
Enhance

Active Armchairs Research Project

Project Overview



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Introduction

“When I was developing Active Armchairs, a gentleman in the session, told me that, before doing the classes, he couldn’t brush his hair. He proudly stated that now he could. From this day I wanted to find out what it is that dance can do for it’s participants. Almost 10 years later, it’s finally time to scientifically prove what it is that our classes do for the dancers, and that is why we want to hold a research project.” **Rebecca Ashton, Director at The Right Step Dance Company.**

Enhance is a project encompassing many different elements and this Project Overview will provide insight into those elements. It will explain what Active Armchairs is, what the project did and, mostly importantly, how the research elements of the project are affecting Active Armchairs sessions and facilitator training now and in the future.

The Enhance Project was developed in consultation with Active Armchairs Facilitators, Ian Farr (PhD Student at University of Kent), Alice Vereker-Hales (Researcher and Active Armchairs Facilitator), Scott Elliot (Head of Health and Wellbeing Services at Medway Council) and the 5 care home Managers, once they became involved. Other organisations were also involved. When referring to organisations that The Right Step works with, this refers to care homes, day centres, clubs/groups etc.



“The Right Step, here you are! Here to get me moving and shaking!”
Participant at Ashley Gardens Care Home

Summary

Key Findings

- The increase in physical activity was significantly proportional to
 - Reduction of psychological loss with aging
 - Increased feelings of control
 - Increased feelings of autonomy
 - Increased non-dominant handgrip strength



“The current study shows an increase in physical activity and associated benefits to physical and mental health when care home residents take part in Active Armchairs dance workshops.” Ian Farr, PhD Student, University of Kent.

- Active Armchairs increased participants confidence and this linked to the increased non-dominant handgrip strength.
- Active Armchairs is a Meaningful Activity as described by NICE.
- Choice is one of the most noteworthy aspects of the Active Armchairs sessions.
- Positive and beneficial relationships are cultivated during Active Armchairs.
- Regular Active Armchairs sessions are most beneficial when integrating Active Armchairs into an organisation and when hoping to replicate the key findings of the Enhance Project.



Recommendations for Organisations

Care Homes, Day Centres and other organisation accessing Active Armchairs are encouraged to as much of the following as they can. These recommendations are best practice, but it has to be understood that there are a lot of factors affecting organisations that make the following difficult.

- Add Active Armchairs to the displayed activities timetable(s)
- Put the Active Armchairs poster up on the activities board and/or a public display with a note to say when the sessions are.
- Give staff the Active Armchairs advice sheets
- Provide a suitable space – aim for a circle or chairs in a dedicated room
- Hold weekly sessions
- Avoid planned interruptions such as have tea break before or after the session
- Allow staff time to participate

Recommendations For Facilitators

Recommendations for facilitators were discussed and began to be implemented during the Enhance Training Day.

The full recommendations can be found on page 34 of this report.



What Is Active Armchairs?

Active Armchairs is The Right Step Dance Company's programme of seated dance and facilitator training. It was developed by company director, Rebecca Ashton, and is delivered in care settings such as care homes and day centres, across Kent.



History of Active Armchairs



Developed by Rebecca Ashton in 2010, the first regular Active Armchairs class began in January 2010 at Durland House. With the focus on enjoyment Active Armchairs classes quickly became popular with older adults across Medway.

Following the success of the first class, more classes started in care homes across Medway. Then, still in 2010, classes start at Age Concern Chatham and Medway Age Concern.



In 2011 Active Armchairs was utilized as an inclusive way to get everybody moving at the MOPP and CVS Medway Tea Dances.

In February 2013 The Medway Messenger reported that Active Armchairs was 'a way to shake rattle and roll without breaking out in a sweat or risk doing yourself an injury.' The photographer came to Rebecca's class at Durland House and Ivy Powel, one of the very first ever Active Armchairs participants, was also there.

Also in February 2013, Rebecca was granted funding from Age Concern Chatham to help develop Active Armchairs through training and taster sessions so that it would reach more people in Medway and Kent.

In 2013 we welcomed Georgia Smith to the team as Adult Dance Co-ordinator and the number of Active Armchairs sessions being run increased dramatically.





In January 2014 the Active Armchairs training was funded by Medway Council as part of their ongoing CPD initiatives and in January 2015 Sun Pier House funded the third Active Armchairs training.

By January 2015, the fifth year, Active Armchairs had already given over 5000 older adults the chance to dance and it began to develop further to include One to One so that even those who couldn't get to the main session could have the chance to dance.



Also in 2015, Kent Association for the Blind (KAB) recognised Active Armchairs as an excellent form of fun exercise for those who are partially sighted. Sheridan Court was the first group to hold classes and, by 2017, social groups across Kent were holding sessions.

The Right Step took the lead in promoting dance for dementia in Kent and, in the process, began running biannual Dementia Friends Information sessions and took Active Armchairs to many events such as SMILE (2016).



In January 2016 James Tremain, then at 14Dot11, gave Active Armchairs a new look with a purple colour scheme and brand new logo during The Right Step's big rebrand.



Level Two Active Armchairs Facilitator Training was introduced in 2016 so that facilitators could expand their knowledge and receive training in One to One and Social Dance.



In October 2017 Hale Place was selected by the BBC as an example of an outstanding care home for a documentary. They were asked to choose their favourite outside activities to be there on filming day. They chose Active Armchairs!

In June 2019 the Enhance Research Project began. With 5 care homes, 2 researchers and 3 facilitators, the findings will contribute to a better understanding of what Active Armchairs does and how facilitators can modify sessions to improve and target outcomes.

The sixth Level One Active Armchairs Facilitator Training was held in 2019 and trainees had more classes and facilitators to learn from than ever before. It was also the first time that facilitator training was held two years running.

An Active Armchairs Session

“Oh, you’re back for some dancing! I’m glad, I wasn’t sure what to do with myself this afternoon, but this sounds perfect.” Participant at Woodstock Care Home

A description in brief... Active Armchairs is about **having fun, interacting and moving more than normal**. Sessions are colourful, different to the norm and revolve around the participants (participants include residents/service users, staff, friends, family and other visitors). Participation includes moving, listening, touching, watching, singing, holding, being in the room, wearing and much more.

Facilitators don’t focus solely on the health benefits, instead they add elements that improve health and wellbeing, but don’t take away from participants’ enjoyment.

Facilitators are taught the **three Cs** and these are some of the key elements of Active Armchairs.

- Creativity
- Conversation
- Choice



Alongside these things, there is a **structure and ‘signposts’** throughout the session to ensure regularity. Participants know what to expect and are comfortable.

Adaption is very important. Every participant feels different week by week and the facilitator can’t know how a group will respond before going in. The facilitators plan their sessions based on what they already know about a group and know they will change their plan in some way. They include possible adaptations in their session plan, adapt on the spot and review and adapt their plan for next week.

“You’ve made my day playing that. It’s my very favourite” Participant at Little Court Care Home after Rebecca, the facilitator, played ‘Sing, Sing, Sing’ at their request for the creative section.

Project Aims

Active Armchairs Facilitators, researchers, TRS management, participants and care homes were all involved in deciding the project's aims.

Six main aims were agreed for Enhance.

- The project will put participants and their needs first.
- Research will be high quality, robust and appropriate and evidence used will meet the highest standards as stated in the Nesta Standards of Evidence.
- Research will influence future Active Armchairs work and facilitators will use the results to improve their practice.
- Research will be an honest representation of Active Armchairs.
- The information will be available to anyone who's interested and will also be used for marketing purposes.
- The Project aims to encourage settings to book regular Active Armchairs sessions.

"Do you want to know how to avoid an ambulance? Do The Right Step! That's got to help hasn't it? Because you keep us moving and I hear that's one of the best things we can do." Participant at Ashley Gardens Care Home

To Be Honest

To Evidence

To Influence

To Be Robust

To Encourage

To Put Participants First

To Be Of High Quality

With these aims in mind, a question was devised. The quantitative and qualitative elements of the project, together, answer the following question.

Enhance - Project Question

What outcomes and impacts do The Right Step's Active Armchairs (seated dance) sessions have on participants' health and well being including the following aspects?

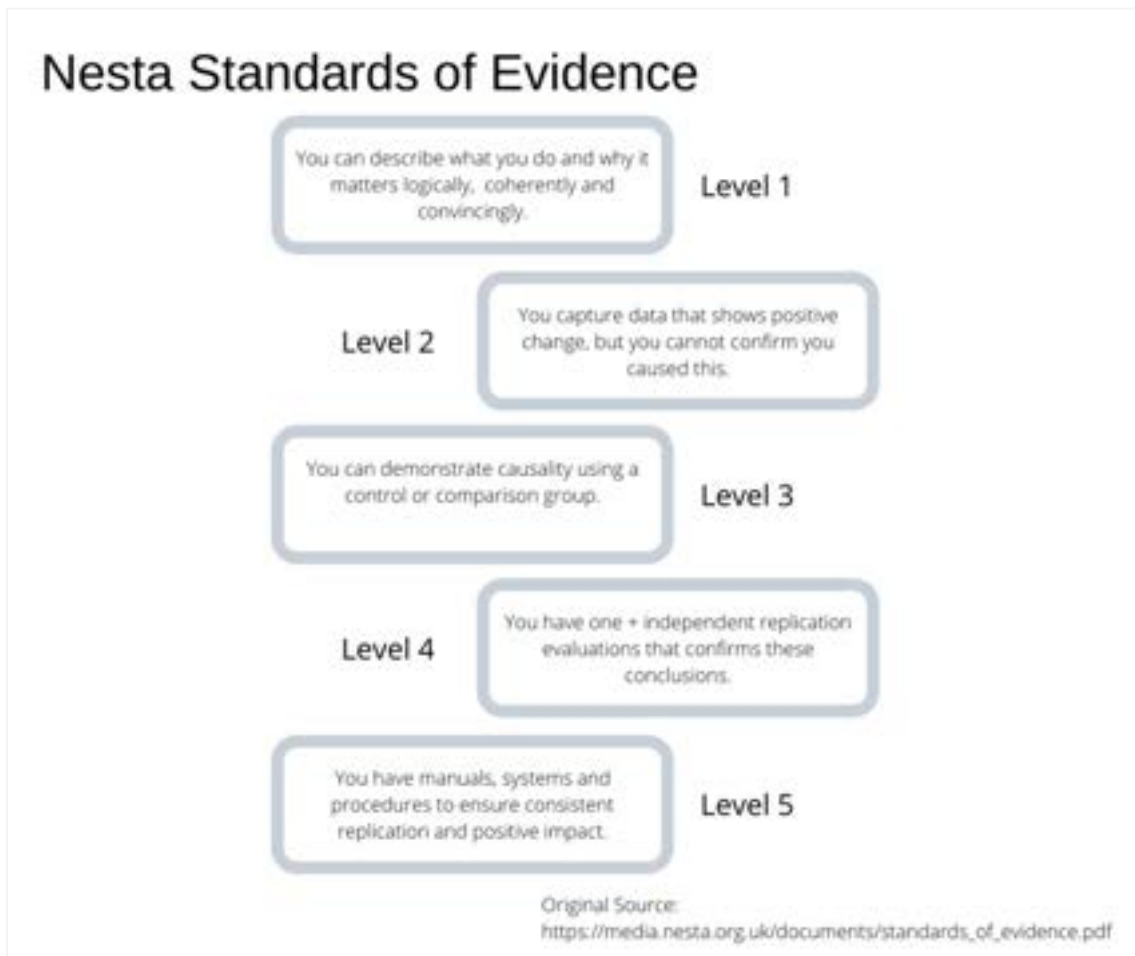
Physical activity levels
Well being
Social Inclusion / Isolation and relationships
Self Esteem
Activity for Daily Living (ADL).

Is dance an effective way to maintain, improve and / or develop these things. Is it an effective preventative measure?

Are our classes effective in terms of prevention and / or meeting the physical, mental and social needs of the people we work with?

The Nesta Standards of Evidence

Nesta is an innovation foundation aiming to change lives for the better. In order to ensure the Enhance Project included evidence of the highest standard, the Nesta standards of evidence were used as an example of best practice. The full report can be viewed on their website, https://media.nesta.org.uk/documents/standards_of_evidence.pdf The following diagram has been adapted from the original within the report to help readers understand some of the reasoning behind choices made for the Enhance Project.



Other Outcomes

Other outcomes of the project would include the following

- Training day for facilitators
- Video and photographic evidence that could be used by the care homes involved and The Right Step
- Regular project updates in the form of a blog
- Increased regular provision within care settings
- This project report.



Project Content



Project Reports

Six reports have been written as a result of the project. They each focus on a different aspect of Active Armchairs.

The first, written by Ian Farr, PhD Researcher, University of Kent, is an objective, robust study into the benefits to physical and psychological wellbeing.

Following this is Let's Hear It..., a list of notable quotes gathered by facilitators and commented on during the facilitator training day.

Finally there are four short qualitative reports written with care settings in mind by Rebecca Ashton, creator of Active Armchairs. The subjects of these reports are Meaningful Activity, Building Relationships and Social Inclusion, Choice and Integration and Linking with the Organisation.



Ian Farr, PhD Researcher, University of Kent

Benefits to physical and psychological wellbeing from participation in Active Armchairs, a dance-based intervention for care homes

Introduction

The argument for governmental guidance to inform council-led economic and social management of complex social and personal issues has been ongoing for at least a decade (Department of Health, 2006), and has more recently resulted in the emergence of Social Prescribing Policy (NHS England, 2019). Whilst not developed specifically for older adults' health but for all individuals who fit the need, this policy directs better integration of community-based organisations through a link worker to individuals for the purpose of wellbeing and health. For example, individuals may be referred in cases of loneliness or isolation, for complex social needs which affect wellbeing, or for people with chronic health conditions. This means that there is growing pressure from public health organisations to identify and accredit organisations that deliver effective results to enable social prescribing link workers to signpost older adults.

Older adults may be referred towards increasing their physical activity, as there is a wealth of physical and psychological health benefits for which it is evidenced. To ameliorate risks to health and wellbeing from aging, the World Health Organisation (2002) view the benefits of participation in 'social, economic, cultural, spiritual and civic affairs' to be particularly important. Dance incorporates many of these core tenets and has demonstrable benefits in cognitive, social, and strength domains (BUPA, 2011). Dance is also noted for benefits to flexibility and balance, resulting in improved mobility and reduced fall propensity which has obvious benefits to physical health in terms of reducing hospitalisation. Maintenance of mobility also decreases likelihood of downstream consequences such as depression, and further disengagement from physical activities (Keogh, Kilding, Pidgeon, Ashley, Gillis, 2005).

Despite these benefits, everyday activities seem to present more challenges with aging and risks and withdrawal from such tasks is not uncommon (Garber et al., 2011). In care homes, sedentary behaviours are the most common, with 79% time spent sedentary compared to just 1% time spent in moderate to vigorous activities (Age UK, 2015). Nonetheless, physical inactivity has been highlighted as risk factor for a range of diseases, as well as physical frailty and mortality (Booth, Roberts, & Laye, 2012). Evidence suggests there are both physical and psychological barriers to older adults' engagement in physical activity. Physical health presents an obstacle which many older adults perceive as a barrier to a physically active lifestyle (Chen, 2010; Rhodes et al., 1999).

Considering the potential personal, social, and economic benefits of exercise for older adults in residential care, it is timely to evaluate the ways in which currently provided local services are impacting older adults' physical health and wellbeing. Additionally, it is important to understand

the mechanisms by which these effects are evidenced, and where these interventions may be best placed through social prescribing to maximise the effectiveness of delivery.

The Right Step is a Kent-based company of 15 professionally trained dancers delivering workshops to targeted populations. Active Armchairs is an armchair-based dance program aimed at older adults in care. It was designed in 2011 with support from Age Concern (now Age UK) and CVS Medway (now Medway Voluntary Action) to meet a need for high quality movement and social experiences for older adults. Active Armchairs has been delivered in over 20 care homes and day centres across Kent. Props, music, movement, and games all play a part in the session to facilitate and promote physical activity.

The objective of the current study is to evaluate the Active Armchairs program for care home residents in terms of clinically and functionally relevant physical tasks and in important psychological outcomes. This evaluative research is important both for link workers and commissioners of social prescribing organisations, as well as for the dance company itself to understand its own impact.

Attending the Active Armchairs sessions is expected to at least maintain performance and wellbeing compared to baseline. Additionally, a session dose response is expected to predict changes in wellbeing and physical performance. Relationships between physical performance and self-reported wellbeing are expected.

Method

Participants

From 5 care homes across Kent, 49 people took part in the study. Eligibility was determined on the basis of the capacity to consent independently. This assessment was carried out according to the Mental Capacity Act (2005) two-part mental capacity to consent screening process. Participants were eligible if they free from neurological conditions or serious health complications that would make tests unsafe to carry out.

Procedure

Participants carried out a seated test of functional reach, and maximal handgrip strength in self-selected dominant and non-dominant hand before completing questionnaires. The procedure was carried out in a room controlled from external distraction, and in the same room at each occasion.

Data collection was carried out on three occasions: 5-weeks before the start of the intervention (T1), one week before the start of the intervention (T2), and one week after the intervention (T3), at 0, 5, and 15 weeks respectively. The 10-week armchair-based dance intervention commenced after the baseline data was collected. The two pre-intervention (T1, T2) trials allowed the stability of the baseline to be assessed.

Psychosocial Measures

Self-Esteem - Rosenberg self-esteem scale (Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995) –a commonly used 10-item questionnaire for measuring self-esteem, a general measure of self-worth (four response categories strongly disagree/ strongly agree).

Age Attitudes - Age Attitudes Questionnaire (Laidlaw, Power, Schmidt, & Group, 2007) - 12 items, rated for agreement against positive and negative assumptions about aging on three sub scales i.e. psychological loss, physical change, psychological growth. For example, “I see old age mainly as a time of loss”, “My health is better than I expected for my age”, “Wisdom comes with age”, respectively.

Loneliness - UCLA Loneliness Scale was originally been developed with American students developed in University of California, Los Angeles (Russell, Peplau, & Ferguson, 1978). The scale is reduced to three questions (e.g. “how often do you feel left out”)and validated for use with older adults, such as in the English Longitudinal Study of Ageing (Hughes, Waite, Hawkey, & Cacioppo, 2004; Steptoe, Shankar, Demakakos, & Wardle, 2013).

Quality of Life - CASP-12 questions (Hyde, Wiggins, Higgs, & Blane, 2003; Wiggins, Netuveli, Hyde, Higgs, & Blane, 2008) is a shorter version of the CASP-19, concatenating the autonomy and control dimensions and validated by the original CASP-19 authors. It is used to measure quality of life against four sub-scales (Control/ Autonomy, Self-realisation, and Pleasure). Items, e.g. “I feel that my life has meaning” are rated for level of agreement.

Subjective age - “How old do you feel?” Any numeric value below 130.

Age-based stereotype threat – two simple questions about how the participant felt during the physical activity testing will be asked ‘Were you worried that your ability to perform well on the test was affected by your age?’, ‘Were you worried that if you performed poorly on the test, the researcher would attribute your poor performance to your age?’

Current physical activities - PASE scale to be completed for activities undertaken in the previous week. Average of vigorous, moderate, and mild activities taken (4 = low activity level, 1 = high activity level). This is reverse scored for analyses.

Functional Independence Measure – Designed to measure the level of disability, the 18-point scale (eating, toilet, grooming) is graded according to the classification table (1=total assistance; 7=complete independence). For the purpose of the current research this will be completed by the care home staff.

Statistical Analysis

For all measures, T1 was compared to T2 to assess baseline stability for a valid pseudo-control group which to compare post-intervention measures. To investigate change over the course of the intervention, T3 was compared to T2 for all measures. Adjusted quantile plots were used to identify multivariate outliers. Person and care home were included as nested random factors in analysis in multilevel models to account for random variation at the individual and group level. To investigate change in outcome measures relative to change in covariates, T3 as a percentage of T2 was calculated. All statistical analyses were conducted in R (R Core Team (2019). R Foundation for Statistical Computing, Vienna, Austria).

Results

There were no direct multilevel regressions of attendance or number of sessions predicting any of the outcome measures except for physical activity levels. Reported activity levels increased between the start and end of the intervention period, $t(38) = 5.98$, $p < 0.001$. This was related to attendance in the workshops, as a significant interaction between attendance and time was noted, $F(1,35) = 5.23$, $p = 0.03$.

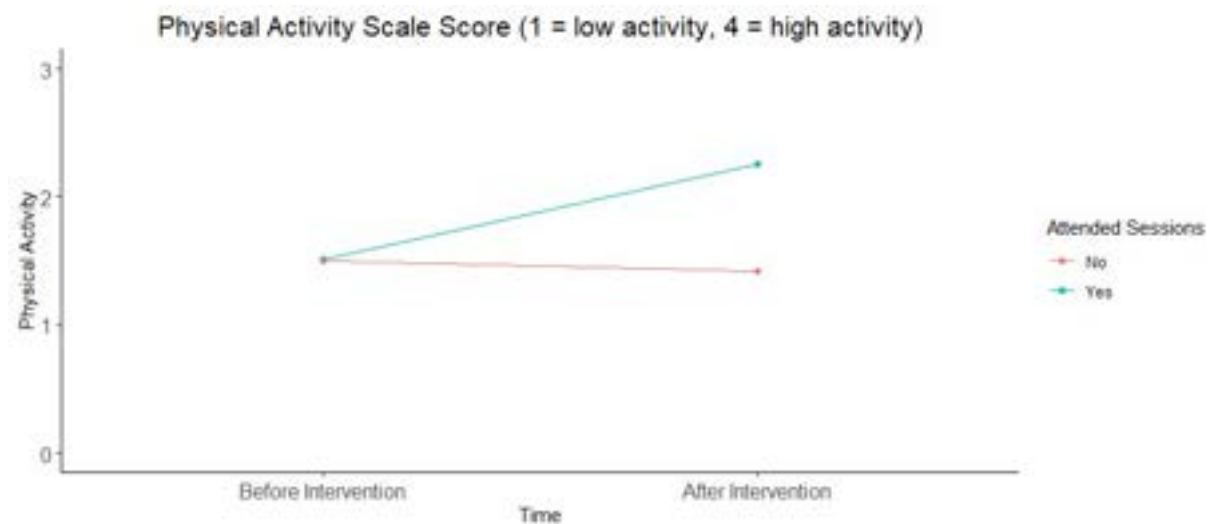


Figure 1 Physical activity increased with attendance at Active Armchairs. Attendance significantly improved individuals' physical activity levels, which corresponded to improvements in wellbeing, described below.

Importantly, change in physical activity was significantly proportional to change in negative feelings towards aging ($r(38) = -0.21$, $p = 0.04$), increased feelings of control (casp; $r(38) = 0.46$, $p = 0.004$), increased feelings of autonomy ($r(38) = -0.47$, $p = 0.002$), and increased non-dominant handgrip strength ($r(38) = 0.32$, $p = 0.05$).

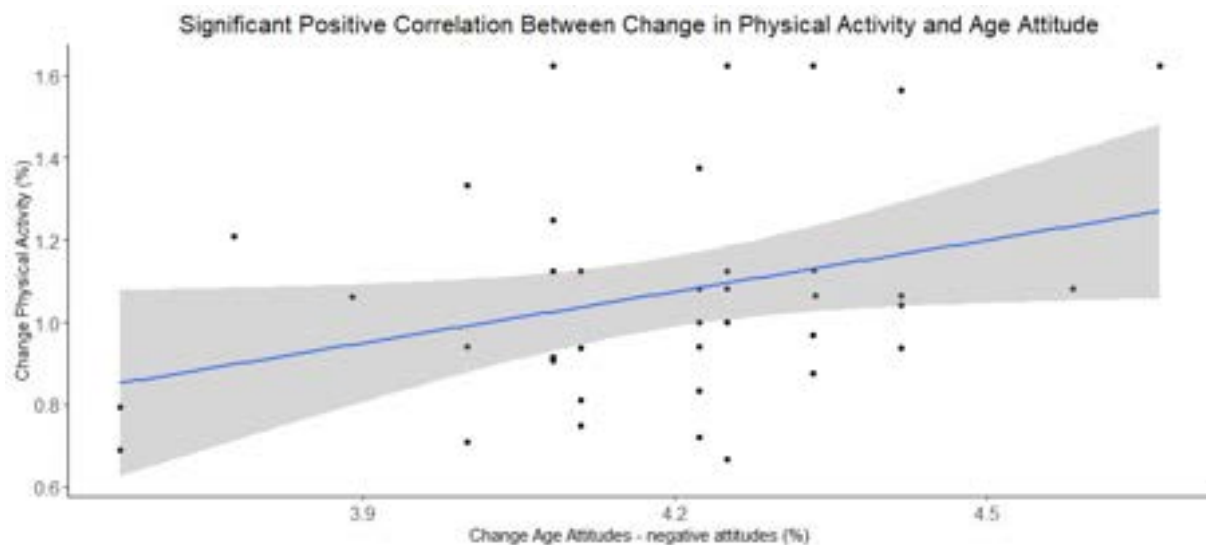


Figure 2 Change in physical activity correlated with change in age attitudes. When people took up more physical activity, they had a larger shift towards less negative age attitudes

Further, change in non-dominant grip strength was correlated with change in self-realisation ($r(38) = 0.38, p = 0.019$) and more positive view of aging ($r(38) = 0.41, p = 0.011$). Neither sex, age, nor number of health conditions were a significant predictor of change in any of these measures. In the appendices, change in raw score over time is shown in Table 1 and further correlations are shown in Table 2.

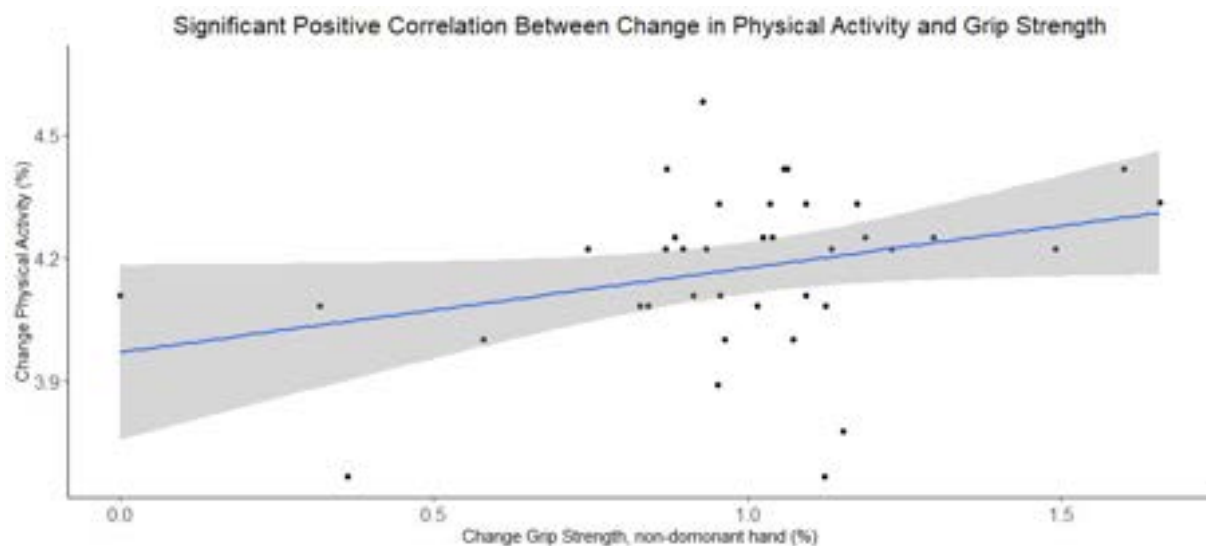


Figure 3 Change in non-dominant grip strength was significantly proportional to change in physical activity level. When people took up more physical activity, their grip strength improved.

Discussion

The current study demonstrates physical and psychological benefits associated with taking part in physical activity such as Active Armchairs. When physical activity volume was increased by changing intensity and frequency, then measures of psychological wellbeing improved. This indirect effect existed despite controlling for existing health conditions or demographic factors that may have independently influenced this relationship.

Evidence for the benefits of physical activity on psychological wellbeing is well established. For example, previous research demonstrates a dose relationship between exercise and older adults' quality of life (Spirduso & Cronin, 2001). Similarly, in the current study, when physical activity was greater, then so too was feeling of control and autonomy, and negative attitudes towards aging were reduced. As evidenced, this relationship is bidirectional; as people exercise, they feel better, and this in turn encourages further physical activity. The effect of exercise and wellbeing on falls risk is well established; and self-concept, physical performance, and independence are vital factors in measuring this relationship

A marginally significant trend was identified for percentage change in non-dominant grip strength associated with increasing physical activity. While on face value this trend corroborates well-established research demonstrating strength gains following physical training, there are two valuable points in this finding. Firstly, the participants were care home residents, resident due to concerns regarding ability to live safely independently, often because of frailty concerns. Frailty is regarded as state beyond a threshold of physiological capacity whereby an individual is unable to adapt to stressors. As such, strength improvements were not expected, although the sessions were expected to maintain attendees functioning, compared to worsening performance of those who did not who did not attend. It is therefore notable that these improvements were identified in this population. Secondly, it is important that this change in physical performance was correlated with changes in quality of life. While causative inferences cannot be made, the finding highlights the important interdependence between wellbeing and physical performance. As such, the crucial role of social and physical activity in this population cannot be overstated. These findings are paralleled in national guidelines. The National Institute of Clinical Excellence stipulate core tenets of care quality standards with regards mental wellbeing of people in care homes, including participation in meaningful activities, recognition of physical problems, and personal identity (NICE, 2013). Respectively, because of Active Armchairs intervention, this study demonstrated increased uptake of physical activity opportunities, improved people's physical performance which could promote independence, and showed a positive shift in self-relevant age attitudes.

Delivering statistically robust intervention research with vulnerable populations is not without challenges. For example, the absence of a traditional control group could have limited this study. However, by assessing the stability of the measures before the intervention it was possible to ensure a reliable comparison group as a pseudo-control condition. While there were no significant differences between measures before the intervention, data from the time point immediately preceding the intervention was used. In contrast to, for example, a mean average

of measures from across the time point, this decision reduced likelihood of influence from seasonality or subtle changes in individual factors. The objectivity of this study was further reinforced by digital dynamometry and an investigator independent of the care homes and of Active Armchairs. Further, by applying statistical methodology to account for random effects at care home and individual level it was further possible to ensure the reliability of the results from this study.

The practical implication of this research is stark. The provision of Active Armchairs to the care homes encouraged participants to be more physically active. A multiplicity of associated benefits to wellbeing and physical performance were mediated by this increase in activity, including to attitudes related to identity and to quality of life, and these findings are directly relatable to NICE quality standards.

Promoting physical activity in care home resident populations is dependent on providing a programme of activities that appeals to individual preferences. In a context whereby older adults services are restricted financially it is essential to ensure value for money in services procured. The current study shows an increase in physical activity and associated benefits to physical and mental health when care-home residents take part in Active Armchairs dance workshops.

Appendix

Descriptive Outcome Measures

Measure	Positive Direction	Pre		Post	
		Average	Standard Deviation	Average	Standard Deviation
ABST	Low	2.77	1.74	1.50	1.07
QOL (CASP)	High	3.02	0.64	3.23	0.55
PASE	High	1.51	0.59	2.17	0.67
Grip, Dominant (kg)	High	144.93	58.44	139.76	68.85
Grip, Non-dominant (kg)	High	129.53	57.89	131.08	59.93
Reach (cm)	High	22.02	10.53	24.16	11.24
Functional Independence: Motor skills	High	4.76	1.45	4.56	1.71
Functional Independence: Cognitive skills	High	5.49	1.06	5.70	1.39
Age Attitudes: Psychological Loss	High	2.95	0.73	3.01	0.79
Age Attitudes: Physical Change	High	3.63	0.58	3.89	1.07
Age Attitudes: Psychological Gain	High	3.72	3.88	3.88	0.59

Table 1: Change over time of key measures. Raw scores. 'Positive direction' denotes better scores i.e. lower scores for PASE show people are more physically active.

Table 2 – Correlations between variables, crude modelling without time or individual factors

Means, standard deviations, and correlations with confidence intervals

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. PASE	3.18	0.71							
2. Reach	23.00	10.84	-.21 [-.42, .01]						
3. Grip (dominant)	142.57	63.05	-.15 [-.36, .07]	.44** [.24, .60]					
4. Grip (non-dominant)	130.22	58.44	-.14 [-.35, .09]	.49** [.31, .65]	.87** [.81, .92]				
5. ABST	2.19	1.60	.17 [-.05, .38]	-.06 [-.28, .17]	-.07 [-.28, .15]	-.11 [-.33, .11]			
6. Age attitudes	3.45	0.57	-.43** [-.60, -.24]	.06 [-.17, .28]	-.06 [-.28, .16]	.01 [-.21, .24]	-.15 [-.35, .08]		
7. QOL (CASP)	3.12	0.60	-.33** [-.51, -.12]	.15 [-.08, .36]	-.00 [-.22, .22]	.15 [-.07, .36]	-.25* [-.45, -.03]	.62** [.47, .74]	
8. Self-Esteem	2.85	0.36	-.10 [-.31, .13]	.09 [-.14, .31]	-.15 [-.36, .08]	-.10 [-.31, .13]	.19 [-.03, .39]	.40** [.19, .57]	.39** [.19, .56]

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. Values in square brackets indicate the 95% confidence interval for each correlation. The confidence interval is a plausible range of population correlations that could have caused the sample correlation (Cumming, 2014 * indicates $p < .05$. ** indicates $p < .01$.

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Let's Hear It...



Qualitative Reports

The following short reports comment on findings from interviews carried out by Alice Vereker-Hales, Session Record Sheets (completed after every session), Evaluative Questionnaires (completed by care home staff and managers at the end of the project) and further observations noted by all involved including facilitators, visitors and participants.

Meaningful Activity

“Enabling our residents to have varied meaningful activities is a must. Our activities co-ordinator is really motivated and arranges a wide range of activities. As with any activity, residents will participate depending on their ability, physically and whether they are actually interested and willing to take part in specific activities.” **Manager, Barton Court Care Home**

The most relevant definition of meaningful activity is that given by National Institute for health and Care Excellence (NICE) in their Quality Statement 1: Participation in Meaningful Activity, part of their Mental Wellbeing in Care Homes Guidance.

The full statement can be read here: <https://www.nice.org.uk/guidance/qs50/chapter/Quality-statement-1-Participation-in-meaningful-activity>

Definition of Meaningful Activity

Meaningful activity includes physical, social and leisure activities that are tailored to the person's needs and preferences. Activity can range from activities of daily living such as dressing, eating and washing, to leisure activities such as reading, gardening, arts and crafts, conversation, and singing. It can be structured or spontaneous, for groups or for individuals, and may involve family, friends and carers, or the wider community. Activity may provide emotional, creative, intellectual and spiritual stimulation. It should take place in an environment that is appropriate to the person's needs and preferences, which may include using outdoor spaces or making adaptations to the person's environment. [Adapted from SCIE guide 15, [Choice and control](#), [Living well through activity in care homes: the toolkit](#) (Royal College of Occupational Therapists) and expert consensus] Taken from NICE Quality Statement 1: Participation in Meaningful Activity.

The quality standards are provided to help care providers improve and maintain excellent work and, as we want to provide the highest standards to our participants, the relevant guidelines also inform our work in Active Armchairs.

In terms of this particular quality statement, some aspects stand out in relation to Active Armchairs.

- ‘maintain and improve health and wellbeing’
- ‘choice’
- ‘to develop relationships’

These are all things that are taken into account when Active Armchairs was first developed in 2009/10, they are things that influenced the Enhance Project and they are things that will continue to influence Active Armchairs in the future.

‘Maintain and improve health and wellbeing’

Ian Farr’s PhD report refers to the quantitative evidence related to health and wellbeing.

In terms of the qualitative study, there were many comments, mostly from residents participating themselves or from those who know them best, family members and staff.

“My body is feeling good for that. I wasn’t sure I was going to be able to join in too much today as I was feeling tired, but I surprised myself and now I feel great!” **Participant at Woodstock Care Home.**



Choice

Choice was such a prevalent aspect that there is a report written just about choice. In conclusion to this report, facilitators decided that variation is key and that choice continues to be one of the most important elements of Active Armchairs due to it’s links with ensuring Active Armchairs is a meaningful activity.

“Activities at Barton Court are very person centred and residents are involved in deciding which activities they wish to participate in. The residents who have taken part in Active Armchairs seem to have enjoyed it. Even those who have not really participated seem to have enjoyed being present at the activity – hearing music and watching others.”
Manager, Barton Court Care Home

To Develop Relationships

Due to the nature of the study, the development of relationships and opportunity for this was commented on greatly by all involved. There is also a separate report on this area.

Bringing the evidence and reports together, we can draw the conclusion that Active Armchairs is a meaningful activity. Facilitators continue to develop their work to improve this further and to make sure their sessions are always relevant to the participants.



Building Relationships and Social Inclusion

Feelings of loneliness are not just associated with being alone, loneliness depends on the subjective quality of relationships. This means a person in a room full of people can still feel lonely and this is why it is so important to build meaningful relationships within care homes.

Rates of 'severe loneliness' reported by people living in a care home (22-42%) are more than twice that of residents in the wider community (10%), from 'Loneliness in care homes: a neglected area of research?' by Christina R Victor. There are also many studies showing links between loneliness and deterioration in health.

"Loneliness is likely to increase your risk of death by 29%" Holt-Lunstad, 2015

The qualitative data collected during Enhance shows a decrease in feelings of loneliness. It also revealed the different ways in which Active Armchairs contributed to this.

Family and Friends

At The Right Step, the TRS Teachers often talk about significant things that happen. They call these stories 'Magic Moments.' Some of the most poignant and moving magic moments are when family members take part in Active Armchairs. Family members are always welcome because quality relationships can be developed, rebuilt and remembered during Active Armchairs.

Family members enjoy seeing how happy Active Armchairs makes the participants feel. Many also love to be reminded of how their loved ones used to be.

"Music is so powerful. He loves it. He loves it so much that he even got up for a dance with you. We really didn't expect that. Thank you so much"

Family member at Ashley Gardens Care Home

This is how the facilitator felt about the same moment.

"There was an incredible moment in today's session where one gentleman, who is nonverbal and arrives in a wheelchair, decided that he wanted to stand and dance. With assistance he was able to stand from his chair and have a one to one dance. The music and movement brought him to his feet and we had a wonderful dance." Active Armchairs Facilitator at Ashley Gardens Care Home

Facilitators also find ways to encourage moments like this. For example, when using props such as the Liquid Gold, a long piece of shining material, rather than the facilitator holding the opposite end, family members or staff are asked if they want to. The unusual interaction involved in this process leads to conversation, laughter and team work.

Resident Friendships

Although many of the residents see each other every day, when commenting on relationships at the beginning of the process, facilitators noticed that some participants weren't interacting with each other much.

“Today we had a slow start, as expected, but by the end of the session everyone was joining in. I will try using the Liquid Gold in partners next week because it might be nice to see participants talking to each other a bit more.” **Facilitator at Little Court Care Home**

After a few sessions and at the end of the project, comments were different. Some residents began to comment on each other's enjoyment and others about friendships they'd formed.

“We're the two Ann's... we can be your dancing double act. It's nice because we can encourage each other.” **Participant**

“It's nice being together, making new friends.” **Participant at Barton Court Care Home**

“Look at her face, that really made her smile. She obviously loves to dance, I didn't know that.” **Participant, Woodstock Care Home**

Friendships between residents were also found to have an effect on everyone. At Warwick Park Care Home a friendship built between two participants. It led to uncontrollable laughter and a relationship that built over the weeks and is now thriving. This friendship continues and residents, staff and visitors find it uplifting as well.

Residents and Staff

Comments from staff about how they've seen residents interact, take part and behave in unexpected and very positive ways, have been frequent.

“It has been lovely to observe how some residents have gained confidence. In particular, I have a resident that usually will not join in with many activities, she has very limited vocabulary. Apart from two times, when she was poorly, she attended every session and takes it very seriously. This has been absolute magic to see, she used to dance in her younger days and, although her ability is restricted walking wise, I think following the routines from the safety of a chair has helped with her confidence.” **Activities Co-ordinator, Barton Court Care Home**

At the Enhance Training Day, facilitators, discussed how they can emphasise this. All agree that staff participation is of great benefit to the residents and that residents often participate more freely when staff are involved. Facilitators will include more elements of staff engagement options in their plans so that they are ready when staff members have the opportunity to participate.

Choice

Choice is one of the three most important aspects of Active Armchairs (Choice, Conversation and Creativity). It is present in every session and is always considered during facilitators' planning time.

During the project, especially towards the start, it was clear that choice, and giving themselves permission to choose, can be very difficult for some residents. Facilitators know of many ways in which they can support participants in their choices and as the weeks went by some choices became easier, more positive and learnt towards choosing to participate rather than choosing not to take part in whatever the choice was about.

Some moments when choice is was noteworthy with regards to the qualitative study.

Session Participation

No one has to join in with Active Armchairs. Many residents are relieved when they're told this, however, we often find they join in anyway once they know what we're doing. In training, facilitators are taught that everyone in the room is a participant. This is because they will be influenced by the session in some way.

“There was a lady dancing from the adjoining room today. She hadn't fancied joining the group at first, but joined in with every exercise with a smile on her face. Participants are now really familiar with the regularity of sessions and are eager to get going and join in.” **Steph, facilitator at Woodstock Care Home.**

The project has shown that choice to participate can change week by week. Before the project began there was a lot of interest from a varied group of residents and many took part in the initial process before sessions began. When it came to participating in Active Armchairs many of these people chose not to participate and many others chose to join in instead.

This was due to participants enjoying different aspects of the research project (testing and questioning are different types of activity to participating in sessions) as well as health, social situations and things that were happening within the homes week by week.

As the weeks went on, Active Armchairs was anticipated and looked forward to. Residents and staff became used to the routine and the things that seemed to affect participation at first were less of an influence towards the end. See 'Integration and Linking with The Organisation' for more information.

As well as choice as to whether they would like to take part in a whole session, participants may also choose to take part in certain aspects of the session. This was evidenced during the one to one aspects of Active Armchairs where participants who hadn't joined in with the group activities found they really enjoyed working with the facilitator on a one to one basis.

“Today a resident joined in with the liquid gold, Summer Breeze. She doesn’t usually participate, but she understood that she needed to hold on. She seemed to be moving it in a way that was familiar to her. This was the first time I’d seen her do a beaming smile before. I was so happy too.”
Facilitator at Warwick Park Care Home

Preference for Interest

In order to be stimulating, sessions must be of interest to participants (See Meaningful Activity). A varied taster session is used when getting to know participants and, after this, all sessions are tailored to the group. Their opinions, and needs, are central to the planning process. Preference might influence themes, music, props and more. Preference and interest is also taken into account as facilitators adapt on the spot so that the sessions can be as relevant as possible.

“The music is so powerful, it really gets everyone going.” **Carer at Woodstock Care Home.**

Choosing Props

Everyone is offered a prop choice at some point during the session. The facilitators are trained to support the participants in making their choice. Some need no support and others need a lot. Questions are layered, physical reactions are taken into account and patience is key. There are only a few cases when a participant is completely unable to choose, but they still receive a prop. Choice could be due to colour, texture, weight or something else.

“There was a really beautiful moment in today’s session. A participant who is nonverbal chose some pom poms and had a fantastic one to one dance with me. All movement were completely lead by her and she had a huge smile on her face.” **Steph, Facilitator for Woodstock Care Home.**

“Look at these beautiful colours. The feathers are so beautiful.”
Participant at Woodstock Care Home

With these things in mind, session participation, preference for interest and choosing props, moving forward facilitators have drawn a firm conclusion that their experience had already alluded to.

Variation is key to choice, creativity and conversation.

These are also the ‘three c’s’ of Active Armchairs and are central to all the sessions. By using various genres and types of music, types of props (tactile elements as well as sound and colour) and initial inspiration for the sessions, facilitators are able to make choice, creativity and conversation even more affective and relevant.

In the concluding section of the Enhance Facilitator Training Day all facilitators included a promise to consciously think about variation even more when planning and they added this to their to do lists.

Integration and Linking With The Organisation

Integration and linking with the organisation was, perhaps, the least explored aspect of Active Armchairs before the Enhance Project. This may be due to the fact that facilitators see participants all the time and are constantly reminded of this element of their work. The Right Step's office staff have more to do with the organisation's staff. The project has been a good opportunity to explore how everyone involved can contribute to integrating Active Armchairs into the organisation's routine.

Helping organisations is one of The Right Step's company aims so this is key to Active Armchairs within care homes. During the Enhance Project, staff and management were asked to comment on the sessions and what they've done for their homes.

“Having someone who is trained to provide this activity is not always a possibility. Within the home there are regular activities and activities vary. Some residents are more likely to participate when the person providing the class is skilled in doing the class.” **Home Manager, Barton Court Care Home**

“It supports us by helping to keep residents busy, motivated, lift their moods and helps to keep them fit.” **Activities Co-ordinator, Woodstock Care Home**

The facilitators and visitors also, inadvertently, commented on things that are related to this as well.

“Oh, I just arrived. I was worried I'd missed our weekly boogie!” **Participant, Woodstock Care Home**

“These sessions are incredibly enjoyable. Participants are now used to the regularity of the sessions and know what to expect, whilst remaining open minded to try new movements.” **Facilitator at Woodstock Care Home**

It became clear that regular sessions are key to integrating Active Armchairs sufficiently and to making the sessions as beneficial to participants as possible. The following are some ways in which regular sessions boost the benefits of Active Armchairs.

Looking Forward to Active Armchairs

Friends and family members know when to expect Active Armchairs and this allows them to help ensure their loved ones are at the next session.

“He grew up with this music. We will come down for it next week. It's really good.” **Visiting Friend, Little Court Care Home**

“I make sure I don't miss it. I used to love the fox trot!” **Participant at Barton Court Care Home**

ENHANCE

“That was an excellent session. Thank you very much... Thank you for coming, we look forward to seeing you.” **Participant at Warwick Park Care Home.**

Improvements Week by Week

Physical improvements were seen by the facilitators, staff and residents over the weeks and the Enhance Project also included research by Ian Farr, PhD Student at University of Kent, that looks at these aspects in depth.

Weekly sessions allow participants to work on the same material for a few weeks. Participants notice the improvements, muscle memory is implemented and they have a sense of pride.

“It’s really nice to see participants remember some of the routines. I can see a definite improvement in some of them. Especially in one lady who stretched her arms high after gentle encouragement. She seems really happy with herself.” **Facilitator at Barton Court Care Home**

“It made me reach my arms up straighter.” **Participant at Barton Court Care Home**

A Reduction in Falls

Although the Enhance Project did not include an element of research about falls and reducing falls, there have been comments made about the links between the regular exercise and how the improvements in health and wellbeing reduce falls.

“Exercise improves health and wellbeing, and movement, therefore, if happening on a regular basis, leads to less falls.” **Activities and Wellbeing Co-ordinator, Barton Court Care Home**

There is already a lot of research about falls prevention and some that is specific to the improvements seen when dancing. For example, the Dancing for Lifelong Wellbeing Research Findings 2017, by Royal Academy of Dance, demonstrated a significant improvement in balance for those who took part in dance lessons, whilst there was no significant difference within the control group.

The NHS regularly refers to the importance of falls prevention in relation to its work.

“Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes.” **NHS, Injuries Due to Falls, Indicator Facts.**

Although we cannot comment on the impact of Active Armchairs on falls prevention specifically, we know that regular exercise has been shown to reduce the risk of falling. Therefore, when discussing the integration of regular Active Armchairs sessions into a care home, we can make the case that regular Active Armchairs sessions are more beneficial in terms of falls prevention than those held as one off events.

Active Armchairs Moving Forward

Recommendations For Facilitators

Recommendations for facilitators were discussed and began to be implemented during the Enhance Training Day. These included observations and guidance surrounding the following areas.

- Meaningful Activity
- Building confidence
- Motivation
- Social Inclusion, including relationships with friends, family and staff members
- Maintenance, including psychosocial and physical
- Variety

Each Facilitator left with a personalised to do list to ensure they knew what they needed to do in order to use the results of the Enhance Project to best effect.

Recommendations for Organisations

Care Homes, Day Centres and other organisation accessing Active Armchairs are encouraged to as much of the following as they can. These recommendations are best practice, but it has to be understood that there are a lot of factors affecting organisations that make the following difficult.

- Add Active Armchairs to the displayed activities timetable(s)
- Put the Active Armchairs poster up on the activities board and/or a public display with a note to say when the sessions are.
- Give staff the Active Armchairs advice sheets
- Provide a suitable space – aim for a circle or chairs in a dedicated room
- Hold weekly sessions
- Avoid planned interruptions such as have tea break before or after the session
- Allow staff time to participate



Thank you

Many events, places and people have influenced the Enhance Project and all the staff and facilitators at The Right Step would like to thank them for their input. These include 'Medway Healthy Weight Summit 2018', Scott Elliot (Head of Medway Health and Wellbeing Services), Patricia Vella-Burrows (Principal Research Fellow, Sidney De Hann Research Centre), Samantha Winter, Steve Meadows and others at University of Kent, Simon Baker and staff at Age UK Medway, Medway Dance Network and 'Medway and Kent Dance, Arts, Culture Health and Wellbeing Symposium'. Without all of this input the Enhance Project wouldn't have had the impact it's having today.

A special thank you to the researchers, Alice Vereker-Hales and Ian Farr, who worked extremely hard to derive appropriate research methodologies and to undertake their research in a way that put the participants first.

Finally, perhaps the biggest thank you of all, to the participants of Active Armchairs. This includes residents, staff and visitors at the five care homes, Ashley Gardens Care Centre, Barton Court Care Home, Little Court and Warwick Park of MG Homes and Woodstock Care Home. Thank you to Elaine, Lynne, Marina, Sophie and Teri for all of your help in implementing the project and helping everyone make the most of it.



