LIVE LONGER BETTER

# International Arts for Brain Health webinar 'From Despair to Desire
Tuesday 8 March 2022, 10 am – 12 pm

CHAIR: Baroness Greengross, S P E A K E R S:
Sir Muir Gray, Director, University of Oxford's Optimal Ageing Programme
James Sanderson, Director, Personalised Care, NHS E/I; CEO, National Academy for Social Prescribing
Dr Gail Kenning, University of New South Wales, Australia
Professor Brian Lawlor, Global Brain Health Institute, Dublin and California.
Christopher Bailey, Arts and Health Lead, World Health Organisation.
Alexandra Coulter, Director, National Centre for Creative Health
Francesca Rosenberg & Lara Schweller, Museum of Modern Art, New York, USA
Edith Woolf Perez, Chair, Arts for Health Austria
Professor Ruth Mateus-Berr, University of Applied Arts Vienna, Austria.
Dr Bogdan Chiva Giurca, Global Social Prescribing Alliance, NASP.
Professor WanChen Liu, Tainan National University of the Arts, Taiwan
Wei-Tung 'Joy' Chiang, PhD candidate, University College London
Veronica Franklin Gould (President, A4D)

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

Good morning and welcome to our Social Prescribing Week Arts for Brain Health Webinar – in partnership with the International Longevity Centre, the Optimal Ageing Programme at the University of Oxford and Arts 4 Dementia. The wonderful knowledge we share today is that thanks to social prescribing – GPs referring patients earlier than ever before for personal appointments with link workers – their patients can now be empowered from the very onset of symptoms of a potential dementia – to preserve their brain health. Engaging in re-energising arts and wellbeing activity, they and their partners protect themselves from loneliness in the fear-filled months years leading to diagnosis of our most feared condition.

There are some 10 million new cases of dementia worldwide – social prescribing can help them.

We warmly thank our chair **Baroness Greengross**, Chief Executive of the ILC, Co-Chair of the All Party Parliamentary Group on Dementia and Patron of Arts for Dementia and our distinguished speakers for the knowledge you are about to share with our guests - from Austria, Australia, Belgium, Bulgaria, Canada, Finland, France, Ireland, Italy, Peru, Singapore, Switzerland, Peru, Taiwan and the United States of America.

Today we have the great privilege to hear insight as never before, into how nations are using culture and wellbeing prescription to empower people to preserve their brain health.

For the UK, **James Sanderson**, Director of Personalised Care at NHS England and NHS Improvement – and Chief Executive of the National Academy for Social Prescribing, will give us the latest news and can answer your questions. After James our speakers will follow each other until the break.

**Alexandra Coulter** who steered the great governmental *Creative Health* inquiry, now heads the National Centre for Creative Health, will be followed by

**Christopher Bailey**, Arts and Health Lead at the World Health Organisation.

As so many worldwide emulated the Museum of Modern Art's 2009 MeetMe programme for early-stage dementia, it will be intriguing to hear **Francesca Rosenberg's** MoMA update.

**Dr Gail Kenning**, Australian avatar, shows a fascinating take on coping strategies in early vascular dementia.

Austria's social prescribing is just starting as we shall hear from **Edith Woolf Perez** of Arts for Health Austria, who will be followed by **Professor Ruth Mateus-Berr** of the University of Applied Arts in Vienna.

**Professor Brian Lawlor** of the Global Brain Health Institute set the arts ball rolling to transform the narrative of dementia from tragedy to hope. And **Dr Bogdan Chiva Giurca**, who founded the fundamental, dynamic social prescribing student scheme to engender the practice at the start of their careers is development lead at the Global Social Prescribing Alliance.

Professor **Wan-Chen Liu** is Taiwan's social prescribing creative ageing pioneer. **Wei-Tung 'Joy' Chiang** of UCL, will present arts prescription practice at New Taipei City Museum.

After the break Alex is very kindly going to chair the speaker debate.

But now, just before handing over to Baroness Greengross, here are a few words from Sir Muir Gray, Director of the Optimal Ageing Programme at Oxford

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

Discussing with my colleagues last week 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 actually reduce the risk of dementia. We can prevent or delay the onset of dementia; and music and the arts has 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.

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 has a very, very important part to play.

**Veronica** Thank you, Muir. And now it is a great honour to introduce our chair, Baroness Greengross. Sally, we warmly welcome you to chair this meeting:

**Baroness Greengross, chair:**

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. So I'm delighted to be ahead and thank you.

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 social prescribing 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. And 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, National Academy for Social Prescribing

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

### Social prescribing and health inequalities

So why is social prescribing 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

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.

**4,500 SP link workers to be available to every GP to link people to community interests**

That's why for me, social prescribing is so important. Through the work that we're doing in NHS England, we're in the process of enabling 4,500 link workers to be employed through primary care. We're putting in a process where link workers will be in every primary care

network, 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 link workers 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 link worker 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**

Through the National Academy for Social Prescribing, we're looking at developing all of the zones of social prescribing. 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 social prescribing happen. Thank you.

**Baroness Greengross, 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 and 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.

**CHAT**

**Angela Bennett** Adviceresolutions.uk are seeking working in collaboration for people of colour to access the arts in which there could be under-representation which leads to health inequalities

**Anna Briggs from France**: I agree with James but medical prevention is sorely lacking in the UK. Medicine care isn't just curing but preventing. Compared to France for example (I am a dual French-British citizen) it is unbelievable how difficult it is to have regular preventive appointments with specialists in the UK, to screen for/prevent/receive education on gynaecological issues, dental problems, dermatological conditions, nutritional disorders, endocrinological issues.

**Dr Bogdan Chiva Giurca, NASP**: It's lacking because of the culture we've developed over the years Anna… health starts at home and in our communities. So much more we can all do to make this happen - for those of us who can make it happen, and for those less fortunate, an extra hand, extra support with local and community involvement via social prescribing link workers

**Jenny Marshall, Head of Member Experience at Open Age** Agreed!

**Mauro Maglione, Activity Co-ordinator from Edinburgh** (10:21) I think that the diagnosis has to follow a programme of help that not emarginate the person with dementia, inside the family and in the larger society. Be diagnosed sometime is like be labelled **AB** Agreed yes.

**James Sanderson** 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 a 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.

**CHAT**

**Diana Martin** (10:24) NEH&FCCG developed Integrated Care and Social Prescribing 4 years ago and it is working extremely well in our area. The footfall at the Integrated Care is high and accessed via the GP,

**Baroness Greengross, chair**

I think that's so important and it's certainly a very English thing, isn't it 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.

**Q & A**

If any international speakers want to ask James, now's a really splendid opportunity to do so, as you develop your social prescribing, perhaps Edith, who is proposing social prescribing 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 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 link workers 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 social prescribing and then the local authorities augmented that, especially with funds, for cultural events. How is the financing working in England, or the UK, of social prescribing?

## James Sanderson replies

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 social prescribing covers, can be found.

**Strong infrastructure**

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 link workers 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 social prescribing, 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 sorts of concept of shared investment in local communities and pooled resources

**Baroness Greengross, chair**:

Indeed, and the arts here extremely important, getting together for music. I mean, my own sort of priority would always be some sort of 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 it is. That is so important.

**CHAT FROM NORTHERN IRELAND**
**Boxoffice03 Lisa Heaney - Millennium Forum**. Is there a Link Worker Model available in Northern Ireland and someone we could contact:

**VFG** replies (also emailed Lisa)
Here, from our Northern Ireland meeting which you v kindly hosted, are:
Leanne McBrearly, Regional Manager, Spring Social Prescribing leanne@bbhealthforum.org
Western Integrated Care Partnership at Derry:

- Dr Ciaran Mullan, GP Associate Medical Director at the Western Trust.
- Dr Nicola Duffy of the Oakleaf Medical Practice at Derry
- Dr Angela Loftus, GP Lead at Aberfoyle Medical Practice in Derry

Now we should turn to Alexandra Coulter.

### 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 social prescribing 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**; a**nd mobility and transport, are as problematic as the social and emotional barriers people may experience.

**CHAT**

**Holly Marland** Ensuring equity and access for all, not just the privileged few. Culturally nuanced support for people from different ethnic backgrounds. Finding out what is relevant to different communities and not making assumptions. Co-producing with communities. Allowing everyone to have ownership of and be able to shape provision.

**Gail Kenning** Agree completely that we need to keep the perspective of social and cultural approaches to health and not always allow health to become a clinical concept.

**S**ocial prescribing 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 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 Lorrance, 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,

**Baroness Greengross, 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.

**CHAT**

**Veronica FG** Heightening the sense of salutogenesis is so helpful to us all and enlightening the protective role of creativity - as a public behaviour - everyday creativity for health and wellbeing - and especially thank you for referring to the need for hope in Ukraine, from our female campaigners as well as men!

DIGITAL

**Chris Britton** What are your views on digital activities (if done in the right way) to encourage that social community and learning/practicing in the home or as part of a group?

**Gail Kenning** @ChrisBritton digital activities can be very valuable - they need to be introduced thoughtfully and carefully

**Anna Briggs** Chris Britton - digital collections of museums, libraries and archives are extremely valuable for reminiscence, creativity, connection... They can be printed or downloaded onto a suitable device and bring a huge amount of richness, diversity and transcendence to the lives of people living with dementia. Just an example is the British Library's nature sounds online collection, mentally taking you outdoors when you're stuck indoors.

**CB** Great Gail and Anna, thanks. We work with over 5million 55+ adults however we don't ask specifically if our members have dementia or any conditions, however our Guides who deliver the learning (all online) are very in tune with our members so can flex to their needs

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

I also 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 MOMAexample.

**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 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 social prescribing, 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 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 community. That is the definition of mental health at WHO.

**Baroness Greengross, chair**

Thank you so much. Christopher, that was absolutely 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. Thank you so much.

**CHAT**

**Chris Britton:** Really enjoyed your talk Christopher, thank you. I have always considered wellbeing to be an 'emotion piggy bank'. We have to put stuff in to keep it topped up and we can lose from the piggy bank when bad things happen. Is this the same for those with Dementia? For example, I do a lot of work with Autistic children and the way it works is slightly different, they typically wake up every morning with a full piggy bank and all day lose money out of that bank, the only difference per day is how much they lose.

**Baroness Greengross, chair**

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.

## USA: NEW YORK Francesca Rosenberg, Director of Community, Access and Schools Programmes, Museum of Modern Art. (MoMA).

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**

And in fact, we have a very long history of serving individuals with disabilities and older adults. During the summer of 1944, in fact, we opened a war veteran Art centre which helped to rehabilitate veterans through free classes such as painting, drawing and sculpture and it

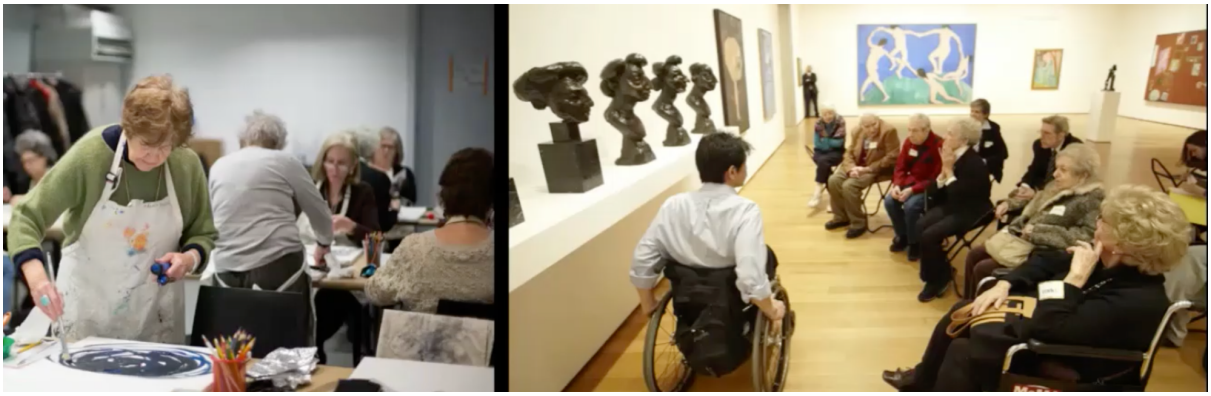
really helped them to develop new skills and also to get them re-acclimated into civilian life. Today we continue in this spirit by thinking about how we can bring art to people and how it really can be transformative.

**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 in 25 states in 17 countries; you can see in the map on the bottom of the slide, the places we have worked with. And now, 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 which you see on the upper right side [of the slide] and a website that is still available, and 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 +**

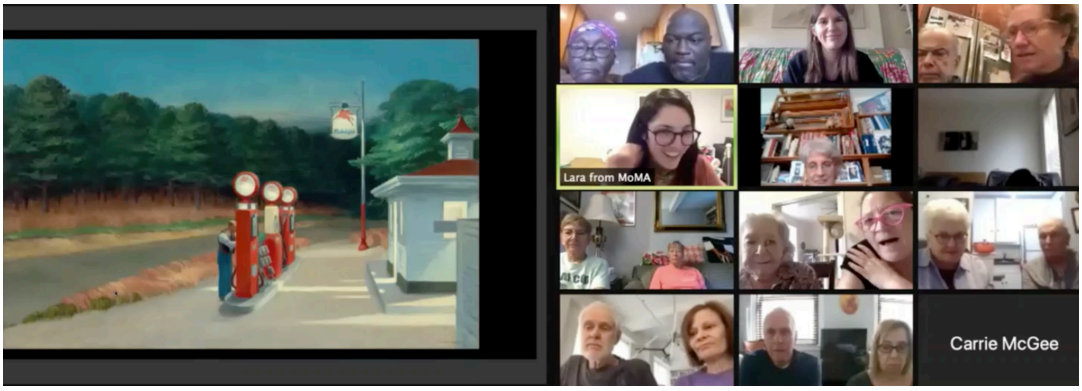


Programming for people with dementia is still very important to us. We started noticing that care partners wanted to stay connected with the museum even after their loved ones passed on. They didn't necessarily feel comfortable continuing to come to this particular programme. So we wanted to think about 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 (on the right,) in our Matisse galleries and (on the left) art-making in our classrooms.

**Social prescribing**

During the research stage, we learned about social prescribing, 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 social prescribing to work with caregivers associated with Alzheimer's support programmes and a variety of community organizations serving socially isolated older adults.




Over the last two years, we moved our programmes like so many museums online, and there have been some positives to this. You can see in this image, a group, zooming in from their individual homes, all looking together at an Edward Hopper painting. We've been able to reach people outside of New York since it's online; and also, we're able to connect with health compromised individuals that may have challenges getting out of their home, especially during the colder months. We can also show work that is not on view work that's outside of our collection or work 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 don't do well with a programme. They 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 on site 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. So 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. So we hope that we'll have a great turnout. We already have 400 people signed up for it.

I want to leave you with my email Francesca_Rosenberg@moma.org and just say that 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.

**Baroness Greengross, chair** Thank you, Francesca**.** It's a great privilege to have you with us.

**Baroness Greengross, chair** Now I shall turn if I may to Dr Gail Kenning in Australia.

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

I'd like to acknowledge that I'm on Gadigal land - the Gadigal people of Eora Nation in Sydney in almost cyclonic conditions tonight.

I'd like to follow 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. All the work we do is very much about thinking about quality of life, quality of engagement, what people can do.

**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. So it may be before a diagnosis, but there's that sense of discomfort, issues around mental health, trauma, and stress, and 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.

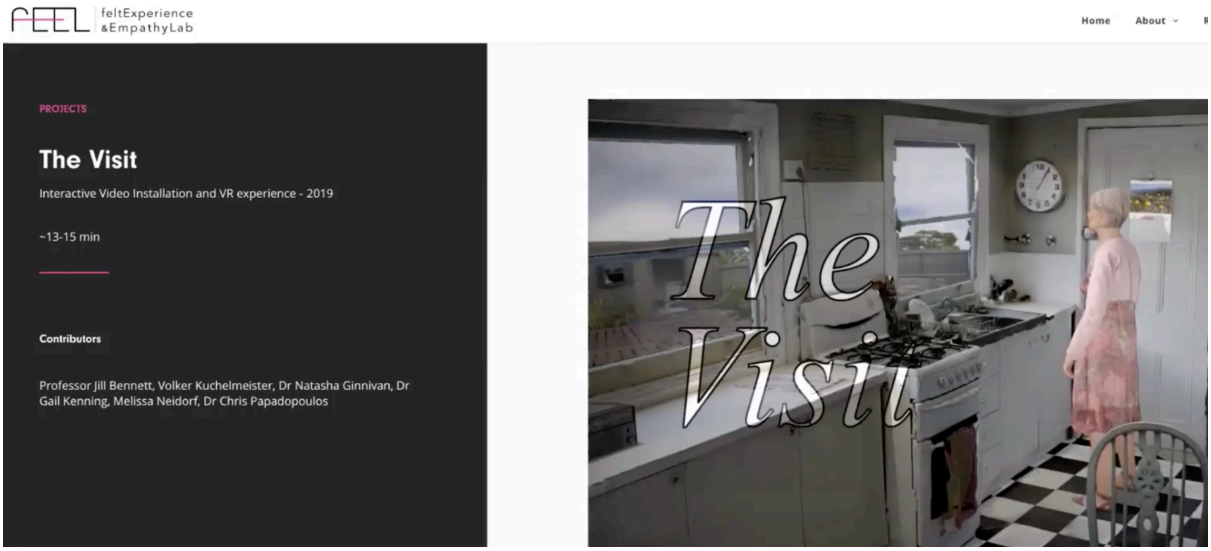
**Taking arts to the people – Art Gallery of New South Wales**

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, so 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? So 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. So it's about connecting. In a sense, that's my positioning.




***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.

**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.

**Baroness Greengross, chair** That was really fascinating.

I'd like to go now to Edith Woolf Perez, who is chair of Arts For Health, Austria

**AUSTRIA 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.

**Social prescribing 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, this is from the cultural side on the health policy agenda last year, the Federal Ministry of Health introduced a pilot project on social prescribing. Nine Primary Care Centres took part in this pilot - these centres are organized - they already have

in their team, either a social worker or a physiotherapist, or an occupational therapist who can act as a link worker. Some of them have already also done cultural social prescribing.

**Funded to raise awareness**

Arts for Health Australia is also working to raise consciousness about the issues of arts and health. We have been given a grant to make a tour through Austria. We will do that with an an interactive evening with music and dance and talks; and invite people from the health sector and the cultural sector to join us in our endeavour to promote the idea, because the demand is here and there is a need for creative activities for social and health reasons. People more and more recognized the need for it.

**Arts for brain health and pre- and post-diagnosis**

We passionately advocate in our White Paper and in our work to support arts provisions for which there is sound evidence. Regarding dementia, there is enough evidence of the effect it has on the brain. We also know that acting early is the best fit for this. I think social prescribing is so important in that because it has several advantages. It is a low threshold offer for people affected by it, whether they have been diagnosed, whether they are waiting for test results, or whether they are in an advanced stage of dementia? It also helps to gain access to arts provision by talking to somebody like the link worker; and through this discussion, it makes it possible for the patient to really embrace the arts activities much better than when they are choosing that alone or a friend or a carer would do that. And the interaction between the general practitioner, the link worker and the patient, makes social prescribing trustworthy.

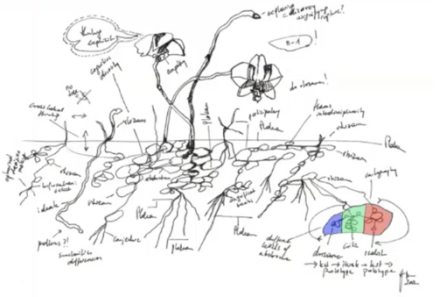
**CHAT**

**Dr Bogdan Chiva Giurca** Great to hear about your work in Austra Edith - would love to find out more and invite you to one of our global social prescribing alliance meetings :) Austria*

**Edith Wolf Perez** For developments in Austria: www.artsforhealthaustria.eu

## AUSTRIA Professor Ruth Mateus-Berr, Head of the Centre for Didactics of Art and Interdisciplanary Teaching at the University of Applied Arts, Vienna ruth.mateus-berr@uni-ak.ac.at

Thank you very much. I'm very honoured to be invited and I'm very happy to be hosted by Baroness Greengross and Veronica Franklin. Thank you very much for the invitation. I am actually from Austria, but I am right now in Venice building up an exhibition for the Biennale.



I would like to start with an image I designed how I think, art and design works. Actually everything is connected; and if you see a flower, like an orchid, it's like a design rhizomes. So we have the feeling that maybe what you're seeing does not really work. It's a failure. So you could interpret any 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:

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. So for me, dementia or cognitive impairment is actually a mirror of our society, if I may say.

CHAT

**Elizabeth Muncey** I find that statement about meaning being stripped from people's worlds - it is not an inevitable part of ageing and was fascinated by that insight about AI etc. Who was that philosopher?

**Mauro Maglione** Han, is published in English and you can find also downloading from pdfdriver. Most of works are from MIT Byung-Chul Han

**Early days for social prescribing in Austria**

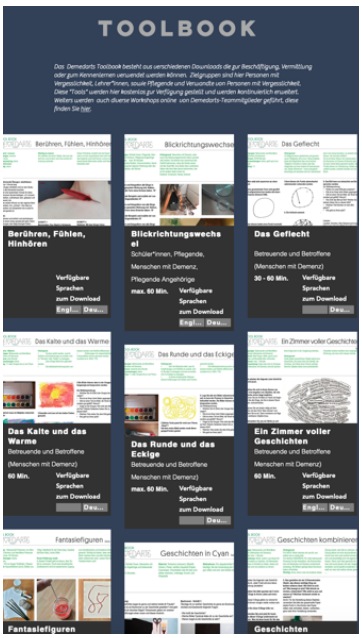
In Austria, unfortunately there's currently no preventive medicine in the context of dementia. We are starting from the very beginning. Social prescribing is a new direction, but just starting. There are some *'Demenz* coffee meetings for people with early dementia, such as organized by Alzheimer Austria, for example, '***Promenz***'.

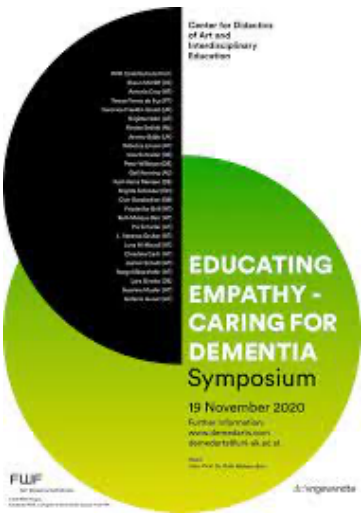
**Language in dementia**

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.



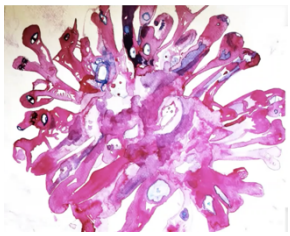

**The Demedarts Tool Book**

Here, you can see our Tool Symposium we organized this recent time, it's all online. We started to design a tool book, which soon be, will be translated in many other languages: about easy workshops, what caregivers can do with people with dementia or cognitive impairment, as we may say today. There are also workshops you can do with yourself. So it's what creativity brings you at home. You can use these tools - they are open source. This, we are engaging in.

We're actually a big team of inter-disciplinary artists. We collaborate with the University of Music, and we have performance artists, designers, art educators and many disciplines, painters. 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.

**Baroness Greengross, 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.

**GLOBAL Professor Brian Lawlor, Professor of Psychiatrity at Trinity College Dublin and Co-Director of the Global Brain Health Institute.**

Thanks Veronica and A4D for the invitation, I'm just 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, San Francisco.

So perspective on social prescribing: 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.

**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 and not what you can do. This can be a very powerful and healing process for people living with dementia.

So arts and creativity provide wellness and joy. We can bring playfulness and joy to health care and home care settings. All of which improves the 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.

**The challenge – 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 so that arts becomes an integral part of our health and social care services for people living with dementia. So 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 the silos, integrating training and 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. So to accomplish this, we'll acquire integrating training approaches and expanding research infrastructures to support such activity.

**Global Brain Health Institute Atlantic Fellows**

So this is where we at the GBHI and our Atlantic Fellows, where Equity in Brain Health Fellowship programme believes that we can make an important contribution. The 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 of these creatives and artists have received funding from the GBHI together with the Alzheimer's Association, the 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 a social prescribing of arts and creativity for brain health becomes a part of the fabric of every country's national policy.

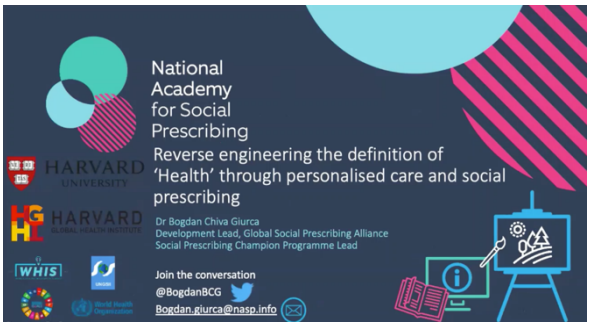
**Driving Social Prescribing Policy and Practice for Brain Health**

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. He says, and I quote

> *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 social prescribing policy and practice for brain health – upwards and onwards!

**Baroness Greengross, chair** Thank you so much, indeed. That was wonderful.




**Dr Bogdan Chiva Giurca, Development Lead, Global Social Prescribing Alliance. Clinical Champion Lead, National Academy for Social Prescribing.**

**https://socialprescribingacademy.org.uk/our-work/evidencing-social-prescribing/**

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 all of you, if I may, one that tries to prove a point around the definition of health. If you could just try and without overthinking, and 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, but try and play this game with me. Okay. So when I say Health or Healthcare, what's the first word that pops into your mind It would be really helpful to see. Brilliant! I can see some words coming in through there:

CHAT

*Medicine* **Victoria King MA FRSA** (UK)
*Doctors* **Kate White** , (UK)
*Hospitals* **Nigel, A4D (**UK)
*Life* **Anna Briggs** (FRANCE), **Roslyn Smith** (AUSTRALIA)
*Illness* **Wendy Harris, Edith Wolf Perez** (AUSTRIA)
*Clinical* **Lizzie Hoskin - Manchester Camerata** (UK)
*Money* **Elizabeth Muncey** (UK)
*People* **Veronica, A4D** (UK)
*Wellbeing* **NGO Committee on Ageing** (SWITZ**) Mauro**, **Laura Barritt** & **Lita Toor** (UK)
*Keeping well* **Alison Pearce** (UK)
*Wellness* **Javed Iqbal** (UK)
*Care* **Lisa Heaney, Millennium Centre, (**N.Ireland, UK)
*Support and wellbeing* **Zeenat Jeewah** (UK)
*Wealth* **Holly Marland** (UK)
*Moving, hospital* **Leena Hannula** (FINLAND)

**Mauro Maglione Scotland UK** *You are great!*

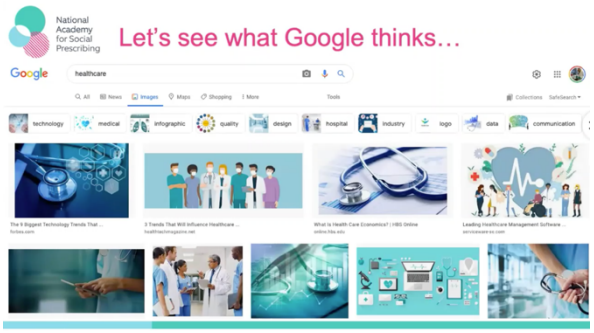
I'm also conscious. You're a group of already converted people who know the value of arts in health and the value of much more than the clinical medicine, but I'm just trying to prove

a point. And there's many of you in here that have mentioned *wellbeing, keeping well support home care*, but many of you also have mentioned *illness, clinical doctors, nurses, pills*.

So the point I'm trying to make there is really a social experiment we run at Harvard in the main square with some of the students, academics, and we had the 516 people visiting across the day from all walks of life. We asked them this exact question without priming their brains and priming their minds with that picture. I said it today with you, but we asked them, you know, what comes to mind when you say health or healthcare? What resulted from that?

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. And that particular instance. Now I'm not sure how we've allowed that to happen.

But let's try Google as well. If you Google 'health', this is what you get back: a bunch of stethoscopes, a bunch of pictures with clinicians and white coat adopters, a bunch of pills, a bunch of a bunch of clinical images, suggestive that health is sickness, or is there to cure the illness rather than prevent the illness. As I know, many of you have commented already beautifully on the fabulous chat already.




Now what about health definition? If we Google health definition, surprise, surprise, because for me, the health 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, that says *it's not the mere absence of disease*.

CHAT
**Elizabeth Muncey** But this is to do with AI filters and systemic issues
**Alexandra Coulter** I think health is very different from healthcare
**Alison Pearce** As a Social Prescriber in a PCN this is half the battle - trying to educate clinical staff about what people can do - take it away from the medicine. Here people are bogged down by waiting lists from memory services – I'm trying to education clinical staff to refer to us to look at the big picture not just the clinical

I know a lot of this as some of you are saying on the chat are 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. And 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.

What I'm wondering as a young doctor in the hospital, when I see the signs of a tired healthcare system in the UK, when I see the signs and the gaps in workforce, when I see patients that we cannot support in the healthcare environment, because we've not supported

them within the community, is quite 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 over the past years forward without thinking about what really keeps us well – which, as many of you have said, are the arts and the community support that we get at home as well.

I guess 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 creation. We've allowed ourselves to have a bit of a one-in one-out system, where one patient comes in, we only have a certain amount of time with them and we then 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.

| CHAT **Anna Briggs** No we can't **Xing jun Chua** No cant |
|---|

So the reason I'm making this point is to say that social prescribing provides hope for the future generation of healthcare professional,

| CHAT **Anna Briggs** Yes now |
|---|

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.

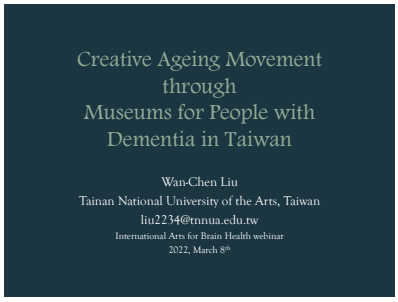
**Baroness Greengross, chair** Thank you very much, indeed.

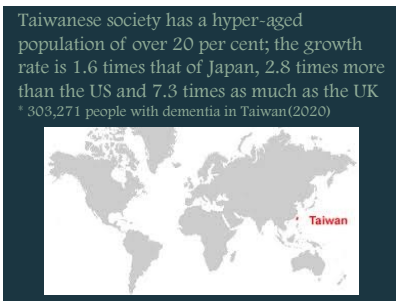
**Baroness Greengross, chair**

Now I'd like to bring in Professor WanChen Liu from Taiwan.

**Professor Wan-Chen Liu, Tainan National University of the Arts, Taiwan 'Creative Ageing Movement through Museums for People with Dementia in Taiwan'**

**(contact: liu2234@tnnua.edu.tw)**



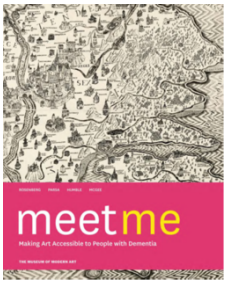




I'm going to talk about what has been happening in Taiwan in recent years. in Taiwan, the ageing population growth rate is very quick - 7.3 times as much as the UK. That means population ageing grows very quickly.

We have around 0.3m people with dementia in Taiwan. You can see the size of our island - the UK is 6.5 times bigger than Taiwan.

We have 23 million people in Taiwan. So that gives you our population background

My background is art education, art museum and museum education. I felt it was time for people working in museum to know what was going on, that it was really important for the museum to address this situation.



In 2013, I invited the educator from MoMA, New York, to Taiwan to show present her MeetMe programme.

Then in 2015, I thought that I myself should travel to New York, witness their practice. So I joined MoMA and the Metropolitan Museum to see how they organized educational programmes for people with dementia. Also, I took training in creative ageing. Those five days really opened my mind to what was going on in the United States.

Later, we also brought chairs to the museum in Taiwan to prepare for people with a disability, with dementia. I also started to invite 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, keen to invite National Museums Liverpool, because we wanted to learn from their House of Memories and introduce this for our museum programmes.

**Social prescribing 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. So people who joined our symposium were extremely interest to do that. The National Taiwan Museum provided some activities for elders.

However, only the National Taiwan Museum of Fine Arts, actually from 2015, focused on programmes for people with dementia. We realize it's not just museology, museum studies we need to know, that we should also combine with education and to learn what the elders need. So we undertook research and professional development in Taiwan. We want to do more, but we also know we need to learn more. So I myself also tried to work with the different museums and the centre to provide art for people with dementia, also 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 they feel, it is not enough. They then felt they needed to do something. So 2017, we also worked with a specialist from the UK, to organize a conference together

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 how 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 it's really important. However, we know their consciousness and their attitude, and not only director, staff members, volunteers, all who work in museums – their attitudes is so important, So we organized training and marketing – both in-side and outside marketing team.

**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 this museum, the National Museum of Fine Arts in Taiwan, to check whether they have the 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 music can help their patients and how we can help.

**Handbook**

We also designed and developed some handbooks and a handbook, 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 Taiwan 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. So there was this communication; and in August they signed a contract, an Agreement that we really want to do something for people with dementia. So that was the first museum where we talked about museum prescribing.

Then in 2020, this was a process, a learning by doing, but the term Museums on Prescription, prescribing and people started to pay more attention. So our museums, not only the National Taiwan Museum, but also Tainan National Museum and the National Museum of Taiwan History, started to try and more museums want to do so. So this is briefly what happened in Taiwan.

**Need for cross-governmental, cross-sector collaboration**

We still need a central government, a local government, the museum hospital, mental health services, social work system, all working together. Not only for people with dementia, also for their caregivers. We know that caregivers have a lot of pressure and need support. So we not only help the people with dementia have greater opportunity to get involved with us, but also the caregivers.

**Unconditional love in museums**

So actually, we still do research and development. We know that for people with dementia in museums, it is not easy, but it's 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.

## Wei-Tung 'Joy' Chiang, advising New Taipei City Government in Taiwan on social prescribing in the cultural sector.

Thanks for the invitation. I'm very happy to be here, to share the social prescribing process in Taipei and in New Taipei City. To give a very clear picture of what social prescribing is going on in Taiwan. Today I'm going to share more details about the process of social prescribing to the creative aging activities with you.

**Raising awareness of cultural programmes**

Firstly, I will give an example of how a person knows about social prescribing 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 social prescribing is and where they can reach resources, even introduce or refer them to the cultural organizations that collaborate with the community centres.

**Social prescribing referral process**

Now I'm going to talk about the social prescribing referral process: We don't have link worker assistance at this moment, so most cultural institutions work directly with the community centres. not via the link workers system. The community centre can refer older adults to cultural institutions, such as museums, art galleries and city libraries. There are social prescribing schemes for enhancing the older people's mental and physical health. Then after older adults attended their social prescribing 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 social prescribing 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 first one, WanChen mentioned earlier, is at the National Taiwan Museum, which 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 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.

**CHAT**

**Lizzie Hoskin** - Manchester Camerata We are an orchestra/charity and have been remote training care workers in the UK (when we couldn't access care homes/their residents) and Taiwan to deliver their own music (therapy-based) workshops for people with dementia -
**Holly Marland** Lizzie, you mentioned Manchester Camera are exchanging around music and dementia with organisations in Taiwan.
**Lizzie Hoskin - Mcr Camerata** Thanks Holly - yes, more info here: https://manchestercamerata.co.uk/music-in-mind-international-taiwan/ We've been training NSO musicians/healthcarers in Taipei to deliver their own music-therapy Music in Mind sessions to Elders at the museum. (What Joy is just mentioning!)
**Chris Britton** Really great to hear about the work going on in Taiwan , thanks both!

Hondao, the Senior Citizens Foundation, offers many 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.

Thank you for listening.

**VFG**

Thank you WanChen for enlightening us with your pioneering activities, travelling to America, the USA and Japan to introduce social prescribing into Taiwan. And Thank you, Joy, for elucidating the social prescribing process and programmes on offer in New Taipei City.

This mornings' talks on cultural prescription, research and development around the world have been of real interest to us all.

We are very grateful to Baroness Greengross for chairing our talks today. It has been honour and a privilege.

After the break Alexandra Coulter will chair the debate. To have two such highly experienced women to steer our talks on International Women's Day has been remarkable.

**SPEAKER DEBATE chaired by Alexandra Coulter, Director of the National Centre for Creative Health**

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, we know that 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

**AC, chair** 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. So I've wondered if you want to say a little bit more about that. And then we could go to Chris who might have a view on how that could work through the World Health Organisation.

## Professor Brian Lawlor

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 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 Social Prescribing 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?

### Dr Bogdan Chiva Giurca, Global Social Prescribing Alliance (GSPA)

Yes, absolutely. I think there's a fantastic opportunity for partners from across the globe there. The GSPA has been set up with support from the United Nations, the World Health Organisation and the National Academy of Social Prescribing [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 social prescribing 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 social prescribing, 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** There's some summaries that NASP are about to launch on Social Prescribing Day, 10 March, so that might be of interest. There's quite a few statistics, which 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 social prescribing 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?

### Professor WanChen Liu, Taiwan

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. It seems like we want to do something, but we have limited resources, limited budget, but 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.

**EVIDENCE**
**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 speakers description so powerfully illustrates this
**Anna Briggs** (10:49) The Museum Library and Archives Council had an evaluation framework, before it was disbanded, based on GLOs, General Learning Outcomes and GSOs, General Social Outcomes, which was very useful to evaluate and providence evidence on the value of arts and heritage in different projects. There are still documents about it on the web. I used it a lot as an archivist working on social outreach projects. The Arts Council and heritage sector lead organizations (National Archives etc.) can also advise on tried and tested evaluation frameworks.
**KW** For example my husband with Alzheimers 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 its not a one way street
**KW** I am part of the Reimagining Dementia movement which is challenging the "tragedy narrative". A diagnosis of Dementia does not need to be the end of a creative life. We need approaches which are inclusive and recognises the contribution people living with the condition offer us. "Let's Reimagine Dementia: A Coalition For Social Justice" It seeks to change the perception that a diagnosis of dementia signals the end of your creative life, provided that there is support and love and engagement from community and family.
**Gail Kenning** Kate White - yes we need to change the narrative to explore quality of life, what can be done, to support people in living with dementia
**Holly Marland** Breaking down the silos between academia and actual lived experience stories.
**Bisakha Sarker** (I am interested in this area
**Elizabeth Muncey** Two of the attendees ( and maybe more) are on the MASc. Creative Health programme at U.C.L. London. We are multi-disciplinary research students and are really keen to build the evidence base. Please contact us via Professor Helen Chatterjee at University College London. **VFG** Elizabeth - we shall keep in touch. Helen is speaking on our Visual Arts for Brain Health webinar upcoming. **EM** Yes please, a cohort of really keen research students. I am very interested in meaning making so Byung Chul Han really helps me. The funding issue is highly relevant so also getting involved in UCL's Innovation and Entrepreneurship.
**Dr Bogdan Chiva Giurca**
https://socialprescribingacademy.org.uk/our-work/evidencing-social-prescribing/
**KW** Evidence is such a patriarchal power driven concept - how do we change the discourse around what is valued as "evidence"? Can the panel comment?
For example Social Anthropology has a completely different yet respected lexicon of "evidence"?
**Dr Bogdan Chiva Giurca** Fabulous point Kate - many of the speakers present on this panel will know in the UK social prescribing became official policy without exact evidence for the two words ' social prescribing '; There are several challenges as to what we measure, what social prescribing is and what isn't so on and so forth.
**Brian Lawlor** We need to develop consensus and testimonies around effectiveness and evidence that will convince policy makers.
**VFG** Thank you Brian so much - and the longitudinal evidence will be of such value, naturally involving lived experience as you do so well.
**KW** Lived experience has to be counted I mean but surely we have enough brain power to challenge? What counts as evidence has to be expanded enriched?
**VFG** With or without evidence people are happier being involved in creatively in the community than hiding at home in fear and isolation as dementia begins to take hold
**KW** Even the RCT people are questioning the application **BS** Agree with Kate
**VFG** Our drama participant diagnosed with vascular dementia, after a year of art and drama, her memory returned, her reading ability returned and her diagnosis reverted to stroke damage only!
**KW** Perhaps we can form a coalition around this question of research and evidence from this meeting Veronica? **VFG** Brian expresses this well below.
**Wendy Harris** Science and data will undoubtedly supports what I'm sure many of us have witnessed is that Arts helps bring people back for however fleeting the moment
**KW** But they don't accept case studies!! Unfortunately it's about truth to power on international women's day!!
**Mauro Maglione** Social prescribing can be useful in all the situation of distress, I do not think that we need evidences, because the politicians can just look when we work, with dementia people of wit co-morbidity with other type of distress

**HM** If we can illustrate the science with the stories and vice versa rather than separating out quantitative and qualitative studies that would be good. It breeds territorialism
**Jita Toor** Ref evaluation methods need to be reviewed eg ONS questionnaire are incredibly difficult when patients at times are in survival mode
**HM** Time, pace, space - again, funding squeezes this out with heavy focus on outcomes/outputs, milestones and timelines,
**KW** I was part of an evaluation of Music vs Art Gallery experience where we had our saliva tested for cortisol!! My partner threw the cotton bud across the table in disgust!

### 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.

And, also in the chat about lived experience and testimony, Brian has to go, I know at 12, so Brian, do you want to just say what you've put in the chat there.

### Professor Brian Lawlor

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. So I think that we have to build consensus and agreement among ourselves.

### AC, chair

Yes. I think that 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, you know, all of those issues are often barriers as well. So it is bringing all those things together. Gail, you have your hand up?

### Dr Gail Kenning

Yes, I would really be interested in, to comment on from what Kate's brought up there. And 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 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 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. And 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. So 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. So there's a little bit of educating on both sides as we go and understanding what the arts can do through that.

**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. And that combined with the evidence-based is much more powerful. In fact, when you're trying to convince people, who,

**Dr Gail Kenning**

Sorry, 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. So 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, which I think always comes up.

**VFG**

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 social prescribing 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.

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 career 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.

**CHAT - FUNDING**

**HM** Aren't the silos perpetuated by funding streams?
**Sharon** from Amgueddfa Cymru - National Museum Wales. We have received funding for 'Museums Inspiring Memories', a programme with the aim of developing creative, heritage-based activities, shaped & driven by people affected by dementia. The idea is to make access to heritage and culture more equitable and giving people agency. If anyone here wants to find out more or be part, get in touch: sharon.ford@museumwales.ac.uk

## 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 is 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

**Dr Bogdan Chiva Giurca**

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 believe out those individuals who are less fortunate to have 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. And 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 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. [Invites Leena, with hand raised in the Chat]

**Leena Hannula, delegate from Urajärvi Manor Museum in Finland**

I come back to this Aristotle thing, because in Finland they have made a lot of research about elder people. I did my PhD for senior people 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. Listen, 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.

You can speak about art without knowing anything about it - just in the moment. In Finland, we now have our own association about visual thinking strategies, and we are developing it also with people with dementia and all kinds of special care 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 and so on, coming from those countries. Veronica?

**VFG**

WanChen might like to talk further, because you don't have link workers in Taiwan, but you have a very active social prescribing and I've wondered if you want to talk or ask a little bit about that with international colleagues?

**Professor WanChen**

I can mention my own experience because when earlier people talked about evidence. For example, once I helped two people - one female, one male - with dementia in the gallery. The female elders and, before she and her daughter participated in other programme in the gallery, and also in our studio at the museum for two years. Each year they came not once, but eight times, ten times - I didn't know as this was my first time meeting her and the second time, then the same member watched how I guided this lady and man. And they said to me, Professor Liu, after the programme that this lady used to come to our museum for two years and several times, but she didn't talk. She didn't want to talk, she was busy getting involved with everything, but not talking. But when I guided her and was with her, allowed her to feel safe and calm, and when I guided her, she started feeling relaxed and then wanted to talk. Even her daughter said that at home she didn't want to do anything. So when we talk about the evidence, sometimes we need patience. Maybe it took her three years. Finally, she wants to do that. And so when we talk about evidence sometimes we collect data quickly. I think that is dangerous,

**AC, chair**

That's a really interesting point. Actually, it reminds me what you've been saying; and what Gail was illustrating in her film, of a talk by a Japanese doctor, Dr Yukimi Uchide who talked about this notion of reciprocity and how much we learn from the people we're with, and that it's not a doing to. And you're really saying how you learned from that individual, how to understand the condition and how to help her. And I think that as you say, that quiet, slow, and really listening that Gail was talking about is so important and does get a bit lost in this debate about evidence. Absolutely. [last question]

**VFG** Thank you very much Alex for chairing so brilliantly. It really has been a great honour **t**o have you – with your wide-ranging experience in the field - as chair of our Arts for Brain Health debate today **–** just what is needed and of very great value to our national and international delegates. My joyful task now is to listen again, transcribe and intersperse all speaker and delegate links and Chat comments. Warm thanks to you all.

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CHAT

Welcome to you our International Arts for Brain Health Webinar, in partnership with the International Longevity Centre, Oxford's Optimal Ageing Programme and Arts 4 Dementia. As we are recording could you very kindly ensure that your video is off and sound muted as the debate will be between speakers for this international webinar. You are very warmly welcome to share in this fascinating dialogue to advance social prescribing to empower people from the onset of dementia symptoms to preserve brain health and resilience in the community. Best wishes and thanks to all, Veronica

**Chris Britton** Good morning everyone, Chris @GetSetUp here. Very excited for this session and looking forward to getting to know everyone. Feel free to connect with me on LinkedIn https://www.linkedin.com/in/chris-britton-78126073/

**Zeenat** Good morning. So happy to join this event

**Mark Walmsley (Arts and Culture Network)** Good morning all. Thanks for the invite Veronica. Mark (www.ArtsAndCultureNetwork.com)

**VFG** to James Sanderson (NASP) Welcome James, thanks so much for speaking, V

**Jeremy Hughes** Pleased to be here as co-chair of Prime Minister's Champion Group for Dementia Friendly Communities.

**Mark Walmsley (Arts and Culture Network)** I love the idea of "musical intervention" @rona ;-)

**ruth.mateus-berr@uni-ak.ac.at** Pleased to be here as representative of Austria's first Arts & Dementia project: www.demedarts.com

**Dimana Georgieva (MFMM)** Happy to be joining this call from Music for my Mind - creating personalised playlists for people living with dementia. Music is such a wonderful and powerful tool!

**Jenny Marshall, Open Age** Delighted to be here. For those of you I haven't met, I am Jenny, Head of Member Experience at Open Age, Open Age is a charity that provides 250+ diverse weekly activities for older Londoners (50+), specifically working in Kensington and Chelsea, Hammersmith and Fulham and Westminster. Open Age's programme has three broad categories – Arts, Culture & Social; Learning & Skills, and Physical Activities. To ensure that everyone is able to access our services, Open Age runs special groups for the housebound, while our dedicated Link Up team reaches out to people who have become isolated and lack the confidence to attend classes or events alone.

Each session acts as an entry-point into a supportive and resilient community of 4,500 members aged 50 to 104, and FUN is at the centre of Open Age's philosophy. Membership is free!

Where they Work: Kensington & Chelsea, Westminster, Hammersmith & Fulham
Please do get in touch! jmarshall@openage.org.uk

**Veronica FG** Thank you James for all you are doing through social prescribing to enable and encourage people to enjoy higher levels of activity - yes, arts as untapped medicine, people directed through their GP practice to live life to the full despite dementia, override loneliness, despair make new discoveries, and enjoy happier healthier lives together . .. I so agree, preserving cultural and creative life, even as cognitive challenges set in,

**Edith Wolf Perez. ARTS for HEALTH AUSTRIA** Honoured and happy to tell you something about SP and projects in Austria To Veronika: thank you 👏🏻👏🏻👏🏻

**Sarah Fox** Very excited to be here and to hear about all the wonderful work and research happening in this field, I'm joining from Greater Manchester, as part of the Health and Social Care Partnership. We're currently working on a dementia wellbeing plan https://dementia-united.org.uk/dementia-wellbeing-plan/ - We hope that this co-produced plan will facilitate co-working between GPs and Social prescribers to provide person centred care for people living with dementia in their locality - focusing on both medical and community/social needs.

**Joseph Bufalo** What if someone loved Music before Dementia and no longer?

**Holly Marland** musicality is innate in all of us whether we already love music or not. babies don't identify as concert goers and mums don't necessarily identify as performers - yet they make music. musical interaction for those who are non verbal can sometimes be the only form of dialogue and connection with another person.

**Elizabeth Muncey** (10:39) What is the full name of the Index measurement protocol - could someone please put a link in the chat for me please?

**VFG** Chris, I love the idea of re-engaging with the linear moments in time through the joys of art. So interesting that you are talking about MoMA - now we hear their approach today! Moments of peace and flickers of wellbeing, relief from strain, pleasure through dance and music - really fabulous to know how your father-in-law's reflexes showed the contentment and flow at last through the piano.

**VFG** Gail, thank you for demonstrating so much, not least the realities of coping with hallucinations, warmest thanks, V

Reimagining Dementia Coalition - it has been great to link with people internationally to reframe the tragedy narrative around dementia. Please come and join us. **Anna Briggs** (10:58)Thanks Kate and Holly!

**VFG** Thank you Brian for inspiring us for about the means and value of engaging in arts from the onset and throughout the journey with dementia. How valuable your research, ongoing research and training for research infrastructures through the Global Brain Health Institute will be for all. Kunle Aduwale is brilliantly expressive - yes bringing artists and scientists together, from even early in their career path leading superbly to Bogdan

**Anna Briggs** Thanks Ruth! **Leena Hannula** Thank you, Ruth!

**VFG** Bogdan - - how inspirational you are!

**Victoria King MA FRSA** Arts in schools have been damaged radically, when in fact it is a valuable preparation for life? Victoria King MA FRSA

**VFG** (11:28) Wan-Chen - I like your talk of revolutionary earthquake. Your social prescribing activity and international research for creative ageing is impressive
Thank you so much Wan-Chen - more later!

**Zeenat** (11:41) Thank you Veronica and all the wonderful speakers for todays event. So much learning and experience in the room. Best wishes. Zeenat @ Asian Peoples Disability Alliance. www.apda.org.uk

**Edith Wolf Perez** (Sorry to not being able to participate in the debate. I have to get the train to Hungary. Thank you very much for all your inspiring inputs and wonderful ideas. Special thanks to Veronica and to Baroness Greengrass! Let's keep up the good work!

**Elizabeth Muncey** Thank you so much for the international perspectives.

**Diana Martin** Excellent presentations from everyone around the world. Lots to think about. Thank you Veronica for organising this event.

**Jenny Marshall, Open Age** Amazing!

**Holly Marland** Another shout out to encourage everyone today to join the Reimagining Dementia Coalition - a global ensemble of people shaped by people who are living with dementia who are changing the story. https://www.reimaginingdementia.com/campaign

**Anna Briggs** It would be amazing if each speaker and the organizers could provide links to their work, to best practice projects and to resources for arts & dementia, and all these links could be forwarded to participants! :) Thanks [**VFG** – links are added to our typescript]

**Dr Bogdan Chiva Giurca** For anyone interested in global social prescribing - here's a brief outline of what 'good' social prescribing looks like and the building blocks:

**Ian** Thank you Veronica, this has been very interesting but unfortunately I have to leave now for a hospital consultation. I will look forward to reviewing the section that I will miss when you release the recorded video transcript. Kind regards, Ian

**Natelle @ Nottm Contemporary** natelle@nottinghamcontemporary.org.uk
Thank you to all for the presentations, info and conversations :)

**Holly Marland** (12:12)
Gary Ansdell talks about gentle empiricism in music therapy research.
https://books.google.co.uk/books?hl=en&lr=&id=FV0pDwAAQBAJ&oi=fnd&pg=PA124&dq=phenomenological+research+ansdell+goethe&ots=TO2486Qa20&sig=BbUBpGt9Y5_UtfpPkWDqqY7paHw#v=onepage&q=phenomenological%20research%20ansdell%20goethe&f=false
**VFG** (12:16) Holly, it would be helpful if you can send music therapy evidence to Lord Robert Winston, who to our shock v v strongly denied this in the House of Lords, rather knocking our efforts to add an Arts for Brain Health amendment to the Health and Care Bill
**Holly Marland** (12:16) Thanks Veronica

**Gail Kenning** Veronica, thank you for this very enjoyable stimulating time - I will now need to go as it is getting late (and I have an early morning) Thank you everyone
**VFG** (12:13) Thank you Gail so much for enlightening us, giving us time at the most unearthly hour! Warmest thanks V