

**Championing Physical Activity for People Affected by Dementia!**

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**[BOX OUT]**

**Key points**

- Consultation with people affected by dementia on the design of the physical activity course enabled its content to be focused to meet learning needs
- Students reported that the opportunity to hear the original accounts of people affected by dementia was an extremely valuable component of their learning
- Physical activity can be part of promoting person-centred approaches to dementia and direct the focus away from a biomedical disease model
- Participation in physical activity is a way to emphasise the continued place in the world of people living with dementia
- Gathering of multidisciplinary professionals across the student group promoted understanding of the diversity of the dementia experience
- Building the course upon existing high-quality research into dementia education strengthened the offering
- More needs to be known about the usefulness of online approaches in dementia education

**[BOX ENDS]**

**[Main text]**

Opportunities to stay physically active should be part of everyday life, but individual and societal circumstances mean that many people living with dementia are unable to routinely participate in physical activity. Practitioners may lack knowledge, confidence, or opportunity to assist (Reid et al 2022), and close family members providing support or care frequently may have to prioritise other responsibilities at the expense of physical activity (Clemmensen et al 2021). Here, we report on an initiative to support more people affected by dementia enjoy physical activity and report on findings from an evaluation.

To help address these difficulties we undertook research leading to the development and delivery of a pioneering course – Championing Physical Activity for People Affected by Dementia (CPA). It was an online course provided to students based in care, health, housing, leisure, and sports settings during the early part of 2022. Our aim was to inform students about dementia generally and to help them feel more confident in the delivery of physical activity for people affected by dementia.

Findings from the research demonstrated how a diverse group of professionals took their learning into practice and used it to enhance the opportunities to enjoy physical activity. However, more needs to be known about how such learning is applied in practice and precisely how it impacts on people affected by dementia. Plans are afoot to conduct further research on this issue.

## **Consultation and research**

The Association for Dementia Studies (ADS) teamed up with Active Herefordshire & Worcestershire – a charity supporting grassroots participation in physical activity - to conduct the research and develop the subsequent course.

People affected by dementia were at the heart of the project from the start through ongoing consultation and by means of the resources created for the course. Insights gained from earlier ADS research (Russell 2020; Oatley 2021) also contributed to the course content.

It was clear from the consultation and the earlier studies wished to participate in activity for reasons extending beyond improvements in physical health, even though this was still seen as important. For

example, opportunities to socialise, sustain skills or learn new ones were prized, with a sense of enjoyment also being a key motivation.

In their research, Russell (2020) and Oatley (2021) had shown how taking part in physical activity could help people living with dementia maintain a sense of having a place in the world. Scholarship from Ruth Bartlett (2016) about social citizenship in dementia was relevant here, for example highlighting how vital continued recognition of the role people play in their own lives and society is.

Person-centred practice underpinned course development, not least because physical activity comprises a wide range of activities from a walk in the park, to dancing, to water sports. What suits one person may not be to the taste of the next. In addition, deficits in practitioners' knowledge had to be recognised and addressed if opportunities for people to participate were to be widened (Vseteckova et al 2018).

To ensure the quality of the educational offering the team adopted principles highlighted in *What works in dementia education and training* (Leeds Beckett 2018). Features incorporated included delivering relevant and realistic content for students in their practice, promoting first-hand experiences from people living with dementia through specially produced films, providing interactive learning activities, and leaving time for discussion assisted by a knowledgeable, skilled, and experienced facilitator.

## **Delivering the course**

The first course cohort comprised 13 students employed in care, health, housing, leisure and sports. It was anticipated that students from different sectors, not usually coming into contact, would offer a range of valuable perspectives and insights. Student numbers were tailored to maximise the educational experience and online delivery allowed students to participate in ways suiting their professional schedules.

Three hours of online content for independent learning were provided weekly with guidance from course tutors on making optimal use of films, publications, and audio resources. Weekly live and interactive sessions of one hour each, hosted by tutors including the physical activity participation lead from Active Herefordshire & Worcestershire, were an essential part of the course. Midway through the course students were

given the chance to put their learning into practice and return a week later to discuss their experiences.

## **What we found out**

Students completed pre- and post-course questionnaires. These were followed by a focus group comprising four of the learners and two qualitative interviews. Insights were also drawn from a reflective diary kept by the tutor who facilitated the majority of the live sessions.

Qualitative datasets were analysed thematically to explore the aspects of course content and delivery that best assisted students' learning and confidence in providing opportunities for physical activity for people living with dementia.

Among our findings were that knowledge and confidence to deliver physical activity improved. For example, a student commented, "over the past five weeks I've learned so much about how physical activity can massively impact the lives of our customers living with dementia and how I can begin to introduce it in an approachable, appealing way at my own schemes. I will undoubtedly take this learning into my everyday work as I plan and facilitate exercise sessions."

Including the voices of people with lived experience in course content was valued by students. For example, one student related how "it's the videos, people's personal stories ... it gets you thinking and...puts you...in their mindset and what it might feel like to have barriers and just focus on why it's so important."

Insights offered by these personal stories influenced how students felt about their practice. For example, a student employed in a care home said, "It's not just the physical, it is the cognitive, the social, the emotional aspect of it as well."

Students' diverse professional backgrounds fostered learning. For example, a student employed in social housing talked about how her learning could benefit others. "I've learned a lot...I can either share with...members of my team or...be able to go out to...other schemes [and] help share the knowledge."

This spirit of communality was echoed by others, and was enhanced by the multidisciplinary nature of the group, as this student's account demonstrates, " ...(it's) the different dynamics of people, of where they

worked, what sort of things they were doing, but also at the same time, that networking, that sharing information.”

These positive outcomes were achieved online, using best practice principles, and students reported that they found the ability to study flexibly across each week helpful when balanced with their work commitments. Even so, there is room to discover more about the value of this mode of learning in the dementia context.

### **Next steps**

Our course has shown how responsibility for delivering physical activity extends beyond physical activity professionals and that there is an appetite for offering it. But this requires confidence and knowledge.

Re-runs of the course are planned and those interested in enrolling are encouraged to get in touch with the team at the ADS. We are also keen to investigate in more detail what impact such learning has in practice.

### **Acknowledgements**

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