

DANCING WITH DEMENTIA

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End-of-Project Evaluation Report

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Dance Evaluation Lead

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*Photo image: A participant arriving at a Dancing with Dementia class with the two Dance Artists:
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1. Introduction

1.1 Dance Network Association (DNA) Organisation Context

DNA is an Essex-based dance charity founded in 2015 by CEO Gemma Wright. The organisation was established from Gemma's own experience of the transformative potential of dance and its capacity to support health, wellbeing and social connection. DNA's work is rooted in the belief that dance can provide meaningful opportunities for people to develop confidence, improve physical wellbeing, nurture creativity and build social relationships. From its inception, DNA has developed a person-centred approach to dance, working in partnership with health-sector professionals and community organisations to deliver programmes that respond to the individual needs, abilities and circumstances of participants. This approach places dance within a broader understanding of health and wellbeing, recognising the interconnected physical, emotional and social benefits of participation.

The organisation has developed significantly since 2015, supported by grants from county and district council funding sources, its programmes reach approximately 5,000 people each year, providing opportunities for people of different ages, backgrounds and abilities to participate in dance. Alongside its health and wellbeing work, DNA delivers accessible dance education and training for teachers, staff and artists. These activities support the organisation's wider ambition to democratise access to dance and contribute to its vision of *Dance for All* across Essex. In 2023, DNA transitioned from a Community Interest Company (CIC) to a registered charity. This marked an important stage in the organisation's development and included the establishment of a dedicated board of trustees. The board brings together individuals with lived experience and a shared commitment to DNA's mission. It is supported by approximately 10 freelance staff and between two and five volunteers across its programmes and various projects. DNA's experience of working collaboratively with health professionals and community partners provides an important context for understanding the *Dancing with Dementia* programme, which is the focus of this evaluation report.

1.2 *Dancing with Dementia* Programme

The *Dancing with Dementia* programme forms part of DNA's wider commitment to making dance accessible to people living with health conditions and to those who may experience barriers to participation in mainstream dance provision. The programme was delivered at Sunspot, Tendring, over a 12-month period by programme artists Katelyn Holman and Phil Toms. The programme provided opportunities for people living with dementia to engage in dance within a supportive and socially connected environment. Carers and companions are also part of the programme context, recognising that dementia can affect not only the individual but also the relationships and social networks around them. The programme reflects DNA's person-centred approach, in which dance is used not simply as an activity or form of exercise, but as a means of supporting wider aspects of health and wellbeing. The classes create opportunities for movement, creative expression, social interaction and shared experience and further, a chance for participants to experience creative movement and dance with their companions.

2. Programme Reach and Delivery

Across the reporting period forming this evaluation, 17 sessions were delivered, generating 158 participant attendances. The programme also recorded engagement from 26 carers/caregivers, 15 venue staff and 9 guests. The programme was delivered across a range of settings, including regular community-based Dancing with Dementia sessions, care homes and taster sessions. This flexible approach enabled the programme to engage people with different levels of mobility, confidence and support needs.

From the data collected across the delivery of the sessions, the quantitative data demonstrates a strong reach among older people and people living with dementia and/or disability, namely, of the 158 recorded participant attendances:

- 69 were recorded as people living with dementia.
- 72 were recorded as participants declaring a disability.
- 108 were aged 65 or over
- 21 were aged 50–64.
- 20 were aged 20–50.
- 119 were female and 33 were male.

The age data therefore demonstrates a particularly strong reach among older adults, with 108 recorded attendances from people aged 65+. Further, the participant profile supports the programme's focus on inclusive dance provision for older people and people living with dementia and disability.

Note: The figures above are reported as recorded in the monitoring dataset collated by DNA.

2.1 Evaluation Purpose and Scope

A freelance researcher (Dr Gemma Harman) was commissioned as the Dance Evaluation Lead to evaluate the *Dancing with Dementia* programme. The purpose of this evaluation is to explore, evidence and interpret the value of the programme across three principal areas:

- **Engagement and participation** – examining evidence of participants' engagement, confidence and participation in dance and movement, drawing on observations made during sessions, artist reflections and other data collected by DNA.
- **Wellbeing outcomes** – examining observable indicators and reported accounts relating to physical, emotional and psychological wellbeing, and the contribution of dance and movement to these areas, based on artist observations, conversations and other data collected by DNA.
- **Relational and social value** – examining evidence of social connection, interaction and relationships between people living with dementia and their carers or companions, drawing on observations, artist accounts, conversations and other data collected by DNA.

The evaluation was concerned not only with understanding how and why the programme was experienced as meaningful by participants. As participants were not interviewed directly,

insights into their experiences and responses were gathered through observations of their engagement and interactions during the classes, as well as conversations observed before, during and after sessions. This was complemented by feedback from carers, family members and the dance artists delivering the programme. The dance artists' reflections, informed by their ongoing experiences of working with participants, provided valuable practice-based insights into observed changes in engagement, behaviour, interactions and responses. Together, these sources of evidence helped to build a broader understanding of participants' experiences of the programme and to contextualise the observational findings.

2.2 Evaluation Approach and Methodology

The evaluation adopted a qualitative, person-centred and exploratory approach, informed by an understanding of DNA's organisational history, ethos and approach to dance and health. The evaluation drew on a range of sources, including:

- observation of a *Dancing with Dementia* session at Sunspot, Tendring;
- conversations with programme artists Katelyn Holman and Phil Toms;
- consideration of the programme's delivery context, structure and approach;
- observations of participants' engagement, interactions and responses before, during and after the session;
- feedback and reflections from carers and family members;
- analysis and interpretation of narratives and practice-based reflections gathered throughout the programme delivery.

Rather than relying solely on quantitative measures of change, the evaluation places value on the observations and experiences of the dance artists, alongside the perspectives of carers and family members and the narratives and interactions observed around the sessions. Participants were not interviewed directly as part of the evaluation; consequently, their experiences and responses are understood primarily through observation of their behaviour, engagement and interactions, through conversations observed before, during and after the classes, and through feedback from those supporting them and the artists delivering the programme. This approach was particularly relevant to a programme working with people living with dementia, where meaningful outcomes may be expressed through subtle or relational changes in mood, confidence, communication, participation, relationships and social engagement.

The evaluation also draws on practice-based evidence from the delivery of the programme and is situated within relevant research literature relating to arts, health and dementia practice. Further, it explores the contribution that dance made to participants' experiences rather than attempting to attribute all observed changes exclusively to the programme. This distinction is important when evaluating community-based health and wellbeing programmes, where experiences are shaped by multiple factors, including existing relationships, health, personal circumstances and wider support networks. The evaluation therefore focuses on the contribution of the programme, drawing on observations, feedback and narratives to identify patterns of engagement, change and significance.

The findings offer insight into not only what *Dancing with Dementia* offered participants, but also what appeared to make the programme valuable and meaningful to people living with dementia and those around them. In doing so, the evaluation considers both the observable experiences of participants and the perspectives of those who knew them, supported them or worked alongside them, providing a broader understanding of the programme's contribution to their social, emotional and relational experiences.

2.3 CEO, Lead Dance Artists and Dance Evaluation Lead

Gemma Wright (CEO and Founder)

Gemma Wright is a dynamic leader and a powerhouse in dance, creative health and community arts. With a lifelong passion for dance and an unshakeable drive to lead, she launched her journey by earning a BA (Hons) in Performance Studies from the University of Northampton, followed by dance teaching qualifications (DDTAL) from the prestigious Trinity Laban. With 17 years of rich experience spanning teaching, arts management, and producing, Gemma has held key roles at renowned institutions like the Royal Academy of Dance, Trinity Laban, dancedigital, and Dance East. This extensive background has equipped her with a deep understanding of how dance transforms lives—bringing joy, building connections, and uplifting well-being.

Phil Toms (Artist: Composer in Residence)

Phil Toms is a music educator, composer, musical director and performer with over 25 years' experience across education, community music and performance. Between 2006 and 2021, he lectured in Further and Higher Education at Colchester Institute, where he became Head of the School of Music, Media and Performing Arts at University Centre Colchester. He has also worked with schools and colleges across East Anglia, mentoring teaching staff and supporting music education programmes. Since 2015, Phil has designed and delivered community and schools-based music projects for the Royal Opera House Bridge and Essex Music Services, working across music, singing, dance and creative performance. He has worked with Dance Network Association as Composer in Residence since 2017, creating music for large-scale dance projects with schools and community groups. Since 2025, Phil has co-led music and dance sessions for people living with dementia and Parkinson's, alongside visiting residential care homes to provide live music and singing activities. His role in *Dancing with Dementia* brings together his experience in music, composition, community engagement and dementia-inclusive practice.

Katelyn Holman (Dance Artist)

Katelyn Holman is a community dance artist and practitioner with over a decade of experience with Dance Network Association (DNA). Her involvement with DNA began in 2015 as a workplace student, followed by participation in the organisation's Youth Dance Company and further dance training. She later returned to DNA as a volunteer before developing her role as a freelance dance artist across a range of community programmes. Katelyn is DNA's Community Dance and Engagement Lead, working across programmes including *Dancing with Parkinson's*, *Dancing with Dementia* and dance programmes for older adults. Her practice focuses on

accessible and inclusive dance, with sessions adapted to accommodate different needs and abilities. She has also co-led programmes combining live music and dance for people living with dementia and their caregivers. Katelyn has contributed to DNA's large-scale Mass Dance projects, most recently as Co-Lead Practitioner for *Mass Dance 2025: Swans Take Flight*, in partnership with Matthew Bourne's New Adventures. She is also co-founder and director of Motion Dance Academy, where she teaches children aged 2–18 and contributes to the school's creative and organisational development.

Gemma Harman (Dance Evaluation Lead)

Dr Gemma Harman is an independent dance educator, researcher and podcaster, working at the intersection of dance practice, dance and performance science, and performer experience. She originally trained as a dancer before specialising in areas of dance, music and dance medicine and science. Gemma has a BA (Hons) in Performing Arts (majoring in Dance) from Middlesex University and an MSc Dance Science and PhD Dance and Music Science from Trinity Laban Conservatoire of Music and Dance. She has extensive lecturing experience as a teacher, lecturer and researcher, delivering a range of specialisms, where she continues to work across vocational and Higher Education settings as a researcher and lecturer. Gemma is the creator and host of the Dance Research Podcast: [ResDance™](#).

3. What do we already know about dance and dementia?

Previous research into dance as a means of promoting health has identified a range of potential physical, psychological, social and emotional benefits for older adults. Across different forms and styles, dance has been associated with improvements in functional mobility, balance, coordination and physical functioning, alongside reductions in depression, loneliness and social isolation and improvements in quality of life (Clifford et al., 2022; Keogh et al., 2009; Koch et al., 2019). Dance classes with older adults also frequently take place in group settings, providing opportunities for social interaction and shared participation that can support connection, community and a sense of belonging (Douse et al., 2020; Quiroga Murcia et al., 2010). As an expressive and embodied activity, dance can also create opportunities for people to communicate and connect with others through movement, gesture, rhythm and shared experience, without relying solely on verbal communication.

There is also growing evidence that dance engages cognitive as well as physical processes. A systematic review and meta-analysis by Clifford et al. (2022) identified positive effects of dance on aspects of physical health and cognition among community-dwelling older adults, while Yuan et al. (2022) found evidence of benefits for cognitive functioning among older adults with mild cognitive impairment. Dance may therefore be understood not simply as a form of physical exercise, but as a multidimensional activity bringing together movement, music, creativity, cognition, social interaction and personal meaning.

However, much research in the field has been conducted with a strong emphasis on measurable outcomes (Crickmay et al., 2021; Houston, 2011). While this research has been important in demonstrating the potential contribution of dance to health and in strengthening dialogue between the arts and health sectors, researchers have also questioned the extent to which

numerical outcome measures can capture an inherently subjective, embodied and relational experience (Petts & McGill, 2024). The value of dance may not be located solely in measurable outcomes, but also in the experience and process of participation: how movement is felt and experienced, how it is shared with others, and the opportunities it creates for expression, agency, creativity and connection (Batson et al., 2012; Purser, 2021). A strength of this evaluation, therefore, is its use of a combination of numerical and experiential data to provide a more holistic insight into this setting and the Dancing with Dementia programme.

3.1 Dance and dementia

Dementia is a progressive condition that can affect memory, thinking, communication, mood, behaviour and a person's ability to carry out everyday activities. However, dementia is not solely a cognitive condition. The experience of living with dementia is also shaped by social relationships, physical health, emotional wellbeing, identity, participation and opportunities to remain engaged in meaningful activities. Approaches to dementia care and support therefore increasingly recognise the importance of quality of life and wellbeing alongside clinical and cognitive outcomes.

Within this context, there has been growing interest in arts and creative activities as ways of supporting people living with dementia. Dance is particularly relevant because it brings together physical activity, music, creativity, social interaction and embodied forms of communication. Participation can be adapted to different physical and cognitive abilities and does not necessarily depend upon verbal communication. This may be particularly valuable for people living with dementia, for whom opportunities for expression, social participation and meaningful engagement may become increasingly important.

Research specifically examining dance in the context of dementia remains an emerging field. However, research involving people living with cognitive impairment, alongside evidence from related neurological conditions, provides an important context for considering its potential contribution. Evidence concerning dance and mild cognitive impairment suggests that dance may support aspects of cognitive functioning (Yuan et al., 2022), while research in Parkinson's has identified potential benefits relating to movement, participation and wellbeing (Houston, 2011; Houston & McGill, 2015; Houston, 2019). This research also highlights the importance of adapting dance and movement practice to individual needs and abilities.

Research into creativity and the dementias has similarly challenged assumptions that cognitive decline necessarily represents a loss of creative capacity. Camic et al. (2018), for example, highlight the potential for continued artistic expression and creative engagement among people living with dementia. This is particularly relevant to dance, where participation does not necessarily depend on memory, verbal communication or conventional measures of cognitive ability. The physical and creative possibilities of movement may therefore provide alternative ways of participating and expressing oneself.

The potential contribution of dance also extends beyond individual physical or cognitive outcomes. Dance can create opportunities for social connection, shared experience and participation, while its creative and embodied qualities may support forms of communication and

expression that are not dependent on words. Movement, rhythm, music and shared attention can provide opportunities for interaction with others and may be particularly valuable where verbal communication becomes more difficult. Research on intergenerational dance, for example, has identified potential benefits for older adults' social and emotional wellbeing (Douse et al., 2020). Such findings reinforce the value of considering dance as a relational and creative practice as well as a physical or cognitive intervention.

This broader understanding is important when evaluating dance programmes for people living with dementia. The potential benefits of participation may include measurable changes in physical or cognitive functioning, but may also be reflected in less readily quantifiable experiences such as enjoyment, confidence, connection, self-expression, agency, identity and belonging. The INNATE framework proposed by Warran et al. (2022) is useful in this regard, encouraging consideration of the different 'active ingredients' within arts and health activities rather than treating an arts intervention as a single, uniform experience. This perspective recognises that the value of participation may arise not only from the activity itself, but also from the relationships, environment, creative processes and opportunities for agency that surround it.

Taken together, the existing literature suggests that dance has the potential to contribute to health and wellbeing across physical, cognitive, psychological and social domains. At the same time, the evidence specifically concerning people living with dementia remains less extensive than the broader literature on dance, healthy ageing and related neurological conditions. There is therefore a need to consider not only whether participation is associated with particular outcomes, but also how those outcomes and experiences may become visible within the context of participation.

For programmes such as *Dancing with Dementia*, this means paying attention to the ways participants engage with the activity, interact with others and respond to the environment around them, as well as to changes that may be noticed by those who support or work alongside them. Such evidence can include observed changes in mood, confidence, communication, participation, social interaction and enjoyment, alongside the reflections of carers, family members and dance artists. This provides a more holistic understanding of the potential contribution of dance, while recognising that experiences cannot always be separated from the wider circumstances of people's lives. It also provides an appropriate framework for the present evaluation, which considers the contribution and meaning of participation through observation and the perspectives of those involved in and around the programme, rather than through direct participant interviews.

4. Methods

A person-centred, qualitative and exploratory research design was adopted, allowing the evaluator to develop an understanding of participants' engagement with and responses to the dance programme, and its potential contribution to wellbeing, participation and social connection. As participants were not interviewed directly, this understanding was developed through observation of their engagement and interactions during the sessions, observations of conversations before, during and after classes, and feedback and reflections from carers, family members and the dance artists delivering the programme. The evaluation drew on observations

of participants' engagement and responses, feedback from carers, family members and care staff where available, and the practice-based perspectives of the dance artists.

4.1 Data collection

The evaluation commenced with a review of the organisation and its approach to delivering the dance programme, alongside relevant literature concerning arts, health, wellbeing and dementia practice. This provided contextual and theoretical grounding for the evaluation and informed the interpretation of evidence gathered through practice.

The Dance Evaluation Lead observed one weekly dance session online. Online observation was undertaken due to the distance between the researcher and the class. The session was attended by regular participants, in some cases accompanied by an adult companion, and the two dance artists delivering the programme. The session lasted approximately two hours and comprised a 45–90-minute dance class alongside a social period involving tea and coffee, which took place either before or after the class depending on the session.

Observation extended beyond the dance activity itself, with attention given to participants' engagement and interactions before, during and after the class. These observations provided insight into social connection, participation and wellbeing within the wider context of the programme, rather than focusing solely on what occurred during the formal dance activity. As participants were not interviewed directly, observation provided an important means through which the researcher could develop an understanding of their participation in the programme.

Following the observed session, the Dance Evaluation Lead held an exploratory discussion with the two dance artists. This explored their roles, the planning and delivery of the classes, their observations and experiences of delivering the programme, and their perceptions of participants' and companions' engagement and responses. The discussion was intentionally open-ended, allowing issues and themes arising naturally from the artists' experiences and practice to emerge. Together, the observation and artists' reflections provided complementary sources of practice-based evidence, enabling the researcher to develop a broader understanding of how the programme was experienced and the ways in which it appeared to contribute to participation, wellbeing and social connection.

4.2 Ethical considerations

Data collection followed ethical best practice, with attention to informed consent, anonymity, confidentiality and safeguarding. The evaluation adopted a person-centred approach throughout, recognising participants' individual experiences, preferences and ways of engaging with the sessions.

4.3 Sources of evidence

Evidence was drawn from five complementary sources:

- relevant literature relating to arts, health, wellbeing and dementia;

- research into DNA as an organisation and its approach;
- data collated throughout the classes/duration of delivery
- practice-based evidence arising from programme delivery;
- perspectives and experiences shared by the dance artists.

Together, these sources enabled the evaluation to consider the dance programme from multiple perspectives and to identify themes emerging from both the observed practice and the wider evidence base. The dance classes incorporated movement, repetition, props and musical timelines, providing varied routes into participation and engagement. These elements were considered within the evaluation alongside the social and relational aspects of participation, recognising that the potential benefits of the programme extend beyond the dance activity itself to include opportunities for interaction, enjoyment and wider wellbeing.

4.4 Data Analysis

Data were analysed thematically using an inductive approach. The Dance Evaluation Lead reviewed the observational notes, audio recordings and verbatim transcripts of conversations with the dance artists. The purpose was to identify recurring ideas, experiences and patterns in the data. Initial observations and comments were reviewed and grouped according to areas of shared meaning, while also noting differences between people's experiences.

Themes were developed gradually through repeated review of the data, rather than being decided in advance and/or when the class was observed. This allowed issues that were important to participants, companions and dance artists to emerge from the evidence. This approach was in keeping with the person-centred and exploratory nature of the evaluation. Observations were considered alongside the accounts provided by the dance artists and relevant literature, helping to place the findings within the wider context of arts, health and dementia practice.

The analysis focused on the dance artists' observations and reflections on participants' engagement with and responses to the sessions. This included their experiences of how participants appeared to respond to the dance activities, music, movement, repetition and social interaction, as well as their perceptions of participants' enjoyment, participation and wellbeing. The analysis also considered observations of participants during the session and the interactions taking place before, during and after the class. Evidence from these different sources was considered together to identify recurring themes, areas of similarity and difference, and patterns that provided insight into how participants appeared to experience and respond to the programme. As participants were not interviewed directly, the analysis does not claim to represent their views in their own words but rather develops an understanding of their experiences through observation and the perspectives of the artists and others involved in supporting their participation.

The inductive approach was informed by Patton (2015), who describes the value of allowing patterns and themes to emerge from qualitative data rather than applying categories that have been decided in advance. This approach was appropriate for the evaluation because it allowed the experiences and perspectives of those involved to remain central to the findings.

5. Findings

The following themes were developed through analysis of data collected throughout the *Dancing with Dementia* programme. The analysis drew on observations of participants during sessions, collated session data, and conversations with the artists involved in delivering the programme. These sources were considered together to identify recurring experiences, behaviours and patterns across the sessions.

The themes therefore reflect both what was observed during participation and the reflections and experiences shared by the artists. Three interconnected themes emerged from this analysis: (1) Wellbeing and Quality of Experience, (2) Social Connection and Belonging, and (3) Engagement, Confidence and Creative Agency. As the evidence is primarily qualitative and observational, the findings are presented as indications of participants' experiences and engagement rather than as evidence of clinical or measurable changes.

5.1 Theme 1: Wellbeing and Quality of Experience

Wellbeing and quality of experience emerged as a consistent theme across observations, collated data and conversations with practitioners. Practitioners observed changes in mood, enjoyment, physical engagement and emotional expression, with even small responses—such as tapping a foot, moving a hand, smiling or singing along—being understood as meaningful indicators of participation and enjoyment. The sessions provided participants with opportunities to experience pleasure, creativity and achievement within a supportive environment.

Music was particularly important in shaping this experience. Practitioners deliberately selected familiar songs that connected with participants' age, musical memories and interests. Songs such as *Oh, What a Beautiful Morning*, *Over the Rainbow*, *Blowin' in the Wind* and *Dancing Queen* could prompt recognition, singing and memories, sometimes accompanied by visible changes in mood or engagement. The use of live music was also considered valuable because practitioners could adapt the pace, repetition and structure of a song in response to the group rather than relying on a fixed recording.

The sessions also offered a break from the routines and expectations associated with care and dementia. Participants were engaged as individuals with interests, memories and creative identities, rather than being defined primarily by their condition. This was particularly important for wellbeing, as practitioners felt that some people did not want dementia to be the focus of every activity they attended. The opportunity to sing, move, laugh, create and socialise provided a more positive and person-centred experience.

There was also recognition that music and creative activity could evoke strong emotions, including memories associated with loss or bereavement. Practitioners therefore emphasised the importance of sensitivity and responsiveness, allowing participants space to experience and express emotions without requiring a particular response. Overall, wellbeing was understood not simply as an absence of distress, but as having opportunities for enjoyment, connection, self-expression, purpose and positive emotional experiences.

5.2 Theme 2: Social Connection and Belonging

Social connection was a central feature of the sessions and extended beyond the creative activities themselves. Participants had opportunities to meet others, develop relationships, share experiences and spend time together in an informal and welcoming environment. Tea and coffee, conversations before and after sessions, and familiarity between practitioners and regular participants all contributed to a sense of community and belonging.

The development of relationships over time was particularly significant. Practitioners described getting to know participants as individuals, remembering their preferences and interests and recognising changes in their behaviour and engagement. Participants who initially communicated very little were observed becoming more verbal and initiating conversations, while others appeared increasingly comfortable participating alongside the group. These observations suggest that the sessions could provide a consistent social environment in which relationships and confidence developed gradually.

The sessions also created opportunities for participants to reconnect with aspects of their previous identities and interests. For example, conversations about football, music, professional experiences and personal memories could emerge naturally from activities. This reinforced the idea of participants as people with histories, interests and relationships, rather than simply as residents or people living with dementia.

Family members and carers were also an important part of this social experience. Practitioners observed that carers could gain considerable enjoyment from the sessions themselves and valued opportunities to see the person they supported smiling, participating and expressing themselves creatively. In some cases, attending a session enabled family members to see a different aspect of the participant's identity and capabilities. The sessions therefore appeared to have relevance beyond individual participants, extending to their wider support networks.

The wider context was also important. Practitioners identified the availability of local support, transport, accessible venues, appropriate session times and connections with community organisations as factors influencing attendance. Where this infrastructure was stronger, it was easier to sustain participation. This suggests that belonging is not only created within the session itself but is also shaped by whether people can access and regularly attend opportunities within their local community.

5.3 Theme 3: Engagement, Confidence and Creative Agency

Engagement, confidence and creative agency emerged through repeated observations of participants' involvement in activities, alongside practitioners' reflections on changes they noticed over time. The sessions provided multiple opportunities for participants to engage actively, develop confidence and exercise creative choice. Practitioners described changes in participants' willingness to speak, move, sing, contribute ideas and participate independently. These changes were not always dramatic or easily captured through formal feedback, but were visible through repeated observation of participants' behaviour and interactions.

A consistent session structure appeared to support this development. Familiar elements, such as welcome songs, warm-ups and repeated activities, provided reassurance and helped participants know what to expect. Practitioners noted that participants could become accustomed to the sequence of activities and even notice when a familiar element was missing or presented in a different order. This repetition appeared to support recognition, confidence and a sense of achievement.

At the same time, practitioners emphasised the importance of balancing familiarity with variety. New songs, movements, props and creative activities provided opportunities for participants to make choices and try something different without removing the security of a familiar structure. This was particularly evident in activities where participants were encouraged to generate their own movements or responses. Rather than there being one correct way to complete an activity, participants could interpret instructions in their own way and contribute something of themselves.

Creative agency was closely connected to person-centred practice. Practitioners adapted activities according to participants' physical abilities, mood, confidence, energy and level of engagement on the day. Movement could be simplified or expanded, music could be repeated or changed, and activities could be adjusted in response to the group. This flexibility enabled participants with different abilities to take part without being expected to perform at a single standard.

The findings also highlight the role of specialist creative practitioners. Effective delivery involved more than providing a set of exercises or activities; practitioners needed to read the room, recognise individual responses and adjust the session in real time. Their specialist skills in music, movement and facilitation helped create an environment in which participants could take risks, make choices and express themselves. The combination of structure, flexibility and specialist expertise therefore appeared to support not only engagement, but also participants' sense of autonomy and creative agency.

6. Integrated Discussion and Overall Assessment

The findings indicate that *Dancing with Dementia* created opportunities for participants to engage in movement, music and creative activity within a supportive social environment. Across the three themes, observations and practitioners' accounts identified experiences relating to wellbeing, connection and confidence, alongside examples of engagement, movement, interaction and familiarity among some participants. Taken together, these suggest that the value of the programme lies in the interaction between several elements rather than in a single identifiable outcome. Movement, music, repetition, creativity and social connection were integrated within the sessions, providing different ways for participants to participate according to their interests, confidence and abilities. Lastly, the findings are broadly consistent with existing research on dance, health and wellbeing, while also highlighting the importance of considering the lived and embodied experience of participation.

6.1 Qualitative Findings

The qualitative evidence suggests that *Dancing with Dementia* provided participants with opportunities to experience enjoyment, movement, connection and creative participation. Participants' accounts indicate that the sessions could contribute to positive experiences of wellbeing and provide opportunities to feel more like themselves within a supportive environment. The social dimension of the programme was particularly important. Participants described friendships, welcoming relationships and the value of meeting others in similar situations. This reflects existing research which identifies group dance as a context for social interaction, community and belonging (Douse et al., 2020; Quiroga Murcia et al., 2010).

The findings relating to engagement and confidence similarly suggest that participation was not limited to following dance movements. Familiar music, repeated structures and creative activities provided different routes into participation, while activities such as *Doorstep Duets* enabled participants to contribute ideas and develop a shared creative outcome. These findings support research which positions dance as an embodied, creative and relational practice rather than simply an intervention intended to produce measurable health outcomes (Batson et al., 2012; Crickmay et al., 2021; Houston, 2011; Purser, 2021).

The findings relating to memory and recall are particularly relevant in this context. Artists and staff described examples of participants remembering movements, recognising familiar routines and anticipating aspects of sessions. These observations indicate that familiarity and repetition were meaningful aspects of engagement for some participants. However, they do not provide evidence of changes in cognitive functioning. Their significance lies in what they demonstrate about participants' engagement with the activity rather than in establishing a clinical cognitive outcome

6.2 Artists' Observations

The observations of the lead dance artists provide an important practice-based perspective on the programme. Through repeated involvement in the sessions, the artists were able to observe participants' engagement over time and identify changes in participation, confidence, movement and familiarity. Their accounts broadly reinforced the participant and staff perspectives presented in Section 5.

A key feature of the artists' accounts was the importance of a flexible and person-centred approach. Although sessions were planned around a consistent structure, activities, music and the pace of delivery could be adapted according to participants' mood, energy, physical ability and engagement on the day. Katelyn described the importance of being able to “*read the room*” and respond to what was happening within the group. This flexibility appeared particularly important given that participants' abilities and willingness to engage could fluctuate between sessions.

Music and familiarity were also central to participation. Artists described familiar songs prompting recognition, singing, memories and emotional responses, while participants who did not engage in larger movements could still participate through smaller responses such as tapping their hands or feet, listening or observing. Music could evoke both positive and difficult

emotions, illustrating that meaningful participation was not necessarily synonymous with enjoyment or positive mood at every moment. These observations reinforce the importance of understanding engagement as broader than observable physical activity.

The artists also described opportunities for agency, creativity and confidence. Over time, some participants appeared increasingly willing to contribute, create their own movements and make choices about how they participated. Rather than simply following instructions, participants could experiment, adapt movements and contribute creatively to activities. This suggests that the programme provided opportunities for agency and self-expression, including for participants whose abilities may otherwise be increasingly defined by dementia or physical limitations.

A further theme was social connection and identity beyond dementia. The sessions created opportunities for shared activity, conversation, humour and relationships between participants, carers and artists. Informal interactions around tea and coffee were also considered important, enabling artists to get to know participants as individuals. As Katelyn reflected, “*people, they're not just numbers on a spreadsheet.*” This illustrates the importance placed on recognising participants as people with individual histories, interests, relationships and identities rather than primarily as people living with dementia.

The artists further described how the programme extended beyond the individual participant to include carers and families. Carers could experience social contact and respite while also seeing their partner or relative participate in a different environment. The artists described instances in which relatives appeared particularly moved by seeing participants smiling, singing, moving and contributing creatively. Supporting participation could also involve encouraging carers to step back and allow individuals opportunities to act independently.

Finally, the interviews highlighted the importance of specialist artistic facilitation. The artists drew on their backgrounds in dance, music, performance and teaching to adapt activities, manage different levels of ability and create an environment in which participants could experiment and participate. Their role extended beyond delivering a predetermined series of exercises: it involved interpreting participants' responses, making decisions in the moment and creating opportunities for connection and creativity. This suggests that the programme's value was located partly in how activities were facilitated, rather than simply in the activities themselves.

Taken together, the artists' accounts demonstrate that participation within *Dancing with Dementia* was multidimensional, encompassing physical, emotional, cognitive, creative and social forms of engagement. Their observations also highlight forms of participation that may be difficult to capture through conventional outcome measures, including recognition, laughter, small physical responses, musical connection, confidence and creative contribution. Importantly, engagement was not linear and could vary according to participants' physical and emotional state on a particular day.

6.3 A flexible and person-centred approach enabled participation

The artists described the Dancing with Dementia sessions as structured but deliberately flexible, with activities adapted according to participants' mood, energy, physical ability and engagement

on the day. Rather than following a fixed programme, the artists emphasised the importance of responding to what was happening within the room. Katelyn described the need to “*read the room*”, adjusting activities, music and the pace of sessions according to participants’ responses. This flexibility was particularly important given that participants’ abilities and willingness to engage could vary considerably between sessions. The findings suggest that effective dementia-inclusive dance practice relies not only on the activities being delivered, but on the artist’s ability to respond sensitively to individual and group needs.

6.4 Music and movement provided multiple routes into engagement

Music was described as central to the experience of participation, providing opportunities for memory, recognition, emotional response and movement. Artists recalled participants joining in with familiar songs from memory, while others engaged through smaller responses such as tapping their hands or feet. Familiar music could also evoke strong memories and emotions, including more difficult experiences, which artists responded to sensitively. The artists therefore described engagement as extending beyond observable physical movement. As Katelyn noted, participants could sometimes connect simply through listening, while even small physical responses could represent meaningful engagement. These observations suggest that the value of participation may not be fully captured through measures of physical activity alone.

6.5 Dance created opportunities for agency, creativity and confidence

The artists described participants becoming increasingly confident in contributing to sessions and creating their own movements. Activities were designed to provide opportunities for choice and experimentation, with participants able to adapt movements or choose not to participate. Over time, some participants moved from primarily following the artists’ instructions towards contributing their own ideas and movements. This was understood as an important aspect of the programme, as participants were not simply recipients of an activity but active contributors to its creation. The artists’ observations therefore point towards dance as a space for agency, creative expression and confidence, including for participants whose abilities may otherwise be increasingly defined by dementia or physical limitations.

6.6 Social connection and identity beyond dementia

Social connection was a recurring feature of the artists’ accounts. The sessions created opportunities not only for dance and movement but also for conversation, humour, shared experiences and relationships between participants, carers and artists. Informal interactions around tea and coffee were considered an important part of the programme, enabling artists to get to know participants as individuals. This was reflected particularly strongly in Katelyn’s observation that “*people, they’re not just numbers on a spreadsheet.*” The comment illustrates the importance placed on recognising participants as people with individual histories, interests, relationships and identities rather than primarily as people living with dementia. The programme therefore appeared to provide a space in which participants could experience connection and express aspects of their identity beyond their diagnosis.

6.7 The value of the programme extended to carers and families

The artists described benefits that extended beyond the person living with dementia. Carers were often actively involved in sessions and were seen to gain enjoyment, social contact and respite, while also having the opportunity to see their partner or family member participating in a different environment. The artists described instances where relatives appeared particularly moved by seeing participants smiling, engaging and contributing creatively. The programme therefore appeared to create opportunities for shared experiences between people living with dementia and those supporting them, potentially contributing to relationships that extend beyond the practicalities of care.

6.8 Specialist artistic facilitation was an important part of the programme

The interviews also highlighted the importance of the artists' specialist knowledge and experience. The artists described drawing on their backgrounds in dance, music, performance and teaching to adapt activities, manage different levels of ability and create an atmosphere in which participants felt able to experiment and participate. Their role extended beyond delivering a series of exercises: it involved interpreting participants' responses, adapting the session and creating opportunities for connection and creativity. This suggests that the programme's value is located partly in how activities are facilitated, rather than simply in the activities themselves.

6.9 Overall findings

Taken together, the interviews suggest that the value of Dancing with Dementia extends beyond physical activity or measurable health outcomes. The artists described a form of participation that was simultaneously physical, emotional, cognitive, creative and social. They observed changes such as increased movement, communication and confidence, but also highlighted subtler forms of engagement, including recognition, smiling, laughter, musical connection, memory and creative expression. Katelyn described the classes as *"a lifeline for a lot of people"*, reflecting the broader significance that the artists attributed to the programme within participants' lives. These findings reinforce the value of combining quantitative measures with qualitative accounts of experience, allowing the evaluation to capture not only whether change occurred, but also how participation was experienced and what it meant to those involved.

7. Interpretation of Findings Against Existing Research

Much of the existing health research concerning dance has focused on measurable outcomes, including physical functioning, psychological wellbeing and cognitive performance. Systematic reviews have identified associations between dance participation and physical, psychological and social outcomes (Clifford et al., 2022; Keogh et al., 2009; Koch et al., 2019).

Research concerning dance and dementia also increasingly recognises that the value of participation cannot be fully captured through conventional outcome measures. Dance combines physical activity with music, creativity, embodied communication and social interaction. Camic et al. (2018), Douse et al. (2020) and Warran et al. (2022), among others, highlight the importance of creative, relational and embodied experiences within arts and dementia practice.

Chappell et al. (2021) similarly emphasise the aesthetic, artistic and creative dimensions of dance alongside more conventional health outcomes. Purser (2021) considers movement as a way of understanding health and experience, while Petts and McGill (2024) question assumptions that objective forms of knowledge should necessarily take precedence when evaluating dance and health.

These perspectives are relevant to the present evaluation because several of the most significant findings concern experiences that are difficult to reduce to a single measurable outcome. Participants described enjoyment, belonging, confidence and connection, while artists observed changes in engagement and participation. These experiences may be important in their own right, particularly within dementia-inclusive practice.

The INNATE framework developed by Warran et al. (2022) provides a useful way of considering the range of elements that can contribute to arts and health experiences. Within *Dancing with Dementia*, these included movement and physical activity, music, repetition, creativity, social interaction, relationships, enjoyment, challenge, choice and self-expression.

Considering these elements together provides a more nuanced interpretation of the programme. Rather than identifying dance as producing one particular outcome, the evaluation suggests that the programme created a combination of conditions in which participants could engage physically, socially and creatively.

The programme also appeared relevant within care-home settings. Staff reported participation among some residents who would not normally engage in group activities. This suggests that bringing dance activity into care settings can create additional opportunities for participation for people who may face barriers to accessing community-based activities.

The evidence should nevertheless be interpreted cautiously. The evaluation demonstrates experiences and observations associated with participation; it does not establish that the programme caused changes in physical health, mental health or cognitive functioning.

8. Overall Assessment of the Programme

Taken together, the quantitative and qualitative evidence provides a consistent indication that *Dancing with Dementia* created opportunities for participation, connection and creative engagement.

Three interconnected areas were particularly evident. First, participants described positive experiences relating to wellbeing and quality of experience, including enjoyment, happiness and confidence. Second, the programme created opportunities for social connection and belonging, including meeting others, developing friendships and participating within a welcoming group environment. Third, engagement, confidence and creative agency were evident through repeated participation, familiar music and routines, opportunities to contribute creatively and activities such as *Doorstep Duets*.

The programme also appeared to provide multiple routes into participation. Music, movement and repetition enabled participants to engage in different ways, while creative activities provided opportunities for choice, contribution and achievement. This was particularly relevant for some participants who were initially hesitant or less likely to participate in group activities.

The evidence also highlights the relevance of delivery across both community and care-home settings. Community sessions provided opportunities for social interaction and ongoing participation, while care-home delivery enabled some residents who did not normally participate in group activities to engage with dance and creative activity.

The quantitative data provides evidence of programme reach, while the qualitative material provides greater insight into the experiences associated with participation. Across 17 sessions, 158 participant attendances were recorded. These figures demonstrate programme reach and participation, but should not be interpreted as measures of individual-level change.

Overall, the evaluation suggests that *Dancing with Dementia* made a positive contribution to participants' opportunities to engage in movement, music, creativity and social interaction. The evidence is strongest in relation to positive experiences, observed engagement, social connection, confidence and perceived value.

The findings should not, however, be interpreted as demonstrating clinically measured improvements in physical health, mental health or cognitive functioning. Rather, the evaluation demonstrates how the programme was experienced and observed in practice, and identifies the ways in which dance, music, repetition, creativity and social connection appeared to support meaningful participation for people living with dementia.

9. Applied Recommendations

The findings suggest several practical considerations for future delivery and evaluation of *Dancing with Dementia*. These recommendations are informed by observations made during sessions, collated programme data and conversations with the artists involved in delivery.

First, a flexible and person-centred approach should remain central to programme delivery. While consistent session structures can provide familiarity, reassurance and support participation, artists should retain sufficient flexibility to adapt activities, music and pacing in response to participants' needs, abilities and levels of engagement on the day. The findings suggest that balancing structure with responsiveness enables participants to engage in ways that are appropriate to their individual circumstances.

Second, future programmes should continue to recognise multiple forms of participation. Engagement should not be defined solely in terms of physical movement or the completion of activities. Listening, singing, tapping, recognising familiar music, observing, responding emotionally and contributing creatively may all represent meaningful forms of participation. This is particularly important when working with participants with differing physical, cognitive and communicative abilities.

Third, the role of specialist artistic facilitation should be recognised in the planning and resourcing of programmes. The findings suggest that effective delivery involves more than providing a standardised set of exercises or activities. Artists draw on specialist skills to read the room, recognise individual responses, adapt activities and create an inclusive and responsive atmosphere. This expertise should therefore be considered an important component of programme delivery rather than assumed to be readily transferable through a standardised model.

Fourth, opportunities for social interaction and informal connection should be protected within programme design. Relationships developed around the sessions, including interactions between participants, carers and artists, formed an important part of the overall programme experience. Informal conversations before and after sessions, shared refreshments and opportunities to socialise contributed to the sense of connection and belonging identified within the findings. These elements should therefore be considered alongside the creative activity itself rather than treated as incidental.

Fifth, future evaluation could strengthen the evidence base by combining attendance data with more systematic and longitudinal measures of participation and experience. Recording individual attendance separately from total participant attendances would make it easier to assess continuity and patterns of participation over time. Short, accessible qualitative feedback collected at several points throughout a programme could also provide a clearer picture of participants' experiences over time, while retaining the qualitative and person-centred nature of the evaluation rather than reducing outcomes to quantitative measures alone.

Finally, programme planning should consider the wider conditions that affect access and sustained participation, including timing, location, transport, referral pathways, session frequency and local community infrastructure. The value of the creative activity itself does not necessarily ensure sustained participation where practical or structural barriers limit access. Future planning should therefore consider both the quality of the programme and the wider conditions required to enable participants to attend and engage consistently.

10. Conclusion

This evaluation indicates that *Dancing with Dementia* provided meaningful opportunities for people living with dementia to participate in dance, music and creative activity within supportive and socially connected environments. Three interconnected themes emerged: wellbeing and quality of experience; social connection and belonging; and engagement, confidence and creative agency.

The findings highlight the value of considering dance beyond conventional measures of health or cognitive change. The programme offered multiple routes into participation, including movement, music, memory, creativity, social interaction and opportunities for choice and self-expression. The artist interviews further demonstrated the importance of flexible, person-centred and specialist facilitation in creating these opportunities.

At the same time, the evidence is primarily qualitative and observational and does not establish causal or clinically measured changes in physical, mental or cognitive functioning. The

quantitative attendance data demonstrates programme reach, while the qualitative evidence provides insight into how participation was experienced and the meanings attributed to it by participants, staff and artists.

Overall, the evaluation provides evidence of positive experiences, observed engagement, social connection, confidence and perceived value associated with the programme. Its contribution therefore appears to extend beyond what can be captured through measures of physical activity or clinical outcomes alone.

As Katelyn reflected, the classes can be “*a lifeline for a lot of people.*” This captures the broader significance of the programme identified across the evaluation: not simply providing an activity but creating a space in which people living with dementia could move, connect, create, participate and be recognised as individuals.

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