

small things | dance collective



ELaTion

Enhancing Lives Through Improvisation: Participatory dance and performance in a Children's Hospital; a two year report



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Introduction

This report evaluates the ELaTlon project by Small Things Dance Collective (STDC) at Alder Hey Children's Hospital (AHCH) in Liverpool, UK. The two-year project, from January 2018 to December 2019, was funded by BBC Children in Need and Arts Council England, and included a programme of participatory somatic dance sessions and a series of bespoke music and dance improvised performances on the wards of the children's hospital.

Background

Since 2008, STDC have been dance company in residence at AHCH and have pioneered the application of creative dance practice in the clinical setting in the UK. AHCH is a world-leading centre for research and healthcare. It is one of the largest and busiest children's hospitals in Europe, treating over 300,000 patients a year and employing 3,500 staff.

This unusual relationship, between a small artist-led organisation and a





large children's hospital, followed an initial exploratory programme of work in 2006 by dance artist Lisa Dowler and the hospital's Arts for Health and Play Services. Since then STDC have led weekly one-to-one and small group improvised dance/movement and relaxation sessions with children and young people (CYP) across various acute wards including neuromedical, neurosurgical, cardiac, orthopaedic, mixed surgical, renal

dialysis, burns, the High Dependency Unit (HDU) and the Intensive Care Unit (ICU).

In addition, STDC have conducted two research studies. The first qualitative study assessed the multifarious, positive outcomes of this work for patients, their families and hospital staff and found that CYP experienced increased emotional wellbeing and improved levels of physical activity and creativity.¹ The second mixed-method study explored the effects of improvised somatic dance with CYP who were experiencing acute pain. These findings showed that as well as enjoying their time, and having fun, with the dance artist, 96% of the CYP had a reduction in their pain during and after working with a dancer.² STDC have also developed various approaches to performance making in the clinical setting, including creating performance and film involving hospital patients (2011/12) and

¹ Dowler L Improvising on the ward: exploring somatic dance and potential in paediatric healthcare. *Journal of Applied Arts & Health*. 2013: 4, 2, 163-178.

² Dowler L Can improvised somatic dance reduce acute pain for young people in hospital? *Nursing Children and Young People*. 2016:28, 9, 20-25.

choreographing the inaugural performance to celebrate the opening of the new hospital site (2016). In 2017, through their unique partnership STDC and AHCH created the first somatic dance and health digital application 'smalldances'.³

Methods

STDC's approach to dance in both performance and participatory contexts is person-centred and informed by dance improvisation and somatic practices, including Body-Mind Centering®. This includes touch, creative movement, imagination and play and acknowledges the whole

person alongside their medical condition. It has been extraordinarily effective in transforming the health and wellbeing of CYP undergoing medical treatment in hospital.

The ELaTlon project consisted of regular participatory dance interventions, two days/week, led by a team of three dance artists, Lisa Dowler, Louise Gibbons and Samantha Hickey. In addition, biannually, over two days bespoke live music and dance performances took place on the hospital wards, with musicians Georgina Aasgaard and Henry Horrell joining the team.



³ smalldances app available: <https://play.google.com/store/apps/details?id=com.soultoy.smalldances&hl=en>
<https://apps.apple.com/us/app/smalldances/id1239884616>

Ethical Considerations

All parties involved in this project have given consent for their feedback to be used in this report and all names have been changed to protect anonymity.



Participants

This project has primarily focussed on working with infants, children and young people (CYP) on the neuromedical, cardiac and renal dialysis Units. CYP on the neuromedical unit undergo rehabilitation following acquired brain injury or have complex and multiple learning disabilities including chromosomal, genetic and neuromuscular disorders. Hospital stays can last

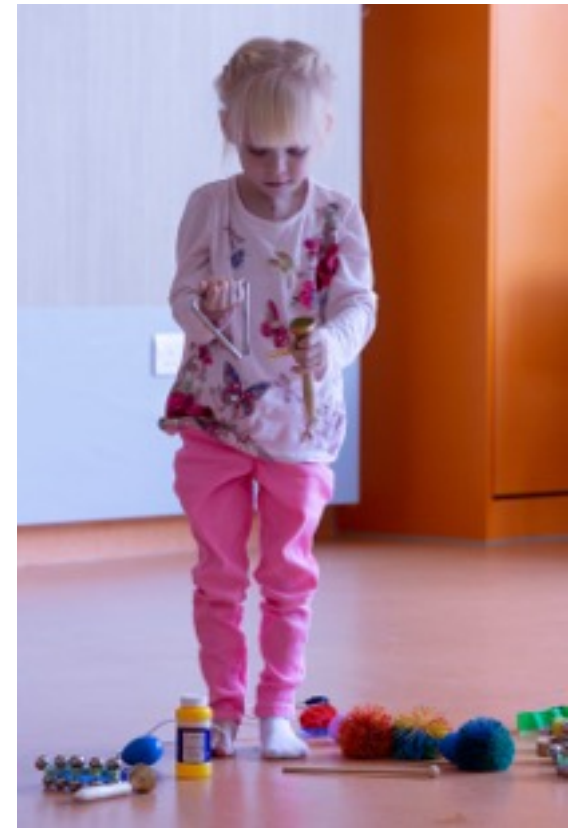
for several months or years, with repeated admissions throughout the lives of many children.

On the cardiac unit, CYP can be in hospital for anywhere from a week to several months, having complex cardiac surgery or awaiting a heart transplant. Following surgery, patients are often reluctant or frightened to move around, yet movement is essential to aid recovery by helping to drain excess fluid, avoid infection and other potential complications following surgery.

On the renal dialysis unit CYP are receiving dialysis three times a week for between 3 and five hours. Whilst on dialysis they must remain in their bed/chair. This treatment can continue for many years until an appropriate kidney donor is found.

CYP on all of these wards face a range of issues associated with long-term hospital stay: loss of self-esteem/confidence, depression and anxiety, boredom, inability to sleep through lack of activity, and disruption to mainstream education and cultural opportunities.

They are unable to see friends and visits from family and siblings may be limited because of distance or sibling's school commitments. They do not have the opportunity to play, engage their imagination and have fun like other children. The CYP can become institutionalised and introverted because of the nature of the medical interventions they are receiving, which often lead to a loss of control and choice. The aims of the project were to engage them in a fun and creative participatory activity, to transform their experience of being in hospital and support their recovery and wellbeing.



The project was evaluated through three possible differences/outcomes:-

1. The project will help boost children's self-confidence and self-esteem.
2. The project will support a child's individual recovery from illness and/or injury by encouraging and promoting increased mobilisation, movement and activity after surgery and illness, through individual and group improvised dance workshops.
3. The project will enable children to have fun during their hospital stay.



Data collection

The project uses a qualitative approach to data collection including artist observation and feedback through evaluation sheets and discussion from patients, parents and hospital staff after each session. This information was then categorised in relation to outcome indicators and the patient's level of engagement. The project was also documented creatively through photography and film.

Findings

In total STDC worked with 794 infants, CYP. Of these 399 were aged 0-4 years, 243 were aged 5-9 years, 139 were aged 10-15 years and 13 were aged 16-18 years. In summary, over two-thirds of participants made significant progress across three outcomes with 95% making at least some progress. Thus CYP in hospital were able to have fun, increase their mobilisation, confidence and self-esteem by engaging with dancers and performance (see Table 1). Furthermore, evidence

showed that parents and hospital staff also benefitted from the ELaTlon project. One mother said, "It was also very relaxing to watch for me and see both the dancers and my son Jacob. It was a nice mixture of performance and interaction which lifted our spirits, thank you!"

Another family, who were very distressed, had become mistrustful of hospital staff. The baby was referred to dance artist Lisa who was advised that the parents might not allow a session. However, working very gently Lisa was able to make a connection with baby Sarah, who reached out and held the sensory objects. Her parents were visibly relieved and wanted more sessions with a dance artist as she usually cried when any professional approached her. Lisa was able to encourage the parents to work with their daughter using the app and also to ask the ward play specialist for support. This session was very significant for this baby's care. The baby and family had a positive experience and, building on this trust, a bridge was created for more effective communication with other members of the ward team.



Outcomes	Indicators	No progress	Some progress	Significant progress	Vignettes
1. This project will help boost children's self-confidence and self-esteem.	(i) Children became more confident in their communication with professionals. (ii) Children becoming more expressive/chatty/engaged.	5%	26%	69%	<p><u>Cardiac Ward</u></p> <p>Molly, age 9 Session 1, "Molly was very quiet and sat in the dark with mum. I asked if she would like some relaxation and the body-ball rolled on her legs and she said yes. Mum went out shopping and I worked with the body-ball on her legs, shoulders and arms for about half an hour. Then I thought the session was over but I asked if she wanted anything else. She said she'd like to look in the bag and then she really came to life. She learnt all the songs on the xylophone and then went wild with the tambourine and drums. We then played catching bubbles with castanets. She was very chatty and lively when mum came back, mum couldn't believe the transformation."</p> <p>Session 2, "Molly wanted to get stuck in straight away again. She was very upbeat. She liked me rolling the body-ball on her legs again. She loved blowing bubbles and did this for a long time. Eventually we switched and she ended up reaching and moving a lot to pop the bubbles. I left her with an orange ribbon stick and she was made up!" Louise's artist notes.</p> <p>Charlie 10 months, "Charlie loved her session today. She formed an instant connection with Louise. I loved watching them interact with each other."</p> <p>Lila 18 months, "Lila was very attentive and watching Louise closely. After 10 weeks in hospital, it was good to see her engage her curiosity in activities that weren't related to medical intervention. She really enjoyed textured objects and noisy rattles."</p>

Outcomes	Indicators	No progress	Some progress	Significant progress	Vignettes
2.We will support a child's individual recovery from illness and/or injury by encouraging and promoting increased mobilisation, movement and activity after surgery and illness, through individual and group improvised dance workshops.	(i) Children becoming more active. (ii) Children achieving new movements that they had never done before or not following their illness or surgery.	5%	36%	59%	<p><u>Cardiac ward</u> Fatima 14 months, "She had been in hospital for 7 weeks in ICU. She was just starting to re-find movement that she had lost and explore. She sat for over half an hour playing for the first time since she deteriorated. Her OT visited and was amazed." Lisa's artist notes. In addition her mother stated, "This is the most movement she has achieved since becoming seriously ill. I'm so happy to see her smiling and playing!"</p> <p><u>Neuromedical ward</u> Natalie 13, had a severe head injury. She had little movement and was non-verbal. Her doctors were unsure of how her cognitive ability has been affected. We worked very sensitively with touch and relaxation talking with her and observing her heart rate and oxygen saturation as well as her facial expressions. Over time (5 months) Natalie regained function and is now able to hold musical instruments, stretch and move her limbs and even her voice is coming back. She tells us that she likes the sessions and enjoys pushing herself to regain more movement. She also enjoyed a bespoke music and dance performance in her pod.</p> <p>Ellie 13, treated for seizures. Mum said, "Excellent! Louise managed to get her out of bed and up dancing. Ellie found this the best session she had had since being in hospital as she is a keen dancer out of hospital. It was so great to see her active!"</p>

Outcomes	Indicators	No progress	Some progress	Significant progress	Vignettes
3. We will enable children to have fun during their hospital stay.	(i) Children smiling. (ii) Children becoming more animated.	5%	26%	69%	<p><u>Cardiac ward</u> "My patient was unsettled but having music played soothed him and he watched the dancers and kept smiling. It was lovely." Nurse of 10-month-old baby.</p> <p>"It made me feel happy to play with the music," Eva aged 4. Of the same session her mother said, "Eva was a little shy but after a few minutes playing with the ladies she was smiling and much more confident and had lots of fun."</p> <p>"It was really fun and it was better than watching TV. I would like someone to come and see me again please." Lee, aged 11.</p> <p><u>Neuromedical ward</u> "The group were lovely with James and he really enjoyed the performance. It is so nice when they are stuck in a bed to have things like this to keep them entertained. He was mesmerised by the dancers and the music was really calming." Mother of James aged 6 non-verbal, neuromedical ward.</p> <p>Eva-Mae is a long-term patient and experienced several one-to-one sessions and a bespoke performance. Mum said and grandma who said, "Eva-Mae was so happy, smiling while she listened and watched the dancers,"</p>

Discussion

The majority of the CYP who engaged in the project (approx. 75%) were experiencing fear and/or anxiety. Evidence shows that being frightened and anxious negatively affects hospital experience.⁴ In addition, they are often in pain or are having painful procedures, so may associate meeting healthcare professionals with pain. The dance artists' gentle, improvised approach is child-centred and empowers children. They can choose their activity in their own time (either



verbally or non-verbally) and co-create the session with the artists.

Dancers are experts in communicating through movement and are able to engage children differently than healthcare practitioners, providing an important component in a multidisciplinary approach to care.



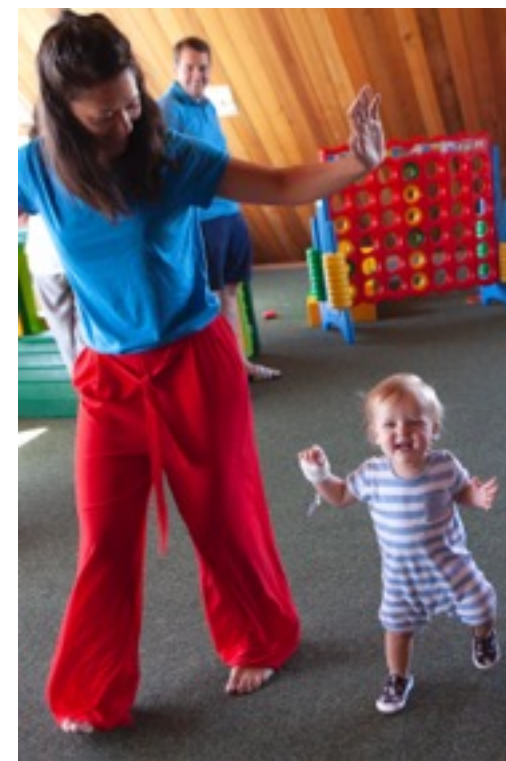
Through their creative practice they enhance the wellbeing of the children and the overall ambiance of the ward, also benefitting busy clinical staff.

⁴ Craske J, Dooley F, Griffiths L, McArthur L, White E, Cunliffe M. et al, Introducing LAPPS (Liverpool Anticipatory Procedural Pain Score): the pragmatic development of an innovative approach to predicting and treating procedural pain and distress in children. Journal of Child Health Care. 2013;17, 2, 114-124.

Senior hospital play specialist Pat Devine explains,

The music and dance was enjoyed by patients, parents, grandparents and staff alike. It brought families together and helped to give back confidence and self-esteem to one particular patient, who had been feeling low for a while. Before becoming ill she had been studying performing arts. She became so animated and excited talking about what she had seen and she was very happy. I feel this sort of activity really enhances our patients' stay in hospital and it is a huge distraction from hospital 'stuff'.

Movement is fundamental to wellbeing and aids recovery following surgery or neurological illness/injury. The ELaTlon project encourages any movement, including breathing deeply, gently moving joints and limbs, playing with objects that encourage dexterity, or reaching and moving through space.



For CYP who have neurological illness, movement is important to their development and learning as well as recovery. For example a parent commented after a session with her son aged 5,

Lee loved looking at all of instruments, trying them out and choosing his favourites. As he is non-verbal, sensory stimulation is very important to him. He was focused on the session and experience for a long time for him and was very calm and happy. He also made some new hand movements that he was fascinated and entertained by!

Furthermore, there is evidence that watching dance and music performance can heighten the audience's physical awareness and brain activity in associated areas.⁵ Therefore as well as enjoying watching the performance as entertainment, it is possible that the performances are also stimulating and enlivening the bodies of patients.

These positive body-based experiences for CYP in recovery are essential.



⁵ Reason M, Kay R, Kauppi J, Tohka J Spectators' Aesthetic Experience of Sound and Movement in Dance Performance: A Transdisciplinary Investigation, in Psychology of Aesthetics, Creativity, and the Arts ©

Another mother wrote about her son's experience,

He was very happy. He had a lot of fun playing instruments and dancing. He managed to imitate the artist's dance and gestures. He loved playing with the yellow stretchy fabric. My son is autistic; this experience was brilliant for him to discover new textures, movements and toys.

Her son is non-verbal but uses sign language and signed that the artist is 'beautiful'. Bringing beautiful experiences to children and their families during a difficult part of their lives is at the heart of the ELaTlon project and the work of STDC and Alder Hey Arts for Health.

