilitation, research pathways that underscore mind-body integration. (D10 page 246).

**DR RASHMI BECKER MBE** is the founder of Step Change Studios, which provides opportunities for D/deaf and disabled people to dance. Over 20 years, she has developed expertise in the arts, sport, social affairs, and disability advocacy. She is a Board Member of Sport England, also serving as the Board Champion for Equality, Diversity and Inclusion. She holds a PhD from the University of Cambridge where her research focused on Intellectual Disability. Accolades include the One Dance UK Innovation Award, London Sport Award for Health and Wellbeing and National Learning Disabilities and Autism Award for Outstanding Contribution to Innovation. In 2021 Rashmi was recognised with an MBE for services to disabled people. (D11 pages 260 and 266).

**SUZANNAH BEDFORD** is Director of City Arts, a community arts organisation in Nottingham. By placing communities at the heart of our activities, we are able to ensure that our work is inclusive and relevant for those we wish to reach. Armchair Gallery App is a great resource for caregivers, enabling people living in care homes or living in isolation to experience the collections of world class stately homes and galleries, including Chatsworth House and the Lowry Gallery. It's easy to download and share with those who are being cared for, and contains special features for people living with dementia. (D12 page 314)

**RON BENNETT**, French polisher, singer, living with mild cognitive impairment, participant in Arts 4 Dementia SP 'Muse of Fire' drama programme in 2020, continues drama with David Workman's 'Drama for All' programme each week at Southwark Playhouse. (Conference page 243).

**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. (D9 page 204).

**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

## Speaker Biographies

---

in areas such as dementias, mental health in ethnic communities, and dementias in younger people. (**D9** page **202**).

**MICHAEL BLACKSTAD FRSA**: Founder, Media versus Dementia Ltd, was a broadcaster and pioneer of interactive media. For BBC TV he edited 'Tomorrow's World', 'The Burke Special (RTS award) and 'The Risk Business' (BAFTA/Shell). For ITV he produced Alan Whicker series and he was TVS' first Director of Television (1980 - 84) and chairman of the Edinburgh Television Festival, 1984. His independent production company, Workhouse, pioneered interactive digital television from the mid-1980s. During the pandemic, Michael was interviewed regularly by R4's Today programme on the effects of isolation on his wife's Alzheimer's leading to his campaign for a 'Walled Garden' of digital media to alleviate the condition of dementia sufferers. (**D12** page **301**)

**SIÂN BRAND** is Co-Chair of the SPN Steering Group, having supported the East of England Regional NHS SPN in the development and embedding of evidence based, high quality and safe SP in 2018-22. She is an accredited health coach and national SP Level 3 tutor. Sian is passionate about asset-based approaches to community health and well-being and driving culture change to support people to achieve good health & well-being. Siân has facilitated development of whole system collaborative SP and competency framework and supervision support for SPLW. Siân worked for 15 years in local NHS commissioning, rooted in public health., acquiring local expertise and knowledge in the voluntary and community sector and health creation. Siân's career golden thread is developing partnership working and collaboration across local systems. Sian is trained in quality improvement methodology and uses these skills to support transformational change in organisations. (**D3** page **56** and **Conference** page **347**).

**BEE BURGESS** leads on Outreach and Support services targeted at those who may experience barriers to participation in Open Age activity. For over 35 years Bee has been working in service development, programme implementation design and delivery in the voluntary and community sector. (**D4**, page **74**)

**DR LUCY BURKE**, Principal Lecturer, Centre for Culture and Disability Studies at Manchester Metropolitan University. She specialises in the areas of critical medical humanities, literary and cultural disability studies and critical and cultural theory. Her research considers representations of dementia and cognitive disability in contemporary literature, life writing and film. Lucy is also interested in cultural representations of disability more generally and in the impact of new medical technologies on the ways in which we think about ourselves and others. The units I teach combine the analysis of theoretical texts with a close reading of literary and cinematic works — She is interested in thinking about the ways that novels and films shape our responses to a range of contemporary political and ethical dilemmas. (**D11** page **263**).

**PROFESSOR ALASTAIR BURNS** is Professor of Old Age Psychiatry and Vice Dean for the Faculty of Medical and Human Sciences at The University of Manchester. He is an Honorary Consultant Old Age Psychiatrist in the Manchester Mental Health and Social Care Trust (MMHSCT) and is the National Clinical Director for Dementia and National Clinical Director for Mental Health in Older People at NHS England. He graduated in medicine from Glasgow University in 1980 and trained in psychiatry at the Maudsley Hospital and Institute of Psychiatry in London. He became the Foundation Chair of Old Age Psychiatry in The University of

## Speaker Biographies

---

Manchester in 1992, where he has been Head of the Division of Psychiatry and a Vice Dean in the Faculty of Medical and Human Sciences, with responsibility for liaison within the NHS. He set up the Memory Clinic in MMHSCT and helped establish the old age liaison psychiatry service in UHSMT. He is a Past President of the International Psychogeriatric Association. (D1 page 18).

**PAM CHARLES** is Older Persons Advocate at Leeds Black Elders Association. Supporting the Elders, she ensures that their voice, and everything they want to say and do, is heard by the services they wish to access. The role of LBEA within the community is to help the Elders to remain happy and healthy within their own home for as long as possible. As well as providing advocacy support, LBEA organises activities which the Elders themselves request including a weekly men's group, a monthly reading club, seasonal community garden, decorating and gardening. LBEA'S activities organiser runs a weekly activity for all needs, offering arts and crafts, music, dance, exercise, arts and crafts, sewing and knitting. (D6 page 125).

**PROFESSOR HELEN CHATTERJEE** is a Professor of Biology at University College London where she runs the world's first MASc (Masters in Arts and Sciences) in Creative Health, and is currently the Arts and Humanities Research Council's Research Programme Director for Health Disparities. Her research includes evidencing the impact of natural and cultural participation on health and SP; she co-founded the Culture, Health and Wellbeing Alliance, is an Advisor to the All-Party Parliamentary Group on Arts and Health, Chairs the Royal Society for Public Health's SIG in Arts and Health, and is a Founding Trustee of the National Centre for Creative Health. (D6 page 121).

**CARLOS CHECHETTI** (Brazil) is the founder of the social program Reliving Memories in Brazil. He is also a Global Atlantic Fellow at the Global Brain Health Institute and works developing research and projects in neurosciences in the Cognitive and Behavioral Neurology Group at the Hospital das Clinicas, School of Medicine, University of São Paulo. (D10 page 238).

**WEI-TUNG (JOY) CHIANG** proposes and advises the New Taipei City Government on the development of SP in the cultural sector. Joy has been asked by their government to write a paper on developing SP in Taiwan in the context of SP worldwide. Joy is a PhD candidate at University College London. Her research interests are SP, museum education, older adults with mental illness and cognitive impairment, and visitor evaluation. She has collaborated with several museums and art organizations to plan and implement the senior programmes and conduct evaluations, such as the National Taiwan Museum, the National Museum of Taiwan Literature, the Tainan Art Museum, the National Taiwan Science Education Centre, and the National Symphony Orchestra, etc. She is co-author of *Museums on Prescription: A Practical Guide* (2021), a manual for museum and cultural organization professionals to develop their SP schemes and staff training programmes. (D5 page 111).

**DR BOGDAN CHIVA GIURCA** is currently working as Development Lead for the Global Social Prescribing Alliance and Clinical Champion Lead at NASP. He is the Founder and Chair of the NHS SP Champion Scheme (2016-2021) consisting of thousands of UK junior doctors and medical students. In four years, the scheme has delivered over 700 teaching sessions in all UK medical schools, as well as developing a National Consensus for Teaching SP. As the founder of the '#SocialPrescribingDay' campaign, Bogdan has acted as an international champion, raising awareness of the subject globally. His work

## Speaker Biographies

---

has influenced national healthcare policy and has driven key changes within the medical school curriculum, contributing to several peer-reviewed publications and policy documents, including the NHS Long-Term Plan, the Personalised Care Model, GP Partnership Review, authoring three books on medical education. Bogdan has completed clinical foundation training and is currently applying for specialty training as well as continuing his work as Collaborator for the Harvard Global Health Institute. (**D2, D3, D5, D10** and **Conference page 339**).

**ROSA CORBISHLEY**, Development Director at Bristol Beacon discusses their partnership with the London Symphony Orchestra; in a series of special concerts conducted by Sir Simon Rattle, live streamed free into care homes across the country. Rosa has worked in senior leadership roles, as a fundraiser and marketer, at significant cultural organisations: such as Bristol Beacon, Bournemouth Symphony Orchestra, Salisbury Festival, Arts About Manchester (now The Audience Agency), Royal Northern Collage of Music, Sydney Symphony Orchestra and others. (**D12** page **312**).

**PROFESSOR LYNNE CORNER** is Patient and Public Involvement Director, NIHR Newcastle Biomedical Research Centre She is also Chief Operating Officer at the UK National Innovation Centre for Ageing (NICA), Newcastle University and Director of VOICE, an organisation based at NICA. VOICE was established to harness the immense experience and insights of the public, identify and understand citizen needs and priorities, and work closely with research and businesses to develop evidence-based products and services to support health across the life course. Professor Corner is Director of Engagement for the Faculty of Medical Sciences and a member of NIHR INVOLVE. She co-leads the James Lind Alliance Priority Setting Partnership for older people living with multiple conditions and is a member of the Academy of Medical Sciences Working Group on Addressing the global challenge of multimorbidity. (**D8**, page **177**)

**ALEXANDRA COULTER** was appointed Director of the NCCH on 1st April 2021. She continues to be the part-time Director for Arts & Health South-West and Project Manager for the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG). She managed the APPG's two-year inquiry which led to the publication of the Creative Health report in 2017. From 2017-2021 she worked on the ten recommendations in Creative Health including the establishment of the NCCH in response to recommendation 1. As Director of Arts & Health South West, she has delivered three Culture, Health and Wellbeing International Conferences. CHW21 involved over 500 participants from 30 countries. With colleagues in the field, Alex was instrumental in setting up the Culture, Health and Wellbeing Alliance (CHWA) and the Lived Experience Network (LENs). CHWA, LENs and the NCCH work closely together. (**D5** page **91** and **Conference** page **358**).

**FLEUR DERBYSHIRE-FOX** is Director of Engagement, English National Ballet. Fleur joined ENB in 2007, establishing the Company's Engagement offer and building its reputation as a leader in creative learning and outreach engagement. Leads the strategy for Engagement, founding Dance for Parkinson's - the first UK dance company to offer a specific dance and cultural programme for people living with Parkinson's, which celebrated its 10-year anniversary in 2020. She has designed and delivered international projects in Vietnam and China through the British Council and for Portugal-UK 650. Fleur holds an MA in Choreography from Middlesex

## Speaker Biographies

---

University. Currently a Trustee at DanceEast and Russell Maliphant Dance Company, and an RSA Fellow. (**D11** page **270**).

**MACHTELD DE RUYCK** is the Older People's Programme Manager in the Creative Engagement Department at Leeds Playhouse. She specialises in Creative Ageing Practice, Arts & Health and Intergenerational Practice. As a theatre director she is most passionate about creating theatre for, by and with local communities and help to create pathways to performing and storytelling for those who might not otherwise access it. (**D4** page **71**).

**KATIE DERHAM**, A4D patron, is one of the UK's leading broadcasters. Since 2010, has been the face of BBC Proms at the Royal Albert Hall. In 2019, Katie also presented BBC4's series *Discovering* with analysis and concerts in a wide range of musical genres. She presents BBC Radio 3's flagship programme *In Tune*, their *Afternoon Concert*. and she explores the relationship between music and dance in varying genres for *Sound of Dance*, Katie spent the first 15 years of her broadcasting career in news and current affairs, first at the BBC then joining ITN as Media and Arts Editor for ITV News. She was ITV's youngest ever newsreader. She also fronts television documentaries, recently presenting *The Girl from Ipanema: Brazil, Bossa Nova and the Beach* for the BBC, and exploring the story behind Brazil's most enduring song. Katie was the host of *All Together Now: The Great Orchestra Challenge* for BBC Four and *Fine Tuned* in 2016-17 for Sky Arts. Proud to be involved with charities including the Prince's Trust, Leonard Cheshire Disability, Dementia UK and A4D, Katie is a member of the Cambridge University Alumni Advisory Board and on their Communications Committee. In 2015, Katie's career took a glittery turn reaching the final of *Strictly Come Dancing*. (**D3** page **46**).

**JOHN DEUTSCH**, Writers at Play. I like helping other people and have been an active charity volunteer, committee member, trustee and chair of the trustees of two charities. My wife Ann, an amazing writer and actress, wrote poems and plays. Each year she used to write a pantomime entirely in rhyming couplets. As she began to lose her grasp on words I started sometimes trying to help her find the right word. I came to appreciate her art and skill, and this led to me trying to do something similar out of homage to her. During lockdown I engaged in online writing activity exchanging letters over four weeks. Through this group, I joined the Legacy Poetry online course. (**D8** page **184**).

**SONIA DIAS** is Dean and Full Professor at the National School of Public Health at NOVA University Lisbon. PhD in International Health. She develops her scientific activity around health promotion, disease prevention and socio-behavioural sciences, with a focus on SP, health inequalities, as well as the evaluation of health interventions and policies. She has extensive experience in national and international projects. She acts as a consultant in several international organizations. She is the author of more than 100 articles in indexed scientific journals and has published several book chapters and books. (**Conference** page **353**).

**DR MICHAEL DIXON LVO, OBE, MA, FRCGP**. Chair of the College of Medicine, is a GP and NHS National Clinical Lead for Social Prescription. Dr Dixon has been appointed as a government advisor on GP commissioning. He is a strong advocate of preventative medicine, healthy living and integrated care. In his Devon practice, patients are able to directly access a range of health check and self-help initiatives; emergency and maternity services; NHS community services including complementary therapies. The philosophy is to help patients keep well instead of waiting until they are

## Speaker Biographies

---

sick before helping them. Its success is demonstrated by the practice's low referral rates and high scores on all performance indicators. Dr Dixon is Visiting Professor at the University of Westminster; Hon. Senior Fellow in Public Policy at the Health Services Management Centre, University of Birmingham; and Hon. Senior Lecturer in Integrated Health at the Peninsula Medical School. He is also a Senior Associate at the King's Fund where he is a member of the Steering Group of the Inquiry into quality of GP care. (**Conference** page **334**).

**MICHAEL DOOLEY** is Treasurer and Women's Clinical Lead at the College of Medicine. A Consultant Obstetrician and Gynaecologist at Dorset County Hospital, his special interest is reproductive endocrinology with particular expertise in infertility, menopause, premenstrual syndrome and sports gynaecology. He has attended three Olympic Games as British Team Doctor. Mr Dooley has established The Poundbury Clinics as centres of excellence providing an integrated approach to women's health. (**Conference** page **335**).

**DR BEVERLEY DUGUID** is a writer and researcher who has worked widely in the not-for-profit and academic sectors on projects which highlight inequalities. She is also a business owner, in 2020 she created InsightMind, creative courses for mind, body and soul, teaching workshops in mindfulness, mindful movement and poetry. She offers courses online and in person to underrepresented and marginalised group, but chiefly those with visual impairments. In 2021 and 2022 she was awarded grants from the Royal Borough of Kensington and Chelsea to teach 'Mindful poetry' in the community settings in West London such as the Tabernacle. (**D11** page **283**).

**FERGUS EARLY OBE** is Founder and Artistic Director of Green Candle Dance. Fergus began his dancing career with the Royal Ballet, later studying at the London Contemporary Dance School where he became a senior teacher. He was a founder member of X6 Dance Space and New Dance magazine. In 1987 he formed Green Candle, a dance company working in community and educational contexts for all age groups and abilities. Green Candle has won three Digital Dance Awards and for 25 years has been at the forefront of new developments in community dance. Fergus is the winner of several awards, including a Greater London Arts Dance Award, a Lisa Ullman Traveling Bursary, the Time Out/Dance Umbrella Award for Outstanding Artistic Achievement and a Winston Churchill Travelling Fellowship. In 2011 he was made an Honorary Doctor of Arts by De Montfort University, Leicester. (**D2** page **33**).

**CHRIS EASTON** is Director of Strategy and Impact at NHS Charities Together. Prior to joining the organisation he spent the previous ten years working within the NHS working in both national policy roles at NHS England, and more recently leading a strategic transformation team in an integrated health system in Greater Manchester. Prior to joining the NHS, Chris was CEO of a charity in West Yorkshire supporting disabled children, young people and their families. He is passionate about tackling inequality, harnessing the power of people and communities to drive change and the role the voluntary sector can play in health, care and wellbeing. (**Conference** page **372**).

**RUTH FABBY MBE, DL, FRSA, CF & JMU fellow.** Ruth Fabby, (formerly Gould) has been Director of Disability Arts Cymru (DAC) since August 2019. Now residing in Wales, Ruth is leading the organisation to support a creative and equal Cymru where disabled and deaf people are pivotal to the arts of the nation. Previously she was the

## Speaker Biographies

---

founder and Artistic Director of DaDaFest, one of the most successful disability arts festivals in the world. Trained in performance arts, speech and drama at Liverpool Theatre School, Ruth has worked in the arts / disability arts all her professional life. She sees disability rights as human rights and is a passionate and knowledgeable speaker. (D11 page 287).

**VERONICA FRANKLIN GOULD FRSA AMRSPH** founded A4D 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. Veronica was named finalist in The Sunday Times Changemaker competition and on publication of *Music Reawakening* (2015), she 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. Findings from her SP programme (2019-21) were disseminated in a conference and report '*Arts for Brain Health: Social Prescribing as Peri-Diagnostic Practice for Dementia*' (2021)

**PROFESSOR JOHN GALLACHER** is Professor of Cognitive Health at Oxford University and Director of Dementias Platform UK (DPUK), an MRC-funded public-private partnership focused on accelerating research into the early detection and treatment of dementia. With a new diagnosis every three seconds and more than 50 million cases globally, dementia is one of the biggest public health challenges facing science and governments in the 21st century. An expert on brain health and the use of big data in medical research, Professor Gallacher holds a visiting professorship at Imperial College London and an honorary professorship at the University of Hong Kong. He is the principal investigator for the Caerphilly Prospective Study and a member of the UK Biobank steering group, leading on cognitive and psychological assessment. (D1 page 16).

**KATRINA GARGETT** was at the time Community Engagement Manager for York Archaeology (YA) and is responsible for developing and delivering YA's community engagement programmes including their new SP project, Archaeology on Prescription. Katrina has been working alongside YA's community engagement and fieldwork teams to make archaeology more inclusive, engaging those with mental health needs and long-term chronic conditions in archaeological activity to improve their wellbeing. With an award-winning research background focused on designing participatory and co-created heritage experiences, Katrina joined York Archaeology in November 2019 after completing her MA in Cultural Heritage Management at the University of York. (D7 page 151).

**CAROLINE GIBSON**, [Green Scripts](#), is a registered nurse working in community complex care in the regional town of Ballarat in Western Victoria, Australia. She practises within a social model of health using SP to support healthy aging in people with cognitive impairment. Her PhD research focuses on the role of the general practice nurse in early identification of cognitive impairment and the development of care plans within the context of memory and thinking changes. As a volunteer member of the [Bigger Hearts Dementia Alliance](#), she developed the Green Scripts resource to assist general practitioners and primary care nurses describe opportunities to engage with nature for different health benefits with their patients. (D7 page 156).

## Speaker Biographies

---

**DR DESI GRADINAROVA** is a Senior Policy Adviser (Wellbeing) at Historic England and Historic Environment Lead at NASP. Dr Gradinarova has been working in heritage, research, education and policy for many years and is a passionate believer in the potential of heritage to bring people together and its crucial role in maintaining a vibrant and healthy society. (D7 page 144).

**PROFESSOR SIR MUIR GRAY CBE** is Director of the Optimal Ageing Programme at the University of Oxford. Co-author of *Increase your Brainability and Reduce your Risk of Dementia* (2021), he entered the Public Health Service by joining the City of Oxford Health Department in 1971. The first phase of his professional career focused on disease prevention, helping people stop smoking. He went on to develop the NHS screening programmes, for pregnant women, children, adults and older people and was appointed Chief Knowledge Officer of the NHS. He set up charities to promote urban walking and the Oxford based Centre for Sustainable Healthcare and Better Value Healthcare, publishing a series of Handbooks, including *How to Get Better Value Healthcare*. In a 50-year mission to help people live longer better and cope with ageing, based in the Optimal Ageing Programme, he has developed a paradigm to help compress morbidity at the end of life, reduce the incidence of dementia and frailty and therefore reduce the need for social care.

**BARONESS GREENGROSS**, awarded an Honorary Doctorate from Newcastle University, co-chaired five All-Party Parliamentary Groups: Dementia, Corporate Social Responsibility, Continence Care, Social Care and Ageing and Older People. Very sadly Sally died on 23 June 2022. She was Vice Chair of the Choice at the End of Life and Longevity APPGs and Treasurer of the Equalities APPG and chaired the Intergenerational Fairness Forum. She was Chief Executive of the International Longevity Centre – UK, Co-President of the ILC Global Alliance (2010-17) and their Special Ambassador. Sally was UK Woman of Europe in 1990, Director General of Age Concern England, joint Chair of the Age Concern Institute of Gerontology (Kings College London) until 2000, Secretary General of EuroLink Age and an Ambassador for Alzheimer's Society, SilverLine and HelpAge International. Honorary Vice President of the Royal Society for the Promotion of Health, a Vice President of the Local Government Association and Honorary Fellow of the Royal Society of Medicine, she was Patron of the Association for Ageing & Education and Age UK Westminster and held honorary doctorates from nine UK universities. Recognised by the UN Committee on Ageing, Baroness Greengross received an outstanding achievement award from the British Society of Gerontology and British Geriatric Society Medal. (D5, page 85).

**PHIL HALLETT** is Chief Executive of Coda Music Trust. Since 2009, he has driven significant development, creating an inclusive and responsive organisation, working across the education, health and cultural sectors to bring music into the lives of local people. Phil has some 30 years' experience in arts education; in London, working at the Southbank Centre, Europe's largest performing arts centre, the Baylis Programme at English National Opera, a pioneering centre for arts education projects and practice in the 1990s, As Chief Executive of Sonic Arts Network, he devised award-winning, internationally acclaimed projects and festivals; and with BBC Radio 3, the Cut and Splice Festival explored links between sound and art in digitised culture. Phil has a total commitment to participation in the arts and a passion for engagement and creativity. (D4, page 50).

## Speaker Biographies

---

**JULIE HAMMON** - Stepping into Nature. Based in West Dorset Julie has worked for Dorset Area of Outstanding Natural Beauty for eight years and is passionate about connecting people to the landscape for wellbeing. Having worked in conservation for the last 15 years, in 2015 Stepping into Nature was launched to improve health and wellbeing for older people, those living with dementia and care partners. With an ethos of working in partnership to develop and design projects to help bridge the gap between health and environment sectors, reduce the stigma of dementia and enabling people to experience what the natural world can offer. (**D7**, page **154**).

**MAUD HENDRICKS** is a theatre artist and co-director with Bernie O'Reilly of Outlandish Theatre Platform. Maud is interested in forms of inclusive co-creation projects, quality arts projects within an arts/health/ community context, whereby the audience is considered co-creator. She considers public institutions as people theatres and investigates autonomy, dignity and freedom within the concept of a Theatre of Ruins. (**D10** page **247**).

**THE RT. HON. THE LORD HOWARTH OF NEWPORT CBE** is Chair of Trustees of the National Centre for Creative Health, was a Member of the House of Commons between 1983 and 2005. He has been Schools Minister, Minister for the Arts, Minister for Higher Education and Science and Minister for Employment, Equal Opportunities and Disabled People. In 2014 he set up the All-Party Parliamentary Group on Arts, Health and Wellbeing. The All-Party Group conducted a 2 year Inquiry into Arts, Health and Wellbeing and the Inquiry Report, Creative Health, was launched in the House of Commons in July 2017. He is Co-Chair of the All-Party Group on Arts, Health and Wellbeing. (**Conference** page **333**).

**DR MICHELLE HOWARTH**, at the time Senior Lecturer in Nursing at the University of Salford, is now a Senior Engagement Fellow at Edge Hill University. Michelle has a specialist interest in SP and the use of nature-based, person-centred approaches that are used to support health and wellbeing. Michelle is a Trustee on the Board for Social Farms & Gardens and a Trustee on the National Self-Care Forum through which she works towards supporting innovative and creative ways to improve self-management using personalised approaches. Michelle is a member of the National SPN and chairs the National PerCIE group which uses research, curriculum development and placement opportunities to raise awareness of SP personalised approaches across health and social care practitioners. (**D11** page **260**).

**SONIA HSIUNG** is the Director of the Canadian Institute for Social Prescribing (CISP). Anchored by the Canadian Red Cross, CISP is a national hub dedicated to bringing people, practices and research together towards integrating health and social care with focus on equity, community leadership and collaboration. With experience managing multi-sectoral projects in Canadian and international community-based organizations spanning from health care, food security, housing, women's empowerment, to engineering, Sonia is keen to bring the strengths of diverse sectors together to build equitable, resilient and more connected communities. (**Conference** page **365**).

**VICTORIA HUME** is Director of the Culture, Health & Wellbeing Alliance. She is a composer, researcher and project manager specialising in culture, health and wellbeing, and was an arts manager for the NHS for 15 years. Victoria also worked in South Africa for some years, establishing a module in hospital-based performance for the University of the Witwatersrand and receiving a distinction for a Masters in Music and Health Communication

## Speaker Biographies

---

focused on hospital-induced delirium. She is a Research Associate in the Medical Humanities at WiSER (Wits Institute for Social & Economic Research), working with the Medical & Health Humanities Africa Network. She continues to write and release music through Lost Map Records, based on Eigg. (**D3** page **54**).

**MADDALENA ILLARIO**, an endocrinologist, is Professor at Federico II Dept. of Public Health, and Coordinator of Campania Reference Site and of the Reference Site Collaborative Network. Among the good practices exchanged in the framework of the VIGOUR project on integrated care twinning activities we have been supporting the knowledge exchange focused on Northern Ireland SP experience. (**Conference** page **358**).

**DR GAIL KENNING** is a key member of the fEEL (felt Experience and Empathy Lab), University of New South Wales, Australia, led by Scientia Professor Jill Bennett. The work focuses on psychosocial design and engagement exploring how creativity can support and facilitate health and wellbeing (e.g., contributing to social engagement, connection, mental health, etc.); how creative approaches can be applied in the collection of data to better understand the concerns, needs, and embodied lived experience of older people in relation to physical and mental health and social engagement/disengagement and connection/disconnection; and how creative engagement offers transformative potential. Dr Kenning is Secretary of the Arts Health Network NSW and ACT (AHNNA) and has affiliations with Neura UNSW, Cardiff Metropolitan University, Eindhoven University and University of Technology Sydney. (**D5** page **97**).

**HAMAAD KHAN** is Development Support for the Global Social Prescribing Alliance. He studied Neuroscience at King's College London for his undergraduate degree, whilst volunteering at A4D Drama for Brain Health workshops, experiencing first-hand the importance of SP for neurodegenerative disorders. He completed his MSc in Global Health and Development at UCL and is now starting his medical degree as a graduate. Hamaad is keenly interested in developing global health systems with a vision of health promotion and disease prevention. His research looks at international models of SP implementation. He is interested in championing this learning in his clinical capacity to affect wider systemic change in the future health workforce. (**D6** page **136** and **Conference** page **361**).

**CHARLES KING**, Chief Operations Officer of ROVR Systems Ltd (RSL) with 12 years of VR Activity development experience, has an international R&D background with Blue Chip companies moving on to exciting adventures with phenomenal teams, building six high-tech start-ups. VR Activity Therapies: physical, emotional, and cognitive are the intertwined themes of a recent RSL / Innovate UK co-funded project with Care Home communities in Oxfordshire and Cornwall enabling older generations to discover connections, opportunities and choices once thought lost. Charles is a Fellow of IOM3, a Royal Society Entrepreneur in Residence and a Trustee of a national Relationship charity. (**D12** page **297**).

**PROFESSOR BRIAN LAWLOR** is Professor of Old Age Psychiatry & Deputy Executive Director, Global Brain Health Institute at Trinity College Dublin. He is a geriatric psychiatrist with an interest in dementia, late-life depression, loneliness and brain health. Brian has worked for over 30 years on developing services and delivering care to people with dementia. His research interests range from early detection and

## Speaker Biographies

---

prevention to evaluating new treatments for dementia. (**D5** page **103** and **D10** page **226**).

**ASSOCIATE PROFESSOR LEE KHENG HOCK** set up the first hospital-based family medicine department in Singapore in 2006. He is working towards creating a sustainable healthcare system for a rapidly ageing population. His work is validated by two landmark randomised control studies that proved the effectiveness of transitional care services in reducing unnecessary hospital utilisation. In 2011, he was appointed the Medical Director of Bright Vision Hospital. He led the team to transform the hospital into Singapore's first dedicated COVID-19 community isolation facility. Prof Lee teaches Family Medicine at the Duke-NUS Medical School Singapore. He incorporates patient-centred care and care integration into the Family Medicine curriculum. In 2022, Prof Lee was appointed as the Deputy Chief Executive Officer (Education and Community Partnerships), SingHealth Community Hospitals. He currently oversees the clinical training of three community hospitals. (**Conference**, page **350**).

**DR CATHERINE LOVEDAY** is a Professor of Cognitive Neuroscience at the University of Westminster. A teaching fellow on their BSc Cognitive Neuroscience programme, her teaching interests lie in neuropsychology, neuroscience, neuropharmacology, cognitive psychology and psychology of music. Catherine has a long-term passion for understanding and supporting positive ageing and plays a central role in the "ageing well" programme for Age UK Barnet, where she is a trustee. Her research focusses on the brain basis of both music and the nature of normal and impaired memory. She has a particular interest in why memories of music are so enduring and central to our sense of self, imagination, emotional state and social functioning. Catherine appears regularly as an expert psychologist on television and radio, notably for BBC Radio 3's *Music and Memory* weekend, in collaboration with the Wellcome Trust and on BBC Radio 4's *All in the Mind*. Passionate about public engagement with science, she appears at festivals, writes for the media and is the author of *The Secret World of the Brain*. (**D8** page **177**).

**DR LUCY LOVEDAY MRCGP** is Associate Dean of the Faculty Development, Performance and Innovation at Health Education England SW. She is the founder of Movement and the Mind®, a pioneering multidisciplinary platform showcasing research on the benefits of physical activity for mental health and brain development and mindfulness for human performance. She is particularly interested in the benefits of nature-based activity and nature experience, for mental health and wellbeing. Lucy was Regional Director for The British Society of Lifestyle Medicine 2018-21 and an Associate Research Fellow at the University of Exeter. In 2021 Lucy developed a nature-based wellbeing programme for The Lost Gardens of Heligan. Having worked for years as a GP Training Programme Director and an Education Fellow, she enjoys medical writing and has published on resilience and the evidence for strength- and balance-based exercise. Passionate about the use of education, training and research evidence as vehicles for positive social and cultural change, Lucy hopes that by facilitating individuals to connect with nature, they begin to feel a sense of belonging and are empowered to become agents for their own health whilst promoting sustainable behaviours for the health of the planet. (**D7** page **147**).

**JULIE MCCARTHY** is Strategic Lead for Live Well and Creative Health at Greater Manchester Combined Authority and GM Health and Social Care Partnership. Live Well is a whole system approach to building on SP to create a structured and consistent offer of information, support and routes into activity embedded across all

## Speaker Biographies

---

GM neighbourhoods. As part of this approach GM are developing plans to become the world's first Creative Health City Region with culture and creativity embedded across all aspects of health and social care by 2024. Julie was formally manager of Great Place GM, a three-year GMCA programme, funded by Arts Council England and National Lottery Heritage Fund to evidence the contribution arts and culture can make to local government strategic priorities including population health and place shaping. Before GMCA, Julie worked with mental health charity 42nd Street to set up the UK's only dedicated arts and mental health venue, The Horsfall, and has led culture, health and social change projects in Brazil, Peru and the UK. She is the author of *Enacting Participatory Development* (2004) (D7 page 165).

**SUE MACKAY** is Director of Collections and Programme at Thackray Museum of Medicine. She has been advocating for, and practising, culture and wellbeing work for many years and sits on the management group of Leeds Arts Health and Wellbeing Network Leeds Arts Health and Wellbeing Network (lahwn.co.uk) and is Museum Champion for Yorkshire and Humber for CHWA. (D4 page 122).

**DR SHEILA MCCORMICK** is a Senior Lecturer in Performance at the University of Salford. Having originally trained as a General Nurse, Sheila studied acting at the Arden School of Theatre before later obtaining an M.Phil in Irish Theatre and Film from Trinity College Dublin and a PhD from the National University of Ireland, Galway. Her doctoral thesis explored British and Irish documentary theatre production between 2000 and 2010. With publications in Documentary, Irish, Applied and Political Theatre, in recent years she has developed her research to include her interest in performance and health, a subject explored in her book *Applied Theatre: Creative Ageing* (Bloomsbury, Methuen, 2017) and in her recent Practice as Research project *Death, Dinner and Performance Project: A Study of the Efficacy of Performance to Enhance Conversations Around Death and Dying* (2019). (D4 pages 66 and 81).

**REBECCA MCGINNIS** is the Mary Jaharis Senior Managing Educator for Accessibility at the Metropolitan Museum of Art in New York, where she and her team are responsible for Access programmes tailored to the needs of disabled people. They also partner with disability and other organizations and advise on accessibility and inclusion for all education and public programmes and throughout The Met, for example on exhibition design, digital access and staff training. Access programmes include regularly scheduled tours and workshops for people with dementia and their care partners; blind and partially sighted people; those with developmental and learning disabilities and autism; and the Deaf community. Blind and partially sighted people can request tours with detailed description and touch, and groups with disabilities can schedule tours and art making experiences at the museum, at their sites throughout the city, or online. Through ongoing partnerships and outreach, the Access team continues to identify new audiences for Met Escapes (for people with dementia and their care partners). Although SP for the arts is not yet widespread in the US, this practice has developed naturally with Met Escapes as the Access team has developed ongoing relationships with the medical community. Doctors and social workers regularly recommend Met Escapes and some even contact the Museum directly to register their patients. (D11 page 274).

**KAMRAN MALLICK**, Chief Executive of Disability Rights UK, is trustee of a large, vibrant theatre, the Lyric Hammersmith and a small disability charity Wheels for Wellbeing. He has worked in the user-led disability community for over 25 years,

## Speaker Biographies

---

Together with DR UK's member organisations and individuals, he is building a movement of disabled people to reshape a future that has equality and human rights at its heart. His interest in technology has led DR UK to work with partners to create an inclusive innovation and enterprise zone in the Olympic Park, to encourage disabled and non-disabled people to innovate together and bring their ideas to the marketplace. Born in Pakistan, Kamran is interested in sharing ideas with disabled people around the world and learning the lessons of lived experience in different cultures and structures. Kamran has represented the UK disability movement at the UN and forged links with the Global Disability Innovation Hub which was born out of the Paralympic Games in London 2012. (**D11** page **259**).

**MARIA JOAO MARQUES** is a Researcher at the National School of Public Health at NOVA University Lisbon. PhD in Global Public Health. She has research experience in health promotion, health literacy, mental health, migrations, aging and social inclusion, with a focus on participatory approaches with populations experiencing vulnerabilities. She has also expertise in implementation and evaluation of health and social inclusion interventions and policies. She develops her work in an action-research, collaborative and intersectoral approach. (**Conference** page **354**).

**JENNY MARSHALL** is Head of Member Experience for Open Age, leading on the Arts, Cultural and social strategy along with overseeing centres in which Open Age operates and heads teams that operate them. Jenny is known for building successful partnerships to promote social cohesion for older people and the arts. Open Age were one of the founding community partners as part of National Theatre's Public Acts programme, Members' Exhibits at the Saatchi and The Tate Modern and more recently, (showcased on BBC Radio 4), the ongoing partnership with the Courtauld Institute of Art, hosting series of workshops themed around journeys and a sense of place. (**D5** page **73**).

**KATE MASON**, Director of The Big Draw 2015-22, runs The John Ruskin Contemporary Arts & Crafts Prize / Companion, The Guild of St George / Trustee, House of Imagination / Chair - Society of Designer Craftsmen Est 1887. (**D6** page **129**).

**PROFESSOR RUTH MATEUS-BERR** is Head of the Centre for Didactics of Art and Interdisciplinary Teaching at the University of Applied Arts Vienna in Austria. She is an artist, scientist, social designer and art therapist. The focus of her work is in the field of art, artistic research, (social) multi-sensual design research, interdisciplinary art and design education on topics of humanity, climate change, national socialism, and well-being in the field of health. Mateus-Berr received her PhD and Venia Docendi for design mediation, has published articles and books and won awards for (artistic) research projects. She exhibits art and artistic research internationally. (**D5** page **101**).

**GRACE MEADOWS** is a musician, music therapist, and Programme Director for the Music for Dementia 2020 campaign. I am passionate in advocating for music to be an integral part of dementia care. As a music therapist, I have worked in educational, health and social care settings, working with both children and adults with a range of needs, including mental health, profound and multiple learning disabilities, and autism. Pre-Covid, I regularly played contrabassoon and bassoon with orchestras across London. (**D3** page **52**).

## Speaker Biographies

---

**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 SP 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. (D9 page 216).

**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. (D9, page 215).

**CHERYL MOSKOWITZ** is a writer, educator and creative translator with a background in theatre and psychoanalysis. In 1996 she co-founded Lapidus, the international organisation for Writing and Well Being and taught on the Creative Writing and Personal Development MA at Sussex University for 14 years. In 2013 she ran a series of A4D poetry workshops for families with dementia and that year led on the Visual to Vocal Dementia Research project with English Touring Opera and Dulwich Picture Gallery. Her poetry, fiction and academic writing are widely published in the UK and the US. She's an editor at Magma Poetry. (D8 page 189).

**DEBORAH MUNT** has been an artist, developer and director in culture and health for over 25 years. She is a Board Director of the Culture Health and Wellbeing Alliance and their Regional Arts Champion for Yorkshire and Humber. Now working as a freelance developer and consultant, she leads on the strategic, county-wide development of culture and SP with Arts Derbyshire and during an artist-led support programme developed for SPLW during Covid lockdowns, developed a SPLW Manifesto. Deborah is currently working on other strategic and operational approaches to bring culture and SP closer together. (D7 page 149).

**DOUGLAS NOBLE** works for Live Music Now UK as Strategic Director; Adult Social Care and Health, overseeing the organisation's national programme of live music in health and social care settings. He collaborates with sector partners including care providers, the National Care Forum, Care England and the National Activities Providers Association He regularly presents at events and conferences and gives to the APPG on Arts Health and Wellbeing. He led the Live Music In Care Study team with the University of Winchester, and care providers. He also works regularly with Drake Music, Music in Detention, and Music for Change, and is a DJ and radio show host. (D12 page 316).

**WILLIAM OGDEN BEM**, Trustee Director of Decibels, music for the deaf. William was born profoundly deaf and partially blind. His working portfolio is set out to make a positive difference to the lives of many people. William currently works at Kingston University supporting and advising students with various backgrounds relating to disabilities, learning differences and mental health to ensure they have equal accessibility and opportunities. Both he and Decibels believe all people have opportunities to develop their creativity and discover their talents through music. In

## Speaker Biographies

---

his spare time, William collaborates with Performance Interpreting, attending music festivals, shows and gigs on a regular basis to ensure they have accessibility provisions in place for the D/deaf community. William was recently awarded a British Empire Medal by the late Queen Elizabeth II for his work for the accessibility and education sector. (**D11** page **272**).

**PROFESSOR MARTIN ORRELL, FRCPsych PhD**, is Director of the Institute of Mental Health, University of Nottingham. Until February 2015 he was Professor of Ageing and Mental Health at University College London and Director of Research and Development at North East London Foundation Trust. Visiting Professor at City University and Honorary Professor at the University of Liverpool, Professor Orrell is Chair of the Memory Services National Accreditation Panel (MSNAP) and a member of the Prime Ministers Challenge on Dementia Research Group. Professor Orrell is a Board member of INTERDEM and of the International Psychogeriatric Association. In 2014 he was elected President of the European Association of Geriatric Psychiatry. He has published over 200 academic papers and is Editor of the journal *Ageing & Mental Health*. (**D6** page **120**).

**KATE PARKIN** is the Creative Age Programmer at Equal Arts, a creative ageing charity based in the North-east of England. and Regional Champion at the Culture Health and Wellbeing Alliance (CHWA). Kate is responsible for overseeing the organisation's training and arts and health programmes including the production of creative projects in hospitals, community, care and cultural settings. She has significant experience in establishing inclusive, dementia-friendly practice with and for people with dementia. She also volunteers as a Director of Wunderbar, a Newcastle based community interest company specialising in playfully disruptive performance and multi-disciplinary projects. Previously, from 2009- 2017, Kate worked as Engagement and Audiences Relationship Manager for Arts Council England. Kate has a strong background in participatory practice and has previously worked in public art, community arts engagement and theatre at Free Form Arts Trust, and Hoxton Hall Theatre in London. (**D8** page **181**).

**MAGS PATTEN** joined Arts Council England in 2012. She is a member of the Executive Board and is responsible for communication and areas of public policy including health and wellbeing, criminal justice, Equality Diversity and Inclusion and socio-economic disadvantage. Alongside her professional role, Mags is a governor of Wiltshire College and University Centre and she is studying for a doctorate in public policy at the Bath Institute of Policy Research. (**Conference** page **374**).

**IEVA PETKUTE** As a project lead, researcher and educator, Ieva is part of purpose-driven arts projects that vocalize and educate about inclusion, health and wellbeing. She is an advocate for a holistic understanding of wellbeing, where access to arts is both –and a resource to innovate approaches in education, policy making and public services. Ieva is leading an initiative “Towards a Dementia Strategy: Public Awareness and Situation Analysis” (supported by the Active Citizens Fund / the EEA Grants 2014-21), which aims to advance change across dementia related sectors in Lithuania; she is the co-founder and lead of the National Association “Dementia Lithuania”. (**D10** page **234**).

**MARITZA PINTADO** (Peru), a neurologist who has specialized in dementia and brain health, recognises the value of arts to preserve brain health. Her work is focused on increasing dementia awareness through education and epidemiology; translating science into specific actions to reduce the burden of dementia worldwide. She is testing

## Speaker Biographies

---

short cognitive tests that can be used by primary care physicians to improve dementia diagnosis in diverse and vulnerable populations such as illiterate populations from urban and rural areas of her home country of Peru. (D10 page 241).

**HOLLY POWER** is Communities Learning Producer at The Wallace Collection in London. The Wallace Collection works in partnership with charity and community organisations to overcome the barriers people encounter to engaging with art and culture. (D6 page 133).

**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 awarded an OBE in 2022. 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. (D9 page 208).

**PROFESSOR IAN ROBERTSON MPhil PhD FTCD** studies mind-brain links in thinking, emotion and behaviour. As a neuroscientist and clinical psychologist, Ian has written widely on psychology and brain science applied to political, social as well as individual events, both normal and abnormal. His multi-translated, best-selling books include *Mind Sculpture*, *The Mind's Eye*, *Stay Sharp*, *The Winner Effect*, *The Stress Test* and *How Confidence Works*. Ian Professor Emeritus in Psychology at Trinity College and was the founding director of Trinity College Institute of Neuroscience. He is a Founding Director of the Global Brain Health Institute whose goal is to find scalable methods for delaying dementia. (D10 page 244)..

**MARTIN ROBERTSON**, living with Post Cortical Atrophy. I have a VR headset, as it clears my head if I have a foggy day. No one knows why. I am doing research with Alzheimer's around VR films. My first computer was a Sinclair ZX81. I thought it was great and have had a computer ever since. To be honest, I usually played games on them, so I had to keep buying new kit, but I also used them for writing as my handwriting is awful. Now I use an iPad, I have three. One for research, one for games and the other is locked down into the NHS, as I am a member of SIGN. (D12 page 296).

**FRANCESCA ROSENBERG** is Director of Community, Access and Schools Programmes at the Museum of Modern Art (MoMA) in New York. In 27 years with MoMA, Francesca and her team have won national and international respect for MoMA's efforts to make the Museum accessible to all. MoMA has received awards from the Alzheimer's Association; American Association of Museums; Museums and the Web; Ashoka's Zero Project for social impact and scalability; and the Hearing Loss Association of America. Francesca is a founding member of the Museum, Arts and Culture Access Consortium and serves on its emeritus steering committee. She is a former Board member of Studio in a School and DOROT. Co-author of *Meet Me: Making Art Accessible to People with Dementia* and *Making Art Accessible to Blind and Visually Impaired Individuals*, Francesca oversees access programming at the Museum, including MoMA's programme for individuals with dementia, as well as MoMA's creative aging initiative, Prime Time, which includes MoMA's SP programme. (D5 page 95).

## Speaker Biographies

---

**JOSHUA RYAN** is the Head of NASP's Thriving Communities programme. Through this programme and the TC fund, he champions place-based partnerships for their ability to react to the needs of their communities, making a cross-sector impact on people's quality of life. He is an advocate for community-led solutions to health and wellbeing and has worked in the third sector for over 15 years, including positions in fundraising and international development. (**Conference** page **376**).

**RUTH SALTHOUSE** is a Wellbeing Coordinator for Linking Leeds, worked directly with clients for four years. She delivered the Linking Leeds service out of the Thackray Museum of Medicine meeting people booked in by their GP. Using the Thackray's programme of resources, community space and volunteer programme, Ruth linked clients with activities that mattered to them. In partnership with the Thackray, Ruth will present about this innovative way of working from the perspective of a Wellbeing Coordinator (also known as a Link Worker). Ruth is now a Locality Manager at Linking Leeds leading a team of 18 Wellbeing Coordinators covering the most deprived areas of Leeds. (**D6** page **123**).

**CLAIRE SANDERCOCK** is Head of Insight at The Eden Project, the international eco visitor attraction and educational charity. Claire collaborates with all areas of the business to provide insight on Eden's audience. She uses various research methods to gather visitor feedback including the development of Eden's own AI machine learning process to interpret qualitative research. She led the Eden Universe evaluation reporting on their 5G funded technology trials onsite in Cornwall, which enabled Eden to deliver its educational eco mission and experience digitally to those unable to experience it in real life. This has been the catalyst for a piece of legacy work where Eden Project expansion and communities team deliver to its mission around the world to everyone. In partnership with the Centre for Health Technology at the University of Plymouth and Cornwall Care, the work was supported by Generating Older Active Lives Digitally (GOALD), a joint programme run by the Universities of Stirling and Plymouth to promote health and wellbeing for older people through digital connectivity. (**D12** page **304**)

**JAMES SANDERSON** is the Director of Personalised Care at NHS England and NHS Improvement where he leads on a range of programmes that are supporting people to have greater choice and control over their health and wellbeing. James also became the CEO to NASP in 2019 leading on creating partnerships, across the arts, health, sports, leisure, and the natural environment, alongside other aspects of our lives, to promote health and wellbeing at a national and local level. View the NASP strategy. James joined NHS England in November 2015 and was formerly the Chief Executive and Accounting Officer for the Independent Living Fund (ILF). The ILF was an arm's length body of the DWP and supported disabled people across the whole of the UK to live independent lives through the provision of direct payments enabling the purchase of personal assistance support. James is a performing arts graduate with a background in community theatre. (**D5** page **86** and **Conference** page **336**).

**JESSICA SANTER** is Head of Creative Learning at Southbank Centre. In her learning and participation career, Jessica has worked on projects and programmes that give greater access to high quality arts experiences to a broader range of people. With a BA (Hons) in Dance Theatre from Trinity Laban, she began her career in dance organisations, including the Education and Community team at Trinity Laban. At Southbank Centre, Jessica works across art forms developing creative learning programmes in music, visual arts, literature and spoken word, dance and performance. In 2019, she launched a new Arts and Wellbeing strategy for Southbank, focusing on

## Speaker Biographies

---

reducing social isolation and loneliness. In September 2021 she became the first Module Leader and Lecturer in Creative Arts, Health and Wellbeing on the BSc Dance Science and MSc/MFA Dance Science at Trinity Laban. Jessica is passionate about the power of arts to make transformative change in people's lives, that the arts are essential to our development, sense of self, and health and wellbeing from childhood to older age. (D6 page 127).

**BISAKHA SARKER MBE**, a dance artist, performer, choreographer, educationalist and writer, is 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. Passionate about live-streaming arts into care homes, Bisakha has extensive experience of working with South Asian dance and art in various health settings, hospitals, care homes and community projects. Her company, in partnership with universities and art centres, has organised landmark national and international dance conferences on topics such as "Dance and Ageing" and "Dance and Dementia" establishing a new style of artist-led conference programming. Bisakha, a Winston Churchill Fellow, is featured in *The Artist in Time*. (2020, Baring Foundation). During lockdown, she developed online participatory work for isolated older people in hospitals and care homes. (D9 page 211 and D12 page 323).

**DR. KADIJA GEORGE SESAY, FRSA, Hon FRSL** is a literary activist. She was founder/publisher of SABLE LitMag (2000-2015). She has (co) edited several anthologies including *Dance the Guns To Silence: 100 Poems for Ken Saro-Wirwa* and is the series editor for the Inscribe/Peepal Tree anthologies which include RED and *Filigree* poetry anthologies. She established their programme Inscribe to work with Black writers on their professional development and they published her poetry collection, *Irki* (2013). She is co-founder of Mboka Festival of Arts, Culture and Sport in Gambia and founder of AfriPoetTree apage She has received several awards for her work in the creative arts including an honorary Fellowship from Goldsmiths College. (D8 page 186).

**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..(D9 page 207).

**NABIL SHABAN**, co-founder of Graeae Theatre Company of Disabled Artists in 1980. Actor, writer, film-maker spanning three and half decades. Various performing roles including Sil, alien villain of "Doctor Who", Jesus (Godspell), Hamlet, Ayatollah Khomeini, Haillie Selassie, Marquis De Sade (Marat / Sade), Mack the Knife (Threepenny Opera), Azdak (The Caucasian Chalk Circle). Probably the first genuine wheelchair-user to play a "romantic lead" in British television as George in "Deptford Graffiti" (1991). Made many attempts to introduce disabled people's love and sex lives in TV drama and documentaries, beginning with "Skin Horse" (C4 documentary 1983), "Telephone Dummies" (BBC Drama 1984). (D11 page 268).

## Speaker Biographies

---

**LENNY SHALLCROSS**, Executive Director, World Dementia Council. Prior to that he was Head of Community Engagement leading programmes across the UK to establish Dementia Friendly Communities. This includes the Dementia Friends programme which is the biggest health social movement campaign delivered by 10,000 volunteers that have recruited 2 million individuals through a community, digital and corporate offer. Before working for Alzheimer's Society, he worked in the UK government as a political adviser at the Department for Culture, Media and Sport and the Department of Health as well as working in Parliament and for the Labour Party. (**D10** page **245**).

**WILLIAM SIEGHART CBE** has spent most of his adult life promoting poetry and its powers. He founded the Forward Prizes for Poetry, the UK's biggest poetry prizes, in 1991 and soon after, National Poetry Day which is celebrated in the UK every October. William has been dispensing poetry prescriptions since his Poetry Pharmacy began in 2014 listening to thousands of people's problems and prescribing them a poetic remedy. He has published many books, including *The Poetry Pharmacy* and *The Poetry Pharmacy Returns* in the UK and *The Poetry Remedy* in the US, and *100 Prized Poems – 25 years of the Forward Books*. (**D8** page **180**).

**LISA SINCLAIR** is Scottish Ballet's Senior Dance Health Manager, leading the dance health team and overseeing three neurological programmes, health & social care staff wellbeing resources and a programme for people living with long Covid. Lisa is a member of the SB People & Wellbeing Committee, SB Health Steering Committee and a Mental Health First Aider. Lisa helped to establish and is a member of the SB Health Research Committee. (**D12** page **320**).

**THANH SINDEN** is a board director of the CHWA. 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 about 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. (**D9** page **206**).

**SIÂN SLADE BSc (Hons) Pharm, MPH, MBA, GAICD** (Australia) Siân is a UK-trained pharmacist, MPH, MBA, GAICD qualified. With a passion for enabling patient-centred health systems globally, Siân is researching the mechanisms enabling patients to navigate their healthcare engaged as part of an international doctoral thesis at the Nossal Institute for Global Health, University of Melbourne. Siân is co-travelling her research with national and international policy and advocacy work in navigation "Mind the Gap: #NavigatingHealth". With formative career years in retail and hospital pharmacy, Siân joined the pharmaceutical industry in the 1990s and has spent the past 25 years in leadership roles in research, development and commercialisation based out of the UK, France, the USA and Australia. Recent roles include leading global teams to design, develop and deliver regional and global capabilities in content, knowledge and medical information. Siân has written in public and academic literature on health navigation and SP as well as on Knowledge Velocity

## Speaker Biographies

---

based on leading change globally in the pharmaceutical industry. Siân is a Director of the Leukaemia Foundation of Australia, a Director of LiverWELL and past Chair of the Precision Health Community of Practice at the Australasian Institute of Digital Health, Globally, Siân sits on the Global SPN. (**Conference** page **348**).

**MELISSA SMITH** is the Programme Curator of Collaborative Learning at the Art Gallery of Ontario, Canada. Her responsibilities include inclusive public programmes for adults and accessibility advocacy. Motivated by a sustained commitment to exploring the relationship between art and audiences, Smith was awarded the Royal Ontario Museum Visitor Engagement Award in 2014 and her AGO programme was awarded the 2016 People's Choice for Quality Improvement by the City of Toronto Long Term Care Homes and Services. She holds a Master of Arts in Art History from Western University and a Masters of Museum Studies from the University of Toronto. Melissa is a Sessional Instructor in the Inclusive Design Graduate Programme at OCADU, a Co-Chair of the Arts, Culture & Wellbeing National Community of Practice, and sits on the Board of Directors at the Miles Nadal Jewish Community Centre. [The transformative –learning potential of feminist inspired guided art gallery visits for people diagnosed with mental illness and addiction, in the International Journal of Lifelong Education.](#) (**Conference** page **366**).

**JUSTYNA SOBOTKA** is SPN Manager providing Regional Learning Coordinator Support at Healthy London Partnership. Justyna's career has focused on making the world a more inclusive and supportive place where people can thrive. A psychologist by background, she has worked with private mental health care providers, NHS, community and voluntary sector organisations and in academic settings. Drawing from her experience of developing a PCN SP service as a SPLW, she advocates for the development of an attractive SP career path allowing link workers to gain professional recognition at every step of their career. Justyna facilitates SP Advocates programme and Peer Support sessions and organises Peer Learning events for London SPLW.. She manages the London SP Map, London Region SP workspace on the NHS Futures Collaboration Platform and creates HLPs monthly SP Newsletter. (**D8** page **193**).

**FURRAH SYED FRSA**, is an artist, educator and colour energy specialist based in London. She is a strong advocate for making art accessible to all. Her inclusive approach to sharing art led Furrar to design and develop her Art Appreciation Workshop for the Blind and Partially Sighted in 2009, which she has delivered globally to organisations. Her bespoke workshops highlight the insights that can be gained if we temporarily stop using one of our senses. We can then be more aware of how to produce an inclusive environment, a range of products and services for all, including those with additional needs. (**D11** page **280**).

**DR NICKY TAYLOR** is Theatre and Dementia Research Associate at Leeds Playhouse. As a theatre and dementia specialist, she works in creative co-production with people living with dementia to tell hopeful stories. Nicky pioneered dementia-friendly performances and initiated and directed *Every Third Minute*, a theatre festival curated by people with dementia. The festival's creative co-production process formed the basis of her doctoral research. Nicky is a Research Fellow at Leeds Beckett University's Centre for Dementia Research, where she supports people with dementia to contribute as equals in research. In the CONNECT study she engages people with dementia and hospital staff in co-design to improve acute dementia care in multiple hospitals. She co-leads a Dementia Enquirers study alongside people living with dementia, to explore the new opportunities available after diagnosis. She is a Global Atlantic Fellow at the Global Brain Health Institute. (**D10** page **230**).

## Speaker Biographies

---

**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 health and wellbeing workshops to people of all ages and from diverse cultural backgrounds, using her singing expertise and as a motivational speaker. Her presentation at the 2002 conference for 200 women, “Healing in the Music” in 2002 was the first of many. Kadria has been invited into prisons, community initiative events such as “Mothers Against Guns”, “Every Child Matters” to deliver tailor-made workshops and seminars. (D9 page 210).

**DR IBAN TRIPIANA SANCHEZ** is a clinical neuropsychologist at *Neurovila*, in charge of the care of people affected by acquired brain damage and other neurological affectations. He participates in brain gymnastics workshops for older people *Neurogym*. Since his degree in psychology and postgraduate training in neuropsychology, health psychology and psychopathology, from the Jaume I University of Castelló, he has practised as a clinical neuropsychologist with patients with acquired brain damage in the chronic or maintenance phase. As external researcher at the Music for Life research centre at Jaume I University, he investigates the cognitive effects and quality of life of active musical practice in the elderly, which can be an important preventive factor in counteracting neurodegenerative processes such as Alzheimer's disease. For his neuropsychology PhD at the University of Valencia, he investigates the cognitive effects of direct current brain electrical stimulation (tDCS) in stroke patients. He also collaborates through research, in neuropsychology, with the Spanish association of neurodegenerative diseases due to iron accumulation in the brain ENACH. (D3 page 46).

**ALISTAIR TUCKEY**, a senior Durlston Ranger, is head of volunteers, education and interpretation at Durlston Country Park and National Nature Reserve, Swanage. Ali has been working to connect people with nature for more than 20 years, most recently as Project Leader of the Durlston Pleasure Grounds Project, a £1.1m project designed to enhance a historic landscape for people and nature. Ali will speak about how Durlston, the Pleasure Grounds and the ‘Everyone Needs a Shed’ project has been making a difference to local lives, health and wellbeing through contact with nature at an iconic site. (D7 page 161).

**ELENA TUTTON**. As Health and Activity Lifestyle Activator – Dorset Council, Elena's role is split across three main areas: her main role is working as the Exercise Referral Coordinator for the Active 4 Health Exercise Referral programme. She is responsible for connecting patients who have been referred from health professionals to local leisure centres providing exercise on referral or outdoor and community-based activities that are suitable for their needs, including Nordic Walking. Elena also helps with the day-to-day running of the Golf and Activity Centre at Moors Valley Country Park, and the development of our outdoor activity programme. **Contact:** Exercise referral, [active4health@dorsetcouncil.gov.uk](mailto:active4health@dorsetcouncil.gov.uk). Nordic Walking: [healthandactivity@dorsetcouncil.gov.uk](mailto:healthandactivity@dorsetcouncil.gov.uk) or visit the British Nordic Walking or Nordic Walking UK websites. (D7 page 163).

**JAN-BERT VAN DEN BERG** has been Director at Artlink for the last 30 years. Originally trained as visual artist, he found that collaborating with communities and other artists was his real calling. In the early days he set about making sure that the opportunities the organisation created were long term and progressive - where people

## Speaker Biographies

---

with complex disabilities could extend their influence and voice within contemporary arts practice. Recent highlights include the highly acclaimed Human Threads exhibition at Tramway, Glasgow and post lockdown tri-cycle rides through the Meadows in Edinburgh where service users could enjoy company and impromptu music and poetry recitals. (**D11** page **285**).

**PROFESSOR WAN-CHEN LIU** is Professor of Graduate Institute of Conservation of Cultural Relics and Museology at Tainan National University of the Arts in Taiwan. Professor Liu specializes in museum education theory and practice, museum visitor studies, and museum interpretation, with thirty years' professional experience in the field. She has been working closely with museum directors, educators and volunteers for planning and conducting various programmes and projects for communities in Taiwan, with the focus of museum accessibility, social inclusion and creative ageing. Her extensive publications include *Thoughts and Practices in Art Museum Education* (2002) - the first book in Chinese to document the theory and practice from North American sources - followed by *Museums as Theatre* (2007) on the concepts of interpretation and communication in museums and *Museum Visitor Studies* (July, 2011). (**D5** page **108**).

**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 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. (**D9** page **213**).

**EDITH WOLF PEREZ**, Chair of Arts for Health Austria, completed her dance training at the Laban Centre London with a BA (Hons.) and graduated with an MA from Warwick University, UK (Cultural Policy and Administration). She is a culture journalist with a focus on dance and has published numerous articles in specialist magazines and newspapers. She was artistic director of the summer school at the Bozen Danza Festival, member of the advisory board of art promotion commissions in Vienna and Graz and project manager of EU projects. Edith was co-founder and chief editor of the dance magazine tanzAffiche, which she continues to run online as the webzine tanz.at. She is a member of the Advisory Board of the Dance & Creative Wellness Foundation and a PhD student at the University of Music and Performing Arts in Vienna. (**D5** page **100** and **Conference** page **362**).

**ANNA WOOLF** is London Arts in Health's Head of Digital and co-regional champion for the CHWA in London. At LAH, Anna oversees research, marketing, networking and strategy and has led on a number of projects including the Social Prescribing Myth Buster and Partner Up website. Anna has worked in digital agencies for over 15 years on a range of marketing, social media and digital campaigns. Her PhD research at Royal Central School of Speech and Drama is in collaboration with young people experiencing invisible chronic illness. Anna is a freelance lecturer for RCSSD teaching BA applied theatre; and as a theatre practitioner, has worked with Half Moon Young People's Theatre, Box Clever Theatre, Talawa Theatre, Peer Productions and C&T Theatre. (**D4** page **75**).

## Speaker Biographies

---

**DAVID WORKMAN** is Head of Participation at Southwark Playhouse, an off-West End theatre in South London. His role is to manage, develop and deliver a range of participatory programmes for people of all ages, with the aim of empowering and inspiring those who might not otherwise have regular access to theatre and the arts. He studied English at the University of Oxford and has previously worked in the Education Department at Shakespeare's Globe and the formal education sector and is a governor of a school in south London. (**D4** page **69**).

**PROFESSOR SEMIR ZEKI** is Professor of Neuroaesthetics at University College London, having previously held the Chair of Neurobiology there. He has specialized in studying the organisation of the visual brain; more recently he has embarked on studies of the brain mechanisms that are engaged during the experience of beauty, of love and of desire. He is a Fellow of the Royal Society, a Member of the American Philosophical Society, a member of Academia Europaea and a member of the European Academy of Sciences and Arts. He is author of several books, including *A Vision of the Brain*, *Inner Vision*, and *Splendours and Miseries of the Brain*. He also co-authored *La Quête de l'essentiel* (in French) with the late French painter Balthus. (**D6** page **120**).



Veronica Franklin Gould  
President, Arts 4 Dementia



@Arts4Dementia | info@arts4dementia.org.uk  
Registered Charity No 1140842 | Registered Company No: 7511427