

**Final Report, August 2011:
External Evaluation – Falls Prevention Dance Group**



“It’s just useful, good for you and fun” - participant

by Josie Aston, August 2011

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Abstract

The Dance for Falls Prevention group has been running at the Brewhouse Arts Centre in Burton on Trent for three years, led by professional dance artists and supported by an occupational therapist. The group is a partnership project between the Arts Development service of East Staffordshire Borough Council and South Staffordshire Primary Care Trust (PCT).

Participants are referred by the Falls Team of the PCT for 12 sessions and can then choose to stay if they wish, attending up to 40 sessions per year. The average age of participants is 80 years old, and over the last year the group has averaged 12 participants per session. Participants attend an average of 73% of sessions on offer, despite the fact that many are living with life-limiting illnesses and conditions and must arrange their own travel to the group.

During the evaluation, those participants interviewed reported improvements to their physical fitness and social wellbeing that they attributed to the dance classes. The dance and healthcare staff leading and supporting the sessions also reported the positive impact that participation in the group had on its members.

About the author/credits

Josie Aston is a freelance researcher in arts and health and has managed a number of arts and health programmes in NHS acute hospitals and mental health trusts in England, and in the community. She is the author of best practice guides for hospital arts co-ordinators on media relations and the maintenance of artwork in hospitals. These can be downloaded from her website, www.josieaston.co.uk, where there is also a blog linking to arts and health news and free resources for planning arts and health projects.

Josie would like to thank everyone involved in the Falls Prevention Dance Group at the Brewhouse Arts Centre, Burton on Trent, for their help with completing the evaluation, especially Tracey Smart, Arts Development Officer at East Staffordshire Borough Council and her colleagues. She'd also like to thank Anna Barzotti for assistance with researching the case studies, as well as the three organisations that feature in them, and Alison Lord for conducting two participant interviews and the travel survey.

The purpose of the evaluation

The purpose of the evaluation was to undertake an impact evaluation and to produce an outcome focused report for the Falls Prevention Dance Group Project.

The evaluation objectives were:

- To assess the impact, health and social outcomes for the service users who are participating in the initial programme
- To assess the impact and health and social outcomes for the service users who participate in the new 12 week referral group
- To assess the demand for the programme and make recommendations for health and social project developments
- To consider the effectiveness of the delivery mechanism of the programme: its staffing, current and potential partners and practitioners
- To assess the cost-effectiveness of the programme and its ongoing importance to a range of key stakeholders and public health strategies
- To link to evaluation of other arts, health and wellbeing schemes, creating a comparator for the whole sub-region

Methods

The contract to evaluate the Falls Prevention Dance project was awarded in February 2011.

I started the evaluation by carrying out desk research into the national and international context for the Falls Prevention Dance Project, looking at NHS policy on Falls Prevention, NICE guidance, AGE UK information, the Otago Programme¹ and relevant research citations including the 2008 Cochrane Review of interventions for preventing falls in older people living in the community².

The desk research continued into March, when I started to focus on other examples of dance projects for older people, especially where these had featured a partnership approach between a Primary Care Trust and an arts organisation, and had been rigorously evaluated. During March, I visited Burton twice. I met the Falls Prevention Team for South Staffordshire Primary Care Trust to find out how they assess patients who are referred to their team, and to talk about their relationship with the dance group.

I also had initial discussions with the project partners: the Arts Development Officers from Staffordshire County Council and East Staffordshire Borough Council and the Arts and Social Care Co-ordinator from Wolverhampton Arts & Museums, the funder of the evaluation, about their aspirations for the project. In addition I attended one of the Wednesday dance sessions as a participant observer and carried out semi-structured interviews with three of the group participants and Kristy, the associate dance artist. I interviewed Jenny, the lead dance artist, by telephone following the session.

¹ See <http://www.acc.co.nz/publications/index.htm?ssBrowseSubCategory=Older%20adults>

² See <http://www2.cochrane.org/reviews/en/ab007146.html>

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The following week a colleague interviewed two more participants, using my questions and permission forms, and carried out a spot survey of the travel methods used by participants to travel to the group. At the end of March I sent an interim report to the project partners to update them on the progress of the evaluation to date.

In April, I visited Burton to interview Sally Worth, the Occupational Therapist who supports the dance groups, and conducted a telephone interview with Venu Durairaj, the Physiotherapist from the Falls Prevention Team. I also carried out a semi-structured interview by telephone with the wife of one of the group participants, to gain a carer's perspective on the dance group.

In May, I gave a presentation about the Falls project evaluation at a Creative Wellbeing Arts and Social Care project conference at Wolverhampton Art Gallery. I also worked with Anna Barzotti to create the three case studies about dance for the wellbeing of older people, which are included in this report.

However, at this stage it became clear that the objective "to assess the impact and health and social outcomes for the service users who participate in the new 12 week referral group" was going to be difficult to carry out in the way we had envisaged, for various reasons, which will be detailed below.

The Primary Care Trust assesses falls patients using a history including details of any previous falls, past medical history, current medication, vision, footwear, pressure care, blood pressure, urinalysis, continence, home situation, personal care, domestic situation, transfers and potential hazards in the home. They also apply Tinetti's Falls Efficacy Scale (confidence regarding falling or not falling in various situations), the Tinetti Balance Assessment, the Geriatric Depression Scale, an Osteoporosis Risk Assessment Tool and a Therapy Outcome Measure.

It was planned that I would be able to access this information about the eight participants that were intended to be referred to the new group, however, due to staff shortages and absence this was not possible, as some of the information was not collected and even where it had been, some of the participants were not able to take part in the group. I therefore decided that it would be best to focus on the qualitative aspects of the evaluation and to evaluate the dance project as a whole, rather than focusing solely on the new referral group.

In June, I made my final visit to Burton, this time to attend the new Thursday dance group as a participant observer. I interviewed the two participants, and also carried out in-depth interviews with Amy Rose, the lead dance artist, and Mary Jerrison, the Falls Team leader.

The final report was written during late July and early August 2011.

The regional and national context

The problem

Like all developed western economies, the UK is facing an enormously expanded number of people entering the older age groups. In 2010 there were 2.6 million people aged over 80 and by 2030 it is expected to rise to 4.8 million. This will require an 82% increase in the number of care home places, about 630,000 extra spaces, by 2030.³

This issue will particularly affect areas such as Staffordshire which have relatively high proportions of older people. Two Staffordshire council areas, South Staffordshire and Staffordshire Moorlands, are predicted to have some of the highest proportions of over 50s by 2029, according to a BBC-commissioned study. Staffordshire Moorlands was predicted to have 50.4% of people aged 50 or over, with South Staffordshire having 50.1%. The UK average was for 41.2% of the population to be that age by 2029.⁴

The risk of falling in the home increases with age. The cause of a fall is often multi-factorial, involving both environmental hazards and an underlying medical condition. Strength, balance and gait, decline in vision, mental health problems and deficiencies in the diet are all contributory risk factors. Although prescription medicines are seldom the cause of falls, they may also be a major risk factor. Falls account for 71% of all fatal accidents to those aged 65 and over, and 54% of all injuries. The most serious injuries usually happen on the stairs.⁵

Fractures, particularly hip fractures are one of the most debilitating results of an accidental fall. Ninety per cent of hip fractures occur among those aged 50 and over⁶. Hip fracture is a major cause of morbidity and mortality. It can result in medical complications, infections, blood clot in the leg and failure to regain mobility. It is crucial, therefore, that older people are adequately supported while they are still able to remain in their own homes, and maintaining fitness and wellbeing are an important part of this.

Preventing falls

A Cochrane review⁷ from 2008 looked at which methods are effective for preventing falls in older people living in the community. It included 111 randomised controlled trials, with a total of 55,303 participants.⁸

³ Study carried out by Newcastle University's Institute for Ageing and Health, cited by BBC Online, <http://www.bbc.co.uk/news/uk-england-tyne-13353792> [accessed 3rd August 2011]

⁴ Study carried out by Experian, cited by BBC Online, <http://www.bbc.co.uk/news/uk-england-stoke-staffordshire-11688268> [accessed 3rd August 2011]

⁵ Accidents to Older People, Royal Society for the Prevention of Accidents, <http://www.rospa.com/homesafety/adviceandinformation/olderpeople/accidents.aspx#falls> [accessed 3rd August 2011]

⁶ See previous reference

⁷ The Cochrane Collaboration was founded in 1993, inspired by a Professor Cochrane, who was one of the early exponents of 'Evidence Based Medicine'. It draws together all the Randomised Controlled Trials on particular healthcare topics or themes e.g. it is a 'review of reviews'.

⁸ Interventions for preventing falls in older people living in the community, <http://www2.cochrane.org/reviews/en/ab007146.html> [accessed 3rd August 2011]

It concluded that:

“Exercise programmes may target strength, balance, flexibility, or endurance. Programmes that contain two or more of these components reduce rate of falls and number of people falling. Exercising in supervised groups, participating in Tai Chi, and carrying out individually prescribed exercise programmes at home are all effective.”

South Staffordshire Primary Care Trust are well aware of the growing numbers of older people in their area. Mary Jerrison, the Falls Team leader said to me:

“demographically, we’ve actually got a tsunami of older people on the horizon. I always liken it to that lovely little rhyme The Grand Old Duke of York, you know – we’ve marched them up to the top of the hill and they’re all lined up, up there, with their various long term conditions, and we’ve got to stop them come rolling down again...”

Mary explained how the PCT are trying to move from a reactive stance, to a more proactive one, but this is a challenging transition:

“We want to try and find those people...that are maybe not quite teetering into a particular long term condition...We’re going to be proactive rather than reactive [but] there’s still that top tier of people that are already in the long term conditions, that already are at risk of falling, that are at risk of fracture, that we still have to...focus quite a few resources onto them...whilst we’re trying to educate and support the ones just underneath, so that they don’t...get to that acute, chronic, phase.”

The cost and impact of the dance group

The dance group fits very well with this new policy emphasis, because it directly acts to prevent the participants’ physical problems worsening. It also helps to improve their social inclusion and provides an ideal platform from which participants can access the range of services that the PCT can provide:

“While...you’re encouraging that social interaction [at the dance group], we don’t miss an opportunity to just pass the word on. We know where you can get the major home adjustments, or we can refer you. If you’re not happy with your benefits, we can refer you. If you think your eyesight’s deteriorating, we can help. Also, as well, as people get older, there’s almost an expectation to be on a multitude of drugs, prescribed drugs by the doctor and also over-the-counter ones as well. So we have an opportunity to help them with medicines management.”

The NHS, of course, is always under pressure to be more cost effective, and has been asked to make savings of up to £20bn by 2015, which would require it to become 4% more productive each year.⁹ At the same time, the proposed Health and Social Care Bill aims to abolish PCTs and transfer the majority of their powers and budget to local GP consortia. The PCTs’ public health responsibility will move to local authorities.

⁹ Q&A: The NHS shake-up, <http://www.bbc.co.uk/news/health-12177084> [accessed 3rd August 2011]

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In South Staffordshire, the PCT will be disbanded and ultimately replaced by the Staffordshire and Stoke Partnership Trust, led and run by GP consortia, and belonging to a cluster with more or less the same boundaries as Staffordshire County Council.

However, these developments seem unlikely to affect the way the dance project runs currently. The project does not involve budgetary expenditure by the PCT; instead, the support is in the form of part of the time of an occupational therapist. It will be interesting to see what impact the acquisition of the public health responsibility will have on provision of projects such as the dance group; in theory, it could move them from within the remit of the Arts Development service into the mainstream of the Council's work.

With the impact of falls costing the NHS over £4.6 million each day, adding up to £1.7 billion per year¹⁰, the small investment required to run such dance groups could potentially save a great deal of money.

From September 2010 until March 2011 each dance session at the Brewhouse had direct costs of £140 (£100 paid to the dance leader and £40 paid to her assistant). This works out to about £11 per participant per session. On the budgeted figures for 2011-12, this is not expected to change greatly as long as numbers attending stay at a similar level. Participants bear any costs incurred in travelling to the sessions. There are, of course, a number of 'in-kind' costs that would be actual costs were this service being provided in a different way. These include venue hire and the time of the occupational therapist and the arts officer.

The total direct cost of providing about 40 sessions annually is met by the Arts budget of the Borough Council, and is budgeted at £5,600 for the 2011-12 financial year. If venue costs had to be paid for, rather than being provided in kind, this would rise by about 18% to £6,608. If the in-kind salary costs of the OT and arts officer were also included, the real total cost of the project including the new referral group would be approximately £7,988 and the cost per participant per session would have risen to about £15. However, even with the in-kind costs included, this still seems like excellent value for money when one considers the vulnerability of the service user group and the potential cost to services that could be incurred if they are not helped to maintain their physical and emotional well-being.

Sally, the occupational therapist who supports the dance groups is clear that the activity is part of her work, not some sort of luxury add-on:

“When I talk to my colleagues about it, I have to say, ‘I’m not trying to teach people how to dance, I’m very much doing my job, I’ve just taken it out of the box a little bit’. And I can see it works.”

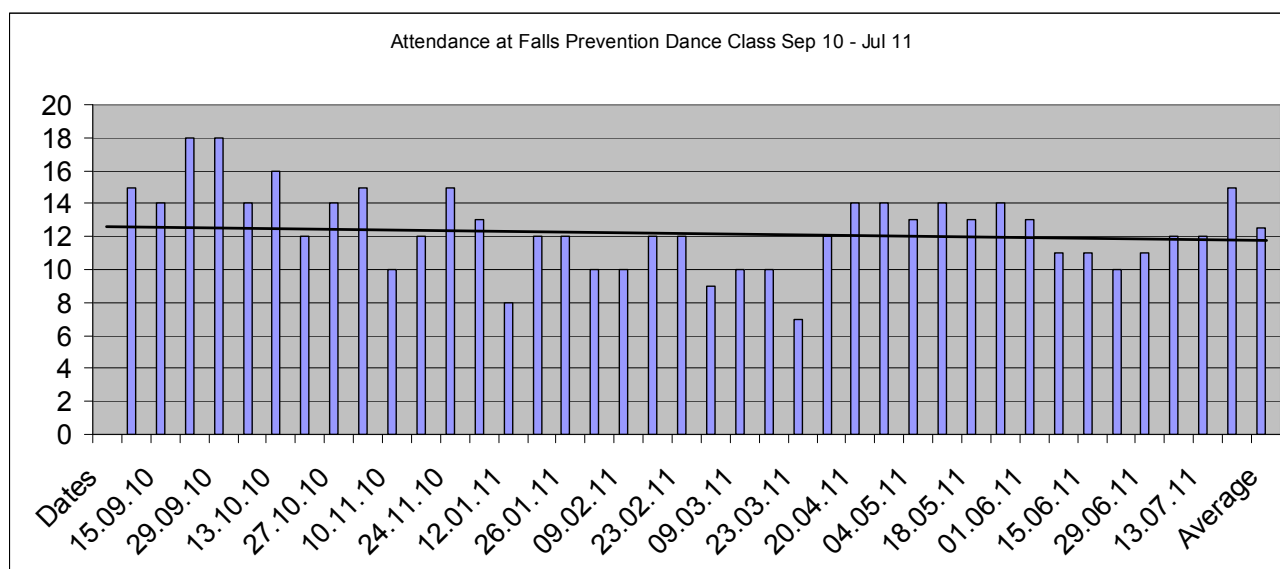
¹⁰ Age UK: Falls in the over 65s cost NHS £4.6 million a day, <http://www.ageuk.org.uk/latest-news/archive/cost-of-falls/> [accessed 3rd August 2011]

The existing group and new referral group

About the existing dance group

The existing dance group meets on a Wednesday morning during 'term time' e.g. September to July, and currently has fifteen active members. The group has just completed its third year. As can be seen in the bar chart below, the average attendance at the group has been around twelve members each week since September 2010. Members are referred for an initial twelve weeks by the Falls Team from the Primary Care Trust, and after that period they can choose to stay on at the sessions.

The membership is predominately female, with three men and twenty women involved in the period since last September. The average age is 80 years old, and the average attendance was 72% in the autumn term, falling to 55% in the spring term and then rising again to 77% in the summer term. This is a solid attendance rate when one considers the age and health status of the group, and would suggest they are very motivated to attend.



The new Thursday group: issues with timing and travel

The new referral dance group was planned to meet on a Thursday morning, starting on 5th May and continuing until 21st July, providing 12 sessions in total. The aim was for a more intensive interaction with participants than is currently possible in the larger Wednesday group.

Due to 2011's late Easter, and staff holidays, it was not possible to schedule an earlier start without having a different staff team (dance leader, assistant, OT) leading each of the earlier sessions, which was felt not to be ideal. There were also problems with recruitment into the new Thursday group. Despite interest and a number of suitable patients, several of those referred could not attend because of transportation difficulties.

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Travel is an issue for the existing Wednesday group too. A spot survey conducted at the group on 23rd March revealed methods of travel as follows:

Participant	Mode of Transport	Travel Alone/Accompanied?
1	Bus	On own
2	Car	Wife drives him in
3	Bus	On own
4	Bus	On own
5	Car	Children drive her in
6	Mobility Bus	On own
7	Car	Drives herself

On Thursdays, this was compounded by the fact that the Mobility Bus, which is the only means of transport many in this age group can access, is fully subscribed that day taking people to the popular local market. As less able participants were being targeted for Thursday, not so many as on Wednesday were willing or able to get a public bus. Sally, the OT explained: “people don’t have the confidence,” and also that they might not have used buses since improvements were made to accessibility, so: “they’re still very much under the illusion that they won’t be able to get up the step...”

She concluded: “Transport is a major problem. We identified so many people out there who would really benefit from coming to the group, but can’t get there.” She explained that is wasn’t a cost issue, so much as availability and confidence: “you can have the odd good taxi driver, but they can be very hands-off, they’re not allowed to do certain things... They’re not paramedics at the end of the day... The Mobility Link are excellent, but again, it’s have they got the space available...” Sally also pointed out that adult sons and daughters were often working or had childcare responsibilities during the week and were therefore not available to drive participants (some potential referrals were also looking after grandchildren on the relevant day).

In the event there were only three participants on a Thursday, two of whom were relatively able and one who was not.

The dance artist commented:

“I was pushing for a rethink in terms of the group [because] I was concerned...that what participants A and B were getting was very low-grade and not particularly challenging, and they are ambulant, active people, and for them to then come and sit with me for an hour to 45 minutes seems insane – it seems really contrary to what we’re trying to do.” As far as the other participant, C, was concerned: “I feel confident that we could really move him on, but essentially, what I don’t want to happen is that we’re kind of working at a base level for him, and not challenging the other people.”

Therefore, the two more able participants, A and B were transferred to the existing Wednesday group, while the Thursday group was re-started and held five further sessions, with a new group of five individuals. It had been intended that participant C would join this group too, however, unfortunately he became unwell and could not do so.

The participants in the second incarnation of the Thursday group were as follows:

- Male, 73, with a history of falls. Attended 5 sessions of 5.
- Female, 90, with poor balance and gait and an extensive history of falls. Attended 5 sessions of 5.
- Male, 85, reduced upper body strength, falls history. Attended 3 sessions of 5.
- Female, 75, history of vertigo. Attended 4 sessions of 5; missed one due to hospital appointment.
- Female, 84, currently under a lot of further medical investigations due to falls, which may be due to underlying health problems. Poor attendance due to attending so many hospital appointments. Attended 1 session of 5.

Attendance was still an issue with only 2 participants by the final session (as stated above, the existing Wednesday group averages 12 members). However, all five will be offered the opportunity to complete their twelve referred sessions by attending the Wednesday group from September. It was not possible to interview or to collect any further data about the above participants, as it would have meant extending the evaluation beyond the agreed dates and the travel budget had been used by then.

Participant observation

The Wednesday group

I attended a Wednesday session led by Jenny Edwards and supported by Kristy Ufton and Alice, a trainee occupational therapist, during March 2011, as a participant observer.

The session that I attended encountered some difficulties as the Brewhouse's lift wasn't working and the dance venue is upstairs. This presented a problem for a group of people with an average age of 80, all deemed to be at risk of falling. Jenny and Kristy dealt very well with the situation by helping those who were capable to use the stairs. Once the participants who had reached the upstairs had been helped to sit safely, those who could not use the stairs not took part in a separate session led by Kristy in a room on the ground floor, supported by Sally, the lead occupational therapist.

I took part in the upstairs session. The six participants sat in a circle on plastic chairs. Jenny, Kristy, Alice and I sat in between them. Kristy asked me to sit by a participant who has cognitive difficulties, as he sometimes needs extra support, while she and Alice sat by the participants who had the most limited mobility of the remaining five.

Jenny led a gentle, chair-based warm up and then encouraged us to throw a soft toy to each other, calling out names as we did so.

This was an effective way for us to learn or remember each other's names.



Above right: warm up (images are of a previous group session and are used as illustration only).

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We then progressed to some more complicated actions, and there was an element of creativity. However, people who did not want to create their own moves could copy others.

Below: the dance artists use light props such as soft toys, balls and feathers to encourage group interaction. It is important to support any participants with cognitive impairments, so that they're not surprised when an object comes towards them.



During the session I noticed social interaction – participants learning and repeating each other's names, laughter and joking, and people telling stories. There was animated discussion of the 'sponsored walk' that Jenny had organised for the following week's session. Social interaction was encouraged by the dance artist and her assistant, who also kept the session on track in terms of time. Both the dancers were proactive in making sure that participants moved safely and did not exceed their limits.

Each sequence was supported by appropriate music; at the session this included world music and big band tunes and led to conversation about the music that participants liked. Kristy said to me later that she'd been inspired to ask her grandparents for assistance with choosing appropriate music:

“and I know Jenny did the same, she talked to her Dad...it's got to be something that they like. You often get a vibe in the class...one of them the other week was on about that Robin Hood was his favourite song, so the next week, we found that song to bring in. So it's really listening to what they say...”

Participants are encouraged to do standing work once they are warmed up (below):

Towards the end of the session there was some standing work, and then we finished by massaging each other using sponge balls.

At the end of the session Kristy joined us to help support the participants to use the stairs, and then we enjoyed tea and cake together in the lobby of the Brewhouse, while Sally was available to talk to participants about any concerns that they had. A previous session had included a talk by the Fire Service about safety in the home. Several participants volunteered that they had subsequently contacted the Fire Service to book a free visit to assess their home.



The Thursday group

In June I attended a session led by Amy Rose and supported by Kristy Ufton. This was similar in structure and content to the session, described above, however, there were only two participants due to recruitment and transport difficulties (see discussion, above). Amy and Kristy were successful in encouraging the participants to take part and got a good conversation going.

The session was held in a downstairs room at the Brewhouse, which was not as suitable as the class's normal venue, which is a purpose-built dance studio upstairs. A room to the side was being used as office space, and we could hear the officer worker's phone conversations.

An activity we did that was new to me was to work with a padded 'snake' so that we could do a form of circle dancing without leaving our seats.

Right: The 'snake': a safe way to link as a group to stretch joints and muscles and joints

One participant had to be encouraged not to talk too much. The class appeared to be his only chance for social interaction during the week, so he had a lot to say. After the class I interviewed him and as well as telling me what he thought about the class, he had some very interesting reminiscences about his work life as a brewery cooper; these had clearly been sparked by the visits to the Brewhouse for the dance classes, as he remembered the building from its beer-making days.



The main issue with this session was that two participants aren't enough to create a suitable atmosphere, however hard the dance artists work. Getting the group size right is important. In an interview I did with Amy after the session, she commented:

"I think that there's a critical mass for this work, and it's not two! I think it's really challenging for the two participants, and as a teacher it's tremendously challenging to try and keep really buoyant and enthusing for people and motivating for them, because it can feel a bit dead, you know, a bit dry and a bit dead. So an aspiration [for a new group] would be a good critical mass in terms of a number of at least seven."

She also remarked that the room that the group had been given to use that day was not suitable, and would not be large enough if the class had been a 'normal size'. She felt keenly that the dance sessions for older people should be treated as equally important to other activities:

"There's always going to be a big issue with space at the Brewhouse, and I understand that, because they have outside hires, and it's all finance and stuff, however, the older people's session is really held up as an example of good practice, and I think if you're going to do that, then value it as such."

Interviews with participants

Eight participants were interviewed in total: one, who is in the early stage of dementia, via his wife, who is his carer. Three were male and five female. Six were members of the existing Wednesday dance group, while two were members of the new Thursday group and were later transferred to the Wednesday group (see notes above).

As the occupational therapist had reported that it could be particularly difficult to engage older men with the idea of dance, and women outnumber men in this age group anyway, I tried to balance the interviews by making sure men were represented and that interviewees had been attending for a variety of lengths of time. Other than that I chose the participants to be interviewed at random, as nearly everyone was keen to talk.

To preserve participants' anonymity, their names have not been used, identifying details have been removed, and their comments are not quoted in any particular order.

How long have you/your relative been coming to the dance group?

The two interviewees from the new Thursday group had only been attending for six weeks. Of the remaining six, three interviewees had joined the group in September 2010, so were on their second 'term' of dancing when interviewed, while three had joined two or more years ago.

Had you/your relative done any dancing before you/he/she came along to the group?

Most of the interviewees said "no" to this question, but on further enquiry, nearly all had done social/ballroom dancing when they were younger. A typical comment was "I danced in my youth and did ballroom and sequence". One interviewee had met his wife at a dancing club, when he was in his twenties; another had not danced but had "always been athletic", playing football, golf and badminton. They did not appear to think of social dancing in the same way as the 'dance' they do in the group.

Were you taking any other exercise before you came along to the group?

Four were taking very little or no exercise, and made comments like: "No, it's why I wanted to come to the group", "I can't walk very far, just round the house," and "Not really – he's 82 now and his walking isn't good". Three had been doing exercises prescribed by the Back

Clinic or by a physiotherapist, but "it's not the same by yourself." One was keen on walking and had recently completed a twenty-six mile charity walk, which he was very proud of. However, he enjoyed the social aspect of exercising in a group: "I do walk, but I'm always doing it on my own. I've never been in a group."



Left: Exercising in a group can be more motivating than exercising on your own at home

How did you find out about the dance group?

Six of the participants interviewed had been referred directly by healthcare professionals including doctors, physiotherapists and an occupational therapist making a home visit. It was clear that this age group has a lot of trust in what they are recommended to do by the NHS; that the healthcare workers mentioned the group was seen as an endorsement.

1. "He had had a lot of falls and ended up in hospital. When he saw his GP he was referred to the Falls Clinic, where the specialist doctor recommended the dance group."
2. He was recommended to come by the hospital, following three hip replacements. He said that he would try anything the NHS recommended as "anything they're doing is for your benefit."
3. "I went for physio and they recommended I come here."
4. An OT came to her home and advised her to join.
5. "It was when I went for a scan. They mentioned to me that there was this class for exercise, that would probably help me"
6. "The doctor recommended it at the Falls Clinic where I go to physio."

The other two participants had seen the group mentioned in the Brewhouse magazine, and had had it recommended by a friend, respectively.

What were your feelings when you first came along to the dance group? What are your feelings about the dance group now?

Six interviewees admitted they had been nervous and hadn't known what to expect, but in all cases they'd enjoyed it once they'd got there. A typical comment was: "Well, of course you're nervous when you start, but you're soon at home, we're all in the same boat, we're all of an age...there's usually something to laugh at!"

One said he'd been looking forward to it, saying, "I'm a people person." His children had been "all for it." He was one of two who'd been encouraged to come by their adult children.

Another, however, said that her daughter had been dubious: "I like coming, I mean my daughter didn't think I'd stick it, but as I say, I've been here two to three years!"

The carer commented: "I was interested to know what they'd do in the group...[my husband] always need to be persuaded to come along, but he enjoys it when he gets there." She added that that dancers were friendly and welcoming, and there was a nice atmosphere.

Do you think that coming to the group has helped you with your confidence in moving/walking?

One participant felt the group had helped her socially and with confidence, but wasn't sure it had helped much with balance. She had lived with Multiple Sclerosis for forty years, and her confidence had been dented by having a series of falls at home. However, she had had a very positive experience with the sponsored walk that the dance leader organised. "It was waling up and down, one circle of the room." She'd enjoyed the competitive aspect: "You see other people and you think 'I can do it'". *[cont. over]*

In fact, she'd ended up doing fifty laps instead of the fifteen she'd put herself down for. She added, "There was something else – the lift had gone wrong, so I had to go down the stairs...and I managed all right. It was a big thing [for me]."

Four participants felt strongly positive about the group's impact on their physical confidence:

"He's had less falls."

"Yes, definitely. I watch I don't fall. I take my time."

"Physical, you achieve something, you feel better when you go. A lot of it's psychological, I know, but you feel physically and psychologically better." This participant compared the falls group favourably to a support group he'd tried, where they just talked. [The dance group] "is better than talking about ailments and thinking 'what the hell have I come here for?'" This participant also said it had helped with his motivation to exercise at home, something he hadn't done before.

"It keeps you moving. You do things with your legs that you don't normally do."

The remaining three participants felt the group had had a moderate effect on their physical confidence:

"I can stand a bit. I feel better – not so wobbly."

"Yes I suppose it has. I try to be confident."

"Not sure – probably."

What do you enjoy most about the group?

The main aspects that interviewees praised about the group were the company, the music and the tea and cake afterwards.

Two participants particularly liked the access to expertise through the presence of the OT and the invited speakers.

"My husband is quite a social being – he enjoys the tea and cake. They give them talks and keep them informed, and they have speakers." This interviewee said she had also benefited from the opportunity to speak to the OT about her husband's needs.

"It's good for your co-ordination, your balance, and any problems you've got, they'll try and sort them for you."

One summed up her experience of the group by saying: "It's just useful, good for you, and fun."

And what do you enjoy least?

Six participants were happy with the group the way it is.

There were a couple of suggestions for improvements:

“The bit at the beginning is a bit slow. I would prefer more exercise.”

“I think we could do with a few more props. Balls and canes are good for co-ordination and catching – that sort of thing.”



Using props

Would you recommend the group to a friend? Why or why not?

Five said that they definitely would.

One said that she would, although it was important the person was right for the group, and vice versa: “I mean, there’s two or three that started this year, and they’ve never been since, so I don’t know why...”

Another said: “Oh yes, I tell people about it. They can’t always get in, you know, you need to be at a certain level...otherwise you’d be swamped, because a lot of us are bored and need somewhere to go, but they’re not poorly enough, or disabled enough, to need the group, so you’ve got to draw the line somewhere, unfortunately...”

One didn’t answer this question.

Is there anything else you’d like to tell us about the group?

A relatively new member commented: “I like the mix of ages. The youngsters have got time for older people like me. I like that.”

Another, who had been attending for two terms, wanted to emphasise how important it was that people attended the group. “One day the funding’ll probably stop, cutbacks and whatnot, so you could have lost it, forever.”

Interviews with dance artists and healthcare professionals

I carried out interviews with three of the dance artists, Jenny Edwards, Amy Rose and Kristy Ufton. Jenny led the group between September 2010 and March 2011. Amy worked with the Arts Development Officer at East Staffordshire Borough Council to set up the original dance project, and led the group until summer 2010. Amy was invited to return to lead the new Thursday group from April to July 2011, while Kristy Ufton, who had been associate dance artist to Jenny, joined forces with Sarah Stanton to lead the Wednesday group, mentored by Amy. This was an exciting development for the Arts Development service, who had previously supported training for both Kristy and Sarah while they were associate dance artists, and were now able to promote them to be group co-leaders.

I also interviewed Sally Worth, the Occupational Therapist who supports both groups, and her line manager, Mary Jerrison, who is responsible for the Falls Team at South Staffordshire Primary Care Trust and sometimes supports dance sessions when her busy schedule permits. Mary is from a nursing background. I was also able to speak to Venu Durairaj, a Community Specialist Physiotherapist working with the Falls Team. Venu had been involved with supporting the dance group in its early stages, and was able to provide some interesting insights into the contrasts between dance-based activity and more conventional exercise groups for older people.

As I interviewed Jenny and Venu by telephone, I am not able to quote them directly as I have no facilities to record telephone interviews. The interviews with Amy, Kristy, Sally and Mary were recorded and transcribed.

The interview material has been organised by theme, as I feel that the viewpoints of the dance specialists and healthcare professionals combine to give a rounded picture of the benefits and challenges of this sort of work with older people from both an arts and clinical perspective.

Support for the philosophy of the group

Everyone interviewed was very enthusiastic about the potential for this sort of dance activity to contribute to older people's health and wellbeing.

Amy particularly liked that the sessions are held in a dedicated arts centre:

"I think it's really brilliant to be working in this art form and be in an art space centre, for people, just in terms of potentially the exposure that they get to other artforms. Like, the [participants can] have a look at the exhibitions, and there are things, there are events on that they attend".

Reflecting some more on this, she added, "I think sometimes what can happen in these partnerships with health is that we get very preoccupied with the health agenda, and we're dance artists, and that feels really important to me...we're ticking all the exercise and health boxes by stealth, really, and not the other way around."

By contrast, Sally said that she believes are cases where the arts venue may put potential participants (or their relatives) off, "they might think, 'well this isn't what the doctor ordered', so to speak, because it's not your typical exercise or balance group."

However, if she could convince the participants to come, she felt the Brewhouse environment was very positive for them, because “a lot of these people spend so much time in and out of hospital.”

Kristy had experienced dance for older people while studying dance at college, but “learning it, and seeing it, was so different...that dance could be so beneficial...” She added that the participants tell her, “‘this is the highlight of my week, this is, I couldn’t cope without it’...or they ring up because they’ve not been well, and they’re devastated because they can’t come.”

Venu, the physiotherapist had been inspired by attending the dance classes to use music in the exercise groups that he runs in the community. He felt that the Brewhouse group scored very highly in terms of its social interaction and helping to deal with social isolation, although he pointed out that that was more achievable with the high staff-to-participant ratios. He also has to find the budget to pay for the rooms he uses, whereas the Brewhouse is able to provide the dance space free of charge as part of its community arts provision.

He explained that while NHS guidelines are that patients should be referred for 12 weeks of exercise, research suggested that 9 months of exercise was needed in order to bring about favourable changes. Therefore, he approved of the way that the Brewhouse group enables participants to attend for as long as they like once the 12 week referral period is over.

Contribution of the dance element

Jenny said that what she liked best about leading the class was the joy from sharing a dance together and people communicating on an equal level through dance. Dance was particularly helpful because participants could express emotions directly in a non-verbal way. She emphasised that while there are physical goals and targets to achieve, the main skill of the dance leader is to combine up to 15 members into a group, while not singling anyone out in a hierarchical way.

In the sessions I observed, however, particularly the Wednesday one, I could see there was an element of healthy competition. Amy confirmed this, saying, “I think that there’s a sense of healthy competition, but I also think there’s also a great sense of cohesion, and...that’s the driver for the other people in the group to achieve stuff that they wouldn’t ordinarily”.

Mary took a broader view, explaining that older people tended to have a fixed idea of what exercise is – weights and gyms and exercise bikes – and therefore rejected it. She was enthusiastic about the potential for dance to help this group:

“through the dance, and through the movements that they’re doing, you know, they are actually strengthening their core stability, improving balance, they’re doing the challenge outside of core stability as well when they lean forward, whether it’s to bow to someone else, or to blow a feather, or to change hands...they’re...enhancing their control, and with that comes an increase in strength, in muscles.”

Contribution of the healthcare support

All the dance artists emphasised how helpful it was to have a trained occupational therapist supporting the dance sessions. The referral criteria for the group are that the participant must be medically sound – any falls must be ‘mechanical’. Participants with heart or breathing problems, or who have had a stroke, must be stabilised first. The participant must have the ability to retain information. They must be able to fit in with the dynamics of the group and not be thought to be likely to have an adverse effect on the physical or emotional wellbeing of the other participants.

The dance artists receive a briefing form with the participant’s information on referral to the group, and can ask for anything else they need to know. For instance, it is important to be aware if there are sight and hearing limitations. Awareness of people’s cognitive abilities is really important, because the group isn’t suitable for participants in the later stages of dementia or Parkinson’s disease. Confidentiality is taken very seriously.

However, if the dance artists need any additional advice then Sally is there to help them. Kristy commented:

“so if they [the participants] come to her and say ‘oh, I fell over in my shower today’, Sally can then direct them to people who can help...she did [talks about] falls in the home twice, because they found that really useful. We did a demonstration – someone ‘fell over’ and how would you get up off the floor safely? Jenny was on the floor, and Sally talked us through how to move...what you should hold onto, what you shouldn’t hold onto...”

Sally herself has become so enthusiastic about the potential for dance to help her elderly clients, that she has started to attend dance training courses in her spare time. One recent course brought home to her the risks that dancers could be running by starting dance classes in the community for this client group, without the kind of support that is provided at the Brewhouse:

“we were doing a scenario, like a risk management thing...[one of them was]...‘what would you do if somebody came to the group who had very painful cramp in their lower leg, and it was red, and hard?’...only a third of the group identified that and that was like, ‘wow, that’s a big lot of people who potentially could have let somebody with a potential DVT [Deep Vein Thrombosis], carry on doing what they’ve come to do, and that really opened my eyes.”

However, Sally emphasised that her specialist knowledge was “about how these [long term] conditions will impact somebody’s ability to carry out their everyday activities...I’m not a nurse.”

She would always recommend participants saw their doctor or if necessary attended A&E, if she thought there was a serious problem.

Impact on particular participants

Sally reported that she had seen an improvement in several participants after they had participated in the group.

“There’s three patients who I’ve already seen a big improvement in, with continually working on their sit to stand, transferring, which I hope has helped family at home; I’m hoping it’s easing the strain on the family a little bit. That’s a very physical sort of thing that I want to improve. I mean, without that, people lose a lot of their independence. They can’t even get up to go to the toilet...”

Kristy, Associate Dance artist had also noticed improvements in these three participants, saying that one had much more movement in her arms since attending the class. She had noticed a great improvement in another participant’s confidence: “She told me a couple of weeks ago she’d been out on her scooter for the first time in a couple of years, and that was after we were on about the walk and everything. She was like ‘I knew I could do it!’”

Sally also described another participant who had been very fit and active, but her confidence to do sport, since she started having falls, had vanished and she’d stopped doing it. Her family were even starting to take her out for day trips in a wheelchair.

“I’ve seen her confidence here has just shot up. You can see that through the way she interacts with people, she’s got quite a good sense of humour, and to start with, the first few weeks, she really didn’t show it at all. She kept herself to herself, almost quite withdrawn, but certainly the last month or two, I’ve just seen her start to really come out of herself and her general confidence with walking and things has really improved. She still has bad days, but she’s really improved.”

Jenny described a female participant who had arrived at the class in the autumn, thought to be at high risk of falling. She was very fearful and there were many barriers to her participation. She presented as a typical ‘frail old lady’ and the group were quite patronising to her. However, by the end of the 12 weeks, she had responded so well that the referrer put her in the lowest risk category (“his jaw dropped”, Jenny said). The participant had gained confidence to speak out and to make eye contact.

Mary had been struck by the impact of the new Thursday group on one of its participants, even after six sessions:

“He’s now quite confident, he’ll talk to people. He walks with his stick, okay he really needs another ferrule on it, and really it needs a bit of adjustment, but you can’t go in bull at a gate, you’ve got to be invited...he’s really come on...because he hasn’t got to be frightened of falling, he hasn’t got to be frightened of communicating, you know – he’s a valued member of society.”

A chance to socialise, talk and learn

The dance classes are valued as much for their social element as for the opportunity to exercise. Kristy described how this works:

“During the sessions, they’re all so jolly with each other, and they’re sharing memories...Jenny [dance artist] will pass an object round and ask a question, which is fab, because there’s stuff you’ll find out about them...that’s where the sponsored walk came from...because she asked ‘if you had one wish, what would it be?’ and most of them wished they could walk, and that was where that idea came from...she passed round a feather, and asked people about experiences they’d had with feathers, or what it reminds them of...she passed a toy rabbit round, and we found out that one of the ladies’ fathers used to own a big rabbit pen, and someone else started telling stories about when their rabbit ran off...”

As well as being fun, and essential for those who are otherwise socially isolated, the chatting can lead to important information being exchanged. Kristy continued:

“We’ve got one lady now who’s always, ‘I’m fine’ – no matter what, she says she’s fine now, because she goes ‘I’m sick of moaning’, which is great, but not for us, because we need to know what’s up...she had a fall, basically, and wasn’t going to tell us, because she says ‘I’m fine, no-one needs to know’...for you to do something that could damage them, because they haven’t been to hospital and checked it out, so it is important that we know definitely, so the chats are definitely worthwhile.”

Mary was positively evangelical about the contribution that such a group could make both to participants’ social inclusion and to the Primary Care Trust’s aim to get suitable support to all who need it:

“When Amy (dancer) speaks a name and throws a cloth, you’re actually having eye contact with someone, you’re speaking someone’s name, and you are interacting. A lot of people that we deal with are on the verge of being housebound, and they take themselves into total social isolation, due to the fear of falling, and that social interaction and the cup of tea afterwards, especially, encourages the exchange of opinion, the exchange of activities at home, and it takes falling from being something that you don’t really tell anybody about, because you might go into a home, or you might have to go to hospital, you know, it brings it out as to a common factor, that’s not particularly acceptable but can be avoidable.”

The importance of a true partnership

Amy contrasted the dedicated venue and support that the dance project at the Brewhouse received to the situation she’d experienced in care homes, where: “We weren’t given a discrete space for what we did, and...the numbers fluctuated, and the staff, just in general saw it as a bit of a time to – *[Interviewer: Fill some forms in or have a coffee?]*...Yeah, all the usual typical staff not turning the television off, so that didn’t work.”

Mary, from the Primary Care Trust added:

“this group, in my opinion, is absolutely superb. What they actually tried to achieve, right back in the days when Tracey Smart [Arts Development Officer] found me, and I found Tracey...you know, we were both actually working on the same side.
[Interviewer: So you'd found a kindred spirit?] Yeah, absolutely. And it was through the development and the enthusiasm of that partnership that's actually got things so far.”

As a dancer, Kristy greatly valued the support from a trained occupational therapist:

“There's some things where Sally will step in and say 'oh, if you've had a hip replacement in the last couple of years, be careful...it's safety. With Sally there, you know that she'll be watching anything you do and it's just reassurance. And they [the participants] love it, knowing they've got that health professional there.”

For her part, Sally felt that she had learnt a lot from the dance group that she could use in her own practice:

“It's something I've learnt a lot from doing, because when you actually do the movements yourself, you can identify and really work out what parts are working. Sometimes, if we're doing the foot jamming thing, I think my arms are starting to hurt a bit here, and these [older] people are having quite a good go at it...And when I went to this dance training, obviously, apart from myself and a physio, it was all dance artists there, so I did feel the first day very much out of my depth. They're very different, very creative, very flamboyant...and that's not what as a health professional you do.”

Although a little uncomfortable for her, she had got over this feeling once she realised what she had to contribute as a health professional. This was something she'd taken pains to pass on to her healthcare colleagues, when they expressed an interest: “The amount of OT colleagues that I've actually invited along to come and observe, because I find that's the only way people can see...I talk to them, and they're genuinely intrigued and wonder 'could I incorporate this into my service at all?' and I ask them to come and see.”

Aspirations for how the group might develop

“in terms of aspirations, the same as I had with the Wednesday group, which was, potentially reaching out to other groups and doing some kind of integrated project: cross-generational, or just different groups or other artforms... I would love to see something like that, because I think that not only would it be super for the older people, but I think it would be great for the young people to recognise that actually there is a unique creativity that older people have and I think that we can get into a lot of discounting of older people”.
(Amy)

Sally revealed that she, Kristy, Sarah and Tracey are trying to develop independent practice as a package that can go to these very environments [care homes and warden-supported flats], because she can't really push any further in this direction within the boundaries of her current part-time therapy role. She wants to focus on falls prevention, as this is an important issue for care homes. This would be on top of her NHS role.

Josie Aston Arts and Health Researcher/Consultant

“Sometimes I’d like to get into movement a bit more, a bit quicker, because sometimes, when you do ask questions, it is fantastic, but sometimes they can give you very long-winded answers!...I’d like to do more standing up stuff, which I think is where the two groups will come in really handy. When you’ve got your first referred people, you don’t know them well enough to know their abilities. The group now, we really know their abilities and who needs more support, so we can move on to do more standing up work, for those who want to...[maybe] things like circle dances.” Kristy

Kristy wondered if it would be possible to visit sheltered housing such as Sycamore Court, to do taster sessions, so people can see the benefits for themselves. “Until I actually got involved in a session, I didn’t realise how good it was.”



Case Study 1: Young @ Heart / Nottinghamshire

Photo: Young @ Heart

Partners:

- Gedling Primary Care Trust
- Dance4
- School of Nursing/University of Nottingham
- Gedling and Broxtowe District Arts Development



Pilot Project

In 2003, Dance4 organised the Young @ Heart dance project for older people living in the village of Newstead, Nottinghamshire. This group was at risk of becoming housebound due to lack of social opportunity. The project was organised in partnership with the Healthy Living Initiative and partly funded by the New Opportunities Fund (now Big Lottery). The pilot project was evaluated over a seven day period, after which it was concluded that:

- The opportunity to express oneself through dance was beneficial to both emotional and physical wellbeing
- Involvement in dance facilitated a growth of confidence
- The sessions were a forum for the expression of positive emotion and safe reminiscence
- The sessions helped participants increase physical activity levels and improve on their physical health-related knowledge
- Participation in the group helped to combat social isolation and provide a positive representation of older people's contribution to, and involvement in, the wider community

Further Development

In 2008 Dance4 received a grant from the Health and Social Wellbeing Partnership to:

- Establish two pilot Young@Heart groups within the Gedling and Broxtowe Districts of Nottingham, based at the Carlton Lift and Stapleford Health Centre respectively
- Recruit a dedicated Dance and Health Worker for Dance4 to facilitate the Young@Heart projects
- Work strategically with the Young@Heart task group to further develop the range of older people's dance and social activities provided by Dance4
- Undertake a further project evaluation in partnership with the University of Nottingham researchers

Following the pilot project in Newstead, Dance4 wanted to keep its focus of working successfully with older people in close conjunction with local health providers. Both the Carlton and Stapleford groups were based at local health centres and participants joined through GP referral, already established community groups and general community promotion.

Method of Delivery

The pilot projects were one morning a week for ten weeks (Stapleford Centre) and twelve weeks (Carlton Centre) and aimed to develop what had been learnt from the initial dance project. The classes were a combination of physical activity and information-giving. The Dance and Health Worker developed an Individual Learning Plan for all dance participants and the dance sessions were combined with further exercise strategies such as Pilates and yoga. In contrast to the pilot project, which was run by a nurse practitioner with a dance practitioner assisting and supporting, these sessions were instead run by the dance and health practitioner with health staff providing assistance.

Experience of Participants

Physical Health (strength and fitness, balance, co-ordination and flexibility)

“I feel like I've got loads more energy... just from doing this one class... a week. I wish I could keep doing it... It's nice to have a bit of activity to get the blood pumping! If I'm at home there isn't a chance to do anything physical...I usually watch the telly...”

“I had to hold on to a chair when I first started the group...Look at me now! [Stands on one foot unaided] It's done me the world of good. Who'd have thought such a little thing would be so hard for an old girl like me... and so quick to make a difference!”

Social and Emotional Health (group interaction, confidence and emotional expression)

“It helps, it does, doing something like this. Makes you get out and talk to people... then you realise it's not so bad... that it's good for you to get out... gets easier the more you do it. I'd tell anyone to do it!” “Like I said before, I'm shy... don't really like meeting new people... but being here takes you away from yourself, gives you confidence...”

How dance differs from other forms of activity (musicality, accessibility and transformation)

“I don't have a musical bone in my body you know, but I love it all the same...I used to dance in the music halls back in Ireland too, wasn't any good then either, but it's not about that, is it? Anyone can enjoy dancing... you don't have to be good at it.”

“I just love the music. It's not like anything else I do... you can get really into it.”

Conclusion

Improvements in physical health included an increase in fitness, balance, posture and flexibility. Continued expression of social and emotional health was also remarked upon positively from participants in both projects, as it was in the initial Newstead project. Dance participation appears to provide that extra “something” that other forms of physical activity may not.

This case study is based on information taken from *Young @ Heart: an evaluation of the development of Young @ Heart, a dance project for older people*, written and compiled by Kirstie Joynston, Ada Hui and Theodore Stickley.

Contacts: David Bowley, Dance4, info@dance4.co.uk
Theo Stickley, University of Nottingham, Theo.Stickley@nottingham.ac.uk

Photo: Natasha Player



Case Study 2: Dance Generations, Dorset

Partners:

- Activate
- Dorset County Council

About the project

The Dance Generations Project was a partnership project between Activate and Dorset County Council between 2006-2009. Activate is the theatre and dance development agency for Dorset, Bournemouth and Poole. The aims of the project were to:

- Use dance to deliver health and well-being promotion in care settings and promoting the concept of arts and health work to deliver care
- Use professional dance artists - to deliver dance sessions for service users; to deliver training to care staff and teachers to increase skills and knowledge; to deliver training to local artists to develop the skill pool
- Create a performance piece of dance, offering opportunities of exchange between the different generations involved in the project
- Research the benefits of dance and health
- Through a seminar - share good practice; highlight the health outcomes of the project; advocate for the benefits of dance and health work

Project team and roles

- Dance Artists created toolkits and delivered initial training
- Dance Placements worked alongside the dance artists who trained and mentored them throughout
- Dance Artists also worked with a film maker to create a Dance Generation film
- An Arts and Health Consultant was commissioned to evaluate the health benefits to older people participating in the project

Method of delivery

The project was delivered in five different care settings for older people, two of which were day care centres and three were residential care homes. Dance Artists delivered three workshops in each setting during which time they provided participants with a short programme of dance workshops and provided 'mentees' with opportunities to put their training into practice. The 'mentees' were health care staff at the centres. The toolkits enabled the 'mentees' to build a resource of simple and practical approaches to introduce dance in their settings and challenge preconceptions as to what dance is.

Evaluation findings

The method of evaluation was through observation, participation and interviews with service users, staff and dance artists throughout the project.

Josie Aston Arts and Health Researcher/Consultant

The evaluation looked at evidence of:

- Improved mood and raised self-esteem
- Effect on social interaction and engagement
- Increased flexibility and confidence in movement
- The effectiveness of the training and mentoring provided by Activate
- The impact on sustained delivery of dance/movement sessions in an elderly residential home

Mood and self-esteem

Evidence suggested positive effect on mood. Session structures encouraged individuals to think and express themselves and made sessions distinct from other types of physical activity classes.

Effect on social interaction

Sessions provided a forum for communication, laughter and topic of conversation. Group dynamics were positive and participants shared and interacted. Though it is recognised that any group activity can generate communication and interaction.

Increased flexibility and confidence in movement

Although the dance sessions were perceived as a good thing for participants to do, the three sessions delivered in each centre were not deemed enough to see any measurable benefits. However staff agreed that further sessions would likely improve flexibility and that there was evidence of increased confidence in movement from one session to the next.

The effectiveness of the training/mentoring

Staff responded positively to training and were able to use the training in delivering sessions. They felt confident that they had been given adequate training in safe practice.

The impact on sustained delivery

The project structure was effective in encouraging sustained delivery. It is deemed a cost effective way to bring more dance sessions into a large number of care settings. The 'mentees' were confident that they would continue to deliver sessions. Support from centre managers was an important factor in the success of the project i.e. enabling staff to take time out of the working day to take the training.

Conclusion

The Dance Generation project raised the profile of dance within Dorset County Council and showed clearly how dance can bring lasting benefits to participants with a range of needs. Mike Hoskin, the Arts Development Manager at Dorset County Council stated that "The County Council will be actively seeking ways in which individuals – both those who took part in the project and other service users – can be encouraged to take up the huge opportunities offered by such work and how we can make this a sustained and developing programme of engagement for all who would benefit."

This case study is based on information from the Activate brochure and evaluation, which can be downloaded from www.activateperformingarts.org.uk.

Contacts: Alex Coulter, Arts and Health Evaluation, alex@ahsw.org.uk
Rosalind Conlon, Activate, rosalindconlon@btconnect.com

Case Study 3: Every Body Dances, Spiral Dance / Greater Manchester

Partners:

- Link4Life
- Rochdale Metropolitan Borough Council
- Dance Initiative Greater Manchester
- New Heart for Harwood
- Big Lottery

Spiral Dance is a community dance company based in Rochdale borough, creating opportunities for all to dance through projects, training and performance.

Introduction

The project was inspired by statistics about the percentage of people suffering from fall injuries each year (predominantly people over 65) and following research findings that exercise may lead to improvement in falls prevention. In addition Spiral Dance also wanted to contribute to social opportunities for older people in the Rochdale area.

Project aims

- Increased opportunities to access physical activity
- Improved physical health and social well-being
- Greater confidence and self-esteem

Method of delivery

There were six strands to the project, as follows:

- Open community classes (weekly sessions for active, independent older people)
- Creative Rotations (a series of 12 sessions with participants from sheltered housing and older people social groups with celebratory session at end)
- Frail older people's project (for people at risk of isolation aimed at older people in hospitals and nursing homes)
- Celebratory events
- Performances
- Training (for dancers and community workers)

Evaluation

Two different evaluations were carried out during the project. The first aimed to collect information about what participants had enjoyed, perceived health improvements, general well being and increased confidence. The second looked at longer term changes i.e. wider social networks outside of dance sessions.

D4Three pilot (illustration only, project images unavailable)



Josie Aston Arts and Health Researcher/Consultant

Enjoyment

- Meeting new people
- Exercise
- Being creative

Health improvements

- I can move my knee better (knee replacement)
- I have better balance now
- I had a very bad chest when I started classes and I feel the exercise had helped a lot
- Helped with arthritis

General wellbeing

- I am more relaxed and fitter
- I have developed more confidence
- I feel a lot better in myself

Increased confidence

- Much easier to meet new people – I have joined other groups as a result.

Longer term changes

- I have learnt about the value of finding new friends
- I have learnt that sometimes it is difficult to join a group but once you have it gives you confidence to do other things
- Broadened my outlook - feeling of satisfaction I am doing something good for me

Project successes

- Older people took part in a number of performance opportunities, including
- Spiral Dance Showcases, NESTAC Afro-Caribbean festival, Danceworks at the Lowry and Spiral Dance Inside Out Project
- Seven celebration events including dance, poetry and music
- Older people with better health as a result of taking part in regular dance sessions
- Older people feeling more confident as a result of the dance project
- Older people have more social contacts as a result of the project
- Spiral Dance has sustained the programme after the life of the funding

Conclusion

Following the success of this three year project, a part-time Older People's Dance Development Worker post has been created and the open community classes will continue. In addition, new projects are being planned and Spiral Dance hope to make dance with older people core to their work. This case study is based on information from the final report of the Spiral Dance Every Body Dances Project, written by Jayne Preece, www.spiraldance.co.uk.

Contact: Lucy Newton, lucy@spiraldance.co.uk

Conclusion and recommendations

In conclusion, the evaluation of the Dance for Falls Prevention project at the Brewhouse has found a small-scale initiative that is doing exactly what it set out to do: keeping older people healthy while helping them become less socially isolated – at a very modest cost. This is only possible because of the genuine partnership approach, which enables the group's major costs to be absorbed in salaries and the in-kind provision of the dance space by the Brewhouse.

The partners in this project are not the only local authority and PCT engaged with this type of project, as can be seen from the case studies, however, they should be congratulated on having created a true partnership. The group responds directly to the objectives of the Falls Team to improve older people's physical fitness to increase their confidence and reduce their risk of falling, while at the same time taking a genuinely arts-led approach.

Both the participant observation and the interviews demonstrated considerable enjoyment and value being drawn from the group, with participants reporting improvements in their physical fitness, but most importantly, improvements to their confidence. As Mary Jerrison from the PCT reflected when interviewed: "lack of confidence can be a worse thing to treat than lack of physical strength".

The group is also functioning very well to improve the social opportunities of its members, many of whom were at risk of becoming housebound when they were referred. The provision of tea and cake afterwards, simple as it sounds, is an opportunity for social engagement that is very important for this group. It also gives healthcare and other professionals an ideal opportunity to offer tailored information about such topics as falls prevention, fire safety and the management of prescription medicines to the group.

Looking to the future, the project should continue to challenge participants. In the past, there have been group performances, and opportunities could be sought for more of these, as they are an effective way of raising profile and could also be motivating for group members. They also give an opportunity for family members and the public to see what older people can do. The personalisation agenda in health and social care means an increased interest in what service users can do for themselves. A higher profile for the group has the potential to attract funding from individual budget holders (see Appendix 3).

As suggested by Amy Rose in the report, there is potential to develop cross-generational projects, to build on the dance project's achievements in encouraging the creativity of older people and generating understanding between individuals of different ages. There could also be more links made between the dance group and the other activities that take place at the Brewhouse, to the benefit of all. The project should continue to invest in the skills of its dancers, both lead and associate artists, as this is a specialist area of work and to get the best results, dancers require ongoing training and support.

Finally, the project partners could consider establishing a social enterprise to provide dance for the health and wellbeing of older people. This could give access to additional sources of funding and potentially allow the benefits of the group to be shared with care homes and sheltered housing schemes and further resources to be invested in training. A social enterprise structure would also protect the group to some extent against the key issue of all arts and health projects: that they are frequently too reliant on the passion of individuals, who may move on.

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Josie Aston Arts and Health Researcher/Consultant

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Interviews and travel survey

Interviews were carried out with eight dance group participants; one, who is in the early stage of dementia, via his wife, who is his carer, during March to June 2011.

Other people interviewed were:

- Venu Durairaj, Community Specialist Physiotherapist
- Jenny Edwards, Freelance Dance Artist
- Mary Jerrison, Falls Team Leader, South Staffordshire Primary Care Trust
- Amy Rose, Freelance Dance Artist
- Kristy Ufton, Freelance Dance Artist
- Sally Worth, Community Occupational Therapist

A survey of travel methods to the class was carried out at the dance session on 23rd March.



Appendix 1: Interview consent form (dance participants)

**External Evaluation –
Falls Prevention Dance Group**

Josie Aston has been commissioned by Staffordshire County Council, working in partnership with East Staffordshire Borough Council and Wolverhampton Arts & Museums Service, to carry out an evaluation of the Falls Prevention Dance Group in Burton.

The evaluation aims to provide useful information to local health and social care services about the effects dancing can have on health and well-being. It is really helpful to know what you think about taking part in the group – thank you for agreeing to be interviewed.

Permission form

I give my permission to be interviewed to contribute to the evaluation of the Falls Prevention Dance Group.

I understand that my words may be quoted in the evaluation report, but that I will not be identified by name.

Date:

Name (printed):

Signature:

Name of interviewer.....

Appendix 2: Interview questions/topic guide (dance participants)

External Evaluation – Falls Prevention Dance Group

Interview question sheet

(please adapt questions if talking to carer rather than participant)

Name of interviewee:.....

Date/location of interview:.....

Name of interviewer:.....

How long have you been coming to the dance group?

(prompt – a few weeks? since last autumn? a year, two years?)

Had you done any dancing before you came along to the group?

(prompt - perhaps social dancing when younger?)

Were you taking any other exercise before you came along to the group?

(prompt – walking? gardening?)

How did you find out about the dance group?

(prompt – did someone recommend it? referred by doctor or physio?)

What were your feelings when you first came along to the dance group?

(prompt – were you looking forward to coming along, or not?)

What are your feelings about the dance group now?

(prompt – do you look forward to coming along – why or why not?)

Do you think that coming to the group has helped you with your confidence in moving/walking?

(prompt – could ask about balance, flexibility, fitness)

What do you enjoy most about the group?

(prompt – going out of the house? the dancing? the tea and cake afterwards? chatting? the music? other?)

And what do you enjoy least?

(prompt – tiring? too short? too long? arranging transport? Getting in and out of the venue/room? other?)

Would you recommend the group to a friend? Why or why not?

Is there anything else you'd like to tell us about the group?

Thank you for your time!

Appendix 3: Direct payments, personal budgets and the personalisation agenda¹¹

Direct payments and personal budgets are a central part of the personalisation agenda in social care.

In 2007, the Government published 'Putting people first: a shared vision and commitment to the transformation of adult social care'. This paper outlined the Government's vision of enabling individuals to live independently and have complete choice and control in their lives – the 'personalisation' agenda.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

Direct payments are cash payments given to mental health and social care service users in the place of community care services they have been assessed as needing. The payments are intended to give service users a greater choice in their care e.g. they can purchase the services they need themselves. Many councils have commissioned support organisations to help service users handle these responsibilities. Service users may use 'support brokers' to help them decide how to allocate their personal budgets.

The concept of personal budgets is being extended into health through personal health budgets, though early signs are that there are some issues with funding. There may also be more conditions set in health than in social care on how service users may spend the budgets. For example, there is likely to be a requirement that all providers are CRB-checked. Personal health budgets are still at a pilot (test) stage.

In practice the availability of direct payments and personal budgets varies across the country, with some areas and services having developed further in this direction than others.

The relevance for artists and arts organisations is that service users could choose to spend their direct payments/personal budgets on arts activity. This is a developing area, however, arts organisations might start by researching brokerage services in their area and then consider developing a costed product or package that could be offered to local service users via their chosen broker.

Further resources

'Easy read' guide to personalisation (for service users):

<http://www.scie.org.uk/publications/reports/report20-easyread.pdf>

The MIND guide to personal budgets:

http://www.mind.org.uk/help/social_factors/personal_budgets-the_mind_guide

Information about 'brokerage':

<http://www.nationalbrokeragenetwork.org.uk/>

¹¹ This information is based on an advice sheet prepared by the author for www.creative-remedies.org.uk in July 2011



All photographs in this report, except where otherwise stated, are by Eleanor Babb