

DCNW Final Report

Ten Conversations – a research project led by Dr Melanie Brierley and Penny Collinson, and funded by Dance Consortia North West

Ten Conversations: Project Summary

Our ‘Ten Conversations’ research project, funded by Dance Consortia North West, came about through care and concern for the growth of somatic-informed dance for health in Cumbria and Lancashire and its contribution to the developing field of Creative Health.

In this report, the term ‘Creative Health’ refers to creative approaches and activities which benefit people’s health and wellbeing. As with Sheppard and Broughton (2020), we view wellbeing as a crucial and integral aspect of health rather than as a discrete concept.

For practitioners working in movement and dance for health there are no precise ways to dialogue practice. Specifically, it is challenging to communicate with medical professionals and personnel from different local and national organisations, charities, and funders. An additional communication skill set is required when working with community participants.

Working alone, and without a supportive network, practitioners in the Northwest often feel isolated and frustrated, with their practices remaining largely invisible outside of the immediate community dance sector.

Aiming to widen people’s perceptions and understanding of our work and to develop supportive connections with other agencies, the research project Ten Conversations brought together movement, dance, and health practitioners from Cumbria and Lancashire, and asked:

How far and in what ways can we intersect with organisational providers of healthcare and wellbeing to develop and deliver partnerships and collaborative working approaches?

Multiple conversations took place with people at the centre of funding and promoting health and wellbeing initiatives, policies, and strategies. These conversations produced valuable data on aspects such as how each party understood and found relevance with the other whilst seeking to create partnerships and move forwards with others. Additionally, the project highlighted the structure, pathways, themes, and trends of our conversations and this was thought to



be a valuable and important process for understanding how to better communicate our work in the future.

Background to Ten Conversations

The benefits of arts to health are evidenced and made clear in several recent, prominent, and influential reports and articles on creative health, including:

<p>1. Dance, Health, and Wellbeing: debating and moving forward methodologies. (University of Exeter March 2021).</p>	<p>2. What is the evidence on the role of the arts in improving health and well-being? A scoping review (WHO 2019).</p>
<p>3. Creative Health: The Arts for Health and Wellbeing. All Party Parliamentary Group Report (2017).</p>	<p>4. Keep Dancing: The health and well-being benefits of dance for older people research by the Centre for Policy on Ageing (BUPA 2011).</p>
<p>5. Embodying Health: a review of the work of dance and somatic practitioners working in NHS hospitals' Preston, (Collinson and Herd 2020).</p>	

These documents identify that participation in the Arts is causally linked to improved health outcomes (Fancourt and Finn 2019). Specifically, participatory arts practice enhances social interaction, thereby reducing loneliness and social isolation. Through aesthetic engagement, embodied imagination, and sensory experience, the arts have benefits for psychological, physiological, social, and behavioural functioning. By way of example, Boss et al (2015) and Steptoe et al (2013) identify that the arts support people's physiological responses, cognitive and motor decline, mental illness, and premature mortality. By way of example, Juslin (2013) establishes how aesthetic and emotional components of the arts regulate emotion and reduce stress. Mennin and Farach (2007) illustrate how the arts help stabilise people's mental health. Hamer and Stamatakis (2014) reveal how as physical activity, the arts reduce sedentary behaviour and act as a positive intervention to the management of chronic pain, depression, and dementia. Additionally, Kaser et al (2017) identify that as cognitive stimulation, the arts promote learning and skills development, not only associated with a lower risk of developing dementia, but also with mental illnesses such as depression.



Photo credit: Steve Pendrill



Photo credit: Jonathan Bean

Somatics in the Northwest

Cumbria and Lancashire are home to a cluster of highly qualified and experienced somatic movement educators/therapists many registered with ISMETA¹. As a course promoted by ISMETA, the MA in ‘Dance and Somatic Wellbeing: Connections to the Living Body’ at the University of Central Lancashire (2007-2021) has had a significant influence on the somatic movement sector in the Northwest and the UK. The staff and alumni of this programme have been key to advancing our understanding of the health benefits of somatic movement education and therapy and its role in Creative Health.



Somatic-informed movement practice (Somatics) is a specific area of growth in health contexts, including medical settings. Somatic-informed movement practice offers embodied and relational approaches as support to community health. Foregrounding the subjective experience differently from other arts and wellbeing interventions, somatic-informed movement and dance practice helps people to sense their bodies, to observe the smallest shifts and changes, from which movement is expressed. Specifically, developing a person’s awareness of these internal sensations and movements can help them to relax, settle, and feel better resourced.



Collinson and Herd (2020) identify that the

health benefits of somatic-informed movement practice are especially relevant to hospital settings, where through illness all aspects of a person change, causing distrust and disconnection with our bodies and to what we know and value in our lives.

¹ ISMETA is the International Somatic Movement, Education, and Therapy Association.

As with somatic movement educators and therapists, dance artists influenced by earlier movements such as ‘arts for all’ and ‘arts for health’, focus on person-centred arts practice and advocate the benefits of the arts to community health (White 2009; Mac Naughton et al 2005).

Somatic-informed movement practitioners and community dance artists offer innovative



Photo credit: Jonathan Bean

creative health practices, with their work often cutting edge and driven by research interests. Their group and one to one practice include, but are not limited to brain ageing, mental health, women’s groups, work in prisons, people living with neurodegenerative conditions, young people with special educational needs and disabilities (SEND), early years, pain management, and Eco-Somatics.

Issues

- Despite the efforts of individual practitioners living in Cumbria and Lancashire, their work lacks visibility, infrastructure, and investment. In companies the job of advocating and promoting health initiatives goes to a project/business manager, or artistic director. For the freelance practitioner, the role of making things grow lands firmly on their shoulders. Additionally, the freelancer’s work is often secured on a project-to-project basis, with the challenge of unpredictable funding streams impacting practice.
- Freelancers lack precise and trusted methods of communication to foster support from organisations or funders, so that their work remains largely unknown outside the community dance/movement sector. Entangled in this issue are barriers of perception. Practitioners need to discuss their work with people in roles with financial and strategic influence, yet there can be a lack of status afforded an artist practitioner which prevents these conversations happening.

- With the freelancer a ‘jack of all trades’, isolated because they often work alone, and lacking funds to develop and promote their expertise, how do they:

1. acquire communication skills needed to support and develop practice
2. clearly articulate the value of the soft skills integral to practice
3. rigorously debate the value of their research methodologies and share results of their investigations and evaluations.
4. remain satisfied and coherent with their practice by creating a long-term vision and growth.

Our Project Ten Conversations

How far and in what ways can we intersect with organisational providers of healthcare and wellbeing to develop and deliver partnerships and collaborative working approaches?

The purpose

The purpose of our project is to make visible, communicate, promote, and widen the reach and values of practice, research, and training in somatic-informed movement and dance across Cumbria and Lancashire.

We see the project Ten Conversations as the first step towards a shared vision of creating a sustainable movement and dance for health HUB in Cumbria and Lancashire.



In the future, the HUB could connect across the Northwest region. The HUB would support:

- creative community practice
- training and mentoring opportunities for movement and dance practitioners, Dance Movement Psychotherapists, Occupational Therapists, care home staff, at home care providers, charities, and other organisations seeking to deliver arts-based creative health interventions
- practice-based and mixed-methods research in partnership with universities, schools, NHS, social services, charities, and communities.
- co-creative and performative movement with individuals and groups in indoor and outdoor spaces and places

The Ten Practitioners

Dr Melanie Brierley



Photo Credit: Tudor Popa

Dance in community health artist and somatic movement educator.

Mel facilitates Connect & Flow groups and 1:1 Home Performance practice for the Parkinson's community.

Penny Collinson



Somatic movement teacher and therapist, based in Lancashire. Penny works with adults struggling to manage the effects of living with physical ailments of all kinds, anxiety, depression, chronic pain, grief, or stress.

Lucy Nicholson



Photo credit: Jonny Randall

Dance artist & educator working across Cumbria & Lancashire in Higher Education and community dance practice. Lucy specialises in using movement and bodily awareness to develop connection with self, other, and the environment.

Daphne Cushnie



Community dance artist and neuro-physiotherapist based in south Cumbria. Daphne specialises in movement and dance for people living with neurodegenerative conditions, including Parkinson's disease, MS and Lewy Body Dementia.

Helen Gould



Photo credit: Emma Colbert

Dance Artist, based in Lancashire. Co-founder/director, project manager, performer of LPM Dance. Helen enjoys working across people's life span. Her research interest focus on the role of music within movement practice.

Anna Daly



Photo credit: More Music

Community Dance Artist & Creative Producer. Anna's specialisms include collaborating with early years, families and those living with Dementia.

Paige Douglas



Photo credit: David Schofield

Community dance artist, based in Cumbria. Paige has recently graduated and focusing her working with people living with Parkinson's and dementia, and children.

Lousie Gibbons



Photo credit: Steve Pendrill

Dance Artist, based in Lancashire. Louise works with all age groups but especially loves working with infants and young people at Alder Hey Children's Hospital in Liverpool through Small Things Dance Collective.

Susie Tate



Dance Artist based in Northumberland/North Cumbria. Susie works with people with disabilities, life limiting conditions and acute mental health.

Gemma Higginbotham



Photo credit: Lauren Schnedier

Dance Artist and somatic practitioner based in Cumbria; Gemma works with children and their families, people in midlife, and those living with chronic pain/physical symptoms, and grief.

Host of 10 Conversations



Jude Bird

Jude Bird has a long-term commitment to dance as a practitioner, educator, director and manager. She worked with Curious Minds at executive level for a number of years and studied for her M.A. with Penny and Mel at UCLan. She now works freelance as a researcher and evaluator.

Ethical Perspectives

Although lacking diversity, specifically in relation to race, disability, gender, and cultural background, our group represents a wide age range of movement and dance practitioners (ages 22-68). As a collective, our practice and research reflects a Feminist epistemology that values diversity, complexity, non-binary, and multiple positions for understanding human phenomena (Enns 2004). Through this lens, we aim for equality between practitioners and participants in research contexts and support people to experience agency through shared creative action. Rather than being fixed or labelled by a health condition or life circumstance, we nurture the person to unfold and become visible through creative expression.

Research Methodology

Platform 1: Shared experiences

On September 16th 2023 the practitioners attended a platform, to share their experiences through discussion, reflection, and movement.



The collective was hosted by Jude Bird, an Arts consultant and trainer. Jude's role was to help drive forward the group's discussions, and to identify themes and strategies for communicating effectively with others about our work.

The practitioners:

- shared experiences of delivering practice
- identified key areas of concern for the growth and sustainability of our work. These were: *Our Practice, Sharing Practice and Knowledge, Relevance and Need, Time and Cost*
- identified individuals and organisations with whom they could form partnerships



Platform 2: Ten Conversations

Each of the ten practitioners connected with individuals and organisations (online or face to face) to gain knowledge, understanding, direction, and support, e.g. councils, social prescribers, the NHS, occupational therapists, charities, social care, education, wellbeing initiatives, mental health organisations, and regional or national funding bodies.

In conversation, we aimed to explore effective ways to communicate our practices and approaches, to form partnerships, and help grow our work (see Proforma Letter in Appendix 1).

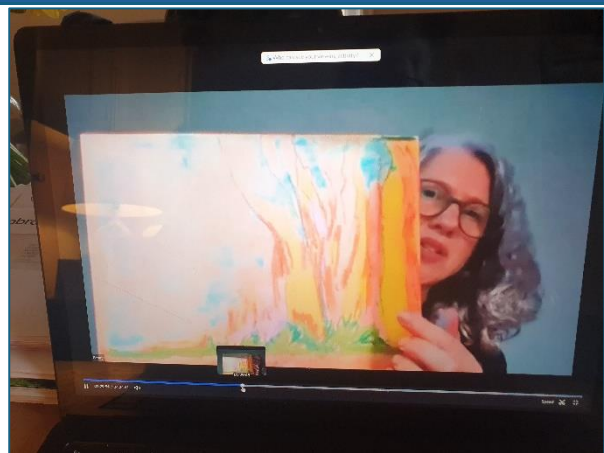
With agreement, the conversations were recorded as research evidence (written format or voice recordings).

Practitioners conversations included questions such as:

- What are the levels of interest from the organisation/individual - for example, is wellbeing understood?
- How is knowledge and understanding shared between both parties?
- Are there relevant connections between both parties?
- Are both parties able to discuss budgetary and strategic development?
- Are there points where the conversation shifts, and connection is made?
- How is the tone of the conversation - is it cordial, matter of fact, or academic?
- What are the next steps?

Platform 3: Zoom Meeting to share research data and reflect on ways forward

Platform 3, aimed to celebrate the relational and supportive nature of our research project. On Sunday the 5th of November 2023, the practitioners met for a day on Zoom to share their experiences of having conversations and discuss the way we could evidence the research. As well as verbal feedback, writing, drawing, and movement underpinned our shared dialoguing.



Commonalities and differences in conversations were highlighted through collective sharing and breakout groups.

Mel introduced a framework for analysing the conversations and each practitioner presented their data following this approach as closely as possible. The framework included the following categories:

Intention, Sharing Information, Making Connections, Developing Knowledge and Understanding, Ways Forward and Follow-ups.

The following are examples from each category:

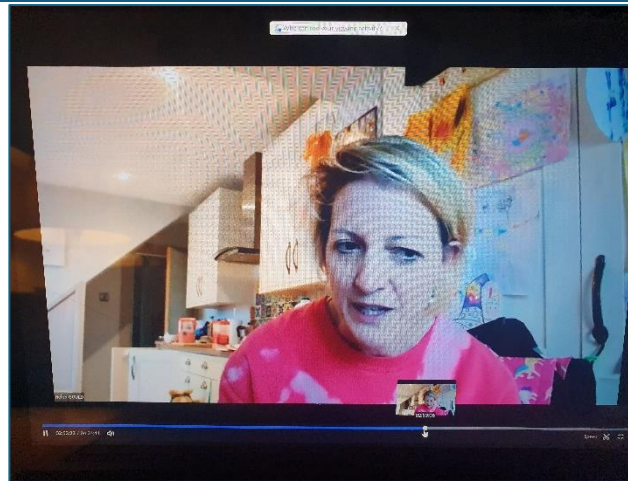
Intentions:

- In her conversation with Emily Jenkins (community dance initiative Move, Dance, Feel) Mel thought it was important to gather specialist information and knowledge about the structures and processes embedded in creative practice for women living with Cancer.
- In her conversation with Stu Powers from Lancaster University Health Campus, Anna Daly wanted to find out the potential for connection, support, and collaboration for small organisations and independent practitioners.
- In conversation with Claire Fox- Play Specialist on the Children's Ward at Royal Lancaster Infirmary, Louise Gibbons aimed to fact-find, to explore the potential for work, and compare this hospital setting with that of Alder Hey Children's Hospital, Merseyside where she is part of the Small Things project team. Her overall aim was to identify the best professionals to partner with.
- In her Zoom conversation with researchers at Manchester University (Jenny Harris, James Thompson, Reka Polonyi, Kate Maguire-Rosier) Mel aimed to test the water, to share what she does, to inform and listen to what others are doing in similar ways.

Making Connections:

- In conversation with Dr Julie Nixon (Consultant Psychologist from Cumberland Infirmary, Carlisle) Penny Collinson and Susie Tate identified shared interests. Specifically, the need to champion the arts in health, psychological support in healthcare settings, and other non-medical methods to support patients.
- In her conversation with Stu Powers from Lancaster University Health Campus, Anna Daly ascertained that universities sought collaborative research with community/external partners, and that staff progression is restricted without outside engagement in their research.

- Helen Gould made connections with Dr James Sibley (Retired GP- East Lancs) at a meeting in Accrington. Helen writes “He is very keen to support work like ours. His wife has Parkinson’s. They took part in a short workshop in Accrington. He was compelled to stand up and reflect on what he



witnessed following the workshop. It was evident that his opinions were valued and influential amongst the community- an extremely helpful advocate. Not only did he comment on the impact of our workshop, but he admitted he’d been relatively unaware of Parkinson’s and arts and health support throughout his time as a GP. He is committed to do what he can with the connections he has to help this community where possible”. Helen believes that retired professionals who are respected and have more time would be valuable as advocates and advisors to our research and network development.

- Helen Gould also reported challenges in making connections. She reported that “There has been relatively little uptake or response from professionals I have approached. This could be due to; capacity challenges, our work doesn’t feel aligned with their agenda, they don’t recognise the potential benefit. It’s likely to be a mixture of both”.
- Louise Gibbons had conversations with Claire Fox- Play Specialist on the Children’s Ward at Royal Lancaster Infirmary. The conversations started with emails and developed into a telephone conversation. Claire was initially unsure of what the work involved. Louise was able to paint a verbal picture which enabled a bridge to be built between their two worlds.
- In her conversation with the activity co-ordinator at Kingston Court Care Home, Carlisle, Paige Douglas established a shared understanding of the needs of the care home and its residents and how movement, dance, and somatic practices might contribute to activity and wellbeing in general.
- In conversation with Suzie High, Occupational Therapist at Underly Gardens School, Kirkby Lonsdale, Gemma Higginbotham reported that the conversation was

encouraging and resonant with a clear understanding from Suzie as to the benefits of the work. Both Gemma and Suzie agreed that the work could be very beneficial to pupils as well as staff and that effort would be made on Suzie's part to enable a first session for some of the staff.

- In her Zoom conversation with researchers at Manchester University (Jenny Harris, James Thompson, Reka Polonyi, Kate Maguire-Rosier), Mel identified that she used the skills of verbalising, listening, reading facial expressions and body language on screen.



Knowledge and Understanding

- In conversation with Wendy Timmons from Edinburgh University, Helen Gould identified that the university was keen to connect MA and PHD students in practice-based dance and health projects.
- In conversation with Trina Robson (Programme Director for Love Barrow Together and Board Director for Women's Community Matters, Barrow), Lucy Nicholson identified that there was interest in the benefits of somatic movement because it was:
 1. an excellent way to support the trauma work that is ongoing in the area already.
 2. There's a local resilience forum in Barrow where this work could be introduced and would be well received.
 3. The work would sit well within WCM's probation and health and wellbeing work and Beautiful Women Programme.
- Susie Tate and Penny Collinson had a conversation with Dr Julie Nixon (Consultant Psychologist from Cumberland Infirmary, in Carlisle who works in the North Cumbria Integrated Care Team of the NHS). Dr Nixon suggested important points around language for describing and communicating our practice and evidencing it for the benefit of clinicians and medical staff. She also suggested ways of gathering

research data such as through audits, anonymised testimonials, a Supportive Challenging approach (words supporting the actions and challenging the commonly held beliefs) and Positive Behaviour Support (a skill-based model)

- In conversation with Emily Jenkins, the founder of Move, Dance, Feel, Mel and Penny gained knowledge about her:
 1. approach to community practice and reasons underpinning this approach
 2. funding and the need for diversification of funding streams
 3. central ethos to build community/relationship.

Ways forward and Follow-ups

- In her conversation with Stu Powers from Lancaster University Health Campus, Anna Daly understood that practitioners were invited to attend upcoming social health events and keep connected to developments at the Health Campus. Practitioners are encouraged to schedule taster sessions at the health campus, and have the potential to hire meeting rooms and workspace.
- In conversation with Suzie High, Occupational Therapist at Underly Gardens School, Kirkby Lonsdale, Gemma Higginbotham reported that both parties were interested in furthering connections, finding funding and financial possibilities and in working towards bringing the work to the school.

Thinking into the data

1. **Evidence our work clearly and concisely:** Use language that can be shared with others outside of the dance and health field. This means identifying examples of practice (dance, movement, and Somatics) with specific populations, e.g. people living with Parkinsons or those within the wider contexts of arts and health as identified in reports including WHO (2019) and The All- Party Parliamentary report (2017). Present and market evidence in a clear and interesting format. It was thought that a pilot research project would be a valuable way forward for working in partnership with other organisations.

2. **Address limited funding options:** The limited and competitive nature of funding impacts the efficacy and the long-term provision of our work. We identified that one alternative to usual funding streams is to seek investment and donations from local companies and organisations. Additionally, key advocates are valuable for developing a greater presence and understanding for our work. Key advocates might be retired GP's or other health professionals and participants who have previously benefitted from our work.

3. **Communicate effectively with potential funders and partners:**

When approaching organisations, practitioners specifically need to evidence the benefits of movement and dance to health. One established and effective way of achieving this is to capture evidence on film. Films provide a connective, artistic, and



informative response and effectively illustrate the benefits of movement and dance to health in communities. To clearly communicate the benefits of our work to potential funders and partners, we also need to adopt language that is appropriate to the context, for example, using clinically recognised terms in a medical setting. To achieve desired outcomes, identify the key person(s) in an organisation. Focus the conversation on your desired outcome(s). Establish ways to move forward in partnership and identify how people would like to be contacted in the future (e.g. Zoom, email, in-person). Another way to gather and share evidence about the benefits of creative health initiatives is to employ case studies that illustrate participant's lived experiences of moving and dancing. Additionally, interviews and questionnaires are means to gather data and produce quantitative analyses. Mixed methods research incorporates both qualitative and quantitative data collection and analysis and takes into account the needs of arts practitioners and medical professionals.

Reflections on the research process

Practitioners felt enabled:

- to reconsider how they communicate the essential parts of their practice.
- to develop their work, find a direction, and to confidently have these conversations.
- to perceive the value of collective spaces for exploration and development. Collective action enabled them to talk, to practice together, and feel less isolated.
- to experience supportive strategies and skills for career development.



Ways Forward and Recommendations

Our conversations highlighted things that need to happen to keep growing the profession/the wider ecology which used to exist. They brought attention to the bigger picture at play with the closure of so many Higher Education dance courses and regional dance agencies.

Considering these findings, our report recommends the following:

- Effectively market our approach to practice and research to other practitioners in the field.
- Develop a regional/national network which offers support, advocacy, and specialist training to sustain and support practitioners.
- Publish a document to share the breadth and philosophies underpinning our practice and research. This may include a local or regional description, and/or a national presentation. The document needs to be available and readable by GP's, clinicians, funders and include evidence from participants and be available in different formats for diverse populations.
- Gather reflections of patients' lived experiences as evidence to support the benefits of movement/dance to health. Explore novel research methodologies. Use methods, such as, Patient Stories, anonymised testimonials, a descriptive report of practice and responses to

practice, including patient, nurse, and family responses). Incorporate clinical terms such as these closely tally with qualitative research methodologies in the arts.

- Because our work centres on public engagement, we need to connect with university departments and researchers. We need to enhance our public visibility by contributing to events in our local communities/nationally, such as health days.
- Focus on advocacy for our work and include cross-sector research involving respected dance and health partners.

Appendix 1: Covering letter to individuals and organisations.



Dear

I am part of a collective of ten dance/movement artists working in health and wellbeing in Lancashire and Cumbria. The collective works with community groups, 1-2-1 client practice, research, and professional training. The benefits of dance to health are evidenced in several prominent and influential reports on Arts and Health, including the WHO (2019), the All-Party Parliamentary Group Report on Health & Wellbeing (2017), and the Policy on Aging, (Bupa 2011).

Our research project 'Ten Conversations' is part of the Dance Consortia North West (DCNW) Research Programme, with funding from Arts Council England, DNCW, and supported by UCLanDance.

The purpose of 'Ten Conversations' is to make our work more visible, and to grow our practice, research and training through communication and partnership with other individuals and organisations in our regions.

Our longer-term aim is to create a dance/movement, health, and wellbeing hub for the North West, with this project a stepping stone towards achieving our goal.

We'd like to have a conversation with you to:

- Tell you about the multi-dimensional benefits of dance/movement and somatic awareness to health and wellbeing for all populations
- Illustrate how our practice reaches out to communities of all ages and backgrounds
- Discover how we could work more closely with you/your organisation to create a greater presence in communities
- Find out where your organisation's interests lie in relation to our work, with a view to building effective future partnerships

My own specialism is XYZ and I'd like to speak to you about the 'Ten Conversations' project. As an artist I'm particularly interested in working in xxxxxx and I'd like to talk to you about my work, and that of my colleagues, in relation to growing future work.

