



Royal Conservatoire  
of Scotland

**SCOTTISH  
BALLET**

*Time to Dance:*  
Exploring the  
Experiences of a  
Dementia-Friendly  
Programme

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## Executive Summary

### Background

*Time to Dance* is a weekly dementia-friendly programme developed by Scottish Ballet, Scotland's national dance company, and forms a key part of SB Health<sup>1</sup>. The overall aim of *Time to Dance* is to positively impact on the quality of life and wellbeing of all participants involved.

### Aim

This evaluation of the three-year programme (2017-2020) had the following dual aim:

- To explore the narrative, framework, and efficacy of the programme and model of practice developed by the Company.
- To understand the social and emotional experiences of all groups of dancers involved.

### Methods

A mixed methods approach drew on the UCL Museum Wellbeing Measures Toolkit (the Generic Wellbeing Questionnaire (GWQ) Short 6-item and Positive Wellbeing Umbrella Older Adult (MWM-OA)) (Thomson and Chatterjee, 2013), semi-structured and ethnographic interviews, and participant observation.

### Findings

Analysis of the MWM-OA showed improvement in group psychological wellbeing at each time point of the data collection period pre and post-session. The emotion 'cheerful' consistently achieved a higher score and 'Cheerful' and 'Enlightened' had the greatest increase pre-post session. Analysis of the GWQ demonstrated consistency of high scores for five of the six statements from the onset of data collection.

The framework guiding the evaluation approach and presentation of qualitative findings was comprised of four themes: autonomy, collaboration, creativity and dignity. Dancers emphasised the need to feel safe. Scottish Ballet responded through creating a programme and model that promoted independent decision-making, created a community, strengthened social relationships, and consulted and responded to the individual.

### Conclusion

The *Time to Dance* programme and specific model of practice developed positively impacts on the quality of life of dancers with dementia, their family members, friends and carers.

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<sup>1</sup> Other programmes include *Dance for Parkinson's Scotland* (2016-2021), run in partnership with Dance Base, Edinburgh, and *Elevate™*, working with dancers with multiple sclerosis.

## 1. AIM AND CONTEXT

### 1.1. Aim of the Evaluation

Scottish Ballet's dance health initiative<sup>2</sup> launched in 2016 with the *Dance for Parkinson's Scotland (DfPS)* run in partnership with Dance Base, Edinburgh. Since then, Scottish Ballet has independently developed two further dance health programmes, *Time to Dance (TTD)*, a dementia-friendly programme (2017-2020<sup>3,4</sup>), and *Elevate™* (2018-2019<sup>5</sup>). The former, supported by key funder Life Changes Trust, is the focus of this evaluation.

The overall aim of *Time to Dance*, a programme of weekly classes taking place at Scottish Ballet headquarters at Tramway, Glasgow, was to enhance the quality of life of people living with dementia, their family members, friends and carers, through increasing social confidence, communication, and freedom of movement and expression.

Reflecting the overall programme ethos and context (explored in [Dance for Dementia](#)), this evaluation aimed to:

- Explore the narrative, framework, and efficacy of the *Time to Dance* programme and model of practice developed by the Company.
- Understand the social and emotional experiences of all groups of participants involved.

This evaluation has an especial focus on the experiences and 'voices' of the dancers with dementia or dementia-like symptoms.

### 1.2. Dementia

Dementia is a neurological and progressive condition, encompassing Alzheimer's disease (comprising 60-80% of cases), dementia with Lewy bodies (DLB), and vascular dementia, and can have a severe and increasing impact on an individual's quality of everyday life. Symptoms linked to cognitive ability and emotional regulation that can lead to anxiety and depression, include confusion, communication difficulties, and memory loss. Dementia affects how an individual behaves, feels, and thinks.

Within the UK, there are close to 885,000 older people with dementia, including 66,300 living in Scotland (Wittenburg et al, 2019). 44% of the costs are accounted for by unpaid

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<sup>2</sup> Now branded as SB Health: <https://www.scottishballet.co.uk/join-in/sb-health>

<sup>3</sup> The end date given reflects the initial funding and evaluation period.

<sup>4</sup> The greater *TTD* programme involved two strands: activity in local care homes, and a regular weekly programme of classes at Scottish Ballet's headquarters in Glasgow. This evaluation focuses on the latter.

<sup>5</sup> The end date given reflects the initial funding and evaluation period.

care, with a projected increase of 150% in the next twenty years (Wittenburg, 2019).

Quality of life and wellbeing typically declines for an individual with dementia, impacted upon by a diminished capacity to communicate, while the need to do so increases exponentially (Lokon et al, 2016). A sense of realisation can run parallel to the condition progressing, affecting an individual's ability to understand and communicate their sense of their changing world (Hamill et al, 2022). An increasing psychological and physical dependency on others can compound in a loss of personhood, defined as 'a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect, and trust' (Kitwood, 1997, p. 8 cited in Lokon et al, 2016, p. 3). Diminishment of personhood can result in 'excess disability', a concept characterised by a discrepancy between actual and perceived functional limitations of an individual living with dementia (Chung, 2004 cited in Lokon et al, 2016).

A plethora of studies (e.g. Hamill et al, 2011; Matthews et al, 2001; Thomson et al, 2018), evidence the benefits of meaningful recreational activities across domains (i.e. arts, heritage, physical activity) in increasing quality of life and wellbeing. Yet, activities need to respond appropriately to the emotional, social, and physical needs of individuals engaging. Frequency and intensity of physical activity undertaken by people with dementia is significantly lower within studies involving control groups (Hartman et al, 2018; van Alphen et al, 2016), with increasing sedentary behaviour and lifestyle further decreasing quality of life. Hamill et al (2014) emphasises the importance of seeking understanding of people's experiences to alleviate anxiety and distress and to enhance individual wellbeing.

### 1.3. Dance for Dementia

In contrast to the dominant dance for Parkinson's and dance for MS literature that use standardised measure to consider the effect on particular (often physical) symptoms, literature considering the more therapeutic and holistic benefits of dance for people with dementia is longstanding. (See for example, Coaten, 2001; Donald and Hall, 1990; Duignan et al, 2009; Hirsch, 1990; Jerome, 2002; Newman-Bluestein and Hill, 2010; Nystrom and Lauritzen, 2005; Violets-Gibson, 2004; Wilkinson et al, 1998). Psychosocial interventions, retain a focus on reducing symptoms, and generally involve individuals at the early and mid-stages of experiencing dementia.

More recent studies consider the impact of dance on wellbeing (mood, communication and concentration) (Hamill et al, 2014) and impact on interpersonal relationships (Smith et al, 2012). The applicability of Dance Movement Psychotherapy (DMT) for working with individuals with dementia has been considered (Hokkanen et al, 2003), with a second study more specifically focused on the potential of DMT for improving cognitive behaviour and level (Hokkanen et al, 2008). Studies that take a focus outwith impact and effect on



symptoms consider the practical design, delivery, and evaluation of a dance for dementia programme (Coates et al, 2013) and the potential for considering the kinaesthetic and embodiment (Coaten and Newman-Bluestien, 2013).

Evaluations of dance for dementia UK programmes are another valuable resource. Independent evaluations have been carried out for Green Candle Dance Company (Vella-Burrows and Wilson, 2016) and the partnership between Dementia Life and New Adventures and Re: Bourne (the Dance for Life programme) (Minghella, 2016). Both conclude that the respective programmes impact positively on the wellbeing and quality of life of dancers involved and had a wider focus on the impact of participation for staff and caregivers. Vella-Burrows (2016) additionally considered the feasibility of a national programme. A third evaluation, Dancemind's 'Moving Memories', similarly concluded that a positive impact on wellbeing was felt (Spitzer, 2011).

The literature cited here can be further defined through a focus on activity taking place within care homes and hospitals (rather than external environments) (e.g. Duignen et al, 2009; Hokkannen et al, 2003; Minghella, 2016; Spitzer, 2011; Vella-Burrows and Wilson, 2016). Literature often shares a focus on the potential benefits and effect of dance as an intervention (e.g. Hamill et al, 2011) and the general absence of practical guidance and the experience and 'voices' of the dance practitioners' has also been noted (Coaten et al, 2013). The above literature, involving individuals with dementia, draws on a range of methods including qualitative only (Smith et al, 2012; Spitzer, 2011), mixed methods (Minghella, 2016; Vella-Burrows and Wilson, 2016), and quantitative measures only, completed by caregivers or the researcher (e.g. Guignen et al, 2009; Hamill et al, 2011; Hokkannen et al, 2003; Rösler et al, 2009). In addition, several studies are defined as being pilot or feasibility studies taking place over a relatively short amount of time, for example eight weeks (e.g. Minghella, 2016) or 10 weeks (e.g. Hamill et al, 2011).

Additionally, a number of dance health literature reviews specifically focus on, or make reference to, dance for dementia within a wider focus on dance for older people (e.g. Connelly and Redding, 2010; Guzmán-García et al, 2013; Karkou and Meekums, 2017; Keogh et al, 2008). Two of these, Guzmán-García et al (2013) and Karkou and Meekums (2017), focus explicitly on dance and dementia. The latter is limited to Dance Movement Psychotherapy although Guzmán-García et al (2013) argue that varying definitions of intervention dance e.g. dance therapy, dance movement therapy, therapeutic dance, social dancing, are not differentiated between in practice. Guzmán-García et al (2013) conclude that dance interventions may have an effective and cost-effective impact on mood and social interaction within long-term care settings, while Karkou and Meekums (2017) note the complexity of research in this field and the need for interventions to be thoroughly described.

Noting the above context, this evaluation of Scottish Ballet's *Time to Dance* programme further contributes to the evidence base in a number of ways. First, through its focus on a long-term programme (involving 18-months of data collection). Second, in drawing on mixed methods including the use of measures designed specifically for working with people with dementia. Third, through an explicit focus on the model of practice developed by Scottish Ballet.

#### 1.4. Introducing *Time to Dance*

To reiterate, the overall aim of *Time to Dance* was to enhance the quality of life for people with dementia, their family members, friends and carers, through enhancing social confidence, communication, and freedom of movement and expression. The programme name reflects the importance of being 'in the moment' and the quality of a particular experience, rather than making an explicit link to symptoms of dementia that often dominate thinking i.e. memory.

*Time to Dance* launched in summer 2018 with an hour-long class on a Sunday afternoon, with a circa 30 minute social café taking place pre and post-session. Classes took place during term time, albeit with shorter breaks in between to promote continuity. The programme welcomed dancers with dementia-like symptoms, and dancers experiencing varying types and stages of dementia. Family members, including children, friends and carers were welcomed with *Time to Dance* promoted as an intergenerational programme. From an initial core of circa three dancers with dementia, often joined by a family member, friend or carer, the end of the data collection period (spring 2020) regularly welcomed an average of 12 dancers with dementia to each class. An additional group of dancers from a local dementia-friendly community organisation also attended every other week (with transport costs covered by Scottish Ballet). In March 2020, there were 43 participants on the weekly class register. 19 (11 living with dementia) of these participants were repeat attendees (based on participants coming at least twice a month). This figure contrasts to late 2018, when the Company reported 12 regular attenders, six living with dementia. For GDPR reasons, Scottish Ballet regularly remove the names of individuals who have not re-engaged over a 12-month period.

All SB Health programmes share a certain ethos and set of values. Classes are dance and dancer-centered and inspired by the repertoire and artistic vision of the Company. Classes take place with live music and incorporate a social time with refreshments provided. Dancers are invited to dress rehearsals and Company productions, with the aim being to feel a part of the greater Scottish Ballet community.

### Key members of the *Time to Dance* team include:

- Catherine Cassidy, Director of Engagement
- Lisa Sinclair, Dance Health Manager
- Sara Kemal, Special Projects Manager (and formerly Freelance Practitioner on *TTD*).
- Miriam Douglas-Early, (former) Dance Health Co-ordinator
- Tiffany Broadfoot, (former) Dance Health Officer
- Louise Hunter, (former) Dance Health Officer / Associate Dance Health Officer
- Elaine Convery, Dance Health Officer
- Amy Cobb, Associate Dance Health Officer
- Hayley Earlam, Freelance Practitioner
- Adam Stearns, Musician
- Signy Jakobsdottir, Musician

### Training and Development

From the onset, collaboration, consultation, and training activity guided the development of the *Time to Dance* programme and model of practice developed. An extensive research and development period was informed by training from national dementia charity, Alzheimer Scotland, arts organisation, Hearts and Minds, NHS Scotland and fellow national dance organisation, Rambert, that also run a dementia-friendly programme. Aspects of models used by Hearts and Minds and Rambert provided a starting point for the development of *Time to Dance*.

Training was opened out across the whole Company in order to support organisational commitment to becoming dementia-friendly, resulting in greater awareness across the Company, and shaped both activity within the studio and physical changes being implemented in the greater Scottish Ballet building. Regarding, for example, use of colour with toilet seats changed, walls painted, improved signage and more accessible font and branding used on SB Health resources.

In addition to running taster sessions in spring 2018, before the onset of the regular programme, Scottish Ballet undertook two case studies, working with a dancer who is part of *Regenerate*<sup>6</sup> and a former professional dancer who has dementia, to seek their advice and feedback.

Consultation was a key component of the ongoing development of *Time to Dance*, particularly with participants involved in the class and this process is explored further in the **Discussion**.

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<sup>6</sup> For more information: <https://www.scottishballet.co.uk/event/regenerate>

## 2. The *Time to Dance* Programme and Model

The process involved in developing the programme and model of practice, and the importance of some of its elements, feature prominently in the **Discussion**. This section draws together those key learning experiences and reflects the model of practice followed at the close of this evaluation.

A film<sup>7</sup>, produced by the Company, offers a visual insight into the programme.

### Recruitment

- Recruiting for the programme was initially a challenge. Unlike other SB Health programmes, dancers with dementia are less likely to be reached directly, necessitating direct contact with individuals (e.g. family members and carers) who can encourage and enable a dancer to attend.
- Substantial in-person investment was made through visiting dementia cafés and local care homes. As Scottish Ballet grew its own community, and became further involved in existing dementia activities and services, word of mouth emerged as a more important recruitment tool than social media or flyers.

### Practitioners

- A three-tier system was in place. Two dance practitioners were involved in each class, with the lead practitioner leading the session (i.e. the only voice giving guidance and instruction) and being responsible for the flow and dynamics. The co-lead was responsible for managing the space and sharing any exercise modifications (e.g. a seated version of a standing exercise). A Support Dance Artist worked 1-1 with particular dancers.
- The model acted as a 'script', enabling individual practitioners to respond with their own artistic contribution, while ensuring consistency and familiarity of approach.
- Live music was provided by a musician contracted both for the class and, significantly, for the social café either side providing time and space for engagement with dancers who especially connected with the music.
- Staff and volunteers wear blue Scottish Ballet t-shirts within the studio for all SB Health programmes. For *Time to Dance*, this approach particularly benefited those dancers who had a visual impairment. Classes often began with the lead practitioner explaining that anyone in a blue t-shirt was available to give support.

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<sup>7</sup> Accessed from: <https://www.scottishballet.co.uk/join-in/sb-health/time-to-dance>

- Volunteers were involved primarily in welcoming people at Tramway's reception and bringing individuals up to Scottish Ballet's headquarters and later along to the social café after class. Volunteers also set up the studio and social café space and shared the social time with participants.

### Participants

- The class was intergenerational, regularly involving two generations of the same family, and occasionally, three generations. Rather than creating a 'space' for family members, friends and carers, the programme aimed to ensure that the class responded to everyone involved. It was important that family members, friends and carers felt a personal benefit.
- No formal diagnosis of dementia or information (outwith detail necessary to mitigate health and safety concerns) was required. Dancers could have dementia-like symptoms or be experiencing different stages and types of the condition.
- The drop-in nature meant there was always a need to tailor the class to who was participating, requiring flexibility and spontaneity on the part of practitioners to respond 'in the moment.'

### Content and Approach Within the Studio

- The pre-class social café was, in effect, the 'Settle'<sup>8</sup>. A traditional Settle can upset and cause anxiety for dancers with dementia, owing to its focus on stillness, inward reflection, and response to imagery.
- Class could begin with a series of yawns and 'big' shapes to wake the body up as well as simple clapping. Once this pulse was established and the connection to musician was clear, the model moved on, translating to other areas of the body and using the rhythm in a number of ways. Rhythm and body percussion were encouraged as a first task to establish body-mind connection, proprioception and, importantly, to establish the aural/musical cues, while also providing a safe and recognisable anchor point that could be returned to at any time or place within the class structure, if required.
- Connection to self and to the wider group was established and encouraged early on in the seated circle, through the abovementioned approach.

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<sup>8</sup> The Settle forms part of the *DfPS* and *Elevate™* programmes. Dancers are seated, often with eyes closed, and supported to (re) connect with their body through guided breathing, imagery, and movement.

- Within the seated section, classes also incorporated taps, flicks, waves, before moving into a series of mobilisation exercises, perhaps working on separate parts of the body in turn, before returning to a rhythmical section. The same mobilisation was taught every week to encourage muscle memory, in response to the benefits of repetition and having a familiar constant amid any changes in teaching staff. Barre work incorporated traditional exercises involving plié, tendu, glissé, and port de bras. Travelling, mirroring, or improvisation exercises with a partner then took place, perhaps incorporating group work, before taking a reverence.
- Repetition was important, performing extra bars of movement for people to engage and settle, before the exercise moved on.
- The model moved away from use the use of abstract imagery, concepts and language, working with a distinctly different delivery approach to *Elevate™* or *DfPS*, giving careful consideration to the use verbal cues and language, and how each task was initiated and structured. Dynamics were also quite different overall. Instruction was particularly clear when accompanying use of abstract thought, imagery, improvisation, and repertoire.
- The nature of the repertoire and how it was used was very important. Certain productions felt more appropriate to draw upon than others, and strong imagery and guided movement accompanied any teaching of rep. A particular theme could be more effective than specific movement.
- Transitions were very important, concerning moving between spaces but also in a more micro sense, between, and within, exercises and sections of the class.
- Props were removed as practitioners felt that they were not working effectively in enabling achievement of physiological or artistic aims within this particular environment.

### Time and Space

- Everyone began sitting in a single circle. Some people remained seated at different points or used a wheelchair throughout the class. Group work often involved dancing around and interacting with individuals (including a practitioner) who remained seated.
- Positioning within the space was particularly important for dancers with a visual and/or hearing impairment. Certain dancers benefited from sitting next to the musician or with having their back to the mirror. Another dancer benefited from facing the mirror.

- Some dancers required 1-1 attention with the Support Dance Artist either best placed directly in front of them, or next to them, depending on their particular needs.
- It could sometimes be helpful for a practitioner to sit between, or amid, certain pairs and groups who attend together enabling individuals to dance with different people.

#### The Role of Music and the Musician

- Music was abstract, rather than familiar, recognising that the latter can be over-stimulating in a setting involving people with a diversity of needs, and one that foregrounds the dancing.
- Music responded to the dancers and often employed a strong rhythm.
- The musician was active within the space and stayed for the social time. The music, rather than the dance, was often 'a way in' for dancers to engage and feel comfortable with conversations with the musician often facilitating this.

#### Social Café

- A social café took place before and after the class. This format acted as a transition space to both build up to and wind down from the activity in the studio.
- The social café was a safe space for people to get to know and support one other and, crucially, enabled practitioners to understand individual personalities, needs, and feedback.

#### Part of the Wider Scottish Ballet Community

- Participants were invited to attend Scottish Ballet rehearsals and productions at key points and, responding to individual needs, there was some flexibility with dates, times, and venue.
- On selected Sundays, *Time to Dance* participants were invited to watch rehearsals of the Youth Exchange<sup>9</sup> in the Peter Darrell Studio. There was also the opportunity to dance with the Juniors involved in the Company's Associates Programme.<sup>10</sup>

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<sup>9</sup> For more information: <https://www.scottishballet.co.uk/join-in/training-workshops/youth-exchange>

<sup>10</sup> For more information: <https://www.scottishballet.co.uk/join-in/training-workshops/associate-programme>

### 3. SUMMARY OF METHODS

To reiterate, the aims of the evaluation were to:

- Explore the narrative, framework, and efficacy of the *Time to Dance* programme and model of practice developed by the Company.
- Understand the social and emotional experiences of all groups of participants involved.

Data collection took place over an 18-month period from August 2018 to February 2020. The first 12 months involved sharing the UCL Museum Wellbeing Measures Toolkit (discussed below) every eight weeks. Interviews and participant observation also took place throughout the data collection period following the same pattern of eight-week intervals. This triangulation of data reflects an approach taken increasingly in other dance health research (e.g. Houston and McGill, 2011; 2012; 2015, Minghella, 2016; Vella-Burrows and Wilson, 2016; Whiteside, 2017; 2020), and can lead to a more complete, and richer, understanding of the setting under investigation.

Owing to the length and flexibility of the programme, and initial challenges with recruitment, participants continued to join the programme throughout the evaluation process. Varied and mixed attendance, led the researcher to participate in the class over two or three consecutive Sundays (every eight weeks) in order to involve a greater number of dancers and maintain consistency in administering the measures.

#### 3.1. Quantitative Measures

##### UCL Wellbeing Measures Toolkit

Thomson and Chatterjee (2013) designed the UCL Museum Wellbeing Measures Toolkit (the Generic Wellbeing Questionnaire (GWQ) Short 6-item and Positive Wellbeing Umbrella Older Adult (MWM-OA) with the aim of measuring psychosocial change through engagement with a particular recreational activity. The self-reported measures were designed following a consultation period with people with dementia concerning the use of words and colours employed (Thomson and Chatterjee, 2013; 2015). The 'umbrella' takes the shape of a hexagon and both the 'umbrella' and questionnaire employ a gradient of colours to represent the spectrum of possible responses (discussed below). The Toolkit aims to be clear and highly intuitive to complete.

The Toolkit focuses on aspects of wellbeing (emotion) that are most likely to be impacted upon over a short time-frame. The Toolkit has been used for museum (Chatterjee and Thomson, 2017; Poce and Re, 2019) and visual arts (Hollamby and Baum, 2016)



interventions over a period of two months to 12 weeks. However, this is the first known study to employ the measures within a dance setting and over an 18-month period.

For both measures (the MWM-OA and GWQ), dancers were asked to respond on a Likert scale of 1-5. For the MWM-OA, this corresponded to the *intensity* of six emotions felt, with 1 being 'I don't feel' and 5 being 'I feel extremely', giving an overall minimum score of 6 and a maximum score of 30. The six emotions are 'Absorbed', 'Active', 'Cheerful', 'Encouraged', 'Enlightened', and 'Inspired'. The 1-5 Likert scale employed by the GWQ Short 6-item asked the dancer to note *how often* they experienced each of six positive states of mind while participating in the *TTD* class, with 1 being 'None of the time' to 5 being 'All the time.' These statements are 'I felt happy', 'I felt engaged', 'I felt comfortable', 'I felt safe and secure', 'I enjoyed the company of other people', 'I talked to other people.' Noting possible tiredness and the importance of the social café to dancers post-class, the shorter GWQ Short 6-item was used.

### Experience of using the UCL Museums Wellbeing Measures Toolkit

The MWM-OA was used with dancers with less advanced dementia and the GWQ was used with dancers with more advanced dementia. In response to a programme involving dancers with varying stages and types of dementia, it was helpful to draw on both measures. Nine dancers participated in the former measure, and 13 dancers participated in the latter measure. Dancers were guided through the GWQ by the researcher or a family member, friend or carer and the groups reported that the questionnaire was simple and enjoyable to complete together. *Is that it done? Very quick*, commented one dancer.

Dancers shared their opinion that the questionnaire was much easier to respond to than the 'umbrella' owing to the more abstract nature of the latter. Significantly, reading out the GWQ statements to dancers often prompted further thoughts and conversations from the dancer and this additional, valuable, data was recorded. Concerning the MWM-OA, certain emotions sometimes needed to be rephrased or 'translated'. 'Enlightened' was sometimes better understood as 'Informed' and 'Absorbed' was sometimes better understood as 'Interested.'

Additional concerns and experiences in using the Toolkit, in relation to potential effect on, and usefulness of findings, are discussed in [Limitations](#).

### 3.2. Qualitative Methods

#### Semi-structured Interviews and Ethnographic Interviews

Semi-structured interviews allow rich detail and narrative to be gained that is personal to the interviewee and the approach constitutes a flexible model that enables new and significant topics and themes to arise. Semi-structured interviews took place with the practitioners involved at regular intervals throughout the programme. This was felt to be especially important as core team members left and other colleagues joined to lead the classes. Seven semi-structured interviews took place with dance and music practitioners. The interview framework focused on: the development of the programme and model of practice, the learning taking place, perceived challenges and successes concerning social connections, relationships, enjoyment and fun, and the experience had.

Ten semi-structured interviews took place with dancers with dementia, family members, friends, and carers; again, these were interspersed throughout the data collection period. Different groupings were involved in the interviews, for example, a husband and wife, or mother and daughter, as felt most comfortable and appropriate, as well as individual interviews. Often, these interviews took the form more of a conversation or discussion, and focused very much on the experienced of being involved.

Ethnographic interviews (directed conversations that take place in the field) took place throughout the data collection period and became increasingly important for capturing experiences 'in the moment' while dancing, or moving between spaces, or having a drink in the social café together.

All interviews were audio recorded or written into field notes. Semi-structured interviews were fully transcribed.

#### Participant Observation

Participant observation (involving dancing with the class and socialising afterwards) ran parallel to the timeline adopted for the Toolkit, enabling detailed field notes relating to the programme and model of practice evolving and the participants' responses to this development to be noted. Within a context of creating a safe and secure atmosphere, participant observation was also particularly important for establishing a relationship with all the participants involved and to 'feel' the dancing being performed.

Following each class attended by the researcher, a 'check-in' and conversation with the practitioners took place with their reflections feeding into the field notes recorded. This approach became increasingly important as the model and programme developed.

### 3.3. Analysis

Following the guidance laid out by Thompson and Chatterjee (2013; 2014), the mean was calculated with both measures to understand each group's responses to psychosocial emotions at the relevant time point. Analysis of the MWM-OA demonstrates the difference pre and post-session across the data collection period (Figure 1) and the scoring of different emotions at each time point (Figures 2-6) and across the data collection period (Figure 7). Analysis of the GWQ considers the responses to the six statements over the data collection period. As discussed in **Limitations**, it was not possible to undertake statistical analysis and descriptive statistics are presented here.

Qualitative data was analysed through the creation of a grounded coding frame (McCaslin and Scott, 2003). Inductive analysis ensures that key themes and patterns arise from the data. Through drawing on both interviews and observations, involving multiple groups of people, and at different time points, it was possible to follow up on and crosscheck certain thoughts and opinions. The involvement of a core group of participants (attending from the very beginning) was integral for understanding perceptions throughout the programme.

### 3.4. Ethics

Evaluation can be intrusive, if not invasive, and this evaluation was carefully designed to involve and work with dancers deemed to be vulnerable through experiencing cognitive and/or sensory challenges.

Scottish Ballet explained to individuals, when joining *Time to Dance*, that an evaluation was taking place and shared some initial information to introduce the work. The Company supported the logistics of the evaluation throughout, for example, through ensuring that the necessary time and space could be given to promote a sense of comfort and consistency.

Following consultation with dancers and family members, friends, and carers, informed consent was given either by the dancer, or proxy consent was given, as appropriate. Informed consent was also given by individuals participating with the dancers and from practitioners involved in the classes. Large font and easy read versions of consent forms and participant information sheets (which differed slightly depending on the role of the receiver) were produced.

The evaluation design drew on quantitative measures designed with, and for, individuals with dementia to complete in relation to recreational activity, and qualitative methods designed to elicit a positive effect (i.e. the opportunity to share opinions and experiences). Feedback was regularly solicited from the dancers completing the UCL Museum Wellbeing

Measures Toolkit. Semi-structured interviews place in a quiet meeting room and, early on, (former) Dance Health Co-ordinator, Miriam Douglas-Early, suggested playing the same playlist from the social café and moving some of the brightly coloured cushions through to create a link between the two spaces. This was felt to have a positive impact.

Although this evaluation overtly sought to establish a connection with participants, and the dancers, in particular, to understand opinions and experiences, this work naturally aims to avoid giving any identifying detail and the discussion results from a thematic approach. On occasion, throughout the **Discussion**, the third person pronoun is used in place of the pseudonym appointed. Otherwise, pseudonyms are employed when drawing on the experiences and opinions of dancers. Scottish Ballet staff and freelance practitioners are credited given their involvement in the programme in an expert capacity. The ‘voices’ of participants are drawn upon throughout and are largely included verbatim (ensuring the meaning is clear without the benefit of body language and tone), respecting the diversity of people within the space, including dancers with dementia and people who speak English as a second language.

Storage of, and access to, data, met GDPR regulations.

The Ethics Committee of the Royal Conservatoire of Scotland (RCS) granted ethical approval.

### 3.5. Limitations

A number of variables shaped the evaluation undertaken and, thus, may have impacted upon the quantitative findings presented, in particular.

First, the model of practice developed throughout the data collection, as the Company explored different ways of working, meaning that dancers were completing the measures in response to a slightly different experience each time.

Second, the ‘real world’ rather than experimental setting had a further impact on use of the Toolkit through mixed attendance patterns and people joining at different points. Interestingly, attendance was generally lower when the weather was very good, or very bad, and, unsurprisingly, on those Sundays that were a Bank Holiday, Mother’s Day, or Father’s Day. This understanding had to be built into the data collection process.

Additionally, owing to the initial low recruitment and aim of creating a comfortable experience for all, data collection began at the start of the second term of activity. Hence, there is no baseline. Mixed attendance means that the number of dancers involved in completing the measures at each time point varies, and one of the six time points is not included in the analysis of the MWM-OA as only one dancer completed that measure.

Owing to the developing model within the studio, mixed attendance patterns, lack of a baseline, and the relatively small sample involved, statistical tests for determining whether the findings may have wider applicability were not possible. It was also not possible to 'chart' an individual's scores over time, thus, the findings in the next section should be read as a 'snapshot' of responses from dancers attending at that particular time point.

It was important to ensure the necessary time and space for dancers to complete the measures pre and post-class. This was challenged by a need to 'protect' that 'transition' time of arriving and getting settled. A number of dancers would also arrive close to the session start time adding a further challenge.

The MWM-OA 'umbrella' measure was completed 'in the moment' immediately before and after class, during the social café. The welcoming atmosphere, familiarity of people and space, and expectation of dancing together may have impacted on positive responses given in the pre-session measure. Similarly, although dancers were asked to respond to the class activity, concerning both the 'umbrella' post-session and GWQ, some individuals may have been responding to the experience as a whole, the social cafés and dance class.

Although some discussion took place within the interviews, concerning dancers' individual symptoms and experiences of dementia, when led by the dancer, there was no specific eligibility criteria for taking part in either the project or the evaluation. Further detail was not requested (aside from where specific health and safety concerns had to be mitigated). Indeed the premise of *Time to Dance* was to welcome a diversity of participants, including dancers with dementia-like symptoms. Thus, detail pertaining to medication, stages and types of dementia, were not accounted for within this evaluation. This approach promoted a certain accessibility but means that it is difficult to ascertain if the *Time to Dance* model and programme is particularly impactful for certain dementia populations.

In response to the limitations laid out above, findings presented should be treated as indicative rather than representative. However, as discussed in [Dance for Dementia](#) (pp9-10), this evaluation does contribute to and resonate with a wider literature exploring the positive impact of dance for people with dementia and fulfils the aim of understanding dancers' experiences of participating in *Time to Dance*.

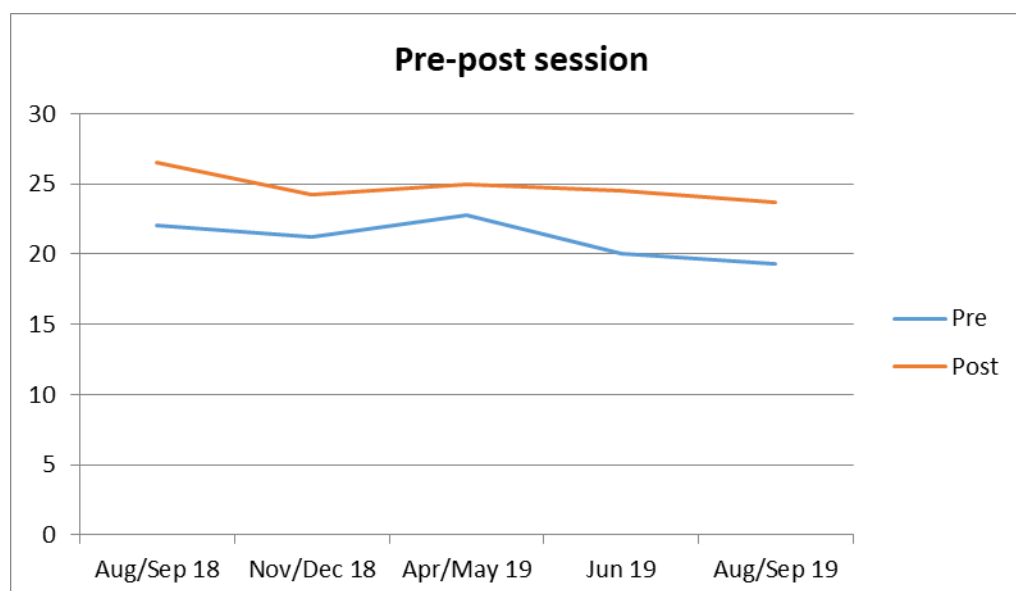
#### 4. PRESENTATION OF QUANTITATIVE DATA

The aim of using the Toolkit was to understand the self-reported experience of mood and emotion through participating in *Time to Dance*, reflecting both the programme and evaluation aims.

##### 4.1. UCL Museum Wellbeing Measure – Older Adult (MWM-OA)

The below figure<sup>11</sup> shows the mean pre and post-session score recorded over the data collection period. Although there is no discernible increase in group psychological wellbeing over time, improvement in emotion and mood pre and post session is consistent for each time point, and evident through both group analysis (demonstrated below) and analysis of the scores of individual dancers.

Figure 1: Pre-post session means across the data collection period (MWM-OA)



The mean score of each emotion pre-post session at each time point was also examined (Figures 2-6, below) and across the data collection period (Figure 7, below).

Figure 7 shows improvements with all six MWM-OA emotions. From the below figures, we can see that the emotion 'Cheerful' consistently achieved a higher score at individual time points and across the data collection period as a whole. 'Cheerful' and 'Enlightened' have the greatest increase pre-post session and 'Active' consistently achieved a lower score and shows the smallest difference pre-post session. Notably, a response was given to the

<sup>11</sup> To reiterate, the researcher attended on circa three consecutive Sundays every 8-weeks (to explain the dates given on the horizontal axis).

emotion 'Active' *after* the dance activity, as opposed to *during* it. Interestingly, Figures 3, 4, and 6 show a (albeit small) decrease in feeling 'Active', reflecting the comments of dancers shared immediately after class (relating to a feeling of tiredness), but contrasting with detail shared by family members and carers about an increase in energy noted later in the day.

Figure 2: Pre-post session changes, Aug/Sep 18

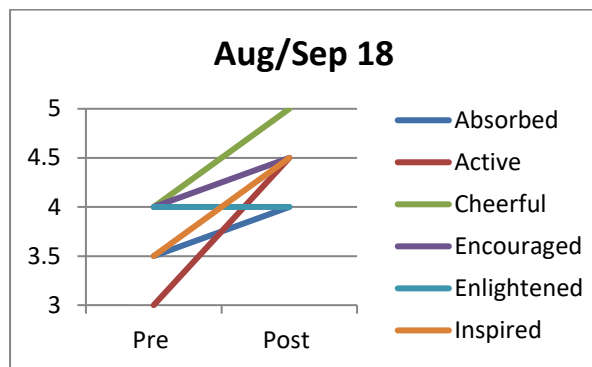


Figure 3: Pre-post session changes, Nov/Dec 18

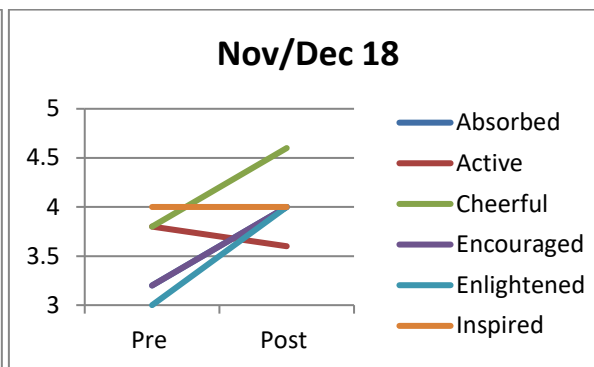


Figure 4: Pre-post session changes, Apr/May 19

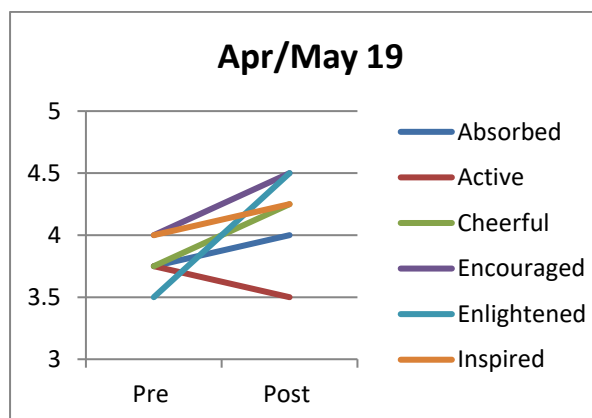


Figure 5: Pre-post session changes, Jun 19

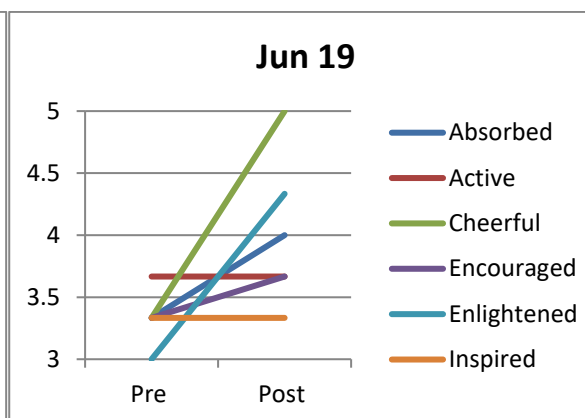


Figure 6: Pre-post session changes, Aug/Sep 19

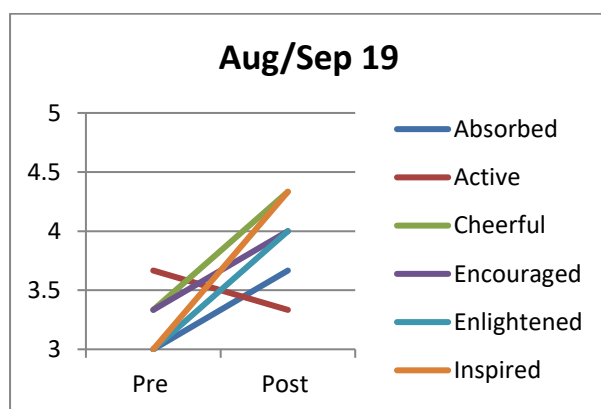
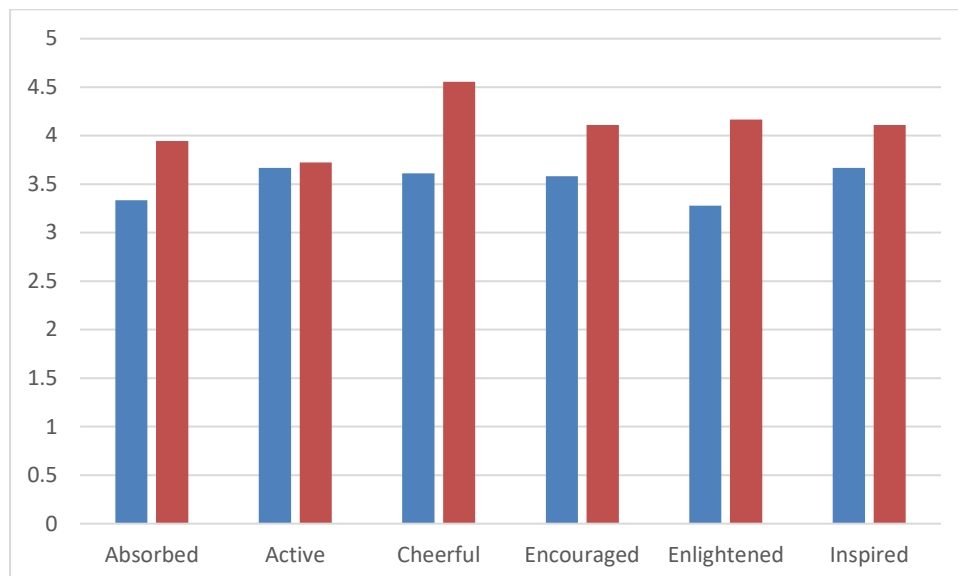


Figure 7: Pre-post session means for each emotion (MWM-OA)



#### 4.2. UCL Museum Wellbeing Measure – Generic Wellbeing Questionnaire (GWQ)

The below figure depicts the mean scores for each statement over the data collection period. Although, there is no notable sense of progression (increase of scores) over time, the below figure does demonstrate the consistency of high scores for five of the six statements from the onset of data collection.

Considering all responses across the data collection period (Table 1, below), 83% of responses to the six statements were a 4 ('Very often') or 5 ('All of the time') out of the five point Likert scale. 'I felt happy', 'I felt comfortable' and 'I enjoyed the company of other people' garnered the highest ranked response rate (to a 4 or 5 score) with each at 94%. The sentiment of all three statements particularly resonate with the importance of creating a positive atmosphere, community, and experience.

Within Figure 8, the sixth statement, 'I talked to other people', has a notable dip owing to the response of one dancer at the relevant time point. However, this statement still received the lowest score at five of the six time points perhaps reflecting a studio activity focused on physical and kinaesthetic, rather than verbal, means of expression and communication. Table 1 further demonstrates the lower positive response rate to this statement, with 56% of responses noting a 4 or 5 (in contrast to the next lowest, 'I felt engaged', with 75%). This finding is unsurprising given that the class focuses on engaging in movement, rather than verbal conversation, together and the GWQ took place after class and before the second social café had finished.



Figure 8: Mean scores across the data collection period (GWQ)

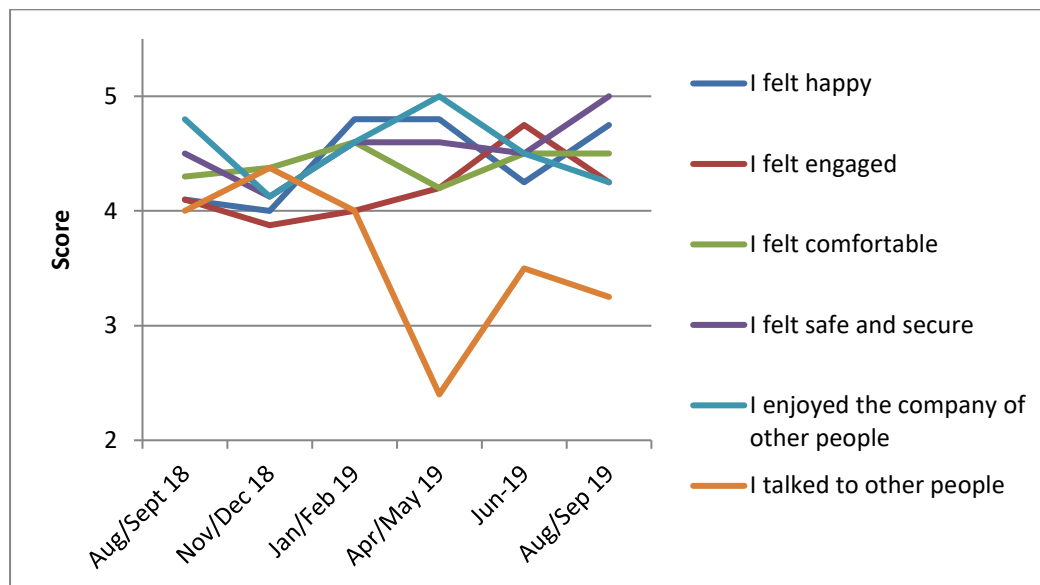


Table 1: Percentage recording a 4 or 5 score (GWQ)

Statement	% (Response of 4 or 5)
I felt happy	94% (34 out of 36 responses)
I felt engaged	75% (27 out of 36 responses)
I felt comfortable	94% (34 out of 36 responses)
I felt safe and secure	86% (31 out of 36 responses)
I enjoyed the company of other people	94% (34 out of 36 responses)
I talked to other people	56% (20 out of 36 responses)

It is important to note the relative consistency of high scores from the GWQ and MWM-OA for the majority of statements or emotions *across* the data collection period, suggesting that a particular atmosphere, approach, and ethos was sustained *throughout* changes in staff and development of the model. The following [Discussion](#) draws on qualitative data to explore the specifics of dancers’ experiences.

## 5. Discussion

The discussion presented here, draws on the narrative of the *Time to Dance* programme, and responds to a framework of four key themes: Autonomy, Collaboration, Creativity, and Dignity. This framework emerged through the data collection and responds to both the overall ethos of the programme and the evaluation approach and process adopted.

Although all individuals participating in the programme may be referred to as ‘dancers’, for ease of reference, this term makes reference to the dancers with dementia, and ‘participants’ refers to all members of the class (including family members, friends and carers).

### 5.1. Autonomy

Autonomy relates here to the independence of the dancer; the choice to attend and participate shaped by increasing interest and enjoyment in the class owing, in part, to a particular welcoming impression created and sustained. The fourth theme in this section relates to autonomy of movement; namely, directing the dancing.

#### 5.1.1. Impact on Independence

Some of the dancers talked about their experience of having dementia sharing, in particular, the sense of frustration felt.

*Things you should be able to do, your brain tells you ‘you can do that’ but you also can’t do it anymore. And that’s it. There’s all this frustration but that’s part of the dementia. You don’t actually know what’s wrong.... You start thinking dark thoughts and these things all go round about in your mind.*

*The way dementia is, that people with dementia know there’s something wrong with the memory for years before they go for diagnosis or they get picked up but then there’s quite a point reached in some cases with dementia where they seem to fall off an edge and then suddenly they can’t move an inch beyond. They suddenly can’t remember what to do. What button to press.*

Limited opportunities to exercise, brought about by lessening mobility and an increasingly sedentary lifestyle, can compound the frustration felt. Another dancer remarked,

*Don’t know why I’ve got dementia now, don’t know where it’s come from. But it can go away any minute now as long as I’m concerned.*

One dancer used to go to what he termed as a ‘keep fit’ activity but does not feel able to anymore. Another dancer has a gym membership but does not use it. Several of the dancers

live in care homes and family members repeatedly shared their concern about a sedentary lifestyle being lived.

### 5.1.2. *Choosing to Attend*

Some dancers attended independently but the majority of dancers were brought and/or accompanied by a family member, friend or carer. Despite the mixed approaches needed to bring the class together, this was not a programme that was imposed *upon* people, but welcomed and introduced individuals to the activity. One trend noticed was the increased interest and attendance from those dancers who were initially brought along.

Many of the dancers involved had some prior connection to dance, often through childhood or courtship. Family members, friends, and carers explained that it was this pre-existing relationship which inspired them to suggest the programme to certain dancers. Concerning the dancers who attended from a care home, a staff worker had identified that these individuals were particularly interested in music and drama.

Other dancers had a deeper relationship owing to a personal connection with Scottish Ballet or involvement in dance as a profession. One dancer explained that they had been taken to and tried other activities but,

*It was things that I had to do that I didn't want to do. I'm not interested in that. I can't explain it, I'm not interested in it. I'm interested in doing what I'm doing with ballet.*

This pre-existing connection and enjoyment of dance was important in relation to *choosing* to attend. The positioning of Scottish Ballet as a national institution was also important to some participants. Family member, Anne, commented:

*We knew it would be very good because it's run by Scottish Ballet.*

Significantly, among those dancers who were brought to *Time to Dance*, family members, friends, and carers noted increased interest and enjoyment of the activity and increased familiarity with the journey there and the building itself. Two of the dancers had said to their spouses, when attending early on, that they would not want to come every week and were then actively asking to, or were interested in being there each week. Another dancer attended on their own, on occasion, first prompted by when their spouse was ill and unable to come with them.

Owing to the spectrum of experiences with dementia, some dancers chose from the outset to attend, others were initially brought along owing to a pre-existing connection with dance. Very few dancers could attend independently, however, over time, some further autonomy

of *choice* could be discerned: dancers wanted to attend because a link was made between *Time to Dance*, familiarity and enjoyment.

*You look forward to coming. Yesterday, or the day before, 'oh, it's time to go back to the ballet class, and try it. It's so friendly. It's just nice'* (Susan).

### 5.1.3. *Creating and Sustaining an Impression*

Making and sustaining a warm welcome impacted on dancers *wanting* and, thus, *choosing* to attend. This theme is particularly important when recognising that all were leaving a familiar environment, journeying to, and entering a less or unfamiliar one.

A key early challenge for Scottish Ballet was recruiting for the programme and numbers at the beginning were relatively small (involving an average of three dancers with dementia each week). Miriam Douglas-Early explained how they discovered the need to increasingly invest in-person through actively visiting dementia cafés and running workshops in care homes. As explained, many dancers relied on someone close to them finding out about the activity, suggesting it to them, and then making the commitment to come along together. During the early stages, Scottish Ballet staff would also call participants each week to say 'hello' because 'the more we call people, the more they come' (Miriam Douglas-Early). As time passed, word of mouth emerged as a key means of communication through the Company's increasing engagement with other dementia communities and services and the development of its own dementia community (discussed in [Creating a Community](#)).

First, early, and sustained positive impressions, were cemented at the very beginning of the programme, with feedback from participants focused on the warm welcome given from the very first contact initiated, often a chat in a dementia café, email, phone call, or workshop within a care home.

*I sent an e-mail to Miriam and she wrote back such a lovely reply, and so welcoming. And that's what brought us here. It's very much, I'd say, thanks to Miriam (Family member, Ruth).*

Dancers attending for the first time often shared a similar sentiment:

*The first time I came, I had a good impression and felt that [Scottish Ballet] was helping us.*

Adam Stearns suggested the importance of sustaining this initial positive impression and the success of this approach was evidenced through the continuing feedback given by a core of participants:

*There's a lovely ambiance, there's such a warmth with the Scottish Ballet staff... there's just*

*this lovely atmosphere when you come into the place* (Family member, Ruth).

#### 5.1.4. Directing the Movement

From the outset, Scottish Ballet's *Time to Dance* model responded to autonomy of movement and ideas. Although the model of practice became more structured over time (discussed in [The Time in Dance Programme and Model](#)), space for flexibility and spontaneity to respond 'in the moment' and exercises that specifically encourage autonomy of movement were embedded.

Within the field notes, there are numerous examples of the dancers offering an idea, verbalised or given as a physical response, and this being integrated by the practitioner leading the session. Sara Kemal explained how at the start of one class, imagery was drawn on as everyone pressed their feet down into the warm sand, and one of the dancers exclaimed 'let's kick the sand!' leading to the next movement. This spontaneity on the part of the dancer and flexibility on the part of the practitioner was characterised by a certain fluidity: the moment happened, the idea was offered; it was drawn on, and integrated through movement.

Mirroring and partner exercises allowed the dancer to lead with connections strengthened in that moment. These exercises often saw members of the same family working together:

*The next activity was a free/ improvised dance with a partner. Isla held her granddaughter's hand, who encouraged her to direct the movement. I also mirrored the movements that she was directing. When she noticed that we were copying her, that she was in control of the activity, Isla changed the movements. She seemed to enjoy being in control. Her movement grew in size, complexity, and speed!* (Field notes).

The notion of autonomy also needed to allow for non-participation and engagement; supporting an individual who was choosing *not* to dance.

Two of the dancers often took the role of an 'active observer.' They may not have been dancing throughout but were smiling, perhaps swinging their leg, and participating in their own way. Another dancer, particularly at the beginning of the programme, would sometimes disengage from the activity and leave the studio. Practitioners understood that James was choosing to take time out. In time, a small table with a tablecloth, jug of water and classes were placed just outside (the corridor is a secure space), so that he could have a refreshment if leaving during the class. The same dancer sometimes chose to complement the guided movement through giving the offbeat and performed with a certain artistry and technicality.

One challenge for Scottish Ballet was supporting this non-movement and enabling everyone to move and participate in their own way, particularly as the group size has increased. Certainly earlier on in the programme (or when a dancer first joined), there were more instances of carers and family members encouraging dancers to move ‘correctly’ or to engage more fully. This mitigated as trust in the practitioners and model increased, and the practitioners’ own confidence developed. Managing the space also played an important part.

## 5.2. Collaboration

Collaboration took place within and between groups of participants (for example, through the act of dancing), and between participants and practitioners (for example, through the giving of and acting on feedback), creating a community, and strengthening social relationships. Internally, Scottish Ballet collaborated to ensure that learning gained was shared between practitioners and applied across SB Health programmes.

### 5.2.1. Creating a Community

Recognising that this activity is taking place in an external setting for participants, an early aim for the Scottish Ballet practitioners leading the programme was to create a *Time to Dance* community. One dancer shared that they felt this was developing more slowly among the dancers with dementia, however, friendships developed or strengthened, particularly among those who attended independently, came together from a care home, or see one another at other activities. Two dancers explained,

*I like the talking because I feel I learn. I liked that.*

*People are sharing, you feel like you've known them all your life.*

The social cafés were integral to this development; only rarely did someone (or a pair or small group) not stay to engage in refreshments and conversation. The café was a safe space. As family member, Ruth, explained:

*I think a lot of it is to do with the café before and I see [my spouse] initiating conversation here that he'll not do in other social contexts.*

People spoke of the importance of seeing the same faces week after week. One carer spoke of the importance for her clients to be able to meet new people and spend time with their peers.

Importantly, family members and carers had a valuable opportunity to share and develop

connections. Nicola explained,

*I don't often get a chance to chat to people about their experiences with dementia because other people's parents haven't reached that stage yet.*

Over time, family members became more relaxed during class and the social time, increasingly dancing and conversing with each other and the practitioners. Noting the unique role of family members, friends, and carers in often enabling and facilitating participation, creating a programme community that supports all has been integral. Caring can be an all-encompassing experience and Henry explained the impact on self-care:

*You don't think about yourself, you stop exercising, you don't go for as many walks, you don't join in as many classes.*

In addition, more than one carer, friend, or family member shared that they did not feel particularly comfortable participating in a dance activity:

*I just thought I wouldn't be able to do it! You look at what they're doing... it does push your boundary a little bit, pushes you out of your comfort zone in some ways.*

One challenge was how to support and promote the community that had developed, noting the drop-in nature of the class and an upward trend in class size. One dancer, completing the GWQ, explained *I put a 3 [against the statement 'I enjoyed the company of other people'] because it was a little uncomfortable having so many new people in the session.*

### 5.2.2. Strengthening Social Relationships

From the outset, *Time to Dance* embraced an intergenerational approach. The involvement of two generations of the same family was a key component of the class; more rarely, three generations were involved with young grandchildren occasionally coming along. For one dancer, having the opportunity to dance with his young grandson was a key attraction to attending the class in the first place (he then continued to attend when his grandson did not). Similarly, the class could be a positive experience for the grandchild to connect with their grandparent. However, the multi-generational element was still evolving and previous challenges included maintaining everyone's focus and responding to everyone in the room.

Physical collaboration and contact engineers social closeness. The standing sections of the class often drew on group and partner work for creative, mirroring, and travelling exercises and observations record numerous instances of humour and playfulness. However, connections are encouraged from the beginning of the class, during the seated section:

*Louise explained that raindrops were falling and we drummed the feeling of falling rain onto our heads and shoulders. Louise guided us to drum raindrops on each other's upturned palms and raised arms. Henry traced raindrops along Elizabeth's arm and Jo did the same to Rose's knees. Elizabeth giggled and Lucy gave a broad smile; then everyone was laughing together (Field notes).*

Two family members spoke about how they dance to music with their parent at home – *keeping that happy feeling going for longer periods of time* (Henry) – and during the course of the programme, Scottish Ballet hosted a workshop for family members to creatively engage further together outside of the studio.

Family members also shared the benefit of being able to just 'be' together. Nicola explained that conversation and communication with her parent can be quite difficult:

*Whereas here we get to spend an hour in each other's company, we're both smiling, we're both doing the same thing. I think it improves our relationship because the dementia doesn't matter. It's an hour of fun... this is a fun thing that we can do together.*

Another family member explained that it can be difficult to find things to do together; group activities that they can share together where her parent feels safe and they can both relax.

*It's so good for me, light relief. She's so anxious, 90% of the time. Always fretting, worrying about what she or I have said. I can sit back and she's happy. Look at her, she's happy.*

The regularity of a long-term weekly class meant that friends and families were able to establish new routines amid logistical and geographical barriers. One dancer started the classes the same time they moved into a care home. However, their daughter explained that

*Coming here on a Sunday to dance with [them] means that we can maintain a kind of connection that we might not otherwise have had.*

For one pair of friends, attending every week was not possible owing to the geography involved, but attending every two to three weeks was feasible and they felt the benefit of this routine. Similarly, one daughter lives outwith Scotland and could not be with her parent every weekend but each time she visited, they attended *Time to Dance* together.

### 5.2.3. Responding to Feedback

Consulting with participants (in addition to the external support sought, discussed in [Training and Development](#)) is a thread that ran throughout the programme. The process of feedback benefited from the existence of a core group of participants who attended from



the beginning of the programme and thus witnessed the ongoing development of *Time to Dance*.

Feedback was sought early on through conversing in the social café before and after the session and, particularly with the dancers, ‘in the moment’ of dancing. There were also numerous instances of feedback being given more spontaneously by family members and carers, to SB Health staff, through telephone calls, sending emails, and letters. Much of this correspondence focused on thanking the Company for the warm and continued welcome given (discussed in [Creating and Sustaining an Impression](#)), noting individual adjustments or responses made, where feedback had been acted upon, or needed to be acted on, and the enjoyment of dancing together.

Feedback acted on largely related to two domains: communication and access within the building. Some communication challenges related to participants knowing the dates and times of sessions and when staff were leaving or joining. A greater concern shared more directly was the initial design of a personal protection plan (designed to capture relevant health and safety information). Negative feedback given (focused on design, purpose, and language used), was swiftly acted upon, with additional advice sought from Alzheimer Scotland, before the document was overhauled and shared once more.

Early concerns were also shared about access within the building, specifically the route up to Scottish Ballet’s headquarters from Tramway’s reception. Lighting along the main corridor is rather dim with a slightly uneven floor surface. Scottish Ballet headquarters can be accessed via a lift or flights of steps (which are not located next to each other). One dancer shared their experience of using this route:

*Coming to the class, getting up the stairs is quite difficult for people with dementia and mobility problems... the thing is they need people to help them and point out where they’re going... Leaving and going down a ways is more difficult than going up the way. Because if you’ve got dementia, going down a stair is far more terrifying... When you’re going up a stair, it’s tiring but you’ve less chance of falling. When you go down a stair, that’s when you fall... That’s why you see people looking about very carefully. They’re trying to work out ‘is that a step down, or what is it?’ You can’t quite see what it is. That’s the terrifying thing.*

Early on volunteers were arranged to greet and escort participants to the studios via the lift or stairs.

#### 5.2.4. *Internal Collaboration*

A key challenge for Scottish Ballet has been the development of a complex programme and model amid relatively high staff turnover within the *TTD* team. One strategy that helped

mitigate associated concerns was the consistent internal collaboration that characterises a particular way of working.

The sharing of ideas and concerns at briefings and meetings was to be expected but where a standard approach has differed is in the long-term support and shadowing that took place in advance of a practitioner taking the lead role in the class. Sara Kemal, Tiffany Broadfoot, Louise Hunter, and Elaine Convery all supported participants in classes for a number of weeks or months before stepping into the lead role. Although this approach began through necessity, to ensure a certain staff to participant ratio within the class, it paid dividends as the new lead practitioner was experienced with *this* particular class, and individual needs and personalities. This consistency of support was also exemplified through the role of the Support Dance Artist, most often taken by Joanna Daskalou, who was a 'constant' from the programme's inception.

This theme of internal collaboration also faced outward, across the SB Health programmes. Practitioners spoke of the benefit of understanding a wide range of conditions and associated needs in helping them to respond flexibly and spontaneously 'in the moment' and ensuring the health and safety of all. This learning was two-way; practitioners also applied their learning from *TTD* to other SB Health programmes.

Early on, practitioners began exploring the different and similar ways of working that needed to be established across the Sunday programme based in the Company's studios and the programme of activity taking place in care homes. For example, the additional leadership and guidance that was required in this external space, the shared role of rhythm and repetition in energising a class, the place of props in the latter setting, only. This learning has been invaluable for a programme that has proved particularly challenging to manage, amid many variables.

Participants repeatedly made reference to the expertise, knowledge, and warmth of staff. One dancer, who had been involved from the beginning (and, thus, had worked with all the aforementioned practitioners) explained that it worked as *they all know what they're doing*.

### 5.3. Creativity

Creativity is a wider concept within this section, stepping outside the micro creativity of individuals, to consider the creativity of the *Time to Dance* model of practice, and seeing, doing and feeling the movement.

#### 5.3.1. Creating Energy

The programme's model of practice (presented in [The Time to Dance Programme and](#)

**Model**) promoted a feeling of energy through emphasising rhythm and repetition. The developed iteration saw each class begin with a strong rhythmical section, often involving body percussion, taps, claps, and heel beats. The same, familiar, rhythm was repeated later on in the class, incorporating new movements, energising the class at different stages. Energy within the body and room was further promoted through the relatively shorter and clear guidance given by the practitioner; dancing together was foregrounded.

Energy created and sustained throughout the studio was particularly evident after the reverence when the session often erupted into essentially a ‘boogie’. Participants and practitioners danced in pairs or solo and this ‘party’ atmosphere continued into the post-class social café. One of the dancers explained, *Dancing is great when it's strong [clapped hands] and connected like [pointed to a photo on the wall of Scottish Ballet dancers performing in unison].*

This promotion of energy impacted on activity after the session. One dancer explained that they often go shopping afterwards. Carer, Alicja explained that her clients are more ‘invigorated’ when they return to the care home. Family member, Anne, explained the following about her mother:

*She's always buzzing when she comes away from class. I expect her to go home and fall asleep and she never does. And she's even lively the next morning, the morning afterwards, [the dancing] has a very positive effect.*

Henry explained that it could be challenging to ensure that his mother ate and drank enough but,

*With her coming out, enjoying activities like this, the music and the dance all that happening, she eats a lot more, she drinks a lot more.*

### 5.3.2. Sustaining Engagement

Interwoven with an impact on energy is an effect on focus and attention span. Family member, Nicola, shared her thoughts,

*The thing I've noticed most about Emily when she's here, is her attention span. She's able to focus for the whole hour, follow what's going on, follow the class. In any other activity, she's not able to do that... her attention span is pretty non-existent, whereas you come here and she's on it for the whole hour.*

Practitioners explained that, in comparison to the other SB Health programme models, there was less verbal instruction, and less use of imagery, narrative, improvisation and abstract ideas in *Time to Dance*. These latter tools were still important, through inspiring

imagination and play, but where drawn upon, the guidance given was particularly clear and structured. During an earlier stage of the model, where more verbal instruction was given, one family member had quietly expressed their concern during class: *You'll lose her if we don't move soon.*

The emphasis on transitions within and between exercises, and the class and the social cafés, was key to maintaining interest. Exercises, particularly during the seated section involving guided movements, lasted for longer – bars of 16 or 32, rather than 8 – to enable everyone to join and contribute before the exercises transitioned into a new section, or into a new exercise. As Louise Hunter explained, *We're all together, so we'll now move on together.*

Although repetition had an important role within the model, the class was different each week, owing, in part, to responding to the individuals participating that day and the design of a model, which introduced new content and themes, as each term progressed. This variability was important to the enjoyment of one dancer who noted *there's something different each time.*

The conclusion of each class, which often ended in the 'boogie' mentioned above, may have further positively impacted on energy and engagement as dancers moved to the social café. Conversations were louder and more sustained. People stayed for the full half hour.

### 5.3.3. *Role of Live Music and the Musician*

In common with all SB Health programmes, an important component of the *Time to Dance* programme was not only the inclusion of live music but also the particular expertise and more personal contribution made by the musician. The range of needs in this programme was particularly diverse with dancers also more likely to be experiencing visual and hearing impairments. Additional consideration was needed concerning the music played and the positioning of everyone in the studio (this latter element is discussed more fully in [Use of Time and Space](#)).

Scottish Ballet's *Time to Dance* programme largely used abstract, rather than familiar, music to foreground and respond to the dancing. Some participants expressed an interest in hearing more familiar music, but this programme did not aim to establish a link to reminiscing and memory; an approach that complements other activities that do. Practitioners also shared a concern that familiar music can unwittingly trigger an unhappy memory and be over-stimulating in a setting led by the dance.

One dancer, who has a hearing impairment, explained that listening to *canned music* or *distorted music* was *very unpleasant* and noted the additional value of live music being able

to respond to the dancing. Adam Stearns referenced the ‘wall of sound’ that can be experienced within a space. Within the social café, this included conversation, drinks being made, chairs being scraped, and background music playing. Within the studio, this included the music playing, sound of feet beating, body percussion, and verbal guidance from the practitioner. Hence, Adam spoke of the importance of the musician being out ‘in front’, actively participating as part of the class rather than remaining behind the piano.

#### 5.3.4. *The ‘Beautiful’ Movement*

A link exists between *doing*, *seeing* and *feeling* the dancing.

As emphasised already, the dance and movement come first, and Scottish Ballet’s Engagement programmes are inspired by the Company’s repertoire. Although the place of repertoire was slightly different within *Time to Dance*, its use creates another connection for those dancers who are more closely linked to the Company: *I like it because you can relate to it.*

Family member, Henry, explained,

*I like the creative stuff, it takes you into a different world; it’s not just movement.... It pushes you, you don’t normally move in that way.*

Other participants took particular joy from the physicality of movement with one family member describing the class as a *workout*.

The opportunity to either *watch* the dance of others, or to *engage* in dance with others through wider Engagement activities became increasingly embedded within the *Time to Dance* programme. Throughout, a Sunday session sometimes took the form of watching Scottish Ballet’s Youth Exchange rehearse in the Peter Darrell Studio and watching and/or dancing with the Junior Associate class taking place. Another time, participants had the opportunity to handle costumes from ‘The Nutcracker’, causing dancer, Evie, to break into a dance and start a group response. Dancer, Rowan, voiced her enjoyment during a Youth Exchange rehearsal:

*This is nice; I could watch this all day long. Oh, that’s too good.*

Dancer, Susan, said of the Company dancers: *They’re so graceful, so clever. And they’ve got magic strong legs.*

Participants also had the opportunity to attend Scottish Ballet rehearsals and performances with the Company flexible with the date, time, and venue, where possible, to accommodate

different needs. Although many of the dancers had a pre-existing connection to dance, several had never seen dance at the theatre before. Ruth explained her spouse's reaction:

*He was absolutely transfixed. And usually he would be at a concert or something or play or whatever, and he would fall asleep.... he didn't close his eyes once.*

Similarly, another pair of participants had not been to the ballet before and family member, Henry, shared their reaction:

*I was blown away by it, the sheer athleticism of the movement! We always sit near the front and you can hear the noise of them, it's brilliant! It's just an athlete at their peak, it's wonderful! And the music, some of the music and the movement. All those years spent going to the football [laughs and sighs].*

## 5.4. Dignity

The first two themes explored here draw heavily on the 'voices' of the dancers to better understand what was particularly important to them. The third theme emphasises the importance of the programme's use of time and space, which responds, in part, to the first two themes.

### 5.4.1. Feeling Safe and Secure

A dominant finding is the importance that dancers attach to feeling 'safe and secure' (to borrow a GWQ statement). This understanding is reflected within aspects already discussed: the creation and sustainment of a welcoming atmosphere, the model of practice within the studio, the creation of a community, strengthening of relationships, and response to feedback.

Irrespective of the stage or type of dementia experienced, dancers expressed the importance of feeling safe and secure for them. However, this sentiment was perhaps more overtly expressed among the dancers who were aware that they had dementia.

One dancer explained:

*My memory's starting to go and I don't quite know where I'm going. I want to get up, sit back down again. What I like to do is to feel comfortable [emphasis added].*

Another dancer explained their initial worry at participating:

*I felt apprehensive myself at first, but I'm not anymore... I think you're a bit apprehensive at first because it's new, well new-ish isn't it?*

In response to completing the GWQ and responding to the statement, 'I felt safe and secure', Evie exclaimed,

*I just love this class! I love it! I could sit down to anyone that I hadn't met before and talk to them and they would talk to me. That's what life is all about. I know if I was to turn ill, I would be looked after.*

Similar responses to that same statement included *No-one's shouting at me. No-one's saying 'you can't come in here'* and *There's people keeping their eye on me, looking out for me*. One family member offered the following:

*Three hours ago, mum was the most anxious, aggressive, she's ever been. And three hours later, she's at this class, she's laughing the whole way through and smiling and enjoying herself. Look at her.*

One practitioner felt that the journey and process of establishing trust was different, depending on whether an individual dancer attended independently and chose to come from the outset or was *brought* to the programme initially with the suggestion made by someone else.

#### 5.4.2. *Seeing the Individual Dancer*

Carer, Alicja, rightly explained,

*[The dancers] are complex people! You know, like, everyone is complex and they are still able to show it, and they would like to have that, so this is their platform to express themselves as well. [The class] enables me to see my residents in a completely different environment... you see them in a completely different light. It's as if you discovered something that you didn't know; it enriches me. It's very rewarding.*

Earlier discussion ([Directing the Movement](#)) emphasises dancer autonomy within the model of practice. This section focuses more broadly on how the programme as a whole responded to individual needs and sought to understand individual experiences. Such an individualised approach was enabled through the long-term nature of the programme; practitioners had the opportunity to build a relationship with all participants. The practitioners understood that one dancer liked to be asked about attending church; that two other dancers enjoyed dancing with someone holding their hands; a fourth dancer liked to discuss music; a fifth dancer preferred to be approached from their right side; and a sixth dancer would often say 'please' and 'thank you' because they knew these were 'safe' words to use and they wanted to feel safe. There are numerous similar examples but, crucially, this knowledge becomes

embedded and shapes the delivery of the programme.

*The important thing to remember is that people will have different levels [of dementia and needs] (Robert, dancer).*

In developing the model, Scottish Ballet moved through various iterations of leading the session: one lead practitioner; team teaching with one practitioner demonstrating modified exercises; and the final approach, with the lead practitioner delivering the session and a co-lead 'managing' the space and ensuring that support was being given as required. Family member, Nicola, explains the comfort for her mum in responding to the lead practitioner:

*The fact that she's got dementia doesn't matter here because we're all doing the same thing. Everybody's following Sara, the whole dementia and all its associate problems, doesn't seem to matter. And that's really positive for her.*

Within the class, some of the common physical challenges experienced by dancers included a concern with balance, co-ordination and stamina. Two dancers explain:

*I enjoyed the hand and leg movements [but] need to stay sitting... I was apprehensive because of my balance, but hope to become more relaxed as it goes on. The problem is my feet and legs don't do the same thing!*

*One of the things that happening with me is the physical has aged. I'm not very good at jumping about. I'm good at sitting in a chair and moving my legs about, and moving my hands about etc. My memory's not too bad but when I stand up my balance starts to go and my eyesight's starting to go.*

The practitioners knew which dancers' required physical assistance and where people should sit to best see and hear etc.

A certain ratio of staff to dancers ensured that individual needs, likes, and dislikes were responded to. However, a challenge for Scottish Ballet was finding the right balance of staff without overwhelming the room, impacted by the drop-in nature of the class. A second challenge involved responding to those 1-1 needs within a class that had become increasingly bigger.

#### 5.4.3. Use of Time and Space

A number of spaces were involved in delivering *Time to Dance*; the reception space at Tramway, the journey through to the lift or stairs, the corridor along to Scottish Ballet headquarters, the boardroom and green room (social space), the Peter Darrell Studio, and, lastly, the Engagement Studio where classes took place.



As mentioned, volunteers greeted participants at Tramway's reception and accompanied people to Scottish Ballet's headquarters. All practitioners (dance and music) were involved in the social café before and after class and shared that this was crucial for getting to know everyone as individuals. This format also promoted consistency within the experience. Everyone who had been in the studio space, moved together into the social café.

For the first half of the programme, the social café was based in the boardroom, a large meeting space close to Scottish Ballet's reception area. Later on, the space was changed to the green room situated further into the heart of the building. Although this move entailed a longer walk to the social café, the space itself worked better as it was set up to be a social space, e.g. with tables set up café style, rather than arranged around the side of the room, leading to a more collegiate atmosphere. The social café 'bookended' the experience and brought it full circle. Carer, Alicja, described the first social café as a 'warm-up', the equivalent of the 'settle' that takes place in other SB Health programmes. A challenge here was feeling able to greet dancers and ensure they had time to feel settled before moving to the studio space in good time. People often arrived just in time to go to the studio.

Within the studio, the space was carefully managed to support a positive experience for all. Two dancers with varying hearing impairments sat next to, and opposite the musician, respectively. The Support Dance Artist worked 1-1 with certain dancers and learnt how best to place themselves, whether this was directly in front or to the side, how to communicate, and how to move together. Mirrors needed to be negotiated. One dancer could be transfixed if facing the mirrors; another used the mirrors to better understand and follow the content and flow of the class. One family member felt uncomfortable being within a dance setting and preferred to sit with their back to the mirrors.

In contrast to the other SB Health programmes, it proved more difficult to recruit volunteers owing to the day of the activity being a Sunday. Hence, the role of Support Dance Artist was particularly important. The lead practitioner often reminded the class that everyone with a blue t-shirt could be called upon to help and this visibility was effective.

## 6. CONCLUSION

*I feel this class is keeping me alive (dancer, Charlotte).*

Scottish Ballet's dementia-friendly programme, *Time to Dance*, is a valuable contribution to the Company's suite of Health programmes.

Significantly, and noting the existence of a 'core' group of dancers involved throughout, analysis of the UCL Museum Wellbeing Measures Toolkit (GWQ and MWM-OA) suggest a consistently positive experience. Analysis of the MWM-OA showed improvement in group psychological wellbeing at each time point of the data collection period pre and post-session and analysis of the GWQ demonstrated consistency of high scores for five of the six statements. Qualitative analysis delves into the specifics of an experience suggested by the quantitative data.

The framework presented in the **Discussion** - Autonomy, Creativity, Collaboration, and Dignity – broadly equate to independence of choice and decision-making; the creation of a *TTD* community; the model of practice developed; and responding to the individual. Rather unusually, this conclusion will take the form of presenting another key set of themes that transition across this framework and demonstrate Scottish Ballet's creation of a programme synonymous with integrity.

### Trust

Within the context of the SB Health programmes, developing *Time to Dance* was a particular challenge for the Company. Specifics related to class recruitment, developing the model of practice, mitigating staff turnover, and responding to and welcoming everyone in the space(s). Trust needed to be developed between all groups involved: practitioners and dancers; practitioners and family members, friends, and carers; dancers and the latter group, and significantly, among the creative team who had the expertise and knowledge to create a specific dance community. Teasing out one key relationship further, over time, dancers explicitly or implicitly connected the journey, building, spaces, and people with a positive experience. They felt listened to and cared about.

### Transitions

The programme model and narrative was characterised by transitions. The model of practice transitioned from a class that was more free-flowing to having a structure that supported and enabled dancer autonomy, promoted social relationships, supported physicality, and increased energy and engagement. The particular structure (seated to standing, with a strong rhythmical beginning, mobilisation, barre work, partner and group

work, and reverence) synergised with a specific approach (careful use of imagery, repertoire, verbal instruction etc. and relationship to the music). Supporting how people transitioned between different spaces at Tramway and Scottish Ballet and within and between exercises promoted familiarity and comfort. An approach that saw practitioners shadow and support for a certain length of time enabled a smooth transition into leading the class.

### Balance

Given the complexity and number of variables involved, a certain balance was sought in a number of ways. The programme moved from involving a very small number of participants to quadrupling in size, following a particular recruitment approach and the importance of word of mouth. Such a development impacts on the individualised support that can be given, the 'correct' ratio of staff and participants, and the nature of the community developed. Practitioners also sought a balance of giving 1-1 support, while respecting individual autonomy, and recognising the micro social relationships that existed in the space(s). Scottish Ballet successfully balanced, or rather reconciled, what took place 'in the moment' with the longer-term implications of creating and sustaining a particular ethos and atmosphere. Nuances within the model needed to be balanced in multiple ways; the particular use of rhythm, repertoire, improvisation, guidance given etc.

### Long-term

The programme name, *Time to Dance*, feels appropriate given the meaningful impact of a long-term opportunity. Practitioners and participants were able to develop connections; the former were able to get to know the personalities and needs of dancers, in particular. Feedback and conversation between all parties flowed through the establishment of trust developed over time. Logistical challenges of time and geography were mitigated as couples and small groups were able to establish their own routines for attending. The longer timespan meant that Scottish Ballet could respond adequately when further planning was needed. Unlike the dance for Parkinson's movement<sup>12</sup>, there is no 'global' model of dance for dementia in existence. Scottish Ballet were able to work with participants to try different approaches, to discover what worked and what did not. There was the opportunity for all involved to gain confidence and to develop trust and for communities to form within and, to a lesser degree, outwith the class.

*Time to Dance* reflects a commitment made by Scottish Ballet to facilitate high quality dance experiences with an inclusive ethos to make a demonstrable difference to the quality of life for dancers with dementia, their family members, friends, and carers.

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<sup>12</sup> Inspired by the founding of *Dance for PD*® For more information: <https://danceforparkinsons.org/>

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