

The Risks We Take - Investigating a model for risk stratification and recognition of competency in dance teaching.

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Abstract

This paper seeks to apply the findings of the Sport and Recreation Training Australia (SRTA) Draft Position Paper for the Australian Fitness Industry - Oct 2003 and the National Fitness Professional/Trainer Registration model, to the dance industry. The implications and appropriateness of these models are discussed with reference to a process of risk stratification in dance teaching.

Background

‘Safe dance practice’ has become a familiar and well-used catch phrase in the dance industry. At the same time ‘risk’ has become a term well used in the broader community. With increasing awareness of risk and litigation, recreational and vocational dance teachers are understandably sensitive to their potentially vulnerable position. This paper applies the model of risk stratification currently being developed for the fitness industry by Sport and Recreation Training Australia (SRTA, 2003), to dance teaching.

Inherent in the SRTA Fitness model is the recognition of levels of training and a formalised approach to the registration of training providers and the instructors themselves. It is clear that when this model is applied to dance teaching, there are huge implications for most sectors of the dance industry. It is also obvious that in its current state of self-regulation, ‘dance teaching’ lacks the formal structures of the fitness Industry. In fact the term ‘dance teacher’ in itself can mean so many things and as such does not match easily with the delineated roles, which have developed over the past twenty years in the fitness industry. Even so, the implications of

applying the SRTA Fitness model to dance may lead some way towards establishing clearer guidelines and a means, for instance, to get beyond clichéd responses relating to the relative ‘safety’ or ‘risk’ of particular genre and particular groups of participants. Underlying the paper is also the implication that if the dance industry does not go some way towards defining and regulating its own standards of practice, broader community interests may force the issue.

There is an increasing demand for dance teachers to work in a variety of situations, with a range of participants, all of whom have differing experience and skill levels. Dance in a community and recreational context is not new, but awareness and acknowledgement of the demands and responsibilities of much what we do under the banner of ‘dance teaching’ in that context is in its infancy. Similarly, with the proliferation of training providers claiming to offer vocationally orientated dance courses, qualifications and standards within the vocational sector are now under greater scrutiny.

Issues

Issues currently being raised in the Australian fitness industry (SRTA 2003) as well as recent research on screening for risk in dance, raise the possibility of analysing dance teaching from the point of view of risk management. Assuming that there are risks in dance teaching, the questions we can ask are ‘What are the risks?’, ‘How do we categorise risk?’, ‘Are there different levels of risk?’, ‘How can you tell who is most at risk?’ and ultimately ‘Who should take responsibility for this risk?’ The problem with which we are faced is one of definitions, categories and models for decision-making. Stratification of risk in the dance industry is not going to be easy.

Risk

‘Risk’ is something we all have to deal with in daily life both in our work and recreation. In Dance we need to be very aware of the possibilities and potential of working and playing with risk. We also need to be aware of our responsibilities. Most dance activities involve some form of teaching, training, instruction or leadership and some form of physical participation in a specific context. This can

range from formal technique classes to social gatherings, choreographic workshops to a warm up for performance. Most activities that would fall into either a recreational or vocational context involve management of risk to ensure duty of care. Even when no one specifically takes on the role of teacher, leader or 'hosting' organization, there are always factors, which lead to someone needing to take responsibility for what happens to participants (even if it is the dancer themselves).

Variables

In order to stratify risk it is necessary to define the variables. Borrowing from the SRTA fitness industry model, dance activities could be viewed as including the following range of variables:

[the] nature of the individual [participants] and their risk factors
environmental variables
type and intensity of [the] exercise
the level of technical expertise of staff (SRTA 2003, 8)

In the Fitness Industry proposal, these variables inform a comprehensive risk stratification process. These are then reflected in the Fitness Industry Training Packages through a system of vocational outcomes, qualification structure and competency standards. (SRTA 2003, 8)

Some elements of a comparable model for Dance are already in existence. Since the development in 1998 of the Australian Standards For Dance Teachers, The Interim National Competency Standards (Ausdance 1998 (1)), the dance industry in Australia has had a set of widely accepted guidelines from which to develop a common understanding of standards. In 2003 Sport and Recreation Training Australia (now incorporated in Service Industries Skills Council) commissioned the writing of three Units of Competence for dance teaching within the Community Recreation Training Package* (SRTA 2004 (1), (2)&(3)). A range of Tertiary and private training providers around Australia offer courses with vocational qualifications. Further to that, perceptions do exist that there are different 'types' and even levels of dance teaching occurring in various contexts. It is therefore possible that the same list of

variables used to inform the fitness industry model could form the basis for comprehensive risk stratification for the dance industry.

1. The nature of individual participants and their risk factors

Assessing the nature of individual participants and their risk factors has already been the subject of international dance research. In the fitness industry, screening is focused on broad community health risks and general principles of musculoskeletal assessment. In Dance, the majority of the research has been focused on the preventative screening of functional ability and more specifically on ballet and modern dancers working with dance companies and college dance programmes (Leiderbach 1997, 104). The work of Leiderbach, Plastino and the research team at the Israel Dance Medicine Center, highlights the need for and nature of screening programs as a tool for assessing risk in dance. Ideally, and following the Fitness model again, if musculoskeletal risk screening was available for all dance participants, individuals could be classified according to whether they were:

- ‘low risk’ due to being apparently healthy, with no history of injury to the back or neck, joints or muscles of the arms or legs; no history of major trauma; moderately physically active.
- ‘medium risk’ due to a history of injury to the back or joints or muscles of the arms and legs requiring assessment/treatment by a health professional but is not restored; previous injury to the back or neck or joints or muscles of the arms and legs; carrying a recurrent or recent injury to the musculoskeletal system even if resolved; being hypermobile; having a recently low level of physical activity or
- ‘high risk’ due to a history of injury to back or neck or joints or muscles of the arms and legs requiring assessment by a health professional but not fully restored; having a sedentary lifestyle; a history of injury from major trauma; poor level of body awareness and coordination; limited flexibility (STRA 2003)

Programmes for screening can be viewed as very positive to learning and teaching in dance. Those programmes, which utilise them, can provide dancers and teachers with information, which can reveal options rather than obstacles to a dancer’s goals

(Plastino 1997, 86). However in reality, no broad ranging standardised tests for all dance participants exist. In practical terms, this level of screening is out of the reach of most sectors of the Dance Industry, with major consideration being cost, availability of qualified assessors and relevance. Discussions have also been aired as to whether dancers should in fact be screened differently than athletes (Leiderbach 1997, 93). Dance is not like sport. Dancers are not selected by 'measure of time or distance but by emotional and aesthetic attributes' (Leiderbach 1997, 20). To be a truly functional assessment, more work would need to go into developing genre-specific diagnostic tests for the wide range of activities we call dance. Only then will we be able to look at the functional requirements of specific genre or even specific activities. Add to this the problem of a lack of dance specific training in those performing the tests and a lack of qualified professionals who can interpret this data, and we are left with a large gap in the information required to establish a comprehensive risk stratification for dance participation. One solution, which some tertiary dance institutions in Australia have taken on, may be to identify and train interested individuals. However this again only caters for a very small group of dance students. Further research in this area is desperately needed.

Assuming these hurdles were to be resolved, there remains a strong argument for the development of screening tests which fit the dance population in a meaningful way. Musculoskeletal factors are but one of the elements which place an individual at risk. Often, unseen health factors, such as coronary artery disease (ACSM 2000) may be a significant element in categorising participants according to risk. The need to assess the nature of individual participant's health status is rightly in the hands of health professionals. However, few dance teachers currently require questionnaires (such as PAR-Q) or a report from a relevant health professional (SRTA 2003, 2). Unless participants display an 'obvious' high-risk factor, such as body mass of $>30\text{kg/m}^2$ (ACSM 2000) or indicate a known life threatening disease, dance teachers are often ignorant of the risks and requirements of individuals with 'high' health risks (even when 'apparently' healthy, young and active). This knowledge is not within the skill set of most dance teachers and one could argue, nor should it be. Yet without any form of screening a dance teacher can not be expected to know the nature of each individual's health status. With such a large range of participants in 'recreational'

dance classes, for instance, there is a strong chance that some participants may fall into high-risk categories.

2. The type and intensity of dance.

Further complicating the application of the fitness model to dance is the nature of the activity of dance itself. The SRTA fitness model refers to ‘controlled’ and ‘uncontrolled’ ‘type[s] of programme(s), situations, clients and conditions. This is often reflected in codes of practice, professional registration schemes, accepted legal or business expectations such as those set by insurance companies and their policies’ (SRTA 2003, 9).

Dance activity (the movement aspect of a dance ‘programme’) rarely falls into what could be described as a ‘controlled’ activity. Despite clear stylistic, range of movement vocabulary and technical features identifying most genres, it would be extremely unusual to have fixed movement guidelines or strict rules. Certainly in most genres basic technique is taught at a beginner level. The more advanced a student, the more likely a class will involve less predictable elements. Even within strong traditions such as ballet or ballroom dance, creative flair requires a degree of choreographic experimentation and invention outside the range of trained movement and known combinations. It is therefore difficult to say whether any specific genre is ‘controlled’ or ‘uncontrolled’ (SRTA 2003, 9). The relative risk factors of any specific dance activity has not been widely researched and does not move far from perceptions that imply, for instance, that line dancing may be a more ‘controlled’ activity than say the ‘uncontrolled’ range of breakdance.

Examination of the ‘intensity’ of any particular dance activity may be able to be more easily assessed. However, the intensity of a particular dance activity, according to cardiorespiratory and musculoskeletal indicators (SRTA 2003, 12), is dependant on the conditions of the individual participant and the demands of the task. Furthermore, the relationship between intensity, frequency and duration should also be considered (SRTA 2003, 12). The nature of the dance activity young breakdancers would

regularly perform, would be quite different to the breakdance moves performed by a group of elderly citizens (if they were inclined to try). Nor could the waltz performed by a professional ballroom dancer be equated to a basic waltz step taught for the first time to a group of social beginners. Stratification of dance activities according to definitions of specific genres is therefore not necessarily useful.

3. Environmental variables,

The environment in which the activity occurs can also affect whether it can be considered ‘controlled’ or ‘uncontrolled’. Environmental variables which could be considered ‘controlled’ would include operating within known risks such as teaching in a regular studio space with appropriate facilities. In contrast non-traditional, unfamiliar or not specifically designed spaces could be considered as ‘uncontrolled’ environments with an associated increase in risk. At present Occupational Health & Safety regulations cover general safety requirements. However these are very complicated to convert into a simple audit for all dance spaces. Environmental variables may also include the competence of the participant to be able to evaluate and respond to risks in the physical space, such as navigating around furniture and other dancers, in familiar or unfamiliar surroundings. Also included is the ability to understand instructions and familiarity with the requirements of the movement sequences themselves, (SRTA 2003 12) a factor potentially placing any student learning a new movement vocabulary at risk.

4. The level of technical expertise of staff

SRTA cites the level of technical expertise of staff as a further factor informing a risk stratification process. In the past two decades, the Fitness Industry has devised a stringent system of Accreditation, Registration and continuing professional development centred on a Code of Ethics and Disciplinary Procedures (Fitness Australia 2004). One of the key reasons SRTA has embarked on the risk stratification process is to investigate the ‘competencies required of fitness professionals to design and/or deliver exercise interventions for individuals with different risk profiles’ SRTA 2003, 3). There are currently no universal formal qualifications required for someone to call himself or herself and operate as a dance teacher. Instead, Dance relies on a

voluntary Code of Ethics (Australian Association for Dance Education 1986) and a set of Interim Competencies (Ausdance 1998 (1)). As previously stated, there are a range of training opportunities for dance teachers. However there is no National Training Package or formal system of teacher registration, other than the system in each State required of all Schoolteachers and the registration required by specific dance syllabus organizations. There is no national vocational system set up to deal with the issue of levels of dance teaching including teaching in specific contexts (vocational/recreational and different participants groups), teacher training and programme planning. SRTA for instance, suggest that 'The design of an exercise intervention or physical activity program may be considered to be of a higher order competence than the delivery of a program of activity (SRTA 2003, 3). The paper goes on to ask what the competencies are 'for the design and or delivery of an exercise intervention for a person of low risk, or of moderate risk or of high risk and confirmed disease. What is the essential underpinning knowledge that results in a safe effective exercise program design, and then its delivery for people of varying risk profiles?' (SRTA 2003, 3). In a climate where there is no base level of dance teaching qualification (not even a first aid certificate!), how can appropriate expertise for any given situation in dance teaching be judged? An excellent attempt to isolate 'the essential underpinning knowledge' required has been made with the Interim Competency Standards for Dance Teaching (Ausdance 1998 (1)) however this does not comprehensively address the needs of participants of varying risk profiles.

In applying the SRTA Fitness model to the dance industry then, it is extremely difficult to stratify the expertise of the 'staff'. Should a teacher's skills and experience as a dancer be considered or should their expertise and duration of experience as a teacher be the prime indicator? Similarly, should the depth of experience teaching a range of participants be considered more important than the quality of the results of their students in a specific context? Is it even possible to define different types of dance teacher when the one term seems to cover such a range of activities? Furthermore, many of these issues which are problematic within the recreational dance context can become even more difficult when applied to a vocational context. Increasingly, dance teachers are faced with the need to fit within vocational training models without formal qualifications of their own. In an attempt to fill the 'gap' many

dance teachers have sought training outside the dance field (eg fitness, Pilates). Any implementation of base level dance teaching qualifications covering ‘the essential underpinning knowledge’ would therefore need to address recognition of prior learning (RPL), as did the fitness industry at the implementation of formal qualification and registration processes.

In line with the fitness industry twenty years ago, the dance industry seems to be on the brink of change with some of those involved welcoming the possibilities and others understandably sceptical. Although that the model used by the fitness industry has limitations in its direct application to dance, certain lessons have and can be learnt. Clearly recognised as having a range of functions, Dance is a physical activity where it is the individual or iconoclast that is often ‘the glory of our art’ (Myers, in Leiderbach 1997). Screening for ultimate functional efficiency therefore is not always appropriate. Likewise, a model for risk stratification must also recognise that there cannot be clear delineation based on genre or other factors. Each situation needs a much greater degree of individual analysis; each teaching scenario has its own complex response to the set of variables. However it seems that it may be possible to develop base level dance teaching qualifications covering ‘the essential underpinning knowledge’ which cover are not necessarily genre specific but do include an awareness of the complexities of risk stratification and the needs of participants of varying risk profiles.

At the heart of every dance class is the relationship between the teacher and the participant and perhaps it is the level of responsibility each is willing or able to take for their own role which could hold a key for the dance industry.

I know no safe depository of the ultimate powers of the society but the people themselves; and if we think them not enlightened enough to exercise their control with a wholesome discretion, the remedy is not to take it from them, but to inform their discretion. (Jefferson 1820 in Gigerenzer 2002, 229)

Certainly this has been the motivation behind the Dance Code of Ethics (AADE 1986). However this has operated to date as a voluntary Code and this Industry seen as ‘self-regulatory’. The fitness industry too has a clear Code of Ethics (Fitness Australia

2004) on which their professional ‘standing’ is based. However, Fitness Australia offers a registration system based on completing ‘an accredited course, with an option of completing a more advanced Certificate 4 course. Completing a certificate 4 course will allow [teachers] to register at a higher level and work with specialised target groups in the community.’ (Fitness Australia 2004). Initial registration under The Fitness Australia National Fitness Registration Scheme ensures a safe, minimum standard of knowledge and skills for all Fitness Instructors and Fitness Trainers and provides uniformity between all states and territories in Australia.’ (Fitness Australia 2004). Registration is for a set period of time after which re-registration is required. This ensures ‘that registered fitness personnel participate in a minimum level of Continuing Professional Education Credit (CEC) programs to maintain the currency of their knowledge and skills (Fitness Australia 2004).

If anything is to be taken from the SRTA Fitness model, then it may be to further ‘inform’ the discretion (Jefferson 1820 in Gigerenzer 2002, 229) of dance teachers. The dance industry could make the commitment to formally recognise base level teaching qualifications covering ‘the essential underpinning knowledge’ and to continually upgrade teachers with current and relevant research into the nature of the human body and its functioning. In other words, rather than pursuing expensive and restrictive screening programmes, the dance industry’s most useful investment could be made in the upgrading of the basic knowledge of our teachers. Holding a formally recognised, base level of national certification (including a recognised First Aid Certificate), which covers commonly agreed standards of competence for dance teaching (Ausdance 1998 (1)), could improve some essential areas of knowledge. More specific professional training could then follow with a focus on genre or participant specific needs as identified in comprehensive risk stratification.

Increased awareness amongst participants themselves should also be a priority. Through registration (based on the base level of certification) the fitness industry has been able to promote those instructors who commit themselves to ‘essential’ training, on-going professional development and responsible practice. ‘Registration sets the standards for employment within the fitness industry.’ (Fitness Australia 2004). With

so many dance teachers self employed, registration on its own is unlikely to have a great deal of effect. However our increasingly litigious society is already putting pressure on some sectors of dance teaching to show that they hold some form of qualification in what they do. As more participants (and their parents/carers) recognise vocational training qualifications the argument not to have some form of base qualification, becomes more difficult. Discriminating participants may ultimately be a powerful incentive for ensuring more uniform standards of competence for dance teaching.

Conclusion

Although this paper recognises many areas in which teaching and participation in the fitness industry and dance differ, clearly the SRTA Draft Issue Paper has identified some issues which are worth considering. Now is possibly the time for the dance industry to consider more serious discussion of vocational outcomes for dance teachers. The paper argues that the dance industry could follow the lead of the fitness industry and offer teachers a nationally recognised certificate, aligned with a system of registration and ongoing professional development, which has broad community acceptance. At the same time, it is also necessary for the dance industry to consider further discussion into the implications of risk stratification as some assumptions regarding classification according to genre or context may not be as useful in assessing risk as previously thought.

* Now incorporated in Service Industries Skills Council

**Although also under SRTA the Fitness Industry has its own Training Package which does not include dance.

***Now incorporated as Australian Dance Council

References

American College of Sports Medicine. 2000. *ACSM's Guidelines for Exercise Testing and Prescription*. 6th ed. Philadelphia: Lippencott, Williams & Wilkins

Australian Association for Dance Education (AADE)** 1986, *Code of Ethics*, ACT: Ausdance

Australian Dance Council 1998 (1), *Australian Standards For Dance Teachers, The Interim National Competency Standards* ACT: Ausdance

Fitness Australia 2004, Code of Ethics and Disciplinary Procedures For Fitness Industry

Professionals, <http://www.fitnessaustralia.com.au/extra.asp?id=3550&OrgID=243>
accessed 15/6/2004

Gigerenzer 2002, *Reckoning with Risk, Learning to Live With Uncertainty*. London: Penguin

Leiderbach, M. 1997, Screening for Functional Capacity in Dancers: Designing standardised, dance specific injury prevention screening tools, *Journal of Dance Medicine and Science* Vol. 1 No 3 1997

Plastino, J. 1997, Issues Encountered in the Screening Process, *Journal of Dance Medicine and Science*, Vol. 1 No 3 1997

Sport and Recreation Training Australia* (SRTA) 2003, *Draft Position Paper for the Australian Fitness Industry - Oct 2003 Fitness Position Paper – Fitness Training Package V3.1*, unpublished document: SRTA

Sport and Recreation Training Australia* (SRTA) 2004 (1), SRCRCD001B, Utilise Effective Teaching Methods in a Community, social and/or Recreational Dance Context, Unit of Competence, Community Recreation Training Package, unpublished document: SRTA

Sport and Recreation Training Australia* (SRTA) 2004 (2), SRCRCD002B, Maintain Safe Dance Practice When Teaching In a Community, Social and/or Recreational Context, Unit of Competence, Community Recreation Training Package, unpublished document: SRTA

Sport and Recreation Training Australia* (SRTA) 2004 (3), SRCRCD003B, Maintain Professional Practice When Teaching Dance in a Community, Social and/or Recreational Context Unit of Competence, Community Recreation Training Package, unpublished document: SRTA

Further readings

American College of Sports Medicine. 2001. *ACSM's Resource Manual for Guidelines for Exercise Testing and Prescription*. 4th ed. Philadelphia: Lippencott, Williams & Wilkins

Australian Dance Council 1998 (2), *Safe Dance III*, ACT: Ausdance

Clippinger, K. 1997, Dance Screening, *Journal of Dance Medicine and Science*, Vol. 1 No 3 1997

Geeves, T. 1990, *Safe Dance Report* ACT: Australian Dance Council

Geeves, T. 1997, *Safe Dance II – A study of pre-professional dance training in Australia*. ACT: Australian Dance Council

Hamm, R. 2003, Risk Stratification: A Practical Guide for Clinicians, Medical Decision Making, Cambridge: Jan/Feb 2003. Vol. 23 Iss. 1 p p92-95

Hopkins, W. 2000, Measures of Reliability in Sports Medicine and Science, *Sports Medicine*, Jul; 30 (1) 1-15

Itzhak Siev-Ner, Barak, A., Heim, M., Warshavsky, M., Azaria, M. 1997, The Value of Screening, *Journal of Dance Medicine and Science*, Vol. 1 No 3 1997

Sport and Recreation Training Australia* (SRTA) 2004 (4), SRXFAD001A Provide First Aid, Unit of Competence, Community Recreation Training Package, unpublished document: SRTA

Sport and Recreation Training Australia* (SRTA) 2004 (5), SRCCRO007A, Operate in Accordance with Instructional Practices, Styles and Legal and Ethical Responsibilities, Unit of Competence, Community Recreation Training Package, unpublished document: SRTA