

# edna

energise dance nourish art



TRINITY LABAN CONSERVATOIRE  
OF MUSIC & DANCE





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*“The main thing has been meeting people; people need people.”*



# 1 EXECUTIVE SUMMARY

**T**he vital need to maximise the health and wellbeing potential of the growing numbers within the older population is acknowledged at government level and among health professionals. A certain amount of research evidence exists to suggest that both visual arts and creative dance confer benefits to older people.

In April 2013, North Kent Local Authorities Arts Partnership (NKLAAP) funded and produced edna – energise dance nourish art; a dance, arts, health and wellbeing project. The aim of the pilot project was to evaluate the benefits to health and wellbeing of dance and arts activities that were stimulating and developed for and with older people in Medway and Gravesend.

Medway Older People's Partnership (MOPP) and two professional artists were commissioned to support and deliver edna. Two groups of people over 50 years were formed in outreach community settings in the NKLAAP region (Local and Unitary Authority areas of Gravesham and Medway).

NKLAAP also jointly commissioned The Sidney De Haan Research Centre for Arts and Health (SDH) and the Dance Science department of Trinity Laban Conservatoire of Music and Dance (TL) to undertake an empirical evaluation of edna. The research team included a Senior Researcher from SDH and a Graduate Intern from TL's Dance Science Department.

Specific physiological and psychosocial areas of health and wellbeing were chosen for assessment. The overall design involved a pretest-posttest descriptive study, incorporating validated research measures plus semi-structured interviews. Physiological assessments included postural assessment, range of shoulder mobility and balance.

Psychosocial measures were collected using the World Health Organisation's WHOQOL BREF, a quality of life (QoL) questionnaire<sup>1</sup>. A specially designed questionnaire was also used to capture general attitudes towards the project as a whole.

Physiological research findings demonstrated statistically significant improvement of the left shoulder mobility within both groups and a trend towards improvement in the right shoulder mobility. Both groups saw a significant improvement in posture with the Medway group significantly improving in upper body and the Gravesend group in the lower body. For both groups there was a significant improvement in balance scores.

Overall mean post-intervention QoL measures showed higher scores than at baseline, with a significant post-intervention difference in the psychological domain when compared to baseline. For participants in Medway the greatest change was in psychological and social domains. For Gravesend participants the greatest change was in the physical and psychological domains.

Findings from this small scale pilot project suggest that dance and arts programmes have the potential to improve both physiological and psychosocial wellbeing of older people. It is recommended that commissioning agencies should consider including funding for such interventions in future plans and also support continuing evaluation to increase generalizability and to look at other variables in the physiological and psychological domains.

## 2 BACKGROUND

**T**he demographic profile of the UK is changing rapidly. The number of individuals of pensionable age is projected to rise from 12.2 million in 2010 to 15.6 million by 2035 and 22.2 million by 2085<sup>2</sup>. Since older people are increasingly likely to account for a significant proportion of health and social care service use this presents a challenge to service providers and so there is a need to maximise the health and wellbeing potential of the growing numbers within the older population<sup>3</sup>.

Recently, attention has been paid to the contribution of the creative arts as a cost-effective health-promoting intervention for this age group and there is some evidence for the benefits of individual art forms, for example music and singing<sup>4</sup>, theatre arts<sup>5</sup>, storytelling<sup>6</sup>. There is also a need to maintain levels of activity into older age<sup>7</sup> in order to promote both physical and psychological wellbeing.

A certain amount of research evidence exists to suggest that both visual arts and creative dance confer benefits to older people. In terms of visual art, the 'Art into Life' project<sup>8</sup> provided an opportunity for older adults with mental health problems and dementia to participate in interactive, inclusive gallery workshops. The project, which was a partnership between the South London and Maudsley Hospital and Tate Modern, was reported to have had a positive impact on participants' sense of belonging and engagement and overall mental wellbeing.

In terms of dance, Kattenstroth<sup>9</sup> reported on a six-month dancing class (1 hour a week) for healthy older individuals which compared the outcomes of participants with a control group. After six months,

beneficial effects were found in posture, reaction time, cognitive, tactile and motor performance as well as subjective wellbeing. Interestingly the study also found that the individuals who benefited most were those who had the lowest performance prior to the intervention. A literature review<sup>10</sup> supported these positive findings, concluding that: "*dance can have a positive impact on both the physiological and psychological status of older people. More research is needed, however, to explore these areas further and perhaps more vitally, to disseminate the potential benefits of dance to the wider public.*" (p.4)

In addition to single intervention studies, a limited amount of evidence exists to support the beneficial effects of programmes which combine different art forms. Elliott<sup>11</sup> evaluated a six-week mixed arts programme delivered to residents with dementia in a supported housing setting using qualitative methods. The authors reported that at the end of the programme, which combined dance, painting, music and drama, there were a number of identifiable benefits including skill-building and concentration, respectful and creative relationships and a sense of wellbeing and social engagement. They also commented that the various art forms complemented and reinforced each other and assisted memory recall.

The Mental Health Foundation<sup>12</sup>, in an evidence review of the impact of participatory arts on older people, included five visual art projects and four dance projects. Though findings were positive, the authors concluded that further research and evaluation is needed and recommended that commissioning agencies should recognise the importance of including funding for evaluation in their plans.



## 2i Aspiration and Aims

**T**he edna pilot project sought to build on previous research and projects to deliver a cross-art programme to older people based in the community in North Kent. The blending of visual arts and an activity-promoting art form (creative dance) within the programme was intended to combine these different disciplines to enhance both psychosocial and physical functioning of participants attending.

The project manager had previously attended a dance and dementia seminar in 2012 where findings from a research programme undertaken in 2011 were presented. Following further research and talking to various artists already involved in visual arts and dance initiatives in the community, the inspiration for edna evolved.

edna was designed to explore innovative, inclusive, stimulating and appropriate dance and arts activities with and for older people. The specific aims of edna were to:

- Increase active engagement and participation in arts activities through consultation and engagement with older people.
- Increase older people's skills in Medway and Gravesham.
- Increase access to high quality arts provision by commissioning experienced artists who wish to professionally develop their work with older people and transfer their skills.
- Work in partnership, to maximise engagement and participation and increase ownership and empowerment.
- Explore, develop and implement approaches to psychosocial and physiological measures.
- Evaluate the impact of increased participation and engagement in dance and arts activities through measuring and monitoring health and wellbeing improvements.
- Tackle disadvantage and health inequalities.

Through exploring and evaluating the potential health benefits of arts activities and under-pinning this with scientific evidence, it is hoped that this project will have an impact on future investment in dance and arts activities and commissioning by both arts and health organisations.

## 2ii Partners and Investment

**N**KLAAP incorporates Gravesham Borough Council and Medway Council, Unitary Authority, working closely with Kent County Council and Arts Council, South East. NKLAAP produced and, with a contribution from Kent Council funded, edna – energise dance nourish art; a dance, arts, health and wellbeing pilot project. The ethos of edna encompasses a grassroots approach for artists to work within the heart of two communities, with a focus on older people.

Medway Older People's Partnership (MOPP) was identified as a key partner in Medway to consult and engage with older people in the local community, help promote the project and support older people to come to the introductory sessions and sign up to both intervention and research. In Gravesham, other

organisations were identified to help support and promote edna by engaging with older people aged over 50 years.

A freelance project manager led the project, co-ordinating the research team, artists, venues, and participants, whilst being overseen and supported by NKLAAP. The research team included a Senior Researcher from the Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University (SDH) and a Graduate Intern from the Dance Science Department at Trinity Laban Conservatoire of Dance and Music (TL), who were jointly commissioned by NKLAAP to undertake an empirical evaluation of edna.



## 2iii Local Context

Medway and Gravesham, where edna took place, present different profiles in demographic terms, with Medway having a lower number of residents over 65 years than is the case nationally and Gravesham having a higher number<sup>13</sup>. In both cases, however, the proportion of older people is projected to rise at a greater rate than those in other age groups over the next five years. These areas were therefore well placed to host the current project.

A mapping exercise took place to identify where there was little or non-existent engagement in the arts for older people in both areas. As a result of this the two venues for the project were based within the electoral wards of Rainham South (Medway) and Pelham (Gravesham). Venues also needed to be accessible and available for twelve consecutive weeks to ensure continuity and familiarity for the participants, creating a safe environment.

These two areas present contrasting characteristics in terms of area demographic profiles as seen in the following table.

**Table 1: demographic profiles of edna venues**

Indicator	Rainham South ward	Pelham ward	England (reference)
Population aged 65+ (%)	14.7	13.8	16.4
Older people in deprivation (%)	10.8	26.0	18.1
Pensioners living alone (%)	30.2	42.9	31.5
General health bad or very bad (%)	3.5	6.0	5.5
Long term limiting illness (%)	14.2	17.9	17.6

Source: Public Health England<sup>14</sup>

Although Pelham presents an overall lower age profile, in all other indicators illustrated it displays a poorer picture in terms of health, deprivation and social inclusion than both Rainham and England more generally. Focusing on this area is therefore consistent with the government's vision for public health, *'to improve and protect the nation's health and wellbeing, and improve the health of poorest, fastest'*.<sup>15</sup>

Although it was anticipated that some participants would be coming from areas outside the venue wards, it is likely that those without transport of their own would be drawn from nearby or where public transport was good. This was likely to be the case with Pelham (Gravesham) in particular, where the venue was close to the town centre and well-served with buses.

This project therefore aimed to build on and add to, existing evidence in terms of introducing a dance and arts programme to older people who would not normally have experienced such activities and who were resident in, or near, areas where such access was not readily available. It aimed also to fit in with national and local health and wellbeing priorities and to contribute to the developing knowledge base in the subject through evaluation. The aim of the research component was to evaluate the benefits to wellbeing of a short dance and arts programme for older people in Medway and Gravesend.

# 3 PROJECT DELIVERY & DEVELOPMENT

## 3i Consultation and Engagement

**A**ll key organisations and groups were identified in the Medway and Gravesham areas and approached to offer support in communicating with older people about the edna pilot project. The project manager visited the following organisations and groups to consult and engage with the leaders and also some of their existing groups:

### MEDWAY

- CVS Medway (Community Voluntary Service)
- Medway Older People's Partnership (MOPP)
- Alzheimer's Society – Dementia Café
- Age UK
- Carer's First

### GRAVESHAM

- North West Kent CVS (Community Voluntary Service)
- 50+ Forum
- The Grand (A Healthy Living Centre)
- Age UK
- Carer's First

Medway Older People's Partnership (MOPP) was identified as a key partner to help with consultation and engagement. A partnership agreement with MOPP was produced so they could provide additional support with coordinating and communicating with older people about the edna project in Medway. In Gravesham, the 50+ Forum supported the project by inviting the project manager along to one of their large scale events at the Woodville Hall in Gravesham. Over 150 older people were present and the project manager was able to consult and engage with them and provide further information about edna. Other organisations supported the project by allowing us to leave information about the project, targeted at their older groups.



### 3ii Devising the Arts activities

**N** KLAAP's project manager provided an Artistic brief (appendix i) for both artists that provided a starting point and guidance to lead the delivery in the two community venues. The devised activities explored innovative, inclusive, stimulating and appropriate dance and arts activities with and for older people. The dance and arts activities informed, complemented, challenged and developed each artist's practice.

The following themes provided some structure to envision, shape and develop ideas for the dance and arts activities with and for older people:

- Memories
- Communication
- Light and Colour
- Layers and Texture

The sharing of skills, knowledge and expertise, gave everyone true ownership of the project. A holistic and person-centred approach addressed individuals' health and wellbeing, access needs, culture and diversity. This aimed to explore a model for best practice to inform future projects and research.

Additional professional development was provided by Tamalpa UK, who ran a workshop using the Tamalpa Life Art Process®, to provide an opportunity for artists from different backgrounds to come together and explore their own practice for development and growth. To communicate the project more widely blog training was also provided to all of the edna team, which included NKLAAP's project manager, MOPP's Development Officer and the two artists.

Reflection and self-evaluation after each delivered session provided an opportunity to inform the next delivered session. This allowed the artists to be adaptable and responsive to the participants' experiences and abilities. Together the artists refined the content for each session and agreed on the structure.

The blending of visual arts and an activity-promoting art form (creative dance) within the project was intended to combine these different interventions to enhance both psychosocial and physical functioning of participants attending.



### 3iii Structure

The project was delivered during the Summer and Autumn of 2013. Beginning with two introductory sessions, participants could decide whether they wanted to be involved and sign-up. Two professionally trained and experienced artists delivered a programme incorporating both dance and arts, for two hours per session, over twelve weeks, concurrently in Medway and Gravesham.

The first and last sessions involved administering pretest-posttest measures, incorporating psychosocial and physiological measures and semi-structured interviews. Researchers from SDH focused on psychosocial measures, while TL gathered physiological data (postural assessment, range of shoulder mobility and balance). The table below outlines the venues where the activity took place, their geographical area and the length of each session.

**Table 2: outlines venue, number of participants, geographical area and length of session**

Name of venue	No: of Participants	Local Authority Area and Ward	Length of session
Kent Room, Woodville Hall	Average 15	Gravesham (Pelham)	2 hours
St Paul's Church Hall	Average 12	Medway (Rainham South)	2 hours



# 4 RESEARCH METHODOLOGY

**B**ecause of the variety of potential benefits arising from an arts and health programme, as identified in the literature, it was decided to take a mixed-methods approach to evaluation<sup>16</sup>, comprising physiological and psychosocial data captured through both quantitative and qualitative methods.

## 4i Physiological data

The aim of assessments was to present a reflection of how individuals performed during movements that are required for daily activities such as getting dressed, doing housework or ascending/descending the stairs. A number of areas for measurement were considered, including motor control, aerobic capacity and grip strength<sup>17-24</sup>. However, given this was a pilot project, the three variables chosen as the most suitable to reflect the participants' ability to achieve daily tasks were:

- **Posture:** 2D motion analysis software was used to look for changes in alignment, from an anterior, sagittal and posterior view. This focused on the bilateral differences in key landmarks such as the shoulders, hips and knees, as well as observing for any spinal abnormalities or deviations from a healthy plumb-line alignment.
- **Shoulder mobility:** This is a quick and easy assessment to provide information on flexion, extension and rotation of shoulder muscles, strength, posture and coordination.
- **Balance:** Individuals were asked to perform tasks that they are likely to come across in day-to-day activity to assess their ability of normal daily functioning.

### Postural assessment<sup>25</sup>

As the setup of posttesting should ideally be the same as pretesting, to ensure camera perspectives are the same, the precise location of the equipment and the participant standing area was documented to replicate setup at posttesting. The lighting in the room was also noted to be mimicked as closely as possible. Participants were asked to stand on a marked area on the floor that was in front of a plain background.

A camera was set up to record a video of the participant standing to the front, side and back. Their posture was analysed by uploading the video to a 2D analysis software (DartFish, Pro Suite 6, 2009) and quantitative measurements were taken to assess changes pre to post.

### Shoulder mobility<sup>26-29</sup>

Prior to the assessment, participants had to undertake a two-stage screen; stage one was to ask the participants if they had any shoulder pain and if they answered yes they would not proceed to the second stage. Stage two required the participants to clasp their hands behind their head and then behind their back. If this caused any pain they would not proceed to the assessment. The two-stage screen ensured that the assessment would not cause further aggravation to existing pain or injury. The assessment began by measuring the participants' right hands from the crease of the wrist to the end of the middle finger.

The participants were then asked to clench their fists, place their right fist on the back of their neck and their left fist on the lower part of their back. They were then asked to try and make their two fists meet in the middle of their back. This was repeated three times alternately on the right and left side. The researcher stood behind the participant and measured the distance between the fists each time.

### Balance assessment<sup>30-32</sup>

The balance assessment consisted of 14 mini tasks. For each task the participant scored from 0-4 with 4 being the highest. The higher the total score, the better balance one is said to have.

The researcher carried out the test with the participants in pairs and explained each task individually before moving on to the next task. In between tasks the researcher scored the participants. Participants were allowed to miss out tasks if they felt they could not complete it or were injured, which resulted in a score of zero.

## 4ii Psychosocial data

In keeping with the subjective nature of wellbeing it was decided to adopt the World Health Organisation's definition of quality of life as a starting point:

*Quality of life is defined as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns*

This definition reflects the view that quality of life refers to a subjective evaluation which is embedded in a cultural, social and environmental context. Wellbeing was measured in terms of self-reported quality of life (QoL) through the use of the WHOQOL BREF<sup>33</sup>. This is a 26-item questionnaire which has been devised to measure four domains of QoL: physical, psychological, social and environmental. It is widely regarded as a valid and reliable research tool for research on health status, wellbeing and QoL based on the WHO model of health and wellbeing. This was administered at baseline, along with basic demographic data and again at the end of the dance and arts intervention.

In addition it was felt appropriate to allow participants to express their own responses to the project outside the constraints of a fixed-response questionnaire. This was achieved in 3 ways:

1. An invitation to write comments on the end of the WHOQOL questionnaire
2. A short questionnaire, devised by the researchers and administered post-intervention. This covered topics related to personal outcomes following, and related to, the project.
3. Conversational interviews conducted with a small sample of participants covering a broader range of topics including motivation to join, comments on the research conduct (information provision etc.), suitability of venue, best things about the project and things that could be improved.

## 4iii Ethics

The proposal was submitted to the research governance lead at Canterbury Christ Church University, who confirmed, in line with the university guidelines, that the project would not need formal ethics committee approval. An information sheet was prepared for participants and informed, signed consent sought from those agreeing to participate.

## 4iv Sample selection and data collection procedures

Two introductory sessions were held at the end of August in both venues and everyone who signed up for the dance and arts programme was invited to also take part in the research. Baseline physiological measures were taken at the first of these sessions for 14 individuals (6 in Medway, 8 in Gravesham). Baseline psychosocial measures were taken at the second of these or at the first two sessions of the dance and arts programme for those joining at that stage. This provided a sample of 24 (11 in Medway, 13 in Gravesham). Participants were given information about the project and were invited to sign consent forms and were able to sample the proposed arts activities of the programme. One participant in Gravesham decided not to take part in the research component. Participants joining following the first two weeks of the 12 week programme were not included in the research.

For the physiological measures, follow-up data were collected at the final session for all those who had attended at baseline. All 14 individuals formed the basis for analysis. For the psychosocial measures, follow-up questionnaires were distributed at the final session to those who had completed at baseline and sent to those not attending with a return envelope. Two participants in Medway failed to return these. The data from 21 participants (19 female, 2 male) were therefore the basis for analysis. At the final session short interviews also took place with those willing to do so, the number of participants (n=6) being dictated by the time constraints.

Session registers were kept and attendance ranged from 7 to 12 (out of 12 sessions). Gravesham had a higher attendance rate (averaging 10.1, excluding the questionnaire-only participant) than Medway (averaging 9.4).



## 4v Data analysis

Physiological data were analysed using SPSS v.21. Participants' scores for posture, shoulder mobility and balance were analysed using a Paired Sample T-test, to check for significant changes in scores. The scores for each of the 14 balance tests were also analysed using Paired Sample T-tests, to look for significant changes within individual tasks as well as overall score.

The psychological quantitative data from the WHOQOL BREF were imported into SPSS v.21 and the scores converted to transformed scores as per the WHO guidelines<sup>1</sup>. This results in item scores in the range 4-20. Data were subjected to simple statistical analysis, including testing for significant pretest-posttest differences in the four QoL domains and for relationships between outcomes and recent arts activity.

Qualitative data were transcribed and subjected to template analysis<sup>34</sup>. This method makes use of a coding template, with pre-defined or 'a priori' initial codes being based on either the theoretical position of the research or specific questions which are being asked. These codes may be modified, or added to (i.e. through sub-codes) as data are applied to the template, while also allowing for a quantification element. This makes it well suited to the current study, with its specific questions, while collecting subsidiary data provided by respondents around their experiences of participation in edna was also integrated.

Results from the different methods were combined through merging the datasets and searching for complementary, rather than convergent findings<sup>16</sup>.

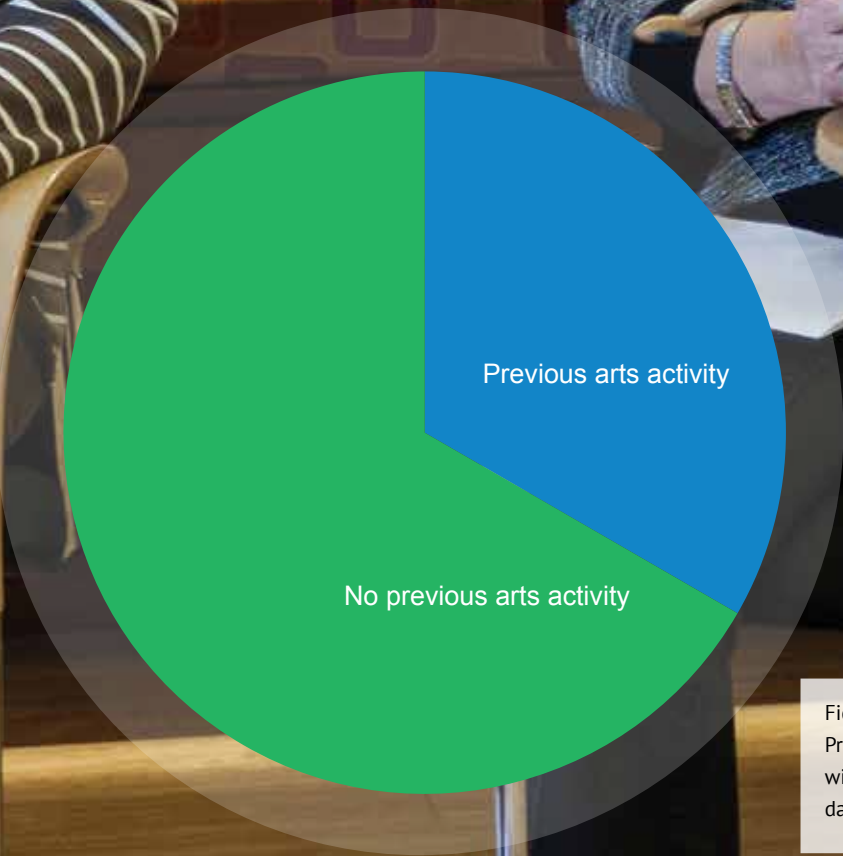
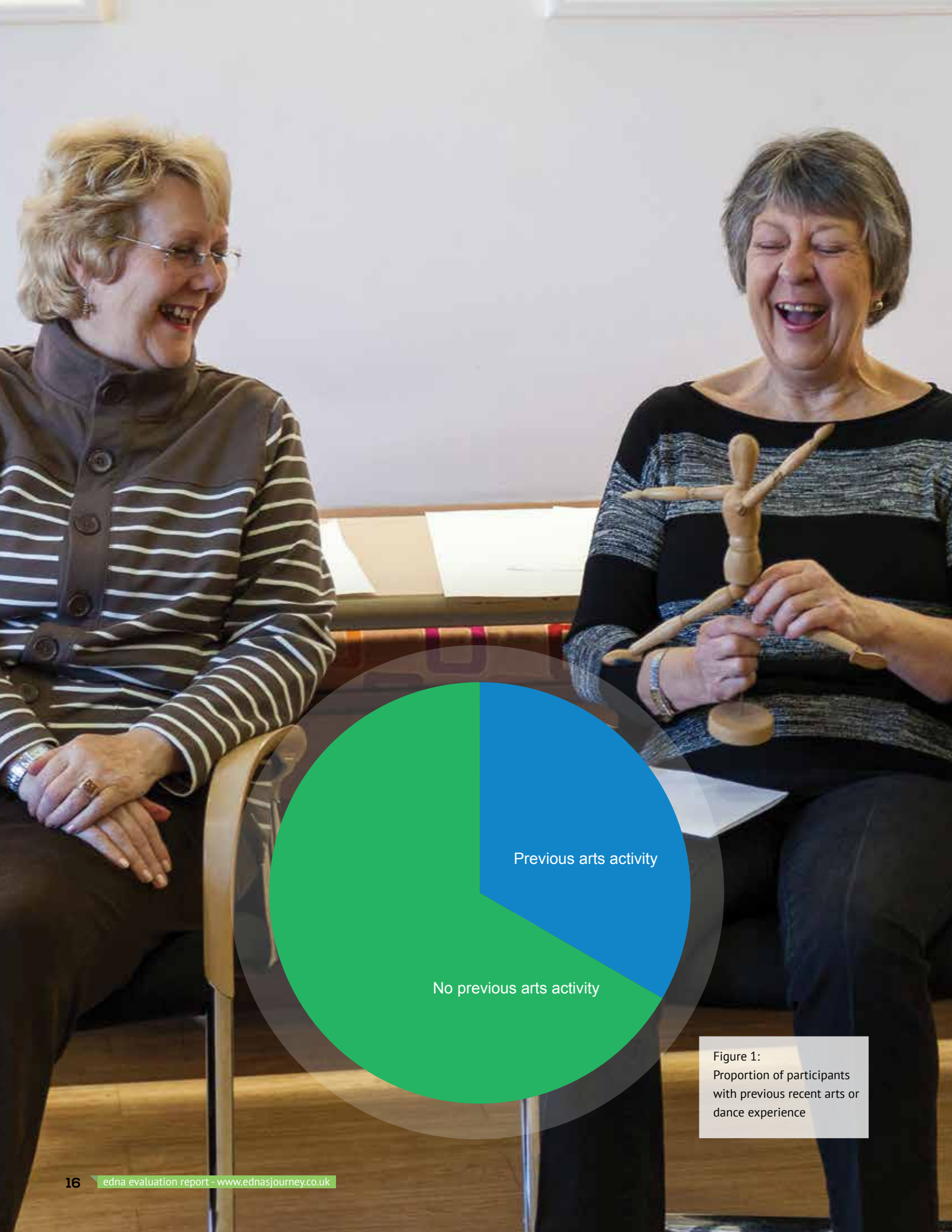


Figure 1:  
Proportion of participants  
with previous recent arts or  
dance experience



# 5 RESEARCH FINDINGS

## 5i Sample profile

Follow-up measures for the physiological tests were recorded for 100% of those measured at baseline (n=14). Follow-up WHOQOL BREF questionnaires were returned from 87% respondents (n=21). One of these dropped out of the programme but continued to return the questionnaire. The age range of participants was 53-90 years (mean 71.1) with those in Medway having a higher age profile than those in Gravesend (75.1yrs vs. 68yrs), which contrasts with the overall demographic profiles of the areas in which the project took place.

Based on the higher, questionnaire sample, the group was equally divided between those who had continued in education beyond minimum school leaving age (n=10) and those who had not (n=11). Two thirds had not participated in any dance or arts activities in the previous six months, with proportionately more in Medway having done so (Figure 1).

## 5ii Findings from physiological data

### Posture

Distance and angle measurement tools within the 2D analysis software (DartFish, Pro Suite 6, 2009) were used to analyse the participants from an anterior, sagittal and posterior view by selecting still images from the video captured at the pretest-posttesting stages. Whilst in an anterior view, the angle of deviation at the hip (ASIS) and shoulder (greater tuberosity) from horizontal was analysed.

From a sagittal view the distance of deviation from plumb-line alignment at key points (ankle, knee, hip shoulder and ear) was measured. Finally from a posterior view, the distance of displacement from the central plumb-line (through the spine) was measured, noting key markers of the ear, shoulder and hips. A notable bilateral difference would be more than 10cms or 10°. Within both groups, all participants demonstrated an improvement in their posture at the posttesting stage.

In the Gravesham group there was a significant improvement ( $P<.05$ ) in the horizontal alignment of the shoulders.

In the Medway group (Figure 3) there was a significant improvement ( $P<.05$ ) in the vertical alignment of individuals hips

Figure 2: Gravesham mean score pretest-posttest shoulder alignment during anterior postural analysis

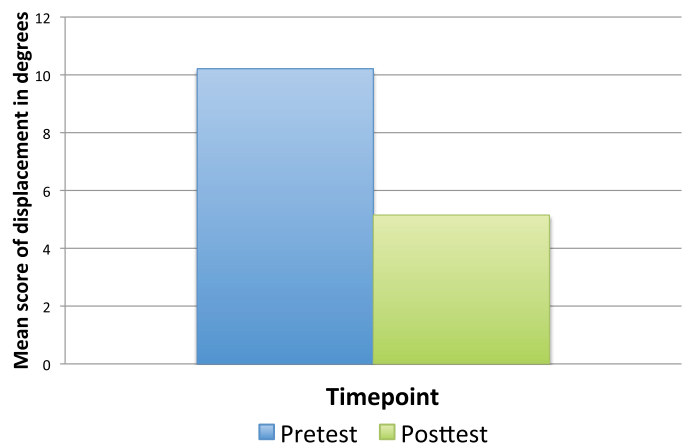
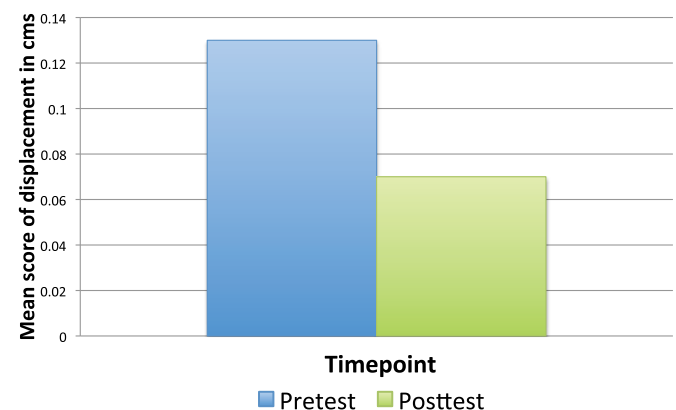


Figure 3: Medway mean score of pretest and posttest deviation from vertical alignment during sagittal postural analysis



## Shoulder mobility

Distance between the participants' fists was measured during the six times they performed the assessment (alternately, three times with left hand above and three times with right hand above). The scoring system was based on the distance they could reach compared with the length of their hand. Therefore a Grade 1 score would indicate the fists are more than one and a half hand lengths apart, a Grade 2 score would indicate fists are within one and a half hand lengths and a Grade 3 would indicate that fists are less than one hand width apart. Between both groups 47% of participants improved their grade between pretest-posttest testing stages and no participants' grade decreased (Table 3).

Results indicate that left shoulder mobility significantly improved within both groups ( $P < .05$ ). Although there were no significant improvements within right shoulder mobility, the mean score of right and left shoulder mobility for both groups decreased from pretest-posttest (Figures 4 and 5). There were no significant changes in bilateral difference within either group shown in the table below.

Table 3: a comparison between the Gravesham and Medway groups looking at left, right and bilateral score

Left						
	Paired sample t-test	Significance (2-tailed)	Mean		Standard deviation	
			Pre	Post	Pre	Post
Gravesham	t(7) = 3.77	P < .05	23.25	20.64	11.05	12.57
Medway	t(4) = 3.1	P < .05	29.18	20.02	9	6.33
Right						
	Paired sample t-test	Significance (2-tailed)	Mean		Standard deviation	
			Pre	Post	Pre	Post
Gravesham	t(7) = 3.57	P = .097	19.6	17.47	7.81	9.32
Medway	t(4) = 1.55	P = .194	24.5	19.04	7.67	6.62
Bilateral						
	Paired sample t-test	Significance (2-tailed)	Mean		Standard deviation	
			Pre	Post	Pre	Post
Gravesham	t(7) = -.088	P = .933	4.42	3.49	4.5	2.28
Medway	t(5) = .871	P = .424	5.31	3.9	3.54	4.19



*“It just showed me things that I can do and it’s increased my confidence”*

Figure 4: Gravesham mean score of right and left shoulder mobility at pretest-posttest

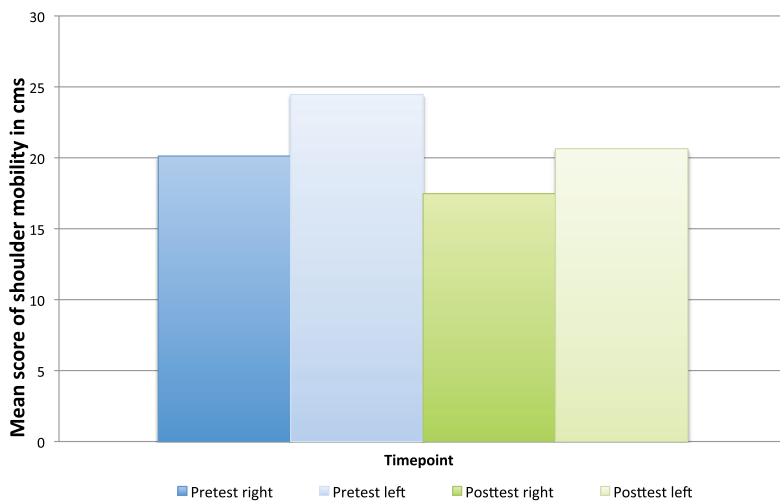
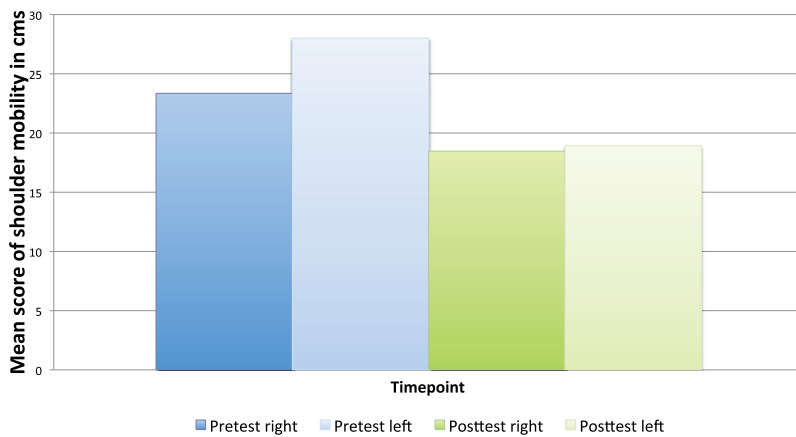


Figure 5: Medway mean score of right and left shoulder mobility at pretest-posttest



## Balance

The 14-mini task balance assessment was administered one task at a time and scored by the researcher before progressing to the next task. Each task could score between 0-4, with 4 being the highest, and were marked subjectively by the researcher.

Within both groups there was a significant improvement in balance scores ( $P < .005$ ) (Table 4 and Figures 6 and 7). Looking at changes within scores of each task, within the Gravesham group significant improvements could be seen in tasks which involved: sitting to standing, turning to look over left and right shoulder whilst standing and balancing on one leg. Within the Medway group significant improvement in score could be seen in tasks involving standing unsupported with their feet together as seen in the table below.

**Table 4: a comparison of t-test results on overall balance scores at Gravesham and Medway**

Overall balance score						
	Paired sample t-test	Significance (2-tailed)	Mean		Standard deviation	
			Pre	Post	Pre	Post
<b>Gravesham</b>	t(8) = -7.22	P < .0005	48.37	53.7	12.1	12
<b>Medway</b>	t(6) = -4.78	P < .005	47.66	52.5	6.26	5.73

Figure 6: Gravesham mean total balance score at pretest and posttest

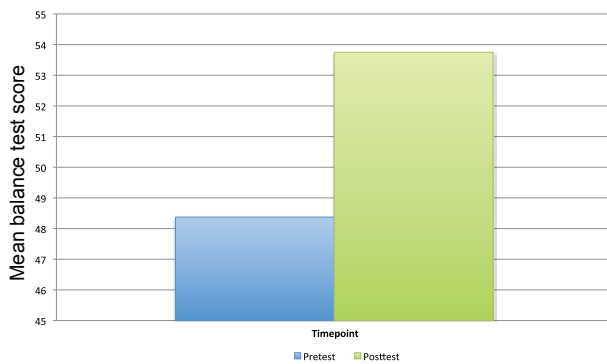
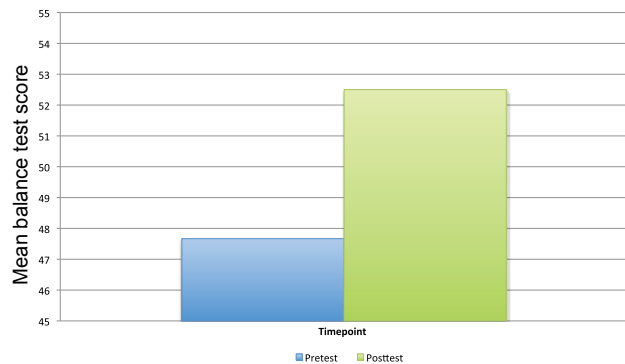


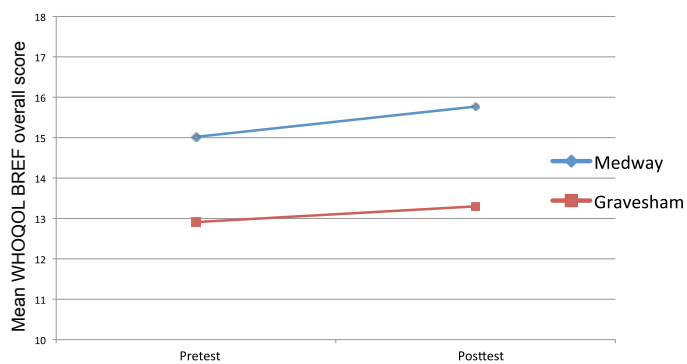
Figure 7: Medway mean total balance score at pretest and posttest



### 5iii Findings from WHOQOL BREF

The WHOQOL data showed an increase in the post-intervention mean combined scores when compared to the baseline scores, indicating some improvement in the overall health profile, although this was not significant (Figure 8).

Figure 8: WHOQOL BREF overall pretest-posttest mean scores





Medway participants showed higher baseline and follow-up scores than Gravesham participants, in keeping with the broader health profiles of the respective wards. When analysed by domain, there was a significant combined difference in domain 2 (psychological health) following the edna programme when compared to the baseline scores ( $t(20)=-2.259$ ,  $p<0.05$ ). This was due to the greater improvement shown by the Medway group compared to Gravesham (Figure 9).

There was non-significant overall improvement in domain 1 (physical health, Figure 10), while the Medway group (but not Gravesham) also displayed non-significant improvements in the other two domains (social health and environment) (Figures 11 & 12).

Figure 9: WHOQOL BREF domain 2 (psychological health) mean pretest-posttest scores

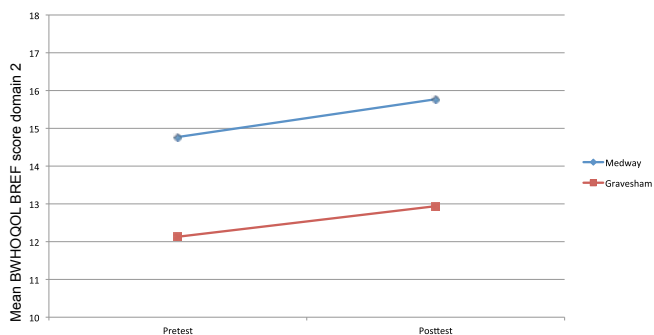
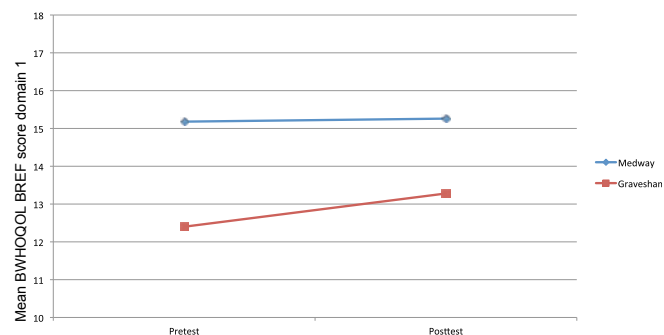


Figure 10: WHOQOL BREF domain 1 (physical health) mean pretest-posttest scores





Although a greater number of participants who had no previous arts experience showed benefit post-edna, there was no statistically significant association found between these two variables in terms of post-intervention gain in quality of life score (Chi Square = 1.615,  $p=0.204$ ). Neither was health benefit related to attendance levels which, as noted, were generally very good across the sample.

Figure 11: WHOQOL BREF domain 3 (social wellbeing) mean pretest-posttest scores

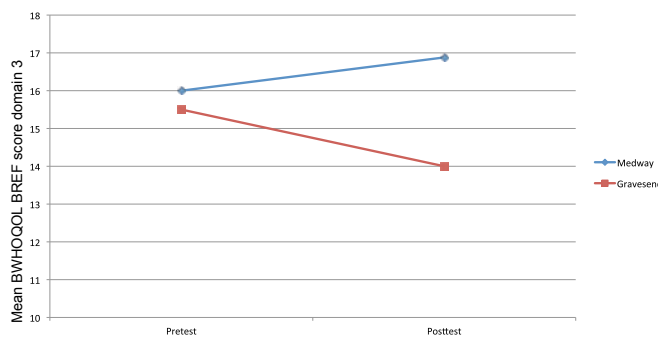
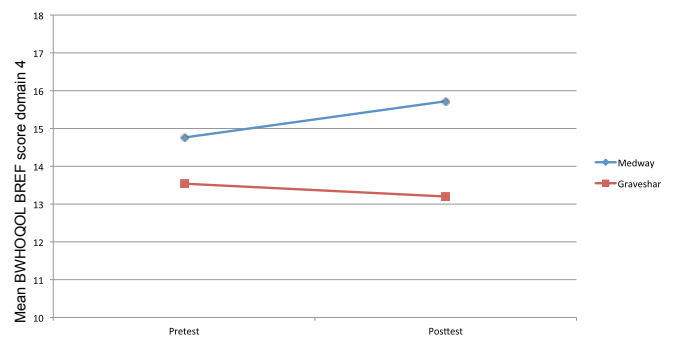


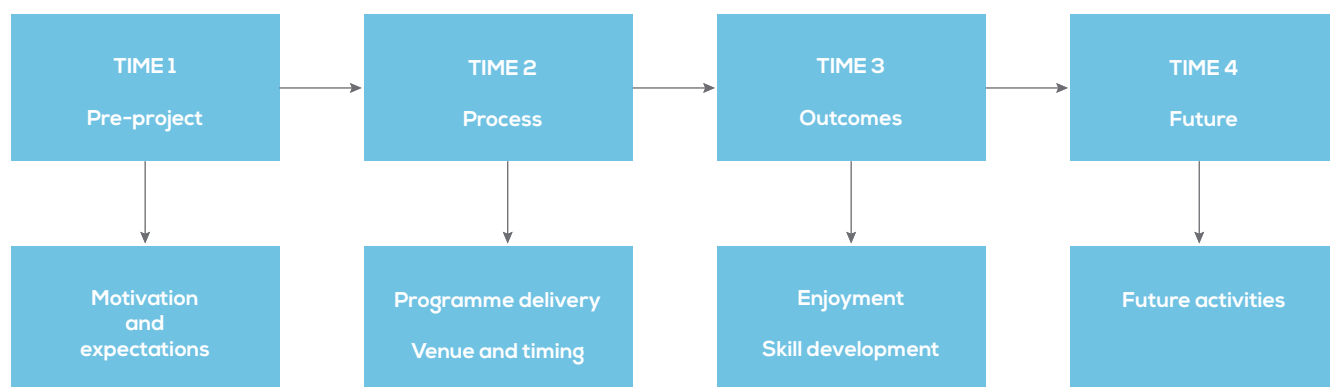
Figure 12: WHOQOL BREF domain 4 (environmental health) mean pretest-posttest scores



## 5iv Interview data and written comments

Although data from interviews and written feedback were collected at one point in time, the content related to participants' experiences over a longer duration, covering: pre-project thoughts (Time 1); process issues (Time 2); impacts (Time 3); and thoughts on the future (Time 4). These four time bands served as an overarching framework within which the template, based on the questionnaire and interview items, could be constructed (Figure 13)

Figure 13: Template for analysis of interview and questionnaire data.



### Time 1 Motivation and expectations

Interviewees (n=6) were asked what motivated them to take part in the project and whether their expectations were fulfilled. For three respondents the main motivator was the fact that they saw the programme as offering something different, while two mentioned being curious or nosy.

One participant specifically talked about expecting some benefit to result, while another was inspired by the enthusiasm of the artist who invited her (and who she knew already). A further reason, given by one participant, was because they were looking for something to do.

### Time 2 Process issues

#### a) Venue and timing

Of the two settings, the Gravesham venue was the most central and was endorsed as '*brilliant*' and '*good*' by respondents, in view of its central location and the fact that it is well served by public transport. Medway respondents were also satisfied, though they were more dependent on lifts in order to access the venue. Afternoons were felt to be the best time as dark evenings could be a deterrent to going out.



#### b) Programme delivery

Participants were asked to rate the overall delivery of the project on a scale of 1-10 (10 being the highest). A total of 13 (out of 20) gave full marks to the project, with a higher rating given by Gravesham participants, and only 2 individuals giving lower marks than 9. This indicates a high level of satisfaction with the programme.

#### c) Research conduct

Interviewees were asked whether adequate information had been provided about the research component of the project. Only one individual thought not enough information had been provided, with others commenting that the information was '*very clear*' and '*professional*'.

### Time 3 Outcomes

#### a) Enjoyment

The edna questionnaire asked about what respondents had enjoyed most about the project. The greatest source of enjoyment expressed pertained to the social side (n=14) and included meeting people and doing things in a group. This response emerged equally from both groups. Nine respondents referred to specific activities (e.g. modelling, exercising to music) or the fact that all activities were enjoyable. Also enjoyed were the variety, the fact that the programme was '*different*', '*fun*' or because of the leaders.

#### b) Skill acquisition

In answer to the question about learning new skills, ten respondents referred to art-related activity and seven to dance/movement-related activities. Others mentioned cross-art or non-specific skills such as ability to express feelings, improvisation and freedom of expression. Three individuals felt that they had not acquired new skills.

#### c) Benefits

The questionnaire specifically asked what benefits had resulted from participation in edna. In addition, all interviewees spontaneously referred to benefits, which can be classified under physical, psychological, social or skill/activity related.

##### i) Physical

Nine respondents referred to improvements in physical wellbeing including shoulder movements, posture, breathing, feeling energised or generally talking about benefits of movement and exercise:

*'Well I think it's helped loosen my body up. One thing I particularly noticed is I'm more conscious of trying to keep my posture properly because we did these exercises where, with the breathing and rolling your shoulders back and keeping yourself upright and breathing better'*  
(Female, age 71)

## ii) Psychological

Eight individuals referred to psychological benefits including greater confidence (n=3), enjoyment/fun, becoming calmer, losing inhibitions and feeling uplifted:

*'And it just showed me things that I can do and it's increased my confidence, it certainly got rid of my writer's block – I've been writing more since starting this and leading me in new directions of art and creativity'*  
(Male age 67)

*'it's given me a bit of confidence really because I don't normally act in front of other people and I don't think I'm a great mixer so having met different people it's helped in that respect'*  
(Female age 69)

*'I come away from here each Friday feeling good and uplifted, definitely and I look forward to the next Friday'*  
(Female age 73)

## iii) Social

Social benefits formed the largest category of questionnaire responses (n=11) to this question from both groups, with a greater number from Gravesham (7) doing so than Medway (4). This was also a frequently expressed benefit in interviews, where social activity was often linked with (often inaccurate) perceptions of older people and how they like to spend their time:

*'Well, I've always been a lady who loves clubs and funnily enough when you get near 90 people expect you to be all the same in a club of 90 year olds. So for me I've had great fun with people being in their early 60s – that's been terrific for me'*  
(female age 87)

*'You don't have many meetings for older people where you have fun. Some of the meetings are good – perhaps you listen to a speaker or some music or something and they're good. Others, people tend to think because you're old, all you're fit for is tea and bingo. But edna is fun – it's fun to do the activities, we had some laughs. You can't go anywhere else as an older person and get that sort of effect'*  
(female age 71)

*'I think really what edna has meant for me is meeting people. I love meeting people and I think we've been very lucky with the people that have introduced us to this course and have organised the whole thing'*  
(female age 90)

## iv) Skill and activity-based

Five individuals mentioned a skill-based benefit from participating in edna and references were made generally to 'new skills', '*latent creativity awakened*' etc. This dimension was also referred to in interviews:

*'It's given me so much confidence that I've taken up sewing, knitting, card-making and felt projects'*  
(female age 73)

This participant also commented on benefits pertaining to the other three domains of wellbeing as a result of edna:

*'I just think healthwise I've benefitted mentally, physically and emotionally – mentally because it's so positive, and physically because it's kept me moving and emotionally – some groups you go to its very difficult to infiltrate little groups because they've been going some time. It's not easy to make friends as you get older. People can get cliquey but that's not happened here because we've all been encouraged to gel as a group and that's been a big positive for me, different fun and games we've had but with a purpose behind it to get to know one another'*

#### Time 4 Future

The edna questionnaire asked respondents what type of activity they would like to be involved in for the future. A large proportion (n=13) of responses indicated that participants would like 'more of the same', 'similar' or referred to both art and dance. A further three referred specifically to the dance/exercise part of the programme and one to the art side. Two respondents were not sure what they would like to see. Clearly this implies a desire for this type of programme to continue and this is reinforced in the interview data:

*'I think edna ought to be put on the NHS. You could always put to the authorities how much money would be saved and there wouldn't be as much pressure because if ...people were able to come to edna sessions they would feel a whole lot better and they wouldn't need to go to the doctor or maybe not even go to the hospital so often'*  
(female age 71)

## 5v Conclusions from mixed methods analysis

This piece of research comprised three main sources of data:

- Quantitative, objective measures of shoulder mobility, posture and balance
- Quantitative data from a validated measure of health-related quality of life
- Qualitative data from written and verbal responses to questionnaires and interviews

The overall tenor of the data from all of these viewpoints is undoubtedly positive in terms of the acceptability of the programme to participants and its ability to offer a variety of benefits to health and wellbeing. Looking in more detail at the findings from the different methods, the evidence clearly points to a number of areas of convergence but also to some apparent contradictions, this being most noticeable when comparing the quantitative data with evidence from participants in their own words and reflecting their own experience. For example, though the Medway group demonstrated a significant difference between baseline and follow-up scores in the psychological domain of the WHOQOL, the qualitative data appeared to stress the physical benefits more strongly. For the Gravesham group the WHOQOL data suggested a negative movement in the social domain of the WHOQOL score, but this was the area that attracted the largest group of positive comments noted in written and verbal feedback. Both groups commented on physical improvements and some significant findings were noted in objective measures of posture, shoulder mobility and balance. However, neither group showed a significant difference between baseline and follow-up in the physical domain of the WHOQOL.

The apparently contradictory nature of the evidence need not necessarily present a problem since the mixed methods approach has set out to provide complementary, rather than confirmatory evidence. This uses an integrative, rather than a corroborative logic and can thus convey a better sense of the whole, as May<sup>35</sup> has suggested. In this case the complementary nature of the data can be seen to serve two purposes: firstly it serves an explanatory function and secondly it provides a more nuanced account of what is happening to individuals in the edna sessions.

The explanatory function can be seen, for example, in the way the individuals in the Medway group gave prominence to physical improvements. Although on the WHOQOL scores the improvement did not appear great, in specific areas of physical health – namely those where measurements were taken based on a judgement that they are required for daily activity – improvements were both measured and experienced. This provides a possible explanation for findings based on the importance attached by participants to certain activities based on their usefulness.

The nuances within the data appear in the participant testimonies, where individual examples of benefits help to operationalise some of the concepts related to quality of life. This can be seen in the participant whose increased confidence got rid of his writer's block or the participant who felt inspired to take up sewing, knitting and card-making. There is a suggestion here that researcher-imposed categories within questionnaires may not reflect the meanings experienced by research subjects.

The mixed methods nature of the research has therefore provided valuable evidence to suggest not only that the edna project contributed to health and wellbeing in a number of ways, but also to begin to identify which particular ingredients of what might be termed a 'complex intervention'<sup>36</sup> are valued and how they might contribute to the overall outcomes.



# 6 DISCUSSION AND RECOMMENDATIONS

**I**n terms of meeting its intended aims, addressed in the bullet points below, the edna project may be said to have been largely successful:

- An increase in active engagement in arts by older people is evidenced in the number of participants who had previously no involvement in arts activity. Participants and other stakeholders have been engaged with throughout in order to develop and run the project.
- Older people in Medway and Gravesham have increased their skills as evidenced in the responses to the edna questionnaire and in interviews.
- Experienced artists have been commissioned to deliver the intervention and have developed their work in new ways (e.g. team teaching) through this project with older people.
- The project has been achieved through partnership between NKLAAP and other agencies (local authorities, researchers, voluntary groups, participants).
- A number of physiological and psychosocial measures have been used to inform the research and results have been imaginatively interpreted in order to address the research aims through an integrative logic.
- Findings suggest that participation in a dance and arts programme can positively affect the health and wellbeing of older people.
- The venues chosen for the programme characterise areas of low levels of access to arts activities and displayed pockets of deprivation, social isolation for pensioners and poor health.

Findings from this project broadly support those from previous studies, so enhancing the knowledge base in this field. The ability of participatory arts to impact on engagement and overall wellbeing, as reported by Sheam<sup>8</sup> was clearly apparent in both the WHOQOL and data from participant testimonies, while the benefits of dance to both physiological and psychological wellbeing<sup>9-10</sup> has also been illustrated. Fewer studies previously have combined art forms within a mixed methods evaluation, and in this way the current project has made its own contribution to the area. Of particular interest is the possible interplay both between the art forms and between the various outcomes for participants. Most participants' feedback indicated that the programme was viewed as a package, since they requested *'more*

*of the same'*. Similarly, the outcomes, though measured discretely, are strongly suggestive of the interaction between the physical and psychological (and, indeed, the social) dimensions of wellbeing. For example, it may be that performance in some of the physical tasks, such as maintaining posture and balance, could be linked to improved confidence, acquired through the psychosocial impact of sustained group work over twelve weeks.

The differences between the groups within the findings is also noteworthy. Although participants within both venues showed improvements in physical measures (albeit different ones) there was a marked divergence in the actual WHOQOL scores, with the Gravesham group consistently displaying a poorer health profile than that of Medway over the time of the project. While the Medway measures, even at pretest, were largely in line with estimated age-related population norms<sup>37</sup>, those within the Gravesham group were markedly lower. Posttest measures for Medway were therefore above population norms, while Gravesham measures remained below. It is likely that these findings reflect the profile of the local ward area in terms of the low levels of health and high levels of deprivation and social isolation, measures which are known to be linked to health status<sup>38</sup>. The social context therefore may have hindered more marked improvements for Gravesham participants, however their testimonies, as well as more objective measures, suggest that improvements in wellbeing are certainly possible, if perhaps less marked and may only manifest over a longer period of intervention than the twelve weeks of this project.

## 6i Limitations of the research

This small scale pilot project is intended to serve as a feasibility study, exploring both the practicability and the methodology of running and evaluating a dance and arts programme for older people within an area with limited access to such provision. The positive results are encouraging, however, the small size of the sample is acknowledged, together with the fact that participants were volunteers, which limits the generalizability of the findings to a wider population. In addition the absence of a control group means that no causal relations between the intervention and outcomes can be inferred. Having said that, attrition was low, suggesting that the programme was both popular and feasible in terms of material and access for the target audience.



## 6ii Recommendations for future research

In order to build on this research it is suggested that a larger sample be recruited covering different geographical areas and a longer programme be conducted. To strengthen the research design the introduction of a control group would add credence to claims of causality, while the randomisation of participants to the two arms would ensure that variables were equally distributed across the sample. It would also be useful in future research to explore further the links between the individual demographic characteristics and findings and also between the physical and psychological measures. In order to advance the theory behind the benefits of arts for older people further research should explore some of the emerging explanatory mechanisms which may underpin the current project. Finally any randomised controlled trial should include a cost-effectiveness evaluation to inform decision-making by funding bodies.

## 6iii Recommendations for future arts interventions

It is recommended that future arts interventions for older people should include consultation prior to, and throughout the project. This will empower people and maximise full engagement, while giving people a choice on what arts interventions they want to engage in is likely to enhance their own experience as well as those of the artists.

In order to capture and document arts intervention, the use of interviews, photography and film are highly recommended.

It is also suggested that both arts and health commissioners consider supporting arts for health projects involving older people and that they build in funding for further evaluative work.

# 7 REFLECTION AND SELF-EVALUATION

**A**t the beginning and end of each session the artists would ask varying questions to the participants. An example of the questions included:

*'How are you feeling today'*

The responses from the Medway participants can be seen below (Table 5):

**Table 5: responses from the Medway participants**

Before (Pre-session)	After (Post-session)
'Rubbing hands, feel a bit cold'	'Hidden exercise'
'Feeling cold, perhaps should do some movement'	'Exercises we have done, very happy'
'Feeling knackered but will pass'	'Body is warmer and hands'
'Tired and achy'	'Warm, shoulders and arms are feeling much looser'

The responses from the Gravesham participants can be seen in below (Table 6):

**Table 6: responses from the Gravesham participants**

Before (Pre-session)	After (Post-session)
'Feeling a bit depressed'	'Don't feel depressed anymore'
'Feeling weary, am sure at end I'll be ok'	'Happier and relaxed'
'Feeling fit and well'	'Amused and stimulated'
'Feel ok'	'Puffed and heart bounding, feel more energised'

Some of the responses from the participants would suggest that their confidence had improved. One Gravesham participant expressed; *'Felt self-conscious with movements, but have found more confidence'*.

Another participant expressed that *'When I paint and draw I forget about the pain in my hands'*.

Participants felt compelled to write testimonies, a letter and a poem (appendix ii) about their experience with edna. Here is one testimony:

*'edna has been really fun and interesting. It has been a wonderful experience where we have done lots of new things. It has been a chance to get to know new friends. The music and movement has enabled us all to lose our inhibition and go with the flow. It is the ideal kind of activity for the over 50's'*

The Visual Artist was keen to do 'talking heads', where a few participants volunteered to be interviewed. A short film of edna was then produced to capture all of their feedback, which can be viewed at [www.ednasjourney.co.uk](http://www.ednasjourney.co.uk).

## 7i Partners' and Artists' Feedback

The partners and artists were asked to provide feedback from their experiences of the project. This was via one-to-one interviews with the project manager or via email.

MOPP's Development Officer provided a testimony including her involvement and observations during the project. Here are just some of the key points she experienced and observed:

*'During the project I witnessed genuine enjoyment from all involved and the one word I would use to describe the whole twelve weeks would be "happiness". The participants were always smiling and we all laughed a lot. They were full of ideas and were prepared to have a go at anything'.*

*'With regard to the professional artists I was again impressed with their professionalism and enthusiasm. I spent some time observing how the participants interacted, admittedly some of them knew each other but it was clear that they all were becoming good friends'.*

The dance and arts activities devised were to inform, complement, challenge and develop each artist's practice. The artists met the project manager on a one-to-one basis to provide feedback about their experiences during the project and whether it had met their expectations as well as developed their skills as artists'.

Overall the project did meet their expectations and challenged their own practice. The dance artist had not worked cross-art form before and team-teaching was a new skill that was explored and developed.

Both felt the model for edna could be developed and adapted in the future for other groups in different settings. The dance artist felt in order to create a model of best practice the experience and outcomes from this project should be clearly defined so that further projects can be undertaken to truly develop a best practice model.

At a final evaluation meeting the project team discussed what methodologies they would most like to explore within their own practice. The use of props and freer movement was explored, but finding out what works best for the participants would be of interest for a future project. As well as recording and documenting for self-evaluation of the artists' delivery, this could be explored further for artists' professional development.





# 8 ACKNOWLEDGMENTS AND CONTACTS

## North Kent Local Authorities Arts Partnership (NKLAAP)

[www.nklaap.co.uk](http://www.nklaap.co.uk)

North Kent Local Authorities Arts Partnership, NKLAAP is a partnership of two local councils, Gravesham Borough Council and Medway Unitary Authority, working closely with Kent County Council and Arts Council England, South East.

Formed in 2003 following consultation with the Local Government Association, Local Authority representatives and the publication Vision for Partnership, NKLAAP was established as one of 12 sub-regional partnerships with guidance from Arts Council England, South East.

The Partnership way of working represents an important step forward in maximising the benefits the arts can bring to communities and individuals within each local area. The arts can be a powerful tool for engaging and encouraging local communities to express their needs and aspirations. NKLAAP aims to meet these needs by providing a wide range of projects and opportunities, which will be open to communities, schools, groups and artists.

## Gravesham Borough Council

[www.gravesham.gov.uk](http://www.gravesham.gov.uk)

Lyndsey Thompson, Arts and Cultural Development Officer

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## Medway Council

[www.medway.gov.uk](http://www.medway.gov.uk)

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## Kent County Council

[www.kent.gov.uk](http://www.kent.gov.uk)

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## Arts Council England

[www.artscouncilengland.org.uk](http://www.artscouncilengland.org.uk)

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Paul Bonham, Relationship Manager, Diversity and Music

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Jon Linstrum, Combined Arts Relationship Manager

[Jon.linstrum@artscouncil.org.uk](mailto:Jon.linstrum@artscouncil.org.uk)

## Medway Older People's Partnership (MOPP)

Medway Older People's Partnership, MOPP work together as older people, with older people and the organisations that represent them in Medway to fulfill their needs and aspirations in a complete and joined up way now and in the future.

Wendy Knight, Development Officer

[wendy@cvsmedway.org.uk](mailto:wendy@cvsmedway.org.uk)

## Trinity Laban (TL)

[www.trinitylaban.ac.uk](http://www.trinitylaban.ac.uk)

Trinity Laban is an internationally renowned conservatoire for professional contemporary dance training, at the forefront of developing undergraduate, postgraduate and professional level courses. Based in an awe-inspiring landmark building in Deptford Creekside, SE8, state-of-the-art facilities include 13 dance studios, a health suite, café and 300-seat purpose built theatre.

Stephanie De'Ath, Graduate Intern in Dance Science Department

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Emma Redding, Head of Dance Science

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## Sidney De Haan Research Centre (SDH)

[www.canterbury.ac.uk/Research/Centres/SDHR/](http://www.canterbury.ac.uk/Research/Centres/SDHR/)

The Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University, has an international reputation in researching the potential value of music, and other participative arts activities, in the promotion of well-being and health of individuals and communities.

Ann Skingley, Senior Researcher, Project Coordinator

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Lian Wilson, Movement Therapy Consultant

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Trish Vella-Burrows, Project consultant

[Trish.vella-burrows@canterbury.ac.uk](mailto:Trish.vella-burrows@canterbury.ac.uk)

## Tamalpa UK

[www.tamalpa-uk.org/](http://www.tamalpa-uk.org/)

Tamalpa Life/Art Process ® is an internationally-recognised expressive arts approach, which combines movement, visual art, and creative writing to access the innate wisdom of the body and the transformative power of imagination. This work supports personal, interpersonal and social change, teaching new models of health, education, psychology and art. Lian Wilson, Movement Therapy Consultant,

## Artists

Wendy Daws, Visual Artist and Creative Practitioner

[www.wendydaws.co.uk](http://www.wendydaws.co.uk)

Rebecca Ashton, Programme Director, The Right Step Company

[www.therightstepdc.co.uk](http://www.therightstepdc.co.uk)

Spaghetti Weston Ltd, Website Design, Graphic Design, Photography, Film Edit

[www.spaghettiweston.com](http://www.spaghettiweston.com)

## Venues

Kent Room, Woodville Hall, Gravesend

St Paul's Church Hall, Parkwood, Medway

Parkwood Community Centre, Medway

## FURTHER INFORMATION

[www.ednasjourney.co.uk](http://www.ednasjourney.co.uk)

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**Report written and compiled by Ann Skingley, Stephanie De'Ath and Luci Napleton.**

**With support from Lian Wilson and Trish Vella-Burrows (SDH) and Emma Redding (TL).**

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# APPENDIX I

## ARTISTS BRIEF

### 1. Project description

NKLAAP are looking to commission one lead artist (10+ yrs experience) and an emerging artist (2-3 yrs experience) to work collaboratively. The artists commissioned will want the opportunity to challenge and develop their own practice and create a model of best practice.

The project will act as a pilot, with a grassroots approach for artists to work within the heart of local communities, with a focus on older people. The project is designed to explore innovative, inclusive, stimulating and appropriate dance and arts activities with and for older people. The dance and arts activities should inform, compliment, challenge and develop each artist's practice.

The following themes will provide some structure to envision, shape and develop ideas for the dance and arts activities with and for older people;

- Memories
- Communication
- Light and Colour
- Layers and Texture

Through sharing skills, knowledge and expertise will give true ownership of the project. A holistic and person-centred approach will address health and wellbeing, access needs, culture and diversity. We want to explore a model for best practice to inform future projects and research.

Maximising participation and engagement with older people is central to the project. Through NKLAAP's partners, Medway Older People's Partnership and North West Kent Council for Voluntary Services, will enable the Artists to access and engage more easily. The consultation and engagement will create critical dialogue and inform local communities of the concept of the project.

Outreach community settings in Medway and Gravesham will be identified through our partners to ensure they are safe, accessible and suitable for delivery of the activities.

The artists commissioned will include a lead artist and an emerging artist that reflects their experience. The commission will include planning, mentoring, training, materials, travel and delivery costs of dance and arts activities.

A dynamic lead artist will mentor and work collaboratively with an emerging artist across art form. Both artists will need to live or work in Medway and Kent.

Artists will be confident and have experience working in outreach community settings. They will work within local communities with a focus on older people in Medway and Gravesham. To develop holistic and person centred approach to shape innovative art and dance ideas.

A sharing to family and friends at the end of each 12-week delivery will take place within the outreach community settings. Two exhibitions will show the journey of the project through photography and the art work produced. This will reach a wider audience by being visible in a public gallery in Medway and Gravesham.

### 2. Role of the Artists

The lead artist will develop ideas around the themes to explore during the facilitated workshops. The emerging artist will work with the lead artist to see how the art can develop the dance to envision, shape and develop stimulating and appropriate dance and arts activities with and for older people. The dance and arts activities will be shaped and developed further through conversations with older people and local communities.

NKLAAP's project manager will oversee the whole project. The commissioned Artists will be supported by the Project Manager to ensure the infrastructure is in place from the facilitated workshops to the delivery of the activities and exhibition.

The project manager and steering group will identify during the facilitated workshops if any access needs or other requirements are required. These can then be addressed and the necessary provision put in place before the delivery of the activities. This will ensure the activities can be delivered easily and effectively.

The artists will provide regular updates on progress of the dance and arts activities to NKLAAP's project manager and steering group. Attendance at the steering group meetings pre, during and post meetings are required.

It is essential that the artists are available for meetings, press and marketing opportunities, facilitated workshops, in North Kent throughout the project delivery.

Please note that any costs for travel incurred by the artists are included in the overall commissioning fee. A separate budget has been allocated to cover necessary overheads, such as communication access for the artists or any of the participants, training, as well as publicity and marketing costs including documentation of the project and opening of exhibitions.

The Artists will need to be CRB/DBS checked prior to the project commencing.

### 3. Artistic and Technical Considerations

The proposed concept must:

- Engage the community, particularly older people, to envision, shape and develop the dance and arts activities.
- Increase and encourage community cohesion with a focus on older people, community and voluntary sector and artists by working in partnership.
- Provide professional development, training opportunities for artists at different stages of their career. An interest in challenging and developing their own practice with a focus on older people and local communities.
- Raise the profile of NKLAAP and each Local Authority arts team through the distinctiveness, artistic quality and innovation of best practice model.
- Develop the artists' own practice.
- Include tools and methods for reflection and evaluation.

The dance and arts activities should be:

- Collaborative through facilitated workshops with, by and for older people and local communities.
- Drawn from shared skills, knowledge and expertise to shape, stimulating and appropriate activities that will be new and innovative, unique to the project and people involved.
- The dance and arts activities should inform and complement each other's practice whilst maintaining stimulating and appropriate sensory dance and arts experiences. The explorative themes of memory, communication, light and colour, layers and texture will provide a link in to each area.
- Innovative dance and arts activities that use holistic and person centered approach to inspire and develop new skills.
- High quality and exceptional artistic integrity applied can demonstrate a best practice model for dance and arts activities with and for older people.
- Dance and arts activities to be embedded within older people's services and plans within outreach community settings.
- The Dance, Arts, Health and Wellbeing Project's outcomes to be used as a case study to demonstrate a best practice model which will help embed high quality dance and arts activities, instigate change in policy for older people's plans and services.

The commissioned artists will consult with NKLAAP's Project Manager and the Project Steering Group as to the feasibility of the proposed sites to deliver the dance and arts activities and ensure they are appropriate and accessible.

The dance and arts activities will need to consider access and cultural diversity to demonstrate a model of best practice. The outreach community settings and staff will be identified early on as they will need to be flexible, adaptable and committed in order to host the dance and arts activities effectively.

The project will be documented through observations, questionnaires, interviews and photography. Use of social media; facebook, twitter, blog, youtube will be introduced and used where appropriate. Other communication channels will include NKLAAP's and partner's websites. Face to face and other marketing materials will need to be produced to ensure they are accessible to everyone. These processes will be used appropriately to ensure lasting legacy.

## APPENDIX II

### Who is edna?

Who is edna, what a dame  
So much more than just a name  
.....Shall I Explain?

She may look slightly askance  
And sometimes only wants to dance,  
.....With you

Or take your hand to draw a shape  
This way, that way, from toe to nape  
.....Does edna

Screens and pipe cleaners, what a mix  
Brains are whirring trying to fix  
And then a penny drops from high  
What fun we've had  
Don't say goodbye  
.....Dear edna

### To whom it may concern

I joined the edna Group in August 2013 for their 12 week project, which is primarily aimed for people of a senior age, there was no admittance fee.

There are many groups for the elderly; in the main chatting or listening to speakers but edna has proved to be something completely different, very interesting and most of all fun.

We have played games of interaction which encouraged the group to gel as a whole as well as individual contact; we have created art work in many forms and unusual ways, bringing laughter and joy from the participants. We have moved and shaped ourselves to music using all sorts of props and inventive materials.

edna has enabled us to tap into our creative and playful side once again, which for most has been hidden for many years. This alone has been priceless.

It is common knowledge that the elderly in the UK are too often prone to loneliness and isolation for one reason or another; Esther Rantzen has high-lighted this by setting up a telephone line for the elderly, in a similar vein to Childline, which proves the point that edna is a valuable enterprise and very much needs to continue.

Our group members all echoed the same sentiment that we will miss our Friday morning sessions when the course shortly ends and we all very much want edna to continue. As far as Groups go, this has been the most positive experience for myself and from listening to feedback for others too. I cannot stress enough the health benefits that have been gained from edna, it has been wonderful to share fascination, joy and laughter with others not least the professional way in which we have all been treated by the leaders of the Group.

Many heartfelt thanks, please continue with your good work in the community.

Yours sincerely, (written by Gravesend Participant)





## STAY IN TOUCH

### **edna | NKLAAP**

c/o Public Health & Communities  
Gravesham Borough Council  
Civic Centre  
Gravesend  
Kent  
DA12 1AU

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