



SB Duet

**Evaluating the Impact and
Implementation of Digital Dance
Resources in Care Homes**

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**SCOTTISH
BALLET**



Royal Conservatoire
of Scotland



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Care Home
Collaborative



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Executive Summary

SB Duet is a new digital dance resource developed by Scottish Ballet Health for people with reduced mobility to share with their carers one-to-one by the bedside. **The aims** of the evaluation were to 1) assess the feasibility, acceptability, and appropriateness of SB Duet, 2) evaluate the impact of SB Duet on well-being, and 3) explore any potential benefits for care home staff and relatives.

A qualitative approach drew on semi-structured interviews and participant observation using the Arts Observational Scale. The Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) framework was applied pragmatically. **Data collection** occurred across three Inverclyde area care homes. **Participants** included 17 residents, 11 care home staff, and one relative.

Findings indicate SB Duet is feasible and acceptable for residents with some age-related reduced mobility to use and for staff to deliver. Most residents and staff found SB Duet doable, suitable, and enjoyable. Most sessions were enjoyed by all participants present, making a significant difference to the feel of the care home, and often were characterised by smiling, laughter, and joyful, interactive movement. **Benefits** reported include positive changes in mood and evidence of engagement in meaningful social interaction, creative expression, and appropriate physical activity.

Implementation looked different across care homes, field visits, staff, and residents, with many staff members opting to use the resources with pairs or small groups of residents in communal areas rather than one-to-one by the bedside. Digital delivery presented both challenges and opportunities; some staff lacked the resources to use SB Duet, while others enjoyed using SB Duet at their convenience and in their own way. Overall, when used, SB Duet was largely enjoyed and beneficial for residents, but there were challenges to staff readily and regularly using SB Duet.

Moving forward, increased support, both internal and external to care homes, is recommended to enhance the accessibility, adoption, and further application of SB Duet.

In conclusion, SB Duet provides a novel and valuable resource to encourage physical, social, and creative engagement among care home residents and staff, but additional support may be required to facilitate effective delivery.

1. Background

Scottish Ballet’s Health initiative, SB Health, has been supporting people living with neurological conditions and their carers since 2015. Through leading their national Dance for Parkinson’s Scotland (DfPS) programme (in partnership with Dance Base, Edinburgh), dementia-friendly Time to Dance® programme, and SB Elevate® programme for people living with multiple sclerosis, SB Health has developed expertise in engaging with adults and older adults with neurological conditions in their dance studios and further afield. In the wake of the COVID-19 pandemic, SB Health sought to develop creative activities that could be supported independently by carers beyond the dance studio walls.

With funding from the Health and Social Care Alliance Scotland (the ALLIANCE), SB Health developed SB Duet, an open-access digital dance resource package for people with reduced mobility and neurological conditions to share with their carers that could be performed safely by the bedside in care homes, hospitals, or at home. From autumn 2021 to spring 2022, SB Health led an extensive research and development phase centred on understanding the needs and characteristics of end-users. Consultations were conducted with people with lived experience, health and social care professionals, partners such as Alzheimer Scotland, and several care homes to develop the SB Duet content.

In January 2022, SB Health formed a strategic partnership with the Care Home Collaborative, a new service supporting 186 care homes across NHS Greater Glasgow and Clyde. The dancer-centred ethos of SB Health aligns with the person-centred approach of the Care Home Collaborative to “help enable the best possible life for residents aligned to what matters to them.”¹ These principles provided a shared starting point for the dissemination of SB Duet.

In summer 2022, SB Duet was made publicly available and widely disseminated through SB Health’s community, health, and social care partners. The Care Home Collaborative facilitated the launch and rollout of SB Duet across their network, with specific attention to three care homes that are the subject of this evaluation report. The evaluation was also intended to assess SB Duet use by users at home, but no data was available on uptake by at-home users, resulting in the focus on the care homes. The current evaluation follows the real-world implementation process of SB Duet over 12 weeks across three care homes, capturing the ‘in the moment’ impact and delivery to understand how SB Duet helps people to “connect to dance, connect to one another, and connect to oneself.”²

¹ Care Home Collaborative: <https://www.nhsggc.scot/your-health/care-homes/care-home-collaborative/>

² SB Duet: <https://www.scottishballet.co.uk/join-in/sb-health/sb-duet>

2. Introduction to SB Duet

SB Duet is a digital dance resource package, including two 10-minute films, Duet Relax and Duet Energise, and two audio resources.² The exercises in the two films were developed by SB Health and are led by a professional dance artist and qualified physiotherapist. Captioned film versions and a user information guide are also available.³



Duet Relax

Includes a short excerpt of Scottish Ballet's *Haud Close Tae Me*, followed by a gentle movement session.



Duet Energise

Includes a short excerpt of Scottish Ballet's *Starstruck*, followed by an energising movement session.



³ BSL-interpreted resources have also been made available since the evaluation period.

3. Rationale

Scotland's population is ageing faster than the rest of the UK, representing a major challenge to health and social care (Bell *et al.*, 2018). Ageing increases the risk of declines in mobility and the onset of chronic conditions, meaning more residents are experiencing reduced mobility and often more than one chronic health condition necessitating more intensive care (Gordon *et al.*, 2014). At a time when budget pressure is increasing, this changing care home demographic is prompting a rethink of the relationship between people and care services (The Health Foundation, 2016).

The culture of social care services is changing from a medical model of care to a social model of person-centred, compassionate care (Scottish Government, 2017). Person-centred care goes beyond addressing basic care requirements by considering 'what matters to you' as opposed to 'what's the matter with you' (The ALLIANCE, 2022). With this more responsive approach, the value of socially and culturally-relevant activities is being recognised as a way to support resident well-being (Care Quality Commission, 2022).

External arts organisations are increasingly involved in delivering bespoke provisions for care home residents (Tapson *et al.*, 2018; Johnston *et al.*, 2022). Research shows arts modalities like dance can benefit the health and well-being of older adults living in community and care settings (BUPA, 2011; da Silva Borges *et al.*, 2014; Vankova *et al.*, 2014). Some recent studies also suggest that remotely or digitally delivered dance may be beneficial for care home residents (Kontos *et al.*, 2021). One recent study conducted in Scotland highlights not only the potential benefits but also the potential opportunities and challenges to digital dance and music resource delivery (Ofosu *et al.*, 2022).

Like other digital dance resources, SB Duet could be a valuable asset for care homes in providing accessible opportunities for appropriate movement and creative engagement that can be delivered on demand. The implementation of SB Duet also serves as a unique learning opportunity, given that the remote and independent delivery style differs from most of SB Health's programmes, which are delivered in person by professional teaching artists. Owing to the novelty of SB Duet and its delivery approach, the current evaluation considers the potential impact of SB Duet alongside its implementation.

4. Evaluation Approach

AIMS

1. To assess the feasibility, acceptability, and appropriateness of SB Duet
2. To evaluate the impact of SB Duet on the physical, mental, and social well-being of care home residents
3. To explore any potential benefits of SB Duet to care home staff and relatives

DESIGN

The evaluation used a multi-method qualitative approach to examine the feasibility, acceptability, and potential impact of SB Duet across three Inverclyde area care homes. The Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) framework was applied pragmatically to assess the dimensions most relevant to the evaluation aims, design, setting, and stakeholders (Glasgow, Vogt and Boles, 1999; Glasgow *et al.*, 2019). RE-AIM is a widely used planning and evaluation framework applied in public health, for which qualitative methods are becoming increasingly recognised (Holtrop, Rabin and Glasgow, 2018). The following definitions guided the evaluation.

REACH	Accessibility: Representativeness of care homes and participants
EFFECTIVENESS	Perceived Impact: Changes in key and emerging outcomes
ADOPTION	Acceptability: Buy-in from care homes, staff, and relatives
IMPLEMENTATION	Delivery: Consistency, adaptations, challenges, and highlights
MAINTENANCE	Sustainability: Potential for continued use of SB Duet

Table 1: Evaluation RE-AIM Definitions

ETHICS

The Ethics Committee of the Royal Conservatoire of Scotland granted ethical approval for this evaluation. Informed consent was gained from all involved. Resident consent was recorded by a staff member or the evaluator. Feedback from residents, staff, and relatives is anonymised, and pseudonyms are used when presenting feedback from residents. The evaluator was accompanied by staff at all times during care home field visits.

TIMELINE OF ACTIVITIES

<p>Launch</p>	<p>In May 2022, an in-person launch and training session was delivered by SB Health staff at each participating care home. Launch sessions consisted of one dementia-friendly dance session for residents and a brief SB Duet training for the available care home staff. The training demonstrated how to access the SB Duet resources online, provided insight into their intended use, and included the opportunity for interested staff to observe SB Health staff trial SB Duet 'in action' with residents by the bedside.</p>
<p>Set-up</p>	<p>From June-July 2021, initial visits were made to each care home by the evaluator and a member of the Care Home Collaborative staff in order to prepare for the evaluation. No care home had tried SB Duet before the evaluation preparation visits, so these visits served as opportunities to not only clarify the evaluation purpose and design but also to clarify the request for SB Duet use, provide practical and technical SB Duet support, and encourage staff to try out SB Duet. Before starting the evaluation, key delivery staff were identified in each care home, and appropriate consent processes were completed.</p>
<p>Rollout</p>	<p>Over 12 weeks from July-September 2022, data was collected in person during field visits at three-week intervals, totalling four visits per care home. During the evaluation period, staff were encouraged to regularly and flexibly use SB Duet with residents one-to-one by the bedside and find the means of delivery that worked best in their care home.</p>

DATA COLLECTION AND ANALYSIS

Observation

Participant observation was undertaken using the Arts Observational Scale (ArtsObS) (Fancourt and Poon, 2015). ArtsObS is a validated, mixed-methods tool to evaluate performing arts activities in health and social care settings that has been used in the study of dance for health interventions with older adults and evaluations of arts in health programmes in care homes (Tapson *et al.*, 2018; Bungay *et al.*, 2020). The ArtsObS allows for the non-obtrusive capturing of quantitative data, including demographic data and set and flexible criteria, and qualitative data through feedback and case studies. The set criteria assess distraction, relaxation, and changes in mood, and two flexible criteria were developed to assess social interaction and creative expression. The evaluator observed 32 sessions during field visits across the three care homes using ArtsObS.

Interviews

Semi-structured interviews were undertaken with residents, one relative, and staff, including managers, one team leader, activities staff, care staff, and administrative staff. All interviews followed a topic guide aimed at understanding the participant's experiences using SB Duet and their perceptions of the resource's impact. Interviews with care home residents were interspersed across the evaluation period, taking place immediately after using SB Duet, either one-to-one, in pairs, in small groups, or with relatives depending on the SB Duet session format. Resident interviews were brief, relaxed conversations that took place with the support of staff. Interviews with staff took place one-to-one at the end of the data collection period. All interviews were audio-recorded and fully transcribed.

Participants by Research Method			
	Care Home Residents	Relatives	Care Home Staff
Observation	17	1	7
Interviews	9	1	11

Table 2: Participants by Research Method

Analysis

Quantitative observational data were analysed using descriptive statistics to demonstrate changes before and after sessions on mood and understand the impact on distraction, relaxation, social interaction, and creative expression. Qualitative data were analysed using framework analysis (Ritchie *et al.*, 2014), assisted with NVivo Software 10. Quantitative and qualitative data were triangulated to allow for a more comprehensive understanding of the implementation and impact of SB Duet.

5. Findings

REACH

SB Duet was aimed at ‘reaching’ individuals with reduced mobility, particularly those confined to their beds, and carers in lower resource settings. A guiding principle of the project was to promote accessibility and inclusion among underserved groups.

Care Homes



All three of the care homes identified by the Care Home Collaborative as candidates for the evaluation took part. Care homes varied in size, being 90, 61, or 25 beds.



Two of the care homes are within 10% of the most deprived data zones in Scotland overall, and the other falls within 10% of the most deprived data zones in Scotland regarding geographic access (SIMD, 2020).

Care Staff



14 care home staff were trained to use the SB Duet resources. This included all available activities staff but few care and administrative staff members.



10 care home staff tried SB Duet during the evaluation period, including 50-100% of the total activities staff, one team leader, and a few care and administrative staff members.

Care Home Residents



Care home staff reported that 46 residents used SB Duet with staff during the evaluation period, representing 18%, 26%, or 41% of residents within each care home. 17 residents consented to take part in the evaluation whose experiences are reported.



Included residents experienced a range of medical conditions, including various types of dementia, stroke, arthritis, anxiety, and depression. All residents exhibited some level of age-related reduced mobility, with two of them confined to their beds. All residents identified as White Scottish.

Figure 1: Participation by Numbers

Why were residents 'reached' or not?

Resident participation was affected by personal preferences, resident capabilities, and changing contextual and individual considerations. Residents' personal preference for engaging in care home activities affected participation, and for many, the acceptability of the activity itself, 'ballet', acted as an incentive or a barrier. Staff and residents highlighted that ballet being different and new encouraged participation, especially among residents who danced in the past or who have grandchildren who dance. However, some expressed that ballet presented a challenge to recruitment, with some staff having to change how they spoke about the resources:

I think saying ballet, they think they've got to do ballet...We had to be like, 'No! I've not got a tutu!' I think it's saying ballet, but then we had to explain like no, it's like exercise, you can do the energetic one or the other relaxing one.

(Activities Staff Member 2)

Overall, the feasibility and perceived appropriateness of SB Duet for most residents with some age-related mobility and cognitive challenges facilitated uptake. Most residents found that the movements were appropriately challenging; only a few felt they could be more difficult. Alternatively, the severity of a resident's dementia or mobility challenges sometimes negatively influenced participation. For the target population of residents confined to their beds, staff were divided on whether SB Duet was appropriate. Some staff found the resources especially apt, while others felt it was inappropriate to even try SB Duet with this type of resident. One Activities Coordinator explained:

It depends on why they're in their bed. If they've come back from an operation and they need a bit of movement, that's fine, but if they're bedbound, there's a reason they're bedbound. The only thing we can do a lot of times is just go to talk to them.

(Activities Staff Member 1)

Changing contextual and individual considerations like resident mood, time of day, medications, weather, and other events also influenced resident participation. The highest percentage of residents took part in the care home with the fewest beds, suggesting there may have been fewer factors to manage and, thereby, increased recruitment. Of these factors, resident mood was highlighted as especially key to resident participation. Although sometimes, residents who were 'not in the mood' or had previously been resistant to trying SB Duet would take part when staff experimented with using SB Duet in pairs or groups rather than one-to-one. One staff member explained this ripple effect:

We get a group of residents together, and nine times out of 10, if some of the residents are doing it, the other ones will join in. (Activities/Care Staff Member 1)

PERCEIVED IMPACT

Distraction and Engagement

On the ArtsObs, distraction is determined by assessing factors like direction of eyesight and level of engagement. In most observed sessions, engagement with SB Duet was high among residents (average = 2.8; scale 1-3; Table 3), indicating residents were entirely focused on SB Duet. Some participants attributed the high level of engagement to the resource design, i.e., being short, expert-led, and including accessible movements which could be followed seated or lying down. It was also reported the adaptability of SB Duet increased engagement since residents could choose how and to what extent they wanted to engage. Some residents showed intense, unprompted engagement, such as removing their shoes to better feel the floor or speaking the instructions aloud to themselves.

Actually, just watching this and such, you know, I thought it was blowing great literally, you know, they're kind of doing their bits and things [onscreen dancers and instructor], and I'm just going with the flow...It was really a pleasure to get involved in it. (Robert, Resident)

And you could just see her watching the screen, her face lighting up, and that was before she even attempted to move her arms or legs. Now, this lady doesn't actually come out of the bed at all, and she has some stiffness in her joints, so she did attempt to lift her feet and her legs when, you know, we were watching the exercises, the same with her hands and arms...and just like she would say things like, 'Oh, they've got lots of energy', comments like that, because she was absolutely glued to the screen. (Team Leader)

Unfortunately, I couldn't do it all, but I was trying hard with one hand. It was good, I enjoyed the music...I could imagine doing it all. (Amelia, Resident)

For some residents with more advanced dementia, mobility, vision, or hearing impairments, physical or verbal encouragement from staff members was often required to support engagement where the on-screen instructor and pace could be challenging to follow. The only staff member that tried the SB Duet audio version reported that residents were more engaged since they were more inclined to follow them rather than the instructor on the screen. Staff engagement was also generally high during the SB Duet sessions unless distractions came up in the environment that had to be addressed.

ArtsObs Summary	
Outcome (Scale)	Mean
Distraction (1-3)	2.8
Mood Before (1-7)	4.6
Mood After (1-7)	6.2
Relaxation (1-3)	1.9
Social Interaction (1-3)	2.2
Creative Expression (1-3)	2.3
Overall Effect (1-3)	2.8

Table 3: Average ArtsObs Scores

Physical Activity and Well-being

Getting Moving

Residents and staff reported positive changes to resident physical well-being as a result of taking part in the movement section of SB Duet. Most staff felt that anything that got residents moving was beneficial, especially for those with reduced mobility. Many also felt the included movements were of appropriate difficulty so residents could perform them and, for some, push themselves. Some noted that it was not only beneficial to get moving but also to get moving in a different way than residents might normally in other activities.

I honestly did not care if they were following the actions; it is the fact that they were moving. That was a win. It was a win. (Activities Staff Member 1)

Yeah, it was great, I mean, to be able to relax and do things that we don't normally do. Yes, we need to do the below bits, I do those myself, and I lift my shoes up, and I lie back, but this is a different way to do it. And I'm saying it might result in a better outcome. You know to do this properly. (Fiona, Resident)

Some staff felt that the gentle movement also benefitted their own physical well-being.

It benefits us as well because we're doing it with them, and I actually feel a difference, you know, the knots, and no I find it really good as well myself. Maybe it's for me, never mind the residents! (Activities/ Care Staff Member 1)

Enhancing Long-term Condition Management

A few residents who took part that were recovering from a stroke or living with arthritis especially appreciated having the opportunity to practice varied arm and hand movements, each one commenting on the 'crown-fist' hand exercise in Duet Energise:

As the doctor says, close your hand like a fist and let it jump out.
(Elizabeth, Resident)



The relative that took part in the evaluation noted the progress observed in their family member using SB Duet alongside stroke rehabilitation:

I think it's a bit of both really. She does this [crown-fist exercise] constantly, and then she is talking about the ballet, she will show me what she does with her hands in that hands section and her arms so, now, three months since she's had her stroke...but no, I do feel that the ballet is definitely helping. (Relative)

Mental Well-being

Improving Resident Mood

Most residents and staff observed enjoyed using SB Duet, as evidenced by laughing and smiling. Before the sessions, most residents exhibited a calm or satisfied mood (ArtsObs average = 4.6; scale 1-7; Table 3), but at the end of sessions exhibited a happy or excited mood state (average = 6.2), representing an average 35% improvement before and after sessions, with no decreases observed (Figure 2).

I've laughed, and I've smiled with someone. I always try to do something that helps with passing the day, or else we just keep sitting around all day. (Duncan, Resident)

Their [residents] mood really lifts though you can actually see it, which is great. You know, because sometimes they are just sitting in that lounge watching TV, and then as soon as they do something like this, you actually see a difference in them, which is brilliant. (Activities/ Care Staff Member 1)



Figure 2: Average Resident Mood Scores Pre-Post SB Duet Use

Boosting Energy

Staff and residents often linked increases in mood with positive changes in energy, especially after using Duet Energise. Changes in energy contrasted with the typical passive state observed and often described by residents and staff. Two residents described how they felt the first time after using Duet Energise:

Oh, yes, I feel as if I can get up and go. (Isobel, Resident)

I was kind of quiet when you came in, and now we're chatting. It opens you up... Better than falling asleep, better than falling asleep, which is what I would've been doing. (Catherine, Resident)

Finding Relaxation

While Duet Energise had the intended energising effect, Duet Relax also often had the intended calming effect on the observed residents (ArtsObS average = 1.9; scale 1-3; Table 3). Duet Relax sometimes helped with muscle relaxation and to slow breathing, with several residents falling asleep after the *Haud Close Tae Me* film excerpt. During one Duet Relax group session, two residents conversed about another resident who had dozed off:

Is somebody snoring? (Heather, Resident)

It worked! (Alison, Resident)

A few residents described feeling looser, more relaxed, and sleepy after using Duet Relax, and staff generally felt this change in demeanour was beneficial. Some staff and residents also highlighted that resources which help residents to relax are uniquely beneficial, with most activities being targeted at having an invigorating effect.

Having them relaxed for the rest of the day and not agitated is a good thing. You want that, especially maybe before lunch and things like that, so they're quite happy to sit and just have the food and then afterward go for a wee snooze. Helps them [staff] as well. (Activities Staff Member 1)

So maybe if a resident appeared a wee bit anxious, we would maybe use the resource that was for relaxing, and that was good because you could see for that resident, it was, it made an impact, you know, they did feel relaxed. And you could see the difference. (Team Leader)

Changing Staff Mood

Staff also reported experiencing positive changes in mood after using SB Duet and having fun with residents. One activities staff member explained:

It makes me feel relaxed, it makes me feel pure somber, it gives me a boost of energy and stuff like that in the morning, depending on which one we're doing. I do actually feel more awake and everything. I enjoy it personally. I like doing all the movements. I like having fun with the residents as well.

(Activities Staff Member 1)

Improving Resident Self-esteem

For some residents, having the opportunity to spend time one-on-one with staff when using SB Duet made them feel 'special' and valued. Also, for others, especially for those with a passion for dance or relatives who dance, using SB Duet helped bring about positive attitudes toward the self and confront stigmas surrounding ageing.

*And maybe I'm not too old to try ballet? So maybe like when you like introduce it to them and they'll go, ballet? But my daughter's done ballet or my granddaughter's done ballet? I didn't think I would ever do ballet. So maybe that's what's giving them the confidence to say well, wait a minute, maybe I can do ballet. And I think that is what's actually happened. **(Activities Staff Member 3)***

Social Well-being

Strengthening Staff and Resident Relationships

One of the bespoke measures created for this evaluation assessed social interaction by considering how participants connected during the activity. Indicators like communication, eye contact, and hand-holding were observed. In most SB Duet sessions, there was a moderate-high level of meaningful social interaction and communication among residents and staff participating, characterised by laughter, conversation, and moments of physical connection (ArtsObs average = 2.2; scale 1-3; Table 3). Staff reported that using SB Duet with residents enhanced their social relationships with residents; one staff member explained:

*I really enjoyed participating in it with the residents, even though you've got a really good relationship, it just brings you closer, even closer, because you're, joining in together, and you're completing, you know, you're actually watching the film, or you're participating in the exercises. **(Team Leader)***

Enriching Communication

Observations and staff feedback demonstrated that SB Duet also helped to prompt and enrich communication among participants by providing a novel stimulus. During the film section of SB Duet, there was often verbal conversation on relevant topics and expressive remarks on the content, and during the movement section, there were also moments of physical conversation through dance.

It gave a good starting point to like actually speaking to people because I think it does get quite difficult when you're going into someone, and you're trying to have a conversation with them. And it moves on to like, it's a completely different bit of conversation. And even just like watching it, it's just something different. I would definitely say it is a good conversation starter. (Activities Staff Member 1)

Promoting Resident Connectedness and Belonging

While intended to be used one-to-one at the bedside, many residents and staff enjoyed using the resources in pairs or small to medium groups in common areas. Most residents expressed that doing the sessions in a group made them feel included and motivated them to keep up. During one group session, residents were motivated to stay behind to use SB Duet a second time when a resident entered who had missed the first SB Duet session:

Does anybody want to stay behind with Maisie and do a session with Maisie, or have you had enough, and you want to go back to the lounge to relax? (Activities Staff Member 3)

I think we can relax anywhere, anytime, so I think we should stay and do what we can do here. We are getting a chance to do something. (Heather, Resident)

Using the resources with more than one resident in a common area had the added benefit of fostering relationships among residents and, for some, reducing social isolation.

Catherine doesn't tend to come out of her room very often, so something like this to let her come down to this, to say the garden room to do the ballet, that's taking them out of their comfort zone as well and bringing them down to the situation for the ballet and then obviously feeling that connection with Robert. That's started a wee bond because now Robert and Catherine and maybe another man, they tend to do like the cycling together, so they've kinda maybe have that wee trust that they've like spent that time with each other. (Activities Staff Member 3)

I think with doing the group, they're connecting with each other, and they're building a bond. They just kind of look at each other and help each other and smile at each other, and you can see that connection with them as well, so I think it's connecting them all. (Team Leader)

Creative Expression

Expressing Artistry and Personality

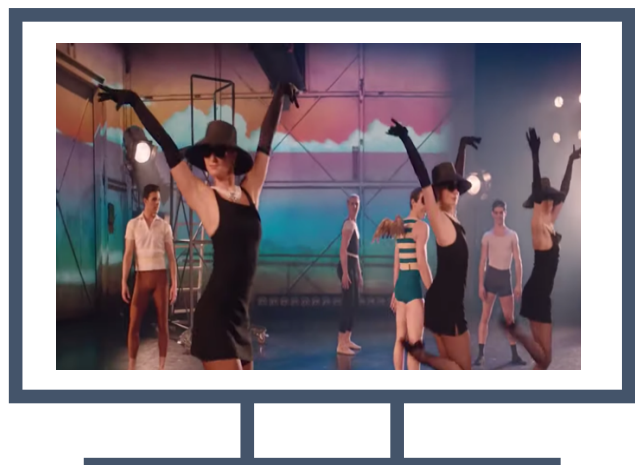
The second bespoke variable on the ArtsObs developed for this evaluation assessed creative expression by considering indicators of self-expression and creativity among staff and residents while using SB Duet. Certain obvious signs were initially looked out for, such as singing and improvisation, but residents and staff brought to life the SB Duet resources in unforeseen, imaginative ways (average = 2.3; scale 1-3; Table 3).

Residents often added their own artistic flair, such as adding a twinkle to their fingers or playing imaginary instruments. Sometimes creative expression went hand and hand with social connection and playfulness, a resident tickling another beside them or a solo hum turning into a group sing-along. Creative expression also sometimes came about when a resident had to adapt an exercise. When one resident could not snap their fingers, they instead began leg kicks as staff continued snapping, resulting in a scene the likes of a Broadway star's final kickline with staff as their supporting ensemble.

SB Duet also provided the opportunity for residents and staff to have fun and show their personalities. This often included making humorous remarks and expressing their opinions on the content. For example, regarding the finale of Scottish Ballet's *Starstruck*, some residents were impressed, while others had a more critical eye:

How do they move lines like that; that's fantastic!
(Isobel, Resident)

Are the hats really necessary?
(Heather, Resident)



Stimulating Imagination

One of the most evident forms of self-expression was reminiscence, with SB Duet taking residents back to past events and people. One resident shared her experience traveling to Russia to see the Bolshoi Ballet, others their experiences training in ballet, Scottish Country, and Highland dancing, and some even seeing Scottish Ballet. Some staff also had positive memories related to dancing which helped them to connect further with residents.

Catherine's Story

"Before the war, I went dancing quite a lot, and then during the war, when I met my husband, he couldn't put one foot in front of the other. Of course, he was sent away somewhere, Egypt or somewhere, and I never saw him for a long, long time. And then, while he was away, I had a brother just 14 months younger than myself. So I sort of taught him to dance, he used to say to me, take me to the middle of the floor, so I pushed him around. Every Saturday, we would go do that, thinking that when my husband came home, that would be the end. So when he did come home, and with a crowd of friends, we went out together, and the music started to play. And guess what it was – a tango. And he came to me, and he said, come and dance, come and dance. And I said to him, not this one, sit down, not this one. He said no, I want to do it now. Well, I wish the crowd would have opened up and swallowed me! But we got on the floor. And that was a surprise to me. While he'd been away in the forces, he learned to dance. That was so lucky for me because we spent our life ballroom dancing."

ADOPTION

Adoption considers buy-in at the provider (i.e., care home) and staff levels. Limited data was collected at the care home level, but staff and resident participation, the amount of SB Duet use, and staff enthusiasm toward SB Duet were higher in the two care homes where the manager was keen to take part, and music and movement were key to the care homes' ethos. At the staff level, of the 10 staff who tried SB Duet during the evaluation period (Figure 1), only four staff members (three activities staff and one team leader) used SB Duet repeatedly on their own. Therefore, buy-in was highest among certain staff involved in activities who were key to implementation. The other six staff tried SB Duet only once as a support, and an additional four staff were trained but never tried SB Duet.

Why did staff buy-in or -out?

Lack of time and conflicting responsibilities were the most frequently cited barriers to staff uptake. Due to the high working demands, SB Duet was often not a priority and could be forgotten. At times, even activities staff were pulled away from their activities duties to support with care.

It's not just because of Scottish Ballet, but I think we get it in probably most care homes; we tend to find that activities are everybody's responsibility, but at certain times, everybody's busy, [you] know, we've got this to do, we've got that to do.
(Manager 1)

The feasibility and usability of SB Duet also influenced adoption. Those who adopted the resources found them easy-to-use, while some who did not adopt them perceived or experienced more challenges to use. Confidence in using SB Duet was also significant, with some trained staff reporting not trying SB Duet due to a lack of confidence. However, other staff, even some who were not trained, reported feeling confident due to SB Duet's suitability to their way of working or as a result of repeatedly using SB Duet, sometimes with the support of a more experienced SB Duet user. Two staff shared their differing experiences:

I would definitely need another training. Because even with using the [other brand of on-demand wellness resources], and that was really good training, I mean that was like three days of solid training... And I had great staff that helped me, and even that, I used to just always get so nervous. (Care Staff Member 1)

I didn't need the training. I just wanted to kind of go, but I think that's just who you are as a person. I'm quite happy doing things on my own with the residents as well, I enjoy that, but it depends, you just need to get the right people.
(Activities Staff Member 1)

The acceptability of SB Duet also affected buy-in, particularly the personal investment and enthusiasm of staff in using SB Duet. Enthusiasm often resulted from either a passion for dance or seeing residents benefit from resource use. Likewise, those who adopted SB Duet reported enjoying the experience. For some, investment was also facilitated by feeling proud of being among the first staff to try SB Duet. On the other hand, those who did not buy in often were not interested, enthusiastic, or invested in SB Duet.

I think that it just depends on how much you want to do it as well. I wanted to do it, and I was trying to figure it out. I was like, we are doing this today. So I think that that kind of goes with it as well, you have got to want to do it, or else you just will not bother. (Activities Staff Member 1)

It's just looking at that, so it's actually an enjoyable experience rather than giving somebody a chore. It isn't just a task? (Manager 1)

IMPLEMENTATION

Sticking to the Plan?

Staff were not prescribed an implementation plan, but encouraged to use the resources regularly, one-to-one at the bedside, and find the means of delivery that worked best in their care home. Staff in each care home generally felt weekly use presented a feasible and ideal 'regular' schedule; however, just one care home managed to use SB Duet weekly over the 12-week evaluation period. Staffing shortages, staff holidays, and other set activities (e.g., garden parties) limited weekly use, especially in care homes where only one staff member adopted the resources.

Most of the time it's down to staff levels and all that, which is unfortunate. I just wish that we'd get more staff in so we could do stuff ourselves and do more ballet - thank you! (Activities/ Care Staff Member 2)

Having a Plan

Regular SB Duet use was reported to be facilitated by planning: having the right people in place at the right time. The two care homes which put SB Duet on their weekly schedule had more consistent use patterns. Regular use was also affected by field visits by the evaluator and support staff, which acted as 'reminders' to use SB Duet and opportunities for technical support and to ask questions.

Untapped Potential

Some hopes for implementation did not pan out. Only one staff member tried the SB Duet audio version twice, suggesting it may not have been known about or was felt to be less appropriate. Also, relatives tried SB Duet with residents just three times during the evaluation period, and while positive, scheduling made this challenging to make a reality.

Different Strokes for Different Folks

SB Duet delivery varied across the 12-week period with care homes and residents. Generally, staff found tailoring the resource to suit the needs of the resident or residents at the time of use worked best. This meant the intended one-to-one, bedside format was seldom adhered to, and instead, SB Duet was used in varied arrangements, settings, and devices, often in pairs or small groups in common areas. Overall, SB Duet was enjoyed by all participants present and made a significant difference to the feel of the care home regardless of the set-up, as indicated by the high overall ArtsObS scores (average = 2.8; scale 1-3; Table 3).

Highlights

Each care home found success in further personalising SB Duet. Examples include just watching one section of SB Duet, combining SB Duet with another activity like afternoon tea or a movie, having residents add their own movements during sessions, or using the less structured SB Duet audio version. Staff highlighted the flexibility and adaptability of SB Duet allowed not only for implementation to be varied but also person-centred.

When you know a resident really well, and we care for a resident person-centered, and so every resident obviously is an individual and getting to know them, and knowing that maybe this is just a bit too long, why don't we just try maybe the actual dancing? We could do that ourselves, even to stop it for whatever reason so they could benefit from it in that way. (Team Leader)

Key Factors

The skill and qualities of staff, alongside an adequate staff-to-resident ratio, were often significant to support resident engagement. Specifically, staff foresight in considering the proper support, residents to bring together, facility, and device allowed for effective delivery. However, given the stretched nature of the care home environment, this was not always possible. Also, the appropriateness of technology was key to smooth delivery. The use of DVDs and USBs in large-screened devices that did not require WiFi nor website searching facilitated delivery, and small, WiFi-dependent devices hindered delivery.

PLANS FOR MAINTENANCE

The key activities staff who regularly used SB Duet at each care home indicated they planned to continue to use SB Duet in the future, but no care homes were contacted for follow-up after the 12-week evaluation period.

The nice thing is that they [Activities Staff Member 1] want to continue it. Because it wasn't a case of, 'I've said it and you're doing this', they actually offered to do it. It is something that they would like to incorporate in their activity program.

(Manager 1)

So, it's always a thing where, 'Oh, I can just pull this out'. And we'll do, we'll do Scottish Ballet, so I know it's always there and I can always use it, it is always handy. (Activities Staff Member 3)

Key activities staff also reported they had shared the name of the resources with activities staff at other care homes during meetings and had plans to share SB Duet with new activities staff members joining their care homes. Some staff felt that new staff members learning to use SB Duet might help with maintenance, but others felt more top-down structure, practice with other staff, or further training with SB Health would be required.

Suggestions from staff and residents about supporting sustainability generally centred around wanting 'more.' Particularly more resources that are suitable to all types of residents, including those with more mobility or advanced dementia. Some also hoped there might be more collaboration with SB Health in future projects to encourage further movement, creativity, and social connection.

6. Interpretation and Implications

Overall, the findings indicate that SB Duet is reasonably feasible and acceptable for care home residents. Many residents found the resources to be easy-to-follow, of appropriate difficulty, and enjoyable and expressed interest in using SB Duet again. The acceptability of SB Duet was highest for the subgroup of residents who were keen to take part in dance activities. SB Duet was not always feasible for the target population of residents confined to their beds. To reach this subgroup of residents, findings indicate the resources would need to be less challenging or more guidance would be required for staff to use SB Duet with this type of resident.

Staff who used SB Duet throughout the evaluation period also generally found it feasible and acceptable, reporting SB Duet was easy-to-use, adaptable, enjoyable, and a good match for them and some of their residents. However, staff participation and buy-in were lower than anticipated, with just certain activities staff taking part and showing indications of buy-in. This discrepancy was mainly linked to conflicting responsibilities, but further internal support from care home managers and staff with experience using SB Duet as well as external support from SB Health were cited as ways to improve adoption.

When SB Duet was used, sessions were characterised by fun, laughter, and smiling and were reported to be beneficial for care home residents in terms of supporting physical activity and mental and social well-being. It was evident that what each resident was getting out of the experience was different, with some challenging themselves physically and others remembering their dancing pasts. The combination of movement, music, social connection, and self-expression enlivened residents, often providing a stark contrast to the passive and sedentary state noted before SB Duet engagement. These changes were evident to staff as well, which made using SB Duet an enjoyable experience for them and often encouraged plans for further SB Duet use.

Staff and residents used SB Duet in imaginative ways, which enabled them to make it their own, i.e., person-centred. Often, this meant moving sessions away from the bedside and instead bringing groups of residents together in common areas. SB Duet sessions were most impactful when attentive staff brought interested resident(s) together at a suitable time and place. This often required planning, effort, and enthusiasm, which could sometimes be a challenge for staff not only to execute but also to remember given other care home demands. Consequently, for the most part, SB Duet was not regularly used, and further technological and administrative support may be required to facilitate ease-of-use and, thereby, implementation. Nonetheless, the key staff using SB Duet during the evaluation period indicated they planned to continue to use and share out the resources.

7. Limitations

The findings could be affected by several limitations in the evaluation design, population, data collection and analysis processes, and setting. In terms of the evaluation design, given this was an exploratory project and process evaluation rather than a clinical research study, no implementation protocol was developed nor prescribed. As a result, delivery was not consistent across or within care homes, meaning assessments of feasibility and acceptability were solely qualitative, and the assessment of pre-post effectiveness was not possible. Further research would be required to determine the feasibility of a study measuring the effectiveness of SB Duet. Also, owing to the time-limited nature of this evaluation, no follow-up was conducted to see how implementation and impact were sustained beyond the evaluation period, which would be important to understanding maintenance.

Concerning the evaluation participants, the resident's perspectives included represent a small sample of all residents who staff recognised as the resource being appropriate for. Further, these residents tended to have a pre-existing interest in dance, music, and care home activities, potentially biasing the findings. Similarly, while perspectives from a range of staff were sought, the majority of the data collected was from staff members who regularly used the resources, with less insight from those using SB Duet infrequently or not at all.

There were also limitations in the data collection process. Data collection was undertaken by one evaluator, meaning observations of sessions were consistently assessed but limited in reliability. However, if there was ever uncertainty in, for example, the resident mood before using SB Duet, their mood state was discussed with staff to determine the most appropriate ArtsObS score. Also, the interviews conducted with residents were subject to limitations, such as resident hearing impairments and sometimes off-topic, short, or fragmented responses. This meant resident interviews were often not in-depth but instead used to enhance the understanding of observational data.

Lastly, there were limitations presented by the setting. The busy and high-pressure care home environment meant data collection was frequently disrupted, but this often allowed for a more 'real-world' view of implementation. The disruptions, challenges, and opportunities experienced in real-time were built into the data collection and analysis. In addition, the in-person presence of the evaluator in the setting influenced implementation, for example, supporting staff to overcome technology challenges. Despite this influence, these experiences were considered in the evaluation report.

8. Key Learning

PROMOTING DIGITAL INCLUSION

1: Enabling Accessibility

The content of SB Duet was largely accessible for residents with some level of age-related reduced mobility to engage with if set up by a carer. DVD, USB, and audio versions also provided further accessible options. However, the audio version was never used in situations with residents with low vision, and the DVD and USB versions were only used after additional communication and in-person support.

Key Learning: Digital resource accessibility entails not only careful content development but also careful content delivery, which supplies the guidance, administrative provisions, and technology to support appropriate use.

2: Enhancing Adoption

Digital inclusion goes beyond digital accessibility in removing barriers to access for those who want to interact with digital content. In care homes, lack of digital understanding or skills by staff, appropriate devices or connectivity, and confidence in using SB Duet limited adoption. Staff members who persevered through challenges felt confident and supported when beginning to use SB Duet.

Key Learning: Finding ways to increase user confidence, perceived support, and actual support experienced by staff is key to staff trying and using SB Duet.

3: Encouraging Application

In the context of the hustling and bustling care home environment, SB Duet could get lost in the fray. During the evaluation period, with other activities and staff shortages, the resources would often not get used in between evaluator visits, with the data collection points serving as stimuli to re-instigate use. The staff who continued to use SB Duet were invested in the project and evaluation, reporting seeing SB Duet's value.

Key Learning: Some enduring form of stimuli or support is recommended to encourage continued investment and use of SB Duet.

9. Conclusion

It's free, and it's accessible, and it's getting them moving, and it's keeping them fit and uplifting their moods. What else can you ask for? (Activities Staff Member 3)

The potential of digital dance opportunities in care homes is increasingly being recognised in the wake of the COVID-19 pandemic. The findings of this evaluation indicate SB Duet provides a novel and valuable opportunity for residents and staff to creatively move and connect with one another. A range of benefits to well-being were experienced by residents that were evident during and immediately after resource use. The impact of SB Duet sessions was reliant on the skills, qualities, and buy-in of care home activities staff resulting in some highlights, challenges, and learning. Key learning from this evaluation centres on supporting accessibility, inclusion, and further application in care homes. Further dissemination of SB Duet is planned across Care Home Collaborative's 186 care home network.



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