

Evaluation

***Time and Tide*: developing confidence and a learning culture**

A Dementia Friendly Dance and Movement Programme: 2012 - 2014

Delivered by MDI, Liverpool

Offered as part of the Non Pharmaceutical Intervention Project
Delivered by the Alzheimer's Society in partnership with Creative Partners

Evaluation by
Julie Hanna
www.changeintheweather.co.uk



Contents

Executive Summary	3
Summary of Findings	5
Introduction	7
Time and Tide – Overview	7
Non Pharmaceutical Intervention Project Evaluation	10
MDI Evaluation of Time and Tide	10
1, Method	10
2, Data Gathering	11
i, Interviews and small focus groups	11
ii, Observation	11
iii, Feedback from participants	11
iv, Final training/evaluation session	11
3, Data Analysis	12
Findings	13
1, Phase One: 2012/2013	13
i, Dance Artists Interviews	14
ii, Themes	14
2, Phase Two: 2014	17
i, Learning: I am different now	17
ii, Training and Evaluation Event March 2014	20
a, Relationship centred dance.	20
b, Gender issues in dance	21
3, Participants' Feedback	22
i, Likes	22
ii, Challenges	22
iii, Wanted more of	23
Learning & Recommendations: a confident organization	24
Conclusion	27
References	28
Appendices	29

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Executive summary: *"The more I teach the more I learn."* Dance Artist



Dance Artist Stephanie Bairet and participants from the Sefton Dance and Movement group

MDI is one of the UK's leading dance development organizations. From their Liverpool base they work across the North West region to enable people of all ages and backgrounds to:

- engage with dance as an art form
- participate in a range of dance opportunities
- promote the multiple benefits of dance to both physical health and wellbeing

Being included in the Liverpool Alzheimer's Society Non-Pharmaceutical Intervention project (Sept 2012 – March 2014)¹ provided MDI with an opportunity to demonstrate their commitment to developing best practice by interrogating their approach to planning and delivery of partnership projects and to the importance of training and sharing skills and knowledge from a dance artists perspective. Over the 18-month period MDI worked with 6 dance artists who delivered more than 110 practical sessions to more than 60 participants, the majority of which attended the project for the full 18-months.

¹ The **Time and Tide** dance and movement sessions were commissioned by the Liverpool Alzheimer's

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Central to the delivery of *Time and Tide* was a focus on developing dancers and an organisation that were confident in their skills and knowledge to deliver high quality dance and movement for people living with dementia and their carers. This report summarises findings about the development of the dancers skills and knowledge and highlights MDI's continuing journey as a learning and reflective arts organisation during the 18-month project.

The evaluation brings together personal and subjective perceptions and feedback gathered from interviews, focus groups, observation and a final training/evaluation session. The report focuses significantly on the journey of four dance artists and includes feedback from the MDI project lead, from participants engaged in the dance and movement sessions, Alzheimer's Society's representatives and from other dance artists working with people living with dementia. Qualitative data is themed around principles that underpinned training offered to the dance artists prior to and during the delivery project.

This data demonstrates that MDI and its dance artists are committed to:

- Inviting, and responding to, feedback from dance participants
- Hosting, and participating in, professional development opportunities
- Evaluating dance programmes and disseminating the learning

"I am more prepared and more comfortable and able to respond to what's in the room more sensitively. I am more ready." Dance Artist

This report shows that, after building on their extensive experience in community dance practice and in the dance and health sector and as a result of this project and process, MDI is:

A more confident organisation - able to clearly articulate what it offers people living with dementia, and other diverse groups with a range of needs, in the local community.

Committed to artist learning and development - working with dance artists who welcome the opportunity to reflect on their practice and to share their learning.

Dedicated to dance development in the context of health - It is hoped that the dissemination of this learning will strengthen understanding in the region and beyond of the skills and knowledge necessary to deliver high quality participatory dance to benefit people's health and well-being.

This report shares the findings from this evaluative process and makes a series of recommendations based on the experiences and learning of the dance artists and the organisation. MDI will use the knowledge and skills gained from this project to add to their growing body of evidence, showing that participating in dance is beneficial for all age groups and backgrounds, regardless of ability or mobility.

Since this project ended in March 2014, MDI has been commissioned by The Alzheimer's Society to continue delivery of bi-monthly dance and movement sessions in both Liverpool and Knowsley. MDI intends to further develop it's dance and Health program 'Move on Up' by working with a growing group of partners to offer even more opportunities for people to participate in dance.

Please note that all quotes have been anonymised for confidentiality and the four dance artists who took part in the appreciative conversations are referred to throughout as D1, D2, D3 and D4.

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Summary of Findings

MDI working with its dance artists will confidently offer a dementia friendly dance programme that:

- ✓ Is Person centred
- ✓ Is Relationship centred
- ✓ Gets the fit right
- ✓ Creates a safe and happy environment
- ✓ Enables failure free movement
- ✓ Combines verbal and non verbal communication
- ✓ Accommodates both the needs of individuals living with dementia and their relatives and carers
- ✓ Develops opportunities for leading and following
- ✓ Enhances physical wellbeing
- ✓ Enhances mental and emotional wellbeing
- ✓ Prioritises the art form, dance
- ✓ Is delivered by reflective practitioners/dance artists

In order that MDI will successfully include people living with dementia and their relative and/or carers to participate in dance sessions that benefit all –

The dance artist will:

- ✓ Be person centred
- ✓ Be relationship centred
- ✓ Be themselves
- ✓ Be flexible
- ✓ Plan
- ✓ Take time
- ✓ Be effective communicators
- ✓ Be fun

and MDI will:

- ✓ Deliver training for partner organisations
- ✓ Deliver training for dance students
- ✓ Facilitate sharing learning amongst dance artists
- ✓ Explore different ways of recruiting to dance groups
- ✓ Explore developing regular, sustainable dance opportunities
- ✓ Develop responsive feedback between dance artists and participants
- ✓ Develop a flexible programme to include different dance and movement experiences
- ✓ Apply for funding

MDI and its dance artists will invite feedback and be responsive:

“She is participating in a joint enterprise with other people with dementia and without, on equal terms (or in the case of dancing on more than equal terms certainly to me,

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Time and Tide Evaluation: developing confidence and a learning culture

because she's got a great sense of rhythm and imagination). And they're fun. Absolutely marvelous for her sense of well-being, self confidence and self esteem."

(relative/carer talking about their partner's experience of the dance sessions)

MDI will enable dance artists to learn and develop their skills and knowledge about delivering participatory dance with people living with dementia by:

- ✓ Delivering regular continuing professional development opportunities,
- ✓ Evaluating its dance programmes and disseminating the learning.

"I would approach a new group differently – similar exercises with a different intention of where they would go. I think I still have an idea where the exercises will go. I still make a plan throughout the session. I am more prepared and more comfortable and able to respond to what's in the room more sensitively. I am more ready." (Dance Artist: D4)



Dance Artists Pei Tong, Wendy Thomas and Jo Ashbridge with Julie Hana on the final training / evaluation day

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Introduction

In September 2012 the Alzheimer's Society began an 18 month *Non Pharmaceutical Intervention Project*. The Alzheimer's Society worked in partnership with creative partners to deliver a range of participative arts sessions for people living with dementia along with a relative and/or carer. The project engaged with people who were living in their own homes in the community.

The creative sessions offered were:

- Dance and Movement
- Reading Aloud
- Maintaining Skills
- Singing for the Brain
- Dementia Café
- Music
- Welcome Carers' Café
- Visual Art & Sculpture

Time and Tide - Overview

MDI, one of the UK's leading strategic dance organisations based in Liverpool, was a creative partner in the project. Dance sessions were delivered fortnightly in three geographical areas; Knowsley, Sefton and Liverpool. A total number of six dance artists led sessions during the 18 month project. The dance sessions were delivered by MDI under the project title of **Time and Tide** an umbrella title for all their Elders work.

Central to the delivery of **Time and Tide** was a focus on learning to develop dance artists and an organisation that was confident in its skills and knowledge to deliver high quality dance and movement practice for people living with dementia and their relatives and/or carers. Therefore in addition to the delivery of the dance sessions MDI ran three training days to support learning and the continuing professional development of dance artists delivering the **Time and Tide** project. The major project events and training days are described briefly below.

Time and Tide – Life Rhythms – 1 day seminar – November 2012

On November 29th 2012, MDI held a one day seminar event 'Time and Tide - Life Rhythms' for dance artists and health professionals working with elders on creative and health focused projects. This event was an opportunity for MDI to publicly set out its aims and objectives for the project with Alzheimer's Society and their elders programme as a whole. The event provided an opportunity for dance artists to share knowledge of their practice and for health professionals to explain the benefit of dance for older people. Speakers included representatives from the Liverpool PCT, Liverpool City Council, Dance for Parkinson's UK, The Alzheimer's Society and Diane Amans, Bisakha Sarker, Carl Campbell, Judy Smith, Jennifer Hale and there were performances by the MDI Tappers, Growing Older (Dis)Gracefully, Namron and Bisakha Sarker and Diane Amans. Though this event was not funded as part of the project with the Alzheimer's Society, it did give both organisations an opportunity to state their intentions and methodologies for the project in the wider context of dance and older people. The event was also a practical demonstration of how the development and training of the dance artist and the benefit to participants are of equal value in MDI's work.

Training Day One - July 2012

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Time and Tide Evaluation: developing confidence and a learning culture

Facilitated by:

Diane Amans, Dance Artist and Training Consultant, specialist in Elders dance, Dance for Dementia and author of Age and Dancing: Older People and Community Dance Practice – Palgrave Macmillian 2012

Aims of the session:

- To enable dance artists to develop their confidence in leading sessions with people with dementia;
- To devise ways of enabling participants to play a part in developing content and structure;
- To provide opportunities to discuss the most effective way of responding to situations which are unexpected.
- To build capacity in the city as training was offered to other Liverpool based artists not involved in the project
- To nurture understanding between Alzheimer's Society staff and Dance Artists by sharing methodology

Training Day Two – May 2013

Facilitated by:

Richard Coaten PhD BA(Hons) Dip.ITD RDMP

Currently employed as a registered Dance Movement Psychotherapist with the South West Yorkshire Partnership NHS Foundation Trust, in the UK, Richard works part time in Older Peoples Services in Calderdale running a Dance Movement Psychotherapy Service. He is an experienced psychotherapist, dancer, community dance worker and trainer. His special interest is in movement and dance based work with older people and those with memory problems.

Bisakha Sarker Director Chaturangan Dance Company

Bisakha Sarker is a leading practitioner of Indian creative dance. She has worked as a performer, choreographer, researcher, educationalist, critic, writer and video maker. Her innovative work, much of it with disabled and older people, has challenged traditional cultural boundaries. Bisakha Sarker is currently the director of Chaturangan, an agency based in Liverpool working to raise the profile of South Asian dance, culture and spirituality both locally and nationally.

Aims of the session:

- Raise awareness of the importance of creative movement and dance in dementia care;
- Inspire participants to explore new multi-cultural ways of working and communicating in relation to movement & dance;
- Develop high-quality communication skills, using dance and movement;
- Have fun while learning and developing new skills through sharing our creative practices and different approaches;
- Build confidence and the capacity to provide group work involving movement and dance.
- Offer training to the wider dance community as training was offered nationally and had national attendance

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Training Day Three – March 2014

Facilitated by Diane Amans and Julie Hanna (**Time and Tide** Evaluator)

Aims of the session:

- To review and explore learning since the first workshop;
- To explore and clarify learning and the experience of Dance Artists during **Time and Tide** to contribute to MDI's evaluation from the perspective of the Dance Artist.



'Life Rhythms' Panel November 2012



Namron performs 'Missing' November 2012

Festival of Creativity – March 2014

In March 2014 MDI staff and dance artists gave presentations and workshops at the Alzheimer's Society 'Festival of Creativity' on March 6th and 7th at the Bluecoat. This event provided an opportunity for arts organisations, lead artists and participants to share their work, findings and experiences from the Non-Pharmaceutical Intervention project. This event not only demonstrated the incredible value of these long-term interventions to participants but also gave artists the opportunity to detail how they had developed their own practice as a result of the project.



Dance Artist Jennifer Hale and participant from the Liverpool dance and movement group

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Time and Tide Evaluation: developing confidence and a learning culture

Non Pharmaceutical Intervention Project Evaluation

The non-pharmaceutical intervention project was evaluated by the Alzheimer's Society in partnership with Liverpool John Moores University. The purpose of the evaluation was to assess the impact of participating in the non-pharmaceutical groups on:

- Quality of Life
- Health and Wellbeing
- Social Interaction
- Some distressing symptoms of dementia

Both people living with dementia and their relative or carer were asked to complete questionnaires prior to the group programme, at each group session attended and at the end of the programme (APPENDIX 1: Baseline Questionnaires). The findings are available on request from the Liverpool / North West Alzheimer's Society Office: NW Area Office The Lodge Tannery Court Tanners Lane Warrington WA2 7NA T: 01925 572331

MDI Evaluation of Time and Tide

Funds to conduct a separate evaluation of the dance and movement project were agreed as part of MDI's project proposal in addition to the dance sessions being part of the Non Pharmaceutical Intervention evaluation commissioned by the Alzheimer's Society. The purpose of MDI's evaluation was to capture the Dance Artists' experience and learning so that future work could benefit from these findings.

The evaluation's aims were to evaluate the following outcomes from the Dance Artist's perspective:

- To deliver a dance programme that is dementia friendly;
- To successfully include people living with dementia and their relative/carers to participate in dance sessions together with benefits for all;
- To enhance the physical and mental wellbeing of participants;
- To enable Dance Artists to learn and develop their skills and knowledge about delivering participatory dance with people living with dementia.

This evaluation was qualitative, focusing on the Dance Artists' subjective experience of delivering dance and movement sessions for people living with dementia and their companions. As noted in the Executive Summary, this report shares the findings from this evaluative process, making recommendations based on the experiences and learning of the dance artists and the organisation. This report adds to MDI's growing body of evidence, showing that participating in dance is beneficial for all age groups and backgrounds.

1, Method

The Appreciative Conversations and questions used in this evaluation were developed using Appreciative Inquiry (AI) methodology. The questions are structured to generate the sharing of stories and experiences that illustrate examples of success and when things have worked well. AI doesn't ignore difficulty but looks at experiences from a different viewpoint. AI seeks to

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Time and Tide Evaluation: developing confidence and a learning culture

discover what things, if increased, would add value and make a difference for an individual or group. AI helps to discover best practice and to imagine a future that builds on what already exists.

The AI process also engages people in how to design more of what they want in the future and to consider the practical elements of delivery. Some of the Focus Group questions have encouraged participants to think about these next steps.

“AI is a process for engaging people in building the kinds of organisations and a world they want to live in. Working from people’s strengths and positive experiences, AI co-creates a future based on collaboration and open dialogue.” David Cooperider, founder of AI (Appreciatingpeople, 2013).

The questions that were developed are included in APPENDICES 2, 3 and 4 both for dance artists and dance session participants.

2, Data Gathering

Questions were developed using the AI approach to structure individual and group conversations with dance artists and with dance participants. Below is an outline of the timetable and structure of gathering feedback and experiences.

This is a small, qualitative evaluation. Four dance artists took part in individual and group appreciative conversations. The MDI project lead also contributed by participating in the group conversations. Dance session participants also gave feedback. In the third and final training day two other dancers with experience of working with people living with dementia joined the workshop helping to explore some of the issues.

i, Interviews and small focus groups

Four dancers and MDI's project lead for the Time and Tide project were interviewed and participated in Focus Groups as part of this evaluation. These took place initially during the Summer of 2013 and then again in February 2014.

ii, Observation

The evaluator attended dance sessions in each of the three geographical areas during 2013.

iii, Feedback from participants

Two focus group conversations were facilitated by Dance Artists in December 2013 and January 2014 using a set of questions developed in collaboration between the evaluator, MDI and the Alzheimer's Society to gain some feedback from participants about the dance sessions to contribute to the Dancer's learning.

iv, Final training/evaluation session

Diane Amans and Julie Hanna facilitated a final workshop in March 2014. This was an opportunity to consolidate learning from the project and to gather some final evaluation data.

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Time and Tide Evaluation: developing confidence and a learning culture

3, Data Analysis

In July 2012 before the start of the Time and Tide 18 month project MDI ran a one-day training course for dance artists. Diane Amans, dance artist and training consultant, facilitated the workshop.

Categories were developed from the content of the workshop and the workshop's learning outcomes that were later used to analyse and theme the narrative data collected from the dance artists during 2013.

Later in 2014 narrative data from appreciative individual and group conversations were themed to identify both the dance artists' and dance organisation's learning during **Time and Tide**. The final training/evaluation workshop held in March 2014 provided some useful additional data.

In addition feedback from participants has been gathered and themed.



Dance artist Jennifer Hale and participants from the Liverpool Dance and movement group

Findings

1, Phase One: 2012/2013

The First training day in July 2012 was very practical. Information was shared often whilst participating in dance activities. Ideas for dance movements, music and props were given.

A flavour of the training –

- Movements were suggested, using images and different ways of describing them, such as arm movements likened to “painting a fence”, “the royal wave”.
- Some health and safety guidance was given e.g. seated movements can be useful for the static contraction of muscles and falls prevention e.g. when moving above the waist, the heart has to work harder.
- Props such as feathers, bean frogs and elastics were suggested and demonstrated
- Ideas for poetry were shared e.g. poetry by John Killick (Killick, 2007)

During the day different ways of facilitating dance and movement sessions with people living with dementia and their companions were explored.

The evaluator attended this event and later developed a list of categories to reflect the main principles underpinning the training.

These are listed below:

1. Being person centred
2. Getting the fit right
3. Creating a safe and happy environment
4. Enabling failure free movement
5. Leading non verbally
6. Balancing needs of relatives and carers alongside those living with dementia
7. Developing opportunities for leading and following
8. Enhancing physical wellbeing
9. Enhancing mental/emotional wellbeing
10. Prioritising the art form, dance
11. Becoming a reflective practitioner.

i, Dance Artists Interviews

Four dance artists were interviewed during the Summer of 2013 and responded to the following three questions:

1. Describe a time when you felt at your most skilled and/or creative as a dance artist during **Time and Tide**. What were you doing? Who were you with? What happened?
2. What makes a skilled dance/facilitator working with people living with dementia? List top 3-5 things.
3. What helps you to be the best dance artist/facilitator you can be?

Their responses were themed using the 11 categories above. See APPENDIX 5 for a complete list of dance artist's comments themed using the above categories. Four dancers took part in these appreciative conversations and their responses have been anonymised: D1, D2, D3 and D4.

The analysis of the dance artists responses show that all the categories were reflected in the narrative answers given to the above three questions apart from *leading non verbally*. These categories are not exclusive and some responses may appropriately fit into more than one category. Generally comments are only listed once under the category that seems to most closely reflect its meaning but occasionally responses are listed more than once.

An interpretation of the meaning of each category is offered alongside each category title with words used by dance artists in their appreciative conversation responses in the findings below.

ii, Themes

1. Being person centred: *Having you in mind, seeing things differently*

The dance artists described having certain participants in mind when planning a session (D3) to take into consideration individual's preferences and skills (Benbow, 2011). It was observed that participants see things differently and respond differently (D1); they are enabled to engage in the way they want to (D 4). Ideally "*everyone is able to involve themselves in the space.*" (D2)

2. Getting the fit right: *Being flexible – "if something isn't working, then find something else."*

The dance artists described getting the fit right by matching participants' skills and preferences with different dance movements and approaches. This could mean offering standing and sitting versions of the same dance (D1), opportunities for leading and being supported (D1) and for combining words and movements for some participants (D1). This approach benefits from the dance artist being patient and not rushing (D3) and pacing and waiting (D2).

3. Creating a safe and happy environment: *Being a step ahead, comfort, relationships, fun*

The dance artists describe gauging the atmosphere (D1, D3) and by being relaxed, open and laid back (D2, D3) helping to put people at their ease (D3). There is a suggestion that if the dance artists feel confident about what they are doing this will help participants

to feel OK (D3). There are comments made that the sessions can be fun (D3) and don't have to be serious (D1).

4. Enabling failure free movement: *Setting the scene, doing your own thing, no right or wrong way, instructions are open to interpretation?*

The dance artists responses suggest that often participants are trying to get it right (D3). Participants may need encouragement and time to feel comfortable to do their own thing with no right and wrong (D4).

5. Leading non verbally

No responses: although the dance artists pick up on this later when interviewed in 2014 about their learning during the project.

6. Balancing needs of relatives and carers alongside those living with dementia: *communicating different perspectives*

In order to create a safe and happy environment where participants are free to express themselves through dance it is essential to communicate well (D3) with carers and/or relatives who are part of the same group and to acknowledge that there might be challenges for them (D3).

NB: an important characteristic of this project was that it was for people living with dementia and their companions to attend and participate together.

7. Developing opportunities for leading and following: *letting the dance have a life of its own.*

The dance artists described moments when they might have sown a seed (D2) and participants responded in their own way (D4). At times participants take the lead and show initiative and dancers find a way of responding (D3, D2).

8. Enhancing physical wellbeing: *Being active*

Perhaps because this seems such an obvious benefit of engaging in dance that dance artists didn't comment much about this aspect, although one dancer talked about an aim in the sessions of being active and moving (D1).

9. Enhancing mental/emotional wellbeing: *Flow in the moment.*

Dance artists use words such as flow and connection (D2). Observations that are themed under other categories relate also to this category; if participants have the experience of a person centred dance session, that is safe and happy it is likely that they will experience, at least some of the time, a sense of wellbeing.

Living with dementia means that although there might be a sense of wellbeing or flow in the moment it can not necessarily be recalled later.

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Dance artists Jennie Hale, Pei Tong and Jo Ashbridge with Julie Hana on the final training / Evaluation day.

10. Prioritising the art form, dance: *Being creative.*

This aspect of the dance sessions wasn't described greatly in the dance artists' appreciative conversations however one of the dancers gives a sense of how creativity is expressed in the sessions.

"{it} felt creative as the result was far removed from the initial intention and led to far more than the initial idea." (D4)

The dance artist goes on to say that:

"The skill lies in recognizing what was there and continuing long enough for participants to recognise change in the quality of movement and appreciate this in their physicality." (D4)

These comments encapsulate both the experience of being creative and recognising dance artists' skills in enabling participants to be creative.

11. Becoming a reflective practitioner: *the more I teach the more I learn, I am doing things differently now*

The dance artists reflected on different aspects of their practice. They describe their role in different ways such as; enabler, initiator, learner, providing structure, being prepared, facilitator, partnership working, being yourself.

One of the dance artist's reflects on consciously being themselves below:

"Freedom to be myself – {participants} respond to you being yourself . . . in play and comfort . . . have to be real and connected to be me." (D2)

The dance artists recognized that they had changed and were doing things differently than at the start of **Time and Tide**.

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Time and Tide Evaluation: developing confidence and a learning culture

"I am doing things differently now, I was more cautious at the start, getting to know what you can do . . ." (D1)

"Developing and learning – this is constantly happening over time. The sessions evolve." (D1)

They reflected on different aspects of the dance artist's role such as the value in being prepared (D2, D3, D4) and having two dance artists working together (D2).

There is also some reflection about the partnership between the Alzheimer's Society and MDI, and that at times, the dance artist felt on the periphery (D3). This is picked up in the later appreciative conversation in January 2014.

The dance artists were also asking themselves questions that stretched their learning and knowledge.

"What is the impact of {Time and Tide} on people's lives?" (D3)

"How and why does dance help? . . ." (D3)

2, Phase Two: 2014

In January 2014 the dance artists D3 and D4 were interviewed for the second time and responded to the following questions:

1. Tell a story about your highlight of this project. What were you doing? What were others doing?
2. In what ways are you different now as a dance artist than at the start of the project?
3. If you were mentoring a new dance artist working in this area what are the 3 things you would tell them?

i, Learning: I am different now

"I would approach a new group differently – similar exercises with a different intention of where they would go. I think I still have an idea where the exercises will go. I still make a plan throughout the session. I am more prepared and more comfortable and able to respond to what's in the room more sensitively. I am more ready." (D4)

The dance artists described differences in themselves and their practice reflecting on how they were at the start of the project compared to how they felt at the end and what advice they would offer to other dance artists new to working in this area. These responses have been combined and they describe being more flexible in their approach, the need to plan, taking more time, more confidence in communicating non verbally and having more fun. They also talked about the importance of being person centred, building relationships and being yourself and what these mean in practice. These findings are listed below with examples from the dance artists responses.

- Flexibility

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"More able to take what you are given and to mold it and develop it without making it a big deal." (D4)

- Can think of things in a lot of different ways
- Able to be more flexible, offer lots of options
- Not scared of going "off plan."

- Plan

"Loads of planning." (D3)

- Plan activities that:
 - a. Develop relationships
 - b. Are accessible
 - c. Lead to a sense of *"I can do this"*

E.g. circle dances, such as Portuguese circle dance, partnering, copying and leading

- Be ready for plans to change!

- Taking time

"Give everything a bit more time and space . . ." (D3)

- Giving everything a bit more time and space to respond to what is happening in the space

- Communication

"Reading people . . ." (D3)

- Giving clear and simple instructions
- Communicating in a way they understand, i.e. not expecting people to communicate verbally
- More use of non verbal communication
- Using more physically lead movements

- Fun

"Learned to have more fun . . ." (D3)

- To have more fun
- To make everything more fun

- Building relationships

"Relationships are very important." (D3)

- Learning what participants like
- Learning when participants are more relaxed
- Building good relationships helps to welcome new people into the group
- Considering the relationship between the person living with dementia and their relative/carer: they may have different needs in the group, one or both may have some discomfort about being in the group, being aware if an individual does something new or unusual this might evoke a response in their companion and offering appropriate support

- Being yourself

"Be yourself – not a performance – "me amplified". (D4)

- For the dance artist to be themselves
- For the participants to be themselves

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- Knowing when to give someone attention and when to say “wow” inside. Letting people be themselves without too much attention.
- Being person centred
 - *“Instead of teaching people you are pulling something out of them.” (D4)*
 - Teaching is a tool, a starting point, for seeing where participants want to go
 - Be adaptable
 - More able to be where the person is than at the start
 - Be open to whatever happens
 - Being more relaxed with participants, and knowing them better
 - Knowing people's likes and dislikes
 - Be relaxed and ready to guide, clarify, enable freedom and experiment



Participants from the Sefton Dance and Movement Group

In March 2014 dance artists from **Time and Tide**, the project lead and a small number of other dance artists working with people living with dementia came together for training and to contribute to the project evaluation.

The training day combined conversation with practical and experiential activities. The programme included; exploring person centred and relationship centred dance, gender issues in dance, integrating poetry in dance sessions, communicating non verbally and experimenting with different movements, music and props.

a, Relationship centred dance

In the appreciative conversations that had taken place with dance artists in both the Summer of 2013 and in January 2014 they often described, in their "best moments", relationships and connections between themselves and participants or between participants.

Example 1

"Circle – means everything is really connected." (D3)

The dance artist is referring to the Portuguese Circle Dance and the connections between individuals as they participate in the dance.

Example 2

"Moments when one or two men . . . really given everything to the group." D4

The dance artist describes individuals taking a significant role in a dance, no longer feeling embarrassed.

i.e. *"Everyone felt comfortable."*

Example 3

"When I have enabled . . . leads to an energy flow and something happens." D2

such as; *"Amazing, lovely connection happened." "Touches a spirit – someone's spirit who wants to express themselves."*

During the training session the meaning of person centred care and relationship centred care were considered and how this might be understood in terms of relationship centred dance. (APPENDIX 6)

Smebye and Kirkevold (2013) discuss relationships and connectedness in caring for people living with dementia and the importance of the partnership between the cared for and the carer. This work develops Kitwood's (1997) work on personhood and person centred care which some have argued doesn't take into consideration enough the two-way nature of relationships.

Nolan et al., (2004) argued that person-centred care fails to:

"...capture the interdependencies and reciprocities that underpin caring relationships" {and it does not elicit} "...mutual appreciation of each other's knowledge, recognition of its equal worth, and its sharing in a symbolic way to enhance and facilitate joint understanding".

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Time and Tide Evaluation: developing confidence and a learning culture

The dance artists explored relationship centred dance in appreciative conversations (APPENDIX 7) and then in developing a short dance piece in small groups to explore and express its meaning.

Dance artists identified different aspects of relationship centred dance (APPENDIX 8). These can be summarised as:

- Non verbal communication such as eye contact, smiles,
- Taking time to build relationships (when not dancing): sharing stories, time to not move,
- Dance artists being themselves: (comfort being with others)* am unclear what this is meant to mean, help others be comfortable being themselves,
- Creating a safe place to allow for; acceptance, respect, recognition, trust, courage and vulnerability,
- Using knowledge and skills to develop relationships e.g. use of props, types of dances, partnering,
- Being aware of different levels of comfort with touch, physicality, sensuality, and sexuality.

Finding the right fit is also about relationship centred dance so that people can engage, their confidence is increased and barriers are broken down. Dance artists talked about having to work less hard when the "fit" is right.

"Everyone felt comfortable, as the dance artist I didn't have to work so hard. Participants weren't feeling embarrassed, they initiated movement and song. . . Respond as the dancer when the participants were ready." D4

b, Gender issues in dance

Dance artists also explored gender issues firstly experientially by dancing with a chair, imagining the chair as a woman and then as a man. The thoughts, feelings and behaviour/dance that this evoked were then shared in a group and recorded (APPENDIX 9).

Dance artists shared experiences of being in dance sessions with men and women. Below are some questions that might be helpful for dance artists to consider when reflecting on how gender issues are impacting on dance sessions.

- Do you notice any differences between how men and women in a dance group express themselves?
- Am I able to challenge my own gender specific stereotypes?
- As a female dance artist am I facilitating a session that is appropriate for both men and women?
- How are my personal experiences of relationships with men and women in my life impacting on my work as a dance artist?

The dance artists were working with mixed gender groups with people living with dementia and their relatives/carers. People with dementia were accompanied by their husband/wife/partner, or other relative or carer. In this situation further questions might also be useful to ask:

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Time and Tide Evaluation: developing confidence and a learning culture

- How does dance and being in the dance group affect the relationship between the person living with dementia and their relative/carer?
- How can I, as the dance artist, work most effectively with both?

3, Participants' Feedback

Although this evaluation has focused on the dance artist's experience some feedback was gathered from participants. The feedback serves to:

- Provide some learning for the dance artists about what works/doesn't work,
- Offer another perspective,
- Underpin this evaluation i.e. providing some evidence that the dance sessions were well received.

Participant feedback has been organised into the following themes:

- *Likes*
- *Challenges*
- *Wanted more of*

i, Participants' Likes:

- Fun: a laugh, it's good fun
- Relaxing
- Lively
- Friendly: sociable, talking
- Music e.g. Glen Miller, Top Hats,
- Portuguese Wedding dance
- Time with parachute
- Dance artists: friendly and encouraging
- Support: two dance artists, Alzheimer's representatives
- Freedom to join in or not
- Choreographed movements
- Physical exercise
- Interest: some people stay awake when usually would fall asleep
- Being able to be themselves in a relaxed and safe space
- Tailored to participants
- Suitable for any level of mobility and experience
- A change of scene
- Continuity of the same people delivering sessions

ii, Some challenges for participants:

- Feeling embarrassed/self conscious
- Expectations; not knowing what the sessions will be like, the sessions being different from what is expected
- Sense that some men are more uncomfortable in the dance sessions than women

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Time and Tide Evaluation: developing confidence and a learning culture

- Word dance: for some this is challenging (for others it is encouraging because they like dance)

iii, Participants wanted more of:

- Intergenerational dance
- Charleston and scarves
- Music; Glen Miller, Top Hats, Musicals, Charleston.
- More people to join i.e. when more people it is more fun, less embarrassing, less pressure
- Line dancing
- More and different props
- Weekly instead of twice monthly
- Themes: rock and roll, holidays



Dance Artists Bisakha Sarker, Diane Amans, Wendy Thomas and Jennie Hale during the final training / evaluation day

At The Alzheimer's Society's 'Creative Wellbeing Seminar and Festival of Creativity in Liverpool on March 6th and 7th 2014 the husband of a participant living with dementia attending the **Time and Tide** dance sessions said:

I look after my wife XXX who's been diagnosed with fronto-temporal dementia or FTD. This condition affects her ability to use and comprehend language; to remember where things are; to recognise the things she's looking for; and to perform sequential operations. When she's stymied by any of these disabilities, especially in public or when

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Time and Tide Evaluation: developing confidence and a learning culture

any of these disabilities are mentioned in her presence, she becomes angry and suffers loss of self-esteem and self-confidence. At such times she tends to shun company and avoid social interactions.

We have participated in Singing for the Brain for 3 years and Dance and Movement for about 12 months and they have helped in the following ways:

- *Although XXX finds it difficult - often impossible - to find the words she needs in normal conversation, in the singing she can remember the words of whole songs: success with language!*
- *Although normally she cant manages sequential operations e.g. making a sandwich, in Dancing she can remember and perform dance and movement routines: success with sequential operations.*
- *Normally XXX can't understand, and therefore follow requests or instructions (e.g. 'Can you put the milk on the table please') but in dancing and singing, XXX CAN follow the instructions because the verbal instructions are accompanied by physical demonstrations. Again, success where there is usually failure.*

And all these successes are in public - for other people to see. She is participating in a joint enterprise with other people with dementia and without, on equal terms (or in the case of dancing on more than equal terms certainly to me, because she's got a great sense of rhythm and imagination). And they're fun. Absolutely marvelous for her sense of well-being, self-confidence and self-esteem.

Also, because of the format of these sessions with time for a cuppa and a chat before and after the activity, there has always been the opportunity to meet and get to know some really lovely people and to make new friends where there is tendency unfortunately for old friends to disappear.

XXX often complains about various aches and pains and not feeling right in one way or another. This can be worrying as she can often get very anxious and can't really explain what's wrong or how serious it is. Often though, I can remind her we've got singing or dancing coming up and the complaint evaporates. This avoids me having to take her to the doctor on occasions when it wasn't really necessary. Alternatively, the fact of the activities being there helps to reduce anxiety and depression - and not just for XXX!

Learning & Recommendations: a confident organisation

In January 2014 dance artists and the MDI project lead for **Time and Tide** joined in an appreciative group conversation about what had been learnt from an organisational perspective during the length of the project.

"To be more confident about describing what we do" (Appreciative group conversation, Jan 2014)

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Time and Tide Evaluation: developing confidence and a learning culture

The greatest learning identified was to be more confident about the work that MDI, with its dance artists, offers, such as; having a minimum of two dancers per group session, the provision of regular continuing professional development sessions and the importance of evaluation.

Having grown in confidence the dancers and project lead identified how they might build on what has worked delivering **Time and Tide** and what they might do differently, and how they might maintain some dance opportunities for people living with dementia and their relatives/carers.

These recommendations are described below.

- a. To deliver more training and opportunities for people working and volunteering for the Alzheimer's Society.
 - I. To offer training on weekdays rather than weekends
 - II. To explore and explain more clearly about the delivery and implementation of the dance and movement sessions to foster greater shared understanding.
- b. To explore different ways of recruiting to the dance sessions.
 - I. To liaise more closely with the Alzheimer's Society about recruitment and attendance at the dance sessions to maximize attendance and to offer as much continuity as possible².
 - II. MDI has networks through which they could recruit people living with dementia and their relatives/carers to dance sessions. To liaise with Alzheimer's Society about managing this.³
 - III. To consider different ways of marketing the dance sessions that might be most engaging and appropriate to this group of people e.g. use of language.
- c. To explore developing a regular group in Liverpool.

To fund this group, at least partially, by asking for a small payment per person if other funds are not available.
- d. To develop more responsive feedback between dance artists and participants.

² The Non Pharmaceutical Intervention Project was designed to evaluate participants' wellbeing when engaging in creative and psycho-social activities. The plan was that every 6 months, if there was a waiting list for a particular group, participants would be asked to move on and join another group giving others an opportunity to take part in the dance sessions. Unfortunately, due to a mis-communication within the Liverpool Alzheimer's Society participants were asked to move on after the first six months. This was very difficult for some participants who wanted to continue attending the dance group and meant that some of the sessions were poorly attended. This was resolved later in the project. Each creative group was to be repeated for a maximum of three times during the 18 months length of the project in order to evaluate different individual's experiences. The structure of the programme was challenging for people who did not want to change groups or wanted to continue longer participating in a group that they enjoyed. There were times when the dance groups were poorly attended and people could have continued for longer than 6 months.

³ All **Time and Tide** participants had an assessment with the Alzheimer's Society.

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In partnership with the Alzheimer's Society

Time and Tide Evaluation: developing confidence and a learning culture

So that dance artists learn participants' preferences, likes and dislikes and can respond quickly offering a variety ways of engaging people in dance and movement.⁴

- e. To develop a more flexible programme. Though consistency and familiarity are vital when setting up a regular group, once the foundations are there it is then possible to introduce different dance artists and elements to the class widening the range of their experience. E.g.
 - I. Different dance artists with other artists facilitating some sessions e.g. combining dance and music.
 - II. Visits to events, such as the theatre or MDI performance events as appropriate.
- f. To explore offering training opportunities to dance students about dance and movement with groups of people living with dementia and their relatives and carers. Increasing numbers of local dance artists with the skills and knowledge to work in this area building capacity and sustaining the dance economy in the city and to help ensure that we can provide a minimum of two dance artists to facilitate per dance session.
- g. Wherever possible, to employ a minimum of two dance artists (or one dance artist and one trainee / student) per session in order to properly manage, support and lead a session for people with dementia.
- h. To share learning with other dance artists
- i. To work with partners to apply to trusts and foundations to support a continued dance for dementia class and an Artist in Residence programme

⁴ **Time and Tide** was structured so that feedback was usually given to the Alzheimer's Society representatives who might not always have been aware of the value of this information for the dance artists planning future sessions.

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In partnership with the Alzheimer's Society

Time and Tide Evaluation: developing confidence and a learning culture



Dance artist Jo Ashbridge leading an intergenerational session at the Museum of Liverpool in dementia awareness week 2013.

Conclusion

The final quote from a partner and carer of someone living with dementia is a powerful testimony of the impact that dance, and other creative arts, can have for people living with this disease and those close to them.

This evaluation has sought to collate and share some of the skills and knowledge that dance artists and a dance organisation have identified as necessary to deliver dementia friendly dance opportunities that enhance people's physical and emotional wellbeing.

This project and evaluative process has enabled dance artists to reflect on their practice and to share their learning. It has been another significant step for MDI in its journey as a reflective and learning organisation.

The information gathered in this report will help to inform further training and recruitment of dance artists to continue this valuable and meaningful work with people living with dementia and their relatives and carers.

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APPENDIX 1

Individual Information Form: Pre Intervention group

Age:

Sex:

Type of Dementia diagnosed:

Health and Wellbeing

1. Are you prescribed any medication for dementia, depression or anxiety?

YES / NO

If yes, can you state the type of medication and dosage

2. Have you been in hospital over the last six months due to dementia?

YES / NO

If yes, can you say on how many occasions and for how long?

Social

3. Do you attend any groups or social activities?

YES / NO

If yes, can you say what group or activities you attend

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Time and Tide Evaluation: developing confidence and a learning culture

4. Have you attended any other groups or activities arranged by the Alzheimer's Society?

YES/NO

If yes, can you please list these below?

5. Over the last six months have you stayed in regular contact with your family and friends

YES/NO

6. Do you enjoy socialising with you family and friends? (circle the one that suits you best)

a lot	quite a bit	a little	not at all
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7. Over the last six months have you formed any new friendships with whom you have regular contact with?

YES/NO

8. Do you enjoy making new friends? (circle the one that suits you best)

a lot	quite a bit	a little	not at all
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Thank you for completing the questionnaire

APPENDIX 2

Appreciative Conversations: Dance Artists: Summer 2013

Peak experience/skill question:

Describe a time when you have felt at your most skilled and/or creative as a dancer/facilitator during Time and Tide. What were you doing? Who were you with? What happened?

What makes a skilled dancer/facilitator working with people living with dementia? Top 3 – 5 things.

What helps you to be the best dancer/facilitator you can be?

1. What have you learnt/noticed during the Time and Tide project? How has this influenced your dancing/facilitation?
2. What would you like to do more of?
3. What would you like to do differently?

Can you give an example of any of the following from your sessions –

- Being person centred e.g. identifying who will benefit from different interventions/moves? How to help participants to feel valued? Noticed?
- Grading activities so that participants can engage as fully as possible.
- Creating a safe and happy environment where challenge can happen.
- Enable failure free movement – anything goes . . .
- Leading non verbally as far as possible.
- Meeting carers' needs alongside people living with dementia in sessions.
- Enabling participants to contribute to the content and structure of sessions.
- Physical wellbeing – changes during the period of participation
- Mental/Emotional wellbeing – changes during the period of participation

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In partnership with the Alzheimer's Society

Time and Tide Evaluation: developing confidence and a learning culture

APPENDIX 3

Appreciative Conversations: Dance Artists: January 2014

Tell a story about your highlight of Time and Tide. What were you doing? What were others doing? Describe what happened.

In what ways are you different now as a dance artist than at the start of the project?

If you were mentoring a new dance artist working in this area what are the 3 things you would tell them to do/think about?

Discuss in a group:

- What have I learnt?
- What would I change?
- What are the challenges?
- What are the outcomes?
- If there was a next - What next?

APPENDIX 5

Themes

Below are themes emerging from dancers focus group conversations –
Sub themes and quotes supporting themes.

Dancers are anonymised – D1, 2, 3, 4

A. Themes (from training –in September identified as significant when working with people living with dementia and their families, friends, carers)

1. Being person centred

- Skill:
A skill of the dance facilitator is understanding that “everyone sees things differently” and everyone responds differently. **D1**
- Responding to what happens:
“Go with what happens” – “I start it and someone else responds.” **D1**
- Communicating with the carer:
Communicate to participants that it is up to them as to how to “do it” – and communicating this to partner/carer without dementia **D3** –
- Engagement:
“Enabling people to engage in the way they want to – people dance in different ways: physical outlet, emotional outlet and art form.” **D4**

“Everyone is able to involve themselves in the space.” **D2**

language – using the word dance can be off putting. One of the groups requested exercise and movement – they didn't want to dance. **D1**
- Challenge:
Give participants the opportunity for free dance –
However participants often want to copy the dance artist – “to get it right.” **D3**
- Planning:
“I think of certain people when I plan the session. For example the person might not have liked learning, following or copying and I plan something different.” **D3**
- Affirmation – partnering
Dance artist to partner with participants – “taking time with each person.” Noticing and affirming each person. **D3**

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In partnership with the Alzheimer's Society

Time and Tide Evaluation: developing confidence and a learning culture

2. Getting the fit right

Verbal and non verbal:

"Asking people to give a word or meaning to their movement" i.e. some people are more confident talking than making a movement: talking can take the discomfort away and any awkwardness. **D1**

Reflective practice:

Reflective practice – in action - adaptability

E.g. Charleston sessions – *"Everyone has an idea of what the Charleston is, so feel comfortable to have a go. . . develop to improvisation – not a free for all."* **D3**

Structure:

"Clothes line" providing a structure so that people can peg their washing onto it."

e.g. observation

e.g. Experimenting to sustain the connection

e.g. Flexibility – *"if something isn't working, then find something else."* **D3**

e.g. Patience – not to rush things. *"Inject some energy, but don't rush."* **D3**

e.g. Pacing – *"pacing and waiting"* **D2**

Level of ability/difficulty:

a. *"one person leading and another supporting, supporting the less able."* **D1**

b. A standing and sitting version of the same dance. **D1**

3. Creating a safe and happy environment

Fun:

"Doesn't have to be serious." **D1**

"Have a laugh." **D3**

A step ahead:

"A step ahead of how people are feeling, watch the atmosphere." **D1**

Relationship with the group:

"friendly and open" **D3/D2**

"Be really laid back." **D3**

"Putting people at their ease." **D3**

Gauging/Assessing the group:

Ensuring everyone is; comfortable, enjoying what they are doing, becoming really energized **D4**

Assess what mood people are in **D3**

Confidence:

"I feel really confident about doing this as a dancer and its OK for you . . . fun and serious at the same time." **D3**

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Time and Tide Evaluation: developing confidence and a learning culture

4. Enable failure free movement

Prescriptive to improvisation:

e.g. dancing the Can Can – group were moving with scarves and started quite prescriptive moving from side to side and up and down etc. Then became a more intricate and choreographed dance.

"it was complex, if we had asked them to do this in advance they would have panicked!" D4
(also being creative)

Being in flow

"Challenge between being comfortable and being in a flow. Don't want to make them anxious."

D3

- Failure free **D3**
- Verbal description of movement and then participants can turn it into what ever movement they want. **D3**
- *"Balloon and parachute – you can't go wrong!" D3*
- *"Do your own thing that don't copy – do things they can't copy." D3*

Challenge:

Give participants the opportunity for free dance –

However participants often want to copy the dance artist – *"to get it right."* **D3**

5. Leading non verbally

no evidence

6. Balancing needs of relatives and carers alongside those living with dementia

Supporting:

'Improvisation can be harder challenge for the carer that the person living with dementia who might be less socially aware.' **D3**

"Reassure the carers physically and emotionally." **D3**

Communicating with the carer:

Communicate to participants that it is up to them as to how to "do it" – and communicating this to partner/carers without dementia **D3**

7. Developing opportunities for leading and following

Relationship between dancer and participants:

"a seed is sown." "something happens." "people themselves take it."

For example *"waltzing with a scarf – someone said quicker music. I put a jig on, responding to what someone wanted."* **D2**

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In partnership with the Alzheimer's Society

Time and Tide Evaluation: developing confidence and a learning culture

Response of participants – “it has a life of it's own”

e.g. dancing seated in a chair – “atmosphere playful, a glint in her eye!”

“She lifted her shoulders, something else happens, playful.”

“Touches a spirit – someone's spirit who wants to express themselves.”

“Fun, humorous” **D2**

Allowing for people to play with ideas/ignore dancer's ideas and take on their own **D4**

Participant as leader/teacher:

Encouraging people to do their own version of a dance

“And they are teaching you, and you teach everyone else.” **D3**

Responding to what happens:

“Go with what happens” – “I start it and someone else responds.” **D1**

8. Enhancing physical wellbeing

Aim – to be active and move **D1**

9. Enhancing mental/emotional wellbeing

Expressing feelings verbally:

“Asking people to give a word or meaning to their movement” **D1**

Connection:

“When I have enabled the particular combination of people, leads to an energy flow and something happens.”

“Amazing, lovely connection happened” **D2**

10. Prioritising the art form, dance

Creative outcome:

“Felt creative as the result was far removed from the initial intention and led to far more than the initial idea.”

“Skill lies in recognizing what was there and continuing long enough for participants to recognise change in the quality of movement and appreciate this in their physicality”

e.g. “Playing with giant balloon – the movement changed and passing the balloon changed into real deliberate actions with the balloon, and then took the balloon away and tried to find the actions without the balloon.”

e.g. dancing the Can can – group were moving with scarves and started quite prescriptive moving from side to side and up and down etc. Then became a more intricate and choreographed dance.

“it was complex, if we had asked them to do this in advance they would have panicked!” **D4**

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Time and Tide Evaluation: developing confidence and a learning culture

Creative Delivery:

- Ideas **D3**
- “*Crossing boundaries*” i.e. verbal and physical – linking to memories and emotions i.e. different media – singing and movement **D1**

11. Becoming a reflective practitioner

Enabler -

“When I have enabled . . .” **D2**

Initiator:

“I’ve done something . . .” **D2**

Learner:

- “The more I teach the more I learn I have to have practical experience” i.e. can't learn by reading a manual **D1**
- ‘I am doing things differently now’ – more cautious at the start, getting to know what you can do. i.e. in relation to physical health (background in working in a Gym and with GP referrals with people with a lot of health conditions) **D1**
- “Now trust people to look after themselves” – liaise with Alzheimer's rep about any problems. Approach has changed and become “more subtle” “Don't make a big fuss. The partner knows best.” **D1**
- support and feedback from other artists and participants **D4**
- developing and learning – this is constantly happening over time. The sessions evolve – Aim to be active and to move **D1**
- What is the impact on people's daily lives? **D3**
- How and why does dance help? Dance as therapy. **D3**

Providing structure:

a. “Clothes line” providing a structure so that people can peg their washing onto it.” **D2**

e.g. observation **D2**

e.g. Experimenting to sustain the connection **D2**

e.g. Flexibility – “if something isn't working, then find something else.” **D2**

e.g. Patience – not to rush things. “Inject some energy, but don't rush.” **D3**

e.g. Pacing – “pacing and waiting” **D2**

b. a partner/colleague – “it is helpful if there are two dancers working together.” “have an eye on it.” **D2**

Being prepared:

- Have a tool box of options ready **D2**
- Being prepared for things to change/quickly **D2/D3**
- Being prepared and knowing preparation might not be used **D4**

Facilitator:

“It isn't the dance – the dance is a vehicle to facilitate engagement, and presence.” **D2**

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Time and Tide Evaluation: developing confidence and a learning culture

Being yourself:

a. Freedom to be myself – “(participants) respond to you being yourself” play, comfort, “have to be real and connected to me.” **D2**

b. Trusting in what you know. **D4**

Partnership working:

Feels with this project that dancers on the periphery of being partners. **D3**

APPENDIX 6

Person Centred Dance or Relationship Centred Dance

Exploring what this means

Masters Research (Hanna, 2010)

“Connecting and Helping each other “

“So it's like a mirror image of what I have received . . . the work I do . . . what I'm offering them . . . I'm also offering myself . . . it's like a two way thing . . . I'm supporting them, they are supporting me and the work is supporting us both.”

Dance Artist talks about their experience of relationship centred dance. .

Smebye, K.L. and Kirkevold, M. (2013) *The influence of relationships on person hood in dementia care: a qualitative hermeneutic study*. BMC Nursing.

Kitwood reconceptualised personhood by not linking it exclusively to cognitive functioning but understood it as socially constructed in an interactional environment. He defined personhood as:

“..a standing or status bestowed upon one human being by others in the context of particular social relationships and institutional arrangements. It implies recognition, respect and trust.”
(Smebye and Kirkewold, 2013)

Kitwood challenged the prevailing reductionist bio-medical view of dementia by postulating that seeing the person, not just the disease, was important. Instead of persons being defined by their disease, he viewed them as basically persons and the disease as only one aspect of their lives. To be a person is to have a certain status; the intrinsic value of individuals as unique human beings makes them worthy of respect and dignity.

Kitwood (1997) theorised that some of the deterioration seen in people with dementia was caused not by the disease itself, but by how persons were treated. “Malignant social psychology” exists in relationships, which devalue, dehumanize and diminish the person with dementia and for example, when the person is stigmatised, infantilised, objectified or ignored, a loss of personhood ensues.

Edvardsson (2008) and colleagues have summarized person-centred care as having the following components:

- *Regard personhood in people with Alzheimer' s disease as increasingly concealed rather than lost*
- *Acknowledge the personhood of people with Alzheimer' s disease in all aspects of care*
- *Personalise care and surroundings*
- *Offer shared decision making*
- *Interpret behaviour from the person' s viewpoint*
- *Prioritise the relationship to the same extent as the care tasks*

According to Brooker (2007) the primary outcome of person-centred care for people with dementia is to maintain their personhood in the face of declining mental powers.

PCC (person centred care) == V+I+P+S

V = A value base that asserts the absolute value of all human lives regardless of cognitive ability

I = An individualist approach, recognising uniqueness

P = Understanding the world from the Perspective of the service user

S = Providing a Social environment that supports psychological needs

However –

Kitwood's personhood and person centred care – tends to see the individual as dependent on others for their identity confirmation.

Therefore person centred care needs to be expanded to relationship-centred care.

Nolan et al. (2004) argued that person-centred care fails to “...capture the interdependencies and reciprocities that underpin caring relationships” and it does not elicit “...mutual appreciation of each other's knowledge, recognition of its equal worth, and its sharing in a symbolic way to enhance and facilitate joint understanding”.

Relationship-centred care – towards an understanding of relationships and interconnectedness . . . the importance of working in partnerships (Smebye and Kirkevold, 2013)

- Persons with dementia are agents and gain a sense of self by what they say and do. (Archer, 2000)
- Some people, as dementia progresses, need others to confirm their worth and recognise who they are.
- “ An issue that can be raised is whether close emotional bonds can lead to overprotection and doing too much for the person with dementia and thus depriving them of being agents who are able to initiate actions on their own behalf. Undermining their capacity in this way could have the effect of diminishing their personhood.” (Smebye and Kirkevold, 2013)

APPENDIX 7

Appreciative Conversation – Relationship Centred dance

1. Describe an occasion during the dance sessions with people living with dementia and their carers when you experienced, however fleetingly, being in a meaningful relationship with someone with dementia. How did this moment/s feel? What were you doing? What were they doing? What was happening in the dance session?
2. What contributed to this “connection”? i.e. think about yourself, the person, others, the dance, the environment, things you could observe or not.
3. How could you help to create and grow more of these connected, relationship-centred moments?

In 4s –

1. Share your conversations briefly
2. On a flipchart – describe relationship-centred dance, with a focus with people with dementia.
3. Create a short dance/dance screen shot of relationship-centred dance.

Share with the whole group

APPENDIX 8

March 9th 2014

CPD and Evaluation Workshop

Relationship Centred Dance

- Breaking down barriers – when someone is holding back, feeling insecure or out of their comfort zone, increasing people's confidence and engagement,
- Both – being vulnerable and having courage i.e. dancer and participant
- Being authentic and real in our dance – “You being in your movement.” And enjoying being with someone else
- Acceptance
- “Leave your ego at the door.”
- Smiles and connections – particularly when people don't usually do this
- Openness and eye contact
- Allowing time to respond
- Having time to not move
- Time for stories – to build relationships, for creativity
- Prioritise relationships (not always about tasks)
- Ask the question – “Whose needs is this meeting?” – give self and others permission to be flexible, to change the rules
- Challenge the culture of some settings where we work
- Supporting/challenging others to value dance sessions: sometimes dancers have to work very hard to create a safe and creative space for participants to dance in spite of others attitudes/behaviour
- Respect and recognition: of participants, of dance artists, of others
- Dance artists responsibility to keep participants and themselves safe
- Trust
- With some people props can be useful as a way of connecting and creating a physical distance (sometimes people have no longer got the inhibitions they once had)
- Be aware of different levels of comfort with: physicality, sensuality, sexuality
- Finding the right “fit”
- Developing ourselves as reflexive practitioners: reflecting and conscious of dance practice

APPENDIX 9

March 9th 2014

CPD and Evaluation Workshop

Exploring gender issues

Our experiences and expectations of differences between men and women in dance:

- Men - not so focused on themselves and on their own bodies?
- Men are playful – in social situations, how does this translate into dance?
- Example of dancing with a **scarf** – men: chase the scarf, put scarf on head – playful, women: more lost in the movement and the dance with the scarf.
- Feet tapping – Men enjoy this – practical
- Women move more with their upper bodies, men more with their lower bodies
- Within each man and women there are different male and female characteristics
- “With men I have to talk more, explain more” and “with women I just do it and expect them to understand.”
- “Being comfortable with all male groups, reflecting comfort with family relationships with men”
- Our personal experience of relationships with men and women can impact on our relationships with dance participants
- Men have been more forthcoming in the project with Alz Society about their evaluation of the dance sessions than the women
- Be who we are and real to ourselves
- “Am I leading dance sessions most of the time that are more geared to women?”
- “Is my way of moving as a women dancer more appropriate for women than men?”
- As a woman dancer can be more “self conscious” when dancing with men than with women
- In exercise – “dancing with chair” – feedback was that more often danced in front of or by the side of the chair when it was a “man” i.e. didn't take so many risks
- In dance with women there is more emotional expression?
- In dance with men there is an expectation of them taking the lead, making decisions
- Being aware of dynamics between a man living with dementia and the dancer and man's partner – Example of a man getting “too close” and this being uncomfortable for his wife.

Discussion about working in dance with men and women

- Toe tapping – non threatening
- “Try it and see” – begin with a range of movements, activities to see what happens, change or develop
- Follow what people do i.e. take the lead from participants
- Easy to get it wrong if try too hard to predict what participants will do: men, women, young, old
- Challenge our own stereotypes: e.g. passing a feather and how different people, men and women might respond. And adapt - small and large feathers
- Football – both the football as a prop, football/sport music, Mexican wave –
- Props/holding out our arms – to engage and connect and keep some distance, less intimacy
- Dance artist to maintain boundaries