



Jo Buffery.

The best-laid plans

In the last issue of *Animated* Kate Gant and Mark Webster explained how health targets and documentation can boost the case for arts work. Here free-lance arts consultant **Jo Buffery** shares her top tips for dance projects in health settings

I've been asked to write about the challenges that can impede really good dance work happening in such health settings as hospitals, hospices and nursing homes. I shall take as read that beautiful, beneficial work can and does happen in these places and instead focus upon why, on occasion, it falls short of its own potential.

There's a huge amount of overlap between the challenges that confront dance in health projects and those that are faced by school and community dance projects, but there are also some distinct issues that need to be embraced. What's more, this area of work is 'younger' than much other community dance activity so there's less experience to draw upon.

From the outset it must be recognised that dance in health projects rely upon two very different professional cultures working together. These two cultures speak different languages, draw upon different knowledge and experience and have different expectations about what can be achieved. Both groups of people are used to working within significant constraints of time and money and, understandably, feel frustrated if they perceive that either of these is being wasted. Maybe the most obstructive

element is the preconceptions that each party might have about the other.

The simple key to resolving the 'two cultures' dilemma is to plan face-to-face and in situ. When time and budgets are limited and e-planning is (apparently) so efficient, it can be tempting to use all the project time for delivery rather than allocating a reasonable slice for planning and evaluation. E-planning on its own does little to reassure people and to build bridges.

For some projects this planning process might involve a broker – that is, a third party who may well be the project manager, such as a hospital arts officer or an arts organisation like Dance Art Foundation with strong experience in the field and an ability to pre-empt problems.

Whether or not a broker is involved, it's vital that everybody's role is explicitly defined. It's helpful, too, to identify an in-house champion for the project who really 'gets it' and whose

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enthusiasm and commitment will rub off on colleagues and participants alike. Dancers mustn't assume that support staff will automatically join in with activities, though they may wish to insist that they do so! If staff resist participation it will either be because they don't recognise the work's value, or because they feel personally uncomfortable. The most effective way of addressing both of these issues is through an in-service session built into the early stages of a project.

During face-to-face planning it's important to establish, and as early as possible, a shared aim for the project. This is the point where the two cultures overlap. Is your project about improving mobility? Is its priority to increase social interaction? Is it about enhancing emotional well-being? Once the aim has been identified the two parties can look together at the logistics and make sure that it's given the best chance possible of being achieved.

Ah, logistics. The familiar ones of time, space, numbers and individuals' needs must be rigorously explored. How will the time of a session fit in with medical regimes, fatigue levels, visiting times and other events that may draw participants away? Is the space a thoroughfare? Will furniture need to be cleared? Is it easy to



Top left and bottom right: Sentient Dogs; Monica Castenetto, Fran Gkotsi, Colin Mclean, Elena Molinaro, Christian Panouillot, Amy Voris - in Breathing Space Dances performance at Chelsea & Westminster Hospital by Amy Voris. Photo: Christian Kipp. **Top right and bottom left:** Breathing Space children's programme: Moving away, coming together by Kirstie Richardson. Photo: Desmond Byrne.

control the temperature? What are the acoustics like, and how level is the floor? Numbers of participants and supporting staff are also notoriously difficult to pin down. The participants' health can mean that 'which' and 'how many' people are taking part can change at the very last minute or even during a session. The dancer's plan and approach need to be flexible enough to respond to this, but parameters must be agreed in advance to establish maximum and minimum numbers, the ratio of participants to support staff and the range of needs that can be accommodated in one session.

Despite all your careful shared planning, challenges will doubtless crop up once the project is 'live'. So, too, will unanticipated triumphs. In order to respond to these, every session should be sandwiched between a briefing and a de-brief of

ten minutes each. These may follow a checklist structure and will involve the dance leader and a key member of staff - ideally the project champion - who must both make time for this. As well as being helpful to sort out practical issues so that they don't carry on session after session, it's a vital means of recognising and sharing ways in which the project aim is or isn't being met. These pre- and post-session meetings need to be clear, concise and solution-focused.

It's very good practice to provide supervision for dance artists working in emotionally challenging contexts with people who are extremely, and often terminally, ill. Following the model used by dance therapists, confidential supervision gives the dance artists a suitable opportunity to process the emotional impact that the work is having upon them.

By dealing with the practical issues

as they crop up, you ensure that when you have an extended evaluation session at the very end of a project you'll be able to focus on the impact of the activities on the individual participants. This brings the discussion back to the area that all parties are committed to.

To realise the potential that dance has, and to make a real difference for those with life-changing and life-limiting conditions, just keep talking!

visit www.artsandlearning.org.uk

This article is based on a presentation Jo Buffery made at the Dance Connections dissemination day. Dance Connections is a dance-in-health development initiative. It is a partnership between Institute for Creative Enterprises (ICE), ICeLab and Health Design and Technology Institute (HDTI) at Coventry University and Dance Art Foundation, London.