Evaluation of Memory: The National Conference on Dance and Dementia

The Bluecoat, Liverpool, 10/11 December 2010

"Memory is embedded in our very act of seeing and movement seems to be a particularly potent force in unlocking memory's vivid detail" (Steinmann, 1986: 71).

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Introduction

The event – Memory: The National Conference on Dance and Dementia – was held at The Bluecoat, Liverpool, on December 10^{th} and 11^{th} 2010. The stated aims of the event were:

- To explore the current role of the performing arts in dementia care with a particular emphasis on dance
- To celebrate best practice in the area of performing arts and dementia care
- To bring together a diverse range of practitioners in order to provoke debate about the current and possible future role of the performing arts in dementia care
- To facilitate the well-being of those directly affected by dementia
- To consider how the arts can contribute to the Department of Health's National Dementia Strategy (2009) in respect of de-stigmatising dementia, raising awareness, supporting carers and training and developing care staff
- To contribute to Liverpool's 2010 Year of 'Health and Wellbeing' and the longer term 'Decade of Health and Wellbeing' launched in January 2011

The event was artist-led and multi-disciplinary. It included specially commissioned dances and other performances, inputs from the local PCT, poetry, panel discussions, academic papers, reports on empirical research, dance and other workshops, film of work with people with dementia, and opportunities for all participants to dance. For the full programme see Appendix 1.

The event was initiated and led by Chaturangan, in partnership with Merseyside Dance Initiative and the Foundation for Community Dance, with Aspire providing conference management support. Additional administrative support was provided by Karen Wynne. The Bluecoat, in addition to very generously contributing the prestigious city centre venue for the event, provided further administrative and technical support. The fee for this was nominal for which the organisers were very grateful. The event was facilitated by Francois Matarasso, Arts Council Chair, East Midlands. The event was evaluated by Liverpool John Moores University.

The conference was a considerable challenge in organisational terms. It had to 'break even' as Chaturangan has no reserves. Chaturangan also took full financial responsibility should the event not cover its costs. Funding bids in the run up to the event required substantial investment of time and proved a considerable challenge for a small independent organisation. The wide range of issues and forms of presentation on the programme allowed the organisers to sell the event to a wide range of audiences/interest groups but also greatly increased the logistical problems involved. It was only in the last month running up to the conference that significant numbers of delegates signed up for the conference, adding to the uncertainty over its viability. Bisakha Sarker, who founded Chaturangan, attended a number of related events in the run-up to the conference in order to promote it; email alerts and leaflets would not have engendered sufficient interest. In short, such an event takes enormous time and energy to develop and promote, much of it unpaid.

This evaluation report is designed to:

- Provide funders and other supporters of the event with both qualitative and quantitative data on the experience of attending the conference
- Provide a wider audience who work in this field with a sense of how the event unfolded and what some of the 'high points' and 'low points' suggest in terms other related events
- Assist in thinking about possible future events in the area of the arts and dementia care

Eighty-one delegates and thirty-one contributors attended the event. Most delegates were already directly involved in dance either as artist, therapist, choreographer, development manager or teacher. Smaller groups included those involved in the arts, more generally, health service employees (occupational therapist, physiotherapist), academics, students and a sheltered housing manager. The event also attracted a number of people who are personally affected by dementia.

This report draws on the following sources of data:

- The two researchers – Jo Frankham and Lizzie Smears (Faculty of Education, Community and Leisure, Liverpool John Moores University) – attended the event and carried out participant observation throughout.
- Tape recorded interviews carried out during the conference. Excerpts from these interviews appear in italics in the report.
- A feedback sheet (see Appendix 2) which was distributed at the end of each day. Thirty-nine delegates completed this on 10th December and forty-nine on the 11th December. Quantitative data from this appears in Appendix 3. Quotations from the feedback sheets appear in 'comments boxes' throughout the report.
- A postcard system whereby participants could note down comments at any point during the event that they wished to pass on.

At several points during the conference there were three 'break out' groups running simultaneously. This meant it was not possible for the two researchers to cover the entire event. Inevitably, this means there are aspects of the conference which are not adequately represented here.

The Conference: An Overview

Above all, the event provided a focus for those already working in the field to come together, to be reminded about why they work in this field and to go away feeling a renewed commitment to the work. It is likely that the dance artists at the conference already felt part of a community before the event and we believe that the event built on that. The emphasis in the programme on dance itself was a crucial part of this. In addition to the specially commissioned dances for the event, there were a number of pieces related to aging/dementia that were performed, workshops devoted to different approaches to dance, and all delegates were given the opportunity to participate in dance at the end of the event. Dance, then, featured in the programme, as it does in the literature, as a form of communication about dementia (Goodman, 2004; Tufnell, 1993), as an approach to therapy (Totten 2005; Hartley 2009) and as a 'live' experience for the delegates themselves. The dance workshops were very highly rated by all those who attended and completed an evaluation form. The opening 'note' of the conference was also significant in this respect – it began with a performance from the principal organiser – Bisakha Sarker – accompanied by live music. By opening the conference in this way, the organisers were signalling the centrality of movement in the event, a particular atmosphere was established and the special contribution of the arts was foregrounded. The key role of Bisakha in making the event happen, and her own visibility as an *artist*, also contributed to a particular 'feel' to the conference.

> Delegate: *"Before coming, it was more about how it made me feel and I hadn't quite appreciated dance as being able to, a bit like theatre, get across a message if you like. And, particularly, the first dance of the day, I just thought, she hasn't said a thing – Bisakha – she hasn't said a word and yet she's told me so much just by her gesture, her facial expression, and, so simple, and yet so effective. It's like, extra to my feelings and emotions – that it elicits in me and wanting to share those – that there is another performance type element that I can see for getting the message around dementia across to others."*

The conference was not organised around the idea of 'how to' guides or a 'top-down' approach. The emphasis, instead, was on development through stimulating interest and pleasure in diverse presentations and approaches. In addition, the event facilitated opportunities for peer feedback, transfer of experience and networking. Through active engagement and participation, the conference engaged the energy and agency of those attending. Comments from the evaluation forms included:

Found it really inspiring and invigorating. I am passionate about what I do and I want to share this with others and bring dance to our service users.

If people with dementia feel 'lost' then dance is a way they can find themselves and we can find them.

I got to be with a lot of passionate and dedicated people with a similar aim.

About how the wealth of unrevealed and unspoken work that is going on and the importance of telling, exploring and challenging – and challenging one's own perception and limitations.

Togetherness – we are not alone, in the fight for dementia, therefore it has enhanced my beliefs.

That I need to make the research available to care home managers – perhaps make a leaflet with links on and my thoughts and approach. It has made me think I am definitely on the right path and I will never stop learning new things in this work.

Those delegates who were less centrally involved in the performing arts and dementia care were, in the vast majority, similarly inspired and moved by the event. Many delegates talked about taking back ideas, wanting to try to change things, try new things and persuade others of the contribution of dance.

> Delegate: "*It's been excellent – I'm not a dancer myself – I'm an occupational therapist. And I manage the allied health professions for our care trust. And we have a dementia ward but we also deal with people with dementia in the community as well. But I'd like to incorporate – we do a multi-sensory group already on the dementia ward – um – but we use exercise in its pure form and I'd like to actually bring dance into that group – for them – because I know how much well-being – and joy – dance gives me as an individual and a lot of our patients have, um, danced in their younger days, but no longer dance. Um, and it's about, seeing how we can promote dance, both in the in-patient facility, in the community and we're just starting a liaison service to the care homes as well – so again I'd want to encourage them to bring dance into their homes for the well-being of their residents. So, um, I was thinking along these lines already . . .*"

Today has made me think:

About what experiences we offer our patients and how this can be improved by the use of dance.

About developing my own programme of dance/movement for elders in residential homes/day centres/individuals who live in my area of work.

Positively about my future working with older people and positively about their future. It has reinforced my belief in what I am doing.

How I can expand and embed/engage dance into our practice.

This is not a field in which I work directly but I have gained a great deal that I shall take into my work with my non-dementia experiencing clients and especially daily living and knowledge. Also to pass on to others.

What a lot of great work and dedication is going on around the country and I would like to get more involved.

A lot about expanding my work through movement.

A lot about my mother-in-law who has dementia.

How I can expand and embed/engage dance into our practice.

Different avenues and ways of working left me feeling excited and inspired to do more.

WOW! Congratulations, very impressed there are alternatives.

The arts are an excellent intervention.

The eclectic nature of the conference was a great strength; it was an innovative event and the sheer variety and opportunity to be drawn in by the unfamiliar helped to maintain interest. The diverse range of approaches to the subject (academic, practical, performance) also allowed people to make connections where they hadn't before.

> Delegate: *"It was marvellous. Because of the experiential side as well as the sort of intellectual side – so there's been a real mixture I think – so, um, it's been something that you kind of feel, um, as well as think about. Um, and I guess that's something that – that reflects what this is about – is that often people who are cognitively impaired aren't able to think and express themselves – so actually what we are getting people to do is to access their being in a different way – through their bodies, through their feeling, through their sensation and I actually think that the conference, in a way, is managing to do that with people."*

Another of the strengths of the spread of activity in the programme was that different elements appealed strongly to different members of the audience. Some found the films particularly helpful in this respect, as they gave insight into the experiences of those with dementia – a "window into that world". The films allowed people to watch closely, unselfconsciously, as work was being carried out. Others found the work of the poet, John Killick, particularly moving and helpful in terms of his insights into those living with dementia. Many people commented on individual speakers and how they had been particularly impressed by their presentations.

The sheer range (and intensity) of the programme, over two days, meant that some people had difficult 'processing' what they had heard and they would have welcomed more space within which to gather their thoughts. This was exacerbated by the packed nature of the programme (see below). There was also a sense in which the conference did not have a particularly coherent structure. As one delegate commented, there wasn't "A flow of topics to give a planned journey to the conference as a whole." This was probably exacerbated by the lack of opportunities for people to bring ideas together in their own heads. As another delegate put it: "Simplicity is the key. I need time and space to reflect and integrate so much input. More space is needed to reflect within the structure. Very rich – lots of ideas to incorporate into my practice." Another delegate suggested that it would have been helpful to have “Connection of themes and creation of panels, instead of individual talks.”

Great MIXTURE of presentations/approaches . . .

Very good mix of theoretical background/ideas, performance and practice examples made the conference a very whole and useful experience. An eye-opener in many ways.

Honesty and openness . . . because of sense of relationship, inquiry and acknowledgement of importance of physicality and embodiment, not only intellectual.

It (was all memorable) because verbal presentations with practical body experience.

Other people’s views and work . . . because it opens up the opportunity to explore and develop within different avenues.

Wonderful range and quality of contributions. Generosity and humanity of all.

About increased exchange between disciplines and communities and increased social awareness on dementia and positive ageing.

Actually need time to digest what I do think – a huge wondrous deluge of eclectic processes and applications of process – and such joy and a sense of commonality.

Another important element as far as engendering positive feeling was concerned was the obvious commitment of presenters and conference organisers to their work. As one delegate put it:

> Delegate: “*I did find it very moving yesterday. I think what’s been lovely is that the presenters have just been very human and very personable and it’s not been so formal and hiding, if you like, their personalities, they’ve let them out and it’s just made it more rich for me . . . It just gets everybody involved, as well, you know.*“

The story-telling by many of those involved was an important part of this. Stories drew on the personal experiences of presenters – both personal and professional – and often illustrated their motivations for the work. These stories were most often serious, but also sometimes funny, distressing and challenging. Many delegates reported being “moved” by these stories and it may be they helped to remind delegates of similar commitments to their work. The stories also provided important insights into the experience of living with dementia.

The whole event has been very inspiring. The generosity and gentleness (with passion underneath!) of everybody has been humbling and inspiring.

People’s experiences . . . because they relate and are different from my own.

The poet’s address . . . because his stories, poems of people with dementia gave me a way in, somehow, a way of opening to a world of the ‘NOW’.

The poet John Killick because he enabled us to get a greater perspective on what people with dementia are actually thinking.

John Killick . . . because of his simplicity of presentation and how effective it was and of course for the wonderful poems.

Not enough time has been given to those stories and experiences that deserve the most acknowledgement and celebration!

About trying, being able to share the compassion. The importance of being persuasive.

The power of the collective is indeed impressive. Statistics need stories not the other way round. Colleagues are friends/advisors.

The forum . . . because intensely personal, emotional, committed, indicated the dedication of workers in this sector.

Although the event had clearly taken significant effort in terms of organization and management, it occasionally seemed less like a rehearsed performance and more an ‘unfolding’ as some events came together in a way which was dynamic and unpredictable. Francois Matarosso likened the experience of facilitating the event as a “bit like walking across a bumpy field with an extremely full vase of flowers”. Obviously, many of the delegates arrived with a commitment to the field which predisposed them to want the event to ‘work’. The way in which the event unfolded then added to this sense, we believe, as it meant delegates felt part of something that was ‘in process’ and exciting. This then contributed to the pleasure and satisfaction of being at the event. The organizers were lucky inasmuch as some of the contributors were happy to adapt what they had planned to do, in response to the ‘mood’ of the moment (e.g. when one speaker said: “enough listening – let’s all stand up and move” and another who dropped most of what she was going to say and focused on a practical activity). This meant that when the audience was in danger of ‘information overload’ this was avoided through their responsiveness.

Many delegates commented on the “packed” nature of the programme, particularly on Friday 10th December, and particularly in respect of the first ‘session’ which involved sitting in the theatre for nearly two hours without a break. The conference organisers had a series of challenges associated with the programme. Difficulties with fund-raising meant they could not guarantee presenters would be paid their regular fee and hence many of them agreed to work on an expenses/nominal fee only basis. In this respect, the conference benefitted from the considerable goodwill that already existed between the organisers and many of the presenters. It is also an indication of the commitment of those presenters to the field. In addition, up until quite late in the day, others were volunteering to participate in the event and the organisers did not want to deny them the opportunity to present their work, or the delegates to hear about it. Two of those expected to present their work withdrew from the programme and then it snowed heavily so that a number of other speakers became ‘provisional’. The programme, inevitably, was not confirmed until very near the date of the event. In addition, the variety of types of presentation (powerpoint, films, solo and group performances, discussion panels, etc, etc) meant there was a considerable challenge as far as those ‘teching’ the event were concerned. Although all presenters were asked to provide their slides/films/etc in advance, some felt unable to do this, which meant many practical arrangements had to be resolved on the day. In addition, there is only one performance space at the Bluecoat which meant those ‘teching’ the event had to move between types of presentation several times each day (i.e. a dance might be followed by an academic paper, followed by another performance). This was also the first time they had provided technical support for such an eclectic programme. Funding constraints meant that the organisers could not afford to hire further technical help. It may be that presenters could have been further encouraged/required to provide details in advance by those managing the conference. At the same time, conference management was provided at a reduced rate by Aspire with a finite number of hours available for support and a programme which changed and developed up to the last moment.

People recognized that this was the first conference of its kind and that makes it “really problematic to fit everything in when you’re going in a new direction, which this conference is. I’m just really grateful for it but you do need patience . . . “ The packed nature of the programme also meant that for a significant number of people (approx one quarter of the delegates) there was insufficient time for questions/answers and discussion in those sessions that were held in the main hall (as compared to the smaller break-out groups where the emphasis was on participation in practical workshops and discussion). A number of people also commented on the fact that in order to be more genuinely inclusive there should have been further opportunities for delegates to consider the main speakers’ presentations in small groups in order to facilitate further discussion. As with other elements of ‘negative’ feedback, there was also ambivalence in the way some people expressed their concerns about wanting more time for discussions; as one delegate put it “Too crammed but quite understand!” And another: “More time needed for discussions. We could complain about the technical problems, the waiting in corridors, etc, etc, but it’s all irrelevant when you hear such inspiring presentations and see such wonderful dance!” It was also the case, we believe, that many people at the conference understood and appreciated the vast amount of work and personal commitment involved in organising such an event, on a very tight budget. Already involved in different ways in voluntary and community organisations, and in ‘partnerships’ with the NHS and other commissioning bodies, the participants were in no doubt about the demands (and rewards) of working in this sector.

The Performing Arts and Dementia Care: Evaluation and Impact

A lesser theme of the conference related to the ways in which the arts and their contribution to dementia care might be evaluated, justified and 'sold' to commissioning bodies. This topic was not addressed directly, as such, but rather a series of different presentations touched on different approaches to judging 'impact' and how to justify the work. It was clearly a matter of on-going concern to many delegates. This was reflected in the very marked enthusiasm of participants for evidence derived from neuroscientific studies both at the time of Julia Clark's presentation and on the feedback forms. In the audience, people around one of the researchers said: "More, more", "Keep going!" and "I could listen to her all day". Many delegates regarded Julia Clark's presentation as a 'highlight' of the day and in conversation said: *"I loved it, I thought it was great"; "I am very grateful to Julia, the rest of the stuff was familiar but that presentation was very good for us, with new ways of backing things up"; "it was her authority of knowledge that made it so powerful"; "she was a great presenter, very straightforward"; "it confirmed things for me"; "she had the science and the academic background to our work, it was great to have that"* and this was *"science translated into practical bites*". We believe that some of this enthusiasm relates to the apparent certainties of neuroscientific study in a field where a great deal of work is currently judged by practitioners on an intuitive basis. The current political climate is such that they feel an increasing need to justify their work on the basis of other forms of evidence.

Well, yesterday, I was struck with the speaker from the PCT telling us to get our act together and give her a product to buy. We have our act together, the evidence is there, 'it' is cheap. Can we not create a collective voice to communicate to PCTs in a language they can understand? They are used to evidence which is inappropriate: they want drug trial type data NOT to prescribe drugs. HELP!!

The presentation on neuroscience was particularly memorable because it underpinned with facts what I have intuitively known. It is so hard sometimes to put words to what you know.

The lecture on neuroscience was inspiring because it helps me talk and validate in another language what we do and believe.

I have been thinking about my practice in a wider context, both dance and healthcare, it has opened new horizons and brought focus to know I might place the work academically and work with others who speak another language.

How important it is that we seek other language – objective, scientific – it also reveals how we work and questions about why we need this validation – the HOWS and WHYS.

About how much wonderful research and practice is going on that the medical system really needs to know about AND integrate into its care and treatment.

> Delegate: “*In the NHS there is so much on performance and throughput and all of those things and what I’m really concerned is that the people in charge may not appreciate the, er, the positive effects and – to be honest – the money-saving effects of this – if you keep people mentally well. I mean, you can have dementia, but you can also then become depressed, because your life is, you know, full of misery instead of full of joy. If you can bring joy to somebody’s life, and they stay well and active – that’s the other thing – physically active as well – so ultimately, if you look at the big picture, but I just get the impression at the moment that it’s very tunnel vision and it’s all about turnover and numbers and not looking at somebody’s quality of life. And that worries me . . . It’s a constant battle.”*

A number of presenters and delegates could see the value of film in the area of documenting and evaluating their work. One presenter regarded film as essential “as evaluation and record” of his work. Another presenter suggested that “film is the way forward for us all. It is the best vehicle for our craft to show the practices that we are all involved in.” One of the challenges associated with using film was highlighted when a member of the audience suggested that what we had witnessed was patronising to the patients depicted. The presenter and film-maker, however, justified what we had seen on the basis of his experience of those patients over a two year period. This is one of a number of dangers of seeing a ‘moment in time’ in that the context cannot be apparent. The interviewee (above) could also see the value of film, but of a slightly different kind:

> *“But – I think – that documentary films are fantastic – and I think that some of the work that filmmakers have done on these sorts of projects, to bring them alive, and make a really beautiful documentary – not those sort of boring straightforward – I did this and I loved it, sort of documentaries, but the beautifully artistic process, because then it celebrates the fact that it is an artistic process.”*

Another speaker suggested that “multi-method” evaluation was the “way forward”. One interviewee took a different line again:

> *“It absolutely works – I’ve got video and anecdotal evidence and that – to my mind – is sufficient. We must not go down the road of saying – ok – we live in a medicalised world therefore what we require is medical, er, evidence. You won’t get it, you won’t get it, it’s just a waste of time. Let’s perfect our means of presenting qualitative evidence.”*

Another delegate who echoed a number of conversations we had said:

> *“Isn’t there enough research already – because I do feel that sometimes – you have people constantly saying, we’ve got to get more hard research, we don’t have it . . . but it is there and I quite liked Francois’ thing which was that – why don’t we trust to the direct – why don’t we approach commissioners with a* ***performance*** *– that kind of idea – maybe that’s true. Because going back to David Cameron – it’s often the very direct thing that actually changes what goes on. You know – it’s not the papers . . . “*

The conference did not provide the space in order to debate these dilemmas in a structured or focussed way; neither did it set out to do so. However, the reactions of the delegates and the wider context within which they work would suggest that there is a great interest (and need) for more focussed discussion in this area. The current political climate is likely to intensify this. The conference did not, explicitly, link these debates with the National Dementia Strategy and a number of delegates regretted that omission.

Making connections/Networking

The conference provided opportunities (some planned, some unplanned) for people to talk informally to one another. Planned events included coffee and meal breaks during the day and a meal in a local restaurant on the evening of Friday 10th. Unplanned events included the late running of some events due to the number of presenters who needed 'tech' time prior to their sessions. As previously mentioned, all presenters had been asked to provide their presentations in advance so that these waiting periods could be avoided but unfortunately several did not feel able to do this. The opportunities for networking were appreciated by delegates and helped to build the sense of community in the event. A number of on-going connections have been established, evident through email exchanges subsequent to the event. A further conference is also being planned as a consequence of the event.

A small number regretted the fact that there was not designated time to network. These people felt that this had not been facilitated by providing a delegates list and name badges and four others would also have liked the list on the day or in advance. The flexibility of the organiser, who allowed registration up until (virtually) the last minute, would have made this difficult. Once again there were tensions between the desire to be inclusive and issues of practical management. One person felt that people congregated in "closed off groups". Another delegate remarked: "I have not met others who have been affected by dementia and I would have liked this. Others found the opportunities to network allowed them to meet carers one-to-one and appreciated the chance to talk to them. The opportunities for informal talk were also an important part of building a sense of shared vision and motivation to pursue work in this area.

Talking to others working in different settings from many parts of the country. Made connections over dinner.

Networking and awareness of other writing to be followed up.

I've met dance practitioners dealing with realities of working within NHS . . .

Finding out what people do and that I am not alone!

Old faces I haven't seen for 15 years. New faces it has been a joy to engage with.

Many connections with people doing similar work and a couple of people who are involved in social enterprise which is very useful to hear about.

Chatted with many people and exchanged ideas and encouragement.

Many with possibilities of collaborations not just in this country but worldwide.

Wide-ranging to encourage the spread of dance for people in early stages of dementia and their carers.

A shared belief on wanting to increase the awareness of the arts in dementia care.

What could have been improved?

As has already been implied, there were a number of ways in which delegates felt the conference could have been improved. Delegates would have liked (in order of importance):

1. More time for question/answer sessions and for small group discussions.

2. Less waiting between sessions when technicians were working with presenters to prepare their sessions. This is not a criticism of those 'teching' the event, rather it is a prompt to those organising the event that this could have been alleviated if presentations had been sent in advance.

3. Further detail about the speakers both on the programme and when they were introduced.

4. A delegates list available on the day.

5. More opportunities for dance/movement activities between sessions.

6. Better signage and guidance around the building.

7. A book stall/place to leave leaflets.

8. An introductory session on dementia itself, with background on what is currently known, approaches to care, and the challenges associated with working with those with dementia.

9. Greater awareness of disability issues and how to support those with disabilities.

Although many people commented, particularly on issues 1 and 2, above, the feedback would suggest that people were not overly concerned about the lack of space for discussion or the delays in the schedule because they felt a sense of community in the event and wanted to be a part of it. Although, when prompted, many of them suggested things that could be improved, the tone of their comments and the atmosphere at the time suggests that they did not much care about these things; indeed it could be argued that it added to the sense of dynamism and creativity involved in the event that not everything went to plan. As one delegate put it: "Of course there was a lack of time and tech difficulties BUT nothing was wrong about the conference – for me the process was just as it needed to be – thank you." And another: "Technical preparation and operation could have been better – but all forgiven in the sheer quality and warmth of the event." Of course, others felt more dissatisfied but they were in the minority. Participants tended to take the delays as opportunities to talk to their neighbours and to network, which in some ways alleviated the pressure they also felt in terms of the lack of space for discussion in the plenary sessions.

Possible future events: Planning issues

Is it important to try to include more discussion of the challenges associated with this sort of work? And how might a conference deal with the uncomfortable feelings raised for some during the conference?

How much should we think about the long-term benefits in this field – perhaps the short-term – even 'the moment' is more important? Perhaps we need to think about how we justify work 'in the present'– not because something else is expected to happen.

The key role of care staff in facilitating and continuing this work with people with dementia. What more could be done in terms of training and staff development?

It was sometimes implied that people with dementia are 'all the same'. Those who are recently diagnosed are different from those who have had the condition over a long period – do we need to think more carefully about talking more specifically about different groups and their differing needs?

How can we help people stay 'true' to their dance/arts principles and develop 'packages' that a PCT will want to buy? The NHS has been told to massively reduce the number of dementia patients on drugs. There is going to be increasing interest in other sorts of interventions – how can we help people think about how to best meet this need? One of the speakers from the PCT suggested there are three priorities: Develop a range of products; produce an evidence base that convinces people these approaches are worth trying; and get better at having 'conversations' with funders to help them understand the approach/benefits – a different thing to clinical evidence.

How do we get better at collating and organizing the evidence that is already available about the benefits of this approach? How do we do this in a way that is 'true' to the approach? What might the advantages and disadvantages be of drawing on different types of evidence in order to make our case?

How do we engage with debates about 'impact' and 'outcomes'? What other terms might we want to employ? How do we help to broaden the debate about the complexities of judging the value of participation in the arts? How do we develop confidence in using the languages that are 'our own' (stories, metaphors, symbols) as a way to communicate about the arts? How do we work with commissioners in ways that encourage them to have confidence in these forms of evidence?

Dance artists work in ways that are non-verbal – there is an intensity of relationship which is outside speech. How do we get better at communicating about this way of making relationships with people?

How do we get better at communicating about the importance of relationships, interaction, the active participation of all parties in a dynamic way when describing what we do? Art is always about relationship – it exists in the interaction.

How might we work with people with dementia in ways that engage with politicians? Where are the voices of those with dementia in the debate?

How might we work with children and young people in order to educate them about dementia?

In the end . . .

To return, briefly to the original aims of the conference, which were as follows:

- To explore the current role of the performing arts in dementia care with a particular emphasis on dance
- To celebrate best practice in the area of performing arts and dementia care
- To bring together a diverse range of practitioners in order to provoke debate about the current and possible future role of the performing arts in dementia care
- To facilitate the well-being of those directly affected by dementia in the debate
- To consider how the arts can contribute to the Department of Health's National Dementia Strategy (2009) in respect of de-stigmatising dementia, raising awareness, supporting carers and training and developing care staff
- To contribute to Liverpool's 2010 Year of 'Health and Wellbeing' and the longer term 'Decade of Health and Wellbeing' launched in January 2011

It will be clear from the report that the conference did not set out to address these aims in a linear or direct manner. Rather, the contributions and the 'coming together' of diverse and stimulating presentations aimed to contribute to each of these aims in indirect ways by affirming, challenging, provoking and engaging the emotions of the delegates. For almost all of the delegates it achieved these things and was a highly enjoyable and stimulating event. It could be argued that those attending would have benefitted from more focussed discussion around some of the stated aspirations of the conference at some points and a more consistent approach to the involvement of those directly affected by dementia. At the same time, the 'ripples' from the event are likely to continue to contribute to the conference aims, over time. These achievements, most notably, were that of inspiring and motivating those already working in the field and promoting the work more generally. There were also significant connections made at the conference between delegates and between performers and delegates. A further conference is also planned as a consequence of the event. These outcomes, it could be argued, have a 'life' of their own and in that sense the conference achieved much more than can be 'captured' at this moment in time.

When those who had not spoken were asked to reflect in a single word their feelings about the conference, their contributions were as follows: "Wholeness; contentment; connection; re-energised; I've been fed; inspiring; reinforced in that what I do is right; mobile; inspired to do more; provoked lots of questions; new things to think about in my work; dissolving separations and labels; new friends; human rights; accepting what is; wonderful work which should spread; the Tamil word: I respect you; people will often say ‘I’m lost’, now I know the meaning of that; found the conference very useful, now I can raise my voice and tell my NHS to do some of these activities; it would take me too long to say . . . ; deeply touched and galvanized; overwhelmed; amazing couple of days; gratitude to everybody; absolutely wonderful; fresh energy from all you wonderful people; open-heartedness; expanding opportunities; compassion and alive; more hope; inspired; positive for the future; wonderful; time for the government to take notice; taking a challenge with me; I’ve not got a job in 6 week’s time but I’m going out with so much hope; thank you; anti psychotic drugs; inspired; inspired; validated and very inspired; heartened for the future; thank you to everyone; tearful and moved; tearful – I agree – seldom in a public occasion that you see so many tears; inspired to try so much; going to try things with my Nan; as a student I’m going to take this on; proud – as a daughter – there is a place for these discussions; awoken; a new beginning; thank you for the gift of all those words.”

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April 2011

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APPENDIX 1: CONFERENCE PROGRAMME

Friday 10th December 2010

11.00-12.30 Registration (Bluecoat Foyer)

Tea, coffee and a light lunch will be served from 11.30-12.30 in the ***Sandon Room***

Time	***Theatre*** *(130)*	***Garden Room*** *(20)*	***LIC Studio*** (20)	***Sandon Room*** *(35)*
12.30	**Introduction** *François Matarasso*			
12.50	**Get connected** A movement welcome An artist's perspective of memory through dance			
1.05	**Inauguration** *Liverpool PCT*			
1.10	**National Dementia Strategy** *Teresa Jankowska (PCT)*			
1.20	Keynote Lecture **Embodied Experience** *Dr Richard Coaten*			
1.50	Film **'Echoes: A Snapshot of...'** Merseyside Dance Initiative's Dance and movement sessions at Redholme Memory Care Residential Home, Liverpool			
2.00	**Dementia positive** *John Killick*			
2.15	**Panel** Dancing care - three approaches *Diane Amans* *Fergus Early* *Azucena Guzman* Followed by Question & Answer			

3.40	**Break**			
4.10	*Tech at the Performing Space* *4.10 MDI* *5.10 GODs*	**Art based Research**		
		Practical participation	Practical participation	Academic papers
		Indian Dance *Vina Ladwa* *(35 mins)* **Body Rhythms** *Francis Angol* *(35 mins)* **Artists interviewed by** *Julie Hanna* *(20 mins)*	**Reaching with touch** *Katy Dymoke* *(35 mins)* **Fergus Early** *(35 mins)* **Artists interviewed by** *Dr Elizabeth Smears TBC* *(20 mins)*	**What can a painting say?** *Jagjit Chuhan* *(20 mins)* **DanceTraining Research** *Prof Sarah Whatley* *Naama Spitzer* *(20 mins)* **Skills for Care Dementia Project East &West Sussex** *Dr Jill Hayes* *(20 mins)* **Chair**: *Ken Bartlett* *(30 mins)* *Book signing by Dr Jill Hayes*
5.40	**Break**			
6.00	**Body stories - Memories of our lives** Performed by members of the Liveability Project from the Sunflower Centre in Woolton Choreography *Francis Angol* **La Cosa Claras el Chocolate Espeso** *Performed by GODs* Choreography *Linda Clough* **We have known** Choreography *Adam Benjamin* Performed by Bisakha Sarker			

	and Diane Amans (Liverpool 2010 dance commission)			
	Question & answer Chaired by *Karen Gallaghar*			
7.00	**Dinner**			

Saturday 11th December 2010

Time	***Performance Space***	***Garden Room***	***LIC Studio***	***Sandon Room***
9.00		**Wake up** *Maxine Brown*		Tea, coffee
9.30	**Summing up** *François Matarasso*			
9.45	Keynote **Music, rhythm, dance and neuroscience** Tapping into embodied neurological rhythm with music and dance therapies *Dr Julia Clark*			
10.15	Keynote **On Fortuitous Novelties** The arts and design to understand the potential of human flourishing whilst living with dementia, exploring current collaboration *Clive Parkinson*			

10.45	*Tech at the Performing Space* *10.45 Marina Rova Company* *11.30 David Howe*	**Early Onset Dementia** *Ben Mott* *Alzheimer's Society* **Creative Engagement** Mantra Lingua Talking Pen & other props *Mishti Chatterjee*	***Creative Engagement*** *Mantra Lingua Talking Pen & other props* *Mishti Chatterjee* *TBC*	**Coping with Caring** *Bill Chambers* *Suzanne Quinney* **Working with Care Homes** *Sue Benson* **Coping with Loss** *Alicia Sofia* Facilitated by *Julie Hannah*
11.45	**Break**			
12.00	**Performances** **Forget me not** *(film)* *David Howe* **I am here, am I here** Film **Goulash, well-stirred** *Richard Coaten* **De Mentis: Silent Stories I, II and III** *Artistic Direction & Choreography:Marina Rova* *Music : Greg Vamvakas* *Performance*: D. Bilon, E. Kolyra, G. Tsagdis, H. Pickett, N. Colbert, B. Naso, D. Prismantaite, V. Pipe *Costume/Set arrangement*: M. Rova *Sound, lighting and technical support*: S. Kapsaskis **Question & answer**			

	Ken Bartlett			
1.00	**Lunch – Bluecoat Bistro**			
2.00	**Delegates forum** *Yael Loewenstein* (Voices of change, fitness/dance sessions at local care homes) *Sissy Lykou* (Learning disabilities and dementia) *Kath Kershaw* (Circle dance)			
2.45	**Final session** Evaluation / Summing up			
3.30	**Closing dance** *Joy & Eric Foxley*			
4.00	**End**			

APPENDIX 2: EVALUATION SHEET

Memory: The national conference on Dance and Dementia, 10/11 Dec 2010

Are you? **Postcode:**

Dance Artist	Health Professional	Academic
Family/friend affected by dementia	Trainer	Psychotherapist
Other (please specify)		

If you would like to keep in touch with future events please supply:

Name	Email

"Today has made me think . . .

"I found . . . .

particularly memorable because . . .

What connections have you made with others today?

Did you find the information on our websites helpful? Yes/No

Lectures/papers

Excellent	Good	Poor

Dance/performances

Excellent	Good	Poor

Films

Excellent	Good	Poor

Discussions

Excellent	Good	Poor

Catering

Excellent	Good	Poor

Venue

Excellent	Good	Poor

Management

Excellent	Good	Poo

What could have been improved? Any other comments?

APPENDIX 3: DATA FROM EVALUATION SHEETS

Friday 10th December.

Returned questionnaires: 39. Some missing data.

Lectures/papers

Excellent 61%	Good 34%	Poor 3%

Dance/performances

Excellent 83%	Good 9%	Poor 0%

Films

Excellent 52%	Good 26%	Poor 0%

Discussions

Excellent 38%	Good 62%	Poor 0%

Catering

Excellent 30%	Good 61%	Poor 6%

Venue

Excellent 48%	Good 59%	Poor 3%

Management

Excellent 26%	Good 63%	Poor 8%

Saturday 11th December.

Returned questionnaires: 49. Some missing data.

Lectures/papers

Excellent 65%	Good 20%	Poor 0%

Dance/performances

Excellent 80%	Good 9%	Poor 0%

Films

Excellent 35%	Good 39%	Poor 11%

Discussions

Excellent 30%	Good 52%	Poor 4%

Catering

Excellent 15%	Good 57%	Poor 17%

Venue

Excellent 32%	Good 50%	Poor 0%

Management

Excellent 26%	Good 52%	Poor 7%

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