

DANCE AND HEALTH RESEARCH PROJECT REPORT

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I am a client of the health service – but I would like my professionals to acknowledge my vast experience. I am also a dancer. I hear very little about this. Yes, we are there to be served but we have life experience and it's humiliating when we are not seen, when our skills are not acknowledged, when we are not known.

Everyone has the right to dance but many people are denied that. Older people are not encouraged to dance. They are encouraged to sit still and behave.

I want to be alive and I want to be free. I can't wait and I'm not going to wait, for regulation, for health and safety assessments, to be put in a box. I cannot wait, and I dare not wait. Inside I'm dancing, and I'll scream if you say we are thinking about this, we'll look into it, we'll work on it.

Tom, participant in Dance and Health workshop, Tralee, 2018

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EXECUTIVE SUMMARY

- The aim of this research was to create a best practice model of dance and health continuing professional development (CPD); to create a dynamic, interdisciplinary course of study for dancers who are engaged in facilitating dance across a range of dance genres within health care contexts.
- The research and resulting programme of CPD aims to develop and expand the existing knowledge and competencies of dancers and dance teachers and promote best practice in delivery of dance across a variety of health settings in Ireland.
- This research was carried out as part of a broader project to examine the role and application of dance in the broad context of health and wellness in Ireland; to develop relationships with key stakeholders for future implementation stages of the outcome of the research and to connect local authorities from across the country (focusing on rural regions) with existing interest and expertise in the area of arts and health to bring to the project. The Arts Services of Kildare, Tipperary and Kerry County Councils, Dance Ireland and the Arts Council of Ireland made this project possible.
- The values underpinning the study included extensive consultation with all stakeholders; holding the service user needs and wishes as paramount in any development within the sector and an acknowledgement of best practice internationally.
- Methods used in this study included interviews with over 25 experts in the field; consultation at three two-day workshops held in Tralee, Nenagh and Maynooth and extensive literature review.
- The literature review identified relatively few published, peer-reviewed studies on dance and health and even less regarding dance training within healthcare settings. The heterogeneity of the available studies and issues with nomenclature increased the difficulty in making any generalisations. Some indications that dance may induce better attendance rates than regular physical exercise interventions as well as some indications of increasing social connection and quality of life were noted. Some studies indicate that contemporary dance has the potential to improve physical activity, sitting behaviour, falls related efficacy, mobility and incidence of depression. However, overall a common international issue is high quality practice but a lack of formal training for dancers working in health settings and a lack of evidence to support dance in healthcare interventions.

Recommendations resulting from this study:

- A CPD course is needed in Ireland for dance and health practitioners.
- The training should be accredited and the most suitable course for immediate development is an undergraduate module in dance and health, and ideally
- A suite of courses from short one-day introductory courses to Masters level dance and health training are recommended.
- It is important to situate this course within a continuum of other course developments and recognize a desire in the sector for dance and health practice and dance therapy to co-exist and be equally recognized.
- The course should prioritize learning on clinical placement, with an apprenticeship scheme at the core of the learning. Also, international expertise should be engaged through blended learning.
- This course must be useful and applicable in a range of contexts and have relevance to an international audience.

- There is a need for advocacy and setting standards in the field. Dance Ireland, County Council Arts Offices and the Arts Council can play an important role in advocating for training and professional development for artists working in healthcare settings.
- National standards in dance and health would not only give confidence to the health sector that dance and health practitioners know what they are doing and can be trusted with their service-users, it would also help raise awareness for those who commission services about the impact the arts can have on the health and well-being of people generally. These factors combined with the funding and development of a training programme in dance and health could go a long way towards establishing a proper professional framework for dance and health practice to grow and thrive across the country.
- There is a need for regulation of the dance and health profession, so that only those with relevant qualification, experience or training use this title. The current approach to dance and health is damaging in that it does not inspire confidence in the field from those who might commission projects, for example in the health sector, and without agreed practice principles, standards and values those receiving the work could potentially be harmed.
- A forum, network and/or professional body where dance artists can share their work, their successes and failures in a more collective and responsible way is recommended. Without this the sector limits its ability to play a vibrant part in enabling service-users and others to move and dance more; in turn missing an opportunity to improve physical, psychological and emotional health across the country.
- A proper framework for training, development, research and practice development will enhance the burgeoning interest in the field across the country and enable it to grow as it should

Outcomes of the project:

- Full listing of international and national examples of best practice, core literature, key expert practitioners, full course content and delivery requirements are set out in this report.
- A full course document was created as the outcome of this research and development is underway to deliver this course at the University of Limerick. This report, and accompanying course document, give findings in more detail.

For more information on this report and study please contact hilary.moss@ul.ie

SECTION 1 INTRODUCTION

1.1 INTRODUCTION AND BACKGROUND TO THE PROJECT

Given the increased attention paid to the role of the arts on health and well-being, the need for a framework for continuing professional development to enable dancers to work comfortably and safely in healthcare settings has become more pressing. In a welcome development, **three County Council Arts Offices (Kerry, Kildare and Tipperary) and Dance Ireland, supported by the Arts Council of Ireland, invited development of appropriate training for dancers working in health contexts. They commissioned the researchers to develop a suitable continuing professional development (CPD) course for dancers working in healthcare settings.** *The Arts Council are committed to creating conditions in which artists of all disciplines can make work of the highest standard. The Arts Council have identified the need to support artists wishing to develop their practice in health care settings* (The Arts Council, Partnership for the Arts in Practice 2006 – 2008).

Dance is an important part of healthcare, with evidence of benefit noted in a range of contexts. This area of expertise is seeping into the national consciousness, with a growth in demand for dancers to engage in healthcare contexts and particularly in work with older people. However, there is currently a gap between dance artists' experience and practice in these services and the best practice CPD, development, research and certification needed to enable them to establish sustainable work in this area.

The goal of this project (with this research phase being one of several parts of the project) is to establish the conditions and buy-in at all levels of the dance sector, to ensure the provision of a highly skilled and qualified dance artist in dance and health in every county in Ireland by 2025.

There are currently several best practice models of dance and health practice internationally from which we can learn but relatively small pockets of work currently established in Ireland. Evidence of the health and well-being benefits of dance for clinical populations is minimal and more evidence is essential. Above all, CPD is important to ensure that the vulnerability of health services users is recognized and that artists are cognisant of the need for flexibility so that their practice meets service user needs. The need for an evidence-based approach to any arts intervention in health care settings and a rigorous, research-based approach is vital to ensure high standards of practice. The development of national standards for arts and health practice would also serve to ensure consistent and equal of provision of dance practice for service users and artists working in health settings across the country. Currently anyone can call themselves a dance and health practitioner, a dance therapist or other term relating to expertise regarding the health and well-being benefits of dance.

The World Health Organisation (WHO) defines health as 'a state of complete psychological, mental and social well-being and not merely the absence of disease or infirmity'. This definition indicates the need to consider 'health' as a concept which combines the medical, social, psychological, environmental and spiritual dimensions of well-being'. The case for arts in health rests upon their value in promoting, developing and sustaining individual health and well-being as defined in this broad sense. The increasing interest in the arts by medical and healthcare professionals worldwide bears testament to this value, emerging as it has from tangible, positive results achieved when the arts are brought into healthcare settings (The Practice of Arts in Healthcare, Eastern Regional Health Authority).

Dance is an invitation to think with our entire beings. It ushers in a way to connect biology and body, economics and intuitive thinking, human geography and physicality, and psychology and visceral awareness (Snowber, C. & Lipson Lawrence, Randee, 2012. Dance as a way of knowing).

In the mental-health nursing context, the functional outcomes of dance improve physical, emotional, and psychological well-being, as well as provide opportunities to experience new interaction patterns that influence the ability to cooperate with others daily and within a larger community (Ravelin, Kylma, & Korhonen, 2006. Health and the Power of Dance).

Patients, carers and health care staff are not alone in deriving benefit from arts initiatives in health care contexts. The artist and their art form can also benefit from the experience. Exposure to other realities can provide new perceptions and new paths of expression, and some artists find that their work in healthcare becomes inextricably linked with their professional practice (Orla Moloney Common Themes Arising from the Arts and Health Conference, 2004).

1.2 VALUES UNDERPINNING THIS STUDY

This project is based on the following core values:

- Full consultation with all stakeholders, both from the worlds of dance and health is important. The emphasis of this researcher was on listening to all involved.
- The importance of service users in healthcare is paramount to this research. Active participation and consultation with service users was pursued.
- International best practice was reviewed and brought to any discussions on development of this training.
- Recognition of the enormously valuable work already being undertaken by dancers in healthcare contexts and commitment to closing the gap between the potential uses of dance in these contexts and the training and certification that would allow dancer to forge a pathway in this area of work.
- Awareness and recognition of the excellent dance and health training and practice being delivered internationally, with a commitment to learning from and sharing global knowledge to inform development of this new course rather than 're-inventing the wheel'.

This project makes a distinction between Dance and Health Practice and Dance Therapy. These distinct but related practices are viewed as on a continuum of practice, whereby the therapeutic or artistic intent of the dance programme takes precedence depending on the approach. No study of dance and health practice would be comprehensive without being aware of dance therapy related work (and vice versa).

Sometimes people may need the input of an artist in health as they want to get engaged in arts-based projects where mental health issues are treated sensitively, at other times, they may need an arts therapist as the level of mental distress makes accessing resources and sustaining personal and social relationships difficult (Val Huet, Member of London Arts and Health Forum and CEO of British Association of Art Therapy).

1.3 AIMS OF THIS RESEARCH PROJECT

- To examine the role and application of dance in the broad context of health and wellness in Ireland
- To develop relationships with key stakeholders (individual dance artists, communities and organisations) for future implementation stages of the outcome of the research
- To create a best practice model of dance and health continuing professional development (CPD) that promotes a dynamic, interdisciplinary course of study for dancers who are engaged in facilitating dance across a range of dance genres within health care contexts. This model will be in line with international training in the area and appropriate to the Irish context.
- To design a course of study focused on best practice and current research in dance in healthcare settings, contributing to academic rigor and excellence in the field.
- To develop and expand the existing knowledge and competencies of dancers and dance teachers and promote best practice in delivery of dance across a variety of health settings.
- To promote care and respect for the individual patient or client and ethical practice, developing strategies and arts-based dance interventions across a range of healthcare contexts.
- To provide a dynamic education, engaging creative skills, and producing students who can empathize, innovate, create and communicate.

SECTION 2 METHODOLOGY

2.1 CREATING A TEAM

A team was formed to carry out this project (see Appendix One for key team CVs).

Name	Role	Responsibilities
Dr Hilary Moss	Principal Investigator	Co-ordination of research process, responsible for delivery of research report and course document.
Ms Lisa McLoughlin	Researcher	Devise course document, following consultation and research process
Dr Orfhlaith Ni Bhriain	Research Consultant	To attend consultation meetings and advise regarding course development
Ms Jessica O' Donoghue	Research assistant	To provide literature review research input

This team attended all the consultation meetings and dance events, shared findings and learning with each other and fed into the final report and course development.

2.2 LITERATURE REVIEW

A literature review on dance and health was undertaken by Ms Jessica O' Donoghue, research assistant and Ms Hilary Moss, Principal Investigator, between October 2017 – February 2018.

2.3 CONSULTATION WITH EXPERTS IN THE FIELD

National and international experts in the fields of dance, dance and health, health, education and arts were consulted for this research as well as service-users who attend dance and health classes or sessions in the community. In-depth interviews were conducted in person, by skype or phone. Individual interviews were documented and analysed by the principal investigator from Sept 2017 – May 2018. Snowball sampling was used to identify suitable interviewees. Thematic analysis was the method used to analyse the interview material (Braun & Clarke, 2006¹).

Service users were included here as key experts in the field as they receive the dance and health classes and sessions.

27 stakeholders were formally interviewed and many more were informally consulted over the course of the seven workshop days held during the year. Formal interviews or consultation meetings were conducted with the following participants:

Ailish Claffey	Dancer, Expert in Dance and Health Practice
Dr Jenny Roche	Course Director MA Contemporary Dance UL

¹ Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77 - 101.

Dr Sandra Joyce	Director of UL Irish World Academy of Music and Dance
Ms Jenny Lee	Dance therapist with 20 years' experience in Dance and Health and dance therapy work in US; Lecturer in the University of Florida Arts in Medicine Programme; undertaking PhD on dance and health practice
Dr Jenny Elliott	Director of Arts Care Northern Ireland; Dance and Health PhD.
Ms Hazel Hodgkins	Dance Ireland
Ms Carolann Courtney	Arts and Health Specialist, Kildare County Council Arts Service
Dr Grant McLay	Lecturer in Contemporary Dance, Irish World Academy of Music and Dance
Dr Roisin Cahalan	Lecturer in Physiotherapy, UL. Physiotherapist and Dancer, specialising in physiotherapy with elite dancers.
Dr Glenna Batson	Dance and health researcher and practitioner
Dr Joanne Shanahan	Physiotherapist, traditional Irish dancer and dance researcher
Mr Paddy Murphy and Mrs Monica Murphy	Participants attending the dance class for people with Parkinson's Disease at Dance Ireland. Paddy has PD and his wife is his primary carer.
Petrina Hanlon	Participant in many dance and health workshops with Ailish Claffey
Sharon *(name changed to protect anonymity)	Participant attending the dance class for people with Parkinson's Disease at Dance Ireland.
Tom* (name changed to protect anonymity)	Dancer and person living with an acquired brain injury, Tralee
Prof Des O'Neill	Gerontologist, Trinity College Dublin/HSE
Dr Richard Coaten	Founder of 'Centre of Excellence in Movement, Dance and Dementia' (UK)
Andrew Greenwood	Co-founder of European Dance and Creative Wellness Foundation (Switzerland)
Ms Clare Guss West	Co-founder of European Dance and Creative Wellness Foundation (Switzerland)
Ms Emily Jenkins	Founder of Dance Move Feel (UK)
Mr Fergus Early	Director of Green Candle (UK)
Ms Kate Kennelly	Kerry County Council Arts Service
Ms Melanie Scott	Tipperary County Council Arts Service

Semi-structured interviews were conducted with the questions chosen from the following list as appropriate:

- What training in dance and health did *you* undertake or receive to be equipped to work in healthcare settings?
- What are the priorities for dancers in terms of training and development to prepare them for working in healthcare settings?
- What level training do we need for the dance sector in Ireland?
- What are the key topics/themes/modules that you think need to be included in such a course?
- What are the issues for dancers that need to be considered to make this training accessible and achievable? (e.g. length of course, location(s), funding etc.)

- What entry requirements would you deem necessary for attendance of the course. (BA, MA in Dance or dance experience)?
- What percentage of the course should be practice based workshops and how much should be lectures (e.g. 50-50/ 70-30)
- What level of knowledge of specific anatomical/psychological difficulties should be within the content (For example injuries and special populations)?
- What are the ethical implications/challenges of dance in healthcare settings and what are the best ways to minimize risk?
- What are your biggest concerns regarding dance in healthcare settings?
- What have been the biggest challenges you have faced when working with clients?

2.4 MEETINGS WITHIN THE DANCE AND HEALTH SECTOR

During the project there was several key meetings held to bring together dancers and other stakeholders together to explore, celebrate and learn about dance and health. The researchers gained much from attending these, participating, informal interviews and dialogue with stakeholders across Ireland. These are briefly outlined below.

MEETING DATE(S)	VENUE
10 th and 11 th October 2017	Nenagh Arts Centre, Tipperary
1 st December 2017	Dance Ireland, Dublin
26 th and 27 th April 2018	Tralee, Kerry
19 th and 20 th July 2018	Maynooth, Co Kildare

2.5 TIMELINE

Action	Timeline
Initial meeting with stakeholders	Late Sept/early Oct
Consultation process with dancers in Ireland	October 2017 – July 2018
Literature review and survey of best practice internationally	December 2017 – March 2018
Interviews with key international and national stake holders	December and January 2018 Skype and in person interviews
Research and development of accredited CPD course	February – May 2018
Consultation with stakeholders regarding draft course	April - June 2018
Submission of final CPD course and report	July 2018

2.6 BRINGING TOGETHER THE RESEARCH FINDINGS

The principal investigator collated the findings of each of the above sections to create this document (see Section 3 Findings). This formed the basis of development of the course content. Thematic analysis was the predominant research method used (Braun & Clarke, 2006). Data from the interviews, discussions, dialogue, formal and informal were collected and reflected upon. Themes emerged from each of these parts of the project. The investigator reflected on the data and emerging themes, clarified and reviewed data as necessary, to arrive at the findings reported in Section 3 and the recommendations for course development.

The recommended course structure and delivery is presented in Section 4. This piece of work is submitted to the contractors to decide how best to proceed with development of the training for dancers working in healthcare settings.

SECTION 3 FINDINGS

3.1 LITERATURE REVIEW

The researchers undertook a literature review from October 2017 – January 2018. This was to determine literature that exists about dance and health internationally and to identify best practice examples of current training in existence as well as to determine evidence of benefit of dance on health and well-being.

Search 1

Search terms used were *Dance and health* and the following databases were searched: *Scopus, PubMed, CINAHL, Psych INFO, Google Scholar*. 13 papers were sourced.

Search 2

Search terms used were *Dancers and healthcare, dance and health training, dancers and health training, dancers are health courses, dancing and health courses*
Databases: *Scopus, PubMed, CINAHL, Psych INFO, Google Scholar*. Only 4 papers were sourced.

Search 3

Grey literature – unpublished reports, online searches, word of mouth searches for relevant literature to this field.

Search 1 results

Search terms: <i>Databases: Scopus, PubMed, CINAHL, Psych INFO, Google Scholar</i>		
Author(s), Title, Journal, Year Published	Purpose	Overview/Conclusion
Machacova, K., Vankova, H., Volicer, L., Veleta, P. & Holmerova, I. (2017). Dance as prevention of late life functional decline among nursing home residents. <i>Journal of Applied Gerontology</i> , 36(12), 1453-1470	<i>To determine whether dance-based intervention could reverse functional decline among nursing home residents.</i>	189 residents of seven nursing homes in the Czech Republic were randomly assigned to intervention and control groups. Functional status assessed by the get-up-and-go test, basic activities of daily living, instrumental activities of daily living, and senior fitness tests. Intervention consisted of 3-month dance-based exercise. The intervention proved to be effective in preventing deterioration and improved chair stand test and chair sit-and-reach test. Findings indicate that a simple dance-based exercise can slow down deterioration of functional statuses in nursing home residents.
Barranco-Ruiz, Y., Mandic, S., Paz-Viteri, S., Guerendiain, M., Sandoval, F.V. & Villa-Gonzalez, E. (2017). A short dance-exercise intervention as a strategy for improving quality of life in inactive workers. <i>Health Education Journal</i> , 76(8), 936-945.	<i>To investigate the effects of a short exercise intervention based on the use of Zumba fitness on the QoL in inactive adult workers.</i>	60 inactive adults working at a University completed a 5-week Zumba fitness exercise intervention (3 classes per week, 60 minutes per class). QoL was assessed using the 36-item Short Form Health Survey administered at baseline, post-intervention and 2 months after the intervention. The intervention improved 6/8 subscales of QoL (general health, physical role, emotional role, social functioning, vitality, mental health and the health transition perception item).
Anna Muro PhD & Natàlia Artero GRAD (2017) Dance practice and well-being correlates in young women, <i>Women & Health</i> , 57:10, 1193-1203, DOI: 10.1080/03630242.2016.1243607	<i>To investigate the relationship between dance practice and mindfulness and life satisfaction in young adult women.</i>	Young women who practiced dance regularly in 3 modern dance schools in Barcelona with a control group of non-practitioners at a University in Barcelona. Higher levels of both mindfulness and life satisfaction in the dance practitioners, while a multiple regression analysis showed that, after controlling for age, dance was the factor most strongly associated with life satisfaction. Conclusions suggest that dance may be an effective gender-focused practice to enhance well-being and promote mental health in young women.
Eberhard-Kaechele, M. (2017). A political perspective on dance movement psychotherapy on interdisciplinary pathways: Are we finding or losing our way? <i>Body, Movement and Dance in</i>		The article focuses on implications for dance movement psychotherapy on different levels of the politics of the profession and presents different types of individual interdisciplinary integration. Positive and negative aspects are considered, and solutions for problems suggested.

<i>Psychotherapy</i> , 12(4), 237-251.		
Rocha, P.A., Slade, S.C., McClelland, J. & Morris, M.E. (2017). Dance is more than therapy: Qualitative analysis on therapeutic dancing classes for Parkinson's. <i>Complementary Therapies in Medicine</i> , 34, 1-9	<i>To understand the benefits and limitations of therapeutic dancing classes for people with Parkinson's disease and how best to design and implement classes</i>	A stakeholder forum explored the opinions of 18 allied health clinicians, dance instructors, people with PD and caregivers. Data were thematically analysed and interpreted within a grounded theory framework. Results highlight the benefits of enabling individuals with PD to be able to express themselves in a supportive environment that does not see them solely through the lens of Parkinson's. The feasibility of dance programs can be increased by educating dancing teachers about PD and the unique needs of people living with this condition. Well-structured dance classes can promote social-connectedness and joy, in addition to facilitating movement to music and physical activity. Consumers advised that careful planning of the classes and tailoring them to participant needs optimizes outcomes.
Veronese, N. (2017). Dance movement therapy and falls prevention. <i>Maturitas</i> , 102, 1-5.	<i>To investigate if dancing is more effective than usual care in preventing falling and improving fear of falling through a systematic revision of the randomized controlled trials (RCTs) available.</i>	Across four RCTs, dance therapy reduced falls versus usual care in only one study. Dance therapy improved fear of falling in two out of three included RCTs. There were no serious adverse events reported in the RCTs. In summary, the researchers found a paucity of studies investigating the effect of dance on falls and fear of falling and the evidence base is preliminary and equivocal. Given the heterogeneity of the included samples and interventions, in addition to the short-term follow-up, no firm conclusions can be drawn. However, dance appears to be safe and, given its popularity and demonstrated benefits on other health/wellbeing outcomes in older adults, it is important that future research considers its potential benefits on falls/fear of falling in older age.
Pisu, M. (2017). A dance intervention for cancer survivors and their partners (RHYTHM). <i>Journal of Cancer Survivorship</i> , 11(3), 350-359.	<i>To assess the feasibility, acceptability, and impact of a ballroom dance intervention on improving QoL and relationship outcomes in cancer survivors and their partners</i>	A pilot RCT with two arms (Restoring Health in You (and Your Partner) through Movement, RHYTHM): (1) immediate dance intervention and (2) delayed intervention (wait-list control). 10 private weekly dance lessons and 2 practice parties over 12 weeks. Main outcomes were physical activity (Godin Leisure-Time Exercise Questionnaire), functional capacity (6 Minute Walk Test), Quality of life (SF-36), Couples' trust (Dyadic Trust Scale), and other dyadic outcomes. Exit interviews completed with all participating couples. Thirty-one women survivors (68% breast cancer) and their partners participated, age 57.9 years old on average and 22.6% African American. Couples expressed satisfaction with the intervention including appreciating the opportunity to spend time and exercise together. Conclusion: Light intensity ballroom dancing has the potential to improve cancer survivors' quality of life.

<p>Bognar, S. (2017). More than just dancing: Experiences of people with Parkinson's disease in a therapeutic dance program. <i>Disability and Rehabilitation.</i>, 39(11), 1073-1078.</p>	<p><i>To understand why individuals with Parkinson's disease (PD) participate in a community-based therapeutic dance program and to explore its influence on perceived physical, social and emotional wellbeing of participants.</i></p>	<p>A qualitative descriptive design was employed using one-on-one semi-structured interviews. Individuals with PD who participated in the Dancing with Parkinson's program were recruited from two locations. Ten participants' responses revealed that the dance program allows for self-improvement and regaining identity through disease self-management. Positive influences of socialization arose through the class, decreasing isolation and improving quality of life. Participants communicate through music and dance to enhance connection with others.</p>
<p>Melhuish, R. (2017). Developing relationships between care staff and people with dementia through Music Therapy and Dance Movement Therapy: A preliminary phenomenological study. <i>Dementia the International Journal of Social Research and Practice.</i>, 16(3), 282-296.</p>	<p><i>To explore the attitudes and perceptions of staff who participated regularly in Music Therapy (MT) and Dance Movement Therapy (DMT) groups for residents with dementia in a nursing home.</i></p>	<p>In-depth interviews were conducted with seven members of care home staff. A representation modelling the impact of music therapy (MT) and dance movement therapy (DMT) in a nursing care home. Three main themes identified. 1) Discovering residents' skills and feelings; 2) Learning from the therapists to change approaches to care practice with subthemes: time, space and pace, choice, following the residents' lead; 3) Connection between staff and residents. The model indicated that both interventions performed in parallel helped staff to discover residents' skills and feelings. Although it is a small sample size, this study strongly suggests that MT and DMT can have a positive influence in helping care staff to provide a meaningful care environment.</p>
<p>Britten, L. (2017). Dancing in time: Feasibility and acceptability of a contemporary dance programme to modify risk factors for falling in community dwelling older adults. <i>BMC Geriatrics.</i>, 17(1), BMC geriatrics., 2017, Vol.17(1)</p>	<p><i>To investigate the feasibility, and impact of an 8-week contemporary dance programme on modifiable physical (physical activity status, mobility, sedentary behaviour patterns) and psychosocial (depressive state, fear of falling) risk factors for falls.</i></p>	<p>An uncontrolled 'pre-post' intervention design was used. Three groups of older (60 yrs.+) adults were recruited from local community groups to participate in a 3 separate, 8-week dance programmes. Each programme comprised two, 90 min dance classes per week. Quantitative measures of physical activity, sedentary behaviour, depression, mobility and fear of falling were measured at baseline (T1) and after 8 weeks of dance (T2). Weekly attendance was noted, and post-study qualitative work was conducted with participants in 3 separate focus groups. The recruitment of older adults, good adherence and favourability across all three sites indicate that a dance programme is feasible as an intervention, but this may be limited to females only. Contemporary dance has the potential to positively affect the physical activity, sitting behaviour, falls related efficacy, mobility and incidence of depression in older females which could reduce their incidence of falls.</p>
<p>Goodill, S. W. (2016). Dance/movement therapy and the arts in healthcare: The first 50</p>	<p><i>An exploration of DMT and arts in healthcare and the educational requirements and</i></p>	<p>This article discusses dance/movement therapy (DMT) and the arts in healthcare. The current author notes that the sorting out of scope of practice, educational requirements and certification will likely remain a salient point of</p>

<p>years. <i>American Journal of Dance Therapy</i>, 38(2), 293-296. doi:10.1007/s10465-016-9235-z</p>	<p><i>certification in both practices.</i></p>	<p>attention and dialogue between the DMT community and the arts in healthcare community for the coming years. As of this writing, the development of a certification exam for arts in healthcare practitioners, now underway necessitates this kind of attention and collaborative open dialogue.</p>
<p>Wilbur, S., Meyer, H. B., Baker, M. R., Smiarowski, K., Suarez, C. A., Ames, D., & Rubin, R. T. (2015). Dance for Veterans: A complementary health program for veterans with serious mental illness. <i>Arts & Health: An International Journal of Research, Policy and Practice</i>, 7(2), 96-108. doi:10.1080/17533015.2015.1019701</p>	<p><i>This report outlines the development of Dance for Veterans over the past several years within the VA Greater Los Angeles Healthcare System, including curricular rationale, training model and program evaluation</i></p>	<p><i>Dance for Veterans</i>, composed of physical, psychological and social elements, is a new patient-centred and recovery-oriented treatment modality for veterans diagnosed with serious mental illness; that is, chronic and functionally impairing psychoses, traumatic stress disorders, and mood and anxiety disorders. Survey data and qualitative feedback ($N = 88$), as well as verbal reports of stress ($N = 35$), were collected over 3-month periods to assess effects of the class on veterans' well-being. Verbal reports of stress before and after class showed significant decreases ($p < 0.001$), and subjective responses to the classes were overwhelmingly positive. Significant longer-term trends in stress reduction, however, were not demonstrable. The <i>Dance for Veterans</i> program shows promise as an interdisciplinary resource for veterans diagnosed with serious mental illness. Future program development will include more detailed evaluation of the effect on veterans' well-being, as well as extension to additional VA venues and populations.</p>
<p>Philipsson, A., Duberg, A., Möller, M., & Hagberg, L. (2013). Cost-utility analysis of a dance intervention for adolescent girls with internalizing problems. <i>Cost Effectiveness and Resource Allocation: C/E</i>, 11, 4. http://doi.org/10.1186/1478-7547-11-4</p>	<p><i>To assess the cost-effectiveness of a dance intervention in addition to usual school health services for adolescent girls with internalizing problems, compared with usual school health services alone.</i></p>	<p><i>The increasing prevalence of psychological health problems among adolescent girls is alarming. Knowledge of beneficial effects of physical activity on psychological health is widespread. Dance is a popular form of exercise that could be a protective factor in preventing and treating symptoms of depression. A cost-utility analysis from a societal perspective based on a randomized controlled intervention trial was performed. The setting was a city in central Sweden with a population of 130 000. A total of 112 adolescent girls, 13– 18 years old, with internalizing problems participated in the study. They were randomly assigned to intervention ($n = 59$) or control ($n = 53$) group. The intervention comprised dance twice weekly during eight months in addition to usual school health services. At 20 months, quality of life had increased by 0.08 units more in the intervention group than in the control group. Intervention with dance twice weekly in addition to usual school health services may be considered cost-effective compared with usual school health services alone, for adolescent girls with internalizing problems.</i></p>

Search 2 results

Search terms: <i>Dancers and healthcare, dance and health training, dancers and health training, dancers are health courses, dancing and health courses</i> Databases: <i>Scopus, PubMed, CINAHL, Psych INFO, Google Scholar</i>		
Author(s), Title, Journal, Year Published	Purpose	Overview/Conclusion
Guptill, C., Ambegaonkar, J. P., & Caswell, S. V. (2011). Development and implementation of an in-house healthcare program for university-level performing artists. <i>Work, 40</i> (3), 261-268.	<i>The objective of this article is to articulate the development, design, and implementation of a university level performing arts medicine programme. To provide a template for the provision of care for university-level performing arts students.</i>	The programme offered primary injury prevention by implementing performing artist specific interventions and secondary prevention to improve their health outcomes. It is hoped that this article encourages other institutions to provide in-house healthcare to students, eventually helping to improve healthcare status of all university-level performing artists.
Clark, T., Gupta, A., & Ho, C. H. (2014). Developing a dancer wellness program employing developmental evaluation. <i>Frontiers in Psychology, 5</i>	<i>This paper reports on a 2-year process involving feedback from professional ballet dancers, management and artistic staff, and healthcare providers at a ballet company to develop a dancer screening and wellness program.</i>	In the present study, the use of a process informed by developmental evaluation facilitated the ongoing development of a site-specific screening protocol, wellness program, and approach to supporting and training dancers. More specifically, participant feedback helped identify limitations or challenges within the screening process. The collective expertise of the assessors was used to modify the components and process of the screen to strive for ecological appropriateness. The process also fostered buy-in from all involved. Participant feedback helped refine the medical team available to the dancers and influenced the treatment and referral pathways via which dancers can access each member of the medical team. Furthermore, reflective discussions with artistic and management staff brought to light potential interactions between repertoire programming, fitness, and injury patterns. This prompted a reconsideration of how the artists are trained and supported. The present iterative process, involving a focus on the experiences and insight gained during the development of a wellness program, stands to result in contextually relevant, efficient screening programs and health-promotion models and, ultimately, healthier performing artists.
Weiss, D., Shah, Selina, & Burchette, Raoul. (2008). A Profile of the Demographics and Training	<i>This study was performed to describe the demographics and training characteristics of the</i>	The directors of professional modern dance companies throughout the United States were contacted by telephone or e-mail requesting permission to enrol their dancers in the study. Eleven freelance modern dancers were also

<p>Characteristics of Professional Modern Dancers. <i>Journal of Dance Medicine & Science</i>, 12, 41-46.</p>	<p><i>professional modern dancer in the United States.</i></p>	<p>contacted. Sixty-three companies agreed to allow their dancers to participate. A total of 641 anonymous surveys were mailed to the dance company directors and freelance dancers. The self-reported survey consisted of questions including details about demographics, forms of dance studied past and present, types of shoes worn, modern dance techniques studied, other forms of exercise, and health insurance. Understanding the training profile of the professional modern dancer and the similarities and differences as compared to the ballet and musical theatre dancer should assist healthcare providers in supplying appropriate medical care for this unique group of performers.</p>
<p>Ambegaonkar, J. (2005). Dance Medicine: At the University Level. <i>Dance Research Journal</i>, 37(2), 113-119.</p>	<p><i>This paper explores the scope of research in dance medicine.</i></p>	<p>Ambegaonkar discusses the status and future scope of research in dance medicine, especially at the university level and shares some of his experiences as a dance medicine athletic trainer. He also details their model of delivery of healthcare services for dancers at the university level and looks ahead to the future of dance medicine.</p>

Search 3 results – grey literature, known literature from contacts and networks.

Author(s), Title, Journal, Year Published	Notes
<p>Shanahan, J., Morris, M. E., Bhriain, O. N., Saunders, J., & Clifford, A. M. (2015). Dance for people with Parkinson disease: what is the evidence telling us? <i>Archives of physical medicine and rehabilitation</i>, 96(1), 141-153.</p> <p>Shanahan, J., Morris, M. E., Bhriain, O. N., Volpe, D., Richardson, M., & Clifford, A. M. (2015). Is Irish set dancing feasible for people with Parkinson's disease in Ireland? <i>Complementary therapies in clinical practice</i>, 21(1), 47-51.</p> <p>Shanahan, J., Morris, M. E., Ní Bhriain, O. M., Volpe, D., & Clifford, A. M. (2017). Dancing and Parkinson's disease: updates on this creative approach to therapy.</p> <p>Karkou, V., Oliver, S., & Lycouris, S. (2017). <i>The Oxford handbook of dance and wellbeing</i>. New York, NY: Oxford University Press.</p> <p>Nakajima, N., & Brandstetter, G. (2017). <i>The aging body in dance : a cross-cultural perspective</i>. London: Routledge.</p> <p>Set dancing for people with Parkinson's disease: an information resource for Irish set dancing teachers Shanahan, Joanne; Ní Bhriain, Orfhlaith M.; Morris, Meg E.; Volpe, Daniele; Clifford, Amanda M. URI: http://hdl.handle.net/10344/5325</p>	<p>Only identified Irish studies on dance and health for people with Parkinson's disease. This work also refers to similar study carried out in Venetian population.</p>
<p>Moss, H and O'Neill, D. (2009). What training do artists need to work in healthcare settings? <i>Medical Humanities</i></p>	<p>Research to develop a training course for artists working in healthcare settings conducted prior to this study. Elements of knowledge from this study were used in the development of this project.</p>
<p><i>Art therapy: An Introduction</i> by J.A. Rubin</p>	<p>Useful information regarding potential course content</p>
<p>Diane Waller book <i>Group Interactive Art Therapy: Its Use in Training and Treatment</i></p>	<p>Useful information regarding potential course content</p>

3.2 SUMMARY OF LITERATURE REVIEW

Overall, there are relatively few published, peer-reviewed studies on dance and health and even less regarding dance training within healthcare settings. The heterogeneity of the available studies increases the difficulty in making any generalisations from the literature. Notable studies include a study of 130000 adolescent girls, the effect of dance on psychological health and a series of studies supporting dance with people with Parkinson's disease and falls prevention. Studies range in age from adolescents to older people and from specific programmes for veterans to Zumba for sedentary workplace employees.

It is important to note, however, that within the search terms used the results were as above. A significant issue in the dance and health sector is the variety of places that dance and health studies are found and how they are indexed. For example, a search of 'Parkinson's disease', 'balance' or 'tango' may draw specific bodies of work and relevant dance studies that are not found within a broader search of dance and health. Specific clinical specialties are advancing research in their own area without this research necessarily being generalised across the dance or health sectors. Nomenclature is an issue in research in this field. This field is by nature interdisciplinary.

There are some indications that dance may induce better attendance rates than regular physical exercise interventions as well as some indications of increasing social connection and quality of life. Some studies indicate that contemporary dance has the potential to improve physical activity, sitting behaviour, falls related efficacy, mobility, and incidence of depression. A significant study in the US with older people found that frequent dancing is a protective factor against getting dementia syndrome (Verghese et al. (eds), 2003). In England the National Institute for Health and Care Excellence (NICE) guidelines for supporting people with dementia, recommend considering the therapeutic use of dancing and/or music as a treatment for non-cognitive symptoms (NICE, 2016).

However, these results must be treated with caution, as there are insufficient studies with rigorous evidence-based findings to warrant claims of these benefits. There are very few references in medical literature related to developing training courses for artists wishing to work in healthcare settings and in the healthcare field this is a relatively under researched area of work. One of the authors of this report published a paper on training artists to work in healthcare settings in 2007 and this appears to be one of few in peer-reviewed publications on this topic².

Most of the useful information for developing this proposed course came from interviewing experts in the field and gathering information on international practice and training in existence or being developed. Excellent examples of dance and health practice and training programmes appear later in this study and these are a useful resource for developing this proposed training course.

Overall, the literature and this research process confirms the current situation in Ireland, where there is currently high-quality practice but a lack of formal training for dancers working in health settings and a lack of evidence to support dance in healthcare interventions. This appears to be a common issue internationally.

² Moss H and O'Neill D, What training do artists need to work in healthcare settings? *Med Humanities* 2009;35:101-5. Available from hilary.moss@ul.ie

A large part of knowledge gained during this study came from the extensive consultation process undertaken (see next section).

3.3 NATIONAL BEST PRACTICE EXAMPLES

National examples of good practice, in terms of *dance and health work*, arose from the consultation process. This is by no means an exhaustive list and may exclude important dancers working in the field. These examples are just some of the highlights that arose during the research process:

NAME	FURTHER INFORMATION
Ms Ailish Claffey	https://ailishclaffeydance.wordpress.com/classes/
Dr Glenna Batson	http://glennabatson.com
Ms Helga Deasy	https://www.helgadeasydance.com/dance-and-health.html
Dance Ireland Dance for Health programme	https://www.danceireland.ie/dance-for-all/dance-health/ See Appendix 2 for details of case study of this programme
Robert Connor & Loretta Yurick (Dance Theatre of Ireland).	Developed Well dance for Seniors, which includes Parkinson's classes / Dementia workshops / and general mobility classes for seniors http://www.dancetheatreireland.com/pages/WellDanceForSeniors.htm and participated in research projects with TCD School of Occupational Therapy.
Move4Parkinson's	www.move4parkinsons.com
Irish World Academy of Music and Dance, University of Limerick Dance Department	Suite of undergraduate, MA and PhD level dance courses https://www.irishworldacademy.ie
Dr Orfhlaith Ni Bhriain	Researcher - Dance and Health at Irish World Academy of Music and Dance, University of Limerick. Email: Orfhlaith.NiBhriain@ul.ie
Kerry, Kildare and Tipperary County Council Arts Offices	Leaders and supporters of dance in their county, supporting dance and health programmes and projects. www.kildare.ie/artsservice ; www.tipperarycoco.ie/Arts ; www.kerrycoco.ie/home3/arts See Appendix 2 for details of case study of this programme

See Appendix 2 for case studies of best practice from key stakeholders above.

3.4 INTERNATIONAL BEST PRACTICE EXAMPLES

We are pioneering a new model due to the lack of specifically dance for health. We researched and found the following international examples of best practices which in part informed our development of this programme.

Name	Description
Between You and Me – Working with dance one-to-one in a healthcare setting Cheshire Dance for Practitioners	Cheshire Dance runs Continuing Professional Development (CPD) programmes for dance artists and professionals working in community and educational settings. Miranda Tufnell and Filipa Pereira-Stubbs run a two-day workshop on working with dance one-to-one in health care settings. This workshop explores key aspects and skills required in the co-creative process; qualities of presence, listening and intention. https://www.cheshiredance.org/practitioners.html
Dance for Parkinson’s English National Ballet (ENB)	Since 2010, ENB has been at the forefront of offering classes and cultural experiences for individuals with Parkinson’s disease and was the first UK large-scale dance company to offer a specific programme for people with Parkinson’s disease. Carefully designed classes are delivered by specialist artists, comprising dance and music activity inspired by ENB’s classical and contemporary repertoire. https://www.ballet.org.uk/project/dance-for-parkinsons/
The Spiral Praxis Advanced Studies Program The International Somatic Movement Education and Therapy Association (ISMETA)	Spiral praxis attempts to synthesize and integrate the spectrum of inner human experience and is a new paradigm in the somatics field. Individuals attend spiral praxis for many reasons including: injury prevention and rehabilitation, overcoming personal psychological and physical limits, and creative bodymind exploration. The Spiral Praxis Advanced Studies programme offers 1500 hours of comprehensive, hands-on training. The programme takes 2 years to complete with an additional year for those who wish to gain teacher certification. https://ismeta.org/ismeta-approved-training-programs#!biz/id/5323a96a0b5645f3436d084c
Body-Mind Centering Practitioner Training Embody Move	The Body-Mind Centering Practitioner programme is open to graduates of the Somatic Movement programme. It is a further two years Body-Mind Centering study deepening and integrating the work for application to somatic movement therapy contexts. The programme covers: deepening personal embodiment, assessing clients, learning therapeutic approaches and developing skills as a professional. Graduates of this programme are qualified to deliver the work in therapeutic as well as educational contexts. http://www.embody-move.co.uk/program/bodymind-centering-practitioner-training
Dance for Parkinson’s	Dance for PD® offers internationally-acclaimed dance classes for people with Parkinson’s disease in Brooklyn, New York and, through our network of partners and associates, in more

Disease (PD)	than 250 other communities in 24 countries. In Dance for PD® classes, participants are empowered to explore movement and music in ways that are refreshing, enjoyable, stimulating and creative. Launched as a non-profit collaboration between the Mark Morris Dance Group and the Brooklyn Parkinson Group, the Dance for PD® program also provides teacher training, creates innovative instructional media, and nurtures relationships among other organizations so that classes based on our model are widely available. Evidence from 38 peer-reviewed scientific studies serves to underpin the effectiveness and benefits of the Dance for PD teaching practice. https://danceforparkinsons.org/
ArtsCare, Northern Ireland	Arts Care, in partnership with Health and Social Care Trusts throughout Northern Ireland, aims to make all forms of art accessible to patients, clients, residents and A number of initiatives have been started by ArtsCare including Health and Social Care Staff Arts Training [http://www.artscare.co.uk/wp-content/uploads/2014/08/Staff-Training-Report.pdf]. They are a leader in arts and health practice on the island of Ireland www.artscare.co.uk
Switch2Move: The Art of Movement, Health& Well-being (Andrew Greenwood)	Switch2Move Practitioner training is aiming to embrace the professional development of movement experts as dance teachers, physiotherapists, movement therapists under the philosophy, methodology and practice of Switch2Move by Andrew Greenwood. Training is available at foundation level and programmes specifically offered include dance with people with PD, Dementia and Multiple Sclerosis. http://switch2move.com/
Dance and Creative Wellness Forum (European)	The Dance & Creative Wellness Foundation was created with the invaluable support of Dutch National Opera and Ballet to validate dance as a viable preventative health intervention and a powerful route to lifelong creativity and wellbeing. https://danceandcreativewellness.com/dance-creative-wellness-forum-2018-france/
National Centre for Dance Therapy, Canada	The National Centre for Dance Therapy (NCDT), a division of Les Grands Ballets Canadiens de Montréal, is dedicated to the promotion of dance/movement therapy (DMT). The NCDT, which combines clinical research, training and therapy, aims to improve the well-being of individuals through the benefits of dance, thereby reinforcing the utility of this art form for the community while promoting and developing Les Grands Ballets' focus on health. Training programmes are available at this centre. https://grandsballets.com/en/national-centre-for-dance-therapy/training/
Rosetta Life UK	Rosetta Life – Provide artist training programs that seek to forge new partnerships between the arts and health sectors. Rosetta Life provides workshop sessions, training programmes and toolkits for the health and arts sector looking to develop skills in the application of the arts in end of life care. http://www.rosettalife.org/projects/education-and-training/
Dance Health Alliance Australia	Dance Health Alliance Australia run innovative, in-depth training programs for dancers, dance teachers, physical therapists, nurses, movement therapists, care home staff, carers and individuals who are interested in the healing benefits of dance for movement restrictions. https://www.dancehealthalliance.org.au/
Later Life Training	Later Life Training – provide specialist, evidence based, effective exercise training for health and exercise professionals working with older people, frailer older people and stroke survivors. https://www.laterlifetraining.co.uk/

International Association of Dance Medicine and Science	A document detailing training opportunity in Dance Health is available at the International Association of Dance, Medicine and Science http://c.ymcdn.com/sites/www.iadms.org/resource/resmgr/imported/educational_opportunities.pdf
University of Florida Dance in Medicine Certificate	The University of Florida Center for Arts in Medicine, in conjunction with the School of Theatre and Dance, offers an Undergraduate Certificate in Dance in Medicine to UF students. The Certificate recognizes special competency and achievement in the use of movement to enhance health. This certificate, recognizing these special skills, can serve as a credential for developing post-baccalaureate educational pathways and career options. https://arts.ufl.edu/academics/center-for-arts-in-medicine/programs/dance-in-medicine-1/

3.5 CONSULTATION WITH EXPERTS IN THE FIELD: FINDINGS

The aim of the consultation phase was to conduct interviews with national and international experts regarding the development of a course for dancers wishing to work in healthcare settings. Interviews were conducted in person, phone or skype between September 2017 and March 2018.

The consultation process was extensive and rich. The amount of data collected from the consultation is too extensive to be included here, but the researcher identified several **key themes** which emerged during the consultation:

THEME 1 Level of training

The first part of this consultation centred on what level of training is needed for the dance and health community. Concerns raised included accessibility (financial, time, location) and it was agreed that this course would be aimed at the experienced dancer who has undertaken some relevant work experience but that the course would be accessible to those who do not hold degree level qualification. Ideally, there would be a continuum of courses, from a short one day introductory course (accredited by FETAC for example); to an undergraduate level module to an MA in Dance and Health and an MA in Dance Therapy. However, the undergraduate module in dance and health is recommended following this period of research.

An undergraduate module would ensure literacy among ALL dancers regarding healthcare work. This would provide a track within other degrees to learn about dance and health. The authors recommend that the undergraduate module would be an online course with residency, in partnership with University of Limerick. The rationale for this level course is that the current dance and health community believe that a short introductory course is insufficient but that the MA level course may be inaccessible to many dancers and that this level course offers the depth required at an affordable and widely accessible level.

It is also noted that this course is a valuable addition to the international training for dancers working in healthcare and a desire was expressed to offer blended learning (some online and some intensive in person training alongside clinical placement with a mentor) and that this course should make use of international experts in the field (rather than reinvent the wheel). Recorded input by international experts could be utilised for online learning classes and the course could be formatted to be delivered anywhere in the world with core online components and then an intensive in one country or region delivering the course.

It is recommended that the course should be accredited, bearing in mind cost and accessibility for dancers.

THEME 2 Content

Key elements to be included in the training were identified. These include:

- ***Personal skills, including self-awareness, professional conduct, personal development, group facilitation skills and support of the dancer***

Each clinical situation is unique, and dancers must learn to adapt to specific clinical contexts, issues and restrictions. There is no one absolute training for dancers working in health settings.

- ***Clinical experience***

Clinical placement is crucial to the course delivery. Dancers should come with some work experience or relevant interest in the field. Safe dance practice needs to be learned on site. A predominantly practice based course is desired than lecture based (propose 60/40 or 70/30). Reflective questions and discussion must be woven into the course at all stages.

- ***Working with healthcare professionals***

Dance and health is politically and culturally situated. How artists engage with clinicians, from setting up work to working long term in a facility is key to this work. Cultural differences between artists and medics needs to be taught as well as the importance of learning the language of health care and the arts. Dance and health professionals share interest and expertise in the human body and there is a need to understand the sensitivities, opportunities and challenges of working alongside health professionals such as physiotherapists and how to build successful alliances and collaborations. Professional, artistic and clinical communication and professionalism is key to the dancer working in healthcare. Understanding the clinical process (for example, referrals from healthcare team, how to move clients, information about client needs, the potential for dance interventions to be burdensome for staff) as well as how to understand and navigate the healthcare system is important. This language includes not over claiming the benefits of dance in healthcare but also being able to have professional confidence in a challenging work environment.

- ***Safe and ethical practice***

This includes knowledge of, and understanding of, key health care principles including health and safety, infection control, confidentiality, ethical boundaries, risks associated with movement. Dancers need to learn basic skills for working with vulnerable people. Personal development is a key component of this course, for example self-awareness (what draws me to work with vulnerable people, personal boundaries, what are my own assumptions about dance, about health and about disability) and learning about group dynamics. Developing skills in the areas of empathy, somatics, understanding my own body and the manifestation of transitions are important as well as an understanding of the common humanity between us, whether the carer or the cared-for person. Rules regarding physical touch, barefoot, clothing, body boundaries, infection, patient safety, hygiene and seated dance are important. Dancers need to understand the differences regarding dance in the studio, dance and health practice in the community and dance in hospital or intensive care environments.

- ***Illness symptoms and conditions.***

Some knowledge of illness symptoms and conditions is important, but a course of this size can never cover all the illnesses or disabilities that a dancer may encounter in practice. Rather a grounding should be offered in the following:

- Some of the more common health conditions
- What people can do rather than what they can't
- Basic anatomy, learning how bodies express themselves, finding the dancer in the person
- Embodied attention – listening to the body, appreciation of function, sustaining energy,

- practicing memory, cognition, planning, emergence.
- Medical terminology that is relevant and how falls risk occurs.
- Physiotherapy delivery of this module may be useful.

It is also important to maintain awareness of the subversive role of the arts, that creativity makes new things possible despite body limitations.

- **Mentoring, Learning by apprenticeship.** The course must be rooted in clinical placement.
- **The global dance and health community and knowledge of research in the field** To include connecting local good practice with international evidence of benefit; creating informed dance practitioners; an introduction to outcome measures and evaluation; standards of care; a theoretical and research based practice.
- **What makes a good dancer in health?** To include:
 - Ongoing process, clinical supervision/ mentoring/peer supervision.
 - Working with clinicians as co facilitator, building a network around you of organisational support, self-reflection/reflective practice.
 - Continuing professional development.
 - What is the MINIMAL PROFICIENCY we should expect from a dancer working in healthcare settings?
 - Exploring fear and resistance to dance and frameworks to keep the work safe.
 - Knowing your own limits as a dancer and the limits of your group (e.g. making a session manageable for clients in the time available).
 - Dance skills – approaches and elements of movements, the body, sensations, breath work, relatedness in motion.
- **Dance pedagogy** Whilst dance in healthcare is fundamentally not dance education, it is important to understand some of the key concepts of delivering a class or group – such as moving from simple to complex exercises, eliciting the creative input of the class participants and how to design a lesson plan and organise resources. Awareness of group theory and dynamics is also important.
- **Exploring challenges for dancers in healthcare** - for example creating awareness of the value of the work, building buy in from healthcare staff; keeping high standards; support structures.

A small number of examples of comments follow from the consultation:

- *Diversity must be recognised... What are the needs of the client? Need to understand client rather than imposing own programme on them.*
- *Hospitals have a language and methodology and a way of communicating – artists need to know and use that language*
- *Understand the various stakeholders within hospitals, patients are only small component – visitors, staff and management*
- *Important to look for flexible ways of working with an institution while keeping focus on your own development as an artist*
- *Introduction to hospital policy and medical staff*
- *Awareness of illnesses and diagnoses – treatment and drugs and how patients may be feeling*
- *Challenge of convincing health professionals of value of work.*
- *Emotional maturity is critical, knowing when to stop, when to refer a patient to medical or nursing staff, knowing professional boundaries*
- *Research –important to be informed about target group – expectations, potential limitations etc.*
- *Research and explore projects and practices nationally and internationally*

- *Need awareness of different ways of working, different roles and best practice - so much going on internationally*
- *Arts practices – broaden awareness of health settings and new art forms*
- *Sensitivity of area – communication skills and working with vulnerable people*
- *Multicultural society – the array of different attitudes, behaviours and stakeholders must be factored in to the course.*
- *Need to learn from visiting artists already working in health care settings and field trips to examples of best practice*
- *Hands on work placement experience is crucial as is learning about written documentation and evaluating our work*
- *Shadowing experienced arts and health practitioners is crucial*

3.6 CONSULTATION WITH HEALTH AND CLINICAL PROFESSIONALS

Consultation with healthcare professionals and managers (within the HSE and other health and social care providers) included at least ten doctors, nurses, healthcare assistants, physiotherapists and Speech and Language Therapists throughout the course of the project. These were primarily through contacts at Limerick University Hospital and Tallaght Hospital, Dublin. Key issues identified were:

- *Appropriate interventions for vulnerable people*
- *Considering safety, risk assessment and infection control*
- *The importance of the personal characteristics of the dancer and their ability to work as a member of the team*
- *Being flexible according to the emergencies and needs of the day and the client*
- *Qualitative research was flagged as important (not overly trying to prove the benefit but allowing the art to speak for itself)*
- *Creating a friendly supportive environment*
- *Clinicians were keen to see dancers work with them in health settings but also wary that dancers were aware and cognisant of clinical priorities and needs.*

It was important from a clinical perspective that attention be given to the needs of a predominantly bio-medical culture that is driven mainly by evidence-based practice. This can be provided by way of a hospital and/or health care setting placement during the training programme, and also by suitably qualified and practising clinicians working in the field inputting into the training programme.

3.7 CONSULTATION WITH SERVICE USERS AND FAMILY CARERS

Four service users (and their primary family carers where appropriate) were consulted for this project.

Key characteristics of a dance artist working in health settings (as quoted by service users)

- *The dancer must believe in what they are doing and enjoy it*
- *Have a genuine interest in people and can listen and respond to their group.*
- *Understand the condition the person is diagnosed with and how it affects us (not just the physical effect but social and psychological also).*
- *Be a good listener, fun, making a regular commitment to being there every week.*
- *Must have a structure to the class but not too rigid, being aware of people's health or if they are having a bad week.*

- *Must make people feel comfortable I have no inhibitions when I'm with her [the dance artist]. She knows the people and judges what they need on the day.*
- *Gives praise and encouragement. Let's people do what they can, no pressure.*
- *Create a shared space, equals not 'sick' person and 'experts'*
- *Other classes are not fun, too strict, me and dancing don't go together but she [dance artist] makes me feel a million dollars.*
- *Consult the service users so that we can curate our own experience*
- *Be a professional, high quality, creative person.*

Key content for training dancers to work in health settings (as quoted by service users)

- *Learning why the dancer is drawn to this area and what you want to bring to it.*
- *Identifying the areas that are not the dance artist's forte, for example boundary management, self-care or applying for funding and writing reports for stakeholders.*
- *Training for the dance artists to explore their communication style and communication*
- *How to access support for the dancer in delivery of their service within the community.*
- *Education of best practice initiatives*
- *Knowledge of key conditions and health issues (e.g. Parkinson's disease, depression, anxiety, older age health issues, chronic pain).*
- *It's important that these classes are led by professional dancers (not, for example, physiotherapists) but the dancer needs to learn to collaborate with the clinical team*
- *Social aspects of dance are important*
- *Learning about the body*

One participant at the workshops, Tom (name changed to protect confidentiality) gave this beautiful statement about his experience as a patient in the health service, as a dancer and his approach to dance within health contexts:

I am a client of the health service – but I would like my professionals to acknowledge my vast experience. I am also a dancer. I hear very little about this. Yes, we are there to be served but we have life experience and it's humiliating when we are not seen, when our skills are not acknowledged, when we are not known.

Everyone has the right to dance but many people are denied that. Older people are not encouraged to dance. They are encouraged to sit still and behave.

I want to be alive and I want to be free. I can't wait and I'm not going to wait, for regulation, for health and safety assessments, to be put in a box. I cannot wait, and I dare not wait. Inside I'm dancing, and I'll scream if you say we are thinking about this, we'll look into it, we'll work on it.

SECTION 4 CONCLUSIONS AND RECOMMENDATIONS

The research, which included literature reviews, examining best practice examples both nationally and internationally and an extensive consultation process, has revealed the following conclusions regarding a course for dancers working in health contexts:

1. There is a need for dancers to be trained to work in healthcare settings and a need for the health sector to formalize a currently ad hoc approach to employing dancers in healthcare settings. There are several best practice models of arts and health practice from which we can learn but given the relative dearth of arts and health/dance and health training in Ireland there is a need for training for dancers working in health settings.
2. It is important that any establishment of dance/health training in Ireland is cognisant of the contribution and expertise of dance movement therapists and dance health expertise and training available internationally. Any course developed in Ireland should engage with, and draw upon, existing international and national expertise in this area.
3. The research process highlighted the vulnerability of patients and clients of health services and the need for dancers to be flexible and adapt their practice to meet service user needs and to be informed and educated about safe practice. The need for an evidence-based approach to any arts intervention in health care settings and a rigorous, research-based approach is vital to ensure high standards of practice. The development of standards of arts and health practice would also serve to ensure consistent and equal provision of dance practice for patients and artists working in health settings across the country.
4. Core themes identified for the course include: Ethics; safe practice; hospital and health care settings environment; patient/client centred care; developing self-awareness of dancer; the language of healthcare; the value of dance and health; knowledge of best practice; approaches to practice (e.g. dance practice, dance residencies, dance therapy); facilitation/group work skills; nature of collaborative practice; research skills; language and communication skills; knowledge of dominant illnesses and health conditions; project planning skills.
5. Placements and mentors were identified as crucial to this course, as well as a focus on practice-based learning, apprenticeship and/or mentoring.
6. Full consultation with all stake holders, both from the worlds of the arts and the health service was undertaken. The course aims to be mutually beneficial for professional dancers, service users and healthcare organisations.

4.1 KEY RECOMMENDATIONS

RECOMMENDATIONS 1 There is a need for advocacy and setting standards

Dance Ireland, County Council Arts Service and the Arts Council can play an important role in advocating for training and professional development for artists working in healthcare settings. The vulnerability of service users is paramount and there is a recognised need for dancers to be informed and educated about safe practice and ethics. National consistency matters - of access to dance/health programmes and regarding the competency of practitioners

RECOMMENDATION 2 A training course is needed in Ireland for dance and health practitioners

The research indicates strongly that a training course is needed in the sector to ensure rigor and high standards of practice in the field. Current ad hoc practice levels and lack of regulation in the sector are causes of concern, both from professional practice and artistic quality perspectives. Currently anyone can call themselves a dance and health practitioner. This alone speaks to an amateurish approach to

dance and health in the field which is ultimately damaging in that it does not inspire confidence in the field from those who might commission projects, for example in the health sector. Without agreed practice principles, standards and values those receiving the work could potentially be harmed. Dance artists themselves are potentially diminishing the value and impact which the work might have, which proper training would seek to address. In addition, without a forum, network and/or professional body where dance artists can share their work, their successes and failures in a more collective and responsible way, the whole field risks remaining left behind, of not being able to play a vibrant part in enabling service-users and others to move and dance more; improving physical, psychological and emotional health across the country. None of the above must diminish the obvious passion that dancers have for their work and the effects it can have. The argument here is that a proper framework for training, for development, for research and practice development will enhance the burgeoning interest in the field across the country and enable it to grow as it should.

RECOMMENDATION 3 The training should be accredited

An accredited course from a recognized educational institution is welcomed as this will ensure high quality in terms of teaching and learning as well as integrate the concept of dance and health practice within broader educational programmes and allow greater access to the course.

RECOMMENDATION 4 Develop an undergraduate module in dance and health and a pathway through levels of dance and health training.

Benefits of undergraduate module:

- Available to all dancers (not just those with 3rd level education).
- A specialized module to add on to professional training completed and to complement undergraduate degree in dance if completed
- Allows for blended learning (online courses for theory; studio-based intensives and work experience placement, ideally alongside an experienced dance/health practitioner.
- Can be accredited and delivered at a third level institution and can be accessed as a stand-alone module or as a module on any undergraduate degree (allowing, for example, access by health professionals with an interest in dance in health practice as well as dancers engaged in work in the field).

RECOMMENDATION 5 Situate an undergraduate course within a continuum of other course developments

We recommend development of a short courses (1 day/weekend) accredited by FETAC and delivered by Dance Ireland as an introduction to dance and health practice. We also recommend developing, in due course, an MA programme to include MA Dance Therapy and MA Dance and Health Practice. These would provide a continuum of professional development from beginner to highly experienced dance and health practitioners. Although it is arguable that there may not be enough demand for an MA Dance Therapy, if the programme had an outward looking and international focus with perhaps a programme intake every 3 years, this might prove sustainable. International experts in the field of dance and health are particularly excited by the idea of a continuum of training, from basic introduction to undergraduate module in dance and health to an MA in Dance Therapy. This aspect is not complete without reference to Dance Therapy or Dance Movement Therapy as it is known and its place in relation to Dance in Health. This is well articulated by Val Huet, Chief Executive of the British Association of Arts Therapists (BAAT), who has been for years in the UK a strong advocate for arts in health and arts therapy practitioners of all persuasions working alongside each other and benefitting from each other's experience and work:

“Sometimes people may need the input of an artist in health as they want to get engaged in arts-based projects where mental health issues are treated sensitively, at other times, they may need an arts therapist as the level of mental distress makes accessing resources and sustaining personal and social relationships difficult.” Blog post: <https://lahf.wordpress.com/2018/01/08/moving-forward-together/>

Here is a clear rationale for how Arts Therapists and Dance Movement Therapists in particular, offer a set of skills and experience that can be of particular benefit for those more seriously unwell and/or in hospital, and that require training and development at Master’s Level.

RECOMMENDATION 6 The undergraduate course should prioritize learning on clinical placement, with an apprenticeship scheme at the core of the learning. Also, international expertise should be engaged through blended learning.

Online course with significant focus on placements and mentoring by dance health practitioners, expert input from international experts and studio based intensive.

RECOMMENDATION 7 The undergraduate course must be useful and applicable in a range of contexts and have relevance to an international audience

- The course should be applicable to dancers in a range of contexts, for example, hospitals, addiction centres, mental health services, community contexts and applicable to dance programmes for all age groups.
- Make this course a format that can be replicated internationally. There is international need for this course, and with the correct format the studio based, and placement parts could be replicated in other countries, with relevant third level institution and local dance health mentors.
- The format of this course could be adapted for other arts in health training (e.g. for a course on visual arts and health practice, the studio-based components can be replaced with art studio experiential work, and the blended learning components of theory provided by dance and health international experts can be replaced with visual art international experts). The shared components (e.g. ethics, the language of healthcare, communication with clinical staff, project planning) can be shared across art forms.

RECOMMENDATION 8 Placements and expert practitioners, learning by apprenticeship, is crucial

There is a need for recognition and funding for this role in the training and partnerships with clinicians is paramount. Ongoing evaluation and consultation with stakeholders, particularly the HSE, regarding the course is important. We recommend partnership with physiotherapy, medicine and nursing experts in delivery of this course.

4.2 AIMS OF UNDERGRADUATE COURSE

- * To provide a thorough grounding in the field of dance and health practice, both theoretical and practical
- * To equip students with best practice models for working in dance and health practice
- * To fully prepare dancers to work in healthcare settings and to consolidate work experience in this area through mentoring and development
- * To run a course to a high professional level, with a consistency and standard which enables validation and accreditation to HETAC standards (undergraduate module level)

4.3 UNDERGRADUATE COURSE OBJECTIVES

The course will provide the student with the following:

- An overview of the relationship between dance and health
- An overview of current best practice, both nationally and internationally, including research in dance and health
- An overview of the Irish health service and an introduction to common illnesses and diagnoses, treatments and effects of treatment
- An overview of anatomy and safe practice regarding dance health, falls risk, movement and physical limitations as may be encountered in dance health practice.
- A thorough grounding in professional practice as a dance and health practitioner, to include implementing, administering and evaluating programmes as well as an awareness of current research and funding opportunities.
- Development of self-awareness and understanding of group dynamics, boundaries, and issues of confidentiality
- Experiential learning regarding dance practice with service users
- Training, mentoring, and experience in facilitating creative processes in health care settings
- An overview of existing career options and programs which integrate dance into healthcare

4.4 UNDERGRADUATE COURSE CONTENT

Some aspects to include:

- **ARTS AND HEALTH OVERVIEW** Arts and health practice; Arts Therapies; the role of Arts in Society; models of dance practice in health care settings e.g. teaching, therapy, dance residencies, dance and health practice; history of dance in healthcare; research in dance and health. Local authorities role in leading on arts, health and well-being, dance and health and dance. The role of the Arts Council and Dance Ireland in delivering high quality arts participation projects.
- **VALUE OF ARTS AND HEALTH AND BEST PRACTICE** An overview of current best practice regarding dance in health, both nationally and internationally, including current relevant research in dance and health; case studies and examples of best practice in arts and health; international experts, guest speakers, the benefits of dance in health initiatives (e.g. social, psychological, physical and spiritual aspects)
- **HOSPITAL AND HEALTH CARE SETTINGS ENVIRONMENT** An introduction to the health service structure, policy, culture and organization (national and local); hospital rules and regulations and issues to the health service: e.g. ethics, health and safety, infection control, confidentiality; professional conduct within health service settings; roles and responsibilities of health care staff; understanding the importance of hygiene and its implications; understanding the priorities of health care staff
- **FACILITATION/GROUP WORK SKILLS, ETHICS, SELF AWARENESS, MOTIVATION AND THERAPY** An introduction to group dynamics, boundaries and issues of self-awareness and confidentiality; group dynamics, types of groups; professional boundaries and self-awareness; confidentiality; quality awareness; intercultural competency; understanding your own motivation and drives; issues of care including child protection; principles of conduct; limitations of arts and health projects; experiential workshops using your own dance practice in a new and creative way, peer support and the importance of mentoring.
- **PATIENT/CLIENT CENTRED CARE** What is patient-centred care? The needs, expectations and limitations of service users; importance of confidentiality; input by service users on their perspective of health, healthcare and the role of the arts; basic anatomy; the relevance of

physical limitations on dance practice.

- **OVERVIEW OF NATURE OF DISEASE** Introduction to common illnesses and diagnoses. Effects of illness, what is health? What is illness? Physical, emotional, spiritual and mental aspects of health. A brief overview and introduction to health issues in the following populations: Older age; Children; Mental health; adults with physical and/or learning disabilities.
- **LANGUAGE AND COMMUNICATION** Presentations and workshops by members of health service staff, experienced arts and health practitioners and health service managers on the importance of language and communication from both arts and health perspectives; communication and relationships with health care workers, patients, families and other ancillary hospital staff.
- **PROJECT PLANNING AND DEVELOPMENT** A thorough grounding in professional practice as dance practitioner in health, to include implementing, administering and evaluating arts and health programmes; developing a proposal, planning an arts project, aims and objectives; getting started – techniques and approaches; negotiating contracts - examples of residencies, sessional and long term contracts; documentation and evaluation; funding applications; report writing and presentation skills; project management; appropriate use of photography; role of celebration
- **NATURE OF DANCE IN HEALTH PRACTICE** Collaborative process and service-user centred care; understanding of and experience of the dancer's own creative process; experiential learning regarding the use of the art form flexibly with patients; facilitating the arts and creative process within healthcare institutions
- **RESEARCH** Dance and Health research (national and international); literature reviews, research techniques; evidence-based research; examples of arts and health research; introduction to research methods.
- **STANDARDS OF PRACTICE** What are good standards of practice? Professionalism and best practice

4.5 TUTORS

It is not possible in this report to recommend tutors, however we recommend that this course is delivered collaboratively by expert lecturers in the fields of dance, dance and health and clinical experts. Ideally the course would be delivered by dance and physiotherapy lead academics.

A list of high quality teachers and educators for such a course emerged during the consultation. Key personnel we recommend as guest lecturers include arts managers in health, community and social contexts within Ireland and internationally; managers of arts and health services (such as centres of arts and health); dancers; choreographers; physiotherapists; dance practitioners with extensive experience in health settings; clinicians with experience of working with dancers such as geriatricians, nurse specialists, Parkinson's disease medical specialists, HSE managers with special responsibility for arts and health promotion and dance and movement therapists.

4.6 EVALUATION METHODS

Evaluation of the course must be carried out in the first years of any pilot. This should align with the Arts Council current/upcoming work around evaluation methodologies.

4.7 LEARNING STYLES

Dancers may best learn by observation, reflection and discussion of their practice (both within the

healthcare setting and within student feedback sessions) as well through discussion between artists and healthcare professionals and experiential embodied learning.

The researcher recognizes the limitations of time for healthcare professionals to engage in this learning process but recommend that healthcare workers would give lectures and workshops as part of the course. It is of paramount importance that clinicians support, discuss and reflect on the dance placements and possibly also participate as students on the course. It is also suggested that at least one course tutor should have significant experience of both art and healthcare professions.

Student placements in healthcare facilities are of paramount importance for this course. Reflective discussion, preparation, planning and recording of placement experience is crucial to dancers learning about art and health practice. The standard of placements is therefore of high importance. Supervision, peer evaluation and observation are also key components to learning for artists.

Section 5 Full Undergraduate Course Document

The full course document is provided as a separate document.

For further information please contact the study's Principal Investigator, Dr Hilary Moss.
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Appendix One Brief CVs of Core Team

DR HILARY MOSS

Hilary Moss is Senior Lecturer in Music Therapy at the World Academy of Music and Dance, University of Limerick, Ireland and previously the Director of the National Centre for Arts and Health, Tallaght Hospital, Dublin. She completed her PhD in 2014 on aesthetic deprivation and the role of the arts for older people in hospital at Trinity College Dublin School of Medicine under the supervision of Prof Desmond O'Neill. She has twenty years' experience working in healthcare settings as musician and music therapist and has an MBA in Health Service Management. Hilary has eighteen peer reviewed published research papers in academic journals on the topic of arts and health. She has completed numerous service evaluations and reports on arts projects in healthcare.

Notable projects and publications include:

- 2017 Conducted a major online survey of 1779 singers on their perceptions of the health benefits of singing in a choir (in press).
- 2016 Founder and Chair of the Arts and Health Research Cluster at UL. This is a group of 40 researchers and practitioners with an interest in exploring the relationship and interaction between arts and health.
- 2003 – 2016 Responsible for developing and managing the arts programme for Tallaght Hospital, a large Trinity teaching hospital. This included strategic planning, research and project management, fundraising, recruitment and management of a team of 30 artists, arts therapists and students on work placement.
- 2006 Commissioned by the Arts Council to develop the first course for artists working in healthcare settings. Working with a consortium including CREATE and Institute of Art and Design Dun Laoigaire, she researched and devised a post graduate diploma course for artists working in healthcare settings. This was piloted for 3 years at NUI Maynooth. This research and module development will be useful content and learning for the development of this Dance and Health course.
- 2004 – 2006 Consultancy and independent evaluation services for arts and music therapy programmes at Our Lady's Hospital for Sick Children, Crumlin, Meath Community Unit and Blue Box Creative Learning Centre, Limerick.
- 2003 – 2008 Independent external chairperson of Kildare County Council Arts in Health Steering Group 2008 and member of HSE Eastern Region Arts Committee 2003 – 2006.
- 2015 Conducted evaluation of arts service for acute psychiatry service at Tallaght Hospital. Research published in the British Medical Journal: Brady, C., Moss, H., Kelly, B. *A Fuller Picture : Evaluating an Art Therapy Programme in a Multi-Disciplinary Mental Health Service*. British Medical Journal: Medical Med Humanit 2017;43:30–34. doi:10.1136/medhum-2016-011040.
- 2008 – 15 Set up, supervised artist and researched a new model of arts and health group: a community art group for people with chronic pain. Research published: O'Neill, A and Moss, H. The role of a community art therapy group for people with chronic pain. *Art Therapy* 2015; 32(4):158-167.
- Carried out an international project researching the role of the curator in hospital. Contacted and interviewed 10 experts in the field across eight countries. Research published: 2016 Moss, H; O'Neill, D. *The Role of the Curator in Modern Hospitals: A transcontinental perspective*. Medical Humanities Springer. 2016, Dec. DOI 10.1007/s10912-016-9423-3

DR LISA MCLOUGHLIN

Lisa McLoughlin is currently a freelance Dance Artist in receipt of funding for the Invitation to Collaboration Scheme for “The Autonomy Project”, a multi-disciplinary project in collaboration with the Limerick Arts Office.

She has been employed as a Dance lecturer in the Irish World Academy of Music and Dance at the University of Limerick for the past two years overseeing and implementing a comprehensive programme of undergraduate dance. She was the primary leader in the creation of the new BA in Contemporary dance in the University, responsible for creating content and documents, in collaboration with the IWA faculty, to ensure compliance with the university’s standards board (APRC). In that role she was responsible for the dance element of the BA in Voice and Dance, a course with an enrolment of over 90 students. Areas of teaching included contemporary dance, Pilates, Yoga, Somatics, choreography and research methods. She was responsible for overseeing four major modules and supervised multiple final year programmes.

She has been a member of the board of Dance Ireland for five years (2008-2012), current member of the board of the Liz Roche Company and recently elected to the board of the Dublin Dance Festival. She is a selection panel member for the step-up programme since its inception and have been an active member in the dance community in Ireland and internationally for over 20 years through performance, practice and research.

McLoughlin holds an M.A. in Dance from the University of Limerick (First Class Honours) and is in her second year of the Arts Practice PhD at the Irish World Academy. Her main area of research is mapping embodied cognition with reference to the field of behavioural psychology and dance pedagogy.

DR. ORFHLAITH NI BHRIAIN

Dr. Orfhlaith Ní Bhriain is an ethnochoreologist and Course Director of the MA in Irish Traditional Dance Performance programme at the Irish World Academy of Music and Dance, University of Limerick, Ireland. As an accomplished performer and teacher of Irish music, song and dance, she delivers workshops and seminars internationally and is a recognized expert in the Irish traditional music and dance world featuring in many broadcasts and documentaries on radio and television as cultural commentator. Her research interests include Arts in Health, Irish Music and Dance studies and Music and Dance Education. She is an active member of the Arts and Health Research Cluster and a director of Dance Ireland.

Notable Publications include:

Dancing for Parkinson Disease: a randomized trial of Irish set dancing compared with usual care. J Shanahan, ME Morris, ON Bhriain, D Volpe, T Lynch... - Archives of physical medicine and rehabilitation, 2017

Set dancing for people with Parkinson's disease: an information resource for Irish set dancing teachers J Shanahan, OM Ní Bhriain, ME Morris, D Volpe... - 2016

Inability to perform because of pain/injury in elite adult Irish dance: A prospective investigation of contributing factors R Cahalan, P O'Sullivan, H Purtill, N Bargary, O Ni Bhriain, K O'Sullivan... - Scandinavian journal of medicine & science in sports, 2016

Appendix Two - Case Studies from three County Councils and Dance Ireland.

2.1

Kildare County Council

Arts Officer: Lucina Russell

Kildare County Council have been leaders in dance development for over 20 years. Initially focusing on Dance in Education, the programme evolved over time to include Dance and Disability and in turn, Dance and Health. The dance portfolio is currently managed by the Arts, Health and Wellbeing specialist, which brings a range of expertise to the work in Dance and Health. Our work has enabled a 'community of interest' in dance in Kildare and beyond, and supports growing and diverse audiences for dance.

The crossover between Dance and Arts and Health is critical to the work in Kildare as, to date, significant knowledge, expertise and networks have developed in both areas of work. It is our intention to champion work in this area that is rigorous and challenging for dancers, participants and audiences and to create new audiences for dance.

In 2002, we ran the first 'Laban Guild Community Dance Leaders course', which attracted participants from across the country and demonstrated the appetite for professional development, training and accreditation for those working in this field. The Dance Leaders course led to the establishment of the biennial Dance Summer School at St. Patrick's College, Maynooth. In 2016, the Dance Summer School included a *Dance & Health Seminar*, partnering with Dance Ireland, Move4 for Parkinson's, Dance for PD, Mark Morris Dance Company and Arts Care Northern Ireland.

Kildare's Dance Summer School in July 2018 included a Dance and Health seminar, curated by Ailish Claffey, which was the culmination of the year-long collaboration with Dance Ireland, Kerry and Tipperary County Councils, under the *Arts Council Invitation to Collaboration scheme*. The seminar interrogated models of practice in dance and health, with leading national and international experts.

Speakers included:

- Peter Lewton-Brain (Monaco), Director of International Association of Dance Medicine & Science
- Clare Guss West (Switzerland), Co-founder of the European Dance & Creative Wellness Foundation
- Tim Joss (UK), CEO & Founder, Aesop
- Professor Desmond O'Neill (Ireland), Specialist in geriatric and stroke medicine, based in Tallaght Hospital & Trinity College Dublin
- Emily Jenkins (UK), Founder of Move Dance Feel
- Dr. Richard Coaten (UK), founder of the world's first 'Centre of Excellence in Movement Dance & Dementia'
- Dr. Jenny Elliot (Northern Ireland), Chief Executive at ArtsCare
- Dr. Hilary Moss (Ireland), Senior Lecturer in Music Therapy at the World Academy of Music & Dance, University of Limerick
- Paul Johnson (Ireland), Chief Executive, Dance Ireland

It is our intention to continue to develop dance as an art form and to demonstrate Kildare's leadership in its development in projects and partnership, that will contribute to a body of research around 'Dance in Health', with emphasis on Dance and Parkinson's Disease. We support the development of a national accreditation for professional dance artists' development in this important field. Meanwhile, we will support dance artists working in health care settings through artist in residence initiatives, to share the learning from our work and continue to see align ourselves with partners to further progress this work.

"As curator of the 2018 Kildare Dance & Movement Summer School and the Dance & Health Seminar (as part of The Invitation to Collaboration Scheme), it gave me great pleasure to be part of a vibrant community coming together to celebrate the unique radical and human act of dance. Together we delved with curiosity and rigour, embodying and examining the art of dance and the relational expertise of the dance artist." Ailish Claffey

2.2

Kerry County Council

Arts Officer: Kate Kennelly

Kerry County Council has for many years embraced dance provision through its Dancer in Residence Programme, with Dance in Health as a developing area of interest.

The first dancer in residence programme was in 2004 with Maggie Harvey and every year since there has been a dancer in residence programme, reflective of the interest, demand and impact of the programme. Catherine Young was appointed in 2005 and began work with schools and groups, as well as mentoring dancers in Kerry. Ailish Claffey and Laura Murphy shared the residency in 2008/2009, promoting contemporary dance through working with individuals, schools, community groups. From 2008 Catherine Young has been re-appointed Dancer in Residence, over the last ten years she has been supported by Kerry County Council to develop new choreographic work, to develop dance infrastructure and audiences for dance in the County, and to create opportunities for increased participation in dance. Well-being through participation is central to her work practice.

In 2014-2015 Maria Svensson was appointed community dancer-in-residence, focusing on working with schools to promote dance in different locations in Kerry. Maria was also Dancer in residence at An Lab, funded by the Arts Council and supported by Kerry County Council in 2016 and 2017 and continued her work with primary schools. Building confidence, exploring movement and enjoying dance as a creative means of expression saw great demand for Maria's time.

In 2017 Catherine delivered an in-service Dance Mentoring Scheme that was open to all secondary PE teachers to apply for. Catherine designed a training course working with the teachers both outside the classroom to prepare the course and in-class delivering and assisting the teachers in implementing the curriculum.

Catherine Young is inspired by people, cultures, experiences and emotional expression through contemporary dance. With regard to dance and health Catherine has worked with groups that have clearly reaped health benefits from their time engaging with dance. Catherine's overview on work inspired by working with women that were victims of abuse and had been through addiction received a great response from audiences in Kerry and Dublin. Recent work includes collaboration with some of Ireland's new communities who live under direct provision. Her 2017 project 'It Takes A Village' had participants from Ireland, Syria, Iran, Palestine, Afghanistan, South Africa, Zimbabwe, Uganda, Malawi, Ethiopia, UK, Germany and Switzerland.

More recently Catherine has led 'The Welcoming Project.' This intercultural dance project works with people in direct provision, 'all of them are stuck in no man's land with no real freedom, no access to work or meet people, are being fed poor quality food so in general many of them have serious health issues physically through diet with diabetes and also mentally with depression so that when those eventually get their papers they find it so much harder to integrate and re-catch up on their lives'.

The project brings local communities and incoming communities together through dance, they explore themes relevant to their lives, in particular their journeys and sense of self. 'The dancing projects has injected a whole new lease of life for all - not only making them healthy and fit but has worked wonders for their confidence, their sense of self and self esteem. They have built a strong community also with locals and they find it so much easier to integrate having better insight into Irish society'.

'Dance has proven an invaluable tool to put people back in touch with their bodies and physical sense - enabling them to feel good physically, mentally and emotionally. Moving has helped people really connect with themselves and with others, to feel better about their bodies, get fit and healthy but also find a way to express themselves that is non-verbal, which can often be a very important outlet to reduce stress and channel their emotions. It is an artform where people can work at whatever level they are at, it is accessible to all and can be adapted for all needs so is inclusive and brings people together. It is a strong tool especially in work with multi-cultural groups where English may not be everyone's language - the physical body has its own universal language which is widely understood by all. And it also offers us a way to connect and understand other people's cultures which help with positive reinforced ideas about other cultures - fosters a real sense of understanding.' Catherine Young

2.3

Tipperary County Council

Arts Officer: **Melanie Scott**

The Tipperary Dance Residency was established in 2008 in partnership with The Tipperary Excel Arts Centre and Iseli-Chiodi Dance Company based in Tipperary town. In the intervening years it has successfully developed contemporary dance both as an artform and practice in Tipperary Town and its hinterland.

Key programme areas include new choreographed work, an internationally recognised curated dance festival (Tipperary Dance Platform), professional development opportunities for dance artists, together with a public engagement programme.

In recent years, the project has harnessed the new potential offered by a larger county structure to enhance the visibility and presence of dance performance and practice on a countywide basis and the festival has extended it's reach to collaborate with new partners including the County Library network and other arts centres throughout County Tipperary.

As part of our long term investment in Dance, Tipperary Arts Office have partnered on the "Invitation to Collaboration" project looking at Dance & Health from the perspective of training for dance artists with lead partners Kildare County Council; Kerry County Council and Dance Ireland. Our participation in this project has been valuable from a learning and artform development perspective and we have begun to integrate some of the approaches emerging from this project into other programming areas such as our Bealtaine programme.

2.4

Dance Ireland

Chief Executive: Paul Johnson

Dance, Health and Wellbeing: a Dance Ireland work-in-progress...

Dance Ireland is Ireland's national dance development organisation. Our bold ambition is for dance to be valued and vibrantly, actively and confidently part of people's lives. Our mission is to enable the development of dance as an art-form, professional practice and an activity of interest for all.

Health and wellbeing are central to what we do. Taking a multi-disciplinary approach, we primarily focus on the needs of the professional dance practitioner, however our interest has grown to include a diverse range of service users.

At all times, we encourage a holistic approach to understanding how best our bodies work, believing that a healthy body contributes to a healthy mental attitude which in turns supports a healthy lifestyle.

In other words, we are about optimising health, reducing injury and increasing wellbeing.

Not only are we concerned about good alignment, proper warm up/cool down techniques, injury management, but about optimal nutrition and hydration, about managing anxiety, injury prevention and instilling healthy dance practices.

Increasingly, for professional practitioners: students, dancers, choreographers, teachers and others, the physical, mental and emotional demands are complex and growing. Dance Ireland exists to ensure that all dance artists are nourished, supported and the best they can be.

Whether this is through *Healthier Dancer Days*, *Weekly Wellness Classes*, *Injury Prevention Screenings*, *Dance & Health Professional Development* seminars and workshops, we facilitate, resource and equip dance artists with the tools that will enable them flourish and ultimately sustain their career.

For others we work with, under *Access & Participation*, including youth dance companies, after school clubs, Dance for Older People, Dance for People with Parkinson's Disease and Dance for All initiatives, we offer the supports and resources for every participant to have a positive dance experience, to explore and realise their creative potential and for fellowship and fun, both inside and outside of DanceHouse.

Supporting us, we bring together key national and international experts from within dance, health and well-being spheres to enhance our understanding, inspire and contribute to healthy dance practice. These partnerships and creative collaborations ensure we continue to learn, share and grow. The *Invitation to Collaborate Award* marks a significant milestone in our evolution. The partnership has consolidated working relationships, introduced us to new ideas and new ways of working and also provided us with support and encouragement along the path towards a healthier dance community in Ireland.

For us, our belief that a healthy and supported dance artist is ultimately a happier creative dance artist has being ably demonstrated throughout this project; www.danceireland.ie.