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INVESTIGATION INTO PARTICIPATION IN DANCE GROUPS  
FOR ADULTS WITH LEARNING DISABILITIES

Section A: What does the current literature tell us  
about how dance has been utilised for adults with  
Learning or Intellectual Disabilities and their  
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## Summary of MRP

### Section A

This review aimed to explore what the current literature tells us about how dance has been utilised for people with learning or intellectual disabilities and their experience of such groups. An online literature search was conducted, 10 studies were ultimately included, involving both qualitative and quantitative papers. Quality appraisal tools were used to critique the studies finding that quality varied. The findings were grouped into three themes; physical health and fitness, emotional wellbeing and personal development, social and communication. Clinical implications and recommendations for future research were outlined.

### Section B

This study used reflexive thematic analysis to explore the experiences of adults with learning disabilities, who had first-hand experience of participating in inclusive dance groups. Eight participants were interviewed on two occasions, four of whom chose to involve a relative or carer in the interview process. From the analysis, six themes were highlighted: Connection with others, opportunities for success, difficult feelings and challenges in participation, practical challenges for participation, finding the right environment, the experience of dancing. The results were examined alongside current theoretical perspectives and research. Clinical implications and future research recommendations were discussed.

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Section A: Literature review paper

What does the current literature tell us about how dance has been utilised for adults with Learning or Intellectual Disabilities and their experience of it: an exploratory review

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### Abstract

People with learning disabilities (PWLD) are consistently found to have poorer outcomes than the general population in relation to overall health and wellbeing. Some of this disparity is believed to relate to differences in access to services. There are small amounts of research emerging globally that have investigated potential outcomes for PWLD who access dance-based groups or interventions. The current review aimed to provide a synthesis of research in this area focusing specifically on possible outcomes for adults with LD. Theories related to dance and dance movement therapy suggest that dance can produce therapeutic outcomes in terms of both mental and physical health. This is believed to largely be achieved through non-verbal mechanisms and techniques, highlighting potential benefits for those who have challenges with verbal communication. A literature search was conducted, 10 studies were included, involving both qualitative and quantitative papers. Quality appraisal tools were used to critique the studies. The findings were grouped into three themes; physical health and fitness, emotional wellbeing and personal development, social and communication.

Implications for clinical practice included for clinicians to consider the potential benefits of dance-based groups when referring PWLD to services or community-based projects while also supporting the development of such groups in their area. Recommendations for future research included building a UK based literature base, developing research with the use of follow up measures, expanding the use of qualitative methods to incorporate the voices of PWLD where possible.

*Key words: People with learning disabilities, dance*

## Introduction

### Terminology

#### *Learning disabilities*

There is some degree of variation in defining a learning disability (LD) (National Institute for Health and Care Excellence (NICE), 2022). The Department of Health in the UK defines it as “a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood.” (NICE, 2022). These key elements are generally reflected in other definitions; however, NICE also specifies that the intellectual ability is usually marked by an IQ of less than 70. This figure is often used by services when determining eligibility, despite there being questions over the validity of using this as a cut off (Braaten & Norman, 2006).

In countries outside of the United Kingdom, such as the United States of America, the term LD or previous definitions such as “mental retardation”, have largely been replaced by Intellectual Disability (Cluley, 2017). For the purpose of this review, both terms were included and considered, with the abbreviation of LD used to apply to both definitions. Specific diagnoses such as Down’s Syndrome (DS) were also be included as it is widely understood that individuals with DS will have a LD (DSE, 2023).

#### *What is considered to be dance?*

The Oxford Learners Dictionary (2023) definition of dance (in its verb form) is; “to move rhythmically to music, typically following a set sequence of steps”. As a noun, it is considered to be; “a series of steps and movements that match the speed and rhythm of a piece of music”, (Oxford Learners Dictionary, 2023). In other definitions, dance can be viewed as; the movement of the body in a rhythmic way, usually to music and within a given

space, for the purpose of expressing an idea or emotion, releasing energy, or simply taking delight in the movement itself (Mackrell, 2022). Therefore, key components appear to be the movement of the body, often in relation to music and rhythm. For the purpose of this review, these key elements were used to determine if a dance-based intervention has featured.

### **The therapeutic use of dance**

The applications of dance are broad. Dance has been used specifically as a therapeutic intervention, often described as dance movement therapy (DMT) or dance therapy (DT), (Brauninger, 2014). This is defined as “the psychotherapeutic use of movement and dance to support intellectual, emotional, and motor functions of the body” (American Dance Therapy Association, 2020). Payne (2003) argues that Gregory Bateson’s theories regarding the unity of mind and body had a significant influence on the development of dance therapy. Within DMT alone there are several different approaches which focus on different areas, such as promoting the emotional repertoire of the clients’ movements and building empathy in the group through use of techniques such as mirroring movements (Levy, 2005). Many DMT approaches are grounded in psychodynamic theory and incorporate psychodynamic analysis of movement experiences and relationships in the group (Vermes & Incze, 2013). Psychoanalytic methods such as free association in movement and group analytic theory have also heavily influenced DMT (Payne, 2003). Despite the wide range of DMT approaches, they all share the common understanding that nonverbal transference and counter-transference are present in these settings and can be used therapeutically (Brauninger, 2014).

It is understood that there are five central concepts linked to DMT that seek to explain possible mechanisms for the therapeutic impact of dance (Payne, 2003):

***Synchrony:*** This term has been used to express slightly different ideas by different authors, but relates to the idea of order being created through rhythm, which is thought to be

particularly helpful for people whose lives can feel ‘disordered’. Group unity and the generation of a sense of belonging can also be developed through rhythm and synchrony within a group.

**Containers:** This refers to the therapists’ role in creating a ‘holding environment’. This is linked to the psychodynamic ideas of working towards the internalisation of the maternal object, through feeling consistently held both physically and emotionally. This can be achieved through management of the environment and boundaries between the participants and therapist.

**Relationships:** Drawing from Bateson’s (1973) ideas of seeing the world as connected and from a perspective of relationships, these are felt to be a key tool in DMT. Many typical elements of the therapeutic relationship are shared with DMT but there are additional techniques that work through non-verbal communication such as the display of empathy through mirroring movement patterns, repetition and echoing.

**Meaning:** DMT is thought to embrace “sensory and symbolic” meanings in particular. It has been discussed that both verbal and non-verbal communication can coexist in the process of meaning making in DMT. It is argued that meaning can be “born from a creative cycle”.

**The energy of wholeness:** This refers to the idea of forming identity and integration of aspects of the self. This can be facilitated through the process of allowing space for expression of different elements of the self both physically and emotionally, within the containment of a therapeutic space.

Beyond DMT, dance is also widely considered as a recreational group activity. Evidence collected largely from children and adolescents suggests that such groups can provide people with opportunities to improve self-concept and reduce anxiety, alongside

improvements in physical health (Burkhardt & Brennan, 2012). H'Doubler (1940) describes dance as a deeply rooted human activity involving the whole personality, which promotes enrichment and integration of body and mind. This type of experience can arguably span across dance settings and different dance styles. The therapeutic/medical theory of dance states that dance can offer benefits through a range of mechanisms (Charles & Justin, 2014). For example, dance has the potential to lead to improvements in physical health as well as emotional wellbeing, through improving the mind-body connection. Charles and Justin discuss that dance can contribute to four key health benefits; flexibility, strength, endurance and a sense of wellbeing. A large survey conducted by Quiroga Murcia et al. (2010) on non-professional adult dancers also gained evidence for potential positive benefits on multiple aspects of well-being, such as emotional, physical, social and spiritual. Positive benefits were also linked to improvements in self-esteem and coping strategies.

### **Dance for PWLD**

In terms of health and wellbeing, there is a small amount of research which has looked at the effect of dance for PWLD (Albin, 2016; Karkou et al., 2017) but this is still something that is sparse. Albin (2016) argues that dance is particularly helpful for children with LD and DS as it works on sensorimotor integration and can lead to benefits in terms of the mind-body connection, health and cognitive skills. The combined elements of a dance-based intervention may be particularly relevant to the LD or DS population when sedentary lifestyles are common (Albin, 2016).

Therapeutic use of the arts, including creative expression through dance, is thought to be a worthwhile approach for PWLD due to its ability to support people with understanding and expressing emotions, when this may otherwise be challenging (Dinold, 2014). Payne (2003) supports the notion that therapeutic relationships can be built through DMT via

largely non-verbal techniques. Additionally, emotions can also be expressed and interpreted without the reliance on more traditional verbal communication, which is typically heavily relied upon in talking therapies. Arguably the benefits found in neurotypical adults who participate in dance groups, such as social and emotional benefits (Quiroga Murcia et al., 2010) would be highly beneficial in LD populations, where social isolation and loneliness are often key factors for poorer wellbeing (Shessel & Reiff., 1999). Although limited, existing literature does suggest that there are multiple benefits for PWLD who have access to and participate in dance groups, either therapeutic groups or recreational (May et al., 2019). These effects have ranged between physical, cognitive, psychological and social (May et al., 2019). Albin (2006) also highlighted the profound positive impact that DMT can have on children with DS in relation to mobility and emotional and social development.

### **Social inclusion and access to activity**

Research in the UK has frequently highlighted significant gaps between people with LD and the general population in terms of health outcomes (Emerson et al., 2011) and levels of mental wellbeing (MENCAP 2020; NICE 2016). Equally there is a notable difference in terms of access to a range of aspects of society, such as groups and facilities for fitness/wellbeing as well as the arts (DuBois, 2020; MENCAP 2020). Although limited, there appears to be a greater number of research papers looking at the impact of dance for children and adolescents with LD compared to adults. In May et al.'s (2019) systematic review and meta-analysis on the effects of dance for children with disabilities, it was found that of the 19 studies identified, 17 had been conducted on dance groups based in schools. This raises the question that once children have left school and are classified as adults, it is likely that it may become more difficult to access such groups and spaces.

DuBois (2020) highlights that family often play a crucial role in supporting PWLD to access activities outside of the home and that access to a range of activities is often far from equal to that of the general population. Limited research has been carried out with PWLD themselves on exploring the perceived barriers to social inclusion, though focus groups held by Abbott and Mcconkey (2006) identified four key themes: Personal abilities and skills, staff and management, the community, the home/scheme. Among these, limited availability of community activities was cited as a barrier, with some participants stating explicit views that there were not enough opportunities they could access locally, such as social venues or classes. Due to participants often relying on the availability of carers or family to take them to activities the proximity of such groups felt key (Abbott & Mcconkey, 2006).

### **Previous reviews on this topic**

Mino-Roy et al. (2022) conducted a scoping review looking at the effects of music, dance and drama therapies for PWLD. They noted that the included studies used a variety of styles for their dance intervention, such as contemporary, traditional and specific dance therapy techniques. They noted that of the papers included in their review which focused on the impact of dance, the physical component appeared to receive the most attention. Positive effects were reported in areas such as fitness and gross motor skills. Additionally, they discussed finding improvements in areas such as the management of emotions and improvement in communication skills, building a picture that there may be a range of benefits for PWLD participating in dance-based groups or interventions. However, only 19% of the studies in the review had involved dance therapy, 4% had a combination of art forms, which may have included dance, therefore dance only represented a relatively small proportion of their review. Due to the mixed modalities described in some papers, it is more difficult to draw specific conclusions about the impact of the dance component. Some of the papers included in their scoping review also involved children (e.g. Boswell, 1993; Dorsan, 2014;



Tsimaras et al. 2015; Tsimaras et al., 2012). Papers were also included where the samples were comprised of participants with a mixture of diagnoses which did not always include LD (e.g. DiPasquale, 2018).

### **Rationale for review**

This review aimed to build on the previously limited papers, in order to focus specifically on the impact of dance for PWLD. This is of potential importance given that dance theories suggest that dance can enhance both physical and mental wellbeing in a number of ways through primarily non-verbal communication. Therefore, this review had specific inclusion and exclusion criteria, in order to be able to draw clearer conclusions regarding the impact of dance interventions for adults with LD and participants' experiences of such spaces.

### **Aims and scope**

This review aimed to provide an overview of the current literature regarding how adults with LD have been engaged in dance or dance interventions, to shed light on the experience of those who participate and any perceived outcomes. In order to build on Mino-Roy et al.'s (2022) review and address gaps in the literature, this review focused specifically on adults with LD, as there is a need to examine in greater detail what the current literature says specifically about the adult population with LD.

## **Methodology**

### **Eligibility Criteria**

As per the aims of this review, papers were identified which offered insights into the experiences of PWLD who participate in dance activities and/or outcomes from such participation (see table 1 for eligibility criteria). Given the limited amount of literature on this

topic, it was decided that there would be no limitations made in relation to countries or date range.

**Table 1.**

*Inclusion and exclusion criteria.*

<b>Inclusion</b>
<ul style="list-style-type: none"> <li>- Studies available in English language.</li> <li>- Studies which referred to adults with ID/LD who have participated in a dance-based activity. (This included DMT specifically as well as dance-based exercise programmes or interventions. It was essential that the descriptions of the intervention mentioned an element of rhythmic movement to music in order to fit with the definitions described above.)</li> <li>- Studies published in peer reviewed journals.</li> <li>- Studies investigating outcomes of or experiences of participation in dance activities for PWLD.</li> </ul>
<b>Exclusion</b>
<ul style="list-style-type: none"> <li>- Studies which included participants under 18yrs</li> <li>- Studies which included participants who do not have ID/LD</li> <li>- Papers which had not collected data from PWLD such as review articles or discussion pieces.</li> </ul>

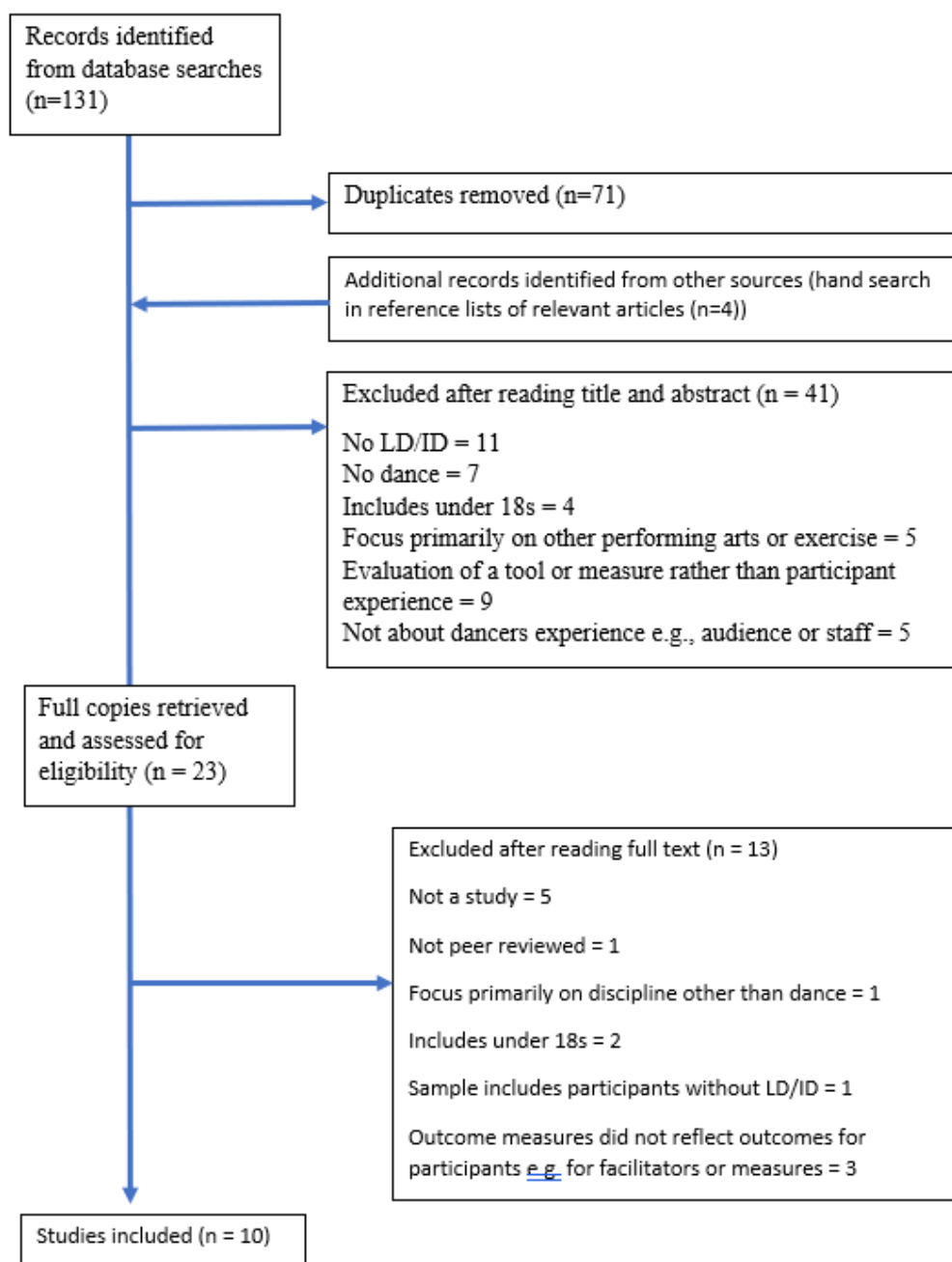
### **Search strategy and data sources**

An electronic literature search was conducted using six databases: ASSIA, Psychinfo, Medline (OVID), Web of Science, British Education Index, Pubmed in October 2022. The search terms learning disab\* or intellectual disab\* or developmental disab\*, were combined with dance or dancing or dancer\*, the terms Child\*, young, youth, teen\* or adolesce\* were excluded using Boolean Operators. Key terms and synonyms relevant to the question were considered. Key terms were also found by looking at initial papers investigating the use of dance for PWLD through Google Scholar searches. More historical terminology such as “mental retardation” was not included in the search, as during preliminary searches no relevant papers were found including these terms. Additional filters were added where search engines permitted; for English language, peer reviewed and scholarly journals. This search

strategy retrieved 131 papers, 60 duplicates were discovered after their removal, 71 papers remained (see Figure 1 for the process of paper selection).

Search results were exported to the RefWorks software to manage and remove duplicates. Papers were initially screened for relevance according to their titles and abstracts. When abstracts referred to dance for adults with LD/ID, the papers were read in full. Reference lists were screened for additional studies. Additionally, a further scoping search was carried out, including many terms of specific dance styles such as “Tango, Street dance, Zumba” to ensure relevant papers had not been missed.

Three additional papers were discovered which fitted the inclusion criteria from the reference list search. No additional eligible papers were found when more specific dance style terms were utilised. At the stage of reading the papers in full, eligibility was decided by the author with support from the supervisor. Differing opinions were discussed, in order to make the final decision regarding eligibility for several papers. Table 2 displays a summary of the 10 included studies.



**Figure 1.**

*PRISMA diagram showing the process of study selection.*

**Table 2.***Summary of included studies.*

	<i>Author/Year</i>	<i>Title</i>	<i>Country</i>	<i>Participants</i>	<i>Study design</i>	<i>Analysis</i>	<i>Key findings</i>
1	1. Barnett-Lopez et al., (2016)	Dance/Movement Therapy and emotional well-being for adults with Intellectual Disabilities	Spain	30 adults with ID, inc. Down Syndrome in intervention group and 30 adults with ID in control group (details were not provided regarding what the CG entailed).  Moderate – severe ID	HFD measures were collected and compared pre and post intervention both control and intervention group.	Quantitative  Pre and post program t-tests	Statistically significant improvements were found in the emotional well-being in the intervention group after the D/MT program ( $p = 0.007$ ) in comparison to the control group ( $p = 0.560$ ).
2	Lundqvist et al., (2022a)	Salivary cortisol levels and stress in adults with profound intellectual and multiple disabilities participating in the Structured Water Dance Intervention: a randomised controlled crossover trial	Sweden	34 adults with profound intellectual and multiple disabilities (PIMD)	Randomised intervention study. Two groups, following Cross-over design method, therefore both groups received the intervention at different time points. The control group consisted of “normal activities”. Two outcome measures were assessed: 1. Cortisol levels from saliva swabs. 2. Assistants’ assessments of	Quantitative:  Linear mixed model analysis and linear mixed model.	A significant pre-post session effect was found ( $p < 0.001$ ), with salivary cortisol levels decreasing within the sessions. This was supported by assistants’ ratings which demonstrated a significant within-session effect ( $p < 0.001$ ), but no significant between-session effect or interaction effect. A small but insignificant correlation was found between the assistants’ assessment of stress and salivary cortisol measures of

				indications of stress in participants using a 5-point Likert scale.		decrease post sessions ( $r = 0.26, p = 0.170$ ). A significant pre-post session decrease was found when comparing session 1 and 12 but not 1 and 6.	
3	Bergmann et al., (2021)	The Autism-Competency-Group (AutCom). A promising approach to promote social skills in adults with autism spectrum disorder and intellectual disability	Germany	Adults with a diagnosis of ASC and mild/moderate ID	Quasi-randomized, partly controlled waitlist design. Combining different measures of self and external assessment; AutCom questionnaire, SRS, ABC, MOAS, POS. Baseline measurements were taken before the training and following completion. A control group was also used for comparison. Participants took part in 16 sessions which followed a structured format including dance movement exercises, music and some psychoeducation.	Quantitative  Wilcoxon, Mann Whitney U  Pre & Post measures	External assessment resulted in improvements of the treatment group on all scales, except for the Modified Overt Aggression Scale. However, these did not reach statistical significance except for a significant group difference in social skills ( $p = 0.024$ ). Participant self-assessment of the treatment group found significant improvements in emotional skills ( $p = 0.042$ ). There were no significant results from measures of secondary outcomes; challenging behaviour and quality of life.
4	Barnet-Lopez et al., (2015)	Developmental Items of Human Figure Drawing: Dance/Movement Therapy for Adults with Intellectual Disabilities	Spain	22 adults with ID	HFD test was administered pre and post each session. Sessions were 1 hour. Participants attended 26, each following a similar structure grounded in	Quantitative:  Paired sample t tests  Pre & Post measures	A single dance session appeared to increase the presence of developmental items on the HFD and provided greater body knowledge. Additionally, a significant difference was

					dance movement therapy.		found between D1 and D4 ( $p = 0.001$ ) suggesting an increase in participants' maturation and cognitive development.
5	Rotta et al., (2022)	Increasing Physical Activity in Young Adults with an Intellectual Disability via a Classroom-wide Treatment Package	USA	6 adults 19-24yrs w LD	Multiple baselines across settings experimental design, with a reversal component. Step count and calories burned were recorded per session with Fitbits. Participant engagement was also measured by staff. Treatment package included choice between dance and strength training activities.	Compared calories burnt and steps taken between baseline and engagement in the different treatment conditions.  Pre & post measures	The use of the intervention package was deemed successful in increasing steps taken and calories burned in the classroom setting. For all participants steps taken was typically higher during dance sessions than strength training (significance levels not calculated). The number of calories burned was similar in both conditions. Dance was generally the preferred activity chosen more frequently (61-100% of the time).
6	Cluphf, O'Connor & Vanin, (2001)	Effects of aerobic dance on the cardiovascular endurance of adults with intellectual disabilities	USA	27 healthy adults with ID	Repeated measures: Heart rates were measured at regular intervals and cardiovascular fitness was measured using the Rockport Fitness Walking Test. The aerobic dance program was attended 3 days/week for 12 weeks (32-36 sessions).	Quantitative  ANOVAs	Participation in low-impact aerobic dance resulted in significant increases in the CVE of adults with ID and a significant improvement on the RFWT times ( $p = 0.003$ ). However, it may take 12weeks to find significant improvements compared to the control who participated in normal daily activities.
7	DiPasquale et al., (2022)	Searching for balance: The effects of dance training on the postural	USA	16 adults with ID. Average age of 50yrs	Quasi-experimental, pre-post test community based participatory design. Quantitative	Quantitative	This research concluded that the use of integrative contemporary

						stability of individuals with intellectual disability	data measuring postural stability by measuring forces on the WBB. Sessions of contemporary integrative dance training lasted 110 minutes for 12 weeks.		dance training may be an effective medium to improve the postural stability of adults with ID. The intervention group demonstrated improvements in several measures of stability compared to the control group.
8	Martinez-Aldao et al., (2019)	Feasibility of a dance and exercise with music programme on adults with intellectual disability	Spain	30 adults with Intellectual disabilities. Mean age 36yrs.	Pre and post assessments were conducted. Variables measured BMI, Cardiovascular fitness, muscular fitness. The dance and physical exercise programme was carried out twice a week for 60minutes for 10 weeks.		Quantitative	Statistically significant positive changes were found in weight, BMI, cardiovascular fitness and muscular fitness.	
9	Lundqvist et al., (2022b)	Effects of the Structured Water Dance Intervention (SWAN) on muscular hypertonia in adults with profound intellectual and multiple disabilities	Sweden	36 adults with profound intellectual and multiple disability. Average age 33.8yrs	Crossover design. Two groups; intervention and control, crossover after 2months washout period. Muscular hypertonia was measures using the Modified Ashworth Scale and accompanying assistants' assessment. SWAN interventions took place weekly for 12 weeks. Dance sequences were carried out in a pool.		Quantitative Linear mixed model analysis	There was a significant decrease in muscular hypertonia from baseline to the end of the intervention period ( $p = 0.029$ ) based on MAS scores. Several other measures produced small but insignificant changes, such as the assistant assessment ratings which approached significance according to the linear mixed model analysis ( $p = 0.061$ ).	



1 0	Parry & Rachel (2017)	Experiencing, and being experienced as, LD choreographers in the West of Ireland	Ireland	12 members of Speckled Egg Dance Company, mix of Downs' Syndrome and mild LD.	1-1 interviews were carried out with dancers during and after rehearsals and performances. Their ideas were combined with the facilitator's observations and interpretations to discuss and evaluate the choreographic experience of participants.	Qualitative	Quotes from participants suggested they saw their performances as means of communicating their thoughts, feelings and memories and served as platforms for creative thinking. The facilitator argued that several elements of the choreographies contested societal narratives around absence of power and agencies for PWLD.
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*Note.* HFD = Human Figure Drawing test (Barnet-Lopez et al., 2016); D1-4 = Drawing 1-4 of the HFD (Barnet-Lopez et al., 2015); AutCom Questionnaire = measure of social, emotional and action competencies (Bergmann et al., 2021); SRS = Social responsiveness scale, a parent questionnaire for assessment of social skills in the context of ASD (Bergmann et al., 2021); ABC = Aberrant behaviour checklist, a scale for assessing challenging behaviours (Bergmann et al., 2021); MOAS = Modified overt aggression scale, a questionnaire to assess aggressive behaviours (Bergmann et al., 2021); CVE = Cardiovascular endurance (Cluphf, O'Connor & Vanin, 2001); WBB = Wii balance boards (DiPasquale et al., 2022); BMI = Body Mass Index (Martinez-Aldao et al., 2019).

## **Findings**

### **Structure of the Review**

In total, 10 studies were analysed, all published within the last 15 years (table 1). All of the studies were conducted outside of the UK. The majority of the studies used quantitative analysis, whereas only one followed qualitative methodology. The studies varied in their aims and areas of investigation. These papers will be discussed in greater detail and their quality assessed using relevant quality assessment rating tools.

The review describes 10 studies in terms of sample characteristics, study design and analysis of key findings. The quality of these studies was assessed, the findings were synthesised and discussed in relation to current research. Implications for future research and practice are subsequently discussed. This was conducted as an exploratory review due to the mixture of both qualitative and quantitative papers included. Therefore, an approach was required to have a degree of flexibility. An exploratory review is regarded as an effective way of presenting and exploring existing literatures (Aryana et al., 2019). There is no prescribed method for analysis of papers. This method is thought to be useful when there is not a substantial amount of literature in the area at present and therefore provides opportunities to highlight possible gaps (Aryana et al., 2019). The organisation of papers into categories was carried out through conversations with the research supervisor. In this review, papers were categories based on their area of investigation to better enable comparison and discussion. Grouping papers into themes is thought to aid descriptive analysis (Gossling, 2017; Ng et al., 2021).

### **Quality appraisal**

Quality appraisal of the studies was used to guide the review in terms of the weight given to study findings. Although the studies in consideration utilised a range of different

design methodology, the majority of the studies were quantitative and fitted within the category of intervention studies. Nine of the papers from the search collected quantitative data from their intervention. The NICE Quality appraisal checklist for quantitative intervention studies (2012), was designed to be utilised as a critical appraisal tool that can be applied to a range of experimental methods. They stated that this tool should be suitable for the majority of study designs used to determine the effect of an intervention on an outcome, where quantitative data have been collected (NICE, 2012). This tool determines ratings for internal and external validity and is considered to be appropriate when a range of quantitative methods have been applied (appendix A). One of the papers included in this review utilised qualitative methodology and therefore a different appraisal tool was required. The quality checklist from the Critical Appraisal Skills Programme (appendix B, CASP, Singh, 2013) was used in this case. Given the exploratory aim of this review, these papers were explored in further detail. However, more weight was given to findings from studies which achieved better quality appraisal ratings when drawing conclusions. Colour coded summary tables of both quality appraisal ratings can be found in tables three and four to provide points of reference.

**Table 3.**

*Summarised colour coded version of The NICE Quality appraisal checklist for quantitative intervention studies (2012).*

Study design key:	Barnet-Lopez et al., (2016)	Lundqvist et al., (2022a)	Bergmann et al., (2021)	Barnet-Lopez et al., (2015)	Rotta et al., (2022)	Cluphf, O' Connor & Vanin, (2001)	DiPasquale et al., (2022)	Martinez-Aldao et al., (2019)	Lundqvist et al., (2022b)
Section 1: Population									
1.1 Source population/area well described?									

1.2 Eligible population/ area representative of population/ area?									
1.3 Do selected participants/ areas represent those eligible?									
Section 2: Methods of allocation to intervention (or comparison)									
2.1 Allocation: How was selection bias minimised?									
2.2 Interventions/comparisons well described and appropriate?									
2.3 Allocation concealed?									
2.4 Participants /investigators blind?									
2.5 Exposure to intervention and comparison adequate?									
2.6 Was contamination acceptably low?									
2.7 Were other interventions similar in both groups?									
2.8 All participants accounted for at study conclusion?									
2.9 Did the setting reflect usual UK practice?									
2.10 Did intervention/control reflect usual UK practice?									
Section 3: Outcomes									
3.1 Outcome measures reliable?									
3.2 Were all outcome measurements complete?									
3.3 Were all important outcomes assessed?									
3.4 Were outcomes relevant?									
3.5 Similar follow-up times in exposure/comparison groups?									
3.6 Follow-up time meaningful?									
Section 4: Analyses									
4.1 Exposure and comparison groups similar at baseline? If not, were these adjusted?									
4.2 Was intention to treat (ITT) analysis conducted?									
4.3 Sufficient power to detect an intervention effect (if exists)?									
4.4 Were the estimates of effect size given or calculable?									
4.5 Analytical methods appropriate?									
4.6 Precision of intervention effects given or calculable? Were they meaningful?									
Section 5: Summary									
5.1 Are the study results internally valid (i.e. unbiased)?									
5.2 Findings generalisable to source population (externally valid)?									

*Note.* Red = not met (including not applicable, not rated), amber = partial/uncertain, green = met

**Table 4.**

*Summarised colour coded version of the quality checklist from the Critical Appraisal Skills Programme (CASP, Singh, 2013)*

	<b>Study author</b>	<b>Parry &amp; Rachel (2017)</b>
	Study design	Qualitative; Practice based research
<b>Section A. Results valid?</b>	Clear statement in terms of research aims?	
	Qualitative methodology appropriate?	
	Was the research design appropriate to aims?	
	Recruitment appropriate?	
	Data collected in a way that addressed research issue?	
	Was relationship between researcher and participants adequately considered?	
<b>Section B. Results</b>	Have ethical issues been taken into consideration?	
	Was the data analysis sufficiently rigorous?	
	Is there a clear statement of findings?	
<b>Section C. Will results help locally?</b>	How valuable is the research?	

### **Population/sample characteristics**

All 10 of the papers listed in table 2, included adults with LD/ID in their studies, of these 5 included participants who had other diagnoses alongside their LD/ID, such as DS (Barnet-Lopez et al., 2016; Parry & Rachel, 2017; Cluphf, O'Connor & Vanin, 2001) profound intellectual disability and multiple disability (Lundqvist et al., 2022a; Lundqvist et al., 2022<sup>b</sup>) which included other conditions such as motor impairments or conditions such as cerebral palsy (Lundqvist et al., 2022a; Lundqvist et al., 2022b). Bergmann et al., (2021) involved a sample of adults with Autistic Spectrum Condition (ASC) and ID. All studies provided details of their inclusion and exclusion criteria and provided justifications for these.

The studies varied in terms of the age range of participants. Several studies had average ages of between 30 and 50 years, while some others focused on young adults as they were set in educational settings (Rotta et al., 2022). All of the studies had a mixture of male and female participants which helped to increase the external validity. However, data on ethnicity of participants did not appear to have been collected in any of the papers. This is likely to reduce the generalisability of findings to the wider LD/ID population as it may be the case that certain demographics are not represented in this research. This was reflected by lower scores in terms of representation of source population. However, as the data had not been collected or reported on, it was difficult to conclude if specific demographics were missing from the data sets or not. It is commonly understood that people from minoritized groups are typically underrepresented in western research (Redwood & Gill, 2013).

The studies were conducted in several different countries across Europe and the United States of America (see table 2). Notably none of the included studies were carried out in the United Kingdom. It was therefore difficult to determine whether these papers reflected usual UK practice.

### **Recruitment**

Most studies recruited participants via convenience sampling, involving participants who were already accessing local colleges or day centre provision or therapeutic services. Others recruited participants from service waiting lists (Bergmann et al., 2021). An adequate description of the process was provided by some e.g. but not others, where the process was not described (see tables 3 & 4). None of the studies described how the research was first presented to possible participants at the beginning of the recruitment process.

## **Ethics and consent**

There is always a need for informed consent in research, however this is of particular importance for PWLD who have historically been deemed to lack capacity to make decisions and are offered little in the way of choices (Nind, 2008). All of the papers noted that consent had been obtained from the participants and in most cases a parent/carer as well. Some papers provided less detail than others on the process. For example, Parry and Rachel (2017) stated that permission and consent had been gained but did not explain how this had been carried out. Real names were used for the purpose of their paper, details as to how this was explained and consent was obtained would have been useful, given that it is normally expected that participants will be anonymised.

## **Design/method and analysis**

Within the selected papers there was a mixture of designs, with some utilising a control group for comparison (Barnet-Lopez et al., 2016; Bergmann et al., 2021; Cluphf et al., 2001; DiPasquale et al., 2022) while others carried out pre and post measures for one group of participants (Barnet-Lopez et al., 2015; Rotta et al., 2022; Martinez-Aldao et al., 2019). Others utilised a cross over design where both groups experienced the intervention and the control condition (Lundqvist et al., 2022a; 2022b ). Parry & Rachel (2017) did not have an intervention group as such as they were collecting purely experiential data. Those papers who did not recruit a control group scored more poorly on the rating scales regarding external validity. In some studies allocation of groups also provided a potential source of bias. In Rotta et al., (2022) whether participants would be included in the intervention group was influenced by teachers' reports of the students' behaviour. This was justified as a way to ensure that students felt able to cope during the sessions. However, it also meant that we did

not have data on how their intervention may or may not work with students with more challenging behaviour.

It is also possible that the student teacher relationship might have affected these reports and therefore would not provide a fair and objective perspective on eligibility. In DiPasquale et al. (2022) participants were able to self-select to be in the control or intervention group. This may have introduced significant bias with participants who are more included towards a dance programme self-selecting in this direction. Cluphf et al. (2001) utilised intact groups rather than randomly allocating participants. Unfortunately, some studies did not describe what the control group consisted of, such as DiPasquale et al. (2022) and Barnett-Lopez et al., (2016) therefore making it difficult to know what their control group data presents.

Most studies collected data from the participants with LD themselves. However, several papers also relied on data collected from facilitators, who measured outcomes such as levels of engagement or secondary measures (Rotta et al., 2001; Ludqvist et al., 2022<sup>b</sup>). Bergmann et al., (2021) also collected external measures from relatives/caregivers alongside the data from the participants themselves. Parry & Rachel (2017) carried out interviews with participants but also offered their own thoughts on the choreographic process in question and the performances.

All of the studies lost points when it came to blinding. For many of the research designs blinding was not possible, as either there was only one intervention group, or it was clear to participants that they were participating in a new intervention that was being monitored. In studies which did have both intervention and control groups, it was often unclear whether the facilitators and researchers were blinded to the conditions or not.

### **Dance intervention**



The type of dance intervention involved in the research varied. Several studies used aerobics based dance sessions, or ‘dance fitness’ programmes (Rotta et al., 2022; Cluphf, O’Connor & Vanin, 2001) or Zumba (Martinez-Aldao et al., 2019). Two used a water-based dance intervention, which shared elements of hydrotherapy and dance therapy (Lundqvist et al., 2022<sup>a</sup>; 2022<sup>b</sup>). Dance movement therapy was utilised in the research carried out by Barnet-Lopez et al. (2015) and Bergmann et al. (2021). DiPasquale & Roberts (2022) involved the use of contemporary integrative dance training similar to the style of dance described in Parry & Rachel (2017)

### **Data analysis and findings**

All papers provided some level of detail regarding the data analysis process, but for some this was presented with a lesser or greater degree of clarity. Parry & Rachel (2017) referred to conducting interviews as part of their research process, however they did not refer to any type of method for analysing when presenting the findings. The majority of papers carried out statistical analysis using the statistics package SPSS (IBM SPSS Statistics, Chicago, IL, USA) and provided adequate justification for their chosen analysis. However, in some papers this was less clear, for example Rotta et al. (2022) did not present a table to compare pre and post measures or analysis of this data. Instead, they presented graphs plotting individual step count and calories burnt readings. These graphs are arguably quite difficult to interpret and no statistical analysis appears to have been applied.

Not all of the papers carried out or reported on power calculations or effect sizes, resulting in reduced quality appraisal scores in this area (Barnet-Lopez et al., 2015; Barnet-Lopez et al., 2016; Bergmann et al., 2021; Rotta et al., 2022). Others did report on power calculations but acknowledged that they were not able to recruit the number of participants

required (Lundqvist et al., 2022a; Lundqvist et al., 2022b). Small sample sizes were noted as a limitation in most of the studies.

None of the papers appeared to collect follow up data other than Cluphf et al. (2001). This therefore limits the extent to which these findings can be understood to make a lasting difference. Cluphf et al. (2001) carried out follow-up testing six weeks after the experimental group had finished their training program. They found that there had been a general decline in their outcome measures since the end of intervention, which supported the observation that engagement in exercise had not been maintained. However, they still found improved levels of cardiovascular endurance when compared to pre-test measures.

### **Synthesis of key findings**

In order to synthesise the key findings of the papers discussed, they have been grouped into categories according to their primary area of focus when considering the use of dance-based interventions. The papers appeared to either address physical health and fitness outcomes, outcomes related to emotional wellbeing or personal development, or finally outcomes related to social skills or communication, so were grouped accordingly.

#### **Physical health and fitness**

Half of the studies reported on physical health or fitness outcomes as a result of a dance-based intervention (Rotta et al., 2022; Cluphf, O'Connor & Vanin, 2001; DiPasquale et al., 2022; Martinez-Aldao et al., 2019; Lundqvist et al., 2022b). The findings generally suggested a positive impact on health and fitness based on a range of different measures which will be discussed.

Three of the studies looked at measures of cardiovascular fitness and markers of fitness and/or weight loss. Rotta et al., (2022) found that their classroom-based intervention package which involved participants following an instructional dance or strength training

video resulted in an increase in steps taken and calories burned. For all participants steps taken were typically higher during dance sessions than strength training. The number of calories burned was similar in both conditions. Dance was generally the preferred activity, with participants choosing the dance intervention on between 61% and 100% of the sessions. Similarly, Martinez-Aldao et al., (2019) found statistically significant positive changes in weight, BMI, cardiovascular fitness and muscular fitness following a dance and exercise programme. However, both Rotta et al., (2022) and Martinez- Aldao et al (2019) scored more poorly on their quality rating scores, as neither had a control group or a follow up period recorded.

Cluphf et al., (2001) found that participation in low-impact aerobic dance was associated with a significant increase in the CVE of adults with ID. However, it was noted that it may take 12 weeks to find significant improvements, compared to the control who participated in normal daily activities. Within this category, Cluphf et al., (2001) was one of the few studies to involve a control group, highlighting the point that consistency over time may be crucial to see a meaningful improvement in measures of CVE or physical health.

Lundqvist et al. (2022<sup>b</sup>) looked at muscular hypertonia which commonly causes a range of motor disorders for PWLD and diagnoses of physical impairments such as cerebral palsy. Muscular hypertonia was measured with the Modified Ashworth Scale, which looks at factors such as muscular resistance and rigidity. Following participation in the structured water dance intervention, they noted a significant decrease from baseline to the end of the intervention period in muscular hypertonia. Several other measures produced small but insignificant changes, such as the level of decrease in scores within each session. Out of all the papers in the review, Lundqvist et al. (2022<sup>b</sup>) achieved one of the higher quality ratings. Efforts were made to reduce selection bias, dropout rate was low and important details regarding analysis and results were included. Lundqvist did include a power calculation,

however they acknowledged that their sample size was slightly smaller than required for the power calculation, therefore reducing the level of reliability of the findings.

DiPasquale et al. (2022) examined the impact of an integrative contemporary dance training program on postural stability for adults with LD and concluded that it may be an effective medium to generate improvements in this area.

Overall, the quality appraisal analysis highlighted several limitations in many of the studies which may limit the extent to which their findings can be generalised. Three of the studies did not have control groups (Rotta et al., 2022; Martinez-Aldao et al., 2019; Lundquist et al., 2022<sup>nd</sup>). In these cases, it could be argued that most interventions would produce some kind of positive effect but whether it is better than other interventions that may be on offer cannot be determined. Equally without a control group it is difficult to determine which aspects of the intervention produced the effect. Poorer study design raised potential threats to internal validity in several of the studies. For example, in DiPasquale et al., (2022), participants self-selected to intervention or control, there was also no description of the control group, making it more difficult to determine the impact of the intervention. Nonetheless, the positive changes suggest some tentative evidence that the interventions may provide benefits.

### **Emotional wellbeing and personal development**

Three studies investigated outcomes related to personal wellbeing and development (Barnet-Lopez et al., 2016; Barnet-Lopez et al., 2015; Lundqvist et al., 2022<sup>a</sup>). Both Barnet-Lopez et al., (2016) and Lundqvist et al., (2022<sup>a</sup>) found statistically significant improvements in emotional wellbeing and levels of stress respectively. While Barnet-Lopez et al., (2015) argued that a single dance session appeared to demonstrate improvements in developmental items drawn on the HFD (a projective non-verbal drawing test which allows for emotional

expression and can be used to assess developmental factors and body image), and an increase in cognitive development and body awareness of the participants. Lundqvist et al., (2022) scored the highest out of these papers on the quality rating tool due to the presence of a control group with a cross over design, rather than simply pre/post measures. Effect size measures were also only provided by Lundqvist et al., (2022). This factor may suggest that their findings may have greater reliability and validity than the other papers.

### **Social and communication**

Two papers looked at the impact of participating in dance groups in relation to social or communication developments (Bergmann et al., 2021; Parry & Rachel, 2017). Bergmann et al. (2021) looked specifically at adults with LD and Autism, and found improvements across some measures such as social skills, compared to control. Participants also rated a high degree of improvement in perceived emotional competency following the dance-based intervention. However, the authors also found non-significant results on some of the measures for social skills. Parry & Rachel (2017) used a qualitative approach to explore the experience of LD dancers in relation to participating in choreography and performance. In their paper they highlighted that performance seemed to offer a means for communication of their thoughts and feelings as well as an opportunity for creative thinking. However, Parry & Rachel (2017) scored especially poorly on the quality assessment rating as they did not follow a particular qualitative methodology with interviews appearing to be carried out somewhat informally with no specific form of analysis applied. However, it felt important to still include this paper in this review as it does provide valuable insight into the experience of a small number of dancers with LD. Trustworthiness and transferability of these findings would be cautioned however due to reduced confidence in reliability and validity. Bergmann et al., (2021) on the other hand scored well in many areas due to the use of a waiting list control and sufficient details regarding the design and intervention.

## Discussion

### Summary of findings

This paper reviewed 10 studies that investigated outcomes and experiences of adults with LD who participated in dance groups or dance-based interventions. It focused specifically on adults with LD to build on a broader review carried out by Mino-Roy et al. (2022) who looked at the effects of music, dance and drama therapies for children and adults with LD or other disabilities. There were a range of outcomes investigated in papers captured by this review, such as implications for physical health and fitness, emotional wellbeing and personal development and social and communication implications. These areas were similar to those highlighted in Mino-Roy et al. (2022) when considering dance and other art forms, mainly in relation to children and younger people with LD. Overall, the research presented support for the use of dance-based interventions for PWLD across these areas. However, many of the papers had several limitations to consider.

Many papers in this review discussed the positive impact of dance on health and fitness. These findings were consistent with previous research carried out with children and adolescents (Burkhardt & Brennan, 2012). Quiroga Murcia et al. (2010) also noted a range of benefits, including physical health, when conducting research with adults who participated in recreational dance groups. These papers did not specify the areas of physical health as such, whereas the papers in this review looked specifically at outcomes related to cardiovascular endurance, an increase in steps count, postural stability, BMI, and a decrease in muscular hypertonia. Albin (2016) discussed sensorimotor integration and the benefits to physical health when carrying out research with children with LD and DS. These ideas are supported by the medical/therapeutic theory of dance, where dance is understood to promote physical

and emotional wellbeing through mechanisms such as the increasing integration between the mind and body, while also improving the physical condition (Charles and Justin, 2014).

Emotional wellbeing and personal development were highlighted as areas of improvement in several studies in this review. Theories that underpin DMT are largely grounded in psychodynamic theory (Vermes & Incze, 2013). Although the applications are broad, the focus is largely centred around how DMT or potentially dance more broadly can improve emotional wellbeing. For example within DMT theory there are ideas that non-verbal transference and countertransference can be utilised to improve the emotional wellbeing of participants (Brauninger, 2014). Payne (2003) discusses how group process can also serve to create a therapeutic environment. Therefore, the findings of improvements in emotional wellbeing and personal development are well supported by theories such as those discussed in DMT. It is also notable that much of the existing research regarding the implications of dance-based interventions for people with or without LD highlight a range of benefits for example, (Albin 2006; Dinold, 2014; Quiroga Murcia et al., 2010).

Social and communication was the third benefit highlighted by papers in this review. Again, some previous research had highlighted this as a potential area for development following dance interventions (May et al., 2019; Quiroga Murcia et al., 2010). Psychodynamic theories cited in DMT support the notion that the relationships formed in groups can have a positive impact on those involved (Vermes & Incze, 2013), with the relationship thought to be one of the five central concepts for the mechanism of DMT (Payne, 2003). Therefore, it would suggest that dance has the potential to contribute to improvements in social and communication skills. Equally Bateson's (1973) ideas regarding the world as interconnected through relationships supports the idea that the group aspect of dance can be therapeutic and a key tool in DMT or dance. This could be of particular relevance when considering difficulties in areas such as social and communication skills.

## Limitations

Several limitations were present in the papers reviewed in terms of design and sample size, therefore leaving a degree of uncertainty over the generalisability of findings. A limitation across the majority of the studies, was the lack of follow up measures. Only Cluphf, O'Connor & Vanin, (2001) provided follow up data to explore the longer-term impact of their intervention, and there was some fall-off in benefit. It was notable that none of the papers recorded detailed demographics data regarding aspects of identity such as race. Without this data the generalisability of the findings needs to be applied tentatively.

In this review, some studies were included where dance was used in conjunction with a second modality. For example, the studies conducted by Lundqvist et al., (2022<sup>a,b</sup>) utilised the SWAN intervention. Therefore it is not possible to determine how much of the outcome of these studies can be attributed to the dance component, rather than the influence of the hydrotherapy setting. It was, however, decided for these studies to be included, as their description of the dance intervention met the minimum criteria for this review; for example, they stated that dance movements were performed to the rhythm of music. Equally, one of the studies used interventions that were predominantly, but not exclusively dance. Rotta et al.'s (2022) intervention included the choice of strength training exercises which featured to a lesser degree than dance. Again, dance appeared to have a leading role in this study, which led to the decision to include this paper. Therefore, it must be considered that other variables may have impacted on the results discussed to some extent.

When grouping the studies into categories, careful consideration was needed; for example, whether to consider cortisol measurements as physical health or as a measure of anxiety and emotional wellbeing. It appeared that Lundqvist (2022<sup>a</sup>) was measuring cortisol levels in relation to perceived levels of stress and relaxation, therefore this paper was grouped



under emotional wellbeing. However, this dilemma raised a salient point regarding whether it is helpful or always possible to separate the mind and the body when considering wellbeing. This review looked at both qualitative and quantitative research. However, only one qualitative paper was found to meet the criteria for this review, therefore it is challenging to compare the two. This does however, highlight the lack of robust qualitative research in this area.

### **Research implications**

The limitations discussed above, such as the lack of follow up measures collected could be important for future research to build on. It was notable that none of the research discussed in this review was carried out in the UK, suggesting that this is an area that needs significantly more attention in UK based research, particularly to be able to understand how these interventions would be received by PWLD in UK communities. The recording of demographic data would be important for future research so that the implications for under-represented groups can be better understood and considered.

It appeared that there was a very limited range of research that heard from the PWLD themselves and when this had been attempted, methodology and design had not appeared to follow a particular method, reducing the extent to which this data could be interpreted. Therefore, this is an area that could benefit from further development and research.

### **Clinical Implications**

It was interesting to note that the majority of studies had looked at physical health outcomes and the literature for other possible areas of impact from dance such as social connection (Albin, 2006; May et al., 2019; Quiroga Murcia et al., 2010) or creative expression (Dinold, 2014) were given less attention. This finding echoed those of Mino-Roy et al. (2022) who also felt that the physical component has received the most attention in

dance therapy. However, although the numbers were smaller, the papers discussed in this review did support the notion that dance groups can promote positive change in the areas of emotional wellbeing and social/communication development, as well as physical health and fitness. Therefore, this is perhaps something for LD services/groups and Health and Social Care Commissioners to consider, when allocating funding or investing in different activities or groups available to those with LD in their communities. Equally, clinicians such as clinical psychologists working with adults with LD could consider seeking out and making referrals to services that offer dance-based interventions, for clients struggling with poorer physical health or social or emotional difficulties.

### **Conclusion**

Overall, the included studies varied in their credibility but demonstrated a range of possible benefits for PWLD following participation in dance-based groups and interventions. The themes of this study were similar to those of Mino-Roy et al.'s (2022) scoping review that examined dance as well as other art forms, for children and adults with LD or other disabilities. However, this review focused specifically on dance interventions for adults with LD in order to evaluate more specific findings. This review provides further support for the notion of increasing access to dance-based interventions specifically for adults with LD. Future research would benefit from carrying out longer term follow up data collection and utilising a wider range of research methods such as qualitative methods to include the voices of PWLD to a greater extent. It would be beneficial to improve the use of control groups and randomisation and increase the use of designs with greater internal validity. Additionally, there is a need for research in this area to be carried out in the UK, to gain greater insight into the impact on UK populations. Clinical implications include the greater consideration of dance-based groups for adults with LD in the UK to address both physical wellbeing and potentially broader social and emotional aspects of wellbeing.

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## Section B: Empirical paper

Exploring the experiences of people with learning disabilities who participate in inclusive dance: A reflexive thematic analysis

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## Abstract

Adults with learning disabilities continue to face challenges regarding opportunities to engage in meaningful activities in the community. Equally they continue to experience poorer outcomes in relation to mental and physical health. Emerging data has suggested that dance may have positive implications for people with learning disabilities in areas such as physical health, sensorimotor integration, social skills and emotional wellbeing. This study used reflexive thematic analysis to explore the experiences of adults with learning disabilities, who have first-hand experience of participating in inclusive dance groups. Eight participants were interviewed on two occasions, four of whom chose to involve a relative in the interview process. From the analysis, six themes were highlighted: Connection with others, opportunities for success, difficult feelings and challenges in participation, practical challenges for participation, finding the right environment, the experience of dancing. Despite the study limitations, the findings contribute to the research by offering accounts from adults with learning disabilities themselves, highlighting areas which they have personally found to be most important regarding their experience. The results are examined alongside current theoretical perspectives and research. Clinical implications and future research recommendations are discussed.

*Keywords: Learning/intellectual disability, dance, dance therapy, experiences, qualitative*

## Introduction

### Definitions

#### *Learning disabilities*

Learning disability is a term typically used in the United Kingdom to describe someone who has as “a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood.” (NICE, 2022). In other parts of the world such as the United States of America, the term ‘Intellectual Disability’ is typically used (Cluley, 2017). For the purposes of this paper the abbreviation LD will be used.

#### *Dance*

The Oxford Learners Dictionary (2023) definition of dance (verb) is “to move rhythmically to music, typically following a set sequence of steps”. The noun is defined as “a series of steps and movements that match the speed and rhythm of a piece of music”, (Oxford Learners Dictionary, 2023).

#### *Social inclusion*

Social inclusion is often viewed as challenging to define, as it is a term that has been used to mean different things to different groups of people (Bates et al., 2004). Bates et al., (2004) define it in relation to the LD population, as “ensuring that PWLD have full and fair access to activities, social roles and relationships directly alongside non-disabled citizens”.

#### **Social inclusion and learning disabilities**

Hall (2010) argues that social inclusion has often been centred around employment, independent living, and community participation. This definition is arguably inherently challenging when applied to PWLD, as for many people with LD, to be “an active, socially included citizen who is self-reliant and employed” is often difficult or unachievable (Hall,

2010). Due to long-standing marginalisation of PWLD in the UK, individuals are typically absent from mainstream social spaces, experience higher rates of abuse and neglect and sense a low valuing of their lives Hall (2010). Some human geographers have discussed terms such as ‘safe havens’ and ‘oases’ (Pinfold, 2000; Philo et al., 2005) in relation to people with mental health difficulties, to describe places where people who cannot achieve standard norms of inclusion can gather in an accepting environment (Hall, 2010). Within ideas of social inclusion for PWLD there is debate and nuance around the idea of whether inclusion should focus on providing opportunities for PWLD to participate alongside the general population in all areas of life or to provide equivalent spaces specifically designed for PWLD. It seems likely that developments in both areas would be preferable and to promote a sense of choice for individuals, particularly considering that PWLD do not represent a homogenous group but rather a large group of people with a range of different needs and preferences. MENCAP (1999) make the point that “Unfortunately, inclusion advocates tend to ignore the shameful reality of bullying, oppression and discrimination that is a daily experience for many people with learning disabilities (MENCAP, 1999). It therefore feels important to consider what a place of ‘inclusion’ would look like for PWLD and what they would want from spaces. DuBois (2020) argues that it remains difficult for those with LD to access activities and have equal opportunities to gain benefits from participation in the same way as people without LD.

### **Theoretical perspectives on dance and its benefits**

Charles and Justin (2014) believe that there are four key theories that underpin the practice of dance; aesthetic theory; choreologists aesthetic theory; sociological aesthetic theory; medical/therapeutic dance theory. Various functionalities of dance are thought to relate to these theories.

*Aesthetic Theory*, rooted in philosophy, concerns the components and values of dance as an art, for example, considering the symbolic meanings of a particular dance.

Consideration of the dance history and relation to other art forms is also taken.

*Choreologists Aesthetic Theory* is underpinned by the idea that when order is imposed on dance, it can be shaped in a way that combines aesthetic theory and the pattern in which dancers can move their body in a given space, with well-choreographed dance having the potential to communicate action and emotion.

*Sociological Aesthetic Theory* concerns the exploration of aspects of dance as a medium of cultural and social interaction, for example, considering how different dance styles relate to cultural ideologies such as nationality and ethnicity. The idea that dance is commonly performed in groups and communities is central, as a means of communicating between generations and different groups of people.

In relation to *Therapeutic/Medical Theory*, the American Dance Therapy Association (2020) defines dance as: “The psychotherapeutic use of movement and dance for emotional, cognitive, social, behavioural and physical conditions”. A key principle is that the mind and body interact and are inseparable. The psychodynamic aspects of dance movement therapy (DMT) centre around ideas that dance offers a way of expressing hidden emotions nonverbally which can then be accepted on a conscious level (Charles and Justin, 2014).

Many of the ideas discussed above are consistent with the communicative theory of dance, which argues that “dance is an expressive form of thinking, sensing, feeling and moving, which may reflect or influence the individual and the society” (Hanna 1987). Therefore, dance could offer a medium for expression and communication to a population where traditional verbal and/or written communication can be impaired.

## **Evidence of benefits of dance for people with learning disabilities**

There is a small evidence base of research which has investigated the impact of dance participation for PWLD (Mino-Roy et al., 2022). Much of this research relates to children and has mainly been conducted outside of the UK (Mino-Roy et al., 2022). Several papers have suggested that dance can have a positive impact on areas such as sensorimotor integration (Albin, 2016; Barnet-Lopez et al., 2015), physical health, such as cardiovascular fitness or muscle strength (Rotta et al., 2022; Cluphf, O'Connor & Vanin, 2001; DiPasquale et al., 2022; Martinez-Aldao et al., 2019; Lundqvist et al., 2022b) and cognitive skills and development (Bergmann et al., 2021; Parry & Rachel, 2017). The physical health impact of dance for PWLD is a key area of previous research, generating support for the medical theory of dance but arguably separating the mind/body connection. Caine and Hatton (1998) argued that due to high levels of social isolation and low self-esteem within the LD populations, the positive potential for physical activity may be even greater than within other populations. PWLD are often found to be physically inactive to a greater extent than the general population (Turner, 1997), thus, suggesting that not enough is being done to provide access to physically engaging activities. Additionally, evidence has suggested physical activity can contribute to a reduction in certain behaviours such as self-injury in people with learning disabilities (Hawkins & Look 2006).

Some research has suggested that there can be benefits in relation to emotional wellbeing, with reduced levels of stress (Barnet-Lopez et al., 2016; Lundqvist et al., 2022a) and improvements in social and communication skills (Albin, 2016; Bergmann et al., 2021; Parry & Rachel, 2017). These appear to be promising findings given that statistically, PWLD have poor health outcomes and levels of wellbeing (MENCAP 2020; NICE 2016). Besides some biological factors such as pain and physical ill health, it is thought that access to fewer resources, stigma, discrimination and negative life events play a significant role in

contributing to poor mental health outcomes (MENCAP, 2020). Mental health conditions, notably anxiety, are understood to be significantly more prevalent in the LD population (Cooper et al., 2015), therefore interventions that can reduce anxiety and promote positive mental health are of interest. Considering that conventional therapies are not always as effective in this population (Hollins & Sinason, 2000), it seems important to consider different methods for supporting mental health and wellbeing.

### **Rationale and research aims**

PWLD continue to face challenges regarding opportunities to engage in meaningful activities in the community. They continue to experience poorer outcomes in relation to mental and physical health when compared to the general population. Emerging data have suggested that dance may have positive implications for people with learning disabilities, with the potential to address both physical and mental wellbeing. However, there is limited research that investigates first-hand accounts or experiences of the adults concerned. In order to address the current gap in the literature, this study aims to collect and examine qualitative data on the personal experiences of adults with LD who participate in dance. The voices of people with LD are often not heard. Therefore, hearing first-hand about the experiences of those participating in dance groups, could provide a much-needed platform for these individuals, whose stories often remain within relatively small circles. In examining aspects of inclusive dance groups as experienced by those who participate, this could help inform the development of other similar groups for those with LD. This rationale is in line with NHS values such as, “everyone counts” and “improving lives”, as this project aims to spotlight voices from marginalised groups and could be used to inform and promote better wellbeing. Theories of dance suggest that it has the potential to improve both the physical and emotional wellbeing of those who partake, while also providing means of emotional communication and social connection (Charles and Justin, 2014).

In this study, reflexive thematic analysis will be used to address the following questions:

- a. What experiences do people with learning disabilities describe about their involvement in an inclusive dance group?
- b. What appear to be the key themes regarding their motivation to engage in inclusive dance groups?

## **Methods**

### **Design**

Semi-structured interviews were held with individuals with LD who attend an inclusive dance company (DC) to explore accounts of their experience. All participants had two interviews; for the second interview there was the option of involving relatives/carers to support the memories of the dancers. The second interview provided an opportunity to go through the participant's story and to fill in gaps. Reviewing their accounts also aimed to promote a sense of ownership, ensuring that the researcher's understanding was congruent with the participant's view (Booth & Booth 1997). It was designed so that participants would attend the first interview on their own, so long as they felt comfortable to do so and for a relative/carer to attend only the second interview, to reduce the influence of a second person on the telling of their experience as much as possible (Booth & Booth, 1997).

The original design had been narrative analysis. However, once several interviews had been conducted and transcribed it became apparent that this approach would be a poor fit for much of the data. This was primarily because the answers the interviewees gave were not such that the researcher could discern a narrative unfolding in time. In order to use a narrative approach it was felt that the data would need to be manipulated in such a way that would create distance from the first-hand accounts provided. It was also difficult to get an idea of



the sequencing of events and experiences from participants' accounts despite efforts to scaffold interviews and utilise memory prompts (discussed further in the procedure section). It was however apparent that it was possible to identify key themes within the data. Therefore, the design was adjusted to use reflexive thematic analysis (Braun & Clark, 2019). This was chosen over theory-building approaches, as the aim of the research was to explore the responses of the dancers and identify key themes or ideas, rather than built a new theory. Thematic analysis is also an established method in research with PWLD (Beail & Williams, 2014).

### **Participants and recruitment**

This study utilised purposive sampling. Dancers were contacted for this study from an inclusive dance company for PWLD. The researcher was aware of the company through a mutual contact with the group. The company is based in a large urban area. It consists of three different subgroups to suit the abilities of different dancers. Nine dancers originally consented to participate in the study, six of whom were part of the professional development class (PDC) where the focus is placed on furthering dance and performance development, often involving collaboration with outside professional dancers. Three were members of the adult community dance class. To increase rapport, the researcher attended the DC at a time when members of both subgroups were present. This provided an opportunity for introductions in person and to talk about the research. Easy read and detailed information sheets were provided for dancers and relatives/carers respectively, to review at home to inform their decision regarding participation (Appendices C&D). Following expression of interest, follow up phone calls were arranged in coordination with the Creative Director of the DC, to discuss involvement and arrange in person interviews.

Two rounds of interviews were carried out for all participants. However, at the second interview one participant was excluded following discussions regarding diagnosis (see table 1

– denoted with a strikethrough). Only four participants chose to involve family members or carers in their second interview. One wished for a member of staff to support them in both interviews which was facilitated. Participant demographics can be found in table 1. As there was only one male participant in this study, gender has been excluded from the demographics table in order to protect his identity. A mixture of female and gender-neutral pseudonyms have been used.

**Table 1.**  
*Participant demographics*

<i>Participant</i>	<i>Age<sup>a</sup></i>	<i>Ethnicity</i>	<i>Disability</i>	<i>Years of participation in the dance company</i>
<i>Viv</i>	31-40	English	LD	15
<i>Becky</i>	41-50	English	LD & Downs Syndrome	20
<i>Chris</i>	31-40	English	LD & Downs Syndrome	12
<i>Jane</i>	41-50	English	LD & Downs Syndrome	18
<i>Bobbi</i>	<del>21-30</del>	English	<del>ASD, Dyslexia, Dyspraxia</del>	5
<i>Anna</i>	18-20	English	LD & Downs Syndrome	2
<i>Jamie</i>	31-40	Black/African/Caribbean	LD & Autism	15
<i>Jo</i>	41-50	English	LD & Downs Syndrome	18
<i>Julia</i>	51-60	English	LD & Autism	19

<sup>a</sup> Age ranges have been used to protect the identity of the participants.

### **Inclusion criteria**

Recruitment prioritised those who had been members of the DC for over two years. This was to ensure they had experienced being a part of the DC prior to the Covid-19 pandemic and could share their experience of in person participation. Some researchers have excluded people from participating in qualitative research who have low expressive and

comprehensive language skills by screening participants with neuropsychological assessments (Brown 2010). Others have utilised the option of involving carers/family for support when participants struggled to participate in semi-structured interviews on their own (Dinsmore 2012). This study followed the latter method to promote inclusion among the members of DC and following advice from a service user consultant. Having a LD was a pre-requisite for being a regular member of the DC. All participants included self-identified as having a LD and were aged 18 or over.

### **Ethical Considerations**

Ethical approval for the study was granted by a university ethics committee (Appendix G). Participants were given time to consider their decision to participate and were asked if they had any concerns or questions on the phone call prior to interview and again before the interview started.

As this project involved those with learning disabilities, levels of understanding of the study were predicted to vary. This was important when considering capacity to consent. As the study involved adults, they were given the responsibility to make decisions regarding their involvement in the first instance. Following consultation with DC staff, it was understood that consent was typically assessed on a case-by-case basis by the staff who knew the individuals well. Therefore, DC staff were worked closely with during recruitment, to inform this process. These members of staff were able to share whether dance members were typically deemed to have capacity to make their own decisions and would be able to manage the consent process independently with the researcher or may need further support.

Easy read and full-length information and consent forms were provided to participants and carers as appropriate. The easy read documents were created in consultation with the DC service user consultant. Verbal explanations were also offered to all participants before signatures to consent were obtained.

All participant data such as interview transcripts were anonymised, all identifiable information such as names were removed and replaced with pseudonyms. Recordings were deleted immediately after transcription was complete. Data were stored on a password protected laptop and deleted after the completion of the project. Data will be provided in a password protected and encrypted file to be stored in the Institute's office in a locked cabinet for 10 years and then destroyed.

### **Procedure**

Consent forms were signed prior to interviewing. Face-to-face interviews were conducted in a private side room in the church where the dance classes take place. A member of staff sat outside of the interview room as part of their safety policy and to be available if the participant wished for them to join. When considering power differentials (Kiernan, 1999) which can be significant when carrying out research with participants with LD, the location was important in terms of carrying out initial interviews within a space familiar to participants. Participants were asked to bring an item that would help aid their memory about experiences related to dance e.g. a prop, costume, photo, video from a rehearsal/performance. The first interviews lasted between 23 - 47 minutes (mean = 34.4 minutes). The second interviews were conducted online for five participants and for three this was carried out face-to-face due to difficulties accessing online meetings. The second interviews lasted between 12 - 30 minutes (mean = 21.7 minutes). Initial impressions and reflections were recorded in a research diary after each interview (Appendix J). Interviews were then transcribed by the researcher in preparation for analysis (Appendix I). Pseudonyms were allocated to each participant for the purpose of sharing quotes in this report. As there was only one male participant, a mixture of female and gender-neutral names were utilised to protect his identity. Following completion of the study, a summary was provided to the ethics

committee (Appendix L) and participants in an easy read format (Appendix M) as well as an in person brief feedback session carried out at the dance location.

### **Interview**

Semi-structured interview schedules were used to investigate participants' experiences of being a dancer and participating in inclusive dance (Appendix H). These interview schedules were developed in collaboration with a service user consultant, external supervisor and research supervisor. Open-ended questions were developed, with prompts to be used as required. During the interviews the researcher also remained flexible and attentive to support participants in expressing their experiences. These three key communication techniques were also utilised which are recommended for qualitative research with PWLD: "silence and encouraging prompts; rephrasing questions; and repeating, paraphrasing and summarizing responses" (Sigstad & Garrels, 2018). Prolonged engagement was also achieved through meeting the participants prior to the interview and then having a second interview with each (Sigstad & Garrels, 2018).

### **Data analysis**

The data were analysed using a thematic approach informed by Braun and Clark (2019). The researcher took an inductive approach due to the exploratory nature of the study. The thematic process followed is shown in table 2. Braun and Clark (2019) emphasised the importance of the reflective aspect, in order to centre the researcher subjectivity in the data analysis process. Memos were written to capture reflections throughout the process and were discussed in regular meetings with the research supervisor. Given the sample size of the study, the concept of 'theoretical sufficiency' was used rather than 'theoretical saturation' (Braun & Clarke, 2022).

A critical realist approach was adopted. The researcher accepted that participants' reports reflected their version of reality, while also being open to multiple interpretations in

the reporting by the researcher. It was also considered that participants' reflections would be influenced by their specific contexts. In LD research acquiescence has often been reported as an important factor to hold in mind both at interview stage and data analysis (Coons & Watson, 2013).

**Table 2.**

*Process of reflexive thematic analysis informed by Terry et al., (2017) and Braun and Clark (2019)*

<b>Process</b>	<b>Description of process</b>
<b>1. Familiarisation with the data</b>	Through transcribing the recordings and making memos alongside the data and notes in a reflective journal.
<b>2. Coding</b>	Generated early provisional analytic ideas through codes.
<b>3. Theme development</b>	Examination of codes to consider how they could be clustered or collapsed into themes, to describe more meaningful patterns.
<b>4. Reviewing themes</b>	Assessing whether the potential themes capture the meaning in the coded data segments.
<b>5. Defining and naming themes</b>	Moving towards an interpretive position which tells a story based on the data at hand, to make sense of its meaning.
<b>6. Producing the report</b>	Constructing the report involves selecting representative extracts that capture the essence of the themes. Embedding these within an analytic narrative to relate back to the research question.
<b>Across all phases: Researcher reflexivity</b>	Taking into consideration the researcher's own position and how their assumptions can shape the results of the analysis.

### **Quality assurance**

Yardley's (2000) quality assurance framework was employed to ensure that sufficient transparency and rigour were applied. This involved creating records to demonstrate the thought process behind the generation of codes, through memos (Appendix K) which informed frequent discussions with the research supervisor. A reflective log was kept during

the research process to record and monitor the thought process of the researcher and to pay attention to the study context (Appendix J). A bracketing interview was carried out before the analysis of data to discuss and record the researcher's expectations and areas of potential bias. This included acknowledging the researcher's own experience of working with PWLD. These experiences suggested that dance may be able to provide unique and positive outcomes for some PWLDs. Therefore, it felt important to hold this in mind when coding transcripts, to ensure that any with contrary findings or positions were included coded and acknowledged.

### Results

This study aimed to explore the experiences of adults with LD who participated in an inclusive dance group. The views and experiences were predominantly those of the participants with LD, while some perspectives also belonged to their invited family members. The inductive thematic analysis resulted in six main themes and 14 sub themes (see table 4). Each theme is presented alongside verbatim interview quotes.

In addition to themes that reflected the experiences of participants, many also described the history of their involvement in dance and the performing arts. Some participants were able to talk about other activities they engaged with in their lives, which provided helpful context, in addition to their dance experiences. These data have been compiled in table 3 which provides an introduction to the participants.

**Table 3.**

*Contextual participant information and details regarding the interviews*

Participant	Object brought to interview	History with dance	Other activities/work they engage with	Did they bring a relative/carer to their 2 <sup>nd</sup> interview?
Viv	Yes – a picture of her Nan, she felt there was little connection with the DC but that it was important to her.	Previously attended Zumba classes. Went to ballet classes as a young child. Then took up ballroom dancing and participated in competitions while in secondary school.	She works three days a week in a supermarket	Yes - mum

		Enjoys watching dance at the theatre with her family.		
<b>Becky</b>	Yes – a photo album of pictures from performances with the DC.	Previously attended a different dance group.	Attends a youth club, previously did horse riding. Also involved in a working group for the DSA	No
<b>Chris</b>	Yes – A teddy bear, she described it as making her feel free the same way that dancing does. Her teddy also sits in her room while she is practicing at home. She also brought a shiny hair clip which she sometimes dances around while practicing at home.	Dancing since age 6 with different groups e.g. disco dancing. Currently attends another group which combines drama, dance and singing.	Attends a drama group once a week where music and dance sometimes feature. Also writes songs and works for MENCAP as a lived experience advisor. Attends a social club.	Yes – mum
<b>Jane</b>	Forgot to bring something.		Studied gymnastics as a child and has experience of acting.	Yes – a DC facilitator
<b>Anna</b>	Forgot to bring something but said they might have brought their dance bag which they had had since they were two years old.	Studied dance when at school and performed there.	Works for a Brownies group. An active swimmer	No
<b>Jamie</b>	Forgot to bring something.	Attends a dance fitness class. Different teachers have taught different styles such as Irish dancing and Soca.	Attends an evening class at college and is training to become an advocate. Attends a social club.	No
<b>Jo</b>	Two waistcoats which were worn for performances.	Had previous dance experience from a different drama and dance company.	Regularly attends church. Previous involvement in a drama performance group for people with disabilities. Previously attended evening classes for PWLD e.g. studying Shakespeare plays.	Yes - mum
<b>Julia</b>	Two pictures from a performance	Some experience during school plays. No formal dance experience prior to joining the DC.	Previously attended a drama group, studied sign language. Has participated in training sessions for the police and has engaged in political	No



**Table 4.**  
*Themes and sub themes*

<b>Main theme</b>	<b>Sub themes</b>
<b>Connection with others</b>	Importance of audience
	Sharing with family
	Watching others dance
	Positive social interaction
	Sharing of skills or ideas
<b>Opportunities for success</b>	Achievement
	Proud
	Value of fitness
	The importance of opportunities through the company
	Ambitions
	Positive performance experience
	Memories of tour
<b>Difficult feelings and challenges in participating</b>	Nerves
	Embarrassment
	Performance challenge
	Overcoming challenges
	group challenges
	Loss and personal challenges
<b>Practical challenges for participation</b>	Challenges of coming
	Difficulty participating online
<b>Finding the right environment</b>	Difficulties in competitive environment
	Supportive environment
<b>The experience of dancing</b>	Class and movement descriptions
	Dancing at home
	Importance of the music
	Memorable experience
	Positive experiences of dance

### **Connection with others**

This theme came up in multiple contexts across participants' accounts, be that audience members or fellow dancers. Five sub themes of connection are illustrated below.

**The importance of an audience.** Participants often spoke about audience reactions and how it felt or impacted on them to perform in front of an audience.

“Having an audience makes you feel more confident. Or helps you to go to get more confident. [pause] It gives you a new journey. To where you want to be because you get the feedbacks from people.” (Natasha, 284-289)

“Well, the familied all really liked it. You, there was a lady who come, a lady and her sister come. But when she, when we finish, she'd come over to us. said it was really nice. Cuz they write things down. For feedback and ideas.” (Julia, 577-583)

**Sharing with family.** Participants often spoke positively about being able to show family members their dance through performances or videos. This was also echoed by some of the relatives who participated in the interviews.

Conversational exchange between Jo and their mum:

Mum: Yeah, [they] were doing, um, two different... [performance name]? and, and then [performance name], and, um, I mean, I, and of these 150 elderly people and the waitresses all actually, you know, tumultuous applause!

Jo: Oh yeah

Mum: [...] So I am very proud of [Jo].” (Jo, 1205-1213)

Conversational exchange between Julia and the interviewer:

Julia: It's nice to have someone that, you know, to come and watch.

Interviewer: Yeah. And, and what makes it nice?

Julia: To be, um, like if they haven't seen their sister, or their auntie perform. Yeah. It's nice to do that. Yeah. [...] They have told me it's really good.

Interviewer: And what's that like for you when, when your sister or your family are saying that to you?

Julia: Um, amazing cuz that helps me a lot. and I and my mom would be proud. (Julia, 210-224)

**Watching others dance.** Several participants spoke about enjoying watching others dance, ranging from their friends, going to the theatre to watch professional performances or dance on television. In some cases, this was described as their inspiration to start dancing.

Interviewer: Yeah. And what did you think watching your friends?

Anna: Um, for me it is like quite fun. (235)

“I'd always like watching strictly. Yeah, I've watched it on telly, I do watch on telly and then try it and then do that. But anywhere you take me, I dance anywhere.” (Julia, 288-289)

**Positive social interactions.** All participants referred to positive social interactions through dance at least once during their interviews. At times this was explicit reference to friendships that had been formed or more general enjoyment of company or connection.

“Yeah, it was really good, really good seeing people, friendly, get to know them. [...] Umm, sometimes get to know each other a bit more, you can dance together.” (Viv, 122)

“Yeah, really good. [...] Doing that [rehearsal]. We had other people bonding as well.” (Becky, 452-454)

Interviewer: and then once you got here, how did you feel?

Chris: I was alright, cause I saw people I know. (402)

Interviewer: Oh, what, what's the most fun thing about it? Can you think?

Jane: Dancing with the group..., doing it with everyone else. (Jane, 379)

**Sharing of skills or ideas.** Participants sometimes spoke about how they valued collaborating with others e.g. teachers, other members of the class or outside dancers or performers with whom they collaborated on projects.

“The way they teach the class. Cause they all bring different quality to the class. And all the students that come to the class as well, they have different techniques that they can show us that they've learned from other places they've been to.” (Jamie, 754-759)

“I find it really good, because that helps you to challenge yourself. Oh, and try something different that you hadn't done before. [...] Well, we went to [DC] I used to do it in [famous dance venue], and that was really nice. to get people. Different borough or from that borough. Yeah. To meet up and do things together.” (Julia, 188-190)

### Opportunities for success

Participants spoke about a range of ways in which performing or being able to come to class made them feel good about themselves. Achieving goals or noticing success in areas of personal development was also highlighted. This theme was reflected in some of the dialogue with relatives who stated feelings of pride for their relatives.

**Achievement.** Many participants reflected on how they felt that dance was something they were good at and felt a sense of achievement following participation.

“I not singing, not big on... but dance yeah, I'm good at dance.” (Viv, 1157-1158)

[Feeling after being in class] “Happy that I've reached... or reached a goal.” (Jamie, 269)

“At the end of the day, it feels like I've achieved something.” (Chris, 409)

**Pride.** This was an emotion that was often evident in reports from both participants and/or their relatives.

“Yeah. And they [family] was so proud of me, I did it, and then was, he [deceased father] always said, you're so brave.” (Jo, 186-187)

[feelings after performance] “Um, happy and proud.” (Julie)

**The value of fitness.** Some participants spoke about how fitness often motivated them to come to dance classes and that they felt they were achieving this through attending classes.

“Well, sometimes what I do with dance... I do have fun, but what, what I do like to do is record some steps. So I put like my phone in certain clothes out to go with me.” (Anna, 600-603)

“It was important to keep healthy.” (Julia, 295)

**The importance of opportunities through the company.** Several participants and relatives reported the value of having a range of opportunities, including opportunities to achieve something in a new and sometimes prestigious environment.

[Regarding filmed dance project that was accepted for a film festival] “Um, it be exciting. Be part of the film. Well, be part of that. Yeah.” (Becky, 593)

“I think a bad dance class doesn't give you that opportunity compared to good dance class.” (Chris, 817)

“Yeah. I do a lot with [DC] yeah. A lot of classes and a lot of training and studying. They've done safeguarding training. Makaton too, so it's very good for me. [...] and then I've been in a school before done performances, been schools. Training in schools. So I've done. I've been to lots of places, but cause of COVID now things have changed.” (Jamie, 566-577)

[What's it like being a [DC] dancer?] “Well it... amazing to be a dancer with like someone with disability like me, who've got disability, because a lot of people, um, don't acknowledge people with disability, they think Oh, they can't do that. They don't, we don't get the acknowledge. But, All different types of disability can do, do that.” (Julia, 261-265)

**Ambitions.** One of the participants described how her experience at [DC] had made her think about how she might like to develop her own ideas in the future.

“Yeah, because we're talking about in our, the lyric class [lyrical dance], what we like to do in working and that. I would like to have a company where you haven't been taught how to dance before you just come in, freelance to your own dancers and you share it with each other where you've not been taught before by anybody.” (Jamie, 394-397)

———**Positive performance experience.** Ideas around opportunities to do well and develop in themselves frequently emerged when participants spoke about performing.

“I felt excited about that [performing at a famous museum], yeah, we, um, enjoyed performing enjoyed it. Yeah. Big space.” (Becky, line 330)

“Um, when I'm on stage, I think it feels natural. [...] Natural. I think it makes you feel less nervous with people, and panicky.” (Chris, 731,746)

“[how it felt after a series of performances] it absolutely brilliant. Brilliant. And we had. changing rooms for ourselves. We, we do ours, costumes.”

[Interviewer: And then afterwards, how did you feel?] Proud. Happy. Fabulous.” (Jo, 290-295)

**Memories of tour.** When participants described their memories of being on tour with the company, it was apparent that these also reflected opportunities to enjoy taking on the professional role of touring dancer.

“We have performed in and perform in different places. [...] It's nice, but it is tiring. But we, it's, we, it's professional. So we know how to be professional how to get on and that, and know how to do warmups.” (Julia, 689-695)

### **Difficult feelings and challenges in participating**

Alongside the positive experiences, it was also evident that most participants experienced some degree of challenge such as managing difficult feelings in relation to dance or performance, working with others, or physical or mental health challenges that at times impacted on their participation.

**Nerves.** Some participants spoke about dealing with nerves in relation to performances.

[Regarding performance] “I thought um, got a bit anxious at first, but then I was Okay.” (Viv, 894)

**Embarrassment.** This was another feeling that some participants struggled with at times.

“Sometimes I get nervous. Sometimes. [...] So me. I get embarrassed.” (Anna, 685,689)

**Performance challenges.** Specific aspects of performance also posed challenges to some of the participants.

“And that's again, quite difficult. It, it mainly about my brain. And that's kind of quite hard to think about when next moves coming in or not. So sometimes my brain just have effects on certain moves. Because I'm not quite get at the, at remembering the moves.” (Anna, 711-719)

**Overcoming challenges.** Many participants also reflected on overcoming challenges and feeling better once they had done something difficult.

“Performing quite challenging sometimes. But sometimes I rather like challenging as well. Because sometimes it can be quite fun. Good.” (Anna, 251-259)

[Experience of first performance] “Oh, that was nervous. I was nervous for that one. People that I had never seen before. [...] Once I got used to it, I started to feel much better and come out of my shyness.” (Jamie, 817-823)

**Group challenges.** Some participants also mentioned that dynamics within the group or other dancers could pose challenges.

“Um, again is about being... if I feel left out... A little bit harder to talk to people, but sometimes I do try and listen, I listen, I, I do really listen, but I do feel, you know, left out of that conversation. But not all the time.” (Anna, 450-456)

“Yeah. Yeah. [class participant] have a go at me sometimes” (Jo, 497)

**Loss and personal challenges.** Some of the participants spoke about recent bereavements that had been affecting them or physical or mental health difficulties.

“I just like being with other people sometimes. But over the last few months I've been quite private and quiet, but I don't, I don't wanna go over the top though. Cause I had a bereavement in my family...” (Jane, 552-556)

“But I think last week there was slight pain in my knee. Oh. And my hands. But I got through it and, it was still really fun.” (Anna, 296)

### **Practical challenges for participation**

Some participants referred to more practical challenges to participating in the dance group.

**Challenges of coming.** Many participants spoke about challenges in relation to transport and the stress associated with this.

[Before coming to class] “I was happy... I was happy but also, I wasn't sure, uh, the taxi was fine but I got anxious. I dunno about getting anxious for a different reason. Cause I thought I was... the taxi was late or early sometimes I feel like I have to rush to get downstairs. Sometimes I find that quite. Make sure. And I'm in the taxi at the right time.” (Jane, 227-231)

**Difficulty participating online.** Due to the Covid-19 pandemic at the time of data collection, many participants reflected on the challenges of accessing the group and dance online. Many commented on the relief when they were able to meet back in person.

“Uh, when I was COVID we managed to do the dance class online. But it wasn't a lot of space. [...] It was different, much difficult. much difficult. [...] Yeah, because I couldn't, at times you're not able to see properly. Or your computer getting it on the right settings.” (Jamie, 183-193)

## **Finding the right environment**

This theme represented the challenges participants discussed in finding the right environment to participate in activities such as dance and what felt valuable to them in creating such an environment.

**Difficulties in competitive environment.** Some participants described the challenges they experienced in mainstream settings while others spoke about why they have not or would not try these types of groups.

“Well, I, I haven't tried, but I know what is, it's, it's hard. Yeah, because I know you, they choose their favourites. “Oh, I picked that person”. And it's hard... You can't get in then.” (Julia, 785-789)

“No, I've known that I like dancing from, ah, I like dancing from a young age, but it was always hard for me to get into dancing because in the industry, they, they didn't have anywhere to put me because ah, they put me university, but university is not good for me. I wasn't able to meet the, the standards that they needed. to go to university and colleges don't really have much courses.” (Jamie, 355-261)

**Supportive environment.** Participants discussed some of the features they enjoyed and found supportive about [DC].

“The teachers, the, the staff are very encouraging and supportive. [...] if you can't get there, they always find a way to get either or help to get there, travel, either, or find a way to pay for, to get there or looking, looking at options to make it easier for you. [...] I wouldn't feel comfortable the mainstream, but in this one, because they're trained there, I feel more better, and they know more about what's going on, how to deal with people. [...] And I wouldn't feel pressured.” (Jamie, 478-481,953-956)

“Well, [DC] is important, it's a nice company to have. because a lot of people with disability and they know about your disability.” (Julia, 303-304)

## **The experience of dancing**

This theme represents participants' comments regarding their experiences and descriptions of dancing.

**Class and movement descriptions.** All participants described some of their experiences of being in class which tended to describe activities and movements, or related feelings.

“So after reading some little words, the other people can respond. Responding movement from the list. [...] I read a word from it, from the list so other people can respond in movement.” (Becky, line 435-436)

[previous class] “Um very, very, um, very energetic. Um, dancing mode. I actually concentrate. [laughs] but I've done something all wrong.” (Jo, 420-423)

**Dancing at home.** This was something that many participants noted as important to them alongside attending class. However, others noted that they struggled to find motivation to practice outside of the DC.

“And I, sometimes I dance to it [music at home] or from, I... you know, it really helps. So really get that feeling out.” (Anna, 504-506)

“I dance at home. I love doing my own dancing. [...] I've got loads and loads of other people [DVDs/CDs] like Mama Mia.” (Jane, 565-569)

“Yeah I didn't do it (laughs), [...] But I will come here to dance, I don't really do anything at home, I sit down really. (Viv, 554, 686)

**Importance of the music.** This was highlighted by some of the participants as a key factor in their enjoyment of dancing.

“Well, it did see, um, audience. And had nice music, so, well, that's really, really good fun.” (Becky, 911)

“I love dancing to a beat, it's the beats that get me moving. And then I just start moving and dancing and then you don't even know I'm there. I don't even recognize people when, when I'm dancing, they don't even know me. I don't like people looking to me, but if I'm dancing, they can look and then you wouldn't... they, I wouldn't even notice.” (Jamie, 378-384)

**Memorable experiences.** Many participants highlighted key memorable experiences related to dance, often related to items such as photos or costumes that they brought to the interview.

[Memory of a performance] “Um, we went to the opera, the, the, the opera house that in, in London. [...] Doing. a duet. [...] I went out on stage and she was brought up. [...] She had daffodils yeah. Real ones. [...] That's part of the excitement of it. And I. Doing all the actions like, [throwing the daffodils out gesture – described by interviewer] Yes. And then at the end, all the [DC] people were there.” (Jo, 241-262)

**Positive experiences of dance.** All participants provided multiple examples of positive emotions they had experienced while dancing.

[feelings about coming to class] “Um, happy. Yeah. Definitely more, more exciting. [...] Yeah. Um, more, more confident, a lot more.” (Becky, 735-739)



“It makes me feel like... I'm free. To move. As a dancer. [...] when I dance I feel happy.” (Chris, 14-16)

“Don't remember what I did, but it was, you know, quite fun.” (Anna, 292-294)

### **Thematic summary**

Connection with others appeared to be a key theme, with many contributing subthemes. This was touched on by all participants on multiple occasions, whether this involved positive interactions in class and rehearsals, or through valuing the responses of family and audience members. Another important theme was being provided with a wide array of opportunities, which appeared to contribute to a sense of success. Whilst most of the themes focused on positive experiences, some participants also acknowledged challenges related to participation. Some of the challenges they described referred to their experiences in different settings such as “mainstream classes”, while some were in the current classes or in relation to overcoming feelings such as nerves for performances. Nevertheless, finding a supportive and inclusive environment also seemed key for the participants in order to provide them with a space in which they could thrive and develop.

### **Discussion**

The study suggested that participants experienced positive connections with others through participation in the DC. These positive results are consistent with previous findings of Albin (2016) who noticed significant positive improvements in social skills of children with DS following a dance intervention. These findings are also consistent with Bergmann et al., (2021) whose research involved adults with LD and autism. Previous research studying adults with LD outside of an autism diagnosis has not appeared to focus on the social impact of dance. In the present study, positive social interactions were noted by all participants. Many referred to friends in the DC and the improvements they noticed in their mood and confidence when entering a space where people felt familiar and welcoming. These findings support the concepts of the Communicative Theory of dance (Hanna 1987) and suggest that

participation in dance groups could help to reduce social isolation that commonly impacts on the mental health of PWLD (Hall, 2010; MENCAP, 2020). This study highlighted the importance of opportunities for sharing ideas and collaboration with outside groups, including professional dancers. This is consistent with the Sociological Aesthetic theory of dance (Charles & Justin, 2014), which explains how dance can function as a useful means of communication between different groups of people.

Opportunities for success encapsulated key subthemes such as experience of emotions of pride, achievement and the formation of valued memories through tour and performance. The Choreologists Aesthetic Theory of dance highlights that a well-choreographed dance has the potential to communicate action and emotion. This could in part explain how performing a choreography to an audience can generate feelings such as pride and achievement for dancers. The ‘value of fitness’ was grouped under this theme, several participants viewed their participation as an opportunity to achieve and maintain fitness. The idea of PWLD developing their physical health and fitness through dance is supported by the literature (Rotta et al., 2022; Cluphf, O’Connor & Vanin, 2001; DiPasquale et al., 2022; Martinez-Aldao et al., 2019; Lundqvist et al., 2022b). Most previous research was based on recording measures of fitness from participants rather than exploring if this was of value to them. However, Hawkins and Look (2006) found that within their sample of adult with LD, lack of understanding of the benefits of physical activity was rated as a significant barrier to engagement. In contrast, this study offers a unique perspective that fitness was felt to be of importance to the participants themselves. The idea that dance promotes physical wellbeing is supported by the therapeutic/medical theory of dance (Charles & Justin, 2014).

The broader sense of opportunities for success is less well documented in the literature for dance-based activities for PWLD. Parry & Rachel (2017) discussed ideas regarding performers having an opportunity for agency over their bodies and space and the

impact this had on the traditional power dynamics PWLD experience. However, there is little in the way of publications that demonstrate this from the perspective of the PWLD.

Within the difficult feelings and challenges theme, some personal challenges at times got in the way of participation, such as bereavement and mental health difficulties. Other sub-themes highlighted emotional challenges, such as nerves and embarrassment related to performing. Arguably these are common experiences for people with and without LD, but occurrences of mental health difficulties within the LD population are typically higher (Cooper et al., 2015). Interestingly, the majority of occurrences of themes related to group challenges were attributable to one participant. It is possible that being the youngest member of the DC and being involved for the shortest amount of time, might explain why the member had a different experience from the rest of the group. Despite the references to nerves, many participants followed up discussion of challenges with positive feelings, which portrayed a sense of overcoming these challenges with practice and positive experiences. There does not appear to be existing research regarding this process in relation to dance and PWLD.

Practical challenges tended to centre around travel, organisation, and cost. Cost has been mentioned in previous literature examining barriers to participation within the LD population (Hawkins & Look, 2006). Participants also mentioned the challenges of engaging online during the recent COVID-19 pandemic. Having a large space for practice and face-to-face support was important.

Within the theme of finding the right environment, many participants valued being in a space where their LD was understood and acknowledged and that the level felt appropriate. This contrasted with the experiences of some participants who had previously engaged in mainstream or more competitive environments and had ultimately left due to feeling this was a poor fit. The idea that PWLD might often value specific spaces for people with similar needs over working towards “fitting in” to mainstream settings is supported by MENCAP

(1999) who noted this in the context that PWLD often face discrimination and have negative experiences when in the wider community. This was also supported by Pinfold, (2000) and Philo et al.'s (2005) ideas around the importance of 'safe havens' for people from marginalised groups. The idea of dancing within a group or community is central to the Sociological Aesthetic Theory of dance (Charles & Justin, 2014) and arguably underlines the need to find the right group for PWLD.

Participants offered rich information regarding their various experience of dancing. Overall, it felt as though positive emotions were evoked and many appeared to have a great passion for dance. When also considering the previous experiences of many of the dancers, it became apparent that dance and the performing arts more broadly had been longstanding passions. It is therefore unclear how well these findings could be generalised to the wider LD population when this particular interest may not be present. However, dance theory would suggest that regardless of the level of interest, the benefits of dance for mental wellbeing are available to all, due to the inherent connection between the mind and body (Charles & Justin, 2014). Additionally, for PWLD the idea that emotions can be expressed and processed through a non-verbal medium seems key (Charles and Justin, 2014). This is supported by the Therapeutic/Medical Theory of dance and ideas that underpin the foundations of DMT regarding the psychotherapeutic benefits of dance (American Dance Therapy Association, 2020). Hanna (1987) also argues that dance is an expressive form of thinking, sensing, feeling and moving, therefore emphasising the unity of body and mind.

### **Limitations**

There was only involvement from three carers/family for the second interviews in many cases, therefore perhaps reducing opportunities for involvement of those who need more scaffolding due to difficulties with expressive language. However, there is already an amount of literature which expresses the views of carers/facilitators rather than the voice of

those with LD themselves. In addition, more involvement of carers may have cast doubt on the degree to which the reported experiences were genuinely those of the dancers.

Participants recruitment was guided by DC facilitators and ultimately participants self-selected whether to take part or not. This will likely have caused a degree of bias in terms of the types of dancers who participated. For example, perhaps those who find social interactions more challenging or have lower cognitive abilities did not participate. Equally the sample lacked diversity, as participants were predominantly white British females. Therefore, generalising the findings outside of this sample would need to be considered with caution. However, the concept of transferability is often more relevant to qualitative research. In this study participant context was provided to aid the reader to conceptualise the types of participants in question.

### **Clinical implications**

Clinically, it may be important for medical and allied health care professionals such as psychologists to consider the benefits of dance when working with PWLD, particularly when certain areas discussed above are presenting as challenging to their clients e.g., feelings of self-worth and lack of social connection. This study indicated the value of dance groups to provide a space for PWLD to build strong connections and opportunities for success and skills of development. It seems important for such groups to be established on a long-term basis for the greatest therapeutic benefits.

This study also supported the notion that specific spaces for PWLD can be helpful in creating what feel to be supportive environments. While there may be a role for integration of PWLD into mainstream dance spaces, this study highlighted that having a setting where participants felt that their LD was understood, acknowledged and the level was pitched accordingly. This proved to be beneficial and preferable to trying to 'fit in' in mainstream or competitive environments.

## **Future research**

It would be useful to look at the experience of participants from other dance groups to explore if similar themes are common across PWLD who participate in different dance groups to gain a greater understanding into the most important factors for this population and the generalisability of these findings. While valuable data were collected through interviews, this did present with challenges for many participants. Other research methods that have a focus on observation may help to gather further insights, particularly for participants who find verbal communication more challenging. While this research focused exclusively on PWLD, it meant the exclusion of a participant who did not fit this criterion but did benefit from the group. This raised the point that research looking at neurodiversity more broadly would also be of importance, in order to capture the experiences of those who do not fit the specific category of LD.

The use and development of outcome measures which specifically measure key areas raised in this study would be of value. For example, measuring participants' experiences of friendships, social inclusion and sense of achievement before entering into dance groups with longitudinal follow up.

## **Conclusion**

This study explored the experiences of adults with LD who participate in an inclusive dance group. Six key themes were highlighted covering a range of benefits experienced by participants, as well as explaining some of the challenges that can be faced.

Notwithstanding limitations, this research has contributed to the limited evidence base regarding first-hand accounts from PWLD about their experiences of involvement in a dance group. The analysis highlighted key benefits expressed by participants, such as the opportunities for social connection, success, e.g. through performance and public recognition.

The positive experiences of dance movement reported had implications for mental and physical wellbeing. The study size was small and lacked diversity in relation to gender and ethnicity, so recommendations for clinical practice are tentative. However, the majority of the findings are consistent with existing theories and literature, as well as offering some new insights, such as participants' enjoyment of developing their skills and opportunities to perform with an audience. The idea that participants valued fitness on a personal level also offered a new insight. Future research suggestions have also been outlined. Overall, this research suggests that despite their being challenges to participation at times, taking part in dance and performance groups can have a range of benefits for PWLD and can offer unique experiences and opportunities for development while supporting mental and physical wellbeing.

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### **Section C: Appendix**

Appendix A: Quality appraisal checklist for Quantitative intervention studies (NICE, 2012)

Appendix B: Quality Checklist, Critical Appraisal Skills Programme (Singh, 2013)

Appendix C: Easy read participant information sheet

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Appendix E: Research flyer

Appendix F: Participant consent form

Appendix G: Ethics approval letter

Appendix H: Interview schedules

Appendix I: Sample transcript with focused coding

Appendix J: Abridged research diary

Appendix K: Example memos

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Appendix M: Easy read summary report for participants

Appendix N: British Journal of Learning Disabilities author guidelines

**Appendix A: Quality appraisal checklist for Quantitative intervention studies (NICE, 2012)**

Study design key:	Barnet-Lopez et al., (2016)	Lundqvist et al., (2022a)	Bergmann et al., (2021)	Barnet-Lopez et al., (2015)	Rotta et al., (2022)	Cluphf, O' Connor & Vanin, (2001)	DiPasquale et al., (2022)	Martinez-Aldao et al., (2019)	Lundqvist et al., (2022b)
<b>Section 1: Population</b>									
1.4 Is the source population or source area Well described?	+	++	+	+	++	++	++	++	++
1.5 Is the eligible population or area representative Of the source population area?	+	+	++	++	+	++	++	+	+
1.6 Do the selected participants or areas represent the eligible population or area?	++	++	++	+	+	+	+	+	+
<b>Section 2: Methods of allocation to intervention (or comparison)</b>									
2.1 Allocation to intervention (or comparison). How was selection bias minimised?	++	++	+	NA	NA	+	-	NA	++
2.2 Were interventions (and comparisons) well described and appropriate?	+	+	++	+	+	++	+	+	++
2.3 Was the allocation concealed?	NR	+	NA	NA	+	-	-	NA	NA
2.4 Were participants or investigators blind to exposure and comparison?	NA	NA	-	NA	NA	+	NR	NA	NA
2.5 Was the exposure to the intervention and comparison adequate?	NR	+	+	NA	NA	++	+	NA	NA

2.6 Was contamination acceptably low?	++	++	++	NA	NA	++	++	NA	+
2.7 Were other interventions similar in both groups?	NR	++	+	NA	NA	+	NR	NA	++
2.8 Were all participants accounted for at study conclusion?	-	++	++	+	++	++	+	+	+
2.9 Did the setting reflect usual UK practice?	++	++	++	+	+	++	++	+	+
2.10 Did the intervention or control comparison reflect usual UK practice?	+	++	++	-	-	++	++	+	++
Section 3: Outcomes									
3.1 Were outcome measures reliable?	++	++	+	+	++	++	+	++	+
3.2 Were all outcome measurements complete?	++	++	++	++	++	++	+	+	++
3.3 Were all important outcomes assessed?	+	+	++	+	+	++	+	+	+
3.4 Were outcomes relevant?	+	+	++	NA	++	++	++	++	++
3.5 Were there similar follow-up times in exposure and comparison groups?	NA	NR	NR	NA	NA	++	NR	NR	NR
3.6 Was follow-up time meaningful?	NR	NR	NR	-	NR	++	NA	NA	NA
Section 4: Analyses									
4.1 Were exposure and comparison groups similar at baseline? If not, were these adjusted?	-	NR	+	NA	NA	++	++	NA	++
4.2 Was intention to treat (ITT) analysis conducted?	NA	-	++	-	++	++	++	+	+
4.3 Was the study sufficiently powered to detect an intervention effect (if one exists)?	NR	-	NR	NR	NR	++	+	+	+
4.4 Were the estimates of effect size given or calculable?	NR	++	NR	NR	NR	++	+	++	++
4.5 Were the analytical methods appropriate?	+	++	+	+	-	++	+	++	++
4.6 Was the precision of intervention effects given or calculable? Were they meaningful?	+	++	++	++	-	++	+	++	++





**Appendix B: Quality Checklist, Critical Appraisal Skills Programme (Singh, 2013)**

	<b>Study author</b>	<b>Parry &amp; Rachel (2017)</b>
	Study design	Qualitative; Practice based research
<b>Section A. Are The results valid?</b>	Was there a clear statement In terms of the aims of the Research?	Can't tell: Clear aim of the company and it is implied this paper is to support that aim but unclear regarding the research.
	Is a qualitative methodology Appropriate?	Yes
	Was the research design appropriate To address the aims of the research?	Yes: Although more formal interviews and analysis may have been preferable.
	Recruitment appropriate?	Yes
	Was the data collected in a way that addressed The research issue?	Yes
	Has the relationship between researcher and Participants been adequately considered?	No
<b>Section B. What Are the results?</b>	Have ethical issues been taken into consideration?	Can't tell: Permission and consent have been gained but no mention of this process or ethical approval obtained. Real names have also been used (with permission).
	Was the data analysis sufficiently rigorous?	No
	Is there a clear statement of findings?	No
<b>Section C. Will the Results help locally?</b>	How valuable is the research?	Yes

Appendix C: Easy read participant information sheet

Easy read information sheet

Project:

**Exploring the stories of people with learning disabilities who take part in inclusive dance groups.**

By Sarah Illsley



Please see next page for information



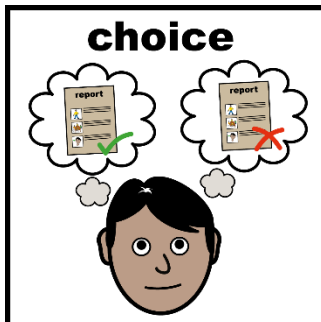
### 1. Why is this project being done?

- So that other people can hear about [redacted] and you as a dancer.
- We want to know what it is like for you.
- This may help to support others with learning disabilities.



### 2. Why me?

- You have been dancing with [redacted] for a few years now.



### 3. Do I have to take part?

- No, you don't! It is up to you. Please read this sheet to decide.
- or I can explain information over the phone.
- If you agree to take part, we would like you to sign a form.
- You can still change your mind later.

### 4. If I say no, will this cause a problem?

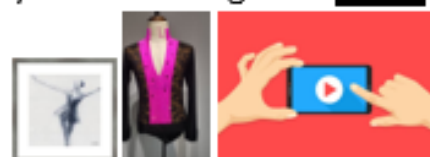
- No! Nothing will change for you as a dancer at [redacted].



### 5. What will happen?

- You will meet with me to talk about your experience as a dancer.
- I will have some questions.
- It is helpful if you can bring something with you that reminds

you of dancing with



- You can also bring someone with you if you like.
- You can stop at any time.



### 6. What happens if I change my mind?

- After the interview you will have one month to ask me to delete what you said to me.

### 7. What happens when the project is finished?

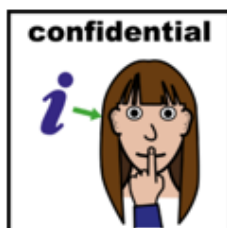
- I will write about what you have said but I will not use your name, so nobody will know it is you.
- I can meet with you to tell you what I will write.





### 8. Could anything bad happen?

I don't think so, but we can take breaks if it feels tiring talking.



### 9. Will my information be private?

- Yes
- But if I was worried about something you said I would have to tell someone else who could help.



### 10. What if I wish to complain about the project?

- You can speak to me if you call [redacted] and leave a message for [redacted]
- Or you can speak to my supervisor if you leave a message for [redacted]
- If you are still not happy you can email the director on my course [redacted] by [email](#);



**Thank you for reading this – please ask any questions if you need to.**

**Email:**

You can leave a voicemail message for me at [redacted]. Please say that the message is for me Sarah Illsley and leave a contact number so that I can get back to you.

Or a member of [redacted] staff can put you in touch with me.

## Appendix D: Full participant information sheet



Salomons Institute for Applied Psychology  
Meadow Road, Tunbridge Wells, Kent TN1 2YG

One

[www.canterbury.ac.uk/appliedpsychology](http://www.canterbury.ac.uk/appliedpsychology)

### Detailed participant information sheet

**Study title: Exploring the stories of people with learning disabilities who take part in inclusive dance groups**

Hello. My name is Sarah Illsley and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you.

I am supervised by Dr Sue Holttum, Senior Lecturer at Salomons Institute for Applied Psychology. [Sue.Holttum@canterbury.ac.uk](mailto:Sue.Holttum@canterbury.ac.uk)

Do talk to others about the study if you wish.

(Part 1 tells you the purpose of this study and what will happen to you if you take part.

Part 2 gives you more detailed information about the conduct of the study).

#### **What is the purpose of the study?**

In this study I would like to hear the stories of people with learning disabilities who take part in inclusive community dance companies/groups such as [REDACTED]. This could provide useful information regarding the role that dance groups can play in the lives of individuals with learning disabilities. Findings will be used to add to the knowledge regarding activities that may be able to promote wellbeing.

#### **Why have I been invited?**

You have been invited to take part as I am recruiting members of [REDACTED] who have been involved in the group for at least 2 years. I am hoping to interview between 8 and 12 participants.

### **Do I have to take part?**

It is up to you to decide whether to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason, before or during the interview. This would not affect your participation in [REDACTED] whatsoever. Further details are provided in section two about withdrawing after the interviews.

### **What will happen to me if I take part?**

If you choose to take part, I will arrange to meet with you at the [REDACTED] building to carry out an interview, which will last around 40minutes depending on how much you want to talk about. There will also be the option of having a second interview where you could invite a relative, carer, or friend who knows you very well and might be able to help you to think about your time at [REDACTED] and add information to your answers.

I will record our interview and write it down afterwards. The written record will be made anonymous so that it cannot be identified as you. The recording will be deleted once it is written down. Later on there will be an option to meet with me again to hear what I have found out, when I have interviewed everyone who is interested.

### **What will I be asked to do?**

I will be asking you to talk about your experience of being a dancer with [REDACTED]. I will ask you to bring something with you to the interview that is connected to your experience at [REDACTED], e.g. something you have worn for a performance or class, a picture of you at [REDACTED], a prop or other item that reminds you of your time spent at [REDACTED].

### **What are the possible disadvantages and risks of taking part?**

It might feel strange being asked questions by me as you don't know me. However, you can withdraw at any point during the interview, take a break, or ask for someone to come with you if preferred.

### **What are the possible benefits of taking part?**

Taking part will provide you with an opportunity to talk about your experience and share your story. Some people find it enjoyable to talk about an activity they take part in.



**What if there is a problem?**

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

**Will information from or about me from taking part in the study be kept confidential?**

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.

This completes part 1.

*If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.*

**Part 2 of the information sheet****What will happen if I don't want to carry on with the study?**

It will be possible for you to withdraw at any stage before or during the interview. You will also be able to withdraw up to one month after the interview if you no longer want your data to be used. However, once the interview has been typed up and anonymised it would be more difficult to withdraw your data. Therefore there will be a limited period of one month to request this.

**What if there is a problem?**

If you have any concerns or would like to make a complaint, you may contact the lead supervisor of this project Dr Sue Holttum at [sue.holttum@canterbury.ac.uk](mailto:sue.holttum@canterbury.ac.uk).

**Concerns and Complaints**

If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me [NAME] and I will get back to you as soon as possible. If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology – [fergal.jones@canterbury.ac.uk](mailto:fergal.jones@canterbury.ac.uk)

**Will information from or about me from taking part in the study be kept confidential?**

All information which is collected from or about you during the course of the research will be kept strictly confidential. Write ups of your interviews will be anonymised, and recordings will be deleted as soon as the write up of your interview is complete.

The only time I would have to pass on information from you to another person would be if, as a result of something you told me, I were to become concerned about your safety or the safety of someone else.

Participants have the right to check the accuracy of data held about them and correct any errors.

**What will happen to the results of the research study?**

The research will be written up into the format of a scientific paper which I will submit for publication. You will be informed if the paper is successful at publication. Prior to that I will offer to return to [the DC] to summarise my findings.

**Who is sponsoring and funding the research?**

The research is sponsored by Canterbury Christ Church University.

**Who has reviewed the study?**

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by The Salomons Ethics Panel, Salomons Institute for Applied Psychology, Canterbury Christ Church University.

**Further information and contact details**

Thank you for taking time to read this information sheet. If you would like to speak to me and find out more about the study or have questions about it answered, you can leave a message for me on a 24-hour voicemail phone line at 01227 927070. Please say that the message is for me Sarah Illsley and leave a contact number so that I can get back to you.

Alternatively you can email me on \*\*\*\*\*

## Appendix E: Research flyer

# Are you a [REDACTED] dancer?



Do you want to help with my  
project?



I would like to talk to you about what  
it is like being a [REDACTED] dancer

[REDACTED]

You can meet me in person at [REDACTED] on  
Wednesday 12th January at 12:30pm to  
find out more

More information is on the Information Sheet



If you have any questions  
or if you want to put your name down to take part,  
please contact me:

[REDACTED]

or call **01227 927070** and leave a message for Sarah Illsley

**Appendix F: Participant consent form**



Salomons Institute for Applied Psychology

One Meadow Road, Tunbridge Wells, Kent TN1 2YG

Ethics approval number:

Version number:

Participant Identification number for this study:

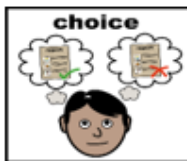
**Consent form**

Title of Project: **Exploring the stories of people with learning disabilities who participate in inclusive dance groups.**

Name of Researcher: **Sarah Illsley**



1. I have read and understand the information sheet dated..... (version.....) for the study. I have been able to think about it and ask questions.



2. I understand that my involvement is voluntary and that I am free to stop at any time.



3. I understand that what I say during the study may be looked at by the lead supervisor Dr Sue Holthum. I give permission for them to read what I have said.



4. I agree that what I have said in the interview may be written in the study but without my name.



5. I agree that what I have said (without my name) can be used in further research studies.

6. I agree to take part in the study.

Name of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Appendix G: Ethics approval letter**

*This has been removed from the electronic copy*

## Appendix H: Interview schedules

### Interview Schedule

#### 1. Opening:

- Hello, I will start by introducing myself again. My name is Sarah Illsley and I'm a psychology student. You said you were happy to take part in my study about dancers' experiences of [REDACTED]. If this is still ok, I will ask you to sign this consent form. You can still decide not to take part if you don't want to.
- I want to check if you have any questions or worries before I explain a bit more?

#### CONSENT FORM

#### 2. Initiation:

- I would like you to speak as freely as you can. If it feels difficult to remember things, I will prompt you with some questions that might help and please take your time.
- This might feel a bit of a strange experience but that's ok.
- I want hear about your experience, I am very interested in what you have to say.

#### START RECORDING

#### 3. Questions:

- Tell me about the item you brought today?
- Prompt/follow up questions as needed:
  - What does it remind you of?
  - Depending on the object; what is happening in the picture, who is in it? Or, when did you wear/use this? Can you tell me about that day? Something you did? Something that happened while you were there?
  - 
  - What was it like being part of that class/rehearsal/performance?
  - What was good/bad about it?
- Can you tell me how you feel about [REDACTED]?
  - How do you feel when you are in the classes/ rehearsals/ performances?
  - How would it feel if you couldn't come/ experiences when you haven't been able to?
- Tell me something about when you last went to [REDACTED]? [if different from above]
  - What do you remember doing? New routine, practicing sequence, improvisation? Preparing for sharing?
  - How were you feeling before you arrived? and after? – can show visual's for emotions.
  - Was it the same group as usual?

- Is [REDACTED] similar or different to other things you do in your life?
    - o How does that feel compared to [REDACTED]?
  
  - You mentioned X before. Can you tell me more about it?
4. If the participant appears overwhelmed by the interview. I would offer a break where we could move about and/or get a drink/snack to feel more comfortable again. “please remember that there is no need for you to carry on if you are not comfortable”.

*If happy to continue:*

- Please remember that today is all about hearing your story and experience of being a dancer in [REDACTED]. There are no wrong answers, everything you say is of interest to me. I’m really glad you are happy to talk to me.

Debrief with what happens next; how was it? Idea about online meeting, would they like someone to support/share with?

**Appendix I: Sample transcript with focused coding**

*This has been removed from the electronic copy*



## **Appendix J: Abridged research diary**

### **March 2022**

Conducted my first research interviews at [REDACTED] today. I noticed finding it difficult to avoid leading questions at times when further prompts were required but was aware of this so did my best to keep questions and options as open as possible. The participant chose to wear a face mask and I was a bit worried this might make the recording unclear but of course allowed her to make her own choice with this.

After carrying out a few interviews I noticed quite a range among participants regarding how much they were able to say without prompts so it often felt easier to stick with open questions with some participants. However, I also noticed that some questions seemed to be challenging for many e.g. the questions regarding comparing experiences of participating in dance to other activities, comparison seemed to be challenging so I thought this question would be one to rethink and not persist with if participants were struggling.

Many participants seemed to respond well to the use of the emotions wheel and seemed to be able to pick emotions which resonated with what they were saying. However, exploring these emotions after identifying them felt more challenging.

### **June 2022**

When listening back to recordings before the second interviews it felt good to be able to have a second opportunity with participants. Especially with those who had forgotten to bring a prompt item to discuss. I also felt this would be good as in the first interviews I noticed that I was quite tentative about pushing participants to offer more detail as I was wary that this would feel too difficult and/or overwhelming for some even though there was more I wanted to ask. Therefore I made notes of these areas to ask more about at the second interview. It felt helpful to be able to break this up to reduce the intensity as I think the process may have been a bit tiring for some participants.

### **13<sup>th</sup> July 2022**

Today I went back to [REDACTED] to complete A's second interview, confirm consent from J's, which I feel was achieved and spoke to S about diagnosis.

I felt a bit nervous while planning my conversation with S, as I was weary about making her feel once again othered and like she didn't fit. However, it felt really important to gain a sense of clarity about how she identifies in order to decide whether she would fit with the research. Over the past few months I've had conversations with Sue about this dilemma. At one point we thought about writing to the ethics panel to widen my inclusion criteria to include new diversity. However, when I sat down to do this and looked back on my proposal, I realised that this would then be a poor fit with my research question and it would make it very difficult to compare my findings to other research with people with or without disabilities. I therefore decided not to go down this route and to keep the inclusion criteria as learning disabilities.

I spoke to my LD placement supervisor about the diagnosis issue, she felt that including someone in my project that didn't have a learning disability would compromise the quality of the research. She also felt that as there is currently too little research done on people with learning disabilities it felt

important to focus on this group specifically. This informed my decision to really check with S that she doesn't identify as having a learning disability.

When I listened back to her recording it felt quite obvious to me that she didn't have a learning disability. She demonstrated a high level of understanding and an incredibly fluent speech.

In the second interview I opened it by reflecting on the point she'd made last time about the challenges of finding the right spaces and frustrations about fitting/not fitting into specific and neat boxes. I told her I empathised with this but regrettably when it comes to research, these types of categories can be quite important, therefore I wanted to spend a bit of time exploring with her how she identified in terms of disability, while noting that definitions are used differently by different people. It was clear that she didn't have a learning disability and when she spoke about her ASD, she said she felt like she was what they call "high functioning", this felt consistent with how she presented.

Sadly I could tell that she seemed disappointed by what I was saying. I tried to give her space to reflect on how this felt and how it wasn't my intention to make her feel like she didn't fit. I tried to emphasise that I still valued the time she had given and things she said. It felt in some way that I'd let her down, despite there not being any benefits in terms of monetary gains etc. I think she just wanted to feel like she was part of something and fitted, and I was no longer able to offer that. I felt sad leaving and waving goodbye. I spent time talking to S but all the things she's doing in the things that are going well in the interesting spaces she is involved in, but it still felt like I had disappointed and let her down.

I also have a slight anxiety that me uncovering this could jeopardise her place in [REDACTED], I think I will raise this with Sarah and highlight that my type of criteria is possibly different from theirs, which is why I need a new participant.

perhaps I can put in my reflections and thoughts for future research that in the area of interest could be what makes groups increase even supportive to people of different types of neurodiversity as it seems that in current SoC this can be a real challenge and cause a great amount of stress and difficulties with identity formation.

I think it might also feel very uncomfortable for me as on the one hand my psychology training encourages me to move away from diagnosis, to be person specific and recognise different needs, without necessarily categorising people. But on the other hand, research doesn't often work this way and I'm being therefore trying to work in both ways at the same time.

### **1<sup>st</sup> February 2023**

Finally finished the first draft of Part A although this wasn't as complete as I would have hoped. I have found part A the most difficult assignment on the course. I think I have felt the most out of my depth with this having had no prior experience of conducting a literature review in this way. Finding a question and inclusion criteria which included enough papers has also presented challenges. It is interesting that so much more research seems to have gone into children. This reminds me of in my adult LD placements and previous work experience where it is commonly understood that one PWLD become adults the level of provision is also sparser.

### **Feb 2023**

Went to see the [REDACTED] performance:

Very moving seeing them on a stage in a grand theatre with a large audience, especially knowing that that was especially important for a few of them following their interviews. I felt as though their performance fitted in well with the overall show and the energy of some of the performers in particular was inspiring, e.g. how D really used the stage and drew the audience in. I felt a real sense of pride even though I have only a small relation to the group. They received a big applause which felt well deserved. It was very interesting to see how dancers with LD could be successfully be included in a professional performance and sold out show in [REDACTED]. It was also helpful for me to watch as several points that participants had discussed in their interviews made much more sense e.g. the use of film and video and some of the other performances and costumes mentioned.

### **25<sup>th</sup> February 2023**

Started coding the first transcript, I'm aware that it feels as though there isn't anything to code in the first bit, lots of setting up and discussing the object/pictures brought that weren't related to [REDACTED] in this case. I wonder if this is an issue on my part though that I am only looking to code things that are of interest to my project when maybe there is something within what she has said about the photos of her nan? It feels difficult though as she isn't really giving much information, more just responding to questions of mine with very brief answers. Again, reminds me why Narrative analysis would have been a difficult fit and the need for a change in analysis.

It felt like she was perhaps a bit more shy and embarrassed at times in the second part when her mum was present, this could be related to her relationship or might have been about being on zoom. At first it felt as though she was more inclined to say, "don't know/can't remember" and defer to her mum but later she seemed a bit more able to challenge/add her own thoughts too. This also made me feel glad that for almost all the participants I did meet them on their own first to get a sense of what they are like and what they spoke about on their own to be able to notice if this changed or not.

### **9<sup>th</sup> March 2023**

Feeling thankful that as I've coded more transcripts, I am starting to notice more richness in the data with many quotes that I hope to be able to represent. I've also tried to keep an eye on any biases towards e.g. just positive ideas and making sure that I code data that also speaks to challenges/difficulties.

### **5<sup>th</sup> April 2023**

While putting quotes into my results section I noticed the desire to edit quotes in terms of grammar to make them "read better" for the audience, but also wanting to leave them as they are to reflect the truer interview. Also I remember that previous literature has spoken about how this can be viewed as a harmful practice in research with PWLD i.e. airbrushing difference. So I have kept them verbatim and hopefully readers can interpret their meaning accurately. I realise that the meaning can be much clearer when listening to the recording than just reading the text.

### **7<sup>th</sup> April 2023**

I felt emotional when reading over some of the quotes around pride. I think it feels particularly moving when I know this is a population who are often deprived of these moments, (my own views and understanding). This also alerted me again to my potential bias to highlight these more shining moments. Although I think this is fair as this feels to

dominate the data it was also a reminder to make sure I pay equal attention to the data that doesn't present in such a moving way.

### **13<sup>th</sup> April 2023**

Final consultation with my [REDACTED] consultant to discuss the easy read feedback form and how to also present in person. Meeting her again reminded me how long this journey has been and how grateful I am for her making herself available to me. Also feeling grateful for her patience e.g. payment. I felt a sense of relief that I can now process the forms to pay her for her contributions over the last few years. The process of working with her has been interesting as I have wanted to hear from her as much as possible with as little influence of my own. However, given that she also has a LD it has been necessary at times to present her with options when she has found it difficult to generate ideas without a good starting point. Therefore it has felt a bit like a balancing act of trying to give her as much power and authority as possible but also making the process accessible.

### **22<sup>nd</sup> April 2023**

I am finally almost ready to submit. I think the most challenging part in this final stage has been addressing feedback regarding bringing in as much theory as possible and making sure to link the discussion back to this more than I had done. At times it has been difficult to distinguish ideas in existing literature from what would be considered as a theory, also the challenge of wanting to keep enough difference between part A and B and therefore not drawing on all the same theories despite the topic area being similar. I also find myself thinking of more and more discussion points of things I have thought about and noticed throughout the research process that I had previously forgotten about. Unfortunately I am already over the word count so will have to limit myself with this!

## Appendix K: Example memos of analysis process

### February 2023

- Question for sue: Unsure how specific to make codes e.g. the “positive experience” is covering a large variety currently also have tried to keep it close to what they’ve said but not sure if I should add interpretation at this stage e.g. when they say things that suggest moments of pride but didn’t use the word pride e.g. when talking about how it was a big deal to perform at [REDACTED] wells I just coded as positive performance experience – kept it vague but need to review this.
- Noticed commonality in P7 story to I think P6 of the challenges of navigating different dance settings e.g. mainstream dance settings to find the right fit/ place for them, feels like that took some trial and error and support from others to find and suggest groups like [REDACTED].
- Have noticed that recalling memories from tour often comes up e.g. in P8 and this feels like a really important experience for building memories and having different experiences to reflect on. It makes me wonder how it would also be interesting to hear from the [REDACTED] staff who took them on tour, what their thoughts and reflections of the experience were too. – could be a recommendation for future research. Would be curious how the accounts were similar/different.
- Under other parts/aspects of life, I have noticed a few people talk about groups they were previously involved in that had to fold due to running out of funding etc like [REDACTED] (P8). Made me think about how it’s important for these types of provision to have access to long term funding but that this is often not the case.
- I realise that my questions did ask participants to discuss their experiences outside of [REDACTED] of other dance groups or activities. In order to build rapport, I also asked more generally questions about their lives. I feel a bit unsure how to code this data as some of it feels less relevant to my question. I’m thinking I might create a code which covers their experiences outside of [REDACTED] so that all this data can be

grouped. It might be helpful to look back at once NVIVO groups it to look for any common themes, can discuss with Sue.

### March 2023

- Starting to notice that many (not all) but many of the ppts in [REDACTED] are quite active in other parts of life too e.g. are part of other groups and organisations, some have a bit of paid work and others are more in advocacy/volunteer roles or part of other social or performing groups. I wonder if it's quite hard for different types of PWLD to join dance groups like this? Many have heard through e.g. social workers or other groups so it might be that for many people these opportunities pass them by? Or wouldn't be a good fit for those who are less outgoing?
- It would be interesting to know how many of them come from families where a parent has an interest in dance?
- Also while going back to finish coding P2 I'm noticing how in those transcripts where the ppt gives less detail or psychologically relevant material in their responses I am more likely to use closed questions. On a couple of incidences with this ppt I have flagged this and felt that the response may be heavily influenced by suggestibility so was unsure about using this material. Thankfully I haven't felt as concerned in other transcripts so far. I think I should avoid using any quotes in my results section where I am unsure if they were suggestibility might have played a part.
- I need to make sure I come up with codes to categorise the more negative content. Particularly with my bracketing interview in mind I need to pay attention to not gloss over this kind of content. I've started to notice that one or two are mentioning that they had a hard time when in some other groups that sounded to be more competitive, so maybe a code around "difficulties in a competitive environment?".
- I've added a code for online experience to capture what participants discussed in relation to their experience during lockdown. I will make a note to look back at the earlier transcripts to apply this code as I

think I previously coded some of this content under more general codes.

- I think I might need to generate a new code that speaks to the idea of a “supportive environment”. So far I’ve put this type of content under “positive experience” but I think I am losing the nuance of some of the data where they are specifying features of the environment that promote a positive experience – go back over transcripts 1–6.
- It feels like there is something about having opportunities. Many participants seem to really value not just the experience of a dance class but being able to build on that and take what they have learnt to the stage or to be involved in collaborative projects. Have started coding this under “importance of opportunities through the company”. It would be interesting to know if this can feel like something that is missing from pure dance classes for PWLD.
- Noticing some overlap between a few codes such as “achievement” and “sharing with family”, sometimes quotes can speak to both ideas but not always. I think I will keep both codes for now but I can review this when all the data is coded.
- Pride seems to come up in quite a few transcripts, I’m contemplating if this warrants its own code rather than putting this under e.g. “positive experience”. After talking to Sue, I think the more specific I can make the codes the better as “positive experience” doesn’t offer as much insight into what the participants are actually describing. Therefore, need to go back through transcripts to re-code accordingly.
- I’ve started to notice that some themes can be grouped together, especially when not many incidences, e.g. I’ve got rid of “feeling tired” and have recoded these few under “challenges of coming” as that was what they were referring to.
- Starting to think there should definitely be a theme related to social interactions as I’m noticing this across all participants so far, equally many participants seem to speak fondly of having an audience. This

interested me as nerves also come up in relation to performance. It might be that there's something around overcoming challenges.... I also feel this is an experience I and other dancers can relate to.

- Unsure which theme to put ambitions under, possibly something to do with having opportunities/being provided with a platform? Only one participant was coded in this way but I think it's still important to include. As discussed with Sue, given that I have a small sample size it's also important to avoid discarding ideas that aren't mentioned by others as it could be that with a larger sample others would have shared this idea.

### **April 2023**

Choosing quotes for the write up:

- Finding it very hard to choose examples for positive "social interactions" as it seems as though all participants have multiple so feel like ideally, I'd include one from each person! I know this is not the format though and I need to keep to the word count...
- I notice that I am often drawn towards quotes by particular participants who responded with longer responses and perhaps had higher levels of verbal expression. I need to check to make sure I am including quotes from everyone.
- For participants who gave shorter responses I've needed to at times add a bit more context re the question I had asked but this way their voice is still heard.



## Appendix L: Summary report for ethics and dance company

### Exploring the experiences of people with learning disabilities who participate in inclusive dance: A reflexive thematic analysis

#### Background

Adults with learning disabilities continue to face challenges regarding opportunities to engage in meaningful activities in the community. Equally they continue to experience poorer outcomes in relation to mental health and physical health when compared to the general population. Emerging data has suggested that dance may have positive implications for people with learning disabilities in areas such as physical health, sensorimotor integration, social skills and emotional wellbeing. However, there is limited research that investigates first-hand accounts or experiences of the adults concerned.

#### Aim

This study used reflexive thematic analysis to explore the experiences of adults with learning disabilities who participate in an inclusive dance group. The study aimed to create themes that represented key elements of participants' experiences, in order to gain a sense of the most salient and important aspects of their participation in an inclusive dance group.

#### Method

Eight participants were interviewed on two occasions, four of whom chose to involve a relative/carer in their second interview. Interviews were audio-recorded and transcribed. Data were analysed using reflexive thematic analysis; the transcripts were coded and themes and sub-themes were generated from the data.

#### Findings

Six themes were created as set out in the table below:

Main theme	Brief description
Connection with others	This came up in multiple contexts across participants' accounts, in terms of e.g. connecting with an audience, their fellow dancers, family who attend performances or other dance professionals.
Opportunities for success	Participants spoke about a range of ways in which performing or being able to come to class made them feel good about themselves. <b>Equally</b> achieving goals or <b>noticing success in</b> areas of personal development was indicated. This theme was also reflected in some of the dialogue with relatives, who reflected on feelings of pride

	for their relatives. Words such as achievement and pride characterised this theme, along with descriptions which highlighted the value in having interesting opportunities through the group and positive experiences of performance and being on tour. Being able to maintain and achieve physical fitness was also highlighted.
Difficult feelings and challenges in participating	Alongside the positive experiences that participants shared, it was also evident that most participants experienced some degree of challenge, such as managing difficult feelings in relation to dance or performance, working with others, physical or mental health challenges that at times impacted on their participation.
Practical challenges for participation	Some participants also referred to more practical challenges to participating in the dance group, such as transport arrangements or difficulties of joining in online during Covid.
Finding the right environment	This theme represented the challenges participants discussed in finding the right environment for them to participate in activities such as dance and what felt valuable to them in creating the right environment. For example, they valued coming to a space where staff understood learning disabilities and pitched the level according to the individuals' abilities.
The experience of dancing	This theme represented the comments that participants made regarding their experiences and descriptions of dancing and what stood out to them. For some this related to how dance made them feel e.g. happy and free, or noticing the importance of having a rhythm to dance to.

### Implications and Recommendations

Despite the small scale of this research project, the findings contribute to the research by offering accounts from adults with learning disabilities themselves, highlighting areas which they have found to be most important regarding their experiences in a dance group. This information pointed to the benefits that can be gained in areas such as building social connections and mental wellbeing, despite some personal and practical challenges to participation. Some of these themes supported current literature, particularly in relation to the positive impact on health, fitness and emotional wellbeing. Additionally, the findings

also highlighted that opportunities for performance and collaboration were also highly valued. These potential benefits could be considered to a greater extent by health and mental health services.

In terms of future research, it would be useful to build on the qualitative data, specifically from adults with learning disabilities who have experience of different dance groups. The use and development of outcome measures which specifically measure key areas raised in this study would be of value. For example, measuring participants' experiences of friendships, social inclusion and sense of achievement before entering into dance groups with longitudinal follow up.

**Sarah Illsley**

Trainee Clinical Psychologist

Canterbury Christ Church University

## Appendix M: Easy read summary report for participants

A big thank you for participating in my research project 😊

### Title:

Exploring the experiences of people with learning disabilities who participate in inclusive dance

By Sarah Illsley



After listening to my interviews with each of you, I noticed some of you spoke about similar things, I have called these “themes”.

When I wrote up my project, I spoke about these themes that I noticed

Here is a summary of the 6 themes I have written about:

### 1. Connection with other people

This included things like:

- enjoying being in class with other people
- Having an audience to perform to
- Sharing your dance with family, like when they watch you perform



- Sharing skills and creative ideas with other dancers

## 2. Opportunities for success

Many of you mentioned things like:

- Feeling proud
- Feeling like you had achieved something
- Keeping fit
- Having big opportunities with [REDACTED] e.g. to perform in different places and with different people
- Starting to have ideas about more things you would like to do in the future



## 3. Difficult feelings and challenges in participation

Some of the difficulties you mentioned were things like:

- Feeling nervous or embarrassed at times e.g. when performing
- Having difficult things going on in your life like losing loved ones
- But many of you said that even though some things are hard, once you've done it a few times you feel much better



## 4. Practical challenges for participation

- Things like transport or money can sometimes make things feel a bit hard



### 5. Finding the right environment

- Many of you said that you preferred being in a dance group where staff were supportive and understand learning disabilities
- Sometimes other groups can feel a bit hard to keep up with or are very competitive



### 6. The experience of dancing

- You all spoke about enjoying how it feels when you dance
- Many of you spoke about important memories about dancing in different places



I also said that I think this information is important for people to take into account when they are thinking about what might help adults with learning disabilities.

Thanks again for sharing your experiences with me, I wish you all the best in the future and look forward to watching more performances!

If you have any questions please contact me via:  
[s.illsley352@canterbury.ac.uk](mailto:s.illsley352@canterbury.ac.uk)

## Appendix N: British Journal of Learning Disabilities author guidelines

### Author Guidelines

*British Journal of Learning Disabilities* welcomes articles written by or with people with learning disabilities.

To see the journal's **Accessible Guidelines for Writers** please click [here](#).

To see the **Form for Writing an Article** please click [here](#).

*The Editor would like to thank Lewisham Speaking UP, South London and Maudsley Trust and Three Cs for their support in creating these guidelines.*

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### Instructions for Authors

#### Sections

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Authors should kindly note that submission implies that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium.

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If you cannot submit online, please contact the Editorial Office by email: [BLDedoffice@wiley.com](mailto:BLDedoffice@wiley.com)

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The *British Journal of Learning Disabilities* now offers [Free Format submission](#) for a simplified and streamlined submission process.

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- Your manuscript: this should be an editable file including text, figures, and tables, or separate files— whichever you prefer. All required sections should be contained in your manuscript, including abstract, introduction, methods, results, and conclusions. Figures and tables should have legends. Figures should be uploaded in the highest resolution possible. References may be submitted in any style or format, as long as it is consistent throughout the manuscript. Supporting information should be submitted in separate files. If the manuscript, figures or tables are difficult for you to read, they will also be difficult for the editors and reviewers, and the editorial office will send it back to you for revision. Your manuscript may also be sent back to you for revision if the quality of English language is poor.
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- The title page of the manuscript, including:
  - Your co-author details, including affiliation and email address. (*Why is this important? We need to keep all co-authors informed of the outcome of the peer review process.*)
  - Statements relating to our ethics and integrity policies, which may include any of the following (*Why are these important? We need to uphold rigorous ethical standards for the research we consider for publication*):
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**Important: the journal operates a double-blind peer review policy. Please anonymize your manuscript and supply a separate title page file.**

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## 2. AIMS AND SCOPE

The *British Journal of Learning Disabilities* is an interdisciplinary international peer-reviewed journal that draws contributions from a wide community of international researchers. It encompasses contemporary debate/s and developments in research, policy and practice that are relevant to the field of learning disabilities. Learning disabilities here refers to intellectual (global) disabilities and not to specific learning disabilities like dyslexia. The scope includes:

- activism and advocacy
- communication, interaction and relationships
- community lives and quality of life
- education and employment
- families and advocacy
- health and wellbeing
- policy, law and rights
- profound and multiple learning disabilities/additional needs
- research methods and inclusive research
- social care and professional roles.

The journal publishes original papers, commissioned keynote reviews on major topics, and book/resource reviews with some Special Issues giving comprehensive coverage to specific subject areas. The editor welcomes suggestions of topics for future Special Issues.

The journal supports dialogue with people with learning disabilities. *In Response* pieces provide feedback on the issues arising in the journal papers and their relevance for the lives of people with learning disabilities and those supporting them.

The international audience for *British Journal of Learning Disabilities* includes academics, professionals, practitioners, families and people with a personal and professional interest in learning disability. Authors are expected to consider this wide readership, to communicate in an accessible manner, and to exhibit knowledge of previously-published articles when submitting their work for consideration for publication. Careful attention to respectful terminology and ethical treatment is essential. You can see the journal's position on ethics [here](#).

The *British Journal of Learning Disabilities* is the official journal of the British Institute of Learning Disabilities. The opinions expressed in articles, whether editorials or otherwise, do not necessarily represent the official view of the British Institute of Learning Disabilities and the Institute accepts no responsibility for the quality of goods or services advertised.

## 3. MANUSCRIPT CATEGORIES AND REQUIREMENTS

- All Manuscripts submitted to *British Journal of Learning Disabilities* should include: Accessible Summary, Keywords, Abstract, Main Text (divide by appropriate sub headings) and References.
- Manuscripts should not be more than 7,000 words in length including references.

## 4. PREPARING THE SUBMISSION

### Parts of the Manuscript

The manuscript should be submitted in separate files: title page; main text file; figures.

#### Title page

The title page should contain:

- i. A short informative title that contains the major key words. The title should not contain abbreviations (see Wiley's [best practice SEO tips](#));
- ii. A short running title of less than 40 characters;
- iii. The full names of the authors;
- iv. The author's institutional affiliations where the work was conducted, with a footnote for the author's present address if different from where the work was conducted;
- v. Acknowledgments.

#### Abstract and Accessible Summary

Papers should include a structured abstract incorporating the following headings: Background, Methods, Findings, Conclusions. These should outline the questions investigated, the design, essential findings and main conclusions of the study. As well as an abstract, authors must include an easy-to-read summary of their papers. This was introduced in 2005, and was done so in the spirit of making research findings more accessible to people with learning disabilities. The editorial board also believe that this will make 'scanning' the Journal contents easier for all readers. Authors are required to:

- Summarise the content of their paper using bullet points (4 or 5 at most),
- Express their ideas in this summary using straightforward language, and
- State simply why the research is important, and should matter to people with learning disabilities.

#### Authorship

Please refer to the journal's authorship policy the Editorial Policies and Ethical Considerations section for details on eligibility for author listing.

#### Acknowledgments

Contributions from anyone who does not meet the criteria for authorship should be listed, with permission from the contributor, in an Acknowledgments section. Financial and material support should also be mentioned. Thanks to anonymous reviewers are not appropriate.

#### Conflict of Interest Statement

Authors will be asked to provide a conflict of interest statement during the submission process. For details on what to include in this section, see the section 'Conflict of Interest' in the Editorial Policies and Ethical Considerations section below. Submitting authors should ensure they liaise with all co-authors to confirm agreement with the final statement.

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- Acknowledgments;
- Abstract structured (Background, Methods, Findings, Conclusions)
- Keywords;
- Main body;
- References;
- Tables (each table complete with title and footnotes);
- Figures: Figure legends must be added beneath each individual image during upload AND as a complete list in the text.

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Tables should be self-contained and complement, not duplicate, information contained in the text. They should be supplied as editable files, not pasted as images. Legends should be concise but comprehensive – the table, legend, and footnotes must be understandable without reference to the text. All abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and \*, \*\*, \*\*\* should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings.

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Although authors are encouraged to send the highest-quality figures possible, for peer-review purposes, a wide variety of formats, sizes, and resolutions are accepted.

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- Please also use "people with learning disabilities" wherever possible, not "learning disabled people".
- **Units of measurement:** Measurements should be given in SI or SI-derived units. Visit the [Bureau International des Poids et Mesures \(BIPM\) website](#) for more information about SI units.
- **Numbers:** numbers under 10 are spelt out, except for: measurements with a unit (8mmol/l); age (6 weeks old), or lists with other numbers (11 dogs, 9 cats, 4 gerbils).
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