



## **EVALUATION REPORT**

***Uplift!* Autumn 2013**

**A pilot dance and music project for  
people living with dementia and their  
companions**

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## *Uplift! Autumn 2013*

### **A Pilot Dance and Music project for people living with dementia and their companions:**

**Dates:** 11<sup>th</sup> September – 13<sup>th</sup> November 2013

**Nature of project:** 10 weekly workshops lasting 2 hours each housed in Redbridge Elderberries Day Care Centre.

**Led by:** Chantal Bardouille (Community and Education Manager, Green Candle Dance Company), assisted by Suzanne Firth (Green Candle Dance Company)

**Music by:** Steve Barbe (guitar, flute, drum and voice)

**Partnered by:** NELFT Redbridge Older Adults Mental Health Team and Grovelands Memory Service, Elderberries Day Care Centre, Age UK Redbridge, Living Well Resource Centre

**Funded by:** Vision Arts and Culture Redbridge

**Staff at all sessions:** Loga Logendran (Occupational Therapist, Grovelands Memory Service), Catherine Ward (Centre Worker, Elderberries Day Care Centre)

**Staff at some sessions:** Jennifer Greenidge (Occupational Therapy Team Lead, Redbridge Older Adults Mental Health Team), Sharon Cable and Shola Yekini (Support Care Workers, Grovelands Memory Service), Karleen Francois (Support, Time and Recovery Worker, Redbridge Older Adults Mental Health Team)

**Observer Visits:** Katie Francis (NELFT lead for Occupational Therapy and Social Inclusion, Redbridge), Dr Jennifer Wenborn (Research Occupational Therapist, NELFT), Jane Leighton (Vision Arts and Culture Team Redbridge) and Alison Gordon (Service Manager Dementia Services, Elderberries Day Care)

#### **Project Description**

A pilot dance and music project for people living with dementia referred by the partner agencies. The project was evaluated in terms of a range of health and wellbeing outcomes by Green Candle and for the NELFT referred participants, two standardized outcome measures of communication and interaction and motivation for participation were used.

## **Aims and objectives**

**Overall aim:** To demonstrate that appropriately designed dance and music sessions can improve the wellbeing and functional abilities of people living with early or moderate stage dementia

In addition, the project sought to measure whether there were any reported and observed improvements, either momentary or lasting, in the cognitive or physical abilities of participants that could be attributed to the beneficial effects of dance sessions.

### **Objectives:**

- Contribute to the psychological well-being of older people living with dementia and their carers, combating isolation and improving emotional wellbeing through socializing and co-operating in a shared endeavour.
- Encourage growth in confidence and self-esteem through the practice of dance, movement and singing in a supportive environment.
- Improve cognitive functioning through demands on memory, decision-making and problem-solving.
- Improve physical fitness and health of older people through gentle dance and exercise, encouraging greater mobility in muscles, joints, improved cardiac function, strength, co-ordination and balance.
- For participants to experience the sessions as a fun and enjoyable leisure and social opportunity

### **Outcome indicators include:**

- providing a physical challenge (as reported by participants and/or their companions)
- elevating mood (as observed by group leaders and reported by participants)
- re-energising participants through social interaction (as observed by group leaders and reported from participants)
- reported improvements, either momentary or lasting in the cognitive abilities of participants (as reported by some companions)
- creating quality social time for all affected by dementia (as reported by participants and companions)

### **Recruitment**

Participants were referred from all involved partner groups: North East London Foundation Trust Grovelands Memory Service and Redbridge Older Adults Mental Health Team; Age UK Redbridge; Redbridge Admiral Nurse Service; Redbridge Local Authority's Elderberries and Living Well Resource Centres.

Places were allocated on the projected as below:

NELFT Memory and Mental Health Services – 6 places

Admiral Nurses – 2 places

Living Resource Centre/Elderberries – 5 places

Age UK Redbridge – 2 places

## **Pre-project planning**

A steering group convened in April 2013 chaired by NELFT Redbridge Social Inclusion lead, Katie Francis, and met monthly until the project commencement in September. The steering group met in December 2013 to summarise outcomes and discuss next steps.

All Partner agencies:

1. Promoted the *Uplift!* project within respective services
2. Approached and engaged with potential participants who expressed interest
3. Confirmed availability of potential participants for full project duration
4. Explained the commitment involved and secured agreement and consent
5. Established if a carer would also be attending
6. Formulated and ensured an access/transport plan for the participant/carers
7. Completed and sent referral and consent form to Clinical coordinator at NELFT (Loga Logendran)

*Uplift!* partners selected participants in a steering group on August 13<sup>th</sup> 2013 following which letters of confirmation were sent to participants.

Participants were reminded by phone the week the project commenced by Loga Logendran, Memory Service OT, and any problems around attendance were addressed.

**Inclusion criteria** (conditions under which to refer, who would benefit)

1. Participants to be known to at least one of the partner agencies
2. Participants to be willing and able to commit to the whole project to enable outcome measurement
3. Participants able to give consent for evaluation measures
4. Participants able to access the venue

## **Evaluation Methodology**

In the first session of *Uplift!* all participants and companions completed a PAR-Q form (Physical Activity Readiness) to establish that they were fit to undertake dance sessions and requiring them to check with their GPs if they suffered from any of a list of conditions that could make it unsafe for them to do; participants living with dementia also were asked a series of self-evaluation questions about how they rated their general mobility, stamina, flexibility, movement retention, social activity and mood. Where not possible to obtain answers, carers/companions were asked. The same questions were asked again in the final session of *Uplift!*

In the second and third session of *Uplift!* photo/video consent was sought allowing Green Candle, all partners and Cultural Vision access to use the images.

Evaluation forms were given mid-project to ascertain feedback that could inform the final 5 sessions; an end of project evaluation was also carried out to gain participants' feedback.

Two occupational therapy outcome measures were used with the NELFT referred participants. The VQ and ACIS were performed at weeks 1, 5 and 10 to observe any changes over time, and to provide outcome measure data to assist in the project evaluation. The assessments were conducted by 2 O.Ts to improve inter-rater reliability.

The Assessment of Communication and Interaction Skills (ACIS), is a Model of Human Occupation (MOHO) observational assessment which gathers information on communication and interaction skills with others whilst engaged in an activity (Kielhofner 2002). The ACIS is useful for providing a detailed profile of strengths and weakness in communication and interaction skills. The structured observation also helps pinpoint the nature of a person's problem in communication and interaction which enables the therapist to target specific skills for intervention and to devise strategies that are most likely to help the client improve skills. Communicating our needs, wishes and feelings is vital in maintaining quality of life and to also to preserve sense of identity. Social impact of communication interaction on others is useful to evaluate in terms of enabling both person with dementia and their carers to have on-going effective communication (verbal and non-verbal).

The Volitional Questionnaire (VQ) is also a MOHO observational assessment. It was originally designed to evaluate volition in people who have significant limitations in cognitive, verbal or physical abilities. It captures how one acts and reacts within their physical environment therefore providing insight into inner motives and details about how the environment affects volition. This instrument also is useful in revealing motivational factors that contribute to problematic behaviours and therefore in identifying effective strategies for reducing or elimination such behaviours.

### **Teaching strategies**

A variety of facilitation strategies were used over the course of the project, including seated warm-ups and stretches, the use of several different props such as carnival sticks, umbrellas, top hats, giant elastic circle, co-ordination exercises such as bouncing and catching balls, cross-over body patterning and body part finding in a short given time scale, free improvisation, partner work, creating practiced movements, singing with mime actions and contributing to the music played through offering songs to aid ownership. Reminiscence activities such as 'when I was younger I used to....' and looking at objects from the past, like sewing machines, books, tools etc. were also introduced. Discussion was encouraged around the past and the contributions from all were celebrated and added to song with actions. Knock down ginger, kiss chase and football were often remembered!

Guidance was given through modelling and copying, vocal instruction and touch. Laughter, yawning and self-massage etc. were all encouraged to help keep participants in touch with their personal and emotional selves. All sessions were carefully planned using a Green Candle planning template and every session was reflected upon into what worked, comments on individuals' engagement and any

issues raised. The reflection greatly informed what was planned for the following session and the project was tailored directly to the needs of the whole group. Careful consideration was made to ensure that the content was inclusive for those living with the later stages of dementia as well as those with the early stages.

### **Outcomes**

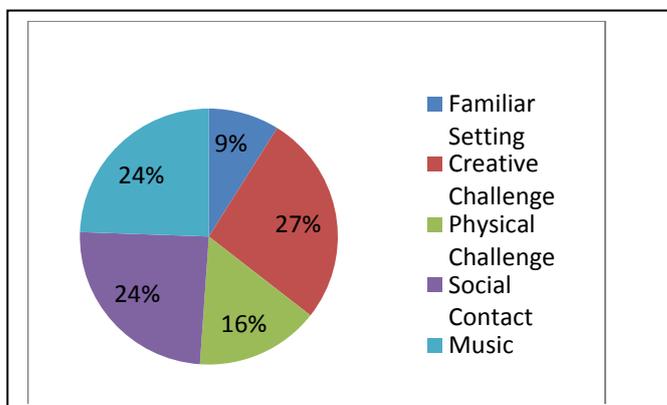
In all, 19 people consisting of 11 women and 8 men (including companions) attended a total of 156 times. An average of 16 participants attended per session.



## Impact on participants

### Mid Term Evaluation Data

**Q What 3 things do you like most about coming to Uplift? (Multiple choice)**



**Q Please tell us how you feel after an *Uplift!* session?**

**Participants' and companions responses;**

*'Full of energy'*

*'Happy and relaxed'*

*'It makes me feel really happy and brings a smile to my face'*

*'I feel great after a session; I'm happy and full of energy'*

*'It makes me feel good. I come out of the session feeling happy'*

*'I feel happy and full of energy'*

*'I feel pleased that I made the effort to come and enjoy the atmosphere'*

(Companion's feedback)

*'My husband enjoys it; though he cannot talk and join in as fully as others but I can tell through his expressions he enjoys it'* (Companion's feedback)

*'I enjoy the feeling of belonging somewhere where people are so nice and friendly, I just like all of it'* (Companion's feedback)

*'Happy'* (Companion's feedback)

*'Tired'*

*'Encouraged to exercise more and pleased to have social contact'* (Companion's feedback)

*'Inspired some movement are better, an inspiring movement'*

*'Armchair exercises stimulating and beneficial'* (Companion's Feedback)

**Q Is there anything you would like us to do more or less of for the next sessions?**

**Participants' responses;**

*'More of the same thank you'* (Companion's feedback)

*'More singing and more dancing'*

*'More of the singing in the rain dance'*

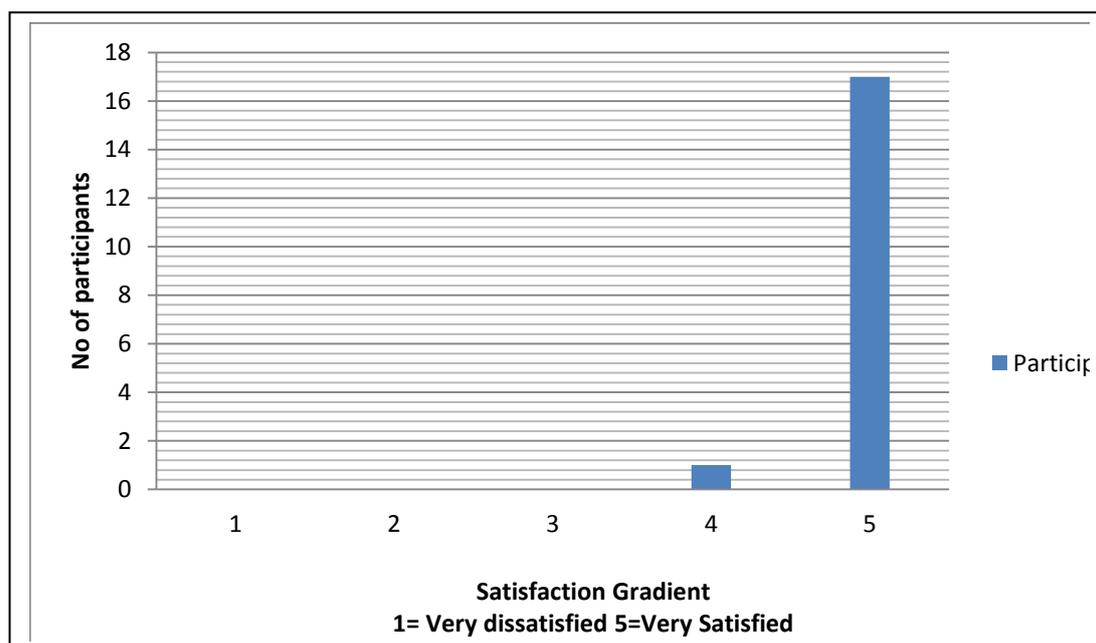
*'More dressing up and using the props'*

*'More singing for us to join in with and use of musical instruments'*

*'No'*

## End of Project Evaluation Data

Q Overall, how satisfied are you with the *Uplift!* sessions?



## End of Project Evaluation Feedback

Q What do you enjoy about our sessions?

Participants' and companions' responses;

*'The chance to mix with other people in a happy and warm atmosphere'*

*'Social contact, dancing and singing'*

*'Being involved with both music and exercise together, having a really good time.'*

*'Giving me the opportunity to be involved with a group of people who don't judge me for my disability'*

*'All the music, singing and relaxing atmosphere'*

*'Social Contact'*

*'The company itself, the challenges and music'* (Companion's feedback)

*'Social contact, live music, helpful people and making us feel at home'* (Companion's feedback)

*'Physical challenge, social contact and live music'* (Companion's feedback)

*'Music and the social contact'* (Companion's feedback)

Q Do you notice any lasting impression after the *Uplift!* sessions?

Participants', staff carers' and companions' responses;

*'Energised, feeling happy and full of life'*

*'Feeling full of energy, feeling happy for the rest of the day'*

*'More alert, very happy at the end of each session, improvement with mobility'* (Staff Carer's feedback)

*'.....has become much calmer when being involved with other people. ....appears much happier after each session'* (Staff Carer's feedback)

*'I come home happy'*

*'More alert with company of people and the music'* (Companion's feedback)

*'More memories'* (Companion's feedback)

*'Actually makes him feel sleepy afterwards'* (Companion's feedback)  
*'Not really for my partner but I feel more uplifted after'* (Companion's feedback)  
*'She does not snap at people as much and is more willing to be socially involved with others and engage in activity'.*(Carer)

**Q What changes do you observe in your loved one during the sessions?**

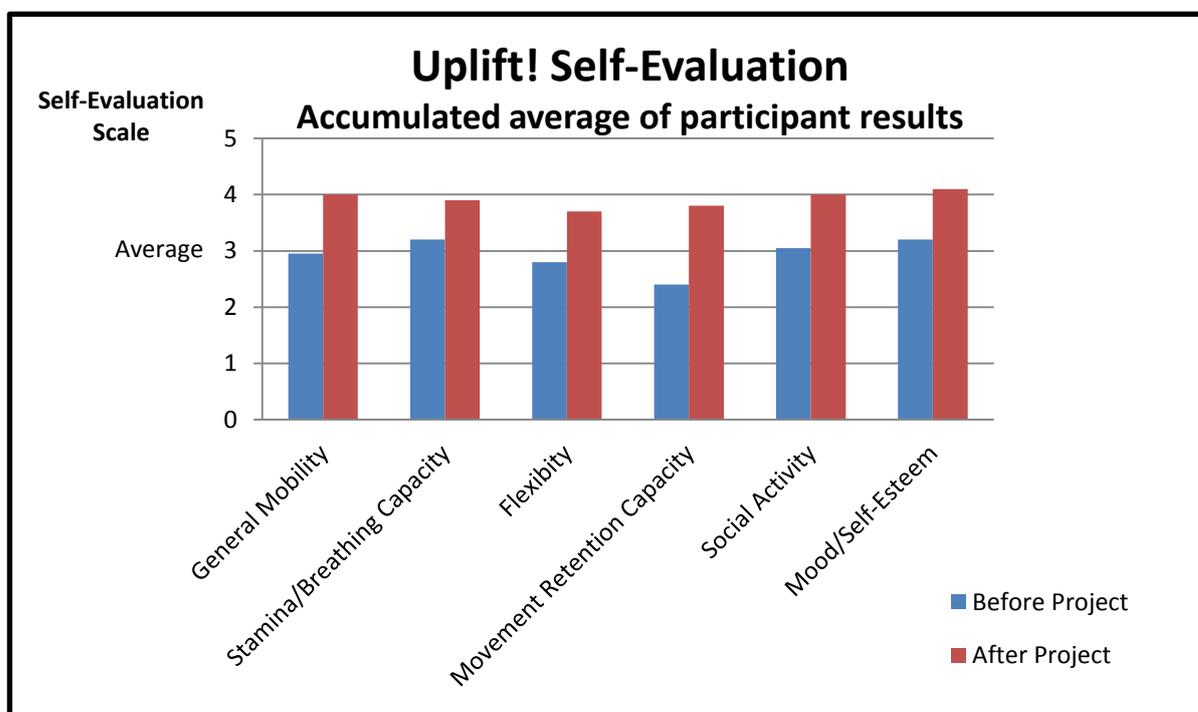
**Companions' responses;**

*'He has limited input with challenges but he enjoys clapping to the music'*  
*'I notice he smiles at the helpers who are able to make him stand up and dance, he also seems more awake'*  
*'He smiles a lot more and joins in more than at the start of the project'*  
*'He is very happy and enjoys the music and singing, also seeing familiar faces and friends, he also likes to get up and dance'*  
*'Seems to be more relaxed in the company of others in the same situation as himself'*

**Q Any other comments you would like to share with us?**

**Participants' and companions' responses;**

*'Very enjoyable 10 weeks, the balance of the session with all the equipment is good'* (Companion's feedback)  
*'Was a bit hard in the first session but then the leaders knew what we could manage and from then on afterwards the balance was great'* (Companion's feedback)  
*'I have enjoyed these last 10 weeks and I will miss it very much'*  
*'I feel it's nice also for me because we all join in the activities and made new friends'* (Companion's feedback)  
*'I think the opportunity for mixing with other people and having a bit of fun, lovely staff who give themselves freely and clearly enjoy what they do'* (Companion's feedback)



The above table presents the average data accumulated from a Green Candle participant self-evaluation questionnaire.

Where participants were unable to complete the self-evaluation questionnaires themselves, carers and companions completed the questionnaires on their behalf and in their opinion. One participant was unable to speak as a result of living with dementia for a number of years; however he was steady on his feet and responded to direct questions. His wife stated on week one that his general mobility was good, however she quickly realised that he was not as mobile as she originally thought, especially with some of the physical challenges in *Uplift!* such as copying movements, balancing or improvising to music. Her husband was at his best when responding to reflex and action reaction challenges like hitting back a balloon, throwing a ball or blowing a trumpet. Therefore this gave us the anomaly of a result of general mobility being lower on week ten than week one.

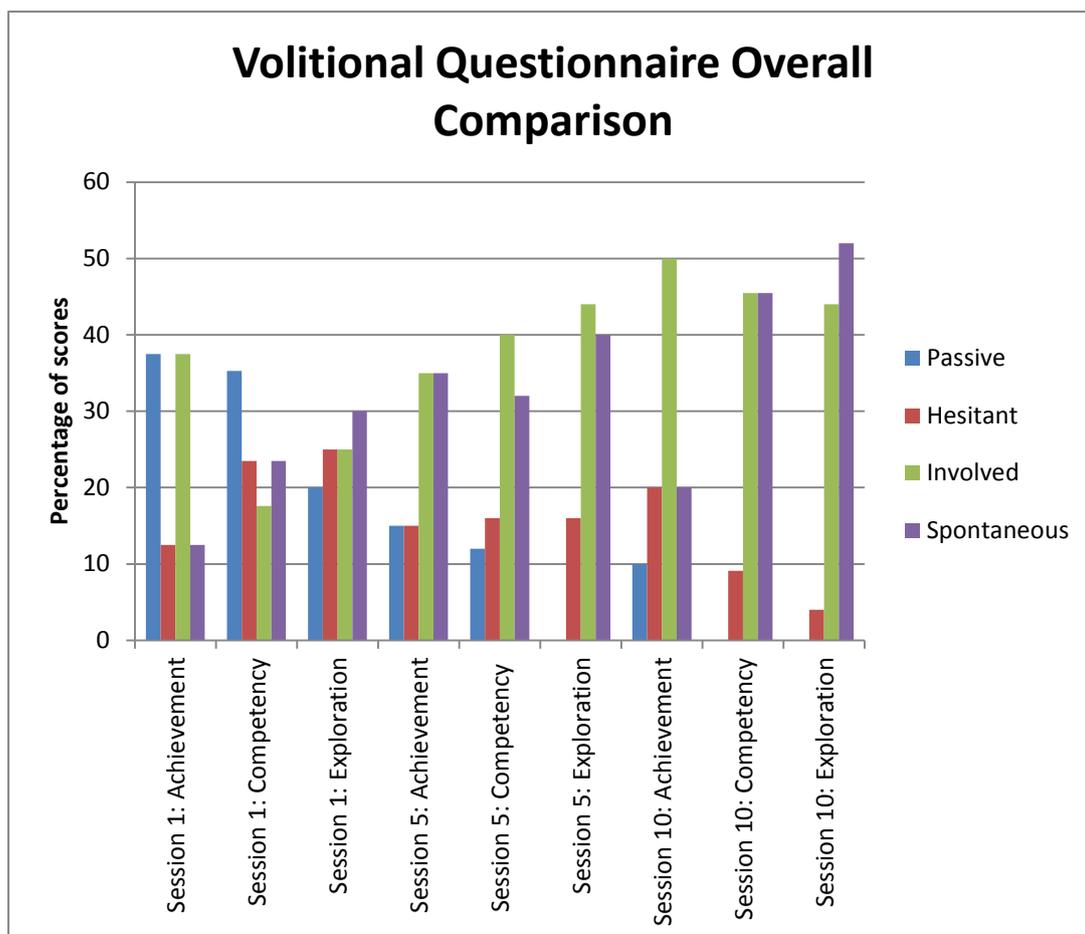
Through *Uplift!* This client's carer became more aware of his actual physical capability and ways in which she can stimulate that movement and use exercise techniques' at home to help maintain the mobility he currently has. She was most heartened that her husband particularly responded to interaction and touch and she felt that was a way she could still be close to her husband in a husband and wife relationship as opposed to a husband and carer relationship. For the results of that particular self-evaluation form please see Participant C in the appendices.

### **Occupational Therapy Results**

See appendices for raw data on each assessment tool and the weekly breakdown for weeks 1, 5 and 10.

### **Volitional Questionnaire (VQ) Results**

The VQ rating scale defines the spontaneity of behaviours displayed by individuals. It includes the amount of support, structure, or stimulation required for the individual to demonstrate the behaviours. (See appendices for VQ rating guidelines and descriptions) The levels of Volitional Development consist of Exploration, Competency, and Achievement and they enable demonstration of change in the participant's sense of ability and control.



**Exploration** (initiation and showing preferences)

There was a decrease from 20% Passivity in week 1, to 0 % in week 10. A decrease in Hesitancy was also noted from 20% to 4% in week 10, and this could suggest that the group attendees were all engaged in the group process. There was an increase in Involvement from 25% to 44%, and in Spontaneity 30% to 52% across the assessment periods. Passive behaviour noted in week 1 and a peak in Spontaneity at final week 10 illustrate a growth in confidence and ownership within the experience of the sessions.

**Competency** (problem solving, staying engaged and indicating goals)

There was a decrease in Passivity from 35.3% and Hesitancy 23.5% in week 1 to 0% and 9.1% respectively. Attendees begin to display improved coping behaviours and become more Involved from 17.6% to 45.5%, and Spontaneous 23.5% to 45.5% at week 10.

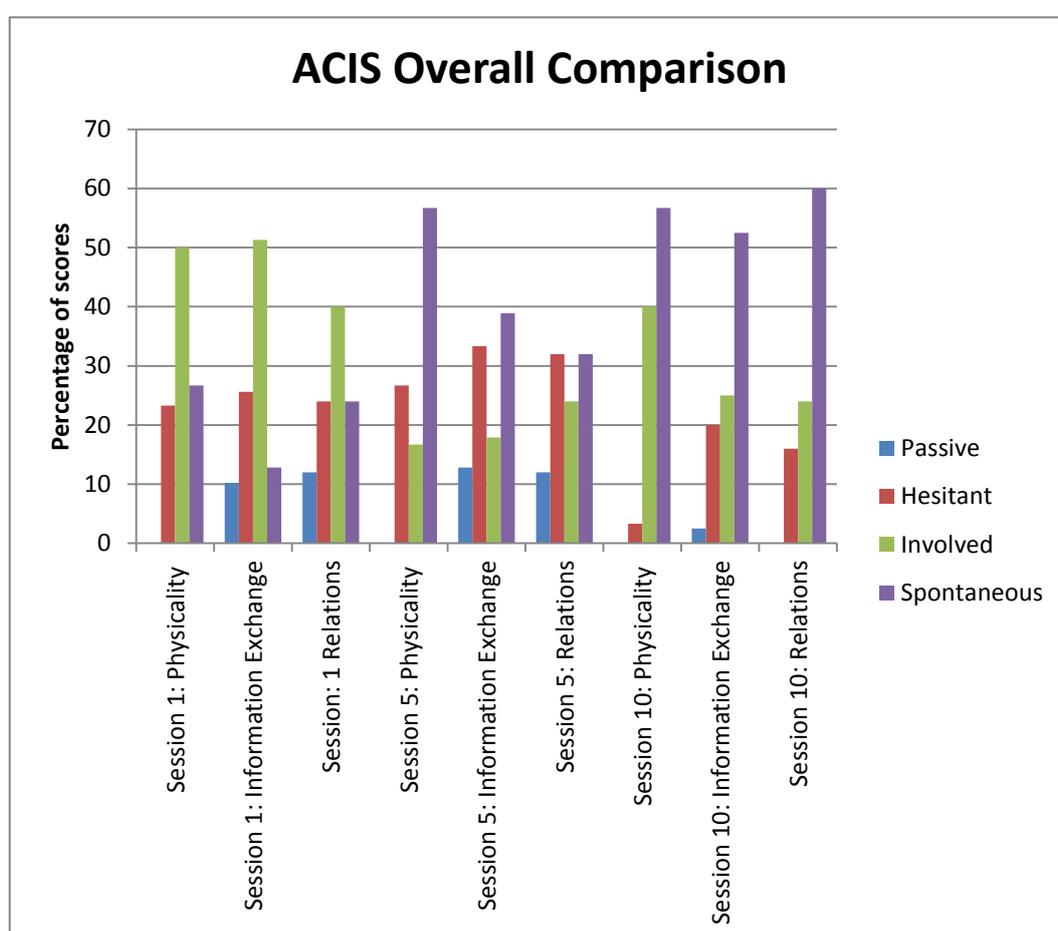
**Achievement** (seeking additional responsibility, energy, emotion, attention, and pursuing activity to completion and accomplishment)

Passivity was relatively high in week 1 at 37.5% but reduced to 10% at week 10. Interestingly, Hesitancy increased from 12.5% and rises to 20%. It could be argued that this is related to the decrease in passive behaviour and moving onto a sense of

involved and spontaneous behavioural patterns. Spontaneity fluctuates across the 3 assessment periods; from 37.5% at week 1, to 35% at week 5, then dipping to 20% at week 10. Is it possible that the attendees no longer felt the need to expend additional energy, and seek challenges in the final week 10, whereas in week 1 where the group content and attendees were all new and unfamiliar and hence provided the environment to enable some attendees to display this behaviour. Overall, Involvement and Spontaneity rose from 37.5% to 50% and 12.5% to 20% in weeks 1 to 10. This upward trend possibly demonstrates that attendees began to feel more confident and enabled to pursue activity and invest emotion, energy and attention up to group completion at week 10.

### ACIS Results

The ACIS uses 3 communication and interaction skill domains which are Physicality, Information exchange and Relations and there are verbs/actions that are rated by the assessor. See appendices for ACIS domains and verbs descriptors



### Physicality

It was observed that at weeks 1, 5 and 10 all attendees were able to score in this domain which is concerned with non-verbal communication. The OTs did not identify any deficits in this area. There was a decrease in ineffective skills from 23.3% to 3.3% which was very encouraging in such a short time frame. Behaviour rated as questionably effective commenced at 50% but reduced to 16.7% before then rising to 40% by week 10. Interestingly, this coincides with an increase in Verbal skills and Conformity. Attendees demonstrated consistent competent skills in this domain moving from 26.7% at week 1 to 56.7% at weeks 5 and 10.

### **Information exchange**

Attendees were observed and rated on their skills in Articulation, Assertion, Engagement, Expression, and other Verbal skills. It was noted that there was a decrease in deficiency in this domain from 10.2% at week 1 to 2.5% at week 10. Skills in Competency rose dramatically from 12.8% up to 52.5%.

### **Relations**

This domain is centered on Collaboration, Conformity, Focus, Relating and Respecting. Again, the overall results illustrate an upward trend in observed skill level. Deficiency figures dropped from 12% to 0% at week 10, and there was a stark increase in competency across the 3 assessment weeks from 24% to 60.

### **Project Conclusions**

There are a number of very positive indications that the Green Candle dance and live music sessions enhanced the quality of life, physical health, wellbeing and social and interactive skills of the people living with dementia and their companions who participated. All those who could communicate verbally reported in the last session of the project how much they hoped the sessions would be able to continue, how much they had enjoyed them and how much better they made them feel. Noticeable improvements in the co-ordination, decision making, contribution to group activity and confidence of participants were clearly observed over the weeks by members of the leading and supporting team.

Both the VQ and the ACIS demonstrate increasing and upward trends towards involvement or spontaneity in the attendees volitional behaviours. Competency in the domains of the ACIS rise rapidly and peak at week 10. This has illustrated that the attendees were motivated to come into an unfamiliar environment and participate in various activities where they were observed to improve in communication behaviours and skills over a 10 week period.

All the data collected through formal evaluation throughout the project adds to the growing body of evidence that suggests that the arts, and dance and live music in particular, have a useful role to play in improving the quality of life of people living with dementia and may also have a useful role in slowing the development of memory loss and other cognitive changes. For companions the benefits centre around providing stress release, peer support, a place to engage creatively with their loved ones and giving a sense of comfort.

Green Candle is very keen to continue the work that Cultural Vision Redbridge has enabled to begin. New sources of funding need to be found to pay for project management/administration, dance leaders' time, studio hire (if applicable), musician's fees, assistant fees and publicity costs. Whilst the costs of the project were partially covered by Vision, this by no means represented full cost recovery for Green Candle, which has no other source of core costs for projects of this nature. Grovelands Memory Service and Redbridge Older Adults Mental Health Team also gave a high number of in-kind hours which hugely aided the success of the project in terms of recruitment, the observational OT assessment data and overall support to

the project. In addition the Living Well Resource Centre and Elderberries Day Care Centre provided transport for a large number of participants which was key to ensuring participants could actually access the weekly session. Substantial funding will have to be found separately if Green Candle is to continue the sessions in 2014.

Some discussion has begun in regards to the potential benefits of in the future providing discrete opportunities in regards to dance sessions for those at the earlier and later stages of dementia, the advantage of which would be that activities could be graded more closely to the needs of participants. However it has also been recognised that a mixed ability group may have had the advantage of motivating and further stimulating those with more advanced illness who all showed signs of responding to their more able peers as well as staff facilitators. A specific benefit of the sessions which was repeatedly highlighted in user feedback was improvement in mood. This has led to discussion regarding the possibility of a future project being opened up for older or younger adults with functional mental illnesses which involve depressive features as part of the recovery programme using a similar format with the Green Candle team.

Consideration has also been given to further emphasizing the physical health benefits through the involvement of a physiotherapist who could advise and evaluate more intensively aspects of fitness, stamina, strength etc.

All partners have expressed a commitment to sharing the success of this *Uplift!* pilot project and seeking new funding opportunities in order to provide a more regular and sustained provision for people with dementia and their carers in the borough of Redbridge.

It is the intention of the occupational therapists involved in the *Uplift!* project to publish their results in an occupational therapy professional journal in order to commit their findings to the growing body of evidence in support of such interventions.

### **Moving Forward**

Green Candle has applied for funding through the Redbridge Olympic Legacy fund (outcome will be known in January 2014) and is currently writing a large application to a trust (to be submitted mid-January 2014 and outcome known by end of March 2014). If successful in obtaining further funding then Green Candle would hope to be able to deliver 60 *Uplift!* dance and live music sessions over one year, two sessions per week –participants to be determined based on the discussion above. The bids involve two further aims to provide a legacy;

- Build partnerships with GPs, Clinical Commissioning/Public Health Groups.
- Provide two bursary places to NELFT occupational therapists/or support care staff on Green Candle's intensive LOCN accredited Level 3 Diploma in Leading Dance for Older people, to enable the provision to continue beyond the one year.

The outcome of these funding bids is by no means guaranteed, especially in the current economic climate of health, well-being and arts budgets; however *Uplift!* has enabled collation of much positive evidence which gives grounds for optimism and determined pursuit. There will however be a gap in provision until funding is restored, but once in place, all partners are keen to deliver an immediate continuation of the dance and music sessions.

**Chantal Bardouille**  
**Community and Education Manager**  
**Green Candle Dance Company**

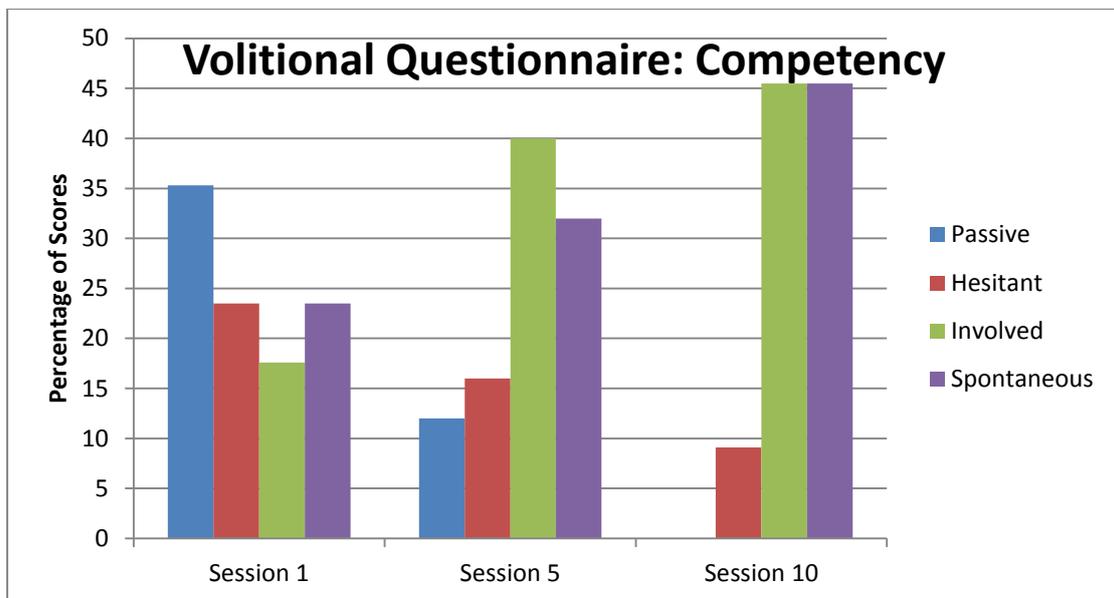
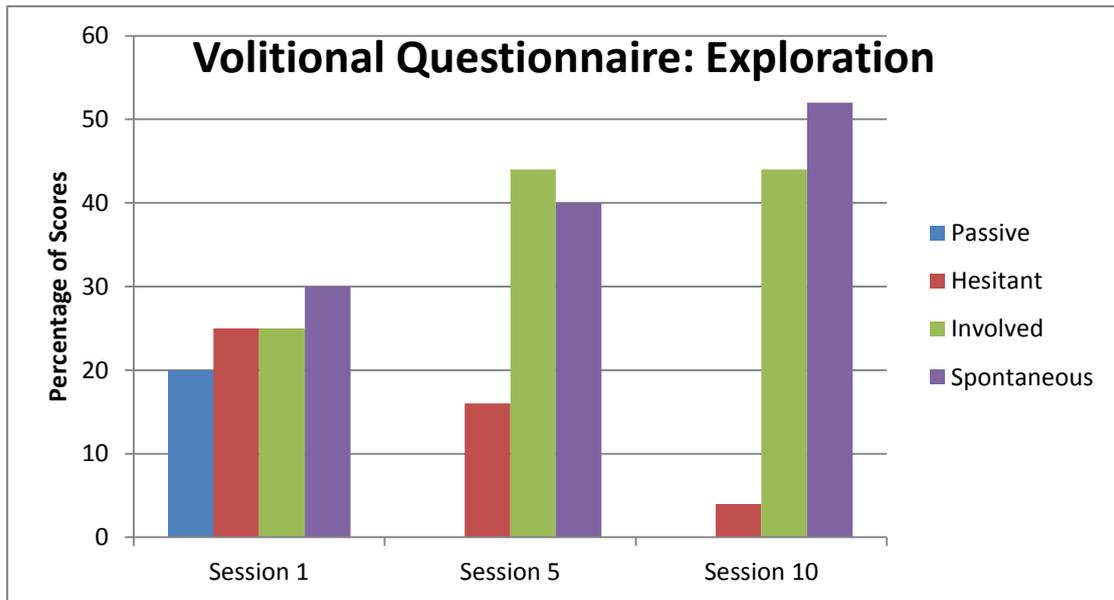
**Jennifer Greenidge**  
**Occupational Therapy Team leader**  
**Redbridge Older Adults Mental Health Team (NELFT)**

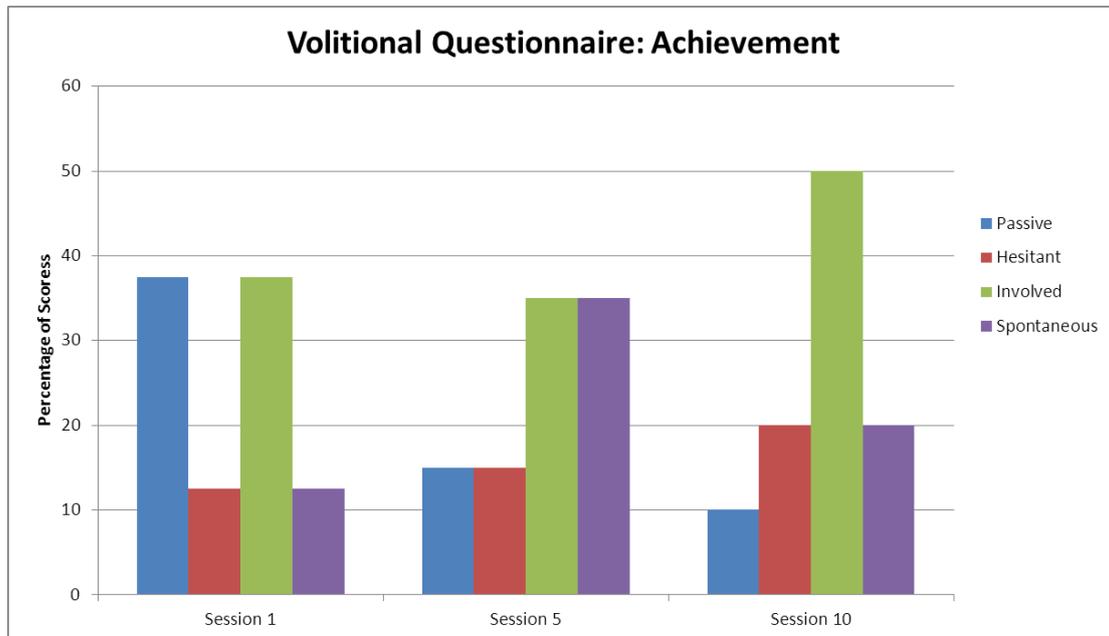
**Loga Logendran**  
**Senior Occupational Therapist**  
**Groveland's Memory Service**  
**NELFT**

**Katie Francis**  
**Lead for Occupational therapy and Social Inclusion**  
**Nelft Redbridge**

## Appendix 1

### Volitional Questionnaire Results: Exploration, Competency, Achievement





## **Appendix 2 – VQ Ratings Scale system**

The VQ rating system consists of a 4 point rating scale, ranging from spontaneous to passive. The 4 point ratings are: spontaneous, involved, hesitant, and passive. The 4 ratings are defined as follows:

**Spontaneous:** Shows behaviour without support, structure, or encouragement. The person readily exhibits the behaviour without the need for support, structure, or encouragement. This rating indicates that the observed volitional behaviour is intrinsically present and spontaneously displayed.

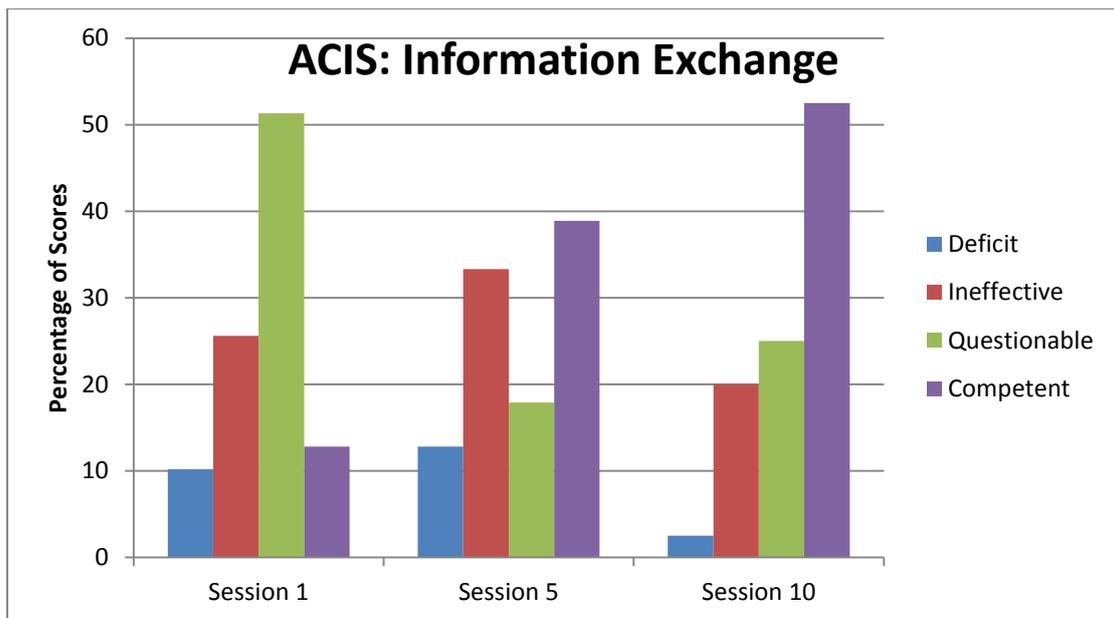
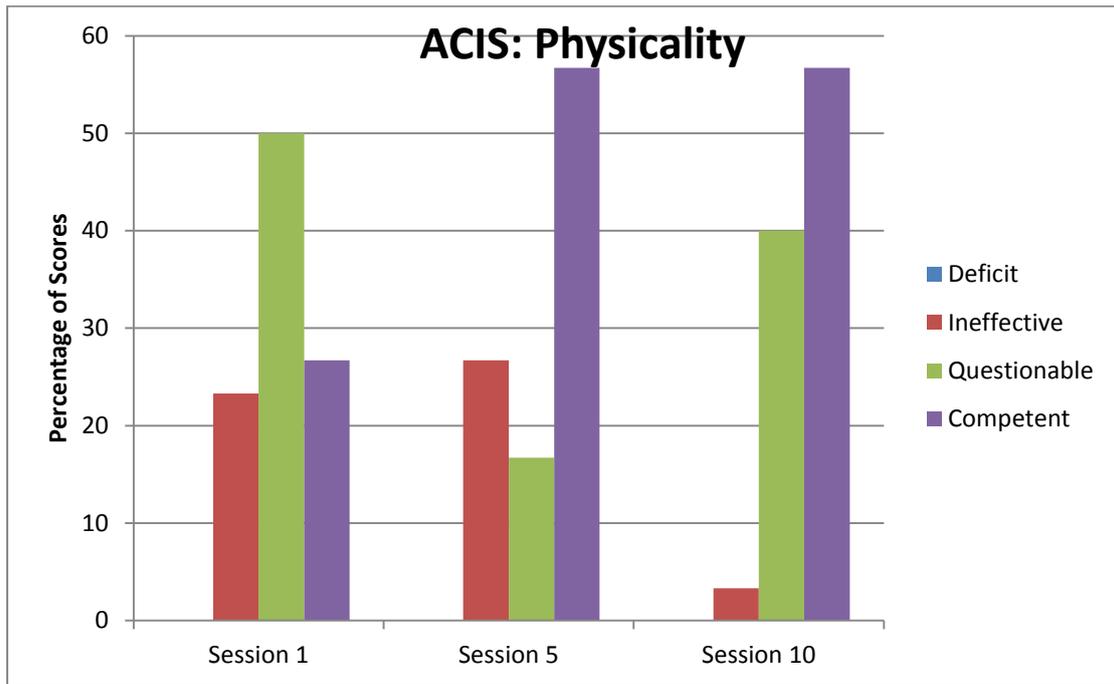
**Involved:** Shows behaviour with a minimal amount of support, structure, or encouragement. The person shows the behaviour when minimal support, structure, or encouragement is given. The person needs some degree of additional attention, encouragement, or structuring of the environment. This rating indicates that a specific volitional behaviour was elicited because minimal support was provided.

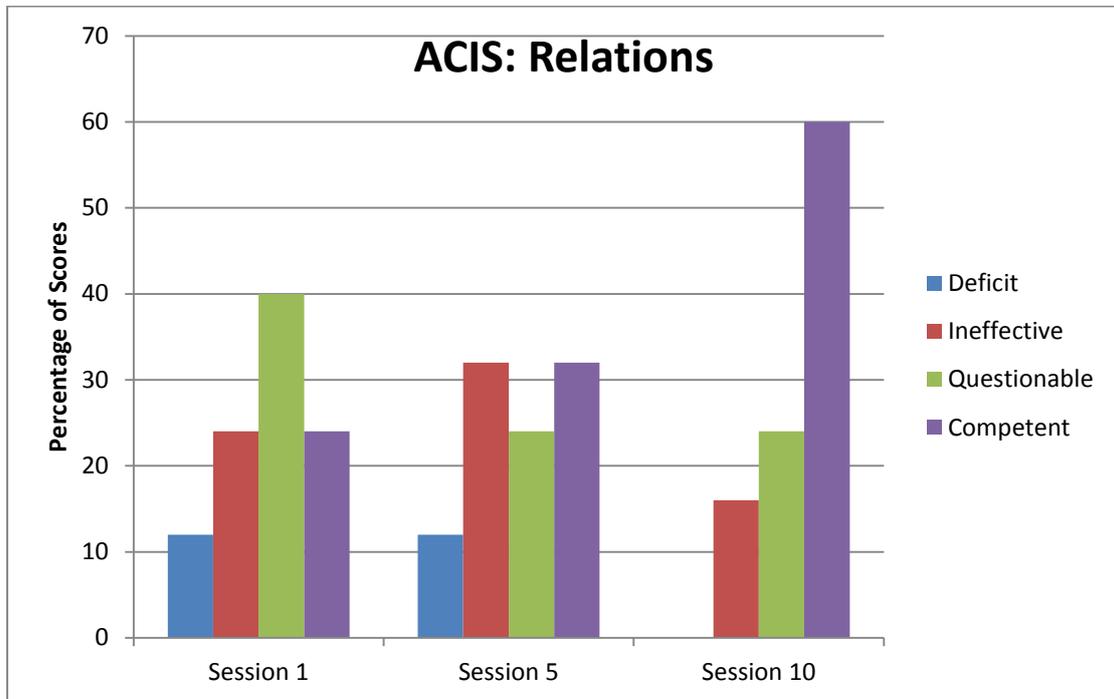
**Hesitant:** Shows behaviour with maximal amount of support, structure, or encouragement. The person shows the behaviour when maximal amount of support, structure, or encouragement is given. The person may need frequent or excessive degrees of support in order to demonstrate a given volitional behaviour. This rating indicates that a person may be having significant difficulty interacting with the environment due to the volitional weaknesses.

**Passive:** Does not show behaviour even with support, structure, or encouragement. The person does not show the behaviour even when maximal amount of support, structure, or encouragement is provided. This indicates that a volitional deficit may be present and that the person is seriously limited in his/her ability to initiate a specific volitional behaviour.

**N/O:** If one is unable to rate an item due to the lack of opportunity for the client to demonstrate the behaviour, the observer assigned a rating of N/O (No opportunity To Observe).

**Appendix 3 ACIS Results: Physicality, Information Exchange, Relations**





#### ***Appendix 4 – ACIS domains and verbs***

##### **Physicality**

Contacts: Makes physical contact with others

Gazes: Uses eyes to communicate and interact with others

Gestures: Uses movements of the body to indicate, demonstrate, or add emphasis

Manoeuvres: Moves one's body in relation to others

Orients: directs one's body in relation to others and/or occupational forms

Postures: Assumes physical positions

##### **Information Exchange**

Articulates: Produces clear, understandable speech

Asserts: Directly desires, refusals, and requests

Asks: requests factual or personal information

Engages: Initiates interactions

Expresses: Displays affect/attitude

Modulates: Employs volume and inflection in speech

Shares: gives out factual or personal information

Speaks: Makes oneself understood through use of words, phrases, and sentences

Sustains: \keeps up speech for appropriate duration

**Relations**

Collaborates: Coordinates action with others toward a common end goal

Conforms: Follows implicit and explicit social norms

Focuses: Directs conversation and behaviour to on-going social action

Relates: Assumes a manner of acting that tries to establish a rapport with others

Respects: Accommodates to other people's reactions and requests.

### Appendix 3

#### Participants Self-Evaluations

