

## **Dance for Cancer Patients**

January – July 2013

### **Outcomes and Learning**

#### **Background**

Dance for Cancer Patients was an initiative developed by Dance in Devon in partnership with Peninsula Cancer Network. The project was to deliver 6 taster dance sessions to those receiving or having finished their cancer treatment in 5 venues in Devon and Cornwall. The aim of the project was;

*To promote activity in the form of dance, to cancer survivors and their partners throughout Devon and Cornwall, by offering dance taster sessions.*

Five regional dance artists in Exeter, Plymouth, Torbay, Barnstaple and Marazion delivered the project. Peninsula Cancer Network and Dance in Devon led training for these practitioners. The training was open to all interested regional dance artists with 35 attending the sessions in Plymouth and Exeter. The training was well received with 100% of those taking part finding it useful and informative.

**Dance in Devon:** Gillian Dale (Executive Director), Sue Smith (Project Co-ordinator)

**Peninsula Cancer Network:** Linda Bedford, Nikki Thomas

**Dance practitioners:** Ruth Bell (Exeter), Jayne Devlin (Cornwall), Jennie Dodds (North Devon), Toby Gorniak (Plymouth), Anna Leatherdale (Torbay), Sue Smith (Plymouth).

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#### **Successes**

- **Health and wellbeing benefits**

Positive benefits of dance during and after cancer treatment have been reported by each of the practitioners through written evaluation and verbal feedback from participants. Wellbeing and health were measured on commencement and completion of the 6 sessions\*. The wellbeing measures included; helping to reduce anxiety, getting better sleep, helping to improve appetite, opportunity to make new friends, decision-making and feeling optimistic. Even over 6 sessions, every participant that completed the evaluation recorded an improvement in these measures.\*

Some of the other positive outcomes articulated by participants rather than ticked or marked on written forms have been;

- *I feel more confident in my body, not so scared of the surgery site*
- *It's brought us closer together*
- *I'm really moving so much better, much less achey in my shoulders*
- *I feel all round stronger and happier.*

The benefits of exercise and moving are well documented and advocated by health professionals as part of general advice to cancer patients. The positive well-being aspects of dance for cancer patients are less well articulated but have been very clearly demonstrated through our evaluations.

- *I've loved connecting in again with the quickstep. It's how we used to dance together. It has reminded me about when we met.*
- *Learning new dance steps and meeting and getting to know some really nice people going through similar circumstances.*



Chris and John Horn, Plymouth 2013

- **A bridge to other activity**

One of the hopes of the project was that it might provide a bridge to other activity once a confidence had been found in the moving body. In Plymouth, the sessions were held in the Life Centre (a health and leisure complex), with this possibility particularly in mind. Three participants began to go for a swim after the session. One of them began swimming half a length each time and now she does ten.

*Many thanks for our dance lesson this afternoon, we enjoy your lessons so very much and also the good company. Could you please text me the name of the song you play for the quickstep, I seem to remember it vaguely from many moons ago. You would have smiled had you seen us in the swimming pool after we left you as we did the quickstep a length of the pool in the water.*  
By email

- **Enthusiasm**

Many people love to dance. When discussing the project with health professionals there was often a very positive response and sometimes a hope that they too would be able to take part! For example, support organisations, cancer specialist nurses, physios, venue managers, sports development workers and doctors have expressed positive support for this project. We can profit from this enthusiasm for future project development.

- **High Quality**

Every evaluation form recorded that the dance practitioners led the sessions 'very well'. Many more comments referred to the responsive and sensitive delivery of the sessions. PCN commented on the high level of expertise amongst the dance practitioners attending the training sessions.

## **Challenges**

- **Timescale**

The project was initially designed to run over 3 months January-March 2013 with an additional networking event in April. This was due to the financial arrangements relating to the restructuring of PCN after March 2013. This put enormous pressure on the dance practitioners and project co-ordinator to initiate, set dates, market, deliver and evaluate the sessions in a very short space of time. In some locations this meant the project was not able to get going within the given time. In North Devon, the communication with the Lead Cancer Nurse and the physio department at the hospital was good and sessions started early but with low uptake. It became apparent towards the end of the sessions that a group of approx 30 women at a local breast cancer support group were very enthusiastic about taking part. With less pressure to get started on delivery, networking and information sharing to this group would have increased attendance and participation in the sessions.

- **Communication**

Communication with Lead Cancer Nurses in each area was initially facilitated by PCN followed up by each dance practitioner. In some cases the project co-ordinator provided additional support to broker that relationship. Continuing contact and in some cases, making contact, proved challenging due to the LCNs' workload and demands on time. In one case (Cornwall), the project start was delayed by almost six months owing to difficulties in communication with the health professionals. This problem, in conjunction with the pressures on time, has highlighted the importance of factoring relationship-building into the timescale.

- **Understanding the project – what's it all about?**

In some cases it was challenging to convey the purpose of the project and the investment of Dance in Devon in the work. There was some misunderstanding around the benefits of dance outside physical fitness. For example, one cancer support organisation questioned why they would need dance when they already had a fitness programme running. In this case it was necessary for the project manager to outline the wellbeing and mind-body benefits of dance that might be well suited to someone emerging from invasive processes that affect body image and confidence. In another case, it was necessary to explain the role of Dance in Devon in the project, and its mission to advocate participation in dance as a life-affirming and endorphin-boosting activity across communities. An awareness of the sensitivities in cancer patient rehabilitation and recovery can be reassuring for support organisations who may suspect that there are other reasons for an outside agency to be working in this area of health – profile boost, access to funding etc.

- **Momentum**

As patients come and go reasonably quickly through the support services and contact with Lead Cancer Nurses is transient, there is a need for continued and energetic referral. This requires ongoing commitment from health professionals when they are often already overburdened and they may not have had enough exposure to the positive benefits of dance to keep up the advocacy. Practical sessions with the dance leader could be a good way to encourage buy-in. These sessions could be open to nurses, docs, admin etc. A practical 'real-life' experience of the sessions could increase the likelihood of referral.

In Cornwall, initial enthusiasm from health professionals dissipated over the following months. The gap between an initial networking event before Christmas and the follow-up in February/March possibly meant a loss of momentum. Hampered communication with the young people's Lead Cancer Nurse also meant that a potential group of young people had moved on back to school and college by the time we could talk about dates.

## **Learning**

- It takes time to communicate with health professionals. Projects need to account for relationship-building and information sharing before activity is launched.
- Once contact is established, enthusiasm is common across the spectrum of possible partners. This should be followed up quickly and with clear plans for development. Sometimes over-worked health professionals need assuring that it will not mean a lot more work for them. Outlining responsibilities early can get dance practitioners in touch with the health professionals who can get things going on the ground.

- A multi-layered approach to spreading information could help to reach more patients. Organisations such as The Mustard Tree and Force can contact the patients they are currently in touch with and have notice boards etc with good visibility and are invaluable for developing a project. Getting enthusiastic health professionals to signpost specifically to dance might require approaches tailored to each hospital environment. A paper flyer or leaflet would be useful. Emails are often ignored or buried in full inboxes. The workload required to follow up and remind others to keep dance on the noticeboards, newsletters and in consulting rooms should be acknowledged.
- It worked very well in Plymouth to invite patients to bring along a partner, relative or friend. The sessions give people an opportunity to relate to one another physically in a different context. The contact can be neutral yet intimate and allows a break from existing emotional responsibilities and patterns. Opportunities to work separately can also be explored.

### Recommendations

- For dance organisations and health professionals to seek further funding for Plymouth, North Devon and Cornwall to continue with a programme of regular dance classes for cancer patients and carers.
- To promote dance for cancer patients through developing information material for health professionals and patients with cancer specialist organisations such as MacMillan. It should highlight the positive wellbeing and body-mind outcomes such as; confidence building, social- fun/laughter, attitude to body, positive rebuilding of body image, alongside those relating to fitness and general health.
- To promote the role of dance agencies and organisations in providing information for cancer patients on dance activity in the wider community.
- To develop cpd opportunities for dance artists in cancer awareness.



Bridget, Sally and the cha cha cha. Plymouth 2013

More dance please!

I love moving with the music

We've been looking forward to this all week.

I feel tired at times during the session but feel enlivened for the rest of the day.

It's fantastic what we're doing here and how you're offering us all a way to dance together: to see what we can still do.

I've missed these sessions when I've been away.

These sessions have brought us much closer together.

The warm ups were excellent in helping stiff muscles and joints.

I liked doing my own thing and having a laugh.

*Comments from participants in Plymouth and North Devon.*

**PLEASE DO NOT PUBLISH ANY PHOTOS FROM THIS REPORT AS PERMISSIONS HAVE NOT BEEN SOUGHT YET.**

**SS 16 Sept 2013**

1 The following resources were used to develop the evaluation.  
Measuring Well-being  
A guide for practitioners. Nef  
[http://www.biglotteryfund.org.uk/wellbeing\\_evaluation\\_tools.pdf](http://www.biglotteryfund.org.uk/wellbeing_evaluation_tools.pdf)  
nef's National Accounts of Well-being – *Measuring Well-being*

<http://www.nationalaccountsowellbeing.org/learn/measuring/>

SWEMWBS measure is available at:

<http://www.healthscotland.com/understanding/population/Measuring-positive-mental-health.aspx>.

2 Evaluation documents from all groups have not yet been received.