

Mapping Music in Education, Social Care, and Health and Wellbeing (MESH) in the UK

West Midlands Pilot Research Project



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Live Music Now

Sounds of Intent Charity

Music of Life



Plain Language Summary

- Live Music now, Sounds of Intent Charity and Music of Life commissioned a pilot research project because they are aware that there are different musical opportunities available across the country.
- Music can be beneficial for health, social and educational reasons. Some people have access to lots of different musical experiences. Some people do not have access to any musical experiences. This is not equitable or fair.
- This project explores what musical opportunities are available in the West Midlands Combined Authority. The intention was to develop a map and consider the spread, funding, and nature of these opportunities.
- An online survey was open for ten weeks and received 30 unique responses which met the inclusion criteria. The 30 contributors reported on 120 projects. Online interviews were held with three individuals. We are very grateful to all who contributed to the online survey and the informal interviews.
- In the small sample, weekly provision from regional organisations was common. There were many musical opportunities for people with learning disabilities and neurodivergence, young people and those experiencing mental health challenges. There were many examples of musical opportunities for large groups.
- There was less provision delivered in the social care sector and fewer projects aimed at people experiencing homelessness, substance misuse, people living with dementia, and babies and toddlers.
- Almost a third of the contributors' projects were funded by multiple sources. The commonest funding source was trusts and foundations, followed by earned revenue (full cost paid or part subsidised).
- Not all contributors collected evaluation data, and less contributors collected impact data than evaluation data. Some contributors had very rigorous evaluation and impact processes.
- Three case studies showed contrasting perspectives. Some projects could readily be scaled up if there were more funding available. Other organisations are intentionally very local and would not be interested to grow to a national level. Some projects would benefit from having greater awareness of other musical opportunities in the area and a professional network.
- While the research doesn't show all musical opportunities that exists, there is some valuable learning about the potential to connect local projects and share good practice to inform and develop practice in other regions.
- Connecting back to other research and initiatives about music for social change, this project agrees with the need for a joined up approach so that information and insights are shared and resources pooled to advocate for fairer access to musical opportunities.

Executive Summary

The Mapping Music in Education, Social Care, and Health and Wellbeing (MESH) West Midlands Pilot Research Project was conducted between September 2023 and March 2024. The project aims to map supply and demand in the complex and diverse field of services that use music to deliver educational, social and health outcomes. Further, this initiative aims to raise awareness of the provision that currently exists and to identify geographical and contextual 'cold spots', so that future strategy and funding can ensure equitable access to quality provision. The pilot project focused on provision delivered with the West Midlands Combined Authority (WMCA), which comprises Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton.

Following ethical approval obtained through the Sounds of Intent Charity's ethics process, an online survey was developed by the researcher in consultation with the Advisory Group and under the supervision of Professor Adam Ockelford and Professor Graham Welch, using JISC Online Survey software (version 2). Following a piloting process, the online survey was initially launched in November 2023 and re-opened in January 2024 to seek further responses. In total, the online survey remained open for ten weeks. The call for contributions was disseminated to a database of practitioners identified through internet searches, through social media groups and forums, through professional networks, and through regional contacts.

Alongside the online survey, informal online interviews were held with three individuals representing diverse organisations, provision and contexts, in order to generate more detailed case studies for this report.

The online survey received 34 contributions, 30 of which were unique and met the geographical inclusion criteria. While this was fewer responses than hoped for and therefore cannot be deemed representative of practice in the sector or the region, these responses nonetheless offer an insight into the current landscape and practices in the field at a given point in time.

The 30 contributions represented sole traders, charities, community interest companies, businesses and institutions with the scale of the provision varying from 0.05FTE to 137FTE. The 30 contributors reported on 120 projects or areas of

provision between them. Contributors reported a range from one musician to 453 musicians facilitating music for social change in a given 12 month period in the past 18 months. In this sample, there was a relatively even spread of provision across Education (50 projects, 42%), and Health and Wellbeing (58 projects, 48%) sectors, with fewer contributions representing provision in Social Care (12 projects, 10%).

The commonest rhythm of session delivery by far was weekly sessions (28 projects) and for projects reaching 101+ participants (25 projects). There were a range of participant groups accessing provision, the most well-represented being projects attended by participants with a learning disability or who are neurodivergent (47 projects), followed by adults (39 projects), young children (34 projects), older children and adolescents (34 projects), people experiencing mental health challenges (33 projects), young adults (33 projects) and older adults (33 projects). The commonest distance participants travelled to sessions were 'Very local (within walking distance)' (59 projects, 49%) and 'Local (within a short drive)' (60 projects, 50%).

A number of contributors reported that their provision was funded by multiple sources (35 projects, 29%). The commonest funding type was 'Trusts and Foundations' (31 projects, 26%) followed by 'Earned Revenue, subsidised' (20 projects, 17%) and 'Earned Revenue, full cost paid' (20 projects, 17%). It is not known whether these funding types provided the greatest amount of funding per project or organisation, and this could be further explored in future research.

There was a significant range in contributors' engagement with and approaches to evaluation and measuring impact: 77% (23 contributors) collected evaluative data and 60% (18 contributors) collected impact data. There were some highly rigorous examples of excellent practice in these domains which could support other individuals and organisations in generating relevant data and a shared language for advocating for increased funding in this field.

The three case studies involved Richard Moss, Senior Social Prescribing Link Officer from Integrated Plus Service; Dr Rosie Rushton, Director of Big Top Musical Adventures CIC; and Maria Teterina, CEO of Music of Life. The case studies highlighted a significant range in the specialism, philosophy, reach and scalability of provision. One case study contributor was unaware of any other local provision or

opportunities to develop the provision or offer progression to participants. Another contributor was passionate about maintaining a specialist, regional provision and was not interested to extend beyond their local region. The final contributor's provision was currently mapped according to professional networks and opportunities, and they felt that their current model of provision could readily be scaled to a national level, if more funding were available.

Contributors rightly highlighted the complexity and nuance of practice in this field, which is not necessarily captured by the blunt nature of the survey, in some domains. While increased detail would offer a more insightful and potentially accurate picture, this would not be feasible to scale up.

Recommendations from this pilot research study include: scaling down the online survey if it is to be disseminated more widely, since the current burden on contributors was reported as significant, and potentially duplicates other data requests. There could be further consultation and co-production with individuals and organisations in the sector which could offer more investment and ownership in the project. If producing a more thorough and accurate picture of provision is a priority, the project could be scaled down to enable deeper engagement at a local level and more efficient use of resources. A separate strategy or approach is needed to understand participants' lived experiences of music for social change provision.

The social prescribing movement continues to gain momentum and through forging deeper connections between existing music for social change provision and social prescribing infrastructure, the reach of existing provision could be expanded to enable more equitable access to provision.

As alluded to in other related initiatives, there is a need to further 'join the dots' between multiple projects with a shared endeavour to facilitate an efficient and impactful strategy moving forward.

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Introduction

The Mapping Music in Education, Social Care, and Health and Wellbeing (MESH) project aims to map supply and demand in the complex and diverse field of services that use music to deliver extra-curricular educational, social and health outcomes. Further, this initiative aims to raise awareness of the provision that currently exists and to identify geographical and contextual 'cold spots', so that future strategy and funding can ensure equitable access to quality provision. The Mapping Music in Education, Social Care, and Health and Wellbeing (MESH) West Midlands Pilot Research Project is a scoping exercise to explore the potential and feasibility of scaling this approach up to a national level.

There are many organisations that provide active participatory music activities and interventions in the education, social care, and health and wellbeing sectors. Some are specialist, such as Live Music Now¹, Drake Music², Open Up Music³ and Music of Life⁴. Others are part of music performance organisations, venues, festivals and conservatoires. However, across the UK, provision is ad hoc and lacks coherence. It appears that some people are in receipt of excellent music provision from one provider or more, while many others get nothing at all.

For example, Live Music Now, one of the largest providers of tailored music interactions in care settings, works in around 250 care homes each year – yet there are over 20,000 care homes in the UK. The Advisory Group believe that all organisations working in the sector should work together to improve equitable access to high quality music opportunities for all.

¹ Live Music Now (2024), 'About Us' [Online], Available at <https://www.livemusicnow.org.uk/about-us/> Accessed 21st March 2024.

² Drake Music (2024), 'About Us' [Online], Available at <https://www.drakemusic.org/about-us/> Accessed 21st March 2024.

³ Open Up Music (2024), 'Our Values and Team' [Online], Available at <https://www.openupmusic.org/our-values-and-team> Accessed 21st March 2024.

⁴ Music of Life (2024), 'What We Do' [Online], Available at <http://musicoflife.org.uk/what-we-do/> Accessed 21st March 2024.

Live Music Now is working in partnership with Music of Life and Sounds of Intent Charity to commission research on both the provision of services and the potential demand from education, social care and health settings.

The research was carried out by Dr Beth Pickard and supervised by Professor Adam Ockelford, Professor of Music in the School of Education at the University of Roehampton, and Professor Graham Welch, Chair of Music Education at the UCL Institute of Education.

Context / Review of Literature

The brief for this pilot research project was broad in its aspiration to map supply and demand in the complex and diverse field of services that use music to deliver educational, social and health outcomes. In the early stages of developing the project, we discussed whether it would be constructive to provide a further definition of what forms of music making might be considered relevant for the research. As a definition of music for social change was explored, the complexity of this endeavour became apparent. Much as contributors to this study rightly note that the practice in the field of music for social change is “complex”, “nuanced” and “multifaceted”, so too is the language and terminology related to this practice.⁵

Various resources, research and initiatives have sought to provide a coherent definition of this practice, including Lars Ole Bonde’s ‘health musicing’⁶ which is presented as a continuum of related activities with varying intentions and outcomes, recently revised and updated⁷; Hilary Moss’s new paradigm of arts and health⁸ which includes a range of activities which can be applied to any art form; or François Matarasso’s more binary and divisive definition of participatory arts as a ‘co-creation’ between professional artist and non-professional artist.⁹

⁵ Davies, C. R. and Clift, S. (2022), ‘Arts and Health Glossary – A Summary of Definitions for Use in Research, Policy and Practice’, *Frontiers in Psychology*, 13: 949685, <https://doi.org/10.3389/fpsyg.2022.949685>.

⁶ Bonde, L. O. (2011), ‘Health Musicing – Music Therapy or Music and Health? A model, empirical examples and personal reflections’, *Music and Arts in Action*, 3(2), p. 120 – 140.

⁷ Bonde, L. O., Stensæth, K. and Ruud, E. (2023), ‘Music and Health: A Comprehensive Model’ [Online], Available at <https://www.kommunikation.aau.dk/new-report-about-music-and-health-by-lars-ole-bonde-karette-stensaeth-even-ruud-n97689> Accessed 21st March 2024.

⁸ Moss, H. (2016), ‘Arts and Health: A New Paradigm’, *Voices: A World Forum for Music Therapy*, 16(3). <https://doi.org/10.15845/voices.v16i3.863>

⁹ Matarasso, F. (2019), *A Restless Art: How Participation Won, and Why It Matters*, London and Lisbon: Calouste Gulbenkian Foundation.

There have been several key milestones in the landscape of music for social change in the UK in recent years which offer contemporary context to the research. The All-Party Parliamentary Group on Arts, Health and Wellbeing's Inquiry Report: 'Creative Health'¹⁰ was published in 2017, advocating that "the arts can keep us well, aid our recovery and support longer lives better lived". Through evidence comprising qualitative and quantitative methods, economic analysis and the measurement of wellbeing; as well as exchanges of ideas and experiences at roundtables of service users, health and social care professionals, artists and arts professionals, funders, academics, people in local government, policy-makers and parliamentarians, the report presented a thorough overview of the creative health landscape in the UK at the time.

A review of the report was published in 2023 by the National Centre for Creative Health¹¹, which centres the following key messages:

- "Creative health is fundamental to a healthy and prosperous society, and its benefits should be available and accessible to all."
- Creative health should form an integral part of a 21st century health and social care system - one that is holistic, person-centred, and which focuses on reducing inequalities and supporting people to live well for longer.
- Creating the conditions for creative health to flourish requires a joined-up, whole system approach incorporating health systems, local authorities, schools, and the cultural and VCSE sectors."

This philosophy aligns well with the ethos and aspirations of this research, and evidences a shared endeavoured by various initiatives and stakeholders across the sector.

¹⁰ All-Party Parliamentary Group on Arts, Health and Wellbeing (2017), 'Creative Health: The Arts for Health and Wellbeing' [Online], Available at <https://www.culturehealthandwellbeing.org.uk/appg-inquiry/> Accessed 21st March 2024.

¹¹ National Centre for Creative Health (2023), 'Creative Health Review' [Online], Available at <https://ncch.org.uk/creative-health-review> Accessed 21st March 2024.

A further initiative which aligns closely with the aspirations of this research is the Power of Music: A Plan for Harnessing Music to Improve Our Health, Wellbeing and communities.¹² This project sets out a four-step framework to harness the power of music, which includes:

- “Step one – demonstrate leadership by appointing a Power of Music Commissioner, setting up a cross-government taskforce and establishing a cross-sector consortium.
- Step two – mobilise support for and engagement with the power of music through a national campaign and creation of an online resource centre.
- Step three – integrate music into our health, care and education to unlock its full potential to support our national health and wellbeing.
- Step four – combine existing funding and seek new focused investment to make music more accessible for all.“

Several resources and research reports about music for social change, health and wellbeing, including ‘Music and Health: A Short Review of Research and Practice’¹³, reference the increasing prominence of the Social Prescribing movement and its potential for widening equitable access to music provision:

“An increased role for music and wider arts engagement in UK health policy is emerging through the Government’s current investment in “social prescribing” – where GPs direct patients to positive activities rather than giving them medicine. This initiative puts primary prevention and support for healthy lifestyles at the heart of health planning and encourages more holistic, person-centred and community-focused approaches to looking after our health and wellbeing.”

¹² UK Music & Music for Dementia (2022), ‘Power of Music: A Plan for Harnessing Music for our Health, Wellbeing and Communities ’ [Online], Available at <https://www.ukmusic.org/wp-content/uploads/2022/04/Power-of-Music-Report-Final-Pages.pdf> Accessed 20th March 2024.

¹³ Vella-Burrows, T., Ewbank, N., Gilbert, R., Forrester, M. and Barnes, J. (2019), ‘Music and Health: A Short Review of Research and Practice’ [Online], Available at <https://www.culturehealthandwellbeing.org.uk/sites/default/files/NEA%20Music%20and%20Health%20BBC%20document%20R5.pdf> Accessed 21st March 2024.

Methodology

For this West Midlands Pilot Research Project, the Advisory Group selected West Midlands Combined Authority (WMCA)¹⁴ as the target geographical region. Each of the commissioning stakeholders deliver provision within this region, and therefore held some local knowledge.

The parameters of WMCA, which comprises Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton, allowed for consideration of:

- Provision in towns and cities of different sizes;
- Exploration of the spread of provision across urban and more rural areas;
- Understanding of the reach and offer of national performance venues, higher education institutions and conservatoires;
- Potential to map against Index of Multiple Deprivation data¹⁵.

There is also an interesting contemporary context to selecting a Combined Authority over a city or region, since the ‘Creative Health’ Review¹⁶ alludes to the role Combined Authorities can play in the advancement of a Creative Health Strategy:

“Metro Mayors and combined authorities should embrace creative health, as they use local knowledge, skills and devolved powers to improve health, wellbeing and economic prosperity for their populations.

Strong regional, local and community leadership is also necessary for creative health to fulfil its potential. Devolution provides opportunities for combined authorities to draw on creative health to improve health and wellbeing in their areas, leading to wider benefits in the long term.

Creative health can align with combined authority priorities in relation to cultural policy, creative industries, skills development and economic productivity.

¹⁴ West Midlands Combined Authority (2023), ‘West Midlands Combined Authority’ [Online], Available at <https://www.wmca.org.uk/> Accessed 23rd November 2023.

¹⁵ Consumer Data Research Centre (2024), ‘Index of Multiple Deprivation (IMD’ [Online], Available at <https://data.cdrc.ac.uk/dataset/index-multiple-deprivation-imd#data-and-resources> Accessed 20th March 2024.

¹⁶ National Centre for Creative Health (2023), ‘Creative Health Review’ [Online], Available at <https://ncch.org.uk/creative-health-review> Accessed 21st March 2024.

We recommend that Metro Mayors consider how their devolved powers can support creative health in their region and work in partnership with ICS leaders in their combined authorities to deliver coherent strategies, and develop sustainable creative health infrastructure at scale, making best use of local assets.”

An ethics application was submitted to the Sounds of Intent Charity’s ethics process in advance of commencing the research, and received approval in November 2023.

An online survey was developed by the researcher in consultation with the Advisory Group using JISC Online Survey software (version 2). The online survey included a range of questions collecting qualitative and quantitative data about the individual/organisation, their staffing and funding, their projects or provision, and their evaluation and impact data. The content of the survey reflected the three strands of the Arts Council England’s Creative Health & Wellbeing agenda: place, partnerships and practitioners.¹⁷ The online survey provided opportunity for each individual/organisation to document up to five separate projects or aspects of provision. While this was intended to keep the data set feasible for analysis, it may have limited some organisations’ potential to capture the extent of their provision. Contributors were able to save their progress on the survey and complete in multiple sittings. All questions were optional, so it was possible for contributors to share an incomplete data set.

A draft online survey was shared with six stakeholders across contexts and sectors. Four completed the pilot survey and provided valuable feedback informing its development. See Appendix 1 for the final online survey questions.

Inclusion criteria for participation in the research was for individuals or organisations to be delivering music for social change or impact within the Education, Social Care, and/or Health and Wellbeing sectors, within the West Midlands Combined Authority (WMCA). Individuals or organisations could have their business or charity registered beyond the region, as long as the provision was delivered within the region.

¹⁷ Arts Council England (2022), Creative Health & Wellbeing [Online], Available at <https://www.artscouncil.org.uk/developing-creativity-and-culture/health-and-wellbeing/creative-health-wellbeing> Accessed 21st March 2024.

The call for contributions was disseminated to a database of over 200 individuals and organisations identified through an internet search of music practitioners practising in the target geographical area (see Appendix 3). Members of the Advisory disseminated through their professional networks and local practitioners were also recruited to disseminate through local and regional contacts and networks, who suggested that they also reached over 200 contacts. The call was disseminated through social media via public posts and targeted posts in relevant local and regional groups and forums. Social media activity was also funded by Live Music Now to increase targeted reach.

Professional networks such as ArtWorks Alliance, Culture Central, Music Mark, and British Association for Music Therapy (BAMT) also shared the call for contributions to their networks and memberships through newsletters and social media. Publicly available records of allocated funding were consulted to identify projects funded and delivered within WMCA, such as Youth Music's 'West Midlands' network page¹⁸. The researcher also directly contacted key stakeholders by phone and email to promote completion and to offer alternative formats if these were more accessible.

The online survey was initially launched on Monday 20th November 2023 and remained open until Friday 8th December 2023. Due to only receiving 20 responses during this initial period, the survey was re-opened on Monday 15th January 2024 and remained open until Thursday 29th February 2024.

The geographical data about individuals/organisations' provision was plotted on a map using Google Maps software to demonstrate the spread of provision (see Appendix 2).

In addition to the online survey, informal online interviews were conducted with a small sample of individuals/organisations in order to generate case study examples to add further insight into current practices. The opportunity to contribute to a case study was provided to all who completed the online survey (and advertised more widely) and three stakeholders agreed to participate. The case studies represent specific and contrasting dimensions of practice in the region.

¹⁸ Youth Music (2024), 'West Midlands' [Online], Available at <https://network.youthmusic.org.uk/west-midlands> Accessed 16th March 2024.

The informal interviews which generated the case studies were conducted online from December 2023 to March 2024, using Zoom software to host and record the discussion. Otter AI software was used to transcribe the discussion for synthesis and analysis. All documents were stored securely on Live Music Now's encrypted cloud storage, as agreed in the ethics application approved by Sounds of Intent. The draft case studies were returned to each contributor for checking before inclusion in this publication.

Results

Survey Responses

The online survey remained open for ten weeks in total between November 2023 and February 2024 and received a total number of 34 contributions. One contribution was empty and didn't record any data, one of the contributors' provision was outside of the target geographical region and so was omitted, one organisation didn't deliver music for social change, and one organisation completed the survey twice. This left 30 relevant, unique contributions for analysis.

Contributors

The 30 contributions received were from the individuals and organisations listed in Figure 1. These 30 individuals and organisations referenced 120 separate projects or areas of provision which they delivered in WMCA within a given 12 month period in the past 18 months. It is noted that this is a snapshot of a moment in time, and the various contributors' provision may represent different 12 month periods over the past 18 months, and that their provision may be represented differently in a different 12 or 18 month period.

It is of note that there are highly regarded and impactful organisations missing from the sample, for example City of Birmingham Symphony Orchestra (CBSO) and Services for Education Music Service (Birmingham). These organisations are known to be delivering significant provision in this region, which may impact the outcomes of this research, if included. The socio-economic context was complex at the time of conducting this online survey¹⁹, and it is of note that organisations are stretched to capacity and that responding to this non-compulsory research was not able to be prioritised.

¹⁹ Sandiford, J. (2024), 'Birmingham Budget Cuts Mean City Faces 'Cultural Deprivation' [Online], Available at <https://www.bbc.co.uk/news/articles/c51ee94ywj2o> Accessed 21st March 2024.

Figure 1 – Contributors to the MESH West Midlands Pilot Research Project online survey

Arts All Over the Place	AZAAD ARTS	Beat It Percussion CIC	Big Top Musical Adventures CIC
B:Music	Creative Optimistic Visions	Dementia Singing Friends and Friendly Faces	Drake Music
Ex Cathedra Singing Medicine	Integrated Plus Service	Live Music Now	Melody
Misfits Music Foundation	Music of Life	One Love Community Music and Arts	Open Up Music
Pete Williams Music	Quench Arts CIC	Royal Birmingham Conservatoire	Shenstone Singers
SIPS Education, Music and Arts Service	Solihull Music Hub	Soundabout	SoundPlay CIC & Kiddibops
St Hilda's Music Hub	St Matthew's Church	The Music Workshop Company	Thespian Arts Theatre CIC
Uniting Singers	University Hospitals Coventry and Warwickshire NHS Trust (Arts at UHCW) CIC		

Staffing

The profile of contributors' organisations varied significantly from provision delivered and managed entirely by volunteers (Melody, Dementia Singing Friends and Friendly Faces, St Hilda's Music Hub), to sole practitioners (Pete Williams Music, Shenstone Singers), to organisations with a balance of freelance staff, employees and volunteers (Misfits Music Foundation, Drake Music, Live Music Now), only employees (Solihull Music Hub) and only freelancers (Big Top Musical Adventures CIC).

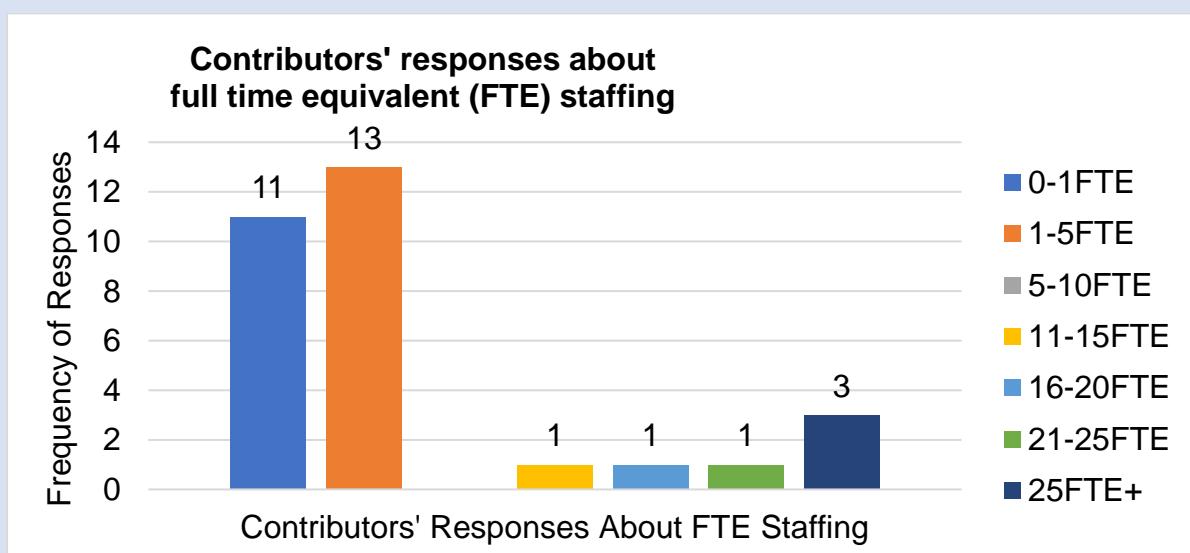
In relation to organisations' full time equivalent (FTE) staffing, as well as participant numbers, valuable feedback was offered in the open question at the end of the survey:

"Our average FTE numbers varies significantly depending on the time of year, and we offer both group and individual sessions, which don't align well with how you are asking us to provide information. Many of our different project annual start dates also don't align with each other, with some activity starting in September, some in April, etc. so we have tried to give a realistic picture of the numbers we engage at any one time, even though theoretically our numbers would be significantly higher if our chosen 12 month timeframe within the last 18 months captured two project years of our Plugin inpatient project participants, for example."

(Quench Arts CIC)

Contributors noted that full time equivalent (FTE) staffing varied significantly from project to project and over time, which should inform the reading of these responses. Reported FTE staffing in the survey varied from 0.05FTE (2 hours per week) to 137FTE. Commonest responses were for small organisations with less than 1FTE and organisations with 1-5FTE. Three organisations reported 25FTE or more (SIPS Education, Music and Arts Service, B:Music and Royal Birmingham Conservatoire). Figure 2 gives a sense of the distribution of FTE staffing across contributors.

Figure 2 – Contributors' full time equivalent (FTE) staffing



Funding

Contributors were asked at a project level how each aspect of provision was funded. Figure 3 shows the spread of funding across the categories proposed in the multiple-choice question, developed in discussion with the Advisory Group. This data shows that the category with the highest number of responses was 'Trusts and Foundations' (31 projects). A number of contributors reported that their provision was funded by multiple sources (35 projects, 29%), and it was not asked how much each contributing funding source funded (in terms of percentage or actual cost). As such, while 'Trusts and Foundations' is the commonest funding source in this data set, it is not known whether this also forms the greatest contribution of funding to each project or area of provision. This could be addressed in more detail in a future iteration of the study, if this were deemed relevant. Earned Revenue was a common source of funding (whether full cost paid or part subsidised), both with 20 responses each. Arts Councils were reported as funding sources by 18 contributors.

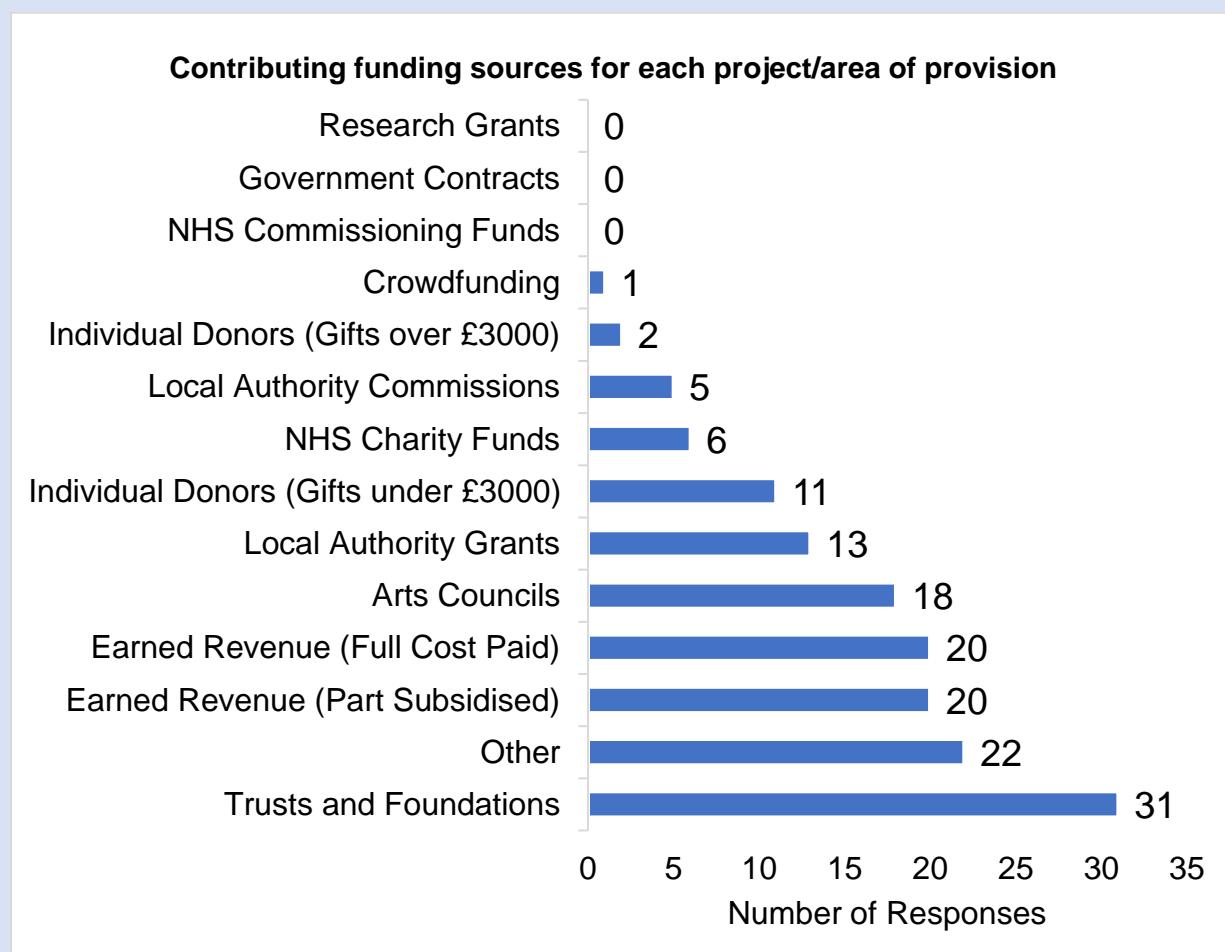
Responses in the 'Other' category (22 projects) were varied and included:

- "Earned revenue includes partner contributions and subsidised sessional costs for participants for our social prescribing sessions (a hardship fund is available)" (Quench Arts CIC),
- "Youth Music" (Big Top Musical Adventures CIC, Quench Arts CIC),
- "National Lottery" (Arts All Over the Place, Quench Arts CIC),
- "Birmingham City University, Royal Birmingham Conservatoire Core Outreach Funding" (Royal Birmingham Conservatoire),
- "BBC Children in Need" (Big Top Musical Adventures CIC, Quench Arts CIC),
- "Forward Thinking Birmingham" (Quench Arts CIC),
- "Birmingham Music Education Partnership" (Quench Arts CIC),
- "Historic England" (Live Music Now),
- "Tickets" (St Hilda's Music Hub),
- "Subscription of members" (St Matthew's Church),
- "Voluntary donations by attendees" (St Hilda's Music Hub).

This shows that there wasn't necessarily a shared language around this funding question, since some of these responses could potentially have been captured in the various existing funding categories.

It is also noted that significant changes have been made to funding practices in the region during the lifespan of this research, which may transform the landscape of music for social change in the region in the near future. This also offers some socio-economic context to the responses and potential lack of from organisations impacted by these developments.²⁰

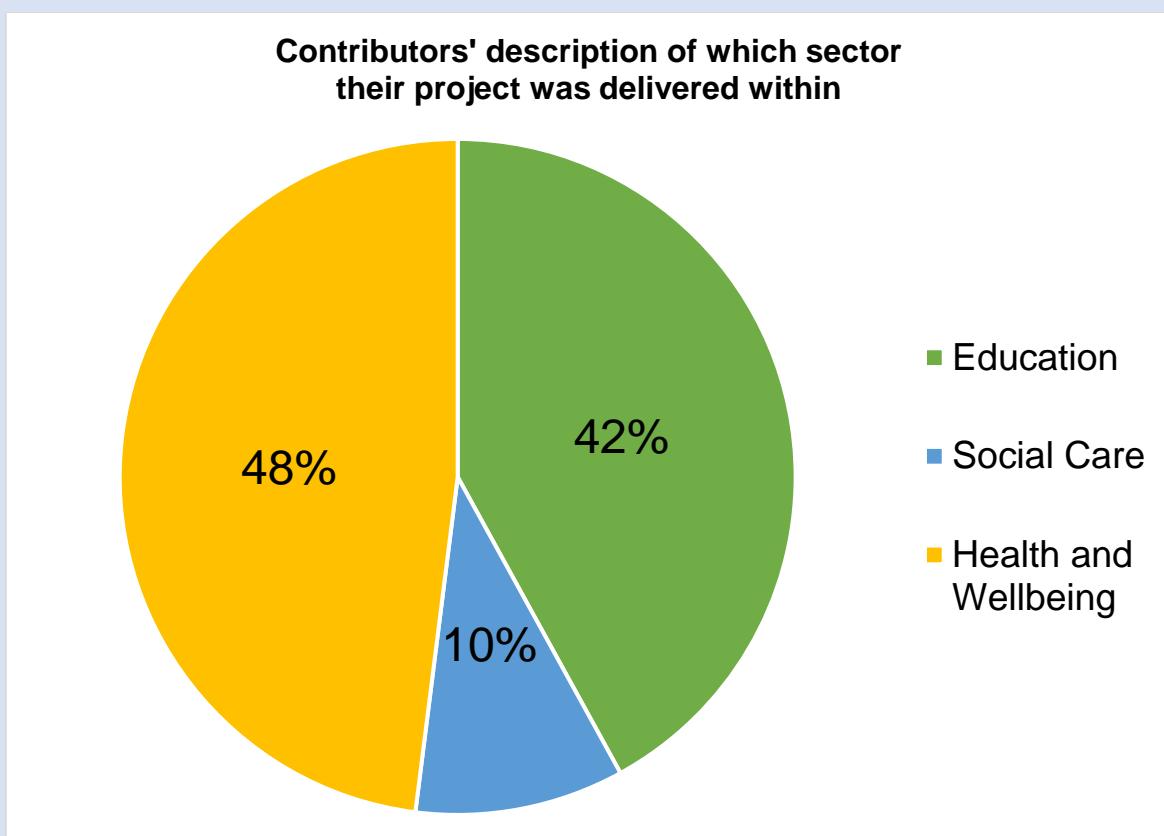
Figure 3 – Contributing funding sources for each project / area of provision



²⁰ Sandiford, J. (2024), 'Birmingham Budget Cuts Mean City Faces 'Cultural Deprivation' [Online], Available at <https://www.bbc.co.uk/news/articles/c51ee94ywj2o> Accessed 21st March 2024.

Contributors were asked to denote the sector(s) within which their provision was delivered (Education, Social Care and/or Health and Wellbeing) at project level, in order that contributors could report multiple initiatives across sectors. The 30 contributors reported on 120 projects and the sectors they were delivered within were distributed as is shown in Figure 4.

Figure 4 – Contributors' description of which sector their project was delivered within



Several projects were delivered across multiple sectors (27 projects, 23%), and in the responses to this online survey, there was a dearth of projects reported in the Social Care sector (12 projects, 10%). Due to the low response rate for this survey, it is not possible to understand if this is generalisable or representative of the wider sector or region. However, within the organisations represented, Social Care was the least prominent sector within which provision was delivered. It is also noted that a

definition of sectors was not provided, and it was not clear whether contributors were reporting on the location of the provision, such as a hospital being denoted as a health setting, or the nature of the opportunity. For example, instrumental tuition being educational even when delivered in a care home.

In relation to the focus of the provision, contributors described the aims of their sessions at a project level. A brief thematic analysis of the aims of the 120 projects yielded the following themes:

Figure 5 – Themes identified in contributors' descriptions of the aims of sessions

Theme	Examples from the contributors' responses
Music for music's sake	<ul style="list-style-type: none"> • “Get people involved in rock music, singing and playing”, • “Musical play”, • “Access to high quality, interactive participatory performances”, • “Access music-making”, • “Opportunity to perform”, • “Audience enjoyment”, • “A session for adults that play any musical instrument to any ability”.
Progress and attainment in music	<ul style="list-style-type: none"> • “Develop performance and composing skills”, • “Choral singing training”, • “Delivering steady musical progress”, • “Learning to play new instruments, write songs, experiment with technology”, • “Develop musical skills”.
Developmental potential in music	<ul style="list-style-type: none"> • “Promoting and supporting healthy development (physical, cognitive, emotional and social) in a playful atmosphere”, • “Alternative education”, • “Improved communication skills in individuals”, • “Significant and sustained improvements in behaviours in students”, • “Musical play to support wellbeing, interaction and cognitive function”, • “Using musical play to support learning development”, • “Learn to express emotions constructively”.
Wellbeing, relaxation, reducing stress	<ul style="list-style-type: none"> • “Deep relaxation as mental health and wellbeing support”, • “Reducing isolation and improving wellbeing”, • “Intervention support for people struggling with poor mental health, loneliness, social isolation, anxiety or depression”, • “Help adult learners feel better about themselves”, • “Builds confidence and improves wellbeing through shared experience of making rock music”.

Nurturing networks, relationships and communities	<ul style="list-style-type: none"> • “Initiating a networking opportunity for parents with young children”, • “Creative music making network”, • “Bring together young children, their parents/carers and residents with dementia”, • “Make new friends”, • “To offer friendship to anyone feeling lonely or isolated”, • “Build social connections in a group setting”, • “Social tool to integrate young people into school life and create musical communities”, • “Mixing with other performers that have different skills and abilities is a great way to make friends and also become inspired”.
Culture: participant and musical	<ul style="list-style-type: none"> • “Punjabi folk music, mainly Dhol drumming”, • “Introduce children to instruments, rhythms, songs and chants from around the World”, • “Connect young people in one space from a range of communities across Birmingham and the West Midlands”, • “Social and wellbeing day for older people from a West Indian background”.
Employability and professional skills	<ul style="list-style-type: none"> • “Support music tutors to develop their knowledge/skills/confidence”, • “Prepare young adults for employment in the music industry”, • “Embed in setting staff and our emerging music leader workforce the skills and confidence to provide creative music making opportunities”, • “Instils professionalism”.

The number of sessions delivered by each contributor in a given 12 month period over the past 18 months varied significantly, as shown in Figure 6. At a project level, each contributor was asked how frequently sessions took place (see Figure 7). This data offers some insight into the rhythm of session delivery, with a significant prominence of weekly provision (28 projects, 54%). The next commonest design was of project-based provision (6 projects, 12%). There was a relatively even dispersal of ad hoc events, fortnightly provision, monthly provision, one off and multiple delivery per week in this sample (see Figure 7).

Quench Arts CIC again make a valid comment on the data *not* reflected in these statistics:

“The information requested doesn't ask how long each project has been running, nor how long funding is secured for, so can only really give a snapshot at the time of completion. As such, there may be no guarantee that programmes detailed will be running when the report is published.

Most of the programmes we run are longer term projects that have been established for many years, but they do rely on us obtaining regular funding to keep project delivery going at the level we'd like and reduced funding really impacts on the numbers we can work with in lean periods (which the last year has been!).

However, as well as our longer term projects, we do have some 10 week programmes that run once per year and I'm concerned that the survey doesn't really capture what is ongoing and what is shorter term support/engagement."

(Quench Arts CIC)

Figure 6 – Number of sessions delivered by musicians in a given 12 month period over the previous 18 months, using the Arts Council's definition of a half day equating to a session

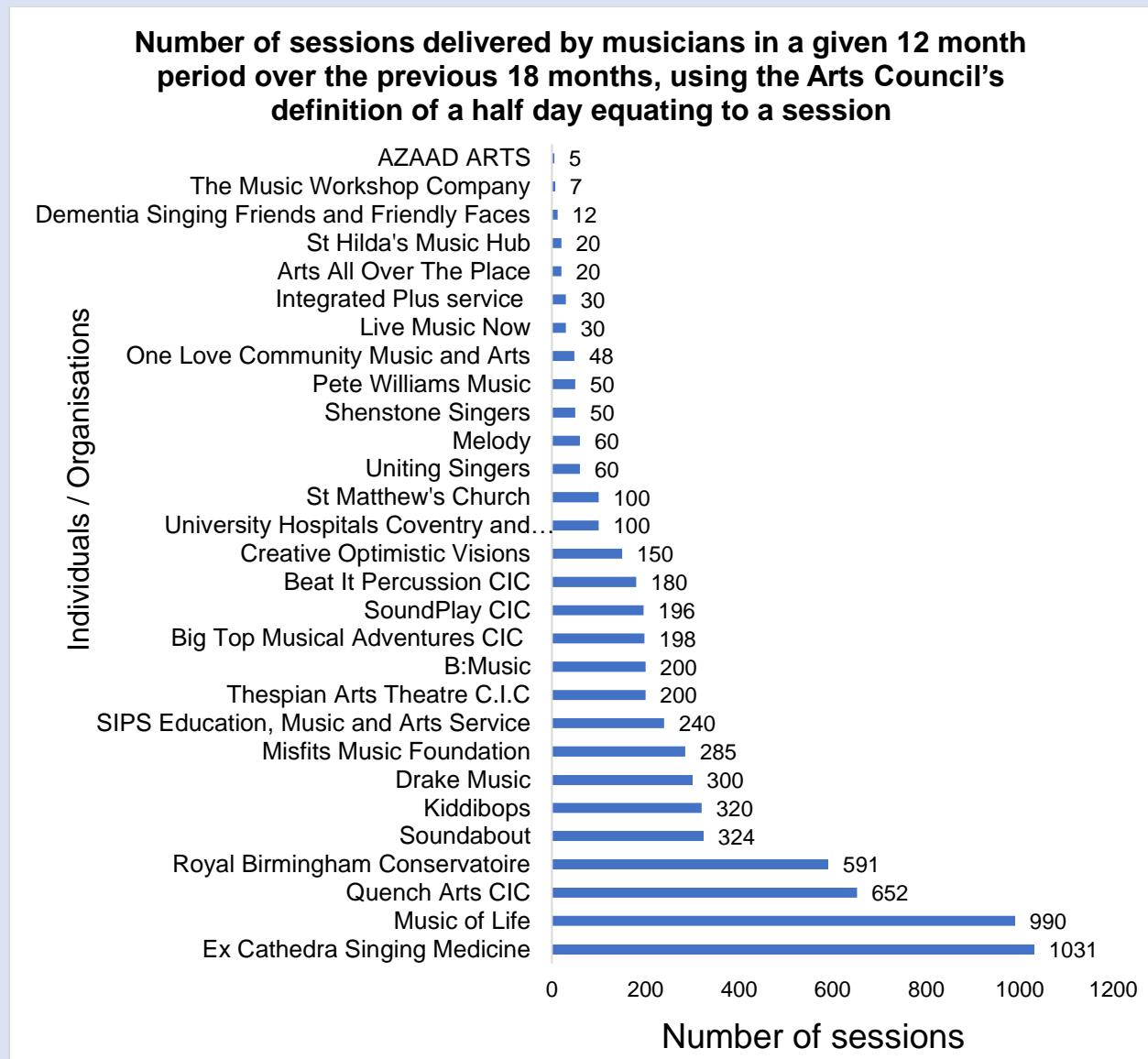
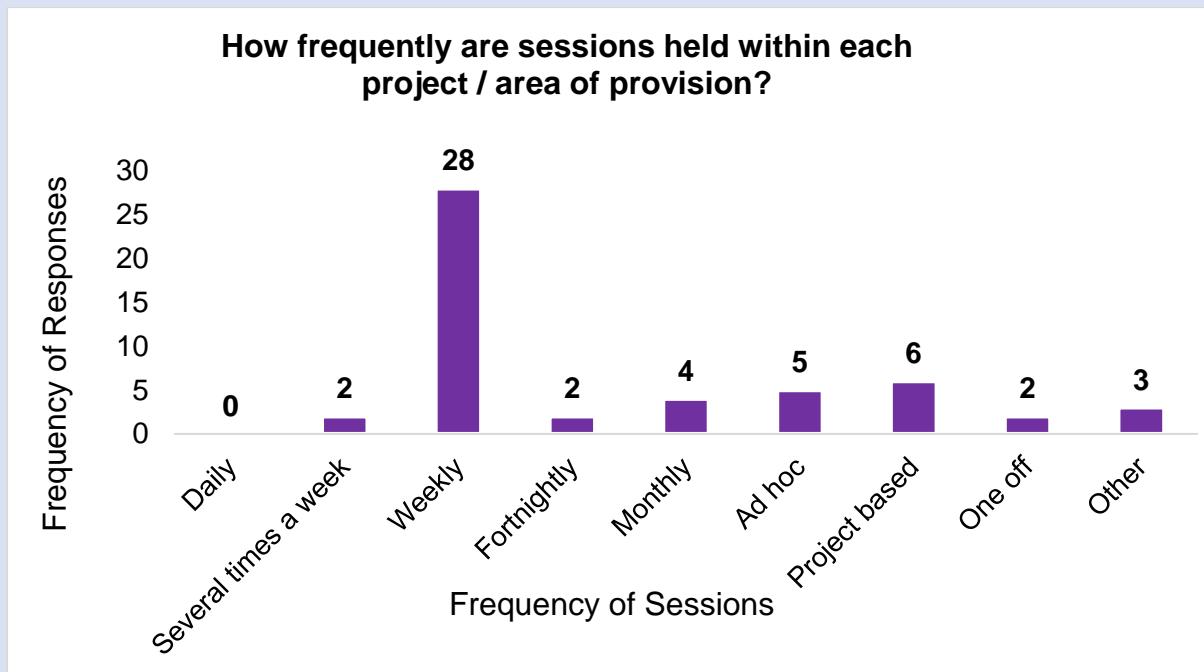
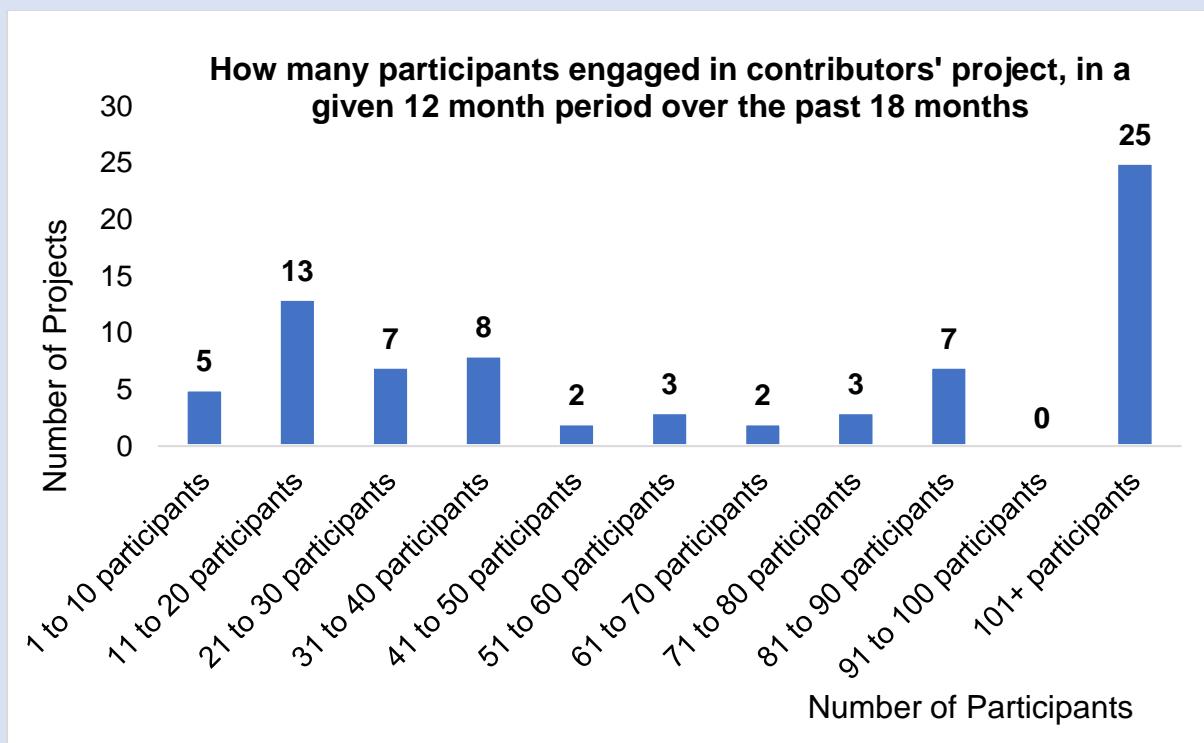


Figure 7 – How frequently are sessions held within each project / area of provision?



Participants

Figure 8 – How many participants engaged in each project in a given 12 month period over the past 18 months



When asked how many participants each contributor engaged over a 12 month period in the past 18 months, the data was requested per project/area of provision. Figure 8 shows that the commonest number of participants engaged in the various projects and areas of provision was the 101+ participants category. Of those who completed this question, 25 of the 75 projects (33%) reported in this category. Projects reaching 1 to 10 participants accounted for 7% (5 projects) of those reported and projects reaching 11 to 20 participants accounted for 17% (13 projects) of those reported. It is notable that some of the projects involve activities which lend themselves to larger cohorts (such as Music of Life's Choirs in Special Schools, Ex Cathedra's Singing Schools, Beat It Percussion CIC's Sound Relaxation, and Arts at UHCW) whereas other projects are designed around smaller groups (Melody's MMB Band, Integrated Plus Service's Hawbush Music Group, Pete Williams' Learn Uke with Pete). Many of the largest numbers reported came from regional organisations, for example Misfits Music (500 participants), Arts at UHCW (3,000 participants), Ex Cathedra Singing Medicine Singing Schools (10,389 participants).

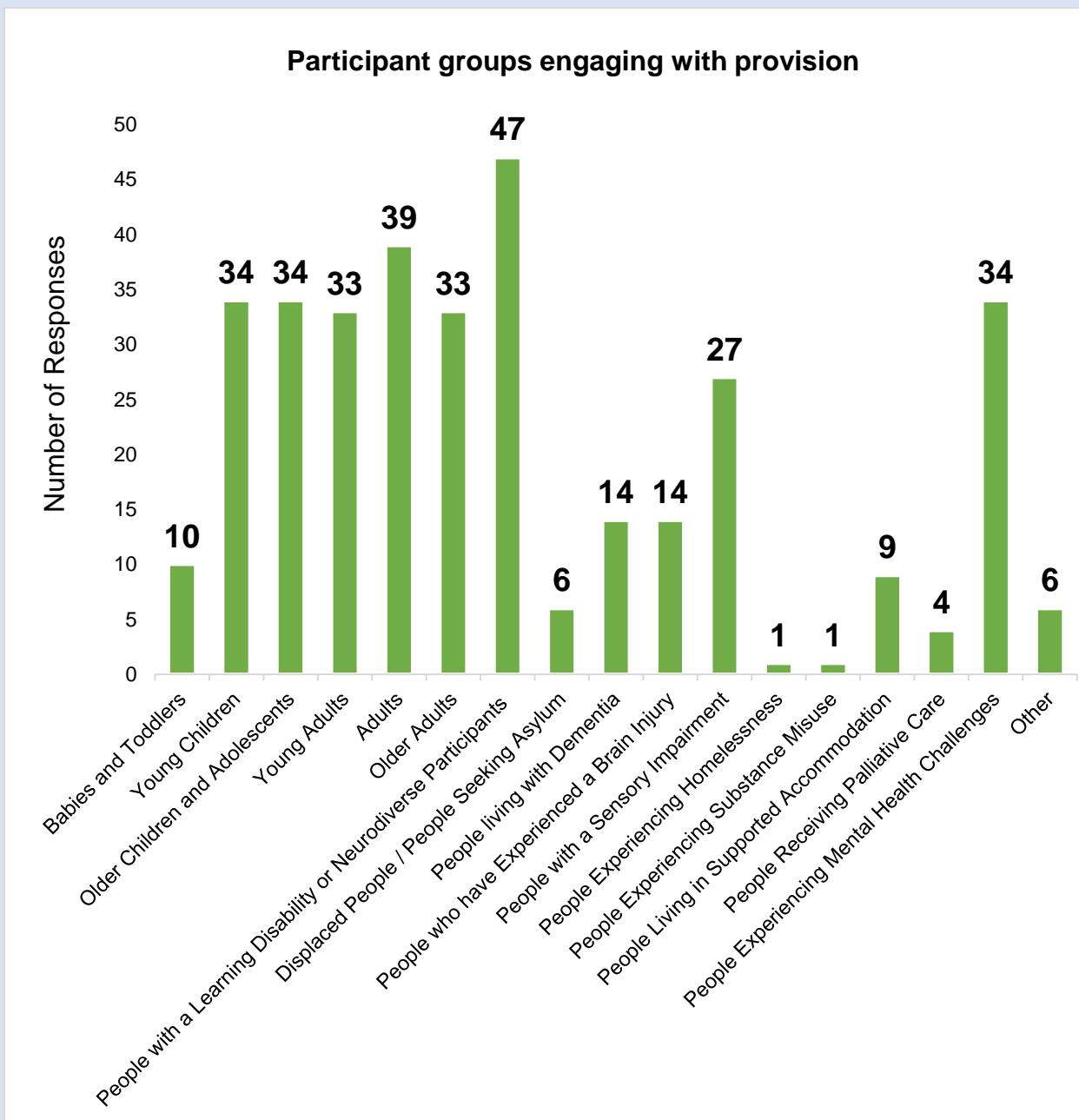
Contributors were also asked at a project level about the demographic of participants. Figure 9 shows the participant groups engaging in each area of provision. It is noted that it was not asked whether the provision was designed for, or exclusive to, a particular participant group. Many projects reported that several intersecting or distinct participant groups engaged with the provision.

Figure 9 shows a prominence of provision for participants with a learning disability or neurodiverse participants (47 projects) and adults (39 projects). It is noted that the researcher's own research and practice is in the field of music for people with learning disabilities, and this may have impacted the completion rate through their own networks and connections.

There were similar statistics for provision for young children (34 projects), older children and adolescents (34 projects), young adults (33 projects), older adults (33 projects) and participants experiencing mental health challenges (34 projects). The next commonest provision was for participants with sensory impairment (27 projects). There were only two responses reporting on provision for participants experiencing homelessness and participants experiencing substance misuse (both from Beat It Percussion CIC, Sound Relaxation). Responses in the 'Other' category

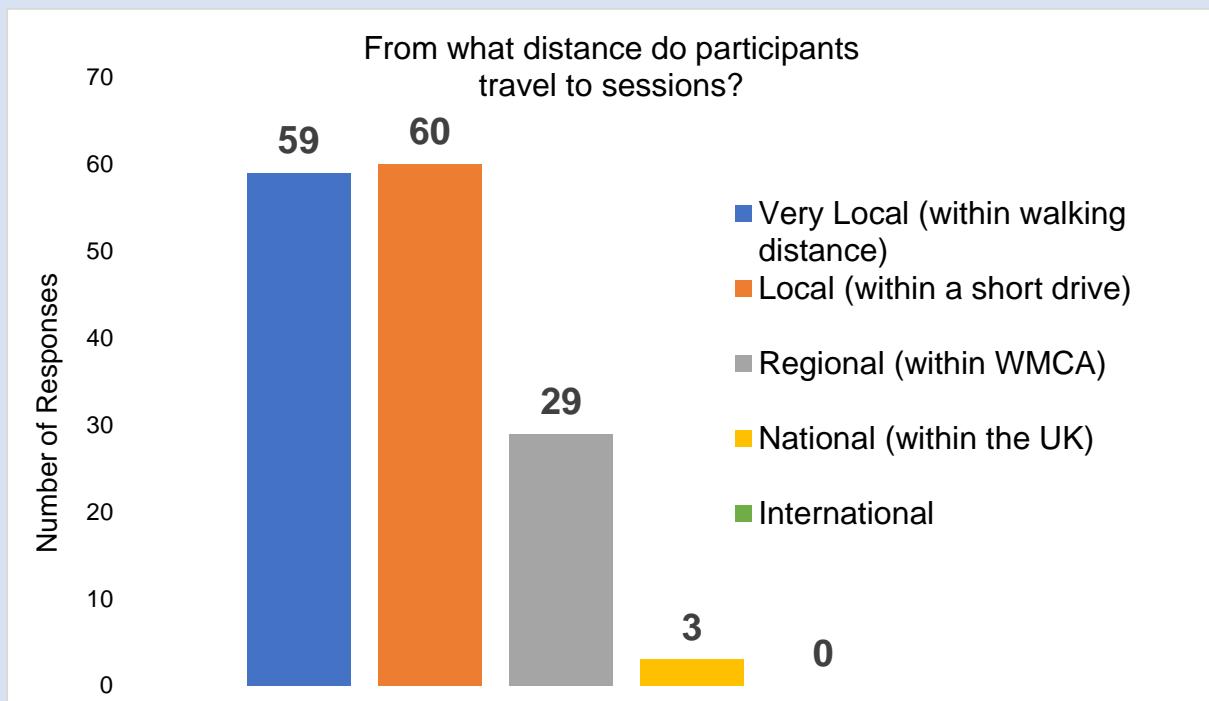
(6 projects) reported on “people in refuges as a result of domestic violence” (Quench Arts CIC), “mental health inpatients” (Quench Arts CIC), “young people working with Solihull Youth Justice and Exploitation Team” (Solihull Music Hub), “children in care” (SIPS Education, Music and Arts Service) and “anyone impacted by dementia so their carers and someone who maybe has lost their partner to care home or in passing” (Dementia Singing Friends and Friendly Faces).

Figure 9 – Participant groups engaging with provision



Finally, data was collected about how far participants travelled to access the provision. Figure 10 shows that the commonest response was for 'Local (within a short drive)' (60 projects), closely followed by 'Very Local (within walking distance)' (59 projects), however several contributors provided multiple responses per project / area of provision, most commonly 'Very Local' and 'Local' (26 projects), followed by 'Very Local', 'Local' and 'Regional' (21 projects).

Figure 10 – From what distance do participants travel to sessions?



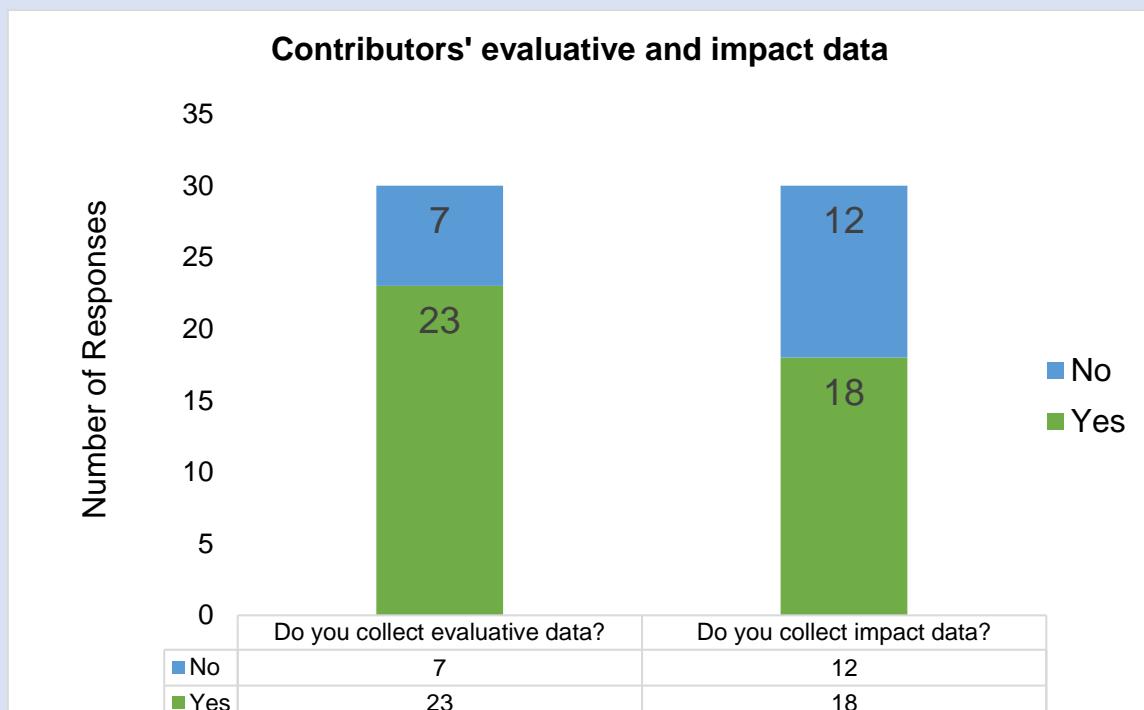
Evaluative and Impact Data

Five questions were asked about contributors' data collection processes, including:

- Do you collect evaluative data?
- If so, what kind?
- Do you collect impact data?
- If so, what kind?
- Would you be open to sharing this data in the future?

Figure 11 shows that 77% of contributors (23 organisations) collected evaluative data, and 60% of contributors (18 organisations) collected impact data. 7 contributors (23%) collected neither evaluation nor impact data, while 3 contributors (10%) collected evaluation data but not impact data. When asked if they'd consider sharing their data to advocate for increased funding in the sector, 49% (16 contributors) would be happy to share, 6% (2 contributors) would not, and the remaining 45% (15 contributors) were not sure.

Figure 11 – Contributors' evaluative and impact data



When asked about the types of data collected to evaluate, contributors discussed a number of different sources. “Feedback” from participants, carers, family members and practitioners was mentioned by 10 contributors, with some specifying how this was collected, e.g. “questionnaires” (5 contributors), “surveys” (3 contributors), “observation” (2 contributors), “reflections” (1 contributor), “interviews” (1 contributor), “conversations” (2 contributor), “comments box” (1 contributor), “peer mentors” (1 contributor), “musician diaries” (1 contributor).

Three contributors mentioned “demographics” in their response with some specificity given such as “age”, “gender”, “religion”, “ethnicity”, “postcode”, “SEND”, “wards”, “basic personal info (*sic*)”. Specific data and statistics were mentioned by some, such as “areas of multiple deprivation” (2 contributors), “free school meals” (1 contributors), and “attendance” (2 contributors). There were some examples of themes or areas of focus but without detail of exact tools or strategies for evaluating these, for example “engagement”, “outcomes”, “satisfaction levels”, “progress”, “enjoyment of session”, “loneliness”, and “wellbeing”. One contributor named a particular tool for measuring wellbeing: “IP ONS4 wellbeing” (Integrated Plus Service), which is relevant in the context of their provision as a Social Prescribing service. Another contributor referenced a social-emotional learning curriculum: Zones of Regulation²¹ (Soundabout).

Overall, of the 80% (24 contributors) who *did* evaluate their provision, there were a breadth of approaches to and focuses of evaluation, potentially relevant to the breadth of provision, but potentially making it difficult to present a coherent, reliable data set to advocate for increased funding in the sector.

Slightly fewer contributors collected impact data (20 contributors, 63%), and the data had some similarities and some distinctions from the evaluation data. Some contributors gave identical responses to both questions. Some new data types were introduced in response to this question, such as “project reports to funder”, “barriers to engagement”, “qualifications achieved”, “self esteem and confidence levels”, “external evaluator observations”, “school stats (*sic*)”, “exam results”, “organisational data” and “Sounds of Intent data”. There were fewer commonalities in the responses to this question, although “feedback” was still mentioned several times, as was “questionnaires” (mentioned 4 times) and “surveys” (mentioned 3 times).

Ex Cathedra Singing Medicine particularly mentioned that the following is collected at the end of each session: “numbers, golden moments, areas for improvement and quotes from participants”, which would generate a significant data set when considering that 10,389 participants engaged with their provision in a given 12 month period in the past 18 months.

²¹ The Zones of Regulation (2024), ‘The Zones of Regulation’ [Online], Available at <https://zonesofregulation.com/> Accessed 21st March 2024.

Quench Arts CIC note that:

“For our established longer term programmes, all new participants receiving one-to-one sessions complete our creative baseline activities at beginning/middle/year-end which measure participants’ self-assessed progress regarding project outcomes and are informed by standardised tools (WEMWBS, Rosenberg Self Esteem Scale, etc).

A key part of these activities is to provide the space for participants to reflect upon their journey on the project. Baseline data is analysed on an individual basis as well as collated to provide cohort statistics for the whole project. Participants also set and review their own personal goals against the Five Ways to Wellbeing.

Music Leader sessional reports, musical recordings and year-end evaluations document engagement, observations and progress against each outcome. Annual participant case studies highlight individual progress regarding project outcomes and wider impact, where possible getting feedback from family members/key workers/parents/carers/referral contacts.

For our shorter 10 week programmes, participants set personal intentions for the programme referring to the Five Ways to Wellbeing and review whether these have been met, exceeded or are still in progress at the end of the session.

All our participants complete an annual/project evaluation form and also have the opportunity to provide anonymous feedback through a comments box and via peer mentors/peer support roles.”

(Quench Arts CIC)

These responses demonstrate that the volume and nature of data collected and reviewed to evidence impact varies significantly across contributors’ provision, with some contributors not collecting any data for this purpose, and some having a very detailed and rigorous strategy which could readily form the basis of a consistent and impactful strategy across the sector.

Mapping Exercise

Of the 30 contributors, 23 (77%) were regional organisations, with their registered business address and all their delivery within the target geographical region, 1 (3%) organisations had registered addresses beyond the region but delivered all of their provision within the region (Big Top Musical Adventures CIC) and 6 (20%) were national organisations, with their registered address beyond the target geographical region and their provision also delivered beyond the region (Drake Music, Open Up Music, The Music Workshop Company, Soundabout, Live Music Now, and Music of Life). This geographical spread of registered business addresses is reflected with blue markers on the map on Figure 12 (see Appendix 2 for an interactive map).

Figure 13 gives an overall impression of the location of each project or provision's venues for delivery, using green markers (see Appendix 2 for an interactive map). As anticipated, opportunities are more numerous within urban locations, and a prevalence of responses were received within Birmingham, the biggest city within WMCA.

There were indeed examples of settings accessing provision from multiple organisations, such as Open Orchestra and Music of Life delivering in the same special schools, whereas there are special schools within the region not accessing any of the opportunities highlighted in this project (it is acknowledged that it is not known if they are accessing musical provision through other pathways not reported here).

The researcher considered using colour coding to denote the spread of provision across Education, Social Care, and Health and Wellbeing sectors on the map, however owing to the prominence of projects reporting in multiple sectors (25 projects, 21%), as well as the potential inconsistency of how the notion of sectors was understood, this was not deemed constructive.

One organisation (Soundabout) contributed their online provision, which doesn't feature on the map in a tangible way, but should be acknowledged as potentially a highly accessible opportunity for those who benefit from its offer, and the medium of online provision should be increasingly considered and represented, should this study be scaled up.

Figure 12 – A map showing the registered address of each of the contributors with a blue marker

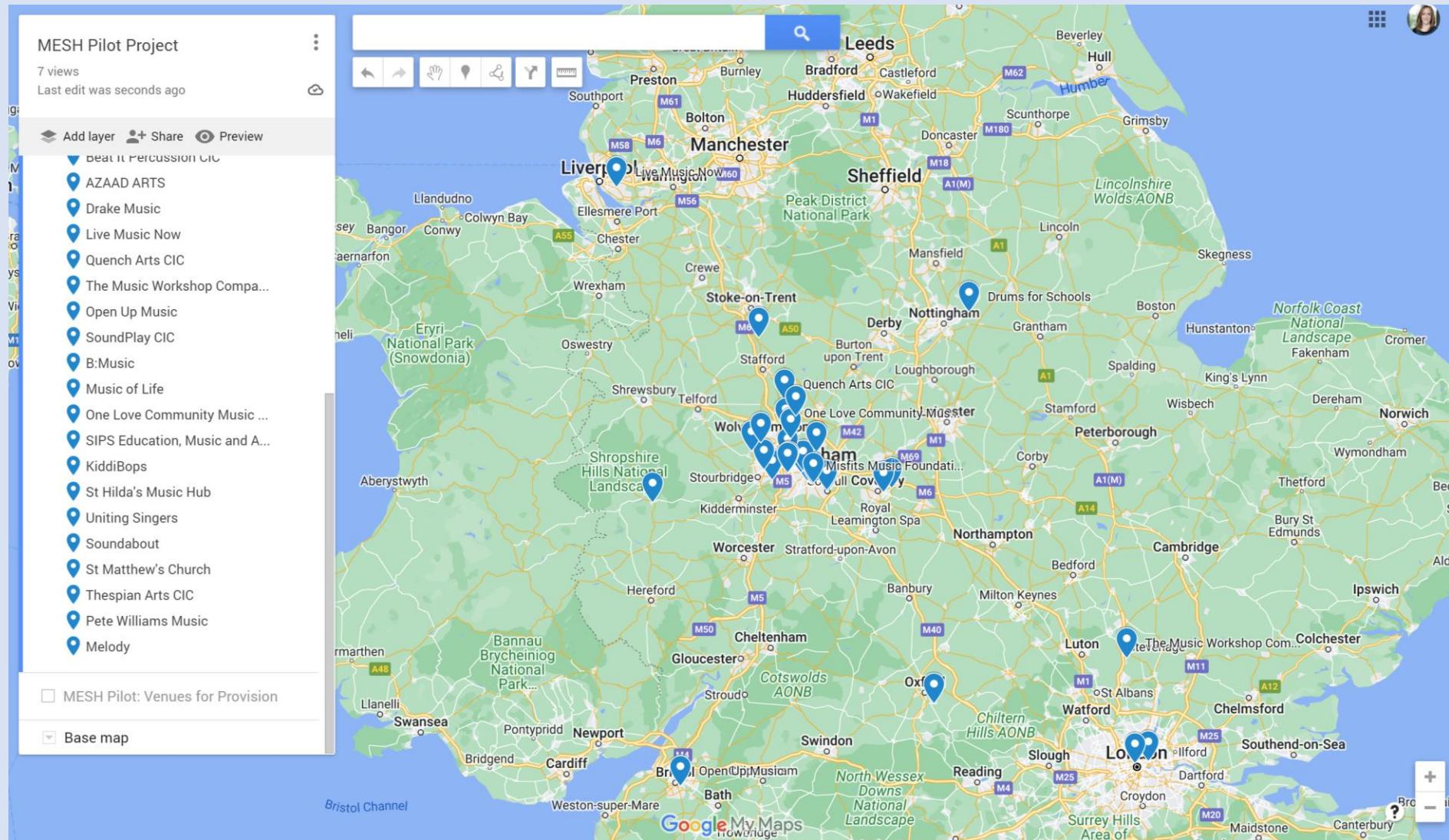
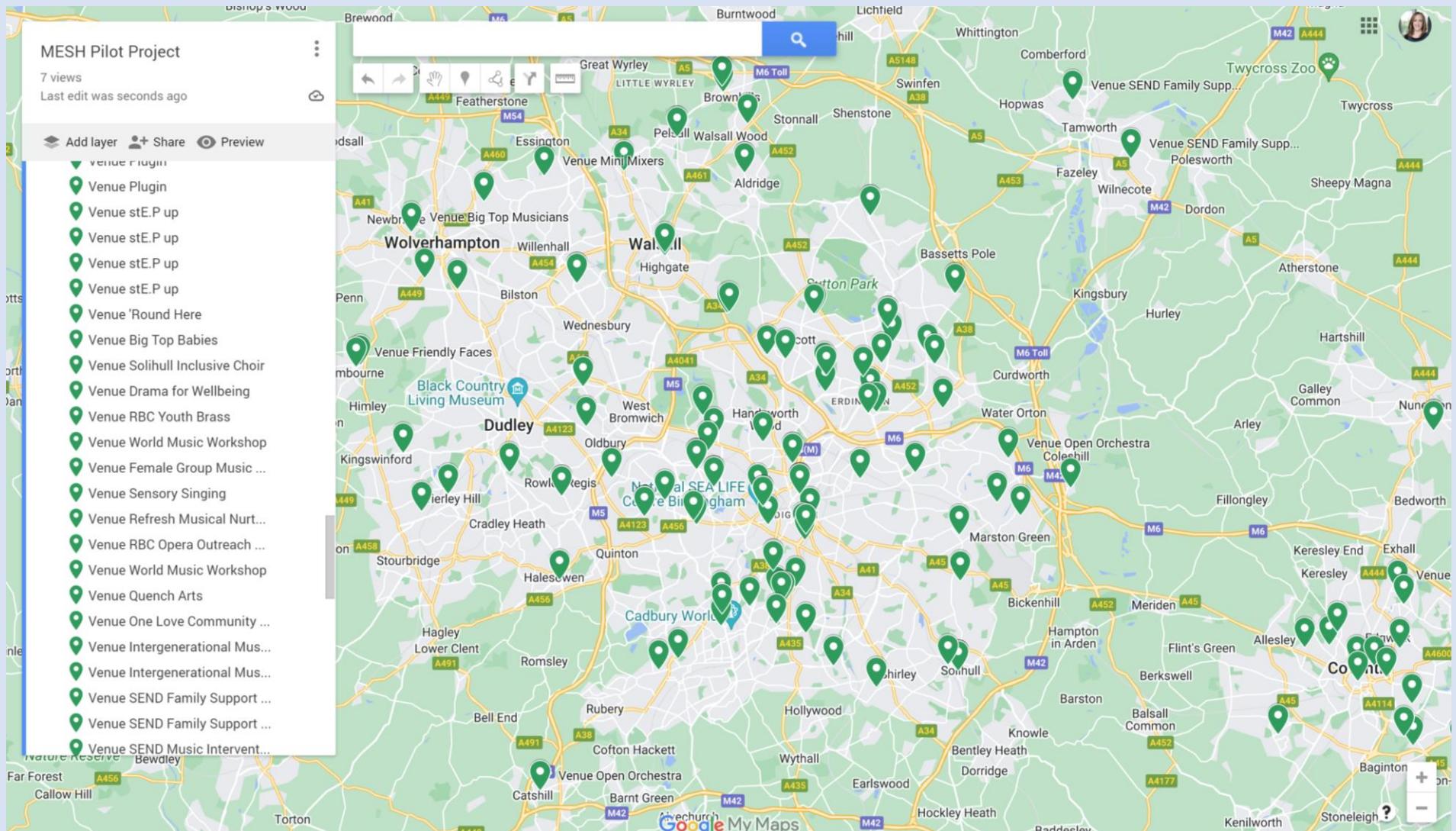
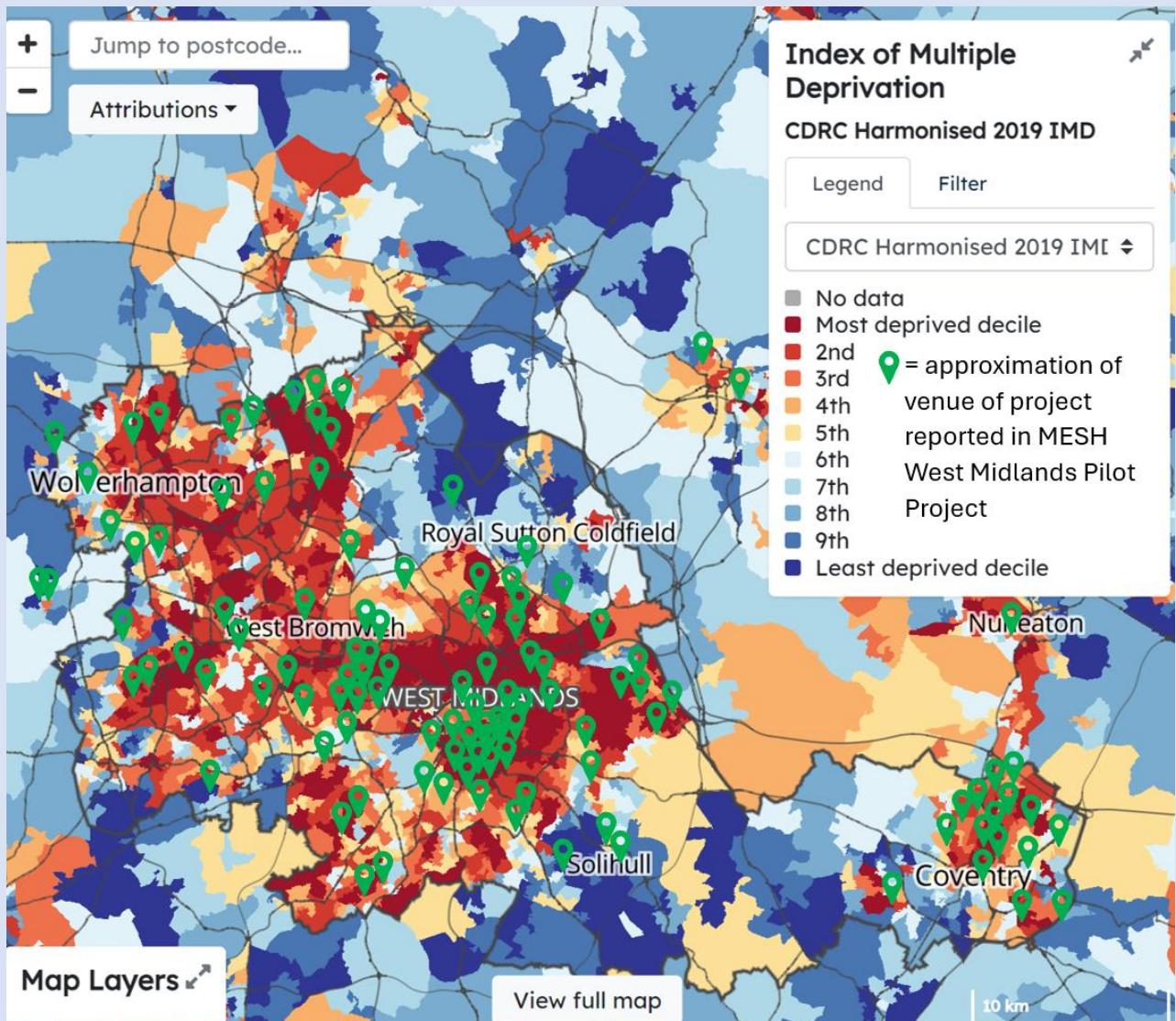


Figure 13 – A map showing the venues of each of the contributors' projects or provision with a green marker



An original intention was to map the contributors' responses against the Index of Multiple Deprivation for the WMCA to explore whether the spread of musical opportunities held any significance in relation to this data. Since the data set is so small and unlikely to be representative or generalisable, it is not appropriate to make any claims about the correlation between the maps. However, in Figure 25, the projects contributing to this study are approximately mapped against the Index of Multiple Deprivation Map, for reference.

Figure 25 – Project Venues Approximately Mapped against the Index of Multiple Deprivation Map for WMCA²²



²² Consumer Data Research Centre (2024), 'Index of Multiple Deprivation (IMD)' [Online], Available at <https://data.cdrc.ac.uk/dataset/index-multiple-deprivation-imd#data-and-resources> Accessed 20th March 2024.

An output of the Consumer Data Research Centre, an ESRC Data Investment, ES/L011840/1; ES/L01189/1" Powered by and hosted on CARTO Platform.

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Case Studies

Three informal interviews were facilitated online using Zoom software, with informed consent from each contributor, as stipulated in the ethics application approved by Sounds of Intent. All contributors to the online survey were invited to share their contact details if they were interested to contribute further through an informal interview, which all of these contributors did.

These contributors were particularly selected for the diversity in the scale, scope and philosophy of their provision and the contrasting perspectives and experiences they bring to this research agenda.

Case Study 1 – Integrated Plus Service



Richard Moss from Integrated Plus Service completed the online survey early in the first period it was open (November 2023) and kindly reached out to discuss his experiences further. As a Senior Social Prescribing Link Worker at Brierley Hill &

Amblecote PCN, Richard developed a music provision for adults experiencing social isolation and mental health difficulties. This is an example of an organic opportunity developed locally using the practitioner's own musical experience. Richard wasn't able to identify other music provision to refer clients into, and so developed his own music group.

Figure 14 – Integrated Plus' profile in the online survey data

Mission Statement	"Connecting, inspiring and working alongside people and organisations to achieve resilience and positive change, while championing their value to partners and the wider community."
Musicians Involved	0 Employed musicians, 0 Freelance musicians, 0 Volunteer musicians.
Sessions by Musicians	30 sessions in a 12 month period

Staffing within Organisation	10 Employed members of staff, 0 Freelance member of staff, 0 Volunteer member of staff.
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Richard reported on the Hawbush Music Group as one aspect of Integrated Plus' social prescribing provision which met the remit of this research. This reflects the fact that there are no musicians formally employed by Integrated Plus to deliver music for social change, but Richard developed and delivered this provision using his own musical skills and initiative:

"I've always played guitar since quite a young age. Our manager always encouraged us that if you had a skill, or if you had something that you could share, and it was a need that was there and wasn't addressed, we could always try and start something and use that skill. Before I knew it, I was doing the sessions, because of the need.

I began the group basically because there wasn't that much else available.

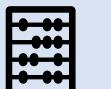
It was really organic in the way that it started, in that I had two clients who both had similar kinds of mental health difficulties, but also disclosed that like they're most comfortable engaging with other people with the guitar, a comfort blanket basically.

We met at a local community gardens. One gentleman was about twenty-five and the other in his seventies, but they both bonded over a love of music... and it grew from there."

"I've done group facilitation training before, but I've never done music group facilitation training and it's completely different because obviously, the extra variables of instruments and people with different skill levels, you know.

There wasn't that much that I could find that was available in terms of that specific [music facilitation] training... so I just kind of, not 'winged it', but you know, when things occurred, it was just a case of talking to my manager and talking to the project development manager and just kind of ironing that out. Yeah, it was very much, kind of a reactive thing."

Figure 15 - Hawbush Music Group's profile in the online survey data

	Aim of Project	"Improve wellbeing of people referred to IP service via music and socialising in a safe inclusive space".
	Sector	Health and Wellbeing
	Frequency of Sessions	Weekly sessions
	Distance to Sessions	Local (within a short drive)
	Funding	'Other' – "Venue hire is free, drinks budget comes from Integrated Plus social prescribing fund and facilitator is a full time Senior Social Prescriber for the service".
	Number of Sessions	21-30 sessions in a 12 month period
	Demographic of Participants	Adults, Older adults, People with a learning disability or neurodiverse participants, People who have experienced a brain injury, People experiencing mental health challenges, Other: Socially isolated individuals with mental health difficulties referred to Integrated Plus.
	Number of Participants	12 participants in a 12 month period

The Hawbush Music Group provision was described as being situated within the Health and Wellbeing sector, and provided weekly music sessions to a group of 12 participants, who were adults with various mental health experiences including those of social isolation. Richard explains how the group received referrals as well as evolving organically.

“A lot of people ended up coming to our group and sitting in and listening and talking about music and not actually playing a note of music, but just enjoying what was going on.

The older gentleman was the person who started bringing his own musical ideas. Initially, it was just some people jamming on Beatles songs and stuff. But then he was like, “Oh, I’ve written a few things”. People began bringing their own ideas and interests, structures and stuff, and it really grew. One of the guys in particular, he has a major depressive disorder and he really, really got a lot from the actual songwriting. He said that he found it quite cathartic and he was the person who wrote a lot of the things that we actually ended up recording, because it was a way for him to express his feelings and emotions.

The group grew through word of mouth. Within the different areas of Dudley we have the Cluster Connect, which are meetings where we meet on a monthly basis and talk about the things that are running throughout the different localities.”

As the group organically came to a natural conclusion, there wasn’t an established legacy or referral pathway for Richard to enable participants to continue engaging in music for social impact. A professional network or map of opportunities could have been supportive to enable Richard to support participants to continue accessing the benefits of musical provision.

“The group got some promotion there, but it was one of those things where I think if it got too much promotion, and too many people came, it might become unsustainable.

Towards the end, after the recording studio visit and a few people got jobs, and a few people moved out of the area and so it was just me, and about two or three core members. At that point, I had lots of other referrals and I couldn’t justify two or three hours of my work day to do it.”

“When the group finished there was nothing particularly where I could refer on to because the men’s music group that was running at the same time by the Connect Project had also stopped, and there was only open mic nights which the people who were coming to the group wouldn’t have been comfortable or confident enough to go to. So there was nothing really to refer on to when it finished”.

This was a unique contribution to the research since it was not an organisation with solely musical provision, and was developed using the practitioner’s own initiative and skills. There is potential that there are other such projects across the country that might benefit from greater awareness of professional networks and local and regional opportunities. Further, training and professional development could increase skills and confidence of facilitators who’s primary medium may not be music.



Dr Rosie Rushton is Director of Big Top Musical Adventures CIC, and kindly responded positively to the invite to contribute to a case study for this research. Big Top Musical Adventures CIC reported on five projects through the online survey: Big Top Band (Sandwell), Big Top Musicians, Big Top @ MAC, Big Top Babies, and Sensory Singing. Rosie shares about her experiences of different funding types and of the importance of consistent, long-term, local provision, developed through trusting relationships.

Figure 16 – Big Top Musical Adventures CIC’s profile in the online survey data

Mission Statement	To provide creative music-making opportunities for people with learning disabilities
Musicians Involved	6 Freelance musicians, 0 Employed musicians, 0 Volunteer musicians.
Sessions by Musicians	198 sessions in a 12 month period
Staffing within Organisation	7 Freelance members of staff, 0 Employed members of staff, 0 Volunteer members of staff.

Big Top Musical Adventures CIC reported on five separate projects through the online survey:

- Big Top Band,
- Big Top Musicians,
- Big Top Babies,
- Big Top @ Mac,
- Sensory Singing.

Figures 17-21 show the profiles of each project in the online survey data.

Figure 17- Big Top Band's profile in the online survey data

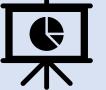
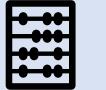
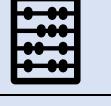
	Aim of Project	Inclusive weekly music making sessions for children and young people 11-18 years with SEN/D
	Sector	Education, Health and Wellbeing
	Frequency of Sessions	Weekly
	Distance to Sessions	Very local (within walking distance), Local (within a short drive), Regional (West Midlands Combined Authority)
	Funding	Local Authority Commissions
	Number of Sessions	31-40 sessions in a 12 month period
	Demographic of Participants	Older children and adolescents, People with a learning disability or neurodiverse participants
	Number of Participants	9 participants in a 12 month period

Figure 18 - Big Top Musicians' profile in the online survey data

	Aim of Project	Inclusive music making sessions for children and young people (3-25 years) with SEN/D
	Sector	Education
	Frequency of Sessions	Weekly
	Distance to Sessions	Very local (within walking distance), Local (within a short drive)

	Funding	Local Authority Commissions
	Number of Sessions	21-30 sessions in a 12 month period
	Demographic of Participants	Babies and toddlers, Young children, Older children and adolescents, People with a learning disability or neurodiverse participants, People with a sensory impairment.
	Number of Participants	82 participants in a 12 month period

Figure 19 - Big Top @ MAC's profile in the online survey data

	Aim of Project	Inclusive music making sessions for children and young people with SEN/D and their families
	Sector	Education, Health and Wellbeing
	Frequency of Sessions	Monthly
	Distance to Sessions	Very local (within walking distance), Local (within a short drive), Regional (West Midlands Combined Authority)
	Funding	Other - BBC Children in Need
	Number of Sessions	11-20 sessions in a 12 month period
	Demographic of Participants	Babies and toddlers, Young children, Older children and adolescents, Young adults, People with a learning disability or neurodiverse participants, People who have experienced a brain injury, People with a sensory impairment, People experiencing mental health challenges

	Number of Participants	74 participants in a 12 month period
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Figure 20 - Big Top Babies' profile in the online survey data

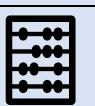
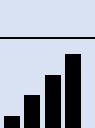
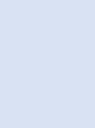
	Aim of Project	Inclusive music making sessions for babies and young children with additional needs.
	Sector	Education, Health and Wellbeing
	Frequency of Sessions	Weekly
	Distance to Sessions	Very local (within walking distance), Local (within a short drive), Regional (West Midlands Combined Authority)
	Funding	Arts Council and Youth Music
	Number of Sessions	21-30 sessions in a 12 month period
	Demographic of Participants	Babies and toddlers
	Number of Participants	9 participants in a 12 month period

Figure 21 – Sensory Singing's profile in the online survey data

	Aim of Project	Inclusive singing sessions for people with learning disabilities
	Sector	Education, Health and Wellbeing

	Frequency of Sessions	Monthly
	Distance to Sessions	Very local (within walking distance), Local (within a short drive), Regional (West Midlands Combined Authority)
	Funding	Local Authority Commissions
	Number of Sessions	11-20 sessions in a 12 month period
	Demographic of Participants	Babies and toddlers, Young children, Older children and adolescents, Young adults, Adults, People with a learning disability or neurodiverse participants, People who have experienced a brain injury, People with a sensory impairment
	Number of Participants	18 participants in a 12 month period

Figures 17-21 show that each of the five projects have related but distinct profiles, reaching a subtly distinct demographic, at a different frequency or distance, funded in different ways and across sectors. Rosie explains how the breadth of provision expanded from a small project initially:

“Big Top was originally just two people, myself and Dom, and it stayed that way for a really, really long time. That's how we basically built our reputation: on the two of us. Since then, we have expanded the team, but we don't want to be a nationwide provision.

We want to be specialists in the Midlands, because we can be there. We can understand what the needs of those communities are. We live in those communities, we're invested in those people, and we can build relationships and reputation there. People talk to other people, and they know what Big Top is, and they know it's a thing that's *here*.”

“As the director of the company, I want to be able to visit any provision and problem solve anything at any point; for the team to know that I am there. If next week, they want me to come and observe a session because they can't solve a problem with a child or young person, I can go. If it's too big, that's beyond my capacity, and that's a responsibility that I believe that I have and I want to be able to maintain.

I think things are local, for a reason. Because relationships are really important in the work that we do, and consistency, and those relationships take time. It's not like you can just send in a random practitioner. Those families come to trust those people and build relationships with those people, and so the skills that those people have, and the qualities that they have, and the presence that they have is really important.”

Having acknowledged that Big Top Musical Adventures CIC is proudly and intentionally a local provision, Rosie discussed her insight into developing other local, grass-roots provision across the UK, in order to enable more people to access provision of this nature:

“I think it's important when you're developing provision that you have the right physical space to deliver that provision: so we will not deliver any provision in a setting that doesn't have hoist changing facilities, we won't work with people who can't provide that.

The reason for that is because we want any family that we have established a relationship with to know straight away, not even to have to think “will my child or young person be able to access this?”, or “will there be steps”, “will they be able to go to the toilet?”, we want it to be consistent: we don't want to break that trust. It's a simple thing, if you say you're an inclusive organisation, you can't deliver provision in a place where there isn't a suitable toilet; you'll have lost that relationship and trust.”

Reflecting on how Big Top Musical Adventures CIC have developed their funding profile over several years, Rosie reflected on various funding related considerations, including the dual facilitated provision:

“Something that is really important for our provision is that we have dual facilitation, and obviously, that comes with an extra cost, because you're paying a second member of staff. Sometimes that doesn't make sense, again, to partnerships: “Why do you need two people if there's only eight families?” But again, because we've evaluated successful projects where we've got funding for two practitioners, we can justify why that's a necessity.

Funding is a continuous focus that takes a lot of energy, and also creates a lot of anxiety in relation to longevity and impact. I feel that there's a big responsibility to families, not just to have something that parachutes in and then goes away, because there's far more sense of loss when you've had something, and it was great, and it was taken away then when you've never experienced it in the first place. We are really mindful of this: our longest ongoing provision has been going on since 2015 and that's funded by BBC Children in Need. The reason it's funded by BBC Children in Need is because they offer a three year grant.

Whilst project by project funding is great, I'm nervous to have it because by the time it's been set up, and you've built the confidence in the families, and you've found the people who the provision is meant for, you have to then say, “oh, yeah, you've really loved this, but that's the end of the road”. We are funded a lot more now by music education hubs, which is really great for us. The great thing about that is that the provision continues; they have a responsibility to provide things for children with SEN/D and their partnership with us allows that to happen. That is far better in terms of the longevity of knowing that the provision will carry on and we are not having to be keep reapplying for funding.”

“This shift to increased partnership working has definitely evolved over time, because originally, we were completely reliant on project-by-project funding, and funding that we were applying for ourselves. Over time, since we've built our reputation, and we've made connections with Music Hubs, then we've been able to work in collaboration with them.”

In discussing how Big Top Musical Adventures CIC developed its offer and reach over time, Rosie explains that this was an organic evolution in response to the needs of the community. There are other needs identified within the community, but funding options limit potential to meet all of these needs:

“We just started doing Big Top Babies, because we had two facilitators who had the skills to do that to start with, and the interest, and then we identified that it was a provision that might be lacking in Sandwell, especially because of the way that the special schools are oversubscribed. The special schools used to take children in early years, but the earliest now is primary age. So children are now entering the special school at a later age, leaving a gap in provision.

We identified that this may be a group that is missing out on what could be a great music provision for them... so we've set up Big Top Babies. It's currently very much in its infancy. We're working out the connections to those families, finding them and working out where the best place, the best day or time would be for those families... to get it right. It's working in an action research way, so we've done the first round of action research, we've reflected on that, and then we're in an interim stage now where we're trying to problem solve before we do the next one.”

In terms of working with adults, because our provision is funded by BBC Children in Need, that goes up to the age of twenty-five. The difficulty is, then obviously, what happens after people get to age twenty-five? That's very much reliant on parents and families' awareness of and access to provision as well. Especially in the last couple of years, where we've had those relationships for seven or eight years, parents and families are often conscious that they want the provision and the relationships to continue. But at the moment, due to the nature of our funding, we can't offer any provision beyond the age of twenty-five.

There is definitely a need for further music provision for adults with complex needs, but we don't have the funding or the capacity in our staff team at the moment to do that. It's not because we don't have the desire, it's because we haven't got the capacity in our team, or any funding to do that at the moment.”



Maria Teterina, CEO of Music of Life, kindly engaged in an informal, online interview in March 2024 after completing the online survey. Music of Life are also a member of the commissioning Advisory Group, and so were familiar with the agenda of this research. Having generated some of the original ideas for this research, Maria was able to elaborate on how increased investment in this sector could enable wider and more equitable access to instrumental tuition, one of the four aspects of Music of Life's current, national provision.

Figure 22 – Music of Life's profile in the online survey data

Mission Statement	Our vision is for all disabled children and young people to be able to access, and benefit from, music-making opportunities.
Musicians Involved	50 Freelance musicians, 0 Employed musicians, 0 Volunteer musicians.
Sessions by Musicians	2625 sessions
Staffing within Organisation	3 Freelance members of staff, 1 Employed members of staff, 10 Volunteer members of staff.

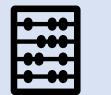
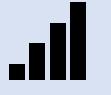
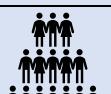
Music of Life reported on two projects through the online survey. Figures 23 and 24 show the profiles of Choirs in Special Schools and Individual Music Lessons.

Figure 23 - Choirs in Special Schools' profile in the online survey data

A black icon of a target with a bullseye and concentric circles.	Aim of Project	Our approach is to run weekly singing sessions led by highly experienced professional musicians for several years during term time delivering steady musical progress and other measurable
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		benefits, from improved communication skills in individuals to positive changes in overall school community environment. Participating schools report significant and sustained improvements in behaviour in students with considerably lower number of outbreaks of aggressive and challenging behaviours. We also train the staff at schools to help them integrate the legacy of the Music of Life sessions into the wider curriculum using effective techniques that stimulate students' development in such areas as literacy, numeracy, coordination, speech and social interaction.
	Sector	Education
	Frequency of Sessions	Weekly
	Distance to Sessions	Very local (within walking distance)
	Funding	Arts Councils, Trusts and Foundations, Individual Donors (Gifts under £3000), Individual Donors (Gifts over £3000), Earned Revenue (Part subsidised), Earned Revenue (Full cost paid)
	Number of Sessions	101+ sessions in a 12 month period
	Demographic of Participants	Young children ,Older children and adolescents, Young adults, Adults, People with a learning disability or neurodiverse participants, People who have experienced a brain injury, People with a sensory impairment, People experiencing mental health challenges.
	Number of Participants	900 participants in a 12 month period

Figure 24 - Individual Music Lessons' profile in the online survey data

	Aim of Project	To give access to long-term music-making and training opportunities to children with special needs who otherwise wouldn't be able to access music lessons with specialist teachers.
	Sector	Education
	Frequency of Sessions	Several times a week
	Distance to Sessions	Very local (within walking distance)
	Funding	Arts Councils, Trusts and Foundations, Individual Donors (Gifts under £3000), Individual Donors (Gifts over £3000)
	Number of Sessions	101+ sessions in a 12 month period
	Demographic of Participants	Older children and adolescents, People with a learning disability or neurodiverse participants, People with a sensory impairment
	Number of Participants	110 participants in a 12 month period

Our informal interview concentrated largely on individual music lessons, and the potential for this aspect of Music of Life's provision to be scaled up readily. Maria explained the philosophy of the organisation and their provision, and how this informs their funding strategy and commitment to learners' music education:

“All our work is long term and ongoing. That's the nature of it. And that's the core value. We believe in long term projects.

We believe in the importance of sticking to an individual or a group for a long time to make a real difference, especially for children with severe learning difficulties, it takes so long for them to establish their routine, to understand expectations, to make them comfortable in the setting, and give them space and time to really live into it, and know what to expect and learn how to contribute. Also, for the practitioners to adapt to their needs, and get to know them and make the most of their input.

Instrumental tuition is an obvious thing for any funder, any parent, and any individual who is keen to learn an instrument, to learn to sing; and this is something that is expensive, inevitably, with a good teacher, and something that you really want to go on for several years. In all music hubs, in every county and in every corner of the country, there are excellent practitioners who have relevant skills to work with children with special educational needs.

The problem is that there is no funding for this provision, and that the families, in most cases, don't know where to turn to look for funding or for a good teacher. Even when they are looking in the right direction, and getting in contact with a local music hub, or local music service, there's usually no funding available to cover the cost of those lessons.

Understandably, most of these parents are under financial hardship and are not readily able to pay for lessons privately. So what we do in most cases, we offer lessons through partnerships with our local music services, or local music hubs. Because they are able to administer the lessons for us, they already have a network of teachers, and they know where the need comes from.

We can give them a budget and finance those lessons on a continuous basis. We receive and monitor reports, and we will make sure that the teachers have the necessary skills and training to work with the children. The scope for expanding this provision is almost endless, any single local music hub we approach, the need is there. The project is very easy to expand and it's roughly around £1000 pounds per year, per child for weekly lessons per term. Our role is funding and evaluating this important provision.

In light of the mapping element of this study, and in recognition of the original comment on inequitable access to music provision across the country, we discussed how Music of Life's provision is mapped and the rationale for this:

“The reach of the current offer is quite random since we are a small charity and all of our projects have developed organically.

We were introduced to one music service by another charity over a conversation, and we just hit it off straight away. They were able to identify twenty students who would benefit within a couple of weeks. We kept raising funds for that and we're in our eighth year there now, funding thirty students, it's a wonderful project. We started a similar project a few years ago in Liverpool, because again, we happen to know someone in the hub through another professional contact at Live Music Now. Most recently, we started a similar provision with Wentworth music, because our past trustee works there. Another project which has been running for several years is in a mainstream primary school in Shepherds Bush, in London, where we work with eight students with special educational needs who cannot otherwise access their music provision; we send a specialist teacher there every week to work with them.

Expanding this provision is entirely a question of funding.

It's a simple project: we approach funders every year, present the results: impact reports, individual progress reports, case studies, and ask whether they will fund continued provision. We typically fund projects from a selection of grants. So it's simply a question of how much money we can raise to support more children in this way.”

This final case study from Music of Life offers valuable contrast to the second case study with Big Top Musical Adventures CIC, showing that there are both intentionally local provision and provision with aspirations to scale to other regions or national levels. This further elucidates the richness and complexity of the provision even within one region, and how there are so many variables when considering how to enable more equitable access to musical opportunities. One consistent thread throughout all three case studies is the potential for more funding to enable sustained and expanded provision over time and to more people.

Preliminary Discussion of Findings

A key finding, which is demonstrated in the low response rate and was shared explicitly by several contributors and potential contributors, is the burden placed upon individuals and organisations to frequently share and report on similar data. This was exemplified in the fact that two similar surveys to this one were identified within one week of this survey closing, reporting on a similar data set and in the same region. While this may indicate that an overarching data set could be valuable for multiple stakeholders to consult, such a data set would become outdated as soon as it were published, unless organisations themselves continued to contribute to it. Some contributors shared that they are already reporting on this data to their funders, and that data could potentially be accessed through funders.

There should be further consideration on what data can be meaningfully reported upon, and to what end. While the existing data set gives insight into the scale and scope of current provision within the sample, there are complexities and nuances which are not captured through the current questions, as rightly highlighted by some contributors.

The case studies included in this report offer three contrasting perspectives on music for social change in WMCA, in terms of the people engaging in music making, the nature of the music making, the delivery of the music making, and how the work is developed, funded and evaluated. Case Study 1 from Richard Moss of Integrated Plus Service is a powerful example of a small-scale music provision for social change in a health and wellbeing context which was developed and sustained by a practitioner who is a musician himself. This project is not connected with any other music provision, the facilitator received no music specific training and wasn't aware of any other music for social change opportunities to refer participants to or to connect further with to develop the provision. The development of a map of provision could be a valuable tool for a project such as this to identify local and regional opportunities for participants to access, offering scope for progression and sustaining music for social change.

While the current map doesn't highlight any ongoing local opportunities for the participants of this group, there was a project by Live Music Now for residents of

Brierley Hill, funded by Historic England, which may have been of interest.

Awareness of such a project may have introduced further connections and opportunities for the project and its participants (and facilitator).

The fact that this provision was developed by the practitioner's own love of music, and his readiness to share this with participants, demonstrates that this opportunity is not equitable across the country. Further connecting social prescribers and community connectors with existing music initiatives for social change could enable wider access and offer potential for collaboratively funded ventures. Connecting existing music for social change initiatives with social prescribers and community connectors could be an effective and efficient way of increasing the reach of existing provision and working towards a more equitable offer.

In Case Study 2, Dr Rosie Rushton powerfully advocates for the importance of local provision which is coproduced in response to the needs of participants and local communities. Rosie discussed how the funding of the work evolved in important ways which enabled her to develop longer term and more responsive provision, tailored to participants' needs. Generating evidence to support the rationale for the design of the provision was vital in advocating for the necessary funding for Big Top Musical Adventures CIC's specific approach. In considering how equitable access could be offered to a similarly rich provision in other regions, Rosie passionately believes that it is important for her as Director to maintain direct involvement in all aspects of the organisation's work and to be able to respond to tutors' needs in real time. As such, she advocates for the development of other grass-roots opportunities in local communities across the UK, and the model used to pilot, evaluate and evolve funding streams could be shared to nurture other local provision.

Rosie also makes a vital point about the location and distribution of provision, which is devised very intentionally. Big Top Musical Adventures CIC will only deliver sessions in accessible spaces which have accessible changing facilities, such as 'Changing Places', which limits the geographical spread and breadth of contexts in which provision can be delivered. The map of 'Changing Places' toilets (available [here](#)) demonstrates that provision is denser in urban areas, thus dictating where these sessions are likely to take place and limiting access in rural areas. The

example given of only three options of venues in Sandwell is a tangible example of the impact of this provision.

In Case Study 3, Maria Teterina from Music of Life shares that their model of recruiting local music service tutors to deliver provision means that with increased funding it could readily be expanded, dependent on the availability of music service tutors in a given area where provision is required. Provision is currently delivered largely in the West Midlands, but with pockets in Oxford and London, due to local connections and networks there. The provision has developed “randomly” and “organically” over time, meaning that there is no rationale for why children and young people in one region should have better access to high quality music opportunities than others.

It is of note that music therapy is not represented at all in the thirty contributions, despite being a discipline with potential to focus on music for social change, in Education, Social Care, and Health and Wellbeing. While one music therapy organisation contributed to the pilot, they did not complete the final online survey. Conversations were held with various music therapy colleagues, working for large regional organisations as well as freelance practitioners and NHS-employed music therapists. Various sources which are discussed in this report consider music therapists to be central contributors to this agenda²³²⁴²⁵, but this is not reflected in the responses to this survey.

²³ UK Music & Music for Dementia (2022), ‘Power of Music: A Plan for Harnessing Music for our Health, Wellbeing and Communities’ [Online], Available at <https://www.ukmusic.org/wp-content/uploads/2022/04/Power-of-Music-Report-Final-Pages.pdf> Accessed 20th March 2024.

²⁴ Bonde, L. O. (2011), ‘Health Musicing – Music Therapy or Music and Health? A model, empirical examples and personal reflections’, *Music and Arts in Action*, 3(2), p. 120 – 140.

²⁵ Bonde, L. O., Stensæth, K. and Ruud, E. (2023), ‘Music and Health: A Comprehensive Model’ [Online], Available at <https://www.kommunikation.aau.dk/new-report-about-music-and-health-by-lars-ole-bonde-karette-stensaeth-even-ruud-n97689> Accessed 21st March 2024.

Conclusion and Recommendations

In responding to the initial brief which was to explore the potential for a national survey about music provision in Education, Social Care, and Health and Wellbeing, there are several learning points and potential recommendations.

Since the responses received represent quite a small percentage of the arts organisations known to be delivering music for social change in the West Midlands Combined Authority (see Appendix 3 for organisations identified through an internet search), it is not possible to generalise from these findings or consider them an accurate representation of provision in the region. However, the small sample does offer a snapshot into aspects of the contributors' provision at a point in time, and some tangible pathways for progressing the agenda to advocate for increased funding in enabling equitable access to music for social change.

Recommendation 1 – Scaling Up

If the survey were to be scaled up to a national level, as the Advisory Group have proposed an interest in doing, the online survey should be significantly scaled back in order that it is less time consuming and more accessible for individuals and organisations to contribute to.

Despite the four contributors to the pilot study (including regional and national organisations across sectors) noting that the pilot took between five and fifteen minutes to complete, a national organisation gave feedback that they had spent in excess of one hour completing the survey. While their time is greatly appreciated, it is acknowledged that this is not feasible or realistic to expect.

While contributors' reservations about the crude nature of the survey not capturing the nuances and complexity of practice is highly accurate and valid, it will be challenging to capture the complexity and nuances at a national scale. A more focused approach could also more clearly concentrate contributors and potential contributors' attention on the shared endeavour to generate research which advocates for further investment in the sector, based on the impact of current provision.

There was feedback from contributors, and potential contributors who did not complete the survey, about the burden on organisations to support this research without an understanding of its benefit to them or the sector. There could be a clearer marketing and communication strategy in the future to nurture investment and ownership from potential contributors, further involving them in the research design, should there be interest to do so. In order to capture the vital complexity and nuances of music for social change, further detailed examples could be explored and highlighted to offer insights into specific challenges and opportunities.

Recommendation 2 – An Accurate Picture

If an aspiration of the research is to arrive at a more reliable, accurate and complete representation of music for Education, Social Care, and Health and Wellbeing in a given geographical region, it is proposed that the target area should be smaller in order to focus the available resources on local knowledge and embed the research within local contexts and opportunities. Conversely, if the aspiration is for a fuller and more accurate picture of a larger geographical area, there would need to be more resources to commit to the level of detail and engagement involved in this endeavour.

Recommendation 3 – Supply and Demand

The original brief for this research mentioned the intersection between supply and demand in this sector, however the focus for this research evolved to focus on supply. To understand the factors which influence engagement with music in Education, Social Care, Health and Wellbeing, there should be further and deeper engagement with recipients and potential recipients of provision, to better understand their lived experiences and any barriers to engagement. As recommended in the Creative Health Review, “Guidance on the co-creation of policy should be developed alongside lived experience experts to ensure the inclusion of authentic lived experience voices across all policies and programmes.”²⁶

²⁶ National Centre for Creative Health (2023), ‘Creative Health Review’ [Online], Available at <https://ncch.org.uk/creative-health-review> Accessed 21st March 2024.

Recommendation 4 – The Potential of Social Prescribing

Building on the example by Richard Moss and Integrated Care Plus in Case Study 1, and in alignment with the UK Music & Music for Dementia's Power of Music report²⁷, and the National Academy for Social Prescribing's aspiration “to make music projects more accessible to those who need them most”²⁸, Social Prescribing is a contemporary and evolving movement which could provide infrastructure to increase the reach of existing music for social change initiatives, regionally and nationally. Whether through the provision of a map or directory, and increased connectivity between sectors, Social Prescribing could be a powerful vehicle for enabling more equitable access to music for social change.

Recommendation 5 – Reporting and Sharing Best Practice

Some of the contributions to this survey demonstrate a highly mature, rigorous and expansive provision with rich data sets underpinning its impact and effectiveness. These could be excellent examples to highlight and for other organisations to learn from in order to work towards a coherence of reporting in the sector, reflecting Arts Council England's aspiration to “[equip] practitioners with the means to make a stronger case for investment in their practice”.²⁹

²⁷ UK Music & Music for Dementia (2022), ‘Power of Music: A Plan for Harnessing Music for our Health, Wellbeing and Communities’ [Online], Available at <https://www.ukmusic.org/wp-content/uploads/2022/04/Power-of-Music-Report-Final-Pages.pdf> Accessed 20th March 2024.

²⁸ The National Academy for Social Prescribing (2024), ‘The Power of Music’ [Online], Available at <https://socialprescribingacademy.org.uk/the-power-of-music/> Accessed 20th March 2024.

²⁹ Arts Council England (2022), Creative Health & Wellbeing [Online], Available at <https://www.artscouncil.org.uk/developing-creativity-and-culture/health-and-wellbeing/creative-health-wellbeing> Accessed 21st March 2024.

While different funders may have different priorities in the data they require, and different organisations have varying capacity for data collection, a fundamental approach to evidencing the effectiveness and impact of music for social change could support efforts to advocate for increased funding to enable more equitable access.

The findings of this study echo those of the ‘Creative Health’ Report³⁰ in 2017:

“Evidence is unevenly distributed across the field, is of variable quality and is sometimes inaccessible. Looking to the future, greater focus needs to be placed on good-quality evaluation which allows for comparative analysis”.

Recommendation 6 – Joining the Dots

As briefly alluded to in the Context / Review of Literature section, there are a number of initiatives which have sought to highlight the importance and significance of music in relation to various social and health outcomes³¹³²³³.

In order that stakeholders are not burdened with duplicated projects and that data is collated most strategically and systematically, a joined up approach would ensure greatest and most strategic impact.

³⁰ All-Party Parliamentary Group on Arts, Health and Wellbeing (2017), ‘Creative Health: The Arts for Health and Wellbeing’ [Online], Available at <https://www.culturehealthandwellbeing.org.uk/appg-inquiry/> Accessed 21st March 2024.

³¹ National Centre for Creative Health (2023), ‘Creative Health Review’ [Online], Available at <https://ncch.org.uk/creative-health-review> Accessed 21st March 2024.

³² UK Music & Music for Dementia (2022), ‘Power of Music: A Plan for Harnessing Music for our Health, Wellbeing and Communities’ [Online], Available at <https://www.ukmusic.org/wp-content/uploads/2022/04/Power-of-Music-Report-Final-Pages.pdf> Accessed 20th March 2024.

³³ Vella-Burrows, T., Ewbank, N., Gilbert, R., Forrester, M. and Barnes, J. (2019), ‘Music and Health: A Short Review of Research and Practice’ [Online], Available at <https://www.culturehealthandwellbeing.org.uk/sites/default/files/NEA%20Music%20and%20Health%20BBC%20document%20R5.pdf> Accessed 21st March 2024.

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Appendices

- **Appendix 1** – Online survey questions.
- **Appendix 2** – Google Maps of registered addresses and sites of delivery.
- **Appendix 3** - List of Individuals and Organisations Potentially Delivering Music for Social Change within the West Midlands Combined Authority (WMCA), Identified through an Internet Search; all were directly invited to complete the survey.

Appendix 1 – Online Survey Questions

(Please note that the formatting from the JISC Online Survey platform is note retained here, and increases the accessibility of navigating these questions)

1. What is the name of the person completing this online survey?
2. If you would be interested to engage in a further informal interview to support the research, please include an email address for this purpose here:
3. What is the name of your organisation or provision?
4. What is the mission statement / philosophy / ethos of your organisation or provision?
5. Does your organisation or provision have a website? If so, please insert the web address here:
6. Where is the principal office of the organisation? This is the registered address of the organisation, this may be different than where provision is delivered. Please list venue(s) with post code so that we can include on a mapping exercise. If you do not know the postcode, please give approximate location instead.
7. How many musicians in the following categories worked for the organisation in a given twelve month period in the past 18 months?
Musicians (Freelance)
Musicians (Employed)
Musicians (Volunteers)
8. How many sessions were delivered by musicians in a given twelve month period in the past 18 months? (We are using the Arts Council's definition of 0.5 day equating to one session).
9. How many people worked for this organisation within a given twelve month period over the past 18 months, in each of the following capacities?
Freelance staff
Employed staff
Volunteers

10. What is the total full time equivalent (FTE) of staff working for this organisation in a given twelve month period in the past 18 months? For example, if there is one freelance member of staff working two days per week and one employee working two days per week, this amounts to 0.8FTE. If there are four freelance staff working five days per week, and one employee working one day per week, this amounts to 4.2FTE.

11. How many separate projects or aspects of provision does your organisation or provision deliver within the West Midlands Combined Authority and what are their names?

The Project/Provision

12. What is the name of the project your organisation or provision delivers in the West Midlands Combined Authority? If there is more than one project, please complete one page per project.

13. What are the aims of this project / these sessions?

14. Where are your sessions for this project delivered? (Please list venue(s) with postcode so that we can include on a mapping exercise; if you do not know the postcode, please give approximate location instead).

15. In which sector would you describe this project as being delivered?
Education,
Social Care,
Health and Wellbeing

16. From what distance do participants travel to your sessions? (Select all that apply)

Very local (within walking distance)

Local (within a short drive)

Regional (West Midlands Combined Authority)

National (within the UK)

International

17. How frequently are the sessions held?

Daily	Weekly
Several times a week	Fortnightly

Monthly	One off
Ad hoc	Other
Project based	

18. How many sessions are held in a twelve month period?

1-10	61-70
11-20	71-80
21-30	81-90
31-40	91-100
41-50	101+
51-60	

19. How would you describe the demographic of participants who attend this project / these sessions? (Please tick all that apply)

Babies and toddlers	People with a sensory impairment
Young children	People experiencing homelessness
Older children and adolescents	People experiencing substance misuse
Young adults	People living in supported accommodation
Adults	People receiving palliative care
Older adults	People experiencing mental health challenges
People with a learning disability or neurodiverse participants	Other
People living with dementia	
People who have experienced a brain injury	

20. How many individual participants engaged in sessions over a given twelve month period in the past 18 months?

21. How is the project funded? Please select as many answers as are relevant.

Arts Councils	Government Contracts
Trusts and Foundations	Research Grants
Individual Donors (Gifts under £3000)	NHS Commissioning Funds
Individual Donors (Gifts over £3000)	NHS Charity Funds
Crowdfunding	Earned Revenue (Part subsidised)
Local Authority Grants	Earned Revenue (Full cost paid)
Local Authority Commissions	Other

(There is the opportunity to repeat the 'Project/Provision' portion of the survey up to five times, if there are multiple projects or aspects of provision by one organisation.)

22. Do you collect evaluation data?

- Yes
- No
- Not sure

22a) If so, what kind of data do you collect?

23. Do you collect data relating to the impact of the provision?

- Yes
- No
- Not sure

23a) If so, what kind of data do you collect?

24. Would you be open to sharing your evaluative and/or impact data for future research? Please note: We are not asking you to share any data at this time.

- Yes
- No
- Not sure

25. Is there anything further you would like to contribute to inform our mapping study of music for social change within the education, social care, and health and wellbeing sectors in the West Midlands Combined Authority?

Appendix 2 – Google Map of Registered Addresses and Sites of Delivery

The following Google Map includes two layers of markers:

- The first layer of blue markers indicates the registered addresses of the contributors to the survey.
- The second layer of green markers indicate the venues where the projects and provision reported on during this project are delivered.

You can access and navigate both layers of the map [here](#).

Appendix 3 – List of Individuals and Organisations Potentially Delivering Music for Social Change within the West Midlands Combined Authority (WMCA), Identified through an Internet Search; all were directly invited to complete the survey

Note: Individual names have been omitted and replaced with professional title e.g. 'Practitioner (identified through Sound Sense)' or 'Music Therapist (identified through BAMT)'.

Culture Central	Eloquent Dance
Brierley Hill	Make Good Arts
Amber Trust	Punch Records
Services for Education (Birmingham)	Inclusic
Melody Music	The Springfield Project
Birmingham Contemporary Music Group	Positive Youth Foundation
Birmingham Music Education	Dudley Performing Arts
Partnership	Music Moves, The Hope Project
University Music, University of Birmingham	West Midlands Music
Birmingham Hippodrome, Learning and Participation	Forest Arts, Walsall
City of Birmingham Symphony Orchestra	Wolverhampton Music Service
Number 11 Arts	Dudley Living in the Pink CIC
Moo Music	Resonance
The People's Orchestra	Dudley Mind
Rhyme Time	Creative Health CIC Dudley
The Song Lab	Walsall Music Hub
Live in the Lodge	Acorns Children's Hospice, Birmingham
Birmingham Early Years Music Consortium	Acorns Children's Hospice, Walsall
B'Opera	Jessie's Fund
St Paul's Trust, Musical Babies	The Motivation Hub, Walsall
Forward Music Birmingham	Early Hurly Burly
Sound Beam	Beat It Percussion CIC Walsall
Music Therapy Works	Playlist for Life
Chiltern Music Therapy	LeafBug
West of England Music and Arts	PerkiSound, Coventry
Music for Wellbeing CIC	Maple Mini Music, Coventry
Murray Hall Community Trust, Creative and Therapeutic Services	Music for All, Making Music Changing Lives
Ace Dance and Music	Coventry Music Museum
Together We Make a Difference	MU, Midlands Region
Powered by CAN	Notables
Computers and Theatre	Choir with No Name
Media Mania	Sing It Loud
	Talking Birds
	Loud in Libraries
	NHS Music Therapist
	Tiny Tims Children's Centre, Coventry

Music Therapy UP	Wolverhampton Music Service
4Community Trust, Sandwell	Newhampton Arts Centre
Music Therapist and Lecturer	Beats a Bar Community Music
Bearwood Community Hub	Wolverhampton Community and
Mothership	Wellbeing Hub
Cloud Cuckoo Land Theatre	Practitioner (identified through Sound
Solihull College and University Centre	Sense)
Black Train Music CIC	Forget Me Not Sing Along
Birmingham Centre for Creative Arts	Dementia Singing Friends
Therapies	Codsall Singing for the Mind
Practitioner (identified through Sound	Sing Me Sunshine
Sense)	CBSO Cuppa Concerts
Practitioner (identified through Sound	Singing for the Brain Kingshurt, Seeds
Sense)	of Hope
Practitioner (identified through Sound	Mind and Music
Sense)	Arts Up Lift
Practitioner (identified through Sound	ArtWorks Alliance
Sense)	Music Therapist (through BAMT)
Practitioner (identified through Sound	Music Therapist (through BAMT)
Sense)	Music Therapist (through BAMT)
Practitioner (identified through Sound	Music Therapist (through BAMT)
Sense)	Music Therapist (through BAMT)
Practitioner (identified through Sound	Music Therapist (through BAMT)
Sense)	Music Therapist (through BAMT)
Practitioner (identified through Sound	Music Therapist (through BAMT)
Sense)	Music Therapist (through BAMT)
The Music Works	Music Mark
Works for The Music Works	British Association for Music Therapy
Practitioner (identified through Sound	(BAMT)
Sense)	Bilinguasing
Practitioner (identified through Sound	Northfield Arts Forum
Sense)	Arts in the Yard's
Changing Tunes	Arts Forum Selly Oak
Singing Mamas	Art Works Hall Green
Drum Runners	Edgbaston Arts Forum
Music for Well Being	Hodge Hill Arts Forum
Stereo Graffiti	Active Erdington Arts Forum
MAC Makes Music	Perry Barr Arts Forum
ICMUS Inspire Community Music CIC	Sutton Colefield Tuneless Choir
Music Therapist (identified through	Ladywood Arts Forum
BAMT)	West Midlands Music
The Music Workshop Company	Centrala
Practitioner (identified through Sound	Birmingham Music Archives
Sense)	Imagineer Productions
Jolly Good Sing	Birmingham Opera Company
Practitioner (identified through Sound	Culture, Health and Wellbeing Alliance
Sense)	Solihull Music Hub
Practitioner (identified through Sound	Music Tots Ludlow
Sense)	Music in Hospitals
	Spectra

Orchestra of the Swan
Black Country Touring
Creative Black Country
Ekho Collective
CoLab Dudley
Resonance Music College
Music Therapist (through BAMT)

Music Therapist (through BAMT)
Music Therapist (through BAMT)
Whittington Music Festival
Solihull Music Therapy
St Hilda's Music Hub
Practitioner (identified through Sound
Sense)