DANCE FOR LIFE
AN EVALUATION OF THE PILOT PROGRAMME

dementia pathfinders
NEW/ADVENTURES RE:BOURNE
CONTENTS:

FOREWORD ................................................................. 3
INTRODUCTION ......................................................... 5

PART 1: SETTING THE SCENE
ORIGINS OF DANCE FOR LIFE ........................................ 7
THE DANCERS .......................................................... 8
AGREEING AN APPROACH ............................................ 9
PREPARING FOR THE PROJECT .................................... 10

PART 2: THE PILOT PROJECTS
INTRODUCING THE SETTINGS ...................................... 13
WHAT HAPPENED DURING THE PROJECTS? .................. 15

PART 3: EVALUATION
AIMS AND OBJECTIVES .............................................. 23
FINDINGS ................................................................. 26
DISCUSSION AND LEARNING FOR THE FUTURE ............ 41

PART 4: PLANS FOR THE FUTURE ................................. 42
DANCE FOR LIFE TEAM ............................................. 44
Dance is probably one of the oldest art forms, as old as civilization itself. It is often used to express religious fervour, lift the spirits or most often as a way of celebrating happiness. It is a therapeutic form of exercise which is great for both physical and mental wellbeing and is dependent on the use of one’s own body to express emotions and communicate non-verbally. Specific music can add to the power of the movement which may elicit joy in one person and sadness and nostalgia in another. Having been a therapist involved in the field of stress control and reduction for over 20 years, I have experienced first-hand the power of the mind/body connection and how we make sense through the body of our emotional life.

I am not a dancer but a somewhat lapsed musician, yet I know that whenever I do dance for exercise or pleasure, I feel such joy and a feeling of letting go, connected to my authentic self. I felt it could be a wonderful form of therapy for people living with dementia, for those who are diagnosed young and those more severely affected, for whom the ability to express themselves verbally has been curtailed and they feel the awful frustration of being quite literally “lost for words.” I felt that dance would provide many benefits; increased physical fitness and mobility, the joy of touch and laughter, improved social awareness, the expression of emotions, leading to improvement in anxiety and stress levels and the recall of memories through music with personal playlists.

Dance for Life was formed in 2015 with the collaboration of Matthew Bourne’s New Adventures & Re:Bourne and Dementia Pathfinders, and our first six professional ballet dancers were trained in the communication skills needed in working with people with dementia. Two care homes were chosen, one where the residents were much more severely affected than the other, and I have to admit to being a little sceptical before the Dance for Life team started the programmes. I knew that each programme would have to be limited to only eight weeks and for only one hour per week. How could this very limited time produce any real results? However, as you will see from the evaluation, the very positive changes in all of the residents who took part, have been little short of amazing.

There was a marked improvement in all who took part, but particularly noteworthy and very moving was the improvement in one particular resident who, at the start of the programme, was wheelchair bound, head down and non-communicative; at the end of the eight weeks, she was on her feet and making good eye to eye contact. The daughter of another participant was delighted by the changes in her mother’s ability to communicate and reported that they were now talking together at every visit whereas previously she had been silent for a very long time.

This is just the beginning for Dance for Life, we have many exciting plans for the future. To have a diagnosis of dementia at any age is truly awful for the patient and for the family. As yet there is still no proven treatment, but drugs are being developed which hopefully might reverse some of the damage or at least prevent further damage. Until that time, and indeed thereafter, our fervent aim at Dance for Life is to help as many people living with dementia as possible to live peacefully and with as much positivity, creativity and joy as can be achieved.

Sonia Saunders
INTRODUCTION

Collaboration, in all its forms, can be a challenging and precarious way of working. However, we have found, through our work on Dance for Life, a mutually beneficial partnership that we are all immensely proud of.

In early 2014 Sonia Saunders introduced New Adventures & Re:Bourne to Dementia Pathfinders with the challenge to explore the potential of a collaboration for older people living with dementia. All three of us gratefully acknowledge the collaboration with Sonia Saunders, her enthusiasm, interest and encouragement on what has been a long journey.

New Adventures & Re:Bourne and Dementia Pathfinders would like to acknowledge the contribution made by the seventeen original investors in Sir Matthew Bourne’s production of Swan Lake. It is as a result of their vision and generosity that this important project, making a difference to the lives of people with dementia through dance, was made possible.

We are grateful to the managers and staff of Oakhurst Court and Forrester Court for engaging with the project and committing time, space and resources to ensure that everyone involved in the Dance for Life programmes could participate fully. Thanks are also due to Dr Jill Rasmussen for her expertise, guidance and support.

We also are immensely proud of our staff. The trainers, clinical and psychological experts and academics at Dementia Pathfinders and the extraordinary, brave dancers at New Adventures who have gone on this journey with us.

The project has been life-enhancing for its beneficiaries and life-changing for those who have led it. We look forward to continuing our work in this area and building on our new found expertise; in essence; that dance can have a profound and lasting impact on people living with dementia.

Sir Matthew Bourne OBE
Artistic Director,
New Adventures & Re:Bourne

James Mackenzie-Blackman
Executive Director,
New Adventures & Re:Bourne

Barbara Stephens
Chief Executive,
Dementia Pathfinders
PART 1: SETTING THE SCENE
The seeds of Dance for Life were sown in 2014 when key supporters of New Adventures & Re:Bourne, Roy and Sonia Saunders suggested a project for older people with dementia as a potential project in which to invest.

New Adventures & Re:Bourne is Sir Matthew Bourne’s dance touring company and charity. Re:Bourne, the charitable arm of New Adventures, was founded to nurture talent, reach new audiences and inspire people with a passion for dance. All Re:Bourne projects are delivered by dancers from the New Adventures company. While experienced in delivering workshops with a variety of audiences, Re:Bourne identified a need for a dementia specialist partner organisation to help develop skills and approaches, and Dementia Pathfinders stepped into this role.

Dementia Pathfinders is a social enterprise that provides therapeutic care and support to people with dementia and their families, and programmes of learning for those working in dementia care. Among other relevant roles, Dementia Pathfinders is the home of Circle Dance in Dementia, a pioneering training programme of yoga for people with dementia, and has delivered projects aimed at offering support and raising awareness in young onset dementia; these interests complemented the work on which Re:Bourne was embarking.

The first tentative steps towards running a pilot project were taken in late 2014. Teams from Re:Bourne and Dementia Pathfinders met at Sadler’s Wells in November 2014 to share hopes and ideas for the partnership. We discussed the ethos of Re:Bourne, with its aim that projects leave behind a legacy of useful skills. We talked about pioneering an approach which might be replicated by other dancers across the UK. Dementia Pathfinders shared experience of working with Music for Life (based at Wigmore Hall and delivered in partnership with Jewish Care). In Music for Life classically trained musicians deliver projects over eight sessions using improvisation to engage people in the later stages of dementia for whom verbal communication has become difficult. We agreed that we could usefully draw from the Music for Life formula.

A plan was agreed for recruiting and equipping a group of dancers to undertake the first projects in dementia care settings in 2015. Dementia Pathfinders then embarked on developing a training programme for dancers, working with Marina Rova, a dance movement psychotherapist with extensive experience of working with people with dementia. Opportunities would be sought for dancers to visit care home settings in advance of the project to provide important insights into the nature and culture of care settings.
The first priority for New Adventures & Re:Bourne was to identify dancers who might be willing, interested, able and suitable to take part in a project on dementia. Six members of the company were identified: Chloe Wilkinson; PJ Hurst; Daisy May Kemp; Luke Murphy; Jack Jones and Dena Lague. These dancers were chosen by Sir Matthew Bourne OBE, Artistic Director and Etta Murfitt, Associate Artistic Director of the company. Between them, this team has extensive experience of touring with the company’s acclaimed *Swan Lake*, *Cinderella*, *Edward Scissorhands*, *Nutcracker!*, *Lord of the Flies* and *Play Without Words*. At the time of writing this report, Daisy, Luke and Jack were actually in the middle of touring to South Korea, Singapore, China and Japan with the 2015/16 tour of *Sleeping Beauty*. This is a different world from dementia care settings. So what motivated these individuals to participate in Dance for Life?

At the start of their dementia course in March 2015 the group shared their perspectives and aspirations for the project. Several members of the group had been affected by losing a close family member to dementia and wanted to use their experiences to enrich the lives of others with the diagnosis. They expressed curiosity and a desire both to learn more about dementia and how to use their skills in a new context. There was a good deal of trepidation at the start of the project. Might a dementia care setting prove emotionally overwhelming? How well suited would it be to a dance project? How would dancers with family experiences cope with the reminders of past pain and losses? Alongside the uncertainty was a trust in each other which provided the courage needed to take the plunge and risk moving into a sphere outside the group’s natural milieu.
AGREEING AN APPROACH

At the start of the project, the Dance for Life team was aware of the growing body of evidence showing the benefits of creative arts for people living with dementia, but had no fixed idea of how the project would take shape.

Early questions centred on the stage of dementia that we might target in selecting potential participants. Would we aim to recruit those in early stages of dementia who might be able to learn routines and follow instructions? Or would we work with those in the later stages with more limited ability to understand, those who may struggle to communicate verbally and have limited mobility?

We opted to work with people in moderate and late stages of dementia. In discussion with care providers, we discovered that there are a range of opportunities to enjoy music and dance for those with earlier dementia. Our partner care homes had regular performances and entertainment from external sources which was of benefit to their residents with milder cognitive impairment. Where activities staff struggled was in sourcing activities that allowed residents in the later stages of dementia to participate. Staff in one setting had been searching for an appropriate activity with little success, saying that most approaches were not appropriate for their residents with late dementia; this care home was enthusiastic about the prospect of Dance for Life offering a genuine context for engaging these residents. We agreed that people who used wheelchairs would be able to participate.

Modelling the programme on Music for Life, a tried and tested approach with a twenty-year track-record, we started out with a loose project model:

– Projects would span eight weeks; each week an hour-long session with people with dementia would be delivered.

– In each project we would involve three dancers, eight people living with dementia, and five helpers from the setting to support the project (helpers would be members of staff, volunteers and family members).

– Dementia Pathfinders would provide a co-ordinator for each setting, plus a facilitator to work with dancers and helpers in reflecting on the project, particularly in the hour after each session.

– There would be some repeated elements to enable members of the group to become familiar with Dance for Life, particularly in opening and closing the sessions.

– Dancers would plan each session in advance, identifying activities and props to incorporate, but would respond to members of the group using improvisation to build on any feelings, movements and words expressed.

– We would deliver two projects during the Summer of 2015 in two contrasting care homes: Oakhurst Court in Surrey and Forrester Court in Paddington, London.

– Dr Edana Minghella would be engaged as an external evaluator to enable us to measure the impact of the project on the quality of life of people with dementia.
PREPARING FOR THE PROJECT

DEMENTIA TRAINING
The teams from Dementia Pathfinders and Re:Bourne came together for the first time in March 2015 for a training course. This was an opportunity to get to know each other and to learn more about dementia. The first half of the course was delivered by Aubrey Maasdorp and Julia Burton-Jones from Dementia Pathfinders and covered information about the cognitive changes dementia can bring and person-centred approaches to communication. The second half of the course was a practical session delivered by dance movement psychotherapist Marina Rova and focused on embodied empathy and using principles of kinaesthetic inter-subjectivity.

STUDIO SESSIONS
Dancers were then able to spend time together in a studio session in May 2015, exploring with Marina Rova and Aubrey Maasdorp approaches they might use during their sessions with people with dementia: aims and objectives; ethical considerations; how they might structure sessions and projects; resources they might use; techniques and interventions; issues that might arise. Further studio sessions were then offered during the projects, to allow the dance teams to reflect on their participants and ways to build on what they had achieved.

IDENTIFYING AND PREPARING CARE HOMES
Finding care settings in which to pilot the project was undertaken by Dementia Pathfinders. The Dementia Pathfinders Co-ordinators visited potential partner care homes to talk with senior staff about Dance for Life, answer their questions and plan the next steps. Once agreement had been reached, there was opportunity for the Co-ordinators and dance teams to visit the homes, so that they could see the space in which the project would be taking place as well as meet potential participants. There were conversations with staff about timings of sessions and which part of the day residents would be most responsive. In one home, staff felt an 11am start would best suit their residents, whereas in the other home staff chose 2pm on a Monday afternoon. Staff were also able to give background information about the needs of each person taking part, and what they hoped the project would offer them.

In both homes there was an explanation about the need for written consent on behalf of each resident, both in taking part in the project and its external evaluation, and for possible photographing, filming and audio recording. Consent forms were completed for each person who took part in the projects.
PART 2:
THE PILOT PROJECTS
INTRODUCING THE SETTINGS

OAKHURST COURT

Oakhurst Court is a nursing home in a rural location. It has 54 residents and is run by a small provider of 14 care homes. An old building in extensive and attractive grounds, it has been adapted to provide nursing and care. The majority of residents in the home are white British, but the workforce is more diverse, with a recent influx of East European staff filling vacancies.

Of the six women and two men who took part in the project, most were in the later stages of dementia. Three were unable to stand and stayed in their wheelchairs throughout sessions. Members of the group were living with a number of other long-term health conditions alongside their dementia which often gave pain and discomfort. Their needs were complex. The youngest person in the group was 68, the oldest was 87. Several members of the group rarely spoke, and most others lacked coherence in their conversation. Four members of the group were described by staff as being constantly ‘on the go’, walking around the home ceaselessly. Several displayed behaviours that could be difficult for staff and other residents, such as shouting out constantly, invading others’ space, dramatic mood swings, crying or becoming fixated. Staff acknowledged in choosing these residents that they were presenting the dancers with maximum challenge; these were the residents they had greatest difficulty in engaging in meaningful activity.

Also involved in the project were a number of family members of the residents. All but one had a family member with them for at least one session, and six were accompanied most weeks. Relatives included a wife, three husbands, four daughters and a grand-daughter; some weeks there were 24 people in the room. A meeting was arranged at short notice on 18 May for relatives of those taking part, so that they could meet the project team and ask questions. Relatives were keen to find out about the approach that would be taken, the type of music that would be used, evidence of the benefits of music and dance in dementia, implications of wheelchair users taking part and what would happen at the end of the project to carry benefits forward. The dance team was able to ask about musical preferences in the group to help them compile a playlist for the first session. Relatives at the meeting agreed it was difficult to envisage the sessions, and appreciated that it was a new and experimental approach, and were open-minded to discovering who would benefit and how.

Staff were less involved at Oakhurst Court than in Forrester Court, because of the help offered by relatives. No member of staff attended all eight sessions, and sometimes there were only two present. The most consistent staff member was the activities organiser who unfortunately had a pre-planned holiday in the middle of the project meaning she missed three sessions. Staff who took part were a senior carer, a therapist and three care assistants. The room used for Dance for Life was a lounge most often used for group activities. Before the sessions it was cleared of tables and chairs were gathered from elsewhere in the home. It was a light room with large windows on two sides, but could become very hot. There was a carpet with a bold pattern which distracted a number of the residents in the group who would bend over to try to pick up what they perceived to be objects. When a larger number was present, the room was very full, making dancing freely a challenge.
FORRESTER COURT

Forrester Court is a large nursing home in an inner-city setting run by a major national care company with more than 100 care homes in the group. It can take up to 113 people. The home is purpose-built over three floors, with a small garden, and an ethnically diverse client group and workforce.

The six women and two men in the Dance for Life project were in earlier stages of dementia than those who took part at Oakhurst Court and the average age was 80. There was a mix of ethnicities among the residents and staff participants. The residents were all able to communicate verbally, and had fewer difficulties in following instructions than the residents at Oakhurst Court. There was one wheelchair user in the group. Two members of the group were described by staff as having behaviours that could be difficult for them to manage in group situations; one tended to dominate groups and insist on being at the centre of what was happening, another was apt to express negative views and describe activities as a ‘waste of time’.

At Forrester Court there was little involvement with relatives, with only resident accompanied by her daughter for three sessions and son-in-law on a fourth. Staff were highly engaged, and the entire activities team were present for the duration of the project. The room used for Dance for Life was the main activity room in the home, with the activity staff office alongside. It was an ideal space, well-lit with large windows and with a plain uncarpeted floor. The Dance for Life team visited Forrester Court on 8 May to get a feel for the home and meet staff.
WHAT HAPPENED DURING THE PROJECTS?

OAKHURST COURT

The project at Oakhurst Court began on 1 June 2015 and finished on 20 July 2015. Each week the team arrived at 1pm and spent an hour preparing the session and getting the room ready. Residents, relatives and staff gathered for the hour long session which started at 2pm. Then from 3–4pm there was a debrief with dancers, staff and relatives sharing their perspectives on the session.

1. LEARNING FROM SESSION ONE

The first session at Oakhurst Court was difficult to plan as the dancers did not know the residents and their capabilities, nor how many family members would be joining the session. A seaside theme had been chosen, with activities to match, and a playlist of songs identified. All eight residents came to the session and five relatives. There was a level of apprehension in the room, with members of the group not knowing what to expect. Noise levels at times were uncomfortable, with the music competing with loud vocalisations from some of the residents.

In the debrief session, which was joined by Dr Edana Minghella as part of her external evaluation, we identified positive moments of connection and a pleasing spirit of collaboration within the group. Several learning points were identified for future sessions:

– Verbal prompts and instructions had been cognitively challenging for some and we agreed a number of strategies to use next time: communicating non-verbally, through gesture and facial expression; demonstrating movements; gaining attention through eye contact, proximity and touch.

– Residents needed time to process what they were hearing and respond, so pacing was considered. Pausing to wait for responses gives space for a person with dementia to participate.

– Clearer openings and endings for sessions, and ways of welcoming each person individually by name, were discussed.

– In dementia there is risk of over-stimulation leading to distress and confusion, so it was difficult having the music playing while dancers gave instruction. Turning off the music while people are talking, and introducing it more purposefully at the beginning, would reduce the demand on residents’ ability to focus.

Applying what they had learned from the first session, the dancers found Session two easier. Music was used more sparingly, and when activities were introduced through the session these were first demonstrated by the dancers. Over time residents clearly became familiar with the project, and appeared happy and relaxed when they came into the room and saw the dancers, some showing affection towards them and greeting them warmly.

2. MUSIC USED IN THE SESSIONS

Music for the sessions was chosen to match the preferences expressed by residents, or on their behalf by family members and staff. The playlist was adjusted according to how the group responded. Glen Miller songs brought positive responses from several people, with foot tapping and swaying. Elvis Presley was also popular. A surprising hit was Tony Christie’s *Is This the Way to Amarillo?*. Some tracks, such as Status Quo’s *Rocking All Over the World*, were chosen because they were upbeat and enlivened the group, whereas others were more lyrical and lent themselves to pairs dancing, particularly between couples in the group. Repeating the use of certain tracks allowed familiarity and a group identity to evolve.
3. USE OF PROPS

Props were discussed at the studio session before the project. The dancers at Oakhurst Court used a variety of props throughout the project, some of which had been suggested, whereas others were selected after getting to know the group. It was a matter of trial and error, discovering which materials and resources brought a response. A parachute was used several times. It allowed everyone to hold on and feel part of the circle. A balloon or ball placed on the parachute was passed across the circle and caused lively reactions and laughter, as did one of the dancers going underneath and appearing at different points of the circle. Other props which elicited curious and active responses were scarves. Ribbons were brought to a session and held across the circle, but it was quickly discovered that these presented a trip hazard for the group members who were physically active. In week three dancers brought in large sheets of bubble wrap for the group to explore the texture, in response to learning that a member of the group had worked for a packaging company. Some participants enjoyed feeling the bubble wrap, and one gathered it in her arms, but the dancers were disappointed that the man for whom they had brought it did not seem as engaged as they had hoped.

4. ACTIVITIES, PLANNED AND SPONTANEITY

Because of the degree of cognitive impairment across the group, it was not going to be feasible to teach members dance moves or routines as happened in the Forrester Court project. The dancers chose simple movements to demonstrate and they were pleased that residents copied. This included the gestures used in the welcoming exercise to greet everyone. Another successful activity was the warm-up exercise that was repeated at the start of sessions. Group members were encouraged to rub their hands together and then rub other parts of their body. Clapping or clicking in time to the music was also followed, as was the suggestion of kicking a leg out. Some pair work was possible; by asking participants to face each other and join palms, then move their arms together, gentle pressure was experienced. Participants took turns to follow one another in mirroring movements. This led to some touching moments of intimacy between couples when eye contact was sustained.

Joining hands in the large group, or in smaller groups, was also used effectively in several sessions to allow people with dementia to move to the music alongside others in the room. It gave a sense of togetherness and shared expression through movement.

5. RESIDENTS’ RESPONSES

A positive indication of residents’ experience of the project was that all eight remained in the project and attended the majority of sessions. Where there was an occasional absence this was because a resident was sleeping and could not be roused. Everyone came willingly to the sessions. If someone walked out of the room they usually returned within a few minutes.

Residents’ responses to being in the sessions developed through the project. The first session saw high levels of tension in several participants, and in others an apparent lack of awareness of what was happening around them. Over time there was a discernible relaxation in body language and a growing degree of engagement and even initiation of movement, shown in response to suggestions by the dancers and spontaneous expressions of humour and affection. Several offered positive comments, greeting the dancers warmly when they arrived.

Because of the degree of impairment experienced by Oakhurst Court residents, aspirations at the start of the project were modest. These were individuals who did not take part in other group activities because of their limited awareness of the world around them. Those who were still able to walk were likely to get up and leave sessions after a few minutes. Others with very limited physical ability would struggle with even small movements, and several members of the group held their heads down permanently, such was the restriction in their head movement.
The dancers worked to enable a greater range of movement. Over time those in wheelchairs were able to push against a dancer’s hand in response to an instruction. The dancers placed themselves low down in order to gain the attention those whose heads were down, and were able through eye contact to encourage them to lift their heads. This meant that they were able to enjoy some contact dancing with the dancers, staff and family members in the group.

Props were used effectively to spark a response and this was especially effective when asking participants to hold onto the parachute and watch as a ball was moved around across it.

6. RELATIVES’ RESPONSES

Relatives in the group brought great sadness and loss into the project through having lived with the steady deterioration dementia had brought in the lives of people they loved. For staff planning the project, a key goal was to bring some moments of warmth and connection into visits that could be extremely distressing for family members who struggled to overcome the communication challenges. This was an exceptionally committed group of relatives who made time in their busy lives to be in the home each Monday afternoon to share an experience which had the potential to enrich the lives of people who meant so much to them. Their commitment extended to other members of the group, not just the person they were visiting, with kind and supportive help offered to every resident.

Relatives did not know what to expect at the start of the project. Several expressed doubt over whether it would be possible to engage their family member because of the extent of their impairment. From the first session, though, relatives were able to see glimpses of the potential for engagement. As the project unfolded these fleeting moments increased in frequency. Over time, they recognised that each person was present in the room, taking part on their own terms. They acknowledged the sense of relaxation and enjoyment the movement and music brought. Several commented after sessions that they had seen the person they knew coming through. The influence of Dance for Life, albeit ephemeral and fluctuating, was seen in these responses. Enjoying being in the present moment, taking encouragement from brief connections, made participation worthwhile for relatives.

7. DANCERS’ PERSPECTIVES

The three dancers were stretched by the project as the group they were given had complex needs in advanced dementia. They relished the challenge and particularly the bonds they were able to make with the people in the group. There were times when they felt emotional seeing the responses of residents in the project, and there were many moments of satisfaction as people whose dementia had taken them to a remote and inaccessible place, were able to make connections with those around them. The team from Forrester Court were glad that they were able to experience working with the Oakhurst Court group to cover occasional absences, as they could see how Dance for Life needed to take a different form in the later stages of dementia.

8. STAFF INVOLVEMENT AND THE IMPACT OF THE PROJECT ON PRACTICE

Even early on in the project, staff at Oakhurst Court were noticing ways of working with music and movement that they could use in other contexts with their residents. They hoped to continue using these approaches after the project ended. They were glad that relatives had taken so much from Dance for Life and this gave additional impetus to provide meaningful contexts for visits and nurturing of these key relationships.
FORRESTER COURT

The project at Forrester Court began on 19 May 2015 and finished on 7 July 2015. Each week the team arrived at 10am and spent an hour preparing the session and getting the room ready. Residents, relatives and staff gathered for the hour long session which started at 11am. Then from 12noon until 1pm there was a debrief with dancers and staff and sharing their perspectives on the session.

1. EARLY EXPERIENCES AND LESSONS LEARNED

Dancers in the Forrester Court team soon realised that they needed to adjust their expectations. They realised from the first session that they needed to be flexible, and modify plans according to the responses of the group. Members of the group were able to learn movements they were shown, but needed time to grasp what was being asked of them; as in the Oakhurst Court project, pacing was an issue. The dancers quickly discovered that terminology from the world of dance was not understood, and that they needed to translate words into the layperson’s vocabulary.

In the first session at Forrester Court several participants appeared disengaged. They were noncommittal in some of their responses, some choosing to sit and watch with arms folded or heads down. Dancers saw they would have to work hard to engage people, coming down to their level physically, especially those whose heads were down. They would also need to be accepting of the negative or sceptical comments made, and allow each person to be themselves.

2. ACTIVITIES

Because residents in the Forrester Court project were in earlier stages of dementia, the dancers were able to be more ambitious in planning sessions than was possible at Oakhurst Court. They hoped to teach members of the group some of the movements from the New Adventures production of Edward Scissorhands. Initial plans proved too complex, so movements were simplified. Sessions started with a familiar welcoming activity, greeting each person in the room. At Forrester Court the group remained seated in the circle for most of each session, unlike at Oakhurst Court. Early on the dancers would demonstrate some movements from a segment within Edward Scissorhands. There would then be the opportunity for everyone to learn these movements, with the dancers and staff supporting residents.

As in the Oakhurst Court project, a parachute was used to good effect, with a ball placed on top and moved around the circle. Pairs dancing using contact/palm to palm mirroring worked well when it was introduced on several occasions.

There was a suggestion towards the end of the project that participants might like to see a demonstration of the kind of dancing performed by the team on stage with New Adventures. The seventh session, therefore, included the dancers performing for the group. This was met with enthusiastic applause. Members of the group who had no experience of dance, and felt that ballroom dancing was ‘proper’ dancing, said by the end of the project they could understand the form of dancing New Adventures represents. During the final session the moves that had been learned through the project were put into a phrase that the group performed together, giving a wonderful session of collective achievement.
3. MUSIC

Music was also used differently at Forrester Court. A different playlist was chosen for each session to match the dance segment that was chosen.

4. PROPS

As well as the parachute, other props used were scarves and photographs of well-known dancers to trigger memories.

5. OVERVIEW OF OUTCOMES FOR RESIDENTS AND DEVELOPMENT OVER TIME

At Forrester Court the eight residents in the project maintained a high level of attendance, with only very occasional absence for unavoidable reasons. Where some were initially sceptical, very quickly they all relished coming to the sessions and expressed positive feelings about being in the group. One resident had been recently bereaved and cried throughout the first session, but as the project progressed she became more animated and clearly enjoyed participating.

A number of members of the group were physically limited at the start of the project. One mainly used a wheelchair to move around the home, others had restricted neck movements and seemed to have their heads down and so were looking at the floor permanently. Being in a group that focussed on movement encouraged the person in the wheelchair to feel the urge to stand. She was encouraged through movements to place herself nearer the front of her chair in readiness for standing. Dancers also suggested she be offered a walking-frame so that she could walk a few steps to her wheelchair at the end of sessions. Other movements were used to enable those whose heads were down to lift them gradually so that there was eye contact and their field of vision was larger.

The dynamic between two residents in the first session was somewhat negative, in the exchange of comments about the session. By seating these two across from each other in the circle for subsequent sessions the negative energy was dissipated and both began to take an active part and appeared to enjoy the project.

At Forrester Court the circle was maintained consistently through the project which enabled the sense of togetherness and community to be strengthened through the project. The friendships that developed and mutual respect that was demonstrated enriched the lives of the residents, but also gave satisfaction to the dancers, staff members and relatives who took part. The shared sense of achievement and collaboration in creating segments of dance drawn from Edward Scissorhands strengthened bonds and contributed to well-being and community in the group.
6. DANCERS’ PERSPECTIVES

As well as the regular team of three, dancers from the Oakhurst Court project were able to experience the Forrester Court project, to cover for occasional absences. The dancers who worked with the Forrester Court group were all pleased to see such engaged and positive responses from residents, and noted the significant changes as the project evolved. They felt that dance and movement had allowed members of the group to express themselves in ways staff had not previously seen, to find an outlet for thoughts and feelings, and a space for making new connections with people living and working around them in the home. It was satisfying to be able to share material from a New Adventures production with an audience that would not have access to it otherwise. The dancers enjoyed spending time with residents and staff and found these new relationships rewarding. The project had enabled them to discover more about the lived experience of dementia.

7. CLOSING THE PROJECT

Members of the group were sad that the project was coming to an end. The team thought about how they could mark its closing in a positive way. During the final session, each participant was invited in turn to say how they had found the project, and dancers and staff were moved and gratified to hear their eloquent and positive comments. The dancers gave each person a photograph of the three of them with a personal message explaining how that individual had contributed to the group. They also invited the residents to attend a dress rehearsal of their new show, Sleeping Beauty, at Sadler’s Wells. This visit was arranged and five residents enjoyed seeing the dancers on stage for part of the rehearsal.

8. STAFF INVOLVEMENT AND THE IMPACT OF THE PROJECT ON THEIR PRACTICE

The activity team at Forrester Court were enthusiastic members of the project and greatly valued the opportunity to collaborate with the dancers. Dancers looked to them for guidance on the needs of residents and respected their expertise as dementia care practitioners, which boosted their sense of self-worth. Through the project staff had a growing awareness of the need to involve each person in activity at their own level. They were also delighted to report to the dancers changes in the individuals taking part during the rest of the week, saying that they had found a new voice and self-confidence in asserting themselves in other group settings.

Staff noted the flexibility of the dancers in responding to participants, including one man who from time to time left the group saying he was going for a cigarette – the dancers were relaxed about him coming and going from the sessions on his own terms, and the staff participants saw how this might also be helpful in other group contexts. They were also given some practical tips for supporting movement and encouraging mobility. One of the participants who had been struggling to stand and often therefore moved around in a wheelchair showed clear signs of wanting to stand up. The dancer created a fun routine to help members of the group shuffle towards the front of their chairs before standing.

Listening to each resident articulate what they had gained from the project in the final session was a powerful experience for staff, one they found both heartening and moving – many present in the room were in tears.
PART 3: EVALUATION
Dr Edana Minghella was commissioned to undertake an independent evaluation of the Dance for Life pilot project. This section reports on her findings.

AIMS AND OBJECTIVES

The evaluation sought to answer two critical overall questions:

– What was the impact of the programme?
– What can we learn for the future?

Under these two headings, more detailed questions were to be addressed:

EXPERIENCE AND IMPACT OF THE PROGRAMME

– What were the hopes and expectations of those involved in the Programme (Dance for Life team, carers, participants, care home staff and managers) and were these hopes and expectations met?
– For residents who participated (‘participants’). Did they benefit, and if so, how?
– Were there any differences in impacts between the care homes?

LEARNING

– What is the learning for future implementation?

DESIGN AND METHODOLOGY

The evaluation was:

– Formative – findings were shared with the Dance for Life team periodically through the evaluation period rather than just at the end.
– A time series design – this means baseline observations and measures were made at the beginning of the Programme (T1) and then again at the end (T2) with interim observations in the middle.
– Quantitative and qualitative in methodology – A range of qualitative and quantitative methods was used to answer the evaluation questions:
  – Non-participant observation (NPO) of Dance for Life sessions, using a specially designed guide to record behaviour. The guide included behaviours associated with Quality of Life dimensions – either ‘positive’ or ‘negative’ as shown in Figure 1.
  – Photographs and video.
  – Individual and Group Interviews with care home staff, participants and the Dance for Life Team.
Bespoke questionnaires were administered to key workers at baseline (T1) and at the end of the programme (T2). The questionnaires included quantitative ratings of Quality of Life dimensions for resident participants (as shown in Figure 1) as well as a rating scale about the culture of the care home itself. Both scales provided statements about the person in general (not how they were in the Dance for Life group) or the home. Respondents were asked to use a Likert scales rating from 1 (strongly disagree) to 7 (strongly agree) to rate each statement.*

Interviews with each Care Home Manager and a follow up questionnaire.

<table>
<thead>
<tr>
<th>KEY EVALUATION TOPICS</th>
<th>METHODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopes and expectations</td>
<td>Individual and group interviews of all involved at T1 and T2 and feedback from families and participants</td>
</tr>
<tr>
<td></td>
<td>Questionnaire to care home manager T2</td>
</tr>
<tr>
<td>Impact for participants</td>
<td>Non participant observation</td>
</tr>
<tr>
<td></td>
<td>Photo and video evidence</td>
</tr>
<tr>
<td></td>
<td>Questionnaires to participants’ key worker at T1 and T2</td>
</tr>
<tr>
<td>Differences in outcomes between care homes</td>
<td>Non participant observation</td>
</tr>
<tr>
<td></td>
<td>Individual and group interviews of all involved at T1 and T2</td>
</tr>
<tr>
<td></td>
<td>Questionnaires to participants’ key worker at T1 and T2 (included rating of care home compassion)</td>
</tr>
<tr>
<td>Learning for future implementation</td>
<td>Non participant observation</td>
</tr>
<tr>
<td></td>
<td>Individual and group interviews of all involved at T1 and T2</td>
</tr>
<tr>
<td></td>
<td>Synthesis and analysis</td>
</tr>
</tbody>
</table>

*Details of tools and methods available from the evaluator on request.
CASE STUDY: VALERIE

Valerie, aged 80, had worked in the police service. She had a diagnosis of dementia and had been living in the care home for three years. Valerie needed support to stand and walk and spoke very little.

At baseline, Valerie’s quality of life as rated by her key worker was quite mixed. She scored moderately to highly on positive dimensions but also had a couple of high scores on negative dimensions – self-esteem and sadness. She was described as friendly and someone who likes to participate in activities.

In the first session, Valerie seemed keen but unclear about what was happening. She seemed to find it difficult to follow instructions and appeared confused. She smiled but also frowned and looked troubled at times.

In the midpoint session, Valerie appeared to be enjoying the dance more. She participated, moving her arms with the music with support from the activities worker, and smiled. Her son-in-law was present. He sat outside the group and did not participate.

In the final session, Valerie’s daughter attended, sitting by Valerie and participating with her. There was a magic moment when the connection between the two of them was completely visible, Valerie giving full attention and loving eye contact to her daughter and both smiling. Valerie initiated arm movements while her daughter responded.

Valerie’s key worker agreed with the statement that Valerie’s quality of life had improved since participating in the Dance for Life programme, giving the statement 5 on the Likert scale, where 1=strongly disagree and 7=strongly agree. Valerie’s other ratings nearly all improved, especially the negative dimensions:

**Positive dimensions** (higher scores = better quality of life)
- Good relationships, from 6 at baseline, to 6 at the end of the Programme.
- Positive mood, from 4 at baseline, to 6 at the end of the Programme.
- Friendly and responsive, from 5 at baseline, to 6 at the end of the Programme.
- Participates, from 7 at baseline to 6 at the end of the Programme.

**Negative dimensions** (lower scores = better quality of life)
- Sad, from 4 at baseline, down to 1 at the end of the Programme.
- Low self-esteem, from 5 at baseline, down to 2 at the end of the Programme.
- Isolated, from 1 at baseline, remaining the same.
- Bored, doesn’t feel at home, wanting to leave, from 2 at baseline, down to 1 at the end of the Programme.

Her key worker said “Valerie is enjoying the music. She sings and hums.”

Valerie’s daughter said “I really appreciated it. It was beautiful.”

Valerie was living with moderate to advanced dementia and physical constraints, who appeared to benefit from the Programme physically, psychologically and in terms of concentration. Her relationship with her daughter was also enhanced. The lack of a clearly defined role for her son-in-law meant that he did not participate on his first visit and there was a sense that he did not know why he was there. Preparing family members in advance could improve the experience and is likely to be beneficial for them and for the person with dementia.
FINDINGS

HOPE AND EXPECTATIONS — CAUTIOUS OPTIMISM

Individual and group interviews at T1 showed that the Dance for Life team in both care homes were optimistic but had quite modest hopes about what they could offer and what could be achieved for participants through the Programme. They used words and phrases like:

- Having a positive ripple.
- Building on little things.
- Beautiful moments.

Interviews and questionnaires from staff, including key workers and care home managers, were also optimistic, although their hopes and expectations were much more diverse. Some were cautious, focusing on ‘enjoyment’ only. Others felt that they did not know what to expect at all. A few had high hopes, such as hoping for ‘social inclusion’. There was little expectation that the Programme would have a wider impact on the home, and there was little difference between the care homes. However, both staff and managers hoped for learning for staff – ranging from individual learning about a resident to more general raising of staff’s awareness of, for example, the value of music.

The key words and phrases that staff and managers used included:

- Enable resident to socialise and interact.
- Enjoyment.
- Happiness.

Family carers were not present in Forrester Court at the beginning of the project. The family members at Oakhurst Court, however, expressed a cautious approach, focusing on small changes. Key words and phrases included:

- Some sort of recognition.
- Smiles.

FIGURE 2: EXAMPLES OF ACTUAL QUOTES FROM THOSE INVOLVED

Manager: “That participants will really enjoy it – can’t see impact on homes unless the participants are becoming more engaged, a bit more involved.”

Key worker: “Enable the residents to socialise and interact with others.”

Dance for Life facilitator: “For people to be themselves in the space.”

Family member: “Hoping somehow it will open a little window.”

Dance for Life facilitator: “Find a way to grow those little moments of pleasure.”

Manager: “I want to see an impact on staff, away from ‘no chance, no hope’.”

Dance for Life facilitator: “So established, that what we do goes with them.”

Key worker: “Promote teamwork; an avenue for staff to know the residents more.”

Family member: “Don’t want to have hopes.”
THE IMPACT AND EXPERIENCE FOR PARTICIPANTS – HIGHLY POSITIVE OUTCOMES WITH VARIATIONS

Quantitative and qualitative measures suggested that the impact of the Programme for participants in both care homes was substantial and positive for nearly everyone and on almost every measurable dimension. There were some variations, as to be expected, both between participants in each group, and between the two groups.

KEY WORKER RATINGS – QUANTITATIVE MEASURES OF BETTER QUALITY OF LIFE FOR BOTH GROUPS

Looking at quantitative measures first, data showed differences between the care homes at baseline and while those differences remained at follow up, there were measurable benefits in both groups. Key workers were asked to rate behaviours of individual participants with whom they were working, using the Quality of Life measures, at T1 (the beginning of the Programme) and T2 (the end of the Programme). A Likert scale was used rating from 1–7.

At T1, key worker ratings (average scores) showed differences between the two groups, reflecting the differences in the populations of each care home. Resident participants in Forrester Court had higher ratings for ‘positive’ quality of life measures. By the same token, Forrester Court resident participants were given lower ratings for the ‘negative’ quality of life measures. In other words, Forrester Court participants were rated by key workers as being able to enjoy a better quality of life than Oakhurst Court residents. They were rated as more able to have positive moods, be friendly and responsive, and to participate socially, and less likely to be sad and withdrawn, show low self-esteem, be socially isolated or unsettled and wanting to leave. There was one ‘positive’ area where Oakhurst Court scored slightly higher and that was ‘good relationships’. The differences between the groups were more noticeable in the ‘negative’ quality of life dimensions than in the ‘positive’ dimensions. Figures 3 and 4 show the ratings.

FIGURE 3: KEY WORKER RATINGS OF RESIDENT PARTICIPANTS IN THE TWO CARE HOMES – ‘POSITIVE’ (T1)
Higher scores = more positive. Forrester Court participants (green line) generally given higher scores.
FIGURE 4: KEY WORKER RATINGS OF RESIDENT PARTICIPANTS IN THE TWO CARE HOMES – ‘NEGATIVE’ (T1)
Higher scores = more pronounced issues. Forrester Court participants (green line) generally given lower scores.

Key workers were asked to apply the same Quality of Life rating scale for the resident with whom they were working at T2. They did not have their original rating to refer to.

Average T2 ratings showed striking improvements across both groups and on almost every quality of life dimension. After the Dance for Life experience, Forrester Court participants (Figure 5) had higher or the same average ratings for the ‘positive’ quality of life dimensions, while Oakhurst Court participants had much higher average ratings on all ‘positive’ dimensions (Figure 6).

FIGURE 5: KEY WORKER RATINGS OF PARTICIPANTS – T2 CHANGES IN POSITIVE MEASURES, FORRESTER COURT
Higher scores = positive. Green line shows higher or same scores at T2 (improvement).
At T2, key workers were also asked if they thought the quality of life for the resident they were working with had improved since participating in the Dance for Life programme. For both care homes, there was strong agreement: ratings averaged 5.13 (Oakhurst Court) and 5.5 (Forrester Court) (1=strongly disagree, 7=strongly agree).
SUMMARY OF QUANTITATIVE FINDINGS

The quantitative findings are highly encouraging when the nature of dementia is taken into account. Dementia is not a condition in which improvements are expected. Therefore data like this that suggests, for example, that people are becoming more responsive, or feeling less socially isolated, has even more power. It is also important to bear in mind that the ratings are based on key workers’ views of how the resident participants were generally – not how they were in the Dance for Life group. (Indeed, key workers were not present at any of the groups). So changes were perceived beyond the groups themselves, and this is significant.

In summary, the quantitative data suggests that the Dance for Life experience had a major positive impact for participants. Where quality of life was reasonably good already (for example, people were in fine moods), the Dance for Life experience appears to have maintained or improved it. Where quality of life was less good (such as people feeling socially isolated), the Dance for Life experience seems to have shifted quality upwards, sometimes quite dramatically. Individual ratings showed more complex pictures, however, and the person’s condition and context will clearly affect their experience.

However, two important cautions remain:

1. We need to be careful about cause and effect. Other factors may have contributed to changes in participants’ scores, including factors in a participant’s condition, other activities participants were involved with, external issues and events, and the raters themselves.

2. These figures are based on average and aggregated scores. Individual ratings showed more variation and indicated a more complicated story. For example, rarely did individuals improve in all areas. Sometimes people showed improvement in either ‘positive’ dimensions or ‘negative’ dimensions but not both. Conversely some changes seemed quite dramatic. Figure 9 gives three examples of individual changes, two where ratings generally improved but in different ways, and a third example – P – where the ratings improved only very little or got worse. Importantly, P had a very specific dementia condition – Korsakoff’s Syndrome – which may have contributed to his restlessness and agitation within the group, premature leaving of the group at times, and not attending one group.

Nevertheless, the quantitative data is significant and when combined with the qualitative data that follows, there is a compelling argument that the Dance for Life programme was highly beneficial.

FIGURE 9: EXAMPLES OF INDIVIDUAL CHANGES IN QUALITY OF LIFE DIMENSIONS FROM T1 (FIRST RATING) TO T2 (RATING AFTER DANCE FOR LIFE EXPERIENCE)
Better quality of life = higher scores for positive dimensions in blue and lower scores for negative dimensions in orange.

<table>
<thead>
<tr>
<th>‘D’: Lady aged 68 (Oakhurst Court)</th>
<th>‘V’: Lady aged 80 (Forrester Court)</th>
<th>‘P’: Man aged 70 (Forrester Court)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RELATES TO OTHERS</strong></td>
<td><strong>POSITIVE MOOD</strong></td>
<td><strong>FRIENDLY, RESPONSIVE</strong></td>
</tr>
<tr>
<td>T1=4</td>
<td>T1=6</td>
<td>T1=4</td>
</tr>
<tr>
<td><strong>PARTICIPATES</strong></td>
<td><strong>SAD</strong></td>
<td><strong>LOW SELF-ESTEEM</strong></td>
</tr>
<tr>
<td>T1=2</td>
<td>T1=5</td>
<td>T1=4</td>
</tr>
<tr>
<td><strong>SOCIALY ISOLATED</strong></td>
<td><strong>BORED, AGITATED, WANTING TO LEAVE</strong></td>
<td></td>
</tr>
<tr>
<td>T1=6</td>
<td>T1=4</td>
<td>T1=2</td>
</tr>
</tbody>
</table>
CASE STUDY: KEITH

Keith, aged 77, a former civil servant had moderate symptoms of dementia, and no physical impairment.

Keith’s quality of life as rated by his key worker was relatively high at baseline. He scored relatively low on negative dimensions and moderate to high on positive dimensions. His key worker described him as quiet, but ready to participate in activities.

In the first session, Keith appeared to be very sceptical. He was frowning, and frequently folding his arms and tapping his leg, looking unhappy. He participated only very little. It looked like he could easily decide not to return.

In the midpoint session, Keith’s behaviour had changed significantly. He was smiling, active and participating. He expressed his enjoyment: “When dancing with more people, it’s more exciting”. By the final session, Keith was a leader in the group, taking on complex moves and supporting others to do so. He danced and helped others. He was animated and his face was full of joy. When giving feedback at the end of the final session, he thanked the Dance for Life team. He said how much he’d enjoyed moving, and how dancing had reminded him of playing cricket as a young man.

Keith’s key worker agreed with the statement that Keith’s quality of life had improved since participating in the Dance for Life programme, giving the statement 6 on the Likert scale, where 1=strongly disagree and 7=strongly agree. Keith’s other ratings nearly all improved:

**Positive dimensions** (higher scores = better quality of life)
- Good relationships, from 4 at baseline, to 6 at the end of the Programme.
- Positive mood, from 5 at baseline, to 6 at the end of the Programme.
- Friendly and responsive, from 5 at baseline, remaining the same at the end of the Programme.
- Participates, from 7 at baseline to 6 at the end of the Programme.

**Negative dimensions** (lower scores = better quality of life)
- Sad, from 1 at baseline, remaining the same at the end of the Programme.
- Low self-esteem, from 1 at baseline, remaining the same at the end of the Programme.
- Isolated, from 2 at baseline, down to 1 at the end of the Programme.
- Bored, doesn’t feel at home, wanting to leave, from 2 at baseline, down to 1 at the end of the Programme.

His key worker said “Keith is much happier, friendlier. He communicates more with staff and residents. His self-esteem has increased.”

One of the activities staff said about Keith: “Keith. What can I say? He is a different person.”

Keith’s story shows that an initial dissatisfaction with the programme can change, and it is worth persisting even if someone appears to be dubious at first. As someone with moderate symptoms of dementia, Keith could not only enjoy the sessions but could actively enable others to do so. The ‘dance’ element of the sessions was critical to Keith’s enjoyment and activated physical memory for him. The impact of the sessions was felt outside of the programme as well, with Keith’s quality of life and happiness improving.
NON-PARTICIPANT OBSERVATION, PHOTOGRAPHS AND VIDEOS – ENJOYMENT, STARTLING CHANGES AND MOMENTS OF JOY

Observations were made in both homes, at the first Dance for Life groups (baseline), the fourth groups (midway), and the last groups (at the end of the Programme).

BASELINE

At baseline, it was immediately clear that these two groups were very different. At Forrester Court, nearly everyone was mobile, verbal and, for the most part, engaged with the facilitators. At Oakhurst Court, there were some serious mobility issues, including three people unable to stand unaided, presenting a potential major challenge for a dance-based activity. The group at Oakhurst Court also included people who were no longer verbal or whose verbal capacity had reduced to, for example, repetitive phrases. There were no family members in the Forrester Court session (see photo 1), but there were family members present in Oakhurst Court.

PHOTO 1
The differences between the two groups of participants meant that the two first sessions were quite different from each other, as shown in Figures 10 and 11. Whilst there were hesitations and some disruption in Forrester Court, this was offset by engagement of most participants, some active participation in dance moves and obvious enjoyment. In Oakhurst Court, the group took longer to settle in to the session. The mood and some behaviours in the Oakhurst Court group reflected the findings from the T1 ‘negative’ quality of life measures, including some sadness, people wanting to leave and social isolation. These dimensions were manifest physically through, for example, hand-wringing, pulling family members away from the group, crying and asserting ‘No!’. When the dancer-facilitators brought the group into a circle this engaged some of the participants more fully and there were smiles and positive words.

**FIGURE 10: FIRST SESSION (BASELINE) OBSERVATIONS, FORRESTER COURT**

- Team very enthusiastic, upbeat, smiley, much positive reinforcement.
- Dancer-facilitators offered clear distinct elements in the session.
- The group was slow to get started.
- Some participants minimal involvement (K, R, J).
- Some anxiety (e.g. repetitive movements) and discomfort.
- Complex actions more difficult for group participants.
- Some disruption (P).
- Dancer-facilitators recognised that music encouraged participation and responded to that.

**FIGURE 11: FIRST SESSION (BASELINE) OBSERVATIONS, OAKHURST COURT**

- Dancers positive, smiley, welcoming.
- Quite chaotic start.
- A lot of agitation, some distress:
  - S: “I’m ever so sorry.”
  - I: Crying.
  - D: “I don’t want to be messing about.”
  - R: “No!”
- Music was calming.
- Took people a lot of time to respond.
- In circle (that worked well):
  - “This is good isn’t it.”
  - “Yes, brilliant.”
MID-POINT

At mid-point (session 4), there were observable, significant and positive changes in nearly all participants in both groups. The dancers had prepared for the groups differently in response to earlier sessions. For example, in Forrester Court, the facilitators had put names on chairs to encourage participants to mix with each other. In Oakhurst Court, facilitators greeted each participant calmly by name at the start of the session creating a calmer atmosphere.

Changes in participants in Forrester Court included people more engaged, obviously enjoying the session and participating in the dance moves, which had become more complex. One of the participants K, who had been slightly agitated in the first session (frowning, folding and unfolding arms, tapping leg) and not wishing to participate in any of the dance moves, showed very different behaviour in Session 4. He was smiling, enthusiastic and led some of the moves, sometimes showing others what to do. He expressed delight in dancing with others. P, whose behaviour had caused some disruption to Group 1, was also more engaged. Evidence of others’ engagement included reference to memories. One of the women, for example, talked about how she used to dance at the Lyceum Ballroom.

Participants in Oakhurst Court were calmer and less likely to leave the group. There was less agitation, more participation in the dance moves and more interaction with other participants. Family members particularly noticed differences, including calmer behaviour, their parent or partner relating to them more and making connections.

Changes observed at midpoint are summarised in Figures 12 and 13.

FIGURE 12: CHANGES OBSERVED, SESSION 4, FORRESTER COURT
Note: one different dancer, one relative observing.

- Changes to process (e.g. names on chairs).
- Much less disruption – P more responsive, calmer.
- Much more participation from K, more from J, R more alert.
- Laughing, obvious enjoyment.
- Dancers continue to be positive, smiley – stretching expectations!
- Taking on complex movements.
- K: “When dancing with more people it’s more exciting.”
- Jul: “I grew up with the Lyceum.”

FIGURE 13: CHANGES OBSERVED, SESSION 4, OAKHURST COURT
Note: two different dancers.

- Dancers calm, smiling, clear greeting to each person.
- Much less agitation (R, Dd).
- I a little more responsive, a little less distressed.
- Much more obvious enjoyment (J, L, Di, F).
- Learning the moves takes longer with this group.
- R’s husband: “She’s more relaxed than I’ve seen her in a long time.”
- F’s daughter: “I could see a few positives with mum this afternoon, she was quite calm and happy for me to hold her hands.”
- J’s wife (happy!): “J’s hand gradually slipped down to my bum!”
CASE STUDY: BETTY AND ARTHUR

It is hard to exaggerate the sense of powerlessness dementia can bring. Here are some of her words spoken by ‘Betty’ who took part in the Dance for Life project at Oakhurst Court:

– ‘How long am I going to be sitting here?’
– ‘I’m nearly dead. I’m nearly dead.’
– ‘I shall never have any money and I shall never have any other things.’
– ‘I’m fed up with this.’
– ‘I don’t know what he’s talking about.’
– ‘I don’t know who these people are. There’s nothing I can do.’

New to the care home, and living in perpetual bewilderment, is it any wonder Betty’s facial expression showed anger, that she shouted at people constantly, that she paced about the home tormented with restless energy until she was utterly exhausted and at risk of falls? Alongside the agitation caused by her dementia she lived with the pain of arthritis.

And what of her devoted husband Arthur? The heartbreak of visiting and seeing her holding hands with a male resident she thought was her husband, and telling him to go away, though she shouted out his name constantly in his absence? What were his aspirations at the start of the project? Very modest – just that she might show some recognition of what was happening around her.

Through the project, Betty gradually became calmer and her body language was more relaxed, her face less severe. There were moments when she took part in the palm to palm contact dancing with Arthur, looking into his eyes and smiled. After a session she sat next to him, stroking his arm. Out of the blue she said to one of the dancers ‘I love you very much’, then in the next breath ‘Bugger that! Go away, all of you!’ At the start of the project it was difficult to make sense of Betty’s speech, but over time her words were clearer. There was eye contact with other members of the group, we saw smiles and humorous exchanges. She began to follow some instructions and take part in group activities.

We felt that the project restored something of the connection with Arthur and helped her to become part of her new community of the care home.
FINAL SESSION

The final session in both care homes revealed further changes for almost all participants. Forrester Court was a strikingly different experience compared with the first session. Participants were engaged with each other, with family members, staff and facilitators. People who had previously shown little mobility were active and involved. Participants shared eye contact, moves and fun with others, including family members. At the end of the session, participants were invited to give feedback on their experience of the Dance for Life programme and they were all able to articulate their enjoyment and how the programme had affected them. Photo 2 shows how participants were engaged in the dance activity. K, mentioned earlier as having shown irritation and agitation in Session 1, is here shown smiling and dancing with one of the facilitators.

PHOTO 2

The last session at Oakhurst Court was also different from the baseline, with many participants calmer, more involved in the session and interacting more. There was evidence of memory, recognition and social interaction – for example, with some participants shaking hands with facilitators, eye contact and dancing together.

However, there was a little more active agitation and distress than in the mid-point session. A number of factors may have contributed to this, including:

- The facilitators started the session with a reminder that this was the last one. The realisation that this session marked the end of the Programme may have been upsetting.

- In order to support people with advanced dementia in this group, facilitators changed their approach and worked more on a one-to-one basis with residents. This may have meant some participants felt left out at times. Where whole group activity (a greeting ‘wave’, an activity with a parachute prop) took place, there was immediately more engagement.

Summaries of findings at the final session of each group are shown in Figures 14 and 15.
FIGURE 14: CHANGES OBSERVED, SESSION 8 (LAST), FORRESTER COURT

- Started with repetition of “This is our last session”.
- Clearer communication, eye contact and verbalisation between residents and with staff/Dance4Life.
- More movement including with people with previously restricted mobility (lifting arms, legs, head).
- References to previous sessions from residents.
- Care staff completely engaged.
- Family completely engaged.
- Moments of magic.
- Feedback from all members of the group with everyone listening and providing their feedback.

FIGURE 15: CHANGES OBSERVED, SESSION 8 (LAST), OAKHURST COURT

- Started with repetition of “This is our last session”.
- Greeting ‘wave’ familiar with residents and family members – demonstrates memory.
- Dancers and care staff in more 1:1 time with residents – more disjointed than earlier sessions.
- Use of prop (parachute) engages residents and family.
- Flexible approach of dancers e.g. repeat music that worked.
- A mixed atmosphere.
- Some normalisation – shaking of hands, dancing together.
- Some residents less calm, a return to some agitation – not all the time but noticeable, e.g.:
  - R: “I can’t do it, that’s enough.”
  - I: Smiling but quite distressed at times.
  - Di: Distressed at times.
- Some residents more relaxed:
  - Dd: Smiling, content (note daughter present).
  - S: Generally calmer and responsive.
WERE HOPES AND EXPECTATIONS MET?
A RESOUNDING YES.

People had generally hoped for small changes, or ‘moments’, which in themselves would have been worthwhile. But feedback and interviews revealed that nearly all those involved found that the changes they observed and experienced far exceeded these modest expectations. The impact of the Programme was seen as:

- Cognitive eg. Showing that people with dementia can still learn.
- Psychosocial eg. Showing that people with dementia can give attention to each other, improved communication.
- Physical eg. improved mobility.
- Psychological eg. improved mood, people enjoyed the experience.

Family carers were particularly insightful about the impact of the programme. They had hoped for positive experiences and outcomes but had been unsure about what would happen. As with others, their expectations were mostly exceeded. But they were able to point out important impacts from their own perspective, such as:

- How the importance of routine had impacted on the participants.
- The use of touch.
- The opportunity to ‘do something’ with their loved one.

Findings from this section are summarised in Figures 16, 17, 18 and 19.

FIGURE 16: WERE HOPES AND EXPECTATIONS MET?
DANCE FOR LIFE TEAMS, BOTH HOMES

“We are refuting that people with dementia can’t learn, can’t be taught.”
“I saw residents giving each other full attention (during feedback). I’ve never seen that before.”
“I’ve seen a change in people… alertness, lucidity, being able to interact.”
“J is so much more mobile. Ju stood up fully. V walked out with the zimmer frame whereas at the beginning she had a wheelchair.”

FIGURE 17: FEEDBACK FROM RESIDENTS, MAINLY FORRESTER COURT

“Some of those movements remind me of cricket.”
“I thoroughly enjoyed it. Everything is lovely.”
“Very happy with everything. It went very well.”
“I would like to see you again as soon as possible. What’s been really pleasant has been the moving. I thank you for all your interest.”
“See you next week.”
FIGURE 18: WERE HOPES AND EXPECTATIONS MET? CARE HOME STAFF

Activity staff said:

“I never thought we would get to this level.”

“Mobility is improving.”

“There’s a lot of laughter and smiles. They are using their imagination. And they’re finding ways of moving their bodies.”

“K – what can I say? He’s a different person.”

Care home staff/managers said:

“Residents’ mobility, communication and awareness have improved.”

“The residents did benefit from the sessions, maybe because they were getting one to one input. I’m not sure but I know it was beneficial.”

FIGURE 19: WERE HOPES AND EXPECTATIONS MET? FAMILY CARERS, BOTH HOMES

“One of the things I hope for was interaction and at times that came off.”

“You want to see your loved ones improve, and stay improving, but it’s not going to happen.”

“The first week I was very sceptical, but it’s been really good. It helps with our own interaction because you know what you’ve been able to do with them.”

“Mum is calm and relaxed… it’s the best it can be. She loves the interaction.”

“The routine of 2 o’clock on a Monday has had more of an impact than I imagined.”

“The touch has been lovely – to feel his arms around me.”

“I really appreciated it – it was beautiful.”

“I’ve got something I can now do with mum when I visit her.”
DISCUSSION AND LEARNING FOR THE FUTURE

Combined qualitative and quantitative measures showed that quality of life was enhanced (both within and outside of the sessions) and there were psychological, social, cognitive and physical benefits for most people who participated in the Dance for Life Programme. ‘Positive’ dimensions of quality of life tended to increase, and ‘negative’ dimensions tended to decrease for most participants. Engagement with family members and other residents improved for most people and there were important unexpected impacts, such as reintroducing touch into spousal relationships and triggering of physical memories.

The nature of these impacts is important because they have implications for the benefit of dance over other activities. Dance is a social, interactive and physical activity that uses music. Socially, people needed to do activities with each other and touch each other. Interaction means there must be communication and attention. The physical activity brings exercise and increased mobility, but also prompts physical memory, so important for dementia. K, from Forrester Court, for example, said some of the dance movements reminded him of playing cricket as a young man. And music was a critical tool in the sessions to bring calm, fun, memory triggers and/or familiarity to the group.

The question of whether the ‘dance’ element was essential to the sessions was addressed by facilitators, staff and family, and is summarised in Figure 20.

FIGURE 20: IS IT DANCE, OR IS IT MUSIC, MOVEMENT, ATTENTION, CONTINUITY?

The changes for Forrester Court were perhaps more dramatic and obvious than those in Oakhurst. The Forrester Court group in the final session was almost unrecognisable compared with the first session. The participants in this group were living with dementia and physical issues but not to the degree experienced by those in Oakhurst Court. Oakhurst Court is home to people with advanced dementias and more disabling physical conditions. Engaging with this group was a different experience and staff and families felt it would, and did, take time. The facilitators had to change their approach with this group and the sessions evolved into becoming more one-to-one than group experiences, leading to some positive advantages and some drawbacks. Questions therefore arose about whether eight sessions for this group was long enough, given the longer time needed for people to get used to the Programme, and how to balance the one-to-one work needed to fully engage some people with the need to give everyone enough attention.

Notwithstanding the different needs of the residents in Oakhurst Court there is no doubt that residents in both homes benefited from the Dance for Life Programme, not only ‘in the moment’ but also over time, and that these benefits continued in participants’ lives outside of the sessions as well as within them.
PART 4: PLANS FOR THE FUTURE
In choosing to work first with nursing homes we made a conscious decision to ‘jump in at the deep end’. We discovered that dance and movement were effective in engaging people with dementia whose cognitive and physical symptoms mean that they are difficult to reach through more mainstream activity. We also discovered that the Dance for Life approach can be adapted to meet the ability levels of group members through flexibility and improvisation.

Working in care homes brings a specific set of challenges. Some environments lend themselves better to dance and movement than others. In dance, perhaps more than in other creative interventions, space, lighting and floor coverings have an impact on how participants engage. Routines in care home life also influence choices. In Oakhurst Court the sessions were held from 2–3pm, immediately after lunch, and some weeks residents were still eating as dancers prepared for the session. Life is unpredictable for care home staff and events can occur which alter plans. In Oakhurst Court an unannounced CQC inspection fell in the middle of the project and absorbed staff energies that week.

Experimentation with a variety of props was a central part of both projects and we were able to identify some that were effective, and others that worked less well. In both projects using a parachute was a successful way of gaining the attention of participants and creating an awareness of others in the circle.

These projects were pilots for New Adventures and Re:Bourne, designed to help us find a way of working in a new context to bring the distinctive company ‘brand’ to a new audience. The dance teams worked in ways that showed the characteristic trust and interdependency that comes from working together on productions; the mutual support and intuitive natural ability to follow one another’s instincts and share leadership helped the groups feel secure. They were also able to bring specific elements of their artistic repertoire into the project, particularly in the Forrester Court project. Being guided by a dementia specialist dance movement psychotherapist and dementia trainers gave the added confidence to experiment with new forms of movement targeted at a client group with complex needs. By the end of the project the dancers had learned a great deal about the experience of dementia and ways to enable wellbeing.

Working with the same group of staff each week, particularly at Forrester Court, enabled a mutual sharing of reflections and ideas for engaging residents. It helped the activities staff in the home see residents in a new light, giving ideas for using movement in other contexts which they were able to take forward. It allowed positive new relationships to be built within the project, and strengthened the activity team dynamic.

In Oakhurst Court, where the lead staff member had identified from her first contact with the project that dance and movement had the potential to nurture relationships between residents and their family members, we saw how a Dance for Life project could bring treasured moments of intimacy and connection for relatives. Relatives in the Oakhurst Court project were highly supportive of the project, enabling residents to participate and offering suggestions. We could also see that the depth of feeling, and the sense of loss in accompanying a loved one through the progression of dementia, can sometimes affect their perceptions. Constantly aware of what has been lost in dementia, they may miss and fail to celebrate fleeting moments of engagement. There can be an urge to over-protect the person in wanting to save them from potential harm in movement. It can also be deeply painful to see the person you love responding positively to a dancer where you are struggling now to find points of connection.

Following the positive evaluation of the pilot projects, Re:Bourne have recruited and trained additional dance artists from the company to work on Dance for Life. Dancers from the original projects were involved in training the new recruits alongside Dementia Pathfinders. Three new projects are planned for 2016 and 2017. Re:Bourne and Dementia Pathfinders are considering ways of extending the Dance for Life model into other dementia care settings, through sharing experiences and skills that have been developed with other community dance artists. A joint study day was held with Music for Life in March 2016 to share experiences and consider ways of working together on projects.
DANCE FOR LIFE TEAM

FOR NEW ADVENTURES & RE:BOURNE
Artistic Director  Sir Matthew Bourne OBE
Group Managing Director  Robert Noble
Executive Director  James Mackenzie-Blackman
Associate Artistic Director  Etta Mulfitt
General Manager, Re:Bourne  Louise Allen
Resident Artist, Re:Bourne  Kerry Biggin
Project Manager, Re:Bourne  Paul Smethurst
Audience Engagement Coordinator  Nick Kyprianou
Administrator  Drew Potter

www.new-adventures.net  www.dementiapathfinders.org
@MBNewAdventures  @DementiaPathfinders
@new_adventures  @DPCIC

FOR DEMENTIA PATHFINDERS
Chief Executive  Barbara Stephens
Resources Manager  Magda Swiecicka
Resources Coordinator  Sandra Graham
Communications Coordinator  Danielle Goodwin

www.new-adventures.net  www.dementiapathfinders.org
@MBNewAdventures  @DPCIC

ASSOCIATES OF DEMENTIA PATHFINDERS

Aubrey Maasdorp  Marina Rova  Julia Burton-Jones  Julia Patton

PRACTITIONERS

PJ Hurst  Jack Jones  Daisy Kemp  Dena Lague  Luke Murphy  Chloe Wilkinson

INDEPENDENT EVALUATOR

Edana Minghella  Sonia Saunders

DEVELOPMENT CONSULTANT