

A group of older people are dancing in a dimly lit room. The room is decorated with colorful stage lights (red, blue, purple) and a large disco ball hanging from the ceiling. The floor is made of wood. The people are dressed in casual clothing, and some are wearing hats. They are all smiling and appear to be enjoying the activity. The background is dark, and the lighting is focused on the dancers.

Older people's dance activities - the first UK survey

Report written by People Dancing, and co-commissioned with Aesop

Older people's dance activities – the first UK survey.

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This publication is intended as a guide to support community dance artists in the delivery of their work with older people and aims to complement existing knowledge and act as a reference resource. Every care has been taken in the preparation of this publication, but no responsibility can be accepted by the publishers, authors or contributors for any errors, omissions or changes, nor for any harm, however caused, which results from the information put forward in this publication.

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Cover photo: Dance to Health participants and Leap of Faith performers at the first national arts in health conference and showcase for health decision-makers – 5 February 2016.
Photo: Helen Murray.



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People Dancing Summer School. Photo: Rachel Cherry.

1. Forewords

Tim Joss, Aesop's founder and Chief Executive

Welcome to this first survey of older people's dance activities in the UK. Those connected professionally with dance knew that something was bubbling: more regional dance organisations getting involved; Sadler's Wells' Elixir Festival; research papers on older people's dance. Now we have the first national picture and a better idea of its size, colour and energy.

The report's impulse came not from within the dance community but from well beyond the arts. It started with health and, in particular, falls amongst older people. These are often extremely traumatic. They are also a major challenge to the health system. Falls are the most frequent and serious type of accident in people aged 65 and over. 25% of ambulance calls are due to older people's falls. After a fall, an older person is 50% likely to have seriously impaired mobility and 10% will die within a year. Falls destroy confidence, increase isolation and reduce independence. They cost the NHS £2.3 billion per year.

The NHS has developed falls prevention exercise programmes. These are backed by powerful evidence showing that they reduce falls by up to 55%. But, as the Royal College of Physicians' Clinical Falls Lead said to me, they are 'dull as ditchwater'.

Enter Aesop. As a bridge-builder between health and the arts we wanted to see if a programme could be created to prove that major national health problems can have artistic solutions that are more effective and more cost-effective than current NHS services. We heard about the challenge of older people's falls, studied it and turned to dance for a possible solution. The result was 'Dance to Health', a programme which smuggles evidence-based falls prevention exercises into high quality, creative, sociable, engaging dance. Through a £350,000 pilot programme and partnerships with Cheshire Dance, East London Dance and South East Dance, Aesop has demonstrated that Dance to Health is indeed a viable artistic solution. For patients, Dance to Health is more attractive. The completion rate for exercise courses is 40%. Dance to Health achieved 73%, plus a range of health, artistic and social benefits. For the NHS it can also deliver health savings. And for dance artists the evidence-based exercises are not so prescriptive that artistic opportunities are squeezed out. The opposite in fact: the exercises have proved a springboard for creativity and practice development.

We then turned to another falls challenge for the health system. Very few maintenance programmes exist. As we know, the exercises dramatically reduce the likelihood of a fall but, if you

stop after the prescribed treatment (typically six months), all physical improvements are lost within a year.

Was there an artistic solution for this too? Could experience from older people's dance groups point to a viable way to run dance-based maintenance programmes? We needed this report.

Aesop is delighted to have collaborated with People Dancing: the foundation for community dance. The report provides a valuable snapshot of older people's dance in 2016. For Aesop it has been an inspiration. Dance to Health maintenance programmes will be the better for it.

Chris Stenton, Executive Director, People Dancing

We are pleased to have been able to collaborate with Aesop on this research, the first of its kind specifically about older people's dance in the UK. Those who took part in the research did so generously. We gathered a huge amount of detailed data. From this we have been able to identify some real commonality of views about creative practices, the conditions for success and the difficulties experienced in creating the case with 'non-dance' partners.

We have captured some clear and consistent messages about older people's dance practice as an art form, and also about dance and health for older people. At People Dancing we resist the former being defined solely by the latter, and actively promote the artistic imperative in participatory dance. So often we hear

people talk about the health benefits of dance without really getting under the skin of what participating in art-making means. Those taking part in the research underlined, consistently, the importance of the art of dance: it's the thing that people want to do, and it's why they keep doing it. Not just older people participating, but the artists who lead the work too.

This research complements other inquiries by People Dancing into the scale of participation in dance, dance and health practices, and benchmarks for quality in participatory dance practice and professional development. We have been fortunate to draw on a respected body of research commissioned by the Baring Foundation about arts and older people. The publications created through the Paul Hamlyn Foundation funded ArtWorks initiative about participatory practices across art forms, communities and geographies add a broader context and are well worth exploring.

The report is intended to be of practical use. It provides reassurance and reference points for artists and organisations working on the ground that what they do all contributes to a greater body of practice. For those supporting activities, it provides reassurance that when the conditions for success are met then dance really can deliver. It provides us with some power to our collective elbows to talk with greater confidence about the 'value-added' contribution that participation in dance and dancing – in whatever way is right for you – can make to the 'health and wellbeing' of people and their communities, not just in older age but throughout life.

2. Executive summary and Conclusions

Our approach

The objective of this research was to take a snapshot of current practice in older people's dance and seek expert views from those working on the ground to identify the characteristics of the practice and the conditions required for success. Here we describe a picture of practice based on the research gathered and an analysis of that data.

Our approach was structured but informal, and asked a lot of open-ended questions. We wanted to create a flexible framework within which people could describe their work as they experience it – recognising that dance and older people, just like any other kind of participatory dance, is diverse in its manifestation and driven by a multiplicity of purposes and ambitions. Views were sought from those professionally connected with older people's dance across the UK. We did not undertake a mapping study into the scale of participation by older people in dance.

We see this publication as a dance-specific companion to the existing body of respected research and writing about the positive impacts of the participatory arts for older people.

What we found out

- > Practice is overwhelmingly described as being 'creative' and inclusive of a broad range of dance styles and forms: 'Artist-led but with active engagement of participants'. The importance of performance and sharing opportunities was commonly referenced. Alongside dancing, the social and community aspects of groups clearly shone through people's description of their work.
- > Artists and leaders are professionally trained, but through a variety of traditional and non-traditional progression routes. A clear commitment to continuing professional development - 'keeping your practice fresh and engaging' – is described by artists and employers alike, as is a recognition of the financial and practical barriers to this.
- > The most commonly cited purpose was as 'an activity for health and wellbeing', closely followed by artistic experience and recreational dancing. To 'prevent illness' as a purpose ranked relatively low. So, within this context it is interesting to consider whether dance artists are working with an inclusive and holistic definition of 'being healthy' through participation in dance. Benefits of taking part span the creative, expressive, social, mental *and* physical. In instances where dance activity is targeted at a specific health condition, the associated

benefits still remain: ‘by the end, they are lifted, sitting taller and laughing’.

- > There was much consistency in understanding the needs of your participants, in particular their health challenges, whilst at the same time not being ‘limited’ by societal ‘expectations of old age’ in achieving high quality artistic experiences. Definitions of ‘older age’ appear to be very flexible, which feels like an inclusive approach to participation.
- > It is notable that most responses were from individual/independent artists and leaders, who based their activities within a broad range of arts and community building-based organisations – but whose work is not presented directly by those organisations. This reflects a more general reduction in the ‘dance agency’ network at county and sub-regional level. Artists operating as ‘micro-businesses’ are increasingly *becoming* the infrastructure.
- > 55% of respondents described activity delivered in partnership with others, with a general bias towards older adult-specific organisations. Funders of the work were consistently described as being partners, which suggests support beyond just the financial.
- > There is a real appetite to work with allied professionals across the health sector, but support is needed to articulate the case more effectively.

Conclusions

- > Artists can talk coherently about their practice: what they do, and how they do it, and what would help them do it better; but there remain some challenges around articulating both purposes and outcomes/impacts, particularly for non-dance-specific partners and funders. Some support in helping people to talk about the work beyond the dance world could help unlock new partnerships and supporters, and will be key to increasing both provision and new employment opportunities for dance artists.
- > Those artists developing dance opportunities with the support of allied professionals in health talk about the importance of champions for the work, those who are most often committed and who are passionate individuals with whom deep connections are built. Addressing the challenge of how this belief in dance can be embedded within health organisations will be crucial to development at scale in this field. An observation by one respondent says very clearly: ‘we need some support in helping to get dance taken more seriously by GPs’.
- > Activities are predominantly instigated and delivered by individual artists working as microbusinesses, operating a range of business and financial models. Finding bespoke ways to supporting individuals – who can be fleet of foot and able to respond quickly to opportunities – to understand and adapt these models to their own work will assist with both the

sustainability of existing activities and the development of new opportunities for participation.

- > Building stronger practice networks will help bind this diverse body of dance practices together, facilitate knowledge transfer and foster innovation. There is an opportunity to explore what peer learning and more structured mentoring could look like for those working in dance by, with and for older people. There should be regular, affordable and accessible training and development opportunities for artists that address artform skills and age-specific and/or health knowledge.
- > Some of the artists who took part in the research have been working in this field for over 40 years. Around 90% of activities were described as 'on-going and regular'. This feels synonymous with what Kate Organ, in her study *After You Are Two* for The Baring Foundation (2013), describes as '...seeing a debate gathering as to whether there is a body of practice with enough commonality and specificity to represent a sector of "Arts and Older People". Or a need for one.' For dance, this practice appears to be coming of age: a change in the representation of the art form in words, images and programming would help place older people dancing as the norm, and not the exception.

- > The Office for National Statistics (ONS) forecasts an increase in the number of people aged 65 and over of 20% across all areas of England to 2024. By mid-2024 it is estimated that 84 local authority areas – more or less a quarter of all local authority areas - will have populations where a quarter or more of residents are aged 65 or over. This is a significant change from the 28 local authority areas identified as such in 2014. A consideration of how public funding is targeted and prioritised seems essential to meet the needs of this dynamically changing demographic.



Vitality participants. Photo: Robyn King.



Strictly Active dance party, Spectrum Centre Belfast with members of Age on Stage. Photo: Joe Fox.



'Till we meet again' by Growing Older (Dis)Gracefully Dance at St George's Hall Liverpool. Photo: group member.



Dance for Fun at Alnwick Playhouse. Photo: Celia Fery.

3. Methodology

This research project intended to identify and take a snapshot of current practice in older people's dance, and seek expert views from those working on the ground about conditions for success. The research involved:

- > **Desk-based research:** including a review of pre-existing research and publications across a broad spectrum of arts/dance and older people.
- > **Online survey:** that collected detailed data from 173 activities/projects/programmes ('groups').
- > **Telephone interviews:** eight short telephone interviews to drill down into the data captured online. Interviewees were representative of geographic spread (England, Northern Ireland, Scotland, Wales); urban, suburban and rural locations; different forms of dance; and stated primary purposes.
- > **Critical friends:** a small group of 'readers' to assist with checking our interpretation of the data and the key characteristics the data revealed.
- > **Report:** a short descriptive report of key findings, made available publicly and free of charge.
- > **Timeframe:** the research was undertaken in March and April 2016 and surveyed activity that is either current/ongoing or had been completed within the previous year.

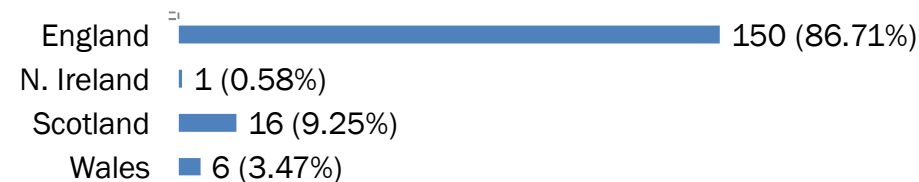
The research did not set out to undertake a mapping exercise to identify in detail the scale of older people's participation in dance: the geographic data presented illustrates the locations of the projects about which data was provided. Data in England is presented within standard government regions.

4. What does the research data reveal?

4.1 Where does the work surveyed happen?

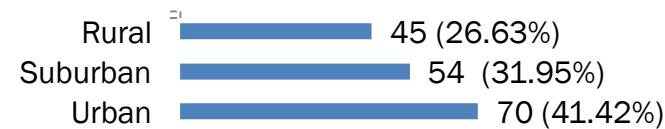
We were interested to know about the ‘look and feel’ of older people’s dance activities. This is what the people surveyed told us:

Where in the UK does your activity take place?



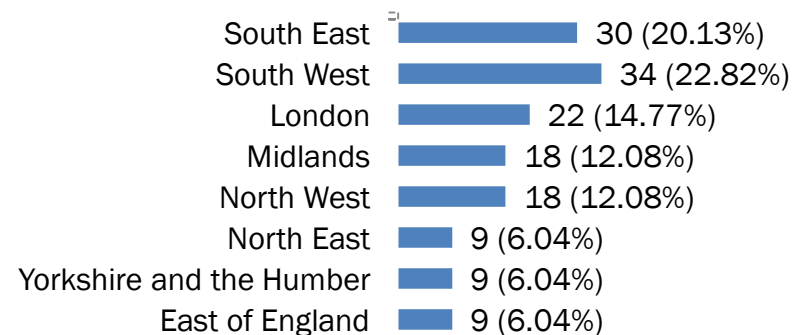
Whilst the majority of respondents represented work that takes place in England, it is interesting to note that there is a broad correlation between the responses and the populations of each country as a proportion of the UK overall population (England 84%; Scotland 8.5%; Wales 4.8%). This is not the case in Northern Ireland, which accounts for 2.9% of the UK population but just one survey response. This is likely to have been influenced by less developed dance networks and infrastructure in Northern Ireland and the researchers’ access to those working on the ground.

Is this a rural, suburban or urban location?



The Office for National Statistics (ONS) stated the rural population of the UK as being 18.5%, and the urban population 81.5% in 2013. Our responses differ slightly in terms of national spread.

If you are based in England, where in England does your activity take place?



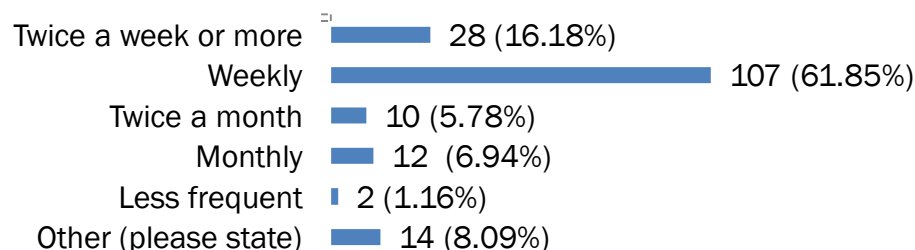
Of responses for work in England, 43% were about activities taking place in the southern part of England – the South East and South West regions – which reflects current demographic trends.

4.2 What form do the groups take?

When did the activity or group begin?

Responses to this question varied greatly, with a small number of groups beginning as long ago as the 1970s. The majority of respondents – 115 of 173 – reported on groups formed since 2010. It is striking that just 15 respondents described activity that was time-limited, while 90% of activities were clearly described as ‘ongoing’ and ‘regular’.

How frequent are sessions?



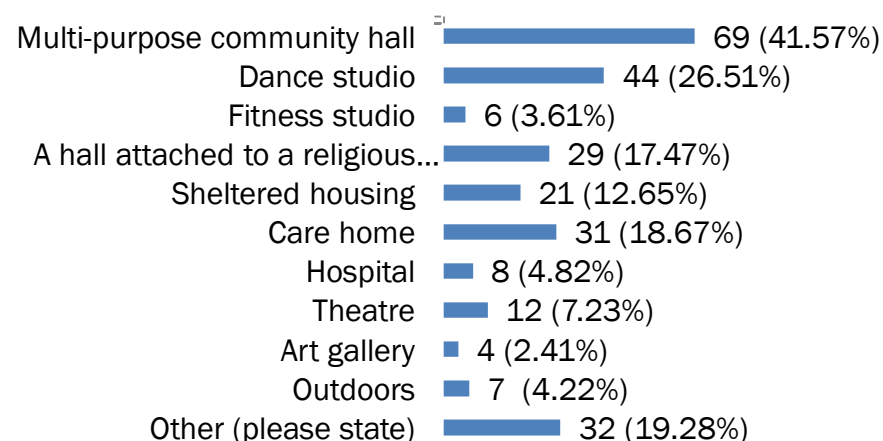
Almost 80% of activities were described as being weekly or more frequent. This reflects the ‘ongoing’ nature of the groups.

At what times do your regular sessions start and end?

Around two thirds of the activities surveyed took place during the day, more or less evenly split between the morning and the afternoon.

How would you categorise the venue you use?

While 41% of groups held their activity in multi-purpose community halls, 36% took place in what can be described as ‘arts venues’ (dance studio, theatre, art gallery) and 31% described non-arts locations for older adults such as care homes and sheltered housing.



Other responses included ‘general’ healthcare locations – such as hospitals, medical centres and health education facilities. Groups focused on performances reported working in a variety of public locations. Little activity was reported as taking place in fitness studios/gyms.

Approximately, what is the average size of your group, or do you offer one-to-one sessions?

Generally, group size was described as 14 to 18 participants per group, within a range of two to 120 people. Around 9% of respondents said that they offered one-to-one sessions.

Do you offer special events or one-off activities?

A high proportion – 130 of 173 respondents – reported organising special events and one-off activities as part of their ongoing programme. The most common response was ‘taster sessions’, generally used to help with recruitment of new members to the groups, including taking activity out from the usual base to where older adults might be. Group organisers tended to describe group performances as ‘special events’, particularly where performance is not the primary purpose of the group. Social visits and fundraising events were also referenced often.

- > *“We sometimes hold a dance party with performances, live music where possible, and bring-your-own food and drinks.”*
- > *“Yes, we have links with other groups and share performances and workshops.”*
- > *“We produce bespoke events, films and interventions designed to ask questions about older people in the public realm.”*
- > *“Trips to theatre/dance and afternoons out for tea.”*
- > *“Some groups in care homes have asked us to lead a session for the whole family. One-offs tend to be as a ‘taster’ or to an organisation that would like to find out more about the work, e.g. an NHS mental health team.”*

Most commonly used words and phrases included:

Dementia Council One-off Regional Open Class Exchange
Celebration Trips Care Homes Love Group Tea Dances
Workshops Themed Performance Contemporary Dance
Sessions Experience Older People Twice a Year Private
Support Centre Programme Movement Dance Show

How would you describe the dance practice?

Practice was overwhelmingly described as being 'creative' and inclusive of a broad range of dance styles and forms. Where more detailed comments were provided, the inclusion of music – whether recorded or live – was cited as an important element of the dance experience. The notions of facilitating, rather than 'teaching', and co-creating were frequently described.

- > *"70% choreographed teacher-led sequences with specific dance intentions, 30% participant-led, often theme-based, informed by dance for Parkinson's training."*
- > *"A mixture of dance genres, including contemporary dance, jazz, rock'n'roll, jive, salsa, ballet. It is teacher led, but participants request dance styles that they like."*
- > *"Participant creativity, improvisation, games and conversation are as important as the facilitator-led dances."*
- > *"Having staff, friends and family involved allows for socialising and building relationships, and often puts participants at ease. It's fine if staff, friends or family aren't joining in, but they do enhance the class."*
- > *"An open technique and creative dance class led by a professional dance artist, contemporary in style. Working*

with participants' creativity to develop phrases of movement to develop choreography for performance opportunities."

- > *"Artist-led but with active engagement of participants...more a model of co-production. We explore a broad range of dance and choreographic techniques."*
- > *"Creative, contemporary dance. Within which we explore a variety of styles and starting points. It is teacher-led but each session includes creative choreographic tasks. We sometimes work towards 'sharings' with invited friends and family, or between the two groups."*
- > *"Dance Theatre, mixing live and digital forms, sustained practice toward participants becoming co-authors."*
- > *"We start with chair-based exercises, and then do exercises that are based on contemporary and ballet techniques. The second half of the class is creative. Themes, paintings, poetry, pieces of music, etc. are used as a stimulus for dance. Participants work in groups and create dances of their own. They learn about motifs and motif development. They share their work at the end of each session."*
- > *"Mixture of creative dance and contemporary technique. Elements of person-centred practice. Also explore world dance styles."*

Most commonly used words and phrases included:

Share Our Work Tailor Chair Muscles
Life Decades Body Ladies Dance
Genre Collection
Performance Scope for
Individual Creativity Dance
Styles Fred Astaire Teacher
Led Required Sessions Funding
Contemporary Dance
According Support Elastic
Awareness Rage Line Dancing
Visual Combine



Both images: People Dancing Summer School. Photo: Rachel Cherry.

4.3 Why does the work happen? Who takes part?

What are the purposes of the activity from your point of view?

The most commonly cited primary purpose of the activity was described as being ‘an activity for health and wellbeing’ with an average score of 5.6 out of 7. Within this context it is interesting to consider what this might mean: ‘artistic experience’ and ‘recreational dancing’ were ranked as the second and third purpose, scoring 4.6 and 4.5 respectively, whereas ‘exercise’ at 4.1, ‘community enhancement’ at 4 and ‘to prevent illness’ at 3 all scored significantly lower. Other responses primarily stated social interaction.

Purpose of Activity	Rank	Ave. score out of 7
An activity for health and wellbeing	1	5.65
An artistic experience	2	4.61
Recreational dancing	3	4.54
Exercise	4	4.16
Community enhancement	5	4.05
To prevent illness	6	3.09
Other, please state below	7	3.02

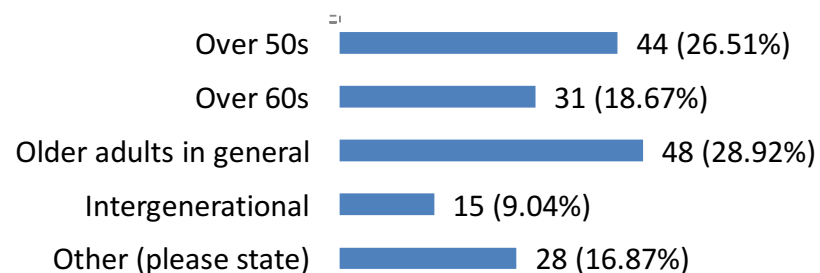
[Ranks the purposes in order of importance (1 = most important through to 7 = least important)]

Other purposes cited included:

“Time and space for them to explore their life experience and look back on their time to find who they are and who they were.”

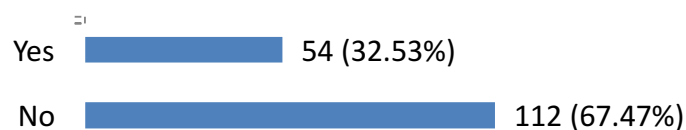
- > *“Promoting positive ageing/images of active older people.”*
- > *“To offer a space for caregivers to see their friend/member of family in a safe place where they too can relax and enjoy.”*
- > *“To improve balance and mobility.”*
- > *“Contribute to discourses on ageing and to challenge the status quo.”*
- > *“To enable members to develop a new skill and to inspire a love of dance.”*

Who is your activity explicitly targeted at?



Just under a third of responses cited 'older adults in general'; where detail about this was provided it revealed groups that include people in their 50s to their 80s. Other responses tended to reveal targeting by a health condition, notably Parkinson's and dementia, or by setting – for example, residents in a care home.

Is your activity targeted at people with specific health conditions or illnesses?



Around two thirds of activity was reported as **not** targeted at people with specific health conditions or illnesses – although this does not mean that people with specific health conditions are not participating. There is an interesting correlation between this and the fairly flexible interpretations of age ranges described above.

21% of total respondents cited 'falls prevention' as an explicit aim of the activity – as distinct from the target group for the activity. Dementia and Alzheimer's were the most frequently stated targeted 'conditions', representing 40% of positive responses to this question. 13% reported 'falls prevention', 6% heart conditions and stroke, and 15% Parkinson's. An interesting identification of 'social isolation' as a specific target – and therefore an identified 'condition' – was made in a small number of cases.

- > *"Although it's not specifically targeted at people with health conditions, many face a variety of health issues, dementia being very common."*
- > *"Although not specifically targeted at people with specific conditions, it is advertised as gentle exercise and many participants have had or have heart conditions, some have had strokes and some have osteoarthritis."*
- > *"As we work in care homes, we often encounter dementia, Parkinson's, arthritis and the programme is designed to be of benefit to all."*

What do participants think the sessions' main benefits or achievements are?

Anecdotal comments from group leaders included health and wellbeing benefits, social benefits and engagements, and the opportunity to 'do something they thought they might not be able to do'. Performance was cited as a major achievement for many groups.

- > *"Keeping fit, enjoyment, social engagement, enjoying and learning to do something new and different, and having lots of fun."*
- > *"Sense of belonging. A place to be heard by like-minded individuals."*
- > One participant states: *"I am the oldest member of the company and probably have a slightly different angle on this question. At 83 many avenues are beginning to close down. My family – children and even grand children are all, thank goodness, independent beings and are scattered far and wide. My professional career is over. Even my vocabulary is shrinking and most of the things I love to eat and drink are 'out of bounds'. BUT the [group] is opening doors and whole vistas I never dreamed of as a younger woman. It is a huge part of my life."*



Dance to Health. Photo: Helen Murray.

Most commonly used words and phrases included:

Conditions Opportunity to Dance to Great Music
 Expression Context Group Step
 Participants Invigorated
 Exercise Lift Social Older
 People Enjoy Continued
 Improved Artistic Development
 Health Strong Fitness Setting
 Body Walking Making Friends
 Pleasure Individual

4.4 How does the work happen?

Do you operate under a specific constitution or formalised structure? (e.g. Are you a limited company? Are you a group with formally written rules?)



There is a fairly even split between those who do and those who do not. The self-descriptions provided by respondents would suggest this is because work is provided by and through organisations but also by individual artists and teachers as part of a portfolio of independent work. A minority of respondents described self-management of the group and its activities.

How do you finance your activity? (e.g. Do you charge participants to attend sessions? Do you receive grant funding?)

Responses to this question were complex and varied. In almost all cases a small charge is made to the participant, which seems to be within a range of £2.50 to £7.00 per session. In the instances where no charge is made the activity is supported by grant aid or another kind of organisational funding. The balance of funding model seems to be around 40% funded 60% self-financing.

Do you deliver the activity in collaboration with a partner(s)?

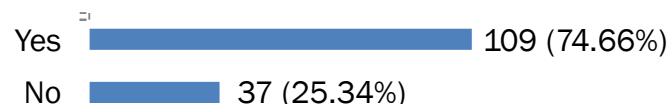


There is a relatively even spread between those who work with partners to deliver activity and those who do not. Responses suggest slightly higher instances of partnership delivery for funded work. Surprisingly few ‘dance’ organisations were cited as partners. Most tended to be older adult-specific organisations, generally service and healthcare providers. Funders – including local authorities – were frequently described as partners.

What support does your partner(s) give?

This varied greatly in terms of the range of partnership support available to groups. Broad trends included the provision of space, the provision of funding, practical support – such as taking bookings and ‘doing admin’ – and publicity for the activity. A small number stated partnership support for evaluation and impact research, which in all cases was via a health/social impacts-specific organisation.

Do you feel that participants' transport needs are addressed? (e.g. is there enough parking nearby, are there good public transport links, etc.?)



Three quarters of respondents felt satisfied with transport arrangements. Where respondents stated that transport needs are not adequately addressed, this was considered to be a major problem and in all cases was cited as being about participants' individual transport requirements in ensuring they are able to take part. The positive and important role that family members and friends play in providing transport was clear.

What type of training was provided for the dance session leaders, or sought out by them, before the activity began?

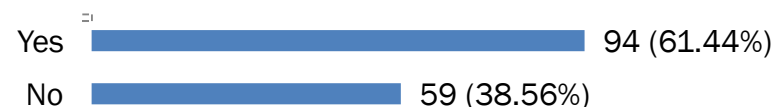
Responses to this question were very full and broadly speaking described two training scenarios: general initial dance training (e.g degree, vocational qualifications) **plus** skills training specific to the dance activity and participant group (e.g safe practice, dance and Parkinson's), or skills-specific training through short courses and other continuing professional development activity.

- > *"The dance session leaders are all professional dance artists, who have experience of working specifically with this*

age group. We have an annual staff training evening for all artists and teachers and every session is supported by a trained volunteer."

- > *"The dance artist is a professionally trained dancer with many years of practice, she trains other artists."*
- > *"I completed a course for Community Dance Practitioners, have regular First Aid training and make sure that I attend dance training sessions with some of the most proficient dancers in the world within my discipline."*
- > *"BA Dance Studies degree and CPD courses."*
- > *"I completed a community dance apprenticeship, which included practical training in a wide variety of settings, including dance with older people."*

Do the dance session leaders feel they need to have more professional development activity in order to grow in their role(s)?



Around 60% of group leaders would benefit from more professional development. This was identified in three main areas: ongoing skills development to keep practice current; creative practice and new creative ideas; and skills development to work with specific communities and in specific contexts.

- > *“It is essential to work safely with your group. More health-related CPD for deliverers would be useful. For example, learning what movement is potentially dangerous or what to look out for with certain conditions.”*
- > *“A mentor would really be helpful.”*
- > *“Regular opportunities to share and learn other approaches, so as not to become stale or rigid in own method and ideas.”*
- > *“Where possible, free CPD is ideal. The council offers some good free courses on, for example, autism awareness.”*
- > *“As with all professional work, keeping up to date and being inspired by others is the way we all improve. CPD could be extended to include work with healthcare workers, social workers, physiotherapists, dementia care specialists, etc. Funding the work is the challenge for a small organisation, whereby the funding is to keep the class going but rarely enough to adequately develop the team delivering the work.”*
- > *“What keeps my practice fresh is looking at different ideas and there is always more to learn. Although I have clocked up a lot of experience, I never want to rest on my laurels so going to classes, workshops and networking events is important in stimulating my practice.”*



Dance to Health. Photo: Helen Murray.

How many helpers/volunteers do you have?

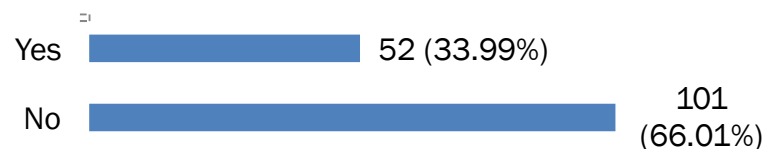
Of those who responded, 78 (53%) said they do not have volunteers. For those who do have volunteers, the average number was three per group.

What type of training was provided to the helpers/volunteers before the activity began, if applicable?

The responses given don't suggest a particular pattern. Some respondents provide 'volunteering' training through organisations such as the National Council for Voluntary Organisations (NCVO), whilst others provided in-house training to cover health and safety, and equality issues. In a few instances volunteers were described as assisting with the delivery of the dance activities, which in turn led to a vocational qualification. A modest but nonetheless surprising number of responses stated that no training was provided for volunteers at all.

- > *"We have annual volunteer training that is compulsory to attend as part of the volunteering process."*
- > *"My volunteers are trained on the job. They are offered first aid and dementia awareness training."*
- > *"Not sure, but nothing by me."*

Do you feel your helpers/volunteers need to have more professional development activity in order to grow in their role?



In response to this question one third of respondents felt that volunteers would benefit from skills development, although less detail was provided about what this might actually be. A common response was 'art form skills'.

What have been the benefits from leading this activity?

- > *"1. Watching people grow in confidence and ability. 2. Watching the group develop care and support systems that help themselves and one another. 3. Knowing that I'm providing a valuable community service. 4. Developing new perceptions about ageing. 5. Developing new ways of working as a dance practitioner (personal learning opportunities)."*
- > *"As a dance artist it has enabled me to grow and challenged the way I make work."*
- > *"As leaders we have found a passion for teaching this age group, which we didn't realise was there before. It has*

widened our understanding of the age group and has encouraged us to be more creative in our planning of activities. We have personally connected with the local theatre more, and are able to expand our provision further through the success of this particular group.”

- > “Demonstrating that falls prevention can be delivered through creative dance. Benefits to participants – health and well-being improvements – seeing them grow in confidence and ability. Bringing together arts and health providers.”
- > “Fitter, happier over-50s women! A number of participants have reported feeling better about life because of the

classes as they have an hour away from other pressures, an opportunity for exercise and relaxation, the support of the group and are proud of learning and performing dances.”

- > “Improved balance, mobility, strength, confidence, interaction with others in similar circumstances.”
- > “Greater sense of community amongst the older people from the area. The group of older people are now involved in physical activity, which gets them moving and exercising in a fun and engaging way. Older people that spend the week in social isolation have the opportunity to mix and socialise with people of a similar age from the same area.”

Most commonly used words and phrases included:

Involved Similar Experience Satisfying Love Body Learning
 Magic Moments Community Positive Feedback Group
 Performance Participants Sharing Dance Increased
 Confidence Seeing Quality Enjoyment Social Aspect Older
 People Known Fun Say Inspiration Turn Fit Relationship

4.5 Lessons learnt

What are the most challenging aspects of delivering this activity?

Most commonly used words and phrases included:

New Ideas Joy Money Tricky Dementia Safety Support
Artist Funding Loss Needs Confidence Group New
Members Participants Able Dance Physical Limitations
Challenge Prepared Making Training Venue Aren't
Advertising Stop Providing Fresh Material

This question focused on the challenges faced by those organising or leading group activity. There was a strong degree of consistency in responses, which describe the practical challenges of supporting and sustaining groups whilst also highlighting the clear satisfaction gained through the work.

The most common challenge stated was that of recruitment and retention of new members, securing funding, space and volunteer support, and the challenges of start/stop funding on all of these things.

Keeping artistic practice fresh and engaging, and prioritising professional development was cited by artists as a challenge, and having the 'technical' knowledge to work safely in terms of some of the health conditions that can be more prevalent amongst older people. This was also picked up by employers as something they look for.

There were some particularly interesting comments about finding sustainable ways of working with the health and care sectors, particularly embedding belief in the work within organisations and not just committed individuals within those organisations.

- > *“Keeping a steady nerve when attendance numbers fall. Although we receive funding we require our weekly subs to keep afloat. Although numbers on the register are fairly constant we go through periods of low attendance, e.g. ‘flu season’, when there is a lot of ill health. We always bounce back and there is a lot of genuine support for the group, but it can feel precarious at times.”*
- > *“Recruitment, attendance and retention of participants. Ensuring consistent support from host partner organisation.”*
- > *“Securing participants’ return on a weekly basis to encourage the growth of the group in addition to their individual progress. Lack of funds to be able to offer one to one support for those with a high level of need. Keeping all participants engaged throughout when the physical and mental needs of the group are so varied.”*
- > *“Staff attitudes to the activity.”*
- > *“The enormous variation in health and fitness levels of the participants and finding a way to keep all the participants feeling as though they're being stretched and achieving something.”*
- > *“Getting GPs and the health service involved is a struggle. They don’t have the time to look outside the box when referring patients.”*



Both images: Dance to health. Photo: Helen Murray.

Can you name one thing that you would advise someone else starting up a similar activity to do?

Most commonly used words and phrases included:

Listen Social Funding Shadow Plan Introduce Research
Underestimate Sessions Space Support Abilities Dance
Volunteers Participants Believe Training Local Community
Group Aware Ensure Pay Invest Skills Fun Students Knowledge

- > *“Be adaptable, listen to your group. Try new things and don't assume.”*
- > *“Be clear about your aims, what you are offering, but be responsive to ideas from the group so they feel respected and invested in the sessions.”*
- > *“Be courageous. Don't underestimate what older dancers can and want to achieve.”*
- > *“Establish and maintain ongoing dialogue with the contacts who are actually involved in the weekly support of the session...It's no good having a wonderfully supportive care*

home manager if the actual staff who are there each week are not supportive.”

- > *“Get partnership support. Work out what you want to do and what your strengths are. Check what participants hope for /expect. Make sure you have attended training, and read. Plan classes, be prepared to adjust on the spot. Reflect after teaching.”*
- > *“Take time to understand the working of care homes and hospitals. Visit, meet, talk, with staff and individuals. Find out about a community – its history, what makes it tick, so the work you offer is relevant and meaningful.”*
- > *“Love what you do. Keep learning.”*

Can you name one thing that you would advise someone else starting up a similar activity not to do?

- > “Don’t expect to achieve overnight. It takes time to consolidate a group”
- > “Don’t assume you know it all.”
- > “Do not have preconceived ideas about what it means to be 'old' or what an 'older' person can achieve. You will be

quickly blown away by what can be achieved if your tasks are right and your session is well structured/differentiated.”

- > “Don't be afraid to get out there to do it!”
- > “Don't have too fixed an idea of what it might be, how people might respond – create the most appropriate space and the most interesting invitations to move that you can and see what happens!”

Most commonly used words and phrases included:

Setting Movements Lots Specific Rely Word of Mouth Assume
Deliver Session Material Dance Body
Participants Experience Group Patronising
Expect Respond Needs Rigid Think Afraid Start Impose
Assumptions

Do you have any ideas on what would develop your activity further?

- > *“We would like to work with the NHS to provide more classes.”*
- > *“Working with live music, connecting work with different ages, siting the work outside in a rural environment.”*
- > *“I think the activity would develop further if the places we work with understood the benefits of dance for older adults. A very easy to read, short report with visuals and quotes that ties in research that has already been done would be good. I know of pockets of research and good practice. Something that brings this together succinctly would be beneficial.”*
- > *“We are working to foster stronger links with other community organisations, e.g. Age UK Cornwall's Living Well project and Health Promotion Health Trainers who can signpost clients to [our] classes. We have one supportive GP who recommends our classes to patients but getting other GPs' attention seems to be a challenge.”*
- > *“We are starting to develop further work with carers, and generate a network of support locally with social services co-production team.”*
- > *“I would also love to develop a session that was built around family visiting – an activity that residents and their family/friends who were visiting could participate in together – visits to a relative with dementia can often be so emotionally difficult for family.”*

- > *“I need to understand the landscape I'm working in better. Locally and nationally. I would like to have a larger, more robust project as my fear is that these groups will run out of steam when the funding stops and my participants will be left without sessions to attend. Mostly this work is life changing for people, they come along every week, feel connected, make friends, etc. I am worried about what happens when it stops!”*

Most commonly used words and phrases included:

Engage_{Team} Similar_{Seated} Care
Homes_{Book} Community_{Next Step}
Performance_{Think} Group_{CPD}
Funding_{Planning} Dance_{Music}
Develop_{Encourage} Sessions_{Living}
Training_{Moment} Sharing_{Seek}
Activity_{Range} Advertising Meet



People Dancing Summer School. Photo: Rachel Cherry.



Dance to Health. Photo: Helen Murray.

Appendix 1: Some conversations

We conducted short telephone conversations with eight people who had responded to the questionnaire. Each interview covered different ground.

The following anonymised notes drill down a little further into some of the responses made in the questionnaire, helping to bring the data to life.

Conversation one

- > **Can you tell us more about your in-house training?** “The leaders have a mix of experience and qualifications so we offer a short course, of one or two days, on anatomy and physiology of the older person. The new teachers are assessed and are taught by existing teachers who share best practice.”
- > **Are there specific health conditions that it would be useful to have further training in?** “Mainly dementia, strokes and Parkinson’s. We also work a lot with people who are recovering from cardiac and pulmonary events so it would be useful to deepen knowledge in this area too.”
- > **How do you monitor and evaluate the impact of your dance activity?** “We have to report back to funders but evaluate for ourselves too. We conduct an annual survey to ask the participants about the impact from their perspective in order to monitor improvements in health, as well as what they think of teachers, etc. We conduct case studies and gather ‘good news’ stories. This all helps to engage partners and funders.”
- > **Can you tell me more about the challenges you’ve faced in delivering your work?** “Getting GPs and the health service involved is a struggle. They don’t have the time to look outside the box when referring patients. The health service doesn’t see dance as beneficial as it is for patients coming out of hospital. There is not enough awareness yet of the benefits of dance, including aspects such as the social benefits, which are crucial for older people. Membership retention is also a challenge.”
- > **Despite these challenges, why do you think the activity continues to be successful?** “The social side keeps people coming – participants like the community spirit. They can see a difference in their overall health, stamina, mobility and strength, so they know it helps them.”

Conversation two

- > **Can you talk more about the challenges you've faced around recruiting?** "Ten is a great number but they are not always all there at once, so 16 max would be ideal and if it grew bigger, the group could be split. It's hard to know why people don't come through the door. What helped increased numbers was removing the lower age limit, and saying 'older adults' instead. Generally, these days those in their 50s feel young. There is an issue around labeling/marketing and the copy that is used to advertise classes. Some people are very clear that they don't want to be in an over-50s class as they don't see themselves as being 'older'. Some of the people here in their 60s and 70s would rather be in the general classes for adults that are on offer, although some have made the shift to older people's classes now that they want something more gentle. Funding is also an issue – it all seems to be very youth oriented."
- > **What do you think would help overcome these challenges?** "More linking with health promotion. There is a focus in this area on the physical aspect of health and the buy-in to dance is not strong enough. More links with local groups for older people would help to reach more isolated people. It seems that the more capable older people tend to already be accessing physical activity or dance. Reaching the more isolated people is an issue."

- > **You said you wanted to find/offer more performance opportunities – what would that mean for your group?** "Having something to work towards, rather than doing the same thing each week, gives purpose. We will be teaming up with similar dance groups for a 3-day 'tour' of performances, which will be great. But there is an issue with funding, there isn't any! It's all youth oriented. The people with the money tend to be based in central areas and they aren't catching up with the idea that we're an ageing population, worth investing in."

Conversation three

- > **What has changed over the 20 years the group has been running?** "Numbers greatly fluctuated in the beginning. Attendance is much better now and there is growing enthusiasm. Some have been with the group all the way through. Most participants are in their 60s and 70s and it means so much to them as they get older. They can say, 'I'm still moving, I'm still here'. Some come to watch, if they're not able to dance. Dance is perhaps more accessible than it used to be and attitudes have changed for the better. People have more exposure to dance nowadays and feel it is something they can do too. It is a cultural thing too; it is a family of friends. People will reach out and say 'come on, give it a go'. People have to be eased in and then there is a snowballing of knowledge."

- > **You mention cross-artform working and with other groups – is this something that happens regularly and what does it bring to the group?** “We would love to do more. In one project a group of people who either liked moving or singing, and were interested in the other, got together. The theatre gave support for this. It had a lovely after-effect but it was challenging. It was hard to get it off the ground. It is refreshing to be reminded that you are not an island, but part of something bigger, and to feel connected by knowing you all “speak the same language”. It is an enhancing experience, but only if the other group shares a similar culture. It is about finding a likeminded approach to dancing.
- > **You’ve mentioned that one of your partners is very supportive, can you talk more about that?** “It is a very organic working relationship. They believe in our group because of the health and social benefits it brings to the participants. To do this type of work you need someone to help foster your enthusiasm and broker it.”
- > **What does this activity do for you as an artist/dancer?** “It allows me not to do the same thing all the time and to continue to reinvent. I have worked in dance so long, and have made so many mistakes – for example, over-challenging older dancers – which have been learned from, that the dancers understand that they are in safe hands. The loyalty of the group is strong. A culture of non-judgement has also developed in the group, which doesn’t come overnight, but

instead subtly develops. This allows the dancers to move away from self-focus and surrender into the dance. I have been able to learn the subtleties of teaching this group. Dance has a rare quality in that it supports body, mind and emotion, and the participants value that.”

Conversation four

- > **You mention that creating effective and beautiful dances is a challenge, can you talk some more about that?** “Working with people with no dance training has its challenges. For example, it is a challenge making good work that works with participants’ innate abilities and effectively uses what people have to offer, but also works as a good piece of art. It is a positive challenge!”
- > **Why is it important to offer more performance opportunities to your group?** “That was a general comment – it would be good to see more performance opportunities for older people in general. We would like to travel to performance events more often. There are some good national events, and it would be good to get more involved with those.” **Why don’t you?** “The main barrier is financial.”
- > **How important is partner buy-in?** “The critical partnerships are not so much with the institutions but the individuals at those places. We have a really supportive relationship with an

individual in the NHS that really counts: they are fully onboard and that means people higher up are more likely to be onboard too, despite not being directly involved. One group gets in-kind support from the NHS Foundation Trust (e.g. they pay for taxis).”

Conversation five

- > **How does your group work?** “It has been the same group of people for 12 years, give or take one or two who have joined. That said, we are currently looking for three or four new people, preferably at the younger end of the scale, because the group is ageing and some now have life commitments or health issues that prevent commitment to performances. It is a very democratic group – everyone has the opportunity to make suggestions for what to do next, and everyone agrees the programme together. Half a dozen of the group are able to lead warm-ups. A third of the group have been professional dance teachers, a third have danced in their youth, and a third have never danced. Being in the group is empowering for all of us. Sometimes the group will find a venue to perform a piece at, and sometimes the choreographer will take responsibility for that. When making work, we generally bring outside choreographers in and they are preferably local.”
- > **What do you think has made the group successful?** “Friendship: we like each other. Regular performances – there are always

three or four events in the pipeline – give the group a ‘sense of purpose’. The group has fun working together, and feels good about what they have to offer. Being in the group has helped everyone through difficult times. Managing group dynamics is a challenge – allowing everyone to voice ideas.”

- > **You say you’d like to widen your range of performance venues – are there any venues you’d like to perform at in the future?** “More performances in community settings (e.g. care homes, railway stations, etc.) – the less formal the setting feels, the more confident the dancers are. Less pressure is better for less confident performers.”

Conversation six

- > **You talked about being a ‘pioneer’ with this project. How did that feel?** “Because it was a new project, I had to dive in and create goodwill around the project as quickly as possible. Funding was in place: the care homes did not have to pay, which helped the project be approved. The biggest challenge was when the project manager left: it was disconcerting, stressful, uncomfortable. It meant I had to manage everything, including the budget: I was able to cut my teeth on this project. It was a personal best for me. Dance artists always have to be prepared to advocate and defend activity of this nature. As an Artist in Residence, you can be responsive to all the surprises this type of work brings. You can provide a licence for residents to really enjoy what’s on offer.”

Conversation seven

- > **Can you talk about the challenges of engaging with care homes?** “There are quite a few. You have to work hard to get them engaged and prepared to pay for the sessions to start with. A care home in the area was closing but a few residents were moving to the same new place. I contacted the new home to offer dance sessions but they had no budget. I overcame that by using underspend from the previous project to subsidise 90% of the activity at the new care home. They agreed to pay 10% and the sessions went ahead. I then offered to return once a month and care home staff continued the class in the weeks between. It makes such a big difference when staff are involved. There is also the matter of getting to know residents. Without support from care home staff, it can be very difficult.”
- > **How are new leaders trained or inducted into their roles?** “New leaders shadowing the existing leaders in the care home is important as it is very hard to anticipate what residents will do from week to week. It is important to develop ‘a feel’ for setting up relationships with the residents.”
- > **Are there any specific health conditions you feel you or the other leaders need more training in?** “Dementia is the most challenging and interesting to me, alongside Parkinson’s. It’s important to always be updating knowledge. The opportunity to

share with other practitioners would be really useful. It can be solitary work.”

- > **What has enabled you to continue the work despite the challenges?** “I work hard to make sure it continues because it’s worth doing and is so valuable, even though it can be slow to build. The social benefits are great: residents become more socially engaged with each other, and they get the chance to do something a bit different, a bit more active and creative. By the end they are lifted, sitting taller and laughing.”

Conversation eight

- > **What has been your experience of working in care home settings?** “My main contact in the care home is the Activities Coordinator. She leads most of the activities, and brings in a few outside people. A couple of care home staff join in but some are quite reticent. Some have very good relationships with the participants. Recently one staff member supported one of the participants during a session. This participant, who was usually difficult to engage, was much more engaged because of that extra input. I make an effort to encourage the staff. For example, letting them know after a session how valuable their support has been. It is important to directly engage with the staff who will be assisting in the sessions, and not always communicate through the managers. I would like the opportunity to spend 20-30 minutes talking to the staff

members at the beginning of a series of sessions to let them know what the aims are and how they can support me and the participants.”

- > **How important is shadowing experienced leaders in preparation for working in this setting?** “My training was based around shadowing and was supported by reflective sessions with a mentor. It helped me to learn how to apply previous experience to this new setting. For me, shadowing is absolutely essential.”

- > **How was it taking over an existing class from someone else?** “The majority of the work I do is sessions I have taken over from someone else. In some ways it is positive – you can see what has been set up. But there is rarely the chance to begin a project in the way you’d like it to run, or to ask myself how would I like it to be? A shift has to happen over time. With the current session, I started with six participants and now there are 27.”



Dance to Health. Photo: Helen Murray.

About People Dancing: Foundation for Community Dance

People Dancing is the development organisation and membership body for community and participatory dance, working across the UK and internationally.

It is an invaluable resource for anyone who works in community dance and/or creates opportunities for people to participate in dance. People Dancing is focused on three key programmes: Developing Practice, Developing Participation and Member Services. Established in 1986, People Dancing reaches 4,500 dance professionals worldwide. Its leadership of the community dance network provides a platform for exchange, critical debate and peer learning.

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About Aesop

Aesop defines arts inclusively to embrace popular, folk, classical and contemporary forms across combined arts, crafts, dance, digital arts, design, environmental arts, film, games and interactive media, literature, music, photography, puppetry, theatre and visual arts.

Aesop has two main programmes:

Market development – This is Aesop's core programme. It is a pipeline of 'aesops', arts enterprises with a social purpose, created to deliver artistic and social impact, grow and be taken to scale.

Knowledge development – conferences, training, tools and policy to help the arts and other sectors work effectively together, including the Aesop Toolbox.

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