DANCE BASE

DANCE IN HOSPITALS

Dance Base and Western General Hospital
Phase 2 Report

September 2025

DANCEBASE.CO.UK

Report compiled by Katherine Rothman

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CONTEXT

Dance Base has completed two 8-week blocks of project delivery to Western General Hospital, with a further 8-week block beginning at the end of August. 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 respected.

Sessions alternated between wards, meaning we saw different participants each week. The dance artists have been able to build a strong bond with some dancers who have managed to attend regularly, and there is an emphasis on creating a safe space for those who may be new or don't remember previous sessions.

Each session usually begins with a one-to-one informal check in between the dance artists and each dancer as they arrive in the room. This is followed by a group introduction and reminder that we are from Dance Base and why we are visiting. Classes start with a warm up, followed by a range of movement exercises including somatic creative tasks using imagery and props, singing to favourite songs to aid reminiscence, and dancing the hand jive and twist. Nearer the end of the session, more upbeat songs are often utilised, and dancers are invited to dance, standing if they wish. This can happen in pairs, trios, or as a big group. The final section of class is slower paced with time to connect with everyone in the group and share reflections.

While there is a structure to the sessions, it is flexible and responsive to the needs of the group depending on the dancers in the room at the time and what feels appropriate.

> "Excellent, good fun. It's a bit daft really, but that's what's so good about it. We need to be a bit daft sometimes"
>
> -AFB participant

QUANTITATIVE DATA

BLOCK 1

In the first block, between February – April 2025, we had a total of 96 contacts with both patients and carers/volunteers.

	Number of Patients in session	Number of Carers/Volunteers in session
1	12	6
2	9	4
3	12	3
4	6	3
5	7	3
6	7	2
7	7	2
8	7	6
TOTAL CONTACTS	67	29

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 33 individual patients join our sessions across the course of the block, and 5 individual staff, 2 individual volunteers, and 5 individual carers join our sessions. We had a total of 79 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	5	RVB (70)	2	-	-
2	3	RVB (70)	2	2	-
3	5	AFB (50)	2	-	-
4	7	RVB (70)	5	2	2
5	-	AFB (cancelled)	-	-	-
6	10	RVB (70)	4	1	3
7	8	AFB (50)	4	-	-
8	6	RVB (70)	4	1	1
TOTAL CONTACTS	44		23	6	6

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

> I had been feeling horrible all morning, but this has really cheered me up
> -AFB participant

QUANTITATIVE DATA | WELLBEING WHEEL

Wellbeing wheels were used as an additional outcome measure for this project. A dance artist would sit down one-to-one with one dancer each week before and after the session to gather information about how they were feeling on a five-point scale. The full responses are available in Appendix 1.

It is worth noting that many participants appeared to find it challenging to conceptualise their experience numerically. The dance artists used a variety of words and descriptors to support responses, however noted that often the numbers given did not match what the participant was expressing verbally or through body language. One example is of a dancer saying how much she had enjoyed the session, and then scoring her feelings of being inspired, comfortable, and engaged as lower than when she began.

If this project is repeated again, it would be worth exploring utilising other outcome measures, or focusing on the qualitative data gathered from participants and staff to evaluate the project.

QUALITY EXPERIENCE

The quantitative data doesn't capture the full nature of the experience for participants. Exploring the experience of the dancers through the lens of the agreed evaluation questions has highlighted the holistic experience of those who have taken part.

ALIGNING WITH EVALUATION QUESTIONS

There were three evaluation questions assigned to this piece of work.

1. Did engagement lead to improvements in the health and wellbeing of patients?
2. Did the project improve/increase opportunities for social interaction between patients, staff, and visitors?
3. What was the significance of using dance as an enriching arts-based experience in the hospital environment?

The qualitative data pulled from session reports and staff feedback to respond to these questions often answered more than one question, and so is presented here to illustrate the overlap.

Did engagement lead to improvements in the health and wellbeing of patients?

"My patients engaged really well with the therapist, they helped one of my patients to lower her level of anxiety as she was getting a bit upset at some point"
(20/3/25 report from RVB staff)

Did the project improve/increase opportunities for social interaction between patients, staff, and visitors?

One dancer joined from AFB because they were leaving hospital on Monday and wanted to say goodbye. They said they loved the sessions and "I will remember this for the rest of my life, you'll be in here [while tapping head]" and they had found the group "wonderful".
(6/3/25 Dance Base session report from RVB)

"The artists again were brilliant with all the patients, their engagement between them and the patients and vice versa is awesome. The sessions are getting better every time, the patients and relatives are joining more and more and I can see they enjoy it and you can see it when they are waiting for the next session to come!!"
(15/5/25 report from RVB staff)

Did engagement lead to improvements in the health and wellbeing of patients?

What was the significance of using dance as an enriching arts-based experience in the hospital environment?

One dancer began the session with her arms crossed, saying she "doesn't know" or "couldn't do it". As the session progressed her body language opened up and relaxed. She participated more
(20/2/25 Dance Base session report from RVB)

Spontaneous improvisation, especially with rhythm. Two previously withdrawn and quiet women were first on their feet for free dancing session, both had big smiles on their faces.
(27/2/25 Dance Base session report from AFB)

During the check in, one dancer stood up and stretched her arms to the ceiling in a moment of ecstasy. She said "I had been feeling horrible all morning, but this has really cheered me up"
(13/3/25 Dance Base session report from AFB)

Did the project improve/increase opportunities for social interaction between patients, staff, and visitors?

After standing and dancing with Jenni, a 91 year old man looked down at his feet in disbelief and said "I can't believe I did that". He then told Jenni he had come into hospital as his legs had collapsed under him and he had struggled with strength. Dancing while standing seemed like a big achievement.
(27/2/25 Dance Base session report from AFB)

A dancer who had previously been unable to make eye contact, speak, or join in dancing returned. They made much more eye contact, moved in their chair, and gave some verbal responses. Staff said it was very rare for this patient to leave their room, let alone the ward, and cope with groups of people, so this engagement was significant.
(6/3/25 Dance Base session report from RVB)

Visiting family commented "this is the most exercise she's done in years"
(24/4/25 Dance Base session report from RVB)

Did the project improve/increase opportunities for social interaction between patients, staff, and visitors?

One dancer asked to share a song with the group, which was sung acapella. We played this via the speaker in the water break, and several people sang along.
(20/2/25 Dance Base session report from RVB)

"They love giving ideas of music that they like to listen"
(20/2/25 report from RVB staff)

Dancers invited each other to upcoming birthday parties – and their own funerals "you all better come to my funeral!" as a joke suggesting less social isolation in the group.
(13/3/25 Dance Base session report from AFB)

Two circles and swapping partners allowed for lots of laughter and more staff involvement including a member of staff dancing into the room.
(12/6/25 Dance Base session report from RVB)

What was the significance of using dance as an enriching arts-based experience in the hospital environment?

During free dance, physically able dancers were approaching those who couldn't stand
(6/3/25 Dance Base session report from RVB)

Mirroring exercise allowed for a slower and more personal connection within the group
(13/3/25 Dance Base session report from AFB)

For the first time, free dance was led by dancers rather than Dance Base staff, and dancers frequently reached out to support each other.
(20/3/25 Dance Base session report from RVB)

Group of four to five dancers formed holding hands during free dance, suggesting group identity forming and less dependence on teachers to lead.
(27/3/25 Dance Base session report from AFB)

Two dancers who had previously not been mobile, stood up to try dancing to 'Is this the way to Amarillo' and joined hands with the group
(8/5/25 Dance Base session report from AFB)

Two dancers were reminded of their deceased spouses when a piece of music was played. They were able to connect and support each other "tell him I know exactly what it's like…"
(29/5/25 Dance Base session report from RVB)

One dancer spontaneously jumped to her feet to do the Twist – her energy and enthusiasm meant other dancers joined and we had a longer 'free dance' session
(5/6/25 Dance Base session report from AFB)

LEARNING POINTS | CHALLENGES

- Ward Needs | Timing: One ward was unable to attend due to their ward schedule. They had voiced this issue during the pilot project. If this project is repeated, it would be helpful to explore timings that suit as many groups as possible.
- Covid Breakouts: One ward experienced multiple Covid cases as well as a separate loss in the second block. Because of this, their sessions were either swapped or cancelled, meaning patients from this ward attended fewer sessions.
- Loss of organiser: The original organiser went on maternity leave as the second block was beginning, and it has been unclear who the best person to communicate with is while they are away.
- Visitors understanding the group: Visitors are always welcome, but it hasn't worked well for them to join partway through a session as this can be disruptive. We also had one incident where a visitor interrupted the group to tell a racist story unrelated to the session.
- Focus on group aims: While it is understandable that there are multiple needs on a ward to juggle, it's helpful if the group time can be used for dancing and being together. On a particularly hot day, ice creams were handed out at the group start time, which significantly delayed the session being able to start.

> I will remember this for the rest of my life
> -RVB participant

LEARNING POINTS | CELEBRATIONS

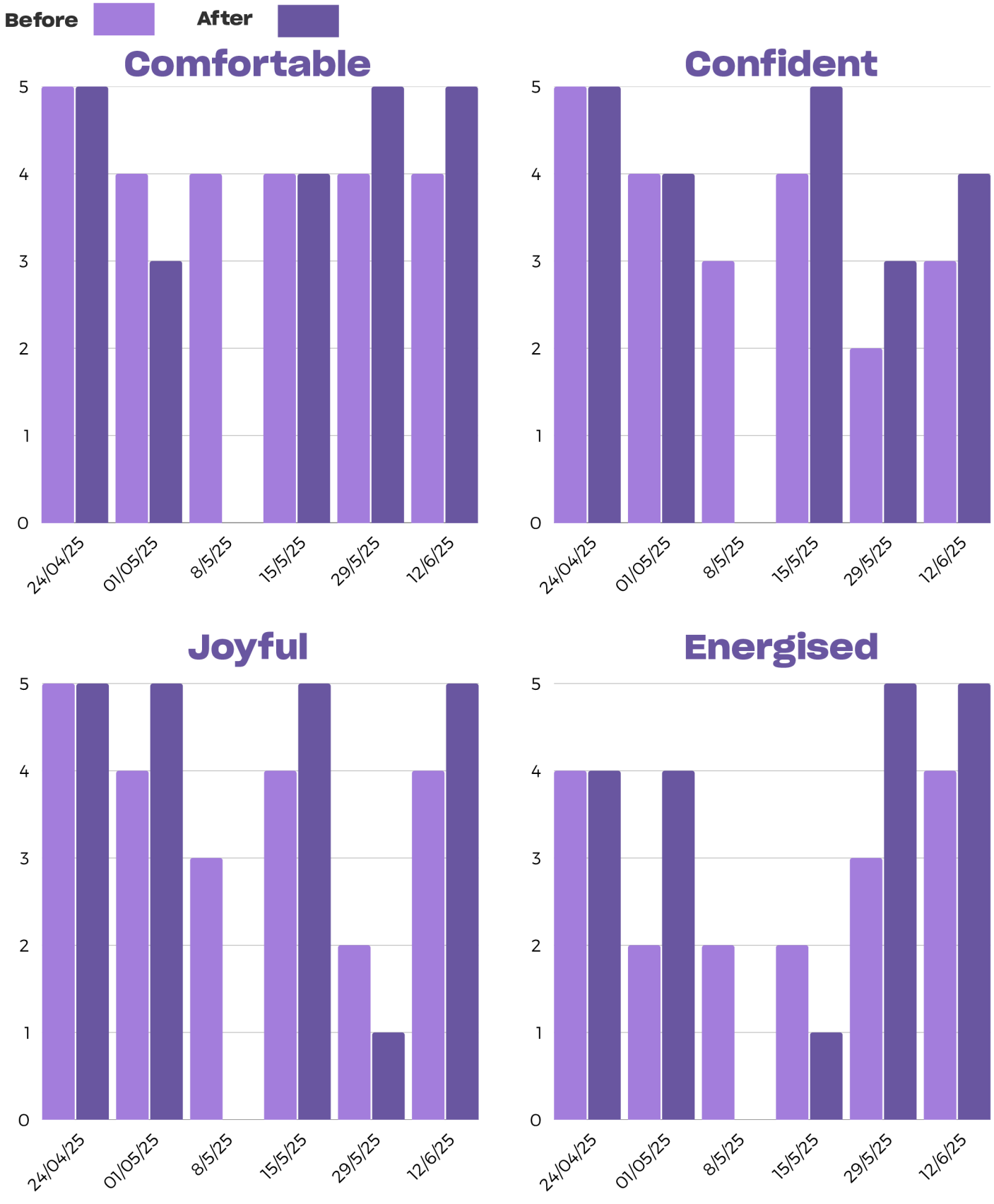
- it was important to have the support of dedicated staff and volunteers for this project to flourish. This ensured that patients were brought to take part in the sessions, and also meant we had valuable contributions to the atmosphere in the room when staff and volunteers took part with enthusiasm
- 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 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
- we also witnessed the power music can have in connecting with someone who might not be as responsive to verbal cues
- 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
- in the second block of work, we changed the setting for ward 70 - moving from the PT room to the activity room, which was a place patients were familiar with. This offered space that was closer to patients' beds and toilets, and the dancers seemed more at ease.
- this move also meant more staff joined in the sessions with ward 70, as they passed by the activities room, so they would join in for part of a session or wave as they walked by
- 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

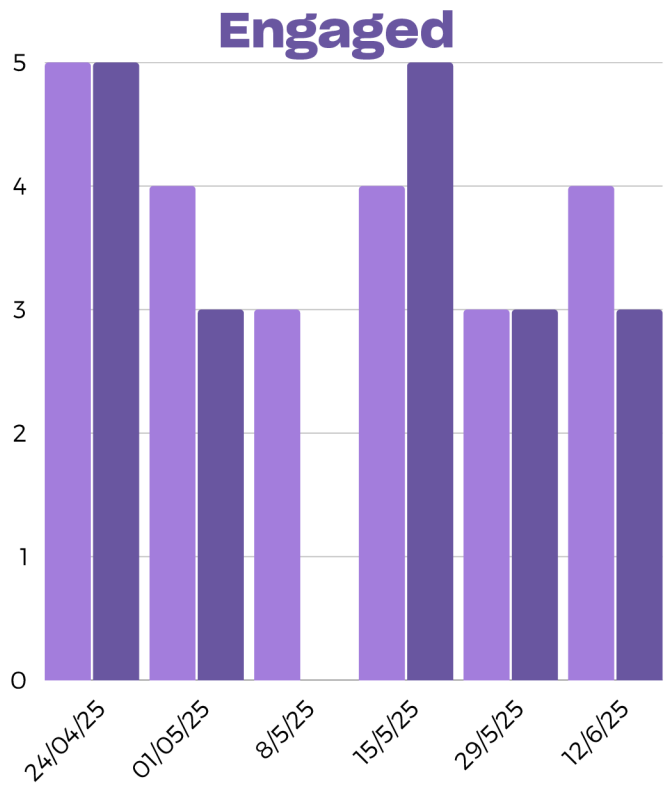
NEXT STEPS

A final block of 8-week long sessions commenced at the end of August. Potential to fund an extension of the project is being explored.

APPENDIX 1

QUANTITATIVE DATA | WELLBEING WHEEL

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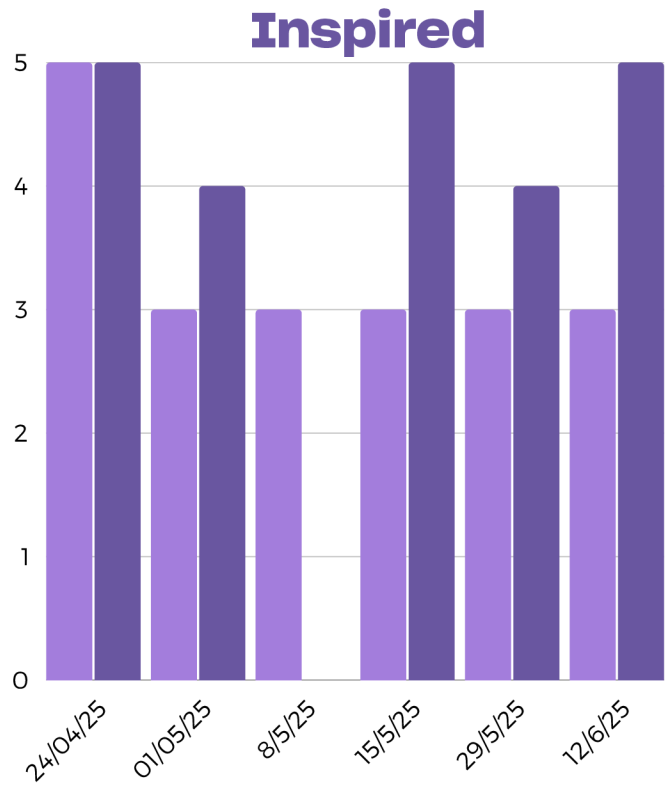
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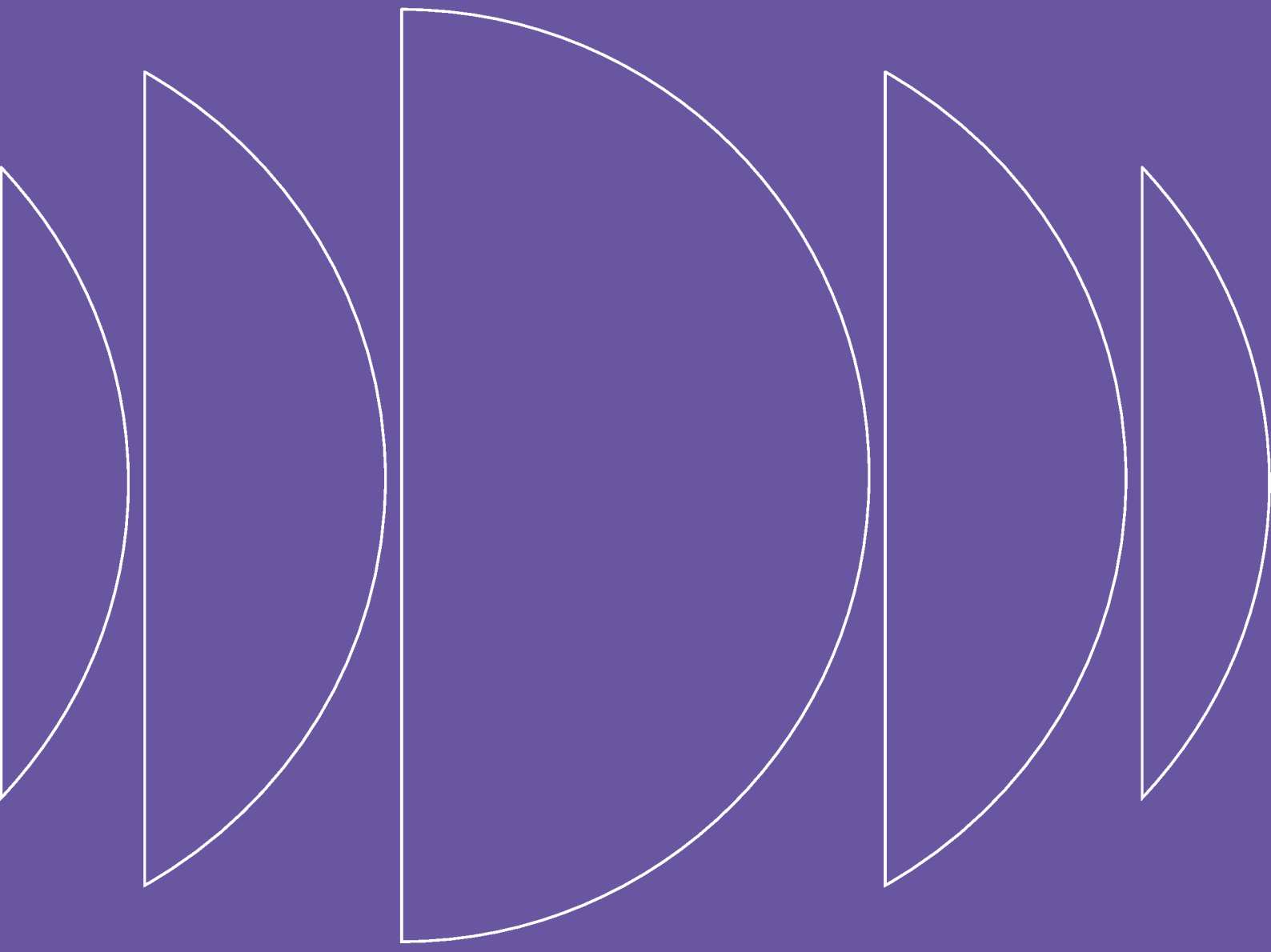

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