People Dancing Summer Intensive. Photo: Andrew Moore.





Photo: Mae London.

DANCE IN HEALTH AND WELLBEING: PRACTICE, RESEARCH AND POLICY

Where does dance feature in the evolving landscape of arts and health? **Dr. Rebecca Gordon-Nesbitt**, research lead and author of the seminal report Creative Health: The Arts for Health and Wellbeing, traces the development of dance within creative health, considering its contribution to wellbeing across many communities, and the potential of the arts to support health, wellbeing and equity for everyone.

Practice

It is difficult to know where to begin this story, as acknowledgement of the health benefits of the arts dates back to antiquity. (1) In the early modern era (1736-7), William Hogarth brought the arts into the healthcare environment by painting biblical scenes on the walls of St Bartholomew's Hospital. In late modernity (1859), Florence Nightingale observed that the 'variety of form and brilliancy of colour in the objects presented to patients are actual means of recovery'. In 1942, artist Adrian Hill coined the term 'art therapy' to denote the harnessing of health impacts. The late 1950s saw the birth of Paintings in Hospitals, which continues to loan artworks to health and care organisations. The early 1970s saw visual art graduates in Manchester rejecting the market in favour of site-specific works in healthcare settings, (2) and the second half of the decade saw dance artist, Gina Levete offering dance workshops to disabled children and then adults across London and the rest of the UK through Shape Arts.

In late 2024, the Mayor of London published a report I had written, based on research undertaken in collaboration with London Arts and Health called Understanding Creative Health in London: The Scale, Character and Maturity of the Sector. The report captured the evolution of creative health approaches since Hogarth's time in metropolitan health, care, culture, heritage and community settings. Two timelines – beautifully visualised by artist Rae Goddard – include, for example, the inception of the Carl Campbell Dance Company in 1978, Academy of Indian Dance (now Akademi) in 1979, Adzido Pan African Dance Ensemble in 1984, Green Candle Dance Company in 1987 and Sadlers Wells' Company of Elders in 1989, collectively extending the benefits of dance to health and wellbeing. People Dancing's website is replete with examples of present-day dance practice directly and indirectly enhancing health and wellbeing throughout life.

Research

In parallel with the growth of practice, the evidence base for the health and wellbeing benefits of dance has been expanding to encompass a range of methods. In the United States in 1968, an early workshop of dance therapists, movement researchers and clinicians considered the mental health benefits of dance. (3) In the 1970s and '80s, US researchers advocated dance as a resource vital to the physical and mental wellbeing of older adults (4) as part of a holistic approach. (5)

In the UK, Trinity Laban Conservatoire of Music and Dance was an early entrant into the field of dance, health and wellbeing research. A review of research articles published over the first two decades of the new millennium found dance making contributions to health and wellbeing across seven domains: embodiment, identity, belonging, self-worth, aesthetics, affective responses and creativity. (6)

A significant portion of the evidence base for dance, health and wellbeing is centred on the role of dance and movement in promoting physical activity and fitness. (7) Adjacent research highlights the contribution of dance to social connectedness, mental health, wellbeing and quality of life, (8), including in people with chronic conditions. (9) A considerable body of work has been dedicated to the integration of movement and cognition. (10) In children, a link has been discerned between dance, literacy and reading comprehension. (11) In people with dementia, multiple positive effects have been observed via engagement with dance. (12)

A contested area in the literature relates to dance and falls prevention. An early randomised controlled trial (the gold standard of empirical health research) suggesting that ballroom dancing among care home >>

residents improved balance and reduced the number of falls in the study population. (13) However, a 2024 review of 41 previous studies found little evidence that dance could help to reduce falls. (14) More encouraging results have been seen in relation to fear of falling, coordination, mobility, stamina and social relations. (15,16).

In 2023, the Sport and Recreation Alliance calculated the social value of movement and dance activities, attributing the highest value (£2 billion p.a.) to an uplift in mental health and wellbeing for participants and volunteers. (17) Further social value was observed in reducing the risk of type 2 diabetes (£157 million) and in diminishing the risk of developing dementia (£149 million), with significant value also seen in relation to cardiovascular disease/stroke (£45 million) and hip fractures (£39 million) as well as in reduced demand for psychotherapy services (£28 million) and GP visits (£19 million).

Research has consistently shown that dance helps to improve clinical signs and provides holistic benefits to people with Parkinson's Disease. (18, 19) At King's College London, the Scaling-up Health Arts Programmes: Implementation and Effectiveness Research (SHAPER) project explored Dance for Parkinson's, run by English National Ballet since 2010, finding that dance can lead to improvements in pain and symptoms in people with Parkinson's. Alongside this, People Dancing's project, Live Well & Dance with Parkinson's, was centred on participatory dance practice across six areas in England, celebrating the joy of people dancing together, community development and lived experience leadership. (20) SHAPER also examined Rosetta Life's Stroke Odysseys, a dance-based programme for adults recovering from acquired brain injury, an approach known to be particularly relevant to people recovering from a stroke. (21)

Policy

As practice and research advanced, various discussion forums arose, with attention initially focused on the arts in healthcare settings. For Understanding Creative Health in London, we were able to provide an overview of nationally significant convergences. Pertinent among these was a collaboration between the Department of Health and Arts Council England, which, in 2007, gave rise to A Prospectus for Arts and Health, paving the way for future collaboration.

While negative publicity curtailed this promising joint initiative, one parliamentarian was not prepared to allow momentum to be lost. Former Member of Parliament and Minister for the Arts Lord Howarth of Newport continued to advocate for recognition of the health and wellbeing benefits of the arts. At a meeting with members of the National Alliance for Arts, Health and Wellbeing, Lord Howarth offered to set up an All-Party Parliamentary Group (APPG) on Arts Health and Wellbeing, which he did in 2014. The following year, the group initiated an inquiry into the health and wellbeing benefits of the arts, to which I was recruited as Researcher from a base at King's College London.

The inquiry convened a series of specialist meetings and 16 roundtables in Parliament, on themes as wide-ranging as young people's mental health, dementia, palliative care, dying and bereavement. My task was to bring oral testimony from the APPG meetings together with the most compelling evidence and examples of practice.

Seven years before the parliamentary inquiry began, in 2008, the World Health Organisation had published the results of a Commission on the Social Determinants of Health, chaired by Professor Sir Michael Marmot. (22) This had identified profound health inequalities between and within countries, due to the uneven distribution of power and resources. In 2010, Marmot had built on this to publish Fair Society, Healthy Lives, commissioned by the Secretary of State for Health, which applied this thinking to the UK and made recommendations for targeted work to improve the conditions in which we are born, grow, live, work and age – collectively known as the social determinants of health. (23) The arts were conspicuous by their absence from both reports.

Addressing this omission during the APPG inquiry, we persuaded parliamentarians to acknowledge the potential contribution of the arts to tackling health inequalities. Accordingly, I adopted a social determinants framework and arranged my findings across the life course to produce a substantial report, which was published in 2017. (24)

The title of the inquiry report – decided via an open competition – was Creative Health, which has been widely taken up as the current name of the arts and health movement. From a policy perspective, one of the major successes of the Creative Health report has been that discussion of the arts in relation to the social determinants of health is now commonplace.

Dance featured throughout Creative Health, in relation to early childhood development, educational attainment, Parkinson's, recovery from surgery, rehabilitation from brain injury and improved physical and mental health and wellbeing in people of all ages. Building on evidence that dance and movement activities delayed cognitive deterioration while reducing challenging behaviours, improving mood and enhancing quality of life, the report highlighted examples of practice that realised the value of dance to people with dementia. The inquiry report also evidenced multiple indirect benefits of dance, including self-expression, communication, creative capacity and social and emotional capabilities.

A case study within Creative Health was devoted to the Alchemy Project, a research collaboration between Dance United and the early intervention in psychosis team at South London and Maudsley Hospital, with input from King's College London. The 18- to 35-year-olds taking part demonstrated clinically



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significant improvements in wellbeing, communication, concentration and focus, level of trust in others, team working and quality of life.

Progress is being made against each of the ten recommendations made in Creative Health, notably the inception of the National Centre for Creative Health (NCCH) and Arts Council England's support of arts and cultural organisations with health and wellbeing outcomes. Collaboration between these organisations led to creative health associates being hosted within each of the seven NHS regions in England between 2023 and 2025. A similar scheme, operated by the Greater London Authority in partnership with local government, saw a creative health lead being appointed by South East London Integrated Care Board.

In 2023, the All-Party Parliamentary Group published the results of a review of the benefits of creative health, which outlined a vision of the arts as 'integral to health, social care and wider systems, with creativity recognised by the general public, healthcare professionals and policymakers as a resource to support health and wellbeing'. (25) The following year, the group was renamed the All-Party Parliamentary Group on Creative Health.

Regional progress

In addition to making recommendations to central government, the Creative Health Review identified the importance of devolved government in developing local strategies. As such, the review advised 'that Metro Mayors consider how their devolved powers can support creative health in their region and work in partnership with ICS (Integrated Care System) leaders to deliver coherent strategies and develop sustainable creative health infrastructure at scale using local assets'. This has led to the formation of the Metro Mayors' Creative Health Network to share knowledge and drive progress.

A founder member of the network, the Greater Manchester Combined Authority, had previously commissioned me to work closely with the local ICS to develop a dedicated Creative Health Strategy, which was published at the end of 2022. (25) This strategy highlighted the benefits of dance to early childhood development and detailed dance workshops for NHS staff coordinated by Lime Arts. Adopting a life course approach, the strategy advocated dance during working-age and older adulthood, drawing on the expertise of such local organisations as Company Chameleon and Global Grooves.

Throughout 2023, another founder member of the Metro Mayors' Creative Health Network, the Greater London Authority, convened a discursive policy-design process that involved the sector and people with lived experience, celebrated the capital's diversity, and considered ways in which creative health might be embedded in the community beyond health and care systems. Having evaluated the policy-design process, in 2024 I partnered with London Arts and Health to conduct a thorough scoping of the creative health sector in the capital. This comprised an overview of settings alongside a snapshot of practice, workforce, funding and commissioning, resulting in the aforementioned report Understanding Creative Health in London.

For the early months of 2025, another network member, the West Midlands Combined Authority, invited >>

me to undertake an analysis of creative health activity, research and data in the region. The internal report I drafted noted Coventry's advocacy, during its year as UK City of Culture in 2021, of the promotion of physical activity through dance as one of five step changes. My report also recorded the presence of a dancer in residence at University Hospitals Coventry and Warwickshire NHS Trust, workshops being offered by Birmingham Royal Ballet to people of all ages, an elders' contemporary dance company at Warwick Arts Centre and a Somatics and Pain Network at Coventry University, working with dance to support people living with chronic pain. Dance featured prominently among regional organisations funded by Arts Council England identified as pursuing creative health approaches.

West Yorkshire Combined Authority is in the process of procuring a consortium to develop and deliver a regional creative health strategy, with other network members likely to follow suit.

Into the future

In the coming years NCCH creative health associates, embedded in every ICS in England, will be pivotal to ensuring that the arts are more fully integrated into the NHS.

In the community, we are going to see more creative health regions, cities and boroughs being established and more dedicated work happening in our neighbourhoods that draws out the health and wellbeing benefits of creativity, culture and heritage. (this is a good one) My hope is that the integration of creative health approaches becomes less subject to a postcode lottery and that every library, community centre, school and college up and down the country offers creative health activities. At the same time, the creative health workforce and leadership will come to be more representative of the communities they serve.

For me, the biggest untapped potential of creative health is recognition of its role in increasing equity. Following on from the hypothesis advanced in Creative Health, more research is needed into the relationship between the arts and the social determinants of health. Findings from this research will then need to be implemented in practice, with resources being invested according to the Marmot principle of proportionate universalism, on a sliding scale according to need. Only when the benefits of creativity, culture and heritage are equitably distributed – and socioeconomic gaps in health and wellbeing narrowed – will the full potential of creative health be realised.

After this article was written, we very sadly lost Alan Howarth, Lord Howarth of Newport, a great parliamentary and personal champion of creative health. Alan's memoir – Begun, Continued – will be published on 10 October 2025. His legacy in the sector will live on.

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Info

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