

The Graduate School of Education  
The University of Melbourne

# UNESCO Observatory Multi-Disciplinary Journal in the Arts



Guest Editors

*Mike White*

*Margret Meagher*

*Dr. Sarah Atkinson*

Volume 3 | Issue 3 | 2013

.....

International perspectives on the  
development of research-guided practice  
in community-based arts in health



# UNESCO Observatory Multi-Disciplinary Journal in the Arts

Volume 3 | Issue 3 | 2013

## EDITORIAL TEAM

### Guest Editors

Mike White  
Dr. Sarah Atkinson  
Margret Meagher

**Editor**  
**Associate Editor**  
**Designer**

Lindy Joubert  
Naomi Berman  
Rosie Ren

## ABOUT THE E-JOURNAL

*The UNESCO Observatory refereed e-journal is based within the Graduate School of Education at The University of Melbourne, Australia. The journal promotes multi-disciplinary research in the Arts and Education and arose out of a recognised need for knowledge sharing in the field. The publication of diverse arts and cultural experiences within a multi-disciplinary context informs the development of future initiatives in this expanding field. There are many instances where the arts work successfully in collaboration with formerly non-traditional partners such as the sciences and health care, and this peer-reviewed journal aims to publish examples of excellence.*

*Valuable contributions from international researchers are providing evidence of the impact of the arts on individuals, groups and organisations across all sectors of society. The UNESCO Observatory refereed e-journal is a clearing house of research which can be used to support advocacy processes; to improve practice; influence policy making, and benefit the integration of the arts in formal and non-formal educational systems across communities, regions and countries.*

ISSN 1835 - 2776

Published in Australia

Published by  
The Graduate School of Education  
© The University of Melbourne

The University of Melbourne, Parkville,  
Victoria 3010.



# International perspectives on the development of research-guided practice in community-based arts in health

## **Guest Editors**

*Mike White*

*Dr. Sarah Atkinson*

*Margret Meagher*

## **THEME**

Health has become a recurrent topic in discussion of the role of the arts in society, fuelled by a growing body of research into links between culture and flourishing. In community arts in particular there has been a widespread development of projects addressing health issues. This is a distinct area of activity operating mainly outside of acute healthcare settings and is characterised by the use of participatory arts to promote health. There are indications that this work is developing in response to health needs of communities in differing cultures and healthcare systems around the world, but so far there is little mutual knowledge or connection of the work at an international level.

This issue aims to draw together well-researched case studies of community-based arts in health projects from different parts of the globe. Each case study should explain the motivation for the work undertaken and its sensitivity to context and cultural diversity, the partnership structures and ethos developed in its delivery, and the research methodologies used. Submissions are particularly invited that reflect multidisciplinary knowledge of the application of arts development to health and flourishing communities from the perspectives of applied arts, public health, anthropology, social geography, education and other disciplines.

# Dancemind's 'Moving Memories' Evaluation and analysis; a UK based dance and health project for people living with dementia and their care-staff

**Dr Richard Coaten**

*South West Yorkshire Partnership  
Foundation NHS Trust*

**Heeley, T**

*Dancemind*

**Spitzer, N**

*Coventry University*

## ABSTRACT

This paper presents outcomes and approaches used in the development, delivery and evaluation of a year-long dance/health research project involving older people with dementia attending a specialist care centre in Northamptonshire (UK). It describes the high quality and originality of the approaches used: mentoring of the dance artist: mentoring of the care staff: the independently configured and ethnographic approach to evaluation: the project's impact on participant's observed wellbeing: coupled with discussion of the differing contextual relations, within which the project was framed. Of particular relevance for dance artists, as rarely are post-project outcomes, practice-based issues and organisational relations thoroughly discussed, analysed and disseminated.

## KEYWORDS

*Movement & Dance, Dementia, Day-Care, Older People, Well-being, Person-Centred Care (Kitwood & Bredin, 1992a)*

## INTRODUCTION

In the development of contemporary community-based arts and health perspectives, advancing understanding of process, product and context in relation to people living with dementia and those who care for them is of great importance. In 2007, an estimated 700,000 older people had been diagnosed with dementia in the UK, of whom 424,378 (61 per cent) lived privately in the community and 244,185 (35 per cent) lived in care homes (Albanese et al., 2007). By 2010, the number of dementia diagnoses had increased to 820,000 (Luengo-Fernandez et al., 2010). Similar rate increases are seen worldwide (ADI, 2009). Dancing for people with dementia has also been researched in day centres and hospital settings, and results have shown effects on reminiscence (Coaten, 2001, 2002; Arakawa-Davis, 1997), decrease in behaviours that challenge, promotion of person-centred care (Kindell and Amans, 2003) and the emergence of group identity (Donald and Hall, 1999).

In January 2011, 'Dancemind' launched a year-long dance and dementia programme called 'Moving Memories', at Thackley Green Specialist Care Centre in Corby. 'Dancemind', is a dance in health organisation based in Northamptonshire, run by dancer Tina Heeley promoting health and well-being through dance and movement. It aspires to nurture and support a diverse range of people at all stages in life, specialising in working with those affected by dementia syndrome <http://www.tinaheeley.com>. 'Thackley Green', is one of four centres in Northamptonshire run by 'Shaw healthcare' offering an extensive list of services for the needs of older people, under contract with Northants County Council. The four specialist care centres aim to alleviate the use of acute beds at the local NHS hospital by offering rehabilitation and respite care for older people including those affected by dementia. 'Shaw healthcare', provide a spectrum of care services for vulnerable adults in a variety of settings in the UK.

They promote their brand through three main values: wellness, happiness and kindness <http://www.shaw.co.uk/>. They also own and operate seven residential care homes in the county, again in a working contract with the local Council.

The 'Moving Memories' programme was designed to give those living with dementia, access to a weekly dance class. This paper examines the role that movement and dance can play, providing evidence of the benefits especially for those living with the

condition and their care staff. It also examines the all-important role of the community dance artist in designing, developing and delivering such an innovative programme, against a background of complex and sometimes difficult and contradictory operating conditions. It has particular relevance for dance artists working in this growing field of dance and dementia, within the wider diaspora of arts and health both nationally and internationally.

## **RATIONALE**

'Moving Memories' represents growing national and international interest in raising awareness of the benefits of movement, dance and other inexpensive, non-pharmacological arts based approaches, in working with and caring for, older people including those living with dementia and their carers. As people age they tend to adopt an increasingly sedentary lifestyle, however there is strong evidence that increased levels of physical activity improve both longevity and health in older people (Lievesley, 2010). Also, exercise programmes for elders often experience high drop-out rates, whereas dance as an enjoyable and sociable form of exercise has seen high motivational levels reported (Nordin & Hardy, 2009). The Foundation for Community Dance ([www.communitydance.org.uk](http://www.communitydance.org.uk)) based in Leicester, has been doing pioneering work of late, in supporting dance artists to grow their practice in all sections of society with dementia syndrome included, providing a much needed resource in the field in the UK and beyond.

Increasing recognition of the potential benefits of a non-verbal, body-oriented focus as people's cognitive abilities deteriorate, positions dance projects potentially in the forefront of the field of dementia care, complementing, and perhaps in future, even replacing pharmacological interventions as they become increasingly expensive in these cash-strapped times. Within the dementia care field itself, a leading international peer-reviewed Journal recently devoted a special issue to 'Embodiment and Dementia' (Martin et al. 2013), again evidence for a growing interest in the field incorporating lived-body experience and its importance. Also, the latest systematic literature review of dance (albeit in care homes), evidences enhanced positive mood and improved social interaction between care staff and residents (Guzmán-García et al., 2012). At the same time, a new web-based national and international Centre of Excellence in Movement Dance and Dementia has been launched, hosted by the South West Yorkshire Partnership NHS Foundation Trust ([www.dancedementiahub.co.uk](http://www.dancedementiahub.co.uk)). Its aim is to develop the use of movement and dance in the dementia care field, providing a hub for dancers, therapists, health practitioner's and researcher's working in the field, celebrating and disseminating best practice.

The development and maintenance of relationships in dementia care is key, especially the therapeutic relationship as losses of all kinds are manifold. For example, there are losses in memory, speech, friends and family, orientation in space and time, to name a few. The way that a person feels is communicated through their movement, body posture and gesture. Becoming more alert to the importance of posture, gesture and non-verbal communication with people who have lost or are losing capability, in relation to activities of daily living, can make a real difference to observed well-being and quality of life (Coaten, 2011, 2009, 2002).

Coaten shared practical skills and theoretical knowledge with care-staff and interested dancer's, presented in the form of one full training day. This included the importance of approaches in dementia care such as 'Person-Centred Care' (Kitwood & Bredin, 1992a), which acted as a bridge between best practice in dementia care and best practice in movement and dance. Heeley designed, developed and ran the project sharing her dance artist skills through leading the sessions and mentoring a care worker from the centre. A research element was also central where independent researcher Spitzer observed the work using 'participant observation' (Hammersley & Atkinson, 2007) and had the role of reflecting on the project in a written report.

The ground-breaking nature of the project described here, is found in the combination of the skills and experience of dance artist Heeley, independent consultant, trainer and mentor (for dance artist) Coaten, independent project researcher Spitzer, coupled with all the staff involved from Shaw healthcare. The differing elements including session delivery, training and mentoring, liaising with the host organisation, all required skillful management by the Project Lead. It is in the assessment and analysis of these differing elements where the learning can be found, of particular relevance to dance artists working both here in the UK and internationally.

Practitioners often find that following completion of a project there is not the energy for dissemination to a wide audience, where ideas can be shared, results contextualised and lessons learnt. This is partly because the energy required to design, to plan, to secure funding, to deliver, to evaluate and write the final report finishes, when the contractual nature of the project ends. However, the importance to the wider field is never more necessary than when a project breaks new ground in the field of arts and health, and dementia care in particular. Of particular interest to dancer's in the UK and abroad will be the future increases in demand for skilled, experienced and knowledgeable dance artists who can bridge the worlds of movement, dance and dementia care. This paper goes some way to making a case for this, at a time when dementia syndrome is on the increase, pharmaceutical companies have no magic-pill for a cure and important opportunities are growing for dance artists to fill this gap; enabling life to be as full and rich for everyone with whatever kind of mental-health problem.

## PROJECT DETAILS

'Moving Memories' was held over 36 weeks between February 2011 and April 2012 at 'Thackley Green Specialist Care Centre'. Participants were those living with various stages of dementia, mostly in the mild to moderate stages. There were 10-14 men and women participants in each session and usually 2-3 care workers, all sat, to begin with at least, in chairs in a circle. The weekly dance sessions took place within the day centre offering respite care for those affected by dementia. The setting stayed the same throughout the project, contributing to the participants' sense of stability and safeness. The sessions incorporated an hour-long group activity, including a variety of music and songs with informal time for discussion and refreshments, both before and after. Each session was predominately seated and included a welcome with activities such as singing together and a simple movement warm-up, aimed at awakening the group to prepare them for exploring further movement activities. The main focus

of the session used movement and song to reconnect, feel a sense of embodiment, stimulate social interaction, and enable self-expression and communication. The sessions also included props such as scarves and balloons, music from different decades, movement improvisation, massage and 'mirrored movement'. This refers to a technique often referred to as 'Mirroring' in Dance Movement Psychotherapy where the term originated (Levy, 1988). It involves a skillful attunement to another's movement qualities and/or emotional state, enabling the development of empathy and therapeutic relationship by supporting non-verbal communications. Each session culminated in a sharing of free improvisation where participants danced together, along with staff and carers. The project was funded by 'Awards for All' (Big Lottery Fund, UK) and included a year-long mentoring package, an external evaluator and a one-day training event.

The latter part of the project included four months of maternity-leave for the dance artist and project lead, before returning to complete the project; during which she was able to keep the flow of the project going, through visits by the external evaluator and other additions. This indicates the need for flexibility as a dance artist, responding not only to the work environment and its challenges, but also to the work-life balance at such times of momentous change and joy to the parents and family as a whole.

## **MENTORING**

This innovative element aimed at enabling an apprentice, Frost and other Thackley Green care staff to work alongside Heeley. The aim was to provide psychosocial support in order for the staff to start leading the sessions when the project ended, plus for the provision of props and music for the centre itself. The additional training provided for Heeley and care staff was facilitated by Coaten, designed and delivered as a professional training day. Coaten offered his knowledge, skills and experience to the eighteen participants who attended, including Heeley and Frost (July 2011). Significantly there was also a mentoring element for Heeley by Coaten, to support self-reflective practice and learning.

## **PROJECT AIMS**

The project had two clear aims, which the funders wished to support and to have delivered by 'Dancemind':

1. To provide a regular dance session for a year that supports the sharing of experiences, enjoyment and creativity for people living with dementia and gauge results.
2. To explore the potential of how dance and music impacts on overall sense of observed wellbeing.



## EVALUATION METHODOLOGY

The evaluation process used different methods to document and provide evidence of the work being carried out and its results. It also reflected on and discussed the knowledge, skills and experience gained. The programme collected data sets for evaluative purposes in several ways. Firstly, Heeley and care staff kept a regular diary of noted observations. For example, the following relates to Heeley's report on how sharing of memories supports a sense of belonging:

*'Today I noted that one member of the group rose from her chair and walked across the circle to embrace the person who was sharing a memory about his deceased wife. What was especially touching about this moment was this particular person is usually very sombre during the sessions and today I witnessed a special moment that allowed her to resonate with another person, and feel a sense of importance by comforting someone that she probably would have not done in an everyday situation such as watching TV together'. (Heeley, Personal Communications)*

Further, Heeley and the care staff filmed (VTR) and photographed the sessions at various times during the year and accumulated valuable footage. Finally, Spitzer was engaged as an external independent-researcher for research purposes. Having an external researcher meant there could be an outside objective eye to assess both the impact of the dance intervention on participants' well-being and Heeley's learning throughout the project. Spitzer used the participant-observation ethnographic methodology throughout, and wrote a report of her findings. Ethnography is a qualitative research design exploring the socio-cultural aspects of a phenomenon (Hammersley & Atkinson, 2007). Ethnographic processes are particularly suitable for exploring dance because of the nature of dance as a participatory practice. The report gave a voice to all those who were involved in the work and reflected back on experiences by representing and sharing meanings. Spitzer's data collection methods included dancing and reflecting with the dance artist, care staff and group participants. Writing about what she saw, heard and experienced, and in using her diaries and photos, Spitzer identified categories in her analysis of the data. This was helped by her previous experience as a dance artist, attuned to body-movement, the 'lived-body' experience and the complex nature of recording it. The report produced and reflected on various aspects such as the dance artist's approach, her delivery strategies, the participant's changes in mood, verbal and physical abilities and changes in levels of cognition. It incorporated quotes from both participants and dance artist and gave examples from the sessions. For example, the following is taken immediately after a session break:

*'The session usually continued with improvised ballroom-style pair dancing in the middle of the circle. Heeley would usually invite someone to dance with her and then invite a second participant to replace her in the pair. This 'matchmaking' often led to a few more minutes of the two participants dancing together. Participants got to dance with care staff too. One participant always said, "never in my life!" when she was invited to dance with a partner, but soon after she would dance and seemed to enjoy it very much. Working with a partner supported participants in acting with a purpose, as they were able to concentrate on the creative task of improvising with a partner. Heeley would often chat to the participants who danced with her. By doing so she encouraged them to communicate. By chatting to them, Heeley often reflected on participants'*

*tendencies and personality. On one occasion she said to her partner “you like to lead, you are leading” on another time she said to someone who kept singing after the music finished “It’s a good note you are holding there R.” This sort of reflection acknowledged the participant’s being and presence and supported communication.’ (Spitzer, ‘Moving Memories’ Report)*

The programme reflected on the techniques of the work as they occurred, also noticing the positive effects of the sessions on observed wellbeing. The report described the activities in detail, examined the benefits of using props in this context and noticed improvements in mobility as well as in the sense of group-cohesion. Further, the report discussed the importance of partner work in the sessions and the influence of the use of music on participants’ behaviour and communication abilities. Finally, Spitzer’s report examined sessions led by care staff in the final stage of the project (after Heeley had left) and reflected on the way the project had met its aims from that crucial post-session phase. It showed that care staff developed an understanding about the benefits of using dance in their centre, and importantly that they were capable of leading sessions afterwards.

## **DISCUSSION OF FINDINGS**

The ‘Moving Memories’ report demonstrated that the project successfully met its first aim. Feedback from participants and care staff was very positive and the report also showed how the project used movement, dance and song in a way that supported participants in reconnecting with themselves, their memories and feelings, including a sense of the importance of what embodied practices had left participants with. Sessions had stimulated social interaction, enabled self-expression and the building of relationships between staff and participants. The session leader facilitated the social and emotional environment attending well to individual and group needs.

The programme’s second aim was to explore the potential of how movement, dance and music impacts on users’ overall sense of wellbeing. Without a specific validated instrument this is difficult to evaluate and thus the case this paper makes is weakened by not having one. However, the authors’ argue that practice-based evidence strongly indicates wellbeing increased with the evidence coming from a variety of different sources; from on-going diaries, photography, questionnaires and film by the dance artist, by care staff, by independent researcher and participants.

Diaries were an important source in the data collection as they managed to provide numerous reflections on the experiences of those involved in the sessions. For example, in June 2011 a staff member wrote

*“All service users enjoyed this session and were in good spirits afterwards. Everyone participated and there was good choice of music and props.” (Care staff diary)*

The other step ‘Dancemind’ took to secure its aim of exploring impact was to confirm the project’s achievements by inviting an external and independent point of reference. The evaluative process was thus based on different sources and on what could also be described as rich ‘data-sets’. These were visits, interviews, emails, photos, phone calls, and references to other published research in the field as well

as to the previously mentioned diaries. These various sources provided a pool of evidence to draw from in order to demonstrate the project's impact in the report. For example, the report found that:

*'In examining the work that has been done in the sessions and by discussing the meaning and knowledge that resides in them, the various evaluation methods revealed and highlighted important issues relating to dance and dementia. Some of the issues that were explored were the positive effect of having an outside visitor leading sessions, the creativity expertise and knowledge that are unique for dance artists and that can support other care workers with a non-dance background, and the way dance can 'wake up' the participants' and bring reminiscence.'* (Spitzer, 'Moving Memories' Report)

## **DISCUSSION**

### **1) Challenges in evaluation**

One of the many challenges in evaluating the programme related to practice issues. In Heeley's weekly diary she wrote:

*'It is not about ticking boxes and scoring people's well-being, but observing the value of those taking part in the session having a joyous, playful and interactive time. To be able to witness this wealth is far more enlivening than reading facts and figures noted down on a fact sheet unable to articulate some of the more tangible evidence we see.'* (Heeley personal communications)

This clear expression of the dance artist's lived-experience is of particular relevance to care staff in a day-centre or in a care-home, as they struggle sometimes to see the older person other than as an object to whom things are done in a task-oriented way. There are many reasons for this and it is not the purpose of this paper to discuss them in detail. This attitude adds to the difficulties surrounding communication, contributing to increases in challenging behaviour, even resulting in an early death if psychotropic (mood altering) medication is used on people with dementia as a kind of 'chemical cosh', to deal with the perceived challenging behaviour (Banerjee, 2009, Dept of Health, 2008, 2009, Ward et al 2006). The implications are that a set of circumstances, are entrained that has been described in the literature as a 'Malignant Social Psychology' (Kitwood, 1997). Kitwood used a powerful image in describing what he meant by this phrase, referring to the 'malignant' aspects of neurological deterioration, social psychology and poor care practices in a way that described an ever-decreasing spiral; a spiral that wound in on itself, where each negative experience compounded that of the previous one, resulting in an early death (Kitwood, 1997:52). For example, care staff might wrongly interpret 'challenging behaviour', to do with the dementia condition; when in fact it was rather an un-met psychological, or emotional need (not being valued as a person), which could be better met by improved communications, better care-staff relationships, care practices and staff training. Increasing psychotropic medication might calm the person down, but inevitably it often has severe side effects in the person being almost permanently drowsy and unresponsive.

Thus by way of response in this difficult and potentially challenging environment there is the importance of the dance artist; 'observing the value of those taking part in the session having a joyous, playful and interactive time' (Heeley personal communications), which for people living with dementia opens pathways for communication and relationship; combating social isolation often accompanied by feelings of worthlessness and hopelessness. The dance artist thus enables people to move rhythmically together, increasing movement range and mobility, and encouraging the return of remaining capacities. This way of 'observing', attending to and actively supporting group and individual process by the dance artist has been described as being 'creatively alert' (Coaten, 2000) to all that is going on, especially when it results in an increase of observed 'well-being' in those taking part (Coaten, 2011, 2009, 2000, Crichton, 1997, Kindell & Amans, 2003). The work of the dance artist is particularly challenging in these environments at the best of times. Thus adding another layer of evaluation on top of their role as practitioner, group facilitator and project lead can be too much. Having an independent researcher alongside, to capture the varying degrees of complexity, is a real necessity if the evaluation is to be as rigorous as it can be. The independent-researcher also provided important opportunities for reflective practice for the dance artist on the process and its outcomes, and is one of main reasons for describing the project as ground-breaking. The presence of the external researcher helped add depth and rigour to evaluation.

Against this background of the wider dementia care environment during the dance sessions, care staff were helped to see the older person in new ways, often full of life and laughter with real enthusiasm for what they could discover and share about themselves and others; including of course how they moved and danced. This was an important contribution to the work of the specialist day centre by the dance artist and the project, incorporating a value base in evidence throughout the programme. A value base in line with important developments in the dementia field since the early 1990s, relating to an approach called 'Person-Centred Care' (Kitwood & Bredin, 1992a). This values and respects the innate qualities of the person and argues that the psychosocial environment has a major impact, on top of whatever bio-medical science may say about the condition and its progress. The quality of the care environment and communication and personal skills of the staff in place, whether in day centre or care home, are of utmost importance in combating the 'Malignant Social Psychology' (Kitwood, 1997:52) described earlier. Therefore, the dance artist has a challenging and important role to play not only in running sessions well, but also in modelling person-centred approaches, valuing and celebrating at all times whatever emerges for the participant by way of the creative process.

## **2) Relations between dance artist & Shaw healthcare**

Other challenges concerned Heeley's experience in the early stages when she first went into the day centre regarding the attitude of the care staff towards the dance and movement sessions, staff were understandably hesitant to engage in a very new and potentially challenging activity:

*'I do find it a struggle at times when I go into a care home or day centre and the staff have this, "Oh no what's this activity?" fear and misjudgement resulting in them opting out of the session and not supporting the service-users. So if anything I have found the mentoring allowed Frost an intimate insight to all the hard work and enjoyment that goes into a session like this, and in turn I got her full support and respect to maximise the objectives of the work'. (Heeley Personal Diary)*



This is a very common experience for dance artist's going fresh into day centres and care homes, that they may be met by inappropriate and sometimes un-helpful attitudes, often because care staff themselves feel threatened or perhaps do not see their role as to provide activities unless they have a specific remit to do so, such as an 'Activity Co-ordinator'. Also, movement and dance activities require a spirit of adventure, a certain outgoing personality to give them a try or at the very least to consider their merits for older people; for whom dance and singing preceded television and radio communications, as a kind of societal glue that held families and communities together. The evidence presented here is that through the mentoring process a more effective working relationship was established between Heeley and Frost, contributing to the success of the project. Care staff mentoring was gradually able to build staff confidence and self-esteem; enabling them to experience and witness the effects of the work and approach on the group with Frost in particular. Increased observed well-being, improved relationships, people coming out of themselves, witnessed by Frost and other care staff, resulted in increased interest in and ownership of the work. This proved to be the most rewarding and beneficial element to the mentoring programme between Heeley and Frost. The relationship formed enhanced the overall success and enjoyment of the sessions.

Elements of the bond between Heeley and care staff involved shared activity, comprehension and compassion that over time diminished the somewhat vague misconceptions of what activities such as these offer. It also allowed for the dance artist to enter into the world of the care staff, attempting to see their world from their perspective, which can often be overlooked. This became a key factor for Heeley when looking ahead at Frost's position to continue the delivery of the sessions once the initial project came to an end. What might the problems be inhibiting future development, such as Frost's current role? Was there enough room and support for planning and delivering on top of her current role remit? Was management aware and supportive of Frost for the session to continue? Would her peers be supportive and understanding? Also, taking into consideration Frost's lack of dance and movement background, would she have enough confidence, knowledge and creativity to keep the sessions going? The confidence observed in Frost's session delivery was impressive, however there was both an understandable and appreciable gap in her lack of movement and dance vocabulary that emerged as the project was nearing the end. Though Frost was very able in delivering the sessions through her own observation and mentoring, it was her confidence that faltered somewhat. One factor identified was the need for management support from the centre, which was impacted by the significant changes to the centre that were taking place, especially during the handover period between Heeley and Frost. This influenced Frost's ability to manage the delivery of sessions. It was later reported that she was able to run the dance and movement sessions once Heeley had left to a certain extent, and this was with the support of her peers who also took part in the sessions. However, the sessions have not been able to run regularly.

It is not the purpose of this paper to scapegoat, or place blame on any individual for whatever reason. Far from it care staff have given of their best in the circumstances, as has the dance artist. It is important to reflect and learn from this. Thackley Green chose to delegate a member of staff positioned in the Day Centre to undertake the mentoring, who had volunteered to do so. Whilst there is evidence that staff gained from the presence of a dance artist working alongside them, had the staff delegated

been more experienced perhaps in delivering group activities and worked in pairs rather than singly, it is likely there would have been more evidence of longer-term success.

There were of course staffing considerations to factor in here, however perhaps most important, since this project has finished Shaw healthcare has continued to appreciate the value of this work, developing it in other specialist care centres and care homes using 'Dancemind'. Thus, whatever the concerns regarding staffing and on-going continuity on the part of the dance artist, the programme has overtly been judged to be a success and the organisation wants more of it. This is the bottom-line and will offer more opportunities for the dance artist and Shaw healthcare together to implement what has been learnt in future work.

## **2) Methodological concerns**

Looking with a critical focus, this project did not choose the use of a validated instrument investigating observed well-being, such as the use of 'Dementia Care Mapping' (Kitwood & Bredin, 1992b), arguably making a stronger case, than the more anecdotal nature of the methodology described. There are a number of reasons for this, the main one being that a dance artist, unless they are already a specialist in dementia care, is unlikely to be aware of state of the art measures of observed wellbeing within the dementia care field. The instrument also requires the user to have undergone training from the University of Bradford, and be in possession of a Basic User Certificate for whatever version of DCM is current at the time. Whilst Coaten possessed these skills and the necessary experience, there was no funding to have embarked on this, and management at Thackley Green would also have needed to agree permissions and be familiar with the tool, its application and its ethical dimensions. Research is all about improving skills, understanding and knowledge and these take time to develop, especially when dance artists in the main are not trained in research methods. This project was very much a learning experience for all concerned, and of value for the comprehensive way in which it reported on outcomes, if not in as rigorous a way as might have been expected; certainly important for the innovative nature of its design and delivery, its evaluation and the fact that work is continuing to this day.

## **3) Challenges in ethical issues**

Another challenge for the programme related to gaining ethical consents to participate. Ethics are of great importance in this work with very vulnerable people, for whom it is essential that they are not coerced into taking part against their will, or in feeling that their participation is obligatory once they have started, if they decide against it at any time during the project. Permissions were sought from the carers of those identified by the care staff as potential participants, for participation and use of photography and (VTR) relating to the research and data-analysis. This was gathered using a form produced by Heeley. This process had been previously discussed with Day Centre Management as they had their own procedure, which was also followed. Thus all the carers who signed the form were giving 'proxy' consent for their relatives to take part. This raises an important question concerning ethical knowledge, either not known to Heeley or to the care staff, or if it was known it did not form a part of the ethical contract and should have done; as 'proxy' consent has no basis in law. Without entering the ethical territory in great detail, which

is not the purpose of this paper, suffice it to say that learning for next time which has emerged in response to this analysis, would be to have an ethics process that has several forms (one for carers, one for care staff and one for participants) asking participants for consent concerning their participation and use of photography and (VTR). If they are not able to give consent for whatever reason, then a member of the care staff who knows them can sign a form on their behalf stating that if at any time during the course of the project the person wishes to cease participation, (communicated either verbally or non-verbally) then their wishes will be followed immediately. Consent is thus given on the basis of there being no objection, which has to be on-going throughout the duration of the project.

### **3) Challenges in managing different relationships**

The dance artist Heeley was responding to these different settings and contexts and people, each requiring a skill-set in addition to those of the dance artist working peripatetically in community, providing dance of whatever type on a sessional basis. Heeley's experiences in the project challenged her skills as dance artist (working with some of the frailest of the frail in society), as trainer, as negotiator, diplomat, mentor, businesswoman and practitioner/researcher. For example, the participating Day Centre was connected to a larger over-arching organisation, where each organisational level added complexity to management of communication and relationships between the different parts; all with a direct bearing on the dance group and its success as a project, for which Heeley alone held artistic and group responsibility. The pre and post session contextual relations, including the day care organisational culture and environment, impacted greatly on the outcomes and success of the group and individual experience, and it was to Heeley's credit that she was successfully able to manage these high levels of complexity.

## **CONCLUSION**

Lessons learnt here are relevant to other community dance artists embarking on work in this developing field of dance & dementia, and also dance educators and dance therapists as breakthroughs have been made:

1. The value of using an independent researcher with previous research skills and experience (preferably one with a dance background), who understands the complexities of capturing 'lived body' experience, and who is able to analyse and draw conclusions from informant responses to the group dance experience. Also, one who is able to help the dance artist reflect on their practice, draw conclusions from it and apply the learning in future projects.
2. The value of having mentors for the dance artist and project lead, and also for the care staff allowed as much as anything, a 'release-valve' for the pressures of running the project for the lead, and for the care staff (and carers) to air (in confidence) important issues for them, as vital contributors to the process. Of particular relevance, is that all qualified arts therapists are currently unable to practice without adequate and on-going supervision. While this work is clearly not an arts therapy, mentoring for those involved can be regarded as an important form of over-sight and governance with opportunities to share learning, to

revision issues that might have become stuck by looking at them from different perspectives; and seeking solutions to difficult problems. Also, mentoring and its future development in the field of arts and health, potentially offers important opportunities for practice development.

3. The use of experienced practitioners in the field who can mentor, acting as bridges between movement and dance and dementia care, or otherwise acting as consultants supporting the project lead and project development is also significant. Whilst experienced practitioner's cost in terms of time and expenses, in these cash strapped times, having access to knowledge, skills and experience from a mentor who bridges the fields of dance and dementia (Coaten) may save time, offer better longer term outcomes and represent good value for money.
4. Innovative approaches are needed that address the problems of fundraising for dance artists to continue what they do; one described very recently as 'Clever Partnering' (Jutlla et al. 2013) involves an approach that emerged in 2012 at an arts and dementia conference at the Association of Dementia Studies, University of Worcester. 'Clever Partnering' is a way of; '...working collaboratively with different organisations on projects to overcome the challenges among small arts organisations and others of limited capacity and funding, in order to: 'manage and run what is often a complex logistical operation to wholly involve people with dementia' (Jutlla, et al., 2013, p.27). Examples are given of how to engage different organisations in working more collaboratively, each putting in small but collectively agreed amounts to achieve collectively agreed goals. Admittedly, harder to administrate and manage as a self-employed dance artist, but relevant nevertheless to finding new approaches and creative ways of engaging new partners for supporting development of this work.

'Moving Memories' developed and delivered by 'Dancemind', has established a valuable new approach to the provision of dance and movement based arts and health work for people with dementia. Whilst the practice itself is similar in style and content to others (Coaten, 2011, 2009, 2001, Crichton, 1997, Hill, 2001, Donald and Hall, 1999, Kindell and Amans, 2003) the way in which it was delivered, the challenges it faced and how it responded to them, represent new learning for the growing interest in this field around the world. Of particular interest is the use of an independent researcher Spitzer, an outside mentor and experienced practitioner in the role of consultant, the mentoring of dance artist Heeley and apprentice Frost and the way in which Heeley was able to find partners and colleagues to support the process ('Clever Partnering', Jutlla et al., 2013). Learning on the part of the dance artist has informed the development of the project as it went along, in consultation with the independent researcher and the outside mentor (Coaten), also involving productive relations with those involved from Shaw healthcare. Other learning has meant Heeley continuing to develop good practice by remembering to cost in taster sessions in the budget in future projects which are continuing to develop. It is also to the credit of Shaw healthcare that they were able to recognise the project's importance to them, a clear example here of 'Clever Partnering' (Jutlla et al., 2013), which has subsequently continued to grow in other specialist care centres and care homes owned and run by the company in the area, as previously reported. At an international level, this paper presents a case for how dance artists and those involved in dementia care around the world can use 'Clever Partnering' (op.cit.) and the other ideas presented here for



developing the use of movement and dance with people living with dementia and their carers. A potential market for employing dance artists, that is set to grow in the future with increasing efforts made to fund and research non-pharmacological interventions. Lastly, 'Awards for All' need a mention, as this paper presents evidence for them of how their funds have been spent, how beneficial they have been to all who took part, and how they continue to bear fruit through wide online dissemination of this project. Whilst regular sessions did not continue on a regular basis at 'Thackley Green' following completion of 'Moving Memories' (which importantly was never one of the aims, more on a 'wishlist' so to speak), what has been achieved is certainly bearing fruit within other specialist care centres and care homes as 'Dancemind' & Shaw healthcare continue to take forward this important work and approach in Northamptonshire, UK.

## REFERENCES

- Albanese E, Banerjee S, Dhanasire S, et al. (2007). 'Dementia UK, A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society', Alzheimer's Society: London.
- Alzheimer's Disease International (ADI) (2009) 'World Alzheimer Report: Executive Summary',
- Arakawa-Davis K. (1997) Dance/movement therapy and reminiscence: a new approach to senile dementia in Japan. *Arts Psychotherapy*, 24: 291-98.
- Alzheimer's Society (2012): [http://alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=341](http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=341)
- Banerjee, S. (2009) 'The use of anti-psychotic medication for people with dementia: Time for Action', Department of Health: London
- Coaten, R. (2001) 'Exploring reminiscence through dance and movement', *Journal of Dementia Care*, 9 (5), 19-22
- Coaten, R (2011) 'Going by way of the body in dementia care', *Animated*, Foundation for Community Dance, spring edition, 24-5
- Coaten, R (2009) 'Building bridges of Understanding: the use of embodied practices with older people with dementia and their care staff as mediated by Dance Movement Psychotherapy' Doctoral thesis, Roehampton University, Research Repository
- Coaten, R. (2002) 'Movement matters: revealing the hidden humanity within dementia through movement dance and the imagination', *Dementia, International Journal of Social Research and Care Practice*, 1, no.3, 386-92.
- Coaten, R. (2000) 'Creating a little revolution - the patient as artist', in Greenland, P., (ed.) 'What dancers do that other health workers don't', Leeds: Jabadao
- Crichton, S. (1997) 'Moving is the language I use, communication is my goal', *Journal of Dementia Care* 5, no. 6, 16-7.
- Dept. of Health (2009) 'Living well with dementia: a National Dementia Strategy
- Dept. of Health (2008) *Transforming the Quality of Dementia Care: Consultation on a National Dementia Strategy*, London
- Donald, J. and Hall, S (1999) 'Dance: the getting there group', *Journal of Dementia Care*, Vol.7. No.3 24-7
- Guzmán-García, A, Hughes, J, James, I, Rochester, L, (2012) 'Dancing as a psychosocial intervention in care homes: a systematic review of the literature', *International Journal of Geriatric Psychiatry*, [wileyonlinelibrary.com](http://wileyonlinelibrary.com)

- Hammersley, M & Atkinson, P (2007) 'Ethnography: Principles in Practice 3rd Edition', Routledge.
- Heeley, T (2011) 'Moving Memories Project Evaluation Report' (unpublished) available from Tina Heeley URL: <http://tinaheeley.com/News/tabid/67/articleType/ArticleView/articleId/3/Moving-Memories-Evaluation-2012.aspx>
- Hill, H. (2001) 'Invitation to the Dance: Dance for people with dementia and their carers', Dementia Services Development Centre, Stirling: University of Stirling
- Jutla K, Parsons M, Coaten R, Gardiner L, Brooker D, (2013) 'Capturing progress in creative arts and dementia', *Journal of Dementia Care*, Vol.21, No 1. 26-8.
- Kindell J, Amans D. (2003) 'Doing things differently: dance in dementia care'. *Journal of Dementia Care*, Vol. 11: 18–20.
- Kitwood, T (1997) 'Dementia Re-considered: the person comes first', Buckingham, UK: Open University Press.
- Kitwood, T. and K. Bredin, eds (1992a) 'Towards a Theory of Dementia Care – Personhood and Well-being', *Ageing and Society* 12, 269-87.
- Kitwood T. and K. Bredin, eds (1992b) 'The Dementia Care Mapping Method, Bradford', University of Bradford
- Levy, F. (1988) *Dance movement therapy – a healing art*, Virginia; National Dance Association, AAHPERD
- Lievesley, N (2010) 'The future ageing of the ethnic minority population of England and Wales', Centre for Policy on Ageing and Runnymede Trust, London
- Luengo-Fernandez R, Leal J, Gray A. (2010) 'Dementia: the economic burden of dementia and associated research funding in the United Kingdom. A report produced by the Health Economics Research Centre, University of Oxford for the Alzheimer's Research Trust'. Available at: <http://www.dementia2010.org/reports/Dementia2010 Full.pdf> (Last accessed: June, 2011)
- Martin, W, Kontos, P, Ward, R (2013) 'Embodiment and Dementia', *dementia – the international journal of social research and practice* Vol.12, No.3, 283-287
- Nordin, S & Hardy, C (2009) 'Dance4Health: a research-based evaluation of the impact of seven community dance projects on physical health, psychological well-being, and aspects of social inclusion', Warwickshire County Council, County Arts Service
- Spitzer, N. (2011) 'Moving Memories – project evaluation report: a project delivered and developed by 'Dancemind'', (unpublished) Available from TH website: <http://tinaheeley.com>
- And also on the Foundation for Community Dance website:  
<http://www.communitydance.org.uk/DB/publications-2/moving-memories-2011-evaluation.html>

Ward, R., et al. eds (2006) 'What is dementia care? 3. Seeing patterns – making sense', Journal of Dementia Care Vol.14, no. 2, 22-4