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Using Ripple Effects Mapping to understand the longer-term impacts of delivering a dance programme for older adults on dance artists

Robyn Dowlen ^{a*}, Ilaria Pina ^{a*}, Laura Liddon^b, Hannah Robertshaw^b, Lucy Robertshaw^c, Charlotte Armitage^c and Sarah Astill ^a

^aSchool of Biomedical Sciences, University of Leeds, Leeds, UK; ^bYorkshire Dance, Leeds, UK; ^cDarts, Doncaster, UK

ABSTRACT

Background: The dance workforce plays a central role in delivering arts and health programmes yet there is little exploration of how programme delivery impacts dance artists in a professional or personal capacity. This study explored the experiences of dance artists delivering *Dance On*, which engages inactive older people 55yrs+.

Methods: Ripple Effects Mapping was used to explore the short- and long term experiences and practices of dance artists delivering a dance programme.

Findings: Two ripples were developed 1) Becoming a specialist 2) Connecting with communities. These ripples highlighted the strengths of the sustained nature of the programme and emphasised the need for ongoing support from employing organisations, communities, and dance artist peers.

Conclusion: This study showcases the central role dance artists play in upholding the outcomes we observe in arts and health work – their role, expertise, and commitment to programmes should be further illuminated and supported through ongoing discourse about their practice.

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Ripple effects mapping; dance artists; participatory evaluation; arts and health; older people

Introduction

There is a growing body of research that shows the value of dance for health and wellbeing across the life course. Dance participation has been theorised to be particularly well suited to supporting people's physical and mental health and wellbeing because the focus is placed on creative self-expression, with moderate to vigorous physical activity being a by-product of participation rather than a primary objective (McCrary et al., 2021). The evidence-base for the use of community dance to address physical health and wellbeing needs of the population is growing (Sheppard & Broughton, 2020), and in the

CONTACT Sarah Astill  s.l.astill@leeds.ac.uk  School of Biomedical Sciences, Faculty of Biological Sciences, University of Leeds, Leeds LS2 9JT, UK

*Since the research has been conducted, Robyn Dowlen has moved to the Division of Psychology and Mental Health, University of Manchester and Ilaria Pina has moved to the Population Health Sciences Institute, Newcastle University.

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UK (and further afield) there are many arts organisations, local authorities, community health services who are commissioning professional dance artists to deliver such programmes (Aujla et al., 2019). This, alongside the increased interest and investment in social prescribing programmes by policymakers, funders, and cultural organisations presents an opportunity to scale up dance-based programmes to address the health and wellbeing needs of the population (All Party Parliamentary Group on Arts, Health and Wellbeing and the National Centre for Creative Health, 2023). Quality dance provision, however, is dependent on the dance workforce (including practitioners and organisations) who typically work on a freelance and project-funded basis, and who can feel “unseen” and “undervalued” in the context of arts and health programme delivery (Collard-Stokes & Irons, 2022).

Thus, while there are several studies which show positive outcomes relating to health and wellbeing for dance participation, there is a dearth of resources, training, guidelines, and “affective support” for the (often) freelance dance workforce who uphold the delivery of dance for health and wellbeing programmes (Naismith, 2019). While there are notable studies that have explored the impacts and challenges of delivering arts and health programmes from the perspectives of dance artists (e.g. Collard-Stokes & Irons, 2022; Naismith, 2019), there has yet to be an exploration of the specific experiences and practices of dance artists delivering programmes in the community for older people which comes with its own unique circumstances of tailoring dance-work for older bodies in a safe and inclusive way. Thus, this study sought to understand the short- and longer-term experiences and skilled practices of dance artists delivering a creative dance programme (*Dance On*) for older people, using a participatory research method – Ripple Effects Mapping.

Programme overview

Dance On is a dance-based programme that seeks to engage inactive older people aged 55 plus from areas in Yorkshire (including Leeds, Bradford, and Doncaster) where there are large health inequalities. *Dance On* has the overarching aim of raising physical activity levels in older adults. The programme is community-based, and sessions have been delivered in community centres, churches, and Yorkshire Dance and darts venues. During the COVID-19 pandemic, all sessions were moved online until it was assessed by the organisations to be safe to return to socially distanced dance sessions. Since social distancing restrictions have been lifted, the organisations and dance artists offer hybrid options to encourage the inclusion of people who may not be able to attend the sessions in person (Pina et al., [under review](#)) – this has led to the description of “Roomers” (who take part in person) and “Zoomers” (who take part online).

The programme is managed by Yorkshire Dance and darts, and is delivered by a range of professional dance artists who work as core artists within the organisations or on a freelance basis. In the context of *Dance On*, a dance artist is defined as a professional dancer who delivers movement and dance sessions with older people. Yorkshire Dance, darts, and the dancers themselves, choose to use the term “dance artists” rather than “teacher”; sessions rather than “classes”; and “participants” not “students”. This is because the emphasis is placed on holding an inclusive, creative space that is “failure free” in nature, so that every contribution is seen as valid and meaningful rather than having to be

done in a prescriptive way. Thus, they are not teaching participants to dance in a traditional sense; rather, they are sharing their skills to enable people to move in creative, safe, and joyful ways.

The dance artists come from a range of professional dance backgrounds, including performance, choreography, teaching, as well as dance styles, including contemporary, swing, and improvised dance. While working as freelancers in this space, the dance artists are supported by an infrastructure provided by Yorkshire Dance and Darts. This infrastructure means that formal training is offered in physical movement with older people; community partnerships are established; and there is organisational support. Furthermore, the long-term nature and research-grounded approach to the development of *Dance On* means that dance artists are operating within a well-established programme that has recognised roots within Leeds, Bradford, and Doncaster. The dance artists come to the programme as skilled dancers with a wide range of previous experience, some with older people. Some of the dance artists were recent graduates from dance programmes, while others had been developing their practice over a number of years.

Each session is flexible in nature but has central principles that are consistent across sessions, which include 1) setting up the space in a circle to create a safe, social, non-hierarchical environment; 2) opening with a welcome that invites participants to take part in any way they want to; 3) providing a session map that gives an overview of what participants might achieve during the session, and verbalising artistic intentions for each of the different activities; 4) taking time to set up each activity safely and giving physical space to each member of the group; 5) choreographing movements with hands and feet so participants can join in with both or either; 6) building in restful and mindful moments throughout the session that draw attention to different body parts or breathwork; and 7) recapping the session at the end, and giving ideas for participants to take away if they choose to do self-directed movement outside of the sessions.

Sessions themselves follow a template which dance artists guide the group through (Yorkshire Dance and Darts, 2023). Sessions begin with a warmup led by the dance artists, guiding the group to bring awareness to different parts of their body and easing in gently to movement. Next, the dance artists will engage with the group in a mobilising activity, where they will encourage the group to move and mobilise different body parts in isolation. They may also experiment with speed, size of the movements, moving through space, or interacting with others through reach and touch. This is followed by an "endurance" section, which aims to get the group's heart rate up within each participant's capacity. This might include marching, knee lifts, squats, bends, and reaches. Following this, the dance artists facilitate the "Brain Gym", which encourages participants to dance with each other, remember movements, mirror movements, and change direction. The next two sections focus on set dance styles (e.g. contemporary influenced swing) and choreography, where the dance artist shares movements in sequences for the participants to follow. The session winds down with a final creative exercise where the dance artist encourages participants to explore different ways of moving their bodies, whether this is with a prop or a dance partner. A final cool down activity is led by the dance artists, which involves gentle stretches, breath work and mobilisation of joints. The dance artists play a key role in facilitating the elements of the session template, encouraging creative responses to prompts, and understanding the physical capacities of each member of the group so that sessions can be delivered in a safe and inclusive way.

The programme was developed from *Dancing in Time*, a University of Leeds supported creative dance intervention (funded by Leeds City Council Public Health) which in a pre-post study (without a control group) found preliminary evidence suggesting the dance programme modified known risk factors of falls, increased levels of physical activity, and improved balance, mobility, self-efficacy, and mood of older people (see Britten et al., 2017). Since this initial project development, *Dance On* has been funded by Leeds, Bradford, and Doncaster City Council Public Health, as well as through Sport England's Active Ageing Fund. The programme is also supported by multiple community-based organisations (e.g. age-focussed charities; neighbourhood community groups) to ensure its geographical spread and to enable the inclusion of those who have typically been excluded from other arts-based programmes (e.g. those from global majority groups, from socio-economically disadvantaged areas, etc.).

Programme evaluation

Dance On can be positioned within the Medical Research Council's definition of a "complex intervention" with a large number of components involved in the successful delivery of the programme (Skivington et al., 2021), for example: the skilled practices of dance artists leading the sessions; the range of settings it is delivered in; as well as the flexibility within the programme to meet the needs of the different groups who take part (e.g. seated vs. standing dance). To date, Yorkshire Dance and darts, in collaboration with researchers from the University of Leeds have begun to build a picture of the impacts of *Dance On* on the older people who take part (see Britten et al., 2017, 2023). However, in order to meet the growing need in the sector for sustainable, equitable programmes (see Hume & Parikh, 2022) it is necessary to explore the impacts *Dance On* has above and beyond the outcomes that have been noted to date. A systems-focussed approach that acknowledges the wider outcomes through the programme's evaluation (including for dance artists) will allow a more holistic account of the programme's impact which is important in the context of the delivery of the programme within a commissioned model in the future (through social prescribing or other means).

The current study adopted a qualitative, participatory approach using Ripple Effects Mapping (which will be described in more detail in the next section) and focussed on *Dance On* practitioners' (professional dance artists) experiences of delivering the programme. As there has been limited research that has focussed on dance artist experiences in the literature to date, the primary aim of this study was to map short and long-term impacts of the *Dance On* on dance artists using Ripple Effects Mapping. To our knowledge, this is the first time the Ripple Effects Mapping approach has been used in the context of understanding dance artists' professional and personal development in the context of a health-focussed programme for older people.

The objectives of the research were to:

- (1) work collaboratively with Yorkshire Dance and darts to develop key questions their organisations have about the ripple effects from the *Dance On*.
- (2) facilitate workshops with dance artists to map personal and collective stories using ripple effects mapping.

- (3) co-create a ripple effects map highlighting the value of the *Dance On* for dance artists' personal and professional development.

The REM workshops with dance artists were part of a wider programme evaluation which explored the impacts of *Dance On* on the older people who took part. The work built on an existing research relationship between SA and IP and the dance organisations. While there is crossover in the findings with the wider evaluation, the focus of this element of the evaluation is on the experiences of the dance artists who deliver *Dance On*.

The lead author was contracted as a visiting researcher who had not been involved in any of the other evaluative work with Yorkshire Dance and darts, and whose focus was to understand the experiences of the dance artists through the REM technique. RD had explored the concept of “ripple effects” within previous research (see Dowlen et al., 2022) in the context of music programmes for people living with dementia, but this was the first time she had used the technique to map the impacts of the programme on creative practitioners delivering sessions with the aim of improving participants' health and well-being. RD was invited to join the wider evaluation team as an experienced evaluator within the field of arts and health, having produced several creative, qualitative evaluations for programmes ranging from music in a dementia context, to embedding early years' programmes in museums. In her wider evaluative work, RD developed an interest in understanding the impacts of programmes on creative practitioners who deliver the work with participants on the ground, and how they can be best supported to create safe, meaningful, creative experiences for participants.

Methods

The ripple effects mapping approach

Ripple Effects Mapping (REM) is a qualitative participatory evaluation method that has been developed to understand the dynamic and changing nature of a programme, as well as its wider impacts (whether these are in the short or longer-term) (Nobles et al., 2022). It engages programme and community stakeholders to retrospectively examine the impacts of a programme and visually map the chain of events resulting from it (Chazdon et al., 2017). REM evolved out of a need to evaluate complex group processes that had multiple impacts and outcomes in a way that is engaging and meaningful to the community of interest (Pamphilon & Nema, 2021). REM approaches aim to map both the ripples associated with both direct (implementation staff, i.e. dance artists) and indirect stakeholders (those influenced as a by-product of the intervention, i.e. community organisations/groups) (Chazdon et al., 2017).

REM has four key components, as outlined by Chazdon et al. (2017): 1) appreciative inquiry (creating generative knowledge between individuals); 2) a participatory approach; 3) interactive group interviewing and reflection; 4) and mind mapping to create a diagrammatic representation of programme impacts (ripple effects).

REM was chosen as an evaluation technique for the impacts of *Dance On* for dance artists because of its emphasis on understanding complex systems through the eyes of those who deliver them (i.e. the dance practitioners and arts organisations). This study was approved by the University of Leeds Research Ethics Committee BIOSCI 21–018.

Participants

Twelve dance artists who were currently delivering *Dance On* sessions were recruited to take part in the REM workshops. The arts organisations who manage *Dance On* (Yorkshire Dance and darts) invited dance artists who were currently delivering the programme to take part using an expression of interest email written by the research team which included background to the study and an information sheet. Participation in the workshops was voluntary and dance artists were consented into the study by the research team.

To account for the availability of the dance artists, two workshops were scheduled. The first workshop had seven dance artists in attendance and the second had five. Ten dance artists returned participant demographic forms which collected information about their gender, age, ethnicity, and number of years delivering *Dance On* sessions (see [Table 1](#)). The mean age of dancers was 39.7 (SD = 17.5) and experience ranged from 1 to 5 years ($M = 2.8$, $SD = 1.8$). To note, dance artists with 5 years' experience had been involved with the project since its inception.

The ripple effects mapping process

Both REM workshops had an identical format and took place online via Zoom over 3 h. All dance artists were paid for their time to take part in the workshop. The majority of the time was allocated to mapping the dance artists' stories using REM techniques. Two researchers were present during the workshop, one facilitated the mapping exercise (RD) and the other took additional observational notes (IP). Members of staff from the dance organisations and the evaluation Principle Investigator (SA) did not attend these sessions to create a more open space for discussion between the dance artists and researchers. A more detailed session outline can be found in Supplementary Table S1.

Peer-to-peer interviewing (or appreciative inquiry) was the process by which dance artists interviewed each other in pairs or trios within Zoom breakout rooms. The researchers did not capture any data within these breakout rooms but rather encouraged the dance artists to use this time as a warmup exercise to ask each other questions about their *Dance On* practice and its ripple effects, based around the following questions:

- (1) What is a personal highlight, achievement, or success you have had relating to your practice based on your involvement in *Dance On*? What have these achievements or successes led to?

Table 1. Demographic characteristics of *dance on* practitioners.

ID	Gender	Age	Ethnicity	Years of <i>Dance On</i> experience
1	Female	24	White British	1
2	Female	38	White British	4
3	Female	30	White British	5
4	Female	28	White British	1
5	Female	65	Black British	5
6	Female	58	White British	5
7	Female	72	White British	1
8	Female	36	White British	4
9	Female	22	Chinese British	1
10	Female	24	White British	1

- (2) What new or deepened connections with others (individuals, community organizations, local government, cultural organizations, etc.) have you made as a result of your involvement with *Dance On*? What have these connections led to?
- (3) What unexpected things have happened as a result of your involvement in these efforts?

The questions were developed in consultation with the core *Dance On* programme staff (LL, HR, LR, and CA) and reflected areas of interest from both organisation in relation to *Dance On* and its relationship to practitioner development. The framing of these questions is very typical within REM, and the appreciative inquiry acts more as a warmup activity than an element of data collection within the method (Chazdon et al., 2017; Nobles et al., 2022).

After the peer-to-peer interviewing, participants came back to the main online space to reflect back on their discussions. This section of the mapping workshop was facilitated by RD, who used a *Google Jamboard* to begin to map the ripples discussed by participants. All participants could see the *Jamboard* as it was being updated and could ask the facilitator to amend or add to the ripples as the session went on.

The REM workshop ended with a group reflection on the Ripple Effects Mapping method.

Data analysis

Following the REM workshops, the researchers RD, IP and SA came together to compare notes and debrief from the session. We used the “theming and rippling” technique as outlined by Chazdon et al. (2017). First, we openly coded the ripples that were mapped within the workshops independently and brought these together thematically across several collective analysis meetings. In these meetings, we individually mapped the themes noting where connectors and interactions lay between the thematic areas and then brought the individual maps together through a shared discussion where similar thematic areas were brought together and finalised by agreement amongst the team. When there were differing perspectives, we independently looked back to the recordings of the sessions and the initial map that was developed by participants to test themes and ripples against the raw data. We then came back together to discuss the thematic areas with supporting evidence from the data, as well as engaging in reflexive discussions about the different interpretations of the different disciplinary areas represented within the research team (i.e. psychology, health sciences, population health).

This ripple effects map was presented to the dance artists at a member-checking workshop in April 2023. This presented an opportunity for those who had been involved to evaluate their experiences alongside the themes outlined in the map and elicited further discussion surrounding the ways in which this knowledge could support practice going forwards.

Findings

The final ripple effects map underpinning the impacts of *Dance On* on dance artists is presented in [Figure 1](#). Ripples are indicated through the bidirectional arrows away from

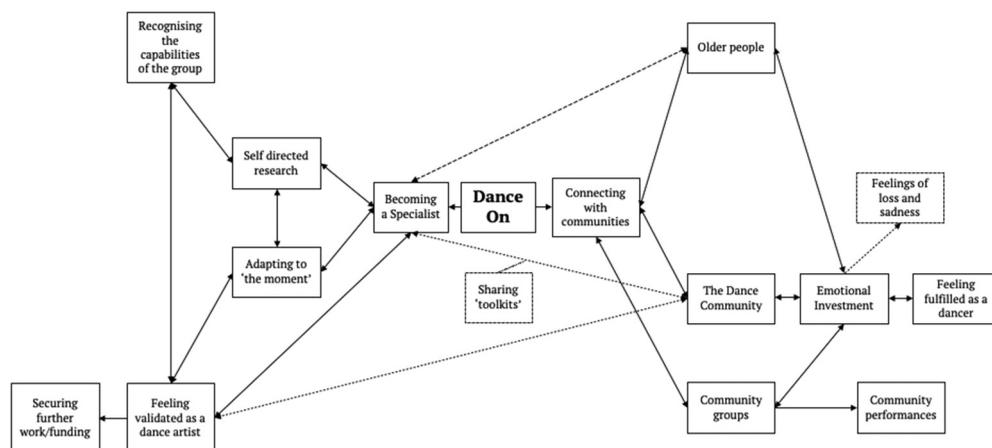


Figure 1. Ripple effects map of practitioner experiences.

the two central themes – dotted lines represent areas of cross-over between the two thematic areas. In the following section, we will outline the themes created through the “theming and rippling” approach to analysis discussed earlier, namely: 1) Becoming a specialist and 2) Connecting with communities.

Becoming a specialist

This theme showcases how delivering *Dance On* led to dance artists feeling like “specialists” in delivering dance programmes for older people. This theme is underpinned by four interlinked ripples: 1) adapting to “the moment”; 2) self-directed research; 3) recognising the capabilities of the group; and 4) feeling validated as a dance artist. While these were ripples outwards in the first instance, they also circled back into feelings of specialism which were upheld by continual reflective practice and adaptation to different groups of older people across time.

Working with lots of different groups of older people gave dance artists the sense of becoming a “specialist”. The dance artists noted that they felt as if they had developed expertise in working with older people and could adapt their practice to any scenario involving older people. This led dance artists to develop more confidence in their own practice, with several dance artists suggesting that working with lots of different groups allowed them to pull their different skills out “in the moment”. This allowed for greater versatility and flexibility to meet any groups’ needs, for example those who required chair-based dance or those living with dementia. Some dance artists noted that developing chair-based dance sessions were challenging to begin with because they wanted to be able to offer an equal experience to all older adults. This ability to adapt “in the moment” was noted as particularly beneficial to the dance artists as many provide cover for each other due to the long-term nature of the programme.

A key “moment” in the delivery of *Dance On* was the shift to online delivery during the COVID-19 pandemic. This was described as a steep learning curve for many of the dance artists. The “tools” they had developed in a pre-covid landscape were not immediately

adaptable to the online environment. For example, dance artists noted that they found it more challenging to assess the safety of participants when they were not able to see their whole bodies or the home-environments they were dancing in. Dance artists also felt that to begin with their practice was very “arms-led” because these were the simplest dance movements to make when participants’ full bodies were not in view. The dance artists noted the changes in atmosphere in the online space as well, with them expressing that when participants were all “muted” the sessions felt less energetic. However, while there were challenges associated with the move to an online space, dance artists noted it was a “lifeline” both for the older people taking part and for them during periods of lockdown. The dance artists were supported by older people to make the experience beneficial for both parties and this has led to the integration of hybrid approaches to *Dance On* with “Roomers” (people in the room) and “Zoomers” (people taking part online) to access the programme.

While there were elements of specialism that were developed through the experiences of delivering sessions, the dance artists also engaged in their own self-directed research into exercises that could support older people’s physical health. Active engagement with research literature, charity documents (such as Age UK; Alzheimer’s Society) and online videos enhanced the “toolkits” of the dance artists for working with older people – with one dance artist saying, “more tools come with more experience”. This engagement with training and self-directed research helped dance artists to get to know the needs of the group faster, adapting practice depending on who was in the room. One dance artist noted that this approach had allowed them to become more person-centred in their practice – seeing each older person as an individual with different needs to be met through dance.

The dance artists’ experiences, self-directed research, and long-term engagement with older people rippled out into the dance artists truly recognising the capabilities of older adults. For many of the dance artists, this was the first time they had worked with older people and several of them noted that the *Dance On* approach had allowed them to re-assess stereotypes they held about ageing. One dance artist in particular shared that they had a lot of anxieties about working with older people because they were not sure what they would be capable of within sessions, and another said they wanted to “wrap the older generation in cotton wool”. However, once they were settled into their role facilitating the sessions, they became aware that the older people just wanted to dance and move and that they had underestimated how involved they would be in the sessions, with one dance artist noting “age really has no bearing on how competent or confident older people are”. The dance artists noted that their ability as a “specialist” to tailor each session to the group led to the growth in confidence and ability on the part of both the older people and the dance artists.

This rippled out into the dance artists’ sense of confidence in their own practice and feeling more validated in their practices as a dancer. One dance artist expressed that “older people respond well to my practice, and it helps me to know that what I am doing is valued”. Another dance artist who was younger said that she had been intimidated at first to work with groups of older people but the skills she had developed over time had boosted her confidence. She felt that the older people viewed her as a professional and she felt accepted within that space. These feelings of confidence and validation of practice had ripple effects for dance artists beyond the *Dance On* sessions. One dance

artist had been successful in applying for Arts Council England funding to develop their creative practice; another had applied for further work with Yorkshire Dance in a care homes context; and other had secured work with a local council to deliver work with younger people experiencing mental health challenges. All the dance artists who had seen these further work opportunities saw *Dance On* and the skills they had acquired through this practice to be the catalyst for this work.

Dance artists also felt able to share their “toolboxes” with each other, gaining tips, tricks, and methods through the partnerships with and peer-support from the other dance artists. This led to further opportunities to work together in different contexts, such as choreographing new dance pieces.

Overall, the long-term nature of *Dance On* allowed dance artists to develop these “toolkits” and skills to be able to respond and adapt “in the moment”. This “toolkit” followed them into other areas of their practice and afforded further opportunities for work and creative development.

Connecting with communities

This theme showcases the different communities that the dance artists felt a greater connection to as a result of delivering *Dance On*. It is underpinned by a sense of reported connection to three distinct groups: older people taking part in *Dance On*; other dancers; and community groups in Leeds, Doncaster, and Bradford.

Dance artists reported that over time they developed strong connections with the groups of older people that they danced with. They expressed a strong emotional investment in the programme, with several dance artists referring to the groups as their extended family or a “community”. There was a reciprocal connection between dance artists and older people, with many of the dance artists and participants experiencing significant life events (cancer treatment; welcoming a baby; loss of family members; miscarriage etc.). The group responded with cards, messages of sympathy, food, and other gifts to support the dance artists during these times. This deep connection between the dance artists and the older people led to an atmosphere of mutual trust and respect, with dance artists expressing they felt “supported” and “looked after” by the group.

The emotional investment felt by dance artists led to them gaining a lot of personal fulfilment from *Dance On*. One dance artist proposed that “if they are enjoying it, I’m enjoying it” and other dance artists suggested it was seeing the growth in confidence of the group over time and the development of these reciprocal relationships that had led to feelings of the work being personally rewarding for them.

While this sense of connection to the group was overwhelmingly reported as a positive thing for the dance artists, there was discussion around the challenges that had been experienced when members of the group had died or had experienced physical health challenges (i.e. being severely bruised after a fall). The strong connection to the group members who died resulted in feelings of loss and sadness. One dance artist said that this had impacted on her wider work with people with dementia, saying that she would not allow herself to make as deep of a connection because the thought of losing them in a shorter period of time was difficult to handle.

The dance artists also expressed that their work facilitating *Dance On* and the wider programme model (which paired new dance artists together with more experienced dance artists) enabled them to feel part of a professional dance

community. Dance artists felt well supported by Yorkshire Dance and darts as organisations, with one dance artist noting “they really bring out the best of everybody and listen to which artist has to say so that each session is the best it can possibly be”. They expressed that their work within these organisations had allowed them to feel part of a team even though they were mostly freelance practitioners. This core network of *Dance On* colleagues, and the organisational support from Yorkshire Dance and darts tied into this sense of feeling valued as a dance artist. Furthermore, both Yorkshire Dance and darts paired more experienced *Dance On* dance artists with those who were just starting out in order to share experiences and to boost new dance artists’ confidence in delivering sessions. This allowed for the “tools” to be shared between the dance artists, building on previous experience, training, and self-directed research.

Dance artists also expressed that their involvement within *Dance On* had allowed them to make deeper connections with community organisations in Leeds, Doncaster, and Bradford. *Dance On* has several key community partnerships which enable greater reach of the programme to communities who may not have been afforded opportunities for dance (for example, South Asian women’s groups, Dominican community groups, Bangladeshi community groups). The dance artists noted that the long-term nature of *Dance On* had allowed them to feel more familiar with local support organisations, as well as feel more connected to community organisations that support older people in Leeds, Bradford, and Doncaster, noting that shorter term projects they had been involved with in the past did not facilitate this level of community connection.

The strong connections with community organisations rippled into invitations to the older people and dance artists to perform at community events and festivals. Dance artists expressed that performing at these community events with their groups of older people helped to validate their practice as it was received very positively by those in attendance and led to new people signing up to take part. The dance artists also had a strong sense of pride in the older people when they performed, and believed the visibility of the programme was enhanced through these invitations.

These invitations also offered up opportunities for some dance artists to work in different parts of Leeds and Bradford – one dance artist noting that they had lived in Leeds for many years but had never found opportunities to work in a specific area of Leeds until being involved with *Dance On*. For one dance artist, this sense of community and awareness of other dance artists and dance organisations doing work with older people in Leeds was particularly important because she was approaching retirement – she noted that “when I retire, I’m going to perform, perform, perform”.

Dance artists noted that working with diverse community groups across Leeds, Bradford, and Doncaster had provided opportunities for them to understand more about the wide cultural diversity of the cities. One of the dance artists, who had worked with a South Asian women’s group had delivered chair-based Bollywood sessions which had been received very positively. Through her engagement with the South Asian women’s group, she had been invited to choreograph dances for the group’s wider events and performances.

Overall, the long-term, community-centred approach to *Dance On* allowed dance artists to feel a stronger sense of connection to the older people who took part in the programme, their dance colleagues, and wider community organisations. The

dance artists shared their strong emotional investment to the programme and the groups of older people that they danced with. Peer support from other dance artists was an essential part of feeling connected as a freelance dance artist in this context.

Discussion

While there is a growing evidence base supporting the value of dance in supporting our health and wellbeing, there is a dearth of research that focusses on dance artists' experiences of delivering such programmes, and an acknowledgement of the skills and practices they bring to the arts and health space. This study used Ripple Effects Mapping to understand the experiences and skilled practices of dance artists delivering a creative dance programme (*Dance On*) for older people. All the dance artists who took part in the mapping workshops articulated the myriad of benefits *Dance On* had had for their personal practice and professional development but also highlighted the skills and practices they use and develop to ensure the successful delivery of the programme with a wide range of older people. The richness of the data obtained through this participatory evaluation method showcased the benefits of bringing dance artists together to reflect on their experiences and the ripple effects of their practice.

Dance Artists reported that they felt a connection to several communities through the long-term delivery of the project – the groups of older people they danced with; their *Dance On* colleagues; and the wider community organisations and groups who hosted *Dance On* sessions. All the dance artists reported the significant emotional investment they held in *Dance On*. They held a deep sense of connection with the older participants, which led to feelings of reciprocal trust, friendship, and compassion. As noted by Paglione et al. (2023), dance artists working in community settings with older people possess expertise and skills that can support safe physical activity, whilst also being acutely aware of the different needs of the group and their individual circumstances. There are many studies in the broader area of cultural participation and its impacts on older people's wellbeing that highlight the importance of building this type of social connection through participation (Dowlen & Gray, 2022). The stories and ripples expressed by the dance artists in this study highlight how they act as a social conduit for the older adults in the group, deeply caring for the health and wellbeing of the group both within and outside of formal session times.

However, with these deep connections came a sense of grief, loss, or concern when members of the group died, or were unable to attend due to deteriorations in physical or cognitive health. While dance artists in this study had peer-to-peer and organisational support from Yorkshire Dance and darts, there are wider questions in this sector as to the level of supervision and support practitioners should receive when working in these complex health and wellbeing contexts. Indeed, there are a number of practical guides that offer approaches to setting up and establishing arts and health programmes (see, for example, Parkinson & Windle, 2017) but there is comparatively less guidance on how to support and supervise artists' practice in an arts and health space (Naismith, 2019).

This study also showcased how dance artists were able to confront stereotypes they had about the capabilities of older people. While the dance artists held the skills and received training to ensure practice was safe and appropriate for older participants, the

close relationships they developed with older people meant that they could identify appropriate challenges and view their practice and delivery with a more strengths-based mindset rather than making assumptions about what older people could or could not do. In the area of dance for older people, a large focus is placed on how the practice may bring about health and wellbeing improvements and there is significantly less focus on how creative dance practices can showcase the capabilities, talents, and skills of older people. The ripple effects from the dance artists' practices in this context of this study showed how their focus was placed on providing the best experiences for those taking part, rather than having a direct objective relating to health or wellbeing. This has implications when developing the dance workforce, showcasing how valuable mentoring and the sharing of skills and "tools" is in affording older people opportunities to showcase their creativity and skills through dance.

Through *Dance On*, dance artists also reported how they became specialists in working with older people and had developed a flexible approach to meet the needs of different groups. The training received through Yorkshire Dance and darts gave them a basis for understanding the needs of an older population and their responsibilities in working safely and inclusively. Alongside this, the "on the job" training which combined partnership with more experienced dance artists and opportunities to work with a wide range of older people allowed dance artists to develop more confidence in their practice and feel like specialists in the world of dance for older people. It is important to understand the ways in which dance artists develop their skills and practices within a health and wellbeing context, as there are growing calls for greater parameters of professionalization within the field (see, for example, Dileo & Bradt, 2009).

Dance artists also engaged in their own research to further support the needs of the groups, by seeking out literature, videos, and attending conferences. There was less engagement with academic literature as it was reported that it was difficult to access (behind a paywall) and the language inaccessible to them as practitioners. The partnership that has developed between Yorkshire Dance, darts, and researchers at the University of Leeds has provided a basis for sharing skills and research but not all arts organisations, or dance artists, have opportunities to connect and collaborate through a research process. There is a need from the dance workforce to be able to engage with, and influence research that can inform their practice but there are significant barriers to this at this moment in time (Dowlen, 2023). This will lead to greater evidence-informed practices which build on the skills that are acquired through ongoing dance work with older people.

A stronger sense of connection was built between the dance artists and the communities they worked within. *Dance On's* community-focussed approach, which uses community partnerships to root the programme, was central in enabling the dance artists to feel this sense of connection. Many dancers who deliver arts and health programmes work in a freelance capacity and can feel a sense of isolation when working in community settings (Collard-Stokes & Irons, 2022). However, this study showcased how the strong community-connections and level of support established by the delivering organisations (Yorkshire Dance and darts) could have led to this greater sense of connectedness for dance artists (even through the COVID-19 pandemic). While there is a growing awareness of the challenges associated with this type of dance-work, there is still a dearth of research which centralises the voices of dance artists and establishes what support is needed to ensure a well looked after workforce.

Many of the dance artists established relationships with each other whether they could be supported through mentorship and the sharing of skills. They found the process of sharing their experiences as part of the REM process to be illuminating and reported that further opportunities to reflect on practice as a group would be valuable going forwards. There are now a range of support organisations that are being established for the arts and health workforce, such as Arts & Health Hub (<https://www.artsandhealthhub.org/>), but the role of these organisations has yet to be formally researched. Going forwards, there is scope to explore both the role of these formal, but also informal networks of dance artists (and other artists) working in this field.

Reflections on the REM approach

At the end of the REM session, dance artists were encouraged to share their thoughts on the mapping process. Whilst the dance artists had been part of previous evaluations of *Dance On*, this was the first time this participatory technique had been used so it was important to reflect on its strengths and challenges as a method. Dance artists reported that they felt the workshops gave them the opportunity to come together with their peers in a reflective space, which helped them to understand their practice further. They noted that while there is a community of *Dance On* practitioners across the two organisations, there had not been many occasions where they had come together to discuss their collective experiences of working in this context.

In the follow-up session where the map was presented to the dance artists, there were reports of how they had begun to formulate their own maps. They saw the mapping as a useful exercise to reflect on their practice and identify any further support they needed from Yorkshire Dance and darts. Thus, the REM technique itself had provided a new reflective platform for dance artists to also use in their ongoing practice. This highlights the suitability of this method within the wider evaluation of wider arts and health work, with the method bringing together the mapping of impacts and outcomes alongside deep, collective reflective practices.

Limitations

This study was conducted as part of a wider evaluation of *Dance On* and focusses on the experiences of a group of dance artists delivering the programme at that moment in time (May 2022). The sample was self-selecting and there was a range of experience represented in the group (from 1–5 years). The short-term nature of the research funding, as well as the availability of dance artists meant that the length of dance artists' experience was not explored as a specific factor within the mapping process (i.e. does more experience lead to stronger ripples outwards from the programme?), but this is something that we hope to explore in the future. Furthermore, the mapping workshops were conducted online with two separate groups of dance artists due to availability constraints for both them and the research team. There were a number of challenges associated with conducting this in an online space (namely technical issues) which could be avoided if the workshops were held in person.

Furthermore, while the findings of this participatory evaluation are not intended to be generalizable, there may be contextual elements that are not transferrable to the wider arts and health context. For example, at the time that the REM workshops were held the programme was well resourced, and well funded, meaning it was a less precarious context for the dance artists to work in than other dance and health work. Different responses may have been obtained through the REM process if the research had been conducted when their freelance employment was more precarious.

Conclusions and implications

This study sought to illuminate the “ripple effects” of facilitating a dance programme for older people from the perspectives of dance artists. It highlighted the strong emotional commitment to groups by dance artists, the ways in which the programme connected them to their communities in Leeds, Bradford, and Doncaster, and the skillsets they developed through mentorship and personal practice. Dance artists also developed strong connections with the arts organisations (Yorkshire Dance and darts) and felt well supported by them and the network of dance artists delivering the work. Research of this type showcases the central role that dance (and wider arts) practitioners play in upholding many of the outcomes we observe in arts and health work – their role, expertise, and commitment to programmes should be further illuminated and supported through an ongoing discourse about their practice. The REM method provided a platform for the discussion to be led by the dancers, drawing on stories that were both professionally and personally significant for them.

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ORCID

Robyn Dowlen  <http://orcid.org/0000-0003-2982-7039>

Ilaria Pina  <http://orcid.org/0000-0002-6294-5398>

Sarah Astill  <http://orcid.org/0000-0002-9443-6934>

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