



Rebecca Seymour with Joyce, Young at Heart programme, Salisbury District Hospital. Photo: Peter Ursem

Rebecca Seymour, freelance dance education specialist and project coordinator, reflects on the work she is currently delivering for the Young at Heart programme, under Artcare at Salisbury District Hospital

“I haven’t had this much fun for years!”

Not the most obvious comment the nurses expect to hear from a 90 year old patient in one of the Geriatric wards in Salisbury District Hospital (SDH). But as Parrie sat by her bed, along with three other ladies, myself and Margaret, a hospital volunteer, she laughed, stretched, sang, gossiped, reminisced and danced beautifully to any style of music I played... all in the space of 45 minutes. “If people looked in the window now they’d think we were crazy!” she said, to which Anne, another participant, replied, laughing, “If we carry on like this we might well get an audience soon.” And sure enough, the nurses were peeping through the door, loving the entertainment!

This article is unashamedly anecdotal at times, as I come away with stories like this every week. Retelling them is a huge part of the evaluation and offers strong evidence to support the success of the Young At Heart project, a programme of music, singing, storytelling, movement and craft activities on the elderly care wards, which is coordinated by Peter Ursem, manager of Artcare. “A project such as Young at Heart can have an enormous impact on the way older patients experience their time in hospital,” says

Peter. “It brings moments of concentration and inspiration into the day. Young at Heart, provides mental and physical stimulation. People in South West England have a longer life expectancy than average, so it should be no surprise that at Salisbury District Hospital we have many patients aged 75 or above. Unfortunately some patients also suffer from memory problems or forms of dementia. Salisbury Hospital recognises that creativity can help patients to get better. The music, storytelling, dance and other activities not only bring some light relief into hospital days, but they also revive memories, make people feel less alone and isolated, and help regain movement skills, particularly in hands and arms.”

It is a real challenge to make a project like this successful, but if creative activities can ultimately speed up recovery, this benefits not only the patient but also the hospital. Nationally, there is much attention for the importance of responding to the needs of older hospital patients, especially patients with dementia. Salisbury Hospital received a positive dementia peer review in November 2011 and the Young at Heart project was highlighted as good practice.

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Young at Heart
programme,
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Photo:
Rebecca
Seymour



project is successful is by choosing the right artists for the project. The artists who are working with us are all highly skilled, not only in their own field of singing, storytelling, music, dance, etc; but also in engaging with patients of different backgrounds and different abilities. Many patients are clearly worn down by their illness. Some are a little confused, have loss of memory or hearing. But the creative approach and the skills of the workshop leaders bring them all together and help them forget where they are for a while.”

I started working as a Young at Heart artist over a year ago, after originally delivering a series of dance workshops at SDH for Wiltshire Dancing’s Dancing Through Life project in 2008. I led my weekly dance and movement workshops in the wards’ day rooms for many weeks, so when one of the ward managers first asked me if I’d mind doing my session in one of the bays, rather than in the regular day room, I admit I was a bit apprehensive. I wandered into the chosen bay and looking for a socket into which I could safely plug my music docking station, I introduced myself to all the patients lying in/sitting by their beds. But I soon realised that I could reach far more patients this way, rather than only accessing those who were able to be ‘wheeled’ into the day room by the nurses.

Initially I got some nervous looks from the doctors as they carried on their ward rounds around me as I waltzed up and down the bay. ‘I hope she’s not expecting me to join in...’ flickered across their faces. The nurses used to watch at the door, smiling, amused at this slightly crazed artist in the midst of a clinical world. But as the weeks have gone by, the staff are used to me now and often come and join in – giving a quick shimmy here, or singing along as they help someone in or out of bed. Last week, a porter delivered a patient back into the bay and then got out his iphone and offered a Ricky Nelson track to be played. He joined in with the patients and then went off whistling.

Each Wednesday I visit three different older peoples’ wards during the day, fitting in between their regular hospital routine:

- The 10.30 slot often sees patients freshly washed and sitting up ready for something to do
- The 11.30 session encourages patients to work hard and ‘build up an appetite for lunch’
- At 1.30, after lunch, small groups of patients are often sitting together chatting when I arrive, or have just woken up after a nap.

Every week is different due to the nature of patients coming and going. I sometimes work with a stroke patient for several weeks, having the privilege to observe their weekly improvement, as they work hard to regain fine motor movement in fingers, or loose themselves in the music,

being surprised when body parts unexpectedly move with the rhythm. I also love hearing soap-worthy stories from patients who tell me about their lives and families in between bouts of movement; or memories triggered by songs I play to dance to. A few weeks ago I learnt some wonderfully risqué words to an old war time song from a lady who gave me her version of Show Me the Way to Go Home several times during my visit!

When delivering these sessions, I revel in the fact that it’s often the patients who become the teacher, when their first response as I greet them is “Oh, I can’t dance anymore...” or “I can’t do much like this...” as they indicate plastered limbs, stroke inflicted areas, etc. but once the music begins and patients begin to relax with breathing and a gentle warm up, they often request particular styles of music, ranging from Mozart to Country and Western. It’s then that I discover people’s own individual ways of moving to the music and they often take the lead. The nature of my facilitation turns despondent comments like, “I used to be able to dance, but can’t now” into us finding ways to still enjoy dancing to music, despite injury, disability or the aging body.

“You don’t realise how good it is just to move. I’m buzzing. I think the doctors would be happy to see what we are doing.” (Patient from Farley Stroke Unit, after a movement workshop).

Peter Ursem: “Feedback like this suggests the project is fulfilling a need for creative activities on elderly care and stroke wards, where a patient’s stay is generally longer than average. It is also having a positive effect on the mood of patients.”

Drawing upon the experiences I’ve had during a hugely varied career in human movement, I’ve constructed ways of conducting myself to instinctively respond to the mood of a group or individual with whom I’m working. Whilst at the hospital a genuine interest in each patient and a sensitivity as to how to engage with that individual is crucial. Adopting the appropriate behaviour – sometimes playful, sometimes serious – to put patients at their ease quickly, so they can trust me in a short space of time, then allows me the freedom to enjoy dancing with that person in that very moment.

As I was leaving the ward last week, Parrie said, “I’ll start dancing round my living room in honour of you when I get home.” I so hope she is...

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