



**All Party Parliamentary Group on Arts, Health and Wellbeing
All Party Parliamentary Group on Dementia**

Arts & Dementia Roundtable

Monday July 6th 2015

4-5.30pm

House of Commons, Committee Room 8

MINUTES

Welcome and introduction by **Baroness Sally Greengross**, Co-Chair of the APPG on Dementia.

Dementia can be the most terrible blow to people and their families, and to their network of supporters and friends. Our priority has to be to transform people's lives when they have dementia, so that they can still be part of society and can still enjoy life. Anything that can be done to help is really commendable. I first became interested in arts and dementia when I met someone who had not taken part in life for five years, but the people caring for him had heard him humming; four young musicians listened to what he was humming and transposed that into music. He conducted his own music performed by a musician from the Royal College. It is amazing the effect that the arts can have, all the artforms; it is extremely important work.

Professor Paul Camic: an overview of relevant research and evidence

NICE Guidelines Quality Standard (QS30) Quality Statement 4:

People with dementia are enabled, with the involvement of their carers, to take part in leisure activities during their day, based on individual interest and choice.

- The field is very broad
- Two main approaches: Receptive (listening, viewing, observing) and Participatory (active engagement in creating)
- International in scope: significant interest in practice, research and policy in nearly all English speaking countries, Nordic countries, Japan and China and to a lesser extent in continental Europe and South America

Arts & Health in dementia care: The Headlines

- No consensus yet but overall, arts programmes/interventions are helpful in dementia care
- Longer-term programmes are preferred by those with dementia and family carers, but even one-off experiences have had positive impact on wellbeing
- Programmes conducted in group settings across different art forms have been shown to be consistently helpful for people with earlier stage dementia and for their carers
- One-on-one delivery of arts-based care in later stages of dementia has been shown to reduce aggression and agitation, increase cooperation and provide higher care staff job satisfaction.
- Involvement in artistic, craft and social activities in mid-life and continued into later old age, were shown to decrease risk for mild cognitive impairment

What is evidence and how do we define it?

- It is said that there is little or no evidence for the effectiveness of arts interventions in health, but there can be an overly selective definition for what is considered acceptable evidence.

- Evidence is also sometimes confused with proof. Perhaps a more nuanced question might be “Is there *sufficient evidence* that an assertion, proposition or hypothesis can be supported?”
- Different audiences require different forms of sufficient evidence. For example a care worker told me, “She can no longer speak but they found evidence of her happiness in her smile”.

Gathering evidence in dementia care programmes and interventions: Challenges over the progression of dementia

- Gathering evidence in dementia care is increasingly challenging as the conditions of the different types of dementia worsen over time
- Methodological flexibility is needed in order to effectively capture the impact that arts programmes can have.
- Outcomes also need careful consideration: are they to be health, wellbeing, social, artistic, economic or a combination of these.

Belinda Sosinowicz: Age Exchange’s Reminiscence Arts Dementia project RADIQL

- The RADIQL intervention has been developed over 30 years with no proven side effects
- Our approach is unique – meaningful activities for older people; noticed over 30 years practice that people have been happier and felt better as a result of our work
- Commissioned LSE, with a grant from Guy’s and St Thomas’s charity, to carry out a robust evaluation for two years with a treatment and control group to compare them.
- 300 sessions; 200 one-to-one at bedside; training of staff and arts practitioners
- Royal Holloway dementia care mapping tool uses observational and behaviour mapping
- Wellbeing and Quality of Life increases; peaks at 50 minutes and remains for 30 minutes
- Feedback from staff very positive: increased calm, reduced aggression, improves communication and wellbeing in the present
- About understanding behaviours; validating the experience of people with dementia and allowing them to express themselves in the way they find most comfortable
- Person-centred approach but placed in a social environment of reciprocal relationship making
- Alternative to task orientated work of care homes
- RADIQL is a structured psycho-social intervention over 24 weeks. Looks at wellbeing in the now. Not asking people to recall their memories; understanding people where they are and enabling them to respond in their own way, which often involves snapshots of their past.
- High range of responses – two practitioners run the groups offering a range of artistic responses
- All artforms: music, dance, movement, sensory touch for those who can’t speak; mirroring and validating; narrative work and embodied ways.
- Undertaking a cost benefit analysis
- Refining the intervention and looking at training for artists; looking at developing a workforce staff training programme to look at principles of the way they work.
- Low care home engagement – improve engagement and improve Quality of Life

Baroness Greengross introduced **Baroness Judith Jolly** to chair the roundtable:

Charged with looking at three areas suggested by participants: Evidence Base; Practitioners; Structures and Policy. They are interdependent, each on a corner of a triangle and all need to relate to each other. This work only has a solid future if it is going to be commissioned. Paul mentioned that commissioners need to have measures and outcomes. Belinda talked about cost benefit analysis.

Veronica Franklin Gould, Chief Executive of Arts4Dementia

- Seven years into my mother’s Alzheimer’s diagnosis, a talented young cellist came to play Bach to her. The astonishing return of her communication skills triggered my research.
- A German care home study from the University of Nuremberg in 2011 showed that two-hours cognitive stimulation given to residents six days a week stalled the advance of dementia.
- This caused Arts 4 Dementia to introduce themes for daily practice at home into our weekly programme at London arts venues to re-energise people with early-stage dementia and carers.

- These workshops - providing art, dance, drama, media, music, poetry and photography - yielded the following results: 94% of participants remained energized overnight, 80% for three days and 60% for a week or more. They felt “uplifted”, “reawakened” “normal” again. You will find this documented in Reawakening the Mind.
- I recommend firstly that Health and Wellbeing Boards, GPs, and all diagnostic and memory services, are made fully aware of the efficacy of the arts to maximize aspects of brain function.
- Secondly, we need to establish a model arts and dementia pathway so that when dementia support workers require provision for people on diagnosis, they can easily locate - or encourage arts organizations to set up – arts events for families affected by dementia.
- Arts 4 Dementia can help. Our website has the facility to signpost these nationwide by location, art form and day of the week.
- Family carers don’t hear about workshops and arts organisations cannot easily reach them. Some theatres, dance companies, concert halls offer discounts or even free seats for carers.
- I suggest memory services flag up this helpful practice to families affected by dementia.
- I propose that specific funding is set up for the purpose of spreading arts practice from diagnosis, not only at arts venues, but in places of worship.

John Killick, Writer

- I am interested in practitioners and work at the Courtyard Centre for the Arts in Hereford.
- Practitioners need proper training, support when they do the work, and they need standards.
- We have devised a mentoring model which seems to work well, and which I can recommend.
- I train four poets over two days to deliver a poetry service. I give a demonstration workshop in each setting for each poet, followed by a joint session, and then one where I observe the poet.
- They each carry on solo with me mentoring them by Skype or phone or post, with quarterly meetings to discuss progress and plan new initiatives.
- This has been going on for four years, and now we are rolling out a three-year programme covering dance and drama as well.
- The model has been adopted elsewhere, most recently by the Age Cymru Project in Cardiff covering four art forms and the whole of Wales.
- It is important to offer proper training and continuing support to artists, and this model, though it doesn't come cheap, ensures the maintenance of high standards across a project.

Fergus Early OBE, Director of Green Candle Dance Company

- The artistic languages share the ability to communicate with people with dementia.
- Perhaps the greatest pain and heartache of dementia is the loss of communication between those of us who do not have dementia and those who do. But we, as artists, can communicate.
- In our work, we are not bound by the need for cognitive logic, by the rules of a rational world of cause and effect.
- In our relations with people living with dementia we don’t have to enter a long corridor of diminishing light – creative inspiration can burst out from even the most advanced dementia.
- My company, Green Candle Dance Company, is running a project called *Remember to Dance*, which has been the subject of a two year research study by the Sidney de Haan Research Centre for Arts and Health. They will be reporting in the autumn, but their interim report, based on baseline observations has this to say:

*“These baseline observations show that the **Remember to Dance** programme has provided participants with opportunities for supporting quality of life. The quality of life domains affected correspond to the internationally validated quality of life model centring on independence, social participation and wellbeing. In this early stage of data collecting, **Remember to Dance** appears to relate successfully to the intended impact of non-pharmacological interventions for people with dementia and, on a broader scale, to the Government’s strategic agenda for future management of escalating numbers of people living with the dementia over the next three decades.”*

Richard Coaten, Dance Movement Psychotherapist, SW Yorkshire Partnership NHS Trust,

coordinator of the first centre of excellence in dance and dementia in the world.

- 30 years in the field and a radical. Proposing a solution rather than talk about the evidence.
- Proposing a pilot project that would involve the Yorkshire Dance Agency and their satellite creative partners.
- Need to train dancers and care staff in order that a programme could go into care homes, day centres and the community.
- There is a need for dancers to be more aware of what dementia really is. Joined up approach in the Yorkshire region would give an opportunity to test out embodied practices.
- The research is becoming increasingly known as kinetic neuroscience, not cognitive neuroscience, so we actually look at the impact of the body and the body in movement, the alive body, which a lot of arts and dementia work is actually about, in and through the body.
- Our plan is to work on training staff and we are working closely together in this field.

Professor Dawn Brooker, Professor of Dementia Centre at University of Worcester

- First experience of working with people with dementia was as a nursing auxiliary. I very soon realised that if I danced and sang my way through getting people dressed in the morning then it helped. Those working in care know the power of music to transform, dance to transform.
- From a research point of view I think we have rushed into trying to work out what works.
- With the University of Nottingham we have been fortunate to get some funding from the Alzheimer's Society for PhD students who can spend 3 years really exploring this.
- When we ask the research question What Works we need to know what the What is.
- I think there is a bit of competition that goes on between different interventions and we should be asking the question what makes for a successful arts intervention.
- We have the opportunity to really start looking at the fundamentals of the research in this area.
- There is a lot of evidence now and it changes weekly and new projects come along. It is having a way of weighing up that evidence. Difficult keeping abreast of it all.
- Training and education – big area. We need to have places that are dementia friendly. Training for artists and then lastly working with our clinicians.

Dr Justine Schneider, University of Nottingham

- We are using the arts as a training mechanism for the caring workforce. With funding from the Arts Council we are touring a play, which puts on stage the working lives of people who look after people with dementia, all the issues that raises around stress, dignity, loss.
- We have generated a very positive response among healthcare professionals, who don't get a lot of training opportunities and who never get to see their lives presented in an artform.
- Filmed recording of the play that we will be touring to conferences and festivals so anyone who hasn't yet seen Inside Out of Mind will have another opportunity to do so.

Chris Gage, Managing Director of Ladder to the Moon

- Creativity is at the heart of a positive culture of care, as articulated by CQC in their characteristics of an outstanding service. Arts interventions for people living with dementia clearly have significant contribution to make to their wellbeing, moreover they have even greater value when considered as part of the development of the care culture within a service.
- When we regard the arts as a separate programme or activity - something for the residents to do while the staff get on with their jobs, then enormous value is missed.
- The programmes that we have been running at Ladder to the Moon over the past 6 years (supported by the Department of Health) have enabled significant culture transformations; increasing the vibrancy and activity in homes, and developing a culture of person centred care.
- Range of outcomes from significant cost savings by reducing agency bills, through to engaging individuals who wouldn't usually leave their room, to the surprise and delight of friends and family. 'David' in a care home had spent three years watching TV and wouldn't leave his room. Programme we ran was more focused on the staff than on the people with dementia, he was invited to participate in a very different way. Staff were amazed that he had come out of his room and was seen to dance back. Shifted the staff's perception of David.

- There are however significant challenges in harnessing this value with both the arts and care providers generally working within the existing paradigm where arts are considered only as an activity, and not as a workforce and culture development opportunity.

Maria Parsons, Chief Executive of the Creative Dementia Arts Network

- Lots of resources out there in a very fiscally challenged health and social services there are opportunities in Art Galleries, Museums, Theatres. For example we are showing Shaun the Sheep at the Ultimate Picture Palace in Oxford for people with dementia and their families. Choir I go to where there are two or three people who have clearly got early stage dementia. They are being supported by the group who are learning about including people.
- At a film screening, when I asked the care home people what they noticed that was different about their residents, they said they didn't go to the toilet so frequently. We could do with a scale to measure the impact on requests to go to the toilet.
- Need to get information to the GPs about opportunities.
- Writing a guide to making art venues dementia friendly. There is a strong business case for including people with dementia and making access possible.
- People can join the main stream or there can be specialist programmes; we know it works.
- Our organisation links people together: commissioners and providers. We are particularly concerned about arts practitioners. Flourish is a programme for arts practitioners, to train them.
- Sometimes think evidence is a red herring, there are political decisions that need to be made with very challenged budgets. We need to make that case very strongly.

Paul Cann, Chief Executive of Age UK Oxfordshire

- Chair the AGE UK, UK wide policy panel; good to follow Maria because I am also a Director of the Creative Dementia Arts Network.
- Very interested in how we can strengthen a purposeful conversation between champions of arts and arts provision, care and age based organisations, and commissioners, and actually this room is filled with wonderful champions of the arts.
- There are one or two representatives of care organisations but I am not sure I am aware of any commissioners in the room, and surely that is the conversation we ought to bring about.
- I think Age and Care Agencies have been guilty of not making enough noise about this.
- We are in very difficult times. To paraphrase commissioners: they are saying first of all if we don't have to do it in law we won't do it, and secondly if you can demonstrate an impact on the things that really bear down on us as key targets, such as hospital admissions, delayed transfers of care, then we might start to be interested, but our hands are almost tied.
- Surely it is now about making the case. Is it the case that the evidence is not yet there, or is it that it is there but we need to gather it together better.
- One of things we do, and I mention it is because it is a vehicle for all of us, is the Age of Creativity website. It ought to be a useful way to bring it together. We had a webinar on singing and health, we are going to get Neil McGregor to talk about Age Friendly Museums.
- This is a parliamentary group so the question for me is what is the parliamentary role and outcome and would it be about the APPG's being helped by us all to articulate better the evidence that exists.

Baroness Jolly When Maria was talking I was thinking that if an Arts Council grant could be predicated on whether you were doing dementia friendly work. Certainly my local arts centre has a dementia screen and I assumed they all did. These organisations are in receipt of small, but for them quite pivotal, Art Council England grants. A conversation with Darren Henley would be useful.

David Slater, Director of Arts Council funded National Portfolio organisation called Entelechy Arts.

- Exploring that area. We have a partnership with another ACE NPO the Albany and our local authority. We have just undertaken two years research and development and out of that the local authority have committed to three years funding.
- Working with the question: What if you were older, isolated, living with dementia and you

went to your Arts Centre rather than a Day Centre.

- For one day a week for 50 weeks a year that is something we have made possible and there are about 60 people meeting on a weekly basis, 40 will be older people and there are younger volunteers
- Very visible, there's a huge café, there is sculpture, dancing and there are co-curated wild, inclusive events we call 21st Century Tea Dances. Places and spaces where people can meet and make sometimes challenging artwork happen.
- Part of that is facilitated by a quite often invisible network of artists who are cross-pollinating, they are working with lots of different organisations and they are moving from one organisation to another, from one setting to another sharing their experience. Our work has been very nourished by that network.

Gillian Wolfe, previously from Dulwich Picture Gallery.

- Probably an oddity in the room never having received a penny of Government funding or a budget from the gallery.
- One of our projects is prescription for arts, working with local GPs and people in early stages of dementia; they get a prescription for a taster workshop at the gallery.
- Twice a week all year round plus a monthly workshop for mid- stage dementia people and their carers for over ten years. Nobody ever drops out, they love it and it creates community.
- Small museums all over the country could do the same.
- Professor Dame Sally Davies Chief Medical Officer, quite properly requires evidence that the arts contribute to health. Can we demonstrate that the arts are more effective than say, taking people with dementia to the RHS Hampton Court Flower Show, or a session in the Learning Lab at Wisley planting up a sunflower seed, or taking a boat down the Thames to see the city, or going to Crufts Dog Show?
- We require more research based evidence of the impact of the arts. It's not enough to say it is obvious that the arts make a difference. We need to justify how. Funders want very simple evidence: telling a story is the most meaningful evidence.
- Lecture a few months ago: 'Who Cares for the Carers' by Prof Doug McInnes. He said family carers provide unpaid support often through kinship and that there are 6.5 million carers in UK. This would cost the Government £119 billion per annum if paid. 45 % give up work to care; 80% suffer mental health problems and depression after.
- It is essential to give equal consideration to the creative or other needs of exhausted, ground down carers. They will be tomorrow's next layer of dementia patients.
- An absolute essential is to consider the options for all older people for arts/other active involvement that will delay Dementia. This was a plea made by Baroness Sharpe of Guildford in a House of Lords debate in 2008. She said that learning experiences matter for old people to keep them active, healthy and mentally alert to defer dementia.
- Affordable classes with social life are needed but the budgets for such have been savagely cut. Surely it is urgent for Government to address this route to keep dementia at bay. As Baroness Sharp said: "are healthy old people just to sit at home, watch TV and wait to die?"

A-La Park Health economist at LSE

- Related to that point importance of looking at intergenerational work and carers needs.
- Important to collect data using measures that are credible to decision makers including Quality of Life measures.
- Important to collect data on resource use to make a strong economic case for arts interventions
- Investment in art and dementia needs to be compared to other health interventions.
- When we invest in arts and dementia, for instance intergenerational approaches, young people and care work can improve both health outcomes and educational outcomes.
- Lack of longitudinal studies and studies on economic benefits

Martin Green CEO of Care England and Department of Health's independent Dementia Champion

- A lot of talk about evidence and outcomes which is very encouraging

- In the past not focused on that issue enough and that has been a barrier to get arts and dementia mainstreamed
- How work in the arts can link to government strategies and policies
- Interested in Veronica's point about getting a clear pathway and interested in point about GP referrals and GP prescribing
- Have to be clear about saying wellbeing is enshrined in the Care Act and what we do is deliver quality wellbeing
- There is a prevention stream agenda and ring fencing is still on the prevention stream agenda at local authority level
- I would argue that enabling people to go from one level of dependency to another, stopping that decline in dependency is really a preventative issue and you could engage with some of that
- There has been some really good evidence about the fact that this really does help people maintain cognitive function to a higher level for longer and there is some really good evidence round that and we need to feed that into the PM Challenge on Dementia
- To come back to Paul's issue: is it about lack of evidence or is it about how we use the evidence? I believe we haven't linked the evidence to the dominant policy agendas. I think there is good evidence but I think sometimes we haven't connected it to the policy agenda – that's where we need to be if arts and support around artistic expression is at the centre of the agenda, particularly in Dementia Care.

Kate Whitaker, Music for Life project manager, Wigmore Hall

- Mainly late stage dementia in care homes, working with professional care staff to enable them to feel valued and empowered to take things forward
- Recent research with UCL found that on a small scale, staff engaged in our programme, saw people they cared for, saw their personhood much more. However, got a lot of quotes saying it is great while you are here but afterwards they are back in the corner. So staff are not empowered to take the work forward when we have gone.

Sara Miles, Dementia Friendly Communities, Alzheimer's Society

- Working on the role of the arts centre in Dementia Friendly Communities; the role of theatre, the arts and how they can be made more accessible for people with dementia and carers, looking at programming and how that can be adapted.
- How can we support them working in this area with training.
- There are loads of good things are going on and interested in how we can help bring that all together

Dr Sebastian Crutch, Dementia Research Centre, UCL Institute of Neurology

- The main point I want to make is that dementia is not one thing, for those of us who don't have dementia our consumption of artistic experiences is based on our personal preferences and that also obviously affects people with dementia.
- Diseases affect people in different ways so maybe it means not only tailoring it to people's preferences but also to the lost skills and the preserved abilities they have.
- So treating any one artistic intervention or any one artistic modality and expecting it to work in anyone inevitably means we will end up with many people with non results
- I don't do opera – it would be futile
- Delighted to hear about collaborations; just as dementia effects our multi-modality, not just memory but our senses, our motor skills, so we have to think that artistically we have to be working together in order to feed into those preferences.

Helen Featherstone, Senior Manager for Engagement at Arts Council England

- We fund a number of National Portfolio Organisations, who do some work with dementia.
- One of our new programmes is a partnership with the Baring Foundation. Four different projects with care home providers to try and integrate the arts into care home practice.

- It has been incredibly difficult, working with the care homes providers: so many demands on their time, some of the workers are only paid the minimum wage.
- I totally agree with the point about leaving people empowered and also the project that John was referring to at the Courtyard, that kind of mentoring is really important.
- Also I would advocate the point of working with GPs and Commissioners.
- We are looking at the public demand for it. In one of our projects in Yorkshire, they are testing a subscription model so family members could buy a subscription for their elderly relative in a care home to access additional arts provision.
- Not only working with medical professionals but also working with the public, raising awareness that you can access these kinds of things from care homes.

Dr Alice Ashby, Consultant Psychiatrist

- Practitioner, academic and clinician. Working in A&E, seeing people with acute confusion or delirium on top of dementia who come in with a chest infection or a urinary infection.
- I am an arts advocate and a trustee of the London Arts in Health Forum, a charity that brings together artists and health care professionals and academics, and trying to help them all speak the same language. I think that is often our trouble.
- I speak the language of my more skeptical colleagues who are daily having to make really tough decisions about medicine, and a procedure versus something else.
- Thinking about how we practically take this group along, particularly funding streams. Thinking about a dementia and arts pathway that starts from A&E.

Tricia Dunlop

- Here with Peter Dunlop who is diagnosed with Alzheimer's
- Pick up a few points from the grassroots. Talked about support, we had no support. We had a 5 minute consultation, you have Alzheimer's, we suggest you make a Power of Attorney, and we will see you in a year's time.
- It was only when we went back a year later and I burst into tears that we had help.
- There is the Alzheimer's website and that is fantastic, but actually you get overwhelmed.
- I am happy to hear there are websites but it assumes you are website literate and a lot of people with dementia aren't website literate.
- Also you don't know what you are looking for or where to start so I think this business of communication is so important.
- Everyone is different. Peter has always refused point blank to go and sing.
- Where is this discussion going, how can we get it out into the community?
- We filled our local theatre recently with a dementia themed play. People with dementia spoke and the whole theatre was filled with carers, people with dementia and members of the public.
- I worked in the NHS for years and you didn't feel particularly empowered by it. You would go to a conference, hear about great ideas and then you'd come back and nothing would change.

Kathryn Gilfoy, Westminster Arts

- Resonate programme; we work in Kensington and Chelsea and now Hammersmith and Fulham.
- I want to support this idea of an arts care pathway. In Westminster we are very lucky to have that, they put in place a system for people at all stages of care, using any artform that seemed correct and right for that group of people.
- Having that core funding completely supported that idea and it is something that would be marvelous to have in every Borough.
- I want to get over having to talk about evidence and really talk about quality, the real quality, the meaningfulness of the interaction and how that can be maintained. There are a lot of incredibly willing artists out there who work in this field and they need to be supported.

Keith Oliver

- Diagnosed with Alzheimer's about four years ago. My background is as a primary school Head Teacher and we had a centre of excellence for creative arts in my school

- I know what a good psycho-social intervention is going to do for me; I know by going to an arts project I have taken away with me – often not the cognitive engagement in activity, it's the emotional engagement and how emotionally well it makes me feel and it so enriches my life.
- It might be making me function better cognitively, I don't know. The same could be said of the medication I take. I do know that a good creative arts activity is going to help me.
- My engagement with the creative arts over the last four years has been very mixed. Some activities I now no longer do. For example I used to play the guitar but I've not picked up my guitar since I was diagnosed with Alzheimer's.
- I cannot break through that barrier to pick it up and play it anymore
- I was involved in a creative writing project last year and contributed to a wonderful book about eight people with dementia entitled "Welcome to Our World". Really good example of how with brilliant support we were able to do something many of us had never done before.
- A few years ago at Christ Church University I was part of a group, attending a workshop led by Cynthia Heymanson around circle dancing. This was a workshop I nearly chickened out of. I was going to hide because the idea of dancing and me is an oxymoron really.
- Cynthia saw the look of fear in my eyes and shifted me right into the centre of the room.
- We then did the circle dance and I haven't got clue how the hour was spent; I can't remember anything about the activity; but I do remember how well it made me feel it. It challenged in me something that I thought I would never be able to do and I could do it with wonderful support.
- Move on a year and I am sitting in a conference for Alzheimer's Disease International and Cynthia is doing a presentation and puts a photo on the screen of circle dancing.
- Centre of the circle is me with a big smile on my face, doing this dance.
- Finally I am here on behalf of the Alzheimer's Society research network because I am the only one on the 12 person panel that has a diagnosis. Interesting to hear their perceptions on the value of the creative arts and there is a range of opinions around it.

Paul Camic

- Slightly disagree with Sebastian about previous preferences and I think Keith has just demonstrated that.
- We have probably seen 250 people since 2009 and most of the people we have seen have not had preferences for the activities: painting, going to a museum and looking at artworks, singing. But we have definitely seen that if people are slightly challenged, but supported to have a creative experience there are positive outcomes.

Tricia Dunlop: Question about the guitar playing to Keith, is it because you are worried about failure?
 – Yes - reluctance to take on a challenge but perhaps doing something entirely new that you think you may not be able to do gives you permission.

Baroness Jolly A really fascinating conversation. I am relatively new but interested and hugely enthusiastic. For the APPG it has given us a lot of pointers and a point that Paul made: as parliamentarians, how you can support us to lever things out of various different people.

Lord Howarth of Newport

- Diversity of presentations: all of them fascinating, all of them constructive, most of them in different ways rather moving. Noted the passion and energy and optimism.
- You haven't spent your time complaining about the system, but telling us how, in the circumstances in which you operate you have achieved remarkable results. Don't wait for the government to give you permission, or fund you, because you may wait a long time. We heard about arts on prescription at Dulwich which has been going for 10 years and no-one has ever dropped out and there wasn't a penny of public funding.
- At the same time the suggestion was made, rather at the opposite end of the spectrum, that it could be a condition of Arts Council funding to individual organisations that they should demonstrate that they are dementia friendly, to see if we can find more ways to link such

channels and flows of public funding that there are, more securely into the activities that we know to be fruitful and productive.

- I am a great believer in the arms length principle and rather against giving instructions to the Arts Council, telling them what to do with their money.
- Paul Cann asked some entirely appropriate and very challenging questions. How are all your organisations to link better with commissioners, policy makers and politicians.
- These two All Party Parliamentary Groups thought it would be useful to have a roundtable of this kind so that we as politicians could learn from yourselves, a reality check on what is going on, a selection but a very impressive selection, and hear what you think might be useful.
- You haven't given us a lot of policy prescriptions, what you have rather done is warn against standardisation of policy. Remember everyone is different, there is no single formula. If policy makers rested their position on that, there is a danger they may not do anything at all.
- The two parliamentary groups must digest the lessons and advice, all the information and all the inspiration, and see what we can distil from it that we can use to influence policy
- Both groups aim to provide a bridge between those who are working in the field and those who are making political decisions and to help you to link with the providers of money.
- In the case of the All Party Parliamentary Group on Arts, Health and Wellbeing we have formulated a two year programme to try to answer the questions that Paul has posed. We will have a series of roundtables, this is the second and follows a wonderful one on music and health, and hope to continue to be advised by you as we develop our recommendations.
- We think we can have some influence among fellow parliamentarians and Ministers, but there is a lot we can't do. Most decisions on commissioning are taken locally.
- Useful talk about the need to affect the culture of care, the point was well made that the big Care organisations are going to take a lot of persuading to really see the arts as a means of integration and of increasing effectiveness; the workers who are paid less than the minimum wage, because they are not paid for travel time, will find it incredibly difficult to take this on.
- Changing the culture amongst doctors, GPs and clinicians is also very important. Once the medics get hold of the idea that there is something very powerful here, that supports them in their ambition to help people to be healed, or help people have better quality of life and once Ministers recognise that the arts are an available resource and that there's an economy in mobilizing the arts in the care, then we could be more on our way.
- Thank you very much to everyone who came and who thought hard about what they wanted to say; whether organisations involved in caring for people with dementia or the very impressive testimonies from people themselves with dementia, thank you so much for coming; thank you Sally for being a wonderful colleague; thank you Judith for your firm but fair chairing.