

*Improving Social Inclusion for Canadians with  
Dementia and Carers through Sharing Dance*



**Brandon Pilot  
Phase Two (B2) Report:  
Process and Outcomes**

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# TABLE OF CONTENTS

## **1. Introduction**

- 1.1 Understanding social inclusion
- 1.2 Brandon pilot overview
- 1.3 Method of evaluation

## **2. Process and Outcomes**

- 2.1. Connecting through movement, dance, and music
- 2.2. Staff and carer connectivity
- 2.3. Engagement over time
- 2.4. Getting out
- 2.5. Opportunities to interact
- 2.6. Non-judgemental instruction
- 2.7. Supportive facilitation
- 2.8. Creative expression and exchange
- 2.9. Increased interest in activities
- 2.10. Understanding and talking about dementia

## **3. Challenges**

- 3.1. Administrative
- 3.2. Facility
- 3.3. Personnel

## **4. Recommendations**

- 4.1 Communications, promotion
- 4.2 Facilitator training

## **5. Next steps**

## **References**

# 1. Introduction

A growing body of research suggests that arts-based programs such as music, dance, and painting can improve the lives of older people. Much of this research has focused on measuring the outcomes of arts-based programs in terms of preventing falls and improving balance, mood, cognition (Coubard et al., 2011) and physical functioning (Abreu et al., 2013; Alpert et al., 2009; Blankevoort et al., 2010). Much less is known about how these programs might improve social inclusion for older adults. In this internal research report, we begin by discussing how we have conceptualized and examined the use of an arts-based program, Baycrest NBS *Sharing Dance Seniors*, to improve social inclusion for older adults and we then highlight best practices, challenges, recommendations, and next steps in research and program development.

## 1.1 Understanding social inclusion of people with dementia living in the community

Social inclusion refers to the ability of a group to fully participate in relationships and activities. Older adults can face a range of barriers to full and meaningful participation in their communities. For example, local factors such as social relations, access to services, financial resources, transportation and mobility, and safety and security as well as broader influences such as economic forces, community development, and individual life-course trajectories influence older adults' opportunities to participate (Walsh et al., 2012). Moreover, an additional barrier to social inclusion faced by older adults is dementia. People living with dementia and their carers experience barriers to meaningful social inclusion across a range of settings. As previously stated, a growing body of research suggests that arts-based programs can improve the lives of older people, as well as people living with dementia and their carers; however, little is known about how these programs might address social inclusion specifically. The concept of social inclusion recognizes that participation is not just an individual choice; people and organizations shape programs, practices, policies, and attitudes to more fully include those who experience exclusion (Funk, 2015). We need to know more about what types of programs can enhance the social inclusion and well-being of older adults.

The purpose of the project is to examine the potential of an innovative dance program, Baycrest NBS *Sharing Dance Seniors*, to improve the social inclusion of older adults. The program was developed as a joint venture between Baycrest Health Sciences and Canada's National Ballet School (NBS). The research was based

out of Trent University in collaboration with Brandon University, University of Manitoba, and University of Toronto. The research team used multiple methods to examine the experiences of older adults participating in the program as well as assess the effectiveness of delivering the program through a video-streamed group model, and the challenges of expanding and sustaining the program.

## 1.2 Overview of Brandon Pilot Study (Phase Two)

The Brandon pilot study is part of a four year study “Improving social inclusion for people with dementia and carers through sharing dance”, involving research at multiple study sites in the Westman region (see Figure 1) in four phases (Skinner et al, 2018). In phase one (B1), in January 2018, Brandon University, NBS, and the Alzheimer Society worked collaboratively to test the first videostream group session of the Sharing Dance Seniors program with people living with dementia. The eight week program, which ran from January-March 2018, entailed 45-minute sessions every Wednesday morning at the Alzheimer Society office in Brandon, Manitoba.

Table one outlines the timeline for the Brandon project expansion as well as previous research exploring the experiences of older adults in Peterborough, Ontario. The phases are unified by a consistent method of data collection and programming.

**Table 1: Pilot project timeline**

Phases *Peterborough pilot *Brandon pilot	Year One: 2017-2018												Year Two: 2018-2019												Year Three: 2019-2020											
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
P1: Community Care dress rehearsal																																				
P2: Community Care expansion																																				
B1: Alzheimer Society dress rehearsal																																				
P3: Expansion to institutional sites																																				
B2: Expansion to community sites																																				
B3: Expansion to institutional sites																																				
B4: Expansion to Household sites																																				
P4: Expansion to Household sites																																				

The community and institutional expansion for phase two of the Brandon Pilot (B2) was held at three sites including the Prairie Oasis Community Centre in Brandon, the Minnedosa 50+ Activity Centre, and Country Meadows Personal Care Home in Neepawa, Manitoba (See Figure 2) from September 2018 to November 2018. Brandon University, NBS, and the Alzheimer Society worked collaboratively to implement phase two using videostreaming at set times for each location.

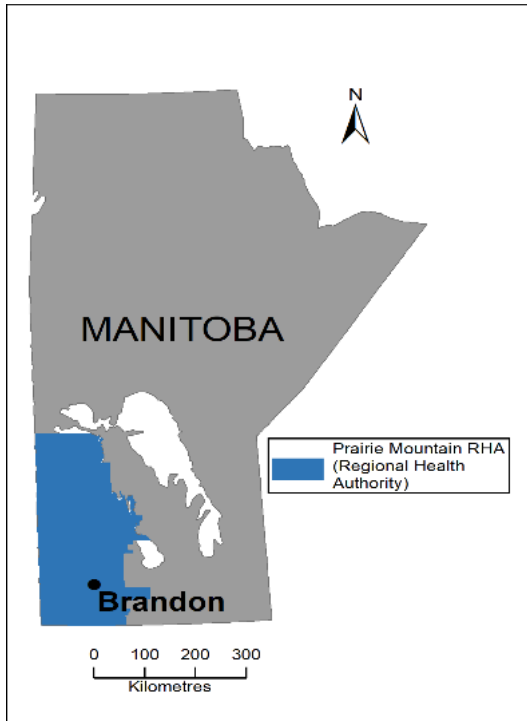


Figure 1: Westman Region

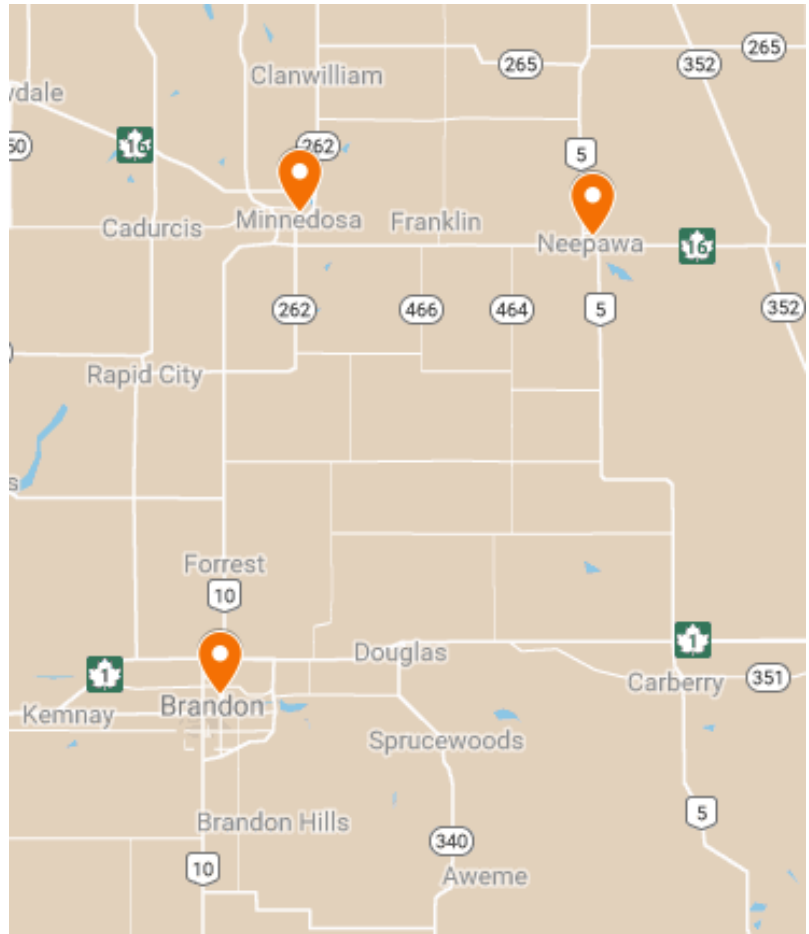


Figure 2: Site locations included Prairie Oasis Senior Centre in Brandon, Minnedosa 50+ Activity Centre, and Country Meadows PCH in Neepawa

## 1.3 Method of evaluation

This report is a summary of the data collected in phase two of the Peterborough Pilot. Each phase of data collection involves four sources of information: observations, diaries, focus groups, and interviews (Skinner et al., 2018). The primary sources of information for this report are weekly observations made at each of the program sites by a research associate, weekly diaries kept by participants, interviews, and focus groups with participants and facilitators. In total 21 observations were analyzed, 12 diaries were collected from 12 participants (including one facilitator and one volunteer), 10 pre-session interviews (including eight personal care home participants with dementia and one community participant with dementia with carer) were conducted, 21 post-session interviews (4 carers, 2 facilitators, 2 administrators, 1 volunteer, 5 staff, and 4 community participants (1PWD) were conducted, and three focus groups were conducted (see Table 2). The observations (and video recordings for the Neepawa site only) included weekly descriptive notes about the physical setting, participants' actions and interactions, the sequence of activities and responses to the dance instructors on screen, and communication between the onsite facilitator and participants. The diaries included participant descriptions of what happened in the dance program each week as well as participant evaluations of the best part of the program, any challenges the participants encountered, how they felt during the program, and anything else the participants felt was important to record that week. Focus groups were conducted in all three study sites. The focus groups were used to deepen understanding about what participants and facilitators liked best, what they liked least, what they felt was the most challenging part of the program, how the mode of delivery influenced the program's success, and what possible changes might be made to the program. The project also included follow-up interviews with participants to explore their individual evaluations of the program.

**Table 2: Summary of data collected at each site (B2)**

	Brandon	Neepawa	Minnedosa
Observations	7	7	7
Diaries <sup>2</sup>	0	11	1
Focus Groups	1	1	1
Interviews	6	5	7

<sup>2</sup>These numbers refer to the number of diaries collected, not the number of entries.



## 2. Processes and Outcomes

### 2.1 Connecting through group movement, dance, and music

**“We were reaching out – just laughing you know – having that eye contact ... It’s just the joy – that emotional connection – that’s what it’s all about.”**

The benefits of coming together with a group and participating in a common activity were recurring themes in feedback from participants, facilitators and staff who experienced the Baycrest NBS Sharing Dance program. Belonging to a group, getting to know people, and learning together through movement and dance were emphasized as strong elements of the program.

“Well we all knew each other by the end. We had a little visit as we went along. Being with a group is better than being by yourself. ... near the end we were all getting better at it and that made quite difference.”  
(Participant)

**“Dance is like another language, it sort of draws people together.”**  
(Participant)

Participants indicated that they appreciated dance differently as a result of the program and that it presented them with learning opportunities that “made them think – which foot with which arm,” and to connect to others in new ways.

“You don’t have to stand up to be able to dance,” said one participant of what they learned, “you can dance wherever you are, sitting down, and you can move and do things and have fun even if your mobility is somewhat limited.”

One family carer noted that music provided opportunities for expression through movement and gesture at a time in her relationship when words and verbal



*Photo 1: Participants, staff and carers gather in the personal care home setting for Baycrest NBS Sharing Dance Seniors in the Westman Region.*



communication were becoming a challenge. "Music – you don't have to be able to put your thoughts into words with music and that's difficult right now."

As a result of the program, staff in the institutional setting were able to interpret a client's gesture that was previously misunderstood, with implications for care planning and social interactions, as illustrated in the quote below.

"The gestures [they] were making during the dance program suggested something different than we were interpreting before – something that we thought was showing anger and frustration was actually showing excitement and engagement. ... it helps us better understand someone when we understand a behaviour so we can identify the emotion behind it and what it means. It helps with care planning if we learn that this behaviour shows this emotion ... as staff we could now support and let an outsider know – 'that's ok he's just saying hello.'"

Through repeated interactions in the NBS Sharing Dance Seniors program, staff carers could appreciate this participant's gestures in particular contexts that helped to build greater understanding, in turn providing further opportunities in the multi-dimensional realm of social inclusion.

## 2.2 Staff and carer connectivity

**"It was great for us as staff members as well to be part of the program and to be engaged with residents that closely. Each week you look forward to it. It was great for us staff – for our morale – it just brought us all a little closer I think."**

Beyond the potential benefits for persons with dementia in either the community or institutional setting, both family and staff carers expressed that they were surprised to get something out of it for themselves and that it had an impact on their personal and professional relationships. Connecting, getting to know each other better, and morale were touted as results of experiencing the Baycrest NBS Sharing Dance program together.

One staff member described her experience connecting to the residents. "I liked enjoying the residents' company. I felt like as much as they were connecting with each other, I was connecting with them. It made me feel so good. Whether we were playing a certain song. When they encouraged you to share - they would put their hand out and touch you. It was human touch. Who doesn't want that?"

"I was just there for my sister, but I thoroughly enjoyed it. It was a way to meet the other residents and spend some time with the folks at the home. Good exercise for me and fun – great!"

A volunteer also enjoyed the experience as much for themselves as for the clients

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they were there to help. “Oh you know and he’d smile ... I really liked it when he smiled and looked back at me and it made me feel good. ... It’s for him, but you can’t help it really, it works both ways, doesn’t it?”

## 2.3 Seeing a difference in engagement

**“Near the end we were all getting better at it and that made quite a difference.” (Participant)**

Over the course of the eight-week program, participants noticed change in their confidence levels and an increased ability to participate in the movements with the group. “You could tell everyone loosened up a bit more to it. A bit more confident.”

In the institutional setting, one staff indicated that they were “seeing them grow as individuals – getting out of their comfort zone,” and that there seemed to be a cumulative effect on their recall to participate in the classes. A volunteer noted that “they would tell you that they didn’t remember doing it last week, and yet they must have.”

Another staff member described how she witnessed a change in engagement over time. “I came the first day and then I was away for four weeks ... to see the rhythm and the changes that I noticed in everybody and just the engagement. It was significant. It was a big jump. To see everyone focused on the screen. And doing. I remember even I wasn’t sure what to do in the beginning, but you could see that the dances were practiced.”

“And when you went to get them from their rooms you would say that we’re going to go dance and they would remember and say, ‘oh yes, is it this today?’ and they seemed to remember,” another staff member explained.

## 2.4 Getting out

***“It was exciting getting people out – seeing smiling faces. They kept coming.”  
(Community Centre Administrator)***



Photo 2: A community site at the Minnedosa 50 + Activity Centre as part of the Brandon Pilot B2

For carers, persons with dementia, and seniors, getting out was an important theme that manifested differently in the institutional setting than in the community setting. Out in the community, participants, carers and facilitators felt strongly that NBS Sharing Dance Seniors “made it a special outing to get out and do something,” “to do something a little different,” helping them to avoid feeling “housebound.” One carer said of her husband, “I got him to come out and to want to come and to actually do something with his feet and arms and mind a bit; to which he agreed, “Oh I - I don’t go out, and it took me out of the house.” One community administrator said, “something we struggle with all the time is getting any senior out of their home.”

One facilitator reflected that for carers of persons with dementia, the program was a way of “bringing them back out in the community. Carers find they can’t go to public events because the public isn’t accepting or don’t know how to interact. Carers start to pull away from community settings or they are pulling away from there. It was a way for them to get out that they may have been pushing to the side.”

In the institutional setting, the program “took some of them out of social isolation. Some of them prefer to stay in their room, and you have to encourage them to come. With [Sharing Dance] they were motivated to come.” (Staff)

***“They were just super happy and excited to go and interacting with me more and talking about the event every week – one day one of the residents – I went to the room to get them “What! Really? And he jumped up and was ready to go he was so excited.” (Staff)***



Photo 3: A Poster for the Baycrest NBS Sharing Dance Seniors Research Project on the door at the Minnedosa 50 + Activity Centre

## 2.5 Opportunities to interact

***"I was impressed at how well the residents engaged in it, especially ones that don't engage very often. That was rewarding." (Staff)***



*Photo 4: Participants gather for refreshments after a Sharing Dance Seniors session in the institutional setting*

During dance sessions, processes of interaction were sparked as a result of how the program delivered personalized messages in the weekly video streaming and through sequences of activities as part of the choreography design and instruction. These occurred in person-to-person and group interaction scenarios.

### ***Person-to-person interactions***

One example of a person-to-person interaction occurred when the on-screen instructor announced that it was one resident's birthday. That "sparked a connection with another resident" who wheeled her chair over to him to reach out and say, 'Happy Birthday.' Staff who witnessed the event remarked that it was a rare moment. "It was two people sharing a very special moment – reaching out to each other – they actually tried to touch each other's hands – you don't see that here. So that will probably stick out in my mind the most."

### ***Group interactions***

In group scenarios, many staff and carers found it noteworthy that people were intermingling, looking at each other, smiling and laughing. "It's not too often that people would get together week after week where we're having eye contact and laughing. It's nice to see people that don't interact interacting."



**Excerpt from Field Note: Week Seven, Brandon:** Participant D and T make the shark fin gesture toward Participant B, getting eye contact one after the other. Participant M then extends her hand out in the flat shark motion toward Participant D who turns back to her, looking at her. They keep eye contact as he brings his hand to his nose in the shark fin and then they break and laugh at each other, leaning in close and face to face.

One carer spoke about a moment that had a big impact on him because he felt that interaction was important to the people in the group, “the shark movement – watching everyone interact – week by week.” The choreography was designed to encourage people to gesture towards each other and in the ways that participants would watch each other and follow along throughout the program. “They could have just looked at the screen, but they would look over to other people or other residents and they would follow. Some of them would talk to each other as well.” (Community Administrator)

***“It made people communicate because they had a shared experience and they wouldn’t necessarily talk about that experience but they would go back in time, one-room schools, square dances, the music, how they danced. It would bring back a lot of memories and they would share them. I was surprised how much they interacted afterwards.” (Staff)***



Photo 5: Participants gather socially following a session in the community setting.

## 2.6 Non-judgemental instruction

***“Nobody poked you if you got the wrong leg.” (Participant)***

At all sites, participants, facilitators and carers expressed that the level of instruction was excellent, that the on-screen instructor made them feel like she was in the room, and that one of the most important aspects of the experience for them was the feeling of not being judged.

**“She told us to not worry about if you get .. because I got mixed up a lot and I could - I did some things that the - I got lost - so I put my feet and did something that with what they were playing, so I -because I’ve got ... Alzheimer’s, I get mixed up, but I don’t care, I didn’t do the same thing that they were doing but I kept going and (shrugs,) I had fun. I really had fun.” (Participant)**

“She kept reminding us to do what you can do, what you feel comfortable with and if unable that’s ok, the first time she said that it was like oh that’s right, I don’t have to try to everything, I have some mobility issues with my arm. It was good that she kept reminding us.” (Participant)

One administrator said, “It made the environment – one where people could connect without being judged and feeling that joy from the music.” This was also indicated in the comfort level with which participants would come to watch and follow each other. “I liked looking around and seeing what everyone else was doing – there’s no right or wrong movement – it was fun being in a group.”

## **2.7 Supportive facilitation**

Having a facilitator present in the room to complement the on-screen instructor was noted as a helpful aspect of the program’s delivery. Participants indicated that they liked having the option to watch the person to clarify what they were doing and that they appreciated comments of support and encouragement in adjusting their movements to individual capabilities.

**“Having the facilitator present, I think that was a good thing because if you’re not doing something right they’ll let you know you can do it differently. They tell you to relax and not try too hard.” (Participant)**

From a volunteer perspective, “we were the ones they could see if they couldn’t get all the instructions – we could help. Sometimes it seemed that they would get it but they needed more cuing or more instructions. Some of them could really do with more with one-on-one.” (Volunteer)

## **2.8 Opportunities for creative expression, individuality**

Within a non-judgmental atmosphere, supported by a facilitator, participants expressed that they could be more creative or do individual moves that suited their abilities and styles. “Not everybody could do the movements but you could see people doing what they could whether it was tapping their toes or – everybody could do what they could do in their own creative way.”



**Excerpt from Field Note:** Neepawa, Week Two: *She got up, walked to the back of the class and a staff member followed her as she waltzed at the back of the room. The support staff stayed with her and accepted her invitation to waltz with her.*

**Excerpt from Field Note, Week Six, Brandon:** Participant M would differentiate slightly, clapping her hands on the beat instead of reaching forward as per the on-screen instruction.

The on-screen instructor provided opportunities for individual improvisation through narrative and imaginative play. "Since this is the last class, imagine a performance..." This prompted creative expression and interaction through movement that encouraged others to follow suit. "Participant B and T pretended to put on imaginary gloves and bowtie, to responses of some laughter from others in the group. H joined in and added a hat to his own head." (Field Note, Brandon, Week Eight)

## 2.9 Increased interest in activities

"Since this dance thing has happened, if a song comes on that he likes we'll just have a dance in the kitchen and that wasn't happening before. I think it's exhilarating." (Carer)

Carers in the community setting and staff in institutional settings agreed that participants in the program became increasingly interested in other activities. This was evident in activities at home, in getting out into the community, and in doing activities in the care home facility setting. One carer indicated that her husband would do the exercises while watching television at home. He agreed with this and demonstrated the foot marching during an interview, "I'll sit here for hours."

**"She comes to the chair exercises now – because she came to Sharing Dance she comes now – she realized she could do it. Before she would have no part of it and now she does and she loves it." (Community Administrator)**

According to staff, one resident "would barely come out of her room, after Sharing Dance, she would not go back to her room and then she would go to coffee club and hangout." The program would result in her wanting to be involved in other activities after the dance program.

## 2.10 Understanding and talking about dementia

### “It gives you an idea of what some people are dealing with.” (Carer)

Some participants engaged in conversations about dementia as a direct result of participating in the program. It was a conversation starter for community participants, “I was wondering why it was called dance and I couldn’t understand the word dementia ...” (Participant)

For one facilitator who works with clients at the Alzheimer’s Society, bringing people together out in the community was an opportunity to change perceptions about the ability of persons with dementia to participate. “I think opening up the community’s eyes to how this disease effects people. We can still come out and be a part of society and to do activities.”

One member of the community attested to how their perception about dementia changed as a result of participating in the program. “Their expressions, camaraderie, how they participated opened my eyes that dementia shouldn’t be a word not said.” (Participant)

A senior resident at the personal care home who participated in the community setting expressed his thoughts for others from the community during a focus group, “I find that where we are they emphasize your abilities, not your weaknesses. I think that dementia is not the same with everybody and it’s very helpful to draw out your abilities rather than your disabilities.” (Participant)



Photo 6: Media coverage in the Brandon Sun presents an interview with a couple living with dementia in the community setting.

## 3.0 Challenges

### 3.1 Administrative

Challenges in expanding and sustaining the Baycrest NBS Sharing Dance Seniors program include considerations for administration, facility and personnel.

#### **Communication**

For administrators in the community and institutional settings, communication was identified as the greatest challenge in terms of how to promote the program, having the required materials, and knowing well enough in advance about session start dates and times. In the institutional setting, paperwork associated with obtaining resident consent and liability waivers was a challenge that needed to be planned well in advance.

One facilitator indicated a challenge with “the lack of communication about time and location, who was doing registration, what numbers, etc.” For one community administrator, “there could be much better communications between program organization and facility – more organization – like this is when we’ll meet – this is when we’ll start – this is what we need to have set up – there seemed to be a lack of organization.

“I was the middle person between the organizers and the facility – here at the centre they would say ‘when is it starting’ or ‘what’s it going to look like?’ I was getting all the questions from the board members but yet I didn’t have the answers to give to them.” (Community Administrator)

#### **Promotion**

Promotion of the program to seniors in general, particularly in the rural setting, and inclusion of persons with dementia presented unique challenges in communication for administrators. “Something we struggle with all the time is getting any senior out of their home – so if you could figure out how to get them and fight the isolation that we deal with.” (Community Administrator)

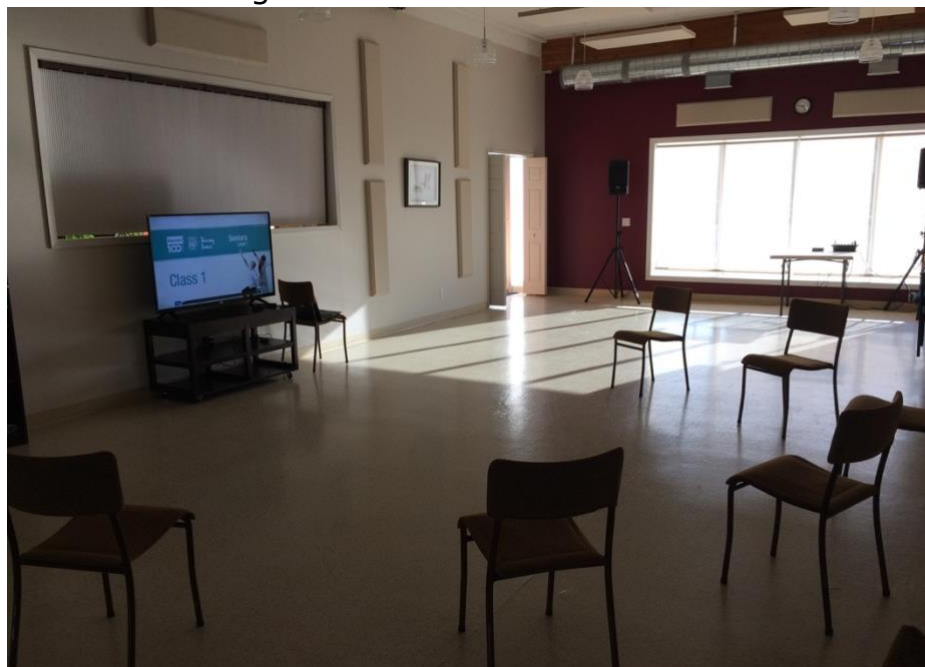
“I think – the posters – in this small town Manitoba it needs to be not a page full of words – it needs to be clear – say who can come – Sharing Dance, they thought it was a dancing program where you get up and dance with your partner but that’s not what it was – the name was deceiving for some – a lot of people didn’t come because they said “well I don’t dance.” (Community Administrator)

## Stigma

Community and family dynamics and the stigma associated with dementia presented barriers to participation in the community setting. A community administrator described her experience reaching “out to a lot of different members and our board members – as soon as you mention dementia people run and hide, but the ones who did come were successful.” ... “The people who came from the Personal Care Home – many of them have dementia, so I think that would prevent them from having family bring them to other functions here. We try to include them but there are some families who won’t bring them.”

## 3.2 Facility

Access to reliable internet and technology issues were an important consideration for the smooth operation of the program from a facility perspective. Participants noticed glitches with the sudden freezing of the image on the screen, pop up window interruptions and random sound problems. There would be momentary delays during sessions when participants would stop and wait for the session to continue. Overall they were not discouraged from participating on an ongoing basis as long as delays would not interfere with transportation and facility scheduling. Access to chairs with and without arms was noted as ideal for participant preference – particularly for mobility challenges getting in and out of seating. In the institutional setting, overhead paging, interruptions, and people coming in or out of the room was somewhat distracting.



*Photo 7: Chairs are set up in an arch to encourage interaction for participants who can see each other while facing the screen.*

### 3.3 Personnel

For facilitator and staff in the institutional setting, a significant amount of time and effort was required to get participants from their room to the program to start on time. Ten participants were noted as the ideal number for a set-up that took approximately 30 to 45 minutes for chair positioning. Other factors for consideration included other residents who would enter the activity room who were not registered in the program but wanted to watch.

**Excerpt from Field Note: Neepawa, Day One:** There is anticipation, excitement and slight chaos. Residents are coming in who 'aren't supposed to be here' who want to watch. Staff work to relocate them to another room as they have not signed consent forms. There is some confusion as people start sitting in chairs and moving them around to sit beside each other and the set up gets dismantled as a result.

#### Carer dynamics

Invitations to carers and relatives to join participants for the program were well-received. However, this added a dynamic that did in some cases present a challenge for facilitators and staff. In one case, during a session, a participant's carer reached over her shoulders and tried to correct her movements for her. The participant pulled away and said, "I'm trying to do it," creating a moment of tension that quickly passed.

#### Interaction misses

Another consideration for facilitators, staff and volunteers was in the moments during sessions that participants were encouraged to interact with others, but missed their cues or didn't catch someone's eyes.

**Excerpt from Field Note: Brandon Week Four:** Participant L reaches out to her husband, but he doesn't see this or reach back. L does not react to this, but then reaches over to O, who reaches back, R reaches to B, but B does not respond, looks at screen. D looks around the room during the shoulder rolls, with no response.

#### Facilitator and assistant uncertainty

***"There were times I thought maybe I should be helping this person more."***  
***(Volunteer)***

Facilitators, staff and volunteers indicated that they were uncertain at times about

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how much they should assist participants in the program. One facilitator also indicated that the role of encouraging others was easier in a familiar setting. "One location was different – I didn't know everyone as well. Making those kind of social connections with participants was harder for me in one location than another. I knew half of the participants in one location – it was easier to joke with them. In the other, it took time to figure out who everyone was."

One volunteer in the institutional setting indicated, "I didn't know how much we were meant to help them –you know we just let them do things and obviously they would look at us, but sometimes, you know – I would help them uncross their legs and say, "your legs" or you know get their arm and move it, so if I wasn't supposed to do that I imagine someone would stop me. Sometimes it seemed that they would do it but they needed more cuing or more instructions. Some of them could really do with more with one-on-one."

A staff member described her experience trying to assist a participant. "I think there was maybe one time – I felt like I was sitting beside the one lady who didn't seem to be enjoying the program. I was trying really hard to make it better when she seemed to become agitated. I had to remind myself that she was enjoying it in her own way and I had to keep telling myself - with the residents, we tried to make it fun as staff, and that was fun for us, but I know with some of them ... if I didn't see them lift their legs, I would encourage them, but I had to remember that that's what they're able to do. That's what she was able to do and that's ok."



*Photo 8 Staff and volunteers enjoy working together as a team to support the facilitation of the Sharing Dance Seniors program in the institutional setting*



# 4.0 Recommendations

## 4.1 Communications, promotion

- Include participant feedback about what is good in promotional material, particularly non-judgemental (come and dance the way you can) approach
- Provide promotional materials and consent forms at least one month in advance of the program (consent is particularly difficult in institutional settings where third party consent may take several weeks).
- Provide promotional materials that can be modified by organizations, include descriptions of type of dance (i.e. chair dancing).
- Encourage carers to attend and include general community members and persons with dementia in outreach for dementia-friendly program participation

Photo 9: Promotional Materials used in the B2 Pilot for the program in the Westman Region

## 4.2 Facilitator training

- Consider training facilitators to promote participant interactions and eye contact
- Provide opportunities for team facilitator training where possible, and address scenarios where assistance may or may not be required

## 5.0 Next steps

The expansion of the dance program to institutional and community settings outside of Brandon is taking place from April through June, 2019 (B3). This will be an expansion of Level 1: a program designed for people experiencing significant cognitive and/or physical impairment. The process and outcomes of these overlapping phases will help us to improve our understanding of the potential of Baycrest NBS *Sharing Dance Seniors* for a broad range of older adults with different abilities in different settings.



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*Photo 10: The research team meets to participate in a session at the Brandon site in the community setting. From left: Mark Skinner, An Kosurko, Rachel Herron, Verena Menec, Pia Kontos*