

Phase-one report
for More Music's pilot
partnership project:

SINGING FOR HEALTH IN MORECAMBE



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Introduction

Research considering the relationship between arts and health, specifically the ways that arts interventions can contribute to the promotion of health and wellbeing is well documented within the United Kingdom (Clift 2009; Fancourt 2017; Fancourt *et al.*, 2019; Stickley & Clift, 2017) and worldwide (Clift & Camic, 2016; Sunderland *et al.* 2018).

The World Health Organisation (WHO) recently conducted a scoping review of over 3000 studies, stating that the evidence-base 'identifies a major role for the arts in the prevention of ill health, promotion of health, and management and treatment of illness across the lifespan'. The report also suggests that acting on this evidence base, including at a local level and through cross-sector collaboration could be beneficial to further understanding the impact the arts can have in health promotion (Fancourt and Finn, 2019, p. ii). With the All Party Parliamentary Group on Arts, Health and Wellbeing Inquiry also suggesting in 2017 'that the time has come to recognise the powerful contribution the arts can make to our health and wellbeing' (All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry, 2017), recommending, amongst other points, 'that those responsible for NHS New Models of Care and Sustainability and Transformation Partnerships ensure that arts and cultural organisations are involved

in the delivery of health and wellbeing at a regional and local level. (iBid, p. 10). It is important that future project design, as well as research exploring the role of arts and health collaborations, continue to build on this evidence-base and look for ways to develop and support understanding of the nuances of partnership in arts and health interventions.

For this reason, this small-scale pilot research of two singing groups in Morecambe, England is important as it responds to these recommendations and as such, has potential to contribute to the ever-expanding evidence-base that explores the arts (in this instance, music and singing specifically) and their role in health and wellbeing promotion. Most significantly, this is a partnership collaboration between NHS partners and a publicly-funded music organisation, and understanding the future potential of this collaboration is at the heart of acting on and contributing to the growing evidence-base of the role of the arts,

specifically singing, in health and wellbeing promotion. Our responsibility as a research team for this project is to contribute to the continued evidence-base of studies that support an increased understanding of what the arts may do as an intervention to contribute to health promotion. We seek to ask specifically how music interventions take place in partnership when they aim to support health promotion.

This pilot research study does not attempt to advocate that singing brings about particular health benefits, focusing instead on how projects that attempt to work from this perspective are designed and delivered, and what implications this may have on contributing to health and wellbeing promotion through being part of a singing group. As a research centre, the International Centre for Community Music (ICCM) is concerned with contributing to a broad understanding of the role of singing in health and wellbeing promotion but are predominantly interested in how interventions of this nature are developed, designed and delivered in partnership when the intention is to challenge health inequalities. We are interested in this as it contributes to wider discussions of the role of contemporary community music in the UK, how it is funded, reported on and understood by stakeholders from different vantage points, towards social justice. Arts organisations, including those with a focus on music activity, are increasingly working in partnership with health and social care providers to develop projects that contribute to health and wellbeing (All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry, 2017). Similarly, some health and social care providers are becoming increasingly concerned with how the arts could be utilised to support the overstretched and under-resourced services they provide.

With arts on prescription 'currently patchy' (Hogan, 2017, p. 222), there is a need to contribute to the evidence-base with case studies of not just the impact of projects, but how they take place. Furthermore, with arts and health developing as a 'buoyant and innovative' practice 'despite the challenges of economic austerity' (Stickley and Clift, 2017, p.2), which the same authors suggest may be due to the 'groundswell of artists that believe in the importance of the work', this pilot research project, in part, aims to support understanding for future implementation of cross-sector partnership. Particularly, through singing in this context, as a way of facilitating new openings through existing approaches and commitment to participatory arts practice. From a growing evidence-base of empirical studies from the past 30 years, those engaged in singing and health research are confident that singing has a role to play in health and wellbeing promotion. This pilot research seeks to understand a little more about how they take place in partnership.

About this pilot research project

This report discusses findings from phase-one and phase-two of this study. It considers two pilot singing groups in partnership with a music organisation and local health and social care services in Morecambe, England.

The ICCM research team were invited to develop a time-bound pilot research project that responded to an existing research brief, which was part of the funding agreements of the overall pilot project. The initial findings will be useful in the development of the project going forward. These are mostly concerning time and design for research and what the purpose of engaging in project research could be. This report also glimpses into some of the experiences of those taking part. From this vantage point, the pilot research indicates that this project, like many before it in the growing evidence-base for arts and health, supports the idea that taking part in these singing groups has been a positive experience for participants (although with limited data due to the time-bound restrictions of the fieldwork). The evidence points toward changes in confidence, self-esteem and connection, most prominently. Beyond the immediate experiences of project participants, the pilot has highlighted that there is growing commitment across the partnership and those working in this project have a range

of innovative perspectives for the ways that this project could develop to better challenge health inequalities in Morecambe. One singing group (Singing Group 1) is a partnership between a local GP surgery and umbrella medical group, and a music organisation that aims to create a singing group for older people who are experiencing isolation and/or experiencing poor health. The second singing group (Singing Group 2) is a partnership between the same music organisation and the Children and Adolescents Mental Health Service (CAMHS), the aim of which is to provide a singing group for young people accessing CAMHS or who have been identified as a young person who is experiencing conditions relating to mental health. Fieldwork in phase-one was conducted by two researchers (one with each group), selected due to their experience of working in both a research and a practice-based capacity with similar participant demographics. Phase-two was conducted by the project lead researcher. All researchers have experience in community arts practice.

This report includes research from two case studies, one for each singing group and concludes with a connected discussion of both contexts. They will include both project participant and workforce experiences of the pilot project.

What do we want to know? What is the problem we want to investigate?

There are two ways that the pilot project has been explored:

1. workforce experience, and
2. participant experience.

The research pilot works with a lead partner (the music organisation) and their partners, alongside those participating in the projects, to support understanding of the role of music as a way to address high levels of poor mental health in the West End of Morecambe (we use the phrase 'poor mental health' here, as this was the language used in the original brief). From here, we aim to make recommendations of how projects of this nature could be designed and delivered in partnership between this music organisation and local service providers as a way to explore alternative approaches to health and wellbeing promotion. At this point, this pilot research project does not attempt to be transferrable to other contexts. This report introduces some of the wealth of literature within singing and health (introduction) and considers the participant experiences of taking part, in relation to indicators of health and wellbeing promotion (singing group case studies, to follow). The project pilot is guided by two overarching research questions:

- How do participants express their sense of wellbeing on reflection of taking part in singing activities on a regular basis?

- What are the possible opportunities for prescribing singing activities in partnership, in West End Morecambe as experienced through the project workforce?

Summary of findings

Singing Group 1 included a 9-point questionnaire, which was undertaken by 70% of those regularly attending the group and of these, almost 30% consented to take part in a semi-structured interview to discuss their answers in more depth. It is clear from the group 1 data that taking part appears to have had positive implications for the mood, confidence and self-esteem of those who participated in the survey and connected interviews. However, data from interviews is very limited due to a range of factors encountered on the research visit and as such, further investigation is required to gain a more reliable understanding of participant responses in relation to the survey. General responses that reinforced participant appreciation and enjoyment of the session were shared, which included: establishing or reenergising singing as a favourable activity, both in and in-between sessions; increased connectivity to others and the significance of this on mood and expectations around quality-of-life and confidence in the ability to sing; finding the singing group to be a relaxed and welcoming environment to be in, which linked to mood and expectations of self and connection to others. Participants from Singing Group 1 also predominantly reported positive outcomes of taking part through the questions asked in the 9-point survey, which was completed prior to the research visit. We believe there to be a positive-response bias in results which needs to be taken into account when discussing these early finding. The interviews were an opportunity to

	Singing Group 1	Singing Group 2
Name of group	Seagull Café	Chameleons Choir
No. of participants	20 regular participants	2–8 participants, 3 of whom attend regularly
Age	70 – 90	11 – 18
Sex	2–4 regularly participating men, the rest are women	Mostly female with one regularly participating male
	Voice Harmonium Tabla	England 2018 Sweden 2019 Portugal 2019 Denmark 2019
Referral route	Self-referral	CAMHS and self-referral
Health concerns	1 early-stage/mild vascular dementia; 1 has physical disabilities, uses a walker and has a hand splint due to arthritis and hand injuries. Also, has discussed COPD chronic condition; 8 self-reporting as disabled, in most cases, hearing and / or vision impairment	Unknown

understand some of these responses and help understand the emotional regulation of singing activities for older people experiencing isolation and/or poor health. A longer-term inquiry is required, as identified by Fancourt *et al.* (2019). It is not reliable to draw specific recommendations from Singing Group 1 at this time and further enquiry about the participants' decision-making to take part is required. Eight representatives from the project partners took part in a facilitated discussion to reflect on the project, how it developed and possible next steps, building on the phase-one stage of the project, which worked with project participants. The eight-people represented the 2 main partners: the medical group and the music organisation. Within this, there were a range of roles, including service managers, community liaison staff, music facilitators and, music organisation

leadership and project managers. Content and consistency were most commonly discussed in relation to the success of the project pilot and also as issues of high importance for future project planning. Unexpectedly, the impact of the singing group on the wellbeing of the workforce was discussed anecdotally as having been positively impacted through taking part. Workforce, particularly from the medical group, felt positive about the different environment as a space to connect with older adults who, in their service capacity, would be considered as 'patients'. Workforce participants shared the ways in which this supported them to speak of people's asset-based engagement in the context of their health-care roles.

Singing Group 2 were invited to take part in a focus group discussion, which included a range of participatory activities. This is a significantly

smaller group and of those regularly attending, five took part. Due to the small number of participants in this group and the overarching research aim to understand how musical activity of this nature can contribute to health and wellbeing promotion, music leaders and partner staff involved in the sessions were invited to take part. Singing group participants were also invited. Consent and information documents were shared prior to the research visit and it was made very clear that there was no expectation on young people to take part, although the singing group participants (young people aged 11–18) were invited to consider the research project and share any questions in advance of the research visit. The five participants from the singing group who took part opted into the focus group during the research visit and shared their experiences through a range of facilitated activities. Some activities were more effective than others in supporting reflection and discussion around their experiences of taking part in the singing group. Overall, the small number of people taking part (which also represented around half of the total population of the group, overall) identified predominantly positive changes to confidence as the main theme from the data. Specifically, individuals felt less withdrawn and increased their connection to others through the process of taking part in the small-group singing activities. The distinction of the singing group from school music was also identified as a theme from the focus group, which would require further exploration and discreet inquiry to understand the implications of this. However, singing group participants identified specific aspects of the facilitation and group agency that led to this distinction. Distinctions of this nature are in line with established research on the qualities of non-formal approaches to

music learning often present in community music facilitation (Higgins, 2016; Deane & Mullen, 2018). With the involvement of the project workforce, it was significant to learn that the music sessions had provided an opportunity for the CAMHS clinical psychologist to identify the need for a care plan for one individual who self-referred to the singing group. As a result of this contact in the group, the psychologist was able to ensure a referral for appropriate support was made. This kind of intervention through the activity of singing requires further exploration when considering how this kind of partnership project takes place with young people. Through action research with the workforce of this project, there was a strong correlation between experience and observations by the workforce of young people's changes in confidence, as well important reflections on how information is shared and communicated between young people and the workforce. Similarly, to the workforce for singing group one, the partners taking part in the action research recognised a range of innovative approaches both for their project delivery and the possibilities of the research partnership, that would support the project partnership to develop. There were four people in this action research group, two were unable to attend: a music facilitator, music organisation leadership and project manager, CAMHS clinical psychologist.

The following discussion of data from each singing group has been prepared by the researchers who undertook the fieldwork, with the exception of the 9-point questionnaire analysis, which was prepared by Prof. Stephen Clift. Minimal attempt to unify the narratives has been made, as the researchers are best placed to report on their fieldwork. The lead researcher in this project is Ruth Currie, who has produced this report, undertaken

phase-two of data collection and analysis, and provided the discussion that connects the overall findings. She is supported by a critical friend, Prof. Stephen Clift and Prof. Lee Higgins from the ICCM.

Keywords: *singing, health and wellbeing promotion, partnership, intervention, isolation, CAMHS, NHS, arts organisation, young people, older people*

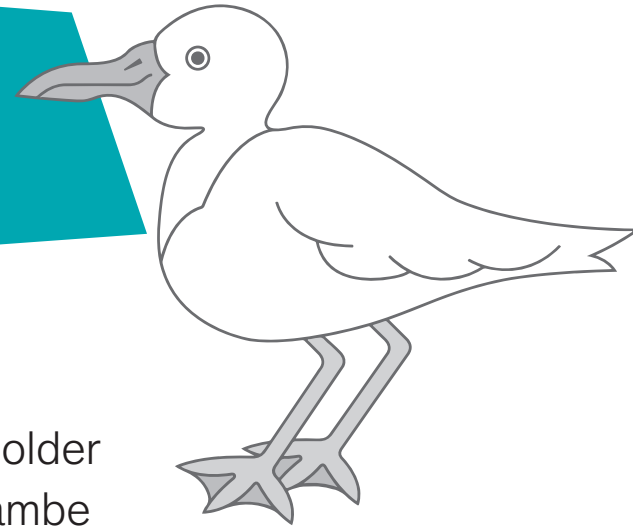
Health and wellbeing in Morecambe¹

37% of the resident population in the Morecambe area are amongst those living in the lowest quintile of deprivation, nationally. In addition, the area has a lower than average life expectancy and a higher under 75 mortality rate. Lancashire County Council Health profiles (2018) also show that the area has a higher prevalence of mental health issues such as anxiety and depression compared to other localities in the Morecambe Bay area and the England average. In the last 12 months, 644 patients with mental health issues from Bay Medical Group (1.1 per cent of the practice population) cost the NHS £6 16,08. The highest costs are related to non-elective, unplanned emergency admissions and appointments. The partners of this project aim to explore the possibility of singing activities as a way to reduce the numbers of people reaching crisis point.

¹This summary of health and wellbeing in Morecambe is adapted from the original project funding application provided by the lead partners (music organisation).



Singing Group 1



The Seagull Café – a singing group for older adults experiencing isolation in Morecambe

The Seagull Café began in spring, 2019. To date, it has been running for 2, 10-week blocks and has recently started again in the new year. Over the early stages of the project, 20 participants regularly attend and on the day of the research visit, 34 people took part; this was the highest number over the project.

Since visiting the Seagull Café, this figure has increased significantly, with between 30–40 people regularly attending. Written surveys were handed out to participants two weeks before a research visit by a member of the ICCM research team. Twenty-three members of the Seagull Café singing group (19 women, 4 men) consented to participate in the research and completed the short form of the ERS-ACA scale questionnaire. Two men who responded were living with dementia and the questionnaire was completed with help given by their partners. One lady was unable to write answers for herself, and help was given to record her verbal answers. It was hoped that those who had not completed the survey, would be asked if they would like to do on the day. However, as participants arrived at the Seagull Cafe, they immediately engaged in activities such as socialising with fellow participants and singing along to the music that was being played. A further 11 people were asked if they would like to complete the

survey, but they all declined in favour of taking part in the project activity. Engagement in the regular singing activity had implications for data collection and participant responses, however, in itself may be an indicator of participant experience for this singing group.

Phase-one – Questionnaire results: The ERS-ACA scale – a short version

Fancourt *et al.* (2019) developed the Emotion Regulation Strategies for Artistic Creative Activities (ERS-ACA) scale based on a large online survey exploring peoples' emotional experiences when participating in a range of creative and artistic activities. The scale consists of 18 statements and respondents are asked to indicate whether they agree or disagree with them on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The scale produces an overall score, summing responses to all items, but also three scores reflecting specific 'strategies' of emotional regulation: avoidance, approach and self-development. For the evaluation of the Seagull Café singing group, a shortened version of the scale was employed, with nine as opposed to 18 items, using just three items to measure each of the three sub-scales. This was done to reduce the demand on participants in the evaluation.

Observations on the patterns of responses to the items

One participant gave consistent 'strongly disagree' answers, one gave consistent 'agree' and a further five gave consistent 'strongly agree' answers. In addition, seven gave a combination of 'agree' or 'strongly agree' to all items. The remaining ten participants were a little more discriminating in their responses, with 'neither agree nor disagree' answers in addition to agreement. Apart from the one individual who disagreed with all of the statements, only two participants disagreed with any of the statements in the scale – one person disagreed that singing 'makes we reflect on my emotions' and one disagreed that singing 'can block out unwanted thoughts or feelings.' Given the general response to the questionnaire, it was considered advisable to exclude the participant who consistently

'strongly disagreed' with all statements from the analysis. Overall, it is clear that most participants agreed or strongly agreed with all of the statements in the scale, with a much lower incidence of 'neither agree nor disagree' responses and with very little disagreement.

Results

Table 2 gives the frequency distributions of responses to each of the items in the short version of the ERS-ACA scale, with means and standard deviations. The data show clearly that in general participants agree or strongly agree with the statements with a relatively low level of neither agree nor disagree responses. The principal source of variation, therefore, is in the strength of agreement. The mean item score for the short form of the scale is 4.33 (range 3–5, SD 0.50) reflecting the fact that participants mostly agree with the statements.

Items	Strongly disagree	Disagree	Neither	Agree	Strongly agree	Mean (SD)
Block out any unwanted thoughts and feelings	1		2	8	11	4.27 / 0.99
Feel more confident in myself			1	9	12	4.50 / 0.60
Gives me a sense of purpose			1	7	11	4.59 / 0.59
Helps me to disengage from things that are bothering me			1	9	12	4.50 / 0.60
Helps me to put worries or problems I have in perspective			4	11	7	4.14 / 0.71
Helps me to understand my own feelings on things that are on my mind			7	8	7	4.00 / 0.82
Boosts my self-esteem			2	10	10	4.36 / 0.66
Makes me reflect on my emotions	1		3	9	9	4.18 / 0.85
Redirects my attention so I forget unwanted thoughts and feelings			2	9	11	4.41 / 0.67

Correlations among the items in Table 2 show that in general the items are positively correlated with one another, many pairs significantly so. The exceptions arise for three items: 'make me reflect on my emotions' (not significantly related to any of the other eight items) 'boost self-esteem' (significantly correlated with three items) and 'forget unwanted thoughts' (related significantly with three items). All items, apart from 'makes me reflect on my emotions' are significantly correlated with the overall mean item rating (last column in Table 2). The high item-total mean correlations point also to a general 'positive' factor running through the scale, which is in line with the findings reported by Fancourt *et al.* (2019). Cronbach's alpha is 0.86, demonstrating a high level of internal consistency for a summed scale based on the shortened nine-item questionnaire. Factor analysis techniques were not applied to the data, as the sample is too small to warrant this next step.

Discussion of questionnaire results

The results from the use of the ERS-ACA questionnaire reveal that most participants regard singing as giving them positive emotional benefits. However, there was some evidence of a 'positive response bias' with several participants giving 'strongly agree' responses indiscriminately to all items, and most giving either 'agree' or 'strongly agree' responses to all items. There is a clear sense, therefore, that participants took the scale as a whole as presenting them with a single statement: 'Singing helps my sense of wellbeing'. This was further illustrated in the responses given to the follow-up interviews, the aim of which was to give more nuanced responses about why survey responses were given.

More significantly, however, the scale can be criticised for not providing any insights into both the ways in which, and the mechanisms by which, participation in singing is beneficial. It assumes also, that participants do experience such things as 'unwanted thoughts and feelings' or 'worries or problems' or 'things that are bothering me.' While participants can disagree with these statements, such responses are ambiguous, as disagreement might mean: 'I don't have such feelings' or 'I have such feelings' but singing does not help me to 'block them out' or 'disengage from' them or 'redirects my attention so I forget' them. For this reason, the follow-on semi-structured interviews were crucial to the relevance of this data and to understand the participants experience in Seagull Café concerning their emotional regulation and sense of isolation. It is also unclear, in what ways, singing might have benefits for dealing with issues positively, rather than 'avoiding' them, nor how singing aids in 'self-development'. The follow-on interview responses alluded to aspects of both 'avoidance' and 'self-development', although further data would need to be collected to offer reliable findings at this stage. How, for example, does singing with other people help 'to put worries or problems in perspective' or 'helps to understand my own feelings and thoughts' as opposed to simply not thinking about concerns for a while? And how, more importantly, does singing help self-development, by 'boosting self-esteem' or giving 'a sense of purpose' or generating 'a sense of purpose'. If long-term interventions to address health inequalities in Morecambe are to be better understood then questions such as these are suggested as a basis for future inquiry. There is also an assumption built into the scale, that people approach creative and artistic activities with a strategic intention to regulate their

emotions, which is a hypothesis that requires empirical testing. For this research, focused on a pilot project which aims to understand singing activities as an alternative method of prescription, it is reasonable to assume that participants may have experienced aspects of these emotional regulation statements, although further consideration of this is required for longer-term project development. It is easy to imagine, for example, that a person might consider undertaking an activity such as singing because they love music, or because they want to sing, or because they want to get out and meet other people. But how often is it the case that people see creative activities as a way in which they can 'regulate' their emotions?

Overall, it is easy for people to agree with any form of positive statement about an activity they value and enjoy, without paying too much attention to the specific meaning of the statements.

Semi-structured interviews

The researcher intended to conduct semi-structured interviews with participants from the Seagull Cafe. The researcher visited this singing group during one of their regular sessions, towards the end of their second block. In this context, an interview method was agreed to be the most effective tool. Given the time implications of the research visit, a short semistructured interview would allow the researcher to explore viewpoints with participants and to gather further detail of people's experiences with the questionnaire. Typically, an interview would be scheduled, which then enables the researcher to address a defined topic whilst allowing the respondent to answer in their terms and to discuss issues and topics pertinent to them (Choak, 2012). Commonly, consent would be sought to record the semi-structured interview electronically

so that they could be reviewed and analysed following the visit. However, in this context, electronically recording the semi-structured interviews was not possible although this had been the original intention of the researcher. This had implications for the reliability of the data and the appropriateness of the interview tool. Time implications also impacted the quality of the data collected. As participants arrived at the Seagull Cafe, they immediately engaged in activities such as socialising with fellow participants and singing along to the music that was being played; the researcher was also invited to take part. The decision was made to approach participants whilst they engaged in the project activities, conducting the semi-structured interview during the session whilst the activities took place and keeping detailed notes, which were then coded. Because of this, the interview data is limited in its reliability. However, it gives a snapshot of what further questions may aid the research to understand participant experience concerning emotional regulation and isolation and provides some detail about the answers provided in the survey.

Overall, participant responses were positive about their experiences in the singing group. As with the questionnaire, it is reasonable to suggest that participants took all the questions asked to be a response to an overarching statement such as 'Singing helps my sense of wellbeing'. As such, the prepared interview questions relating to emotional regulation were not consistently engaged with by participants, favouring instead to discuss with the researcher many of the reasons why they enjoyed the choir and how it made them feel. The fact that participants were engaged in the singing activity whilst also with the research is likely to have had implications for how the questions were interpreted, as well as the overtly positive responses. Although

the data is limited at this point and does not offer reliable indicators as to the role of the singing group in the life of participants, some of the raw data from interviews refer to reasons for engagement that may connect with the avoidance, approach and self-development strategies explored by Fancourt *et al.* (2019). From the data collected from the interviews, the researcher identified broad themes of: connected and connections; confidence and self-esteem; achievement; happiness and wellbeing; and, music facilitation through his thematic analysis. Each of these broad and overlapping themes emerged from discussions with participants and may be useful starting points for future inquiry with this singing group. However, alternative methodologies may be more suitable in this context, such as ethnographic approaches to documenting participant experiences through participant observation. This would also allow researchers to develop a better understanding, alongside participants, about how they experience the singing group in relation to emotional regulation and isolation.

Phase-two – Workforce: Facilitated discussion

The original intention was for workforce representatives and the lead researcher to meet together in Morecambe through a critical action research event, framed by a series of open questions which built from the first stage of data collection. Storms and disrupted transport meant that the lead researcher was not able to join in person, alternatively joining the group remotely using an online platform. The framing questions were applied as a reflective tool through a facilitated discussion approach. This enabled participants to reflect and to share perspectives using the questions as a

spring-board to discuss project developments, both for delivery and the research. In this sense, the session took on characteristics of the planned action research event, as those involved in the project were able to come together to share through the mutual aim of challenging health inequalities and the role of the singing group within this. Musical content, consistency, different contexts to connect, and seeing 'patients' in non-clinical spaces were highlighted as important factors for the project's success and potential development. Shared across the partners was a sense that the session was bringing people who were experiencing, or at risk of becoming increasingly isolated, together. Further to this, themes of community-building and reaffirming or supporting older adult's musical identities were also identified as opportunities that the Seagull Café supported.

Content

Those representing the music organisation were clear that the Seagull Café had to be 'more than a sing-a-long'. As well as an opportunity to have fun, which was widely regarded as important, one music leader suggested that the options for music for older people locally had historically not included a range of secular songs, and another suggested that the music could be challenging, and be adapted to suit the interests of who was there. In relation to this, representatives of the medical group recognised and were complimentary of the music leaders approach to the sessions. The group also discussed that there had been instances where some of those who previously played instruments choose to bring them along to the sessions or reacquaint themselves with their playing after several years of inactivity. A particular instance was shared of a man who, after not playing

his chromatic harmonica since his wife died, had bought himself a new one and was bringing it along to sessions, also reporting that it was a positive experience. The musical identities and how they are understood and respected when working with older people was important to the music organisation. It was also important for the medical group representatives, who identified that they saw some of their patients in a different light, connecting with and enjoying the music alongside others.

People, not patients

An asset approach to discussing the engagement of participants in the Seagull café was clearly of importance to everyone who took part in the facilitated discussion. For the medical group, having the opportunity to see people from their health-care context engaging in the activity, enabled them to come together differently. Beyond the community-building potential, this may foster, the medical group also recognised that medical staff coming together in this informal context, enabled more contact time with those who are likely to rely on the health service. The potential to understand the economic value of Seagull Café for medical staff, as a cost-per-head comparison, raised questions about the role of the music organisation as a health partner but distinct from being a service provider. This was a possible area of research development that the medical group were interested in, which would sit outside the ICCM research project. However, this connects to understanding how partnerships of this nature can be understood and developed. One senior leader from the medical group suggested that the Seagull Café had raised the visibility of social prescribing through arts partnership and that it was gaining interest in their CCG leadership, which could have implications for the future support and

shared understanding of the work. It was clear that everyone involved in the facilitated discussion felt strongly that the project has value to everyone involved, had potential to grow and connect with more local people in West End (and possibly beyond) who may be experiencing isolation.

The group identified that continuation of the work was paramount, as was a deeper understanding of how their partnership had currently, and could in the future, develop to support more older people, locally, who were experiencing isolation.

Discussion of Singing Group 1

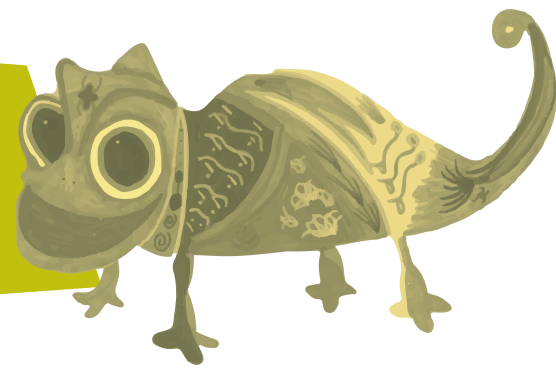
Although this research pilot does not have a focus on understanding if singing promotes specific health and wellbeing benefits, aspects relating to 'benefits' have been identified by participants. Understanding how these are experienced, regularly, will be an important next step in understanding how this local project partnership can move forward in developing a singing project for older people experiencing isolation. Participation in the singing activity and research taking place as part of the regular singing sessions may not be the most effective approach to working with this group in future if traditional tools such as questionnaires and surveys are to be employed. A participatory observation approach may support a researcher to work, longer-term, with singing group participants and to support deeper and critical engagement with the Seagull Café. However, if the research develops to focus specifically into understanding the ways through which the partnership is developing, other methodologies, such as action research and workforce focus groups, may be more appropriate.

Summary of Singing Group 1

Data is limited from the questionnaire and interviews from Singing Group 1 and at this point cannot draw any reliable recommendations about next steps within the data. However, it was very clear from the responses that there is a high level of enjoyment and appreciation for the Seagull Café, evidenced not only in the responses in the data collection, but the increased participation over the 2, 10-week blocks and from anecdotal observations from the researcher on the day of the research visit. Further inquiry would likely be supported by longer-term engagement in the sessions to develop a deeper understanding of the nuances of participating in the Seagull Café, through research that enabled participants and workforce to share and reflect together. Alternatively, research which works primarily with the project workforce to develop an understanding of the model of working that has developed through the project, both in delivery and strategic partnership perspectives, may be useful in supporting the development of this particular partnership.



Singing Group 2



The Chameleon Choir – singing group for young people 11–18 who self-refer to take part or are referred by the Children and Adolescents Mental Health Service

Similarly, to Singing Group 1, the Chameleon Choir has been running for 2, 10-week blocks. In contrast to Singing Group 1, it is a very small group with inconsistent numbers, although the second block of sessions had more consistent participants. Two young people have been referred by CAMHS workers. A clinical psychologist who attends the choir is helping to build the Chameleon-CAHMS team partnership. They spread the word about the project in team meetings and inform CAMHS workers that as soon as young people are referred to CAMHS, referrals to Chameleons can be made. This means that young people can attend Chameleons while they are waiting for CAMHS treatment to begin. Flyers were also placed in GP surgeries and two young people came to the project as a result of this publicity. Nine participants in total took part in data collection through a focus group. All were female and included five singing group participants (Ages: 17; 14; 13; 13; 12). One participant has High Tone Deafness and wears hearing aids to help with this condition. Adult participants included: 1 clinical psychologist; 1 trainee clinical psychologist; 1 project manager; 1 singing teacher. Due to the nature of the aim of this singing group, it was unknown if young people would take part in the research until the research visit

itself. Project staff discussed the research with participants beforehand, as was the case in Singing Group 1. However, in this instance, young people and adults involved in the project delivery were invited to take part. Both singing group project teams have action research events scheduled to explore workforce experiences of the project in January 2020; workforce involvement in phase-one was to reflect on perceptions of young people's involvement, if the young people themselves did not wish to participate. As was the case, five young people took part, which accounted for a significant number of the overall participation for the project.

Phase-one – Data collection: the focus group

A range of participatory activities were used to elicit experiences in ways that might be fun and non-threatening, as well as taking account of different ages/stages of development and being mindful to maintain young people's interest. In this sense, the approach to the data collection deviated from a standard focus group which often takes the form of a group interview, which 'reli[es] on the interaction within the group' to inform the topic of discussion (Cohen *et al*, 2010, p. 376).

The researcher aimed to create an atmosphere that was informal, interactive, inclusive and interesting and given the time limitations of undertaking the field visit (one session in November 2019) and that singing group participants and the researcher were unknown to each other. The creative methods employed were offered towards hospitality; a conceptual theme often explored through community music activity (Higgins, 2012). Different resources for the range of activities were set up on tables and on the walls in the space where the choir practice takes place. Music was playing in the background to create a relaxed and comfortable setting. Activities were outlined and an invitation to participate in activities was offered as a choice. It was made clear that participants could engage in any of the activities at any point and that completing each activity was not essential.

Activities included:

1. Paper person – participants were invited to write words or draw symbols to represent themselves when they first started coming to Chameleons on one side and on the other side, to write words or symbols that represent themselves now.
2. Participants were invited to choose 2 to 4 pictures from a range of photographs and images that represented how they felt on their first session at Chameleons and how they feel now.
3. A privacy message jar was placed on a table and participants were invited to place a message in the jar about anything relevant

As activity 1 and 2 was taking place, participants engaged in a discussion about their choices of pictures, words and symbols gaining more understanding of their meanings. This discussion was recorded.

to their Chameleon choir experience that they wanted to share with me, but they did not want to share in the whole group.

4. 5 sheets of paper were placed on the walls with question headings on each, which singing group participants (5 of the 9-people taking part in the research) were invited to contribute to:
 - Why did you choose to take part in the Chameleons choir?
 - In what ways has the choir been what you expected or different to what you thought it would be?
 - What has been the moments that you have most enjoyed?
 - Any times in the group that has been difficult? Why?
 - Any times in the group when you felt more confident? What happened? What was happening?

Participants were encouraged to write up anything on the sheets of paper that came to mind for them in response to the questions – they were told that spellings and handwriting were not important and that they could either write, draw pictures or symbols to represent their thoughts and ideas.

Adult participants were given an adult participant questionnaire which they filled out in the room while also assisting some singing group participants at points.

Limitations of data collection methods

The focus group session took place within the scheduled singing group activity and the researcher was invited to take part in the singing activity at the beginning of the session. While participating at the beginning of the evening was valuable, it meant that time left for data collection was short. Explaining the

activities and getting participants engaged initially felt somewhat chaotic. More time to build a rapport with the singing group participants through focused discussion would have helped to frame the data collection activities more thoroughly. This also resonates with the research visit in Singing Group 1.

One singing group participant decided not to take part in data collection for a while. She expressed discomfort in revealing her feelings and experiences in front of others in the group. She took herself away from the activities. With the support of staff and a little time out, she was able to re-engage and contributed to the wall questions and created a paper person. At the end of the evening, she expressed feeling frustrated and wound up. She took up an offer by staff to sing. Significantly, at the end of the song, she said with a sigh of relief, “I feel better now” as she left the building to go home. With hindsight, a straight forward focus group discussion may have been more appropriate and engaging, particularly for this young person.

Results

Across adult and young people’s responses, there was a strong correlation to how they perceived participation in the group and ways in which it related to their wellbeing. Health, in this context mental health, did not come up naturally in the data collection process nor was it appropriate to ask questions about individual’s mental health symptoms or experiences in this context. Therefore, data that signifies changes in difficult mental health symptoms or behaviour has not been captured. Statements were made by those who took part which relates to efficacy and sense of achievement, connected to changes in confidence and these are central themes from the focus group. Similarly, to the

emotional regulation of Singing Group 1, understanding how these are experienced through engagement in the singing group is a necessary line of further inquiry for the development of this project. Particularly, how this partnership can support and ‘explore the possibility of singing activities as a way to reduce the numbers of people reaching crisis point’.

Themes from Singing Group 2

Confidence has come through as the main theme with two sub-themes: small group and different to school. Confidence is illuminated in the change experiences identified by participants in the activities, along with a very clear narrative about confidence in the recorded discussion, and in the adult participant questionnaires. The group size was highlighted by three singing group participants and adult participants also shared thoughts about an impacting session when only one young person attended. The difference to school was important to the three singing group participants who contributed to the questions on the wall and was also highlighted by adult participants in the questionnaire. All three themes inter-connect. The size of the group, along with the distinction of choir and school are perhaps fundamental components for the potential of confidence.

Confidence

Singing group participants highlighted experiences of change from when they first started in the choir to the present. These changes might be understood in terms of confidence. Participants reported changed feelings from being nervous, anxious, worried, unhappy, confused, scared, shy and uncertain, to feelings of happiness, friendly, calm, relaxed, excited, content and optimistic.

Although confidence is predominantly recognised as having changed positively through participation in the group, there were two separate statements shared through the ‘privacy jar’ which indicated towards possible lack of confidence and feelings of insecurity about their place within the group. With the small sample size, which also accounts for the majority of the total participants across the sessions, these statements are important to reflect on. This should be taken into account for both the project and research teams, to ensure that dominant narratives of positive indicators in young people’s confidence-changes do not supersede opportunities for young people to express the challenges that face participation. Similarly, of the five open questions (which three of the five young people took part in) the question ‘Any times in the group that has been difficult? Why?’ received no responses. This may suggest that confidence as a general indicator for a change in how a young person feels about taking part may be limited if confidence to critique is not also supported. This said, it is clear from the majority of the responses across all data collection methods that there were changes identified which could, given longer-term project delivery and research inquiry, led to an understanding of the positive changes in confidence for young people who are taking part. It also identifies the need to reflect on and develop appropriate methodologies that support young people to express this.

During discussion three participants identified a change in being able to talk to people:

“At first my hand shook and was trembling every five minutes and now I can talk to people”.

“When I first came, I didn’t talk to anybody, but now I’ve got more confident and I can talk to people”.

“Now I actually talk to people that I don’t know, and that’s nice”.

Confidence is linked with the singing activity for young people and adult participants alike. It was highlighted that singing songs that were familiar and liked by participants is important to them and helps them to sound good when they are singing. Three participants talked about feeling nervous about learning a new song but then feeling okay because they realised others didn’t know it either. Exploring the opportunities for young people to experience and express reflection may be an important line of inquiry for understanding how participation in the singing group can be part of their broader support for positive mental health changes. All four adult participants highlighted solo singing as a meaningful event for young people growing confidence in the group. This was mentioned by one participant about another participant:

“She sings in front of other people now”.

Confidence may also have been impacted for some young people by the process of making friends in the group “Where I live I don’t have many friends, but now I do” and “I didn’t think I would make friends, but I did.”

Although the small number of participants needs to be acknowledged when interpreting these statements, the openness of the young people with the researcher about changes in confidence for both themselves and others is notable. Ways of sharing and celebrating changes of confidence through the ongoing participation in Chameleon Choir is worthy of further inquiry. This may promote opportunities to understand how young people reflect on these experiences and how a singing group may support health and wellbeing promotion with this specific group of young people in Morecambe.

Small group

The group size is small and variable week by week. The smallness of the group is seen as a value by the young people and is significant in how they are able to engage in the group and develop confidence:

“I like it being less people because it makes me more confident”

“I feel more comfortable”.

The singing activity always takes place, so long as at least one young person comes along. Staff explained that during the process of the singing group sessions, members were asked for their thoughts and feelings about advertising the choir in a much wider and general context to encourage more people to come along. The response to this idea was a categorical ‘NO’. The group felt it was okay to invite friends and to have others join, but they felt having the group ‘opened’ up in a general way might impact their ability to participate. Inviting young people to share reflections of their experiences of agency and project design, and developing opportunities for them to do so through future project delivery, may also be another way to understand confidence changes in relation to mental health symptoms through research with the singing group.

Two participants said they like it that the group does not include people they know at school and one highlighted the threat of judgement:

“I like being with people I don’t know”

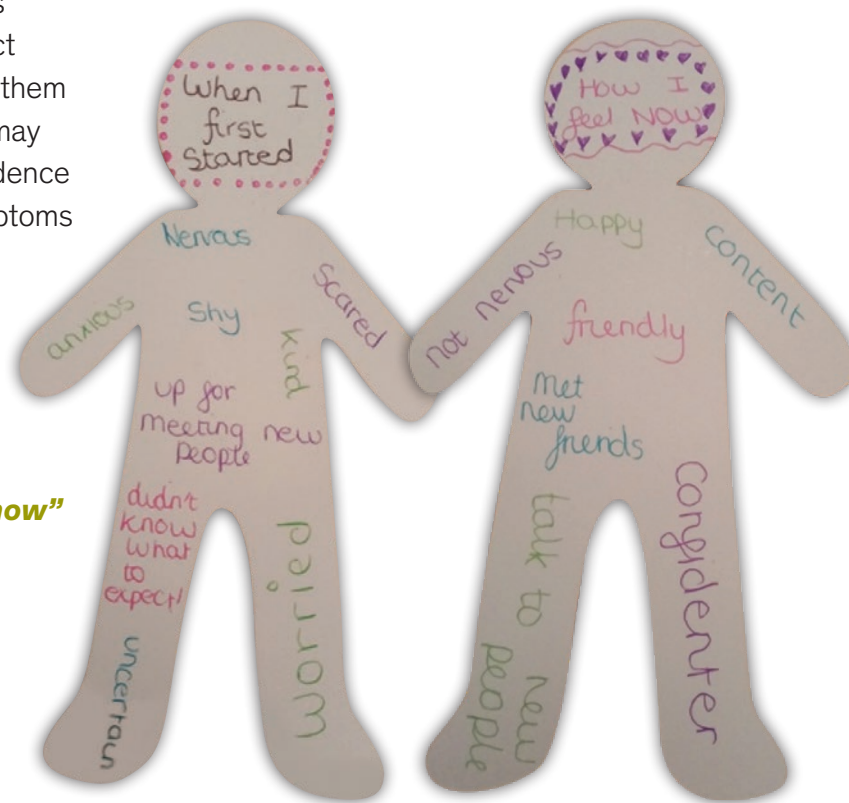
“I like it that there’s not people I know, if people came that I know they might judge you”

Staff shared their experiences of a powerful session the week before my visit when only one young person attended. They described watching her

grow in confidence through the evening as she sang on stage for the first time surrounded by three staff who were able to offer her undivided attention. Staff described this as being “soaked in adult attention”. This young person initiated and led the rest of the group to the stage, for the first time as a group, during my research visit. This was a surprise to staff who commented on a marked change in her confidence to be able to do this. Her one-to-one attention the previous week was highlighted by staff as a potential reason for it.

Different to school

It was important to singing group participants that the atmosphere and activities at Chameleon Choir is different to school. This was highlighted by adult participants too. Being able to make song choices appears to be an important differentiation to school within this context,



Paper people: How participants felt before and now.

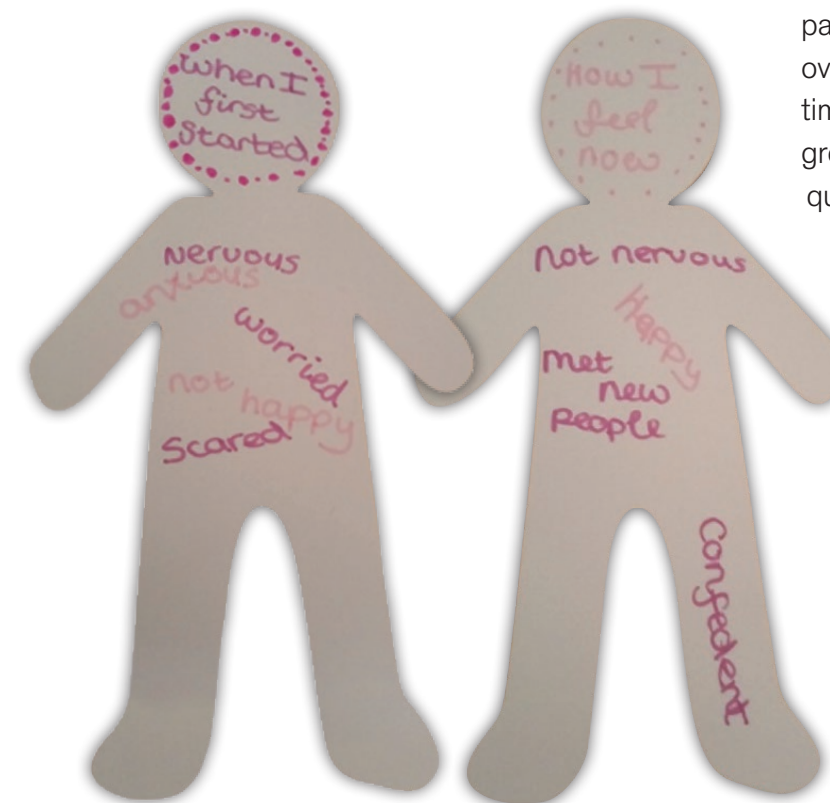
despite non-formal pedagogical approaches being well established in many schools across England which adopt this approach (D’Amore and Dylan-Smith, 2017). Two participants said they thought it would be more formal and strict and they didn’t expect to enjoy it. For some participants, it seems that Chameleon Choir is a protected activity with clear separation from school and that being with people who are not part of school was welcome.

As previously discussed, two comments placed in the privacy jar, don’t seem to tie up with the rest of the data that came through about experiences of being in Chameleon Choir:

“I don’t feel like I fit in”

“I feel like a lot of people don’t like me”.

While these statements may reflect feelings that relate to being in the singing group that were not able to be shared in the



wider group activities, another possibility is that these statements provide a distinction with school and life outside of the choir to that of within. Perhaps not fitting in and not being liked happens ‘out there’ in school, and in ‘here’, in the choir, it feels different. More exploration into the ways in which young people have opportunities to express their experience in the singing group would be required to understand if there were general or specific comments about participation in the group. However, due to the context in which the statements were offered by young people, it is possible that these feelings may be in reference to how they feel about being part of the singing group and as such may have implications for how changes in confidence are understood within the group, given the small sample size.

Recommendations from phase-one, the Singing Group 2

The activities offered during data collection processes did not suit all participants. One participant became over-whelmed and unable to engage for a time. As a researcher who had not met the group before, it was not appropriate to ask questions about an individual’s mental health symptoms or experiences and this did not come up naturally in the data collection process. Therefore, data that signifies changes in difficult mental health symptoms or behaviour has not been captured. Data collection was carried out as a collective activity, consequently, individual data may have been influenced by others in the group. Data gathered is limited and raw. It does not get underneath the processes involved in the change experiences highlighted and the main themes that have begun to emerge. This data offers a starting point to further enquiry.

This data highlights individual positive change experienced as a response to participation in the choir. Being with others, meeting new people, singing together and perhaps taking risks in a relaxed setting enables confidence to grow. Confidence is about having trust in self and others. It is about self-belief; hope. We might consider that self-confidence is essential in order to experience meaningful relationships with others and to participate in life's opportunities. Each of these facets has the potential to be understood in a more nuanced way through future research development with both the singing group participants and adults of the Chameleon Choir. It is a strong recommendation from this pilot that young people be involved in the design of both future research and ongoing project design. Questions surrounding the processes involved in these change experiences and how they manifest through participation in the singing group could help to develop an understanding of how young people engage in the activity as a way to contribute to their wider health and wellbeing, including mental health. This would also, in turn, support greater clarity of the opportunities to reflect and make decisions through taking part. Questions surrounding the distinction between in and out of school are also important to recognise, although it is recommended that this is explored outside the specifics of this singing group at this stage, as distinctions of this nature could have implications for local school music and the relationship between the music organisation and their local education partners.

Phase-two – Action Research and project workforce

Six people, who regularly contribute to this singing group, were invited to take part in an action research session to explore the

workforce perceptions of the project in relation to their experiences of being part of the project and also the data that young people shared in phase-one. This included: one CAMHS clinical psychologist, a CAMHS project worker, 2 project managers (one specific to the project and one the manager for the arts organisations wider young people's programme), a member of the leadership team and a music leader from the arts organisation. The young people's project manager and the CAMHS project worker were unavailable to take part. Although only four people took part in the action research session, each individual had deeply engaged with the project and all but one had taken part in the majority of sessions. Each articulated passionately how they had developed their approach to the project in relation to the young people taking part. Small group numbers are a theme identified through the focus group research with young people, which resonated with the reflections that were shared by the workforce in the action research session. The workforce were keen to identify ways in which these experiences could be shared through CPD and practice-sharing opportunities, with others working across arts, health and social care settings, as a way to support understanding of the role singing groups such as these could support young people who have complex mental health experiences. It was important for the group that there were opportunities to support the team in developing their CPD concerning working with young people and in collaboration with CAMHS. As too, was the opportunity to recognise the CPD that taking part in the project itself had fostered. Questions of scale and how the project may support more young people to take part was discussed. Specifically, if it should remain a small and specifically identified singing group with young people who are connected with CAMHS. There was

a consensus that the next stage of research may support understanding of how to move forward with this question. Similarly to the discussions with the workforce from Singing Group 1, questions of cost-per-head and ways in which music activities such as this could potentially contribute to a reduction of service-use, or alternative provision for service-use, were raised. These were identified as areas where CPD and sharing events could be used as a way to evidence the learning from these projects and the experience of those taking part. It was recognised that information sharing such as this would be important in connecting this particular project to larger and growing networks of arts and health inquiry. There is a commitment to making these connections in the next stage of the project, alongside and possibly connected to developing the project's next steps in collaboration with the young people who have taken part thus far.

It is clear from the action research event that there is a commitment to CPD and skills sharing as a way to advocate for the need for partnerships such as this. One such example has been the ways that workforce and singing group participants are learning from each other. For the workforce contributing to this research, there is an openness towards uncertainty as to the most effective next steps for developing this project. Further to this, working alongside the young people involved to better understand this may be a constructive next step. The researcher from phase-one, who worked with the young people of the project, also identified opportunities to co-create ways of understanding the experiences of the group. This connects to the THRIVE framework, which recognises shared decision making with young people as one of its 8 principles (Wolpert, *et al*, 2019), which was

discussed as part of the action research session. Beyond collaboration with young people in project development and CPD and skills sharing, service agreements and clear articulation of intention for the project between partners, that would assist in clarity and purpose for future project development, was also discussed. An important and unexpected outcome which prompted these areas was the impact the sessions themselves had on the workforce. The music leader involved in the project identified ways that her practice had developed as a response to working with the young people. Specifically, that through the relationship development, including establishing clear parameters of expectation and encouragement for young people's engagement, the music leader and CAMHS clinical psychologist suggested that there was a unique pedagogy evolving from the give-and-take of developing the sessions, week-on-week, in response to young people, their interests and needs. This was recognised as one way in which further research could support the development of the project, through understanding the co-creation of a pedagogy for the project, which connects to ways in which the project could embed collaborative planning approaches with young people, to design the future of the Chameleon's choir.

Summary of Singing Group 2

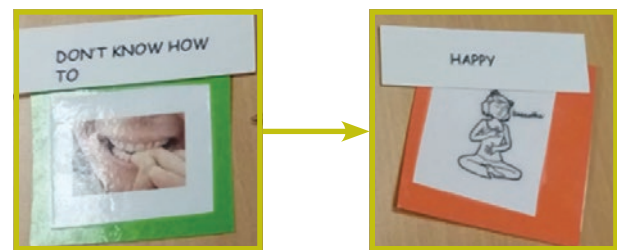
According to a study from the Office of National Statistics young people are more likely to feel lonely than older age groups (Snape *et al*, 2018). Social isolation and experiences of loneliness may have close links. For example, social isolation may be understood in basic terms as a separation from the company of others, however, it has much more complexity

and nuance than this. Social isolation may relate to a disconnection from others that is intrinsic to an emotional separation and is indicative of the quality of relationships. Social isolation can cause disconnection from self. Being without meaningful relationships, being misunderstood, being 'invisible', not belonging and being excluded are all experiences that can cause uncertainty, self-questioning and self-loathing. The data collected here may point to experiences such as these for some of the singing group participants. The step of joining a choir such as Chameleons may well present a way out of social isolation, enabling a new authentic identity to emerge and for new relationships of trust and belonging to develop.

Creating research questions and strategies that attempt to get underneath the change processes going on that have been highlighted in this pilot project, as well as investigating the relationships between social isolation/rejection, participation, identity, friendship and mental health may help to understand the deeper significance of singing for health. The Chameleon Choir offers so much more than a singing activity. Many other processes are going on that are beyond a group learning to sing together, and individuals learning to sing a solo. Using the findings from the data, which are in their early stages, the activity of singing may be understood as the hook to bring nervous, anxious, worried, shy, unhappy, scared, uncertain and confused young people together. Through the Chameleon Choir participation, some powerful and meaningful processes took place. These processes have been echoed through the experiences of the workforce who also took part. There was a chance to relax, be calm, happy, confident, and find opportunities for the young people to be sociable and find new make friends, feel optimistic and live life with 'umph'.

Singing plays a part in this, but it is not the whole story. Working in partnership with both young people and the project workforce to support collaboration for future project developments, whilst understanding how some of these change experiences have developed through taking part, should be future concerns for research within this project, moving forward.

Three Participants used pictures to show how they felt at the start of joining the choir and how they feel now.



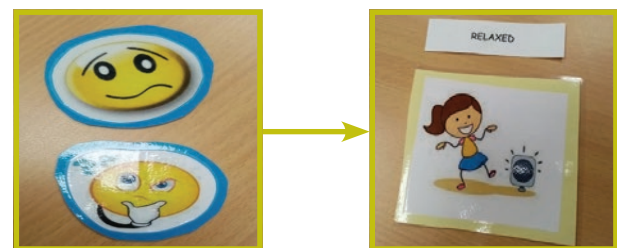
From "Don't know how to" and biting nails...

...to "happy" and a girl sitting and breathing



From embarrassed, frustrated and shaky...

...to optimistic



From confused and worried...

...to relaxed, happy and enjoying music

Conclusions

Reflections on Singing Group 1 and Singing Group 2.

Overall, it appears that those taking part both through referral and self-referral have had generally positive experiences of both singing groups. Furthermore, the workforce from each singing group both identify ways in which they are learning from and with those taking part. Data collection with Singing Group 2 has enabled us to get a clearer insight into some of the ways through which Chameleon's may have been experienced, although this remains a glimpse at this stage. However, there are clear lines of further inquiry which we recommend are explored, so that the project can respond to the ideas and challenges that may be experienced by these young people both outside and through participation in the group. Co-production of project design and research design, including a longer-term, embedded, research strategy may be of significant value to all involved in helping us all understand the experience of coming together to sing for young people who are experiencing mental health symptoms. It is more difficult at this stage to understand the experiences of the Seagull Café, although the majority of the data gathered through the semi-structured interviews suggests that it is the sociable aspect of taking part and the sense of inclusion which is a common factor in participation. However, the workforce group who participated in phase-two of the

research clearly identify a need to develop an understanding of how the project works and could develop, through partnership and this may be the most constructive line of inquiry for further research, as opposed to exploring the change experiences of the adults taking part in the singing group as participants. This said, it was clear from the workforce reflections that people had powerful stories of their participation and although these stories may not be articulated in the next stage of research, the music organisation and their partners may be well placed to develop ways for these stories to be shared through their evaluation processes that make up part of their project reporting. As stated in the introduction of this report, the time has come to act on the evidence that tells us that these benefits of participation exist. Moving forward, alternative methodologies and inclusion of the research team in the development of the research purpose will enable us all to more clearly articulate how and why the Seagull Café may be an important factor in supporting older people experiences isolation in Morecambe. Time limitations have been a significant limitation for this pilot project. As such, longer-term, embedded, research strategies are recommended. It is also recommended that the research team, alongside participants (particularly in the case of Singing Group 2) are included in the initial planning of the research.

As stated in the introduction to this report, understanding the partnerships involved in long-term project work between arts and health sectors, at a local level, will help continue to develop the evidence-base for the role of interventions such as these. Including the research team in the early reflections of this pilot project is a positive step towards reflecting and developing this practice. The ICCM research team thank all the partners and research participants, as well as singing group participants who chose to not take part at this time, for their trust and their welcome.

The research in phase-two of the project has been an opportunity to reflect on phase-one and the experiences of people taking part. Through coming together to reflect and to share experience and aspirations for the project, grounded in a common aim of addressing health inequalities through the development of the singing groups, those working in these singing groups are reflecting on their roles and responsibilities of stakeholders, moving forward to future project delivery. We would like to thank everyone who joined us to explore some of the ways in which singing for health in Morecambe could be valued, shared and supported as a way in which to challenge health inequalities in the local area. We recommend that these committed and passionate teams of practitioners continue to come together to share, reflect and plan in collaboration with those who are participating and those who will join future iterations of this work.



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