# Dance for Dementia

# Evaluation Report 2022-23



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Fresh Arts is the Arts Programme for North Bristol NHS Trust www.fresharts.co.uk

The Original Spinners is an inclusive Community Dance Company
www.theoriginalspinners.com

# Table of Contents

Summary

**Background:** Fresh Arts is the Arts Programme for North Bristol NHS Trust.  Dance for Dementia was initiated and created by The Original Spinners together with Fresh Arts. It is based on a successful pilot project in Elgar Unit, Southmead Hospital in February / March 2020 which offered older, long stay patients on the unit enjoyment, engagement and an invitation to dance and move creatively. Weekly dance sessions are run on the wards in North Bristol Trust, Weston General and the BRI.

**Project aims:** Increasing positive outcomes for patients, staff and the ward including increased movement behaviours and better mood.

**Evaluation:** The RE-AIM framework was used to guide the evaluation of this project. It uses five dimensions (reach, effectiveness, adoption, implementation and maintenance, which utilise both qualitative and quantitative methods.

**Key evaluation questions include;** what was the reach of the project? How effective was the project at achieving its goals? Was the project delivered as intended? What were the facilitators and barriers to the implementation of the project?

**Methods:** Data was collected through qualitative interviews with staff members, key stakeholders and the dancers. Weekly reports were gathered from the dancers and monthly observation forms were collected from the Fresh Arts management team. Staff surveys were also conducted.

**Conclusions:** Dance for dementia is an effective project at benefiting a range of outcomes for the ward, staff and for patients. Movement and mood clearly increased as a direct result of the project as was documented through observation and interviews. Facilitators to the project implementation include the frequency and consistency of delivery of the project, the high quality of the project and staff involvement was found to be a strength. Barriers to implementation included ward challenges and staff challenges. It is clear that staff buy in is a crucial factor to the success of this project.

**Recommendations:** Dance for dementia should consider implementing a regular briefing session (every 6-12 months) with staff members before coming onto the ward to introduce the project, manage expectations and explain the benefits of it. This will hopefully lead to increased buy in and participation from staff.

Background

Fresh Arts is the Arts Programme for North Bristol NHS Trust.  Dance for Dementia is based on a successful pilot project run by Fresh Arts in Elgar Unit, Southmead Hospital in February/March 2020 which offered older, long stay patients on the unit enjoyment, engagement and an invitation to dance and move creatively. The project is delivered by The Original Spinners who led the pilot project for North Bristol NHS Trust with the support of the Fresh Arts Programme Manager. In partnership with UHBW Arts & Culture Participation lead Fresh Arts supported the roll out the project for the benefit of patients at Weston General Hospital and the Bristol Royal Infirmary.



The Original Spinners are three dance practitioners with extensive training and experience of working with people with dementia, Parkinson's Disease and other conditions in a creative, playful and enabling way; they work with patients on a weekly basis to offer creative dance and movement using a bespoke trolley filled with props and music soundtracks to stimulate engagement. Patients are gently invited to take part in their own unique way; for some, this means waking from sleep, watching the dancers and perhaps tapping their toes or fingers; for others, who wish to engage more fully, props help give them 'permission' to join in freely with the music and dance. Health practitioners are invited to take part and embed a playful approach to physical activity in their interactions with patients with cognitive impairment, re-focusing conversations and encouraging/supporting people to incorporate movement into their daily lives, including on the ward.

The project started on Elgar Enablement Unit in Southmead Hospital in June 2022 and sessions have been running there weekly since. Southmead Hospital is based in Bristol and is

close to the South Gloucestershire border; our patients are from both local authorities, as well as North Somerset.

In September 2022, following planning and preparation with the UHBW Arts & Culture team, and Kewstoke and Draycott ward staff at Weston General, we started running weekly sessions at Weston General too. 10 sessions have been delivered at Weston General and 10 sessions are planned to start at the BRI from January 2023.. A total of 20 sessions will be delivered at North Bristol NHS Trust. We are able to offer 20 sessions at both of these locations.

An example of the logic model which displays an outline of the project in terms of context, inputs and resources, activities and participants reached and short, medium and long-term goals can be found in Appendix 1.

**Project aims**

*Short term*

- Patient boredom reduced
- Patient enjoyment increase
- Invitation/option for patients to engage in the movement
- Patient engagement with dancers
- Increased patient interaction with staff
- Increased patient movement during programme
- Improved staff mood
- Reduced demand for staff during programme
- New 'shared purpose' between staff, dancers, visitors and patients
- Increased confidence in patient self
- Change in visitors perception of the patient and ward
- Challenge patient self-perception
- Increase patient voice

*Medium term*

- Improve mental health outcomes for patients
- Overall reduction in muscle atrophy for patients
- Increased daily patient activity
- Increase patient autonomy (personal care needs, eating drinking etc)
- Improvement of staff wellbeing
- Prevent additional care needs of patients

*Long term*

- Earlier patient discharge rates
- Alleviate pressure on social care system within the ward
- Valued partner in the integrated care system
- Increased staff retention
- Increased sustainability of the programme

**Methods – RE-AIM**

The RE-AIM framework was used to guide the evaluation of this project. It uses five dimensions (reach, effectiveness, adoption, implementation and maintenance) see Table 1 in Appendix 2 for more information), which utilise both qualitative and quantitative methods to fully understand each dimension of the framework. The maintenance section of the framework was beyond the scope of the report. Full details of the RE-AIM framework applied to the evaluation of Dance for Dementia can be found in Table 1 below.

**Table 1: RE-AIM Framework for the Dance for Dementia Project**

| Evaluation Question | Indicator | Data source |
|---|---|---|
| **REACH** | | |
| 1.  How many patients participated? | Count | Observation sheets Feedback forms |
| 2.  How many staff participated? | Count | Observation sheets Feedback forms |
| **EFFECTIVENESS** | | |
| 1.  How did mood change on the ward? -Patients -Staff | Qualitative data Scores | Observation sheets Feedback forms Staff surveys Interviews with key stakeholders |
| 2.  How did movement change on the ward? | Qualitative data Scores | Observation sheets Feedback forms Staff surveys Interviews with key stakeholders |
| 3.  Did Dance for Dementia improve any outcomes? -For patients -For staff | Staff surveys Qualitative data Scores Ward data | Observation sheets Feedback forms Staff surveys Interviews with key stakeholders Data from wards |
| **ADOPTION** | | |
| 1.  How many wards took part? | Count | Registration |
| 2.  How many trusts took part? | Count | Registration |
| **IMPLEMENTATION** | | |
| 1.  To what extent was the project delivered as intended? | Qualitative data Count | Feedback forms Observation sheets |
| 2.  What were the barriers to implementing this project? | Qualitative data | Interviews with key stakeholders |

| | Qualitative data | Interviews with key stakeholders |
|---|---|---|
| 3. What were the facilitators and barriers to implementing this project? | | |

**Evaluation Methods**

In Elgar House at North Bristol Trust (NBT), data was collected from healthcare staff on the wards, key stakeholders involved in the project, and the dancers from the project. From all wards and trusts observational data was collected from patients but no other engagement with patients was made. Data was collected using weekly observational reports, feedback forms, staff surveys and online and face-to-face interviews, all interview guides  and examples of reports and surveys are included in Appendix 3. Comments written by visitors and placed into the comments box situated on the ward were also included in this evaluation. All data was collected throughout the project from June 2022 to August 2023. Data was retrospectively accessed from the ward (NBT only) to assess average length of stay, number of falls, rate of discharge, rate of readmission etc. Staff interviews were conducted on the ward during a Dance for Dementia session. Brief semi-structured interviews were conducted with eleven members of staff. Table 2 shows the breakdown of staff who were interviewed. All interview were analysed thematically.

**Table 2: Staff interview breakdown**

| Staff role | N |
|---|---|
| Nurse | 3 |
| TNA | 2 |
| Sister | 2 |
| Matron | 1 |
| OT | 1 |
| Physiotherapist | 1 |
| HCA | 1 |

TNA: Trainee Nursing Associate, HCA: Healthcare Assistant, OT: Occupational Therapist

**Key Findings**

1. Reach

Reach refers to the number of patients and staff who engaged with the project. Table 3 outlines the numbers of staff and patients who engaged with the project to date, during 2023/23  The average number of patients who engage with the project each week is 62 across all three sites. The average number of staff who engage with the project each week is 29 across all three sites. Demographic data was not collected from patients through the Fresh Arts Programme, or the University Hospital Bristol (UHBW) Arts & Culture team however, the majority of patients can be identified as being over the age of 65 and with a long-term degenerative health condition i.e. dementia, delirium, cognitive impairment. Demographic data was also not collected from staff members. Due to this project having a specific demographic of interest and restricted settings (specific wards etc) it was not appropriate to explore generalisability of results. Further information and discussion surrounding patient and staff engagement can be found in later sections of this report.

**Table 3: Total number of patients, visitors, and staff involved with Dance for Dementia 2023/24**

| Quarter 1  17 April – 30 June 2023 | Project | Patients & carers engaged | Staff engaged | Visitors engaged | Total audience | no of contact hours |
|---|---|---|---|---|---|---|
| | Elgar | 152 | 41 | 35 | 228 | 18 |
| | Weston General | 205 | 83 | 61 | 349 | 16 |
| | BRI | 193 | 133 | 46 | 372 | 18 |
| TOTAL: | | 550 | 257 | 142 | 949 | 52 |
| | | | | | | |
| Quarter 2  3 July – 28 July 2023 | Project | Patients & carers engaged | Staff engaged | Visitors engaged | Total audience | no of contact hours |
| | Elgar | 86 | 25 | 27 | 138 | 8 |
| | Weston General | 118 | 54 | 46 | 218 | 8.5 |
| | BRI | 56 | 38 | 13 | 107 | 8 |
| TOTAL: | | 260 | 117 | 86 | 463 | 24.5 |

## 2. Effectiveness

Effectiveness pertains to the impact of the project on outcome objectives. Effectiveness of Dance for Dementia was evaluated qualitatively and quantitatively. It is broken down into patient, staff and ward related outcomes. Patient related outcomes look at the following; 1. Mood immediately post intervention, 2. Staff rated effectiveness of project outcomes for patients, 3. Qualitative responses to effectiveness of the project for patients. Staff related outcomes look at the following; 1. Staff rated effectiveness of project outcomes for staff, 2. Qualitative responses to effectiveness of the project for staff. Ward related outcomes look at the following; 1. Staff rated effectiveness of project outcomes for the ward, 2. Qualitative responses to effectiveness of the project for the ward. Evaluation Questions addressed in this section: How did mood change on the ward for both patients and staff? How did movement change on the ward? How did the ward culture change? Did Dance for Dementia improve any outcomes?

*2.1 Patient Related Outcomes*

*2.1.1 Mood Immediately Post Intervention*

Patient happiness scores were measured using a visual observation of patient faces rated from 1-7. With 1 being outward negative emotion (anger, frustration), 4 being neutral/unresponsive and 7 being outward positive emotion (happy, excited). Measures were taken directly before and directly after the dancers were on the ward. Table 4 displays all moods scores. On average for all wards, mood scores increased directly after exposure to the project since July 2022.

(insert pic of scale here)

*2.1.2 Project outcomes for patients*

Staff responded to surveys regarding the effectiveness of the project for several outcomes. Scores ranged from 0= no effect, to 5 highest level of effectiveness. The question asked, 'how effective is Dance for Dementia at …' Staff rated the project as being most effective at decreasing patient boredom (average score= 4.9 out of 5) and least effective at increasing getting patients getting dressed (average score=3.27 out of 5). All scores on average were rated above 4 out of 5 with the exception of 'increasing patients getting dressed', which was rated 3.3 out of 5. Table 5 shows the individual scores given by each staff member. Figure 1 shows the average score rating for each of the items.

**Table 4 – Mood scores for patients immediately post intervention**

| North Bristol Trust | |
|---|---|
| Time | Average Mood Score |
| Pre dancers on ward | 4.21 |
| Post dancers on ward | 5.3 |
| Change | 1.09 |
| Weston | |
| Time | Average Mood Score |
| Pre dancers on ward | 4.18 |
| Post dancers on ward | 4.93 |
| Change | 0.74 |
| BRI | |
| Time | Average Mood Score |
| Pre dancers on ward | 4.17 |
| Post dancers on ward | 4.75 |
| Change | 0.58 |

**Table 5: Patient Outcomes as rated by ward staff.**

| Staff Role | Decreasing patient boredom | Increasing patient engagement with staff | Increasing patient daily movement | Increasing patients getting dressed | Increasing patients getting out of bed | Improving patient mood | Challenging patient self-perception | Increasing patient voice | Increasing patient confidence |
|---|---|---|---|---|---|---|---|---|---|
| Matron | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Sister | 5 | 5 | 5 | 1 | 4 | 5 | 5 | 4 | 5 |
| Sister | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Nurse | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Nurse | 5 | 5 | 4 | 4 | 4 | 5 | 4 | 5 | 5 |
| Nurse | 5 | 5 | 5 | 4 | 4 | 5 | 5 | 5 | 5 |
| TNA | 5 | 3 | 4 | 3 | 3 | 4 | 4 | 3 | 4 |
| TNA | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| HCA | 5 | 5 | 5 | 1 | 5 | 5 | 3 | 5 | 5 |
| Physiotherapist | 5 | 5 | 0 | 1 | 5 | 5 | 5 | 4 | 5 |
| OT | 4 | 4 | 2 | 2 | 4 | 4 | 4 | 2 | 4 |
| Average score: | 4.9 | 4.7 | 4.1 | 3.3 | 4.5 | 4.8 | 4.5 | 4.3 | 4.8 |

TNA: Trainee Nursing Associate, HCA: Healthcare Assistant, OT: Occupational Therapist
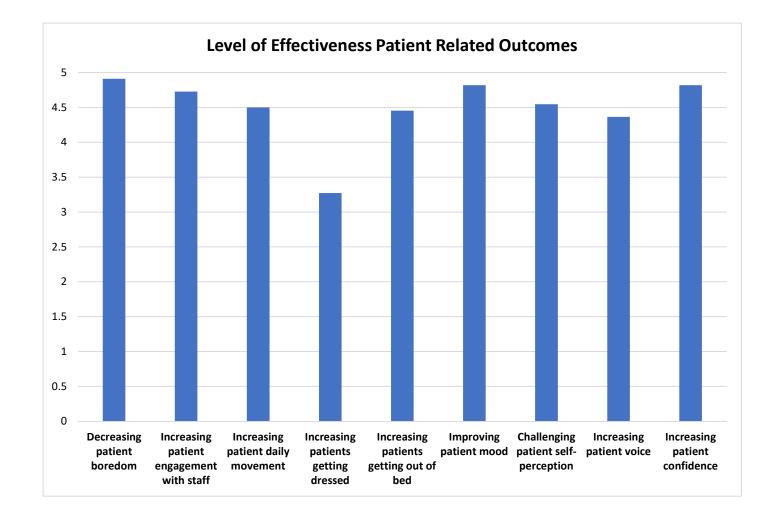
Scores: 5 highest level of effectiveness, 0 has no effect.

**Figure 1. Level of effectiveness for Dance for Dementia Outcomes for Patients**



Level of Effectiveness Patient Related Outcomes

2.1.3 Thematic Analyses of Qualitative Responses

Qualitative responses were gathered from interviews with key stakeholders (project managers and dancers and staff members). Responses were also gathered from weekly dancer record sheets and monthly observation sheets. The following topics and themes were reported for participant outcomes.

1. Movement

In general, the project goal was to increase movement among patients. Through countless anecdotal evidence from reports and interviews it is apparent that movement does increase during the intervention. The following themes represent the topic of movement for this project.

*1.1. Movement is Disguised*

This project is not an outright exercise program. The goal of movement is not front and centre, the activity portion of the project is disguised among theatre, props and music. This is a strength of the project as the expectation of physical activity is not there, so participants are not wary about partaking. When the dancers first come into the ward all you can see is their brightly coloured trolley covered in props like ribbons and large feathers. The moment they appear on the ward they cast a sense of 'intrigue' and curiosity for everyone. Enough to make patients who are able to 'sit up in bed to see'. This sense of wonderment also adds to unintentionally distract from the true goals of the program.

*1.2 Invitation but no expectation to move*

When the dancers arrive on the ward they go into the middle of the ward and begin handing out the props (inflatable microphones, ribbon sticks, a long fluffy feather) to each patient. The patient has no expectation to take the prop or engage with the dancers. Then the dancers proceed to play a song on their speaker (typically a calming instrumental piece to begin) and model to the patients how to use the prop in time with the music, typically waving it around and moving your arms and head and feet in time with the music. The prop is the invitation, it is the 'trigger' that encourages them to move, the music encourages them and the dancers are the opportunity as they are only there for a short while. Everything the dancer's have in their arsenal is crafted so that it encourages movement, from the beats in the selected music, the movement in their props (flowing ribbons and graceful feathers that glide when moved through the air) to their outfits that spin outwards when they dance. This invites movement from participants but dancers and staff hold patients to no expectation to move. This is in direct contrast to a clinical setting where their movement may often be assessed through clinical exams.

> *'In a way that they don't know that they're being asked to move so….*
> *And then they move. Whereas if they're taken to a separate room and asked to walk up a number of steps. That feels more like a test of what can you do, whereas the project is aiming to give spontaneous opportunities to move and to be physically active without.. Without assessment"-Staff.*

### 1.3. Small movement

As previously mentioned, movement although a large goal of the project, is not quietly presented through the dancer's routine. However this does not mean the movement elicited is impacted. The type of movement they elicit from patients ranges from patients getting up *'and singing and moving around',* to *'graceful waltzing'* to *'great small movement conducting to the orchestra'* and *'Enthusiastic and emotional singing'.* This is reinforced through the survey responses as Dance for Dementia is effective at increasing daily movement is rated 4.1 out of a potential 5. Staff understand the movement is relative to their abilities. In some cases sitting upright and waving their arms to music is a large leap in movement compared to spending all day lying sedentary in bed. This project successfully increases patient's daily movement.

### 1.4. Follow the fun

In some instances there has been documentation of patient's enjoying the music and fun the dancer's bring to the bay so much that they follow the dancers to the next bay when they have to leave after a few songs. The dancer's are limited in time that they spend in each bay but if at all possible, with patient mobility and staff permission/supervision patients do follow the dancer's to the next ward. This is one of the cases where large increases in movement are seen.

> *'We take people, get out of bed and literally walk with them. They want to follow the music and they want to follow the excitement.'- Staff*
> *'Yes they want to move after the music' - Staff*

### 1.5. Small changes to movement mean changes to routine

When patients display movement in front of the dancers the staff recognise this and it may mean changes to their routine. For example, if staff know that the patient's will sit up when the dancers come into the room they encourage them to do that. Similar with therapy staff.

*'....she was able to see patients moving in a way that she would test for, but they're moving differently because they're dancing.'- Staff*

### 1.6. Exceeding own and staff expectations

Another positive outcome because of increased movement was patients exceeding the expectations of themselves.

*'That's that's a really lovely thing is seeing patients realise what they can do.' – Staff*

### 2. Increased Positive Mood

There was a tremendous positive emotional reaction to the programme documented in the feedback forms, interviews and the observations records. Many mentions of feeling joyful, being brought to tears, beautiful and gentle moments as well as laughter and smiles. The following themes represent the topic of increased positive mood for this project.

*2.1 Immediate mood boosting effects*

Mood of the patients and staff is immediately lifted post dancing on the ward. Staff and patients themselves report these mood changes are consistently observed after the dancers have been on the ward. These mood boosting effects make patients '*happier more alert and more chatty'.*

*'I really really enjoyed that, I woke up feeling miserable but I don't anymore'–* Patient

Further, patients get a positive boost from the project regardless of if they engage or not, even just watching the dancers elicits positive emotions.

*'The best thing I've ever seen I'm in a completely different mood now, I'm so happy'–* Patient

*2.2 Brings back memories*

The combination of the dancing style along with the music choices sometimes leads patients to remember positive moments from their lives.

*'We had a lovely experience with an end of life patient and his son, where we were able to play hymns for him that gave him positive memories of his parents. It was very moving.' - Dancers*

*'Lots of lovely interactions today, one lady was moved to tears as she'd been remembering her youth and her friends together, they were happy tears and she was very appreciative'- Dancers*

*'That one reminded me of my dad, thank you' –* Patient

## 2.2 Staff Related Outcomes

### 2.2.1 Project outcomes for Staff

Staff responded to surveys regarding the effectiveness of the project for several outcomes. Scores ranged from 0= no effect, to 5 highest level of effectiveness. The question asked, 'how effective is Dance for Dementia at …' Staff rated all items above 4 out of 5 meaning all staff found the project effective at 'Increasing staff enablement with patients', 'improving staff mood' and 'reducing demand for staff during the program'. Table 6 and Figure 2 display these scores.

**Table 6: Staff Related Outcomes**

| Staff Role | Increasing staff enablement with patients (i.e., helping patients to do daily activities) | Improving staff mood | Reducing demand for staff during programme |
|---|---|---|---|
| Matron | 5 | 5 | 5 |
| Sister | 4 | 5 | 5 |
| Sister | 5 | 5 | 5 |
| Nurse | 5 | 5 | 5 |
| Nurse | 4 | 5 | 4 |
| Nurse | 5 | 5 | 5 |
| TNA | 3 | 4 | 4 |
| TNA | 5 | 5 | 5 |
| HCA | 5 | 4 | 5 |
| Physiotherapist | 4 | 5 | 5 |
| OT | 4 | 5 | 5 |
| Average Score | 4.5 | 4.8 | 4.8 |

TNA: Trainee Nursing Associate, HCA: Healthcare Assistant, OT: Occupational Therapist

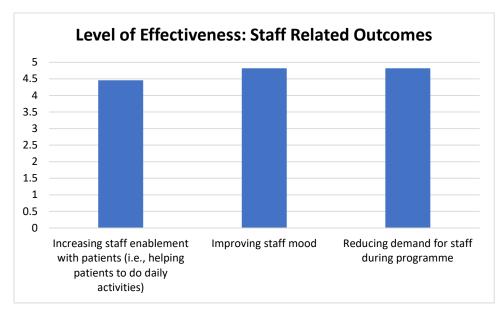Scores: 5 highest level of effectiveness, 0 has no effect.

**Figure 2: Level of Effectiveness: Staff Related Outcomes**



### 2.2.2 Thematic Analyses of Qualitative Responses

Qualitative responses were gathered from interviews with key stakeholders (project managers and dancers and staff members). Responses were also gathered from weekly dancer record sheets and monthly observation sheets. The following topics and themes were reported for staff outcomes.

1. Staff mood – positive

Similar to the project increasing patient mood after the dancers have been on the bay, there is a lot of evidence of the project improving staff mood too. Many staff members mentioned how the dancers coming into the ward 'broke up the day' and allowed for a moment of fun and joy. This theme is linked with the changing atmosphere on the ward due to the dancers which will be discussed later.

*'I love working when I know you're going to be here. I really look forward to it' – Staff*

2. Connection with patients

Another positive theme was staff found new ways to connect with patients through the dancing and through conversations sparked after the dancing. The dancing allows for new conversation between patients and staff. Similarly, staff can interact with patients by inviting them to dance, move and sing while the dancers are in the bay, creating new moments of connection between them.

*'I'm finding new ways to strike up conversation and connection with a patient' -Staff*

3. Break from work

An unanticipated positive outcome from the program is that it allows staff members to take a brief break. It allows them to finish their paperwork, go to the bathroom or just watch the dancers on the ward for a short period of time. This in turn leads to improved mood and productivity. Naturally, this positive outcome does come with some drawbacks which will be discussed in the facilitator and barriers section in the later section.

*'… but it's also something that if staff are really busy, it's giving or it's giving them an opportunity to go and do other work because patients are requiring less support.'- staff*

*2.3 Ward Related Outcomes*

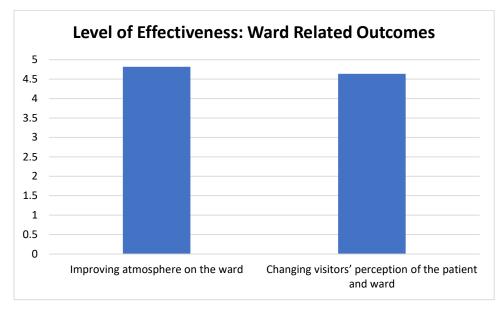*2.3.1 Project outcomes for the ward*

Staff responded to surveys regarding the effectiveness of the project for several outcomes. Scores ranged from 0= no effect, to 5 highest level of effectiveness. The question asked, 'how effective is Dance for Dementia at …' Staff rated all items above 4 out of 5 meaning all staff found the project effective at 'improving atmosphere on the ward' and 'changing visitors perception of the ward'. Table 7 and Figure 3 display these scores.

**Table 7: Ward related Outcomes**

| Staff Role | Improving atmosphere on the ward | Changing visitors' perception of the patient and ward |
|---|---|---|
| Matron | 5 | 5 |
| Sister | 5 | 5 |
| Sister | 5 | 5 |
| Nurse | 5 | 5 |
| Nurse | 5 | 4 |
| Nurse | 5 | 5 |
| TNA | 4 | 4 |
| TNA | 5 | 5 |
| HCA | 5 | 5 |
| Physiotherapist | 5 | 4 |
| OT | 4 | 4 |
| Average Score | 4.8 | 4.6 |

TNA: Trainee Nursing Associate, HCA: Healthcare Assistant, OT: Occupational Therapist

Scores: 5 highest level of effectiveness, 0 has no effect.

**Figure 3: Level of Effectiveness, Ward Related Outcomes**



**Level of Effectiveness: Ward Related Outcomes**

(Bar chart. Y-axis: 0 to 5 in increments of 0.5. "Improving atmosphere on the ward" ≈ 4.8; "Changing visitors' perception of the patient and ward" ≈ 4.6)

*2.3.2 Thematic Analyses of Qualitative Responses*

Qualitative responses were gathered from interviews with key stakeholders (project managers and dancers and staff members). Responses were also gathered from weekly dancer record sheets and monthly observation sheets. The following topics and themes were reported for ward outcomes.

1. Enhanced atmosphere on the ward

   A theme that emerged was the atmosphere on the ward changing, often unexpectedly, because of the dancers. When the Dance for Dementia project enters a bay the atmosphere is immediately different. From their costumes, their music choices, the trolley to the immediate sense of this is new and different in addition to the immediate positive mood feelings straight after and the benefits of brief physical activity documented above, it is very clear that this project enhances the atmosphere on the ward to the extent that patients and staff alike are already looking forward to their next visit. The change in atmosphere is infectious and is described by the staff members as 'a fragrance' that becomes known as soon as they enter the ward. The change in atmosphere is instantaneous when they are on the ward but remains once they leave.

   *'They leave something they leave an energy in there that continues'- staff*

   *'That was bloody marvellous, brings a lovely change to our day'.- patient*

   *'there was a lovely happy atmosphere with lots of smiling, laughter enthusiasm and gratitude'- staff*

   The dancers documented the mood on the ward often felt like a 'party' atmosphere once the sessions got underway.

2. Sense of theatre, excitement and unknown

The dancers have the project crafted to enhance the feeling of theatre and excitement. In the observation and feedback forms the dancers and the management often record the

patients and staff showing signs of 'curiosity' and 'intrigue' when they first hear the gentle music and experience the bright trolley and props. There is a general sense of absurdity and fun which directly contrast from that of the ward and hospital in general.

*'this is a hospital for the sick right?'- patient*

*''Never in my 97 years of my life and I've been in a lot of hospitals have I ever seen anything like this, it's beautiful'-patient*

*'Life is full of surprises, and this was a very nice one. I haven't laughed that much in my whole life'-patient*

If patients or staff had previous experience of the dancers being on the ward this increased the feeling of excitement.

*'Where have you ladies been? We missed you!'-patient*

> The dancers have crafted themselves as a spectacle on the ward which demands attention from the patients and distracts them from the day-to-day hospital activities.

3. Perception of dancers as ethereal beings

A theme that has emerged is the terminology used to describe the dancers is often ethereal or religious in nature. Participants have described the dancers as *'angels', 'fairies'* and have said *'god has sent them'* and *'their prayers have been answered'*. Expanding on the theme above, perhaps the patients view the dancers as ethereal beings due to them being so out of place on the ward, or just what the patients needed at this moment in time so much so that they seem *'magical'*. Similarly, the dancers outfits are white tunics and their music choices are often classic songs which may transport patients back in time when hearing them, adding to the mystical nature the dancers bring on the ward.

4. Community spirit and connection

The final theme is that of community spirit and connection throughout the ward. Isolation is a common feeling while in hospital and the dancers combat this by involving all patients who wish to take part together in a joint song and dance. Dancers bring sense of connection with them and others. Sense of connection and support between all through the music and activities.

*'Each bay felt as though there was a community spirit and engagement with each other as well as us'-dancers*

The dancers involve all patients where possible, even those in solo room and those who are too ill by dancing outside their windows.

3. Adoption

Adoption refers to the settings that took part, in the case of this project NHS Trusts, and then at a smaller level, wards within the trusts.

This project was rolled out in two NHS Trusts in the wider Bristol area including North Bristol Trust (NBT) and University Hospitals Bristol and Weston Foundation (UHBW) trust. At NBT the project was implemented on two wards in the Elgar Enablement Unit. At UHBW the project ran on two wards at Weston General Hospital; Kewstoke and Draycott. At the BRI, the project runs on four wards in total, with the dancers visiting wards A518 and A605 one week, and wards A524 and A522 the following week.  All wards across all sites are Care of the Elderly wards and have high levels of patients with dementia, delirium, and other cognitive impairment.

The enthusiasm for the project is growing and staff working on other wards and in other areas of the trusts have expressed an interest in the dancers visiting their patients. Other wards and specialisms include; stroke patients, neurology patients, orthopaedics, as well several other wards  at all three sites which provide care for the elderly.

4. Implementation

Implementation refers to the quality and consistency of the project delivery. Intervention data included weekly observation sheets and weekly feedback forms. Implementation also explored the barriers and facilitators of the project delivery through interviews with key stakeholders.

Project delivery:
 The project was delivered as intended with dancers attending each ward for approximately 2 hours a week. Dancers engaged as many participants as were willing (see Table 3 in the Reach section for breakdown of numbers). The dancers typically play 3-4 songs on each bay before moving to the next bay. Staff on the ward were not expected to partake in the project but were expected to be present on the ward while the dancers were there, for safety reasons.

Facilitators:
Some factors supported the delivery of the project, these included, consistency and frequency of the project, quality of the project and staff involvement.

1. Consistency and frequency of the project

Consistency and frequency of the project was seen as a facilitator to the implementation for numerous reasons. Firstly, the dancers returning weekly at the same time to the same ward set up a bit of routine, that allowed the staff to become used to. Secondly, as the staff knew to expect the dancers it led to them getting patients ready for their arrival, making them sit up in bed etc. The consistency and frequency also led to some patients, who were on the ward previously, to look forward to their arrival and to remember them when they returned. All this added to a sense of excitement surrounding the project and the dancers.

*'The fact that they remember them and they know they'll be back the following week  seems significant to me.'- staff*

2. Quality of the project

The project can be seen as high quality. The dancers are trained professionally in dancing but also with engaging similar patient populations. The music they choose is curated to the patients and their costumes chosen to create a sense of wonderment. The dancers create this sense of theatre, and they bring it to the wards every time they visit. The dancers deliver a high-quality project as they value the patient and the joy and movement the project brings them.

*'Quality is just so important with this project, you are absolutely worth it. And yes, you're stuck in hospital when you can't go and experience a theatre or a dance performance. But my goodness, it can come to you and you can have just as good as time.' -staff*

*'They're very quick and very agile at reading the room and knowing, like, how to make a good entry, and how to make a good exit, how to engage with patients and for how long'- staff*

3. Staff Involvement

Staff involvement is something that can add to the project. If the staff are willing to engage with the project, even by encouraging the patients there is a better level of engagement felt and better mood outcomes for the staff and patients. Staff members engaging with the dancers gives the patients permission to engage themselves, they know it is safe and ok to be involved.

*'…if they encourage patients or or simply exclaim, you know, ohh. The dancers are here. Or look what's happening now.'*-staff

*'Lovely session, we had 3 student nurses with us today they were great and really valuable to have with us as they could address patients concerns immediately'*-dancers

Barriers:
Certain factors were also a barrier to the delivery of the project, these included ward challenges and staff challenges.

1. Ward challenges

Unique challenges occur on the ward that deter the project from reaching it's full potential. These challenges include unavoidable events that occur in a bay, for example a death of a patient or a patient in medical distress would be a situation where the dancers would respectfully take their exit from the space. They check before entering a space that it is an appropriate time.Other examples include COVID-19. There are some examples where the mood on the ward is negative or there are curtains pulled around certain beds when the dancers are in the bay. These are all challenges that the dancers and staff need to navigate quickly before making a decision to allow the dancers into the bay.

2. Staff Challenges

Following on from ward-based challenges, staff themselves are crucial to the implementation of the project. As documented above, when staff engage they are a facilitator to the project and the enhance the levels of engagement. Equally if the staff do not engage or if they are sceptical they can detract from the project.

*"I think mostly 95% of the time the staff just love it, there's been the odd occasion where we felt that people don't quite understand it or maybe are a bit resistant, like* 'I've got to sing into an inflatable microphone!?'" - dancers

Further, if staff view the dancers as an opportunity to leave the room and to take a break that can have negative impacts for the dancers as they have to be extra vigilant for the safety of the patients as there is no staff member present. This can be seen as an unavoidable challenge as staff are facing ever increasing role pressures within the trust resulting in short-staffing.

*'..just noticeable how few staff there were to address patients concerns again'* -dancers

**Conclusions**

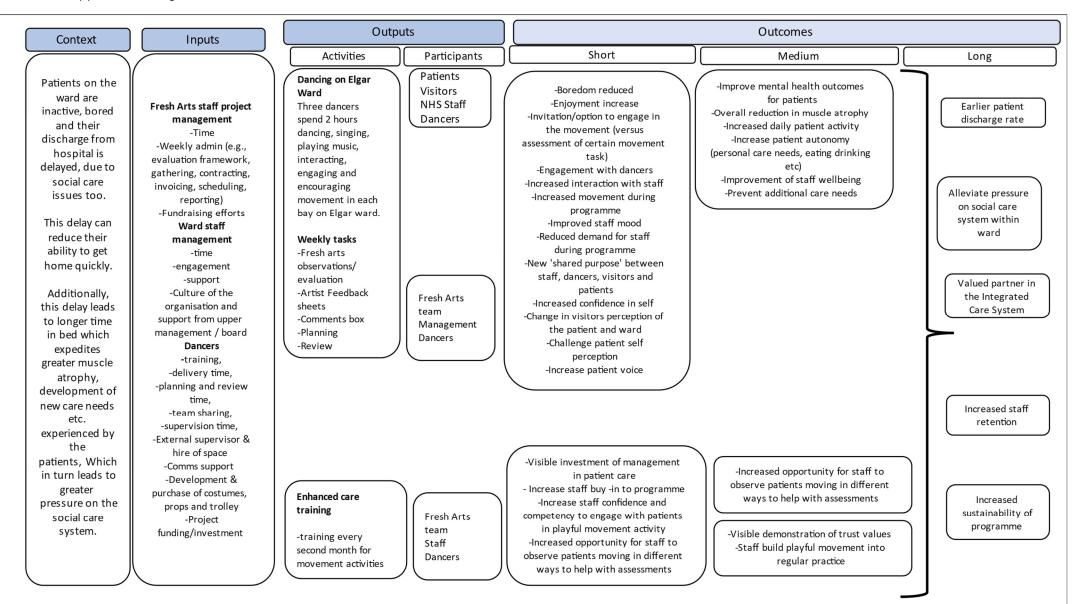Key findings from the evaluation of the Dance for Dementia project are as follows:

- Staff were surveyed on the effectiveness of the project for outcomes such as, decreasing patient boredom, increasing movement etc. Average score for all items was 4.4 out of a potential 5 points. This illustrates the benefit of the project for patients from a staff perspective. Analyses of qualitative interviews found the project was effective at a range of outcomes that reach beyond just the patient and also have impact for the staff and the wider ward as a whole.

- In terms of effectiveness, this project has impact on movement behaviours of patients, such that movement is increased when the dancers are on the ward. This is achieved through the use of props, encouraging but not expecting patients to move and through small movements that translate into everyday changes to their routine. One of the main outcomes of the project was increases in mood of patients, staff and the wider ward. These changes are visible through facial expressions and are as a direct effect of the dancers on the ward. This ranged from feelings of high energy and fun to feelings of quiet happiness that comes with revisiting old memories. This was also seen in staff and as an increase of a positive atmosphere on the ward. This project also creates a sense of community and connection on the ward between staff and patients. It allows the staff members to engage with patients differently and in a unique way. It was also found through qualitative interviews with key members, that the project appears to be most successful at engaging patients when staff members are engaging with the project too. There appears to be a level of trust between staff members and patients and when patients are encouraged to join in by staff members they know it is safe and ok to do so.

- In terms of implementing the project, the frequency and consistency of delivery of the project, the high quality of the project and staff involvement was found to be a strength. Barriers to implementation included ward challenges such as restricted access to bays on the ward leading to dancers not able to dance for all patients, ward atmosphere or mood which leads the dancers to navigate potentially difficult situations and decide whether to dance on that bay or not. These are factors that can be seen as unavoidable and are difficult to prevent. Other challenges include staff involvement. Staff members are crucial to the delivery of this project, as discussed above. The high level of workload and role pressures these staff members are experiencing must be acknowledged.

- Regardless, on some occasions there is an apparent disconnect between staff and communicating the goals of the project. Moving forward, Dance for Dementia should consider a briefing with staff on the goals of the project and the potential benefits of the project. This may increase positive outcomes for patients, staff and the ward, improve staff buy in and engagement with the project.

- Data collection is essential to demonstrating the value of the Dance for Dementia. The data collected from this pilot was mainly observational, qualitative data. The data was collected weekly from observational check sheets and that remains a strength of this evaluation. However, staff interviews were a challenge to undertake as well as collecting data on movement behaviours from patients in the ward. Moving forward, this project needs to consider how best to comprehensively collect data on movement behaviours on patients and staff to better evaluate this project, particular it's medium and long term aims.

## Appendices

*Appendix 1 - Logic Model*

| Context | Inputs | Outputs | | Outcomes | | |
|---|---|---|---|---|---|---|
| | | **Activities** | **Participants** | **Short** | **Medium** | **Long** |

Patients on the ward are inactive, bored and their discharge from hospital is delayed, due to social care issues too.

This delay can reduce their ability to get home quickly.

Additionally, this delay leads to longer time in bed which expedites greater muscle atrophy, development of new care needs etc. experienced by the patients, Which in turn leads to greater pressure on the social care system.

**Fresh Arts staff project management**
-Time
-Weekly admin (e.g., evaluation framework, gathering, contracting, invoicing, scheduling, reporting)
-Fundraising efforts
**Ward staff management**
-time
-engagement
-support
-Culture of the organisation and support from upper management / board
**Dancers**
-training,
-delivery time,
-planning and review time,
-team sharing,
-supervision time,
-External supervisor & hire of space
-Comms support
-Development & purchase of costumes, props and trolley
-Project funding/investment

**Dancing on Elgar Ward**
Three dancers spend 2 hours dancing, singing, playing music, interacting, engaging and encouraging movement in each bay on Elgar ward.

**Weekly tasks**
-Fresh arts observations/ evaluation
-Artist Feedback sheets
-Comments box
-Planning
-Review

**Enhanced care training**

-training every second month for movement activities

Patients
Visitors
NHS Staff
Dancers

Fresh Arts team
Management
Dancers

Fresh Arts team
Staff
Dancers

-Boredom reduced
-Enjoyment increase
-Invitation/option to engage in the movement (versus assessment of certain movement task)
-Engagement with dancers
-Increased interaction with staff
-Increased movement during programme
-Improved staff mood
-Reduced demand for staff during programme
-New 'shared purpose' between staff, dancers, visitors and patients
-Increased confidence in self
-Change in visitors perception of the patient and ward
-Challenge patient self perception
-Increase patient voice

-Visible investment of management in patient care
- Increase staff buy -in to programme
-Increase staff confidence and competency to engage with patients in playful movement activity
-Increased opportunity for staff to observe patients moving in different ways to help with assessments

-Improve mental health outcomes for patients
-Overall reduction in muscle atrophy
-Increased daily patient activity
-Increase patient autonomy (personal care needs, eating drinking etc)
-Improvement of staff wellbeing
-Prevent additional care needs

-Increased opportunity for staff to observe patients moving in different ways to help with assessments

-Visible demonstration of trust values
-Staff build playful movement into regular practice

Earlier patient discharge rate

Alleviate pressure on social care system within ward

Valued partner in the Integrated Care System

Increased staff retention

Increased sustainability of programme

**Table 1: RE-AIM Framework**

| RE-AIM Dimension | Addresses |
|---|---|
| Reach | Who participated in the project?<br>How many participated? |
| Effectiveness | What was the most important benefits of the project?<br>Was there any negative effects? |
| Adoption | Where was the project run?<br>Who adopted it? |
| Implementation | How consistently was the project delivered?<br>What were the barriers and facilitators?<br>Why did the results come about?<br>Did the project need to adapt? |
| Maintenance | How long does the project last?<br>Is the project sustainable? |

**3.1.1 Interview guide for Dancers and Key Stakeholders**

**Preamble**

Confirm consent and permission to record.

**Section 1 – Introductions**

- Researcher introduces themself and provides an overview of their role within the project.

**Section 2 – Opening questions**
- Please can you tell me about who you are; your job role and what that entails?

    - Did you have previous experience with this type of program?
    - What motivates you in your day-to-day role?

**Section 3- D4D Development**

- Can you describe briefly the nature of the problem that D4D was originally designed to address? (Prompt: clarity on target group + magnitude of problem)
- How was D4D developed? Any co-creation?

- How would you describe D4D to someone? (prompts: Description of the Intervention in terms of Intervention objectives, Intervention design, Underlying principles/theory, Delivery format, Components, Duration, Costs)

- How does D4D meet its aims and objectives?

- Does D4D allow tailoring to a specific context (e.g., wards, staffing level etc?) (prompt: Core and adaptable elements, flexibility, adaptation)
    - Follow-up: Can you give me an example?
- Did D4D change over time?  If so, how and why? (prompt: adaptability)

**Section 4: Implementation strategies**

**Elgar Ward, Weston, BRI**

- What type of support was provided for you to implement D4D at NBT/UHBW? (Prompt: training for staff before delivery?)
- How was that received?
- Can you describe any support/ guidance for implementing D4D according to how it was planned in NBT/UHBW? (Prompt: fidelity; support during intervention implementation, staff, funding, facilities, time, expertise, etc.)
- Did that change over time?  If so, how and why?

**Section 5: Barriers and Facilitators**

**Impact and outcomes** (prompt: different stages of implementation)

- Overall, who do you think the intervention reaches? (Prompt: was it as expected or lower/higher)
- In your opinion, what was the impact on the physical activity levels of the patients/clients?
- What did the people/staff etc who were involved in D4D think of it? (process evaluation)?
    - How is this feedback used?


**Facilitators for implementation**

- What is needed to effectively run D4D on a ward?

Was there anything that helped or enabled you to implement D4D? (success factors)

- Key areas: funding and sustainability at both intervention level and personal level (eg. financial remuneration)
- Did that change over time?  If so, how and why?


**Barriers for implementation**

Were there any barriers when implementing the intervention?

Key areas: funding and sustainability at both intervention level and personal level (eg. financial remuneration)

- How did you overcome these barriers?
- Did that change over time?  If so, how and why?

**Section 6: Sustainability**

- How sustainable is D4D?
- What would need to happen for it to continue?

**Section 7 – Close**
- Is there anything else that you have not had chance to discuss that you would like to tell me about?
- Have you got any questions for me?

- Thank interviewees and stop recording

### 3.1.2 Interview guide for staff members

| |
|---|
| 1. Can you tell me about your role in D4D? |
| 2. How do you feel about Dance for Dementia?<br>-How do you feel about the programme being used in this ward?<br>-Why do you feel this way? |
| 3. What do you feel are the goals of this program? |
| 4. How do you feel about the way the programme is being delivered?<br>-Does it meet the goals?<br>-Do you feel the need for any additional training/knowledge or skills?<br>-What makes the program work?<br>  -prompt: staff buy in<br>  - participant engagement<br>  - busy ward/challenging ward |
| 5. What do you feel are the benefits of this programme? |
| 6. What do you value most about the programme?<br><br>-As a staff member<br>-To the patients |
| 7. How has D4D effected the following?<br><br>-Patient boredom<br>-Patients engagement with staff<br>-Patient daily movement<br>-Staff enabling patients<br>-Patient getting dressed<br>-Patients getting out of bed<br>-Atmosphere on the ward<br>-Staff mood<br>-Staff need/pressure within role<br>-Patient/visitor perception of ward<br>-Patient voice<br><br>Anything else? |
| 8. Has there been any unanticipated effects of D4D on the ward? |
| 9. Do you feel like there are any challenges in this programme so far? |

| | |
|---|---|
| -(e.g., competing priorities, organizational challenges, job role changes, technological challenges)<br>-meeting intended goals?<br>-integrating into daily routine?<br>-Sustainable? | |
| 10. How might we improve the programme?<br><br>-Staff perspective?<br>-Patient perspective?<br>-programme delivery? | |
| Anything else you would like to add about the programme? | |

*Appendix 3.2 – Online staff survey*

| Questions |
|---|
| 1. What is your role on the ward? (i.e., nurse, physio etc) |
| 2. Think about a day when Dance for Dementia has been on the ward. In your opinion, has it been helpful for.. <br> 2.1. Decreasing patient boredom <br> 2.2. Increasing patient engagement with staff <br> 2.3. Increasing patient daily movement <br> 2.4. Increasing staff enablement with patients (i.e., helping patients to do daily activities) <br> 2.5. Increasing patients getting dressed <br> 2.6. Increasing patients getting out of bed <br> 2.7. Improving atmosphere on the ward <br> 2.8. Improving staff mood <br> 2.9. Improving patient mood <br> 2.10. Reducing demand for staff during programme <br> 2.11. Changing visitors perception of the patient and ward <br> 2.12. Challenging patient self perception <br> 2.13. Increasing patient voice <br> 2.14. Increasing patient confidence |
| 3. Has there been any other positive effects of Dance for Dementia for staff? |
| 4. Has there been any negative effects of Dance for Dementia for staff? |
| 5. Would you be interested in attending enhanced care training to increase your confidence in enablement with patients? |

*Appendix 3.3 – Observation forms*

| Arts Observation Tool | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Location** | | | | | | | | | | | | | | | | | | |
| **Date** | | | | | | | | | | | | | | | | | | |
| **Performers** | | | | | | | | | | | | | | | | | | |
| **Evaluator** | | | | | | | | | | | | | | | | | | |
| **Patients ID** | | | | | | | | | | | | | **Total scores** | **Average scores** | | | | |
| **Sex/Age** | | | | | | | | | | | | | | | | | | |
| **Mood score** | **Happiness score at the start** | | | | | | | | | | | | 0 | #DIV/0! | | | | |
| | **Asleep?** | | | | | | | | | | | | | | | | | |
| | **Happiness score after** | | | | | | | | | | | | 0 | #DIV/0! | | | | |
| | **Asleep?** | | | | | | | | | | | | | | | | | |
| **Set criteria** | **Did it help relax the patients?** | | | | | | | | | | | | 0 | #DIV/0! | | | | |
| | **Did it help distract from the hospital?** | | | | | | | | | | | | 0 | #DIV/0! | | | | |
| **Relatives** | | | | | | | | | | | | | | | | | | |
| **Sex/Age** | | | | | | | | | | | | | **Total scores** | **Average scores** | | | | |
| **Mood score** | **Happiness score at the start** | | | | | | | | | | | | 0 | #DIV/0! | | | | |
| | **Asleep?** | | | | | | | | | | | | | | | | | |
| | **Happiness score after** | | | | | | | | | | | | 0 | #DIV/0! | | | | |
| | **Asleep?** | | | | | | | | | | | | | | | | | |
| **Set criteria** | **Did it help relax the relatives?** | | | | | | | | | | | | 0 | #DIV/0! | | | | |
| | **Did it help distract from the hospital?** | | | | | | | | | | | | 0 | #DIV/0! | | | | |
| **Did it have a positive effect on the ward?** | | | | | | | | | | | | | | | | | | |
| **How many patients took part?** | | | | | | | | | | | | | | | | | | |
| **How many clinical staff looked in?** | | | | | | | | | | | | | | | | | | |
| **Comment:** | | | | | | | | | | | | | | | | | | |
| **Please add any positive feedback or quotations from patient, relatives or staff on the wards** | | | | | | | | | | | | | | | | | | |
| **Please add any negative feedback or quotations from patients, relatives or staff on the wards** | | | | | | | | | | | | | | | | | | |
| **Please add any anecdotal evidence or case studies from the response of patients, relatives or staff to the activity.** | | | | | | | | | | | | | | | | | | |
| **Comment:** | | | | | | | | | | | | | | | | | | |

*Appendix 3.4 Artist and Volunteer Feedback Form Record*

| | |
|---|---|
| **Date** | |
| **Venue** | |
| **Artist Names** | |
| **Time** | |
| **Hours** | |
| **N patients engaged** | |
| **N staff engaged** | |
| **N visitors engaged** | |
| **What went well today?** | |
| **What went less well today?** | |
| **Please share any observations or comments about patient/participant engagement in or responsiveness to the activity** | |
| **Please record any interesting patient/visitor/staff comments or feedback** | |
| **Do you have any comments about staff engagement or involvement in your activity?** | |
| **Is there anything you will do differently next time or could be improved for the future?** | |
| **Any practical supports needed from UHBW arts?** | |
| **Is there anything from today that has concerned you that you would like to talk through or get support with ahead of next week?** | |
| **Any other comments?** | |