Dance to health®

Phase 1 Roll-out 'test and learn'

Evaluation report

Dance to Health:

developing an arts solution to a health problem which is valued and available for all who need it

Aesop Arts Enterprise with a Social Purpose

April 2020

Aesop would like to acknowledge with great appreciation the support **Dance to Health** received from its partners.

Age UK
Age Cymru
Arts Council England
Arts Council of Wales
Centre for Ageing Better
NHS England
NHS Horizons
NHS Improvement
One Dance UK
Oxford Academic Health Science Network
People Dancing
Public Health England
Social Prescribing Network
Sydney Medical School
University of Oxford Institute of Musculoskeletal Studies

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Introduction

> "Dance to Health's emphasis on co-production, building the individual and collective agency of older people, is precisely the approach our future health system needs."
>
> **- Chief Transformation Officer and Director, NHS Horizons**

A different future

As I write this, Covid-19 has forced our Dance to Health Local Groups to stop meeting and stop dancing. Our next biennial arts and health conference, a partnership with the Southbank Centre, is on hold. We're very concerned about the older people we work with.

Older people's falls is a massive health challenge. Each year, a third of people over 65 will have a fall. Falls can result in serious injury, reduce confidence to do daily activities and lead to social isolation. Fall-related fractures cost the health and social care system £4.4 billion per year. Particularly relevant now is the statistic that 80% of older people's falls take place in the home. Dance to Health offers a powerful solution. It reduces falls by 58%. If an older person visits A&E because of a fall, the likelihood of their becoming an in-patient is 35%. If a Dance to Health participant visits A&E because of a fall, the percentage reduces to 13%.

We're working fast to prepare for a different future. We're transforming Dance to Health into a national online service, open to everyone. There will be mass performances when self-isolation ends and the Local Groups can start again. These performances will be powerful moments of celebration. Dance to Health can give older people purpose, health and hope.

An invitation

Aesop is committed to making Dance to Health available for all who need it. Can you help? Community organisations, the NHS, local authorities, Dance Artists, arts organisations and people interested in volunteering can all contribute. Our model for growth over the next few years is based on 'social franchising', chosen because it embraces Aesop's need to maintain high-quality falls-prevention exercise and, at the same time, make the most of partner communities' assets such as facilities, local people's expertise and local funding. We stress 'high-quality falls-prevention exercise' because dance in general does NOT prevent falls or their associated risk factors. A randomised controlled trial has confirmed this.

If you would like to help, please contact me at hello@dancetohealth.org.

Tim Joss
Chief Executive and Founder of Aesop


Dance
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Executive summary

Aesop's vision is of a future when arts solutions for society's problems are valued and available for all who need them. Health challenges are our current focus. Aesop develops arts solutions based on social needs; shows health, care and other sectors how the arts can work for them; accelerates the pace of adoption of arts solutions; and develops research and practice networks to support arts solutions.

Dance to Health is the first exemplar arts solution. This report covers the Phase 1 Roll-out 'test and learn' programme which ran from April 2017 to September 2019 – known as Phase 1 for short. It tells the story and shares many lessons relevant for all art forms and health challenges.

The concept of an aesop (arts enterprise with a social purpose) is key. In order to be adopted by the health system, an aesop must have relevance, appeal and performance. To address any major health challenge, an in-depth understanding is essential. With older people's falls, there are two problems: powerful, well-evidenced exercise programmes reduce falls but they are dull and so people are less motivated to stick to them; and there are few follow-up programmes to help older people maintain health improvements.

The health and arts sectors need greater mutual understanding and expertise in partnership working. Perhaps the biggest difference is that the NHS provides universal services whilst the arts sector delivers projects and is wary of scaling. The most heartening discovery was that marrying health improvement and artistic creativity can be mutually beneficial and not just a compromise.

Phase 1 convinced Aesop of the importance of public engagement. Our approach needed to work alongside the traditional methods of communications, marketing and public relations, blending in the suggestions and experiences of participants, volunteers, Dance Partners and local communities. Highlights included BBC and ITV films; the first Dance to Health Conference, which brought together participants, volunteers, Dance Artists, Dance Partners, funders and the Aesop team; and the first annual survey of health sector attitudes to the arts.

A tailored approach was also used when assessing the programme. Aesop viewed Dance to Health through four different lenses: health, dance, volunteering and community development. Sheffield Hallam University evaluated the health dimension. The team there concluded that "Dance to Health offers the health system an effective and cost-effective means to address the issue of older people's falls."

From a dance perspective, every Dance to Health session is unique while from a health perspective, every session needs to be identical. Satisfying both criteria is made possible through the ingenuity of Dance to Health's excellent

Dance Artists. An important discovery was that, while Dance to Health reduces falls by 58%, the general statement 'dance reduces falls' is not true. There is something special about Dance to Health's dance practice.

A separate volunteering evaluation revealed strong evidence that participant outcomes would be weaker without volunteers.

The community development objective was to create volunteer-led, financially sustainable Local Groups. The main issues were older people's involvement, diversity of membership and striking the right balance between central and local control. These issues were tackled and 17 groups are now ongoing.

Financing Phase 1's £2.1 million budget was made possible through National Community Lottery Fund (45%), charitable foundations (14%), Nesta 'Second Half Fund' (12%), Aged Veterans Fund (11%) and the health sector (8%).

Phase 1 generated significant intellectual property. Protection included a successful application for Dance to Health to be a registered trademark.

Planning for Phase 2 began in late 2018. At the time of writing (late March 2020), this is being reviewed in light of Covid-19. There is considerable momentum behind a randomised controlled trial starting in 2021. A plan for more Local Groups is suspended. A new national online service is about to launch and, in due course, mass regional performances for when people come to the end of their self-isolation period. These performances would be powerful moments of celebration.

About Aesop

Launched in 2014, Aesop is a charity and social enterprise. Its focus is on providing highly valued arts solutions to social problems, enriching and enhancing the lives of all those in need.

From theatre to dance, painting to poetry, a belief in the arts' power to transform lives is central to Aesop. However, as identified in a 2017 report, "the United Kingdom is still very far from realising more than a small modicum of the potential contribution of the arts to health and wellbeing."[1]

Aesop has worked hard to achieve a breakthrough, and now has a logic model in place. The objective is to develop arts solutions based on social needs. To achieve this, Aesop recognises that it must also:

- show health, care and other sectors how the arts can work for them.
- accelerate the pace of adoption of arts solutions.
- develop research and practice networks for arts solutions.

In addition to Dance to Health, the current portfolio consists of:

National arts conferences for health decision-makers

The biennial conferences in 2016 and 2018 showcased 48 leading arts and health programmes. The 2020 conference will be presented in partnership with the Southbank Centre.

Arts Enterprises group

An action learning set for arts and health programmes already funded by the health/social care system.

Active Ingredients project

Developed jointly by Aesop and BOP Consulting, this research programme aims to deepen understanding of the ways in which arts interventions in health and social contexts actually work, as well as to improve the ways these are designed and their impacts are measured.

Aesop Marketplace

A connection service that matches health commissioners and other decision-makers with relevant arts in health programmes in a time-efficient way. Aesop Marketplace embraces the benefits the arts can bring, whilst achieving robust and measurable outcomes.

1 http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf (p4)

Aesop Institute

A collaboration with Canterbury Christ Church University Faculty of Health and Wellbeing, this professional development programme caters for health and arts professionals with an interest in devising and running successful arts-in-health programmes. It provides university-accredited, quality-assured training that is tailored to personal learning requirements and fits around busy work schedules.

GP surveys

Each year, Aesop collaborates with research consultancy ComRes to conduct a survey of health attitudes towards the arts. More than 1,000 GPs are questioned to build a region-by-region study across the UK, helping the arts to understand popular viewpoints when designing services.

The concept of an aesop

The word **aesop** also stands for 'arts enterprise with a social purpose'.
In order to be adopted by the health system, an **aesop** must have three qualities:

Relevance

- Has citizen demand
- Addresses a major social challenge
- Fits into a service provided by the other sector

Appeal

- Available/scalable
- Of consistent quality
- Place-based/culturally sensitive/ locally co-designed

Performance

- Sustainable
- Evidence-based
- Effective and cost-effective

Five lessons from creating a new **aesop**

1. The **aesop** must be attractive to artists whilst also being widely available – not just in areas with high concentrations of artists.
2. The **aesop** should fit into a patient pathway. John Jeans CBE, an expert on scaling in the health system, advised that doing so was more than 50% of the challenge in getting a programme adopted.
3. There is a clear distinction between an 'evidence-based' **aesop** and an 'effective' one. Patients may find a scheme boring, no matter how well it is evidenced, and opt out before the claimed health improvements are achieved.
4. Arts and health programmes are in a powerful position to generate citizen demand and patient pull. Unlike medicine, anyone can try most arts and health programmes. And, unlike the end of a course of drugs, completion of an arts and health project is often celebrated with a performance, film or exhibition.
5. Available in my area/scalable and place-based/culturally sensitive/ locally co-designed are not mutually exclusive.

Dance to Health aims to be the first **aesop** in what will become a catalogue of many.

The need for Dance to Health

> "One is never too old to enjoy dance."
>
> - Participant

In the year prior to launching Phase 1 of Dance to Health – 2016 to 2017 – there were 316,669 hospital admissions in England of people aged 65 and over because of falls. This staggering number gave Aesop added impetus to move Dance to Health out of its pilot stage and into villages, towns and cities across the UK.

Dance to Health aims to show that an arts and health programme can address a major challenge faced by the health system and be taken to scale. Health professionals have begun to recognise this, as Dr Michael Dixon, NHS England Clinical Lead for Social Prescribing, has observed, "[Dance to Health] could change our whole approach to giving our elderly population greater resilience."

When developing arts programmes such as Dance to Health, Aesop takes a radically different approach to standard arts sector practice. 'It starts with a specific challenge or unmet need ... then scans all artistic options to create something which [health] wants and is willing to pay for.'[2] The specific challenge in the case of Dance to Health was reducing older people's falls, something which the health sector had begun flagging as needing new approaches. Age UK produced important reports in the early 2010s, while the Royal College of Physicians set up a Falls and Fragility Fracture Audit Programme.[3] Public Health England announced a 'new focus on falls' in 2017[4] and has since published a number of helpful documents.[5,6] The headline facts about falls are as follows[*]:

- Falls are a major cause of pain and injury, and are traumatic for older people – destroying confidence, increasing isolation and reducing independence.
- After a fall, an older person has a 50% probability of having their mobility seriously impaired. 10% die within a year.
- Falls are a major challenge for the health system, costing the NHS and social care £2.3 billion per year.
- Falls represent the most frequent and serious type of accident in people aged 65 and over.
- Falls in hospitals are the most commonly reported patient safety incident, with more than 240,000 reported in acute hospitals and mental health trusts in England and Wales.
- It is forecast that within two years nearly 1,000 older people every day will be taken into hospital after suffering a fall.

2 https://ae-sop.org/wp-content/uploads/sites/63/2018/04/Aesop_AnnualReview2015-2016_web_RGB_FOR-ONLINE-1.pdf (p16)
3 https://www.rcplondon.ac.uk/projects/falls-and-fragility-fracture-audit-programme-fffap
4 https://publichealthmatters.blog.gov.uk/2017/01/25/a-new-focus-on-falls-prevention/
5 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586382/falls_and_fractures_consensus_statement.pdf
6 https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning


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The health system has responded in two main ways:

- Emphasising that an active lifestyle can reduce the risk of falling. For example, NICE guidelines state that "older adults at risk of falls should incorporate physical activity to improve balance and coordination on at least two days a week."[7] The Centre for Ageing Better calls for the government to more widely promote the benefits of physical activity for older people and support more people to stay active, in order to delay frailty and reduce falls. NICE guidelines also recommend muscle-strengthening and balance-training programmes for falls reduction.[8]
- The development of FaME (Falls Management Exercise) and Otago (an exercise programme), following detailed research. Both FaME and Otago have been shown to be effective, with greater efficacy in those who have a history of recurrent falls or a balance/gait deficit.

* A fuller analysis of the falls context, plus references, is provided in Sheffield Hallam University Sport Industry Research Centre's final evaluation report on Phase 1.[9]

7 https://www.nice.org.uk/guidance/cg161 (2013)
8 https://www.nice.org.uk/guidance/cg161 (2013)
9 https://ae-sop.org/wp-content/uploads/sites/63/2020/03/SIRC-DtH-FINAL-REPORT-16.03.2020.pdf (p4–8)

There are, however, several limitations with this response:

- Older people have insufficient access to evidence-based falls-prevention programmes.
- Where programmes are available, the vast majority are altered or scaled down to an average duration of just 12 weeks, despite a 'dose' of at least 50 hours over 26 weeks being necessary to reduce falls.
- Programme content is often described by participants as being "dull."
- Fidelity of delivery is "often poor."
- There is a lack of ongoing programmes to maintain improvements and, without them, improvements are lost within 12 months.

All of the above indicates a clear need for a fresh approach, and one that provides easily accessible and adequately timed programmes, enriched with engaging content.

Five lessons when developing an arts solution to a health challenge

① The NHS regularly updates its list of major health challenges as part of the Long Term Plan, and how it plans to address each issue.

② The health system has an evolving programme of analysis for every major challenge. A variety of organisations – the NHS, Public Health England, members of the Academy of Medical Royal Colleges, think tanks and third-sector organisations – may contribute to this.

③ An awareness of the current health-system response, including its practice, analysis and policy, is essential for arts programmes wishing to address a major health challenge and deliver improvements for patients, the public and the health system.

④ The arts programme will need to have a sufficiently strong case to justify decommissioning current services and switching to the arts programme.

⑤ Switching to a new programme takes time and resources. The case will need to be particularly strong at times of budget and staffing pressures.

The arts sector

The UK's creative industries sector is world-leading and is considered "an economic and cultural powerhouse" by the government. The creative industries are growing at more than twice the rate of the economy as a whole. Jobs in the creative industries are growing at three times the UK average.

Dance has contributed to this growth. There are 17,000 dancers and choreographers in employment in the UK.

The government's 2016–17 Taking Part survey found that 16% of adults in England engaged in dance. Its impact is not just economic. It contributes, for example, to health, community development and education. It builds social bonds, self-worth and confidence. At the heart of this, dance is a precious means to express oneself, tell stories and make performances that are special.

Five lessons from the arts sector

1. Public investment in community dance since the 1970s means that there are Dance Artists and dance organisations with expertise in working creatively with non-professionals. Without that investment, Dance to Health's progress would have been severely hampered.
2. Dance to Health activities need to be strong from a dance and health improvement point of view. Dance criteria include empowering participants artistically, being culturally sensitive, enabling participants to progress creatively and technically, as well as developing participants' interest in dance.
3. The open-ended nature of artistic creativity does not sit well with managerial approaches such as codification, outcomes measurement and quality assurance. Dance to Health needed to resolve this tension.
4. The project is the common unit of arts activity. Whether it's a one-off dance workshop or a Hollywood film, the recurrent features are planning, gathering the required resources, the project, reflection and highlighting lessons for the next project. The health sector's common unit of activity is different: the universal service. This was another tension that required resolution.
5. The widespread view that the arts can improve and even transform lives needs to be more nuanced. Some endeavours are more powerful than others, and that power can be negative – for example, Leni Riefenstahl's artistically groundbreaking, yet socially damaging, Nazi propaganda films.

The health sector

As within the arts, a similar mix of advantages and hurdles was present in the health sector. Perhaps the most encouraging sign for Dance to Health's relevance came from the NHS showing an increased preference towards prevention models in its Long Term Plan. This confirmed Dance to Health was engaging with a major health challenge that the NHS had plans to address.[10]

Throughout Phase 1, structural change was happening in the health system. Two of these growth areas are of particular importance to Dance to Health.

The first is social prescribing. Dance to Health is seen as 'super social prescribing' given its explicit health aspects. The second growth area is efforts to adopt innovations more rapidly.

Dance to Health has benefited from engaging with Academic Health Science Networks "established by NHS England in 2013 to spread innovation at pace and scale"[11], from having the Oxford Academic Health Science Network as a Dialogue Partner, as well as by connecting with the NHS Innovation Accelerator[12] (run by UCLPartners, one of the Academic Health Science Networks).

Five lessons from the health sector

① Of all art forms, dance is particularly attractive to the health system because of its physical and mental aspects. The first Sheffield Hallam University evaluation report included this: "The use of music and storytelling empowered participants to engage in movement; they were encouraged to move limbs through a range of movements and gain confidence to 'go further', reaching higher or bending lower, as they were embraced by the music and lost in the storytelling or memories."

② It is crucial to keep up with changes in the health sector. Guest health experts at Aesop's Arts Enterprises meetings have helped with this.

③ The NHS Long Term Plan shows an increasing emphasis on prevention – an opportunity for the arts and health sectors.

④ Arts and health programmes must build their networks within the health sector.

⑤ All arts and health programmes are innovations in the eyes of the health system.

10 https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf (p108)
11 https://www.ahsnnetwork.com/about-academic-health-science-networks
12 https://www.england.nhs.uk/ourwork/innovation/nia/

The relationship between the health and arts sectors

Aesop has identified nine types of health activity.[13] Dance to Health is a "participatory arts programme to deliver specified health outcomes."

Phase 1 suggests that arts and health practice needs to develop in three ways. Two were identified by Pauline Tambling, formerly Arts Council England's Executive Director, Development, whose portfolio included the development of arts and health:

"Until Aesop came along there was no way of taking the benefit and spreading it beyond small project groups. Aesop has initiated new thinking on how we can make this work available to a much wider group of participants.

"There are two challenges: first how we develop a viable economic model for the work so that it is properly costed and appropriately funded. Historically, a lot of this work has been supported by project funding from Arts Councils and grant-making trusts. This is not sustainable.

"The second challenge is that if we are successful in creating a viable funding model do we have the capacity to take this work to scale? Do we have the people power and expertise to do that?"

The third challenge is to find business models that combine the project model of the arts and the universal service model of the health sector.

Five lessons on fusing arts and health sectors

1. The arts sector has a wariness towards scaling.
2. The phrase 'fidelity and flexibility' provides a way forward. Dance to Health must be faithful to FaME and Otago. Beyond that there is wide scope for local variation.
3. Phase 1 revealed that a marriage of health improvement and artistic creativity is feasible. It can be mutually beneficial and not just a compromise.
4. Fusing the arts-project model and health universal service model is viable. "Translating the evidence-based falls-prevention programmes was an enjoyable challenge for Dance Artists. Without this it would be difficult to see Dance to Health growing."[14]
5. On Pauline Tambling's second challenge about capacity, dance organisations in different regions are a valuable resource.

13 https://ae-sop.org/wp-content/uploads/sites/63/2018/04/Aesop_AnnualReview2015-2016_web_RGB_FOR-ONLINE-1.pdf (p17)
14 https://ae-sop.org/wp-content/uploads/sites/63/2018/04/DANCE-TO-HEALTH-evaluation-FINAL.pdf (p6)

About Dance to Health

The story of the Phase 1 roll-out, as told by Karen Hamilton, Dance to Health Head of Programme

Small beginnings

We first tested Dance to Health in 2015 and 2016 with Improvement Programmes – our name for Dance to Health's versions of FaME and Otago. It was the first time we had attempted to smuggle evidence-based falls-prevention exercises into creative, sociable dance. We ran six programmes across Cheshire, London and Oxfordshire. The results were exciting: people wanted to join and could see the benefits.

Phase 1 expansion

Then came Phase 1 – the start of a national launch, with lots of ideas that needed testing. We agreed upon 40 Improvement Programmes. We expanded into Birmingham, Norfolk, Sheffield and Swansea. We partnered with Arts Council-approved regional dance organisations already expert in working with older people. They recruited Dance Artists, who studied for a Postural Stability Instructor (PSI) qualification. By the end of Phase 1, 35 Dance Artists became qualified.

We had Health Partners too, all keen to improve their offering to older people in danger of a fall or in recovery. Each had a different approach for how to engage participants, plus priority geographical areas. This variety tested Dance to Health's adaptability. Sheffield's NHS Clinical Commissioning Group picked three areas: one with a large older Pakistani community, one with high levels of deprivation on the outskirts and the third middle-class and fairly central. Norwich wanted to work where the highest population of older fallers were. Birmingham concentrated on neighbourhoods around three GP practices that would signpost older people. And then there were four Royal British Legion care homes in Kent, Norfolk, Somerset and Warwickshire. Wherever we worked, a tailored approach was needed.

A typical session

Chairs are arranged in a circle, so everyone can see. The Dance Artist checks in with participants. A seated warm-up is first. Participants then stand (if they can) and there is the first bit of improvisation with a movement passed around the group. Next, activity around the chairs begins and there might be work on a routine developed over a few weeks, which participants say is good for their memory. Then it's time for the FaME/Otago elements. Endurance is often first. Later there's floor work including 'backward chaining' – a technique for getting up if you have fallen. Some activities are new and others are familiar, for

example, group work, partner work, using Therabands or props. Themes are introduced, sometimes related to the time of year.

In our model, the 90-minute sessions are always followed by 30 minutes of social time. This is important for participants to chat and form friendships. It's also admin time for the delivery team: taking the register or helping new participants to complete the membership form.

Anyone visiting a session will see people feeling better about themselves, as a local authority Director of Public Health and NHS Clinical Commissioning Group Chief Executive discovered. They joined in, and were struck by just how demanding the dancing was, gaining direct experience about the programme's power.

The role of Dance Artists

Dance Artists are vital contributors to Dance to Health's success. They are experts in what is called 'inclusive community practice'. It means they have the training and experience to make sure the dance activity is bespoke and suitable for each person in a group. And their creativity is well developed. They inspire participants through suggesting themes and creating dance out of everyday movements. They have found that this fosters creativity, especially in people with dementia. Dance Artists also adapt to participants' fluctuating ability, whether due to their progress or changes to their health. Balance improvements are even possible for people who need to remain seated. Further inspiration can come from the repertoire of dance companies. During Phase 1, Birmingham Royal Ballet invited participants to dress rehearsals. One revealed it was the first time he'd been to a theatre.

We have participation criteria for whom the sessions are aimed at and who can benefit. The Dance Artists' training and skills allow them to adapt movements for a variety of abilities and needs. They are amazing at tailoring the movements so they can be done at each person's individual level.

In the Improvement Programmes, Dance Artists and Local Coordinators would often discuss the challenge of reconciling three objectives: having the right people in the room (those who need FaME and Otago), being as inclusive as possible and ensuring that sessions are safe for everybody. We found it could be done, and there were many occasions in Phase 1 where we found an *either/or* choice had to be made to overcome situations. However, *both/and* solutions were often possible: delivering FaME/Otago *and* having scope for artistic creativity; *both* professional Dance Artists *and* volunteers delivering sessions; reducing falls *and* improving mental wellbeing.

Volunteers and setting up committees

Finding volunteers to support Dance Artists in the sessions was relatively straightforward. We suspected that participants would be most responsive to people like themselves, so we focused on recruiting 'someone like me' Peer Motivators, who are older people already involved in dance. Recruitment was occasionally challenging. This led to the new role of Dance Support Volunteer for young dancers, which proved popular.

Elsewhere, forming committees to govern each group proved more difficult. It was a good idea in theory, but participants were either hesitant or inexperienced. It was easier in Wales because of its tradition of community development, however it was harder where formal volunteering isn't established.

Beyond the classes

FaME and Otago programmes need to total 50 hours across six months – nearly two hours a week. In the pilot we ran twice-weekly programmes, but it asked too much of participants. Instead, Phase 1 moved to weekly sessions with homework, for which Dance Artists thought creatively. Welsh Dance Artists produced a comprehensive homework sheet. In Birmingham they created stickers with homework options. Oxfordshire Dance Artists made and shared videos on YouTube.

Assessing the results

Throughout Phase 1, it was brilliant working with the Sheffield Hallam University team. They designed an evaluation programme that introduced the physical Timed Up and Go (TUG) test, which measures how long it takes a participant to walk a set distance and the impact it has on strength and balance. This was very popular with participants, who could see and feel their progress. The team also devised an outcomes questionnaire that worked well, alongside alternative ways to gather feedback about participants with dementia.

It was valuable to have a PSI-trained exercise professional in the evaluation team to lead the focus groups, and undertake quality assurance visits to assess – and confirm – Dance to Health's fidelity to FaME and Otago.

Creating sustainability

We were on our way to running 40 successful Improvement Programmes, before there was a step into the unknown. Research literature told us there was a lack of longer-term maintenance programmes and, without them, older people might return to inactivity – losing improvements within 12 months.

We decided to test using a 'Maintenance to Sustainability' model, M2S for short. The 'maintenance' objective was to maintain weekly sessions. We guessed there would be three terms a year and 10-12 sessions in a term – in practice, participants wanted more, with a typical group meeting 42 weeks a year. The 'sustainability' objective was to keep individual Improvement Programmes going, merge Local Groups where possible and help turn them into 18 volunteer-led, financially sustainable groups. Delivering this meant maintaining the artistic and health-improvement quality of the sessions and adding a community development dimension.

Today there are 17 sustainable Local Groups, as a result of local Dance to Health groups, supported by Dance Artists and Aesop's Local Coordinators. We are yet to convince the Royal British Legion to continue funding care-home programmes.

We've questioned what factors enabled groups to continue. It's certainly been easier when groups are taken under the wing of community organisations, as with the two church-based Congleton groups. The churches were developing themselves as community hubs and wanted to be able to offer Dance to Health. It helped that the two churches worked together to create a single committee to run the two groups.

In M2S, the challenge of having the right people, being inclusive and ensuring sessions are safe gets bigger. Improvement Programme graduates are unfazed by Dance to Health's creative approach. They are less self-conscious about self-expression and improvisation than new members. We found a solution by asking the experienced ones to support new members.

At the end of each group's M2S programme, it received a £500 grant for a celebration. Each group used the money differently – two in Cheshire embarked on intergenerational work with participants' grandchildren. The three Sheffield groups performed in the Chance to Dance Festival, while the three Norfolk groups created a piece to perform at Norwich Theatre Royal.

> "It continues to be a pleasure to be involved."
>
> **- Karen Hamilton, Dance to Health Head of Programme**

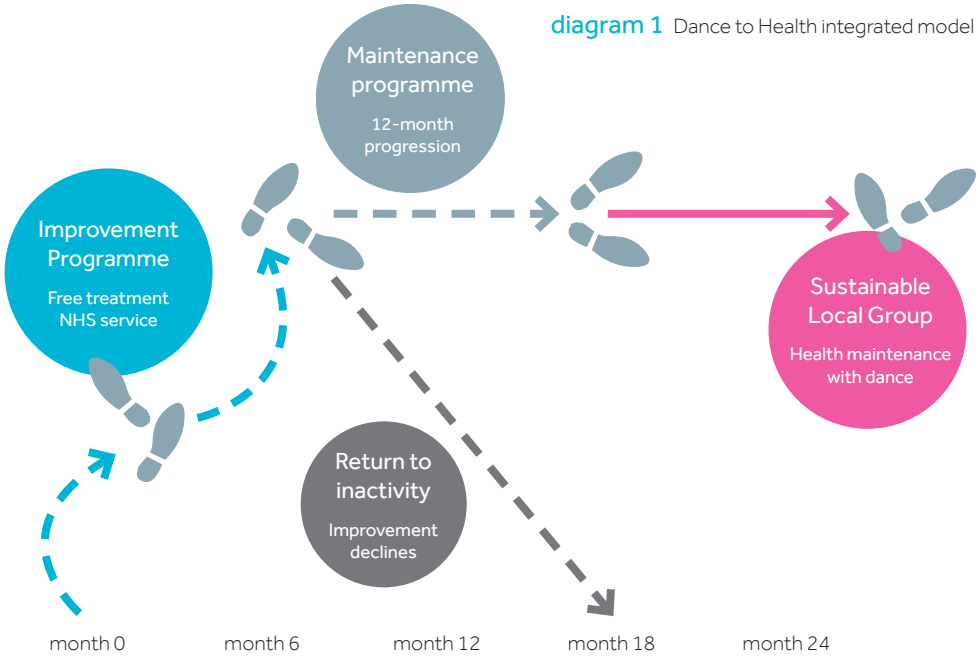
The Phase 1 model

The Phase 1 model is best understood through a typical participant's experience:

- Val has fallen, or is at risk of falling.
- Val is referred, or self-refers, to Dance to Health.
- Val is offered a free six-month programme.
- Val experiences physical and mental health improvements.
- Val signs up for pay-as-you-go classes, to avoid a return to inactivity.
- Aesop provides 12 months' support while Val's Local Group becomes sustainable.
- Val's Local Group becomes part of the national Dance to Health family.

This model was supported by two pieces of research. During the pilot, Aesop commissioned People Dancing to undertake the first survey of older people's dance groups. This was launched at the House of Lords in November 2016.[15] A key finding from the 173 groups surveyed was that 90% of them were "ongoing and regular". They had therefore solved the financial sustainability challenge. To understand this better, Aesop commissioned a follow-up report from Mary Schwartz, 'How older people's dance groups become ongoing and regular' (2018).[16]

diagram 1 Dance to Health integrated model



15 https://ae-sop.org/wp-content/uploads/sites/63/2020/03/AESOP-and-PEOPLE-DANCING-Older-peoples-dance-survey-November-2016.pdf
16 https://ae-sop.org/wp-content/uploads/sites/63/2020/03/AESOP-and-PEOPLE-DANCING-How-older-peoples-dance-groups-become-ongoing-and-regular-March-2018.pdf

Through a health lens

"I was a prime candidate for Dance to Health. Once first on the dance floor, my dancing had become sofa-based; watching Strictly on Saturday nights. After each session, I was able to stand up straight instead of being stooped, if only temporarily, and move about more freely."

- Participant

Phase 1 strove to deliver three key health outcomes:

- To give older people access to engaging, strength-building Dance to Health programmes, which they have shaped and want to participate in.
- To achieve better health outcomes for older people.
- To provide the health system with an effective and cost-effective means to address the issue of older people's falls.

Sheffield Hallam University Sport Industry Research Centre evaluation report

Sheffield Hallam University won the tender to monitor and evaluate progress with these outcomes. Their summary is presented below. The full report can be accessed here.[17]

"A mixed methods approach was adopted that included quantitative, qualitative and econometric research. At the time of the research, all participants that were taking part in Dance to Health sessions across six geographical regions were eligible to take part. Primary outcome measures included the impact on falls, positive side effects (mentally and physically), patient pull, attendance and adherence, fidelity to existing falls-prevention programmes and cost effectiveness.

"Findings from the research show that Dance to Health is helping older people in danger of falling overcome lost confidence, reduced independence and increased isolation. There was a 58% reduction in the number of falls, positive improvements in participants' physical and mental wellbeing – including improved Timed Up and Go[18] times (an average reduction in time of 20%) – and reduced fear of falling (over 10% improvement in the percentage of individuals classed as 'low concern'). Additionally, based on the analysis conducted, there is a potential cost saving of over £196 million over a two-year period, of which £158 million is a potential cost saving for the NHS. Dance to Health's fidelity to existing physiotherapy programmes was also confirmed.

17 https://ae-sop.org/wp-content/uploads/sites/63/2020/03/SIRC-DtH-FINAL-REPORT-16.03.2020.pdf
18 https://en.wikipedia.org/wiki/Timed_Up_and_Go_test

"The evidence within this report suggests that Dance to Health offers the health system an effective and cost-effective means to address the issue of older people's falls."

Target populations for Improvement Programmes and M2S ongoing programmes

From a health perspective, target populations must be clearly described.

For FaME within dance, a typical group member is relatively inactive, has not had a major fall but is in danger of one. Dance to Health can be delivered to groups of up to 20 older people. The inclusion criteria are:

- Able to walk independently without a walking aid indoors and out.
- One fall or less in the previous year.
- Able to stand for 10 seconds with a reduced base of support (tandem stand i.e. one foot in front of the other with heel and toe touching).
- Able to stand on one leg (eyes open) for 10 seconds.
- Able to rise five times from a chair in quick succession (without arms for support) in less than a minute.
- M2S sessions were based on FaME.

For Otago within dance, a typical group member is frailer than a FaME group member. They are likely to have had a major fall already. Otago focuses on strength and balance. Dance to Health can be delivered to groups of up to 12 older people. The inclusion criteria are:

- No medical exclusions.
- Able to walk indoors independently or with the assistance of another person or a walking aid.
- Able to maintain seated upright posture.
- Able to maintain standing posture for at least 10 seconds (with a walking aid if necessary).
- Able to rise from a chair (with use of arms, or assistance of another person if necessary).
- Able to follow simple instructions.

These two separate sets of criteria have proved essential in determining the most suitable course of treatment for participants.

Five lessons for planning an aesop

① If an arts and health programme aims to become a universal service, target populations must be clearly defined and the service must be described in detail.

② Drugs are often accompanied by negative side effects. Arts programmes, however, are designed to be enjoyable – making participants more likely to complete a course and fully enjoy the positive side effects.

③ The health system tends to focus on particular conditions. Arts and health programmes can work around this by evaluating improvements for a particular condition combined with an evaluation of positive side effects.

④ Even within falls prevention, delivery can be, and needs to be, adapted for additional health concerns. For example, when working with participants who have dementia, other conditions or mobility aids.

⑤ Planning arts and health programmes should draw on health intelligence. Examples include local Joint Strategic Needs Assessments, Public Health England's Productive Healthy Ageing tool[19] and condition-specific data such as NHS Digital's Mental Health of Children and Young People in England.[20]

19 https://fingertips.phe.org.uk/profile/healthy-ageing
20 https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

Through a dance lens

Looking through a dance lens highlights three important aspects:

The consistency of sessions

From a dance perspective, every Dance to Health session needs to be different – whilst also needing to be the same from a health perspective. This is made possible thanks to the creativity of Dance Artists. They ensure that all the necessary FaME and Otago elements are in place – keeping the health elements constant – whilst working alongside Peer Motivators and Dance Support Volunteers to vary the creative side.

The reduction of falls

The second aspect is that the general statement 'dance reduces falls' is untrue. Sheffield Hallam University concluded that falls amongst Dance to Health participants were reduced by 58%.[21] However, 'Social Dancing and Incidence of Falls in Older Adults: A Cluster Randomised Controlled Trial'[22] concluded that, "Social dancing did not prevent falls or their associated risk factors among these retirement villages' residents."

What is it about Dance to Health that makes it able to reduce falls by 58% when folk and ballroom styles do not? This is a dance question: different dance practices yield different results and a closer inspection into the dance practice is necessary to assess what is at play.

This chimes with another Aesop initiative: the Active Ingredients project with leading arts consultancy, BOP Consulting.[23] This strives for a deeper understanding of how arts interventions in health and social contexts actually work – and to improve the ways these are designed and their impacts measured. For now, there are some possible explanations:

- Dance to Health's requirement that sessions are led by Dance Artists with the PSI qualification.
- Set dance routines are likely to be less amenable to including moves which reduce falls.
- Dance to Health has particular artistic active ingredients: expression (finding a voice, making performances that are special, telling stories) and achievement (state of flow, absorption, accomplishment, celebration, sense of achievement).[24]
- As reported in the Pilot Programme evaluation, "Translating the evidence-based falls-prevention programmes was an enjoyable challenge for Dance Artists." [25]

21 https://ae-sop.org/wp-content/uploads/sites/63/2020/03/SIRC-DtH-FINAL-REPORT-16.03.2020.pdf (p3)
22 https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002112
23 https://ae-sop.org/active-ingredients/
24 https://ae-sop.org/wp-content/uploads/sites/63/2018/09/Active-Ingredients-Report-Sept-2018-Final-low-res.pdf (p16–17)
25 https://ae-sop.org/wp-content/uploads/sites/63/2018/04/DANCE-TO-HEALTH-evaluation-FINAL.pdf

The face of Dance to Health

The involvement of excellent Dance Artists is crucial to the programme. Their expertise and PSI qualification, their creativity, plus their rapport with participants and volunteers are essential ingredients for a successful Dance to Health group. They are also the most visible face of the programme.

Phase 1 began to address how Aesop could best support Dance Artists. They need time to share best practice, reflect and explore new ideas. A start was made in the first national Dance to Health conference when Dance Artists were able to work with mass movement director, choreographer and creative consultant, Jeanefer Jean-Charles. This was followed by discussions involving Dance Artists, Dance Partners and two Dialogue Partners (One Dance UK and People Dancing). The development and support of Dance Artists needs to be expanded further, to acknowledge their extremely valuable contribution.

The other growth issue was where more Dance Artists would be found. Dance Partners were consulted, and some foresaw no supply problem. Where issues were anticipated, mentoring programmes, placements and volunteering was suggested, as well as partnerships with universities offering dance degrees (particularly those with a strong community dance element).

Five lessons from using a dance perspective

① Dance to Health's blending of fidelity to evidence-based activity and co-producing each session with participants can be applied to other arts and health programmes.

② The contrast between Dance to Health and social dancing's ability to reduce falls challenges the validity of generalised claims about arts activities achieving health improvements.

③ Investment in arts development has been an important contributor to the arts' ability to deliver health improvement. As the relationship between the health sector and the arts develops, investment in health improvement and arts development will need to be coordinated.

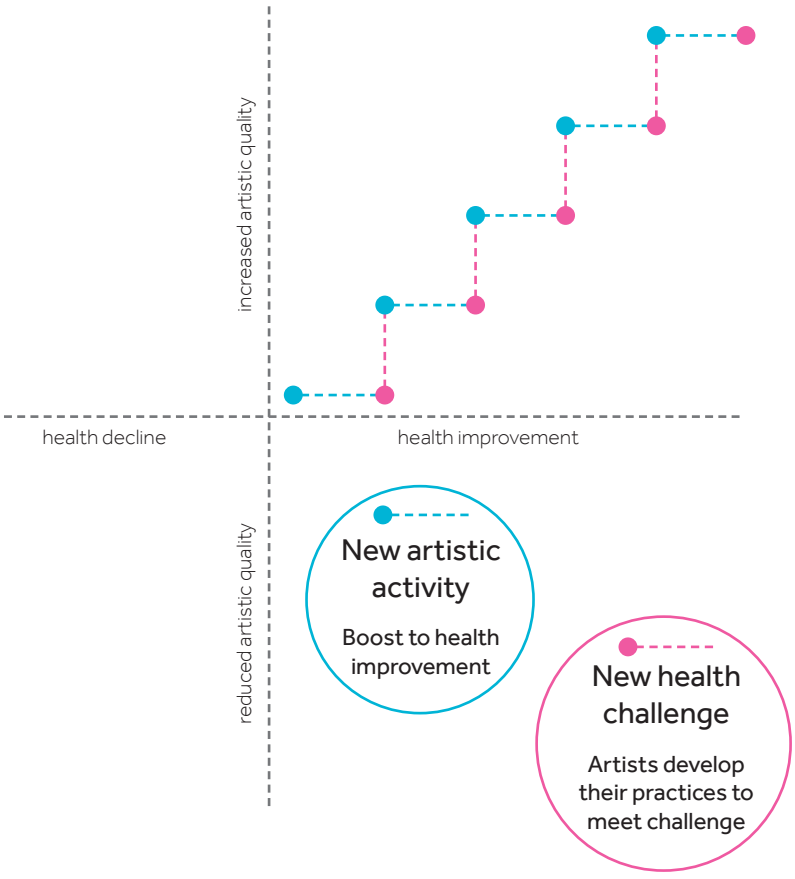
④ The challenges faced by artists working in health need to be better understood. Opportunities for artists to share best practice, reflect and explore new ideas will help improve understanding of these challenges and how best to address them.

⑤ Wherever there is demand for an arts and health programme to grow, a careful study of available artists and a plan for identifying and training more will be essential.

Dual lens reflections

A year before Phase 1 began, the Arts and Humanities Research Council [AHRC] published a seminal report, 'Understanding the value of arts & culture – The AHRC Cultural Value Project'[26] by Geoffrey Crossick & Patrycja Kaszynska. In his introduction, Andrew Thompson, AHRC Chief Executive, pinpoints an important challenge facing arts and health programmes, "... to break down the divide between the intrinsic and the instrumental camps, to transcend the debate about things to be valued 'for their own sake', or else understood only in terms of the narrow economic or other material benefits that they provide."[27] The report authors pick this up, "Our key aim was to cut through the current logjam with its repeated polarisation of the issues: the intrinsic v the instrumental, ...".[28] Phase 1 was a practical logjam-breaking project.

diagram 2 Activity through the lenses of health improvement and artistic quality



26 https://ahrc.ukri.org/documents/publications/cultural-value-project-final-report/
27 ibid. (p5)
28 ibid. (p6)

Five lessons from a dual lens

① The idea of viewing activity through different lenses works. It helped Aesop identify how the health sector and the arts differ, and that one cannot be subsumed into the other.

② New combinations become possible. For example, activity that simultaneously achieves high intrinsic value and high material benefits.

③ The lens metaphor also applies to the people involved. A health commissioner's perspective includes achievement of pre-determined outcomes, value for money, measurement, codification and quality assurance. Listening to Dance Artists, they will quickly tell you that these terms are anathema. Their interest is in artistic freedom, creativity, the heightened moment, expression and human connection. A health commissioner's terms are artificially restrictive to artists. These perspectives and their different professional languages are not irreconcilable. They can co-exist – becoming bilingual helps.

④ Dance to Health used four lenses. Multiple lenses are possible but too many will prove cumbersome.

⑤ Diagram 2 (see page 30) shows activity through the lenses of artistic quality and health improvement. The steps represent mutually supportive artistic and health progression.

Public engagement and communications

> "My hour-long session ends with us each being asked to create a movement to music for others to follow... I rather wish I could come back for more."
>
> **- Angela Neustatter, Daily Mail**

As well as building effective partnerships with the health sector, Aesop had to raise awareness and generate interest for Phase 1 of Dance to Health – after all, it would be the public taking part in sessions. Therefore, a process of initial engagement followed by discussions with participants, volunteers, partners and local communities was used. This approach was designed to work alongside the more familiar activities of communications, marketing and public relations, and consisted of four priorities and five principles:

Priorities

- Drive engagement with Phase 1 in order to:
  - achieve 728 active volunteers.
  - achieve 580 participants.
  - raise the profile of the Dance to Health programme within the arts and health sectors, as well as wider industry networks.
- Comply with the communications requirements of funders.
- Generate sufficient, but not unfulfillable, demand for the programme.
- Ensure sufficient interest and public engagement for Phase 2.

Principles of public engagement

- Listening.
- A measurable transfer of power to participants, volunteers, partners and local communities.
- The person being engaged defines and co-produces the outcomes.
- The person being engaged is able to articulate the outcomes.
- The person engaged assesses the achievement of outcomes.

Working collaboratively

Successful programmes take more than one organisation to develop, and Aesop benefited greatly from the advice, support and challenges of others. In 2018, it was decided to formalise this with 13 separate associations. These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Dialogue Partners received quarterly updates and could be contacted whenever necessary. In addition, a participant panel was set up in Norfolk, allowing service users to feedback their ideas and also recommend areas for improvement.

The success stories: what worked

- Print coverage in The Stage, Daily Mail, Sunday Telegraph and Dancing Times, as well as local newspapers.
- Regional radio, including BBC Radio WM 95.6 and Radio Merseyside.
- National TV coverage on the BBC and ITV.
- All participants, volunteers, Dance Artists, Dance Partners, Health Partners, funders, Dialogue Partners and the Aesop team attended the first Dance to Health Conference. The gathering was extremely well received and feedback was positive, with many stating they would like more opportunities for everyone involved in the programme to get together more often.
- A standalone Dance to Health website was launched as the main portal for all information relating to the programme.
- On social media, a Twitter profile **@Dance_to_Health** was created and the hashtag **#DancetoHealth** was used. A Facebook page was also launched.
- Target numbers for participants and volunteers were exceeded.
- Celebration events were held upon completion of the M2S programme.
- Brand assets were successfully rolled out.
- Promotional literature, including posters and leaflets, was distributed, and became vital for participant recruitment.
- Health and Dance Partner promotional networks were established.
- Both the arts and health communities showed engagement and support for the programme.

Learning moments: what didn't work

- Regional circles of learning and steering groups.
- Participant panels in every region.
- Different ways of working in each region. What was effective in some places did not automatically translate into others.

Survey of health sector attitudes to the arts

A consultation with the arts and health sectors revealed a lack of data on health sector attitudes to the arts. In response, Aesop concluded that an annual survey would help benchmark attitudes and monitor changes. If the survey was to show support of arts contributions to health improvement, Dance to Health's case would be strengthened. Encouragingly, there was a high level of endorsement.

In 2018, and again in 2019, market research company ComRes was commissioned to carry out the survey. It was agreed that it would pose the following question to GPs:

"In relation to healthcare, to what extent do you agree or disagree with each of the following statements about the arts (broadly defined as dance, drama, music, visual arts, films, singing, reading, painting, drawing, crafts and making):

① Public engagement with the arts can make a significant contribution to the prevention agenda (i.e. preventing ill health among the public).

② Arts-based interventions can make a significant contribution to improving the health and wellbeing of the NHS workforce.

③ Arts-based interventions can be a cost-effective way to deliver primary care to the public to improve health outcomes."

The results were:

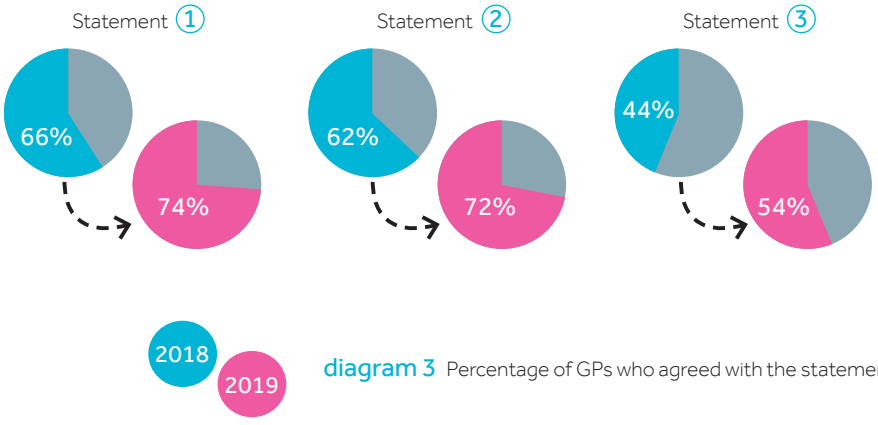

diagram 3 Percentage of GPs who agreed with the statements

A more detailed commentary and the full 2019 ComRes report are available on the Aesop website.[29]

29 https://ae-sop.org/wp-content/uploads/sites/63/2020/03/J304340_Aesop_GPs-and-Arts-Headlines_wave2_August-2019_final-v2-040919.pdf

Five lessons of public engagement

① Health Partners, including NHS Clinical Commissioning Groups and local authority public health departments, are complex organisations. One line of communication is unlikely to be sufficient. Phase 1 partnership agreements with Health Partners had three lines: a board member as programme champion, a senior executive as programme lead and a day-to-day programme contact.

② Health professionals can experience Dance to Health and many other arts and health programmes. This gives arts and health programmes an edge over drugs.

③ Finishing a course of antibiotics is not a cause for celebration. However, participants and volunteers who have established an ongoing local Dance to Health group want to mark the occasion and often find creating a dance piece and performing it the best way to do so. Other arts and health programmes can do the same through a performance, exhibition or screening.

④ Communications need to be tailored to individual areas. Messaging about being part of a national family must make sense locally when recruiting participants and volunteers.

⑤ It is essential to combine arts and health-sector languages accurately, to ensure the programme can be communicated effectively to participants, volunteers, arts professionals and health professionals.

Through a volunteering lens

> "We have a laugh, listen to life stories, and get to dance at the same time."
>
> - Volunteer

There are three things without which any Dance to Health group would fail. Groups need Dance Artists, willing participants and a team of volunteers to successfully bring about an arts intervention to address falls and isolation. The findings of the first comprehensive evaluation[30] of the volunteering aspect of Dance to Health conclusively support the use of volunteers. In fact, there is strong evidence that both the arts and health outcomes of the programme would not be as effectively met without volunteers.

"They are there to welcome you and support you throughout the session, and are particularly aware of those who may experience some difficulty." (participant)

Dance Partners and Artists, participants, volunteers and Aesop Dance to Health Local Coordinators were consulted in the evaluation, and contributed interviews, quantitative surveys and qualitative responses. The financial impact was audited, and the effect on physical improvement of participants was analysed.

The different types of volunteers

The volunteer roles of Buddy (a family member, spouse, friend or neighbour invested in a participant's wellbeing), Champion (an assistant who develops and runs a Local Group), Peer Motivator (an able-bodied older person with an interest in dance) and Dance Support Volunteer (a younger person) are filled by approximately 300 people each week, giving a participant-volunteer ratio of one to one. Volunteers are a mix of ethnicities, and range in age from early twenties to the participants' ages. Their tasks are varied: providing social and emotional support, offering practical assistance for Dance Artists and participants during sessions, as well as carrying out organisational and administrative tasks.

Volunteers in action

77% of Dance Artists and 66% of participants report being able to do more in sessions with volunteer support, in terms of the falls-prevention exercise and creative elements. This has a measurable impact on the physical outcomes, and groups with consistent volunteer support see double the improvement in their baseline TUG times compared to those without.

"Regular volunteers can help with demonstration and guiding participants where directed to do so. It would be very difficult to deliver my sessions without them." (Dance Artist)

30 https://www.dancetohealth.org/uploads/n_pdf/n_pdf_1575547197.pdf

100% of Dance Artists using volunteers said they enhance their sessions, and over 90% of Dance Artists and participants say volunteers make sessions more welcoming and friendly. Volunteers are socially skilled and draw participants in, creating a community in the room rather than just an exercise class. The social aspects of sessions are greatly valued by participants and volunteers alike.

The volunteers' varied backgrounds in dance and their practical assistance enable participants to explore a greater range of dance genres and activities, as well as their creativity. This extra help in sessions improves the flow and pace of classes. Outside of sessions, volunteers frequently organise cultural trips and activities, increasing the sense of community and further expanding participants' artistic horizons.

Feedback from volunteers

Whilst volunteers give their time without the expectation of anything in return, many speak of the positive impact helping brings them personally. Whether it is enjoying the company of others, improving fitness or developing practical skills, volunteers describe their experiences as "fun", "touching" and "rewarding".

The future for volunteering

Training and resources to support volunteers are areas that require further development. Aesop has delivered two successful training days and these need to be regularly available in all areas. Recruitment of volunteers with an interest in dance has been successful. A mixture of ages in sessions works well, and younger people are more willing to take on responsibility for administration and fundraising.

"It's an incredible and incredibly enjoyable project to be a part of, and it's so beneficial to everybody involved ..." (volunteer)

It is also crucial to have an open channel for dialogue with volunteers, through which they can suggest ideas, request support and receive feedback. The best forum for doing so is being investigated ready for Phase 2.

Five lessons from using volunteering

1. Volunteering is an important contributor to Dance to Health's success and could have wider application.
2. Training is essential for volunteers, Dance to Health staff and Dance Artists.
3. Resources for supporting volunteers must be put into place, including covering travel and other expenses. Without such reimbursement, those who cannot afford to volunteer will be discriminated against.
4. The line management of volunteers needs to be clear and supported with adequate staffing.
5. Standardised ways should be developed for acknowledging and celebrating the contribution of volunteers.

Through a community development lens

> "One woman in particular commented how she had felt lonely before finding the Dance to Health sessions. When finding out that she and another participant, who hadn't known each other, went to another dance class outside of the Dance to Health session, that was really magic..."
>
> **- Assistant Dance Artist**

For Phase 1 of Dance to Health to be viable, it needed to appeal to a variety of older people, who would then be interested enough to help run their groups. The resulting development objective was to create volunteer-led, financially sustainable Local Groups, with a diverse mix of members and the right balance between central and local control.

Older people's involvement

Applying the **aesop** feature of 'place-based/culturally sensitive/locally co-designed'[31] to Dance to Health pointed to older people needing to take the lead. This proved challenging. Many people were not interested in helping run a Local Group, and just wanted to dance. Different solutions were found: some Local Groups came under the wing of local older people's organisations, alternative ways were found for consulting older people and volunteer recruitment was widened to all generations.

Encouraging diversity of membership

There were two challenges. The first was to engage with mixed communities. As a charity, Aesop is committed to Dance to Health for all and not just those with an ability to pay. Improvement Programmes mirrored NHS practice and were free at the point of delivery. Ongoing Local Groups needed to become financially sustainable, so participant subscriptions were introduced. It was decided that the level of subscription should be a local decision, with Aesop providing advice to all emerging Local Groups.

Dance to Health needed also to engage with a wide range of diverse cultures. Dance to Health's flexible model and delivery enabled this to happen. Sheffield's Fir Vale programme was set up as a women-only group, to enable Pakistani women to attend. This was actively supported by local GPs, who regularly encounter worse-than-average falls problems in the Asian community. Cultural and linguistic barriers mean Asian elders face higher levels of isolation, mental health problems and loneliness.

This model of involving older people in designing session material enables local and cultural diversity. In Birmingham, the Lozells group (mainly comprising

31 See definition of an **aesop** on page 8

Afro-Caribbean older people) chose to dance to a reggae playlist that they picked themselves.

Dance to Health programmes in care homes and sheltered housing were adapted to meet the needs of participants with dementia. This was carried out by involving care-home staff, working more intensely with smaller groups, using topical themes echoed in wider activities across the homes and through adapting the pace of activities.

Creating a warm welcome

The second challenge was to ensure that all new members were welcomed. Participants form strong bonds, and this can be intimidating to new members joining later. Dance Artists and Peer Motivators create an open and inclusive atmosphere. Involving existing participants in volunteering and welcoming new members has proved a successful way of introducing newcomers. Volunteers have also been instrumental in creating the right atmosphere.

"[I like] their encouragement and friendliness, and how they check on our wellbeing." (participant)

Striking the right balance between central and local control

It was quickly apparent that neither extreme of central or local control would work. Looking at two case studies helped pave a way forwards.

The first example was Rock Choir, a successful single company that runs choirs across the UK. They sing copyrighted Rock Choir arrangements of "pop, rock and chart songs with no entry audition and no requirements to read music or have any previous singing experience."[32] There are over 20,000 members.

The second was Making Music, "the UK's number one organisation for leisure-time music, with a membership of over 3,700 groups representing around 200,000 music makers across the UK."[33] Each member group is separately constituted and makes its own decisions.

The main arguments against central control are:

- Aesop's objective of 'place-based/culturally sensitive/locally co-designed' is best achieved through 'a measurable transfer of power' to a local community.[34]
- Participants co-create sessions, drawing on their own experiences, contributing dance and musical ideas.
- Local Groups have better local knowledge to run successful participant recruitment, volunteer recruitment and local fundraising campaigns.

32 https://www.rockchoir.com/about.php
33 https://www.makingmusic.org.uk/about-us
34 https://ae-sop.org/wp-content/uploads/sites/63/2020/03/J304340_Aesop_GPs-and-Arts-Headlines_wave2_August-2019_final-v2-040919.pdf

The main arguments against local control are:

- Fidelity to FaME and Otago is essential for building on Phase 1 of Dance to Health – especially the 58% reduction in falls.
- Dance Artists leading sessions must be qualified in FaME and Otago and incorporating them into dance.
- Health commissioners need to be assured that a universal Dance to Health service is 'of consistent quality'. [35]

The exact balance of central and local control is set out in signed agreements between Aesop and the 17 established Dance to Health Local Groups.

Five lessons from community development

1. Arts and health programmes aiming to be 'place-based/culturally sensitive/locally co-designed' will find asset-based community development principles useful. The Social Care Institute for Excellence has applied these already to care.[36]
2. Diversity is achieved through meeting the needs of individual communities, creating a bespoke programme by involving participants in programme content and design, and by seeking to reflect the culture of the communities being served.
3. Flexibility in the programme model allows accommodation of diverse needs and communities.
4. The model can be flexed but not the material. Dance to Health groups all contained falls-prevention principles as a key element of the programme. One group wishing to deliver material outside of the primary aims of Dance to Health did not continue as part of the programme (they wished to run one hour of seated exercise with an untrained facilitator). Whilst flexibility is important, adherence to the core principles is fundamental for effectiveness.
5. A range of answers is available to the question of central or local control. Others in arts and health who address this are Dance for Parkinson's Partnership UK[37] and The Reader organisation.[38]

35 See definition of an **aesop** on page 8
36 https://www.scie.org.uk/integrated-care/better-care/guides/work-together/asset-based-approach
37 https://www.communitydance.org.uk/creative-programmes/dance-for-parkinsons
38 https://www.thereader.org.uk/get-involved/support-us/partner-with-us/

Business development

The headline financial figures for Phase 1 were:

- Initial budget: £2.3 million.
- Confirmed budget: £2.1 million (once 95% of fund was secured).
- Health sector contribution: £170,000.
- Investment in the dance sector: £524,526.
- Main funders: National Community Lottery Fund (£950,000), Nesta 'Second Half Fund' (£246,919), Aged Veterans Fund (£240,387).
- Other funders (£300,072 total): Arts Council England, Esmée Fairbairn Foundation, Garfield Weston Foundation, John Ellerman Foundation, Peter Sowerby Foundation and The Rank Foundation.

Effective leadership, delivery team and office objective

The Aesop team grew from two (Chief Executive and Founder, and Dance to Health Head of Programme) to 11. The additional posts were one Head of Public Engagement and Communications (full time), six local Dance to Health Coordinators (all part time), one Volunteering and Public Engagement Coordinator (full time) and one Office Coordinator (full time). It was decided to base Aesop outside of London, in Witney, Oxfordshire.

The professional dance team for each Health Partner area was a Lead Dance Artist (creative leadership), Dance Artists (session leaders) and Assistant Dance Artists (supporting Dance Artists in Improvement Programme sessions).

The four volunteer roles that completed the delivery team – Buddy, Champion, Peer Motivator and Dance Support Volunteer – totalled 822 volunteers.

Intellectual property

Phase 1 generated significant intellectual property, and several steps were taken to protect this. Aesop's ownership was confirmed in Grant Agreements with Dance Partners and Partnership Agreements with Health Partners. An application for Dance to Health to be a registered trademark was successful. In one instance, Aesop enforced its intellectual property when the previously mentioned Local Group chose not to maintain the falls-prevention aspect and was subsequently removed from the national family of Dance to Health groups.

One challenge has been funding transition periods between stages of Dance to Health's development. For the transition from Pilot Programme to Phase 1, this was successfully addressed through a dedicated fundraising campaign. The transition from Phase 1 to Phase 2 has been funded through a mix of dedicated fundraising and use of unrestricted reserves.

Five lessons around business development

1. Arts and health programmes can often play into a wide variety of funder priorities. Fundraising research needs to identify the full range that a project can address. Phase 1 contributions included the development of volunteering by the over 50s, improved lives of older military veterans and a new model for high-quality, sustainable older people's dance groups.
2. Intellectual property needs to be protected.
3. An **aesop** has to be developed in stages. Going straight from a Pilot Programme to a rolled-out service is too large a step.
4. Time is needed between one stage and the next. Transitions provide an opportunity to evaluate, reflect and prepare.
5. The cost of a transition can be covered by a dedicated fundraising campaign, use of unrestricted reserves and/or be factored into the budget of the previous stage.

Phase 2 planning

> "The importance and necessity of this programme nationally is clear..."
>
> **- Assistant Dance Artist**

Planning for Phase 2 began in late 2018. At the time of writing (late March 2020), three decisions had been made:

Decision 1. Which step to take next

Sheffield Hallam University's Phase 1 evaluation confirms Dance to Health's potential as an effective and cost-effective means to address the major health challenge of older people's falls. Dance to Health has travelled far enough on its evidence journey for a randomised controlled trial to be the next step, and this will form part of Phase 2.

Decision 2. How to develop Local Groups

While the results of the randomised controlled trial are awaited, many more volunteer-led, financially sustainable Local Groups will be developed. As the national Dance to Health family grows, new ideas can be tested and peer learning can grow. Where will Dance to Health be on the central/local control spectrum? A social franchising model has been chosen because it can embrace both Aesop's need to maintain high-quality falls-prevention exercise and, at the same time, make the most of partner communities' assets such as facilities, local people's expertise and local funding. The Health Foundation has a current programme, 'Exploring social franchising and licensing'[39], which is a valuable source.

Decision 3. How to grow earned income

As Aesop expands it cannot expect fundraising income to remain a major source of income. Earned income will need to grow. Five income streams have been identified:

1. Franchise fees for new Local Groups.
2. Annual support fees from established Local Groups.
3. NHS commissions for delivering Improvement Programmes for older people in particular need (if the randomised controlled trial confirms Sheffield Hallam University's conclusions).
4. Corporate partnerships.
5. Merchandising income.

39 https://www.health.org.uk/funding-and-partnerships/programmes/exploring-social-franchising-and-licensing

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nesta

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Aesop

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Professor Sir Malcolm Grant
Nat Sloane CBE

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