

Dance and movement brings connection

People in the advanced stages of dementia living in care homes are too easily overlooked when it comes to activities. **Louise Money** and **Samantha Bolam** describe how dance and movement can be a way to connect with them

Louise Money is a dance and movement therapist and Samantha Bolam is chief officer of Dementia Matters in Powys

Living in the advanced stages of dementia often results in social isolation and disconnection, sometimes because of a scarcity of skilled care staff who are adept in practising person-centred and creative therapeutic interventions as an integral part of their caring role.

We will describe a sensory stimulation and movement project, carried out at a specialist dementia residential care home in Powys, designed to overcome these problems and train staff to connect and communicate with people with advanced dementia.

The care home is called The Mountains and was selected as a suitable venue for the project as it has a high percentage of residents living with advanced dementia along with two activities coordinators. Without these two posts, it would have been much harder to embed our approach for the long term.

One of the authors (Louise Money) had worked at the home and was already familiar with its culture, staff and residents. We focused on residents living with the advanced stages of dementia after it became clear that this group were getting little or no meaningful activity through the day. In general, the day-to-day activity programme was orientated towards more socially expressive and physically able residents.

Care staff are of course critical in helping to maintain a sense of connection and well-being among residents. This becomes more important as dementia progresses since everyone needs to feel valued, recognised and respected in order to retain a sense of personhood. Tom Kitwood's famous words come to mind, namely that personhood is "a standing or status that is bestowed upon one human being, by others. It implies recognition, respect and trust" (Kitwood 1997).

As practitioners and researchers, we are interested in exploring how this requirement for a sense of personhood relates to people with advanced dementias. We suggest that the need for social validation becomes more vital still and shifts from experiencing it through conversational means to experiencing it on a level of pure energy connection.

There have been multiple accounts of the disconnection that can arise from living with dementia in care home settings. The Namaste Project observed that "people with advanced dementia living in care homes sometimes spend

long hours alone in their rooms, or asleep during activities they can no longer take part in" (Simard 2013). The Alzheimer's Society *Home from Home* report (2007) stated that over a six-hour period, the median resident spent less than two minutes in conversation (or other forms of communication) with staff or other residents, outside of care tasks.

Our movement project aimed to build confidence among care staff in using non-verbal forms of communication and to do this consistently using a set of activities to break down barriers with this group of residents. Ultimately, we want to expand the evidence base of practical ways to support people in the end stages of dementia which can be used in all care settings (see box below).

With decades of dance and movement experience,

Aims of the project

- To support the staff and management in the care home to recognise that people with advanced dementia need special attention to daily interaction and activities.
- Creation of a consistently available quiet, calm and safe environment in the care home for movement sessions to take place.
- Staff training to help them become confident in using special interactive, sensory materials and non-verbal person-centred communication as a way of maintaining connection, communication and wellbeing.
- Creation of replicable activities, breaking down the barriers between staff and hard-to-reach residents and which are accessible and easy to use.
- Establishing and maintaining a regular slot in the timetable so that sessions continue once the project has finished.
- To expand the evidence base of practical and accessible ways to support people living in the end stages of dementia.
- To provide the basis for a larger and more ambitious demonstration project hosted in a number of care settings.
- To produce resources and develop ways to share learning from the project with wider audiences, ensuring that the project outcomes achieve the maximum benefit.



The need for social validation becomes more vital still in advanced dementia, and shifts from experiencing it through conversation to a level of pure energy connection.

Photos on these pages show residents at The Mountains care home. Left: Muriel Harvard

having trained with masters in both Paris and Japan, Louise was very interested in the potential impact of a movement programme. She wanted to give people with failing language ability and a very limited movement repertoire the opportunity to engage in a “movement dialogue”, which demands neither verbal skills nor mimed movements.

Art psychotherapist Richard Coaten has stressed the role of dance and movement in making contact in this way. As he puts it: “Essentially it is about using that which remains, in the context of being open to that which can still be created; thus the confident dancer and movement worker becomes able to provide those life-enhancing opportunities” (Coaten 2011).

Project structure

Based on Louise’s previous work in the care home, we decided to test three distinct ways of working with people who might benefit from some focused support. These were:

- People who were largely bedridden and, as a result, had even less human interaction than other residents with dementia.
- People identified as having the most profound communication difficulties who would be taken to the quiet Garden Room for sensory sessions.
- “Working the floor”, which entailed Louise working in the large sitting room and engaging with whoever happened to be there at the time, be they staff or residents.

Two weeks were spent in each of these areas and after an assessment six weeks into the project we felt that we should focus on the select number of

people who had significant communication challenges, working in the peaceful environment of the Garden Room.

Louise undertook training and awareness-raising primarily with the two activities coordinators. Sessions were ongoing and informal and involved Louise in modelling approaches to movement, each session being followed by a debrief in which suggestions for the next sessions and any challenges were shared.

Sessions usually followed the same format. The room was kept warm, calm and quiet, allowing participants to relax as much as possible. Oil diffusers filled the room with lavender scent while gentle and familiar music played softly in the background. We often used a dance and movement technique called “mirroring” (Levy 1992), which involves reflecting movement and intention back and forth between people, usually in this case the resident and the session facilitator.

Interactions in this technique are very subtle and sensitive. They are person-centred and give the recipient a feeling of being met, verified and affirmed. Special resources help to create this feeling, such as tactile and stimulating objects, bubbles, silk scarves, feathers, cuddly toys and oils for relaxing hand massages.

Right from the outset we attempted to ensure the support of a senior manager from the group home management team along with the manager of The Mountains. There was a planned series of meetings for everyone to sit down together to review progress and address any challenges as they arose.

Starting in August 2017, the project sessions ran for 25 weeks. By March this year, the activities ►



Top: Pat Lewis
Above: Val Dicks

► coordinators were keen to run the sessions independently. As such, the project represents a short-term intervention with a big reach in terms of potential positive impact and culture change.

The majority of funding was awarded through a Morrison's grant of £6,500 with a smaller contribution being made by The Mountains amounting to a total of £1,000. Approximately £1,000 of the overall funding was used for the purchase of sensory resources that remain at The Mountains.

Implications for practice

One of the overriding challenges is to ensure people in the advanced stages of dementia are recognised as having specific needs different from those of other residents when it comes to interaction and stimulation. This group are often left alone because they are seen as uncommunicative and beyond reach.

It is essential to build staff confidence in working with people at this stage of dementia. That is the way to secure consistent staff support because it can sometimes feel like a very one-sided activity when the response is slow and sometimes non-existent. It takes patience, sensitivity and courage to hold the space and know that what you are doing benefits not only the receiver but the giver too.

During a midway review meeting, a few staff said they felt uncomfortable and vulnerable while trying to reach out to some of the residents. Although they liked to play and keep things light-hearted around residents, this would often be among themselves rather than in direct contact with the sensory movement group. It became clear that some found our slow and empathic way of working with residents problematic, so we responded with the following strategy:

- having Louise as a positive and skilled role model who could provide a great example and also a safe space to discuss fears and insecurities
- opening up movement sessions to staff and encouraging them to drop in and have a go
- giving positive feedback to staff as they became more skilled at this aspect of their role, which added impetus to the project and had the potential to spread across the entire staff group
- access to ongoing external training, which came up as a need although it was not taken up by the care home.

The last point hints at the importance of getting senior staff backing for any project, something with which we had mixed success. Despite our best efforts to ensure that the project was valued by senior staff, there were a significant number of times when other priorities prevailed and negatively impacted on progress. Sometimes the Garden Room turned out to be unavailable for sessions, support staff were reallocated to other areas in the home, and residents were not escorted to the Garden Room as agreed.

Though we acknowledge that there are competing priorities in any care home, events like these inevitably caused a degree of frustration. Actions speak louder than words when a way forward has been collectively agreed and large residential care homes should take care not to lose sight of the needs of residents in a bid to run efficiently. Coaten's observation is pertinent here:

There is good evidence to suggest that however good and virtuous our intentions to improve the quality of care, however worthy an activity, intervention or therapy, its successful implementation and development within an organisation is intimately bound up with the values, beliefs, policies and procedures present in that organisation and outside it (Coaten & Jacobson 2011).



Left and below: Louise Money with residents at The Mountains (below, with Theresa Sierchio)

Learning outcomes

As time passed, all staff became aware of the sessions in the Garden Room and began to view the project positively, coming into the room to “have a look” and talk about how nice it felt. Those tasked with one-to-one care for a participant would take the opportunity to engage in the sessions or sometimes just sit back and observe. Every time a staff member came into the room they would be encouraged to take part and would be introduced to a new way of working with residents, using our materials and a person-centred approach.

The activities co-ordinators, who at first couldn't understand why this group needed special attention, began to value the work and reap the rewards of taking time with our participants. They became determined to continue the work after the project concluded and have managed to do so.

In these respects, the aims of the project have largely been achieved. Frontline staff have experienced new and creative methods of working which have helped them to feel more comfortable and confident about engaging with this group of residents. They have a new awareness of their needs, are keen to continue with the methods, and have equipment and a basic repertoire to draw upon.

But, and it is a big “but”, it is still a challenge for staff to maintain momentum week in and week out in such a changeable and challenging environment. Senior management support is vital. Without it the work will fail to embed itself in the culture of the care home and the activities coordinators will burn out, however keen they are to continue.

Has the project been enough to address people's needs on a daily basis? The answer is no, because the culture of this care home, and that of many others, needs to change: people living with advanced dementia are doing so every day and a once a week

creative interaction is clearly not enough.

While improvements were made at the care home, we feel strongly that the creative possibilities for this group of people remain hugely under-explored. We are committed to continuing engagement with this compelling and critical area of dementia care.

Future plans

Dementia Matters in Powys is hosting a conference in early 2019 focused primarily on working with people living with the end stages of dementia, citing this project and another local hospital project as a template to take into other care homes and hospitals in Wales.

Anyone interested in finding out more, either about our work or the conference, should contact Dementia Matters in Powys on 01597 821166 or email info@dementiamatterspowys.org.uk. ■



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