



Dance for Lifelong Wellbeing

Research Findings 2017





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Dance for Lifelong Wellbeing Project: Phase 2

This project develops the research findings from the 2013 pilot of the Dance for Lifelong Wellbeing project undertaken by the Royal Academy of Dance (RAD), contributing to and enhancing the research base in relation to dance for older adults.

The 2013 pilot project focused on qualitative evaluation of the experiences of both teachers and participants with extremely positive findings and enthusiasm for the work to continue. One teacher commented, “By the final class, I could sense that each group had gained a level of agency and self-direction via performance” and another that, “There was a noticeable increase in energy and enthusiasm of the participants”. It was commented upon in the pilot report that many of our learners never imagined they would be able to join a dance class but these sessions helped take away inhibitions and build confidence. These findings were implemented into classes offered by the RAD and teacher training delivered as part of the RAD’s Continuing Professional Development provision.

In order to build on the rich qualitative data found in 2013, the 2016 project undertook quantitative profiling and impact measurements for balance, quality of life and daily physical activity levels (using wearable technology). With the support of The Garfield Weston Foundation, this project began with specialist teacher training, focusing on working with older learners, at the RAD in February 2016. Following this, dance classes were offered to older adults across six community and residential venues in London between February and May 2016.

In the 2016 project, researchers set out to measure the potential impact of a community-based dance intervention on overall daily activity levels, balance and quality of life in older adults. Alongside this, and to support Continuing Professional Development, teachers were observed in their practice and provided with peer and mentor support throughout.

Key findings

- **Psychosocial impact**

Questionnaire-based evaluations revealed demonstrable improvements in perceived quality of life following participation in the 12-week dance programme.

- **Physiological impact**

Balance was significantly improved in those with low mobility: this has the potential to reduce the risk of falling in this vulnerable subset of the older learner population.

Sessions also contributed to participants' meeting of recommended exercise participation levels.

- **Recommendations for future practice**

The evaluation of teacher training, peer and mentor observations and reflections, and research, informed understanding of the most valuable elements to include when working with this population. This will be used to inform future teacher training and development of supporting resources.



Background

A UK study in 2002 by Crombie et al. outlined activity levels, beliefs, and deterrents in a large cohort of older adults, reporting that despite 95% of respondents believing physical activity to be beneficial, 36% did no leisure time activity, and 17% did less than 2 hours per week, with the most powerful deterrent being lack of interest. With this in mind, it is vital that activities aimed at this population are appealing and accessible. As this project offered accessible provision of services in community settings, including some with relationships already established through the pilot of the Dance for Lifelong Wellbeing project, we hoped to go some way to combatting this provision deficit within the local area.

In profiling physical activity levels of older adults, Chad et al. identified that the least active and, therefore, most at risk individuals, were female, single, living alone or in care and with a low income. The vast majority of participants in the pilot study were female, n=112 (f=98, m=14), and venues included care homes. A similar demographic was represented in respect to these factors in this extended project, n= 89 (f=83, m=6).

A 2009 systematic literature review by Keogh et al. identified dance as “a mode of physical activity that may allow older adults to improve their physical function, health and well-being” (479). It is, however, evident that further research is required to demonstrate efficacy in addressing deceleration or reversal of physiological and functional decline associated with normal ageing. Extrapolation from research conducted in those with specific, age-related conditions, for example, Parkinson’s disease, would suggest that a benefit could be assumed to be afforded healthy individuals. However, with a paucity of evidence to support this, it is important that this area of research is driven forward in order to provide an objective standpoint from which to support future provision of services and ongoing research.

In recommending dance as a viable, inexpensive, appealing, and valuable activity for older adults, Keogh et al. draw researchers’ attention to the need for structuring, differentiation and progression of session content to be carefully considered in order to “maximise gains in physical function while ensuring participant safety and enjoyment” (495). These areas were addressed in the training offered to teachers prior to delivery of the programme by way of standardising approaches and sharing of best practice with regards to differentiation and modification of activity for participants with varied needs and capabilities, making the dance activity as beneficial as possible for the target population.

“I wanted to extend my teaching practice to include working with older adults and the opportunity to be involved in the second phase of the Dance for Lifelong Wellbeing project came along. I was particularly drawn to wanting to be a part of this project because of the training opportunities and continuing support. I felt this would allow me to build on my existing strengths whilst developing new skills and in turn be able to share best practice with fellow practitioners who share my interest in working with older learners.”

– Emma Jones, participating teacher

Manini et al. conducted a longitudinal study in which correlation between activity levels and mortality was studied. They concluded that ‘expending more energy through any activity may influence survival in older adults’ (176) with individuals with the highest tertile of free-living activity energy expenditure being at significantly lower mortality risk than those with the lowest. By measuring activity levels in participants prior to, during, and after participation, it was hoped that the researchers could comment on overall trends and dose response. However, as the population were moderately active (mean steps per day = 6,000), comment on trends and dose response are to some extent limited in this respect.

‘Falls are the most common cause of injury and injury-related death among people 65 and older; and one in three older adults suffers a fall every year’ (Centre for Disease Control and Prevention). The 2013 Guidelines from the National Institute for Clinical Excellence (NICE), as cited by Age UK, support dancing, amongst other movement disciplines, as having primary use in falls prevention due to the inclusion of strength and balance elements (Age UK 11). Shigematsu et al. identified the dance-related elements of single leg standing, squatting, marching and heel touching, along with agility and motor processing, as factors to which they attribute improvements seen in balance and agility thereby ‘attenuating risks of falling’ (261).

Von Dem Knesebeck et al. advocated that ‘adding life to years is as important as adding years to life’ (199) in a study that reported better health to be directly correlated to better quality of life in a range of European countries. This statement supports extrapolation and generalisability of results without having to expand research methods within this project, to such an extent that excessive questioning and testing would detract from the process and experience of participants. The lack of consistency in measuring quality of life (Rejeski and Mihalko 23) must be considered; Wakeling and Clarke discussed this matter in depth and presented the CASP-19 questionnaire as a valuable tool in evaluating this complex construct.

This project followed their recommendation in administering a paper form of the questionnaire for all participants pre- and post-intervention in order to evaluate quality of life.

The American College of Sport Medicine (ACSM) guidelines suggest that 'to promote and maintain health, older adults need moderate-intensity aerobic physical activity for a minimum of 30 min on five days each week or vigorous-intensity aerobic activity for a minimum of 20 min on three days each week' (Nelson et al. 1098).

Moderate intensity in this population would be considered of a level lower than that for younger adults and is relative to an individual's physical fitness therefore there will be variation within any group of older adults. This is an area in which differentiation plays a vital part in delivering sessions which are effective for everyone in attendance.

The ACSM specifically draw attention to the role of exercise in reducing risk of many conditions, including cardiovascular disease, stroke, hypertension, type 2 diabetes mellitus, osteoporosis, obesity, colon cancer, breast cancer, anxiety and depression as well as improving balance which has been demonstrated to play a role in falls reduction. The dance sessions provided through this research project did not provide participants with the total recommended physical activity per week, however, it was the aim of this project to contribute towards the meeting of these needs and potentially instil a positive attitude towards physical activity such that individuals may feel able to do more independently. The inclusion of activity tracking was with the intention of enabling researchers to evaluate impact on overall daily activity levels by way of measures taken pre-, during, and post-intervention.

A large-scale research project of a similar nature is currently underway in Sydney, Australia, in which they have categorised dance as, "a complex sensorimotor rhythmic activity integrating multiple physical, cognitive and social elements" (Merom et al. 1). Dance was chosen as an exercise modality due to its capacity for increasing social engagement, which the researchers believe makes a major contribution to healthy ageing. Through the project, this was considered within the biopsychosocial approach taken to both provision of sessions and measurement of impact.

Project aims

This project aimed to measure the potential impact of a community-based dance intervention on overall daily activity levels, and balance and quality of life in older adults. This three-strand approach was selected in order to quantitatively and qualitatively identify potential change in each of these areas which represent relevant measures contributing to overall health and wellbeing along with potential for reduced morbidity and mortality.



With typically decreased levels of activity seen in the older adult population and, in many cases, a lack of access to appropriate services, the provision of free dance sessions, in convenient locations, will, in itself, go some way towards contributing to a meeting of these needs.

The researchers' key areas of interest are related to overall physiological and psychological health of participants for functional independence and reduction in falls risk by way of improved balance.

This project builds upon work done in the 2013 pilot of Dance for Lifelong Wellbeing as well as contributing to and enhancing the research base on dance for older adults.

Teacher training

Six qualified dance teachers ($f=5, m=1$) undertook initial training to equip them with further skills, as informed by research, including the 2013 pilot phase of this project, to support their delivery of dance activities for older adults. In recommending dance as a viable, inexpensive, appealing and valuable activity for older adults, Keogh et al draw researchers' attention to the need for structuring, differentiation and progression of session content to be carefully considered in order to "maximise gains in physical function while ensuring participant safety and enjoyment" (495). These areas were addressed in the training offered to teachers prior to delivery of the programme by way of standardising approaches and sharing of best practice with regards to differentiation and modification of activity for participants with varied needs and capabilities. These teachers were then observed in their practice and provided with peer and mentor support throughout.

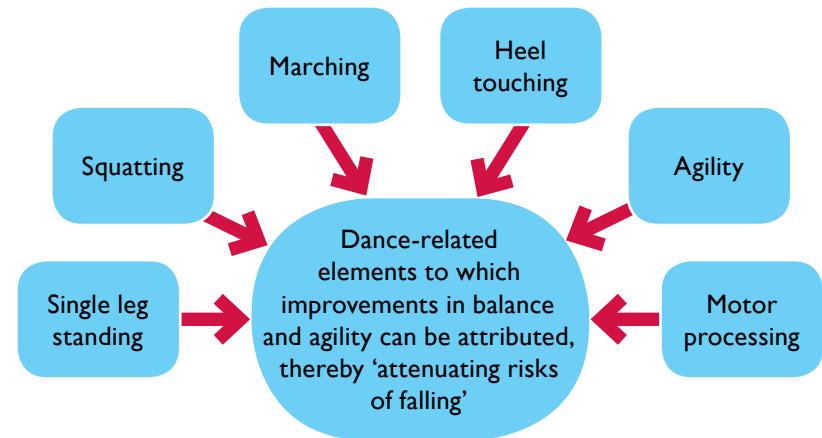
The aim of providing such training was to ensure all dance activity content was safe and appropriate as well as engaging, inclusive and therefore as accessible as possible for all participants. Independently dwelling participants attended sessions in fully accessible community venues and teachers delivered weekly sessions in residential settings also. The training was delivered by Faculty of Education staff along with external experts in the field, including Diane Amans, Clare Guss-West and Charlotte Tomlinson.

Reflection on this training, along with lesson plan exemplars can be found below.



The dance sessions

Teacher training focused on equipping teachers with the skills to design and tailor classes for their own groups while ensuring the foundation of each class fostered creativity, inclusivity and differentiation. The National Institute for Health and Care Excellence (NICE) guidelines and elements below formed the basis for development of all movement vocabulary and creative task design.



Participation was voluntary for all dancers regardless of whether or not they selected to be involved in the research elements of the project. 89 participants ($f=83, m=6$, age range = 50–88) agreed to take part in the research project. Teachers and participants contributed to music and movement selection, and modifications were offered for all movements to ensure participants of varying abilities could partake to the fullest extent possible as well as progress from week to week.

Teachers drew upon their own skills and experience, and delivered classes in genres that formed part of their expertise, while incorporating tasks and creative work which were learned as part of the initial training sessions.

Research methodology

With a mixed ability cohort of older adults, with and without underlying medical conditions, this project evaluated impact by taking measurements of the same participants' pre-, during and post-intervention. It was not the intention to make direct comparison to previously published research, but rather to aim to elucidate and substantiate best practice in delivery of dance for older adults in the community setting.

Measures

In order to monitor physical activity levels, participants wore a FitBit® Charge device for one week* on each of three occasions (pre-participation, week 6, and posparticipation). Data was analysed to evaluate both acute and chronic impact of participation in community based dance activity. Ten participants from each of four groups were included in this element of the research such that both within and between group comparisons could be made.

The CASP-19 questionnaire consists of 19 Likert-scaled items which cover four theoretical domains: control, autonomy, self-realisation, and pleasure. Questionnaires were completed, in paper form, by all consenting participants on weeks 0 and 13 of the project.

The Berg Balance Scale was used to assess balance pre- and post-intervention (weeks 0 and 13) in all participants living in assisted accommodation (e.g. residential homes and sheltered housing). Age matched non-participating adults were used as a control group.

Berg scores are indicative of level of function: normative data relating to scores gives suggestions of mobility within categories of mobility and falls risk and the intention is to measure impact of the intervention on individuals' scores. The higher an individual's score, the lower their risk of falling. Therefore an improved score post-intervention would be indicative of a concomitant decrease in falls risk.

Assessments were carried out by a Chartered Physiotherapist.

Findings

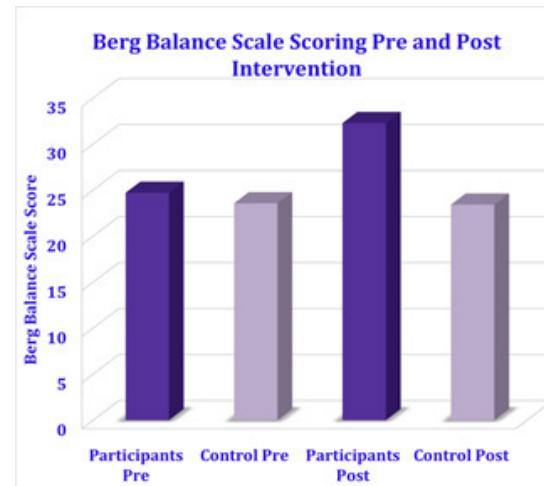
Balance

Participants: Dance group n=12 (m=5, f=7), age matched control group n=14 (m=6, f=8).

Protocol: The Berg Balance Scale (BBS) was carried out by a physiotherapist prior to and following 12 weeks of free weekly dance classes.

All participants' pre-intervention scores were between 20–25, placing them at the lower end of the bracket categorised as 'walking with assistance (20–40)' (Berg) although only one participant actually used a walking aid. A score of less than 40 on BBS is associated with almost 100% fall risk (Shumway-Cook et al).

Results: Mean BBS improvement



Dance Group = 7.6 (Range, 5–12), Control group = -0.2 (range, -1–0)

While the sample size was not sufficiently large to carry out statistical analysis with the ability to suggest generalisability of results, as the BBS is a validated and widely researched scale, results can be viewed in line with published data. A change of 7 points is needed to be 95% confident that true change has occurred if a patient scores within 0–25 initially (Donoghue). This suggests that the mean increase of 7.6 in the dance group is demonstrative of significant improvement whilst there was no significant difference in the control group.

The higher an individual's BBS score, the lower their risk of falling, therefore an improved score post-intervention would be indicative of a concomitant decrease in falls risk.

While results show demonstrative improvements of between 5 and 12 points, it was noted during the assessment process that a considerable proportion of this could potentially be attributed to balance confidence. One participant stated, 'I had the skills to do this type of work, I just needed guidance and a process of experimentation in order to refine it' and another referred to their new found skills as, 'proof we can, at all ages'.

The statistically significant, objectively measured improvements seen, along with this increase in confidence, should serve as encouragement for teachers and organisations wanting to work with older learners through dance. The RAD continues to offer classes for this population, and will use research findings in further developments of teacher training.

Activity levels

Ten participants were given a FitBit Charge HR to wear for the purpose of monitoring daily activity via step count. The dance intervention resulted in no significant difference between pre-intervention and post-intervention measures ($p>0.05$). Interestingly, this could be more due to the population sample than the intervention which is a common issue in volitional mass participation studies. The mean step count of the sample participating in this element of data collection already exceeded 5,000 daily steps, which is classified as highly active in an aged population (Aoyagi and Shephard).

Further to this, recommendations for future research would include the use of accelerometry-based data collection hardware which measures activity in a more holistic sense rather than simply step count. This is because, although contributing to exercise participation, dance may not be captured by this technology.

Therefore, despite the lack of significant difference in findings in this study, this is not necessarily demonstrative of a lack of impact. Merom et al. published findings in 2016 which advocate that larger doses of dance participation may be required to produce stronger effects, particularly for novice dancers. Viewed in line with the previously discussed literature which supports dance as a suitable form of exercise for older adults, this area warrants further exploration and continued research in order to ascertain with greater certainty the extent of dance participation required to elucidate a physiologically significant response.

Wellbeing

The CASP 19 questionnaire was carried out pre and post intervention ($n = 41$). The mean score for all 19 questions improved, suggestive of an improvement in the participants' perceived quality of life.

Most notably, scores from five statements, noted below, demonstrated statistically significant variance (Mann-Whitney U test), supporting the conclusion that participation in the dance classes had a positive impact on participants:

- *I feel full of energy these days*
- *I choose to do things that I have never done before*
- *I feel satisfied with the way my life has turned out*
- *I feel that life is full of opportunities*
- *I feel that the future looks good for me*

This is an important finding with significant impact having been demonstrated in relation to all of the above statements. This supports the suggestion of dance provision for older adults for biopsychosocial benefits.



Other observations

Throughout the project, focus groups were held during which the six teachers and their mentor shared experiences and reflected upon teaching approaches and participant response. Primarily, the discussions addressed effective strategies to facilitate progression for participants (who presented with wide-ranging physical and cognitive abilities) and assess how feedback is best provided to support participants' engagement.

The data collected from all of the above will contribute to development of resources and training for teachers wishing to undertake further work in this field.



It is hoped that the specialist training to support teachers in developing their skills and confidence in working with older adults as well as raising the profile of dance as a highly beneficial activity for older adults will promote uptake and encourage others to get involved. The RAD will be continuing to develop the necessary resources, training, support, and networking opportunities to ensure access is widened and the work that has begun continues with the much needed support of robust research and institutional expertise.

Teaching practice

Emma's reflections on working at Roseberry Mansions

Throughout my teaching career I have taught creative and contemporary dance to children and young people. In more recent years I have specialised in teaching individuals who have a range of additional or 'special' learning, behavioural and physical needs which often limit their understanding, development or mobility. I wanted to extend my teaching practice to include working with older adults when the opportunity to be involved in the second phase of the Dance for Lifelong Wellbeing project came along. I was particularly drawn to this project because of the training opportunities and continuing support. I felt this would allow me to build on my existing strengths while developing new skills, and in turn, to be able to share best practice with fellow practitioners who share my interest in working with older learners.

The sessions I taught took place in a residential care home that provides independent living flats with support and personal care services. Residents are aged 55 and over and live there for both short and long periods of time. I very quickly discovered that there were vast similarities between my teaching practice in special educational needs setting and with the older learners. For example, it often takes many of the children I work with a long period of time to respond or participate as the speed at which they process information may be delayed. Lots of prompting and encouragement is given to the children in the form of physical demonstrations, verbal instructions or reassurance and sometimes 'hand over hand' help if appropriate.

I observed the same happening with my older learners and so employed the same teaching and learning strategies during their sessions. This included the structure of the sessions which remained the same from week to week as well as the types of tasks. Through weekly repetition these movement tasks were gradually developed in complexity to scaffold the individual's learning. Adaptations and differentiations could also be offered to cater for the different needs and abilities in the group which could also vary from week to week.

A further strategy I regularly use in special needs contexts, is observing the participant's movement responses and incorporating these into what we're doing. I use this strategy throughout sessions, if appropriate, as it provides a sense of ownership over the movement which in turn empowers the individual.



For example, in the warm up I may include a 'follow me' approach to check children are focused, by listening, looking, and following the instructions. I also used this idea for similar reasons with my older learners. If someone is then performing a different movement, I would include it in what I'm leading. This can also act as positive reinforcement and encourage participants to join in.

The structure of my sessions that evolved during the project can be seen in the facing table:

Session structure		
Section	Task details	Music examples
Ice breaker: huge balloon	Passing the balloon around/across the circle using hands (or other parts of the body e.g. head or feet) to keep it in the air.	Classical or instrumental such as Ludovico Einaudi, Penguin Café, Bonobo or Mr Scruff.
Warm up	A series of 'exercises' in the order of: <ul style="list-style-type: none"> • Rubbing body parts and joints: hands, arms, shoulders, knees, etc. • Rhythmic body percussion patterns (like in a hand jive) • Feet • Arms and shoulders • Stretch sequence. 	Grease, Elvis, James Brown, Bobby Darin, Rolling Stones, the Beatles, Queen, Prince, Vangelis, David Bowie, Culture Club, Frankie Goes to Hollywood, Spandau Ballet, Chubby Checker.
Creative: Scrunchie (a large length of elastic made into a circle and sometimes covered by material)	Teacher led or initiated movements which could be repeated to create a sequence and gradually added to. Participants also contribute to the sequence.	I'm Gonna Wash That Man Right Out of My Hair (<i>South Pacific</i>), various other musical tracks e.g. from <i>Oliver</i> , Doris Day, Bee Gees, TV/film theme tracks (sometimes instrumental),
Water break		
Creative: Bowler hats	Teacher led or initiated movements which could be repeated to create a sequence and gradually added to. Participants also contribute to the sequence.	'Steam Heat' – Fosse.
Cool down	Repeat the stretch sequence from the warm up section.	Instrumentals from <i>The Sound of Music</i> , Louis Armstrong, Ludovico Einaudi, 'Somewhere Over the Rainbow', Penguin Café, James Horner.

This structure was created over a number of weeks and continually adjusted over time to best cater for the individuals in the group. The addition of the ice breaker task, using the huge balloon, after the first few weeks of the project, transformed the sessions and had immediate benefits. Those who had previously been quite reluctant to participate began to join in even if they had positioned themselves on the room's periphery. The balloon also attracted members of staff like a magnet, and they would participate spontaneously. The room became filled with laughter and lots of discussions about the balloon and how to work together to keep it floating.

Similarly to how the structure was developed over time, so too were the different sections of the session. During the warm-up I found that using short pieces of music for each task was the most effective. I could see that if a task, e.g. that focused on warming up the feet or arms, was too long once participants had stopped joining in, it was more difficult to re-engage them. Consequently I shortened each aspect of the warm-up, as it was more realistic to expect participants to be able to join in for that length of time and gain a sense of achievement from joining in from start to end.

The use of different props was also developed during the project. However, the main advantage of using the props was that it took the pressure off participants, as the focus became about the prop moving rather than themselves. They were also an extension of the body, and movements became larger as it was more beneficial for individuals to think about raising the hat higher rather than their own arm.

One very important consideration for my group was the music I used. I usually changed this from week to week, especially in the warm-up section, as I think that some people came as much to listen to the music as they did to dance. If a piece of music received a particularly positive reaction, it would reappear every few weeks. Participants would also request what music they would like to hear the following week. The group I worked with really liked musicals and classic films, and this dictated what I used, although as can be seen from the table, I used a very wide range of music. One participant saw me unpacking the bowler hats one week and commented that it must be for a Fosse dance – and so that is what we created when I had initially intended to use different music. This dance was created using imposed movement from myself combined with the participants ideas which they volunteered. (Gonna wash that man right out of my hair – scrunchie – imagery from song)

One of the big achievements for my group, was that they were able to participate more independently and had more stamina, as they were able to keep moving continuously for much longer periods of time. As a result, their confidence grew and they started to believe that they were able to do things that previously they thought weren't possible. In fact, during the ice breaker task it was often surprising to see the force with which participants would hit, rather than tap, the balloon, and they often impressed themselves by their own strength. The social aspects of attending the sessions also became increasingly important. At the beginning of the project participants would take part in the session and then go back to their own flats. Over the weeks they would gradually stay for longer and longer for a cup of tea and a chat with myself and other residents, which led to them developing new friendships. Conversations also began to filter into the sessions, and rather than it feeling like I was talking to myself, as participants would reply to my questions, they'd make a joke or even talk to each other – which didn't happen when the project first started.



On 30 September at the Dance for Today event, I shared some of the most effective aspects of my sessions with participants. I would not have been able to do so if it hadn't been for having the opportunity to develop and transfer my skills over an invaluable 12-week period. This was also supported by being exposed to a range of experienced practitioners through the training opportunities provided for all the participating teachers. In addition, I was also inspired to participate on other training courses, such as the Dance for Parkinson's course, as part of the People Dancing 2016 Summer School, as I wanted to continue developing my own practice.

Suki's reflections on working at Roden Court

We started the project with simple and repetitive movements which they followed easily. They were given more challenges each week, which they took on board and trusted me to help them.

They loved the red bowler hats (I learned later that red is a good colour for dementia patients). We developed from just using the hats (e.g. raising the hat off the head to a straight arm – as near as they could) to coordinating arm movements with the hat and feet. We also did 'canon' movements, with me giving them a number and them having to bring down their hats and hide their faces with them when their number was called out in the routine. We also tried a Mexican wave, which they attempted well. By the end of the 11th week they were following me well and were able to follow and create a simple routine.



We used tambourines to keep time, which they enjoyed. Again, we started off very simply, but by the end of the project I had divided the class, where half would hit the tambourines in half-notes (minims), and the other half hit them in quarter (crochet) notes. The class became very excited with this!

I used a lot of varied music, and over time I realized how powerful music could be. For example, I would put on standard 4-4 instrumental music to rehearse the participants for the bowler hat and tambourine sequences, but when I put on 'Chicago' and (especially) 'Hava Nagila' the atmosphere became vibrant and charged with enthusiasm.

We were all saddened at the end of the project, as we had built up such a good relationship with each other. The participants had used the class as much as a social and bonding morning as a dance class – they enjoyed being called my 'Diamond Dancers'! All in all, I think the 11 weeks had a positive effect on the participants – physically, socially, and to build confidence.

I have started a Lifelong Wellbeing class in Oxshott, Surrey. At the moment I only have a couple of people attending, and I feel I need marketing leaflets and cards to give out to those who attend the various Arts and Crafts sessions or lunches that cater for the seniors in the community. This planning is in hand, and I will start in earnest very soon, marketing the classes for September.

I have also become somewhat involved with Dementia UK on the Isle of Wight. Last Friday, I held a taster session for a care home on their open day, where I met one of the leaders of Dementia UK, a lady who oversees three Care Homes Plus dementia cafés. She is also the patron of a charity that is involved with deploying Admiral Nurses on the Island (like MacMillan nurses but specifically for carers of dementia sufferers), all of whom saw the class. They were eager and excited to take the work of the RAD to a wider community.

I have also been in touch with a National Health campaign called 'My Life – A Full Life' which is investigating the welfare of the older community on the island and how to improve the lives of the residents. They were interested in what we have to offer and have said they will get back to me when they are ready to approach dance and wellbeing as part of their project.

To finish, I would like to thank the RAD and the dance artists who have inspired me to continue and grow this work.

Resource development

As stated above the findings will be used to develop teacher resources for those working with older learners. The following example is a taste of how the research has been used in the designing of dance activities.

Activities to develop choreographic material

The activities below were taught in the Dance for Today event as part of the Dance for Lifelong Wellbeing Project. The selected activities draw upon workshops and training days delivered during the project, including Diane Amans's course "Older People Dancing" (2016) and Charlotte Tomlinson's presentation on "Safe Dance Practice: Working with Elderly Participants" (2016). Other activities aim to explore approaches to develop choreography with focus on creativity and self-expression.

General tips / things to consider:

- Be interested in your participants
- Face participants as much as possible and encourage eye contact
- Try to eliminate background noises
- Lead with non-verbal instructions when appropriate
- Demonstrate suggestion of movements but avoid demonstrating too much
- Use familiar language
- Choose movement material according to participants' ability
- Provide alternatives when necessary
- Use positive statements

Activity	Teaching points/safety considerations	Activity	Teaching points/safety considerations
<p>Starter activity</p> <p>Starts with walks through studio space with movement of finger, hands, wrists, shoulders and arms (gradually increasing the range of movement).</p> <p>Walks can vary in levels.</p> <p>In a circle, include movements focusing on transfers of weight, knee bends and small balances, this includes: sideways and forwards/backwards sways; leg swings with hold of hands; knee bends (single and double bounces); circles (inwards and outwards movements with different body parts); body rub and taps; etc.</p>	<p>This is taken as a 'follow me warm-up' activity. It aims to raise the pulse and increase mobility.</p> <p>Warm-up activities should be gradual and include dance style specific activities and relate to movement material in the session.</p> <p>Emphasise use of breath throughout.</p>	<p>Ribbons – Introduction to shapes</p> <p>Prop: Long ribbons</p> <p>Each participant with a ribbon stick.</p> <p>Participants can be placed in sub-groups according to colour of ribbons.</p> <p>In a circle, ask participants to draw the first letter of their name with the ribbon (in the air). Each participant performs their shapes and others will copy. This can develop as follows:</p> <ul style="list-style-type: none">• To draw letters while walking through space• To draw other letters, full name, or copy others• To explore drawing different shapes• Use of levels• To copy shapes from others	<p>This activity aims to promote interaction between participants (with no or minimal verbal communication). The use of props facilitates participants' engagement in the task, serving as a starting point for movement development, and allows participants to share something in common.</p>

Activity	Teaching points/safety considerations
<p>Canon and contact improvisation</p> <p>Participants placed in a small round shape, all facing same direction. One participant starts and acts as the first leader. After performing a short motif, he/she passes it to another participant, who will take the lead.</p> <p>This activity has potential to develop into a long motif/ choreographic piece. Ideas for developing the sequence:</p> <ul style="list-style-type: none"> • Add entrance into performance space • Pause and moments of stillness • Divide participants into sub-groups (after first 'follow the leader', participants can repeat the same task in smaller groups) • Contact improvisation can be further explored with use of props such as ribbons and scarves 	<p>Work in small groups and move from one shape to another. This can be developed by using different tempos, levels and movement relationships such as canon or unison.</p> <p>Movement material should be steady, with sense of fluidity, focus on relaxation of knees, and use of levels.</p> <p>Keeping it at slow pace will enable participants to copy from one another with ease.</p> <p>Contact improvisation is introduced after 'follow the leader'. This can be initiated as a mirroring activity and exploration of balance/counter balance positions.</p> <p>The idea here is to avoid verbal communication and encourage eye contact and contact of different body parts.</p>

Activity	Teaching points/safety considerations
<p>Cool down</p>	<p>Simple stretching which can include stretch of neck & shoulder rolls, gentle arm circles, and sideways reaches.</p> <p>It is nice to finish the session with interaction of eye contact between participants. There are different ways of doing this: holding hands in a circle, passing on a 'thank you', shoulder rubs and handshakes.</p>



Activity	Teaching points/safety considerations
<p>Long scarf motif and partner work</p> <p>The long scarf is utilised as a form of characterisation (skirt, top, cape, etc.), encouraging movement exploration.</p>	<p>Use postcards to find a shape for a starting position.</p> <p>Work in small groups and move from one shape to another. This can be developed by using different tempos, levels and movement relationships such as canon or unison.</p>

Reflections

The project was successful, beyond its initial remit to collect data to show the impact of a dance intervention. The following areas have had a beneficial impact upon the local community in Wandsworth, and more widely in London. The project:

- successfully delivered 12-week sessions of weekly dance classes to older learners, to 7 separate groups of learners, totalling 89 participants,
- trained and mentored 6 dance teachers to work with older learners,
- shared insights gleaned from project with approximately 160 attendees at the Dance for Today event in September 2016, and
- contributed to the RAD sustainability strategy to ensure that preparing dance teachers to work with older learners becomes an element of all the initial teacher training it provides.

Challenges

- Individual differences in participant age, overall health and well-being, previous experience, baseline quality of life, balance and physical activity levels will allow for study of impact. However, the lack of normative data available will not support comparison with other research of a similar nature.
- The total sample size is estimated to be approximately 120. The aim will be to encourage as many participants as possible to participate in and give informed consent for inclusion of their data in the research as, the larger the sample size, the greater the statistical power of resultant data analyses. This thereby increases extrapolation potential in making generalisable recommendations for practice and future research.
- There will be different teachers delivering sessions and this, along with the varied ability of participants, denies researchers the opportunity to fully standardise the intervention delivery. In order to maximise consistency within these confinements, teachers will all attend the same three-day training, during which they will be equipped with the skills to deliver the desired content and make informed modifications according to the needs of participants.

Teachers and venues

Mentor

Sarah Platt

Teachers

Julie Foord

Diane Hiscock

Emma Jones

Suki Turner

Ann-Kathrin Ulmann

Thomas Michael Voss

Venue partners

Esther Randall Court, One Housing
Roseberry Mansions, One Housing
Royal Academy of Dance
Second Half Centre
St Margaret's Activity Centre
White City Community Centre



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