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Artist wellbeing: exploring the experiences of dance artists delivering community health and wellbeing initiatives

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ABSTRACT

Research evidence indicates the ability of dance to improve physical and mental health and wellbeing through its unique combination of creative expression, movement and social connections. This article explores the wellbeing of independent dance artists/practitioners delivering initiatives for the UK's social prescribing scheme. The article examines the experiences, practices and professional development of dance artists/practitioners providing community dance programmes with a particular focus on enhancing participants' wellbeing. Dance artists/practitioners participated in a UK-wide online survey (n = 30) and a focus group discussion (n = 3) between May to September 2019. Using a qualitative methodology, we examined the dance artists/practitioners' practice, perspectives and needs. Three themes emerged – barriers to wellbeing, isolation and support networks. Four crucial areas of concern were highlighted. 1) Clearer distinctions between social prescribing, arts in primary/secondary care and participatory, community arts programming. 2) Improved dialogue between dance artists/practitioners, employers/commissioners, communities and training providers. 3) Action to address the lack of affective support and training for dance artists/practitioners working in a health and wellbeing context, and 4) Recognition. The independent dance sector still has work to do in order to provide dance artists/practitioners with access to training, peer support, professional development and wellbeing provision.

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Arts for health; social prescribing; dance artist wellbeing; community dance; personal narratives

Introduction

This article describes a study that explores the experiences, practice and professional development of dance artists/practitioners delivering inclusive recreational community dance programmes with a particular focus on enhancing participant wellbeing. The growing body of research provides consistent evidence of dances ability to meet health and wellbeing needs through its unique combination of creative expression, physical activity and social capacity (see Bruyneel 2019; Hwang and Braun 2015; Koch et al. 2019; Liu, Shen, and Tsai 2020; Mansfield et al. 2018; Murrock and Graor 2016). With Public Health England identifying physical inactivity and mental health as major priorities, various organisations are joining forces in order to make dance more widely available (Public Health England 2014). In addition to this, the new social prescribing agenda will

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provide a valuable route to tackling obesity, health inequalities and mental health. Yet, it might be argued that a projected increase of community dance provision will likely bring heightened strain upon an already pressured freelance workforce.

This article aims to provide a better understanding of the experiences, thoughts and needs of freelance community dance artists/practitioners with the intention of using the findings to evidence a need for further support. In addition, it aims to speak to the requirement for additional guidelines and regulations that will need to be in place considering the proposed widespread implementation of social prescribing (Hancock 2018). In doing so, the article uses a focus group and open text survey as qualitative method to discover dance artists/practitioners' experiences of setting up, maintaining and delivering wellbeing-focused dance groups for people living with health challenges. The study was also keen to explore the artists/practitioners' experiences of Continued Professional Development (CPD), to understand what barriers exist to self and career development towards the social prescribing agenda and why, in addition to how, they thought their expectations were being met, or not, in this area. The study also responds more generally to the artists/practitioners' thoughts towards the importance of their role within the community and its relevance to the impact they have on the participants of the groups.

Background

Social prescribing signifies a move away from the dominant biomedical model of health, towards a holistic, 'complete physical, mental, and social well-being' approach (World Health Organisation 2020). Programs are often delivered by the community, voluntary, or social enterprise sector (Jenson et al. 2017), utilising artists (rather than therapists) to work with small, community-based groups of participants (Bungay and Clift 2010). This growing body of work aligns with current endeavours to explore the function of the arts to improve health and wellbeing (see Boyce et al. 2018; Jensen and Bonde 2018; Clift and Camic 2016; Clift 2012). It is widely reported that dance can make a considerable contribution to improving health and social outcomes of individuals facing health challenges. Burkhardt and Brennan (2012), for example, found that while studies in their systematic review lacked methodological rigour, they reported that recreational dance not only improves cardiovascular fitness and reduces obesity, but it contributes to improved self-image, depression and reduce stress (see systematic reviews Jenson et al. 2017; Burkhardt and Brennan 2012; Hwang and Braun 2015).

The recent report by the All-Party Parliamentary Group on Arts Health and Wellbeing (2017), provides evidence of the positive benefits of dance for physical and psychosocial wellbeing. Many independent dance artists/practitioners provide community dance programmes with a focus on health and wellbeing. However, there remains very little literature on training programmes, guidelines, resources, or leadership of such activities. This is highlighted in the timely report, Artists Practicing Well (2019), in which Naismith, underlines the dilemma of an extreme lack of 'affective support' for independent artists working in a health and wellbeing context.

A recent paper reporting the effect of integrated health and wellbeing support into professional dancer training, notes that 'challenges remain', with no way of knowing how the dancer will manage their own self-care while sustaining a career (Hopper et al. 2020).

Approaches like social prescribing come with the expectation that the artist, like the art form itself, is an adaptable and compliant mechanism. One, which lends itself readily to the perceptive, supportive, ever present and active capacity vital for enriching public life. Yet, as the saying goes, you cannot pour from an empty cup, and just as artists/practitioners feed their practice with fresh ideas and inspiration, their own health and well-being also requires nourishment. With an expected increase in in these social prescription and arts for health and wellbeing initiatives, artists/practitioners will require focused peer support and training opportunities in order to respond to the expansion of such programmes.

The overarching research question is how we might better understand the impact of dance for health and wellbeing for the participants *and* artists/practitioners. Particularly, this paper investigates several questions flowing from this enquiry: what are the common experiences of community dance artists/practitioners? What kind of approaches do they employ when providing community dance programmes? Are there any barriers to this kind of work? Are artists/practitioners working within the arts for health and wellbeing sector being supported in their endeavor to deliver quality provision? What kind of support and resources do these dance artists need? What resources are in place to enable them to manage their own health and wellbeing needs?

Method

The study operated a qualitative method. Following ethical approval, two data collection methods: online open-ended questions in a survey and a focus group discussion were implemented. Data sets were examined utilizing thematic analysis (Braun and Clarke 2006) as a method of comprehensively exploring peoples' experiences, attitudes and beliefs. Consequently, it is a useful means of revealing and exploring complex subjective knowledge. As an idiographic method, it was ideal for a small sample size; in this case three focus group participants and 30 survey respondents. The focus group is described in further detail following the subheading: Focus Group Discussion.

Survey: open-ended questions

The internet-mediated survey, operated via the Qualtrics platform, involved a process of reviewing and finalising the open-ended questions prior to publishing it online. Academics working in educational settings, providing professional training programmes for dancers and networks of dance and health, were contacted as part of the recruitment strategy. Respondents were eligible to take part if they had experience of delivering community dance groups tailored to meet the wellbeing needs of group members. In addition, professionally qualified dancers and/or dance teachers, who have trained in the delivery of inclusive and/or integrated dance frameworks, were permitted to contribute. However, we excluded those working solely with neurological conditions (Parkinson's Disease for example) as there was another survey circulating specific to this remit at the time.

An electronic invitation which included a link to the survey were shared through the dance and community arts networks, educationally linked performance arts mailing lists, dance agency and organisation's mailing lists. The survey was also advertised through

publicly available social media (e.g. Facebook and Twitter) and organisations aligned with the field of arts and health. The survey remained open for a total of 16 weeks between May and September 2019. Completion was voluntary, and no incentives were offered to those who took part.

The survey provided a full explanation and background to the study, which included the purpose and intention of the research, details of how the data would be collected, handled and analysed. Respondents were required to give consent for analysis and use of responses before they were directed to the questionnaire. The survey took approximately 20 minutes to complete. The questions began with demographic details, then led to open-ended questions which covered key factors such as qualifications and training, methods of working/delivery (venue, frequency of group, duration, cost to run), general purpose of group(s) (range of styles and activities taught, structure of sessions), and membership (gender split, number of regular attendees, cost to participant). The survey progressed to explore the artists/ practitioners' perspectives of how they achieved wellbeing through their delivery, their approaches to evaluation of their practice, and perceptions of barriers to keeping up to date with the latest practices. It concluded by asking respondents to consider their personal experiences of CPD and resources, self-care management, and the rewards or challenges of working as an independent artist/practitioner in an arts for health context. No identifiable data were collected through the survey therefore, all responses were anonymised.

Focus group discussion

It was determined that a focus group would be an appropriate method of data collection to complement the open text survey. A focus group offers opportunity for further dialogue between artists/practitioners, to progress and open up the direction of the conversation through reflection and conversation in real time. The focus group sample was drawn from experienced, qualified community dance artists/practitioners who professed to working in, and having received training to deliver through an integrated, inclusive style. The participants were recruited via existing network links with dance agencies, dance companies, dance organisations, Higher Education Institutions lecturers and independent dance artists and practitioners. Many links had been established via preexisting relationships known to (the first author). Following an electronic invitation to contribute to the focus group, nine expressions of interest were received. However, six participants sent apologies during the 24 hours leading up to the focus group, which left three confirmed attendees. While reasons for withdrawing from the focus group were not required of the participants, three volunteered that time was a barrier to taking part and one stated they have had second thoughts.

Focus group participants were supplied with participant information packs, detailing what was expected of them, why the research was important and how and why the discussion would be recorded and transcribed assuring anonymity and confidentiality. To ensure accessibility, participants were able to join the focus group in person, or via video/conference call. The general focus group schedule was built around the following framework, 1) welcome and ground rules; 2) overview of the project and confidentiality statement; 3) questions, and 4) close of focus group (Breen 2006). Based on Krueger's guidelines to focus group questions, the question framework was organised in the

following manner: opening question, introductory questions, transition questions, key questions and ending question (Krueger 2000). All voice recordings from the focus group were transcribed verbatim prior to analysis and any identifying information was altered to anonymise the participants.

Analysis

Data were analysed using thematic analysis. This method is useful for identifying, analysing and reporting common themes within a data set. It aims to understand how people make sense of their experiences and how this sense making relates to the wider social context (Braun and Clarke 2006). In capturing this rich detail, inductive analysis proved valuable to the endeavor of deep contemplation by the researcher. Data analysis consisted of several detailed readings of the transcripts. During this process, the author made summative notes that highlighted meaningful information line by line. A second layer of analysis revealed initial coding of emergent themes. At this stage, the data begun to reveal patterns producing a more coherent and complete view of the range of experiences. This led to the process of identifying meaningful patterns for interpretation in which the data were arranged systematically and themes reviewed to ensure representation of the sample as a whole. This process was recorded throughout the development of the analysis and later discussed with the second author. Once all data had been closely analysed the second author reviewed the analysis to ensure credibility and that it represented the experiences captured by the data.

Results

Following analysis of the focus group transcription and the open text survey, four superordinate themes and several subordinate themes were identified (Table 1)Table 2. The analysis section that follows unpacks the themes via commentary. Extracts from the focus group and the open text survey will appear alongside one another. The data reveals themes that overlapped which meant that several of the sub-themes had a direct influence upon others, albeit in a range of different ways. In order to maintain clarity in the analysis, it was decided that the superordinate themes would guide the analysis, therefore each subtheme has not been addressed directly and instead superordinate themes have been unpacked more broadly.

Barriers to wellbeing

Of the 33 participants (those surveyed and those who took part in the focus group), all bar one identified as experienced community dance artists/practitioners, with wellbeing and/or addressing health needs, as central to the intention of their work. Each participant referred to the importance of a healthy balance between the rewards and the challenges of working in the arts and health sector. The following quotes illustrate a sense of disheartenment in both the level of perseverance required of the artist to push through the challenges meeting them in the day-to-day delivery of such work, and the lack of reciprocity.

Table 1.

Participant Characteristics	Online Survey	Focus Group
Number of participants (n = 33)	30	3
Gender of participants	24	3
Female		
Male	2	
Prefer not to say	4	
Age range of participants		
25–64 years (*m* = 44.5; *SD* 11.18)		
55–64 years	4	
45–54 years	6	
35–44 years	10	
25–34 years	10	3
Ethnicity of participants		
White/British	19	3
White/other	5	
Asian	1	
Mixed/multiple ethnicity	2	
Qualifications of participants		
Doctorate	5	
Postgraduate degree	4	2
Degree	16	1
level 5 (HND/foundation degree)	2	
Location of dance delivery		
City	10	
Rural	12	
Both	8	3

Table 2.

Superordinate themes	Subordinate themes
Barriers to wellbeing	Rewards versus challenges
	Poor relationship with employer/commissioner
	Management and regulations
	Income/employment inequalities
Isolation	Mental health
	Loneliness and remote working
	Disconnection from peers/employers/commissioners/communities
	Inadequate regional infrastructure
Support	Lack of effective CPD/training
	Barriers to professional development
	Lack of/ineffective support networks

'There are times when it's so challenging you want to pack it in, but you know the rewards are worth it if you carry on and get through'

'In a wonderful way you're in a really diverse mixed of people, [. . .] I think about how I can make it conceptually acceptable for everybody and what is it that is bringing people together - what's the uniting element? I'm working in London and you've got cultural differences and different ways of behaving, it presents a range of challenges'

The dance artist's/practitioner's speak of personal reward as intertwined with noticeable improvements in group member's moods, capabilities and social capital. They measure success by the longevity of the dance group and retention of members over time.

'We've had a really high success rate with one group I work with in particular. I've been working with them for 10 years now and some of the original members are from the GP referrals. We are very lucky our local surgery still support us completely wholeheartedly. There are GP's still there that will refer on, even now because they know we are a continuing group.'

Yet, as discussion turns to the challenges of working in the arts for health sector, participant accounts describe experiences of un-appreciation. Many speak about how their dedication to maintaining this work in a challenging economy continues to go unrecognised and unsupported. They express concern that their own health and well-being appears to be of little consequence to the agencies, local authorities or community health services that commission them.

'I kind of debate the level of reward full stop, that's available in this field. Because, you walk into a session and there is not one person who asks you how you are, or what you've been up to.'

'I've reached a point where I thought 'there's the irony'. I'm trying to do this to support community wellbeing and really place dance in a health setting. At the same time there's a cost to my wellbeing - when I'm rung out and tired and not making any money'

In their experience, often challenges arise as a result of an employer's reluctance to understand and acknowledge the role of the dance artist/practitioner in a dance for health and wellbeing context. This is broadly shared across two concerns, 1) the complexity of meeting the needs of very diverse groups, with managing differences in cultural/political views as a key concern. 2) The needs of the group extending beyond the skills set of a community dance artist/practitioner and therefore more suited to a Dance Movement Psychotherapy (DMP) approach.

'We are taught to dance and how to teach dance, but not about managing different behaviours or basically having an awareness of a variety of different backgrounds not only socially, economically but culturally. It's something that we learn as we go, it's not like we can draw on that part of our community practices'

'No two people can interpret the task, the thing, the same, [. . .] If they put themselves into it, their personality, if they're drawing from lived experience that's what they refer back to because there are different ethnicities, different age groups, different cultural traditions and you get quite an eclectic mix of physical responses and movement. I think that it is wonderful, to celebrate the individuality, but on the other side, you're uniting people who often have contrasting differences'

'There's been things like the TV show with Darcy Bussell and they talk about things like mental health and working with mental health and we've all had our own experiences of that . . . But, how confident are we as practitioners to go down that route? If somethings disclosed in that session, how do you deal with that and do we have that skills set?'

The participant responses demonstrate disappointment in the employer's neglect to marry the needs of the group/individuals to the skills set of the dance artist. The focus group participants discuss how, in their experience, the employer's decision on who to commission is often guided by financial restrictions.

'They're not prepared to pay for the commitment it takes to properly nurture these community groups.'

'Cost is always a barrier especially in this art form'

Indicating that the cost of employing a dance artist/practitioner to lead a health and wellbeing initiative is more cost effective than employing a Dance Movement Psychotherapist. Criticising poor appointments of artists, the following participants note several negative impacts. From inadequate delivery and content of sessions to labour exploitation.

> ' . . . *watching these artists is like watching paint dry, [. . .] they're not taking in to consideration people's needs and there are not involved in what they're doing*'

> *'If you want quality artists and quality work you just can't not pay them. There was a time that I worked and wasn't paid for 7 months and they said, "well it might lead to paid work but you'll have to apply again" . . . '*

> *'you selected me for my training and I've given up all this free time for you to develop your project, then* you *want us to pit against each other for the one paid position*'

'I am constantly told the money isn't there . . . '

The participants view the boundaries between community dance for wellbeing and psychotherapy for mental health treatment and rehabilitation, as an 'overlap' which requires committed clarification. Participant comments indicate the need for clarification concerning the forms of social prescription, arts in primary/secondary care provision and participatory, community arts programming to prevent the boundaries between them becoming blurred by employers/commissioners.

> *'We are part of that old arts on referral system and they* [GP's] *have that confidence in us, but new groups are springing up all the time, new artists, new fields of work. Who is policing that and making sure those things are the right things for those people?*'

> *'I think if I wasn't doing the DMP* [Dance Movement Psychotherapy] *training that I am doing now, I don't think that I would feel comfortable dealing with somebody suddenly breaking down in the middle of a session. I don't know how I would deal with that. I think there's a lot of interesting overlap that's going on there*'

> *'There's a big question here around the reality of social prescribing. I think it's a major concern and think that's part of the reason why I've gone down the psychotherapy route as well, because I think it's taken a while to see where that overlap is, but there is definitely an overlap and I think there needs to be more care taken around who can access what*'

The participant's comments highlight concerns that activities in the arts for health sector are not receiving the management and regulation they deserve. They point out that artists practicing without adequate training in therapeutic arts delivery continue to work unmoderated. In response to this, they claim the lack of accessible and targeted CPD opportunities fails to address this deficiency.

'I think there's definitely a debate to be had in our field for really proper rigorous training.'

> *'You should do as much CPD as you can possibly squeeze in [. . .] My methodology, in terms of where I work from, is Stop Gap's responsive teacher training, that's the way that I tend to run all of my sessions [. . .] But you can't be responsive and flexible in your teaching without feeding into yourself as well. You can't . . . the knowledge doesn't come from nowhere*'

> *'But it's really hard when you are out there working, you're doing your funding, you're trying to do your study, your reflection and then you're delivering. It's like, when do I have time to feed that stuff back into myself?*'

'I think there's a long way to go in terms of the people in the management positions being more knowledgeable about how to run these things more efficiently and more properly'

Isolation and mental health

The participants consider their freelance status within the arts for health sector, as placing their practice under constant threat of isolation and introspection. Those living and working in rural regions express the weight of working remotely as exhausting and a huge responsibility, something that has been experienced by many individuals, across a range of sectors globally during the current pandemic crisis. Whilst working in isolation is a daily reality for arts freelancers, the impact is felt deeply within the study cohort.

'. . . all of this is on your shoulders. It's a massive responsibility. It's exhausting there's a lot of times I feel lonely, needing more support and it's not there financially or physically from other people.'

'Like most dance professionals in this line of work, I work alone and it takes its toll'

'There is no one to talk to about your day or your worries. It's on my mind all the time. I can't offload it'

Some participants recognise the need to respond to the 'disconnection from peers' by asserting their right to peer support and mentorship during contractual negotiations with employers. Yet, this is commonly viewed as a 'struggle' and not an ideal situation for dance artists/practitioners who feel their job security hinges precariously on their compliance with employer's contractual requirements.

'Yeah there was an event during the London creativity and wellbeing week this year about artist self-care. Someone said we should set a precedent on that very first meeting [. . .] There should be a check list like, we will need music in the room and we need chairs, we need planning time and there should be someone around when we need to check-in for ourselves. Make it very clear what is expected from both sides [. . .] and it might be that, 'oh we don't have the money' and 'we don't have time for that', but we've named it and they're aware that its needed [. . .] but if it's not agreed from the outset then it's just not in their minds. Like sometimes you just need to spell it out'

'I think in that lonely world of the freelance dance artist [. . .] it gives confidence to you as a person, to have a colleague. But to have a colleague is very very rare, so it's a lovely lovely thing when it does come along'

'.it makes a huge difference. I know we can't always afford that luxury but where possible there should be two artists in the room'

The advantage to working in pairs or receiving support via mentorship or a peer network have clear implications for both the dance artist and group members. The participants' note that there is a distinctive gap in wellbeing provision for artists/practitioners working in the context of arts for health. They noted that although the need has been informally identified by artists, dance agencies and organisations, movement towards the inclusion of this level of awareness has been slow to germinate.

'I think there is a lot of amazing things going on at grassroots and community level but there are not the people in place within organisations that are able to deal with artist wellbeing, and that is where we feel that lack'

'We've talked about a programme that really attends to the artist through self-care, I think that's something that's on the radar of people now, that's starting to materialise, not quickly enough, not nearly as quickly enough as is needed.'

'For me, around all of these questions, it's to do with building a network of people, and how does that inform our practice. Because with a network and with the knowledge that comes form that, we can all inform each other. The CPD issues go away, the vulnerability issues the confidence issues, all of those things disappear because you've got your peers, you've got, you know, people you can refer to for support.'

A lack of self-care provision for an increasingly isolated work force attempting to meet the complex health and wellbeing needs of communities through the social prescription agenda, increases the likelihood of negative influences on the dance artist's/practitioner's own mental health. The following participant comments describe their feelings of insecurity, which have a debilitating effect upon their identity and self-worth.

'I think there is something about feeling, weak is the wrong word, but actually not having the confidence to say things have been really tough because subconsciously we don't want people to think we can't cope. At the same time, they [employers] *need to be aware that it really helps that there are people that we can turn to, because if you're not communicating, you kind of get stuck in the same cycle'*

'I really struggle with my identity as a dancer [. . .] it can be quite difficult and I wonder as well if that has an impact upon me going to CPD. I mean, yeah I can't afford it but if I really really wanted to go I could cope with it, would I step over that barrier, would I justify that cost because . . . I wonder if I'm a just little bit scared of being in that space with other practitioners who I feel are amazing compared to me.'

'A good mentor and a good peer should be aware of those anxieties and those insecurities and as part of their mentoring or training and part of their delivery should be about confidence.'

'I don't have that level of confidence [. . .] seeing other practitioners doing this really amazing stuff and thinking I don't know if I can do that . . . and it's quite scary. You kind of start questioning your own abilities.'

'It's the same for me [. . .] when I'm with other people who I know are more experienced than me or more knowledgeable. To me they are like 'the shining light in the field'.'

'It's so scary . . . '
' . . . but then you also run the risk of, 'oh they are brilliant . . . I'll never be like that . . . ' Definitely more could be done to open a dialogue around it.'

These examples reveal that, without networks built on solidarity and nurture, dance artists/practitioners are at risk of developing habits of negative self-comparison, low esteem and self-doubt. The participants shared a sense that without frequent adequate supervision and training the ultimate impact will be an overworked, highly stressed and under paid workforce, whose wellbeing is forsaken for cost effectiveness.

Support networks

Each of the participants speak about their disappointment in the lack of support available from regional dance agencies and organisations. Themes arising from their comments concern the lack of wide spread training opportunities across the country and how professional development opportunities have are limited to a few key organisations. The majority of these operating out of the South of England. Participants claim the cost of training with added costs of travel and, in some cases, accommodation ultimately mean they are unable to attend, what they term 'vital' training opportunities.

> *'I quite often find myself booking onto CPD events, with a view to knowing that I want to develop those skills, but then I get to it and I just can't afford to go [. . .] its going to break me* [financially] *if I go'*

> *'It is vital that we have more training opportunities for community based dance artist-practitioners'*

> *'Why are the governing dance body technically pricing us out of all their very useful CPD?'*

> *'Expense and a lack of opportunities and knowledge of the area are the main barriers to professional development'*

> *'Whilst dance in health courses are generally very reasonably priced, living in the North of England in a remote location means I nearly always have to find funds for travel and accommodation.'*

Participants mention multiple alternatives to accredited CPD that they have fashioned together because of their time and finance constraints. One participant speaks of the usefulness of online resources, particularly the accessible sources on social media and video sharing platforms like Instagram and You Tube. While another comments on the usefulness of attending classes even with time and finance constraints.

> *'You Tube I find fantastic [. . .] I think right ok what can inspire me? What can I have a go at in my own home? I use it as an opportunity to try and be creative around it.'*

> *'I try to keep myself dancing. I mean it's easier said than done, I probably go once a fortnight or once every 2 months to class, but I try to keep myself fed with ideas. I am also quite interested in other art forms, so I go to exhibitions'*

Again, participants living in remote and rural regions state the difficulty they perceive in accessing adequate training and support networks. One participant reflects on the distinct absence of a dance community in their region. In response, the participant stated they had self-appointed themselves to the role of peer support and point of contact.

> *'There are not many people working in the dance and health sector in Cumbria so I tend to be the one who has to keep abreast of info as colleagues often come to me'*

Discussion

The findings of this study are that independent dance artist/practitioners view their work as unique, as they provide community programmes combining expressive artistic elements as well as psychosocial aspects. When working in the community arts for health

context, they experienced disconnection from the dance community in the form of isolation and challenges to their mental wellbeing. They also voiced that there is a lack of peer support, training specific to an arts for health context and minimal CPD opportunities.

These findings align with the evidence presented in the Artists Practicing Well report (Naismith 2019), in which Naismith examines how artists are currently supported to deliver quality arts for health work without cost to their own wellbeing. This article builds upon this evidence to suggest that the core of effective social prescribing and the arts for health and wellbeing agenda, rests on four crucial actions. 1) Clear distinctions to counter the increasingly blurred boundaries between forms of social prescription, arts in primary/secondary care provision and participatory, community arts programming. 2) Strengthening relationships between artists/practitioners and organisations. 3) Action by employers/commissioners to address the lack of affective support for freelance dance artists/practitioners working in various health and wellbeing contexts. 4) Recognition of the value of the dance artist's/practitioner's work, including increased understanding of artistic approaches.

The responses identify the majority of support networks and CPD opportunities are city based or consolidated in the South of England, where increased empathy for the profession and greater opportunities for artist progression are anticipated. Yet, what may work in the city, may not work in rural areas, or indeed other regions of the UK, which calls for a need to address the complexities and differences of such delivery. This extends to the lack of understanding by employers/commissioners of the creative approaches and the motivations of dance artist's/practitioners working in this sector. Failure to recognise the nuanced value of dance artist's/practitioner's work in this context underpins discontent and a growing unrest among artists. This signals the requirement for increased countrywide alliance towards the appraisal of the support structures of arts organisations and the services offered, particularly in response to artist wellbeing.

Significantly, the findings revealed that above all else artist's/practitioners' desire inclusion in the development of health authorities provision and initiatives, and co-production remains a rare approach. Opposing the conventional 'parachute in' method, dance artists/practitioners wish employers/commissioners to be considerate to their needs, motivations and intentions. Increased dialogue between artists and stakeholders, where co-production can assist in the development and management of initiatives from conception, will secure opportunities for clarification of the distinctions between forms of social prescription, arts for primary/secondary care and participatory, community arts. This will result in definable objectives from the start, making clear the role and expectations of the dance artist/practitioner and offering room for negotiation of artist support.

Conversations between employers/commissioners and dance artist/practitioners are required to ensure a dialogue around how to manage this support, what this kind of support looks like (individual needs of the artists) and how best to offer this as part of the employer's/commissioner's obligation. The dance artists/practitioners' responses point toward their diminishing sense of worth reflecting the negative impact of an employer/commissioner's reluctance to value the time, expertise and experience of creative artists. The participant's comments demonstrate how low self-esteem and self-doubt contribute to their emerging fear and introversion. These barriers will ultimately further the distance between the artist/practitioner and the dance community they wish to be included in.

In terms of personal benefits, the participants value developing their creativity, learning new approaches, and animating existing gifts. They recognise the power of CPD and peer support networks to achieve this and counter burnout. Yet, their responses show that increased isolation breeds insecurity that affects the dance artist's/practitioner's motivation to pursue this vital support and training. Eventually this will have a damaging effect upon the progression of the arts for health sector, with dance artists/practitioners not equipped to deal with the challenge of creative burnout. They acknowledge that an artist-led, artist-used self-supporting structure that embraces all levels of experience and all contexts in which these artists work, would contribute to a reduction of the current barriers they face.

Recommendations

A growing body of research is steadily emerging in support of social prescribing and arts for health and wellbeing. Yet, this study recommends further research take up the opportunity to give voice to the range of significant systemic issues contributing to the diminishing wellbeing of artists/practitioners and their fears for the sector. Peer support and CPD is highly regarded by the artists/practitioners, yet reported as rarely available. Yet, this study was conducted prior to the pandemic crisis. Therefore, with the current surge in digital connection, there is opportunity to explore the ways digital alternatives are currently contributing to the development of stronger peer support and development experiences in the context of community arts for health delivery.

Further, it is recommended that further research be undertook to explore the notion of d*isconnection* that might be used to distil the sums of the issues raised by the participants. Underpinned by a lack of dialogue and active listening, disconnection describes the apparent relationship between employers/commissioners and dance artists/practitioners. Disconnection is at the heart of the blurred boundaries between arts for health and wellbeing and participatory, community arts. The participants also signal their unease at the disconnection they have felt between themselves and the dance community as they work independently and in isolation. Lastly, the participant's comments indicate a growing disconnection within themselves as they report feelings of insecurity, vulnerability, a conflicted sense of self and fatigue.

Strengths and limitations

The strengths of this study include highlighting systematic challenges that can be addressed through training and engagement opportunities in order to strengthen the independent dance sectors future within a health and wellbeing context. It is troubling to see the responses of the participants reveal common patterns of labour exploitation among employers/commissioners. A pattern that appears to continue unchallenged, underpinned by an impression that creative methods and rates of pay for those whose work adjoins community arts and arts for health sectors, flies below the regulation radar. This highlights the need for initiatives, in the age of social prescribing, to be meticulously administered and regulated. Wellbeing support for artists should be considered a justifiable cost by employers/commissioners.

While this is the first study to explore independent dance artists/practitioners' perspectives, there are a number of limitations: (1) This study's findings may be limited by the fact the majority of participants were White Caucasian females working in the suburban areas of the UK. Thus, the findings may not have generalisability. (2) Although efforts were made to reach out to independent dance artists/practitioners, it is possible that not every independent dance artist/practitioner working in this sector completed the online survey. (3) We acknowledge that our focus group participants may have felt at ease to share their experience in depth as there was a pre-existing relationship. However, this may have presented potential bias. (4) Finally, we acknowledge that the researchers' background and their understanding of dancing may have played a role in constructing knowledge in this study.

Conclusion

The study found that independent dance artists/practitioners working in the community in an arts for health context, and/or part of the social prescribing workforce, are experiencing severe isolation and therefore disconnection from services, mechanisms and support systems which could support diminishing wellbeing and mental health. These findings are important to both the health and independent dance sector, as future increases in initiatives to address health and wellbeing are likely to cause tension in an already pressured dance artist/practitioner workforce. This study provides a clear argument for the inclusion of the artist's/practitioner's voice in future research regarding wellbeing, mental health and the state of the sector.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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