

What difference does dance make? Critical conversations across dance, physical activity and public health

Abstract: Critical conversations concerning if and how dance ‘fits’ within current (dominant) discourse across physical activity, public health and sport policy are presented here in the form of commentaries from a ‘collective’ research base and individual ‘worldviews’ that includes the director of an established community based dance organisation, a local authority public health commissioner and three academic researchers (a sociologist, cultural geographer, and technologist). Dynamic dialogue between all parties has been encouraged throughout the research process (January - December 2015). From our viewpoints discursive differences and occasional disciplinary dilemmas are regarded as potentially knowledge producing. We share transcribed parts of our critical conversations to illustrate how evaluating dance as physical activity represents opportunities for challenging if not disrupting some discursive terrain, whilst concurrently being somewhat constrained by that terrain. Our broader research remit contributes to ongoing debates surrounding ‘what works’ in relation to physical activity. Our dynamic interactions are thus constitutive of and productive within wider circuits or discourses of policy and provision. Paradigmatic rivalry or epistemological ‘tensions’ may well be hindering attempts to demonstrate that dance does have positive impacts on health. Acknowledgement and engagement with these tensions can arguably inform policy and practice in effective and meaningful ways and contribute further to debates regarding an evidence base seeking to ‘prove’ the benefits of activity-based programmes and interventions as we look across physical activity, public health and sport.

Keywords: Dance, public health, sport, physical activity, worldviews

Introduction

This paper is based upon critical conversations focused on dance: dance as a form of physical activity (PA), dance as linked to but distinct from sport, and dance in the context of public health (PH). Our conversations stem from research (with an evaluative element) carried out by a group of academics in conjunction with an established community based dance programme Dance Action Zone Leeds (DAZL), run for young people in a major city in the North of England that is commissioned via Public Health. We (academic researchers) were commissioned by DAZL to undertake pilot research to contribute to an evidence base on their work with young people. Details of DAZL’s programmes and an indication of their success in attracting and retaining young people in dance activities can be found at

www.dazl.org.uk. Our aim in the research has been to gather rich and meaningful data that illustrates 'real life' impacts at a local level for young people engaging in dance programmes provided by DAZL. We have gathered data via a 'mapping and monitoring' approach to dance provision that links areas of 'health inequalities' (as identified by local authority/NHS recognised IMD) with DAZL's participant demographics to highlight the significance of delivery in specific areas, captured in an online GIS map. We have so far explored the range and intensity of physical activity occurring in two specific dance programmes for girls (aged 12 to 16 years) including the use of monitoring technology and incorporated the use of local, qualitative mapping with participants to complement focus groups and semi-structured interviews. This initial research approach was deemed appropriate (by key stakeholders and academic researchers) as an effective means of exploring the community development model that DAZL operates. We draw on cultural geography, sociology and information technology to analyse DAZL's effectiveness locally and, where possible, to inform a national agenda focused on dance engagement as a significant contributor to health, to which the 'DAZL model' is a key contributor.

In this paper we seek to contribute to ongoing debates surrounding the question of 'what works' in relation to physical activity impacts using community dance as our focus - the 'what works' conundrum is evidently a recurring theme in our conversations. We do not claim to offer definitive answers to the problem, rather we draw on our interactions as a feature of wider 'circuits' of policy, provision and programme delivery. These wider circuits are arguably significant yet receive relatively little attention in dominant discourse where specific forms of evidence and evaluation procedures inform an articulation of ideas around, in this instance, dance, PA, (public) health, sport, which in reality is multifaceted and 'messy'. Dancing to the 'choreography' of dominant discourses present across sport, PA and PH policy agendas is challenging for a community based organisation such as DAZL, not least in relation to austerity. Broader policy contexts reflect reduced central

government support and devolved spending to local authorities across arts and health (Arts Council England, 2016; Harvey, 2016; Local Government Association, 2016). Meanwhile, 'Sporting Future: A new strategy for an active nation' (Sporting Future, 2015) and the subsequent Sport England 'Towards an Active England' Strategy 2016-20 (Sport England, 2016) reflect a rhetoric of doing more in relation to tackling inactivity and investing in children and young people, both of which are fundamental to the work that DAZL does. This is also the case in the context of Public Health England's policy on 'everybody active' (PHE, 2014). On the face of it, the recent Sport England strategy reads very positively for DAZL as it explicitly states it will fund and support dance as a named activity. How and which forms of dance will come to be invested in will be intriguing to observe. Value for money and return on investment are explicit elements of Key Performance Indicators, as is the emphasis on behaviour change models to get people more active with an implicit tone of individual responsibility for health despite some passing references to community involvement. Emergent neoliberal 'healthist' discourses of self regulation and self surveillance are apparent undercurrents (LeBesco, 2011). Sport England state they will look anew at evaluation, stating, "We will also develop new ways of evaluating the broader outcomes of sport, especially mental wellbeing, individual development and social and community development" as a means of demonstrating commitment to their policy priorities (Sport England 2016; p.7). Discourses embedded and evident across these policy areas demand attention in their own right and might usefully be examined in further, future analysis of the conversations we shared as researchers and stake holders. Such discourse analysis is beyond the scope of this present paper.

Critiques of the value and significance of evaluative research inform our engagement with a 'what works' agenda. Calls for specific programme evaluations to be subject to more scrutiny have been established for some time in public health (Baum, 1995), sport (Coalter, 2010) and in social science research more broadly (Pawson, 2003).

There is evidence of growing recognition of the role of qualitative research in evidence based evaluation (Lub, 2015, Rossi *et al.* 2004), critiques of standard evidence based approaches in health and challenges to the hierarchical position of quantitative findings (Freshwater *et al.* 2010), taking a more holistic approach to health (Roe and Lysaker, 2012), mixed methods in public health more generally (Kaur, 2016), mixed methods in dance and physical activity evaluations (Sebire *et al.* 2016) and stake holder-researcher relations in public health (Dagenais *et al.* 2015; Oliver *et al.* 2013). We cannot attend to these debates in detail here but draw on them at times in our extrapolation of implications for dance in relation to PA, PH and sport.

Central to our manuscript are the voices and commentaries of our collective involvement and our individual 'worldviews' and that is what we want to give 'space' to. We seek here to address 'what works' from a position of 'listening in' to general, yet nonetheless telling, voices and opinions of the Director of the dance organisation (D), a local authority public health commissioner (C) and three academic researchers comprising (in a disciplinary sense) a sociologist (S), a cultural geographer (G) and a technologist (T). We openly share and examine some discursive differences and dilemmas that occur when attempting to carry out 'meaningful' research. We suggest that these challenges can also be potentially knowledge producing, and capturing and commenting on the dialogue between the five voices as interested parties and key stakeholders is illuminating (Dagenais, *et al.* 2016). Whilst we do not address the value or impact of the dance programme directly we suggest that it allows opportunities to consider critically the unique position dance represents when we start to unpack on-going tensions surrounding the effective 'measurement' of health related programmes, including evidence based and values based research (Freshwater, *et al.* 2010). We are also cognisant of discourses within discourses, thus some terms and expressions may well require analysis in their own right beyond our musings here, such as 'health inequalities', 'wellbeing' and others that are referenced in our

conversations. What we hope to convey is the range of issues facing dance (as health) providers as they work through wider circuits of policy context. Milton *et al.* (2014) provide a useful reminder that academic work is more 'messy' in real life than published papers suggest and equally, that non-academics often display a greater understanding of rationales and associated research designs than perhaps they are given credit for.

Present positions: setting the scene and our worldviews

In terms of crafting the paper we use researchers'/authors' licence to present selected features of our conversation (Coke, *et al.* 2015; Gildersleeve and Kuntz, 2011). These conversational narratives offer 'analysis of critical reflective practice in action and demonstrate how narrative can function as a powerful tool for reflection' (Coke, *et al.* 2015, p. 472) across our diverse disciplinary worldviews. We have labelled individual comments with the letters indicated above and the use of 'we' in the general text represents a joint position expressed by the authors. In many ways the core of the critical conversation included here was touched upon at various research planning meetings; however, it was only when the research was well under way that we decided to record and analyse this in a more formal manner (audio recording and transcription). 'We' – academics and practitioners alike - have a commitment to engaging with, and demonstrating how, the dance programme makes a positive difference to the lives of its participants. This might seem glaringly obvious but it is important to state in relation to the ever expanding domain of evidence based policy. In many ways, the material presented speaks for itself in terms of outlining priorities and tensions. What is fascinating is how little time we all have available to really question why we are gathering certain data and offering up particular conclusions. And of course, this is dramatically influenced by our disciplinary 'homes' and our vested interests in any evaluation based work, as Lub (2015; pp.6-7) states '...practitioners and policy makers will continue to make use of different types of qualitative evaluations –

emphasizing different purposes and starting from different paradigms’.

The sociologist (S) began by revisiting the reasons we had agreed to meet and summarising the questions that, in preparation, we had been asked to address beforehand.

S: The key topic for discussion today is what we see as being links and related tensions between dance, physical activity (PA) and public health (PH). And where dance does or doesn't fit in relation to sport and PA? Thanks to C for the idea of 'worldviews' in response to my guiding questions in preparation for this meeting on (1) an outline of our individual professional/disciplinary position, (2) perceived tensions surrounding task of gathering evidence on 'what works' and (3) perceived links between dance, physical activity, (sport) and public health. (...) A key starting point appears to be that for all of us involved in this research - practitioner, commissioner and researchers alike - we share an aspiration that dance be given equitable status to sport and that dance be given equal recognition - that dance, in relation to PA and PH, is not somehow subsumed into sport. I often use the term 'discourse' to describe our everyday sets of ideas about things and I'm intrigued by the prevailing discourses of dance, sport, PA and PH. C and D have shared their view of the five main parts of the DAZL model and what it is trying to achieve around participation, around community involvement, around dance development, around celebration and around artistic development and vocation. It is very much about community development in that sense. So it is a challenge (for researchers) to examine that and to 'monitor' physical activity intensity.

C: There's a strong consensus that the DAZL dance programme is a very successful public health programme and (...) after 15 years it seems really timely to do some research and also there's national interest in the model. So building an evidence base is now fairly critical if the model is something that might be considered to be rolled out.

This is significant because it highlights the longevity of DAZL and indicates that the programme is well established and by implication it 'works' because it has kept going and growing (as is evident in their annual reports, see: www.dazl.org). Pawson (2003) argues

that the historical context of programmes is poignant; DAZL is not a new or one-off type intervention and that links to C's point above about the DAZL model being 'rolled out' or as Pawson describes, the 'transferability' of programmes (2003, p. 479).

C: [What] I'm really interested in is in increasing PA levels and seeing whether DAZL does contribute to increased levels, accepting those are quite difficult and challenging things to measure. I'm also interested in DAZL's effectiveness in improving mental well-being amongst children. That's in the broadest possible sense. But also evidence around its wider benefits as a community based programme so about empowering local communities to have ownership and I mean that side of it is really coming up the public health agenda again. You know, there's a real focus on that and I think DAZL is an absolute phenomenal model of that. So those are the areas with my aerial view that I'm interested in though I suppose really PA is at the top of that list.

We can see here how, from a public health agenda, the DAZL dance programme is targeting many policy issues through its ambitious aspirations. And we can see how measuring PA levels is a priority. C's passion and enthusiasm for the programme clearly matters and arguably 'counts' in assessing the effectiveness of the DAZL model in question. C is involved in the dance sector beyond the role of PH commissioner having worked directly on establishing DAZL as a dance practitioner (and having been a dance performer and choreographer). One of the things requiring further attention in evaluative research is the values led enthusiasm of key individuals in projects like DAZL. A wide range of actors and agents inform this including, in this instance, long serving dance instructors, key local authority figures and also significant community members including parents. We might consider this as a feature of transformative potential (Watson *et al.* 2013) as articulated in relation to some active recreation and sport programmes, that is, considering if and how, engagement in activity programmes can have impacts beyond interventions. From a qualitative, social science perspective this can include assessing the instrumental

effectiveness of provision, it may involve examining the 'meaning' of programmes and sometimes policy and may have emancipatory outcomes in terms of participants' engagement in the research process (Lub, 2015).

D: I started as a young person through DAZL. So I suppose I'm an example of how the model can work. (...) They've changed throughout the years. You know, when we started, it was really just about engaging young people. Like DAZL programmes were just about getting them to like engage with school and any form of PE.

From the outset we can see how involvement and engagement is of primary concern to the Director of DAZL. One reading is that if we engage people first, then PA and 'health' will follow assuming the 'right' programmes are in place. As a commissioner, C faces the demands of policy makers and funding bodies and therefore gathering evidence has a particular sense of urgency. Health, as D implies, is not an end in itself, yet 'engagement' is a potential means to that end. In this we see a compelling illustration that practitioners have a good idea themselves of what works and they are also aware of shifting policy goal posts. We might say they have a realist view on knowing they have to be responsive to policy priorities.

D: [...] obviously as the organisation evolves then also public health and funding, a lot of things are driven by funding and different governments. (...) Then (previously) it was more about trying to get more young people to do 5 hours a week. But it's not just about getting inactive young people active it's about, it's more, it's how we, how we now show (what works) in our practice because in another four more years or five more years, what else are we going to have to show?

In response to D's comments, each of us offered our disciplinary worldview:

G: I like very much the idea of 'worldview' and it has been useful to hear more about these. I feel that cultural geography and the mapping (of dance provision that we have done as part

of the research) in particular is a really interesting way to think about where dance takes place and, maybe not just DAZL, but it does have resonance with a question you asked, D, about why the girls come to it and whether it's place-specific or whether it's a model that might be replicable.

D: Yes, I'm interested in looking at the context they come from first rather than going straight into like a randomised control trial (RCT) and saying 'oh, if the young person gets involved in DAZL they do this many hours a week' and we show that they're physically active. (...) I feel like we really have to look at the communities and where they come from and then I suppose it's like that whole person centred approach and like looking at the whole person and like understanding their backgrounds and I don't always think that you can demonstrate that in a medical way. So for me I guess it's how we get the balance between both.

S: Balance is significant, yes. I am interested in the kind of dialogue that emerges when people come together with different specialisms and different agendas. (...) as a sociologist/social scientist, for me, understanding is always in or from a social and cultural context.

T: Being more from the sort of technology side of things, I have been looking at behaviour change and PA as part of the research that I do. So for instance, looking at whether wearable technologies do impact on and change people's exercise behaviours.

In the above discussion, our preliminary worldviews, or paradigmatic starting points, stand in some contrast. In *The Paradigm Dialog* (1990), Egon Guba described paradigms as 'options for inquiry' and also as 'basic belief systems (p. 9). For Kuhn (1996, p. 23), 'paradigms gain their status because they are more successful than their competitors in solving a few problems that the group of practitioners has come to recognize as acute.' This continues to inform debates concerning how we address 'what works' via evaluation (Lub, 2015). It is unsurprising that each of us turns to the tools that are most familiar and successful in trying to puzzle out an understanding of dance. Each option for inquiry – e.g.,

health, sociology, geography, or technology, and how it can be applied to dance – is clearly limited, in that each view shapes not just what we are looking for in the research, but also inflects the kinds of questions that each of us was able to ask while also contouring how the results can be interpreted. It followed that tensions between our worldviews were discussed next.

Tensions around what works and researching what works

C: I think there's a tension around a medical model of research that public health will always be interested in because it's come from that background.

Scrutinising the discursive terrain of different research projects helps to illustrate real tensions and issues that practitioners face. For example, there is an ongoing tension of how programmes and/or interventions arguably have to negotiate between 'buttering up' in the sense of courting favour and yet at times 'butting up' against (current) dominant policy and decision making contexts which seek evidence of a particular (positivist) kind (Freshwater, *et al.* 2010). Public health's underpinning of epidemiology informs a research agenda informed by (hard) 'evidence' and (medical) 'science' (Oliver, *et al.* 2013; Roe and Lysaker, 2012). This is not only a qualitative/quantitative issue in research terms although dichotomies that favour the latter (and are implicitly dismissive of the former) tend to persist and prevail (Kaur, 2016; Lub, 2015; Rossi, *et al.* 2004). Baum (1995) pointed out some 20 years ago that as public health had begun to take on socio-cultural and environmental approaches 'so the questions asked by public health researchers have become more complex, more embedded in social, political and economic factors' (1995, p. 459). It is therefore worth considering whether evidence-based policy demands are engaging with complexity (Dagenais *et al.*, 2015; Kaur, 2016; Pawson, 2001) in ways that go beyond policy driven 'measures' of success (e.g. Nesta assessment in 'Identifying what works for local physical inactivity interventions' PHE, 2014). There are evidently policy

based questions relating to objectives that aim to increase activity levels. This tension is evident from policy-maker and practitioner perspectives in our critical conversation when outlining the challenges associated with evaluating the DAZL model.

C: How do we measure the whole complex, rich nature of something like DAZL and the asset based community development side? At one end there's definite pressure for an RCT and you know that whole sort of gold standard research approaches and at the other end we just don't want to lose sight of the fact that it's more complex than an RCT will ever capture. So that mixed methods side is important. (...) I guess, the national interest in our dance model and how to build an evidence base for that versus the local needs which is sort of more like evaluating our practice locally, on the ground. (...) And I suppose the other tension is me as a commissioner versus you as researchers and your individual interests.

This latter point is picked up in some ways in recent attempts to bridge the academic-policy divide (Dagenais *et al.* 2015; Fieldhouse *et al.* 2014; Milton *et al.* 2014)

D: How do we track [PA]? How do we know is it making them more physically active? Or are they doing it just because, it's like, it's kind of hard because I guess I'm saying are they coming to more sessions because they love to dance or are they coming to more sessions because of their friends?

This shows practitioner impassioned engagement and alongside this practitioner's questions that asked why participants attend DAZL programmes, the university researchers added more worldview-specific lines of questioning.

G: It is something about 'well, where does dance take place and who's involved' and that's where I tried to get to in terms of places and people; we can ask questions of how those two interrelate and to understand something about people by looking at the places and we can understand something about places by looking and by talking to and observing the people. So they work together dialectically. And I think maps are lovely and wonderful things and in the wider sense, the online map is already, has already opened up some really interesting

questions about where dance takes place and I'm really curious to find out where the more qualitative maps, as part of telling the story of these young girls' lives, where that leads us. For me as a researcher they [maps] are kind of stories, like mysteries or detective stories that allow us to try and puzzle things out and I find that really exciting. And I think the tension is, it's not an answer and I think, part of the commission was 'here's DAZL, here's the work that's being done' and instead of neat answers all of it (research) is going to generate more questions.

Comments indicate that stakeholders are often aware of tensions associated with research and building an evidence base in relation to securing resource allocation (Milton *et al.* 2014). They also demonstrate 'real world' tensions when, as outlined earlier, there is an interest in 'rolling out' the DAZL programme in other (geographical) areas. Pawson (2003) states how the potential for 'transferability' of programmes is a *raison d'être* of much evaluation-based research; however, against the ideal of transferability, dialogue such as ours also illustrates degrees of incommensurability in cross-paradigmatic communication (Wight, 1996). It indicates that qualitative research is still seeking to establish 'rigour' in evidence based research (Freshwater *et al.* 2010). To address these challenges, we return to our discussions of how we considered dance as a central organising concept.

Dance: it's just not sport, but so what?

D: And with the sport thing, I think dance and sport need to be separate because I think to a lot of our young people sport is very off-putting.

In addition to entering into a five-way conversation from different worldviews, we had different views when defining dance: is dance a sport, or like sport? Or is it an art? In what ways does dance align, or not, with PA and health? What about the social

and cultural significance of dance as a leisure activity? This next section centres on our discussion of the horizons and limits of dance.

T: There does tend to be a clash between what's seen as sport and PA. From the research I've done sport and PA is very much generated around a particular activity, like hockey, netball, things at school. Whereas public health to me is more about active lifestyles and because you could be walking or cycling to somewhere you're being physically active but it's not classed as sport and physical activity.

D: Is it to do with the people and us coming through (...) to really embed those people from the community to deliver into the community, so is it that the model? And is it about dance? Is it because people just love to dance? Or is it that they have these personal connections with these individuals that make people want to come and that lead to other groups?

S: We know there's plenty of claims that sport and physical activity are really significant and there's a lot of grand claims made in that regard that we don't necessarily have a strong evidence base for. That makes coming to any form of evaluation quite problematic, complex and (I think) sometimes hard to manage. We do have to find an 'evidence base' but in some ways a 'healthist discourse' already significantly determines that – not surprisingly really in a public health context. What if we ask different questions? For instance, what happens to (accounting for) dance as an aesthetic practice where people like doing it because it is a fluid, embodied activity as opposed to activity that is codified and 'sportified' type of PA?

C: Yes, it is useful to try and pull that together and to look at what is the relationship? Currently physical activity thinking is dominated by two main areas – active travel, the walking and cycling thing, and sports – and public health is about as broad as you can get around physical activity. Another thing is something about the quality of dance that you (S) were just saying - that dance is very holistic, it's very social, it's very much got that fun, well-being, joy thing within it. And that's not to say that can't exist within sport, it does exist in sport but it is qualitatively different, the quality of the connection that people get through dancing together. (...) Yet we're so far away from that being a reality, thinking strategically

and at government level they go 'oh gosh, I never thought about dance, that's a really good idea!' That's why it's important from a policy perspective. [...] I can give an analogy. In the current position it would be, if you flipped it, on every strategic board dealing with PA you would have somebody there who represented dance, all types of different forms of dance and then you'd have one person there from, let's say tennis, meant to represent the whole of sport. That would be the equivalent of what it's like now for dance!

Dance, physical activity and (public) health

C: The way we frame PA agenda at the moment and this is pretty sort of uniform in the public health world is, we talk about active travel, so walking and cycling, active living, so like taking the stairs, then we talk about active recreation and then, sometimes we include sport in that and sometimes we have sport as a separate thing but generally active recreation is where I would see us talking about sports and dance and would make a lot of sense. (...) Public health is really about wider issues and how we think about them and priorities change. Like childhood obesity. Money went with childhood obesity and of course we didn't want to lose DAZL so it became an 'obesity reduction' programme. Now it's all about PA and health so it becomes 'ooh, it's a physical activity programme.'

G: Perhaps we need a reframing or shifting the discourse around health and PA? As you say C there appear to be two dominant discourses: the one about 'active travel and active living' and the other about 'sport' and, as we've been talking about, dance is not sport. So what if we challenge or reframe the discourse to ask: is dance active recreation? Or is it something more than that? Is it about getting people off the sofa and being active or is it about links into community; that is, is it about getting people out and meeting other people?

D: It is also about financial hardships and the fact a lot of our participants have to walk to DAZL sessions because they can't afford to get a bus and don't get lifts. [...] So it's about bringing it back into the context within which they live and their environment and not just about PA levels. And it's interesting because if you'd asked us about the programme even 5 years ago we would have said the social side is really important, like inclusion, but in a way

we don't talk about that anymore. We talk about PA and we kind of dismiss that (social connection) side.

C: I think one of the biggest and powerful things DAZL does is to work with young people who often lack aspiration. And don't really have a great deal of drive to do anything. Or only in terms of passive consumption, whether that's consuming TV, consuming poor food, consuming benefits - I'm being very strong in presenting a dependency model there – but there is an element of that in the areas where DAZL works.

D: Yeah, you're not exaggerating. That would be probably about 80% of people in terms of where they are. That's why I keep saying it's about where people are at, understanding their needs and responding to their needs and that is the model.

Our conversation illustrates how the emphasis of programmes shifts in the context of changing priorities and wider policy discourses of health. It points to how the DAZL dance programme needs to be understood in relation to its 'life course' set within a shifting political landscape. Pawson (2003) states 'good' evaluation is both retrospective and prospective and encourages programmes to generate dissent and new 'institutional memory' (2003, p.487). He also states that evaluators cannot address everything and need to be comfortable and confident working from that position. It is where, we would argue, that academic research can help policy makers and practitioners, acting as what Fieldhouse *et al.* (2014) refer to as 'trusted friends'.

In a health context some commentators have argued that a distinct 'health politics' (political science of health) is required to acknowledge power and the ideological context of resource allocation, including those within public health (Bambra *et al.* 2005). There is limited research and knowledge about dance, PA and public health and where some exists, conclusions are not always positive about the PA impacts of dance (Cain *et al.* 2015; Sebire *et al.* 2016). This research is also paradigmatically distinct from other studies focused on

young people and dance, e.g., where potential social transformation (as opposed to increasing PA) is the goal (Gladstone-Barret and Hunter, 2015). Arguably, critical engagement with the political context of health and public health resources is lacking in much of the discourse in circulation. A focus on value for money with regards programmes and interventions can take precedence over tackling health inequalities and attempts to increase activity amongst young people (Arnold *et al.* 2016). This raises concerns for us regarding a neoliberal ideology in which health and wellbeing are increasingly individualised and regarded as a matter of personal responsibility (Bambra *et al.* 2005). Arts funding is also informed by this discourse; a shift evidenced in the language of present and forthcoming investment priorities (ACE, 2016). Our conversations did not directly address power in decision making but it is implicit when we look across a range of comments about shifting emphasis and emerging agendas.

C: Dance has a unique place in the PA framework. (...). If we look at horizon scanning at where public health policy is going there is some sign that we're going to be more interested in that much more holistic view. That social connectedness which I think you were also talking about because, well, we've spent a fortune on gym memberships (exercise prescriptions) where people have been dragged, de-motivated and overweight to go into a gym on their own, and they haven't been effective. A dance programme would be just so, so, much more potentially engaging, more enjoyable, less threatening, if it's done right. (...) Recently I presented at a dance and health event, focused on trying to bring the dance and health sector together and the Director of Public Health from that region was talking about the 5 ways to wellbeing, the New Economics Foundation model on wellbeing (NEF, 2008) – and she said dance captures them all, holistically - so connecting with others, being active, keeping learning, taking notice (that sort of mindfulness approach, coming back to what you were saying about that embodied experience) and giving. (...) But the Chief Medical Officer did come out with questioning the evidence behind it but it's being used in the health world in making assessments and it's used in a social marketing campaign.

S: If we think about trends and developments in discourses around health, be they policy ones or academic then what you are saying is researchers need to think a bit more about that? And if we are suggesting that dance and PA have a meaningful connection it still needs some explaining - does it involve some risk taking then, to stake a case for dance?

C: It's a really good question. I think it's really hard to prove. If you take the DAZL model we've got kids pitching up and doing one or maybe two dance sessions a week as part of the whole picture of their lives. To try and simply pick that out and 'prove' that that is significantly impacting on their PA is really very hard to do because it's so multi-factorial.

G: I like the idea of turning the bag inside out, not just drawing from what's already inside it in terms of available discourses or ideas. We can say actually if we look at the relationship between PA and dance, or PA, sport and dance we can ask 'what does it point us towards?' Dance is an affective, emotional and embodied experience. It is social and cultural, it is about mental health and well-being. It is about the broader horizons and if we try to flip the discourse then it's not 'does dance and PA allow us to address this question of health', it allows to look at a whole lot more.

S: Yet we've still got to find a way to demonstrate effectiveness and it is a real challenge. There's something about models and frameworks isn't there and how we 'measure against' or 'measure up to' them.

Demonstrating that PA has positive impacts on social and emotional well-being is a difficult task (Lubans *et al.* 2012) and when what seems like promising conclusions are reached about potential impacts (in relation to youth and anti-social behaviour in this case) the actual type of activity is not always a significant factor (Morris *et al.* 2003).

C: D and I very much want to demonstrate that DAZL is effective so from a researcher's perspective that's always a bit of a tension because if I was in a more, purely academic place then I would be happy whatever the outcome. But if we then had to turn around and say we've invested x amount a year in running DAZL for 15 years and we can't prove anything, we

can't prove what it does which I know, we know it does lots across all sorts of indicators it would be pretty devastating!

S: I think its immensely important to hear young peoples' views on the dance programme and we have lots of data covering things such as 'I like this space, this is a good space, I feel valued and I would come again and it is a place for people like me'. Alongside the participation rates and the sheer numbers of people who attend and the number of sessions that are provided and so on. So we seem to be in agreement about mixed methods having a place.

D: I think that's why we focus on the PA levels because of the sheer engagement level, so from a PH point of view you've got all those people moving. The numbers are important in showing evidence.

C: We know very concretely that currently Public Health England are producing promising practice guidelines of programmes that they're going to encourage commissioners around the country to commission on the basis of the Nesta level 3 and 4 data research design which is more or less controlled trials. So we have a very strong steer telling us that the only evidence they want to listen to is an RCT which is hugely powerful in sending a message that that's what we have to do. (...) It's quantifying PA absolutely and it's really focused and that's coming at you. You know they (Public Health England) are the leading, the major overarching organisation if you like that I as a commissioner work to and it's hard to ignore that. Their promising practice models that inform guidelines to increase PA are mostly sport and in relation to that discourse, particularly in relation to dance and sport, sport has worked really hard and have done a really good job at 'proving' that sport interventions can make people more physically active. If you look at the promising practice models that have come through they are mostly sport or gym based.

D: All sport, yeah.

C: There isn't a single dance one in there.

D: Nothing.

What this exchange highlights is how sport is seen to dominate, with dance seemingly excluded, despite the fact that the Public Health England 'Identifying what works for local physical inactivity interventions' (PHE 2014) incorporates sport and PA, where dance might well be occurring. Despite that, the perception at least, is that dance is not recognised in its own right and is not easily 'measured' within or alongside the Nesta 'standards' of evidence (Puttick and Ludlow, 2012). Meanwhile, the discursive context for gathering an evidence base on children and young people's activity levels remains one that is based upon medical models (Griffiths *et al.* 2013) that arguably further excludes dance. At the same time, what the PHE document and the Nesta hierarchy of measuring intervention and programme delivery demonstrate, is an increased 'professionalisation' of evidence based research.

S: But what if, as we're looking at it, dance doesn't readily fit a PA model?

C: But there's another hugely important reason to get together a case, one good strong controlled trial which 'proves' that dance can get people more active because otherwise we've got no case. And currently that's it. I mean I'm very frustrated by the fact that we've already proven a whole host of things about the health benefits of physical activity (...) As a PH commissioner I've very much gone down a sport science, physical activity route because for me I'm looking for an evidence base that will speak better to the health and well-being world and that seems to be the key area. However, horizon scanning and seeing the bigger picture and mental health and emotional well-being coming through it could be, indeed one of the things might be that we need a mixed methods, that we absolutely need to do both and we need to show we're getting inactive people active and we need to show the emotional stuff because that's where dance really has a USP (unique selling point). I'm not saying sport doesn't do that, in fact there's no doubt that it does so - team sport activity is hugely connecting, in many ways people connect very strongly. But it's a different kind of connection.

S: I think that's a useful tension or rather it's useful to expose that tension. I was thinking about the bag analogy G. If we were pulling out 'chips' to see what we've got then there's

'arts and health' and 'sports and health' and then 'dance'. What's wrong with what's in that bag at the moment is it's one or the other.

Stuckley and Nobel (2010) assert that how the arts improve 'health status' is not well understood. Their systematic review highlights how evaluation of arts programmes draws on predominantly psychological well-being and there is something of a push and pull for dance here in terms of it 'proving' itself. Is it 'best' in relation to PA and 'sports and health' in an embodied, literally physical context and/or a more mindful, emotional context? There is a danger of further dichotomising positions within health research, similar to concerns raised about a qualitative/quantitative split as opposed to working across divisions (Allender *et al.* 2006, Baum, 1995) and there is a need to establish workable criteria that capture complexity and rigour (Rychetnik *et al.* 2002). There is limited work on specifically dance and PA and PH (Sebire *et al.* 2016) and attempts to review this as a body of evaluative research reflect the range of disciplines that might (or might not) be included in assessing what works and what counts (Burkhardt and Brennan, 2012).

S: For us as researchers, we need to look really carefully at what makes an evidence base. So it's not to dismiss RCTs but seeking to quantify something as complex as the DAZL model is limited. Equally you could say let's have a qualitative approach that's based on narrative and descriptive accounts and you could arguably see that funders are going to say that's not really enough evidence, it's not demonstrating that it's impactful. (...) And as C pointed out, people in sport are historically established in positions of (cultural and economic) power and therefore if they see there's money to be had well they will continue to draw that down.

C: We're all rebranding, that's what's going on here yes. I mean I go into the dance sector and say you don't have to change what you're doing, do what you always do just rebrand yourselves, you're now about physical activity and well-being.

D: They're just changing the language really.

Concluding Possibilities: different dances

The purpose of this paper has been to explore critical conversations that shared the worldviews of the stakeholders and researchers involved in shared research, with an evaluative focus, on youth community dance programmes, in this instance DAZL. Through these conversations, we have asked how different worldviews of dance, sport, physical activity, and health contour and constrain the kinds of knowledge that ‘count’ as evidence, and how such knowledge is produced, via research. In the tensions shared above, C is clearly straddling numerous borderlines between worlds – e.g., dance as community-orientated, locally-specific practice and dance as a standardised national model for delivering physical activity and health. To this C adds:

C: But what we also do want to capture is creativeness and artistic element because we haven’t mentioned that and it is another USP around dance, that creative, expressive form [...] if we only measure dance in terms of PA then we’re in danger of missing another big area where, although obviously it isn’t very big in terms of government policy and everybody knows, creativity is getting knocked on the head in schools and in terms of arts funding generally.

Evidently ‘incommensurability’, as our worldviews intone, seems to frustrate our attempts to locate dance as a meaningful socio-cultural activity, *and* as sporting/physical pastime, *and* as public health/well-being practice. We are, in equal turns, excited and exasperated by questions raised of how dance ‘fits’ with sport, physical activity and health. In terms of ‘evidence’ of dance’s effectiveness we are equally frustrated: for example, when arguing that dance is important as expressive embodied experience its PA qualities risk being left out. Equally, when dance is reduced to primarily ‘healthy’ outcomes, its sociality and community context is downplayed. Additionally, the kinds of research that ‘count’ in measuring the effectiveness of dance keep us questioning our own ‘footwork’, and the conversation is riven between paradigmatic tensions over ‘objective’ measures (e.g., RCTs),

and concerns not to lose sight of people (Baum, 1995; Popay and Williams, 1996). In sum, in attempting to locate dance, we have ourselves 'danced' in many ways, dazzled by the almost prismatic characteristics of dance as a kind of 'lens' through which sport, physical activity and health can be viewed. Thus, we express caution towards views that valorise dance as only a means to an end (e.g., dance will lead to health) rather than celebrate dance as an end in itself (i.e., 'leisure', see Arai and Pedlar, 2003; Parr and Lashua, 2004). Yet, we are aware that dance is also always 'more than' dance. That is, dance can lead to important 'benefits'; however, it is important that dance sits at the centre of such a configuration:

G: The thing that strikes me as we've talked about worldviews and about PA, sport and PH, is that where we started out with 'well, what's a PH worldview and what is meant by PA?' and 'where do these things fit with dance?' is a kind of paradigmatic-worldview boundary. Maybe what we need to offer is that dance is a worldview in and of itself: what happens if dance is a worldview? Well, maybe it means that not only can we pay attention to health and PA but also we can pay attention to creativity and to connectedness and to communities and to emotional geographies, etc. You know, the range is big but it means that, it's starting from a position that isn't asking 'how does dance fit into these other things?' but 'how do those other things fit into dance?'

Our discussions suggest that dance needs to resist and to some extent retaliate against attempts to 'fit it into' dominant discourse premised upon quantifiable units of PA. Dance is somewhat unique in PH because of its multifaceted nature; it could and perhaps should aspire to 'dance to its own tune' a little more confidently. It is hard to 'plot' in policy terms currently and that requires further investigation. In relation to generating an evidence base that is taken seriously by policy makers then it can effectively engage with multiple, interdisciplinary understandings or 'programme theories' and it may well be an exemplar for innovative and dare we say, impactful, mixed methods based research. Our

critical conversations, shared openly in this present discussion, results in more questions than answers at this stage, not least because of paradigmatic differences across dance, PA, PH and sport. It is acceptable to us to 'generate dissent' (Pawson, 2001) in engaging with questions of 'what works' in the context of evaluation based research (Lub, 2015) and not simply accept or conform to models of evaluation that operate within dominant discourse. We are confident that dance makes a difference, yet many questions about its 'impacts' and how to 'measure' these remain. One obvious way forward is to scrutinise the policy contexts, only signposted here, in relation to dominant discourse, powerful lobbying and decision making processes and broader political/ideological 'circuits' that dance moves within. The interpretation of those policies will of course be greatly influenced by the disciplinary backgrounds, academically and practitioner speaking, of those undertaking such a project and that could be very different to the choreography of the conversations represented here.

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