

## Veronica Franklin Gould

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VERONICA FRANKLIN GOULD FRSA founded Arts 4 Dementia (A4D) in 2011 to develop weekly programmes for early-stage dementia at arts venues, training, best practice conferences and reports. *Rearwakening the Mind (2012-13)* won the London 2012 Inspire Mark and Positive Breakthrough in Mental Health Dementia Award 2013. On publication of *Music Rearwakening (2015)*, Veronica was appointed A4D president. Her regional guide, *Rearwakening Integrated: Arts and Heritage (2017)*, maps arts opportunities for dementia and aligns arts within NHS England's Well Pathway for Dementia. Nominated Social Prescribing Innovator of the Year Finalist 2021, Veronica leads A4D's social prescribing programme, whose research findings will be disseminated with our report and conference *Arts for Brain Health: Social Prescribing as Peri-Diagnostic Practice for Dementia* (20-21 May 2021).

### **'From Despair to Desire, Social Prescribing to Relieve Strain from the Onset of Dementia.'**

92-year-old Royal Academician Philip Sutton, constrained to his care home for over a year, looked radiant earlier this month when released into the garden to paint again. 'Imagine you're a prisoner,' his daughter said, 'The doors open, you can go out. We were both physically fizzing' [The Guardian, Portrait of happiness: long lockdown ends for the artist Philip Sutton, \(2021\)](#) <sup>1</sup> And so it is for people, who having led lives full of purpose, imprisoned by strange strains of dementia, in the isolating fear-filled, months leading to memory assessment, and diagnosis.

Lockdown has shown how enjoying arts, sociably, even on Zoom, provides a lifeline out of isolation, to learn a new skill, create, challenge ourselves. The aim of this conference, for the 200,000 people expected to be diagnosed with a dementia each year, is a) That they should be empowered from the onset of dementia symptoms – to join weekly creative and cultural projects to remain socially engaged, override strain and preserve their brain health; b) the practice of SP referred through the GP should be embedded as natural diagnostic practice from the point of referral to memory assessment, or earlier – mindful that each later stage means worsening private strain at home; c) to highlight arts-health partnership structure for sustainable arts prescriptions.

'Everyone has the right freely to participate in the cultural life of the community',<sup>2</sup> [Universal Declaration of Human Rights, Article 27](#). The arts for health movement is vibrant. But for referral to arts support for dementia, it is diagnosis that opens the door – and for those awaiting

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<sup>1</sup> *Guardian*, 7 May 2021

<sup>2</sup> Universal Declaration of Human Rights, Article 27

memory assessment and diagnosis, the right to arts participation has been hard to access – until now.

NHS social prescribing link workers (SPLW), available to every GP, can at last provide a personalised key – James Sanderson is about to explain his metamorphic scheme – to unlock the door to the Garden of Eden, and insodoing, transform the diagnostic experience.

The encouragement of SPLW can help people stay connected, interested active and resilient in the community. If they are engaged in a social arts group when diagnosis comes, this creative expectation can continue, despite dementia.

Through this conference, your expertise and debate will guide the way to relieve the strain, inspire, empower, and enable people to preserve identity and live happier, healthier lives without hiding away in fear and shame.

Today I share learning arising from A4D's inaugural SP conference two years ago, the fifteen-regional museum-hosted cross-sector meetings we have since held around NHS England, in Scotland, Wales and Northern Ireland to advance arts prescribing at the onset of symptoms. Representatives from each speak today.

I shall address issues in terms of the structure of this conference, leading to the National Academy for Social Prescribing (NASP): Thriving Communities initiative.

- Creative ageing – types of arts and wellbeing best suited to preserve brain health.
- The patient journey and how SP fits in.
- The SP peri-diagnostic pathway for dementia.
- Cross sector funding and partnerships to enable effective, sustainable programmes.

Inspired by Professor Brian Lawlor's Global Brain Health Institute podcast [Dementia: Changing the Narrative from Tragedy to Hope](#) – through arts participation - Brian is speaking tomorrow - we commissioned a campaign picture, to hang at museums as a backdrop to inspire health teams and stimulate artistic expression from those living the experience.

[D-IAGONISE! From Despair to Desire](#) shows a dual profile of the same person, on the left fearful of the diagnosis and on the right resilient and empowered having taken up arts. The arts head extends a hand of comfort to the diagnostic head, whose other eye swims courageously over waves of dementia to take up arts. D-IAGNOSIS! hung first at Tate Exchange, the social reforming floor of Tate Modern. There, in

January 2020, we held our first Mild Cognitive Impairment (MCI) and Early-Stage Dementia Awareness training for SPLW and medical and neuroscience students, together with arts teams. Our SP campaign was launched by our patrons Dr Donatus, Prince von Hohenzollern, who is tuning in today, and Sally Greengross, and James and Georgia, all speaking today. Cara Courage, Head of Tate Exchange speaks tomorrow.

The role of arts in improving health and wellbeing and preserving brain health is widely acknowledged, Dr Daisy Fancourt shared her English Longitudinal Study of Ageing findings with us in 2019, [Cultural engagement predicts changes in cognitive function in older adults over a 10 year period: findings from the English Longitudinal Study of Ageing](#) (2018). Christopher Bailey, Head of Arts at the World Health Organisation speaks tomorrow; and today Alexandra Coulter, Director of the new National Centre for Creative Health, chairs talks on Building Cross Sector Partnerships for Sustainable Arts Prescriptions, today. [The Repository for Arts and Health Resources](#) was set up by Stephen Clift and Patricia Vella-Burrows at the Sidney De Haan Research Centre for Arts and Health. Trish speaks for Kent tomorrow.

Now, creative ageing – whatever the art form, monthly is a treat – weekly helps preserve brain health. Myself, I sing, dance, swim and make the most of fresh air. My ballet stretch class is nothing like as energising or imaginative as Dance for the Brain, our SP pilot in partnership with Siobhan Davies Dance, for people with early symptoms of a dementia.

To make creative ageing programmes accessible to people experiencing early cognitive challenges, specialist training from A4D and others will enable workshop leaders, tour guides and lecturers to tweak their existing practice. The great thing about all working in arts for health is that their focus, rather than on the fine arts, is to engage and stretch the mind.

Prescribed by the GP as social, not medical, treatment, a SPLW can direct their patients to local activities to suit their interests and strengths, what they'd like to try. Even remotely on Zoom, the camera's eye on Speaker View ensures personal contact, or intriguingly close examination of an artwork – and Gallery View enables interaction with the group. You can be incredibly inventive on screen.

Dance and physical exercise for older people, poetry and drama, museum talks, visual arts courses are effective at the onset of symptoms. Evening singing suits those with potential younger onset dementia. For inclusivity, seek out ethnically diverse communities who offer special music, poetry and art activities. David Truswell will guide us here,

Georgia Chimbani will illuminate on Zimbabwe during the debate; and tomorrow Bisakha uses poetry and hand gestures in South Asian dance.

At our Oxford meeting, Professor John Gallacher, Director of Dementias Platform UK at the University - our chair tomorrow - advised us to think in terms of brain health – that at this stage arts branded for ‘dementia’ would not appeal. [A Global Brain Health Institute](#) podcaster agrees: ‘I’d much rather be told I have ‘brain disease’ than dementia.’

The patient journey was a key feature at our regional meetings. At the first, we learned from Julie Kalsi in Kent, that the ideal moment to offer SP for dementia is the point of referral to memory assessment. This makes sense. The GP, having investigated the patient’s history, run cognitive impairment test, and arranged blood tests to eliminate reversible causes, suggests memory assessment to the patient. If they agree, this is a constructive opportunity to offer SP, to point out that by taking up re-energising arts or wellbeing activity can help preserve their brain health.

Two GPs sprang into action, Dr Jeremy Griffiths of Nottingham, Vice Chair of Nottinghamshire County Council Health and Wellbeing Board has achieved agreement that patients with early cognitive impairment can be referred for local arts prescription; and Jonathan Kaye of Manchester, who speaks in today’s debate, plans to insert cognitive stimulation or brain health as a category for referral. Our GP and SPLW in Scotland were working in very deprived areas, but heavens they are keen.

SPLW and agency social prescribers explained how referrals were received, and how client and SPLW found ideal arts and wellbeing opportunities. They now know how to locate arts activities for brain health and dementia through A4D’s SP web directory, filled for each region by our coordinator Cicely Ryder Belson. Nigel explains this and our training at the end of the day.

Agency SPLW each have different specialisms and can liaise with community builders or developers to fund new interventions for brain health.

Meanwhile, memory assessment services, having hitherto directed patients to post-diagnostic arts for dementia support, now have contacts for SP during the assessment process.

Last year, to test the SP referral process pre-diagnosis we set up a couple of two-year weekly programmes in Southwark, liaising with GPs and link workers as they came into post; we held local cross-sector meetings to introduce arts and health teams. I’d like to highlight that,

compelled by the rhetoric of Bogdan Chiva Giurca, founder of NHS England SP Student Champion Scheme, who speaks today, medical and neuroscience students as well as drama and dance students interacted with participants at Southwark Playhouse and Siobhan Davies Dance, for mutual benefit – and to spread the practice.

For arts organisations who devote a huge amount of time both to fundraising and participant recruitment for creative ageing and dementia programmes, this has been a phenomenal year. SPLW to point the way for the National Academy's Thriving Communities consortium initiative. For natural referral, supply and demand and funding, formalising arts and health partnerships is surely the way to achieve sustainable ongoing arts prescription programmes.

Local authorities are proud to achieve age- and dementia-friendly status, support the creative ageing prevent agenda to preserve community health. At our regional meetings it was heartening to hear how keen they and NHS commissioners were. They speak in the regional talks. We watched NASP developments closely - Helen Stokes Lampard chaired our Birmingham meeting and Bev Taylor spoke for Yorkshire; and as soon as their Thriving Communities Fund was announced, we invited their regional representative to each meeting to encourage applications.

Arts programmes tend to be reliant on time-limited trusts, foundations, and grants. While local authorities proudly support arts for health programmes, NHS support has long been a challenge. However, if arts prescription programmes are recognised as health-preserving treatment, participants can benefit from re-energising arts programmes for some three years. There would also be considerable savings in health time and care. Our year of arts prescription workshops cost £16,000 for eight people with dementia symptoms and partners, that is £1,000 per person per person. NHS investment in arts support would bring substantial savings as against delayed care costs, calculable through SP and EMIS platforms.

Without partnerships, to raise awareness: arts organisations should identify their local Primary Care Network (PCN), Clinical SP Champion, and SPLW champions to flag up their offer. SPLW should contact their council arts coordinators and local arts organisations' learning or communities managers. Access and technology will be examined in the last session today.

Our hope is that dissemination of learning from this conference in our report A.R.T.S for Brain Health will attract NHS funding for future arts prescriptions to nurture health and wellbeing from the onset of symptoms.

And now to witness how taking up arts transcends cognitive challenges, here is Keith Oliver, the Alzheimer's Society's International Ambassador, who speaks for so many, talking with arts for health practitioner, Jen Holland. His title, 'Give me Identity – and I will Shine'.

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