



**BEEE CREATIVE**

Dance connections in Herts & Beds

# Creative Connections

## An Evaluation for BEEE Creative CIO

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# Executive Summary

## Overview

Driven by the belief in the positive impact dance engagement has on people's lives, specifically on health and well-being, *Creative Connections* was designed to be a programme of 72 fun dance workshops and social time, bringing 50 adults with long-term or life-limiting illnesses and their carers together in community spaces in Ampthill and Leighton Buzzard (and surrounding areas) from February 2020 to February 2021. It was funded by The National Lottery Awards for All funding programme. *Creative Connections* builds on BEEE Creative's previous projects developed in partnership with Parkinson's UK, where they offered specific Dance for Parkinsons' classes.

## Covid-19

The sessions began as planned but as the country was placed in national lockdown in March 2020 in response to the Covid-19 pandemic, the sessions were paused, while a digital alternative could be found. Experimentation with different platforms and ways of engaging took place. Sessions resumed in summer 2020 but were required to return to online, using zoom, in November 2020.

## Aim

*Creative Connections* aimed to promote community and personal wellbeing, using dance as a tool to connect adults with long-term or life-limiting illnesses in new ways. It had four key outcomes associated with this aim:

1. Barriers for vulnerable people taking part in dance and physical/cultural activity will be challenged
2. Participants report an increase in positive attitudes to engaging in physical activity
3. Participants report an increase in positive attitudes to learning new skills
4. Participants report an increase feeling of being socially connected

## Headlines

- The project had to make significant adaptations to its delivery due to ongoing and changing restrictions in response to the Covid-19 pandemic
- Efforts were made to ensure participants were able to remain connected, despite the pause in delivery which enabled participants to return when sessions resumed
- The delivery of sessions via online platforms highlighted that there are a range of barriers to digital access beyond digital poverty which include lack of access to technology, lack of confidence and skills in using technology, as well as the barriers to access that are specific to participants' health conditions
- Despite these challenges the project has been able to achieve its intended outcomes for those who were able to continue to take part
- The activity was perceived by participants as a valuable part of their week. They recognised the value it brought to them physically and socially.
- The project has enabled continued social connection and at the least maintained positive attitudes to physical activity, dance, and creativity.
- The project has also demonstrated that it has had a positive impact on participants' mental wellbeing, particularly in light of Covid-19 and the national lockdowns.

## Recommendations

**Digital Access** It is recommended further research and testing is undertaken to better understand what may or may not be feasible for people with life limiting conditions to access digital platforms.

**Blended Offer** Explore the possibility of what a blended offer might look like for participants. This might include a live session being recorded or streamed via zoom so that participants can take part at the same time.

## Introduction

*Creative Connections* was intended to be a programme of 72 fun dance workshops and social time, bringing 50 adults with long-term or life-limiting illnesses and their carers together in community spaces in Ampthill and Leighton Buzzard (and surrounding areas) from February 2020 to February 2021. It was funded by The National Lottery Awards for All funding programme.

*Creative Connections* was driven by the belief in the positive impact dance engagement has on peoples' lives, specifically, on health and well-being factors; social, physical and psychological wellness.

*The real value of dancing resides in how it enables people to value themselves, to step out of the role of being a patient, to value their ability to create, rather than feel they have nothing to offer, to perceive themselves less disabled than their clinical profile indicates, to build relationships with others, to have the confidence to do other social activities.* (Houston D. S., 2015)

*Creative Connections* builds on BEEE Creative's previous projects developed in partnership with Parkinson's UK, where they offered specific Dance for Parkinsons' classes. *Creative Connections* aimed to extend the reach of this work to people with other long-term or life-limiting illnesses, and their carers.

## Project Overview

The project began as planned with sessions in two locations: Ampthill and Leighton Buzzard in January 2020. In March 2020 the country was placed in national lockdown due to the Covid-19 pandemic. BEEE Creative moved quickly to deliver as much content online however, this was not accessible to all participants due to their particular needs. Therefore, some of the activity was halted during the periods of severe lockdown, and other methods were tested to facilitate ongoing activity.

The changes to the project that were implemented as a result of Covid-19 have impacted some elements of the evaluation, particularly around how and why people engaged. Therefore, this evaluation will take a more narrative approach about what happened and the impact that had on some of the participants.

## Project Aim

*Creative Connections* aimed to promote community and personal wellbeing, using dance as a tool to connect adults with long-term or life-limiting illnesses in new ways.

In order to ascertain if the aim has been met, the following original outcomes were identified. It should be noted that some of these outcomes have been adapted in light of the necessary changes to the projects due to Covid-19<sup>1</sup>.

## Outcomes

1. Barriers to taking part in dance and physical/cultural activity specific to vulnerable adults will be challenged
2. Participants and carers report an increase in positive attitudes to engaging in physical activity (this may include reported increases in physical activity)
3. Participants and carers report an increase in positive attitudes to learning new skills (this may include reported skills development)
4. Participants and carers report an increase feeling of being socially connected

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<sup>1</sup> See Methodology for further explanation.

## Outputs

It was originally intended that 72 sessions would be delivered to two groups of older people in Leighton Buzzard and Ampthill, in Central Bedfordshire. The sessions were targeted at participants who may have long-term, life limiting illnesses such as Parkinson's. Due to the pandemic face to face sessions had to be halted. Online and digital solutions were explored, but for some participants, due to their particular needs were unable to access the online sessions. The outputs are broken down separately into online and face to face.

*Table 1 - Outputs*

	Sessions	Participants
<b>In person (Ampthill and Leighton Buzzard)</b>	26	196
<b>Zoom</b>	35	106
<b>Youtube</b>	8	55
<b>Total</b>	<b>69</b>	<b>357</b>

## Methodology

A mixed methods approach was used in the design of this evaluation. Simple tools were designed to best fit the participants, some of whom had particular access needs. Qualitative and quantitative data from participants, carers and the practitioners has been triangulated to provide a narrative of the project and used to assess the projected outcomes.

The following evaluation activities took place to assess the success of the project and if the outcomes had been met:

- Mid-point questionnaires of participants and carers
- Follow up questionnaires of participants and carers
- Interview with lead practitioner
- Lead practitioner session observations
- Online interviews with participants

A baseline questionnaire was designed and due to be completed within the first few sessions of the project. Due to the Covid-19 lockdown these questionnaires were not completed. When the sessions resumed, mid-point questionnaires were completed. It should be noted that some activity did take place before the mid-point questionnaires were completed.

Some of the participants required support to complete the questionnaires. This was supported by the lead practitioner. It was intended that the lead practitioner would support the participants to complete the midpoint questionnaires but due to lockdown, these were posted to their home addresses.

It should be noted that the sample size of participants taking part is very small. Therefore, this evaluation relies largely on qualitative feedback gathered through the interviews with participants and observations by the practitioner.

## What Happened

The project began in January 2020 with a series of face-to-face workshops delivered each week in Ampthill and Leighton Buzzard, Bedfordshire. When the pandemic precipitated a national lockdown BEEE Creative began to explore the possibility of moving the sessions online. These were trialled in June 2020, with three sessions delivered via zoom and one via a pre-recorded youtube video. As lockdown restrictions were lifted in the summer of 2020, face to face sessions that observed the new covid-safe rules resumed until the country was placed back into lockdown in November 2020. At this point the zoom sessions continued until the end of this reporting period, and when restrictions were lifted again in Spring 2021. The session times at Leighton Buzzard had to be reduced as the venue could not allow refreshments to be included, due to their Covid security policy.

## Expectations

The participants were asked in the first questionnaire why they wanted to take part in the activity. This was followed up with a similar question to ascertain if their expectations had been met, and if they had experiences they were not expecting.

Figure 1 - Participant Expectations

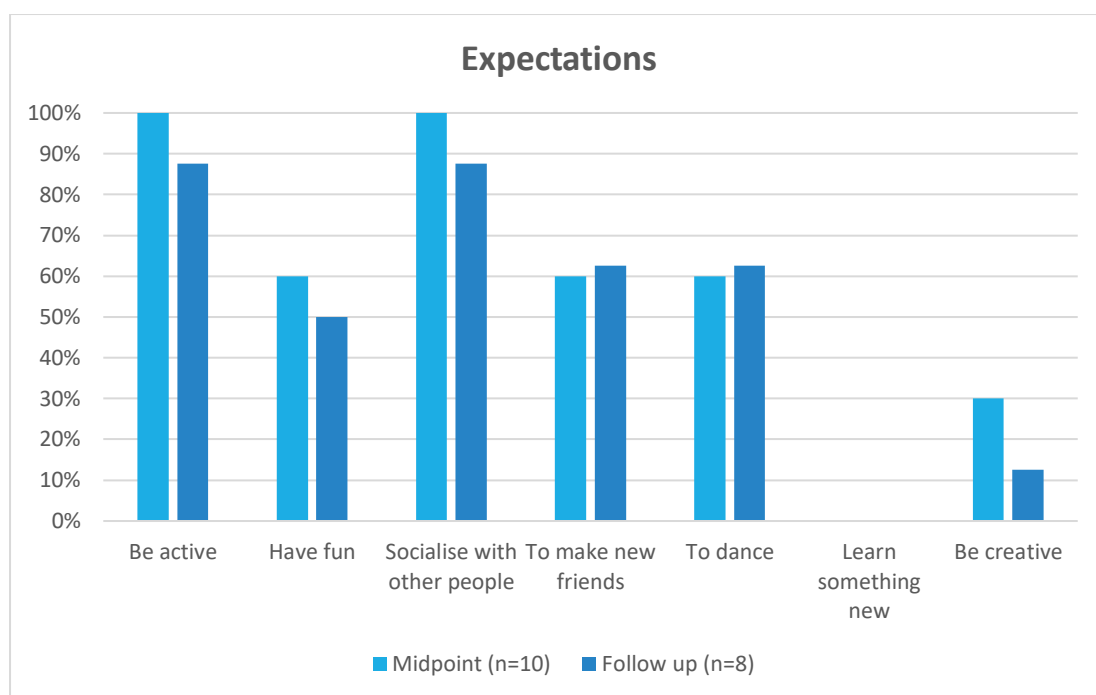


Fig.1 illustrates that at the start of the project the participants joined because they wanted to be active, to socialise and to have fun. The graph shows that there was a drop in some participants feeling that those expectations were met. One likely reason for this is that the questionnaires were completed by participants who did not take part in the zoom sessions, as well those that did. One respondent said they did not take part in the zoom lessons, and two others directly referred to preferring not working online.

The respondents were given an opportunity to provide open text feedback about how they felt about the sessions overall. The responses were all positive, with reasons for valuing the sessions including the impact of the physical activity, the opportunity for social connection, and during Covid lockdowns a focus in the week.

- *When using the service, I felt an achievement to complete a session and mobility was much better after activity*

- *Exercising to music, meeting/enjoying being with other people, joining a group activity*
- *Exercise is key for people with Parkinson's. I enjoy the movement of all parts of the body, makes us more supple and less achy.*

The respondents were also given an opportunity to express anything they did not enjoy about the sessions, or anything they would like to change. Most of the respondents had little to contribute to this question. However, some felt they would like the online sessions to be longer, or at least have more time for socialising before or after the sessions.

- *More time for a longer chat with others*
- *One hour is a bit too short so the previous timing of 1.5 hours was better*

The responses indicate that the participants did have their expectations met for the sessions, enjoyed taking part and could identify where they were able to benefit both socially and physically.

## Impact of Covid-19

### Digital Access

Initially this evaluation was designed to consider the barriers that participants might have to taking part in face-to-face sessions. As a result of having to move the sessions online, this question rapidly became a question about digital barriers. In the follow up questionnaires and the focus group session, the participants were asked how they felt about accessing the sessions online. They were asked to rank how they would prefer to engage with the sessions out of:

- Face to face
- Online
- Whatsapp
- A mix

All of the participants said they preferred the face-to-face sessions but for those who could, they still would take part if the only option was online. The second preference was for zoom for most of the participants.

When the sessions moved onto zoom, there was attrition in attendance from some of the participants, with around half of participants not being able to take part. Further investigation into this highlighted some of the barriers that the digital sessions presented to participants. There was not just one digital barrier either, there were a number of reasons that digital presented an issue for some participants. These included:

- Lack of access to required technology such as a smart phone, tablet or wifi
- Lack of understanding of how to access zoom or other online platforms
- Lack of support from family/friends to access online platforms
- Lack of desire to engage online

Additionally, some participants were able to access the online platforms but found that their health conditions made it difficult for them to work on zoom. For example, one participant found it challenging to focus on the screen and do the movement. In her interview the facilitator Kezia Jolly summarised: *We moved to zoom. For those who come they love it. It's a regular slot, they come and they love it, they see others, they see me, they have a little chat. It's definitely not accessible for everybody. Some of them don't have internet, some can't work it. Some of them have said they find it too confusing on the screen. A couple who have dementia have said it doesn't work for them.*

In her observation notes she further noted:

- *A lot of the participants don't have access to zoom or found it too disorientating to participate in a zoom session, and a lot don't have smart phones or email.*



A further barrier identified was an initial lack of confidence by Kezia. Initially she was hesitant in moving the sessions online.

- *During the first lockdown, I and the participants found it overwhelming of what we were going to do.*

However, her confidence increased by the second lockdown through producing pre-recorded videos.

- *I got more confident during that term because I started pre-recording full classes, ranging from half an hour to 50 minutes.*

It is important to note that moving online can be just as challenging for practitioners as it is for the participants.

During the first lockdown Kezia produced some pre-recorded videos that were sent to participants via email or whatsapp. While there is not a record of who accessed those, she did receive feedback from some participants that they had found them useful. Additionally, Kezia took time to send postcards or make phone calls to participants, to provide some continued connection to the group and the sessions. It should be noted that due to the high level of restrictions of the lockdowns there was little BEEE Creative or Kezia could have done to further address these barriers.

### Physical Impact

A number of research studies have shown that engaging in regular physical activity, such as dance, can have positive short term effects on people with Parkinson's.

*The present study revealed the immediate effects of dance (called here "short-term" effect) on the functional mobility of individuals with PD. We show for the first time to our knowledge that weekly dance classes for PD patients in a ballet studio have immediate positive effects on motor deficits, especially on the rigidity of the limbs as well as on fine motor skills and facial expression. (Heiberger, et al., 2011)*

This evaluation did not undertake clinical testing on physical changes due to taking part in the sessions but did rely on reported physical changes. The participants in the focus group were asked about their physical health during the hiatus of the sessions during the first lockdown. Some noticed a difference in their mobility and movement when they were taking part in the sessions.

- *'B' refused to do it to start with, it took me a long while for him to come along. Once he did, it has been wonderful, and he's really looked forward to it every Monday...It's been really wonderful, that he's been able to do this, a real godsend*

In her interview Kezia also noticed the difference a lack of access to regular physical activity had on the participants during lockdown.

- *Unfortunately, some of our participants Parkinson's symptoms worsened during the early part of the year. You could definitely tell they had lost some of their mobility, some of their balance. It's been quite sad, there's a couple of them who have deteriorated so much that I don't think we'll get them back*

Kezia was asked if she thought the lack of mobility and balanced she observed was linked to the participants being confined to their homes or the lack of access to the sessions. She felt it was a combination of both.

- *The lack of mobility and being stuck in the house has definitely had a bigger impact than the degenerative side of the disease. The ones that do come to zoom are very aware of that and are very keen to keep doing something*
- *I definitely felt that lockdown had a negative effect on our participants from reduced movement causing mobility and balance problems resulting in a few falls, feeling very tired and lethargic and also missing socialising and seeing other people at our classes causing a feeling of isolation*



While further testing would be required, it is possible to link the lack of access to the sessions due to lockdown had a negative impact on the participants' mobility and balance.

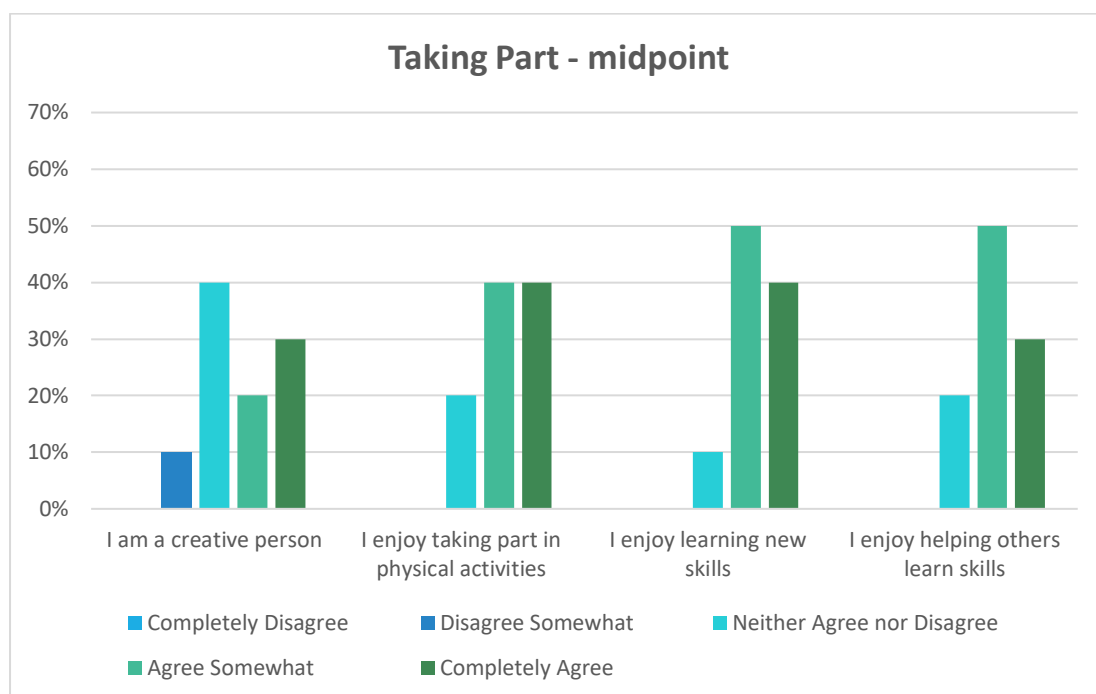
### Attitudes to physical activity, dance, and being creative

The participants were asked to rank how much they agreed with a set of statements in both the midpoint and follow up questionnaires:

- I am a creative person
- I enjoy taking part in physical activity
- I enjoy learning new skills
- I enjoy helping others to learn

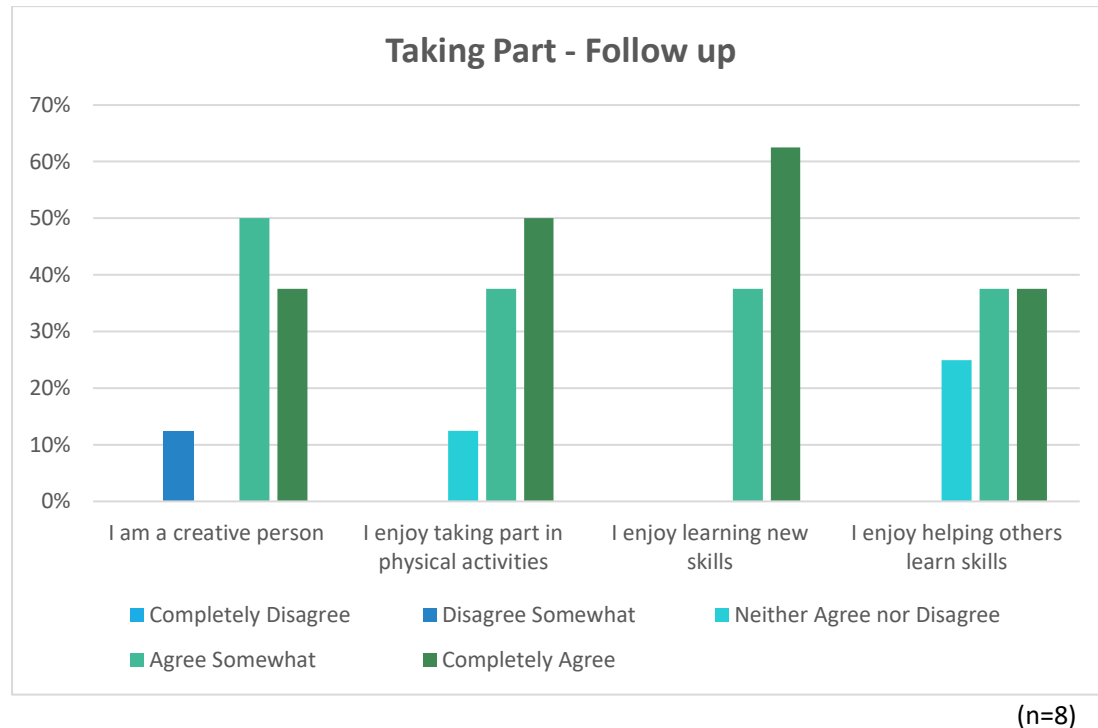
The questions were designed to understand how they felt about being creativity, their attitudes to physical activity, and to learning new skills. The graphs below illustrate their responses.

Figure 2 - Taking Part: Midpoint



(n=10)

Figure 3 - Taking Part: Follow up



Figs.2 and 3 illustrate there was an increase with the agreement with the first three statements at the follow up stage. The most significant increase was for the statement 'I am a creative person'. At midpoint half of the respondents agreed or completely agreed with this statement. After taking part in the sessions, this rose to 88% agreeing with this statement. One participant talked in particular about the creative elements of the sessions.

- *The music, I love the music and people love the music, you feel more able to try. Some things I can't do but you strive with the music and the music is always there. Kez is leading us through so carefully so you feel like you're doing something creating something, which is so positive, it's a good vibe.*

A smaller increase was also seen in responses to 'I enjoy taking part in physical activities' and 'I enjoy learning new skills'. At midpoint, the percentage of respondents who agreed with these statements was already high: 80% and 90% respectively. Nonetheless, these rose to 88% and 100% in the follow up responses. When asked why they took part in the workshops, physical activity was referenced a number of times.

- *Exercise is good for Parkinson's. I've got MS not Parkinson's but there's lots of similarities*
- *Movement is so important, keeping the body moving is so positive*

Another participant felt that because it was dance it provided a more rounded opportunity to be creative and to exercise.

- *The music keeps going and you want to keep doing. With pilates, it's exercise but once you've done it, it's gone. I think you get more stretch and more movement in the muscles with dance*

The participants, during the focus group session, also identified how taking part in the physical activity supported their concentration, as well as having tangible impact on their bodies after the sessions.

- *...feeling more freer, it's easy to get very tight, where doing things makes you feel more alive*
- *You have stay concentrated to know what you're doing so you don't realise you're working. It's symbiotic.*
- *I always feel better after the session. It loosens 'B' up, he nearly always says, 'I can move better now'. It limbers him up and we can go outside for 10 minutes*
- *Exercise is key for people with Parkinsons. I enjoy the movement of all parts of the body, makes us more supple and less achy.*

As a follow up to the statement ‘I enjoy learning new skills’ the participants were asked if they felt they had acquired new skills. Some felt they had learned new skills using technology. Most of the respondents however, referenced an increase in confidence from taking part in the sessions.

- *...feeling more confidence to move in some ways you wouldn't have the confidence to move in the way you want to.*
- *It does make you feel more confident*

There was a slight drop in agreement with the statement ‘I enjoy helping others’ from 80% to 76%. This is likely due to the fact that the sessions became more focused being online with limited opportunity for mutual support.

### Wellbeing

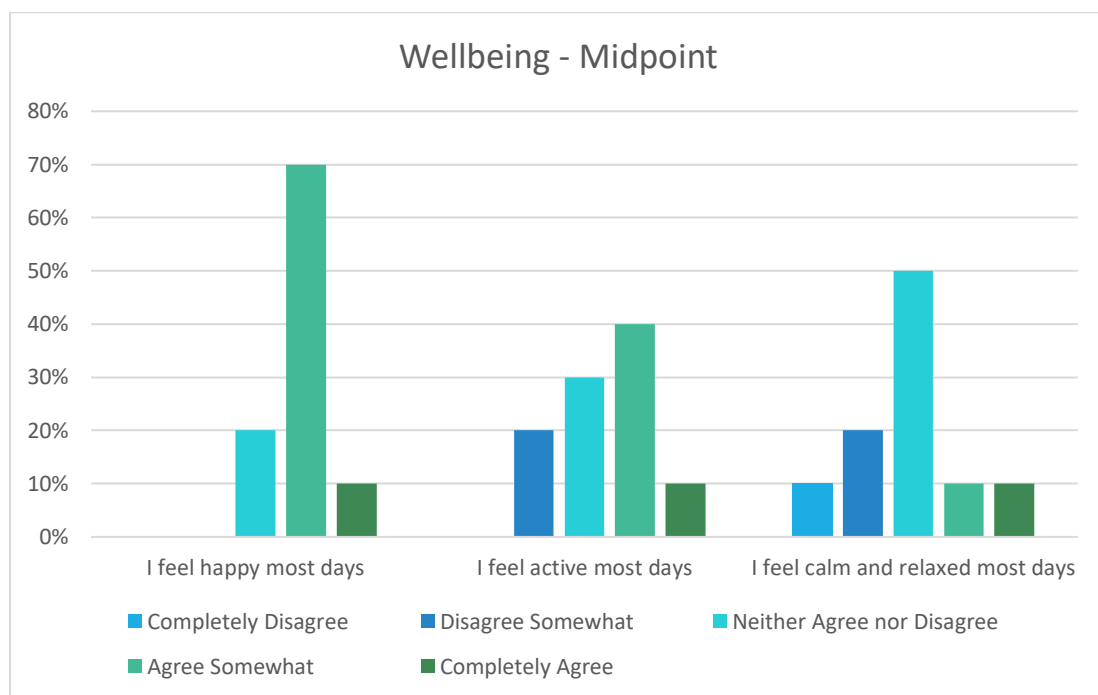
Similar to the questions on physical activity, dance, and creativity. The participants were asked how much they agree to the statements:

- I feel happy most days
- I feel active most days
- I feel calm and relaxed most days

These questions have been adapted from the WHO-5 wellbeing scale. Due to the small sample size, type and length of intervention these statements have only been used to provide an indication as to whether there is a connection between taking part in the activities and changes in feelings of wellbeing. In particular, the impact of Covid-19 and lockdowns on participants’ physical and mental wellbeing has not been assessed.

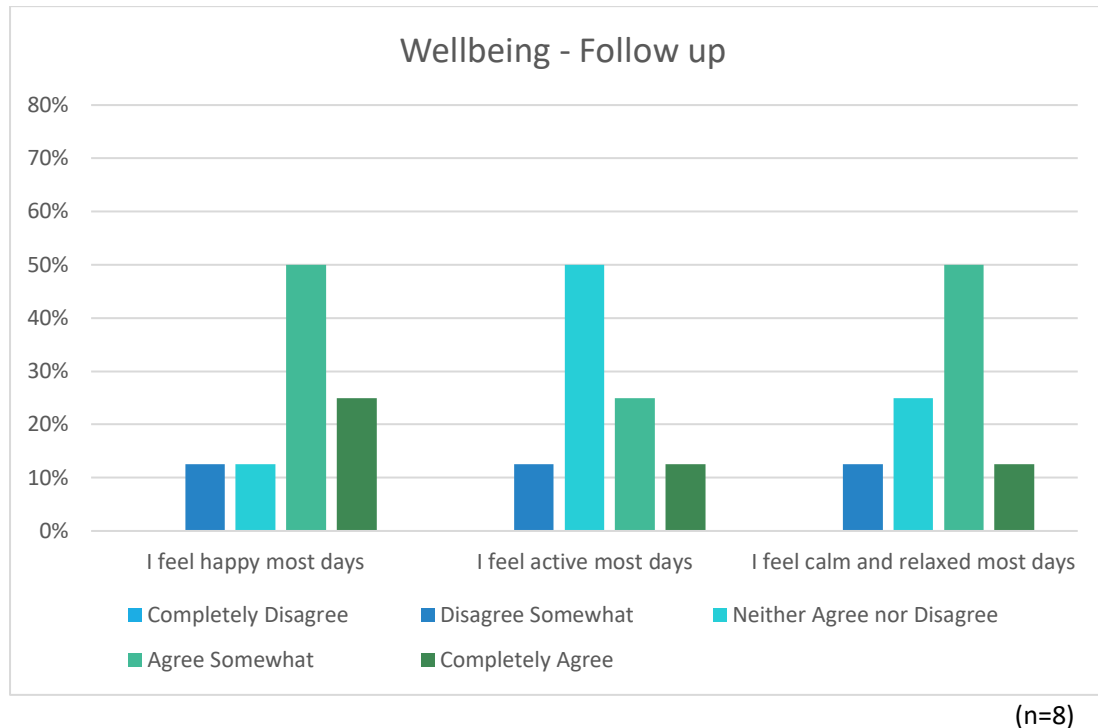
The graphs (Figs.4 and 5) have been included below to illustrate where there have been changes from the beginning of the project to the end. However, it is not possible to definitively conclude how much impact the sessions had due to the large scale change lockdowns and Covid-19 have had on people’s lives.

Figure 4 - Wellbeing: Midpoint



(n=10)

Figure 5 - Wellbeing: Follow up



Comparing both graphs there is a slight decrease in agreement with the statements 'I feel happy most days' and 'I feel active most days.' Both could be attributable to the impact of Covid-19, as well as respondents health conditions and other factors.

However, Kezia provided some anecdotal feedback from participants who had identified their mental health had suffered due to isolation.

- *A couple said that when we were back face to face their mental health had suffered because she hadn't seen anyone. The first day back they were so pleased to see people, to know you could turn up and other people would be there.*
- *The first week back, however, one of our participants commented on how her mental health had deteriorated during lockdown and she was so pleased to be able to get back to our class to move and socialise again.*

### Social Connections

While the focus of the sessions was to provide a creative and fun way for people with life limiting conditions to engage in physical activity, the opportunity for social connections was also a key aim.

*The main benefits of dancing with Parkinson's are in the mental activity it provides and in emotional and social health and well-being...dancing is a good and challenging mental workout for people with Parkinson's and allows some participants to cope better with symptoms and disability. It offers a positive environment where there is a community of support through dance, allowing participants to nurture positive attitudes to the future and a sense of independence. (Houston & McGill, 2015)*

Kezia was mindful of maintaining connection with participants during the first lockdown when sessions were paused. She set up Whatsapp groups for both groups and sent pre-recorded dances. She also made contact with them via postcards and phone calls. The participants were asked both in the follow up questionnaire and during the focus group if they did feel more connected and what impact this had had.

Some just enjoyed the social element of the sessions.

- *When we meet in person, we always have a drink afterwards, it's socialising, saying hello to people so you feel more human again, not just shut in your box. I found it really positive just to see people and people in similar situations*
- *It's the social side of it*

Others found it wasn't just being able to connect socially but also to connect with others who understood and had similar experiences

- *Having a talk and discussing things, with people who understand*
- *Meeting others in similar circumstances has helped me to understand Parkinson's. I like being active and I also find chatting and a cup of tea with others very therapeutic*
- *Yes - the company of like-minded people - not only is it fun but it's good for us mentally and physically*

This feedback suggests that the sessions provide more than just an opportunity maintain physical activity but it provides wellbeing support in the form of social connection, and more importantly, connection with those who are experiencing similar life limiting conditions.

## Conclusion

*Creative Connections* has faced significant challenges to deliver its intended outcomes due to the impact of Covid-19 and associated national lockdowns. It brought with it further barriers and challenges to participation via digital platforms. However, despite these challenges, the project has been able to achieve its intended outcomes for those who were able to continue to take part.

The activity was perceived by participants as a valuable part of their week. They recognised the value it brought to them physically and socially. The project has enabled continued social connection and at the least maintained positive attitudes to physical activity, dance, and creativity. The project has also demonstrated that it has had a positive impact on participants' mental wellbeing, particularly in light of Covid-19 and the national lockdowns.

## Recommendations

### Digital Access

This recommendation is being made with the understanding that finding ways to enable access to digital platforms for people with life limiting conditions may be labour intensive and expensive. However, it is recommended that some further research and testing is undertaken to better understand what may or may not be feasible.

### Blended Offer

Explore the possibility of what a blended offer might look like for participants. This might include a live session being recorded or streamed via zoom so that participants can take part at the same time. This might address digital access barriers but also provide an option to participate for those who are isolating or need to remain in the home.

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