



## FEAST

**n. a rich and abundant repast; rich enjoyment for the heart or mind; Cornish celebration**

[www.cornwallculture.co.uk/feast](http://www.cornwallculture.co.uk/feast)

**Making great art happen across Cornwall**

FEAST is a programme to make great art happen in Cornish villages and towns. The ambition is to touch and inspire people of all ages and backgrounds and generate a whole new wave of creative activity in our communities. There will be new opportunities for more people to enjoy events as audiences, but the focus will be on bringing people together to take part, and on animating local celebrations and cultural life.

Arts for Health Cornwall is working in partnership with The Works to deliver a part of the FEAST project that engages older people in dance, called 'Shall We Dance?'

Arts for Health  
Cornwall and  
Isles of Scilly  
Improving health  
and well-being  
through creativity

***'Shall We Dance?'***



### Summary

'Shall We Dance?' is a project, funded by FEAST and managed by Arts for Health Cornwall and The Works Theatre and Dance Agency. It was developed in order to increase the opportunities for older people to access dance with the aim of improving their holistic health and sense of well being.

The project had two aspects; one consisting of dance projects in a range of care settings and the other being a series of one-off Tea Dances.

This evaluation covers the dance projects in care settings, with the evaluation of the Tea Dances being covered in a separate report

Each project was fully evaluated and all the evaluations showed that the participants gained the following health benefits:-

- Increased happiness, confidence and feelings of being valued.
- Increased levels of socialisation, with conversations and communication extending beyond the dance sessions. A sense of belonging, through participating together, and feelings of value and purpose were also noted by

many. Friendships developed between the participants and between the participants and care staff.

- Improvements in physical health were reported in many of the settings. This included improved concentration, sleep patterns, relaxation and general fitness.
- Other reported benefits included a change in the environment, an increase in skill levels, understanding and a sense of calm for many.

In addition to the above the following benefits have resulted:-

- Fourteen of the projects have resulted in dance activities being continued on a regular basis due to an increase in staff confidence and positive feedback from participants..
- One community dance group felt that the project has given them the support, recognition and hence motivation to apply for funding so that the group could continue. They have since received 2 grant awards and the dance group is going from strength to strength.
- Visitors have been encouraged to participate in the clients daily activities
- AFHC have been commissioned to provide a team of art practitioners to work alongside the NHS rehabilitation team on Lanyon Ward, Camborne Redruth Community Hospital. Eight creative practitioners, including dance practitioners, will work on the ward three times per week and also run sessions on the SAGE community stroke rehabilitation programme across the county.
- The project format has inspired and informed the format of future AFHC work streams including the Memory Café and Stroke Rehabilitation Programmes.
- Following the end of the project AFHC has noticed a significant increase in the knowledge base of the dance practitioners as well as an improved ability to apply and communicate this knowledge. The Dance practitioner have reported an increase in demand for their expertise in care settings.

### **Overall Aim of Project**

- To improve their quality of life and health and well-being of older people through a sustainable dance project.

### **Activities**

- To provide dance opportunities in a range of settings across the county, in order to engage older people of all ages and abilities.
- To open up these opportunities to a range of dance practitioners in order to increase the pool of appropriately experienced and skilled dance practitioners, thereby creating a sustainable resource that will support further opportunities.
- To work with a range of partners to promote and demonstrate the benefits of dance in contributing to physical, mental emotional and social health and well-being.

### **Project Outline**

Expressions of interest from a range of care 'settings' were sought, using AFHC's existing networks, Primary Care Trust and Adult Social Care contacts and via direct

contacts. Of those who expressed an interest, 17 different settings were selected, in order to engage participants with a range of ages and abilities from a range of different settings and geographical locations.

Each setting identified a key contact who worked alongside an assigned dance practitioner. This was to enable the dance practitioner and key contact to share knowledge, skills and support to assist in developing and tailoring sustainable dance projects.

Each project consisted of five 2- hour sessions over a period of 3 months.

A mentoring and shadowing scheme was incorporated in order to increase the pool of suitably qualified and experienced practitioners, hence contributing to the sustainability.

All the dance practitioners and key contacts were brought together on a regular basis for induction, training and networking. This involved formal training from a range of partners including Cornwall Care, the NHS Health Promotion Service and Alzheimers Society as well as skills and knowledge exchange and peer support / mentorship.

### **Time Frame**

The induction session marked the start of the project in July 2009, with each setting arranged their own timeframe for the activity to suit the individual needs. The final project ended in April 2010.

### **The Projects**

**see Appendix A**

There were 17 different dance projects in a range of settings:

2 Day Care Centres, 6 Care Homes, 3 Nursing Homes, 4 Community Hospitals, 1 Community Self Help Rehabilitation Group and 1 Community Group.

The group size ranged from 4 to 35, with the total number of participants being 230, with an age range of 50 – 103 years.

The abilities and range of health conditions included generally fit and active people and people with dementia, learning difficulties, recovering from conditions such as Cardio-pulmonary disease, stroke and people who are generally frail.

The dance formats and styles varied between settings, including styles such as salsa, world music and contemporary dance. The sessions were generally, although not exclusively, seated.

### **Evaluation**

The training session incorporated opportunities to discuss the progress of each of the projects and to share learning and experiences.

The project manager also visited each of the projects and maintained contact with both the key contacts and practitioners throughout the project.

Formal feedback was gathered through questionnaires and art practitioners' reports at the end of the project. The questionnaire included feedback from the participants, the allied care staff and visitors, the key contacts and the dance practitioners.

The questionnaire asked for feedback on two main areas:-

- Benefits
  - To participants
  - To care staff
  - To Dance Practitioners
- What's changed as a result

## Benefits to participants

All the evaluations showed that the participants gained the following benefits:-

- Increased happiness, confidence and feelings of being valued.
- Increased levels of socialisation, with conversations and communication extending beyond the activity sessions. The sense of belonging, through participating together and feelings of value and purpose were also noted by many. Friendships developed between the participants and between the participants and care staff.
- Improvements in physical health was noted in many of the settings with improved concentration, sleep patterns, relaxation and general fitness.
- Changes in environment, increase in skill levels, understanding and a sense of calm for many were also described.

## Supporting Comments

### Increased happiness, confidence and feelings of being valued.....

'Clients enjoyed the music and laughter, and found happiness in reminiscence'.

*'The whole room lights up and everyone comes alive when we do this'*

*' I had a lovely afternoon, thanks to you' Lady with dementia who normally refuses to join in'*

*'That's the first time some of these residents have got up to dance since they have been here'*

*'I used to love dancing and I still can...I thought I was passed dancing but now I realise you are never too old to have a go'*

*'One couple, wife with dementia and husband partially sighted, thought they would be unable to join in, they proceeded to be part in every aspect of it, smiling from ear to ear. He played the drum with obvious skill, and later said had been part of marching band. Next week, he was ready to have a dance with me as soon as I walked through the door, he clearly loved dancing, showed his happiness, it seemed a release. His wife was very happy and stimulated, talked quietly to herself about it with obvious pleasure. She really came alive when she was given a sparkly glove, was transported and started to dance creatively with it'*

*'I must admit, I first thought 'they won't want to do it' but they absolutely love it, there's no stopping them once they start!'*

*'Increased happiness , smiling, sense of well being during the session and afterwards, more relaxed and flexible movements , they challenged themselves more each week, increased confidence, strength , creativity as they made up things to add to each session'.*

*'Gave some who just sit an incentive to try to walk'.*

*'There is lots of giggling and laughter'*

*'They often spoke of how they were disappointed if they missed a session'*



### **Levels of socialisation increased.....**

All practitioners and care staff noticed a change in participants behaviour from *'the pyjama syndrome of not getting dressed to face the day'* and not communicating with other residents or staff, to wanting to participate, enjoying the socialisation, suggesting ideas and looking forward to the next sessions. Many also reported a feeling of belonging, being valued and feeling special and connected.



*'It was good to see people get up and dance and we enjoyed the opportunity as care staff to be more interactive with the residents'*

*Residents commented on the social nature and 'how it got you communicating with people you see at lunch and between sessions'.*

*'Care staff felt a stronger bond with their residents'*

*'Sessions gave husbands and wives an opportunity to dance together, hold hands'*

*'They call me by my name now' – quote from a member of care staff.*

*'I remember this music as a child – music halls and dance medals'*

### **Physical health.....**

It was reported that clients *'strength and breathing improved'*. At one care home prior to the sessions *'only one person could stand and dance, by the end this had increased to five people'*.

*'One participant, who seemed very stern and initially kept her head down, buried in a newspaper, brought her guard down and by the end of the sessions had got up and danced, when I said this was the last session, she said 'oh noooo! I thought this was permanent arrangement for this care home, it is very important that you carry on, we need to exercise, we don't get any other opportunities'*

*'It is really important not to give up and this is helping my leg get stronger'.*

*'this exercising is fun, it felt good doing the exercise , not all stiff with aches and pains'*

*'One particular resident, who always must be assisted by wheelchair to and from the bathroom stood and was dancing on her own. I think all our mouths were wide open in astonishment. She now walks to and from the toilet on her own - and goes to her room whenever she wants to'*

*'A noticeable increase in focus and participation especially in wishing to offer ideas and lead activity with suggestions of music'*

*' It keeps me supple and I can be at any age – happy and young'*

*'This makes my neck and shoulders loosen up, I se these sessions to warm my hands as my circulation is so poor'*

**Change in the environment, increase in skill levels, understanding and a sense of calm for many....**

One care home found that *'as a result of the sessions Dementia clients managed to sign their names which they previously had thought they could not do'*



*'Betty did not want to come today, she was worried about being with the other residents and felt very nervous. As soon as she came into the dance environment and heard the music all her anxiety dissolved'*

*'Some, normally grumpy people , started to share dance movements between sessions, generally looking forward to the sessions and joining in things they normally wouldn't'*

*'I am impressed and touched that Eileen joined in and put on a hat, usually she is too nervous to participate in group activity'*

*People are more animated and clap for other entertainers which have noticed'*

*'The dance practitioner is amazing, It's been such fun. It has taken us out of ourselves'*

*'Staff popped their heads into the day room and commented on the wonderful atmosphere and often went away singing the songs'*

### **Benefits to Care Staff**

The care staff rated the dance practitioners as being a good and mostly excellent source of support, with one care staff member reporting that they *'gave confidence'*. A care staff member also described the dance practitioner she worked with as *'professional and organised'*, with staff and patients still talking about her and the sessions she ran. The care staff also felt supported by AFHC who they rated as good or excellent in terms of support offered.



Care staff could see the pleasure had by the residents and reported that they enjoyed the activity as much as the clients. They felt a stronger bond with the clients, who also began to call the care staff by their names more. They realised that their residents need more stimulation and were *'amazed'* to see what their residents could do when prompted.

Care staff also enjoyed meeting other people who worked in care at the training sessions. The opportunity to chat through the projects with other staff in similar positions, share learning and work through and problems was felt to be very valuable, motivating and supportive.

During the training sessions, care staff also learnt movements for helping clients with specific conditions to manage their everyday tasks such as washing, hair brushing and dressing. They learnt how to work these movements into dance, in order to build up the muscle memory, tone and strength to remain active and independent.



## Supporting Comments

*'Changed attitudes towards using creativity in sessions eg dancing / singing'*

*'I'm very glad that I experienced and was offered this opportunity as it taught me a lot. The benefit to the residents was extraordinary and pleasing'*

*'This project has given me new insights into how I relate to older people – there is so much to learn from spending time with them. It helped me to let go of my preconceived ideas of what people can do...I saw this working beautifully in the session I shadowed...the whole session flowed in a natural and relaxed way and was completely appropriate for the needs of the people who were participating that day.'*  
(Care staff PNH)

## Benefits to Practitioners

Eight practitioners rated the support provided by the care staff as good, and four as excellent.

The support provided by AFHC and The Works was rated as excellent by 11 out of 14 respondents. Reasons given included:- very good admin support, correspondence and training, and a willingness to assist, with hands on participation.



The induction session was mostly rated as being an excellent source of support and usefulness as were the two training sessions, which were described by one respondent as 'stimulating'.

Practitioners reported feeling inspired to bring projects like this into the wider community. They also felt privileged to be working with this age group who had led such rich and interesting lives and had stories to tell.

## Supporting Comments

*'I learnt so much about the participants as conversations about past achievements and hobbies were remembered, happiness was seen as these experiences were remembered and a realisation that they were still able and the same people'*

*'I was inspired by the commitment of the staff at the hospital to give a fun and sociable experience'*

## What's Changed as a Result

Care staff reported feeling confident in delivering activity sessions in the future, and would like to be included in future projects with AFHC.

14 of the projects have resulted in dance activities being continued on a regular basis.

*'We used to meet every week to support each other with our exercises, we now use dance to exercise together rather than alongside each other.'*

*'People now stay down for activities rather than go to their room'*

*'We have a monthly theme tea dance. We chose music and themes during the month and prepare props. Each tea dance is photographed and put on walls for them and their families and guests to see'*

*'We are having a go ourselves and will use the ideas in the future, I quite fancy entering strictly come dancing now!'*

*'We need an activity coordinator. It should be a government requisite that all care settings have regular dance sessions, because the benefits are over whelming - improved circulation, motivation, happiness, well being , integration, concentration, movement etc.'*

One community dance group felt that the project has given them the support, recognition and hence motivation to apply for funding so that the group could continue. They have since received 2 grant awards and the dance group is going from strength to strength.

Visitors have been encouraged to participate in the clients daily activities

*'Visiting time has been changed and poster to advertise the timing of sessions so that visitors are fully aware of the sessions. This is to encourage visitors to join in, or to plan their visits so as not to distract from the sessions of they do not wish to join in'.*

*'Patients often spoke of how they enjoyed the sessions and asked their visitors to come later'*

AFHC have been commissioned to provide a team of art practitioners to work alongside the NHS rehabilitation team on Lanyon Ward, Camborne Redruth Community Hospital. Eight creative practitioners, including dance practitioners, will work on the ward three times per week and also run sessions on the SAGE community stroke rehabilitation programme across the county.

Dance practitioners have reported a rise in demand for them to lead sessions in a range of different care settings.

The project format has inspired and informed the format of future AFHC work streams including the Memory Café and Stroke Rehabilitation Programmes.

Following the end of the project AFHC has noticed a significant increase in the knowledge base of the dance practitioners as well as an improved ability to apply and communicate this knowledge.





## Appendix A

Setting	Location	Key Contact	Designation of key contact	Dance practitioner	Ave No. per session	State of health
St Austell Care and Sociable Club	St Austell	Debby Browne	Manager	Kelsey Michael	23	60 -90 yrs Mixed health
Age Concern Day Care Centre	Falmouth	Ann O' Connor	Care staff	Emma Manning	35	75 – 92 yrs Range of health conditions inclu. dementia
Cedar Grange Care Home	Launceston	Tamsyn Farreau  Debbie Cole	Care staff / activities coordinator	Rosie Allen - Perdikeas	15	70 – 97 yrs Range of health conditions inclu. dementia
Redannick House Care Home	Truro	Anna Prochon Ceciel Huddleston	Care staff / activities coordinator	Jane Spurr	10	70 – 99 yrs Mainly people with dementia
Porthgwara Nursing Home	Coverack	Gill Payne	Activities Coordinator	Terri Stevens	10	65 – 101yrs Range of health conditions
ChyByghan Care Home	Sennen	Sandra Simone Cartwright ( Sam)	Care staff	Colin Curbishley	10	70 – 95yrs Range of health conditions inclu. dementia
Boisdale House Care Home for people with Learning Disabilities	Saltash	Rachel Harper Rebecca Barr	Care staff	Jo Ballard	10	20 – 85yrs People with learning disabilities
Collamere Nursing Home	Lostwithiel	Leanne Foster Emma Hammond	Care staff	Helen Tiplady	10	73 – 95yrs Range of health conditions inclu. dementia
King Charles Court Nursing Home	Falmouth	Val James	Activities coordinator	Megan Selby	8	70 – 95yrs Range of health conditions inclu. dementia

Perran Bay Home for the Elderly	Perranporth	Karen Sallows	Care staff	Kelly Manning	20	85 – 103yrs Frail, mostly chair bound, mixed health
The Sun Dance Club	Penzance	Caroline Schanche	Member of group	Caroline Schanche	15	50 – 80yrs All generally fit but with some health issues
The White House Care Home	Bodmin	Ronnie Bartlett Ann Doyle	Care staff	Lois Taylor	16	70 – 93yrs, mixed health
Falmouth Breathe Group	Falmouth	Jenny Carter John Kitts Trish Ashe	Group members	Angela Praed	16	50- 80 yrs, all rehabilitating following COPD related illnesses
Harbour Ward, Bodmin Community Hospital	Bodmin	Marie Smith Jeanette Kendall	Care staff	Lois Taylor	5 -10	70 – 90 yrs Vulnerable adults recovering, following acute hospitalisation,
Lanyon Stroke Ward Camborne Redruth Community Hospital	Camborne	Donna Barker	Rehab support worker	Jayne Devlin	8-10	50 – 80yrs Very vulnerable rehabilitating following a stroke.
Edward Hain Community Hospital	St Ives	Linda McHale Jacqui Sheldon Holly Musgrave Linda Barber	Modern matron/ Sister and Care staff	Rachel Lambert	4	70 – 90 yrs, vulnerable adults recovering from illness
Poltair Community Hospital	Penzance	Linda McHale Jacqui Sheldon Debbie Worthington Jane James	Modern matron/ Sister and Care staff	Rachel Lambert	8	70 – 90 yrs, vulnerable adults recovering from illness