

An evaluation of the 'About Being' project

Health and Society Knowledge Exchange
(HASKE)



November 2019

This report was authored by Dr Laura Snell, Vicki Goodwin and Dr Tom Grimwood at Health and Society Knowledge Exchange (HASKE), University of Cumbria. HASKE is one of three themes which make up the Centre for Research in Health and Society, in the Institute of Health.

Executive summary

Context:

About Being is an interdisciplinary and collaborative project that provides dance and movement sessions for stroke survivors in the Carlisle community. Between July and September 2019, Health and Society Knowledge Exchange (HASKE) undertook an evaluation of the 'About Being' project which is a collaborative and interdisciplinary initiative, facilitated by the University of Cumbria, to provide dance and movement sessions for stroke survivors in the Carlisle community. This research aimed to evaluate the model of practice used in the About Being project, along with the experiences and effects of being part of this group for the stroke survivors.

Methodology:

The research was designed to address three key questions:

1. How does collaboration and interdisciplinary practice shape the About Being project?
2. How do the dance and movement sessions support the ongoing recovery of the stroke survivors?
3. How do the stroke survivors benefit from being involved in the About Being project?

The data collection involved conducting five observations of the About Being dance sessions in July and August, along with 10 semi-structured interviews with the facilitators, students and stroke survivors. In addition, the dance practitioner shared her session plans with the researcher and took part in informal reflections after some of the sessions.

Following the basic principles of thematic analysis (see Braun and Clarke, 2006), the qualitative data was coded and categorised to enable the identification of key themes which were used to articulate the model of practice being applied to the About Being project and the experiences of the stroke survivors.

Findings:

The evaluation evidenced the following conclusions to its research questions:

1. *How does collaboration and interdisciplinary practice shape the About Being project?*

- The model of practice used in the About Being project wholly embraces an interdisciplinary and collaborative approach to supporting the ongoing recovery of stroke survivors.
- One of the main benefits of this interdisciplinary, intergenerational and collaborative practice is that reciprocal learning takes place during the About Being sessions, allowing stroke survivors, students and the dance practitioner to develop their practice.
- This collaborative and interdisciplinary model of practice is well-managed by the facilitators as they are open to working as a team and believe that this approach can be beneficial for their respective disciplines, the students and the stroke survivors. Their collaboration and decision-making (e.g. in relation to finding a suitable venue, the session content and the selection of appropriate students) has created a project which is accessible and beneficial to all those involved.

2. *How do the dance and movement sessions support the ongoing recovery of the stroke survivors?*

- It is evident that the About Being project takes a holistic approach to supporting the ongoing recovery of the stroke survivors as the dance and movement sessions are structured to provide adequate time for exercising the body, followed by dedicated time for socialising with the group members.
- The dance practitioner uses a range of techniques within the sessions to ensure that the content is varied and continually meets the individual needs of the group members. In addition, the inclusion of basic anatomy explanations can help the stroke survivors to understand how the movements can support their bodies.
- The person-centred approach to the About Being project focuses on individual needs and empowers the stroke survivors to take ownership of their recovery by exploring the possibilities of their bodies. The sessions are very inclusive and provide a safe space where creative adaptations of the various movements are actively encouraged.
- The collaboration with the university students supports the ongoing recovery of the stroke survivors as the students introduce new skills and perspectives to the group.
- The small size of the About Being group is advantageous as the dance practitioner has time to become familiar with the stroke survivors in order to identify their needs and tailor the sessions to provide appropriate support.

3. *How do the stroke survivors benefit from being involved in the About Being project?*

- The findings show that the About Being project makes a valuable contribution to the overall health and wellbeing of the stroke survivors.
- The stroke survivors reported a range of benefits through participating in the About Being sessions:
 - Body and Mind
 - Social connections
 - Reconnecting with self
- The findings also indicate that participating in the About Being sessions can provide support and enjoyment for the carers of stroke survivors.
- The stroke survivors indicated that limited support is available within the Carlisle area, particularly for those who are several years post-stroke. The About Being project is therefore a valuable resource for stroke survivors in the Carlisle community.

Recommendations:

- It is therefore recommended that opportunities for potential funding sources within the fields of arts in health and education should be explored.
- Given the significance of collaboration between arts practitioners and allied health practitioners, it is recommended that the scope of responsibilities and expectations of input to each iteration of the model is articulated as part of any bid for future funding.
- Similarly, formalising the student role would be potentially beneficial to the future running of the model. This would allow for more directed training, preparation and reflection by the students on their role within the model's process.
- It is recommended that the model of practice for the About Being project is shared with other practitioners who are delivering arts and health initiatives across Cumbria, and throughout the country. Sharing practice could present opportunities for further collaboration with other disciplines and community projects that support people with various lived experiences.
- When sharing the model of practice, it is recommended that specific theories of change are drawn upon to demonstrate why particular practices are being used and to what effect, to ensure that the benefits of the project are communicated accurately. This will support the articulation of the specific nature of the changes taking place within participants – in particular the reconnecting of self as a result of the physical, emotional and cognitive benefits – which will be of particular interest to health-based audiences.

- It is further recommended that the aesthetic of the dance work practised within the model is explored and interpreted further, such that the significance of the arts (as opposed to, say, “exercise”) to stroke survivor wellbeing is framed in terms of the artistic artefact produced.

Contents

Executive summary	ii
Contents.....	vi
List of tables	ix
List of figures.....	ix
1. Introduction	1
1.1 Aims of the evaluation	1
1.2 Context.....	1
1.2.1 Stroke	1
1.2.2 Arts in health.....	2
1.2.3 Arts and health initiatives for stroke survivors	3
1.3 The About Being project	6
2. Methodology.....	7
2.1 Research questions	7
2.2 Methodological approach.....	7
2.3 Data collection and analysis.....	7
2.3.1 Observations of the About Being sessions.....	8
2.3.2 Semi-structured interviews.....	8
2.3.3 Data analysis	9
3. Findings 1: The model of practice used in the About Being project.....	10
3.1 Aims of the About Being project.....	10
3.2 Project members.....	12
3.3 Session details and venue	13
3.4 Recruitment of the student volunteers	14
3.5 Structure and content of the About Being sessions	14
3.5.1 Examples of session content.....	16
3.5.2 The role of music within the sessions	22

3.5.3	The significance of ‘coffee time’	22
3.6	A person-centred approach	23
3.6.1	Adapting the movements	24
3.7	Interdisciplinary and collaborative practice.....	26
3.7.1	Examples of collaborative working during the sessions	27
3.7.2	The benefits of collaborative and interdisciplinary working	30
3.7.3	The challenges of collaborative practice.....	31
3.8	A reciprocal learning environment	32
3.8.1	Stroke survivors’ perspectives on the learning process.....	32
3.8.2	Students’ perspectives on their learning	33
3.8.3	Facilitators’ perspectives on the reciprocal learning environment	34
3.9	Challenges for the About Being project.....	35
3.9.1	Funding.....	35
3.9.2	Logistics.....	35
3.10	Future plans for the About Being project	36
4.	Findings 2: The experiences of the stroke survivors.....	38
4.1	Body and mind	38
4.1.1	Physical benefits.....	38
4.2.2	Emotional and cognitive benefits	40
4.2	Social connections.....	42
4.3	Reconnecting with self.....	44
5.	Conclusions and Recommendations	47
5.1	Conclusions	47
5.2	Recommendations	51
5.2.1	Recommendations for future iterations of the model	51
5.2.2	Conceptual and practical development of the model	52
References	54
Appendix 1: Example of the VICTORE checklist	57

Appendix 2: Interview schedule for group facilitators 60

Appendix 3: Interview schedule for students 61

Appendix 4: Interview schedule for stroke survivors 62

List of tables

Table 1: Example of session structure for the About Being project	15
Table 2: Main themes and codes identified across the data collected from the five stroke survivors and one carer	38

List of figures

Figure 1: Excerpt from field notes - an example of partner work	18
Figure 2: Excerpt from field notes - an example of mirroring	19
Figure 3: Excerpt from field notes - an example of improvisation	20
Figure 4: Excerpt from field notes - an example of how anatomy is incorporated into the session....	21
Figure 5: Excerpt from field notes - an example of how the stroke survivors adapt their hand movements	25
Figure 6: Excerpt from field notes - an example of how the stroke survivors adapt their movements	25
Figure 7: Disciplines involved in the About Being project	26
Figure 8: Excerpt from field notes - an example of collaborative and interdisciplinary practice with Student 2.....	27
Figure 9: Excerpt from field notes - an example of collaborative and interdisciplinary practice with Student 1.....	29
Figure 10: Reciprocal learning during the About Being sessions.....	32

1. Introduction

1.1 Aims of the evaluation

Between July and September 2019, Health and Society Knowledge Exchange (HASKE) undertook an evaluation of the 'About Being' project which is a collaborative and interdisciplinary initiative, facilitated by the University of Cumbria, to provide dance as movement sessions for stroke survivors in the Carlisle community. This research aimed to evaluate the model of practice used in the About Being project, along with the experiences and effects of being part of this group for the stroke survivors.

1.2 Context

1.2.1 Stroke

There are two main types of strokes: an *ischaemic stroke* occurs when a blockage cuts off the blood supply to parts of the brain and a *haemorrhagic stroke* occurs when a blood vessel bursts within the brain. Some people also experience a *transient ischaemic attack*, commonly called a mini-stroke, where the blood supply to the brain is temporarily blocked but resolves within 24 hours. Within the UK, stroke has been identified as the fourth biggest cause of death, and statistics indicate that more than 100,000 strokes occur each year (Stroke Association, 2018a).

Current figures for the UK indicate that over 1.2 million people are stroke survivors (Stroke Association, 2018a). The effects of experiencing a stroke can be life changing and include physical, cognitive or psychological changes. The physical effects can include difficulties with mobility (due to weakness or paralysis of limbs), balance, coordination, swallowing, speech, vision and post-stroke fatigue. The cognitive impact of a stroke can affect the stroke survivor's communication, memory, concentration, spatial awareness and executive function (e.g. the ability to plan and solve problems); the psychological effects typically include depression and feelings of anxiety or frustration (NHS, 2019; Stroke Association, 2018b). It has been reported that 'almost two thirds of stroke survivors leave hospital with a disability' (Stroke Association, 2018a: 4).

Rehabilitation begins in the hospital with support from a range of specialists such as: specialist nurses and doctors, physiotherapists, occupational therapists, psychologists, speech and language therapists or dietitians (NHS, 2019). However, the Stroke Association's *A New Era for Stroke Report (2016)* highlighted variations in the treatment and care of stroke survivors across the UK depending on where they live; whilst better outcomes were reported for stroke survivors in London and Manchester areas, it was noted that there was no access to specific psychological support for stroke survivors across Cumbria (Stroke Association, 2016: 9).

Stroke survivors often 'grieve for the life and identity they have lost so suddenly and unexpectedly' (Stroke Association, 2013) and consequently, it is common to experience depression (Stroke Association, 2018c; Hackett et al., 2005; Kadojic et al., 2005), loss of confidence (Horne et al., 2014), and changes to self-identity (Sarre et al., 2014; Stroke Association, 2013). Research indicates that stroke survivors tend to 'live a life more centred round the home with fewer social relations and less active participation in the life of society' (Pallesen, 2014: 240). Furthermore, recovery has been described as a process of re-establishing an occupational identity 'through connections with self, others and reality' (Walder and Molineux, 2017: 629).

1.2.2 Arts in health

The charter for Arts, Health and Wellbeing states:

'Creative activity has long been known to have tangible effects on health and quality of life. The arts, creativity and the imagination are agents of wellness: they help keep the individual resilient, aid recovery and foster a flourishing society.' (Culture, Health and Wellbeing Alliance website)

In 2017, the All-Party Parliamentary Group on Arts, Health and Wellbeing published a report entitled *Creative Health: The Arts for Health and Wellbeing*, which contained evidence of various arts in health initiatives that have made an invaluable contribution to the health and wellbeing of people across the life course, and called for a culture change to improve provision across the country. The purpose of the report was to raise awareness of three key points:

'The arts can help keep us well, aid our recovery and support longer lives better lived.'

The arts can help meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health.

The arts can help save money in the health service and social care.’ (All-Parliamentary Group on Arts, Health and Wellbeing, 2017: 4)

The report stated that ‘education must underpin culture change’ and encouraged ‘art schools and universities to play their part in raising awareness of the opportunities for artists in health and social care’ (All-Parliamentary Group on Arts, Health and Wellbeing, 2017: 156).

1.2.3 Arts and health initiatives for stroke survivors

Art and music therapy

Studies have shown that art therapy programmes can have a positive effect on stroke survivors by improving their motor function, visual perception and cognition (Kim et al., 2008), along with enhancing their wellbeing through enjoyment, mental stimulation, learning and being creative (Baumann et al., 2012). Furthermore, Michaels (2010) suggested that stroke survivors can benefit from art therapy because it provides ‘a potential ‘space for linking’ shattered and meaningless experience, by mediating between mind and body, self and other, past and present’ (Michaels, 2010: 65).

Music therapy programmes have the potential to improve a stroke survivors’ cognition (e.g. including verbal memory and focussed attention) (Särkämö et al., 2008), reduce feelings of depression and anxiety, and improve mood and social interactions (Nayak et al., 2000; Särkämö et al., 2008; Kim et al., 2011). Tarrant et al. (2016) reported that a group singing session for stroke survivors with aphasia enhanced their wellbeing through the development of a shared social identity. Choral singing has also been shown to improve mood, language, breathing and voice for stroke survivors and people with Parkinson’s disease (Fogg-Rogers et al., 2016). The physical benefits of music therapy were also highlighted in Schneider et al.’s (2007) study as the stroke survivors exhibited improvements in the speed, precision and smoothness of their motor skills, which had a positive impact on their motor control for daily activities.

Lo et al. (2018) conducted a qualitative review to explore stroke survivor’s experiences of participating in creative arts-based therapies, including interventions using music, visual arts, dance and literature. The authors concluded that:

‘...creative arts-based therapies which focus more on psychosocial and spiritual development, demonstrate the potential to supplement existing stroke rehabilitation programs that primarily solely focus on functional recovery’ (Lo et al., 2018: 11).

STROKESTRA is an example of a collaborative music therapy project which ‘harnesses the power of group creative music-making alongside professional musicians and clinicians to drive patient-led recovery in stroke patients and their carers’ (Royal Philharmonic Orchestra website). The pilot programme took place in 2015 and was a collaboration between the Hull City Council Health and Wellbeing Board, the Royal Philharmonic Orchestra and the Hull Integrated Community Stroke Service. A total of 50 stroke survivors and carers were referred to the group and took part in 16 days of music-making over five months, with a performance at the end of the programme. They participated in a range of activities such as: playing musical instruments (e.g. copying drum patterns), listening to music, conducting the musicians, song writing and creating melodies. A service evaluation was conducted at the end of the programme with a mixed methodology involving: Stroke Impact Scale scores, clinical tests, interviews, surveys, focus groups, case studies and financial assessments. The evaluation of the pilot programme identified the following key findings:

‘86% of patients felt the sessions relieved disability symptoms citing improved sleeping, reduced anxiety, fewer dizzy spells and reduced epilepsy symptoms.

91% of patients reported social benefits, including improved relationships and communication skills.

86% of patients indicated that the project provided cognitive benefits, including reports of increased concentration, focus and memory.

86% of patients felt the project provided emotional benefits, citing increases in confidence, morale and a renewed sense of self.

71% of patients achieved physical improvements, including improved walking, standing, upper arm strength and increased stamina.

56.3% of patients achieved at least a 10 point improvement on the hand use section of the Stroke Impact Scale, while a further 33.3% achieved this result in the physical strength section.

100% of carers reported improvements in wellbeing, including respite from their role as a carer and improved relationships with their relative after participating alongside them.’ (Nicholson et al., 2016: 3)

Dance as movement therapy

Dance as movement therapy has the potential to provide a range of physical and psychosocial benefits for disabled people, including stroke survivors. For example, studies have shown that dance therapy can improve the balance and movement of people with Parkinson’s disease (Hackney and Earhart, 2009), and improve physical activity, gait and balance for people living with multiple sclerosis (Mandelbaum et al., 2016). Engaging in dance as movement therapy can enhance quality of life for people experiencing cancer (Bradt et al., 2015) and Parkinson’s disease (Bognar et al., 2017; Brierley, 2014; Heiberger et al., 2011). Dance classes can also provide an opportunity for people living with Parkinson’s disease to socialise, which can decrease their feelings of isolation and enable them to re-establish their self-identity (Mandelbaum et al., 2016).

A small number of recent studies have explored the role of dance therapy in the ongoing recovery of stroke survivors and reported positive outcomes in relation to physical functioning, emotional and social well-being. The findings from a case study of Brazilian stroke survivors (Wolff et al., 2017) who attended weekly dance sessions over a three year period, showed improvements to physical functioning (e.g. agility, walking pattern, speaking and movement of limbs), emotional and social wellbeing (e.g. enjoyment and social interactions with friends). A service evaluation of a community-based dance class for stroke survivors and people living with the effects of acquired brain injuries, facilitated by the Trinity Laban Conservatoire of Music and Dance in collaboration with Headway South East London and King’s College Hospital, reported benefits such as: improved balance and strength; increased energy; and improved well-being through feeling positive, confident and interacting socially (Anderson et al., 2016). Demers and McKinley (2015: 3130) explored the feasibility of providing dance therapy for stroke survivors in a hospital setting and reported that it was a sustainable intervention which the participants described as ‘an enjoyable social and physical activity’. Furthermore, Thornberg et al. concluded that participation in rhythm and movement activities can help stroke survivors to ‘come to terms with their changed bodies and return to lives perceived as meaningful’ (Thornberg et al., 2013: 1873).

Stroke Odysseys is an example of a four-year arts intervention programme in London, originally co-designed by Rosetta Life in collaboration with stroke survivors, which ‘offers a participatory arts

practice combining movement, music and song-writing that helps to overcome the anxiety, depression, and lowered self-esteem that so often hamper stroke recovery' (Stroke Odysseys website, 2019). The stroke survivors work alongside professional singers, dancers, song-writers and composers to share their experiences through live performances on stage and videos published on the Stroke Odysseys website. As part of the programme, a model of peer support was co-produced with 12 stroke ambassadors who had experienced Stroke Odysseys, and an ethnographic evaluation of this role was conducted in 2018. Through observations and interviews with the stroke ambassadors, it was evident that the benefits of this role included: improvements to physical and cognitive performance; improvements to mood, confidence and self-esteem; and kinship through the shared experience of having a stroke (Harrington et al., 2018).

1.3 The About Being project

About Being is an arts and health project that provides weekly dance as movement sessions to support the recovery and ongoing rehabilitation of stroke survivors in the Carlisle area. The project, which was established in March 2018, adopts a collaborative and interdisciplinary approach with the stroke survivors working alongside dance and health practitioners and students based at the University of Cumbria.

The About Being project involves three facilitators: the dance practitioner who is responsible for leading the sessions and two academics within the fields of occupational therapy and performing arts. In addition, the project collaborates with students who are studying arts and health courses, such as occupational therapy, physiotherapy and performing arts (including dance and musical theatre).

At the time of the evaluation, there were five men and two women regularly attending the sessions; all of the participants were stroke survivors, apart from one female who was the wife of a stroke survivor. The group participants were aged between 67 and 85 years old, and they all experienced their strokes between six and eight years ago.

The About Being project was recently shortlisted for the Educate North Awards and recognised in the MadeAtUni campaign, and also interviewed for the local BBC Look North news programme.

2. Methodology

2.1 Research questions

In order to evaluate the model of practice applied to the About Being project, along with the experiences and effects of being part of this group for the stroke survivors, this research was designed to address three key questions:

1. How does collaboration and interdisciplinary practice shape the About Being project?
2. How do the dance as movement sessions support the ongoing recovery of the stroke survivors?
3. How do the stroke survivors benefit from being involved in the About Being project?

2.2 Methodological approach

The methodological approach to this research was based on a realist model of evaluation, which seeks to identify 'what works for whom in what circumstances and in what respects?' (Pawson, 2013: 29). Pawson's VICTORE¹ checklist was used during the initial stages of the research to map some of the complexities of the About Being initiative and identify the different layers of the project in order to articulate the model of practice used within this context (see Appendix 1).

2.3 Data collection and analysis

The data collection involved conducting observations of the About Being dance sessions, along with semi-structured interviews with the facilitators, students and stroke survivors. In addition, the dance practitioner shared her session plans with the researcher and took part in informal reflections after some of the sessions.

Ethical approval was granted by the University of Cumbria Research Ethics Panel. The participants were provided with an information sheet outlining the research process and a privacy notice to explain

¹ VICTORE is an acronym for a complexity checklist with seven elements: Volitions, Implementation, Contexts, Time, Outcomes, Rivalry and Emergence (see Pawson, 2013).

how their personal data would be used, and they were also asked to sign a consent form. All of the data collected was anonymised and pseudonyms were used to maintain confidentiality.

2.3.1 Observations of the About Being sessions

Five observations of the About Being project were undertaken in July and August 2019. The purpose of this data collection was to gain an understanding of the content of the dance as movement sessions, along with the role of the facilitators and students supporting the group, in order to explore the model of practice applied to the project. In addition, the researcher was able to observe the stroke survivors' engagement with the sessions and interactions with all those involved. The researcher's approach to the observation was 'fluid, exploratory and relatively unstructured' (Robson, 2000: 96). After the initial introductions during the first session, the researcher then positioned herself as unobtrusive to ensure that her presence did not impact on the sessions. Descriptive and reflective field notes were made to record data about: the setting, activities that occurred, social interactions, non-verbal communication and the behaviours of all those involved in the group.

In order to support the fieldwork, the dance practitioner provided a session plan and shared her reflective notes to review the content and delivery of the session. These primary sources were a useful mechanism for understanding the aims and outcomes of the session, and providing a context for the researcher's field notes.

2.3.2 Semi-structured interviews

Ten interviews were conducted for this evaluation: five of the interviews were face-to-face and five were conducted by telephone. The total number of interviewees was eleven, as one of the stroke survivors was interviewed with his wife/carer. The duration of the interviews varied from 23 minutes to 1 hour and 25 minutes. All of the research participants gave consent to audio record the conversation for data analysis purposes.

Three interview schedules were designed to capture the different experiences of the facilitators (see Appendix 2), the students (see Appendix 3) and the stroke survivors (see Appendix 4). Although the semi-structured interviews were guided by the schedule of questions, the participants were still free to expand on their responses; this semi-structured approach is often viewed 'like a conversation with a purpose' (Mason, 2002: 67).

2.3.3 Data analysis

Following the basic principles of thematic analysis (see Braun and Clarke, 2006), the qualitative data was coded and categorised to enable the identification of key themes which were used to articulate the model of practice being applied to the About Being project and the experiences of the stroke survivors.

3. Findings 1: The model of practice used in the About Being project

The evaluation findings have been divided into two main sections in order to articulate the model of practice used in the About Being project (section 3), followed by the experiences of the stroke survivors who participate in the dance as movement sessions (section 4).

The model of practice described in this section has been informed by the various data collected through the observation field notes, session plans and reflections, along with the interviews conducted with facilitators, students and stroke survivors.

The model of practice will address the following topics:

- Aims of the About Being project
- Project members
- Session details and venue
- Recruitment of student volunteers
- Structure and content of the About Being Sessions
- A person-centred approach
- Interdisciplinary and collaborative practice
- A reciprocal learning environment
- Challenges for the project
- Future plans for the About Being project

3.1 Aims of the About Being project

During the data collection, the three facilitators were asked to share their views about the main aims of the About Being project. Facilitator 1 described the project as follows:

“... We’re contributing to the development of dance as a practice form for different ages and stages, and embracing within that the arts in health benefits of working through an art form to help develop a sense of community which is really important...” (Facilitator 1)

Facilitator 2 commented:

“The main aims are to support people’s health and wellbeing through engagement in the group. So, that could be their physical recovery by supporting movement and walking and sit to stand, particularly in transfers. Or it could be emotional through providing a group and a sense of belonging, because there’s a lot of loneliness and people often talk of being isolated and not being able to engage in previous occupations and activities. And confidence, I think that the group is very much about confidence and people realising their occupational potential.”

(Facilitator 2)

From an educational perspective, Facilitator 2 also felt that the project aims to enhance the learning of the students who volunteer to support the About Being group by creating “an authentic experience” and enabling them “to understand the value of the arts to support health and wellbeing” (Facilitator 2).

Facilitator 3 viewed the About Being project as having multiple aims for all those involved and stated:

“I’m really interested in the arts campus being opened up to community groups and to have that kind of synergy with the university, the students and the community practice happening...” (Facilitator 3)

In addition, it was suggested that the About Being project provides the opportunity:

“...for students to have a real world training, because I think that’s the way that the students can really make sense of their education and the courses as they see it in action and they get to try that in action. Also, from the group perspective is to have an opportunity to link together and to use dance as movement to help to assist in people’s wellbeing... another aim, really, was to collaborate and learn new languages and see how dancers can work in different settings. ” (Facilitator 3)

Based on the observations and data collection with the facilitators, students and stroke survivors, this evaluation has identified that the About Being project has three key aims:

- To support the ongoing recovery, health and wellbeing of stroke survivors in the Carlisle community by providing regular dance and movement sessions.
- To develop interdisciplinary and collaborative practice between the fields of arts and health, and extend this practice into universities and community groups.
- To provide the opportunity for university students studying performing arts/occupational therapy/physiotherapy to gain first-hand experience of the value of arts in health practice.

3.2 Project members

At the time of the evaluation, the About Being group consisted of the following members:

- Three facilitators:
 - A dance practitioner who is responsible for planning and delivering the About Being sessions, and collaborating with the students.
 - Two academics from the fields of occupational therapy and performing arts, based at the University of Cumbria, who collaborate with the dance practitioner, provide support based on their areas of expertise and recruit the student volunteers.
- Two students:
 - An occupational therapy student who has been volunteering with the group for approximately one year.
 - A performing arts student who has been volunteering with the group for approximately two months.
- Stroke Survivors:
 - Five stroke survivors regularly attend the group, along with the carer of one stroke survivor.
 - The group also has two additional members (one stroke survivor and a carer), but they were unable to participate in the sessions during the period of the evaluation.

3.3 Session details and venue

The About Being sessions are held weekly on Wednesday mornings from 11am until approximately 12.45pm. The sessions involve approximately 1 hour and 15 minutes of movement, followed by dedicated time for refreshments and discussion.

The University of Cumbria provides an accessible studio room at the Brampton Road campus in Carlisle. The venue has the following key features:

- Ground floor room with accessible entrance
- Large, light and open room with space to move around freely
- Moveable chairs to enable the group to sit in a circle
- Moveable tables to use for coffee time at the end of the session
- Accessible parking located near the building with step-free access
- Toilet facilities on the ground floor
- Kitchen facilities within the room to enable the group to make tea and coffee refreshments at the end of the session

At the start of each session, the facilitator and students prepare the room by arranging the chairs in a circle. This enables everyone to move freely whilst being able to see each other at all times. The facilitator and students sit amongst the group, and it was observed that seating positions change weekly. The flexibility of the circle arrangement enables chairs to be easily removed if some of the stroke survivors do not attend the session, or when the group need to create more space to allow for walking exercises. It was observed that the stroke survivors have adequate room to position their walking aids alongside or underneath the chairs, which enables easy access.

Music is used throughout the sessions to accompany the dance and movements. The dance practitioner plays the music through an iPod attached to a speaker, and this is positioned next to her chair so that she can control the tracks and volume.

At the end of the session (as shown in Table 1), the group have 'coffee time' which involves rearranging the space by moving a table into the middle of the room and arranging the chairs around it. The flexibility of the furniture and accessibility of the kitchen are key to ensuring that the session flows naturally into the social time.

During the data collection, some of the stroke survivors commented on the length of the sessions and the accessibility of the venue. For example, Stroke Survivor 3 described the sessions as an “optimum time” and noted that it was “nice to have the purely social thing at the end”. Stroke Survivor 2 felt that the time dedicated to exercising was appropriate: “If we did an hour and a half, an hour and three quarters, it would probably be too long”. In addition, the carer of a stroke survivor explained that the ground floor venue is “ideal because it’s all on the flat and there’s no problem getting there”.

3.4 Recruitment of the student volunteers

The students support the About Being project in a voluntary capacity. Facilitators 2 and 3 are responsible for raising awareness of the volunteering opportunity amongst students on occupational therapy, physiotherapy and dance courses. Both facilitators emphasised that it is important to identify students who are interested in learning about collaborative practice in arts and health (Facilitators 2 and 3). In addition, Facilitator 2 looks for student volunteers who can commit to the group, although it was acknowledged that work placements on occupational therapy and physiotherapy courses can sometimes impact on a student’s availability at certain points in the academic year.

3.5 Structure and content of the About Being sessions

Table 1 provides an example of the session structure for the About Being project. This outline structure is based on standard dance practice within community projects (Facilitators 1 and 3). The timings allows for 1 hour and 15 minutes of movement, followed by time for reflection at the end of the session, which ensures that the group members have sufficient time to warmup, develop their movements and warm down.

Part 1	<p>Arrive - physical awareness</p> <p>Slow warm up - focus on articulation of the spine and main joints</p> <p>Faster warm up - include quick changes of movement, dynamic, changes in level etc.</p>	15 minutes
Part 2	<p>Arm and torso exercise – a longer phrase of movement, more complex</p> <p>Breathing exercise – use of breath to support movement</p> <p>Foot sequence</p> <p>Upper body phrase - include some fine motor/finer detailed movement as well as larger movements</p> <p>Fine motor with cross lateral and focus on rhythm</p> <p>Partner work</p> <p>Expressive creative exploration that can be extended from week to week by adding improvisation tasks</p> <p>Travelling / partner dancing / standing</p>	45 minutes
Part 3	Gentle warm down	15 minutes
Part 4	Coffee time – discussion and reflection	20 – 45 minutes

Table 1: Example of session structure for the About Being project

Drawing on Facilitator 1’s extensive background in classical ballet, choreography, dance projects in education/community/healthcare settings and experience of working with both disabled and non-disabled people, the About Being sessions are designed to incorporate a wide range of movements which focus on the upper body, arms, fine and gross motor skills, the legs, standing and also creative work (Facilitator 1). The specific activities vary each session and are guided by the needs of the stroke survivors, the skills of the students supporting the group and the creative intentions of the dance practitioner.

The About Being sessions are accompanied by music and involve a range of movements and dance phrases which are demonstrated by the dance practitioner and then practised by the whole group. As

noted in section 3.3, the group members sit facing each other in a circle, with the facilitators and students sat amongst the group taking part in all the exercises.

3.5.1 Examples of session content

The movements and dance phrases used during the About Being sessions are designed to focus on a range of physical and cognitive skills for the stroke survivors, such as: flexibility, strength, core stability and balance, endurance, memory and communication. Facilitator 3 explained that the movement sequences have been tweaked to accommodate occupational therapy practice and in doing so, the languages have changed as the disciplines have come together. From a performing arts perspective:

“It’s about supporting mobility... it’s about enabling people to explore their movement capabilities... adding strength to their bodies... also from an artistic side, thinking of the movement and possibilities and how the participants can explore that” (Facilitator 3).

From an occupational therapy perspective, the movements used during the sessions are designed to:

“... support recovery by following normal movement techniques... we see the body as having key points of control, so if we look at our head, our shoulders, our pelvis, our knees and our ankles... in order to sit-to-stand, we need to bring our head forward in order to create that movement and weight transfer...so we’ve got the different sections that support normality in that. Once you’ve had a stroke you’ve got a one-sided, sometimes asymmetrical approach, and we try to encourage that symmetry.” (Facilitator 2)

This section of the report will provide an example of some of the techniques observed within the About Being sessions, for example: repetition of movements, bilateral movements, partner work, mirroring, improvisation and the creative use of imagery.

Repetition of movements

It was observed that movements are often repeated within a dance phrase to encourage the stroke survivors to develop muscle memory, stamina and strength. Facilitator 2 explained the significance of repetition for stroke survivors from an occupational therapy perspective:

“Repetition is really important for developing new connections and new pathways and also, muscle memory. And just about building endurance and power over time, because I think particularly with some people we’re seeing that inactivity leads to lots of deconditioning which then leads to increased frailty, which leads to falls”. (Facilitator 2)

When choreographing the dance phrases, Facilitator 1 noted that it is important to use a combination of repeated and new movements to prevent the session from being too repetitive:

“...there is a balance of not making a session dull by having the same set of phrases each week; even an inclusion of just one or two new things can help break up any sense of monotony”. (Facilitator 1, reflection notes).

Bilateral movements

All of the observed sessions involved bilateral movements, where one side of the body was moved first and then the same movement was repeated on the other side. Facilitator 1 noted that her use of bilateral movements is partly underpinned by her background in ballet, which focuses on line, symmetry, harmony and balance. As stroke survivors typically have a stronger and weaker side, the bilateral movements can help to develop symmetry for the body, and this is achieved by:

“...working the good side first and then the brain starts to go ‘oh yeah, I can do this’... and then taking it on to the other side.” (Facilitator 1)

Partner work

Partner work provides the opportunity for the group members to build connections and work together towards a common goal. In addition, partner work allows time for the dance practitioner to observe the group members and provide individual feedback or support as necessary.

Figures 1 and 2, below, provide examples of partner work conducted from standing and sitting positions. In Figure 1, the movements were designed to develop the stroke survivors' core stability and balance through transferring their weight from one foot to another. At the same time, working in pairs enabled the stroke survivors to develop confidence in their own ability whilst building trust with their partner and providing encouragement to each other.

Standing activity with partner work

...The group transfer from sitting to standing. Two of the stroke survivors use their walking sticks; three stroke survivors stand unaided.

Facilitator 1 explains the movements – transfer of weight from one foot to the other by swaying, feet positioned firmly on the floor.

(slow piano music starts)

The group are swaying gently from side to side. They move slowly in time with the music. Facilitator 1 encourages them to move one foot slightly forward to transfer their weight...

...(music ends)

Facilitator 1 asks them to get into pairs and stand opposite each other.

(music starts)

Each group member has a partner and they are standing opposite each other. They sway and bend their knees slightly, making slow movements. They step forward with one foot to transfer their weight. Two of the pairs are supporting each other by holding hands whilst doing the movement. The partners are quietly having their own conversations. Facilitator 1 moves around the pairs and gives support with their movements....

Figure 1: Excerpt from field notes - an example of partner work

Mirroring

Mirroring is a technique which involves one individual imitating the movements of another. Both individuals are actively engaged in mirroring, which can develop neurological pathways (Facilitator 1) and enhance empathy for others (McGarry and Russo, 2011).

As shown in Figure 2, the mirroring of hand movements was observed during the About Being sessions:

Mirroring activity

(slow piano music)

Facilitator 1 asks the group to get into pairs and then helps them to arrange the chairs so they are sat opposite their partner. The mirroring activity is explained: from a seating position, one of the partners will move their hand in any direction and the other person has to mirror the movements.

The group starts the activity. Some of the group are touching hands and others have their hands slightly apart. Freestyle movements are encouraged. Their movements are a steady pace and include the flexing of fingers and arms moving in different directions (e.g. up, down, left, right, circles). Within the pair, each partner is watching the other and concentrating on making the same movements.

Facilitator 1 asks everyone to pause and then they watch each mirroring pair in turn...

Figure 2: Excerpt from field notes - an example of mirroring

Improvisation

The About Being sessions regularly include time for improvisation when the group members are encouraged to make freestyle movements. This technique exercises both the body and the mind as memory and cognitive decision-making skills are used in order to select and perform the movements. Improvisation is also imaginative and empowering as the stroke survivors can take control of their movements and body, and express themselves creatively. Furthermore, improvisation is a useful tool for breaking away from the repetition of movements in a dance phrase to ensure that the group maintain their engagement with the activity (the importance of this was highlighted by Facilitator 1 in section 3.5.1).

It was observed that improvisation often produces laughter amongst the group members as they encourage each other to be imaginative by performing a wide range of movements. Figure 3 presents an example of an improvisation task using greetings, which was performed in both sitting and standing positions:

Activity 5 - Greetings

(no music)

Facilitator 1 explains the activity and demonstrates the movements - greetings will be passed around the group e.g. thumbs up, wave, shake hands, high five, salute, bow, nod, open arms. The group practise the movements by copying Facilitator 1. They are all seated in their chairs.

Starting with Facilitator 1, different greetings are passed around the group in a clockwise direction. The group members make their own decisions about which greeting they want to perform. There is laughter as the group produce a range of movements e.g. thumbs up, salute, high five and blowing kisses.

...the group transfer to a standing position. Two of the stroke survivors use their walking sticks for support.

(music starts)

Greeting are passed around the room - each person decides who to greet and what movement to do. The movements gradually become more creative as they are standing e.g. an elaborate bow, a hug. They are all watching each other and appear to be challenging each other when deciding which greeting to perform. Lots of laughter amongst the group...

Figure 3: Excerpt from field notes - an example of improvisation

Imagery

Imagery is a common technique within the field of performing arts:

“Dancers tend to talk much more in imagery to enable them to free up the body and access things within the body, so that’s become a really important and useful tool.” (Facilitator 3)

Imagery is used during the About Being sessions to describe the intention of the movement and to help the stroke survivors to visualise. For example, upper body movements which focus on the hands and arms can be described as flashing lights, huge sleeves, a big sombrero and playing the piano; lower body movements which work the feet and legs are described as marching and windscreen wipers. The

group are encouraged to visualise familiar images, such as raindrops falling on their face or “water trickling down your fingers, arms and spine” (Facilitator 1). As Facilitator 3 explained:

“It’s that visualisation - instead of something happening to their body, it’s seeing how their body can do something by using a different image or a different way of thinking about it.” (Facilitator 3)

It was observed that during the warm-up phase of the session, Facilitator 1 often asks the group to imagine that their heads are suspended by “a golden thread” as they sit up in their chairs to extend their spines. This imagery is useful for encouraging the stroke survivors to sit up straight which is necessary for developing the sit-to-stand movement (Facilitator 2).

Anatomy explanations

Anatomy is sometimes incorporated into the sessions through brief and straightforward explanations which help the group to understand how certain movements exercise their bodies and support their ongoing recovery. For example, Facilitator 1 explained the role of the psoas muscle in walking movements and also, the purpose of the roll down movement for stretching the fascia within the body - the latter is illustrated in Figure 4 below:

Activity 3: roll down and breath

(music ends)

Facilitator 1 explains that ‘fascia’ is a tissue in the body that wraps around the muscles; it is similar to the bits around the edges of meat and is like a cling film substance. Massage can help to stretch the fascia in our bodies. Also, the roll down action used in the session can help with stretching fascia.

Facilitator 1 explains that the group will now roll down to their toes and slowly come back up - “Do it in your own time”.

(music starts – orchestra piece)

The group do the movements whilst sitting in their chairs– roll down to feet and slowly roll back up. Variations in how they move their bodies and how far they stretch. Movements repeated several times...

Figure 4: Excerpt from field notes - an example of how anatomy is incorporated into the session

3.5.2 The role of music within the sessions

The About Being dance and movement sessions are always supported by music, which is carefully selected and prepared by Facilitator 1. Each session is choreographed to ensure that the movements and music work together “to keep the dynamic and the pace of the class” (Facilitator 1). For example, the group were observed doing a range of arm movements which were gradually slowed to match the slowing tempo of the music, and Facilitator 1 explained to the group that this type of movement was beneficial for developing control and concentration, as well as exercising the postural muscles.

The music tracks and volume are always controlled by the dance practitioner using an iPod connected to a speaker. The observed sessions involved a wide range of music across different genres, such as slow background music, classical music, and tracks with a faster tempo and lyrics that were familiar to the group. The process of researching and selecting suitable music tracks can be time-consuming and often involves “trial and error” as the music needs to follow “the arc of the class” (Facilitator 1), which moves from relaxing to more upbeat and then back down to relaxing:

“I am looking for music that can support the movement... drive the movement... support flow... to something that may be a bit of background music.” (Facilitator 1)

During the observations, it was evident that the group members enjoyed listening to the various music used throughout the sessions and in particular, Stroke Survivor 3 commented:

“...the music itself promotes you to make the movement she wants you to make... It’s all coordinated in a brilliant way.” (Stroke Survivor 3)

3.5.3 The significance of ‘coffee time’

The session structure always incorporates dedicated ‘coffee time’ at the end of the session which provides time for the group members to socialise, support each other and reflect on the session. It was observed that many topics were discussed over coffee, with several conversations often being conducted at the same time. The group members shared details of their lives, provided peer support to one another and chatted about anything that was important to each individual. Laughter was regularly observed throughout the sessions and this humour flowed naturally into the social time, indicating that the group members enjoy their time together; the significance of this dedicated social

time will be further explored from the perspectives of the stroke survivors in section 4.2 of the report.

As Facilitator 1 commented:

“They can be all sorts those chats afterwards - we’ve had tears, we’ve had laughter - and they are absolutely just as vital.” (Facilitator 1)

3.6 A person-centred approach

It is evident that the About Being model of practice follows a person-centred approach by focusing on individual attributes and needs, rather than the impairments experienced due to the condition of stroke. This approach is aligned with guidelines for participatory arts practice, which state:

‘1.1. Attention is maintained to the unique identity of each participant and fellow practitioners in an atmosphere of mutual respect that seeks to bring out people’s talents, abilities and best qualities...

3.5 Each participant’s contribution to the activity is valued and nurtured in a manner that is fair, equitable and inclusive of difference, status and ability.’ (Waterford Healing Arts Trust and the Health Service Executive South (Cork) Arts + Health Programme, 2009: 5-6)

As noted by Facilitator 2, the discipline of occupational therapy is also underpinned by a person-centred approach:

“We see everyone as an individual and would want to tailor things for that individual and their needs” (Facilitator 2).

The collaborative approach to this project, as demonstrated in section 3.7, positions all of the group members as equal partners in the creative process, and this was reiterated by Facilitator 1: “We’re all equals in the group”. However, the small group size enables the project to be driven by the individual needs of the group members (Facilitator 1) and therefore, the About Being project is described as being group-led:

“It is their group and I’m there to facilitate... and just gently nudge things along.” (Facilitator 1)

“It’s so group-led... And it’s so organic.” (Student 2)

During the observed sessions, the person-centred approach to facilitating the group was emphasised by Facilitator 1 with comments such as:

“...whatever works for you...”

“...whatever is comfortable for you...”

“We are all able in our own way.” (Facilitator 1)

The group members are actively encouraged to explore their abilities and how the various movements can be comfortably translated by their bodies. There is a strong emphasis on individual adaptations of the movements as “there’s no right or wrong, and there’s a beauty in difference” (Facilitator 1). When asked to explain her approach to the About Being sessions, Facilitator 1 stated:

“It’s looking at what you can do... not what you can’t do... and translation or adaptation of material, which is about peeling away what is the intention of the movement and then how can you actually take that into the body.” (Facilitator 1)

3.6.1 Adapting the movements

The observations provided several examples of how the stroke survivors adapted and translated some of the movements to work with their own bodies.

For example, when participating in voice work, the group needed to count ‘1, 2, 3, 4, 5’ in time with a tune and use their fingers to keep count. In addition to exercising their voice and control, this task can develop muscle memory and fine motor skills, and is “also about the joy of making sound” (Student 2). The group were encouraged to engage both hands to find a method of counting that worked for each of them, as shown in Figure 5:

Voice work

...Demonstration provided by Student 2.

Everyone joins in with the singing and counting in their own way:

- Stroke Survivor 3 – right hand (stronger side) is used to point to knuckles on left hand (weaker side).
- Stroke Survivor 1 – right index finger (weaker side) is used to point to fingertips on left palm which is open and facing upwards (stronger side).
- Stroke Survivor 5 – left hand (stronger side) is used to point to fingers on right hand (weaker side).

Figure 5: Excerpt from field notes - an example of how the stroke survivors adapt their hand movements

Facilitator 1 reported that as the stroke survivors have become more confident in their movements and abilities, they have started to push themselves further. Evidence of this increasing confidence in ability was observed in Figure 5 (above) when Stroke Survivor 1 led the movement with her weaker arm and also, in Figure 6 (below) when Stroke Survivor 5 adapted the movement by using his stronger arm to incorporate his weaker arm.

Pea Dance

(music starts)

...The group are familiar with the movements – they reach with one arm, move it up and down, and then clasp their hands together to move in any direction. The movements are repeated with the other arm (bilateral movements). Right arm first.

Stroke Survivor 5 adapts the movement by using his left arm (stronger arm) to lift his right arm (weaker arm) to reach, move up and down...

Figure 6: Excerpt from field notes - an example of how the stroke survivors adapt their movements

Both of the students suggested that the About Being sessions provide a safe space, which encourages everyone to get involved despite being out of their comfort zone: “It’s a safe space, so it’s ok to try” (Student 1). Student 2 attributed the feeling of being in a safe space to several factors such as: the setting and seating arrangement, the welcoming feeling created by the facilitator, the feeling of equality amongst the group, and the calm and non-judgemental environment where “everything is at everyone’s own pace”. In addition, Student 2 commented:

“This space, I think because it’s a safe space, because they feel comfortable, is a space for them to go ‘Right, I’m going to give this a go. I’m going to see what I can do’. And it doesn’t matter if it doesn’t work. It doesn’t matter if he’s doing it completely different to everybody else. The fact is, he’s given it a go and he’s tried it...” (Student 2)

3.7 Interdisciplinary and collaborative practice

A unique feature of this project was the interdisciplinary working between the dance practitioner facilitating the About Being sessions and the academics and students from the fields of occupational therapy, physiotherapy and performing arts. This project has enabled the fields of arts and health to come together in order to share their skills and expertise, and to learn from one another, whilst supporting the ongoing recovery of the stroke survivors participating in the sessions. Figure 7 shows the disciplines which have contributed to the About Being project since its inception:

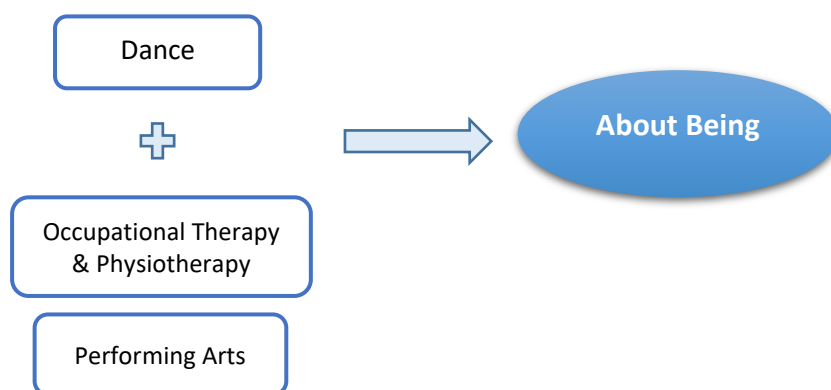


Figure 7: Disciplines involved in the About Being project

3.7.1 Examples of collaborative working during the sessions

Collaborative and interdisciplinary practice was evident during the observed sessions when the dance practitioner drew on the expertise of the two students supporting the group. For example, during the third observation, the performing arts student conducted voice exercises with the group, and the occupational therapy student discussed personal goals whilst having coffee at the end of the session. Both of these activities had been planned in advance and built into the facilitator's session plan.

Figure 8 presents an excerpt from the field notes to illustrate how Facilitator 1 collaborated with Student 2 and enabled her to lead an activity during the session. As Student 2 has been studying musical theatre, she explained that she is familiar with conducting voice exercises: "All the sort of warm ups I have done with the group are things I have learnt on the course" (Student 2).

Activity 7 – Voice

(no music)

Facilitator 1 explains that Student 1 is going to work on their voices now.

Student 2 explains that they are going to use their voices and breathing. She asks the group to imagine a dog wanting to go out and panting in its chest. Demonstration of panting movement. Then she asks the group to imagine that the dog is snoozing and his belly is moving whilst breathing. She tells the group to take a deep breath into their bellies. This action is repeated five times.

... Student 2 explains that she wants the group to say the vowels A, E, I, O, U with a big mouth to ensure they get louder and stronger each time. She asks the group to "imagine biting into a lemon" as they say the vowels – demonstration and practise.

Then she asks them to imagine they are biting into "a delicious doughnut" as they say the vowels A, E, I, O, U – demonstration and practise.

The sounds are very different and Student 2 explains that they need to aim for big sounds....

Figure 8: Excerpt from field notes - an example of collaborative and interdisciplinary practice with Student 2

This vocal warmup, which contained several examples of imagery, was used prior to the singing numbers activity mentioned in section 3.6.1. This was the first time Student 2 had conducted the activity with the group and it was observed that they all engaged with her immediately; they were willing to follow her instructions and practise the breathing and vocal exercises as a group. In addition, Facilitator 1 and Student 1 both took part in the vocal exercises, which ensured that the group members were equal and collaborated on the activity.

The benefits of this type of vocal work have been reported in community dance projects for people with Parkinson's disease:

'Simple vocal exercises are great for warming up the body, finding breath as a support for movement, and are essentially expressive and fun.'

(Gillespie, 2011)

The second example of collaboration involved Student 1 reviewing personal goals with the stroke survivors. At the end of the session, whilst the group were drinking coffee and chatting, Student 1 took the opportunity to review the goals they had set in earlier in the year; she provided a paper copy of the original goals and each group member reviewed and rated their progress in terms of satisfaction and performance. The stroke survivors were then encouraged to set new goals for themselves. Student 1 explained that occupational therapy looks at 'meaningful occupations' for the individual and this type of goal setting is a standard part of their practice:

"We'd been talking about trying to bring in some goals for people, because that's very much part of the occupational therapy process in terms of you do your information gathering, you find out what's going on and what's the need that they have, what do they personally want to achieve, what can you offer. And you kind of put an intervention in and then you review it and discharge, that's the very basic occupational therapy process. And introducing goals for a thing like this, you would be looking at if there is anything functionally that they're trying to get out of it." (Student 1)

The process of reviewing the goals enabled some of the stroke survivors to reflect on their personal progress and recognise how their functional abilities had developed through exercising with the group. As shown in Figure 9, one of the group members was pleased to realise that over a period of

approximately four months, he had achieved his personal goal of being able to transfer independently from sitting to standing.

Coffee time

The group are having several conversations at the same time....

Student 1 reminds the group that they set goals earlier in the year. She hands out paper copies of their original goals and explains that she wrote them down after the last discussion. The stroke survivors review their personal goals and discuss them with Student 1....

The discussion highlights that Stroke Survivor 5 aimed to get out of his chair without aids and he can do that now; he appears to be surprised when he realises that he has achieved his personal goal. Student 1 explains that the key movements have been incorporated into the dance and movement sessions. They were previously supported by a physiotherapy student who taught them how to transfer safely from a sitting to standing position and the key movements were then included into the dance phrases...

Figure 9: Excerpt from field notes - an example of collaborative and interdisciplinary practice with Student 1

This excerpt demonstrates how the dance practitioner collaborated with the physiotherapy and occupational therapy students to draw on their expertise and subtly incorporate transferring movements into the sessions through choreographing the 'sit-to-stand dance':

"...that was purely based on people wanting to get better at what we call 'transferring' - getting on and off a chair. That was linked with the goals as well and we have seen improvements with people since then. So, that worked really well." (Student 1)

Unfortunately, during the period of the evaluation, it was not possible to observe the dance students collaborating with the About Being group as they were away from university during the summer months. However, Facilitator 3 explained that when the dance students are in practice, time is allocated within the session for collaborative work as "the dancers will interpret some of the activities that have been happening or will dance in the session". This collaboration is an exchange of skills which can improve the dancer's confidence and raise awareness for all those involved about what the

movement can potentially lead to (Facilitator 3). Furthermore, Facilitator 1 explained that the students all contribute something different to the About Being project and the sessions tend to be more creative when dance students are supporting the group.

Collaboration was also observed through the stroke survivors influencing the names of movements or dance phrases. For example, the sequence entitled 'Pea Dance' was given its name after Facilitator 1 asked the group to imagine holding something they would not want to drop, and one of the group members replied 'a plate of peas'. This familiar imagery of a plate of peas encouraged the group members to form a strong hand movement whilst reaching and stretching at the start of the dance. Adopting a name in this way not only makes the dance and movements more memorable, but emphasises that all members of the group can potentially shape the content of the About Being sessions.

3.7.2 The benefits of collaborative and interdisciplinary working

The collaborative and interdisciplinary practice is continually evolving within the About Being project and is clearly beneficial for all those involved. Facilitator 1 emphasised that "recovery is about the whole self" and therefore, collaborating with other disciplines forms an important part of the process. In addition, Facilitator 3 felt that "the best practice happens when dance collaborates".

There is a strong emphasis on all members of About Being working as a team: "We want people to slot in and work as a team" (Facilitator 2). A key benefit of this type of collaborative and interdisciplinary working is that the group members can seek support and learn from one another – this will be further explored in section 3.8 of the report. For example, discussions have taken place between the students and facilitators about any issues within the group, such as how to manage the dynamics of the group and the different behaviours presented by the stroke survivors, to ensure a consistent approach (Student 1 and Facilitator 2).

Working as a team by collaborating with the students is particularly beneficial for Facilitator 1 as it affords her more time to reflect and check on the group during the session:

"Being able to take time back and see who's coping, who's not, who's engaging – so that's how it works for me." (Facilitator 1).

In addition, this team approach provides everyone with support which is particularly appreciated by Facilitator 1 as she explained that it is common for dance practitioners to work alone:

“Having that support network is invaluable as a dance practitioner working in health” (Facilitator 1).

For the stroke survivors within the group, one of the practical benefits of interdisciplinary and collaborative working is that they receive support from people who are aware of their various needs. For example, during the observations, it was noted that Student 1 sometimes supports the stroke survivors by passing their walking stick or moving their chair into a more appropriate position when transferring from standing to sitting; this awareness of individual needs was attributed to her training as occupational therapists are taught to look at people functionally (Student 1).

From the perspective of the students currently supporting the group, having the opportunity to work alongside other disciplines was described as an “eye-opening” experience (Student 2). Similarly, Student 1 commented:

“It has introduced me to the arts in health, which is something I’d never really considered... opened my eyes to how that can be used.” (Student 1).

3.7.3 The challenges of collaborative practice

About Being “has very much been a project that has evolved” (Facilitator 3), which suggests that it is a continual learning process for all those involved. The project involves experienced facilitators with different specialisms working in different disciplines, students who are still learning about their degree subjects and stroke survivors with lived experience of their conditions; it is therefore challenging to bring people with such diverse skillsets and experiences together in this way. Facilitator 3 described this collaborative and interdisciplinary practice as both exciting and challenging because:

“You’re taking very specific knowledge from different discipline areas, people who have a particular reason and focus for why they’re doing their thing... and then trying to get them to meet in the middle somewhere.” (Facilitator 3)

In addition, Facilitator 2 highlighted the need for “open channels of communication” when working collaboratively with other disciplines, although it was acknowledged that this can be a time-consuming activity.

3.8 A reciprocal learning environment

One of the key benefits of this interdisciplinary and collaborative approach is that reciprocal learning takes place within the sessions. The learning is not one directional, for example from the facilitator to the stroke survivors, instead it is multidirectional as shown in Figure 10:

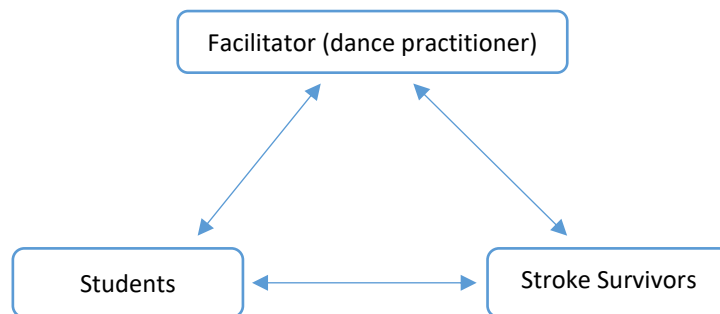


Figure 10: Reciprocal learning during the About Being sessions

For example, during the course of the About Being project, the stroke survivors have learnt about the potential of their bodies through participating in the dance and movement phrases created by the facilitator, along with techniques to support their daily functioning which have been introduced by the students. The students have learnt about the lived experience of stroke and how they can support stroke survivors within their own discipline, and they have also gained an awareness of the benefits of collaboration and the value of arts in health practice. In addition, the dance practitioner (facilitator) has learnt about the stroke survivors’ experiences of their bodies and ongoing recovery, along with the students’ academic specialisms, and used this insight to inform the creativity of the About Being sessions.

3.8.1 Stroke survivors’ perspectives on the learning process

During the data collection, two of the stroke survivors commented on the reciprocal learning that takes place within the sessions. For example, Stroke Survivor 5 felt that it was important that the

experience and learning process “shouldn’t be one-way” (Stroke Survivor 5). He believed that everybody learnt from each other during the sessions, including those leading the project:

“In other words, we benefit from it and the people that are giving their time up, they should benefit from it.” (Stroke Survivor 5)

Stroke Survivor 2 commented on the intergenerational collaboration and hoped that the students supporting the group had benefitted from engaging with an older generation:

“The students have brought so much to us as well. They help out and we all just seem to click. And I always say the same thing to them – I hope that they take away as much as they have given to us by being with us and they haven’t just thought that we’re old fogies... You would think they were handpicked for us, the students we’ve had, and I hope that we’ve enlightened their life”. (Stroke Survivor 2)

3.8.2 Students’ perspectives on their learning

Student 1 had been volunteering with the group for over a year and found the sessions to be “personally relaxing”. She reported that she had developed personally during that time through increasing her confidence about working in groups and learning how to manage group behaviours. In addition, Student 1 explained that she valued being able to attend the About Being group before and after the work placements, which was beneficial for understanding occupational practice in real life settings.

Student 2 had been volunteering with the About Being group for approximately two months at the time of the evaluation and stated: “This is invaluable - it’s an amazing experience I’m getting” (Student 2). She reported that the key benefits included having the opportunity to work with older people, to network and to learn about her own skills. For example:

“In my own skill set I’ve got more in my toolkit than I thought I did. In terms of interpersonal skills. In terms of my creative skills. And I think from the individuals in the room, I’ve learnt so much about movement and connectivity... the body and reading people...there’s an energy, I guess, and I’m able to now pick that up a little bit more.” (Student 2)

3.8.3 Facilitators' perspectives on the reciprocal learning environment

The About Being project appears to benefit all those involved – the stroke survivors, the carers, the students, the facilitators and the university. Facilitator 2 explained that this learning environment is unique as no other university is currently bringing their students into this type of community project. Through this collaborative and interdisciplinary learning environment, the students are able to model themselves and learn from each other, learn about the lived experience of stroke, gain confidence in their skills and develop essential team working skills (Facilitator 2). Furthermore:

“It’s really good for people to see what the other professional skills are and get a better understanding then of what they are doing... I feel that it teaches the physios a lot about what occupational therapists do because occupational therapy is not well understood by other professionals often.... Also, I think it’s good for physios to see the emotional and cognitive side of things because there’s not as much covered on their programme. And then for the occupational therapists to see what the physios are doing because there’s so many shared skills that they can then learn from each other and then have the confidence when they go into practice to say: ‘I want to speak to a physio about this’ or ‘I want to speak to an occupational therapist’.” (Facilitator 2)

Facilitator 3 emphasised that the intergenerational approach to the About Being project provides the university students with the opportunity to learn about applied practice. In particular, the About Being project is beneficial for dance students as it provides them with the opportunity to learn about participatory practice within a community group, which can help to prepare them for the reality of being a dance practitioner:

“I am very interested in dancers in training learning about community practice and working with community groups and with different age groups and different people and having experience of doing participatory practice, so working, leading and being involved with groups of people because it’s such a huge part of a dancer’s life.” (Facilitator 3)

3.9 Challenges for the About Being project

3.9.1 Funding

The main ongoing challenge for the About Being project is the lack of regular funding. An independent company, Applied Industrial Systems², originally gifted £3000 to help Facilitator 1 set up and pilot the About Being project. This funding covered the costs of providing two student introduction days, marketing and delivery of the project - which included four hospital sessions with stroke patients and ten community sessions - and travel costs for one of the stroke survivors to attend the sessions. However, since the initial phase of the About Being project, financial support has not been secured and all of the facilitators commented that funding is necessary in order to sustain and develop the project.

At the time of the evaluation, the University of Cumbria was providing the venue free of charge, and the dance practitioner was also providing her time and expertise. Facilitator 1 explained that following the pilot (funded) phase of the project, she requested that the group members contribute £4 towards each session to cover refreshments and to assist with travel costs for one of the stroke survivors, and the group were very happy to contribute; this is common practice amongst most community dance groups (Facilitator 1). In addition, in the final stages of the evaluation research, Facilitator 1 explained that the wife of one of the stroke survivors had independently conducted two small fundraisers and donated £140 towards the running of the group.

In order to sustain the project and continue to support the health and wellbeing of the stroke survivors, there is a need to secure regular funding to cover the running costs for this type of community group. Furthermore, consistent funding would enable the project to be further developed and provide a mechanism for exploring some of the facilitators' ideas detailed in section 3.10.

3.9.2 Logistics

One of the logistical challenges with the project has been sourcing an accessible and appropriate room on the university campus, and ensuring that the timetabling of the room allows for a regular weekly slot. Facilitator 3 explained that as the About Being project evolved, it became important to identify "the right space to create the right environment". For example, the group initially met in a dance studio that did not have kitchen facilities attached, whereas the current studio room has a kitchen

² <https://www.applied.co.uk>

directly off the main room; the current setting enables the group to flow straight from the dance and movement activities into the discussion time without any disruption (as noted in section 3.3). Facilitator 3 commented that the current room is appropriate for the project because “the group feel at home there.”

3.10 Future plans for the About Being project

The facilitators expressed several ideas about how the About Being project could potentially be developed in the future. Their suggestions were focussed on developments which might enhance the experience for the stroke survivors, formalise and develop the learning of the students, and expand the collaborative and interdisciplinary nature of the project.

For example:

- Facilitator 1 suggested that the one-to-one work with group members could be expanded, although this would need to be carefully considered with the support of the other facilitators and students, as it could potentially alter the flow and continuity of the sessions.
- Facilitator 1 also suggested that she could explore the group’s interest in creating a performance to share with others.
- Links could be established between the About Being group and healthcare pathways, and also arts and health pathways (Facilitator 1). In particular, potential links with hospitals and care services in the community could be investigated (Facilitator 3).
- Opportunities for developing stroke ambassadors (as developed by the Stroke Odysseys project - see section 1.2.3) could be explored to provide support to stroke survivors in hospital settings (Facilitator 1).
- Opportunities to develop additional groups for stroke survivors, along with people living with other conditions, could be considered (Facilitator 2).
- The contribution of the volunteer students could be incorporated into the curriculum and formally recognised through the development of a module offering placements with the About Being project (Facilitators 1 and 2). Currently, the occupational therapy students are encouraged to reflect on their learning and keep a professional development diary (Facilitator 2), but the volunteering hours do not count towards their degree modules or work placement hours.

- In relation to the dance students supporting the About Being group, the practice and role of the 'dance support worker' could be defined, and the possibility of developing an interdisciplinary training programme could be explored (Facilitator 3).
- With adequate funding and support, opportunities for providing digital support and creating digital resources could be investigated (Facilitator 2).

It is important to note that all of the facilitators emphasised the need to secure adequate funding in order to sustain the About Being project, and to explore mechanisms and opportunities for further collaboration and development.

4. Findings 2: The experiences of the stroke survivors

This section will present the qualitative findings from the interviews with five stroke survivors and one carer. As shown in Table 2, three key themes were identified across the data: *body and mind*; *social connections*; and *reconnecting with self*. These three themes contribute to the *health and wellbeing* of the stroke survivors, which is the overarching benefit of participating in the About Being sessions.

<i>Health and Wellbeing</i>		
Body and mind	Social connections	Reconnecting with self
Physical benefits (e.g. walking, core strength, balance)	Companionship	Regaining independence & control
Emotional & cognitive benefits (e.g. mood, concentration, mental stimulation)	Shared experience	Recognising ability
	Peer support	
	Laughter & enjoyment	

Table 2: Main themes and codes identified across the data collected from the five stroke survivors and one carer

4.1 Body and mind

It is evident that participating in the About Being project has impacted positively on the health and wellbeing of the stroke survivors as they reported various physical, emotional and cognitive benefits of attending the dance and movement sessions.

4.1.1 Physical benefits

The physical benefits experienced by the stroke survivors include stamina, balance and standing, the strengthening of core muscles, and furthering their ability to walk. For example, the participants commented:

“It gives you more stamina... helped with my walking... it helps you to balance better because we do exercises to and fro.” (Stroke Survivor 1)

“Everything to do with it is about strengthening the core, basically, and... working on your balance and standing and trying to move forward on the physical side.” (Stroke Survivor 3)

The carer of a stroke survivor explained that her husband had recently walked unaided during one of the About Being sessions, and she felt that the accessible setting had enhanced his confidence to attempt this:

“When he’s there, and because the room is so big and flat, he can walk without his stick. He’ll try and walk without his stick. Now when he comes home, you know, because you’ve got coffee tables and chairs... he doesn’t do that... But when you see him there and seeing him walking, and then he’ll say ‘Oh, I can’t do it’ but he’s done it without realising... So, it’s nice to see that.” (Carer of stroke survivor)

Some of the group members were aware that the wide range of movements (as noted in section 3.5) encouraged them to work on all parts of their bodies:

“It works on all different parts of the body, you see.” (Stroke Survivor 1)

“I’m using all my body... I need the exercise.” (Stroke Survivor 4)

In particular, as noted in section 3.5.1, the stroke survivors are encouraged to move both their weaker and stronger limbs in order to develop muscle memory and strengthen the muscles, and the value of this was recognised by one participant:

“You have to often lift your other arm with your good arm, but you’re still moving it so you’re pushing and exercising it.” (Stroke Survivor 2)

Stroke Survivor 5 explained that when the About Being project started, he could not lift his paralysed right arm with his left arm because it was simply too heavy; however, through participating in the dance and movement sessions, he has strengthened his muscles and now feels confident about using

his stronger arm to exercise his weaker arm (this was observed in Figure 6 in section 3.6.1). He found it particularly motivating that the emphasis within the sessions is on doing whatever feels right for the individual:

“...you just do what you can and [Facilitator 1] stresses that point...”
(Stroke Survivor 5).

Furthermore, as noted in section 3.7.1, one of the physiotherapy students who previously supported the group focussed on developing their ability to safely transfer from a sitting to standing position, which can be beneficial for daily functioning:

“And I can get up and down, well, I couldn’t do that before.” (Stroke Survivor 1)

4.2.2 Emotional and cognitive benefits

Although it is common to experience emotional changes after a stroke, including feelings of depression and frustration, the findings indicate that participating in the About Being sessions can be beneficial for improving state of mind. For example:

“This group makes you use your muscles more and exercise more, and it’s good for the body. You don’t get as depressed.... it’s helping the mind more than anything.” (Stroke Survivor 1)

“It always makes you feel better when you’ve done something different.” (Stroke Survivor 2)

“Exercise is good... it works your mind and everything.” (Stroke Survivor 4)

“If I didn’t have that to go to, it would be a terrible setback... It means a lot because one of the side effects of a stroke, of course, is depression. You know, a lot of people suffer from depression... that’s what would happen to me if it wasn’t there.” (Stroke Survivor 5)

As the experience of stroke can be particularly isolating for those who live alone or have limited opportunity to engage with others, community groups such as the About Being project can provide a sense of purpose. For example, Stroke Survivor 5 felt strongly that having access to the About Being sessions has impacted positively on his emotional wellbeing by giving him a reason to get out every week:

“It’s the best thing what’s happened to me since I had the stroke... If I didn’t have this class to come to, I’d just be sitting at home in the same position all day, counting dots on the wallpaper. You know, that’s no good for anybody.” (Stroke Survivor 5)

In addition, the emotional benefits can extend to those in caring roles as the About Being sessions can provide a brief respite from responsibilities and concerns:

“You get depressed and you don’t know if you’re doing right or doing wrong... something like this, it takes you out of yourself... you’re thinking about something else... it doesn’t matter what’s going on at home, you can forget about it for that hour.” (Carer of stroke survivor)

Stroke Survivor 1 reported being able to “concentrate better” as a result of participating in the dance and movement sessions. Furthermore, two members of the group highlighted that the project provided them with mental stimulation, which is a valuable part of their stroke recovery process:

“It is physically fatiguing, but it’s so mentally stimulating that that balances it significantly. So, it’s a real positive at the end of the day.” (Stroke Survivor 3)

“You need stimulation... and that’s what it gives me... it’s partly physical and partly mental.” (Stroke Survivor 5)

4.2 Social connections

In addition to exercising and moving their bodies, it is evident that participating in the About Being sessions provides the stroke survivors with companionship and the opportunity to share their experiences, support each other and enjoy laughing together.

All of the stroke survivors, and the carer, commented on the companionship they experience through being part of the group. For example:

“You can relate to them because it’s nice to see people and have conversation” (Stroke Survivor 1)

“It’s just a great social time as well as the exercise” (Stroke Survivor 2)

“People do thoroughly enjoy the sort of meeting together, the community side of it. Chatting, basically, and sharing their thoughts.” (Stroke Survivor 3)

“Meeting people is the most important thing” (Stroke Survivor 4)

“It’s the interaction with somebody else, as I say, you feel very isolated... It gets me out as well.” (Carer of stroke survivor)

Stroke Survivor 5 explained that he particularly enjoys the “camaraderie” with his peers as they motivate and support each other, and share common experiences which makes “you realise you’re not the only one”.

Although there are differences in their impairments and recovery process, the About Being group members all share the similar experience of having survived a stroke and this commonality enables them to connect with each other, to feel valued and to have a sense of purpose:

“It would be so easy to wallow in the fact that, you know, everything has been taken away from you, and it’s a cruel world and all that sort of thing, but you know, really, there are ways with something like that class you can sort of feel as if you’re part of something and that you mean something still, basically.” (Stroke Survivor 3)

“You see a lot of people in the same boat as yourself and you think, if you didn’t come here, you’d be stuck at home, wouldn’t you? And you would have nothing at all to do.” (Stroke Survivor 1)

Meeting with others who have similar experiences can also provide the opportunity to learn from one another. For example, Stroke Survivor 2 enquired about another group member’s hand movements and learnt that his peer attributed the progress to using weights at home, which is something that Stroke Survivor 2 aspired to try himself.

Stroke Survivor 2 also explained that he gets pleasure from watching the other group members achieve during the sessions, and he commented: “We all get on and it’s a wonderful feeling.” This peer support was described by another group member:

“Everybody is individual and everybody has their own story to tell, but we all get on well. And everybody has empathy with everybody else and appreciates the difficulties that we all have to deal with on a daily basis. And we applaud each other’s successes. And you know, if somebody has an accident or something, then everybody’s upset about it basically. But it’s all positive thought, basically, that’s the thing.” (Stroke Survivor 3)

In addition to supporting each other during the sessions, some members of the group reported that they support their peers outside of the sessions. Three of the group members started their recovery journeys together when they originally met whilst in hospital, approximately 7 years ago, and two of these individuals mentioned that they regularly telephone each other to chat and provide support.

From the perspective of the carer, the peer support within the group was considered to be motivational and a mechanism for encouraging stroke survivors to actively participate in the sessions:

“When they come home, once the physio has been and all those people have gone and you’re left on your own, you feel very isolated. And you don’t know whether you’re doing right or doing wrong, you know, trying to get them to do exercise... if you go to a class, they’ll do it... they’ll get involved... They look at the others and they say ‘Well, they can do it, I’ll do it’... and he gets more out of that.” (Carer of stroke survivor)

The observation field notes contained many references to laughter amongst the group and it was clear that the dance and movement sessions provide valuable “social stimulation” (Stroke Survivor 3) for the stroke survivors. As shown in the comments below, all of the stroke survivors emphasised their feeling of enjoyment when participating in the About Being sessions:

“...you meet all your friends here and have a good laugh.” (Stroke Survivor 1)

“Laughter brings enjoyment and makes you feel better as well.” (Stroke Survivor 2)

“There’s quite a lot of humour in the class.” (Stroke Survivor 5)

“If you can’t see the funny side of it, then you are lost, basically.” (Stroke Survivor 3)

“It’s been grand, thoroughly enjoy it... Coming to the class is smashing, you know, he’s getting exercise as well as being the fun side of it.” (Carer of stroke survivor)

4.3 Reconnecting with self

During the interviews, the stroke survivors described the various ways in which their stroke had impacted on their everyday lives, with several comments about losing independence, former roles and pastimes. For example, not being able to drive as a consequence of the stroke impacted on perceptions of independence and freedom:

“I used to be independent and I had to learn how to rely on other people.” (Stroke Survivor 1)

“That’s your freedom gone, basically.” (Stroke Survivor 3)

Some of the stroke survivors explained that they had been forced to retire early (Stroke Survivor 1 and 3) and had to cease volunteering roles in the community (Stroke Survivor 1 and 2). Former pastimes

which could no longer be pursued included golf, DIY, snooker, walking and gardening. In addition, the experience of stroke was perceived as having a negative impact on spontaneity:

“... Everything like that is difficult because you have to arrange a disabled friendly room... You can’t just pick a bag and throw it in the back of the car and say, ‘right, we’ll go and stop somewhere.’” (Stroke Survivor 2)

“You can’t just get up and go for a walk with your wife, and things like that.... It’s very emotionally crushing, basically.” (Stroke Survivor 3)

However, it is evident that participating in the About Being sessions has enabled most of the stroke survivors to regain some degree of control and independence within their everyday lives, and to develop a new confidence in their abilities; this is empowering as it enables the stroke survivors to understand their altered bodies and find ways to reconnect with the activities that are important to them.

For example, through developing physical strength, stamina and balance, Stroke Survivor 1 had recently become more confident about using the bus independently and working in her garden again:

“I feel as though I’ve got more control, because I like doing things myself.” (Stroke Survivor 1)

As noted in section 4.1.1, the dance and movement sessions have enabled Stroke Survivor 5 to develop his strength sufficiently to use his stronger arm to lift his weaker arm; he explained that this improvement in physical strength has also enabled him to work towards personal goals of walking further, cooking meals independently and using the stairs more confidently at home. Seven years after the stroke event, this personal progress is empowering for Stroke Survivor 5 and motivates him to remain positive by finding ways to regain his independence.

The About Being sessions are essentially a mechanism for “realising you can do things” (Stroke Survivor 3) by enabling the group members to develop strength in their bodies and minds, to explore their abilities and find a new confidence in their post-stroke bodies. The comment below describes one stroke survivor’s experience of joining the group and learning to recognise his ability:

“I didn’t know whether I would like it because I just thought, basically, I won’t be able to do this. Just because physically I’m not that able.... It was challenging but it wasn’t physically impossible... Everybody joined in and everybody could do it. Even though you’re impaired physically, it was doable in some degree.... You’ve got limited movement but what you’ve got, you can actually use to express all kinds of things...” (Stroke Survivor 3)

Furthermore, Stroke Survivor 3 felt that the About Being sessions present the opportunity for creative self-expression, which is a new experience that he has thoroughly embraced:

“I’ve never done anything that was to do with artistic movement or anything like that. I’ve never involved myself in anything like that in my life, so just to be able to do something that looks vaguely, you know, to interpret music or stories through actions is quite massively stimulating and, I think, very positive from my point of view.” (Stroke Survivor 3)

5. Conclusions and Recommendations

As outlined in section 2.1, this evaluation originally sought to address three main questions:

1. How does collaboration and interdisciplinary practice shape the About Being project?
2. How do the dance and movement sessions support the ongoing recovery of the stroke survivors?
3. How do the stroke survivors benefit from being involved in the About Being project?

This final section of the report will present the conclusions for each of the three research questions, and then make recommendations to inform the development of the About Being project.

5.1 Conclusions

How does collaboration and interdisciplinary practice shape the About Being project?

- The model of practice used in the About Being project wholly embraces an interdisciplinary and collaborative approach to supporting the ongoing recovery of stroke survivors. This community project brings together the fields of education, the arts and health through collaboration between the dance practitioner, academics and students at the University of Cumbria, and the stroke survivors.
- The disciplines of dance and performing arts, occupational therapy and physiotherapy are working together to co-create the About Being project and make a valuable contribution to arts in health practice.
- Examples of the collaborative and interdisciplinary practice within the About Being project include:
 - The three facilitators working together to develop the project, and provide professional support for each other, by drawing on their specific knowledge from different disciplines.

- The dance practitioner providing the opportunity for the students to apply their learning and skills through working with the stroke survivors during the sessions.
- One of the main benefits of this interdisciplinary and collaborative practice is that reciprocal learning takes place during the About Being sessions. For example:
 - The stroke survivors have learnt about the potential of their bodies through participating in the sessions created by the dance practitioner, and they have learnt skills to support their daily functioning which have been introduced by the students.
 - The students have learnt about the lived experience of stroke and how they can potentially support stroke survivors within their own discipline. The students have also gained an awareness of the benefits of collaborating with other disciplines and the value of arts in health practice.
 - The dance practitioner has learnt about the stroke survivors' experiences of their bodies and ongoing recovery, along with the students' academic specialisms, and used this insight to inform the creativity of the About Being sessions.
- The inclusion of student volunteers from arts and health courses at the University of Cumbria is a unique feature of the About Being project. In addition to the learning mentioned above, this provides the opportunity for students to develop confidence and team working skills, and to experience applied practice, which are valuable employability skills.
- The collaboration between the university students and stroke survivors also provides an example of intergenerational learning, as the group members can range in age from early twenties to eighties.
- This collaborative and interdisciplinary model of practice is well-managed by the facilitators as they are open to working as a team and believe that this approach can be beneficial for their respective disciplines, the students and the stroke survivors. The success of this collaboration can be attributed to the expertise of the dance practitioner and the academics specialising in performing arts and occupational therapy; they all bring something very different to the project, but are united in their goal of supporting the stroke survivors and providing a unique learning opportunity for the students. Their collaboration and decision-making (e.g. in relation to finding a suitable venue, the session content and the selection of

appropriate students) has created a project which is accessible and beneficial to all those involved.

How do the dance and movement sessions support the ongoing recovery of the stroke survivors?

- It is evident that the About Being project takes a holistic approach to supporting the ongoing recovery of the stroke survivors as the dance and movement sessions are structured to provide adequate time for exercising the body, followed by dedicated time for socialising with the group members.
- The About Being sessions are held in an accessible ground floor room with nearby parking, provided by the University of Cumbria, which enables most of the stroke survivors to independently access the sessions; this is significant as the desire to regain control and independence was noted by some of the stroke survivors in section 4.3.
- The About Being sessions are choreographed to include a wide range of movements which work the whole body, and develop the physical and cognitive functioning of the stroke survivors (e.g. their flexibility, strength, core muscles, balance and walking, endurance, muscle memory and communication skills).
- The dance practitioner uses a range of techniques within the sessions to ensure that the content is varied and continually meets the individual needs of the group members (e.g. repetition of movements, bilateral movements, partner work, mirroring, improvisation and imagery). In addition, the inclusion of basic anatomy explanations can help the stroke survivors to understand how the movements can support their bodies.
- The person-centred approach to the About Being project focuses on individual needs and empowers the stroke survivors to take ownership of their recovery by exploring the possibilities of their bodies. The sessions are very inclusive and provide a safe space where creative adaptations of the various movements are actively encouraged. This approach creates a positive learning environment where the focus is on ability and the creative potential of the stroke survivors' bodies.

- The collaboration with the university students supports the ongoing recovery of the stroke survivors as the students introduce new skills and perspectives to the group. For example, the physiotherapy student contributed her knowledge about safely transferring from sitting to standing, which has enhanced daily functioning for some of the stroke survivors. The occupational therapy student has introduced personal goals that enable the stroke survivors to reflect on their own progress and actively engage with their ongoing recovery. The dance student shared her creative skills with the group to show the possibilities of movement, and the performing arts student has demonstrated the benefits of breathing exercises and voice control.
- The small size of the About Being group is advantageous as the dance practitioner has time to become familiar with the stroke survivors in order to identify their needs and tailor the sessions to provide appropriate support. In addition, having a small group provides the opportunity for all of the stroke survivors to engage with each other and make valuable social connections.

How do the stroke survivors benefit from being involved in the About Being project?

- The findings show that the About Being project makes a valuable contribution to the overall health and wellbeing of the stroke survivors. In particular, it was reported that the dance and movement sessions are beneficial for the ongoing recovery of their bodies and minds, as well as providing the opportunity to make social connections and enabling the stroke survivors to reconnect with their post-stroke bodies.
- The stroke survivors reported a range of benefits through participating in the About Being sessions:
 - Body and Mind - the physical, emotional and cognitive benefits were reported to include: the strengthening of core muscles which can improve balance, standing and walking; muscle memory; stamina; a positive state of mind which can help with managing feelings of depression or frustration; better concentration; and valuable mental stimulation.
 - Social connections - the stroke survivors reported that the About Being project provides companionship and the opportunity to share their experiences, to support each other and laugh together. The peer support within the group is

motivational and it is evident that the stroke survivors genuinely enjoy the experience of socialising together.

- Reconnecting with self - through developing their bodies and minds, some of the stroke survivors have been empowered to regain control and independence within their everyday lives, and to develop a new confidence in the abilities of their post-stroke bodies.
- The findings also indicate that participating in the About Being sessions can provide support and enjoyment for the carers of stroke survivors.
- Although the experience and effects of stroke essentially bring the group members together, the About Being project does not dwell on the impairments of their altered bodies. Instead, the dance and movement sessions focus on the possibilities of the body and encourage the stroke survivors to explore different ways to express themselves and reconnect with their own bodies.
- The stroke survivors indicated that limited support is available within the Carlisle area, particularly for those who are several years post-stroke. The About Being project is therefore a valuable resource for stroke survivors in the Carlisle community. All of the stroke survivors felt that the dance and movement sessions enhance their lives by improving their overall health and wellbeing, and they were hopeful that the About Being project will continue to be available in the future.

5.2 Recommendations

5.2.1 Recommendations for future iterations of the model

- While the iterative development of the model was a key to its success, this evaluation has suggested key aspects that would support its further development. As noted in section 3.9.1, financial funding is essential for ensuring the sustainability of the About Being project. Funding would ensure that the project continues to support the health and wellbeing of the stroke survivors, along with the professional development of the university students. It is therefore recommended that opportunities for potential funding sources within the fields of arts in health and education should be explored.

- Funding would allow the input and time commitment of the dance practitioner to be acknowledged formally, and it would enable the facilitators to explore opportunities for developing the project, as discussed in section 3.10.
- At the same time, approaching funding bodies may require the formalisation of the key roles within the model. Given the significance of collaboration between arts practitioners and allied health practitioners, it is recommended that the scope of responsibilities and expectations of input to each iteration of the model is articulated as part of any bid for future funding. This may include, for example, not only designating which role has responsibility for session design or the development of particular movements, but also where any potential safeguarding or risk factors to account for as the project continues or enlarges.
- Similarly, formalising the student role would be potentially beneficial to the future running of the model. Given the distinctive input provided by students from Allied Health and different areas of the arts, identifying the best time and mode of involvement for students from physiotherapy, occupational therapy, performing arts and dance would allow the model to potentially synchronise with University modules and programmes, as well as identifying the process of change at work for the service user within the project. This would allow for more directed training, preparation and reflection by the students on their role within the model's process.

5.2.2 Conceptual and practical development of the model

- It is recommended that the model of practice for the About Being project is shared with other practitioners who are delivering arts and health initiatives across Cumbria, and throughout the country. Sharing practice could present opportunities for further collaboration with other disciplines and community projects that support people with various lived experiences. In addition, this sharing of knowledge could be a mechanism for creating links with arts and health pathways, as suggested in section 3.10. The About Being model of practice could be disseminated via: publishing articles in academic or practice journals/magazines; sharing the findings of this evaluation report with arts in health practitioners across the region; and raising awareness of the About Being project by

presenting at arts in health conferences, along with events aimed at the educational disciplines of performing arts, occupational therapy and physiotherapy.

- When sharing the model of practice, it is recommended that specific theories of change are drawn upon to demonstrate why particular practices are being used and to what effect, to ensure that the benefits of the project are communicated accurately. This will support the articulation of the specific nature of the changes taking place within participants – in particular the reconnecting of self as a result of the physical, emotional and cognitive benefits – which will be of particular interest to health-based audiences.
- It is further recommended that the aesthetic of the dance work practised within the model is explored and interpreted further, such that the significance of the arts (as opposed to, say, “exercise”) to stroke survivor wellbeing is framed in terms of the artistic artefact produced.

References

- All-Parliamentary Group on Arts, Health and Wellbeing (2017) *All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report Creative Health: The Arts for Health and Wellbeing* Second Edition. Available at: https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf
- Anderson, C., Cook, G. and Wakeling, K. (2016) *Dancing for health: A service evaluation of a dance class for survivors of acquired brain injury and stroke*. Available at: https://www.trinitylaban.ac.uk/sites/default/files/dancing_for_health_service_evaluation_1516.pdf
- Baumann, M., Peck, S., Collins, C. and Eades, G. (2012) 'The meaning and value of taking part in a person-centred arts programme to hospital-based stroke patients: findings from a qualitative study' *Disability & Rehabilitation* 2012: 1–13
- Bognar, S., DeFaria, A.M., O'Dwyer, C., Pankiw, E., Bogler, J.S., Teixeira, S., Nyhof-Young, J. and Evans, C. (2017) 'More than just dancing: experiences of people with Parkinson's disease in a therapeutic dance program' *Disability and Rehabilitation* 39, 11: 1073-1078
- Bradt, J., Shim, M. and Goodill, S.W. (2015) *Dance/movement therapy for improving psychological and physical outcomes in cancer patients (Review)* Cochrane Database of Systematic Reviews 2015, Issue 1
- Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology' *Qualitative Research in Psychology* 3: 77-101
- Brierley, M. (2014) *The Developing Field of Dance and Parkinson's*. Available at: <https://www.wcmt.org.uk/sites/default/files/report-documents/Brierley%20M%20Report%202014%20Final.pdf>
- Culture, Health and Wellbeing Alliance website *Charter for Arts, Health and Wellbeing* <https://www.culturehealthandwellbeing.org.uk/who-we-are/charter-arts-health-and-wellbeing>
- Demers, M. and McKinley, P. (2015) 'Feasibility of Delivering a Dance Intervention for SubAcute Stroke in a Rehabilitation Hospital Setting' *International Journal of Environmental Health and Public Health* 12: 3120-3132
- Fogg-Rogers, L., Buetow, S., Talmage, A., McCann, C.M., Leão, S.H.S., Tippett, L., Leung, J., McPherson, K.M. and Purdy, S.C. (2016) 'Choral singing therapy following stroke or Parkinson's disease: an exploration of participants' experiences' *Disability and Rehabilitation* 38, 10: 952-962
- Gillespie, A. (2011) 'Reflections of a dance accompanist' *Animated Edition* Autumn 2011. Available at: <https://www.communitydance.org.uk/DB/animated-library/making-it-happen?ed=15280>
- Hackett, M.L., Yapa, C., Parag, V. and Anderson, C.S. (2005) 'Frequency of depression after stroke: a systematic review of observational studies' *Stroke* 36, 6: 1330-1340
- Hackney, M.E. and Earhart, G.M. (2009) 'Effects of Dance on Movement Control in Parkinson's Disease: A Comparison of Argentine Tango and American Ballroom' *Journal of Rehabilitation Medicine* 41, 6: 475–481

Harrington, J., Fudge, N. and McKeivitt, C. (2018) *The Stroke Ambassador; an ethnographic evaluation December 2018*. Available at: <https://www.rosettalife.org/wp-content/uploads/2019/02/The-Stroke-Ambassador-an-ethnographic-evaluation-December-2018.pdf>

Heiberger, L., Maurer, C., Amtage, F., Mendez-Balbuena, I., Schulte-Mönting, J., Hepp-Reymond, M-C. and Kristeva, R. (2011) 'Impact of a weekly dance class on the functional mobility and on the quality of life of individuals with Parkinson's disease' *Frontiers in Aging Neuroscience* 3, 14

Horne, J., Berrice Lincoln, N., Preston, J. and Logan, P. (2014) 'What does confidence mean to people who have had a stroke? – A qualitative interview study' *Clinical Rehabilitation* 28, 11: 1125 –1135

Kadojic, D., Vladetic, M., Candrljic, M., Kadojic, M., Dikanovic, M. and Trkanjec, Z. (2005) 'Frequency and characteristics of emotional disorders in patients after ischemic stroke' *European Journal of Psychiatry* 19: 88–95

Kim, S-H., Kim, M-Y., Lee, J-H. and Chun, S-I. (2008) 'Art Therapy Outcomes in the Rehabilitation Treatment of a Stroke Patient: A Case Report' *Art Therapy* 25, 3: 129-133

Kim, D.S., Park, Y.G., Choi, J.H., Im, S.H., Jung, K.J., Cha, Y.A., Jung, C.O. and Yoon, Y.H. (2011) 'Effects of Music Therapy on Mood in Stroke Patients' *Yonsei Medical Journal* 52, 6: 977-981

Lo, T.L.T., Lee, J.L.C., and Ho, R.T.H. (2018) 'Creative Arts-Based Therapies for Stroke Survivors: A Qualitative Systematic Review' *Frontiers in Psychology* 9: 1646

Mandelbaum, R., Triche, E.W., Fasoli, S.E. and Lo, A.C. (2016) 'A Pilot Study: examining the effects and tolerability of structured dance intervention for individuals with multiple sclerosis' *Disability and Rehabilitation* 38, 3: 218-222

Mason, J. (2002) *Qualitative Researching* 2nd Edition, London, Sage Publications

McGarry, L.M. & Russo, F.A. (2011) 'Mirroring in Dance/Movement Therapy: Potential mechanisms behind empathy enhancement' *The Arts in Psychotherapy* 38: 178–184

Michaels, D. (2010) 'A space for linking: Art therapy and stroke rehabilitation' *International Journal of Art Therapy* 15, 2: 65-74

Nayak, S., Wheeler, B. L., Shiflett, S. C. and Agostinelli, S. (2000) 'Effect of music therapy on mood and social interaction among individuals with acute traumatic brain injury and stroke' *Rehabilitation Psychology* 45, 3: 274-283

Nicholson, C., Rodio, L. and Wilson, M. (June 2016) *STROKESTRA - Stroke Rehabilitation through Creative Music-Making. Pilot Programme Report*. Available at: <https://www.rpo.co.uk/images/pdf/rporesound/STROKESTRA-Pilot-Evaluation-Report-online3.pdf>

NHS (2019) *Overview – Stroke*. Available at: <https://www.nhs.uk/conditions/stroke/>

Pallesen, H. (2014) 'Body, coping and self-identity. A qualitative 5-year follow-up study of stroke' *Disability and Rehabilitation* 36, 3: 232-241

Pawson, R. (2013) *The Science of Evaluation: A Realist Manifesto* London, Sage

Robson, C. (2000) *Small-Scale Evaluation* London, Sage Publications Limited

Royal Philharmonic Orchestra website *STROKESTRA*. Available at: <https://www.rpo.co.uk/rpo-resound/strokestra>

Särkämö, T., Tervaniemi, M., Laitinen, S., Forsblom, A., Soynila, S., Mikkonen, M., Autti, T., Silvennoinen, H.M., Erkkilä, J., Laine, M., Peretz, I. and Hietanen, M. (2008) 'Music listening enhances cognitive recovery and mood after middle cerebral artery stroke' *Brain* 131, 3: 866–876

Sarre, S., Redlich, C., Tinker, A., Sadler, E., Bhalla, A. and McKeivitt, C. (2014) 'A systematic review of qualitative studies on adjusting after stroke: lessons for the study of resilience' *Disability and Rehabilitation* 36, 9: 716-726

Schneider, S., Schönle, P.W., Altenmüller, E. and Münte, T.F. (2007) 'Using musical instruments to improve motor skill recovery following a stroke' *Journal of Neurology* 254, 10: 1339–1346

Stroke Association (2013) *Feeling overwhelmed. The emotional impact of stroke*. Available at: https://www.stroke.org.uk/sites/default/files/feeling_overwhelmed_final_web_0.pdf

Stroke Association (2016) *A New Era for Stroke*. Available at: https://www.stroke.org.uk/sites/default/files/anefs_report_web.pdf

Stroke Association (2018a) *State of the nation: Stroke statistics*. Available at: https://www.stroke.org.uk/system/files/sotn_2018.pdf

Stroke Association (2018b) *A complete guide to cognitive problems after stroke*. Version 2. Available at: https://www.stroke.org.uk/sites/default/files/user_profile/a_complete_guide_to_cognitive_problems_after_stroke.pdf

Stroke Association (2018c) *A complete guide to emotional changes after stroke*. Available at: https://www.stroke.org.uk/sites/default/files/user_profile/a_complete_guide_to_emotional_changes_after_stroke.pdf

Stroke Odysseys website (2019). Available at: <https://strokeodysseys.org/>

Tarrant, M., Warmoth, K., Code, C., Dean, S., Goodwin, V.A., Stein, K., Sugavanam, T. (2016) 'Creating psychological connections between intervention recipients: development and focus group valuation of a group singing session for people with aphasia' *BMJ Open* 6, 2: e009652

Thornberg, K., Josephsson, S. and Lindquist, I. (2014) 'Experiences of participation in rhythm and movement therapy after stroke' *Disability and Rehabilitation* 36, 22: 1869-1874

Walder, K. and Molineux, M. (2017) 'Re-establishing an occupational identity after stroke – a theoretical model based on survivor experience' *British Journal of Occupational Therapy* 80, 10: 620–630

Waterford Healing Arts Trust and the Health Service Executive South (Cork) Arts + Health Programme (2009) *Participatory Arts Practice in Healthcare Contexts: Guidelines for Good Practice*. Available at: <http://waterfordhealingarts.com/wp-content/uploads/Participatory-Arts-in-Health-Guidelines-09.pdf>

Wolff, S.S., Santos Delabary, M.D., and Haas, A.N. (2017) 'Can dance contribute to physical, emotional and social aspects of the stroke patient?' *International Journal of Therapies & Rehabilitation Research* 6, 1: 70–75

Appendix 1: Example of the VICTORE checklist

<p>Volitions</p>	<ul style="list-style-type: none"> • Stroke is a sudden life changing event which can affect people in many different ways. The experience of recovery and rehabilitation can also be very different for stroke survivors. • About Being is a weekly dance and movement session for stroke survivors in the Carlisle area. The session involves approximately 1 hour 15 minutes of movement, followed by coffee and discussion time (approx. 20 – 45 minutes). • Students from the University of Cumbria volunteer for this project. • Interdisciplinary project – occupational therapy, physiotherapy, performing art (dance, musical theatre); disciplines with different approaches and skills. • The group members (stroke survivors, facilitators and students) might respond to the About Being project in various ways depending on: <ul style="list-style-type: none"> ○ Their engagement with the dance and movement sessions ○ Their confidence and willingness to interact with others ○ How they feel on a particular day (e.g. pain levels, stiffness in limbs, mood, concentration levels) – this is particularly relevant to the stroke survivors ○ Their understanding of the content of the session (this applies to the stroke survivors and also, the students and facilitators who are involved in collaborative exercises during the sessions).
<p>Implementation</p>	<ul style="list-style-type: none"> • The small group is coordinated by the dance practitioner, but the project appears to be group led. • The three facilitators are a constant within the project, but the students vary depending on their course commitments and availability (e.g. work placements and lecture timetables). • Start times can vary - the sessions are planned to start at 11am but some of the stroke survivors do not always arrive in time or need a little extra time to settle into the session; this requires flexibility in the structure and planning of activities. • Some of the stroke survivors are dropped off and collected by carers/family members/taxis, which can disrupt the flow of the session with chatter. However, the chatter seems to be an important part of making social connections with others and is valued by the group. • The physical, emotional and cognitive effects of a stroke can vary greatly and individuals may present differently each week. This requires the session content and timings to be adaptable, and the facilitator/students have to manage this on a weekly basis. • Accessible room – could availability be an issue during term time?
<p>Contexts</p>	<p><i>Individuals:</i></p> <ul style="list-style-type: none"> • Stroke survivors in the Carlisle area (rural area with limited support post-stroke). Five stroke survivors, all experienced their stroke 6 – 8 years ago. • One carer of stroke survivor. • The group usually has two more members (one stroke survivor and one carer), but they cannot attend as stroke survivor is currently in hospital. • Two students currently studying at the University of Cumbria (disciplines: occupational therapy, musical theatre). Previous students have included physiotherapy and dance. • Three facilitators – dance practitioner leading the sessions and two academics at the University of Cumbria (disciplines: occupational therapy and performing arts); all involved since the beginning of the project.

	<p><i>Interpersonal relations:</i></p> <ul style="list-style-type: none"> • The stroke survivors welcome the input from the facilitators and students, and enjoy having the opportunity to socialise with other stroke survivors – shared experience, laughter and enjoyment have been observed. • The facilitators and students are supporting the ongoing recovery of the stroke survivors, although their approaches are linked with the relevant (e.g. occupational therapy focuses on meaningful occupations, dance focuses on creative expression). • Small group size appears to enable 1:1 support. <p><i>Institutional settings:</i></p> <ul style="list-style-type: none"> • Collaboration between the academic fields of performing arts, occupational therapy and physiotherapy. • It is significant that the field of education is involved in the ongoing recovery of the stroke survivors: education + arts + health. • Unique feature of the project is the collaboration with students – positive learning experience for them. • The project has the potential to enhance the University of Cumbria’s links with the local community. • Accessible room provided by University of Cumbria (ground floor, open space, kitchen facilities). <p><i>Infrastructure:</i></p> <ul style="list-style-type: none"> • Lack of funding for long-term support groups for stroke survivors in Carlisle and across the country. • Difficult to sustain this type of project without adequate funding (e.g. dance practitioner’s fees for delivering the session, venue, transport etc.). At the moment, the dance practitioner’s time is provided for free; the university also provides the room for free. • Voluntary support from students, but their availability depends on lecture timetable and placements.
<p>Time</p>	<ul style="list-style-type: none"> • The project has been running for approximately 16 months at the time of the evaluation (since March 2018). • The duration of the weekly sessions is approximately 1 hour and 45 minutes. This involves approximately 1 hour 15 minutes of movement, followed by coffee and discussion time. • Stroke recovery is an ongoing process - some of the stroke survivor are now 7 years post-stroke. • The group members appear to have been involved the whole time – need to explore this during data collection. • The value of arts in health projects have been recognised in recent years e.g. All-Party Parliamentary Group on Arts, Health and Wellbeing (2017) encouraged the involvement of universities in arts in health initiatives.
<p>Outcomes</p>	<ul style="list-style-type: none"> • Evidence of personal progress through the sessions (e.g. walking, learnt how to move from sitting to standing unaided). • The emerging outcomes typically relate to the social and emotional benefits of socialising with the group, along with the physical and cognitive benefits of doing the dance and movement exercises. • Collaborative activities have been observed e.g. working on personal goals with occupational therapy student, voice work with musical theatre student. • The sessions appear to enhance the health and wellbeing of the stroke survivors, and their carers. • The movements are adapted by some of the group members, and this is encouraged by the dance practitioner.

	<ul style="list-style-type: none"> Emerging findings suggest that the collaborative and interdisciplinary nature of the project creates a reciprocal learning environment where everyone benefits in some way.
Rivalry	<ul style="list-style-type: none"> Recent publications (e.g. All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017) encourage the role of education within arts and health initiatives, but the About Being project still appears to be unique in its approach. Funding is a key issue for arts and health projects, including the About Being project. Some evidence of similar projects in other parts of the country (e.g. Strokestra, Stroke Odysseys) which have reported positive outcomes for stroke survivors through participating in music and dance initiatives.
Emergence	<ul style="list-style-type: none"> Future challenges for the About Being project – funding & sustainability of project. Additional groups might be beneficial. However, this would require funding (for the venue, dance practitioner etc.) and regular support from university students. Size of the existing group – would it be appropriate to grow the group or could this change the group dynamic? Location and accessible room – will this continue to be available next academic year? The stroke survivors clearly value the About Being project and would be disappointed if the sessions could not continue, which has the potential to impact negatively on their health and wellbeing.

Appendix 2: Interview schedule for group facilitators

1. Do you want to start by telling me about your professional background?
2. Can you tell me about the background to the About Being project?
3. How would you describe the main aims of the project?
4. Can you explain how the About Being project is interdisciplinary and collaborative?
 4. a) Have you worked in this way previously?
 4. b) What are the benefits and challenges of working collaboratively?
5. During the dance and movement sessions, how are the various activities designed to support the ongoing recovery of the stroke survivors?

Additional questions for the dance practitioner:

 5. a) How do you plan the content for each session?
 5. b) How do you make decisions about the music you use within the sessions?
6. How do you think the group members benefit from being involved in the sessions?
7. What does the future hold for the About Being project?

Appendix 3: Interview schedule for students

1. Can you start by telling me what degree course you are studying?
2. How did you become involved in the About Being sessions?
3. Tell me about your role within the sessions?
4. Can you give me any specific examples of when you have supported the group members with their movements (e.g. occupational therapy student) *or* been involved in a creative way (e.g. dance/music student)?
5. How is the About Being project collaborative and interdisciplinary?
6. How do you think the group members benefit from being involved in the sessions?
7. What have you gained from being involved with the About Being project?

Appendix 4: Interview schedule for stroke survivors

1. Can you start by telling me what happened when you had your stroke?
2. What support did you receive after your stroke?
3. How has your everyday life changed since the stroke?
4. Prior to having the stroke, were you involved in any creative classes or community groups?
5. How did you get involved with the About Being project?
6. What are the benefits of attending the dance and movement sessions?
7. What do you like most about being involved in the About Being group?
8. Is there anything you dislike about the sessions?
9. Are you aware of any other activities/groups like this?