

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



Peterborough Pilot Phase Two Report: Process and Outcomes

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1. Introduction

A growing body of research suggests that arts-based health interventions 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 falling 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, *Sharing Dance*, 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

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). 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 interventions 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, *Sharing Dance*, to improve the social inclusion of older adults. The *Sharing Dance* 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 livestream group model, and the challenges of expanding and sustaining the program.

1.2 Overview of Peterborough Pilot Study

The Peterborough pilot study is part of a four year study involving research at two study sites (Skinner et al., 2018). Each study site will involve a dress rehearsal at a single community site, a community expansion phase, and an institutional phase. In April 2017, Trent University, NBS, and Community Care worked collaboratively to test the first livestream group session of the Sharing Dance program for active seniors over eight weeks (P1). The “dress rehearsal” took place at the Chemung office in Ennismore, Ontario (see Figure 1). A project planning meeting was held at Trent University in July 2017 to discuss the outcomes of the dress rehearsal and plan the expansion of the program (P2) in September 2017 (see Kosurko et al., 2017). Branch offices in Apsley, Chemung, Havelock, Lakefield and Millbrook participated in the community care expansion,



Figure 1: Map of Community Care Sites

participated in the community care expansion, which took place from September to November for one hour every Wednesday morning. Table one outlines the timeline for the Peterborough project expansion as well as subsequent research exploring the experiences of older people with dementia and carers in Brandon, Manitoba. The phases are unified by a consistent method of data collection and program evaluation.

Table 1: Pilot project timeline

Phases *Peterborough pilot *Brandon pilot	Year One: 2017-2018												Year Two: 2018-2019											
	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 (Chemung site)																								
P2: Community care expansion (five sites)																								
B1: Alzheimer Society dress rehearsal																								
P3: Expansion to institutional sites (TBD)																								
B2: Expansion to community sites																								
B3: Expansion to institutional sites (TBD)																								

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 Peterborough pilot also involved a balance test. The primary sources of information for this report are weekly observations made at each of the program sites by research assistants, weekly diaries kept by participants, and focus groups with participants and facilitators. In total, 35 observations were analyzed, 41 diary entries were collected from 10 participants, and five focus groups were conducted (see Table 2). The observations 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 individual participant encountered, how they felt during the program and anything else the individual felt was important to record that week. Focus groups were conducted in all five study sites. The focus groups were used to develop consensus about what participants and facilitators liked best, what they liked least, what they saw as 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; the interview data is not included in this report.

Table 2: Summary of data collected at each site

	Apsley	Chemung	Havelock	Lakefield	Millbrook
Balance Assessments ¹	3	3	2	0	2
Observations	7	7	7	7	7
Diaries ²	1	3	2	4	0
Focus Groups	1	1	1	1	1
Interviews	1	3	2	4	4

¹These data are not presented in this report

²These numbers refer to the number of diaries collected, not the number of entries.

The subsequent sections of this report provide a preliminary overview of what participants liked best, what they disliked, and what improvements can be made to future iterations of the Sharing Dance program for active seniors.

2. Best practices

2.1 Gentle movement and music

Participants indicated that one of the things they liked best was the gentle movement. Some of these participants explained that they had back problems, difficulties with their knees, severe arthritis, or some difficulties raising their arms above their shoulders. They identified having different options, such as sitting or standing, as an important feature of the gentle approach.

During the focus groups, in particular, most participants identified the music and movement together as the most enjoyable aspects of the program. In particular, one participant explained “the musician was of course an added bonus” and others mentioned how much they enjoyed the pianist.

“I felt able to enjoy the movement without fear of agonizing pain by moving something too abruptly or harshly... No pain, no gain type exercise is not for me!!”

2.2 Benefits

Participants suggested that the program enhanced their well-being in a number of different ways. Although our inquiry was focused on social inclusion, many of the participants keeping diaries commented on how the dance program affected their physical health. Numerous participants felt that the dance improved their posture, coordination, body awareness, and range of motion over time. Some participants identified “memory exercises” or remembering the moves from the previous week as a beneficial challenge. They also identified social and emotional benefits of the dance program. Participants explained that the dancing made them “feel lighthearted- a good feeling for anyone.”

2.3 A good social experience

Participants “enjoyed the social side of the program” and the opportunity to “get out of the house.” Participants keeping diaries commented on how the class seemed to get more comfortable with one another over time. They identified encouragement from other dancers, laughter, and smiling as part of the positive social experience. In addition, one participant commented that the pacing helped to facilitate a good social experience: “It was slower so you were able to kinda chat a little bit more and

visit while you were exercising- where you couldn't do that in the regular exercise program probably."

Numerous participants commented that the partner dancing was something they really enjoyed because they got to know one another and move around the room more. For example, one participant commented in a focus group, "It's so much fun when you have to shadow your partner. At least that's a part that I really enjoyed." Other participants explained that the dance program was helping them to reconnect and rebuild their social network. One woman explained that after losing her husband four years ago, she was finally starting to meet people and that sharing dance was helping the process of making more friends in a community in which she had lived for 40 years.

2.4 Smaller classes

Participants enjoyed smaller classes. For example, one participant commented: "I was somewhat pleased with the reduced attendance – not because I didn't think that the women who bailed out would not have benefited from the second session, but I enjoyed the extra space." Some of the initial classes had 25 participants and the participants found this crowded and "extremely hot."

2.5 Valuable repetition

Some participants found repetition was valuable in helping them to learn moves and feel more comfortable in the class. One participant observed, "Some of the moves were repeated from last week and this made the group more comfortable" another participant commented, "I noticed the instructor was reviewing the steps... that was very helpful for me today." Even when participants followed a pre-recorded session from the previous week, some of them really appreciated the opportunity to review and practice previously-learned steps.



2.6 Good instruction

Participants commented that new moves were clearly explained and it was easy to follow the instructors. They also commented that the in-class facilitator ensured that they completed the moves correctly. Both the on-screen instructors and the in-class facilitators were identified as an important part of the program. Other participants

commented that “The instructor has lots of patience and walks us through everything many times.”

3.0 Challenges

3.1 Technical difficulties

Participants saw the value of using technology to reach “across the Kawarthas” but they expressed some frustration with technical difficulties and the shift toward taped sessions. One focus group participant explained, “I think it was disappointing how quickly we resorted to the pre-taped, with the technology that’s available and the people that were providing it. I think there could have been more effort put into assisting [the facilitator] technically...” Other participants perceived the livestreamed sessions as more “personalized” and contextualized as comments about the weather might change from day to day. Many of the frustrations with technology and pre-taped sessions, however, seemed to focus on the sessions that were repeats from the previous week. Key takeaways from this negative feedback are the importance of personalizing instruction and supporting facilitators.

3.2 Facilitator involvement

Participants indicated that they wanted the in-class facilitators to be more involved in the dancing. Community Care Coordinators commented that they would have liked more training for the facilitators. In addition, the research assistants in the study reflected that participant observation might be more appropriate and supportive, rather than focusing on taking notes.

“Perhaps this is where the helpers would become more interactive. Sure they are emotionally supportive but ... we would like to have them 'spot' for us, so we can improve the moves.”

3.3 Recognizing diverse abilities

The older adults involved in the study had a diverse range of abilities. As such, some of the more critical feedback is sometimes contradictory. For example one participant commented, “I was a little short of breath during some dance moves. The instructors should say that if a dancer has a breathing problem, they should not raise their arms all the way above their head.” Other participants commented that they had difficulty with co-ordination while keeping up with the

music. In contrast, some participants suggested that the class was too easy for active older adults. For example, a participant suggested that other people stopped coming to the program “because the program is more geared for, not necessarily older people, but persons with more restricted movements and or needing more socializing with their peers.” Other participants found it “too simple” and wanted a more challenging program.

A number of participants commented on the tone of the instructors. For example, “I think the two ballet dancers that we follow move beautifully. I would encourage them to be more aware that they are talking to adults that mentally should be able to follow their instructions. On occasion you do feel somewhat talked down to – certainly not intentionally.”

3.4 Critical mass

Declining and lower class numbers in smaller communities sometimes limited the scope for social interaction. One participant commented, “Would be beneficial if there were more participants as social interactions are somewhat limited.” Although participants appreciated smaller classes, there may be a minimum number of people required to enhance the social aspects of the program.

3.5 Paperwork and research

Some participants found the amount of paper work and signatures for the program and research overwhelming. One participant explained that she had difficulty reading and was afraid of signing her name to something that she did not fully comprehend. Another participant explained that she felt nervous about doing the diary.

4.0 Recommendations

Looking at the observations, diaries, and focus groups, we developed a list of best practices focusing on the program, the physical and social environment, and the research.

4.1 Program

- Develop clearer advertising and recruitment material so that people have a better sense of the type and level of activity they will be participating in

- Create a more inclusive poster for recruitment (i.e., younger participants had trouble identifying with older seniors on the poster)
- Recognize and accommodate a broad range of abilities in the active seniors sharing dance program
- Use partner dancing to enhance social interaction, especially if there are small numbers of participants
- Have more involvement and engagement from in-class facilitators

4.2 Physical and social environment

- Develop a better sense of the number of people that can comfortably move in each classroom setting as well as the number that may be required to maximize social engagement
- Modify the room/chair arrangement as needed (e.g., remove chairs if there is significant drop out)
- Have name tags (There have been difficulties remembering names, especially if you begin late)
- Recommend proper footwear (e.g., no flip flips; wear non-stick shoes)
- Ensure that the chairs do not have arms

4.3 Research

- Reduce paper work required to participate and ensure all forms are single-sided
- When explaining the research commitment, spend more time explaining what good will come from participating rather than on how much work is needed
- Some participants asked questions in their weekly diaries; there should be a mechanism for addressing these questions.

5.0 Next steps

Consistent with the pilot project timeline above (see Table 1), in January 2018 the streaming to video group model is being tested with the Alzheimer Society support group in Brandon, Manitoba. The Alzheimer Society has secured funding from the Brandon Community Foundation for equipment and two of their staff will be involved in supporting the program. In addition, NBS has trained an instructor from the Brandon School of Dance (contacted through our collaboration with the Royal Winnipeg Ballet School) to support the program. The program will run from January 17th to March 7th. Consistent with the project approach in Peterborough, data collected from this smaller dress rehearsal will help shape the expansion of the program to other areas as well as assess the programs' potential for improving the

social inclusion of older adults with dementia and their carers. Once the Brandon dress rehearsal is complete, the research team will release another internal project report. As the Brandon team summarizes the process and outcomes of this first phase, a third Peterborough pilot will take place to test best practices from the second phase of the Peterborough project in the community and institutional settings. We anticipate the expansion of the dance program to community settings outside of Brandon will take place in spring 2018 (B2). The process and outcomes of these overlapping phases will help us to improve our understanding of the potential of *Sharing Dance* for a broad range of older adults with different abilities in different settings.

References

References

- Abreu, M., & Hartley, G. (2013). The effects of salsa dance on balance, gait, and fall risk in a sedentary patient with Alzheimer's dementia, multiple comorbidities, and recurrent falls. *Journal of Geriatric Physical Therapy*, 36(2), 100-108. doi: 10.1519/JPT.0b013e318267aa54
- Alpert, P. T., Miller, S. K., Wallmann, H., Havey, R., Cross, C., Chevalia, T., ... & Kodandapari, K. (2009). The effect of modified jazz dance on balance, cognition, and mood in older adults. *Journal of the American Academy of Nurse Practitioners*, 21(2), 108-115. doi: 10.1111/j.1745-7599.2008.00392.x
- Blankevoort, C. G., Van Heuvelen, M. J., Boersma, F., Luning, H., De Jong, J., & Scherder, E. J. (2010). Review of effects of physical activity on strength, balance, mobility and ADL performance in elderly subjects with dementia. *Dementia and Geriatric Cognitive Disorders*, 30(5), 392-402. doi:10.1159/000321357
- Coubard, O. A., Duretz, S., Lefebvre, V., Lapalus, P., & Ferrufino, L. (2011). Practice of contemporary dance improves cognitive flexibility in aging. *Frontiers in Aging Neuroscience*, 3(13), 1-12. doi: 10.3389/fnagi.2011.00013
- Skinner, M. W., Herron, R. V., Bar, R. J., Kontos, P., & Menec, V. (2018). Improving social inclusion for people with dementia and carers through sharing dance: a qualitative sequential continuum of care pilot study protocol. *BMJ open*, 8(11), e026912.
- Funk, L.M. (2015). *Sociological Perspectives on Aging* (Themes in Canadian Sociology Series). Don Mills, ON: Oxford University Press.
- Walsh, K., O'Shea, E., & Scharf, T. (2012) *Social Exclusion and Ageing in Diverse Rural Communities*. Irish Centre for Social Gerontology, Galway.

Project reports

- Kosurko, A. Wrathall, M., Skinner, M., Herron, R. Kontos, P., Menec, V., & Bar, R. (2017) Improving social inclusion for Canadians with dementia and carers through Sharing Dance: Peterborough pilot project planning meeting report. Trent University. Peterborough, Ontario.
- Warrener, S., Wrathall, M., Skinner, M., Herron, R. Kontos, P., Menec, V., & Bar, R. (2017) Improving social inclusion for Canadians with dementia and carers through Sharing Dance: Brandon pilot project planning meeting report. Brandon University, Brandon, MB.