



by Ana M. Vernia

TOBY WILLIAMSON

TOBY WILLIAMSON CONSULTANCY **Independent health and social care** **consultant**

Toby has 26 years' experience of working with people with severe mental health problems, and expertise in the fields of mental health in later life, dementia, and mental capacity, with an emphasis on self-management, peer support, quality of life, rights, social inclusion and empowerment. Toby has written articles on values-based practice (VBP), co-authored a book on values-based practice and mental health and mental capacity law for psychiatric nurses, produced VBP 'key card' information for the social care workforce through Skills for Care and is currently co-authoring a book on VBP and dementia. He is also a part time lecturer on a Masters course in dementia care at the University of West London (UWL).

I focus on promoting people's rights, citizenship, social inclusion, participation and empowerment. I have many years expertise and experience in policy, service and practice development and delivery, evaluation, social research and consultation, training, partnership working, and involving people with lived experience, practitioners, service providers, third sector and statutory organizations at both local and national levels.



INTERVIEW

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Jaume I University (Spain)

Ana M. Vernia: Thinking about your professional profile, why did you choose to help elderly people with dementia?

Toby Williamson: There was an element of serendipity as I had been working with younger adults with 'functional' mental health problems but a job opportunity came up to work with older people so I thought I would give it a try. I think it was the right decision because dementia had for too long largely been ignored but over the last 10-15 years it has received much more attention. It's good to be able to contribute to positive developments, such as trying to understand what people with dementia are experiencing, and applying the social model of disability to dementia, but most importantly, supporting people with dementia and family carers to have more of an influence. Of course, not all older people have dementia it can affect younger people as well, and issues of quality of life and wellbeing are important for everyone. I'm growing older too, so they affect me!

AV: In your point of view, is worrying, the current situation of the elderly?

TW: Yes, there's still a lot of ageism in society which means that older people are ignored, or more recently, are blamed for inequalities and difficulties that young people and society at large experience, despite older people being the fastest growing population group in many

countries. There are good, and not so good people in all generations and inequalities within generations are still enormous. We live in a world that is encouraged to be obsessed with youth, physical prowess, and conventional notions of beauty which tends to exclude most older people. Social care is as important, as health care, if not more important for many older people but policy makers avoid sorting out issues like this in the UK. I'm also not keen on the term 'elderly' because it can make older people sound like a very separate group from the rest of the population, and generate notions of dependency and passivity.

AV: According to your opinion, what are the most relevant actions that can improve the quality of life of the elderly?

TW: Sorting out social care through more progressive, redistributive taxation that also reduces inequalities. Valuing the ongoing contribution of older people and involving them in creating new community models to support people as they grow old.

AV: Why do you consider art to be a good work tool?

TW: It's been known for a long time that creative activity involving the arts can be therapeutic for people with a range of conditions, as

well as supporting good mental health and wellbeing more generally. What's been particularly interesting about the work that UWL did with the Ben Uri Gallery and Nightingale care home using creative engagement for people with dementia has been the cognitive stimulation it provided. Looking at pictures and talking about art seemed to generate a number of positive benefits for people with dementia as much as art making. Art can be creative and fun, but some people derive enjoyment from a serious discussion with others about art and artists. Personally, I really enjoy going to galleries and looking at art but apart from writing, I have absolutely no desire to create art!

AV: Do you think that more and better education is needed in the University, that connects with health and art?

TW: Yes, connecting health with cultural activities that enhance our wellbeing is really important. Health can be understood in biomedical terms, as we know all too well with the coronavirus, but it has psychological, cultural, socio-economic and even political dimensions. Coronavirus rapidly became an issue about welfare and access to resources, as much as it did about a disease. Art is a way of expressing health and ill-health, it can be enjoyable, stimulating and therapeutic for individuals but also in the way it can bring people together, and it can support social activism and political change. Check out these banners created by groups of people with dementia in the UK that are part of the Dementia Engagement and Empowerment Project network (DEEP). They are in the tradition of British trade union banners and tick all the boxes about what art can do, including a link to a successful campaign to change car parking for people with disabilities to include people with dementia.

AV: From your point of view, what profile would be perfect to work with elderly people with dementia? musician, painter, playwright, a mixture between both with psychological training?

TW: I think it needs to be a combination. An understanding of what dementia is (and isn't), and having good interpersonal and communication skills that take into account the impair-

ments caused by dementia are crucial for any artist working with people with dementia. Not being too ambitious with what art can achieve, being open to criticism, and seeing the benefit of stimulating an emotional reaction are also important. And being prepared for the unexpected!

AV: What were your last actions or research work, in the field of the elderly and dementia?

TW: I've been teaching about policy and legislation on the Masters course in dementia care at UWL. I've also been the researcher attached to a project investigating the impact of creative engagement for people with dementia living in a care home. Other work I've been doing is supporting a group of people with dementia and family carers to advise a national NGO called Dementia UK, writing a report about peer support groups for older people, advising the ambulance service in Wales about how they work with people affected by dementia, and chairing my local dementia action alliance.

AV: If you could ask three wishes to improve the current society, what would they be?

TW: I'm writing this in the middle of the coronavirus outbreak so for the sake of anyone vulnerable I hope the measures being taken minimize the impact it has. I'm a firm believer in the evidence that shows that the more unequal societies are the worse outcomes they have in all sorts of areas of life including health. So, we need governments that share in that belief, and work together to stand up to the rich and powerful in order to reduce inequalities. And for the sake of the planet, we need governments also to work together to address climate change.

AV: Thank you very much for sharing your experience and views with ARTSEDUCA readers!

