

A close-up photograph of a woman with short, wavy red hair and black-rimmed glasses. She is smiling broadly, showing her teeth. She is wearing a light-colored, possibly grey or beige, sweater. Her hands are clasped together in front of her. The background shows a rugged, rocky cliffside with patches of yellow lichen. In the distance, a blue sea meets a clear blue sky under a bright, sunny sky.

*Rearwakening  
Integrated:  
Arts & Heritage*

*A regional programme,  
with a framework to  
integrate arts into  
dementia care  
services in  
Dorset*

**Veronica Franklin Gould**

**Dr Trish Vella-Burrows**

# Acknowledgements

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Arts 4 Dementia (A4D) is grateful to our Reawakening Integrated partners, to Sidney De Haan Arts and Research Centre at Canterbury Christ Church University (SDH) especially to Dr Trish Vella-Burrows, co-director of this project; to Dr Paul French, NHS Dorset CCG dementia lead, Prof Jan Wiener and Dr Ben Hicks of the Ageing and Dementia Research Centre at Bournemouth University, to Jonny Hoskins and Arts University Bournemouth (AUB) for hosting an early stage dementia awareness training day and a drama for dementia programme with BA students and their leader Jon Nicholas, to Mark Tattersall and Megan Dunford of Dorchester Arts and Julie Hollings at Dorchester Town Council and the Rev Canon Eric Woods, vicar of Sherborne DL and the Rev Jane Crow for hosting A4D training days.

Special thanks are due to Lord Howarth, co-chair of the All Party Parliamentary Group (APPG) on Arts, Health and Wellbeing, to Baroness Greengross, co-chair of the APPG on Dementia, to Sir Richard Eyre, and Katie Derham.

We are grateful to Joanna Malyon, Alzheimer's Society Dorset Services Manager who with her team has given terrific support to the Reawakening programme. To the Rev Dr Ian Terry at St Peter's Church, Bournemouth for hosting and soprano Gemma Dixon for leading our music project with organist Timothy Rice, to Lisa Lort and her Pavilion Dance South West team, Dr Sophie Hulbert and Aimée Smith for their creative dance project, to Dr Jon Murden, director of Dorset County Museum, his eight curators and volunteers whose talks inspired art workshops led by Gillian Lacey, Dr Geri Parlby for her Arts Society (NADFAS) talk and tour for dementia, Sarah Drew, director of the Dorset Centre for Creative Arts, Stella Walker and Jean Longley of Blandford Fashion Museum, Anna Shiels of the Borough of Poole Arts Service, Hilary Foggo of Age UK, heritage consultant Maureen La Frenais, Julie Plumley of Future Roots, Laura Bullivant of Hampshire Cultural Trust, Mike Hoskin and Joanna March of the Arts Development Company, Julie Hammon of Dorset AONB and many others in Dorset who have advised and delivered Reawakening festival events, and to Yanna Papangeli of Transcribe Print for the design of this book. We thank Dementia Pathfinders' trainers Aubrey Maasdorp and Olivia McLellan and Nicky Taylor from West Yorkshire Playhouse for dementia friendly performance guidance and Jo Malyon and Chris Matthews for dementia friendly arts and heritage venue guidance. Our thanks also to Hanna Pigeon and Marie Bromberg who evaluated the dance and drama programmes for their MSc neuroscience dissertations.

## Film, photography and broadcasting

Many thanks to Jonathan Haswell and Gemma Dixon for filming the Reawakening programme, to Sharon Treharne for the Pavilion Dance film, to RedManhattan for photography, BBC Radio Solent and to BBC Radio 4 for featuring our music programme in *A Passion for Bach*.

## Funding

We acknowledge grateful thanks to

- The Arts Society (NADFAS)
- Network for Social Change
- Talbot Village Trust
- The Utley Foundation
- Valentine Charitable Trust
- West Dorset Leisure Development Fund.

# *Reawakening Integrated:*

## *Arts & Heritage*

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A regional programme, with a framework to  
integrate arts into dementia services  
in Dorset – a feasibility study

“Dementia is our most feared condition. While engaging with the arts cannot reverse dementia, regular access and involvement enables people to override its awful symptoms. I urge GPs, clinicians and memory services that they include with their clinical diagnosis to patients and post diagnostic support, advice that the exercise of arts activity can help preserve brain function. This is a significant report. I commend Reawakening Integrated Arts and Heritage framework to the NHS and Public Health England.”

Baroness Greengross

Co-chair, All-Party Parliamentary Group on Dementia

September 2017



Sidney De Haan  
Research Centre for Arts and Health



**Fig 1:** Reawakening participant discussing Thomas Hardy's artwork with Helen Gibson, curator of the Hardy archive at Dorset County Museum.

## Foreword

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Arts engagement is central to healthy ageing and has a vital role to play for people with dementia. Research demonstrates that visual arts, music, dance, drama, and other cultural and heritage activities can boost brain function and social wellbeing, help to delay the onset of dementia and diminish its severity.

This not only makes a huge difference to many individuals but also leads to cost savings. If the onset of Alzheimer's disease (which accounts for 62% of dementias) could be delayed by five years, savings between 2020 and 2035 are estimated at £100 billion. Those are powerful statistics, but this isn't just about money.

A human being depends upon imagination and creativity and will thrive better if body and soul are revived and nourished together.

The pressures now being experienced in health and social care force a search for innovative solutions. Engaging with arts and heritage can substantially improve quality of life for people affected by dementia and those who love and care for them. The arts are integral to health and should be recognized as such by health services, as part of person- and community-centred care.

The Department of Health has an important leadership role to play in creating an environment in which arts and health can prosper by promoting, developing and supporting arts and health.

I welcome Arts 4 Dementia's proposed framework to integrate artistic stimulation into the dementia care pathway and the regional arts and heritage model for dementia outlined in *Rearwakening Integrated*, which demonstrates and maps a wide range of rural and urban arts that can help to prevent dementia and help override its symptoms.

Public Health England (PHE), health commissioners and local authorities should promote the arts as community-based cognitive and emotional engagement. PHE could inform all Health and Wellbeing Boards, GPs, diagnostic and memory services of the efficacy of the arts in improving brain function and enhancing communication and quality of life, so that, when people receive a diagnosis, they may be offered a referral to an arts organisation.

I urge NHS England to include the arts in personalised post-diagnostic support for people with dementia.

Rt Hon Lord Howarth of Newport CBE, Co-Chair,  
All-Party Parliamentary Group on Arts, Health and Wellbeing

## *Reawakening Integrated – Terms of Reference*

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Evidence that engaging with cultural and creative life boosts brain function and has a significant part to play in improved wellbeing and delaying onset and overriding symptoms of dementia is widely respected. Arts 4 Dementia (A4D)'s key objective is that on diagnosis, when a person learns that their brain is degenerating with as yet no hope of a cure, they should at the same time be informed of the power of artistic stimulation to protect them from stressful symptoms and enable them to preserve fulfilling active life for as long as possible.

Working in partnership with Sidney De Haan Research Centre for Arts and Health at Canterbury Christ Church University, A4D set up the Reawakening 2017 programme in Dorset 2017 to create a framework so as to integrate and embed the use of arts into the NHS England Well Pathway for Dementia. Our aim is to establish a regional model, based in Dorset where there are active arts networks, a wide range of rural arts and heritage (A&H), as well as museums, arts centres, galleries and libraries, with health and social care teams regularly liaising through the Dorset Dementia Partnership and useful local authority signposting.

### *Terms of Reference for Reawakening Integrated*

NHS England Transformation Framework - The Well Pathway for Dementia calling for prevention, interventions to minimise the risk of developing dementia, for integration of services, provides the structure for this report, locally through Dorset's Memory Gateway. NHS *Next Steps on the Five Year Forward View* (2017) promotes dementia-friendly communities as prevention and collaboration with the voluntary sector and primary care to design a common approach to self-care and social prescribing, and to focus on diagnosis and post-diagnostic support.<sup>1</sup>

*Understanding the Value of Arts & Culture: The AHRC Cultural Value Project* (2016), reports on the long-term benefits of engagement in arts and culture for dementia, both for individuals and society.

Age UK's *Index of Wellbeing in Later Life* (2017) highlights "the importance of maintaining meaningful engagement with the world around you in later life" and found that engagement in creative and cultural activities made the highest contribution to overall wellbeing.

The 2017 All-Party Parliamentary Group on Arts Health and Wellbeing Inquiry Report *Creative Health: The Arts for Health and Wellbeing* provides extensive evidence of the power of arts to boost brain function, support healthier ageing, delay and diminish dementia symptoms, save health service and social care costs. It urges that people are referred to arts on diagnosis.

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<sup>1</sup> NHS *Next Steps on the Five Year Forward View*, 2017, also supports the implementation of preventative interventions to reduce risk factors associated with dementia, March 2017, 43-45.

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## Report Authors

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### **Arts 4 Dementia ([www.arts4dementia.org.uk](http://www.arts4dementia.org.uk))**

Arts 4 Dementia (A4D) was founded in 2011 to co-ordinate by website arts events for dementia in the community and to help develop weekly workshop programmes at arts venues, as cognitive, mental, social and physical rehabilitation for people affected by early-stage dementia and their carers. A4D workshops aim to stimulate participants to bypass the stressful symptoms, confusion and loneliness of dementia, to restore self-esteem, focus, sense of purpose and social wellbeing together in the community. (*Reawakening the Mind*, 2013; *Music Reawakening*, 2015).

### **Veronica Franklin Gould, President**

Veronica, founder of A4D's re-energising arts practice to bridge the provision gap for early-stage dementia, is a passionate campaigner for formally embedding A&H programmes into The Well Pathway for Dementia, to underpin a better quality of life from diagnosis to end-of-life. Baroness Greengross, co-chair of the All Party Parliamentary Group on Dementia, Dr Charles Alessi, dementia lead and senior advisor at Public Health England and for NHS Clinical Commissioners, and other key figures contribute to A4D conferences.

### **Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University (SDH)**

SDH is committed to researching the potential value of participative arts activities for health and wellbeing, and having shown the benefits of group singing for people with enduring mental health issues, is building the case for Singing on Prescription. SDH conducted the world's first randomised controlled trial on community singing with older adults showing improvements in mental wellbeing and is researching the role of art galleries and museums in promoting wellbeing and the benefits of dance for people with dementia.

### **Dr Trish Vella-Burrows, Deputy Director**

Trish's main research focus is the contribution of music and the arts to support changing models of care for older people with dementia and their carers, acknowledged as vital the maintenance of social and creative activities beside clinical interventions. Her paper "Prescription for Music" in *Music Reawakening* (A4D, 2015) proposes the integration of the use of music into the dementia care pathway. In this report, Trish presents a Reawakening Integrated Arts and Heritage process framework, which proposes easy-access connections between the health and social care and arts sectors for the purpose of systematically integrating creative activities into dementia care services.

Both Trish and Veronica are active members of the Royal Society of Public Health's special interest group in arts and health.



## Executive Summary

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The rehabilitative power of a creative or cultural experience to boost brain function and combat symptoms of dementia – the UK’s most feared condition - is compelling. Anxiety vanishes from people’s faces when they engage in arts activity and divert their focus to exploring and sharing imaginative ideas, being curious, critical and creative – each inspiring the other and reviving their sense of purpose, connectedness and identity in the wider world.

*Reawakening Integrated: Arts & Heritage*, a partnership between Arts 4 Dementia (A4D) and Canterbury Christ Church University, presents a regional range of arts and heritage (A&H) opportunities help prevent onset of dementia and override its symptoms. Aligning with the national wellbeing agenda, the report responds to the Government need for post-diagnostic support. Based on Dorset’s rich local and national heritage opportunities, its memory and social care provision, with a view to integration, this regional model is designed to up-scale around the UK.

To bridge the provision gap for people experiencing mild memory loss – without a dementia diagnosis – as well as for those with early-stage dementia and their carers, our Reawakening programme comprised

- Three early stage dementia awareness training for arts to inform
  - Weekly arts projects: the county museum, the church (choir and organ), intergenerational drama and creative dance, as regional models
  - Two Arts Society lectures adapted for people experiencing mild memory loss, at Dorchester and Wimborne.
  - New events and taster sessions for
- Dorset’s first arts and heritage festival for dementia, Reawakening.

To encourage and enable natural referral to A&H events for dementia, A4D commissioned Dr Trish Vella-Burrows to outline and pilot a regional framework to embed artistic stimulation into NHS England’s Transformation Framework - The Well Pathway for Dementia, from the first moment a patient presents with memory worries.

To help the process, arts4dementia.org.uk now signposts A&H opportunities by dementia need (for health and wellbeing to prevent onset, for early-stage and for moderate-stage dementia). Clinicians, families, memory and care services can now download stimulating opportunities to suit theirs and their patients’ needs. For those not wishing to join dementia-specific services, A4D maps DF A&H venues. (See pages **123-36**).

*Reawakening Integrated: Arts & Heritage versus Dementia in Dorset* lists 56 regular A&H opportunities for health and wellbeing, 77 regular events for dementia, 35 DF A&H venues, others of special cognitive value, with a further 40 wishing to become DF.

# Executive Summary

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## The Reawakening Integrated Arts & Heritage Framework

Over the last two decades, research evidence on the benefits of arts and culture on health and wellbeing has led to recommendations for re-orienting mainstream health and social care services to include the prescription of participatory arts (e.g. Clift, 2012; Gordon-Nesbitt, 2017). Alongside these sits an urgent need to reduce health and social care budgets for long-term conditions such as dementia (e.g. DH, 2015).

This investigation explores the feasibility of further consolidating the contribution that the arts can make to people affected by dementia, taking arts and heritage (A&H) to a new level in systematically integrating programmes into dementia care services.

A partnership initiative between Arts 4 Dementia and the Sidney De Haan Research Centre for Arts and Health, named *Reawakening Integrated Arts and Heritage* (RIAH), presents an integration process Framework for testing in Dorset, for national roll-out. The Framework, which corresponds to NHS England Transformation Framework: Well Pathway for Dementia domains, has been devised in partnership with a multi-disciplinary steering group comprising people with dementia, health and social care services, local authorities, voluntary and charity sectors, and Bournemouth and Canterbury Christ Church Universities.

The Framework is built on key factors identified in consultation, e.g.:

- Acknowledgement that A&H activities can protect against dementia;
- Local public view-seeking events to ascertain perceptions of need relating to A&H offer and integration;
- Regional A&H multi-disciplinary fora to broaden dialogue between H&SC and arts communities, to address local needs and governance;
- RIAH model to be grounded in theoretical models of activity and wellbeing, person-centred care, with arts and health business model
- Current lack of systematic processes/time for GPs to address policy recommendations for non-clinical interventions (including identifying interventions; assessing quality and referral systems);
- Wide-spread existence of suitable or adaptable A&H activities;
- A4D website lists A&H events and venues nationwide, by dementia need.
- A&H organisations are increasingly becoming dementia friendly;
- Research evidence on A&H benefits to reflect rigorous health research.

The RIAH Framework (see pages **25-41**) has aimed to address these factors, recommending ways to tackle the current gaps, to provide a starting point for testing a prototype RIAH model. The proposed pilot project in 2018-19 in Dorset will inform further development of the model to work towards a fully integrated system that is effective nationally by 2021.

### WELL PATHWAY

- Preventing Well
- Diagnosing Well
- Living Well
- Supporting Well

# 1 *Rearwakening Integrated* – Introduction

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*Rearwakening Integrated* reports on the first year of a three-year academic partnership programme, based in Dorset, to integrate artistic stimulation into NHS England's Well Pathway for Dementia. This a regional arts and heritage (A&H) model for dementia in the community, which for the first time demonstrates the range of A&H opportunities to maximise cognitive function both as protection against onset and to override symptoms of dementia and a feasibility study for an arts for dementia integration model. *Rearwakening Integrated* seeks to achieve direction to the empowering effects of artistic endeavour on diagnosis of dementia, so that when patients learn that their brain is degenerating with as yet no hope of a cure, their guidance toolkit will feature the empowering benefits of engaging with arts and heritage. (see **3** page **13**).

## Part I – A framework to integrate arts into dementia services in Dorset: a feasibility study

Dr Trish Vella Burrows (TVB) reports on her investigation to date of this three-year project (2017-19). The project explores the feasibility of a multi-disciplinary-driven integrated service model wherein high quality, evidence-based A&H activities for people affected by dementia (individuals with dementia and their carers – family, friend or professional) are taken onto a new level. This will go beyond signposting and delivery of existing and new activities, to systemically embedding into the care pathways A&H-focused activities, that aim to compliment and even relieve some of the pressure on dementia care services providers, such as supporting prevention/delay and early referrals. Although this study is based on the existing infrastructure in Dorset, it aims to develop a model for roll-out across the UK.

## Part II – Arts & Heritage versus Dementia

Veronica Franklin Gould (VFG), founder of Arts 4 Dementia (A4D)'s *Rearwakening the Mind* arts programme to empower people with early-stage dementia and carers, documents dementia awareness training for artists and arts workshop models for people experiencing mild memory loss. She discusses the growing dementia-friendly (DF) A&H initiative (See **12** pages **108-9**) to preserve the joy of cultural visiting for families affected by the condition. For the first time, these and over 100 new and existing A&H regional rural and urban arts opportunities that can protect against onset and symptoms of dementia, are mapped both here and through the new A4D website ([arts4dementia.org.uk](http://arts4dementia.org.uk)), so that memory and care services and families affected by dementia, can locate arts suited to requirements. Nigel Franklin, CEO, offers a guide to the website, how to post and find A&H venues and events, searchable by postcode, dementia need and art form. (See **13** pages **108-111**).

# 1 *Reawakening Integrated: Introduction*

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## 1.1 Partners

### **Statutory, voluntary and third sector partners**

Between 2015-16, VFG researched and created the opportunity for the current project in Dorset, developing a working partnership with:

- Alzheimer's Society.
- Ageing & Dementia Research Centre at Bournemouth University (ADRC).
- Arts University Bournemouth (AUB).
- Canterbury Christ Church University (CCCU).
- Pavilion Dance South West (Pavilion Dance).

### **Steering Committee**

- Tim O'Brien, A4D Treasurer and Trustee (chair).
- Dr Trish Vella-Burrows, Co-Director, Reawakening.
- Dr Paul French, Dementia Lead, NHS Dorset Clinical Commissioning Group (CCG).
- Professor Jan Wiener and Dr Ben Jennings, ADRC.
- Joanna Malyon, Dorset Services Manager, Alzheimer's Society..
- Des Persse, Director of Services, Help and Care.
- Siobain Hann, Commissioning Manager – partnerships health, older people, carers adult and community services, Dorset County Council.
- Jonny Hoskins, Senior Lecturer, Drama, Arts University Bournemouth.
- Lisa Lort, Participation Producer, Pavilion Dance.
- Julie Hammon, Project Manager, AONB "Stepping Into Nature".
- VFG, Director, Reawakening 2017.

## 2 Background

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“We feel reawakened – we thought this was all lost!” (*Rearwakening the Mind*, 2013). The rehabilitative power of a creative or cultural experience to combat dementia symptoms is compelling. Anxiety vanishes from people’s faces when they engage in arts activity and divert their focus to exploring and sharing imaginative ideas, being curious, critical and creative – each inspiring the other and reviving their sense of purpose, connectedness and identity in the wider world.

Arts and heritage organisations around the UK and beyond are now enhancing access to accommodate visitors’ varying needs, becoming dementia friendly and providing special programmes for people affected by dementia and their carers (family/friend/professional).

### 2.1 Dementia

The term “dementia” is a generic description for various complex syndromes, which adversely affect brain function. 850,000 people in the UK, 50 million worldwide - some 14,000 in Dorset - have a diagnosis of dementia (Alzheimer’s Disease International, 2017, Dorset Dementia Partnership, *Living Well with Dementia in Dorset, Progress and Actions 2016-2018*). Various types of dementia affect different regions of the brain. People may be affected by more than one. These common types demonstrate how symptoms can vary, particularly in the early stages.

**Alzheimer’s disease (AD)**, the most common, usually begins gradually with mild memory loss, some confusion, forgetting names and where possessions have been left, difficulty finding the right word, with reasoning and following conversation. People may become more withdrawn and experience mood swings. As the disease progresses, their ability to read and write may be affected. Ability to perceive music and musical emotions remains relatively intact; and music can for a time reduce anxiety and improve cognitive functioning (Särkämö et al, 2015)

**Vascular Dementia**, caused either by stroke or by poor blood supply to the subcortical, deep parts of the brain, may affect vision, train of thought, concentration and cause confusion. Parts of the brain that control awareness may still function, and cause depression. Symptoms may begin suddenly, remain stable or possibly improve at first. Further strokes advance the condition in a stepped progression.

**Dementia with Lewy Bodies.** Tiny deposits in the brain’s nerve cells bring symptoms similar to AD and to motor problems associated with Parkinson’s disease. Subtle at first, symptoms vary each day. People may find it hard to remain alert and to plan ahead. Longer term difficulties affect thinking language, orientation, comprehension, calculation, judgment, memory and learning capacity, sleeping and spatial awareness and bring hallucinations and delusions of persecution.

## 2 Background: dementia

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**Fronto-temporal Dementia (FTD), or Pick's disease.** Subtle at first, damage to the frontal lobes of the brain, which control behaviour and emotions and language, may gradually lead to inappropriate and aggressive behaviour, even in mild-mannered people. Despite loss of inhibitions and speech difficulties, their memory may be unaffected and they are likely to be aware of what is happening to them.

Every individual's experience with dementia is unique (WHO, 2006). In the early stages, the changes that people experience frequently engender feelings of fear, helplessness, loneliness and depression. The joys of engaging with arts and heritage can override these symptoms and restore a sense of purpose and social wellbeing for longer.

While the mental deficits associated with dementia are indeed serious, the mind can circumvent these difficulties and improvise through well functioning faculties. The arts have enormous potential to deliver health improvement. People with dementia may discover new facets of creativity and interest, perhaps develop a surprise passion for opera or painting. The value of arts as non-drug interventions for dementia is disseminated through dedicated journals, international conferences and the All Party Parliamentary Groups (APPG) on Dementia and on Arts for Health and Wellbeing, notably *Creative Health*. (op.cit.). Professor Sebastian Crutch is now leading a two-year residency on arts and dementia at Wellcome Trust.

*Rearwakening Integrated* responds to the Government need for post-diagnostic support as the number of people affected by dementia rises. At the Aesop 2016 National Arts in Health Conference for health decision makers, chief executive Tim Joss called for "a stronger relationship between health and the arts", for arts interventions to address health challenges, improve wellbeing and reduce health demand.

People with dementia have a right to continue to experience the arts, to learn, revive history, question and enjoy today, but we need to raise awareness that despite anxiety about going out or inertia, the challenge is worth it. Arts and heritage organisations, now undergoing dementia awareness training, increasingly understand their condition and are making access clearer. A dementia diagnosis is tough, but normal cultural life and social wellbeing can be preserved if thoughtful direction is given to this.

*Rearwakening Integrated*, a regional arts and heritage model for dementia in the community, aligns with the national wellbeing indicators and demonstrates how wide-ranging arts, performance, rural crafts and heritage and the quality of nature open up a wealth of opportunities both to prevent against onset and counter symptoms of dementia.

### 3 Arts and Heritage

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Artistic skills and appreciation, imagination and creativity can remain vibrant for years after onset of dementia. “The arts embody human expression – physical evidence of the impulse to create – influencing culture, changing culture and sharing stories with a wider world.” (Dementia and Imagination, 2017) Active involvement with arts and heritage (A&H) can boost brain function, combat isolation, stir imagination, curiosity and critical observation and *joie de vivre* in the world about us. Such activity can help protect against onset of dementia, and keep its stressful symptoms at bay (*Creative Health*, 2017, page 131).

Participatory arts events and guided tours for people with mild memory loss aim to generate imaginative responses, enabling participants to break out from their dementia and to continue to pursue creative and cultural interests for longer. As dementia advances, there are more relaxed opportunities to continue experience the arts – music can uplift mind, body and soul to the end of the journey.

The creative arts, culture and heritage offer a broad range of mental and physical stimulation from grand heritage sites to local village halls, museums and galleries, nature reserves, concert halls, arts and craft centres, gardens, libraries. Churches of significant architectural interest, quietly offer free weekly organ recitals, one of which inspired our church music model (see 9.2 pages 64-77). Whether masterpieces of historic interest, a milkmaid’s yoke, a castle besieged by Roundheads or requisitioned by kings, horticulture, dance, drama, music, arts or crafts, it is the human inspiration, the personal engagement that makes the difference. If a person with more advanced dementia is encouraged to take up the instrument he or she has abandoned through the condition or if in their youth they were made to feel useless at art, as we have found in Dorset, they rediscover their art and are astonished by their achievement. That wonderful feeling need not be theirs alone.

There is an increasing body of evidence that at least in the early stages of dementia, people are able to not only revive skills but can continue to learn and feel empowered by doing so (*Creative Health*, page 21) They should be able to enjoy cultural activities together, visit historic houses, explore heritage sites, theatre and musical performances, the opportunity to create, be critical, exchange ideas. The artistic inspiration, camaraderie, interactivity and concentration, involved in creative endeavour activity is empowering. It protects against inertia, can override dementia worries and dispel the loneliness the condition may bring. Whether engaging in new creative activity or restoring a sense of history today, listening, witnessing or performing, all help to preserve social identity, self esteem, sense of purpose, of belonging and social wellbeing for families together in the community for as long as possible. Even when recent memories are troubling, a day out visiting heritage sites –

*Carer, This whole venture is so inspiring. We love the arts and its ability to distract from the stresses and strains of life.*

### 3 Arts and Heritage

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hunting for fossils, joining colourful history tours, exploring archaeology, architecture, landscape and hearing about the characters and wildlife significant to the setting, the nation and beyond – re-enforces context and stimulates dialogue and creative responses.

Prof Jane Ohlmeyer of Trinity College, Dublin defines the Arts and Humanities as “interrogating the human experience”, through storytelling and using one’s imagination, being curious and open to the world, being creative and finding inspiration in things, thinking critically and not being afraid to ask awkward questions, having perspective and knowing your place in the world.

*Creative Health* attributes considerable first-hand benefits through engaging with culture and the arts, valuable for both person and carer:

- Stimulates imagination and reflection.
- Encourages dialogue with the deeper self and enables expression.
- Changes perspectives.
- Contributes to the construction of identity.
- Provokes cathartic release.
- Provides a place of safety and freedom from judgement.
- Yields opportunities for guided conversations.
- Increases control over life circumstances.
- Inspires change and growth.
- Engenders a sense of belonging.
- Prompts collective working.
- Promotes healing (*Ibid* 20).

The arts lift our spirits and are good for the soul. They can help rehabilitate us, give us a new outlet to express our feelings, keep us as well as possible and focus our interest in the wider world.

A&H organisations, their staff increasingly trained to understand their needs, are making access clearer. A dementia diagnosis is undoubtedly serious, but normal cultural life and social wellbeing can be preserved. For experienced artists, musicians, actors, dancers, professionals aware of their challenges can give specific help. For new or amateur artists, discovering new and contrasting creative experiences adds much needed zest. It is the quality of the present activity, the preservation of cultural identity, the inspiration of the environment and sense of purpose together, sparkling in the moment, rather than expectation of output, that really matters. This can offer hope in an otherwise darkening world.



## 3 Arts and Heritage

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### 3.1 Museums and Visual Arts

Visiting galleries together with family and friends heightens the sense of social wellbeing long after dementia sets in. Entering a museum, studio, arts college or contemporary art gallery, viewing art and architecture inspires interest from the start and provokes discussion. Whatever the aesthetic, you are moved to respond. Art-making, participating in an art class, painting, drawing, photography nourishes imaginative interest, requires focus and expands the mind. Many museums, members of the National Alliance for Health and Wellbeing, offer arts projects for people with mild to moderate dementia and their companions, either guided interactive discussions around artworks, or regular arts workshops inspired by the collection, with opportunities to handle museum objects, which encourage learning. Increasingly, museums bring in other art forms, music, dance and drama for dementia. Joining a museum Friends' scheme encourages continued connection and events.

### 3.2 Music

Singing in a choir, musical theatre, opera group, taking up an instrument and playing in an orchestra exercise mind and body and are splendid arts for wellbeing, both to prevent or delay onset of dementia and to override early symptoms of dementia. Musicality and musical memory remain strong after diagnosis of dementia. Tackling the challenge of playing, indeed learning music together heightens brain activity and becomes a joy. The emotional and rhythmic powers of music energise our being, from our minds to our posture, fingers and toes. Music enhances mood, movement and speech. A compelling musical project restores sense of purpose. As dementia progresses, even when the ability to read the music itself has gone, singing continues to bring enjoyment, exercises enhance memory and, with help, musicians can continue to revive their playing. An organist obliged to give up playing six years ago due to dementia, is now, through Reawakening, while not reading the music, playing with confidence again every week, improvising to his heart's delight. (See 9.2, page 73). A London jazz pianist sings and, like the Herefordshire violinist who inspired our 2015 *Music Reawakening* (op. cit.) project, performs with gusto.

### 3.3 Dance and Movement

As the most physically expressive art form, integrating several brain functions at once – kinaesthetic, rational, musical and emotional, which increases neural activity – a dance class offers powerful protection against onset and superb facility for expression. Frequent freestyle

Carer describes the effect on her partner, who had not been able to play the organ for six years, when he was encouraged to play again:

*Instead of playing quietly, he chose the loudest keys he could – that frightened the people coming in the door.*

*The look on his face, a big beam all around, because he's happy and he's making other people happy.*

*When he finished he got up and he started to cry. He had done something that he didn't think he could actually do again. Deep down they were tears of happiness. He needed the confidence that he could play, which is what he got when he was at St Peter's.*

## 3 Arts and Heritage

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dancing substantially reduces the risk of dementia, generating cognitive reserve (*New England Journal of Medicine*, 2010). Learning new steps, to lead and follow, improves hand-eye coordination, reduces stress and can be particularly effective in the prevention of falls. (*Creative Health*, pages 12 and 90) A dance class, whatever the style - tango, jazz, rock and roll, ballet, ballroom, Scottish dancing, country dancing, Morris dancing and more – brings all the benefits of music with the added vigour of movement, recommended for both wellbeing and early-stage dementia and with more help can continue to be enjoyed as dementia advances.

### 3.4 Drama and Poetry

Going to the theatre is immediately engaging. Actors projecting their voices to involve the audience with the drama, energises the mind and heightens emotions as we imagine the outcome, keeping us on the edge of our seats. Participating in a drama class or amateur dramatic group, learning lines, working towards a production requires concentration and interactivity, with team support, offering cognitive exercise to delay onset. Poetry, with its sense of rhythm appeals to similar parts of the brain as song. Joining a poetry circle, book group or Shared Reading scheme generates ideas and sense of purpose between participants. The neural processing of language when reading complex texts can stimulate brain pathways and influence emotional networks and memory function, with the potential to bypass initial dementia damage. (*Creative Health*, 2017, 108).

### 3.5 Crafts

A wide range of crafts, from stone-carving, wood-carving, carpentry, basketry, to textiles and embroidery require dedicated concentration that can protect against onset. Exploring a new craft, learning to create with guidance, can help override mild symptoms of memory loss and bring a sense of achievement.

### 3.6 Outdoors

Re-engaging with the historic context of heritage sites empowers people affected by dementia. The geology, as well as beauty of the Jurassic coast, its nature reserves, cliff-top tours, wellbeing walks and identifying birds, listening to birdsong, gardening exploring specialist and sensory gardens connect people with the natural environment. Exercising body and mind, refreshing opportunities for social wellbeing, they bring physical and mental exercise to protect against onset and symptoms of dementia.

## 4 Why Dorset

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Education is key to A4D practice. Two universities, the Ageing and Dementia Research Centre at Bournemouth University (ADRC) and Arts University Bournemouth (AUB) were keen for student involvement in Reawakening, to develop and evaluate arts programmes for dementia.

Dorset's range of outstanding sites of geological, historic and literary interest, from Jurassic Coast, a UNESCO World Heritage Site, castles, houses, churches and heritage estates, its natural life and landscape recorded by Thomas Hardy, educational nature reserves and rural arts and crafts, all introduce new dimensions, up-scalable around the UK. As well as horticulture, ceramics, sculpture and rural arts and crafts, there are dance studios, theatres, orchestras, choirs, special interest museums, the county life and its history showcased in a fine county museum.

Raising awareness of these opportunities for healthy ageing, which revive cultural and creative interests, help prevent onset and override symptoms of dementia, is the challenge we seek to achieve, working together with the Alzheimer's Society, to navigate the Dorset dementia care pathway and link the arts with health and social care:

- ADRC, whose orchestra for dementia featured in A4D's *Music Reawakening* (2015), offered to invite MSc neuroscience students to evaluate Reawakening projects.
- AUB, proposed our Reawakening BA drama programme for dementia (9.3 pages 81-92).
- Dorset Memory Gateway, the pathway for dementia care and support (7.1 page 81)
- NHS Dorset CCG dementia lead Dr Paul French's enthusiasm for the project (page 22).
- Dorset Dementia Partnership across health and social care, commissioners, people with dementia and carers shares information, including arts, around the county (see page 22).
- Dorset County Council's My Life My Care resource and care services (see page 23).
- Dorset County Museum keen to extend their learning programme for dementia
- Pavilion Dance South West, already offering dance for Parkinson's and older people, expressed interest in dementia
- Dorset Centre for the Creative Arts, whose arts workshops include stone-carving, wood-carving, basketry, textiles, weaving and life-drawing, offered taster sessions for dementia (page 106).
- The Arts Development Company and range of arts networks across Dorset (see page 23).

## 5 Aims of Reawakening Integrated

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A4D's mission is to achieve direction to artistic stimulation on diagnosis, even pre-assessment of dementia - so that when people learn that their brain is degenerating, with as yet no hope of a cure, artistic stimulation is signposted as an effective means to preserve fulfilling active life in the community.

Through our Reawakening Integrated programme in Dorset 2017 - published in this report, our aim is to develop an up-scalable regional framework, open up and present regional models of arts opportunities for dementia and to demonstrate the referral pathway through the health and social care pathway to them. Our deliverable aims involved

- Setting up a steering committee of leading figures in Dorset's dementia and social care services so as to establish a naturally integrated referral pathway to arts opportunities for dementia
- Publishing an academic arts for dementia integration model feasibility study to disseminate through this report, designed to embed an integrated arts for dementia framework within NHS England's Transformation Framework, The Well Pathway for Dementia.
- Setting up a series of weekly partnership projects with arts organisations and universities to
  - Empower people experiencing mild cognitive impairment and early-stage dementia and their partners
  - Consolidate the referral pathway
  - Be evaluated ADRC and SDH
  - Record in this report as regional model projects
- Creating an interactive NADFAS, now The Arts Society, talk for people with dementia.
- Providing early-stage dementia awareness training for arts and heritage organisations at arts venues, to inform the weekly projects and inspire new taster events around the county
- Launching a Dorset DF arts and heritage venue initiative
- Creating Dorset's first arts and heritage festival for dementia, Reawakening, to open during Dementia Awareness Week (see page 105), a first step in raising awareness and mapping new and existing arts opportunities for and suited to people affected by dementia at museums, churches, arts centres, libraries, heritage estates, orchestras, dance studios, theatres.
- Mapping and signposting through this report and the A4D website of Dorset's broad range of arts and heritage opportunities to both help prevent onset and bypass symptoms of dementia, dementia-friendly arts and heritage sites, listing by postcode, dementia need and art form, for use by memory and social care services as well as families affected by dementia.

## 6 How A4D arts listings align with The Well Pathway for Dementia

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In view of the growing body of evidence that the arts have an important part to play in healthy ageing and in preventing onset of dementia, (*The AHRC Cultural Value Project* and *All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report: Creative Health: The Arts for Health and Wellbeing*, 2017), A4D's new website ([arts4dementia.org.uk](http://arts4dementia.org.uk)) aligns with The Well Pathway for Dementia, to signpost arts and heritage (A&H) opportunities nationwide by dementia need:

- Arts for health and wellbeing to help prevent onset.
- Dementia friendly arts and heritage venues.
- Arts for early-stage dementia - person-centred, challenging - but achievable - for cognitive exercises to help preserve a sense of normality and fulfilling social life in the community for longer.
- Arts for moderate stage dementia- more relaxed as dementia advances.
- Arts for all stages of dementia.

The (Dorset) A&H listings for dementia are listed at the end of this report (see pages **123-36**). These are intended also as a regional template. Event descriptions and mapping can be found at [arts4dementia.org.uk](http://arts4dementia.org.uk).

### Arts listings for health and wellbeing

*Wellbeing is really key and can stop some of the symptoms caused by dementia – anxiety, lack of confidence, depression – and means that people can have a better quality of life.* (Joanna Malyon, AS.) Exploring cultural heritage, learning, questioning, creating, exchanging ideas and exercising mind and body, preserve our identity in the wider world and are at the heart of health wellbeing today. As cognitive exercise, regular activities – art, dance, drama, music, photography, walks can help to protect against onset of dementia.

### Arts listings for health and wellbeing, for early-stage dementia, DF arts & heritage venues (See pages **123-29**).

Through the pre-assessment and diagnosis process and particularly on learning that their brain is degenerating, patients need to know that actively engaging with the arts can boost brain function and keep their symptoms at bay. Diagnosticians and DF surgeries should be encouraged to signpost local A&H opportunities – talks and tours, wellbeing walks, free music recitals at nearby churches, which are beneficial and not specified for dementia, and to include [arts4dementia.org.uk](http://arts4dementia.org.uk) in their diagnostic toolkit. For patients keen to deal actively with their dementia, it would be helpful to direct them on diagnosis to local arts workshops and activities for early-stage dementia.

### PREVENTING WELL

*I was given information about reducing my personal risk of getting dementia*

### DIAGNOSING WELL

*I know what to do to help myself and who else can help.*

## 6 How A4D arts listings align with The Well Pathway for Dementia






NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA				
<b>PREVENTING WELL</b>  Risk of people developing dementia is minimised "I was given information about reducing my personal risk of getting dementia" <b>STANDARDS:</b> Prevention <sup>(1)</sup> Risk Reduction <sup>(5)</sup> Health Information <sup>(4)</sup> Supporting research <sup>(5)</sup>	<b>DIAGNOSING WELL</b>  Timely accurate diagnosis, care plan, and review within first year "I was diagnosed in a timely way" "I am able to make decisions and know what to do to help myself and who else can help" <b>STANDARDS:</b> Diagnosis <sup>(1)(5)</sup> Memory Assessment <sup>(1)(2)</sup> Concerns Discussed <sup>(3)</sup> Investigation <sup>(4)</sup> Provide Information <sup>(4)</sup> Integrated & Advanced Care Planning <sup>(1)(2)(3)(5)</sup>	<b>SUPPORTING WELL</b>  Access to safe high quality health & social care for people with dementia and carers "I am treated with dignity & respect" "I get treatment and support, which are best for my dementia and my life" <b>STANDARDS:</b> Choice <sup>(2)(3)(4)</sup> , BPSD <sup>(6)(2)</sup> Liaison <sup>(2)</sup> , Advocates <sup>(3)</sup> Housing <sup>(3)</sup> Hospital Treatments <sup>(4)</sup> Technology <sup>(3)</sup> Health & Social Services <sup>(5)</sup> Hard to Reach Groups <sup>(3)(5)</sup>	<b>LIVING WELL</b>  People with dementia can live normally in safe and accepting communities "I know that those around me and looking after me are supported" "I feel included as part of society" <b>STANDARDS:</b> Integrated Services <sup>(1)(3)(5)</sup> Supporting Carers <sup>(2)(4)(5)</sup> Carers Respite <sup>(2)</sup> Co-ordinated Care <sup>(1)(5)</sup> Promote independence <sup>(1)(4)</sup> Relationships <sup>(3)</sup> , Leisure <sup>(3)</sup> Safe Communities <sup>(3)(5)</sup>	<b>DYING WELL</b>  People living with dementia die with dignity in the place of their choosing "I am confident my end of life wishes will be respected" "I can expect a good death" <b>STANDARDS:</b> Palliative care and pain <sup>(1)(2)</sup> End of Life <sup>(4)</sup> Preferred Place of Death <sup>(5)</sup>
References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.				
<b>RESEARCHING WELL</b> <ul style="list-style-type: none"> <li>Research and innovation through patient and carer involvement, monitoring best-practice and using new technologies to influence change.</li> <li>Building a co-ordinated research strategy, utilising Academic &amp; Health Science Networks, the research and pharmaceutical industries.</li> </ul>				
<b>INTEGRATING WELL</b> <ul style="list-style-type: none"> <li>Work with Association of Directors of Adult Social Services, Local Government Association, Alzheimer's Society, Department of Health and Public Health England on co-commissioning strategies to provide an integrated service ensuring a seamless and integrated approach to the provision of care.</li> </ul>				
<b>COMMISSIONING WELL</b> <ul style="list-style-type: none"> <li>Develop person-centred commissioning guidance based on NICE guidelines, standards, and outcomes based evidence and best-practice.</li> <li>Agree minimum standard service specifications for agreed interventions, set business plans, mandate and map and allocate resources.</li> </ul>				
<b>TRAINING WELL</b> <ul style="list-style-type: none"> <li>Develop a training programme for all staff that work with people with dementia, whether in hospital, General Practice, care home or in the community.</li> <li>Develop training and awareness across communities and the wider public using Dementia Friends, Dementia Friendly Hospitals/Communities/Homes.</li> </ul>				
<b>MONITORING WELL</b> <ul style="list-style-type: none"> <li>Develop metrics to set &amp; achieve a national standard for Dementia services, identifying data sources and set 'profiled' ambitions for each.</li> <li>Use the Intensive Support Team to provide 'deep-dive' support and assistance for Commissioners to reduce variance and improve transformation.</li> </ul>				

Fig. 2. NHS England Transformation Framework – The Well Pathway for Dementia

### SUPPORTING WELL

*I am treated with dignity and respect and get support, which is best for my dementia and my life.*

Arts listings for DF Arts & Heritage Venues, early-stage dementia, for moderate dementia, for all stages

Arts 4 Dementia is designing arts packs by art form and dementia need for Dorset which memory advisors, surgeries and care services, who can furthermore use the "Find an event" facility on the A4D website by postcode to locate relevant arts opportunities for people in their care, as well as dementia-friendly arts and heritage sites of outstanding interest, especially helpful for those not wishing to join specific dementia groups.

### LIVING WELL

*I know that those looking after me are supported - I feel included as part of society.*

Arts for all stages of dementia and dementia-friendly venues

Most activities and events we list are for person and carer to experience together out in the community, run by inspirational arts workshop leaders, musicians, dancers, actors, artists and curators, trained to understand the challenges of dementia, participants' existing skills and how to engage their interest and provide an event or programme that is rewarding for all. (See pages 130-32).

## 7 Referral pathway to Dorset arts projects

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For many arts organisations, extending their participatory programmes for dementia - a potentially life-transforming service for which they will have raised funds for training and arts workshop leaders - reaching the ear of people coping at home with a new diagnosis, can be a challenge. A4D's objective is that when people learn that their brain is degenerating, they are directed to the power of arts as rehabilitation, as part of the toolkit given on diagnosis. *Reawakening Integrated* aimed to pilot the integration of artistic stimulation into The Well Pathway, through Dorset's Memory Gateway.

### 7.1 Dorset Memory Gateway

The Memory Gateway provides a partnership approach to meet people's health and social care needs, with Memory Support and Advisory Service provided by the Alzheimer's Society (AS), the Memory Assessment Service, provided by Dorset Healthcare University Foundation NHS Trust. As our arts projects were aimed for people with mild cognitive impairment as well as early-stage dementia, our flyers were emailed and delivered throughout the Gateway (except Step 4), with links to each arts project signposted on [www.arts4dementia.org.uk](http://www.arts4dementia.org.uk):

#### **DMG Step 1: Dementia Friendly Surgeries**

When experiencing memory worries, the first step is to visit a GP, who will carry out simple tests. Through the Ispace dementia-friendly GP surgeries website, a Wessex Academic Health Science Network initiative, we contacted dementia friendly surgeries close to each new arts project for early-stage dementia by telephone and email.

#### **DMG Step 2: Memory Support and Advisory Service (MSAS)**

For screening, advice and support, GPs refer patients to the MSAS, which provides support to families throughout the diagnosis process. NHS Dorset Clinical Commissioning Group (CCG) has commissioned AS to provide a single Dorset-wide MSAS. AS runs 29 groups across Dorset. Their peer support group facilitators disseminated flyers at meetings and memory cafes and their memory advisers recommended them to individuals as support. We also delivered arts project flyers to the local Age UK and Alderney Hospital for Bournemouth and Poole who provide memory advice and support.

#### **DMG Step 3: Memory Assessment Service (MAS)**

After initial screening, MSAS refers patients to MAS, which is run by Dorset Healthcare, for further tests at memory clinics, for assessment to ensure early diagnosis of dementia, if this is the problem, and treatment

## 7 Referral pathway to Dorset arts projects

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where appropriate to help flow down memory loss. After diagnosis, MAS refers patients back to MSAS, whose memory advisors support and signpost patients to other local support services, including arts opportunities.

### **DMG Step 4: Consultant Appointment for Diagnosis**

Although we did not notify consultants, NHS Dorset CCG was represented on the Reawakening steering committee by their Dementia Lead Dr Paul French, who affirmed in the arts project launch press release that “Starting Dementia Friendly arts activities at the point of diagnosis: could bring a new level of support to those living with dementia and also improve their symptoms and overall wellbeing”, informed colleagues by email.

### **DMG Step 5: Post Diagnostic Support**

AS memory advisors (MSAS), aware of the arts projects, visit people at home to discuss the diagnosis, answer questions and offer help and support and can be contacted at any time thereafter for guidance, support and information.

### **Dorset Dementia Partnership (DDP)**

DDP is a reference group, comprising organisations across health and social care, commissioners and people affected by dementia and carers. It informs the dementia programme led by NHS Dorset CCG and the local authorities and ensures the successful implementation of the dementia strategy by providing expertise, knowledge, experience and views. Some arts projects feature in DDP directories *Living Well with Dementia in Dorset Progress and Actions 2016-2018* and the *Living Well with Dementia and Memory Loss in Dorset* (2017). The Reawakening arts projects and others highlighted through our Reawakening festival (11, pages 105-6) were presented at a DDP quarterly group meeting, where members gather to identify and share good practice, generate and encourage innovative, effective and high quality initiatives leading to new ways of working and collaborating.

### **7.2 Wessex Dementia Timeline**

Through Lee Simmonds, Quality Improvement Lead (MHDN) Wessex Clinical Senate and Strategic Clinical Networks, NHS England South, the Wessex Dementia Timeline linked to our Reawakening programme.



## 7 Referral pathway to Dorset arts projects

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### 7.3 Adult Social Care, Dorset County Council

Dorset County Council (DCC) ([dorsetforyou.gov.uk](http://dorsetforyou.gov.uk)) provides and commissions early help and community services, supporting people and communities through prevention and intervention services, health and wellbeing newsletter accessible through Public Health Dorset.

Reawakening arts projects were signposted through

- **My Life My Care**, DCC's main resource ([mylifemycare.com](http://mylifemycare.com)), which in turn is referred to by
  - **Help and Care**, the health and social care charity ([helpandcare.org.uk](http://helpandcare.org.uk), commissioned by DCC and NHS Dorset CCG) to provide support and information to older people, their family and carers, in particular through their
    - **Partnership for Older People Programme (POPP)**, which signposts new services and developments to enhance older people's quality of life through their Wayfinder service and local Wayfinder champions.
  - **CRISP**, Carers' resource information and support service ([crispweb.org](http://crispweb.org)), whose Facebook signposted Reawakening.

### 7.4 Carers Groups

We contacted eleven carer support groups as well as the domiciliary care provider, PramaCARE whose textile programme for dementia was highlighted through our Reawakening festival.

### 7.5 Arts Networks

Reawakening arts projects and training days were marketed through the A4D website, the Arts Development Company newsletter, Artsreach (Dorchester), Bournemouth and District Association of Organists, Bournemouth Symphony Chorus Dorchester Arts, Dorset Arts Together, Dorset Association of Organists, Dorset Centre for the Creative Arts, libraries ([dorsetforyou.com](http://dorsetforyou.com)), The Lighthouse at Poole, Poole Arts Service Shaftesbury Arts Centre and Sherborne Artslink, Arts & Health South West, Visual Arts South West and our partner organisations Arts University Bournemouth, Dorset County Museum, Pavilion Dance South West, St Peter's Church Bournemouth and Bournemouth University. Faithworks marketed the church programme.

### 7.6 Local Press and Broadcasting

*The Echo, Dorset Magazine, Dorset Life, BBC Solent, BBC Radio 4 A Passion for Bach.*

## 7 Referral pathway to Dorset arts projects



Launching Reawakening arts projects in the *Daily Echo* (above left) , *Dorset Life* (centre) and “Dorset Cares” in *Dorset Magazine* (right)

### 7.8 Impact of current referral pathway to arts provision

It was clear at DDP meetings that participatory arts are seen to play a part in boosting brain function in people affected by dementia, that these are encouraged and in keeping with Dorset’s health and social care agenda for dementia.

However, despite visibility on key health and social care websites, arts networks and flyers distributed to individuals with dementia, referral to new arts opportunities for dementia remains a challenge. Gradually our arts programmes reached our target of six to eight participants with memory loss, and their companions, who engaged with alacrity, learned and revived skills and were happily astonished by their creative achievements.

But it should not be so difficult for them to hear about life-transforming programmes that can boost brain function and engage their interest, especially while awaiting or coping with a new diagnosis.

To address this need and achieve direction to artistic stimulation, A4D has commissioned Dr Trish Vella-Burrows to examine the current perceptions of health and social care personnel in Dorset and propose a regional framework to embed the arts into NHS England’s Well Pathway for Dementia, from the first moment a patient presents with memory worries.

*PART I: Rearwakening Integrated: Arts & Heritage: Framework to integrate arts into the dementia care pathway in Dorset: A feasibility study by Dr Trish Vella-Burrows*



Sidney De Haan  
Research Centre  
for Arts and  
Health

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*Starting dementia-friendly arts activities at the point of diagnosis could bring a new level of support to those living with dementia and also improve their symptoms and overall wellbeing.*

Dr Paul French, Dementia Lead, NHS Dorset CCG

This report documents an investigation into the feasibility of systematically embedding into the dementia care services specialised *Rearwakening Integrated: Arts & Heritage* (RIAH) practitioners and programmes that aim to complement, and even relieve some of the pressure, on existing dementia health and social care service providers, such as supporting prevention/delay and early referrals. The investigation has aimed to identify the potential and the challenges of integration and has culminated in a draft Framework for testing. The RIAH Framework proposes a series of interlocking processes that aim to achieve a sustainable regional integration model and to ultimately spread best-practice around the UK.

It is proposed that RIAH programmes will embrace the widest spectrum of creative activity, including the traditional visual, performance and literary arts and expanding to all inside and outside activities that engender creative thinking and/or activity. This includes, for example, crafts, heritage and wildlife walks, gardening and 60+ fit club.

## **F1 Taking Arts & Heritage activities to a new level**

Alongside evidence-based endorsements for re-orienting mainstream health and social care services to include the prescription of participatory arts (e.g., Bungay and Clift 2010; Clift, 2012), the recent All Party Parliamentary Group (APPG) on Arts, Health and Wellbeing's report, *Creative Wellbeing*, makes robust recommendations

## F1 Taking Arts & Heritage to a new level

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for embedding arts and cultural activities into public health, health promotion and health rehabilitation agendas. In the context of people with dementia, the report observes that arts should be an integral part of person- and community-centred care, and goes on to say:

The arts have a part to play in many aspects of dementia, from delaying its onset and diminishing its severity to improving quality of life for people with dementia and their carers (Gordon Nesbitt, 2017: 130).

Whilst historically, A&H activities for people with dementia have status as valuable recreation (excluding the psychodynamic therapy services, e.g. music/art therapy), more recent evidence provides greater insight into the scope of effect (e.g. Särkämö, Tervaniemi, Laitinen, et al., 2014).

The argument for embedding RIAH programmes into dementia care pathways is strengthened by:

- Better understanding of the link between cultural and creative arts engagement and brain health, emotional reactions, relationships and a wide range of attributes by which we value and define humanity, such as worth, rationality and self-consciousness;
- Better knowledge of brain degeneration in dementia and implications for targeted rehabilitation (Husain and Schott, 2016);
- Better knowledge of brain activity associated with happiness, reward, mindfulness and wellbeing (Kong, Hu, Wang, et al., 2015);
- The need to bridge a current gap in dementia care services in which is overlooked the well-documented human imperative to flourish through meaningful creativity (Wikström, 2004).

Studies across a wide range of creative interventions for people with dementia have shown improvements in: relaxation, anxiety, spiritual uplift, mood, happiness, pleasure and enjoyment, emotional wellbeing, independence, confidence, learning and achievement; alertness, cognition and memory, physical movement, motor skills and co-ordination, verbal and non-verbal interactions, social wellbeing, fellowship and bonding, and carer/cared-for relationships (e.g. Beard, 2011; Young, Camic and Tichler, 2016; Nyman and Szymczynska, 2016).

Increasingly, offers of group creative activity now include carers working alongside their cared-for (Camic, Williams and Meeton, 2011; Unadkat, Camic and Vella-Burrows, 2016). The value of sharing positive creative experiences highlights affirmative effects on carer/cared-for relationships, whilst simultaneously engendering for both parties a sense of worth, purpose and achievement, and better connection to their community.

## F2 The RIAH Framework

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### F2 The RIAH Framework

This integration Framework, which has been created in partnership with the charity Arts 4 Dementia<sup>2</sup> and the Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University,<sup>3</sup> creates a link between existing social cultural activity and dementia care service providers. Whilst the Framework has been developed with a focus on dementia care in Dorset, it is designed to up-scale to a national level.

The rationale of the Framework is the imperative need that on diagnosis, people affected by dementia must be access to information about a wide portfolio of potential management mechanisms that sit alongside clinical interventions to best manage their on-going journey.

The Framework centres on NHS England's Transformation Framework, The Well Pathway for Dementia (illustrated on page 20), which provides guidance for CCGs to work holistically with voluntary and third-sector partners to best support individuals and families affected by the condition. The first four of the Well Pathway's domains, preventing well, diagnosing well, supporting well and living well are focused on. The fifth domain, dying well, will be addressed separately at a later date because in the context of A&H, this stage is often supported by allied health professionals (art/music therapists), and less commonly within participatory community arts and heritage.

In addition to the Framework aligning to the four main domains of the Well Pathway, it also relates to the aims for researching well, integrating well, commissioning well, training well, and monitoring well.

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<sup>2</sup> [arts4dementia.org.uk](http://arts4dementia.org.uk).

<sup>3</sup> [canterbury.ac.uk/health-and-wellbeing/sidney-de-haan-research-centre/sidney-de-haan-research-centre.aspx](http://canterbury.ac.uk/health-and-wellbeing/sidney-de-haan-research-centre/sidney-de-haan-research-centre.aspx).

**Fig. 3. The Reawakening Arts and Heritage Integration Framework**

<b>Reawakening Integration: Arts and Heritage (RIAH) Integration Framework</b>			
<b>THE WELL PATHWAY FOR DEMENTIA</b>	<b>WHAT IS NEEDED</b>	<b>INHIBITORS</b>	<b>ACTIONS Existing /Proposed</b>
<p><b>PREVENTING WELL:</b></p> <p><b>Risk reduction / Awareness</b></p>	<p>Create multi-agency Arts for Health county fora</p> <p>Raise awareness of health promotion benefits of RIAH activities (physical, mental, cognitive, social) across all dementia services stakeholders.<sup>4</sup></p>	<p>Unclear buy-in/ guidance from strategic/regional organisations.</p> <p>Limited training/ health-practitioner time.</p> <p>Unaware of portals of information.</p> <p>Lack of information in public arena.</p>	<p>Engage with strategic organisations, e.g. PHE, APPGs for Arts Health<sup>5</sup> and Dementia<sup>6</sup> &amp; CCG dementia care partnerships.</p> <p>Upscale online accredited courses on Arts and Health for GPs/memory service staff.</p> <p>Integrate into existing training systems</p> <p>Online information repositories, &amp; partnership guidance e.g. A4D<sup>7</sup>, other Arts for Health orgs.</p> <p>Work with existing campaign initiatives, e.g. BBC's <i>Up for Arts</i>.</p>
<p><b>DIAGNOSING WELL</b></p> <p><b>Early intervention</b></p>	<p>Wide-spread dementia awareness &amp; RIAH-principles training for A&amp;H sector</p> <p>On-diagnosis emphasis on intensive self-help interventions alongside clinical management.</p>	<p>Inconsistent training opportunities nationally</p> <p>Low prioritisation of non-clinical interventions/ perceived lack of evidence-rigour</p> <p>Unaware of portals of information</p>	<p>National spread of dementia awareness (DA) programmes, e.g. Alzheimer's Society DA/Friends/Champions, A4D.</p> <p>Upscale A&amp;H organisations' focus; include RIAH-Principles Guide.<sup>8</sup></p> <p>Evidence excellence (see NESTA Standards of Evidence<sup>9</sup>). Expand on Cochrane Database protocols. Work with Health Science networks and academic communities (See SDH Centre repository for Arts and Health research).<sup>10</sup></p> <p>Online information repositories, e.g. A4D; other Arts for Health organisations.</p>
<p><b>SUPPORTING WELL:</b></p> <p><b>Access to high quality services</b></p>	<p>RIAH integration into dementia services</p> <p>Person-centred sign-posting to RIAH programmes</p> <p>Easy-access for people with dementia/carers</p>	<p>Inconsistent buy-in at CCG/GP level</p> <p>Poor sharing of personal needs Unclear referral systems</p> <p>Fear of 'unknown', few mentor systems</p>	<p>Integration process managed by RIAH coordinators. Refer to Age UK's Integrated Care process and A4D website.</p> <p>RIAH coordinators in GP/memory services (possible existing care co-ordinator personnel) Simple referral system.</p> <p>Deliver taster RIAH activities in partnership with A&amp;H sector.</p> <p>Coordinate RIAH volunteer befrienders</p>
<p><b>LIVING WELL:</b></p> <p><b>Living normally in safe/accepting communities</b></p>	<p>County-wide RIAH integration services.</p> <p>Good coordination &amp; quality assurance.</p> <p>Sustainable services.</p>	<p>Low buy-in from A&amp;H sector.</p> <p>Low uptake by people with dementia/carers.</p> <p>Unclear business model.</p>	<p>RIAH training guide/ongoing support e.g. A4D online training information portal</p> <p>Upscale information; <b>regular public engagement - view-seeking</b></p> <p>Refer to sustained social prescribing models<sup>11</sup> and upscaled arts &amp; health initiatives, e.g. AESOP's Dance to Health</p>

<sup>4</sup> 'Stake-holders' = health/social care/LAs, voluntary/charity sector, arts/cultural/heritage sector; general public

<sup>5</sup> [artshealthandwellbeing.org.uk/appg-inquiry/](http://artshealthandwellbeing.org.uk/appg-inquiry/)

<sup>6</sup> [file:///C:/Users/Trish/Downloads/APPG\\_on\\_Dementia\\_2016\\_Report.pdf](file:///C:/Users/Trish/Downloads/APPG_on_Dementia_2016_Report.pdf)

<sup>7</sup> [arts4dementia.org.uk/arts-events](http://arts4dementia.org.uk/arts-events)

<sup>8</sup> RIAH Principles Guide development in progress at Sidney De Haan Centre

<sup>9</sup> [nesta.org.uk/publications/nesta-standards-evidence](http://nesta.org.uk/publications/nesta-standards-evidence)

<sup>10</sup> [artshealthresources.org.uk/repository-search/?\\_sft\\_keywords=dementia](http://artshealthresources.org.uk/repository-search/?_sft_keywords=dementia)

<sup>11</sup> [artlift.org](http://artlift.org)

## F3 Drafting the Integration Framework

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The process of drafting the RIAH Integration Framework for Dorset has been informed by: the NHS England's Well Pathway for Dementia; the Government's 2016-17 national mandate for dementia; the structural organisation of dementia care services in the county; theoretical and practice models relating to activity and wellbeing, community engagement, personalised integrated care programming and dementia friendly communities; the push/pull argument for arts in health in which the arts community are currently developing participatory arts activities for health and attempting to engage with healthcare rather than pull coming from within; and the evidence base for cognitive stimulation therapy (CST).

In addition, 39 people who either have dementia or work or live with people with dementia, provided their perspectives on the feasibility, value and challenges of the proposed integration initiative.

The Well Pathway domains reflect the intended outcomes of the RIAH activities, which are in turn informed by research evidence on the benefits of participatory arts:

- **Preventing well** - e.g., engagement in participatory arts supports health and wellbeing in older age (Cohen, 2009; Cutler, 2009; Organ, 2013) and may preserve memory (Roberts, Cha, Mielke, et al., 2015)
- **Diagnosing well** - e.g. existing or new assessment models that observe dynamic musical improvisation/arts engagement as a tool for assessing psychological and social behaviour patterns and functioning (Glynn, 1992; York, 1994)
- **Living well** - e.g. supporting physical, mental, social and cognitive wellbeing (Young, et al., 2015; Camic, Tischler and Pearman, 2014)
- **Dying well** – (to be addressed at a later date) e.g. palliative care arts/music therapy (Aldridge, 2008).

Well-designed dementia-focused arts programmes could also support the priorities set out in the Government's 2016-17 national mandate for dementia:

- Maintain good levels of diagnosis by raising awareness/de-stigmatising dementia
- Improve provision and access to early intervention
- Support people to live well for as long as possible.

### F3.1 Dementia Services in Dorset

NHS Dorset CCG's Forward View Delivery Plan for primary care for 2017-18 and 2018-19 centres on a strategy document, "Our Dorset" Sustainability and Transformation Plan, which has as a priority a commitment to Integrated Primary and Community Services (NHS Dorset CCG, 2016). The Forward View plan states:

## F3.1 Dementia Services in Dorset

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We will work with groups of General Practices working at scale to improve access and implement new care models to meet local population need. We will ... increase supported self-care and seek to empower patients to be able to lead healthier lives (NHS Dorset CCG, 2016: 8).

For people with, or at risk of dementia, the Plan's mission to "reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups" resonates well with the RIAH integration proposal. The community-based RIAH programmes will be regular dementia-friendly and/or dementia-specific activities that are meaningful and sustainable and provide appropriate physical, cognitive and mental stimulation to help prevent/delay the onset of dementia and to support independence for as long as possible. Once mobilised fully, the RIAH programmes will apply to people at risk of dementia as well as those with a diagnosis. RIAH arts practitioners who work with older people should be trained to detect early signs of dementia and to work alongside memory service staff for referrals and best practice management strategies.

### **Proposals for the future**

Replicating their ongoing and detailed review of services for people with serious mental illness,<sup>12</sup> NHS Dorset CCG is in the processes of redesigning dementia services, which will culminate in autumn 2018. The process has enabled families affected by dementia to take centre-stage in identifying what works well and the current gaps in services.

An interim report on the qualitative findings of the review so far provides important information for the design of the draft model for RIAH integration. A total of 531 participants taking part in the review's public "view-seeking" methods offered a mixed range of comments on what currently works well and what needs attention. Around 26% of ideas for improving services relate to "a smoother process before and after diagnosis, aftercare". The subthemes centre on, for example, a single access service for clearer communication, information and education, consistent and personalised treatment and emotional support, and a variety of appropriate groups and activities (NHS Dorset CCG, NH2017). To this end, it is proposed that specifically trained RIAH practitioners will work within memory services to complement and enhance the services offered.

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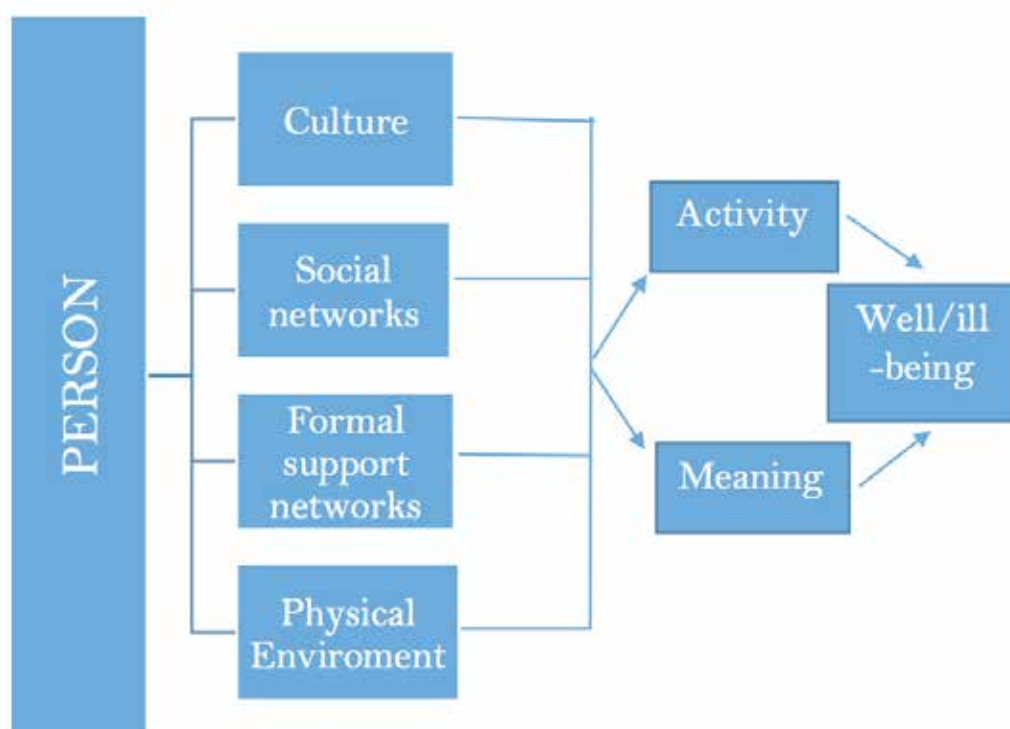
<sup>12</sup> See [mh.dorsetvision.nhs.uk](http://mh.dorsetvision.nhs.uk).



## F3.2 Theoretical models of engagement

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### Meaningful activity and wellbeing



**Fig. 4. Factors that underpin activity-driven well-/ill-being**

Sixsmith and Gibson (2007) provide a useful model of influencing factors relating to meaningful activity and wellbeing (Figure 4) that helps to rationalise services that include a wide spectrum of arts and heritage activities. The model places the attributes of an individual person – functional/cognitive ability and psychological factors – in prime position, followed by the attributes of context - culture, social/formal support networks and physical environment. These attributes dis/enable engagement in activities that have cultural and personal meaning, which in turn contribute to wellbeing. A break-down of any of the attributes, such as cognitive decline or isolation from social networks, can limit self-actuation of meaningful activities – a well-documented determinant of ill-health.

The intention of RIAH programmes is to draw into dementia care services as broad a scope of A&H activities as possible to appeal to the breadth of individuals therein.

## F3.2 Theoretical models of engagement

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### Community engagement and wellbeing

Complementing the ongoing work of Public Health England, the National Institute for Health and Care Excellence (NICE) provides guidelines on community engagement to plan, design and deliver health and wellbeing initiatives (NICE, 2016). The initiative aims to ensure that people in local communities can inform and influence decisions involving their statutory and voluntary sector organisation services.



**Fig. 5: Community engagement: improving health and wellbeing (NICE, 2016)**

Figure 5 shows the model produced by NICE (Quality Standard QS148) for mobilising collaborative networks for the effective sharing of ideas in which individuals from local communities identify health and wellbeing inequalities. The aim is to help health and local authority bodies identify and meet statutory obligations to best serve local people (NICE, 2016).

The two models above highlight the need for collaborative networks which centralise the people who need support. The RIAH draft model continues to be informed by a full as possible understanding of the inequalities faced by individuals in the context of their cultural and physical environment, and their ideas about how to address these.

## F3.3 Practice models

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Multi-partnered approaches to identifying the health and social care needs of people affected by dementia must underpin multidisciplinary approaches to delivering services. The proposed process of integrating RIAH programmes into dementia care services is informed by Age UK England's Personalised Integrated Care programme and social prescribing models.

### **Age UK integrated service model**

A pyramid of multi-agency collaboration with the patient/person at the top is the premise on which is built Age UK England's Personalised Integrated Care (PIC) programming.

The PIC programme brings together health, social care, voluntary services and the community to support older people with emerging or more complex needs, to enable longer, independent and meaningful lives. The system involves a flow of support that starts with the patient/person and an Age UK PIC co-ordinator who together interact with primary care health and social care staff.

The patient's/person's health risks and priorities are assessed and their programme of support is co-designed.<sup>13</sup>

Relevant to the proposed RIAH programme, the PIC wrap-around services also involve voluntary information and advice services and befriending and transport schemes.

An evaluation of the PIC model shows that looking after the holistic needs of older people can increase their wellbeing by 20%, reduce unplanned admissions into hospital by almost half (49%) and reduce social care costs by up to 8% (Age UK, 2016).

### **Social prescription models**

The growing interest in formally embedding A&H activities into health and wellbeing services is reflected by the increased examples of Arts for Health and Arts on Prescription initiatives across the country (e.g. Ings, Crane and Cameron, 2012; Wilson, 2015; e.g. Crone, O'Donnell, Tyson, et al., 2012). Examples of thriving arts in health services, such as the Bromely-by-Bow Centre, London<sup>14</sup> and ArtLift, Gloucester,<sup>15</sup> provide encouragement for the possibilities and for up-scaling integrated models of practice nationally.

This concept is allied closely to social prescribing as described by the Kings Fund, "... a means of enabling GPs, nurses and other primary

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<sup>13</sup> [ageuk.org.uk/professional-resources-home/services-and-practice/integrated-care/integrated-care-model](https://ageuk.org.uk/professional-resources-home/services-and-practice/integrated-care/integrated-care-model).

<sup>14</sup> [bbbc.org.uk/-social-prescribing-seminars-201](https://bbbc.org.uk/-social-prescribing-seminars-201).

<sup>15</sup> See [artlift.org](https://artlift.org).

## F3.3 Social prescription models

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care professionals to refer people to a range of local, non-clinical services” (Kings Fund, 2017). The practice recognises the importance of social, economic and environmental factors in addressing people’s needs in a holistic way and in their taking greater control over their health.

The proposed outcomes of social prescription projects relate frequently to the concept of flourishing as recognised in the “five ways to wellbeing” – take notice, connect, keep learning, take part, and give (Aked, 2008). Many existing A&H programmes, intentionally or unintentionally, nurture the “five ways” messages and these fit well with the RIAH principles of outcome.

### **Social Prescription Service in Dorset**

Run by Poole Wellbeing Collaborative, Poole Social Prescription Service aims to improve the health and wellbeing of people who are socially isolated, including those affected by dementia. They can be referred by a GP, friend, family or self-refer; and the service will direct them by telephone or through its web directory to social, engaging opportunities such as regular arts events. Suitable activities are sign-posted by the small team after consultations with referees. The model relates to the current escalation nationally of patient/person-led support programmes.

### F3.4 The role of A&H venues and organisations

In 2015, in his forward for a practice guide, *Becoming a Dementia Friendly Arts Venue*, Sir Peter Bazalgette, former Chair of Arts Council England, stated that everyone should be able to engage with the arts and be creative throughout their lifetime. He went on to say:

There are 850,000 people in the UK living with dementia and, for many of them, the arts will be fundamental to enabling them to live well with their condition (Allan, Brown, Camic, et al., 2015).

The guide acknowledges the centrality of arts and heritage venues and organisations within communities and includes example case studies, all of which emphasise the importance of public engagement and cross sector partnerships in planning and delivery activities.

Two other toolkits produced by Tunbridge Wells Museum and Arts Gallery and Canterbury Christ Church University<sup>16</sup> and Arts Council England,<sup>17</sup> which help arts organisations to design activities for people with dementia and to navigate changes to the way in which public services and local government commission arts and cultural projects, have also informed the formation of the RIAH draft model.

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<sup>16</sup> [museumsassociation.org/download?id=1150803](https://museumsassociation.org/download?id=1150803).

<sup>17</sup> [artscommissioningtoolkit.com/index.php/about](https://artscommissioningtoolkit.com/index.php/about).

## F3.5 An evidence base to underpin aims and outcomes of RIAH services

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Despite a rapidly rising advocacy for, and practice in arts for health, arguments against widespread embrace in health and social care services remains under debate. This is due frequently to the perceived lack of sufficiently robust quantitative research evidence, the gold standard of which is the randomised control trial (RCT).

In the current economic climate, services that have an established evidence base are more likely to induce public funds. The recent falls-prevention initiative, Dance to Health led by the charity AESOP (Arts Enterprise with Social Purpose), overcame this problem by designing dance for falls-prevention activities grounded in two evidence-based exercise programmes, FaME and Otago (AESOP, 2017).

Using this as a template, it is proposed that arts activities put forward as RIAH-suitable will need to demonstrate allegiance to the principles set out in *A Guide to Psychosocial Interventions in Early Stages of Dementia* produced by the British Psychological Society and the Faculty of Psychology of Older People. The principles aim to support people in the following ways:

- Coming to terms with a diagnosis of dementia.
- Maintaining social life and relationships after diagnosis.
- Reducing stress and improving mood, for example, feelings of worry, anxious, or depressed.
- Thinking and memory (cognitive function).
- Living independently.
- Quality of life - maintaining health and happiness, and control over your life.
- Support for your partner and family.

The intended outcomes aim to help people build confidence, feeling better about oneself, one's memory, and one's communication skills, be resourced with ideas about physical health and mental activity, have good and meaningful social opportunities, share with people in a similar situation, and feel better about one's overall quality of life. (Guss, Middleton, Beanland, et al. 2014).

It is proposed that arts organisations/venues and practitioners involved in delivering RIAH programmes must be familiar with mechanisms that engender these outcomes, including exploration, exchange of ideas, intellectual stimulation, making connections between self and the world, accessing long-term memories and fostering personal growth. They relate also to the principles set out by Museum of Modern Art (MoMA), New York in their Foundations for Engagement with Art for people

## F3.6 Stakeholder consultations

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with Alzheimer's<sup>18</sup> and, importantly, Cognitive Stimulation Therapy (CST), an evidence based post-diagnostic service recommended by NICE.<sup>19</sup> The principles underpinning RIAH programmes, mechanisms and intended outcomes will be outlined in a RIAH Practice Development Guide (under development by the SDH Centre).

### F3.6 Stakeholder consultations

Between September 2016 and July 2017, 39 people took part in email, telephone or in-person interviews or focus group discussions, 22 from Dorset and 15 from elsewhere who have specialist perspectives relative to the topic. The participants comprised five people with dementia; six carers; 10 health/social care professionals (five GPs, three senior CCG personnel, a community social worker, an Admiral nurse) and four voluntary/charity (VC) sector personnel who are involved in Memory Services and/or social prescribing; five health/academic researchers and two undergraduate students with an interest in this field; a Community Engagement Office for art gallery that delivers dementia-focused programmes, a Chief Executive from a leading Arts and Health charity; and five art practitioners.

#### F3.6.1 Key factors

##### Moral factors:

- The interviewees without exception, referred to the arts - with music and dance highlighted frequently - as likely to be effective in supporting the wellbeing of people affected by dementia (PAD) including family carers.
- The H&SC professionals and VC sector personnel tended to view arts as one opportunity in a portfolio of services that might support PAD, whilst the arts practitioners tended to advocate more strongly arts provision specifically, from diagnosis to end of life, e.g.:

*Art is the stuff of life. It breathes live into us. Actually, it's even more important for people with dementia from the very start. They hear music, sing and dance, even towards the end when they can't talk.* (Community arts practitioner)

- Among interviewees, levels of personal engagement in arts and heritage activities varied but a pattern - where low engager might prioritise less, provision of activities for PAD - was not evident.

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<sup>18</sup> [moma.org/meetme/practice/foundations#foundations\\_overview](https://moma.org/meetme/practice/foundations#foundations_overview).

<sup>19</sup> [nice.org.uk/guidance/cg42/chapter/1-guidance#interventions-for-cognitive-symptoms-and-maintenance-of-function-for-people-with-dementia](https://nice.org.uk/guidance/cg42/chapter/1-guidance#interventions-for-cognitive-symptoms-and-maintenance-of-function-for-people-with-dementia).

## F3.6 Stakeholder consultations

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Rather, among H&SC personnel, the weight of existing need-priorities appeared the main influencing factor to A&H prioritisation.

### Health and wellbeing factors:

- All interviewees supported patient/person-centred approaches to needs assessment and service provision.
- A Memory Service link worker explained that in her experience PAD are not generally signposted to non-clinical activities during clinical consultations, so there is currently a separation between the range of potential services.
- Some people affected by dementia expressed uncertainty as to what services might best benefit them, and concerns about access. Whilst lists of locally available services/activities were felt useful, unfamiliarity with activities and issues of confidence were thought to inhibit attendance in some cases, e.g.:

*You don't always know what you're going to. If someone says "This or that [service/activity] is running", you don't know what it's like and sometimes you don't want to pitch up with a whole load of strangers. (Person with dementia)*

- Referral processes were also raised:

*[Referring to Arts on Prescription programmes] In reality we get very, very few [referrals] directly from any clinicians. GPs are too busy. Even if there is a great relationship with them, they know of our work and support it, it's just not something upper most in their minds. We get most of our referrals from co-ordinators and link workers. (Art Gallery Community Engagement Manager)*

*If my doctor said "We want you to try dancing", I'd want to know why, what does it do – in the brain I mean – because it's obviously exercise for the body, which is good. I think people would go for it, if your doctor said so.' (Carer)*

- The health and social care (H&SC) professionals highlighted the need for evidence of value, which at least half felt is too weak currently to mobilise widespread commissioning, e.g.:

*There is an appetite for up-scaling arts and culture [into mainstream dementia care] but what is the theory of change? There is a need to evidence the therapeutic value. (Health researcher)*

- Two health professionals suggested a need for cultural challenges within the medical model, e.g.:

*Surgeries are almost totally medically focussed. On a scale of 1 to 10 – they are about 1.5 with arts and culture (NHS researcher).*

## F3.6 Stakeholder consultations

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*I suppose for GPs/health practitioners we will need to be much more specific about what this means. On the other hand, this is a great idea; and a stab at really embedding arts practitioners in dementia care could have national consequences (GP/Social Prescribing expert).*

- Wessex Academic Health Science Network (AHSN) funded an initiative, iSPACE, to help GP surgeries to become dementia-friendly.<sup>20</sup> One or two members of staff become Dementia Champions. A member of the AHSN team explained that the Champions' role is to access and feedback to their colleagues, information that will improve communication and support for PAD. While iSPACE web resource has provision for highlighting community activities, it is not its main purpose.

### Artistic factors:

- All interviewees believed that arts and heritage activities have value in communities and for PAD, e.g.:

*Creative practitioners have a serious role in supporting the wellbeing being of the nation. There is an argument then for embedding them specifically in memory services (Health researcher).*

- One arts practitioner pointed out that personal taste will determine uptake of A&H activities. The following conversation between arts practitioners showed that full potential may not be explored if easy-to-access taster or try-out activities are not available, e.g.:

*We see the difference it makes. Everyday I'm struck by the power of music, it connects us and validates us – and using it as a brain gym – and there's a real 'loving' community in what we do, everyone is 'held' and it seems like it should be prescribed for everyone. But we're in it, so we would think like that. It's obviously not for everyone. Some people wouldn't come; it just wouldn't interest them. (Community music practitioner)*

*Yes, that's true but sometimes people don't know how much they'll enjoy something if they've never been. They might not like the idea, but when they come they really enjoy it and then wouldn't miss it for the world. That happens a lot with carers (Community dance practitioner).*

- Many comments centred on the need for dementia-friendly activities as well as dementia-specific activities, the former felt to be important for keeping people in their communities and maintaining established activity-attendance for as long as possible.

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<sup>20</sup> [dementiapartnerships.com/project/ispace-supporting-dementia-friendly-gp-surgeries-in-wessex](https://dementiapartnerships.com/project/ispace-supporting-dementia-friendly-gp-surgeries-in-wessex).



## F3.6 Stakeholder consultations

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- A small number of comments raised the issue of arts offer credibility and quality assurance, for example:

*We have a directory and can signpost people to the most appropriate activities for them but we don't have control over the quality of the activities, and that's to do with available funding. It's up to the people who attend to decide if it appeals to them. (VC sector staff member).*

- Arts organisations or initiatives that are familiar to health professionals have usually built up a reputation based on good local practice, working with strong public and voluntary partnerships from planning stage, and showing consistent evaluation of their work. The following comment from a CCG staff member appears to be at odds with views that commissioning always centres on robust research evidence:

*Sometimes, not that often, but repeat commissioning is all about reputation. Sometimes when you look at it, the research evidence is sketchy but the service providers deliver consistently good quality services that hit the button for service users. (CCG commissioner).*

### **Business factors:**

- All of H&SC, VS sector staff and arts practitioners commented at some level on the challenge of funding and sustainability. This featured most strongly among the H&SC professionals, who also offered views on the need for economic evidence, e.g.:

*In an ideal world, we would be keeping people well, and well away from their GPs. And arts projects are important for a lot of health promotion initiatives and mental health. We know this, but the NHS are falling way behind on what's needed for sick people, so it's just not possible to fund both. (CCG commissioner).*

*There is a need to evidence economic impact. This should be possible through a systematic review of existing data. (Health researcher)*

- Partnership working and integrated care programmes were raised as essential for successful service application but comments highlighted the complexity of managing these, e. g.:

*We spend a lot of time and resources on finding the right partners and building a business case for working together. It's not straightforward and takes a lot of time. And they are constantly under review because priorities change all the time. (CCG commissioner)*

Tim Joss, Founder and Chief Executive of the charity AESOP (Arts Enterprise with a Social Purpose) explained the need for specific local model variations, based on multi-layered partnerships:

## F3.6 Stakeholder consultations

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*The whole area of integrated care is complicated. No one model will fit all. It's different in different places. You need by-in from top level people - Public Health England -, the CCG, frontline people who do the face-to-face work and, in this case, people with dementia.*

Tim Joss offered insight into a workable business model, such as that underpinning the national up-scaling of AESOP's Dance to Health programme <sup>21</sup>.

The model consists of two programmes:

- The “improvement programme” - which uses the evidence of two falls-prevention exercise programmes (on which the Dance to Health pilot programmes were designed) to determine the ‘dose’ of activity needed – in this case 50 hours over six months – which will be NHS commissioned services for people at risk of falling/further falls run in partnership with Dance to Health and voluntary/charity organisations.
- The “maintenance programme” – working in partnership with local partners and dance organisation, the Dance to Health ‘family’ will continue to provide services free from NHS funding. Social prescribing is likely to have a role at this stage.

Adopting the model described by Tim Joss, the RIAH initiative proposes long-term sustainability of A&H services for people throughout their dementia journey.

## F3.7 Concluding comments

This report highlights the benefits and challenges of integrating arts and heritage activities into dementia care services from pre-diagnosis (risk reduction) to the later stages of the condition. It indicates that for very little financial outlay, integration could occur within existing primary care and memory services, initially in Dorset.

Fairly straightforward information/awareness programmes on dementia and the RIAH principles for arts organisations/venues, and on the health and wellbeing benefits of arts and heritage for health and social care and voluntary and charity sector personnel, can be delivered, many within existing training systems. Arts 4 Dementia is providing vital activity in signposting to dementia-friendly and dementia-specific activities in Dorset and practitioner training/support information at a national level.

In final conclusion, there is a strong argument for encouraging people at risk of dementia and those navigating the condition (including carers) to take up quality-assured arts and heritage activities of their choice and to

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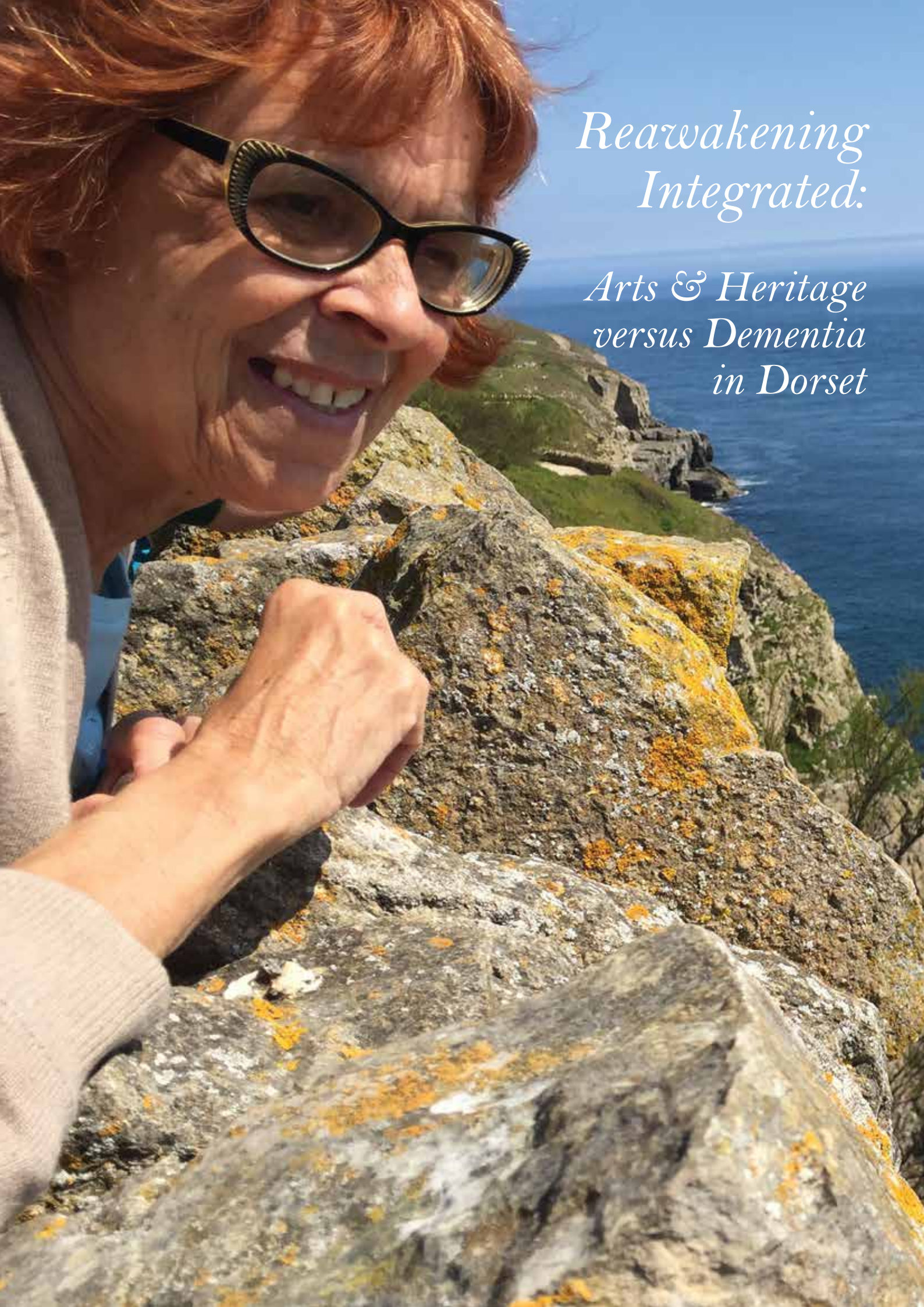
<sup>21</sup> [issuu.com/aesopartsandsociety/docs/aesop\\_final\\_e](https://issuu.com/aesopartsandsociety/docs/aesop_final_e).

## F3.7 Concluding comments

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test activities with which they are unfamiliar. This will maximise their potential for finding the most suitable support programme for delaying onset or disease progression and to improve their overall QOL and wellbeing over time.

The findings of this evaluation of *Reawakening Integrated: Arts and Heritage Programmes for People Affected by Dementia* aim to contribute to on-going work in Dorset, for example, the county's dementia review, the proposed piloting of processes in 2018-19, and to inform practice nationally. As an interim, no-cost first step recommendation, the findings of this report encourage GPs and memory service staff to consider signposting to arts and heritage information portals patients who present with memory problems before, or at the time of a formal diagnosis, alongside clinical interests.



*Rearwakening  
Integrated:*

*Arts & Heritage  
versus Dementia  
in Dorset*

## PART II Reawakening Integrated: Arts & Heritage versus Dementia in Dorset

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The life-transforming effects of A4D's *Reawakening the Mind* programmes at London arts venues since 2011 and *Music Reawakening* (2015) has led us to develop the programme to involve rural arts and heritage. Building on our partnership practice to re-energise and inspire people above symptoms of early-stage dementia through arts activity, we have chosen Dorset, with its rich national and local heritage, to develop a regional arts model. To bridge the gap in provision for those experiencing mild memory loss – without a dementia diagnosis – as well as for those in the early stages of dementia and their family carers, our Dorset programme comprised:

- Three early-stage dementia awareness training for arts facilitators (see **8** pages **44–45**), to inform
  - Four new re-energising weekly arts projects in Bournemouth and Dorchester, as regional models (see **9** pages **46–103**).
  - Two Arts Society (formerly NADFAS) lectures adapted for people experiencing mild memory loss, at Dorchester and Wimborne (see **10** page **104**).
  - New events and taster sessions for
- Dorset's first arts and heritage festival for dementia.

To raise awareness of existing arts opportunities for or suited to people affected by dementia, we created the Reawakening festival to encourage new arts programmes for dementia and to map events taking place around the county (see **11** pages **105–6**). These have now been uploaded to the new A4D website ([arts4dementia.org.uk](http://arts4dementia.org.uk)), which aligns with the Well Pathway, to signpost arts activities to help **Prevent** onset of dementia, as well as those suited to and especially designed to provide support for people in the early stages of dementia and also for those with moderate and more advanced dementia and carers.

Responding to Historic Royal Palaces' call for dementia-friendly heritage case studies, we launched the Dorset Dementia-Friendly (DF) Heritage initiative at Athelhampton House (see **12** page **107**). We continue to encourage this movement, as a natural and safe way to encourage families affected by dementia to continue to enjoy cultural visits without drawing attention to their condition.

*Reawakening Integrated* aligns with the national wellbeing agenda, defined by the What Works Centre for Wellbeing. While not ignoring the traumatic effects of dementia, we seek to help those affected to override symptoms, to reduce anxiety, increase optimism, confidence, self-esteem, sense of purpose, resilience, achievement, personal identity, creative skills and expression, sociability and make new connections.

## 8 Training

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Three A4D early-stage dementia awareness (ESDA) training days for arts providers around Dorset were delivered in partnership with Dementia Pathfinders and the Alzheimer's Society at

- Dorchester Town Hall (see **8.1** opposite).
- Arts University Bournemouth (see **8.2** opposite).
- Digby Memorial Church Hall, Sherborne (see **8.3** opposite).

The training days were designed for arts participation leaders, lecturers, arts managers, artists, dancers, animateurs, musicians, actors, arts workshop leaders, craftsmen and women, volunteers, all working creatively with people affected by early-stage dementia and their carers, and for organisational staff involved with learning, access, inclusion, community outreach, audience development and visitor services.

### Training Aims

- To give participants insight into the challenges people face as the various types of dementia set in, their communication needs, existing skills and how best to access these, so as to adapt individual arts practice to engage and maximise participants' interest in their programmes.
- To help organisations increase their impact in the community, through involvement with the Reawakening programme, festival and on-going arts programmes for dementia in Dorset.

### Content

The main body of ESDA, delivered by Dementia Pathfinders, covered

- How dementia differs from normal ageing.
- Main dementia types, including young onset dementia.
- Early signs, symptoms and treatments.
- Brain functions.
- Young onset dementia video featuring headmaster Keith Oliver, who at the age of 55 was diagnosed with Alzheimer's disease. Oliver describes his challenges and coping strategies.
- Components of communication, skills, challenges, analysis, understanding behaviours and changing needs of participants.

For DF arts venue guidance presented by the AS, see Appendix **1** page **113**. For arts workshop model for early-stage dementia, presented by A4D, see Appendix **2** pages **114-16**.

### Learning Outcomes

By the end of the day, participants, including all those involved in planned Reawakening projects and some wishing to set up new arts workshops for dementia, recognised:

## 8 Training

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- How the different dementia types impact on people's abilities and feelings in the early stages.
- Key communication approaches to engage their interest.
- How re-energising arts activity can override symptoms and that people affected by dementia can continue to develop artistic skills.
- Key access and signage adaptations for dementia.

### 8.1 Dorchester Town Hall, Thursday 26 January 2017

Hosted by Dorchester Arts, our first ESDA training day, delivered by Aubrey Maasdorp of Dementia Pathfinders, introduced DF arts venue guidance with AS Dorset Services Manager Joanna Malyon. VFG presented the A4D arts workshop model. The 23 participants included eight curatorial and learning staff and volunteers from Dorset County Museum, one from Russell Cotes Museum, three musicians, a NADFAS lecturer, a drama workshop leader, a librarian, five craftsmen and women, two arts and health practitioners and one student. All were involved with Reawakening programmes or planned taster events for the festival, except a student and a musician who runs a community orchestra and welcomes musicians with early-stage dementia.

### 8.2 Arts University Bournemouth, 4 March 2017

The second training day was hosted by Jonny Hoskins for AUB in preparation for the Reawakening drama project, as part of the BA Acting course. After Aubrey, Nicky Taylor, author of the *West Yorkshire Playhouse Guide to Dementia Friendly Performances* (2016), set the scene for course leaders. Participants included 15 BA students, a further drama lecturer, theatre producer, the Pavilion Dance South West project leaders, four community artists, a museum learning officer, two Bournemouth University students and an AUB arts marketing manager.

### 8.3 Digby Memorial Church Hall, Sherborne, 29 March

Hosted by Sherborne Abbey, the third training was set up to encourage new arts events across art forms in Dorset. Dementia Pathfinders' Wiltshire trainer Olivia McLennan presented ESDA guidance and AS Dorchester Dementia Action Alliance (DAA) Co-Ordinator Chris Matthews gave DF arts venue guidance. A recital in the abbey arranged by the Reverend Jane Shaw gave a sense of the inspirational cognitive effect of music in Dorset's cathedral church.

### 8.4 Dementia-Friendly Heritage launch, Athelhampton House, near Dorchester, 21 April (see 12 page 107)

To help create environments that empower people with dementia to engage with heritage, Chris Matthews followed a DF venue presentation with on-site access guidance in the house and grounds.

## 9 Weekly Arts Projects for People with Mild Memory Loss and Companions

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A4D set up four new eight-week partnership projects in Dorset and commissioned a NADFAS (now The Arts Society) lecturer to adapt the NADFAS format for dementia, interactive talks and tours to examine church art and architecture. At the request of AS, we aimed to fill the provision gap for people with mild cognitive impairment, as well as those experiencing early symptoms of dementia, and companions.

The weekly arts sessions were led by facilitators trained to override dementia symptoms, to inspire participants to engage their creative instincts, to stretch them slightly (not too much) to revive, develop and learn artistic skills joyfully together, maximising the experience for all, with or without dementia. Sessions are fascinating, fun and effective. Mindful of feelings of inertia or anxiety that dementia sometimes causes about leaving home, each weekly project sought to offer compelling interest, as well as social camaraderie, to engender a sense of involvement, purpose and achievement in the community.

For this regional arts guide for dementia, we chose to include a county museum model, a church model, a dance programme and an academic partnership project:

- Art workshops at Dorset County Museum in Dorchester, inspired by introductions led by director Dr Jon Murden and his curatorial team, with local artist Gillian Lacey. (9.1 pages 47-63).
- Choir and organ at St Peter's Church, Bournemouth, led by Gemma Dixon, soprano with Bournemouth Symphony Chorus (BSC) and organist Timothy Rice, with BSC befrienders joining the choir (9.2 pages 64-77).
- Intergenerational drama programme with BA students at Arts University Bournemouth led by Jon Nicholas (9.3 pages 81-92).
- Creative Dance at Pavilion Dance South West, led by Aimée Smith and neuro-physiotherapist Dr Sophie Hulbert (9.4 pages 93-103).

The two Arts Society lectures took place at Dorchester Town Hall and Wimborne Minster. (See 10 page 104).

### Film and photography

Projects were photographed throughout by iPhone, with one session of dance, drama and music professionally photographed by redManhattan photography. One session of each weekly project was to be filmed by Jonathan Haswell, assisted by script supervisor Gemma Dixon, to create a film for each Reawakening project and a longer Reawakening composite film, all downloadable through the A4D website ([arts4dementia.org.uk](http://arts4dementia.org.uk)).





# The County Museum

Art workshops  
inspired by specialist  
curatorial conversations  
in the galleries

*Art helps us access and express parts  
of ourselves that may otherwise  
be inexpressible.*

*It delivers nourishment for our soul  
and helps us make meaning from our lives.*

Grayson Perry

## 9.1 The County Museum

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### Dorset County Museum

[dorsetcountymuseum.org](http://dorsetcountymuseum.org)

Eight free weekly drawing workshops inspired by curator-led conversations in the galleries

Thursdays, 2-4 pm, 2 February – 18 March 2017

At Dorset County Museum, High West Street, Dorchester DT1 1XA

Over 200 million years of Dorset's history, from pre-history and the Jurassic Coast, to the Roman legacy, its living natural and agricultural history, writers – famously, Thomas Hardy (1840-1928) – to portraits of Dorset characters, costume collection, to the sculpture of Elisabeth Frink (1930-93), all encapsulate the essence of Dorset life, a rich cultural heritage, significant far beyond its boundaries. The Thomas Hardy Society is based at the museum, which is owned and managed by the Dorset Natural History and Archaeological Society, the museum holds free concerts, lectures and literary talks and runs a music society.

### The Aim

This weekly county museum project aimed to re-engage the interests of local residents and give them a range of opportunities to revive and develop artistic skills to help override symptoms of memory loss, restore sense of purpose and reconnect in the community; our aim through working with an artist and museum curators trained to understand their challenges, was to rekindle participants' interest in the museum, its collection and the wider heritage of the county.

### Creative Team

The Museum Director Dr Jon Murden, seven curators and educators, and one volunteer, opened each session with specialist highlights from the collection, liaised with local artist Gillian Lacey, who planned the art workshop around their chosen objects in the galleries. Gillian teaches anatomy and drawing. She is a trained nurse and had specialised in drawing and memory for her MA. A team photograph in the Dorset *Echo* and Dorset magazine articles attracted the interest of some participants.

## 9.1 The County Museum

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### Participants<sup>22</sup>

There were three teachers, an immigration consultant, a judge and a woman who had worked for Poole Borough Council. Three had mild cognitive impairment, one had AD, one early onset AD, one early onset fronto-temporal dementia; and there were two carers.

### Volunteer

Several curators came in a voluntary capacity and one volunteer, not in the curatorial team, gave well-informed talks and help during sessions.

### Arts 4 Dementia

VFG met each curator in the galleries to discuss the workshop structure and content plan. She greeted participants and observed each session.

### Evaluator

Dr Trish Vella-Burrows, SDH, Canterbury Christ Church University. (For summary of external evaluation, see Appendix 6 page 120).

### Curatorial Conversation and Art Workshop

Our recommendation to the curators was to select three objects or groupings, an aspect of which would inspire the resulting art session; and to give brief explanations about each object, so as to trigger interactive dialogue among participants and inspire the art workshop.

### Gallery Setting

Dorset County Museum was built in the Victorian Gothic style in 1884 by George Rackstraw Crickmay FRIBA (1830-1907), diocesan surveyor to the archdeaconry of Dorset. Thomas Hardy had worked as his assistant (1869-72). Participants looked, learned, exchanged ideas and drew in a variety of light airy galleries.

**Challenge:** The minor distraction of occasional visitors walking round the exhibits was outweighed by the advantage of creating artwork directly inspired by examples of special interest.

### Structure

Participants, welcomed at the museum reception, were directed to the relevant gallery for a 15-20 minute talk around three key objects. The artist, picking up the essence of each talk, segued naturally into the art workshop. Sketchbooks and a set of artists' pencils were given to each participant and supplemented by art materials brought by Gillian, who gave individual light-touch guidance as each chose a work to draw and

*It's a wonderful place.*

*Miles better than a community hall.*

*It helps rekindle interest.*

*It gives one inspiration*

*Carer, I thought it made it very special.*

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<sup>22</sup> All participants with dementia, in this report, are retired.

## 9.1 The County Museum

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sat in front of it – or made light sketches of several. The museum also provided colour reproductions of the objects. Evaluation took place over refreshments in the galleries.

### 1) Jon Murden, Introduction to Dorset County Museum: Portraits of three characters to set the context, followed by portrait workshop in the bright, spacious Victorian Hall:

With red cast-iron arches inspired by the Great Exhibition of 1851 and International Exhibition of 1862 and mosaic floors from nearby Roman town houses, the gallery is an inspiring space, showcasing objects representing the domestic, working and public lives and culture of the people of Dorset, which participants explored before the session began.

#### **John Thorne, *William Barnes* (1845)**

William Barnes (1801-86), a poet, vicar, antiquarian and master of the Dorset dialect, founded the museum, together with the inventor and preacher, Henry Moule (1801-80). He spoke over 70 languages and was mentor to Thomas Hardy. Highly influential in the county, Barnes organised a pressure group, a conservation group and forced the engineer Isambard Kingdom Brunel (1806-59) to divert his railway line which would otherwise have destroyed the neolithic Maumbury Rings and Bronze Age hill fort at Poundbury. This resulted in Dorchester's two railway stations, rather than one.

This picture was painted with an eye to Victorian progress in the county town of Dorchester, where the museum was acquiring objects uncovered during engineering works. Yet Barnes, recently married without his parents' approval, was clearly short of funds and had chosen a jobbing artist to paint his portrait. Participants study the line on the canvas, which suggests that his portrait has been painted over another picture, and at the symbolic elements, a Greek book showing his interest in language and the telescope in science.

#### **British School, *George Jeffreys*, u.d.**

Judge Jeffreys (1644-89), the "Hanging Judge" behind the "Bloody Assizes" in Dorchester after the Monmouth Rebellion, had a dark impact on the town. The courtroom where his trials led to the execution of 74 rebels, was the museum's original home. Participants ask where exactly the courtroom was – it is just across the road, a Prezzo restaurant. Among them there is retired judge. They ask him whether the wig and robe has changed much since 1685. He explains that both are different now. Judges' wigs today are of grey horsehair and robes generally black, unlike the brown wig and red robe of Judge Jeffreys, who was appointed Lord Chancellor that year. He was aged 41 at the time of the Assizes. "Amazing that he wasn't killed," exclaims a participant. Judge Jeffreys died in the Tower of London four years later.

## 9.1 The County Museum

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**George Romney, *Thomas Rackett*, 1768.** Thomas Rackett (1757-1841), depicted in red in an early portrait by Romney, is seen as a precocious teenager already collecting botanical specimens. He donated his natural history and shell collection to the museum, placing Dorset at the centre of research into the earth sciences and archaeology in 18c and 19c. Participants are fascinated by the implement in his right hand. Rackett, used to recite Shakespeare – is this evident? Easier to identify are dents in the canvas caused by footballs at the family house.

Continuing the subject of symbolism in portraiture, Gillian guides participants to a nearby table, where she has laid out art materials, coloured pencils, charcoal, and asks them to draw self-portraits, of faces only and to include personal symbols. As an example, she produces her own self-portrait, a pencil sketch holding a glass of wine, and a book as she enjoys reading. She reinforces their ideas, demonstrates proportion, how to draw eyes, the pupil, the use of shadow down the side of the nose and lips, smudging with the thumb to soften.



A former teacher and experienced artist, who has mild cognitive impairment and has travelled from Bridport, focuses less on the face than the collage of her life and interests. The judge explores his wrinkles, which, under Gillian's guidance, he softens with his fingertips and was encouraged to include his wig. A former immigration consultant uses Gillian's mirror as reference for his self-portrait (He and his wife can be seen with their artwork that day on page 61).

### 2) Roman Mosaics, with Helen Sargeant, Head of the Collections, followed by mosaic workshop

The Roman town of Durnovaria lies beneath Dorchester. Grand mosaic floors made from stone from Purbeck quarries and Jurassic limestone were the pride and joy of its wealthy inhabitants. The fourth century Dorset style is recognisable for sea-serpents and sea-snakes at each

## 9.1 The County Museum



corner, Roman gods and goddesses and dolphins from the coast, with interwoven guilloche borders. Usually mosaics are unsigned, but a rare signature, of a fruit and leaf (left, top corner) intrigues participants. The colour palette is limited to white, black grey and red (haematite), which stands out. Shiny Purbeck marble was also used for church

balustrades and the steps at Corfe Castle. Bringing the scene to life, Helen explains how villa owners used to recline around the outer edge, eating grapes, showing off their luxurious new designs to guests. Plain terracotta tesserae (mosaic tiles) would have been covered by furniture.

A smaller second century mosaic floor, of finer tesserae laid onto lime water, the colours including raw sienna and blue, features Neptune heads, heart and pomegranates. Each flower is different. Helen explains how the Romans used thumbs for inches, and feet. The mosaics, exposed during early 20c building excavations, were brought to the museum preserved by sticky tar overlaid with paper, rolled up like carpets.

*It was interesting, the actual making of it.*

*I did enjoy it. I was always keen on history at school.*

*It reminded me of a lot that I knew about Hardy, about his books. It brought back a lot of memories of reading Hardy. I found it very interesting.*

*I enjoyed the feeling of the context of Hardy.*

*I was very interested to hear about his second wife disapproving of his attitude to sexuality in Tess - she must have been appalled by his books.*

*It encouraged me to reread the Hardy books.*

### 3) Thomas Hardy, Novelist and Poet (1840-1926) and *Far From the Madding Crowd*. With Helen Gibson, Curator of the Hardy collection and archive, in front of his reconstructed study.

Helen introduces Thomas Hardy's study at Max Gate the house at Dorchester designed by the novelist in 1885: his desk, his grandfather's cello, two violins, his Cambridge doctoral gown, books, and handwritten poems. *Far from the Madding Crowd* (1874) marked the turning point

that enabled 34-year-old Hardy to marry Emma Lavinia, give up his architectural work and become a full-time writer. Helen circulates illustrations by Helen Allingham (originals are in the gallery) and reads extracts from *Far From the Madding Crowd*, bringing alive the Dorset countryside and memories of the film. Participants listen with keen interest, two having taught



Hardy themselves, another taking notes. All enjoy looking round the gallery afterwards with Helen, discussing the first editions of the novel, Hardy's handwriting, his pens, watercolours and objets d'art.

## 9.1 The County Museum

Gillian distributes copies of William Strang's 1920 portrait of Hardy and Helen plays the film music as inspiration for the art workshop. One participant, never previously confident at drawing, is encouraged to draw a nineteenth-century Hardy dress. Participants continue to work on their artwork in their sketchbooks during the week.

### 4) Natural History and Taxidermy in the Victorian Gallery, with Terry Riggs

The common sturgeon, one of the largest fish ever to be caught in an English river using a fishing rod, hung above participants heads. Nearly three metres long, this fish had been caught in 1911 by Major Charles Radclyffe of Bere Regis, in the River Frome at Bindon Mill. Terry explains that far from being fierce, this gentle creature had softish lips and would scoop up shellfish and small larvae from the mud, swimming quite close to land. Participants were highly engaged, asking questions throughout this session. One began to recite, "Caviar comes from virgin sturgeon", another, laughing, completing it.



*We enjoyed learning about the sturgeon and the bustard because they are fairly local*

*Caviar comes from virgin sturgeon;*

*Virgin sturgeon's a very fine fish.*

*Virgin sturgeon needs no urgin':*

*That's why caviar is my dish.*



The art of taxidermy preserved this great bustard, the heaviest flying animal, had lived on Dorset's open grasslands. Due to hunting and habitat change, the species became extinct in Britain in the 1840s, but continued to thrive in Europe and Asia. In 2004, the great bustard was re-introduced

*I was very interested in the history of these stuffed birds. I like being reunited with the bustard because I remember reading about them - my daughter claimed she had seen one on the way to Warminster.*

into Britain through Russian eggs, slightly different, and is now breeding on Ministry of Defence heath and grassland on Salisbury Plain, some wintering on the Dorset coast. The great bustard's white neck feathers can grow with age, up to 15cm long, suggesting that this one must have been about three years of age. Lying beside the bustard were bird skins of viridian green and cobalt blue collected by the naturalist Alfred Russel Wallace (1823-1913) in the Malay Archipelago (1854-55), important in both developing his theory of natural selection, and influential to Charles Darwin (1809-82) – a first edition of *The*

## 9.1 The County Museum

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*Origin of Species* (1859) is displayed above the skins. The iridescent plumage sparked thoughts of the variety of dialect sounds made by the starlings.

Offered pencil, charcoal, watercolours and pastels for the art session and to focus on proportion of their chosen creature. All chose pastels and most drew from the bustard, one was interested in the textures, another in the patterns of the feathers, and a less confident participant chose to draw a different, rather splendid fish. For home practice, as well as natural history reproductions, Gillian gives notes on skin-tones.

*I was very interested in seeing the wagon and farm equipment because I have farming antecedents.*

*Working with these tools – however careful you were – there must have been accidents. You lose precious stuff, or a wheel came off. I imagine it was extremely hard work in the early nineteenth century. It's done very well to survive.*

*Very interesting indeed. I loved it. You could see the man working there and you could visualize how it was all going on.*

*Terry's personal involvement, someone who has had a great deal to do with farming – that fascination carries through.*

*Specifically today, the talks were very good. I was just interested.*

*It's much better having stuff pointed out to you, instead of walking past!*

### 5) Rural Dorset with Terry Riggs

A late Victorian Dorset bow wagon, made at Yetminster, once stored in a cart shed at Moreton, dominates a captivating rural display. It was specially designed to be able to handle the Dorset hills. Deceptively lightly built to be pulled by a horse, the wagon had chains to serve as a break, to steady the back wheels. It would have transported lighter goods up to the mill, wheat or barley draped up over the sides, rather than loads of heavy farmyard manure.



Participants asked about all aspects of the wagon, the wheels, far apart to stop the wagon tipping up, the axels close together, secured by shock absorbers to ensure the front wheels could turn to follow the horse along rough tracks and flints, with the farmer walking beside it. Did it carry humans, a village school outing perhaps? No, this was a farm wagon only used for practical purposes, helping to turn the hay or potato picking. A participant's husband did just that in the 50s-60s. Implements in and around the wagon triggered talk of strong muscled farmers: a milkmaid's yoke, milk churns from the sixties and cheese-making, a Blandford cheese press with embossed and painted decoration, a cheese rake for cutting through curd – a honey separator, a man trap to snare poachers, butter churn, pitch forks, traction engine stoking shovel, thatcher's fork, eel spear, hay rake and needle, potato hoe, turf cutter, scythe, bushel weights, horse-hand measure, a root chopper for turnips, a seed fiddle for casting, the man-powered seed drill and hopper, corn and dairy sieve, a plough and cart anchor.

The bronze plaque by the sculptor Carlo Marochetti, behind Terry brings alive *The Siege of Corfe Castle* (1805-27), once owned by the Bankes family of Kingston Lacy. Corfe Castle stands high on its hill, as



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the gateway to the Isle of Purbeck. Home to kings dating back to Saxon times, Corfe Castle, owned in the seventeenth century by Sir John Bankes, Lord Chief Justice, is depicted here complete, not yet a ruin, but on fire. During the English Civil War, Sir John's heroic

wife Mary had held the castle for Charles I against an earlier siege, but in this second siege of 1645, the castle, one of the last remaining Royalist strongholds, is being lost to the Roundheads, who are seen surrounding the castle, scaling its walls and loading cannon. Cavaliers are at the gate.

After a breathless interactive introduction, Terry leads participants to tables for the art workshop, where he shows a painting of a Dorset bow wagon by the English landscape artist and illustrator, Frederic Whitehead (1853-1938), painted in the realist style encouraged by Hardy. Interestingly, as participants were not in front of the actual wagon - no space in front of the marvellous display - talk generated maximum interest and the art this week was more of a challenge. Participants were tasked to draw the bow wagon either in context to a surrounding or as an object.

### 6) Geology and the Jurassic Age with Dr Jenny Cripps, head of collections in the Jurassic Gallery

A 140 million-year-old petrified tree from Portland on the museum staircase, with a nearby artistic representation of an ancient forest in which such plants lived, opened the geology session on objects from Dorset's natural UNESCO World Heritage Site, the Jurassic Coast. Walking up past a painting of Dorset quarrymen by Alfred Palmer (1877-1951), a pupil of John Singer Sargent, Jenny enlivened the scene as the group entered the Jurassic Coast Gallery of fossils. Here, Jenny outlined geological time in the Mesozoic Era, the types of environment, how they evolved and what organisms they supported.

**The Triassic Period (250-200 million years ago)** saw the evolution of dinosaurs and coniferous plants, red sandstone, too dry to preserve many animals or plants - there is a model of a rhynchosaur, a mid-Triassic reptile. Towards the end of the period, the continental sea shelf started flooding the land.

*Working on the cart painstakingly.*

*Are there similar plants living today? Cypress trees.*

*How do you measure 150 million years? By radiogenic isotope.*

*Could you walk overland to the Isle of Wight? Sometimes, when the sea level dropped.*

*We lived in Portland, where we learned at the museum about what had been found along the Jurassic coast. With our children we used to go scavenging and hope to find things.*

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### The Jurassic Period (200-140m)

The sea became deeper, teaming with marine reptiles, dolphin-like ichthyosaurs - the fossil (detail right: 92m, Lyme Regis) - plesiosaurs and crocodiles, whose strong jaw and scale structure has changed little over hundreds of millions of years. Oysters, too are recognisable but the coiled



ammonites fell into extinction after the Cretaceous Period. A huge pliosaur skull (left: 155m, Weymouth Bay) dominates the gallery, its jaws over two metres long, the most powerful of any animal in the world. It took eighteen months to remove the skull from the rock. Participants learned that the University of Southampton had scanned the fossil and learned that the holes on the snout were likely to have provided a route for messages to the brain about nearby prey.



### The Cretaceous Period (140-65m)

Three-toed dinosaur tracks in rocks (right, 142m, Swanage) very likely of an iguanadon, together with a dinosaur footbone (140m, Purbeck Limestone, Isle of Portland, Crown Estate) supply evidence of



international importance. The Swanage Snapper (left, 140m), the skull of a crocodile, is seen beside the skull of freshwater turtle, upon such it may have preyed in Swanage. Such was participant interest in this session that it extended into the time for drawing. The museum pays tribute to the world-famous fossil-hunter of Lyme Regis, Mary Anning (1799-1847) and displays samples of Purbeck stone (138m), used after the 1666 Great Fire of London and Portland limestone (143m), chosen by Sir Christopher Wren to rebuild St Paul's Cathedral. With the accent on drama, the pliosaur was a popular subject, followed by the snapper and fine scaled fish.

*I particularly like that you get up close and personal with the early discoveries. Meeting up with long deceased animals.*

*It was a reminder of my childhood – we used to be taken out to the Natural History Museum*

*This one is the most fascinating one so far!*

*I think we need more time to get on with our drawing - I love drawing.*

*I quite like having some focus that makes me get out and go out – not just for a quick nip to the shops.*

*Carer, It's very different because we haven't done anything to do with sculpture before. It's manmade, not dug up and has it's own special qualities*

## 9.1 The County Museum

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7) Comparing portrait sculpture of two Dorset women, each talk followed by a drawing session in the Victorian Hall:

**Elizabeth Muntz, (1894–1977)**  
introduced by **Carol Graham, now researching the Muntz Collection**

Born in Canada, Elizabeth Muntz trained in Paris and moved to London in the early 1920s. There she was apprenticed to the sculptor Frank Dobson RA (1888–1963) and exhibited with the London Group and the Seven and Five Society with John Nash and Barbara Hepworth. She was a friend of Eric Kennington, who sculpted Hardy's statue in Dorchester, and was godmother to Kennington's children. Her early sculpture shows the influence of Dobson and of French sculptors.



Carol shows each piece with photos of the sculptor and her work. The first is of the two godchildren, with the photo of Muntz modelling the maquette in 1930, the year Elisabeth Frink was born.

In 1924 Elizabeth Muntz moved to Dorset, to join a vibrant community of artists and writers at Chaldon Herring. She bought a row of three cottages from the Weld family's Lulworth estate, converted two cottages into a studio, where she ran workshops. She lived with her sister Hope, a historical novelist, for the rest of her life. It was here at Apple Tree Cottage that she modelled the terracotta bust of her French lover André Bonnamy (1898–1979) and of Hope, closer to the style of Jacob Epstein (1880–1959) than of Dobson. Muntz also painted and was a fine letterer, the first woman freeman of The Ancient Order of Purbeck Marblers and Stone Cutters and a founder member of the Guild of Memorial Craftsmen. Participants each sketch several Muntz pieces.

**Dame Elisabeth Frink CH DBE RA (1930–93), with David James, curator of fine arts.**

Born in Suffolk, Elisabeth Frink attended Guildford School of Art in Surrey and the Chelsea School of Art in London and had her first major exhibition at the Beaux Arts Gallery in London at the age of 22. Famous for her animal sculpture, Frink achieved her first sale to the Tate, *Bird* in 1953 at the age of 23. She lived in Dorset for the last fifteen years of her life. Her studio, which now houses her estate, is at Woolland in North Dorset. David discusses a single, monumental bronze bust *Tribute*, one of 60 such heads. Unlike Muntz who aimed to represent real people in sculpture, Frink was not interested in identifiable features.

*It was very interesting, quite inspiring to hear Carol's research on Muntz.*

*We drew quite a few of them. I did the godchildren, the family on the plinth.*

*They gave a good summary in a short time. The talk about Elisabeth Frink linked us to the outside.*

## 9.1 The County Museum

*I like his head where his hair should have been. That looks as though he has been beaten about the head. He's very tight lipped. Tight-lipped shutting out the nasty bits he's gone through.*

*It is quite interesting the representations of injury, presumably from torture or malnutrition, poor diet, skin complaints. It looks as though it is meant to be scouring, as a result of direct action on his suffering. It is interesting the way it catches the light as opposed to the dark.*

*Look you can see the weave of the plaster of Paris cloth.*

*You can see the infliction of pain and different types of torture to make him like that.*

*And maids come forth sprig-muslin drest. (Thomas Hardy, "Weathers", line 7)*

*My mother had a corset with dinging bells.*

*That was magical!*



year Frink became a Royal Academician. There is a *Walking Madonna* (1981) in Salisbury, but her sculpture tended to be of men, of suffering. Her heads have the Roman nose and strong jaw of her own face, as in *Tribute*.

Frink's method was to cover a wire armature with plaster of Paris, which she then carved and converted into bronze. Towards the end of her life, she began to paint bronzes in vivid colours. David shows an image of the more sinister *Goggle Head*, where Frink polished the bronze to give the effect of sunglasses, the face of someone who is not suffering, but has caused suffering. While exhibiting around the world, Frink designed work for Dorset. David ends with her magazine cover of a running man and musical instruments, against the county background, to advertise the Dorset Music Festival. All draw *Tribute*, making subtle, expressive use of Gillian's shading guidance.

### 8) Costume with Lucy Johnston, Head of Textiles. Drawing workshop in the Hardy Gallery.

#### **Sprigged muslin dress (late 1840s).**

This is the Sunday best dress worn, patched and loved by Jemima Hardy, the novelist's mother, an upper working class woman. The group is intrigued by the corset she wore with it. Lucy shows a photograph of Jemima with her son, identified not as Thomas, as formerly believed, but as Henry, due to the datable style of her dress. Hardy used inspiration for dress in his writing, describing the textures of fabrics, "the airy fullness" of Tess' muslin gown in *Tess of the D'Urbervilles* (1892) and of the insects trapped underneath the dresses of the dairymaids – like an aviary – as they were rescued from muddy water by Angel.



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### Red silk bustle dress, 1880s

Katherine Hardy, the novelist's unmarried sister, a teacher, would have been measured up for this luxurious, fashionable dress at George Dixon & Jameson in Dorchester. Kate, who was involved in preserving the Hardy Collection for the museum, wore the dress in her thirties, on special occasions. Lucy quotes letters from Kate, one thanking for the gloves, which look well with the dress; the other letter regretting she had no-one to wear it for. She had taught at Sandford Orcas. Hearing how Hardy based his last novel *Jude the Obscure* (1895) on her college

experience resonated with teachers in the group. In his lectures, Hardy talked of the use of silk to evoke feelings. He described the silk dress worn by Tess after she had murdered Alex, brushing the banister.

Lucy brings out a museum handling collection of kid gloves, a buttoned black velvet top the same date as the silk dress, with whalebones and the label "Mrs Pearce / Court Dressmaker" sewn inside and a range of buttons, notably the Dorset woven wheel design. She invites the group to identify the tiny horseshoe she found in her garden – for a goat perhaps? It would have been fixed to the sole of a hobnailed boot – Hardy wrote about them clinking over the cobbles. The smock she passes round in the style featured in Hardy's novels, so that participants can examine the smocking technique, reminds participants of smocking at school. There is much to draw.



*I've got a lovely dress, but I've got nobody to meet.*  
(Katherine Hardy)

*What hat would she have worn with that dress – A little chimneypot perched on the back of the head.*

*Feeling the kid gloves is beautiful, isn't it!*

*There are seventeen buttons to do up!*

### At Home

To keep up the artistic engagement at home between sessions and after project is over, A4D supplied a sketchbook and art pencils, and the artist liaised with museum staff to provide colour reproductions for reference, to enable participants to continue to develop their drawings and create more art at home, to maximise the creative inspiration.

## 9.1 The County Museum

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### Participants' Responses

#### CONNECT

"I'm more confident in my art than I was three or four weeks ago."

"I enjoyed the historical context."

"Just being here, seeing them. It's all stuff I didn't know before. It's all new, lovely."

#### BE ACTIVE

"The terrible anticipation that I was going to have to draw, because I have had awful struggles in the past – It is the doing it that is more important, because you are actually producing."

Carer: "The biggest difficulty is boredom; and this is stimulating."

"It has to be creative together because I'm not very creative."

Carer: "The big plus is that he looks forward to coming – that's a very big plus for him. It's motivation, that's what it's all about."

#### TAKE NOTICE

"The historical aspect and visual element are of equal interest."

"I liked seeing objects at the museum that I didn't realise were here."

"I'm surprised the extent I found it (Hardy) interesting because of my levels of concentration skills and taking things in. I managed to remember, which is quite an achievement."

"I think about the use of shadow, in particular. She was very helpful."

#### KEEP LEARNING

"Well, I'm not as traumatised as I used to be. I am quite happy to work away – you have to try things like this."

"It's an opportunity to keep on learning."

"Each one I have learned something that I've kept."

"I like being left to work it out once I have been guided there. I like recreating what I used to be able to do. I have been quite a good artist in the past. I do negative shapes and positive shapes and I work it out."

Carer: "I love the talk and the art, once we get into it and the instruction we get with it, so all pretty perfect."

Carer: "I liked the general talk from the curator because it was interesting, new and educational."

## 9.1 The County Museum

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### GIVE

“My son and daughter-in-law are interested. They didn’t know about Frink. I found myself going on at them with considerable detail about what we are doing. I’m quite pleased.”

The museum staff, provided free refreshments to participants at the end of each session, enabling them to finish their drawings and answer feedback questions in a relaxed manner.

### CASE STUDY

#### Mickey and Gilly

A retired immigration consultant with early onset Alzheimer’s, Mickey is a keen participant in the curatorial conversations, fascinated to learn each time. For him the art is secondary. He is highly intelligent; enjoys the camaraderie, but drawing is new to him and his wife Gilly, a nurse, had to press him to take part. He devotes considerable attention to his artwork at first, and with the artist, sees it through, claiming to enjoy the experience. Thanks to the artist’s guidance, especially with regard to shading, he finishes the course feeling that he has learned to draw. He and Gilly work separately on their art. She has craft skills and on discovering the use of Conti crayons and charcoal develops her art from the first. Both are inspired by the museum and the opportunity to draw in the galleries and appreciated the learning experience. Gilly is keen to read Hardy. Each session has a special resonance, a new look at the history of their county, how people lived and how hard they worked.

One of their challenges with Alzheimer’s is coping with inertia. The project encourages Mickey to make preparatory notes and stimulates him. Gilly finds the art classes “a complete learning curve”. The artist has given her notes on skin tones to take home. In her sketchbook, she makes notes too on the context of each drawing. Continuing to learn, meeting others with dementia at the museum has been a positive experience for both. Mickey has become more confident through his creative achievement. “That’s 100% taught – and lovely.”



*Mickey, It was new to me. I had to be pushed. I enjoyed it very much. This was the first time I’ve done this sort of thing.*

*Gilly, We’re country people. We’re naturally interested. It is fascinating history. How hard they worked in those days. It makes you think.*

*Gilly, The whole scheme is so good, interesting, pleasant, friendly and stimulating.*

*Mickey, We were both doing our own thing, doing something different together, something positive.*

## 9.1 The County Museum

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### Arts Team

#### Reflections

##### **Dr Jon Murden, Director, Dorset County Museum :**

- We are delighted to have extended our learning programme to welcome people experiencing memory loss.

##### **Gillian Lacey, Art Teacher**

- We have a capacity to look and let our minds fill in the blanks. Drawing helps us really look. When you look properly you become more engaged in what you are doing, thus increasing your attention span. If the student pushes through that barrier and they persist, they reap the rewards and produce something that they are proud of.
- The art lessons have rekindled passions for art, evident from them working at home.
- These were very bright, intelligent people and with a thirst for knowledge, happy to engage in everything we did.
- I assisted with proportion, shading and reinforcing the ideas behind the art sessions. Ultimately, the students seemed very keen to draw. The concentration displayed was excellent.
- It was an immense pleasure to see that students had worked on their portraits of Hardy at home. The results were colourful, well observed – impressive – you could see that they had spent time on them.

##### **VFG, Arts 4 Dementia**

- Two participants with dementia, highly engaged throughout the range of curatorial conversations, had been too self-critical about their art-making to enjoy it in the past. After the eight weeks, inspired by the collections and guided by the artist, they had become more confident in drawing, feeling a sense of satisfaction in acquiring techniques, which gave them a new perspective on their creative capabilities.

### Learning

##### **Gillian Lacey, art teacher**

- There is no difference in those with early dementia to those without symptoms when drawing. Our brains fill in what it does not know, allowing us to think that we are seeing whole.
- The learners have come a long way and are seeing at a deeper level than before. Observation skills have improved, but they would like more time to draw.
- The time balance between the talks and art is worth monitoring. Participants with memory loss can sustain interest for some 15 minutes, after which some are keen to create art. The sessions could be split so that those wishing to draw can start after 15 minutes, while others continue with the talks.



## 9.1 The County Museum

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### **Dorset County Museum:**

- Extending the museum arts practice to engage people with dementia empowers staff to extend their practice for people across their lifespan.

### **VFG, Arts 4 Dementia:**

- The local interest in the programme was evident at each session.
- The county's history in the context of world evolution had an empowering effect on participants.
- Some participants, fascinated by the talks, were so keen to learn that the conversations ran into the time needed for art. For a future course, it may be an idea to run separate classes on art and gallery conversations.

### **Film and photography**

VFG photographed elements of each session both for participant engagement and research (and should be careful not to overdo this for expressive images aimed to dispel stigma associated with dementia. Film director Jonathan Haswell filmed the last session for A4D with Gemma Dixon as script supervisor.

### **Participant referral**

Alzheimer's Society invited Mickey and Gilly. Three participants with MCI saw Reawakening flyers at sheltered housing in Bridport and Dorchester (through AS) and at Age UK Dorchester. A woman brought her friend with young onset fronto-temporal discovered Reawakening through the A4D website, VFG brought another with MCI.

### **Museum and Artist Funding**

£2,400, funded by the West Dorset Leisure Development Fund.

### **Dorset County Museum On-going**

David James, commercial director and curator of fine arts, "We need to embed items like these for dementia into our programming."

Dorset County Museum is equipped with dementia awareness training, arts and health contacts, to continue arts programmes for early-stage dementia.

The museum has an AS DF certificate and runs a range of programmes for people affected by dementia and their companions, who can feed into:

- Talks, many of them free, on all aspects of Dorset's vibrant heritage.
- Dorset County Museum Music Society recitals in the Victorian Hall.
- Special exhibitions – Dorset County Museum will be the first UK touring venue for the Natural History Museum's 26-metre skeleton cast of Dippy, a diplodocus from the Jurassic Period.

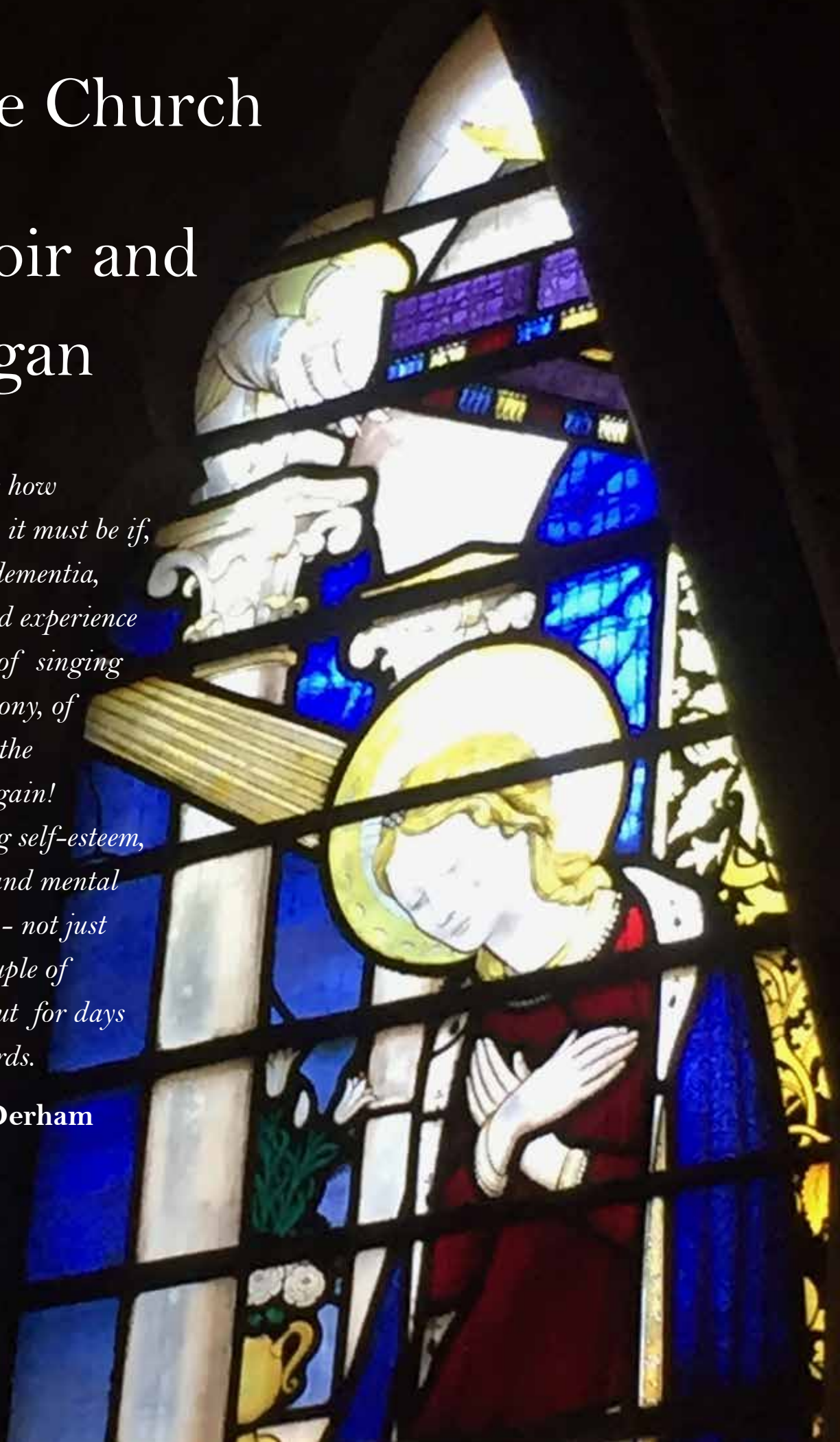
# The Church

## Choir and Organ

*Imagine how  
fabulous it must be if,  
despite dementia,  
you could experience  
the joys of singing  
in harmony, of  
playing the  
organ again!*

*Reviving self-esteem,  
energy and mental  
prowess - not just  
for a couple of  
hours, but for days  
afterwards.*

**Katie Derham**



## 9.2 The Church – Choir and Organ

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### St Peter's Church, Bournemouth

[stpetersbournemouth.org.uk](http://stpetersbournemouth.org.uk)

Eleven music workshops designed to revive music-making for organists and singers experiencing mild memory loss.

Tuesdays, 11am - 1pm,  
2 February - 18 May 2017  
(on-going).



St Peter's Church, Hinton Road, BH1 2EE.

Making music, organ playing and choral singing in a church of architectural interest (see pages 79-80) for a potential church architecture project) is not only spiritually uplifting, it profoundly affects senses of sight, touch and sound. The mesmerising experience of seeing and hearing an organist playing with foot pedals alone inspired this project.

### Aim of the Weekly Church Music Workshop Programme

This ambitious church music programme aimed to create an accessible, quality experience that would stir participants to override dementia barriers, enhance communication, revive and develop their musical skills to enable them to achieve their potential as choral singers and organists. Exploring the church's architectural spaces and acoustics, this project aimed to celebrate its patron saint, the quality of the church organ, through a variety of music types, with a focus on the composer, Sir Hubert Parry, who had been baptised there in 1848. With exercises and rounds to challenge participants to maximise musical memory and anthems to enable singing in harmony, this rigorous programme aimed to restore joy, sense of purpose, confidence, wellbeing, connectedness and belonging, to feel valued members of a musical community.

*Music imprints itself on the brain deeper than any other human experience. Music evokes emotion, and emotion can bring with it memory . . . it brings back the feeling of life when nothing else can (Oliver Sacks, Alive Inside, 2012)*

### Creative Team

Gemma Dixon, a soprano soloist and member of the Bournemouth Symphony Chorus, is a broadcasting script supervisor, with an interest in neuroscience, led the choral programme. Timothy Rice, a trustee of the Bournemouth and District Association of Organists (BAO), advised on hymns, accompanied the singing and guided the organists.

## 9.2 The Church – Choir and Organ

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### Participants

A participant with fronto-temporal dementia, who used to read music, was brought by friends new to part-song; two church organists joined in the third session to revive their organ playing; one with more advanced dementia, who had not played for six years, could no longer read and spoke little at first. A gentleman from a nearby church came alone. Another had mild cognitive impairment. A pair of experienced choral singers, one with young onset Alzheimer's, came to the last session.

### Volunteers

From the Bournemouth Symphony Chorus (BSC), John Martindale (second bass) and Christine Nicholson (alto) a Bournemouth University arts and dementia researcher, boosted part-singing and added vocal strength and depth, which helped to heighten the singers' focus.

Brenda Price, treasurer of BAO and herself a carer, recommended two organists, one with dementia and gave support at sessions.

### Arts 4 Dementia

With helpful support from the rector Ian Terry and his parish administrator, A4D discussed the musical structure and type of rousing and rhythmic music to re-energise and inspire people above dementia. This built on guidance from Julian West, head of the Royal Academy of Music's Open Academy and the range of approaches learned through *Music Reawakening* (2015). VFG and arts and heritage administrator Maureen La Frenais greeted participants and observed each session.

### Evaluator

Dr Trish Vella-Burrows, SDH, Canterbury Christ Church University. (For summary of external evaluation, see Appendix 6 page 120).

### Church Music Programme

The programme was adaptable to participants' musical experience, desires, level of dementia challenge and potential musical skill. Repertoire comprised works by Parry, the Hymn to St Peter, a psalm with a lyrical line, a Bach chorale (*St Matthew Passion*) around Easter, favourites from hymns recommended by the organist, music chosen by participants, rhythmic rounds and African music to focus concentration. Hymn texts were printed in large font, with and without notation, and folders given for use at sessions and at home. The organ programme comprised pieces played by Timothy and increasingly by participants with dementia. He gave separate guidance to organists, with astonishing results - one with more advanced dementia was featured improvising Bach's *Jesu Joy of Man's Desiring* on BBC Radio 4's *A Passion for Bach*.

### Church Setting

The church provides an uplifting, spiritual setting for a range of programmes to elevate people above symptoms of dementia: art and architecture, textiles, stained glass, poetry and drama, and in this case, music. St Peter's Church,



its earliest parts dating back to the 1840s, is largely the work of the most influential English Gothic Revival architects of the day, George Edmund Street (1824–81), George Frederick Bodley (1827–1907) and Sir Ninian Comper (1864–1960) with wall-paintings by Clayton and Bell (1860s–70s) and sculpture by Street's favourite sculptor Thomas Earp (1828–93) (see pages 79–80). Three-manual Harrison & Harrison organ (1914) has a usefully detached console on a moveable platform.

### Musical Structure

Rather than work towards a performance, Gemma's plan was to develop participants' musical skills, from unison singing, eventually to four-part harmony, with the regular assistance of a BSC bass and occasional alto and a soprano from the police choir. Each session would be fulfilling in itself, leading to an open workshop during our Reawakening festival in Dementia Awareness Week. (see 11 page 105–6).

**On Entering the Church:** Key to the structure was that musicians should be playing a stirring hymn or anthem, as participants enter the church and that they would join in the singing as they walked down the aisle to the music group in the choir stalls – where the Victorian prime minister William Gladstone (1809–98), took his last communion.

**Warm-up** (20 minutes): Physical relaxation exercises to relieve stress, tension and anxiety, were to be followed by breathing exercises to oxygenate the blood flow to the brain and improve concentration and focus, with vocal exercises combining physical movements, gestures, number sequences, working towards greater breath control and articulation.

**Hymn / Anthem Practice:** The group returned to the choir stalls or nave seats closer to the organ for familiar hymns to build up good group singing and confidence, with anthems and rounds from the Kings Singers *Book of Rounds, Canons and Part-Songs* to add a challenging element. The tone and quality of Gemma's voice inspired the singers to

*You become part of something bigger than yourself. Something bigger than I could ever have imagined.*

*Carer: I feel invigorated, inspired. It's very emotional, a spiritual awakening. I loved it.*

*It's always gorgeous when it's that music – I would never tire of it!*

## 9.2 The Church – Choir and Organ

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sing as well as possible, and Timothy manipulated the organ stops to add colour at significant moments by the organ. For those with little vocal experience, Gemma worked throughout on voice production and breath control, discussing notation, rhythms, dynamics and phrasing in the score, using physical gestures and expressions when conducting to indicate the shape and direction of a melody line. Starting in unison, with two-part harmony at the first session, she built up to four-part.

**Choir / Organ:** During the second half of the session, Gemma rehearsed those who wished to sing in the more intimate setting of the choir room, while Timothy worked with each organist. The group came together for a final informal sing around the organ console.

**Closing Hymn and Evaluation:** The participants returned down the aisle for refreshments and evaluation in the church café, to the glorious organ sound of a piece performed by Timothy, the musical atmosphere and chat continuing.

### Content

*You sounded  
amazing as we came  
in!*

*Jerusalem was  
knockout!*

*Carer, I really  
enjoyed the way  
Gemma started  
things off by singing  
“Jerusalem” and  
encouraging people  
to join in with her.*

*It is a welcoming  
and inspiring way to  
begin the session.*

*Gemma: I want you  
to think of the soft  
palate when singing  
the high notes, feel  
the resonance at your  
cheekbones.*

*It expands your  
diaphragm and you  
feel good.*

**Welcome anthem: Sir Hubert Parry, *Jerusalem* (1916, words by William Blake):** As participants entered St Peter’s Church, Gemma’s soprano voice rang out to glorious accompaniment on the organ.

**Opening Hymn (in the choir stalls, 15 minutes):** Familiar repertoire to build up confidence, initially sung in unison, developing into two-part, gradually three-part harmony and at the last session four-part harmony.

Parry, *Jerusalem* or *Dear Lord and Father of Mankind* (1884, words by John Greenleaf Whittier), the last verse a key opportunity to explore dynamics:

Breathe through the heats of our desire  
Thy coolness and Thy balm;  
Let sense be dumb, let flesh retire;  
Speak through the earthquake, wind, and fire,  
O still, small voice of calm.

**Warm Up Exercises (in the nave, 20 minutes):**

Vocal exercises, diaphragm and breath control, jaw, palate, nose and throat exercises, consonant and vowel practice through scales, triads, feeling the lips vibrating, increasingly challenging as the exercise session and weeks go by, contrasting rhythms and textures, staccato versus legato, complex words, with almost full body exercises. Gemma writes “It’s well known that singing oxygenates the body and brain and that in dementia staying oxygenated where possible is vital, because oxygen deficiency is a central feature. Deep breathing also increases lung capacity and induces feelings of calm and relaxation. This made

## 9.2 The Church – Choir and Organ



breathing exercises and learning about breath-control a fundamental part of our warm-ups. The participants were interested to learn how ceiling, wall and floor breathing works to support sound and how to use their diaphragms for deep breathing.

I added rhythmic elements to these exercises in the form of clapping and cross-lateral tapping to engage different areas of the brain and senses simultaneously. This physical involvement helped participants to retain and then recall the exercises in subsequent weeks. In doing plenty of breathing exercises participants' bodies and brains were fully oxygenated and engaged for the remainder of the rehearsal.

My focus is always on the physicality of singing; the importance of adopting good posture and engaging the whole body to sing in the best possible way. What's more, physical exercise is effective for facilitating cardiovascular, respiratory and digestive health and boosting the immune system. Our warm-ups comprised full body stretches, shoulder rolls and shrugs, head tilts and playing with individuals' centres of gravity through balance exercises, generating a sense of vitality. Even our least physically able participant and the one least able to follow verbal instructions, got involved in shoulder rolls and shrugs, full body stretches and attempted the breathing exercises, becoming stronger and more physically capable by the week. (Extract from Gemma's blog "Hitting the right notes: The Power of Choral Singing and Group Music Making on Dementia").

### Alternating Hymns and Rounds:

- **Canons and Rounds (Three-parts, in the choir stalls):** A challenge to stretch the voice, these gave participants a warm sense of achievement each time:
  - William Boyce, *Alleluia*, transposed down to suit Linda's voice.
  - Thomas Tallis, *Canon*, initially in unison and two parts, an early take-home theme.
  - (Traditional canon) *Dona Nobis Pacem*, a first exercise in reading music for Linda and Nina's companions, was developed for musicality throughout the programme, reinforcing with line-by-line practice in the form of a round.
  - *Turn Again Whittington*.
  - *Little Bells of Westminster*.
  - *Doe a Deer*.

*Carer, The exercises were extremely useful preparation. I did find the singing exercise that involved counting backwards a bit challenging and I could hear that Linda was getting mixed up with the numbers, not necessarily a bad thing, as it might be a good cognitive exercise.*

*I like the fact that we were all more competent and more confident. There were some I didn't like too much, but I knew it was a good idea to do them. The ones I had always liked I loved even more.*

## 9.2 The Church – Choir and Organ

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- **Hymns (at first session, in unison and two-part)**
  - *Hymn to St Peter* “How sweet the name of Jesus sounds”, effective, not only appropriate to the church, but for the voices.
  - *Love Divine All Love’s Excelling*, for Valentine’s Day, enhanced by terrific organ sound. At another session, participant organist Pat, a BDAO member, accompanies the group.
- **African Music**
  - Traditional West African call and response song “Che Che Koolay” – popular with all and encourages Bob to join in, having played in the cathedral at Ghana. He likes the drumming, percussive rhythms.
  - Drumming – Linda and Bob enjoy playing the African drum.
- **Chorales**
  - *Corral the Chorale* in two parts, preparation for chorales.
  - Bach chorale from *St Matthew Passion*, “Receive me, my redeemer”, initially in two parts and transposed down a third, from E to C, recorded by BBC Radio 4’s *A Passion for Bach*
- **Unison**
  - Gabriel Fauré, “Pie Jesu” from *Requiem*.
  - Londonderry Air.
- **Organ Practice** (see page 72 ff.)

Linda, *Three part harmony. I tried to enjoy it. I can do it if it’s not too heavy. I liked working in the choir room as a practice room.*

Linda, *I feel valued.*

Nina, *Singing “Jerusalem” loudly with the full power of the organ is always a fabulous ending to the session, which everyone clearly adores!*

*It feels like the last night of the proms!*

*I’m going away feeling jolly.*

While the group works hard at each choral challenge, an octogenarian soprano finds that high notes now make her feel faint, so she sings alto. Bob, energised after resuming organ playing (see page 69), agrees to sing when Timothy offers to bring his favourite piece, Bach’s *Jesu, Joy of Man’s Desiring* to the BBC Radio 4 recording. Inspired by Gemma’s voice, John’s hearty bass beside him and encouraged by the interviewer, he sings with the group, who are sight-reading, working line by line, improving. All are lifted by their contribution and when filmmaker Jonathan Haswell comes to film a session, Bob sings in harmony beside him. With the arrival of a tenor with young onset dementia on the eighth week, he sings solo and the choir achieves four-part harmony.



**Closing Anthem around the organ, to end on a high note:**  
*Jerusalem*

**Organ pieces as participants return down the aisle:**

Karg-Elert, *Chorale Prelude on “Nun Danket Alle Gott”*, (flamboyant in style, rich in organ tone); Charles-Marie Widor, “Toccata” from *Organ Symphony No.5 in F Minor*.



## 9.2 The Church – Choir and Organ

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### At Home

Participants are given song sheet folders for home practice. Linda sings a great deal during the week and both organists practise at home.



### CASE STUDY: Linda and friends

Linda, a former teacher, with recently diagnosed young onset fronto-temporal dementia, has varied arts interests. She and her coterie of friends, principally Nina, as well as Lucy, Jacquie and Sonara are the first participants at both the Reawakening music and drama projects. With dedicated purpose, each works hard at the diaphragmatic exercises, learning and reviving musical skills, keeping constant eye contact. Linda beats time, multi-tasking as she learns the words and music to *Dona Nobis Pacem*. “I love it. The more you sing it the better it sounds!” She and Nina clap gently as they sing. Linda begins by singing soprano, then learns the alto part, which can confuse her. She marks up her score and will practise at home. Hymns are transposed down for her. She tries her hand at conducting and playing the organ, whose lower pitch she finds comforting. She builds up confidence as an alto, especially if another person sings the part, otherwise she may revert to the soprano tune.

To the carers, the sessions are inspiring, especially the warm-ups before concentrated study in the choir room on one particular piece, which gives each individual time and space to improve. Nina focuses hard, is self-critical, keen to try again. Jacquie points out that as a teacher Linda, who used to teach people to produce excellence, has now joined a programme designed to empower people who are disempowered, to build on strengths and gradually becomes less inhibited. Listening to a recording of the group, she recognises their quality of their singing. At

*Nina, Dona Nobis Pacem seems to work really well as the parts are quite easy to remember and the result is beautiful.*

*Linda, It was more difficult this week. I had to concentrate much harder. It felt very challenging.*

*Linda, One of the hardest bits was the harmony. I couldn't hear the difference. I can, if I listen very hard.*

*Nina to Linda, It's inspiring to hear you sing and the big sound in this amazing place. You've discovered a new talent!*

*Linda, It was a privilege I wasn't expecting to get.*

## 9.2 The Church – Choir and Organ

home, though her symptoms persist, she sings happily *Jerusalem*, the Beatles, heavy rock music. With Nina she looks up *Dona Nobis Pacem* on the web and practises this and the African call and response songs. Gemma observes “a huge improvement” and Linda feels a “transcendent” sense of achievement.



### The Organ

This “king” of instruments maximises concentration like no other. Its range of orchestral sounds, call on short-term memory to avoid or achieve a tumultuous blast from its 3,000 pipes. With stops, keys and pipes to think of for a single note,

playing the organ, or even exploring it, requires multi-tasking. Add to that foot pedals – well, Timothy laughs, it comes as naturally as driving a car (a challenge as dementia advances). He draws stops and Linda tries a few notes and experiences the thrilling contrast between a flute, oboe and the mighty sound of a tuba. To close the session, Timothy plays the “Hornpipe” from Handel’s *Water Music* (1717), composed for a performance for King George I on the River Thames. For his brief guide to the St Peter’s organ, see Appendix 3 page 117.

### Organ Practice

The two organists affected by dementia arrived at the third session. Timothy has brought music and will draw the stops for both players, standing beside them, giving sensitive guidance as and when needed.

*Pat, I love playing. I love music. I'm nervous because my organ playing is rusty - I've gone backwards. But I enjoy it all. I'm always quite happy to take part.*



Pat diagnosed with Alzheimer’s in the last year, a former nurse and organist known to Timothy, is a member of the BDAO, used to play at St Clement’s Church, Boscombe, and has an organ at home. She likes playing Bach and Beethoven and has come to restore confidence, as well as to sing, trying alto parts as her voice has lowered with age.

Bob’s dementia is more advanced. A retired international technical director, a printing press expert, he has played the organ for

Bolton Abbey in North Yorkshire, St Giles Pontefract and in Africa, but gave up six years earlier, his home keyboard abandoned more recently. Diagnosed with Alzheimer’s disease, he arrives with his partner Paulene, who works full time. Neither speech nor singing comes easily to Bob. Gemma’s voice lifted him and his partner from the first. After

## 9.2 The Church – Choir and Organ

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the choral practice in which he has played little part, having eyes only for the organ, Bob approaches the instrument.

No longer able to read music, he recognises the prestigious organ-builder's plaque "Harrison & Harrison" on the console. Timothy stands at his side as Bob sits on the bench, his left hand on the base notes of the middle manual, his feet on the pedals. "Heel and toe", he remarks, at which Timothy realises that though his abilities have diminished, Bob has been a competent organist. As Bob begins to play (right), it is a deeply emotional moment for him, for his partner and us all. Pat joins him on the bench. They chat. He plays once more, his hands now on the lowest manual, improvising. Pat plays the *Hymn to St Peter*, a little apprehensively, but Timothy notes, at a sensible congregational tempo. All gather round the organ to sing *Jerusalem*. Playing a fine church organ, with inspirational music leaders Bob is moved to sing and articulate feedback with colleagues.



Bob, *It was*  
[pause] *terrific!*

This programme makes a significant difference to Bob, encouraging him to resume his keyboard at home.

"She's super. He's terrific!" Bob exclaims, relishing both her voice and the organ bass notes, as he returns down the aisle for his second session. He has resumed his keyboard playing at home. Sitting down to the church organ after the choral exercises, he improvises, playing freely, always in the same key, Timothy observes, E flat. Bob recalls Sam Hanson, the organist whose foot pedal playing had inspired this programme, and who had taught Bob to "heal and toe". Timothy demonstrates how organ players alternate with the toe and heel of the feet to play different notes. He offers to play a Bach piece next week, using only the foot pedals. "That'd be good. You can do it - you B&Q it!" Bob's words flow as a result of rejoining the organ fraternity. Playing the organ again so energises him that Bob is invited to come early to practise. He has a spring in his step, and is now keen to sing with the choir.

*I enjoyed everything. The singing was beautiful.*

*Timothy, He is quite happy for his hands to wander in this key.*

At their third session Pat talks of the German composer Sigfrid Karg-Elert. Timothy has a book of his works from which Pat now plays two pieces. Despite her anxiety, her playing of the foot-pedals is well coordinated. Indeed, she plays for the group from time to time. Bob arrives with a spring in his step, he is keen to start the session.

## 9.2 The Church – Choir and Organ

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While Bob concentrates on the foot pedals, Timothy operates the manuals; he pulls out 20 stops to enrich the sound. Afterwards, Bob sits close by to watch the pedals as Timothy plays:

- Bach prelude and fugue in B flat (BWV 560, from *Eight Short Preludes and Fugues*), which incorporates a section of bars for pedals only.
- Purcell's Trumpet Tune and Air.

The two men discuss organ composers. Timothy has detected that among Bob's improvisations are extracts from Handel's *Largo, Dear Lord and Father of Mankind*, and the Lloyd-Webber *Requiem*. Bach is a clear favourite for Bob. However, when asked what he would like to hear next week, Bob replies "César Franck". Timothy plays a few bars of "Pièce Héroïque". Enjoying organ banter, they laughingly agree that the best stop is the church's acoustic.

Bob plays before the fourth session starts, enjoying the reverberation; he now takes part in the exercises. Timothy invites Pat to play Bach preludes and fugues first after the choir practice, partly so that Bob can watch her different technique and also to give him more time to explore the organ freely afterwards, Pat being equally happy to watch and chat.

At Bob's request, Timothy plays

- César Franck's "Fantasie in A" and "Pièce Héroïque" from *Trois Pièces* (1878)

Radio 4 records the fifth session for *A Passion for Bach*. Pat plays a prelude and fugue. "I feel tall" exclaims Bob after he sings, plays the organ and, for the first time in ten years, the church's piano, and is interviewed at his fifth session by Radio 4. Very delicately he experiments on the Steinway grand, lost in his musical world. He finds this difficult, so unlike the organ, different in touch, as Timothy points out. He returns to the organ and, beaming broadly, *Jesu Joy* rises from his improvisation. "She's looking," he says, delighted that his partner sees him playing. Pauline explains, that now that he is playing and interacting with the group, he has become more alert at home; and whereas he accepts going to the day centre, he positively looks forward to coming to St Peter's. Pat, remembering "all I had lost", observes that it is coming back "a little bit".

*That's your fault,  
because you got me  
to sing.!*

*You've lit me up*

Over the course, returning to organ-playing and musical society, Bob casts aside his sticks, sings and speaks more, appears to have grown in stature and generally looks more fit and healthy.

## 9.2 The Church – Choir and Organ

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### Participants' Responses

#### CONNECT

“You become part of something bigger than yourself, something bigger than I could ever have imagined.”

“I love singing. It is nice to see people enjoying each other's company, the warmth and friendship. The moment you've got music being spoken about, we all want to be involved.”

“Refreshments and evaluation at the end give participants a chance to chat and become more familiar with each other. This helps with bonding and encourages them to return.” (Maureen La Frenais, volunteer).

“I enjoy making music with others, provided I'm up with them.” (In his usual choir, everyone else can read music).

Carer: “I think about God in a different way. It's about celebrating something bigger. If I feel negative, I feel into this magnificent space and breathe, listen and appreciate to my own level.”

“Singing together helps us be together.”

#### BE ACTIVE

“I feel invigorated, inspired.”

“I'm walking with the sticks now, but I throw 'em away. I feel steady - you've lit me up!”

“It's got me working at home. I had a couple of hours of real concentration.”

Gemma to participant, “What is really good is that you join in the beating and actions. You follow the beat. You do the singing and use others parts of the body at the same time.”

#### TAKE NOTICE

“Music is like landmarks for memories.”

Carer: “It's like a flagship programme that's never been done before. It's really exciting.”

“The rounds sound so beautiful. It was a challenge.”

“I thought the warm up exercises were really, really good, raising your soft palette. I'd like to know more about it.”

“I did enjoy singing quietly, not as loudly as in church. I felt conscious that I was a bit more musical because I had more time to sing.”

“It is always nice to know that Gemma is leading the way.”

“To see Bob, having not played for seven years, really loving it – nothing can be more lovely than that.”

## 9.2 The Church – Choir and Organ

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Carer: “I feel invigorated inspired. It’s very emotional. A spiritual awakening. I loved it.”

Carer at first session, “I can’t sing. It’s the participation. I’m improving the singing, breathing better, starting lower.”

Carer: “I love the architecture, the music. We’d all be interested in finding out more about the building.”

### KEEP LEARNING

“I enjoyed the warm-up exercises a lot, but they were so difficult – I think if we do them every time I’ll get better.”

“I could feel a difference since last time. I had felt it a bit hard. I didn’t know if I would be able to do it last week. Then I felt better.”

“I am learning about breathing and would have liked another ten minutes or so on the exercises, which would have made quite a big difference to grabbing the process.”

“I like the fact that everybody was improving together. It felt more coherent than before.”

“The classes were helpful because I had never learned alto. My voice has dropped as I got older. It was very useful from every point of view.”

“It’s a question of teaching an old dog new tricks. Definitely more confident. You pick things up as you go along. With the exercises, to get through without stopping in the middle, is very helpful.”

### GIVE

Members of the Bournemouth Symphony Chorus gave their time to befriend and inspire choir members with dementia, raising the tone and harmony element of the choir, through high quality singing.

Arts 4 Dementia funded an extra three sessions and Gemma and Timothy continued to give time after the programme’s formal end, to keep it going.

### St Peter’s Team

#### Reflections

Maureen La Frenais:

- Entering the church to Gemma singing *Jerusalem* was glorious and she managed to acknowledge and welcome people as they arrived. This helped set them at ease.
- All participants were very keen to participate in the singing and the organ experience, and understood the format of the sessions.
- Gemma explained the warm-up very clearly and I found the exercises useful. They certainly assisted with my own singing.

## 9.2 The Church – Choir and Organ

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- I was quite surprised that they all made an effort and managed to join in with the rounds and the music score was more challenging than I envisaged it would be, but it worked.
- Having someone singing beside them, giving each person support, seemed beneficial. The BSC bass had real value. He had a strong voice and gave support to Bob as we did the warm-up exercises in the pews.
- The intimacy of being in the choir stalls helped the group.
- I enjoyed dividing into two groups and making use of the choir room. It provided a more relaxed atmosphere to practise singing and contrasted well with the more formal atmosphere of the church.
- Tim and Gemma work well together. Both have paced the workshops and level of participation very well. The singing exercises do have a level of challenge, has value rather than it being too easy.
- The refreshments and evaluation session at the end gives participants a chance to chat and become more familiar with each other. I would think that this helps with bonding the group and encourages participants to return.

Gemma:

- From the first session the participants retained the canon. I think they felt a real sense of accomplishment from the rounds. They asked me to extend them. They had relatively limited vocal resources and experience, great eye contact and positive reaction.
- The grouped worked so hard. The warm-ups helped relieve anxiety and stress. Everyone seemed to enjoy the blend of uplifting hymns in unison and anthems in harmony. The choir took very well to the *Dona Nobis Pacem*, its clear line resounding in the church acoustic, which eased the learning of part-song.
- Having experienced voices with us from the Bournemouth Symphony Chorus encouraged participants to lift their game, reviving skills for some, new learning for others. Ideally, we should have one experienced singer per part. The fourth part, was fortunately made up by a strong tenor with dementia.
- I was surprised how well carers who had no experience of reading music, learned to follow the score, recognising the rise and flow of the notes, working on dynamics and expression. Assimilating gestures to musical phrases worked well as memory triggers. African call and response chants and drumming proved a great hit.
- It was a great pleasure to see Bob not only rediscovering the organ, but his speech and ability to sing.
- How lovely it has been to watch participants arrive singing *Jerusalem*, as they walk up the aisle and again at the close, this time informally around the organ, which gave a rousing finish for us all, with Timothy continuing to play the organ, its magnificent sound resonating through the church as participants returned down the aisle to the church cafe for musical chat.
- YouTube links to the choral pieces are a help at home.

## 9.2 The Church – Choir and Organ

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The church setting made a significant difference for singers, as well as organists. Linda found the choir stalls “absolutely beautiful”; and practising in the choir room, equipped with pencils, emphasised their sense of purpose in learning and developing musical skills.

### Learning

Nina observes how responsive Gemma was to the students’ needs. If the classes were going too fast, she adapted and went with the flow, so that students found themselves able to go that extra mile, as a pleasurable experience. She appreciates that Gemma has not previously run a choral project for dementia and had risen to it. “She’s embraced it fully, really studied and applied herself to it. The difference it’s made to Bob has been phenomenal. It’s an idea that could spread.”

The beautiful quality of Gemma’s voice constantly inspired and gave confidence to the singers.

### Film and photography

Film director Jonathan Haswell filmed the last session for A4D with Gemma as script supervisor.

### Participant referral

The Reawakening music programme attracted participants through Timothy and the BDAO, the CRISP website, a carers group, the Alzheimer’s Society, Faithworks and Bournemouth *Daily Echo*.

### Music at St Peter’s Funding

The £2,630 programme costs were funded by The Valentine Charitable Trust. Arts 4 Dementia funded a further three sessions.

### Music at St Peter’s Ongoing

\*With encouragement from St Peter’s, the musicians are generously continuing and applying for longer term funding.

In view of interest in architecture, elements of which we discussed at each session, we add a proposal for an architectural programme for dementia at St. Peter’s.

The church plans to achieve formal DF status. (See Dementia-Friendly Arts & Heritage **12** pages **107** and **136**).



## 9.2.1 The Church - Art and Architecture

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Proposal for a series of short conversations on the decorative features of St Peter's Church, Bournemouth, with opportunities to draw details (includes suggestions for music)

**Led by church or architectural guide, with postgraduate art and music students, for six people with early-stage dementia, each with companion – family, friend or professional.**



**Suggested Timing:** 10.45 for 11am start, to finish at 12.30, the last half hour for evaluation over refreshments in the café.

**Materials:** Sketchbooks and materials for use during sessions and for practice between sessions.

- 1) **Nave and South Aisle** (MUSIC: **Sir Hubert Parry *Jerusalem***):  
Introduction to
  - a. Architecture by George Edmund Street RA (1824–81) Purbeck marble arcades.  
**Draw** detail from Street's south porch (1859).
  - b. Stained glass "St Peter, 1852–57" by William Wailes of Newcastle (1808–81), **Draw** detail.
  - c. Sculpture by Thomas Earp (1828–93).  
**Draw** font (1855).
  - d. Clayton & Bell wall paintings: Crucifixion fresco on the chancel arch (1873). **Longer drawing** – overview of interior.
  
- 2) **Pulpit** (MUSIC: **Bruckner, *Festive Cantata* (1862)**):  
Designed by Street and carved by Earp, displayed at International Exhibition, London (1862).  
Marble base, inlaid with parquetry, supports polished colonnettes of Purbeck marble with carved heads of the Apostles above:  
"No finer work every came from Mr Street's hand, no better carving ever left Mr Earp's" (*Building News*).  
**Draw** pulpit, nearby sedilia.
  
- 3) **Chancel and Sanctuary** (MUSIC **Bach, *Magnificat***):  
One of England's richest Gothic Revival interiors (1863–64):
  - a. High Altar carved reredos "Our Lord in Majesty", carved by James Redfern (1838–76), with the four evangelists above, carved in alabaster, flanked by
  - b. Enamel mosaics of angels by James Powell & Sons of Whitechapel (1899), after murals by Sir Edward Coley Burne-Jones (1833–98).
  - c. Wall shaft painted decoration by Sir Arthur Blomfield (1899), executed by Powell.
  - d. East window, des **Street**, Clayton & Bell (1866).
  - e. Roof decoration over choir and frescoes of Angels and Saints on the upper parts of sanctuary walls (1886–89) by George Frederick Bodley (1827–1907).
  - f. Choir arcade spandrel sculpture "The Annunciation" and "The Crucifixion" by Earp.

## 9.2.1 The Church - Art and Architecture

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- g. Choir Stalls, with poppyheads by Street. A brass plaque marks the pew where the prime minister William Gladstone made his last communion in 1898.
- h. Sedilia (1869) with double arcade of pink alabaster and black marble
- i. Pavement (1915) by Sir Ninian Comper (1864-1960).

**Drawing** – chose three details and/or single longer study.

4) **Keble Chapel, 1866** (MUSIC: *Bizet, Te Deum*):

Commemorates the Reverend John Keble (1792-1866), a leader of the Oxford Movement, who spent his last years in Bournemouth.

- a. Wrought iron and brass screen by Street (1866).  
**Draw** detail.
- b. Stained glass windows:
  - i. “Te Deum” in memory of Keble, who can be seen in window among the doctors of the church.
  - ii. “Our Lord on the Sea of Tiberius” (1864), Morris, Marshall, Faulkner & Co.

**Draw** detail.

- c. Aumbry.

**Drawing** – overview of chapel.

5) **Metalwork** (MUSIC *Bach, Chorale from St John Passion*):

- a. Wrought iron screens by Street (1867). **Draw**.
- b. Candlesticks and communion plate. **Draw**.
- c. Lectern (1872), fine brass eagle made by Thomas Potter & Sons foundry at West Hampstead, London. **Draw**.

6) **Textiles and liturgical books** (MUSIC: *Parry, Blest Pair of Sirens*):

- a. Bible, prayer book, lettering, binding.
- b. Victorian embroidery worn by priest, **Draw**.
- c. Red chasuble dedicated to St Peter (1904) designed by Sir Ninian Comper (drawing 1904), handwoven silk, with gold embroidery. **Draw**.
- d. Altar cloths, **Draw**.

7) **Sir Ninian Comper RA and Annunciation Chapel** (MUSIC *Bach, Cantata for the Feast of the Annunciation*):

- a. Harrison & Harrison organ (1915).
- b. “Our Lord Giving the Keys to St Peter” (Earp).
- c. Stained glass windows:
  - i. Minstrel window by Clayton & Bell (1874).
  - ii. Sir Ninian Comper “Annunciation” 1915, **Draw**.
- d. Crucifixion War Shrine by Comper, 1917, **Draw**.

8) **St Peter’s in springtime** (MUSIC, “*Parry, I was glad*”):

Exhibition or display of work, photographs.

Drawing in the Churchyard:

- a. Tombs of
  - i. Lewis Tregonwell (1758-1832), founder of Bournemouth.
  - ii. Mary Wollstonecraft Shelley (1797-1851), author of *Frankenstein*.
- b. The church spire (1879) by Street.
- c. The Resurrection Chapel (1925-26) by Comper.



Intergenerational  
Drama with  
Arts University  
Bournemouth

*I've known several actors who have had problems with remembering their lines – not always connected with the onset of Alzheimer's Disease. In every case I would recommend continuing the discipline of learning lines. There's no better way of exercising the brain.*

Sir Richard Eyre CH CBE

## 9.3 Intergenerational academic model – Drama

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### Arts University Bournemouth (AUB)

[aub.ac.uk](http://aub.ac.uk)

Eight intergenerational drama workshops to engage people experiencing mild memory loss, together with BA acting students.



Tuesdays, 2-4pm, 21 March – 23 May 2017.

Pavilion Acting Studios, Pavilion Theatre Building, Westover Road, Bournemouth BH1 2BU.

This is a bold venture. A4D has worked in partnership with the Royal Central School of Speech and Drama with postgraduate students (see *Rearwakening the Mind*, op cit, pages 92-94). Here at AUB, it is not only participants with dementia who will be affected, but the university degrees of sixteen BA students and the MSc neuroscience student evaluator. AUB has hosted an ESDA Training Day for arts workshop leaders, with added DF performance guidance from Nicky Taylor of West Yorkshire Playhouse (see 8.2 page 45) in preparation for this drama programme for dementia. As an Applied Theatre Project, second-year acting students devote eight full days to the project, preceding each two-hour drama workshop with a three-hour preparatory session, and an hour's debrief/planning session afterwards to help prepare students for the next sessions. Rather than work to a final performance, each workshop will be a mutually fulfilling experience.

### Aim of Drama for Dementia at AUB

The project aims to provide stimulation and enjoyment for all participants, in a safe space, to allow different aspects of people's identity to emerge through a creative process and to provide new reference points for carers. Our challenge will be that there are significantly more students than participants with memory loss and their carers.

### Creative Team

Jonny Hoskins, Senior Lecturer (Acting) at AUB organised the project and arranged for Jon Nicholas, Visiting Tutor, BA (Hons) Acting, to lead the workshops.

## 9.3 Drama

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### Participants

16 second-year BA acting students, a teacher with young onset fronto-temporal dementia and three companions, a bank manager with moderate Alzheimer's and his wife, a banker with moderate fronto-temporal dementia and friend, an aeronautical engineer with young onset Alzheimer's, his wife and the ADRC MSc neuroscience evaluator, whose supervisor Dr Ben Hicks attends the first and last workshop.

### Arts 4 Dementia

VFG met the senior lecturer at the Arts University to discuss potential drama approaches for people affected by early-stage dementia. She greets participants in the foyer and observes each session.

### Evaluator

Hanna Pigeon, MSc neuroscience student, ADRC, Bournemouth University, under the supervision of senior lecturer Dr Ben Hicks. (For summary of external evaluation, see Appendix 5 page 119).

### Drama Workshop Structure

Participants gather in the foyer. Invited into the studios, they join the students' circle, and soon engage in a series of warm-up exercises, usually involving improvisation, interaction between all participants; and small groups invent scenarios and perform in front of each other. In a single word, each expresses their feeling engendered by the session.

### Academic drama studio setting

The acting studio, separated from another by a black curtain, clearly a rehearsal setting, encourages a sense of purpose in the project.

### Content

If we are concerned about the large number of students compared with participants affected by dementia, they flower in response to the aspiring actors, who build on work they and their tutor have prepared for the session, which comprises exercises, improvisations and scenarios.

*Carer, The studios make a lot of difference. If you're in a community hall it is more forced. The students are more natural. It's great fun.*

### Session One (initially one participant - a teacher - with dementia and two carers)

Jon instructs the group to get up from the circle and sit between two people they have not yet met. "See if you can register what happened on the way. Drama is about movement." Linda starts up quickly, instantly interactive and smiling. This exercise is repeated.

## 9.3 Drama

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### The Ball “My name is ...”

*I decided because I couldn't think of anything much I just thought of something that came out of my head and it seemed to work.*

*I wasn't expecting it at all. I was absolutely stunned and I thought I really want to do this. It was terrific, wasn't it. The newness.*

*There was so much you could do with it!*

*It felt like a breath of fresh air.*

*I thought it was great. A new experience. not completely.*

*Carer, I like the opportunity to express and use imagination without pressure.*

*I felt empowered and very emotional*

1) Pass the ball to someone, by throwing it, walking over and giving it, or simply handing it to the next person. An instant opportunity to act in the process, the exercise generates fun and imagination. Jon instructs participants to say what they noticed, what came up, why were we laughing, were we trying to escape or catch? One person's mannerism is developed, heightening the sense of drama.

2) Do the same more casually, competitively casually, more casual than the last person.

**A surprising fact:** Groups of three are asked to create a conversation sharing a surprising fact, small or large – it can be a lie! The unexpectedness of each fact builds into scenario.

**Tableaux:** Groups of four students perform a sequence of tableaux they have rehearsed that morning. Linda and Nina imagine what is happening. Linda joins the fourth group, improvises and then explains her part.

**Suitcase of Props to trigger narratives:** Participants are asked to sit and close eyes for one minute. Opening their eyes they see a faded white chair with a scarf strewn across the back, an exercise book and keys on the seat, shoes on the floor. What has happened? The students describe the narrative. It is a lady's scarf. The shoelaces are tied. Something has happened, is going to happen. Groups of four compose a narrative.

Ideas bounce around the vibrant groups For the title of her group, Linda proposes “Desperation”. Her group performs first a scenario inspired by the John Lennon song *She's Leaving Home*, exploring the dynamics of parents and children, and a sense of loss. Nina's group has the audience as art students, watching an upset woman; Nina's character has written a letter to a man she is about to leave, instructing him to go to the studio, to model naked for the students. He runs out without his clothes, forgetting his keys and scarf and returns naked to collect them. The buzz in the room, the ingenuity of the students has a dynamic instantaneous effect for Nina.

### Session 2 (the teacher with dementia and two carers)

**Passing the Balloon:** 1) in whatever way you wish. No expectation of what is to happen, elements of surprise. Linda rubs it on her body and sticks it on the wall. Always game, her frontotemporal dementia sometimes causes her to misinterpret the instruction, but she always responds with drama. 2) Pass the balloon round and say how you feel.

## 9.3 Drama

**Using things in a different way:** Various objects are passed around in quick succession for spontaneous reactions – scarf, tape, rug, piece of wood. Explore, have fun, keeping the element of surprise. Notice what is happening. Linda’s friend Lucy held the scarf as she had held the flag at the Unite Europe march on Saturday. Passing the wood, the group is instructed to interact with it and pretend it is something else – a mobile phone, a flute, a hairbrush, a torture device, baby, magic wand, umbrella. Notice people’s reactions.

**Yes, Let’s:** Go up close to someone and suggest, “Why don’t we . . . fly a kite / disco dance . . . The idea is to change shape, to carry out an action that puts us into shape.

**Stop:** Participants walk around, ask someone to describe the scenario, bring it to life – a murder, Linda is the pathologist, Lucy the doctor.

**Scarf:** Pass around the circle and imagine a different use, generates laughter.



**Photo Still:** Groups of four create a still photo of something that has happened or been said today, then perform - a vibrant end to the session.

### Session 3 (2 bankers and teacher, and 3 carers)

**Warm-ups:** Pass the bag around, take something out, wear it, give it to someone else. Walk around, stop to complement each other on what they are wearing – remember the exchanges, what people say.

**Situations we remember, Something we liked:** Think of a childhood memory, a cheeky mishap. Participant and carer, two men who have known each other for fifty years, chose an episode and actors from among the group and join in with them to bring this to life and freeze the action. Episodes featured fighting in the woods, creating artificial teeth to redeem money from the tooth fairy. Exuberant buzz, banter and actions create ideas for drama.

*Carer, I liked his saying you don’t have to think of an idea in advance.*

*I felt tense, now I feel happy. Being a teacher everything is much easier for me.*

*Sometimes I couldn’t think of anything, until the last exercise I tied an unusual bow and was delighted by laughter in response.*

*Carer, The students are lovely to work with, they are really fun and creative, very sparky.*

*It’s quite an adventure for me. I’m a bit shy. I used to work in workshops at NatWest. It was elucidating*

*Carer: The drama students have a brilliant skill of bringing to life anything we talk about.*

*I used to like anything to do with the theatre. I may not remember it all, but I like getting involved with the theatrical side, with the acting.*

## 9.3 Drama

**Environment Game:** Use changeable props. For example, someone might be a tree, student actors will come in as tourists, three leave the room. How will the group transform the place? The two men recreate a 1963 picnic in a French vineyard. Jon organises grape pickers, speaking French. Another group recreates a participant's early experiences in pantomime, bringing in prop flats, with a square dancing chorus. The third scenario involved a party for down and outs huddled around a fire. Guessing the environment for each triggered interactive ideas, participants with dementia engaging together into the project.

*Carer, It certainly made me use my imagination. I relaxed this afternoon because they are very understanding and accommodating. I had never done drama.*

**Sum up and How do you Feel?** "Brave", "adventure", "imaginative", "very happy", "very mixed, haven't got used to it, it was alright" (participant with moderate dementia), "grateful", lovely bunch".

### Session 4 (two bankers with dementia, three carers)

**Warm-up – The Scarf:** Pass round a scarf holding it in a different way, tell us your name and something about the scarf. Participants transform it variously into a puppy, microphone, scout sash, fishing line, baby, those with dementia imagining Old King Cole's scarf in a pantomime and a bandage being chewed up by a dog.

**Suitcase 1:** Pass around and guess what is inside it – ideas include, "the tools to an excavation unit in France, camping hob/oven, baking trays, Ikea missing parts, an old train set, cake cutters, dog bow, nuts and bolts, stones, knives and forks, lunch, leaving participants guessing.



### Mirror their partner's actions:

All are asked to stand up and find a partner and to

**Respond to music:** A student has prepared a series of music recordings. Participants are invited to react to the music – make a pose or movement.

Does it remind you of a specific time or place? How does it

make you feel? Relaxed, says the banker. Clicking his fingers, the bank manager dances. A student invites the banker to dance, a re-energising move.

**Suitcase 2, in the middle of the circle to stimulate ideas about new environments.** As the banker and his wife are about to go on a cruise, Jon suggests playing music to give the feeling of a boat, with the group socialising as if in its bar encourages the bank manager to speak more fluently. Last week's exercise has inspired him to bring his French scrapbook and he recounts his experiences, which inspires a story the students enjoy, his eyes glinting.

*His wife, In a group of his own age group I don't think he'd be as lively. They're more responsive than or own age group would be.*

*His wife, He's obviously enjoying social interaction.*

*I had one once! How did it make you feel? [ in a gangster's accent] Murderous!*



## 9.3 Drama

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Groups of three are invited to open the suitcase: postcards trigger a range of responses. The banker recognises “Buttons and Bows” sung by Doris Day in *Annie Get your Gun* (1950). A Californian licence plate stimulates a story that it had been attached to an American racer’s car, was given to participant’s son, his lucky number plate. A postcard triggers motorbike scenarios. The bank manager’s wife had worked as a Dictaphone typist early in their marriage as a typist, using headphones like a stethoscope, she had had to type a letter to a debtor, an anxious moment. To her surprise, rather than pay up, he returned his sporty motorbike to her. She gave it to her husband and used to ride pillion. They re-enact a scenario with students.



### Partners

Stand in a circle in front of someone different, think of today’s stories. Partner A will enact the word that describes “anxious” “pride” and partner B mirrors the action.

### Session 5 (student led, four participants with dementia, five carers)

Film director and Gemma as assistant encourage all participants to ignore their filming and “Do what you are best at.”

**Rugby ball and song:** Participants are invited to chose a song, popular, generates banter and concern over the French election “Do you hear the people sing” from *Les Misérables*, The students locate chosen songs and ask how participants feel? A new younger participant has chosen the Rolling Stones’ *I Can’t Get No Satisfaction*, which makes his wife laugh, but he points out that it reflects life. The Beatles’ *Hey Jude*, chosen by the bank manager’s wife reminds her of her husband in his prime. A great success, the songs trigger musical and associative memories, dialogue and dancing. All participants including Gemma recreate a special meal aboard ship, chefs behind glass, dover sole on the trolley, a harpist playing, generating a lively atmosphere and camaraderie imagining the aroma, taste and music of the shipboard scene, and some sadness, because “he cannot enjoy it as before, but I have to say this is more lively than ours was.”

*It’s a feeling you have every now and again.*

*I love that tune. I shall remember it for a lifetime. The fun of it all!  
His wife, It made him very young.*

*The stimulation of youth, I love it. I’ve been enjoying drama and all sorts.*

## 9.3 Drama

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### Childhood memory, genre music and photograph

Students invite the banker to play the grandfather and hold a baby, which sets off the teacher's maternal instinct and concern that the Bob Dylan song that the student recalls may upset the baby. They pose for the photograph, the banker continuing to talk about the scenario.

*Carer, My French seduction scene with the Welsh student was very funny to do.*

*Carer, They used the sensory areas very well, smell, music. The activities were very imaginative – it's so in the moment.*

A participant's wife on her first visit, long experienced in drama, wishes to recreate an episode about her childhood boyfriend at a disco when the Beatles' *Hello Goodbye* was playing. Her cousin lost her contact lens on the floor. She selects student actors, some scrabbling on the floor locate the lens, triumphant.

Linda had been serving a Frenchman at a restaurant. He was joking, rude. She hadn't known what he meant, but it sounded funny.

Participants re-enact the scene to strains of Jane Birkin and Serge Gainsbourg *Je t'aime*. (1969).

**Imagine your favourite food:** The student's closing exercise requires participants to close their eyes, imagine their favourite food on the table, and imagine eating it.

**Session 6 (student led, with 3 participants with dementia, 3 carers)** evaluators from CCCU and ADRC and senior AUB acting lecturers:

**Warm-ups:** Among objects passed round to trigger memories, the most interesting responses arose from cinnamon sticks, suggesting aromatherapy or a cigar to be smoked.

**Pass the Face:** The first person makes a face, which the next person mimics to another who passes on a different expression for mimicking and creating a new expression to be passed on.



**“That’s a great idea”** is the response to fun activities each enacted by the group. Ideas included, “Let’s all go to a beach, ... have a picnic, ... go to the moon ... sail the seas ... walk our very big dogs ... have an exhilarating pirate fight.”

**Guess the childhood choice of profession:** Groups of five enact one choice of ideal profession yearned for in childhood – highly engaging, one had wished to be a pathologist, another a pilot.

## 9.3 Drama

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**Bin men find museum-quality treasure worth millions:** Groups of five discover objects worth a fortune among the rubbish, invent a story to sell to the rest of the group to encourage as a museum acquisition. This too calls on the ingenuity of participants and is compelling to observe.

**Student verdict:** “Happy”, “content”, “interesting”, “magical and creative”, “exciting”, “energised”, “playful”, “free to explore”, “empathy”, “I’ve had a blinking whale of a time, laughing non-stop.”

**Senior lecturer:** “Inspired”

*It’s been a wonderful experience.*

*Carer, I’ve had an absolute ball!*

*More than anything else, it’s been very stimulating.*

### Session 7 (Three participants with dementia, four carers)

**Warm-up:** Pass the ball and say how you feel.

**Paper sculpture:** Tear, fold or scrunch an A4 sheet of paper as if it were clay, into an amazing work of art. This surprising task generates fun and imagination. Participants place their finished work on chairs for the private view, explain their object and interact.

**Suitcase, drama based on objects within:** After guessing the contents, participants are told that the case contains the equipment of a little known hatter, whose superpower is that he can put on any hat and become that person and to create scenarios. Groups of four enact the Ascot Hat, the Cat Whisperer, a Hairdresser, Russ Abbot Hat, Scotland’s independence and Theresa May.

**How will students take forward their drama experience for dementia?** “Acting, you are so focused on yourself, taking it out into the community.” This has stopped me making assumptions – it is about expanding.”

### At Home

Participants are encouraged to try out ideas from the course at home between sessions.

### Participants’ Responses

#### CONNECT

Teacher, “Working with the students – they are lovely to work with, they are really fun and creative, very sparky, aren’t they!”

Banker, “I enjoyed getting involved with the plays and the young people who were involved with them.”

Banker’s wife, “I find the young people mixing with us so stimulating. It’s the mix, the contrast, more stimulating than our contemporaries.”

## 9.3 Drama

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Engineer: “It has been great to share with so many people here, young and old.”

Carer: “I like being given the opportunity to express and use imagination without pressure, play rather than have to be good.”

Student: “union – we’ve all shared and we’re all together.”

### BE ACTIVE

Bank manager’s wife, “It certainly made me use my imagination” and as a result of this project, he has resumed his guitar playing.”

Banker’s wife, sad that her husband can no longer enjoy the real-life scenes he is re-enacting: “This is more lively than ours was.”

### TAKE NOTICE

Banker, “I enjoyed whatever was going on with the young people - everything we’ve been doing since we’ve been here.”

Teacher, “They were very co-operative and they loved what they were doing.”

Carer: “The drama session was brilliant. I have not done anything like this since school and I felt exhilarated afterwards for having attempted some very new activities. The ideas for interaction from the leader were really ingenious and inspiring; and the resulting effects provided a lot of humour, which was really great, making the atmosphere lighthearted.”

Bank manager’s wife, “It certainly made me use my imagination.”

Engineer, “It’s funny that you talk about it being a studio – it’s just a nice, lovely space, full of nice, lovely people and you have that resonance with them.”

His wife, “I like the intimacy of the building.”

Student: “This has stopped me making assumptions. It’s about expanding.”

### KEEP LEARNING

“I’m feeling intrigued to do more.”

“This has certainly been new. You chuck something in the air. You never know.”

“I’ve been really free to explore.”

## 9.3 Drama

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“I think I will develop new skills as I go along. I’m feeling very intrigued to do more.”

### GIVE

Four friends take it in turns, sometimes two or three at a time, to accompany and support Linda at the drama sessions.

The students have given two months of their degree course to interact with and inspire people affected by dementia.

### CASE STUDY – Nina, chief carer to Linda

Nina coaches groups in positive psychology. Her husband and daughter are actors and she met Linda performing in a drama group. At the first session, she loved the “arty” atmosphere. She found the drama stimulating and the students fun, creative and very sparky to work with, but felt uncomfortable at first, standing up and performing in front of the group, because it was out of her skillset. As a teacher Nina had used drama with her students and was interested to see the different ways participants interpreted each task. She felt that she would develop new skills during the course and liked the contrast with the music project, where they learned to sing a specific line as part of a choir, as opposed to performing an exposed character role. “I’m intrigued to do more.” By the end of the drama course, she was feeling “optimistic”. “I loved the drama more than anything”. It had been a joy to work with the students, “a super-duper talented group . . . they incorporate all of our ideas into the acting” and was delighted that Linda threw herself into the acting.

### Reflections

Duncan, an aeronautical engineer with young onset dementia, with acting experience: “The students were very involving and uplifting. They were not at all embarrassed about dealing with older people. Coming up with different words for different feelings – it’s not the sort of thing you do every day, but you are able to hear what everybody else is saying, which can be a bit daunting when it’s coming up to you. But it worked well. It’s the sheer enjoyment of it and the interaction with all those lovely youngsters. They’re very stimulating.”

Amanda, his wife, a cancer survivor with acting experience: “I cannot begin to express the sheer joy of the drama sessions. Duncan and I both benefitted enormously. It was amazing to see Duncan transforming himself in various roles and really coming out of his shell and leaving horrid dementia behind. His sketch pretending to drop a bottle was hilarious. Improvisation is so of the moment, perfect for people with dementia - mindfulness personified! When you love something as much as acting, you inevitably sparkle - it taps into a very deep part of you.”

## 9.3 Drama

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Carer: “The sheer number of participants might overwhelm someone less comfortable with large groups of people. If a person is shy or reserved, then all those new faces and having to speak and act in front of them could be frightening; and if they are suffering the anxiety effects that memory loss or confusion in dementia can cause, being faced with a large group of new faces could be overwhelming. From what I could see, Linda really enjoyed it and did not appear to find it overly daunting. But as a teacher she has been used to facing large groups and new faces. This might not be the same for others.”

Wife of participant with moderate dementia writes to thank you to Jon and the students for being “so imaginative and so much fun. Mike seemed to be inspired by them. He has taken to playing his guitar again, which is lovely to hear.”

### Learning

Jon Nicholas of AUB suggests that, A4D having originally proposed a postgraduate programme, drama for participants affected by dementia might be better suited to an MA in psychology and acting.

### Film and photography

Film director Jonathan Haswell filmed the last session for A4D with Gemma Dixon as script supervisor.

### Participant referral

Through existing Reawakening programmes, Alzheimer’s Society and BBC South Today.

### Drama for Dementia Funding

The programme was generously funded by AUB.

### Drama for Dementia Ongoing

AUB feels that while the course was successful and participants clearly had “a fantastic time”, with regard to educational skills required for a BA unit, drama for dementia was not sustainable. Meanwhile, AUB offers to continue to welcome the programme through hosting dementia awareness training days for artists and performers.

A group of elderly people are participating in a dance class. They are holding hands in a circle, suggesting a social or community activity. The focus is on the hands and forearms of the people in the foreground, with others blurred in the background. The text is overlaid in the center of the image.

**Creative Dance  
with  
Pavilion Dance  
South West**

## 9.4 Weekly Creative Dance

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### **Pavilion Dance South West** [pdsw.org.uk](http://pdsw.org.uk)

Eight creative dance classes for people with mild memory loss and their companions - no charge.

Choreographed to re-energise participants through structured, full body and mind exercise, improvisation and self-expression.

Classes on Fridays, 10 - 11.30 am,  
24 March - 19 May 2017.

In the sea-front studio at  
Pavilion Dance South West  
Westover Road, Bournemouth  
BH1 2BU.

Pavilion Dance South West (PDSW), passionate about dance, health and wellbeing has been developing its Joie de Vivre creative and dance for older people since 2013. Involving music, creativity, exercise, social interaction and touch, their classes enable people to feel better and happier. PDSW ran this dance for dementia pilot in an explorative, action research based way.

### **The Aim**

Class methodology aims to increase range of movement and to encourage participants with and without dementia to find joy in movement and self-expression through creative dance activity to refresh the entire body and mind.

### **Creative Team**

Lisa Lort, Participation Producer of PDSW, introduces the classes. Dr Sophia Hulbert, a neuro-physiotherapist, and Aimée Smith, a dance artist working in health and wellbeing settings, together deliver PDSW's dance for Parkinson's and are now extending their practice to dementia. Both attended the Reawakening ESDA training day, which offered specialist DF performance guidance. (See 8.2, page 43). In preparation, Aimée delivered taster sessions in two community settings, engaging 30 people affected by dementia, their companions and support staff.

### **Participants**

Eight people with memory loss and eight companions: two men with mild cognitive impairment, one man was affected by vascular dementia, one woman by fronto-temporal dementia - she had danced in previous PDSW classes - and three men and one woman by Alzheimer's.

*Dr Sophia Hulbert:  
I am acutely aware of  
the psychosocial,  
creative and artistic  
benefits of dance  
participation, the life  
enhancing joy and  
release that dancing  
brings.*



## 9.4 Creative Dance

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### Volunteer

An Arts University Bournemouth dance student assisted as volunteer

### Arts 4 Dementia

VFG greeted participants, observed each class and discussed feedback.

### Evaluator

Under the supervision of Dr Ben Hicks, lecturer in health psychology at ADRC (Bournemouth University) supervised MSc neuroscience student Marie Bromberg, who evaluated the programme for her dissertation. (For summary of external evaluation, see Appendix 5 page 119).

### The Dance Class

With its therapeutic underpinning, the programme used song and music to ignite memories and present-day awareness, and to upkeep mobility, good posture, balance and co-ordination. Sophia and Aimée encouraged self-expression through movement in a social, supportive and understanding environment.

### Studio Setting

While the studio setting was valued as a professional scene-setter, with a glorious sense of space with a refreshing sea view outside, the calibre of the dance leaders was seen important.

*[The dance studio] gives it a bit more of a touch. You feel more important.*

### Two Challenges:

- The participant with fronto-temporal dementia's wife warned that he may be anxious about seeing his reflection in the mirrors.
  - **Resolution:** The studio curtains were easily closed until he came to know the class.
- For deaf participants with hearing aids, the high studio ceiling created an echo through their aids, making it hard to hear instructions.
  - **Resolution:** Having a moment in the studio before the class started enabled him to adjust the level of the hearing aid.

*Carer: I think it sets the scene and introduces you to what's coming next. It makes you feel like you're dancing - much nicer to be in the right environment.*

### Structure

Participants gather in the foyer, for a pre-dance chat before class in the studio: With a mixed approach of both structured dance and free movement exercises, the teaching team uses cues to encourage engagement.

- Warm-up (slow and bop).
- Technical function to encourage rhythm, balance and co-ordination.
- Learning and memory.
- Creative tasks, free movement and improvisation.
- Cool down.

## 9.4 Creative Dance

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### Content

Themes give a different resonant focus to each session, whether directly on the subject of dance, or an adventurous or sporting theme, with music and exercises stimulating ever more expansive limb positions to reflect the theme. The accent on posture is key throughout, from the first seated exercise, encouraging participants to sit as far forward as possible “to try to challenge ourselves”, but positioned safely.

### Themes

“Strictly Come Dancing”, Argentine Tango, Cowboys and Indians, Tango Revisited, Marathon and cricket, May Day (samba), Rain Forest, Cha-Cha.

### Warm-up (some exercise examples)

Classes start in a seated circle as a welcoming, non-judgmental open space to encourage creative exploration and to try new moves. The *Strictly* warm up: Sit forward on the chair, a gap between your feet and knees, breathe through nose, relax and breathe out, hear the outbreath, arms reach high up, how far can you take your arms and finger tips, and drop quickly down. Rest hands on knees, close eyes, check in your body, how your feet feel, wiggle your toes, be aware of the weight on your feet. Cast attention up through your shins, knees, back of knees, how bent or straight they are, front of your legs and pelvis. Place your hands on your pelvis as if it were a crystal bowl. Tip backwards and forwards, swill the sparkly crystals back and forward, breath out as you swill backwards, tip your hips forwards & back, relax down, creating a big C shape in your spine, two-thirds forwards, feeling ready, on the alert, someone has called you. (For PDSW dance music, see Appendix 4 page 118).

Trace with your hand across your front, back between your shoulder blades, in at the base of shoulders up to your head and down, both hands together up your shoulders, to your head, and rest your hands on your knees. Check the position of your spine, imagine a golden string at the back and top of your head, that is going to be there, attached to ceiling, for the next hour. Take a deep breath in to relax.



Imagine that you are in a gorgeous ballroom, like this studio. Look around the ballroom space. Give each other a smile. Sit up even taller, showy-offy. Stretch your feet in different directions to glide around the floor. With your other leg, see how your foot feels on the floor. Draw circles with both legs.

For the ballroom hold, raise one arm and place the other around the shoulder, head back, tilt to one side and back to centre, and with your arms in the other direction. Imagine lights

*Carer, Turning fairly simple exercises into dance routines – that was great!*

*It's a nice way to start the day.*

*The ballroom hold – that's lovely isn't it.*

## 9.4 Creative Dance

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above, stretch your arms up, trace the glitter ball in the centre. Admire your costumes, brush down your arms and knees, and again quicker through the sequence. *Now we are ready to dance!*

Participants are invited to respond to boppy music, whatever the body wants to do. You can sit, wiggle, stand, feel how energised your arms might feel, your feet, breathe.

For the Cowboys and Indians theme, a mind-broadening warm-up invites participants to trace the route of the rocky mountains, first with one hand, then the other, undulating, spiky, smooth, flat, as though outlining a painting of the mountains. Incline the head to one side to the other, to see far-reaching views. In the distance, a dust cloud rolls closer, gets larger. Scoop up the sand and let it gently float and sparkle down. Enjoy the feeling. Draw a letter in the sand with one leg, then the other – letter/s of your name. Continue the pelvic exercise above. Enjoy the Wild West, the mountains, the sunshine.

### Rhythm, Balance and Co-ordination

The engaging name exercise invites seated participants to call out their name with a distinctive gesture, which the class repeats, continuing around the circle. Giving opportunities to express feeling, the exercise develops throughout the course according to the theme, into a Mexican wave for the Marathon and with four gestures each for May Day.

The Beatles *Hello Goodbye* recalls the fab 60s and proves so popular that this invigorating exercise with specific gestural movements is repeated each week: “Yes!” (nod head), “No!” (head side to side), “Stop!” (hands forward), “Go Go Go!” (chase hands round and round, fast, then slower, bob with body up and down. “You say goodbye” (one arm up and out). “I say hello” (other arm up and out). “Hello hello!” (high arms up, low arms out). “Why?” (arms to side). “I don’t know” (shrug shoulders, arms up and round forward twice). Amy stands, invites participants to join, greets participants with both hands. “Hela heba helloa!” (high fives).

*Goodness gracious, great balls of fire.* (Jerry Lee Lewis, 1964) stirs up energy. Tap side to side, different leg each time, back to the other foot, leg forward, heel down, relax arms on top, pedal one foot to the other, trying to lift the heel, massage feet as much as possible, throwing arms wide to the edge of your fingers, point at someone, point at someone else, wiggle with everyone, wiggle everything. A participant with dementia, recognising the teaching method she herself had used, is thinking as a teacher as well as her rehabilitative dance. For the Tango, Aimee instructs the class to dance with nose in the air, draw patterns on the floor with toes, wake up hips, knees and ankles, rub one, let up the other and “imagine you are holding a world number one tango dancer”.

*Hey baby, won’t you take a chance, let’s dance!* From the second and subsequent session, all dance The Twist. The atmosphere heats up, raising exuberant memories of the 60s, travelling across the space with a heightened sense of

*Carer, Cool Dudes!*

*Carer: I like being with people who are talented. It has been very uplifting for her – something to look forward to and to think about – not that she thinks about it 100% accurately. It gives her something to talk about.*

*I’m having such fun!*

*Great fun! I used to do this with foreign students*

*Carer: Twisting – “Hippy Hippy Shakes” – he comes alive!*

## 9.4 Creative Dance

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musical rhythm and joy, or enjoy a catwalk moment as participants shimmy down the studio, marching, wiggling, anything goes.

*Carer: I never thought I'd be dancing to "The Stripper" – that's a thing to be proud of.*

All hold a large piece of elastic, connected together, whether standing or sitting, stretch up, midriff, down, to *Che Sara Sara*. For faster exercises, the big band playing *The Stripper* created a jazzy atmosphere that was fun for all.

### Learning and Memory

*I'm going to do some of the movements at home because he loves music!*

Walk from one end of the room 1- 2- 3, clapping bend down on "1", down up, up down, up up, clapping, now on toes up up, clap, now on toes up up. Waltzing, remember the ballroom hold, feels glorious.

*Carer: You do feel quite energetic afterwards. It pumps you up.*

Cowboy and Indian theme uses country music and cowboy moves, brushing hands together, trousers, click fingers, hands, heel and toe, shoulder rolls, arms swoop down up, pat hips, check pockets, march, brush, brush. Lasso opponents over the top of their heads, both shoulders, then retreat prowl style. Identify a cowboy to take on, don't lose eye contact, decide who has won, return to your or their territory.

*I like lots of people involved. I so enjoyed it!*

Pow-wow dance with feathers: two step, tap and step, forward and back with each toe/foot, tap and hop, one arm up, the other arm up and down, four stamps, one leg circles around the other, change legs. In a monkey move, bend down, one arms sweeps down, the other out wide, step to each side. To drum music, tap hands up and down, stamp feet one at a time, side to side, arms flowing, fluid, peaceful, deep breath in and out twice, monkey moves side to side, then towards the fire, turn to face the person next to you. Cool down.

*I feel I've achieved something!*

Cricket umpire gestures: wide ball, dead ball, out, Howzat, no ball led into the samba. Right arm up, step together twice, repeated with the other arm, followed by a Latin hip wiggle and rolling arms, proved popular.

The sidestepping square dance demanded concentration and co-ordination skills, as a participant request despite the memory challenge. Followed by country dancing and clapping, the interactivity led to all-round merriment.

### Free Movement:

*I was surprised to find myself lost in in the dance, the freedom of movement, space and time.*

On Vera Lynn's hundredth birthday, participants sang and danced around the room to "White Cliffs of Dover". With the Strictly theme and breadth of huge white cliffs stretching wide, in the shimmering, adding a triplet step and change of rhythm, encouraged to feel the music with arms out and pride in entertaining troops, gave all a sense of travel and glamour.

The use of colourful scarves and wands with long coloured ribbons enabled participants to create vivid, expansive patterns, giving full vent to feelings and expression as they danced feely around the studio.

*The Toreador – the best bit.*

For American Tango, fiery coloured scarves become matador's capes as participants learn the Paso Doblé to Gotan's "Santa Maria" for the Toreador dance. Swirling ribbon wands participants dance around the room, raising and resting their arms, intermingling in a whirl of joyful energy.

## 9.4 Creative Dance

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The Maypole dance to country music begins quietly, livening up to stimulate participants to create personal patterns dancing freely around the studio.

For the Rain Forest, the wand is used to emulate a bird's flight path, swooping and diving, hovering, shaking down to the ground, darting between the trees, up and down, taking off. Swap arms, chose five different types of flight, take two travelling steps and wave the wand in flight, flying in pairs across the space. Dancers now prowl through the forest, forwards and backwards, taking large steps, swinging from side to side like monkeys, holding shakers to create forest sounds, moving snakes' heads from side to side, their shoulders, spine, weave hands in and out of tree roots, and rest the snake on someone's shoulder so that all are connected, snaking around, keep head and body moving.



*Holding the end of a wand with a ribbon attached made you want to do things with it. We wove our own magic. It was lovely because you can let yourself go!*

*Dancing is quite a good sport, relaxing!*

### Cool Down

Deep breath in, close eyes, cast eyes down, remember favourite move today, go over it five times in your head. How does your body feel now? Do you feel different in any way, about your body. Be aware of that. Go back to painting that mountain scene, maybe the rocky mountains are a bit closer, a bit bigger. In the foreground there is a herd of moose, mover your hands from side to side, the dust is coming towards you, move your hands round, scoop it up and let it sprinkle down. Be aware how you feel. Lift your chest to the sun. I hope you have had a good time. Participants thank each other around the circle.

### At Home

Participants are encouraged to think of their posture at home, check each part of their body, dance to favourite music, reconnect, see what happens, how you feel, what makes you feel good.

### Participants' Responses

#### CONNECT

“Dance is a group thing, not just being at home on your own.”

“They are very professional and I feel easy in their company.”

Carer: “It's social, you're not having to create conversation – that's one of the challenges. It's far easier to make conversation when you are doing things together.”

## 9.4 Creative Dance

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Carer: “I like the social interaction, but not the music and movement - my body won’t do it. I like what it does for the brain, the stimulus, particularly of a group.” She valued the expertise and dance opportunity for her husband. “I am sure he thoroughly enjoyed it. It was wonderful meeting this group. You’ve opened doors for us for the future.”

“I like mixing with other people who like this sort of thing. It was very very good getting to know other people.”

“You don’t feel isolated.”

### BE ACTIVE

Carer: “I think it’s about the freedom. You lose yourself. The stretching is good and integrating that with dance is very good.”

“You like to use your body, your energy.”

Carer: “It reminds him of caving, because you move every muscle. You stretch yourself.”

Carer: “It gets my body going, my brain going. It invigorates me.”

Carer: “Anything with a beat in, he starts moving right away. It was animating with the music.”

“It’s been very good, different. I hope it can be continued.”

Carer: It just makes me forget myself and get carried away with the music and the ideas they instil into us.

### TAKE NOTICE

“It’s an eye opener. I enjoy it.”

Carer: “You were smiling the whole way through.”

“They are so very professional in what they are doing”.

“The variety of movement makes it interesting.”

Carer: “I just love the feeling of openness and light coming in. It inspires me to feel that I’m floating.

“They are very very encouraging. It’s good to know that professionalism is there because she picks up what people need and encourages us to join in in a very light-hearted way. They’re all very welcoming, make you feel as though you are important.”

Carer: “He is getting more out of life dancing here than we anticipated.”

### KEEP LEARNING

“I’m learning a few skills in regards to dancing in formation.”

“You’ve got to somehow or other do it. You have to find a way.”

## 9.4 Creative Dance

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“I’m learning a few skills in regards to dancing in formation.”

“You’ve got to somehow or other do it. You have to find a way.”

### GIVE

A volunteer AUB dance student was on hand each week to assist participants, whose dementia was more advanced.

“We were holding hands, being with friends, talking about holding hands to help people.”

Carer: “I think it’s brilliant. I hope it carries on. I wish more people could benefit. It could help so many.”



### CASE STUDY, John and Sue

John, a retired car sales administrator and woodworker with MCI, prefers not to think about a further diagnosis. Despite anxiety, he keeps active, playing the drums – swing music - and the cajon with U3A ukulele band. His wife Sue, a former social worker, learned about Reawakening programme through the Bournemouth *Echo*. John needs a new sense of purpose, but joining a dance group for dementia seems to him beyond the pail. Sue comes

to PDSW alone. She feels emotional, but finds the class stimulating, not too challenging, meets another couple, who are anxious on arrival, but are now smiling. What fun to dance The Twist again. Sue’s whole body feels energised. “That was a release I hadn’t expected.” She tells John, “That’s why I was so desperate for you to come.”

Privately reluctant, he comes the next week and strikes up a rapport with another man experiencing MCI. Both relax and enjoy each other’s company. The warm up does the trick. “Eventually you feed into it. You’re relaxed and enjoying it.” John finds it “a good feeling to have participated. I’m a bit of a mixture. I have rhythm, but dance isn’t easy. Here you can do your own thing.” Sue is anxious that he might fall, but he is comfortable with the dance leaders and Sophia is at hand. John and Sue dance freely about the studio, swirling ribbon wands. John’s joy at Pavilion Dance is a relief. Being there together is great, because he has never been able to lead and they don’t dance any more. “I haven’t noticed that she is steering me around. I’ve always thought I was a very good dancer when I haven’t got a partner.” When a dance artist partners him, it is a favourite personal moment.

*John, I rather surprised myself by how much I enjoyed it! I’m definitely coming again. I liked the gestures best. The more we did it, the more relaxed I felt.*

*John, I just love loosing up and expressing myself in dance, and thinking that maybe I’ve got a little bit silly, but I don’t really care.*

*Sue, It brings back good memories. I feel free.*

*John, It felt romantic to dance swing music and jazz. I feel pretty good actually. I’m always a little bit surprised with my outlook on life that I’ve enjoyed it so much.*

## 9.4 Creative Dance

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### Dance Team

#### Reflections

Dance is a vehicle for greater movement as a result of the condition as well as a cognitive stimulus.

While all participants could stand and dance comfortably, starting the class seated felt welcoming and non-judgmental, around an open space where they felt able to express themselves.

If a participant was confused by the action for the task and danced their own version, this was adapted and incorporated into the task, to encourage inclusion.

Despite the notable difference in the abilities of those with MCI and participants with moderate dementia, the dance leaders gave natural individual help and generating a sense of care within the group.

Props encouraged people to be expressive and individual with their movement, creating spontaneous connections initially through the prop and then into the dancers to continue their dance together without prompt, guidance or instruction.

The best way to achieve group work or unison content varied for each individual. Some were able to follow verbal instructions, some found mirroring/ facilitation easier on a one-to-one basis and some needed physical guidance. The class worked best when all three forms of teaching were provided for individual access.

#### Learning

Dance studio in a life-enhancing seaside setting inspired participants, but it helped to resolve two environmental issues:

- For deaf participants,
  - Shorter sentences allowed the echo to die away.
  - A dance leader or student seated beside the participant assisted with visual cues.
- Starting the class in a seated circle creates a welcoming, non-judgmental and open space to encourage creative expression and security to experiment.
- Having a seated option for more dynamic and travelling sequences allows people to remain included, yet restful if necessary.
- Be open to unexpected representations of a task – for example, if a participant confuses the action and joins in with their own version, adapt and incorporate it into the task.
- The programme was planned for a specific demographic of participant – mild to moderate dementia. If a participant is more affected, it helped
  - If seated, to have dance leaders and/or dance student, both

*Sue, There's naturally an air of apprehension about how the other people are and how their illness affects them, but It's brought us together very much as a group and it's been very understanding.*

*PDSW, A truly special and uninhibited moment*



## 9.4 Creative Dance

- next to and opposite to demonstrate and engage movement.
- If they needed more time to respond either through movement or vocally, an inclusive acknowledgement, smile and thank-you enabled the class to move forward organically.
- GP and health sector referral and prescription based contacts.
- 10am start has proved too early for some participants and potential working carer/companions. PDSW is planning later classes.
- Dance – musical cues, one to one stimulus and props - creates a vehicle for greater movement as a result of the condition, as well as a cognitive stimulus.
- It's been really useful for us and spurred us on to think about the future. For people diagnosed more than three years we would think about the level of support required within class, at least two volunteers with the two teachers.
- It would be worth exploring body rhythms again in the future to see if something less well known is as accessible to people of this demographic. It would be interesting to learn how much feedback people give in their bodies and faces through their responses. If there were many more successive sessions in the future, it would be interesting to see if/how this can be built up over a number of weeks.

*Age UK: Of all the performing arts, dance is the most therapeutic at staving off the mental and physical ravages of old age.*

### Film and photography

PDSW filmmaker Sharon Treharne made the PDSW film. Film director Jonathan Haswell filmed the last session for the Reawakening composite arts film with Gemma Dixon as script supervisor.

### Participant referral

Through the Bournemouth *Echo*, participant recommendation, Dorset magazine at carer group, NHS occupational therapist brought her builder's wife, Alzheimer's Society, PDSW and A4D introductions.

### PDSW Funding

The £3,447 programme costs were funded by The Valentine Charitable Trust.

### PDSW Ongoing

PDSW, well known for their dance programme for Parkinsons, plan to develop **Reawakenings** and is seeking ways to stay in touch and bring together the group again this autumn to sustain connection and momentum and plans to take a user-led approach involving group members in the planning.

“Older and Perfect”, Fridays at 11.30am. Aimée runs a gentle dance exercise class for the older person in the art deco Garden Studio, overlooking Bournemouth's Lower Gardens.

PDSW's Latin Fit and yoga sessions at the Pavilion Theatre offer more vigorous health and wellbeing classes which help protect against onset of dementia, as well as dance opportunities around Dorset and beyond (see [pdsw.org.uk](http://pdsw.org.uk)).

## 10 The Arts Society Talk and Tour Series

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Arts Society lecturer Dr Geri Parlby, who is experienced in communicating with people affected by dementia, created a specially adapted Arts Society (NADFAS) talk on “How to Read a Church” for those beginning to experience memory loss, and their companions.

Under the title “Saints, Angels, Gargoyles and Green Men”, she delivered an interactive talk at Dorchester Town Hall, for the opening of the Reawakening Festival, on Monday 15 May, much enjoyed by participants to our Dorset County Museum project. The audience then



explored the nearby St Peter’s Church with Geri, to look at some of the features highlighted in the talk. Geri repeated “Saints, Angels, Gargoyles and Green Men” at Wimborne Minster in the second week of the festival. There her audience was intrigued to find the carving of a green man under a wooden misericord seat.

Geri’s talks cover details of churches from around the UK, as well as two interesting Dorset churches at Bere Regis with its remarkable carved roof and bosses and links to the Turbeville family, and at Fordington where the tympanum is thought to be the first representation of the legend of St George in England (Riches, 2000).

She is now working with A4D to develop a series of four seasonal interactive church talks and tours at a cathedral or church - to enable Arts Society members with early-stage dementia to enjoy continued interest.

Covering different parts of the church both inside and out, the talks/tours will be entitled:

- **“Gargoyles and Grotesques”**
- **“Poppy Heads and Pulpits”**
- **“Angels and Green Men”**
- **“Christmas Cribs and Stained Glass”**



For further information please contact Dr Geri Parlby on [geri@theparlbys.uk](mailto:geri@theparlbys.uk).

A4D created Dorset's first A&H festival for dementia, Reawakening 2017, to raise awareness of the wide range of arts and heritage opportunities around the county, that can provide a stimulating experience for people affected by dementia and their companions. The idea was to highlight, especially for the newly diagnosed, what is on offer nearby, including free recitals at churches of interest, DF arts and heritage sites, which are making their properties increasingly accessible (see page 126), with free or discounted entrance for carers. Through our training days (see 8 pages 44-45) we encouraged new taster arts sessions and the new arts projects for dementia, for the festival and ongoing.



Opening in Dementia Awareness Week, Reawakening (15 May – 3 June 2017) coordinated and signposted the first DF heritage venues, among them, the Etches Collection, Museum of Jurassic Marine Life at Kimmeridge, Wimborne Minster and The Countrymen's Club at Future Roots, two care farms, where men with dementia and other needs come alone to farm, sing, create pyrographic designs and pitch horseshoes, quite an art, an excellent cognitive exercise.

Reawakening signposted over 100 events celebrating the county's heritage, countryside and artistic life – from the Jurassic coast to Thomas Hardy, historic houses and estates, horticulture, ceramics, music, dance and drama, textiles, basketry and carving in wood and stone.

Here are a few festival highlights, in addition to the four Reawakening projects and The Arts Society talks and tours, described in this report:

- **Artisan Studio** The Branksome Centre, Poole BH12 2EA opened up arts workshops for dementia at their new studios, including felting, printing, cyanotype photography, colographs and clay modelling.
- **Bere Regis, St John the Baptist Church, Wareham BH20 7HQ** signposted guided tours as DF. The Turbeville window records the family who were granted manorial rights by King John and inspired Hardy's D'Urbevilles. Some capitals feature men with head- and tooth-aches and there is a magnificent carved and painted oak roof.
- **Blandford Fashion Museum, DT11 7AA. "Ladies of Dorset"** exhibition, featuring the fossil hunter Mary Anning, the indomitable Henrietta Bankes of Kingston Lacy, the Dorset-born American socialite and diplomat Pamela Harriman, née Digby, the sculptor Dame Elisabeth Frink and Joyce Badrocke, whose fabric designs were exhibited in the 1951 Festival of Britain exhibition.

## 11 Reawakening Festival 2017

- **Bournemouth Symphony Orchestra** at The Lighthouse, Poole BH15 1UG. A BSO trio, flute, cello and harp trio gave DF cake concerts.
- **Bridport Arts Centre**, DT6 3NR. Jenni Dutton introduced “The Dementia Darnings”, her textile portrait exhibition of her mother.
- **Cynthia House, Parkstone, Poole BH12 3JD**, “Mementos” display of reminiscence collages on Matisse-inspired textiles.
- **Dorset Centre for the Creative Arts**, Poundbury, Dorchester DT1 3AR offered two days of DF taster sessions in stone-carving, wood carving, clay modelling, basketry, weaving and textiles.
- **Dorchester**, Dorchester DT1 1EB. First DF concert, free.
- **Dorset County Hospital DT1 2JY**. Marc Yeats “Forget Me Not” a six channel choral installation with the Eype-based Choir by the Sea.
- **Durlston country park and nature reserve**, Swanage BH19 2JL, listed a programme of DF events including castle tours, “Meet a Moth” sessions and spectacular cliff-top tours and stone installations, linear artwork relating to deep time, showcasing scientific history.
- **“An Evening with Ball and Socket”**, songs of gentle satire inspired by Flanders & Swann, at West Moors Memorial Hall BH22 OHS.
- **Lyme History Walks, Marine Theatre, Lyme Regis DT7 3QA**. Chris Lovejoy’s colourful DF tours animate landmarks of Lyme as an Elizabethan trading port, during the English Civil War, as an 18c fashionable Georgian spa town, and as the home of Admiral Sir George Somers (1554-1610), founder of Bermuda, palaeontologist Mary Anning and of Jane Austen, who danced in the Assembly Rooms and set *Persuasion* at Lyme.
- **Max Gate (National Trust) Dorchester DT1 2AB DF**, the home of Thomas Hardy, held a DF music (flute and harp) and poetry recital.
- **Regent Theatre, Christchurch BH23 1AS**. Held first DF film screenings, *Another Mother’s Son*.
- **Russell-Cotes Museum, Bournemouth BH1 3AA**. Guided tour of large paintings by Edwin Long RA (1829-91).
- **Shaftesbury Arts Centre, SP7 8AR**. A dance triple bill and a jazz evening, first DF events
- **St Nicholas Church, Moreton DT2 8RH**. Songs of Praise and flower festival signposted as DF. Thirteen windows engraved by Sir Laurence Whistler are of special interest. T. E. Lawrence of Arabia is buried in the nearby churchyard.
- **Sherborne Community Orchestra, Digby Hall, DT9 3AB**. First DF concert, free.



Continuing events can be found in the Arts Listings on pages **123-36** and can be downloaded from [arts4dementia.org.uk](http://arts4dementia.org.uk) (see pages **108-12**).

## 12 Dementia-Friendly Arts & Heritage

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“Encouraging arts and heritage sites to become dementia friendly (DF) is fantastic, a really simple way for people affected by dementia to carry on doing what they love, or they can try something new, says Joanna Malyon, AS Services Manager for Dorset.

It is well established that engaging with the arts and enjoying country exercise helps preserve identity and empowers people with dementia. As visiting heritage sites, with their colourful histories not only of Dorset, but of Britain, adds fascinating context and enriches life, Reawakening, in response to Historic Royal Palaces’ call for case studies, launched the Dorset DF Arts & Heritage launch at Athelhampton House on 21 April. The Dorchester DAA Co-Ordinator Chris Matthews addressed the group and walked round the historic house and garden, discussing aspects of access that are particularly valued by people affected by dementia, not least the comforting facility to touch and sit on the furniture without worry.

The advantage of a DF arts venue or heritage site is that they offer a relaxed, fascinating experience, while not relying on or appearing to label visitors with dementia. A cliff-top tour, visit to a church, with etched glass by Sir Laurence Whistler or medieval painted roof bosses, fan-vaulting, stone-carved corbels, columns of Purbeck marble, associations with King John and Thomas Hardy, a castle set in Capability Brown landscape or museum celebrating historic Britain and the county of Dorset, the impact on physical and mental wellbeing can be profound, creating new and happy memories. Travelling together, whether through the beautiful countryside of Dorset or along its Jurassic coast - a UNESCO World Heritage Site - is likely to be in itself uplifting and lead to a really memorable expedition. For Dorset DF listings, see pages **123-36**.

### **Becoming DF**

AS guides, *Becoming a dementia-friendly arts venue: A practical guide* and *Creating a dementia-friendly heritage site* (in partnership with Historic Royal Palaces), provide excellent advice. The next step is to contact your regional DF Communities Officer, to arrange a free site visit to help plan three initial actions, which might include inviting


- A DF champion to give an awareness session to front of house staff and volunteers, which takes no more than an hour.
- A couple of people affected by dementia and their partners to come and advise on helpful signage or access issues; and they, in return, enjoy an inspiring experience.

To post your DF venue at [arts4dementia.org.uk](https://arts4dementia.org.uk) (See page **111**).

A4D's new mobile friendly website provides national listings of arts events for dementia in the community and has the facility to map dementia friendly (DF) arts venues and heritage sites nationwide. It is designed to enable:

- **GPs, memory and social care services, families affected by dementia** to find local arts events and DF sites appropriate to their needs and interests. (See **Finding arts events**, below).
- **Arts & Heritage (A&H) organisations** to post dedicated events (one-off or weekly/fortnightly/monthly) for people affected by dementia (See **Posting an Arts event**, overleaf).
- **A&H venue and site owners** to post and identify themselves as DF (See **Finding DF Arts & Heritage Venues** below).

### Finding arts events

- 1) Click **Events** on the main menu (at the top of every page).
- 2) Under Filter Events, Select Down Arrow  to open each filter.
- 3) Type in your **POSTCODE** (or, on a tablet smartphone, use current location) and the Maximum distance. Either go direct to 4) or
- 4) If you wish, select the following options:
  - **DAY** to see only events on a selected day or days of the week
  - **DATE** range, a specific day or two to select a range of dates.
  - **ART FORM** Select one, any combination from Crafts, Dance & Movement, Drama & Poetry, Film & Photography, Heritage & Visual Arts, Music, Outdoor Arts, Reminiscence. To see all, **Select all art forms** or leave blank
  - **DEMENTIA NEED:**
    - Arts 4 Wellbeing (to protect against onset).
    - Arts suited to or specially for early-stage dementia.
    - Arts for Moderate dementia.
- 4) Under **SCHEDULE** Select **All events** to include one-offs or to see only regular events select **Recurring events**
- 5) **Apply filters**
- 6) A map will now show locations of all qualifying events within the specified distance, followed by a listing. This includes all key details: address, date and time, art form, dementia and cost, if applicable, and whether it may be free or discounted for carers.
- 7) Sort the list by **Date (soonest)** or **Distance (nearest)**.
- 8) Click on any individual event for further information.
- 9) Maps and listings can be printed out as a PDF.
- 10) Clinicians, memory and care services can print out listings appropriate for their patients and service users.

## Finding Dementia-friendly Arts & Heritage Venues

The A4D listing of arts and heritage sites includes historic houses, museums, galleries, theatres, concert halls, arts centres, music and dance studios, churches, cathedrals, country parks, nature reserves, gardens of special interest, and other DF arts or heritage related sites. These are all shown here, for simplicity, as “Venues”.

Venues that have achieved Alzheimer’s Society DF certificates are marked with 🌟. Others either offer DF services, have had DF training, or provide a natural and stimulating welcome to people with dementia, through talks, guided tours, free or discounted, recitals and performances.

### To locate DF venues:

- Click **Dementia-friendly venues** on the menu bar at the top of any page.
- Enter your **POSTCODE** (or, on a tablet smartphone, use current location) and Maximum distance.

You will then see a map and a listing with key details.

[View venue details](#)

Click through any listed venue for further information, including talks, free daytime recitals, tours, relaxed performances or screenings, wellbeing walks and special events for dementia.

### Please note.

- While dementia-friendly venues in Dorset are now mainly uploaded to the website, elsewhere this is a work in progress. We shall be adding dementia-friendly venues over time.
- All event and venue listings are offered as a guide. Arts 4 Dementia cannot take responsibility for facilities and descriptions.

For further information about posting your venue and/or events on arts4dementia.org.uk, please contact:

Imelda Dooley Hunter  
Arts 4 Dementia  
Phoenix Yard, 65 King’s Cross Road,  
London WC1X 9LW.

[imelda@arts4dementia.org.uk](mailto:imelda@arts4dementia.org.uk) 020 7239 4954

## Posting an arts event

**Post an event**

Button at the top of every page. Then on the Authorisation screen:

**Log in**

If you already have a profile or

**Create a profile**

Includes contact name, arts organisation name and logo, email address and password. (When submitting an event, you can choose to include the profile contact name and logo or use others as may be required.) On completion of this form, you will be returned to the Authorization (log-in) screen. Then after Post an event:

- Insert the event's **Title**.
- Select the **Event date** (of the next event, if it's one of a series).
  - Choose your event repeats (select all that apply): by day of the month, weekly, fortnightly, first/second/third/fourth day of the month.
  - Length of time of your recurring event series (you can later edit this): one month, six months, twelve months.
- **Location:** Enter the postcode. **Look up address.**
- **Add your main event image**  A landscape image (jpg, png or gif), minimum size 710px wide x 640px high.
- **Add your organisation logo** by default your organisation profile logo, or  (minimum size, 205 px wide x 64 px high).
- **About the event:** Enter your description.
- **Cost** options include **carer free** or **carer discount**.
- **Art form:** Select one or more of Crafts, Dance & Movement, Drama & Poetry, Film & Photography, Heritage & Visual Arts, Music; Outdoor Arts and Reminiscence.
- **Dementia need:** one or more of Arts 4 Wellbeing; Early stage; or Moderate dementia.
- **Access:** Select all that apply of Disabled access, Disabled toilets, Hearing aid loop, Guide dog friendly, Dementia-friendly venue.
- **Contact details** can be as per your profile, or you can enter other details.
- When complete
- You will then be able to preview your listing and

or

**Note that you can quickly copy and edit an existing or past event, including all details** – for example, to create a similar series on another day of the week, or at other or multiple locations.



## Listing your dementia-friendly arts or heritage venue

You don't need to log in.

On the main menu, click Dementia-Friendly Venues.

Then [Submit dementia-friendly venue](#)

Enter venue details:

- **Name of DF venue**
- **DF venue image**  A landscape image (jpg, png or gif), at least 710px wide x 640px high
- **About the venue:** Enter venue address, website, description and contact details.
- **Cost** options include **carer free** or **carer discount**.
- **Dementia-Friendly Provision: Select**
  - Have Alzheimer's Society DF certificate.
  - Staff trained in dementia awareness.
  - Select DF services: talks, guided tours, free recitals, relaxed performances, wellbeing walks, special events for people affected by dementia.
- **Access:** Select all that apply of Disabled access, Disabled toilets, Hearing aid loop, Guide dog friendly.

## User input about DF Arts & Heritage venues and events

As A4D develops this website to meet arts and heritage needs for dementia in the community, we welcome input from our user community about DF arts and heritage venues and arts events.

On the Home Page, scroll down to

- **Tell us about events for families affected by dementia**
- **Tell us about a DF venue near you**

Your contributions will enable A4D to offer and improving service for families affected by dementia and those who care for them.

The A4D website includes sections on **Training, Resources & Evidence** and **News**. More features will be available.

A close-up photograph of a rock surface. The rock has a rough, textured appearance with various shades of brown, tan, and grey. A prominent feature is a circular hole or indentation in the upper right quadrant. The rock surface shows signs of weathering and erosion, with some areas appearing smoother and others more jagged. The word "APPENDICES" is overlaid in a bold, red, serif font, centered horizontally across the middle of the image.

**APPENDICES**

## Appendix 1: Dementia-Friendly Dorset DAA (Alz. Soc.) DF Internal Environments

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Many low cost and small-scale changes around your premises can have a major impact on improving accessibility for people with dementia, e.g.:

### Lighting

- Entrances should be well lit and make as much use of natural light as possible.
- Pools of bright light and deep shadow should be avoided.

### Flooring

- Avoid highly reflective and slippery-looking floor surfaces.
- Changes in floor finish should be flush against each other.
- Where possible avoid highly patterned carpets and floor coverings, or sharp contrasts, e.g. black and white tiles where the black tiles can be mistaken for holes in the floor.

### Seating

- Provide seating areas where possible if people will be waiting.
- Use traditional-looking seating that can easily be recognised as such, e.g., a wooden bench rather than an abstract metal Z-shaped bench.
- Try to ensure a contrast between the colour of the seating and the surrounding environment, e.g., floor, wall, etc.

### Navigation

- Research shows that people with dementia use “landmarks” to navigate their way around, visually stimulating objects, a painting, sculpture or plant.
- Try to avoid changing layouts where possible, to promote accessibility and the maintenance of recognised routes.

### Signage

- Signs should be clear, with contrast between text and background.
- Ensure contrast between the sign and the surface it is mounted on.
- Fix signs to the door to which they refer (e.g., toilet or exit).
- Signs should be at eye level and well lit.
- Consider using simple pictures as well as words, but avoid highly stylised or abstract images.
- Think about placing signs at key decision points for someone trying to navigate your venue for the first time.
- Ensure that glass doors are clearly marked.

To become a member of your local Dementia Action Alliance, with your organisation’s page on the DAA website, and for further heritage guidance, contact your local DAA representative and complete an action plan, which you can download, with guidance notes, at [dementiaaction.org.uk](http://dementiaaction.org.uk).

## Appendix 2: Arts workshop tips for early-stage dementia

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For people experiencing early symptoms of dementia, whatever the type, leaving the safety of home may be a challenge. Their concern and that of their care partners is to preserve their brain and to lead as normal a life in the community as possible. But they may well be self-conscious, aware of stigma. As apparent inertia conceals the fact that they are still able to revive and develop new skills and to enjoy cultural activities, these need to make them feel welcome, and offer compelling interest.



Regular arts workshops provided through arts organisations' learning and participation programmes – as a natural outgrowth of existing practice - can offer inviting opportunities to restore wellbeing and reawaken creative activity they can pursue together to override the stresses of dementia. Whatever the art form, projects offer an individual experience, with the common aim to re-energise and inspire them, restore shared cultural interest and on-going, interactive involvement.

### Most valued qualities:

- Inspirational - A&H settings and workshop artists experienced in their art form and dementia need, flexible and open to developing a new learning stream into their culture and health framework.
- High quality - Looking at masterpieces of the past, whatever form of arts or heritage, or the best contemporary practice as the innovative spark for new creative activity.

While each workshop, fulfilling in itself, will aim to generate a sense of personal achievement, some projects may work towards a final display or performance.

### Participants:

6-10 people experiencing mild memory loss or early-stage dementia, and their companions – family, friend or professional.

### Timing:

A series of weekly sessions, 8-10 weeks, ideally ongoing. Not too early, suggest 10.30am or later.

## Appendix 2: Arts workshop tips

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### Structure:

As participants will be keen to get going, we recommend serving refreshments in the last half hour, when participants are stimulated and relaxed, keen to chat. With the session fresh in their mind, evaluation becomes a natural at that time.

To encourage cognitive stimulation between sessions, a theme to practise at home is helpful and gives on-going connection with the artistic community.

### Warm-ups:

Whether participants have long experience in the field or are new to the art form, to lift the fog of dementia affecting thought processes, warm-up exercises or brief engaging introductions can break through the clouds of dementia and release the creative impulse.

- Clear and interactive discussion to set the context and spark creative response
- Avoid long explanations, which trouble people with Alzheimer's, though they are fine for carers and less troubling at first for those with fronto-temporal dementia.
- A focussed question addressed to a participant by name and with eye contact, allows time to articulate thoughts and exchange of ideas between participants
- Reading and writing may cause difficulty

### Content:

When adapting existing practice for dementia, it is important to bear in mind that programmes need to help participants restore and preserve their identity through the cultural, creative exercise. Here are a few points:

#### **Crafts:**

While participants rise to and value the challenge of learning new craft skills, an extra eye on safety is wise.

#### **Dance**

Whatever the dance form, the opportunity for self-expression and interaction brings joy and relief from anxiety.

#### **Drama**

- See the West Yorkshire Playhouse *Guide to Dementia Friendly Performances* ([wyp.org.uk](http://wyp.org.uk)).

## Appendix 2: Arts workshop tips

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- Artful Minds in Scotland ([heartsminds.org.uk](http://heartsminds.org.uk)) has an interesting programme bringing care home residents into community theatre settings.
- See also *Rearwakening the Mind*, 2013, pages 85-102.

### **Museums and Visual Arts:**

- Museum and gallery talks and tours: Interactive conversations engage participants best.
- Talks to inspire art workshop: It is helpful to find out in advance the skills, interests and desires of participants to establish the art/talk balance of the session. Some may be attending to learn more about the collection, others need more time to create art.
- Choice of pictures to engage participants: Subject matter, technique, portraits that encourage focus on individual character or connections between characters are especially engaging. Suggest avoid complex group pictures.

### **Music:**

- Inviting participants into the rehearsal venue while professional musicians are singing or playing a familiar high-quality piece is uplifting and encourages them to join in from the start.
- Aim for musicality.
- A slow song early in the session allows participants to focus on expression, musical line and dynamics.
- For large song cycles and opera programmes, such as those run by Glyndebourne, Scottish Opera, Turtle Song, for structure over a longer time period (see *Music Rearwakening* (2015)).

### **Reminiscence**

This is helpful when dementia is advancing to the moderate stage. As people rarely wish to do dementia-type activities when first the condition first strikes, to attract real interest, use the most fascinating objects or ideas to stimulate interactive response.

### **Tips for artists and arts organisations starting events for dementia:**

- Keep it local, for ease of access, transport and sustainability.
- Allow time to build up arts for health and social care networks
- If someone lives alone and has difficulty reaching the arts venue, Alzheimer's Society's Side by Side programme matches up volunteers with similar interests who can accompany people affected by dementia. ([alzheimers.org.uk](http://alzheimers.org.uk)).

## Appendix 3: The St Peter's Church Organ

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Introduction to the organ,  
built by Harrison and  
Harrison of Durham in  
1913, by Timothy Rice

### Pipes, Stops, Manuals and Foot Pedals

In the north-east corner of the church there are 50 organ pipes visible, ranging from ten to sixteen feet high.

The organ console on its platform in the nave opens to reveal

- A rank of three manuals (keyboards) flanked by organ stops on the inside of its doors, with foot pedals beneath.
- Each manual has 61 keys. Unlike the piano, these are not touch sensitive, so however hard a key is pressed, the sound remains constant. Volume of sound is created by the choice of stop.
- There are 48 numbered stops. For each one there is an associated rank of pipes. Stops feed to the pipes to build up sound – stop 32, for example, leads to the deep-sounding 32-foot high pipe. Timothy draws (pulls out) the stop to demonstrate.
- One stop plus one key pressed on a manual = one pipe sounding.
- There are altogether 3,000 pipes. The taller the pipe, the deeper the sound, highest notes from pipes only inches high.
- Foot pedals, with shapes indicating sharps and flats, play the lowest organ pipes.



## Appendix 4: PDSW Dance Music

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### Class 1 “Strictly Come Dancing”

*Greensleeves* (Traditional English folk song)  
*Edelweiss* (Rogers and Hammerstein, 1965)  
*Hello Goodbye* (The Beatles, 1967 – each week)  
*Great Balls of Fire* (Jerry Lee Lewis, 1964)  
*Moon River* (Henry Mancini, 1961)  
*Listen to the Music* (Meghan Trainor, 2014)  
*Che Sara Sara* (Doris Day, 1956)  
*The Stripper* (John Anderson Big Band, 1991)  
*White Cliffs of Dover* (Vera Lynn, 1942).

### Class 2: “Argentine Tango”

*Jonny B Good* (Chuck Berry, 2008)  
*Let’s Dance* (Chris Montez, 1962)  
*El Capitalismo Foraneo* (Gotan Project)  
*Santa Maria* (Gotan Project, 2001)  
*La Cumparsita* (Gotan Project, 2012).

### Class 3: “Cowboys and Indians”

*William Tell* overture (Rossini, 1829)  
*Old Photographs* (Tommy Emmanuel, jazz, 2015)  
*Out West Medley* (Foster and Allen, 2017)  
*Let’s Dance* (Chris Montez, 1962)  
*A Thousand Hallelujahs* (The Shires, 2016)  
*The Good, The Bad and The Ugly*, (Raindance, 1966)  
*Intertribal Powwow* (Raindance, 2017)  
*Drifting Off to Cedar Flute Melodies* (Massage Tribe, 2013).

### Class 4: “Tango Revisited”

*Somos Novios* (Milos Karadagic, 2013)  
*A Canterbury Tale* (Dreadzone, 1995)  
*La Ultima Copa* (2009)  
*Hippy, Hippy, Shakes* (Swinging Blue Jeans, 1963)  
*La Cumparsita* (Gotan Project, 2012)  
*Hernando’s Hideaway* (The Johnson Brothers, 2001)  
*The Secret Life of Daydreams* (Jean-Yves Thibaudet, 2005).

### Class 5: “Marathon and Cricket - samba”

*Chariots of Fire* (Vangelis, 1981)  
*Tutti Frutti* (Little Richard, 1955)  
*Soul Limbo* (Byron Lee and the Dragonaires, 1968)  
*You’ll Never Walk Alone* (Uplifting Piano, 2012).

### Class 6: “May Day and Square Dancing”

*Celtic Waltz* (Valuri de Matase, 2008)  
*Hello Goodbye* (The Beatles, 1967)  
*March Strathspey & Reel* (Sandy Coghill medley 2014)  
*Minnesota Polka* (Karl & The country Dutchmen, 2015)  
*Orum’s Fancy* (Global Journey, 2014).  
*My love is like a red red rose* (Kenneth McKellar, 2013)

### Class 7: “Rain Forest”

*Stars in the Sky* (Water & Forest Stream Sounds, Rainforest Lullabies Ensemble, 2016)  
*I’m painting Again* (Miss Potter soundtrack by Nigel Westlake, 2006)  
*Best Years of our Lives* (Modern Romance, 1982)  
*Jailhouse Rock* (Elvis Presley, 1957)  
*Grasslands Chant* (*The Lion King* Broadway Soundtrack, 2011)  
*Loungin’ Africa* (African Drums, 2014).

### Class 8: “Cha-Cha”

*Star of the Night* (Rumba) (Instrumental, 2014)  
*I like it like that* (Pete Rodriguez, 2012)  
*Great Balls of Fire* (Jerry Lee Lewis, 1964)  
*Oye Como Va* (Carlos Shantana, 1970)  
*Sway* (Michael Bubl , 2003)      *Strictly Come Dancing* theme tune.



## Appendix 5: Summary of Evaluation of the County Museum and Church programmes

By the Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University

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Independent evaluations were undertaken for A4D Reawakening programmes at Dorset County Museum (curator talks and art) and St Peter's Church (choir and organ). Both involved people in the early to mid-stages of dementia, their companions and community volunteers attending eight-weekly programmes of cultural interactions delivered by expert arts and heritage (A&H) practitioners/personnel.

A mixed method approach was adopted to assess the effect of individual sessions and the overall programmes: the Canterbury Wellbeing Scale (CWB), a quantitative measure of subjective wellbeing at the museum, and for the music, the Prosper observation scales used to assess levels of involvement (commitment, embodiment, creative expression, verbal/non-verbal communication) and wellbeing (e.g. liveliness, confidence and reduced tension). Qualitative methods included social discussions or interviews, with data analysed using the Excel software programme, and subjected to thematic analysis based on Braun and Clarke (2006). Data were collected at the first and eighth weeks.

Thirteen people took part in these evaluations, six with dementia; four carers and three volunteers. Findings from the CWB scales showed a rise from 71.8 to 81.6 (max 100) in the overall average scores from week 1 to week 8 in the museum group with the highest rises in feeling well and feeling confident. In the music group, findings from the Prosper Involvement (PI) five-point scale, where 1 = no signs of involvement and 5 = consistently high signs, showed high average scores between weeks 1 and 8 of 4.6 and 4.7 (max 5) respectively. These indicate that participants were inspired and motivated from the outset. A higher rise in average scores for the Prosper Wellbeing scale from 4.1 to 4.9 was largely due to a retired organist, whose scores rose from 3.1 to 4.7 and for whom the opportunity to play the organ again after many years appeared to have substantial positive impact. Social discussion and interviews confirmed that the sessions enabled participants to feel connected and able to contribute creatively to a "normal" community group, valued and worthy of being in a place of culture, worthy of skilled professional attention, able to develop progressively, motivated and optimistic. Carers and volunteers frequently report achievements of those with dementia as surprising and encouraging. These evaluations show that for those who elect to engage in A4D A&H programmes, the positive health and wellbeing effects are significant and far-reaching. Moreover, they challenge perceptions of irreversible disability associated with dementia. There appears therefore a need for formally integrating into older people's health promotion and dementia care services opportunities for evidence-based A&H activity engagement.

## Appendix 6: Summary of Evaluation of the Dance and Drama projects by Bournemouth University MA Neuroscience Students

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As part of the Arts 4 Dementia project, two Master's students from Bournemouth University Psychology Department undertook an independent evaluation of the dance and drama initiatives. Both projects adopted a qualitative approach and framed the research drawing on theories of social citizenship and wellbeing. Each art initiative lasted from eight to nine weeks and upon their conclusion, feedback data was collected, using a mixture of focus groups and interviews, from eight people with dementia, nine care partners and six volunteers. A thematic analysis of the data revealed that the arts initiative had important benefits for both the social citizenship and wellbeing of the participants.

From a social citizenship perspective, the initiative enabled people with dementia to re-engage within their community and to socially connect with others living with dementia. The inclusive environment promoted throughout the initiatives, which sought to empower people to engage with the activities regardless of their abilities, was integral to this success. Furthermore, the data demonstrated that the art initiative could be used to promote psychological benefits and opportunities for personal growth as well as raise dementia awareness amongst volunteers. This latter aspect is particularly important given the UK Governments focus on raising dementia awareness and promoting dementia friendly communities.

The data also demonstrated that the art initiative enabled people with dementia to achieve important facets of wellbeing as outlined by Tom Kitwood (1997). This included: engaging in meaningful activities that were tailored to their interests and abilities; connecting with other people and forming a sense of solidarity, being viewed over and above their diagnosis of dementia. This latter aspect is important for reducing the stigma surrounding dementia that can detrimentally impact on the wellbeing and self-worth of those living with the condition.

Although this was a small exploratory study, the findings suggest that drama and dance initiatives have the potential to support the wellbeing and social citizenship of people with dementia. As such, it is important that they continue to be promoted through policy and practice. Future research would be advised to examine the initiatives over an extended period of time to explore any longer term benefits for people with dementia, as well as determine the mechanisms that contribute to the success of the art initiative.

To view the reports produced by the Bournemouth University students please contact Dr Ben Hicks at [bhicks@bournemouth.ac.uk](mailto:bhicks@bournemouth.ac.uk).

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## Arts Listings for Health & Wellbeing (Dorset)

### Bournemouth and Poole:

D&M	The 60+ Fit Club	The Beehive Studio, BH6 3EN.	07775 430282 - <a href="mailto:sofactive.co.uk">sofactive.co.uk</a> - <a href="mailto:sofactive@outlook.com">sofactive@outlook.com</a>
M	BSO "Rusties"	Bournemouth Locations.	01202 644717 - <a href="mailto:bsolive.com">bsolive.com</a> /rustymusicians
P&D	"Make Friends with a Book"	Broadstone Library, BH18 8DP.	01202 693504 - <a href="mailto:libraries@poole.gov.uk">libraries@poole.gov.uk</a>
O	Red squirrel walks	Brownsea Island, BH13 7EE.	01202 707744 - <a href="mailto:brownseaisland@nationaltrust.org.uk">brownseaisland@nationaltrust.org.uk</a>
P&D	Reading group	Canford Cliffs Library, BH13 7BN.	01202 693504 - <a href="mailto:libraries@poole.gov.uk">libraries@poole.gov.uk</a>
P&D	Hengisbury Writers	Hengisbury Head Visitor Centre, BH6 4EW.	01202 451618 - <a href="mailto:visithengisburyhead.co.uk">visithengisburyhead.co.uk</a>
P&D	Reading group	Oakdale Library, BH15 3EF.	01202 674213 - <a href="mailto:libraries@poole.gov.uk">libraries@poole.gov.uk</a>
D&M	"Older and Perfect" & other classes*	Pavilion Dance South West, BH1 2BU.	01202 203630 - <a href="mailto:plsw.org.uk">plsw.org.uk</a> - <a href="mailto:info@plsw.org.uk">info@plsw.org.uk</a>
H&VA	Behind-the-scenes tours	Russell-Cotes Art Gallery & Museum, BH1 3AA.	01202 451858 - <a href="http://russellcotes.com">russellcotes.com</a>
M	Bournemouth Male Voice Choir	The Salvation Army Hall, BH5 2AT.	07376 199817 - <a href="mailto:musicaldirector@bournemouthmalechoir.co.uk">musicaldirector@bournemouthmalechoir.co.uk</a>
M	St Aldhelm's Orchestra	St Aldhelm's Church, BH13 6BT.	07930 262700 - <a href="http://st-aldhelms-orchestra.co.uk">st-aldhelms-orchestra.co.uk</a>
M	St Peter's Singers	St Peter's Church, BH21 2EE.	01202 290986 - <a href="http://stpetersbournemouth.org.uk">stpetersbournemouth.org.uk</a>
M	Free lunchtime organ recitals	St Peter's Church, BH21 2EE.	01202 290986 - <a href="http://stpetersbournemouth.org.uk">stpetersbournemouth.org.uk</a>
M	Free lunchtime recitals	St Peter's Parkstone Church, BH14 0NN.	01202 749085 - <a href="http://stpetersparkstone.org.uk/church">stpetersparkstone.org.uk/church</a>
M	St Stephen's Church Choir	St Stephen's Church, BH2 6IX.	01202 290986 - <a href="mailto:ianfharrison@msn.com">ianfharrison@msn.com</a>
M	Free lunchtime recitals	St Stephen's Church, BH2 6IX.	01202 290986 - <a href="http://btep.org.uk/who-we-are/st-stephens">btep.org.uk/who-we-are/st-stephens</a>
O	Nordic Walking & other walks*	Upton Country Park, BH17 7BJ.	01202 262 753 - <a href="http://uptoncountrypark.com">uptoncountrypark.com</a>
F&P	Lyme Bay Photography Club	Woodmead Halls, DT7 3PG.	01297 443121 - <a href="http://lymebayphotographicclub.org">lymebayphotographicclub.org</a>

### Christchurch:

M	Christchurch & Highcliffe Brass Band	Burton Green Church Hall, BH23 7JN.	07837 670354 - <a href="http://candhbrass.com">candhbrass.com</a> - <a href="mailto:info@candhbrass.com">info@candhbrass.com</a>
C	"Needles and Pins"	Christchurch Library, BH23 1AW.	01202 485938 - <a href="mailto:christchurchlibrary@dorsetcc.gov.uk">christchurchlibrary@dorsetcc.gov.uk</a>
M	Free lunchtime organ recitals	Christchurch Priory, BH23 1BX.	01202 485804 - <a href="http://christchurchpriory.org">christchurchpriory.org</a>
M	Coda Ukulele Band	Coda Music Centre, BH23 5QL.	01425 276161 - <a href="mailto:coda-music.com">coda-music.com</a> - <a href="mailto:contact@coda.org.uk">contact@coda.org.uk</a>
D&M	Over 60s Training & other classes*	Highcliffe Castle, BH23 4LE.	07775 430282 - <a href="mailto:geftt@sofactive.co.uk">geftt@sofactive.co.uk</a>
D&M	The 60+ Fit Club	Somerford ARC, BH23 3EH.	07775 430282 - <a href="mailto:sofactive.co.uk">sofactive.co.uk</a> - <a href="mailto:sofactive@outlook.com">sofactive@outlook.com</a>
D&M	The 60+ Fit Club	Stanpit Village Hall, BH23 3NE.	07775 430282 - <a href="mailto:sofactive.co.uk">sofactive.co.uk</a> - <a href="mailto:sofactive@outlook.com">sofactive@outlook.com</a>
D&M	Beginner's Latin American Dance	Stanpit Village Hall, BH23 3NE.	01425 278121 - <a href="http://cosmopolitan-dance.co.uk">cosmopolitan-dance.co.uk</a>
D&M	The 60+ Fit Club	St Joseph's Church, BH23 1EH.	07775 430282 - <a href="mailto:sofactive.co.uk">sofactive.co.uk</a> - <a href="mailto:sofactive@outlook.com">sofactive@outlook.com</a>
D&M	Beginner's Ballroom & social dances*	St Mark's Hall, BH23 5AA.	01425 278121 - <a href="http://cosmopolitan-dance.co.uk/html/programme.html">cosmopolitan-dance.co.uk/html/programme.html</a>

### East Dorset:

P&D	"Glow Worms" reading group	Wimborne Library, BH21 1ED.	01202 882770 - <a href="mailto:wimbornelibrary@dorsetcc.gov.uk">wimbornelibrary@dorsetcc.gov.uk</a>
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\* For full listings see [arts4dementia.org.uk](http://arts4dementia.org.uk)

## Arts Listings for Health & Wellbeing (Dorset)

### North Dorset:

M	<b>Bournemouth Sinfonietta Choir</b>	Blandford Methodist Church, DT11 7HA.	bschoir.org.uk – nigel.wyatt@dial.pipex.com
H&VA	<b>Art group</b>	Shaftesbury Arts Centre, SP7 8AR.	01747 854321 – shaftesburyartscentre.org.uk/art
P&D	<b>“MAD” music and drama group</b>	Shaftesbury Arts Centre, SP7 8AR.	01747 828333 – stage@shaftesburyartscentre.org.uk
M	<b>Palida a capella choir</b>	Shaftesbury Arts Centre, SP7 8AR.	01747 850978 – shaftesburyartscentre.org.uk/music-groups
F&P	<b>Shaftesbury Arts Centre film society</b>	Shaftesbury Arts Centre, SP7 8AR.	01747 853224 – shaftesburyartscentre.org.uk/film-groups
M	<b>Free lunchtime organ recitals</b>	Sherborne Abbey, DT9 3LQ.	01935 812452 – sherborneabbey.com

### Purbeck:

O	<b>“Meet a Moth”</b>	Durlston Country Park, BH19 2JL.	01929 424443 – durlston.co.uk – info@durlston.co.uk
O	<b>Nordic walks</b>	Purbeck Nordic Walking, Purbeck locations.	0789 660 4495 – purbecknordicwalking.co.uk
M	<b>St Nicholas Moreton Church Choir</b>	St Nicholas Moreton Church, DT2 8RH.	0843 8868668 – info@stnicholasmoreton.org.uk
D&M	<b>“A Dance a Day”</b>	Wareham Corn Exchange, BH20 4NS.	01305 260954 – rosalind@activateperformingarts.org.uk
C	<b>“Craft and Chat”</b>	Wareham Library, BH20 4LR.	01929 556146 – warehamlibrary@dorsetcc.gov.uk
D&M	<b>“Movers and Shakers”</b>	Winfrith Newburgh Village Hall, DT2 8LR.	01305 263489 – lypnainez@aol.com

### West Dorset:

D&M	<b>“Better Balance”</b>	Age UK Dorchester, DT1 1PW.	01305 269444 – info@ageukdorchester.org.uk
P&D	<b>Shared reading group</b>	Bridport Library, DT6 3NY.	01308 442778 – bridportlibrary@dorsetcc.gov.uk
O	<b>Fossil walks</b>	Charmouth Heritage Coast Centre, DT6 6LL.	01297 560772 – info@charmouth.org
D&M	<b>“A Dance a Day”</b>	Charmouth Village Hall, DT6 6NU.	01305 260954 – rosalind@activateperformingarts.org.uk
C	<b>“Get Creative”</b>	Dorchester Library, DT1 1EF.	01305 224 440 – dorchesterlibrary@dorsetcc.gov.uk
C	<b>Dorchester Men’s Shed workshops</b>	Dorchester Men’s Shed, DT2 9SL.	01305 267722 – dorchestermentshed.org.uk
O	<b>Mary Anning walks &amp; other walks*</b>	Lyme Regis Museum, DT7 3QA.	01297 443370 – walks@lymeregismuseum.co.uk
O	<b>Jane Austen tours of Lyme Regis</b>	Behind the Rock Point Inn, DT7 3QD.	07763 974569 – literarylyme.co.uk/15-jane-austen-tours
M	<b>St Peter’s Bellringers; and choir</b>	St Peter’s Church, DT1 1XA.	01305 570733 – dorchesteranglican.info/churches/st-peter
D&M	<b>“Movers and Shakers”</b>	The Swan Centre, DT1 2PG.	01305 263489 – lypnainez@aol.com
M	<b>Dorchester community orchestra</b>	United Church Dorchester, DT1 1EE.	07747 842992 – catherineoakley@btinternet.com

### Weymouth and Portland:

M	<b>The Quangle Wangle Choir</b>	618 Dorchester Road, DT3 5LH.	01305 814940 – quanglewanglechoir.co.uk
M	<b>Weymouth Choral Society</b>	St Aldhelm’s Church, DT3 5EW.	07929 519973 – weymouthchoralsociety.org.uk
M	<b>Wacapella women’s choir</b>	The Warehouse Theatre, DT4 8TU.	01305 814940 – wacapella.co.uk – julietharwood@hotmail.com
D&M	<b>“Better Balance”</b>	Weymouth Community Fire Station, DT4 0QF.	01305 269444 – info@ageukdorchester.org.uk

\* For full listings see [arts4dementia.org.uk](http://arts4dementia.org.uk)

*Locations with a beautiful, interesting historic or sensory setting, providing a natural welcome to people with dementia, with the cognitive benefit of talks, tours, free or discounted recitals and performance.*

**East Dorset:**

Knoll Gardens, Wimborne Minister, BH21 7ND.

This four-acre garden of rare trees and shrubs is owned by Neil Lucas, the leading UK expert in the ornamental grasses for which Knoll Gardens is world renowned.

**North Dorset:**

Sherborne Castle and Gardens, Sherborne, DT9 5NR.

Built by Sir Walter Raleigh in 1594 and seized by King James I, Sherborne Castle is the home of the Digby family. With magnificent staterooms, collections and a museum, the castle lies in landscape designed by Capability Brown.

**Purbeck:**

Corfe Castle (National Trust), Wareham, BH20 5EZ.

Once one of England's most important royal castles, dating back 1000 years, Corfe fell to the Round heads in the Civil War in 1645. Exploring its majestic ruins in the Purbeck hills, to learn its colourful history, provides fine cognitive exercise.

**West Dorset:**

Abbotsbury Subtropical Gardens, Abbotsbury, DT3 4LA.

In a wooded and sheltered valley, leading down towards Chesil Beach, Abbotsbury has some of the most extensive gunnera plantings in England in its valley garden and palm trees flourishing in the old kitchen garden.

Athelhampton House and Gardens, Dorchester, DT2 7LG.

One of the finest early Tudor houses in England, Athelhampton has heraldic glass of special interest, splendidly contrasting art by the Russian cubist painter Marevna (1892–1984) and Grade I listed gardens, with 30-foot high yews, dovecote, fountains, and water pools.

**Weymouth and Portland:**

Bennetts Water Gardens, Weymouth, DT3 4AF.

These eight-acre gardens house the national collection of water lilies.

Portland Castle (English Heritage), Portland, DT5 1AZ.

Built by Henry VIII in the early 1540s to protect against French and Spanish invasion, the fine coastal fort overlooks Portland Harbour. Its sheltered Governor's Garden overlooking the sea, was once part of a series of 16th century defensive Device Forts, which ran from Kent to Cornwall.

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**DF Certificated locations and those with DF trained staff and/or DF services\***

**Bournemouth and Poole:**

- ✿ Immanuel Church, Southbourne, BH6 3QJ.
- ✿ Lighthouse, Poole's Centre for the Arts, Poole, BH15 1UG.
- ✿ Parkstone Baptist Church, Poole, BH14 9EX.
- ✿ Parkstone United Reformed Church, Poole, BH14 0JW.
- ✿ Poole Museum, Poole, BH15 1BW.
- ✿ Poole History Centre, Poole, BH15 1BW.
- ✿ St Katharine's Church, Southbourne, BH6 4AR.
- ✿ St Nicholas Church, Southbourne, BH6 4EP.
- DF Artisan Studio, Branksome, BH12 2EA.
- DF Pavilion Dance South West, Bournemouth, BH1 2BU.

**Christchurch:**

- ✿ Coda Music Centre, Christchurch, BH23 5QL.
- ✿ Red House Museum, Christchurch, BH23 1BU.

**East Dorset:**

- ✿ Avon Heath Country Park, Ringwood, BH24 4DH.
- ✿ Kingston Lacy (National Trust), Wimborne Minster, BH21 4EA.
- ✿ The Minster Church of St Cuthburga, Wimborne Minster, BH21 1HT.
- ✿ Moors Valley Country Park and Forest, near Ringwood, BH24 2ET.
- ✿ Priest's House Museum and Garden, Wimborne Minster, BH21 1HR.
- ✿ St Mary the Virgin Church, Ringwood, BH22 0JF.
- ✿ St Michael and All Angels Church, Colehill, BH21 2RY.
- ✿ Tivoli Theatre, Wimborne Minster, BH21 1LT.

**North Dorset:**

- ✿ The Exchange, Sturminster Newton, DT10 1FH.
- ✿ Future Roots, Ryland's Farm, near Sherborne, DT9 5PS.
- ✿ Gillingham Museum, Gillingham, SP8 4UA.
- DF Shaftesbury Abbey Museum and Garden, Shaftesbury, SP7 8JR.
- DF Sherborne Abbey, Sherborne, DT9 3LQ.
- DF Sherborne Museum, Sherborne, DT9 3BP.

**Purbeck:**

- ✿ Durlston Country Park, Swanage, BH19 2JL.
- ✿ The Etches Collection, Museum of Jurassic Marine Life, Kimmeridge, BH20 5PE.

**West Dorset:**

- ✿ Dorset County Museum, Dorchester, DT1 1XA.
- ✿ Future Roots, Whitfield, near Dorchester, DT2 9SL.
- ✿ Hardy's Birthplace Visitor Centre and Thorncombe Woods, Dorchester, DT2 8QJ.
- DF Athelhampton House, Puddletown, DT2 7LG.
- DF Bridport Arts Centre, Bridport, DT6 3NR.
- DF Dorset History Centre, Dorchester, DT1 1RP.

**Weymouth and Portland:**

- ✿ RSPB Radipole Lake Nature Reserve, Weymouth, DT1 2AB.

✿ **All Dorset libraries:** [dorsetforyou.gov.uk/libraries/opening-times](http://dorsetforyou.gov.uk/libraries/opening-times).

✿ **Dorset Area of Outstanding Natural Beauty:** "Stepping into Nature" partnership project. [dorsetaonb.org.uk/our-work/health-and-wellbeing](http://dorsetaonb.org.uk/our-work/health-and-wellbeing).

\* For locations keen to become Dementia Friendly, see page 136.



## Arts Listings for Early-Stage Dementia (Dorset)\*

\* See also "Arts Listings for Dementia - All Stages"

### Bournemouth & Poole:

R	<b>Sporting Memories</b>	Alderney Manor Social Club, Poole, BH12 4HT.	Alternate Saturdays, 10am-12noon	Free	01202 977073	info@pwb collaborative.org.uk	
D&M	<b>"Stretch, Balance and Shake"</b>	Baiter Gardens, Poole, BH15 1WZ.	Thursdays, 10.30-11.30am	£3 session	01202 633971	a.shiels@poole.gov.uk	
M	<b>"Sing Together" community choir</b>	Bob Hann House, Poole, BH12 2BW.	Thursdays, 10-11.30am	£3 session	01202 633971	a.shiels@poole.gov.uk	
P&D	<b>"Stepping Stones" memory reading group</b>	Broadstone Library, Poole, BH18 8DP.	Monday, 11am-12noon	Free	01202 693555	libraries@poole.gov.uk	poole.gov.uk/leisure-and-culture/libraries/your-libraries
M	<b>Songs for the Mind</b>	Immanuel Church, Bournemouth, BH6 3QJ.	Alternate Fridays, 10.30am-12.30pm	£2.50 session, Free carers	01202 419506	facesouthbourne@aol.com	immanuelsouthbourne.org.uk
C	<b>Clay workshops</b>	Immanuel Church, Bournemouth, BH6 3QJ.	Fridays, 1.30-3.30pm	Suggested Donation £4-6	01202 419506	facesouthbourne@aol.com	immanuelsouthbourne.org.uk
O	<b>Twigs gardening club</b>	Oakdale Library, Poole, BH15 3EF.	2nd Sat of month, 10.30am-12.30pm	Free	01202 716429	deetrish12spot@gmail.com	twiggers-relaxwithtwigs.blogspot.co.uk
D&M	<b>"Reawakenings" dance</b>	Pavilion Dance South West, Bournemouth, BH1 2BU.	Fridays, 1.30-3pm (Funding dependent)	£4 session, Free carers	01202 203642	lisal@pdsw.org.uk	pdsw.org.uk/classes
O	<b>Summer birdwatching cruises</b>	The Quay, Poole, BH151HJ.	Summer dates, 6pm	£16.20 Adult, Carer discount	02077 400400	info@citycruises.com	citycruisespoole.com
O	<b>Sea Train Adventure</b>	The Quay, Poole, BH151HJ.	Summer dates, 10.30am	£16.20 Adult, Carer discount	02077 400400	info@citycruises.com	citycruisespoole.com
O	<b>Twigs gardening club</b>	Rossmore Library, Poole, BH12 4HS.	4th Sat of month, 10.30am-12.30pm	Free	01202 716429	deetrish12spot@gmail.com	twiggers-relaxwithtwigs.blogspot.co.uk

## Arts Listings for Early-Stage Dementia (Dorset)\*

\* See also "Arts Listings for Dementia - All Stages"

M	<b>"Sing Together" community choir</b>	St Barnabas Church, Bournemouth, BH8 9JN.	Fridays, 10.30-11.30am	£3 session	01202 633971	a.shiels@poole.gov.uk	
M	<b>Bournemouth Bach Choir</b>	St Luke's Church Hall, Bournemouth, BH3 7LR.	Sundays, 7.30-9.30pm	£132 annual	01202 470059	secretarybthbach choir@yahoo.co.uk	bournemouthbachchoir.org
M	<b>Music for Memory</b>	St Peter's Church, Bournemouth, BH21 2EE.	Tuesdays, 11am-12.30pm	Suggested donation £3	07891 838969	gemmadixon80@ icloud.com	mylifemycare.com/music -for-memory
<b>East Dorset:</b>							
P&D	<b>Reading group</b>	Corfe Mullen Library, Wimborne, BH21 3LE.	Wednesdays, 2-4pm	Free	01202 659755	corfemullenlibrary@ dorsetcc.gov.uk	dorsetforyou.gov.uk/corfe mullenlibrary
R	<b>"Time to Remember"</b>	Corfe Mullen Library, Wimborne, BH21 3LE.	1st Fri of month, 2-4pm	Free	01202 659755	corfemullenlibrary@ dorsetcc.gov.uk	dorsetforyou.gov.uk/corfe mullenlibrary
<b>North Dorset:</b>							
H&VA	<b>"Art for Everyone"</b>	Durweston Village Hall, Blandford Forum, DT11 0QA.	Mondays, 10am-12.30pm	£85 term, 10 sessions	01258 820349	deb_chisman@ hotmail.com	
H&VA	<b>"Art for Everyone"</b>	Marnhull Village Hall, Sturminster Newton, DT10 1PP.	Thurs 10-12.30pm or 1-3.30pm	£85 term, 10 session	01258 820349	deb_chisman@ hotmail.com	
H&VA	<b>"Art for Everyone"</b>	Shaftesbury Arts Centre, Shaftesbury, SP7 8AR.	Thurs 10-12.30pm or 1-3.30pm	£85 term, 10 session	01258 820349	deb_chisman@ hotmail.com	
M	<b>Shaftesbury Community Choir</b>	Shaftesbury Town Hall, Shaftesbury, SP7 8LY.	Wednesdays, 7.30-9.30pm	£3 session	01747 854225	juliaemarkus@ gmail.com	shaftesburycommunity choir.org
P&D	<b>"Feel Better with a Book"</b>	Sherborne Library, Sherborne, DT9 3AA.	Mondays, 2-3pm	Free	01935 81263	sherbornelibrary@ dorsetcc.gov.uk	dorsetforyou.gov.uk/ sherbornelibrary

## Arts Listings for Early-Stage Dementia (Dorset)\*

\* See also "Arts Listings for Dementia - All Stages"

### Purbeck:

H&VA **Medieval Masterpieces of Bere Regis** St John the Baptist Church, Bere Regis, BH20 7HQ. Tuesdays 11am, Thursdays 3pm Free 01929 471339 bereheath@binternet.com bereregiswithaffpuddle.org.uk/bereregis/guided-tours

### West Dorset:

O **Bridport Allotment Group** Bridport Community Orchard, Bridport, DT6 3RW. 2nd Thurs of month, 2-4pm Free 01202 764352 admin@alzdorset.org.uk bridportcommunityorchard.org.uk

O, C **"Greenwood" Rural Crafts Club** Howards Woods, Netherbury, DT6 5LL. Tuesdays, 10.30am-12.30pm Free 07813 814875 jill@dorsetforestschool.org

O, C **"Greenwood" Rural Crafts Club** Max Gate, Dorchester, DT1 2AB. Tuesdays, 10.30am-12.30pm Free 07813 814875 jill@dorsetforestschool.org

H&VA **ArtResQ art classes** Willoughby Cottage, Puddletown, DT2 8FH. Wednesdays, 10.30am-12.30pm £10 session 07970 675429 g.s.lacey@btinternet.com artresqdorset.com/index.htm

### Weymouth and Portland:

M **Weymouth Concert Brass Band** The Compass, Weymouth, DT4 0QU. Tuesdays, 7.30-9.30pm Free 07738 587556 weymouthconcertbrass@gmail.com weymouthconcertbrass.org/index.html

R **"A Trip to Memory Lane"** Weymouth Library, Weymouth, DT4 8NN. 3rd Fri of month, 10.30-11.30am Free 01305 762410 weymouthlibrary@dorsetcc.gov.uk/dorsetforyou.gov.uk/weymouthlibrary

**Bournemouth & Poole:**

M	<b>BSO Cake Concerts</b>	Lighthouse, Poole, BH15 1UG.	Regular dates	£5.50 session	01202 644717	bjennings@bs orchestra.co.uk	bsolive.com/bso-participate- events
D&M	<b>BSO Tea Dances</b>	Lighthouse, Poole, BH15 1UG.	Alternate Thursdays, 2-4pm	£5.50 session	01202 644717	bjennings@bs orchestra.co.uk	bsolive.com/bso-participate- events
F&P	<b>Dementia-Friendly Screenings</b>	Lighthouse, Poole, BH15 1UG.	4th Wed of month, 2pm	£5 screening	01202 280000	info@lighthouse poole.co.uk	lighthousepoole.co.uk
M	<b>“Singing for the Brain”</b>	St Mary’s Longfleet Church, Poole, BH15 2LP.	2nd and 4th Mon of month, 2-3.30pm	£2 session	01202 764352	admindorset@ alzheimers.org.uk	alzheimers.org.uk/info/20172/ your_support_services
M	<b>Lunchtime organ recitals</b>	St Peter’s Church, Bournemouth, BH21 2EE.	Wednesdays, 1.15-145pm	Free	01202 290986		stpetersbournemouth.org.uk
M	<b>Lunchtime concerts</b>	St Peter’s Parkstone Church, Bournemouth, BH4 9DN.	Fridays, 1-1.30pm	Free	01202 749085		stpetersparkstone.org.uk/ church
M	<b>Lunchtime recitals</b>	St Stephen’s Church, Bournemouth, BH2 6JX.	Saturdays, 11am	Free	01202 290986		btcp.org.uk/who-we-are/ st-stephens
M	<b>“Singing for the Brain”</b>	West Cliff Baptist Church Hall, Bournemouth, BH4 9DN.	2nd and 4th Fri of month, 1.30-3pm	£2 session	01202 764352	admindorset@ alzheimers.org.uk	alzheimers.org.uk/info/20172/ your_support_services

**Christchurch:**

R	<b>Reminiscence group</b>	Christchurch Library, Christchurch, BH23 1AW.	4th Tues of month, 10.30-11.30am	Free	01202 485938	christchurchlibrary@ dorsetcc.gov.uk	dorsetforyou.gov.uk/ christchurchlibrary
M	<b>Lunchtime organ concerts</b>	Christchurch Priory, Christchurch, BH23 1BX.	Thursdays, 12.30pm	Free	01202 485804	prioryhouse@christ churchpriory.org	christchurchpriory.org
M	<b>“Singing for the Brain”</b>	St Joseph’s Parish Centre, Christchurch, BH23 1EH.	4th Wed of month, 2-3.30pm	£2 session	01202 764352	admindorset@ alzheimers.org.uk	alzheimers.org.uk/info/20172/ your_support_services

## Arts Listings for Dementia - All Stages (Dorset)

### East Dorset:

O	<b>“Step Outside”</b> Kingston Lacy, Wimborne, BH214EA.	1st and 3rd Tues of month, 2-3.30pm	Free	01202 764352	sarah.rampton@ alzheimers.org.uk	
M	<b>“Melodies for Memories”</b> Wareham United Reformed Church, Wareham, BH20 4HH.	3rd Friday of month, 10.30am-12noon	Free	07747 533252	natalie.betts@ageuk bournemouth.org.uk	ageuk.org.uk/bournemouth/ services--activities

### North Dorset:

M	<b>“Singing for the Brain”</b> Blandford United Reformed Church, Blandford, DT11 7PY.	Alternate Thursdays, 2-3.30pm	£2 session	01202 764352	admindorset@ alzheimers.org.uk	alzheimers.org.uk/info/20172/ your_support_services
M	<b>“Singing for the Brain”</b> The Catholic Church Hall, Sherborne, DT9 3RA.	Alternate Thursdays, 10.30am-12noon	£2 session	01202 764352	admindorset@ alzheimers.org.uk	alzheimers.org.uk/info/20172/ your_support_services
O	<b>“The Countryman’s Club”</b> Future Roots Ryland’s Farm, Sherborne, DT9 5PS.	Mondays to Fridays	£10 session	01963 210703	countrymen@ futureroots.net	futureroots.net

M	<b>Lunchtime organ concerts</b> Sherborne Abbey, Sherborne, DT9 3LQ.	Wednesdays, 1pm	Free	01935 812452		sherborneabbey.com
M	<b>Lunchtime concerts</b> Sherborne School, Sherborne, DT3 3BJ.	Fridays, 1.30pm	Free	01935 810518		sherborne.org/co-curricular/ music/music-events

M	<b>“Singing for the Brain”</b> The Town Hall, Gillingham, SP8 4QR.	Wednesdays, 2-3.30pm	£2 session	01202 764352	admindorset@ alzheimers.org.uk	alzheimers.org.uk/info/20172/ your_support_services
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### Purbeck:

O	<b>Dementia-Friendly Strolls</b> Durlston Country Park, Swanage, BH19 2JL.	Regular events - Website listed	Free	01929 424443	info@durlston.co.uk	durlston.co.uk
M	<b>“Melodies for Memories”</b> Wareham United Reformed Church, Wareham, BH20 4HH.	3rd Friday of month, 10.30am-12noon	Free	07747 533252	natalie.betts@ageuk bournemouth.org.uk	ageuk.org.uk/dorchester/ services/dementia-support

### West Dorset:

O	<b>“The Countryman’s Club”</b> Future Roots Whitfield, Dorchester, DT2 9SL.	Mondays to Fridays	£10 session	01305 251731	countrymen@ futureroots.net	futureroots.net
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## Arts Listings for Dementia - All Stages (Dorset)

### West Dorset:

M	<b>Beaminstor “Sing On” Melodies for memories</b>	Abbeyfield House, Beaminstor, DT8 3EQ.	Alternate Tuesdays, 10-11.45am	£3 session, Carers 50p	01305 269444	h.foggo@ageuk dorchester.org.uk	ageuk.org.uk/dorchester/ activities-and-events
M	<b>“Singing for the Brain”</b>	Dorchester Community Church, Dorchester, DT1 1EF.	Alternate Thursdays, 10.30am-12noon	£2 session	01202 764352	admindorset@ alzheimers.org.uk	alzheimers.org.uk/info/20172/ your_support_services
O	<b>Dementia-Friendly walks</b>	Hardy’s Birthplace Visitor Centre, DT2 8QH.	Bi-monthly	£3 session	01305 751507	c.platten@ dorsetcc.gov.uk	dorsetforyou.com/hardys- birthplace
O	<b>“Discover Arne” walks</b>	RSPB Arne Nature Reserve, Wareham, BH20 5BJ.	Wednesdays, 10am-12.30pm	£3 session, £1 members	01929 553360	arne@rspb.org.uk	

### Weymouth and Portland:

O	<b>“Discover Radipole” walks</b>	RSPB Radipole Lake Nature Reserve, Weymouth, DT1 2AB.	1st Thurs, 10am-12.30pm	£3 session, £1 members	01305 778813	weymouth.reserves@ rspb.org.uk	
O	<b>Wellbeing walks</b>	RSPB Radipole Lake Nature Reserve, Weymouth, DT1 2AB.	3rd Thurs of month, 11am-12noon	Free	01305 778813	weymouth.reserves@ rspb.org.uk	
M	<b>“Singing for the Brain”</b>	Salvation Army Hall, Weymouth, DT4 8NS.	Alternate Tuesdays, 2-3.30pm	£2 session	01202 764352	admindorset@ alzheimers.org.uk	alzheimers.org.uk/info/2017/ your_support_services
M	<b>Chickerell “Sing On” Melodies for memories</b>	Sports Pavilion, Chickerell, DT3 4AJ.	Alternate Thursdays, 10.30am-12noon	£3 session, Carers 50p	01305 269444	h.foggo@ageuk dorchester.org.uk	ageuk.org.uk/dorchester activities-and-events

## Arts Listings for Moderate-Stage Dementia (Dorset)\*

\* See also "Arts Listings for Dementia - All Stages"

### Bournemouth & Poole:

M "Just Sing" choir Lytchett Matravers School, Wednesdays, £6 session 07738 justsingadulthood@justsingadulthood.com  
Poole, BH16 6NY. 7.15-9.15pm 907782 gmail.com

### Christchurch:

M Organ recitals Christchurch Priory, Thursdays, Free 01202 priorityhouse@christchurchpriory.org  
Christchurch, BH23 1BU. 12.30pm 485804 churchpriory.org

M Coda Community Coda Music Centre, Tuesdays, £6 session 01425 contact@coda.org.uk coda-music.com  
Singers Christchurch, BH23 5QL. 7.30pm 276 161

### East Dorset:

M "Just Sing" choir Colehill First School, Tuesdays, £6 session 07738 justsingadulthood@justsingadulthood.com  
Wimborne Minster, BH21 2LZ. 7.30-9.15pm 907782 gmail.com

O Feeding the Heavy Dorset Heavy Horse Farm Park, Daily, Inc. in £9.95 01202 dorset-heavy-horse-centre.co.uk  
Horses Verwood, BH21 5RJ. 10.30am Admission 824040 /index.php/daily-schedule

O Harnessing a Heavy Dorset Heavy Horse Farm Park, Daily, Inc. in £9.95 01202 dorset-heavy-horse-centre.co.uk  
Horse Verwood, BH21 5RJ. 11.15am Admission 824040 /index.php/daily-schedule

O Romany Culture Talk Dorset Heavy Horse Farm Park, Daily, Inc. in £9.95 01202 dorset-heavy-horse-centre.co.uk  
Verwood, BH21 5RJ. 1pm Admission 824040 /index.php/daily-schedule

R, Museum Memories Priest's House Museum. 4th Mon of month, £1.50 session 01202 museum@priest-house.co.uk  
H&VA Wimborne Minster, BH21 1HR. 2.15-3.30pm 882533 house.co.uk

## Arts Listings for Moderate-Stage Dementia (Dorset)\*

\* See also "Arts Listings for Dementia - All Stages"

R	<b>"Busy Hands and Minds"</b>	Verwood Library, Verwood, BH31 6DS.	3rd Mon of month, 2.15-3.45pm	Free	01202 822972	verwoodlibrary@ dorsetcc.gov.uk	dorsetforyou.gov.uk/ verwoodlibrary
R	<b>"Do You Remember?"</b>	Wimborne Library, Wimborne Minster, BH21 1ED.	4th Thurs of month, 2-3.30pm	Free	01202 882770	wimbornelibrary@ dorsetcc.gov.uk	dorsetforyou.gov.uk/ wimbornelibrary
<b>North Dorset:</b>							
O	<b>Blandford Archaeology Group</b>	Blandford Town Museum. Blandford Forum, DT11 7HQ.	3rd Thurs of month, 7.30pm	£10 annual	01258 452831	blandfordtown museum@uwclubb.net	blandfordtownmuseum.org/ arcaeology.html
O	<b>Blandford Town Museum Garden Club</b>	Blandford Town Museum. Blandford Forum, DT11 7HQ.	Alternate Saturdays and Sundays	£10 annual	01258 452831	blandfordtown museum@uwclubb.net	blandfordtownmuseum.org/ garden_club.html
O	<b>The Countryman's Club</b>	Future Roots Ryland's Farm, Sherborne, DT9 5PS.	Mondays to Fridays	£10 session	01963 210703	countrymen@ futureroots.net	futureroots.net
R	<b>"Down Memory Lane"</b>	Sherborne Library, Sherborne, DT9 3AA.	4th Fri of month, 2-3pm	Free	01935 812683	sherbornelibrary@ dorsetcc.gov.uk	dorsetforyou.gov.uk/ sherbornelibrary
H&VA , M	<b>Memory Art</b>	Sherborne Museum, Sherborne, DT9 3BP.	Mondays, 10am-12noon	Free	01935 815899	info@sherbornearts link.org.uk	sherborneartslink.org.uk
<b>Purbeck:</b>							
M	<b>Singing for Pleasure choir</b>	Emmanuel Baptist Church, Swanage, BH19 1AZ.	2nd and 4th Thurs of month, 2pm	Free	01929 427706	contact@emmanuel bc.org.uk	emmanuelbc.org.uk



## Arts Listings for Moderate-Stage Dementia (Dorset)\*

\* See also "Arts Listings for Dementia - All Stages"

### West Dorset:

R	<b>Reminiscence group</b>	Bridport Library, Bridport, DT6 3NY.	1st Wed of month, 2-3pm	Free	01308 422778	bridportlibrary@ dorsetcc.gov.uk	dorsetforyou.gov.uk/ bridportlibrary
C, R	<b>"Take Your Time"</b>	Dorset History Centre, Dorchester, DT1 1RP.	Mondays, 10am-12noon	Free	01305 228947	m.gayton@ dorsetcc.gov.uk	dorsetforyou.gov.uk/ dorsethistorycentre
R	<b>Reminiscence group</b>	Dorchester Library, Dorchester, DT1 1EF.	4th Fri of month, 11am-12noon	Free	01305 224440	dorchesterlibrary@ dorsetcc.gov.uk	dorsetforyou.gov.uk/ dorchesterlibrary
O	<b>The Countryman's Club</b>	Future Roots Whitfield, Dorchester, DT2 9SL.	Mondays to Fridays	£10 session	01305 251731	countrymen@ futuraeroots.net	futuraeroots.net
<b>Weymouth and Portland:</b>							
M	<b>Forget-Me-Not Songsters</b>	All Saints Church Hall, Portland, DT5 1HG.	Alternate Wednesdays, 10-11.30am	£3 session	01305 823789	islandcommunityaction @btinternet.com	

## Arts &amp; Heritage locations keen to become Dementia Friendly

**Bournemouth and Poole:**

Bournemouth Pavilion Theatre, Bournemouth, BH21 2BU.  
 The Gallery, Arts University Bournemouth, Poole, BH12 5HH.  
 Hengistbury Head Visitor Centre, Bournemouth, BH6 4EW.  
 Museum of Design in Plastics (AUB), Bournemouth, BH12 5HH.  
 Shelley Theatre, Bournemouth, BH5 1LX.  
 St Augustin's Church, Bournemouth, BH2 6NU.  
 St Peter's Church Bournemouth, Bournemouth, BH1 2EE.  
 St Peter's Parkstone Parish Church, Poole, BH14 0NN.  
 St Stephen's Church, Bournemouth, BH2 6JZ.  
 Upton Country Park and Upton House, Poole, BH17 7BJ.

**Christchurch:**

Bournemouth Aviation Museum, Christchurch, BH23 6BA.  
 Christchurch Priory, Christchurch, BH23 1BU.

**East Dorset:**

Walford Mill Crafts, Wimborne Minster, BH21 1NL.  
 Wimborne Model Town and Gardens, Wimborne Minster, BH21 1DY.

**North Dorset:**

Blandford Fashion Museum, Blandford Forum, DT11 7AA.  
 Blandford Town Museum, Blandford Forum, DT11 7HQ.  
 Milton Abbey, Blandford Forum, DT11 0BZ.  
 Shaftesbury Arts Centre, Shaftesbury, SP7 8AR.

**Purbeck:**

Emmanuel Baptist Church, Swanage, BH19 1AZ.  
 St John the Baptist Church, Bere Regis, BH20 7HQ.  
 St Nicholas Moreton Church, Moreton, DT2 8RH.  
 Studland Bay (National Trust), Studland, BH19 3AQ.  
 The Tank Museum, Wareham, BH20 6JG.

**West Dorset:**

Bridport Museum, Bridport, DT6 3NT.  
 Dinosaurland Fossil Museum, Lyme Regis, DT7 3PY.  
 Dorset Centre for the Creative Arts, Dorchester, DT1 3AR.  
 Lyme Regis Museum, Lyme Regis, DT7 3QA.  
 The Keep Military Museum, Dorchester, DT1 1RN.  
 Kingston Maurward Gardens and Animal Park, Dorchester, DT2 8PX.  
 Mapperton House, Beaminster, DT8 3NR.  
 Max Gate (National Trust), Dorchester, DT1 2FN.  
 St Peter's Church, Dorchester, DT1 1XA.  
 The Town Mill, Lyme Regis, DT7 3PU.  
 Wolfeton House, Dorchester, DT2 9QN.

**Weymouth and Portland:**

Nothe Fort, Weymouth, DT4 8UF.  
 Portland Bill Lighthouse and Visitor Centre, Portland, DT5 2JT.  
 Portland Museum, Portland, DT5 1HS.  
 Weymouth Pavilion, Weymouth, DT4 8ED.

# Arts 4 Dementia

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## Cover illustrations:

Front: Reawakening participant at Durlston nature reserve on the Jurassic Coast.

Back: Rediscovering organ playing at St Peter's Church, Bournemouth.



Arts 4 dementia  
Empowerment through  
artistic stimulation

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