

LEADING AND TEACHING DANCE TO AGEING POPULATIONS

REPORT OF RESEARCH FINDINGS

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Photo: Stirling Rank

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EXECUTIVE SUMMARY

Between 2017-2018 Ausdance Victoria undertook research into the breadth and prevalence of dance programs delivered specifically for older people in Australia. The research was a response to unprecedented inquiries about seniors' dance programs and recommendations for dance teachers with suitable experience and qualifications.

Ausdance Victoria was founded in 1977 - formed for the Australian dance sector by its leaders and advocates. As the sole peak body for dance in Victoria, we play a key role in providing high-level strategic advice and vision for the sector. Ausdance Victoria supports individuals, companies and organisations in a coherent ecology of arts services. It enables members and partners to flourish, creating connections and opportunities to increase the capacity of the sector. Our members consist of individuals and organisations (dancers, choreographers, directors, teachers, administrators, related professionals, venues, dance schools, companies, organisations, education providers, students and dance enthusiasts).

Ausdance Victoria is part of a national Ausdance network with an office in nearly every state and territory in Australia. Ausdance Victoria is a Registered Training Organisation (RTO) and is a leader in dance education, working in partnerships and collaborations to identify and respond to industry needs, developing new resources, professional development and training.

As the peak body, we engage broadly and listen carefully. The enquiries made about seniors' dance programs and available teachers triggered concern about a lack of public information about activity taking place in this part of the industry. Anecdotally, we knew that dance programs for older people were taking place in Aged Care, community and residential spaces, but we had no real figures on the size or scale of this activity. This is partly to do with the fact that many dance teachers and leaders work quietly away in their respective areas, getting on with the business of meeting a need in their community and don't necessarily have the resources or time to promote their activity. And while dance in communities is unregulated in Australia, teachers don't have to be registered, or required to hold professional memberships. If the opposite were true, access to reliable data on the number of teachers in this area and the programs they offer would have been more accessible.

This makes referring teachers or seniors' dance programs difficult. As the peak body, advocating for the sector and endeavouring to support it, we determined that research was necessary. With the support of the Victorian State Government, we undertook to:

- Conduct a literature review
- Map existing dance programs for older people in Australia
- Identify existing professional development programs for facilitators of dance with older cohorts

with a view to:

- Build a searchable database and refer qualified teachers or relevant programs
- Create appropriate professional development activities
- Develop communities of practice and help them to thrive

The research took place over a 3-month period from November 2017 to January 2018. It cannot be considered a complete and exhaustive analysis of all activity provided by this part of the dance sector, due to imposed time restrictions. Rather, it is an indication of its depth and scope and the type of training servicing it. Nor was it intended as a qualitative tool, making assumptions about the

performance of the organisations, programs, facilitators or teachers. Rather, the study aimed to contextualise Victorian programs within the national and global trend to provide dance experiences to older people and to prepare the Industry for future demand. We looked for patterns in program type, focus and delivery mode and sought to categorise perceived training needs as expressed by the dance educators and practitioners themselves.

The information was considered current at the time of final report in March 2018 and based on sources believed to be reliable. We are indebted to the Queensland Ballet for sharing relevant data from their 2017 research program investigating the health and wellbeing benefits of ballet for mature adults. Research of this scale, focusing broadly on dance programs for older people and training opportunities available for facilitators and teachers is timely and will prove to be a valuable resource for the Industry and the education work of Ausdance Victoria. This, in turn, will support the work of providers, organisers and older people themselves as they dance towards improved health and wellbeing.

SUMMARY OF THE FINDINGS

Dance is often seen as a youthful activity and, for many, dance styles participation is restricted to the capacity to keep up with younger members of class. A dancer may therefore start to identify as older as early as in their mid-30's. When dealing with statistics, we will defer to the age one is eligible for a senior's card, which is 60 years of age or over. For the purposes of this study, we have lowered the age for older dancers to 50 plus years, as this is more consistent with the identifying features of most dance for older people programs.

Our research discovered a vibrant and healthy mature dance sector operating throughout the country with concentrations in Queensland, Victoria and New South Wales. Dancing takes place in the community, engaging dancers in classes, projects and performances and in supported environments such as care facilities.

KEY FINDINGS

The following findings are expanded upon within the body of the report. The literature tells us that Dance programs motivate people to stay engaged in movement activity and that many dance programs experience greater course completion rates than exercise alone programs (33% higher) (Aesop 2017).

Research shows that participation in ongoing dance programs improves health outcomes for older individuals (Hwang & Braun 2015; Keogh et al, 2009). It can reduce the risk of dementia (Verghese et al, 2003), improve balance, core strength and coordination leading to a reduction in falls (Rehfeld et al, 2017; Merom et al, 2007), it increases social connectedness, mental health and well-being (Hui et al 2009), while improving physical condition and mental acuity (Kattenstroth et al, 2013). It follows that ongoing, quality dance programs have the potential to ease pressure on future Health budgets by providing physical activity that engages individuals physically, mentally, socially, intellectually and creatively.

This research found:

- 79 dance programs for older dancers currently operating in Australia. We acknowledge that there are likely many more yet to be identified.

- These cohorts are comprised of beginners, experienced amateurs, and former professional dancers. They include participants who are active and agile, ambulant, those with mobility restrictions and health conditions and people in care
 - Of these, 31 programs are delivered in Queensland, 22 in Victoria, 20 in NSW, 11 in the ACT, 5 in Western Australia, 5 in Tasmania, 1 in South Australia and in the Northern Territory.
 - Many programs were local deliveries of bespoke programs, designed for specific cohorts including: The Dance Health Alliance's Dancewise & Dancewell Programs, Dance for Parkinson's, Ageless Grace and My Moves, Live Love Shine.
 - 92% of the Australian dance programs were considered ongoing
- Several companies and performance groups for dancers of fifty years and over, indicating a greater personal need for visibility, creative expression and artistic challenges. In Australia, these include Grey Panthers (NT), Mature Artists Dance Experience (Tas), GOLD (ACT), Fine Lines (Vic), WaW, Here's to Life and Adult Dance (QLD) and Momentum Dance (WA).

Teacher training and professional development will play an integral part in managing future demand for dance leaders of ageing cohorts. We anticipate there will be higher demand for recommendations of suitably experienced and knowledgeable leaders. The research found:

- 48 training and professional development programs, nationally and internationally
- Of the Australian offerings:
 - We found three accredited training programs, containing a specialised focus on working with older cohorts of dancers.
 - several non-accredited training programs for dance artists and staff in aged care and community settings
 - no specialised Victorian program exists to train dance professionals to work with our ageing population.
- Many publications and websites are available offering information and advice on delivering arts programs to adults and older adults in community, independent living and supported living.
- Respondents had clear views on the essential experience, skills and knowledge expected of a dance facilitator. The most strongly expressed opinion was that the dance leader should be an experienced dance artist or teacher with dance teaching, police checks and first aid qualifications; and this person would have undertaken further studies to extend their knowledge base.
- Focus group respondents supported the development of dance professionals to work within community, residential and care facilities, not as health workers but as teaching artists, a model used in primary and secondary education with great success. The teaching artist forms a partnership with the school staff. Similar models work effectively in Aged Care.
- Respondents were divided about whether training and professional development should be accredited. The peak and professional bodies expressed strong support for it, referring to quality control, establishing standards, accessing funding support and training credits contributing towards professional association registration.

Based on the analysis of the data, the following recommendations are made:

- Disseminate the findings of this report to the dance community and other stakeholders
- Bring the findings of the report to the attention of decision-makers at state and local level
- Scope other training opportunities for nationally recognised training, particularly in Victoria, the second largest provider of programs to older dancers in the country

- Work with stakeholders to develop and evaluate accredited training, in appropriate areas
- Establish partnerships with aged care providers and community dance providers to place and mentor dance artists as they learn to work with older dancers and older people new to dance
- Work with a range of stakeholders to facilitate best practice in the delivery of dance opportunities for older people

INTRODUCTION

In early 2017, Ausdance Victoria experienced an unprecedented volume of requests for recommendations for dance leaders in the following community dance contexts: programs for the active and agile, the active and ambulant, people living independently with mobility issues and health conditions and those in care facilities. We didn't hold the necessary information to respond confidently or fully to these requests and decided action was necessary. We suspected that there were many dance providers out there, delivering dance to older people within their communities, not promoting to a national or global market but focusing on getting the job done.

This study, informed by the literature on demographics and where future jobs will be, suggests that teacher training and professional development will play an integral part in managing future demand for dance leaders of ageing cohorts. To prepare for this demand, we felt it necessary to first build a picture of the current levels of activity and the scope and breadth of the training and professional development models already available. This bird's eye view reveals diverse approaches to the shared quest for quality assurance and consistency. It also identifies an industry with strong job prospects well into the future.

This report provides reliable information from which Ausdance Victoria can develop future advocacy and educational activity. This, in turn, will support the work of providers, organisers and older people themselves as they dance towards improved health and wellbeing. Given the brief window for data collection, it is very likely that our research program overlooked many programs, teachers and performance groups, but given the resources and time restrictions, this was inevitable. We invite practitioners and programmers to connect with us for future updates on this report.

TERMS USED IN THE REPORT

As in any population, older people are far from being an homogenous group. Rather, they are enormously varied in age, ability, interest, context and condition. To identify existing programs for older people, the research team decided to create four broad cohorts or target groups. These were based on the physical ability to move and attend classes.

For the purposes of this study we have distinguished cohorts of students for which specialised pedagogy may be necessary.

- Active and agile - includes older people who are ambulant, physically active and can move limbs relatively quickly and easily.
- Active and ambulant - includes older people who are physically active but lack the ability to move quickly
- People with mobility restrictions or issues who live independently, with or without assistance. These people may be ambulant (walk without assistance) or non-ambulant (use aids such as

canes, walkers, wheelchairs). They have a loss of mobility or physical restrictions, which may be due to illness, surgery, health conditions or from other aspects of the ageing process.

- People in Care Facilities may include aged care, hospices, hospitals, day respite or care centres.

When we refer to *older people*, we do this through the lens of dance. Dance is often seen as a youthful activity and for many dance styles participation is restricted to the capacity to keep up with younger members of class. A dancer may therefore start to identify as older as early as in their mid-30's. When dealing with statistics we defer to the age one is eligible for a senior's card, which is 60 years of age or over. For the purposes of this study, we have lowered the age for older dancers to 50 plus years, as this is more consistent with the identifying features of most dance for older people programs.

When we refer to *dance*, it is as an embodied, creative and expressive activity where the body is the medium of expression. We chose to include all dance styles and genres but excluded Zumba Gold and Ageless Grace. We acknowledge that Zumba is dance based, but as it is promoted as a fitness and exercise program and there are so many classes around the country, the current constraints of the study didn't allow identification of all classes currently being offered. Similarly, Ageless Grace is promoted as an inclusive movement and fitness program for all ages, though we acknowledge that some individual programs may be more dance-based.

When we refer to Australian *accredited training*, we refer to nationally recognised vocational training and other training approved for accreditation via the Tertiary Education Quality and Standards Agency (TEQSA). According to the Victorian Department of Education and Training, the former 'leads to a formal qualification such as a Certificate, Diploma or Advanced Diploma. These qualifications are recognised across Australia in line with the common standards and assessment guidelines outlined in national training packages', and the latter refers to higher education courses developed and managed by providers with the ability to self-accredit a course for a maximum of seven years. Providers without the authority to self-accredit must have their course or courses accredited through TEQSA.(1)ⁱ

METHODOLOGY

The research program took place over a 3 month period, with the literature review, desk research, surveys, focus groups and interviews taking place in the first 2 months. This was related to external deadlines. Many of these components were undertaken concurrently, providing an opportunity to develop understanding hermeneutically, that is, with each new piece of knowledge enhancing the next, developing a richer and deeper engagement with the data.

LITERATURE REVIEW

The research began with a review of the literature. We explored peer reviewed journals, publications and reports for statistics on ageing populations, job trends and future job growth areas. We examined the benefits of dance programs for older people and looked for key features of bespoke dance programs developed in Australia and internationally. We focused primarily on programs emanating from Australia, the UK, US, New Zealand and the Netherlands. The international cohort was selected based on frequency of citations in the literature.

DESKTOP REVIEW

We conducted a desk review of the websites of known dance providers and collected data regarding the availability of dance programs for older people and access to professional development for facilitators of such programs, including:

- Types of dance programs for older adults
- Where they are offered
- The names of organisations/groups/individuals providing these dance programs
- The cohort the programs are designed for
- Program frequency, duration and cost
- Perceptions on essential skills, knowledge, experience and attributes for a leader or teacher
- Availability of professional development for leaders and teachers
- Kinds of professional development available – accredited higher education or vocational training, non-accredited training, professional development days, resources
- Kind of delivery – in person, online, blended

SURVEY

The desktop review was followed by a survey, which was open for 6 weeks. This was sent to known providers, to verify the data collected in the desktop review and sent out via a range of networks to cast our net as wide as possible. The survey was distributed through the Ausdance network, its partners and collaborators. Other peak bodies such as Council of the Ageing and the Stroke Foundation, provided the survey link to their members. 73 responses were received.

The survey for detail on participatory programs asked for the following information:

- Program title/Type of program
- Delivered by
- Target participant
- Country/State
- Delivery address
- Day and duration
- Whether the program was ongoing
- Cost for participants
- Web address/Social media handles/addresses
- Contact Email/ Phone
- Training program for teachers?
- Notes & where did this information originate

The survey for detail on training and professional development

- Name of training/professional development
- Whether the training/professional development is currently running
- The focus/major area/s
 - Arthritis
 - Creativity
 - Dance for well-being
 - Dementia/Alzheimer's
 - Disability
 - Falls prevention
 - Fitness
 - Mental health
 - Mobility
 - Multiple Sclerosis
 - Parkinson's

- Social interaction (social isolation prevention)
- Stroke
- Dance Style
- Other
- Organisation or person's name delivering the training/professional development
- Street Address/City/State / Province/Postal / Zip Code/Country/website

- Whether the training/professional development is:
 - Accredited Higher Education
 - Accredited VET
 - Non-accredited training program
 - Professional development day/weekend/workshop course
 - Other
- Delivery method - Face to face/Online/Blended/Intensive/Other
- Duration
- Cost for participants

FOCUS GROUPS

Further to this, two 2-hour focus group sessions were held in Melbourne to discuss dance for seniors as an emergent field, its professional development needs, and the role of Ausdance Victoria within this. These groups each comprised 6 to 10 respondents with backgrounds in dance teaching, community dance, physiotherapy, dementia, stroke, aged care, services for older people, dance therapy, local government and training delivery. These forums combined in person and digital networking via Zoom, a web conferencing application. Each session was recorded and transcribed. A further, informal focus group was conducted in the ACT with senior dance programmers and deliverers. Conversation was facilitated by the lead researcher to encourage relatively free discussion, so that ideas could be explored and developed. In this way, insights were obtained that may not have come from one to one interviews.

OBSERVATION AND INFORMAL INTERVIEWS

Further information was gathered in December 2017 through observation of classes and informal in person interviews in Brisbane and Canberra. Observation was conducted phenomenologically as lived experience, as an active member of the dance classes. Classes included *Seniors in Studio* (Queensland Ballet), *Dance for Parkinson's* (Queensland Ballet and Tuggeranong Arts Centre), *Dance for Wellbeing* (Tuggeranong Arts Centre), *Dance for Dementia* (Belconnen Arts Centre) and *GOLD technical class* (Canberra Dance Theatre). The purpose of observation in this research was to contextualise the responses and to record the structure, content and delivery of the dance programs in as much detail as possible, supporting the building of a picture of best practice, for future research or program development.

Informal face-to-face, phone and email discussions took place with dance teachers and representatives of Dance for Parkinson's, Queensland Ballet, Leading Age Services Australia, Arthritis Australia and Belconnen Arts Centre. All contributed to an understanding of the diversity of program delivery, the passion and skills of the people teaching and behind the scenes and their concerns for the future.

The data extracted from the literature, focus groups, survey and desktop review was collated and separated into 2 key areas: dance programs for older people and professional development programs

for facilitators and teachers. We devised terminology to delineate programs designed for specific target groups and dance cohorts. This was based on description of ability or context, rather than age.

THE LITERATURE

In 2013 the Australian Government Productivity Commission predicted that ‘population growth rates for the oldest old will start to soar in one decade’ (3) and suggested that Australia should prepare for a steady increase of ‘super ageing’, as already being experienced in Japan, ‘with the prospect that by 2060, one in eight of its population will be aged 85 years or more.’ (4) Further, projections for life expectancy are constantly updated in light of new medical developments and other factors. ‘The proportion of the population aged 65 years or more is projected to increase from around one in seven Australians in 2012 to one in four Australians by 2060.’ (5)

This is confirmed by a 2016 report by the Australian Bureau of Statistics which also revealed a 141.2% increase in the number of people aged 85+ years over the past 20 years, compared with a total population growth of 32.4 over the same period.

And this is set to continue with only six of Australia’s eighteen Baby Boomers cohorts (born between 1946 and 1964) having moved into retirement. There are 12 remaining cohorts. (6)

The National Centre for Creative Ageing, US, attests that,

the fastest-growing segment of the U.S. population is people 85 and older. This increase in the “oldest old” (who are the most likely to be living with memory loss and neurocognitive disorders), coupled with the rising number of older adults with chronic disease, has led to the need for expanded healthcare and aging services. Along with an increasing number of professional healthcare providers, there are millions of family caregivers, many of whom are older than 55 themselves and balancing their own aging process and caregiving stresses with the needs of their loved ones. (7)

Closer to home, the Australian Bureau of Statistics 2016 Census, *Local Government Area (LGA) by AGE5P - Age in Five Year Groups*, showed that within Victoria, regional Victoria and outer Metropolitan areas will feel the impact of an ageing population acutely. (8) For instance, based on census data:

Adults over 60 years	Current % of total population over 60	Ausdance Victoria projection of total population to be over 65 years by 2026, based on existing age groups in census
Queenscliff	41%	58%
East Gippsland	28%	44%
Bass Coast	28%	44%
Mornington Peninsula	25%	38%
Wellington	20%	35%
Latrobe	19%	32%
Manningham	27%	34%
Bayside	25%	32%
Darebin	18%	23.5%

Trends in the automation and technological emphasis of many jobs is also set to escalate and change the landscape, affecting jobs and suggesting new areas for job growth. In 2013 Green et al warned:

The need for foresight and policy is highlighted by recent trends that show, for example, that by the 2030s there is a high probability that occupations such as accountants, estate agents and even economists will not exist or will be significantly depleted. The evidence reported by Frey and Osborne suggests that in terms of projected future needs, the focus should be on training for skills that are unique and unlikely to be replaced by computers and automation. Scaling up across the economy, this could mean recreational therapists and dentists.' (Probability of job computerisation: 0.0028 for rec therapists, 0.0044 for dentists, compared to 0.94 for Accountants and auditors and Telemarketers 0.99). (11)

Green et al suggests that recreational therapists will still be needed in 12 years' time. When we correlate this to projected statistics for ageing populations we suggest that jobs in this area will *increase*, with more demand for dance therapists, diversional therapists and deliverers of dance for Health and Wellbeing programs.

With longer lives, staying healthy and independent for as long as possible must be a focus, for individuals as well as society. Staying active, engaged and connected is vital. (12) However, as populations age, we find health and wellbeing factors such as levels of activity and social engagement tend to decrease steadily. One dance participant explained the reluctance to move in the television broad cast, *Dancing could help the elderly keep their feet:*

Well it hurts all the time. It's exhausting, it is. You can't function properly with constant pain. (13)

Lower levels of physical activity are known to lead to loss of muscular strength, flexibility, balance, stamina, control and confidence, and further increase risk factors such as falls, fear of falling, anxiety and depression. The narrative becomes one of diminishing horizons, of loss and losing.

One of the ways to combat physical deterioration is through exercise. Research shows that regular physical activity reduces cardiovascular risk, helps maintain muscular strength and bone and joint health, helps to reduce stress and anxiety and to prevent depression. (14) Exercise, particularly in social environments, helps to reduce isolation and exclusion and to build community. The benefits gained through physical activity are well known, promoted and largely accepted by older people. However, many older people find it difficult to maintain the enthusiasm for ongoing exercise regimes.

Older people's dance activities - the first UK survey report written by People Dancing and co-commissioned with Aesop corroborated this, noting that participants lose all benefit gained in an exercise programs if they don't continue the activity. This report shows that regular dance classes are a more attractive option for older people. In the study, the dance based programs had 33% higher completion rate than the exercise programs studied. That is, a completion rate for exercise courses of 40%, whereas the Dance to Health program achieved 73%. (15)

A growing body of research and reports from evidence-based dance programs support this and demonstrate that dance programs can provide the motivation needed by presenting programs that blend creativity, social interaction, artistic goals and physical activity. Regular dance activity can improve physical condition (muscular strength and endurance, balance in older adults) and increase social connectedness, while boasting very low attrition rates. (16, 17, 18, 19, 20, 21, 22)

Low attrition may be due to a focus on creative ageing, expressivity and artistry, fun and socialising as opposed to physical fitness alone. Culture and Cultural practices also impact on this.

While the aging process itself and the demographic shift underway present undeniable challenges, they also hold tremendous promise. The last decade has seen the emergence in the U.S. and the Western world of a perspective on older adults that highlights their creative and productive potential and the contributions they make to our society. This view lies at the heart of creative aging. (23)

The neurosciences have also been studying the benefits of dance. Scientists have discovered that dance improves cognitive function and leads to improvements to brain plasticity, the stimulation of mirror neurons, improvements in proprioception, memory consolidation, learning and navigation in space and subsequently to improvements in balance and gait. (24, 25, 26, 27, 28, 29)

“Dance embodies many aspects, such as sensory stimulation, physical activity and cognitive challenges, rhythmic motor coordination, balance, auditory and sensory stimulation, musical experience, social interaction, memory, perception, and expression of emotions.” (30)

‘Only the dancers showed an increased balance composite score and they improved in all three involved sensory systems. This indicates that dancing drives all three senses and presumably also improves the integration of sensorimotor, visual and vestibular information.’ (31)

Further, Verghese et al found dance reduced the risk of dementia and can produce positive results in mental acuity (32). Richard Powers hypothesizes that it is the creative thinking in dance experiences which challenge participants to stimulate and create new neural synapses and pathways in the brain. (33)

“The opposite of this is taking the same old well-worn path over and over again, with habitual patterns of thinking and living... The best advice, when it comes to improving your mental acuity, is to involve yourself in activities which require split-second rapid-fire decision making, as opposed to rote memory (retracing the same well-worn paths), or just working on your physical style.... Dancing integrates several brain functions at once — kinesthetic, rational, musical, and emotional — further increasing your neural connectivity.” (34)

The literature on the benefits of dance and trends in our ageing population suggest that bespoke dance programs could deliver significant health savings for the Australian health system. Indeed, there is worldwide momentum in the development of bespoke programs or evidence-based dance programs for falls prevention, Parkinson’s disease and dementia related conditions, as arising from research. These are delivered in community contexts, residential homes and care facilities by dance artists, trained in the specific field.

DESK RESEARCH AND SURVEY RESULTS

Ausdance Victoria brought together a small team, who scanned the internet for programs and professional development relating to older people dancing. Our consultant, Gail Hewton, is well connected in this area and we were therefore able to target our search efficiently and effectively from the start. We were also fortunate in that, towards the end of the desk review, we were provided with an additional search list from the Queensland Ballet, a result of a research program of their own. While many items were already on our list, there were still others that were illuminating.

Desk review – total number sites reviewed	152
Desk review - number sites reviewed for dance participation programs	102
Desk review - number sites reviewed for training or professional development programs	50
Literature review – articles and documents reviewed	41
Survey responses – dance participation programs	73
Survey responses – training or professional development programs	21
Survey responses – resources	19
Focus group participants	19
Interviews	12

The desk research focused on three broad areas: 1. Current dance programs designed for older dancers; 2. Current artist training or professional development programs for those working with older dancers; 3. Resources designed to support the professional development of teaching dance artists in creative ageing and movement.

The survey was available for 4 weeks from December 2017-January 2018. This provided us with more detail on the programs offered throughout Australia and the range of professional development options available for dance artists wishing to upskill. Many responses confirmed information gathered in the desk review, which was noted in the data extraction process.

DANCE PROGRAMS DESIGNED FOR OLDER DANCERS

Our search began with a scan of dance programs.

The desk review found 79 existing Australian dance programs for older dancers, while 75 senior dance programs were reported through the survey. We found many programs offered classes to more than one target group. For instance:

Program type	active and agile participants*	active and ambulant programs*	mobility restrictions and/or health conditions	care facilities
Number of programs	60	64	44	24

*many of the dance programs promoted to active and agile participants are also offered to active and ambulant participants

Of all 79 programs, 31 were delivered in Queensland, 22 in Victoria, 20 in NSW, 11 in the ACT, 5 in Western Australia, 5 in Tasmania, 1 in South Australia and in the Northern Territory.

These cohorts are comprised of beginner dancers, experienced amateurs, and professional dancers still at work and in retirement.

Classes developed for specific cohorts or environments include The Dance Health Alliance’s Dancewise & Dancewell Programs (national program), Dance for Parkinson’s (international program), Dance for Dementia, Ageless Grace (international program) and My Moves, Live Love Shine (aged care).

We discovered several companies and performance groups for dancers of fifty years and over, indicating a need for visibility, creative expression and artistic challenges for this cohort. In Australia, these include Tracks (NT), Mature Artists Dance Experience (Tas), GOLD (ACT), Fine Lines (Vic), WaW, Here's to Life and Adult Dance (QLD) and Momentum Dance (WA).

We found 24 dance classes in care facilities, though we suspect activity in this area is more robust. We identified two organisations delivering the bulk of these programs: The Dance Health Alliance and Allity Homes. The former established and delivers a program, called *Dancewise*, where dance teachers run classes in residential care homes, with the help of care staff. *Dancewise* classes are offered in Sydney, with classes held in 12 residential aged care organisations, and on Queensland's Sunshine Coast. There are plans to introduce classes in Perth, followed by Adelaide and Melbourne. Allity Homes introduced dance as part of an arts program for residents called *Live, Love, Shine*. This is being piloted in three Melbourne residences with a view to expand delivery.

92% of the Australian dance programs were considered ongoing.

Dance styles included adult ballet, tap and jazz, contemporary dance, creative dance, improvisation, dance movement therapy, tango, folk and line dance, ballroom and New Vogue, Bollywood, blended styles and seated dance.

ARTIST TRAINING AND PROFESSIONAL DEVELOPMENT PROGRAMS

The desk review found 48 professional development programs, in Australia and overseas. The survey reported 21. Training and professional development provision varies considerably in other countries, from courses accredited by universities, to privately owned initiatives. They range from 2-year courses to 1-day workshops. The sample below shows a selection of options available.

- Green Candle Dance Company (UK) offers *Leading Dance with Older People* a 6-week course (6 months with 6 weekend intensives across this time and includes online and in person), and a two-day introductory course, *Leading to Maturity*
- Dance to Health (UK) offers a bespoke falls prevention dance program and teacher training for this program
- CPD for Dance Teachers (UK) offers 3-weeks of training for *Teaching Dance to Older People*
- Trinity College provides accreditation for the 1-day *Dance and Creativity for the Older Dancer* and the 1-day *Dance for Health and Wellbeing*
- People Dancing (UK) offers a one-day workshops *Introduction to Dance with Older People*
- Other UK offerings include Margaret Morris Movement Teacher Training and Golden Toes' Seated Dance Class training
- *Switch2Move* in the Netherlands offers dance teachers opportunities to broaden their teaching to include dancers with Multiple Sclerosis
- Dance Nova Scotia offers *Dance for Health: Seniors Workshop* in Canada
- Canada's National Ballet School offers a week-long teacher training workshop
- The University of Florida offers an *Undergraduate Certificate in Dance in Medicine*
- Anyone Can Dance - Judith Sachs (US) provides *Movement Teacher and Therapy in Motion* training, a blended learning program with a 30-day in-person component
- Healthy Steps: the Lebed Method delivers *Instructor Certification* with 2-3 days onsite and 3-month online training
- Karios Alive! Offers *Moving Well™ Training and Education* for its *Choreography of Care™* model (intergenerational or older adult programs)

We found four worldwide training programs specifically designed for dance teaching to older dancers. Many Australian teachers have participated in these programs. They include:

1. *Silver Swans ©* by the Royal Academy of Dancing (RAD). This is a licensed adult ballet program, available to qualified ballet teachers. It involves a day's training in safe and effective methodology for teaching ballet to older learners. On completion, the participants become Silver Swans Licensed Teachers and receive access to the Silver Swans brand and support from the RAD.
2. The Royal Academy of Dance also offers a 2-year *Professional Award in Adult Dance Practice* program. This contains 4 units: Dancing into Adulthood, Dance for Older Adults, Principles of Adult Ballet, Business Strategy and Digital Communications.
3. *Dance for PD©*, originated and overseen by the Mark Morris Dance Company in Brooklyn, NY, provides an online training program, an Introductory training program and an Advanced program, leading to certification to teach using the *Dance for PD* model and artistic content of the program. The organisation also provides a 4-6 month Registered Teaching Assistant (RTA) course.
4. *NCCA Online Artist Training in Arts and Aging* is a 14-hour training program for artists interested in Creative Ageing, available free of charge by The National Centre for the Arts (US). It covers topics such as the benefits of Arts in ageing, principles of lifelong learning, effective arts in ageing programs, the role of the teaching artist, accessibility and cognitive disabilities, working with reminiscence and imagination, workshop and program planning, developing partnerships and suggests exercises, activities and links.

While the above is not an exhaustive list of training offered internationally, the data is relevant as it provides a reference point for future discussions and plans. It is worth noting that most of the international training is connected to licensed programs, servicing teachers of those programs.

AUSTRALIAN ACCREDITED TRAINING

Of the Australian offerings, three accredited training programs contained modules on working with older cohorts of dancers. The International Dance Therapy Institute of Australia offers a 1-year introductory course, *10378NIAT – Diploma of Dance Movement Therapy* and a 3-year *Advanced Clinical Training in Dance and Movement Therapy*, accredited by Psychotherapy and Counselling Federation of Australia (PACFA). NSW TAFE offers *CUASS00016 – Movement Skills Training for People with Disabilities Skill Set (Release 2)*, promoted as a 9-week program called 'Teaching Dance and Movement for Well-being'.

Two further accredited training programs provide vocational dance teacher training *without* a specialised focus on older participation. These are: the *CUA40313 Certificate IV in Dance Teaching and Management* and *CUASS00007 - Dance Teaching Skill Set*, offered by several Registered Training Organisations (RTOs) across Australia, including Ausdance Victoria.

Non-accredited training programs for dance artists include:

- The NSW based, Dance Health Alliance offering a 7-day *certified dance teacher training program* to equip students to lead dance in Aged Care and community settings and a 2-day

endorsed facilitator training, targeted towards physical and movement therapists, nurses, allied health care professionals, carers and dance teachers.

- Dance for Parkinson's Australia providing a 2-day *Introductory training program* and an *Advanced program* in Australia as in person workshops, while students can access the online program via Dance for PD© website.
- The movement program, *Ageless Grace*, providing 2-day in person facilitator training and resources for teachers of its licensed program
- *Wu Tao Instructor Training Program* (a dance therapy program, based on Traditional Chinese Medicine) containing a Home Study Course and a 7-day Mastery Training Practical Intensive. Accredited trainers of the program must undertake studies in Chinese medicine and 30 hours of teaching practice. This is approved training by the International Institute of Complementary Therapists (IICT).
- Mangala Studios offering a *Creative Dance Teaching Diploma*. While the focus of the 18-month course is not specific to older dancers, the content is adaptable for people of all ages.

Other Australian professional development programs consisted of in person workshops and sessions. These are led by experienced independent practitioners, as in the program, *Leading dance for people in aged care* in Queensland or by organisations such as Danceway Studio (Argentine Tango Dance).

RESOURCES

Prompted by the literature review, the desk research discovered numerous publications and websites that offer information and advice on delivering arts programs to adults and older adults in community, independent living and supported living.

They range from online Creative Ageing training:

- Karios Online
- National Center for Creative Aging (2012)

Training program documentation:

- Otago Falls Prevention Program
- Monash University No Falls Program

Advice and information (general arts focused advice):

- *Ageing Artfully*, author David Cutler for the Baring Foundation (2009)
- *Creativity Matters: The Arts and Ageing Toolbox*, National Center for Creative Aging with The National Guild for Community Arts Education and the New Jersey Performing Arts Centre (

And dance specific publications presenting experiences, exercises, activities, approaches and solid advice to dance artists working with mature participants:

- *Growing Older Dancing On* by Jenny Czulak-Riley, published by Council of the Ageing (2003)
- *Teaching South Asian Dance with Older Adults*, Dance Well Resource Book (2017)
- *Invitation to The Dance: Dance For People With Dementia And Their Carers* (2009) 2nd edition, University of Stirling, Scotland
- *Age and Dancing - older people and community dance practice*, Palgrave Macmillan (2013)
- *Dancing for Older Peoples' Health and Well-being Toolkit*, Arts for Health Cornwall and Isles of Scilly (2010)
- *Falling About Moving About*, DVD, Green Candle Dance Company (2009)
- *Teaching Dance to Senior Adults*, pub: Charles C Thomas (1984)

- *People Dancing International Conference podcasts*, People Dancing, UK
- *Dance for PD*, DVDs, music, documentation
- *Parkinson's Can Dance*, DVDs, BalletBoyz, UK
- *An Introduction to Community Dance Practice*, Diane Amans, UK

ESSENTIAL EXPERIENCE, KNOWLEDGE AND SKILLS

We asked respondents about essential experience, skills and knowledge expected of a facilitator. The most strongly expressed opinion was that the dance leader should be an experienced dance artist with dance teaching and first aid qualifications; and this person would have undertaken further studies to extend their knowledge base.

Our respondents told us that further studies should include a focus on

- developing inclusive communication skills
- understanding the ageing process
- understanding the cognitive, physical, social and creative benefits of dance for older people
- understanding the physiology of the ageing body and mind
- understanding the health issues and conditions affecting older people
- awareness of adult learning models
- skills for adapting dance programs to ensure accessibility
- devising and applying appropriate dance activities so participants benefit physically, cognitively, emotionally and socially

Their pedagogical skill development should include:

- developing patience and use of repetition
- best ways to maximise mobility and strength
- understanding mobility issues and how to work with these
- safe dance practices – safe movement, risk factors, range of motion and speed, warming up and safe spaces when working in groups.

Essential qualities should include an inclusive outlook, strong communication skills, empathy, compassion and an interest in meeting the different needs, interests and abilities of older adults.

Some respondents felt it was imperative that dance artists undertake a minimum level 2 certificate course from the Health Training Package, though this was not supported generally. Focus group respondents supported the notion of dance artists working in the community, as teaching artists as distinct from health or care professionals. This model is used in many primary and secondary schools throughout Australia, as artist in residency programs. The teaching artist forms a partnership with the school staff, so that each brings their expertise to the table and benefit from the skills and experience of the other. Similar models can work effectively in Aged Care.

DISCUSSION

This project began with an unprecedented number of requests from aged care and community for teaching artist recommendations. It took hold because the answers to the questions raised were not

readily available. It quickly expanded to an environmental scan of the sector, providing a snapshot of participatory opportunities and professional development support for dance leaders.

The data collected through literature review, desk research, survey, focus groups, interviews, observation and informal discussion reveals an emerging interest in the field, from practitioners, potential and existing participants, the health sector, the media and society in general. This interest and attention may lead to future increases in delivery and specialisation over the next decade.

Our research found that training and professional development is offered by organisations, professional associations and independent practitioners. These offerings tend to be either blended or in person, due to the physical nature of dance and the learning preference of many dancer professionals, who prefer conversation, demonstration and experimentation to reading a manual, or online participation.

Currently, the professional development opportunities available are varied in duration (1 day, 3 days, 1 week, 9 x 3-hour sessions, 1 year, 3 years), depending on level and type of program. The international trend is to up-skill dance providers with 1 or 2-day professional development modules. These were considered by our focus groups to be a good way to roll out professional learning in Australia.

As previously discussed, our focus groups supported the idea of teaching dance artists being the recipients of specialised training and placing these people within community, residential and care facilities. There should be no confusion about their role – they should be respected as dance experts, not health workers. In Aged Care, for instance, the dance professional develops a working partnership with aged care workers, each supporting the others' work. This model has been shown to work in primary and secondary schools (teaching artists and teachers collaborating) and can be expanded throughout the health sector. The Dance for PD © model also stipulates the importance of the dance facilitator being an artist who brings creative and artistic dance experiences to participants. While these dance professionals are trained to understand and adapt their programs for the needs of people with Parkinson's disease, they do not present themselves as therapists or health workers.

Respondents were divided about whether training and professional development should be accredited. The peak and professional bodies expressed strong support for it, referring to quality control, establishing standards, accessing funding support and training credits contributing towards professional association registration. Currently in Australia, the accredited training available is that of the International Dance Movement Therapy Association of Australia (a one-year course and a three-year course) and a 9-week program based in New South Wales. There is therefore scope to explore other training opportunities for nationally recognised training, particularly in Victoria, which is the second largest provider of programs to older dancers in the country.

RECOMMENDATIONS

Based on the analysis of the data, the following recommendations are made:

- Disseminate the findings of this report to the dance community and other stakeholders
- Bring the findings of the report to the attention of decision-makers at state and local level
- Scope other training opportunities for nationally recognised training, particularly in Victoria, the second largest provider of programs to older dancers in the country
- Work with stakeholders to develop and evaluate accredited training, in appropriate areas

- Establish partnerships with aged care providers and community dance providers to place and mentor dance artists as they learn to work with older dancers and older people new to dance
- Work with a range of stakeholders to facilitate best practice in the delivery of dance opportunities for older people

CONCLUSION

This research program aimed to gain information in relation to the availability, variety and ongoing nature of dance programs for older dancers and professional development opportunities for artists working with older dancers. The report provides an overview of the sector in late 2017, early 2018 and will act as a valuable resource in guiding some of the future work of Ausdance Victoria. It is hoped that it will provide the evidence required to support the development of professional development activity, future partnerships and collaborations across the sector and within Victoria.

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