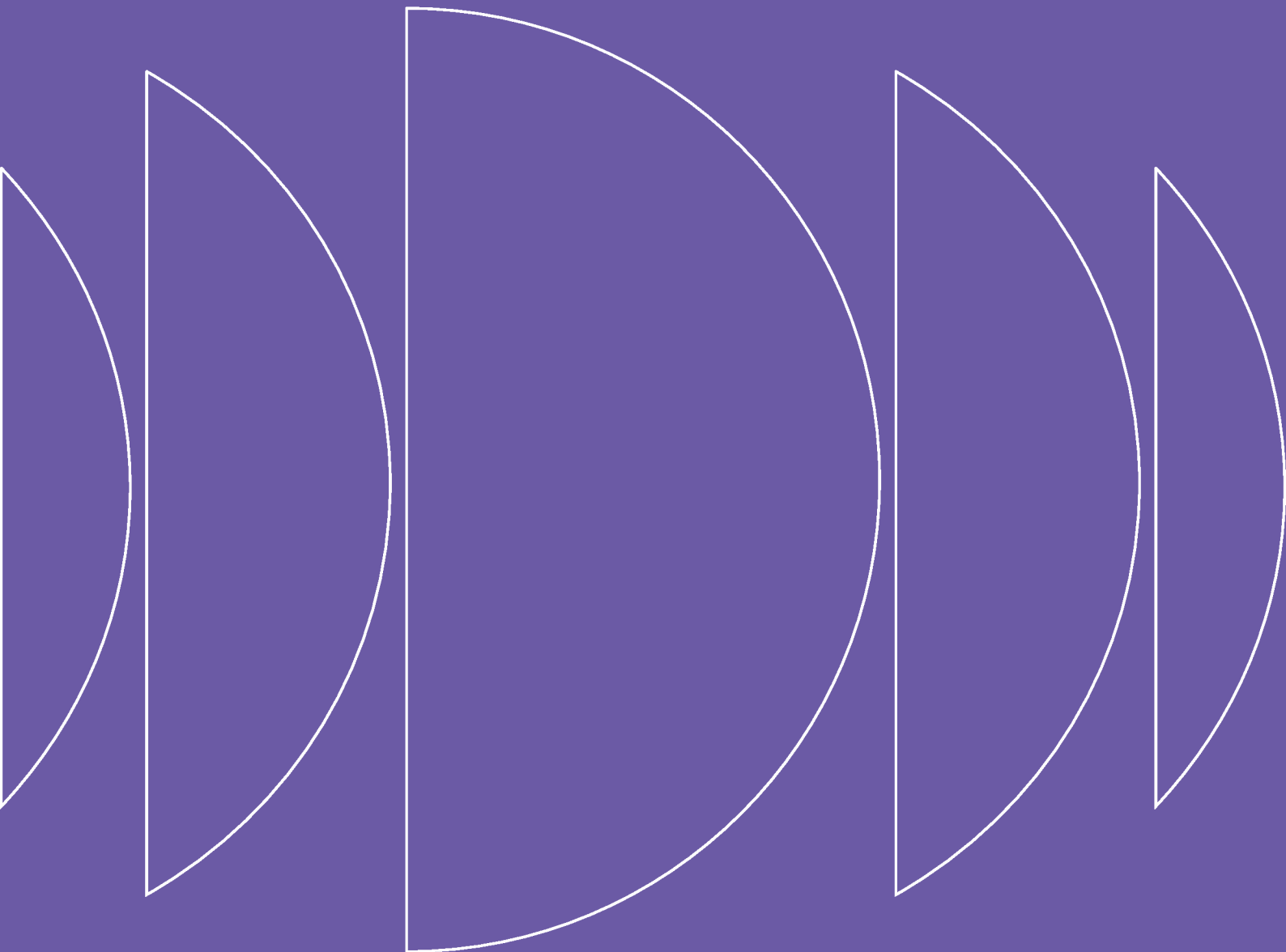




# DANCE IN HOSPITALS

**Dance Base and Tonic Arts | East Lothian Community Hospital  
Report | February - June 2025**



**DANCEBASE.CO.UK**

in partnership with



**Report compiled by Katherine Rothman**

# CONTENTS

|                                   |               |
|-----------------------------------|---------------|
| Context                           | <b>Page 1</b> |
| Quantitative Data   Block 1       | <b>Page 1</b> |
| Quantitative Data   Block 2       | <b>Page 2</b> |
| Quality Experience                | <b>Page 3</b> |
| Aligning with Priority Objectives | <b>Page 4</b> |
| Learning Points                   | <b>Page 6</b> |
| Next Steps                        | <b>Page 6</b> |



# CONTEXT

Dance Base has completed two eight-week blocks of project delivery in East Lothian Community Hospital. Each week, two dance artists facilitated an hour-long opportunity for older adults on the wards to come together and join a dance and movement class. Each participant was invited to join at their own pace. While they were encouraged to take part and try different movements, their mood and physical ability on the day was also respected.

Sessions generally began with an informal check in with participants, asking how their week had been, telling them what was new at Dance Base, and remembering last week’s session. This was followed by a physical warm up that developed into different themes and styles of movement including: creative, Spanish (Flamenco), French (Can Can), and Ballet. As relationships grew stronger and the group became more comfortable with the sessions, pair and group work was offered which included dancing while standing in the middle of the seated circle. A variety of music was used to support participants to engage, including music they requested to aid reminiscence.

# QUANTITATIVE DATA

## BLOCK 1

In the first block, between February – March 2025, we had a total of **88 contacts** with both patients and carers/volunteers.

|                   | Number of Patients<br>in session | Number of<br>Carers/Volunteers<br>in session |
|-------------------|----------------------------------|----------------------------------------------|
| 1                 | 10                               | 5                                            |
| 2                 | 8                                | 3                                            |
| 3                 | 3                                | 2                                            |
| 4                 | 7                                | 3                                            |
| 5                 | 10                               | 4                                            |
| 6                 | 9                                | 4                                            |
| 7                 | 6                                | 4                                            |
| 8                 | 8                                | 2                                            |
| TOTAL<br>CONTACTS | 61                               | 27                                           |

# QUANTITATIVE DATA

## BLOCK 2

In the second block, between April – June 2025, we gathered more robust data about the number of contacts we had, as well as which wards were joining the sessions. We had 18 individual patients join our sessions across the course of the block, and 9 individual staff/5 individual volunteers join our sessions. We had a total of 76 contacts for this block.

|                | Number of Patients in session | Wards Present | Number of Staff in session | Number of Volunteers in session | Number of Carers in session |
|----------------|-------------------------------|---------------|----------------------------|---------------------------------|-----------------------------|
| 1              | 6                             | 2             | 2                          | 1                               | -                           |
| 2              | 8                             | 2,4           | 3                          | 1                               | -                           |
| 3              | 6                             | 2,4           | 1                          | 4                               | -                           |
| 4              | 3                             | 2             | 1                          | 1                               | -                           |
| 5              | 5                             | 2,4           | 3                          | -                               | 1                           |
| 6              | 6                             | 2             | 3                          | -                               | -                           |
| 7              | 6                             | 2             | 3                          | 1                               | -                           |
| 8              | 6                             | 2,4           | 4                          | 1                               | -                           |
| TOTAL CONTACTS | 46                            |               | 20                         | 9                               | 1                           |

Each session in both blocks was scheduled to run for 60 minutes.



...to escape for a while – a wee hour of happiness -participant





## QUALITY EXPERIENCE

The quantitative data doesn't capture the full nature of the experience for participants. There were several patients and staff who attended the sessions consistently, forming a core group of dancers. This allowed for:

- development of themes and movement as the weeks progressed
- being able to introduce new challenges and explorations - including working in pairs and small groups, more standing movement, including reminiscence discussions, and working with metaphor/imagination
- stamina of the group growing, with sessions expanding from slow arrival and 20 minutes of dancing to group members arriving early and dancing for the full hour

“ It makes the world of difference being all together, it does me good inside, you know?  
-participant

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## ***ALIGNING WITH PRIORITY OBJECTIVES***

### **Patients supported throughout their journey from acute illness to recovery**

While Dance in Hospitals is not a clinical intervention, dance artists delivering the project worked closely with staff to encourage a regular participant to stand and move more during sessions in alignment with their rehabilitation goals.

Participants were met with sensitivity and never pressured to over-exert themselves in sessions.

Staff supported sessions by ensuring patients who needed more attention or support received this in order to feel safe during the activity.

### **Patients, Staff, and Volunteers feel valued**

Multiple opportunities were given in each session for individuals to be recognised – through copying movement, verbally calling out to them, or inviting applause for an achievement.

Staff and volunteers were communicated with clearly at the beginning and end of the sessions, as well as throughout to utilise their expertise and knowledge.

### **Patients, Staff, and Visitors feel welcomed and relaxed in well-designed therapeutic spaces**

The space was laid out to encourage group interaction and engagement. Chairs were either placed in a large circle or horseshoe pattern. If a new member joined partway through, a seat was indicated or provided.

A verbal and/or non-verbal welcome was given to all participants as they arrived including: verbal greeting, using names, opening the door, using greeting gestures, supporting patients to get to their seat.

### **The arts programme reflects the diverse community NHS Lothian serves**

Dance artists used what they knew of participants through conversations to include elements of previous hobbies and culture, including discussing them with the group and using music as part of reminiscence.

## A culture that values the impact of art in healthcare, high quality outcomes, and person-centred creative process

Sessions had flexible plans that were regularly adapted to meet the needs of the participants in the room. Activities and energy levels adjusted dependent on group needs.

Dance artists led the group through guided movement in a 'follow me' model, while also creating opportunities for improvisation, as well as chances to watch other members of the group and try their movements.

## Improved Staff wellbeing and opportunities for professional development

Staff expressed informally in discussions before and after sessions how much they enjoyed the activities. Staff were welcomed to continue attending to gain further insight into how the groups run.

“I was here last week, we were all in the same boat and we all did what we could and that was that -participant”



## LEARNING POINTS / CHALLENGES

- it could be difficult to feel appropriate risk assessment was in place when a new member of the group would join and we had no basic medical information for them to understand what we may need to be careful of to support them to feel included and safe
- this was further compounded if a staff member brought a new member but was unable to stay with them
- there were schedule clashes at time, which is understandable in a busy hospital. This meant that our group sometimes took part when:
  - family was visiting, making it hard for certain patients to want to take part in the group
  - other activities were scheduled at the same time

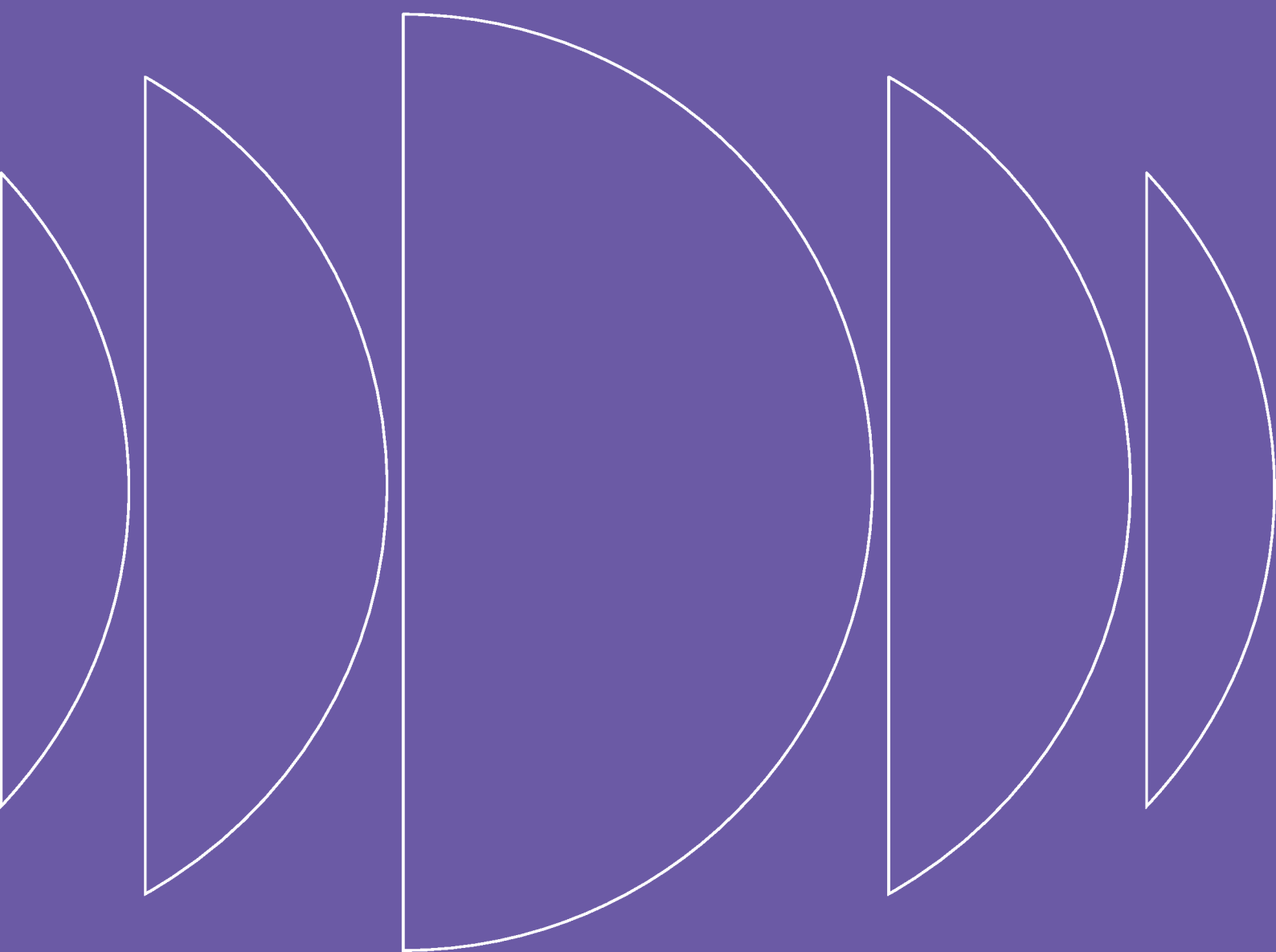
## LEARNING POINTS / CELEBRATIONS

- it was important to have the support of dedicated staff and volunteers for this project to flourish. This ensured that patients were brought to take part in the sessions, and also meant we had valuable contributions to the atmosphere in the room when staff and volunteers took part with enthusiasm
- we learned more about group participants who attended consistently, including which activities might support brightening their mood or how we could provide a good experience for them that day
- the group provided the opportunity for staff to experience their patients in a new light – often seeing them be more active or speak more. It was an opportunity to have fun together, temporarily breaking down power dynamics as we experienced being people in a room dancing together
- the project is a good example of the power of non-verbal communication. Throughout sessions, we utilised gesture, eye contact, and noticed the energy in the room to support positive one-to-one connections as well as larger group interactions
- our participants have the capacity for a variety of creative responses, and often took risks on new activities they did not have experience of previously

## NEXT STEPS

Another block of two eight-week long sessions has been agreed to start in September. The groups will run on Tuesdays due to space availability, and so we're interested to see how this may impact the core group of patients, staff, and volunteers, as well as what possibilities this may open up.

“She's great, she's marvellous. I'm looking forward to September. I'm going to miss it -participant”



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