

Evaluation of the Carers' Music Fund Spirit of 2012

Final Report

June 2021



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Any enquiries about this report should be directed to:
corporate@apteligen.co.uk

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Acknowledgements

Being part of the Carers' Music Fund has been a hugely rewarding and enjoyable experience for us as an evaluation team. We have seen first-hand the extraordinary contribution that unpaid carers make to the lives of those they care for, sometimes at great personal cost. It is a contribution that is often under-valued or unrecognised. We have also had the opportunity to work alongside a group of incredibly talented and dedicated musicians, support workers, and other professionals. And we've seen the joy that music can bring, especially at times of extreme hardship.

We would like to thank Spirit of 2012 for asking us to carry out this work, for helping to shape the design of this evaluation, and for their commitment to evidence and learning. We would also like to thank the other learning partners – What Works Centre for Wellbeing, the Behavioural Insights Team, and Carers UK – for their invaluable advice and guidance throughout the evaluation; the project teams, for their commitment to data collection and sharing their learning with us; and the women and girls who took part in music-making activities, for allowing us into their lives, and for helping us to understand more about the difference music can make.

'We are a bit of a noisy rabble, I do apologise for that, but our lives are very full on physically and emotionally, so to break free if only for an hour or so is a pure tonic for our souls.' – Carers Music Fund participant

Spirit of 2012 was set up by the National Lottery Community Fund in 2013 to continue the legacy of the London 2012 Games for people and their communities. We see the power of events in how they can bring communities together and increase people's wellbeing. We fund programmes around the legacy of events as well as projects and research to better understand why and how participatory activities increase people's wellbeing and sense of connectedness. We then feed that insight into the design and delivery of future projects for ourselves and others.

With the £1.5m investment from the Department for Digital, Culture, Media and Sport (DCMS) Tampon Tax Fund, our aim was to award grants across the UK that put women and girls with caring responsibilities front and centre, offering them opportunities for fun, creative expression and (re)discovery of self through making music. Spirit of 2012 also matched this investment with specific, flexible funding to provide care for the cared for to overcome the main barrier to carers being able to take part and to test how to best provide access for participants.

When we awarded the grants in 2019, we had no idea that COVID-19 was just around the corner and that it would completely alter the delivery of the projects, not to mention the lives of the participants for such a significant period of time. That the projects continued, pivoted online and made tremendous efforts to keep connecting with their participants through music despite the challenges of lockdown and digital delivery was extraordinary.

This report clearly shows the impact that being able to participate in high quality music-making can have on people's happiness, sense of connection and self-esteem. This will be true of other activities, but the way that the act of collective music-making provided opportunities for self-expression and self-actualisation for people with caring responsibilities is particularly striking. The report shows a positive wellbeing impact for carers – an often under-represented and over-looked group – and we want to use this to make the case for more and better provision for people with the highest wellbeing inequalities, because the impact on their lives can be truly transformational.

Spirit of 2012 would like to thank DCMS for the funding that made the Carers' Music Fund possible, and our learning partnership partners Apteligen, What Works Centre for Wellbeing, the Behavioural Insights Team, and Carers UK for their wisdom and guidance.

Most of all we would like to record our gratitude to all the organisations that took part in the fund, generously sharing their learning and time even in the midst of the pandemic, and particularly all the carers across the UK who sang and played and felt the power of music.

Ruth Hollis, Chief Executive, Spirit of 2012

At a glance – key findings

- Carers' Music Fund projects successfully engaged with a wide cross section of female carers, covering a range of ages, caring responsibilities and personal circumstances.
- The female carers who participated in the 10 Carers' Music Fund projects had, on average, low levels of wellbeing when compared with the UK population.
- This evaluation has shown that participatory music-making can be an effective intervention for enhancing and maintaining personal wellbeing for female carers.
- Levels of loneliness among Carers' Music Fund participants were, on average, well above the levels seen across the wider population.
- There is promising evidence from this evaluation that participatory music-making is effective at reducing levels of loneliness for female carers, particularly among those with the highest levels of loneliness.
- Participatory music-making is an effective intervention for building confidence and positive attitudes towards caring among female carers. There is also evidence that involvement in music-making leads to carers feeling valued and more able to manage their caring responsibilities.
- There is evidence that the outcomes and impacts from participatory music-making seen among Carers' Music Fund participants have the potential to be sustainable.
- Being part of the Carers' Music Fund has provided considerable added value for many of the grantees, both in terms of their ability to deliver effective music-making interventions for carers during the period of the fund, and in terms of learning that will be used to shape future projects and service delivery.



Introduction

The Carers' Music Fund was set up to explore the role of participatory music-making in improving the wellbeing and reducing social isolation of female carers. Three in five people in the UK will become unpaid carers at some point in their lives, with around 80% of these being women and girls. Many will find their caring experience rewarding and deeply satisfying. However, many will also experience significant burden, particularly with respect to their physical and psychological wellbeing, economic circumstances, and social and personal relationships.

There is already strong evidence around the potential wellbeing impacts of music and singing for different groups of people. However, the evidence around the relationship between music and wellbeing for carers is more limited, along with the evidence about what types of music and singing interventions are most effective, and for whom. There is also a limited understanding of how music interventions can be designed to have the greatest impact, and evidence about how long those impacts might last for. Given the pressures on publicly funded health and care services, and across the wider care and support system, there is a pressing need to build our collective understanding of the value that participatory music-making can have on the lives of those who provide unpaid care, and to change the way the whole system thinks about the different ways to support this group of people, in the arts, in government, and among those who fund research, arts programmes and wellbeing interventions.

This evaluation of the Carers' Music Fund was designed to assess the impact of 10 short-term music-making interventions for female carers across the UK. It aims to generate learning that will contribute to the growing body of evidence about 'what works' in terms of improving wellbeing and generating social outcomes through music and the arts, and to provide learning that will inform the future ambitions and priorities of funders, practitioners, and policy-makers who have an interest in wellbeing in today's society, and especially for those who provide unpaid care.

Key findings

Participation and engagement (page 29)

Carers' Music Fund projects successfully engaged with a wide cross section of female carers, covering a range of ages, caring responsibilities and personal circumstances. This is broadly consistent with the fund's ambitions and the learning objectives of the projects. Although the total number of carers who participated was lower than expected, this was driven in part by the impact of the coronavirus pandemic, and in part by the fact that some of the projects were testing new ways of reaching out to this group of people. It was also due to the significant barriers to engagement that exist for this group of people.

Funding to support access (page 34)

The funding available to support access to project activities was used in a number of different ways. The need for replacement care was found to be less of a barrier to access than many projects anticipated, and this funding tended to be of most value in relation to covering transport costs and supporting digital inclusion. However, it is likely that the coronavirus pandemic had a particular influence on how access funding was used by the projects, given that replacement care became less necessary (and more difficult to arrange), and because people were not travelling to and from sessions.

Personal subjective wellbeing (page 36)

The female carers who participated in the 10 Carers' Music Fund projects had, on average, low levels of wellbeing when compared with the UK population. Just over half had never received support as a carer before, meaning that the projects were successful in reaching out to many carers who might otherwise not engage in mainstream support services.

This evaluation has shown that participatory music-making can be an effective intervention for enhancing and maintaining personal wellbeing for female carers. It is particularly powerful for those with the lowest levels of wellbeing, young adult carers, full-time carers, and those who had never received support as a carer before. There is also evidence that participatory music-making reduces anxiety among young carers for the duration of their involvement.

Loneliness and social connections (page 43)

Levels of loneliness among Carers' Music Fund participants were, on average, well above the levels seen across the wider population. There is promising evidence from this evaluation that participatory music-making is effective at reducing levels of loneliness for female carers, particularly among those with the highest levels of loneliness, and among young adult carers and adult carers. Full-time carers also showed some of the biggest reductions in loneliness.

There is qualitative evidence that participatory music-making can help to build new friendships and social connections, however, it is likely that more time is needed for these to develop into stronger and more enduring relationships for many carers.

Additional impacts (page 49)

Participatory music-making is an effective intervention for building confidence and positive attitudes towards caring among female carers. Young carers were more likely to feel more positive about their caring role than adult carers after their involvement in a Carers' Music Fund project. There is also evidence that involvement in music-making leads to carers feeling valued and more able to manage their caring responsibilities, which have important implications for the longer-term health and wellbeing of female carers.

The pathway to wellbeing (page 50)

This evaluation has provided a number of insights into the way that music-making enhances wellbeing for female carers. Based on the experiences of the 10 Carers' Music Fund projects we have identified the things that need to be in place for music-making activities to drive enhanced wellbeing for this group, and the key ingredients of different music-making activities that come together in different ways to directly influence wellbeing. We found that the pathway to wellbeing through music is complex, and that it is likely to be different, for different people, and at different points in time.

Legacy and sustainability (page 59)

There is evidence that the outcomes and impacts from participatory music-making seen among Carers' Music Fund participants have the potential to be sustainable. This is because of the impact that the projects had on participants' confidence and positivity towards caring, and by creating opportunities to build new friendships and support networks. These are important drivers of personal resilience which, in turn, can support maintained or enhanced wellbeing over the longer-term.

The added value of the fund (page 61)

Being part of the Carers' Music Fund has provided considerable added value for many of the grantees, both in terms of their ability to deliver effective music-making interventions for carers during the period of the fund, and in terms of the learning that will be used to shape future projects and service delivery. This is the result of a shared commitment to reflect on and adapt project delivery, the processes that were put in place to capture and share learning, and the overall diversity of the grant portfolio.

Learning from the Carers' Music Fund

These findings make a strong case for participatory music-making as a support activity for female carers. Based on the existing evidence base and supplemented by the findings from the fund, there are important wellbeing gains to be made for female carers through these types of activities. There is also some evidence that these wellbeing gains have the potential to be sustainable. However, participatory music-making needs to be designed in a way that satisfies the different components of the pathway to wellbeing that we identified through this evaluation, and which should guide the design and delivery of future activities. We have also learnt that music-making can work well in both face-to-face and virtual environments, and that with the right training and support, carers and musicians can work effectively together using digital technology as a platform to generate a wide range of positive outcomes.

Reaching out to and engaging with carers remains a key challenge for those agencies looking to improve the lives of carers. This challenge was experienced by many of the Carers' Music Fund projects, which became even greater as a result of the coronavirus pandemic. However, many of the projects, including those led by organisations already supporting carers, found that working with a wide range of partner agencies was the most effective way of reaching new carers. There is also strong evidence that people don't need to have been involved in music-making before (either in a support context or otherwise). The pathway to wellbeing that we present also provides a way of talking about what these activities involve, and something that may help to increase the success of future engagement efforts and therefore, the future success of individual projects and services.

The culture of learning that was central to the Carers' Music Fund, the opportunities that were created for projects to capture and share their learning, and the support that was given to test new ideas, contributed to the effectiveness of the individual projects and the success of the programme overall. Especially in the context of the coronavirus pandemic, which had a devastating impact on carers and a profound impact on the delivery models of the Carers' Music Fund grantees.

Based on the learning from this evaluation, we would argue that high quality and inclusive music-making activities should be increasingly seen as a core part of the care and support offer for carers, delivered through a wide range of cross-sector partnerships, and in ways that support flexibility and innovation to meet the very different needs of different carers, and to continually adapt in response to feedback and learning.

1 About this report

This report sets out the findings from an evaluation of the Carers' Music Fund, commissioned by Spirit of 2012 in August 2019, and undertaken in partnership with Spirit of 2012, the What Works Centre for Wellbeing, Carers UK, and the 10 projects that received funding to deliver music-making activities for unpaid carers. The Behavioural Insights Team, which was contracted to support projects funded by Spirit of 2012 between 2018 and 2020, supported individual Carers' Music Fund grantees with the development of their Theories of Change and delivery plans.

This report is in four parts:

- Part 1 provides an overview of the Carers' Music Fund, our approach to this evaluation, and the wider context that informed the design of the fund and influenced how the projects were delivered
- Part 2 sets out the key findings and the supporting evidence against each of the areas within the scope of this evaluation
- Part 3 provides a summary of what we can learn from these findings, and
- Part 4 provides additional information on the projects that were awarded funding and our evaluation methods.

Spirit of 2012 has also produced a short insights document about the fund and each grantee has produced their own evaluation report of their project. Further details, including case studies of individual projects, are available on the Spirit of 2012 website.¹

Throughout this report we use the term 'carer' to mean 'unpaid carer'. An unpaid carer is anyone who cares 'for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.'² This is distinct from a carer who is paid to provide care. For the purposes of this fund, the reference to carer includes adult carers, young adult carers and young carers. It also includes new mums, as it was felt that there was a strong rationale for including this group in the fund given the potential impact on wellbeing and loneliness. Carers did not need to be officially recognised as a carer to take part.

2 The Carers' Music Fund

2.1 About the fund

The Carers' Music Fund was a £1.9M fund (£1.5M of which came from the Department for Digital, Culture, Media and Sport) for projects that used participatory music-making to improve wellbeing and reduce isolation of female carers. 10 projects from across the UK received funding to reach and engage with female carers from a range of different backgrounds and caring contexts, and to explore the effectiveness and impact of different music-making activities on the emotional, social and health burdens that carers typically face.

The Carers' Music Fund projects targeted women and girls who are lonely and isolated because of their caring responsibilities. The projects engaged girls and women in music activities with the aim of reducing loneliness, improving their mental health and wellbeing, and challenging and changing gendered perceptions of and attitudes towards caring. All projects committed to enabling disabled and non-disabled people to participate as equals.

¹ <https://spiritof2012.org.uk/carers-music-fund-0>

² See: <https://carers.org/what-carer>

The Carers' Music Fund was made possible by funding that Spirit of 2012 received from the Tampon Tax Fund, awarded through the Department for Digital, Culture, Media and Sport (DCMS). The Tampon Tax Fund was set up to allocate the money generated from the VAT on sanitary products to projects that improve the lives of disadvantaged women and girls. Spirit of 2012 was awarded £1.5 million from the fund in March 2019. Spirit of 2012 provided £400,000 of additional funding to support activities that cater for the 'cared for' (of any gender) while their carers take part in project activities (which is referred to as the 'access fund' in this report).

The 10 organisations funded by the Carers' Music Fund were:

- Barnardo's
- Blackpool Carers Centre
- Feis Rois
- Jack Drum Arts
- Midlands Arts Centre
- My Pockets
- Noise Solution
- Northamptonshire Carers
- Oh Yeah Music Centre Belfast
- UK Youth

These organisations provided considerable diversity across the fund, both in terms of creating opportunities for music organisations and carers' organisations to come together and learn from one another, and in terms of the different ways in which they planned to use music to improve wellbeing and reduce isolation of female carers (and what they hoped to learn). They also reflect different local contexts across all four of the UK's nations.

The projects commenced in October 2019 and were funded to deliver activities until June 2021.³ Each project set out to work with groups of participants in four cohorts, each lasting approximately 12 weeks, with a view to testing new ideas, learning from their experiences, and adapting their approaches throughout the duration of the fund.

This 'test and learn' approach was fundamental to the Carers' Music Fund and it was designed to attract organisations that saw learning as a real advantage of the fund. Given the time-limited nature of the fund it provided an opportunity to maximise the learning that could then be used to inform future projects and service delivery. Test and learn meant that there was an iterative approach to project delivery, with reflection and review points built in to assess what was working well, what wasn't, and to make adjustments accordingly. The idea was that those decisions would need to be based on robust data, and take into account the feedback and needs of participants, which in turn would support more sustainable funding opportunities beyond the Carers' Music Fund.

While the test and learn concept became especially important in terms of how the fund responded to the impact of the coronavirus pandemic, it was important from the outset because many of the funded organisations were looking to explore new areas. For example, some were music organisations working with carers for the first time, while others were carer support organisations using music as an intervention for the first time. Learning from their own experiences, and the experiences of others, was therefore a key objective of the fund. The time that grantees needed to spend on reflection and learning activities was included in the funding they were awarded.

³ This was extended from March 2021 due to the impact of the coronavirus pandemic.

It was important, therefore, to use this evaluation to understand the added value of this emphasis on learning, especially over such a short time frame, and the extent to which this could be replicated in other funding contexts.

A more detailed outline of each of the projects involved in the Carers' Music Fund is provided in Appendix 1.

2.2 Fund oversight and grant management

Oversight of the fund was led by Spirit of 2012 in partnership with the What Works Centre for Wellbeing, Carers UK and Apteligen (the 'learning partnership'). The What Works Centre for Wellbeing was involved to help ensure that the Carers' Music Fund projects were rooted in 'what works' evidence, to provide advice on wellbeing measurement, and to work with Spirit of 2012 and Apteligen to design and facilitate five learning days throughout the period of the fund. Carers UK provided support to identify and disseminate the key learning from the fund, and insights around the lives of carers and the challenges carers were facing as a result of the coronavirus pandemic. A steering group, made up of the learning partners and representatives from the Spirit of 2012 Youth Advisory Panel was established to oversee the fund. The group met seven times over the period of the fund.

Grant management was undertaken by Spirit of 2012. This included regular catch-up meetings with individual grantees, discussions about changes to delivery, sharing learning and insights from other projects, and facilitating connections and conversations between grantees on particular issues.

2.3 The Carers' Music Fund Theory of Change

The Carers' Music Fund programme Theory of Change⁴ is shown in Figure 1 below. This was developed jointly with Spirit of 2012, the What Works Centre for Wellbeing, and the Behavioural Insights Team and informed by workshops and conversations with the projects. The Theory of Change shows that, as a programme, the Carers' Music Fund has four ultimate goals which are intended to result from participatory music-making activities with female carers, and from the provision of support through the access fund (the actions):

- Increased personal wellbeing of those taking part
- Reduced loneliness among those taking part
- New and better evidence on what works to improve wellbeing through music for this group of people, and
- Learning that can inform approaches for future funding.

Beneath this, there are three main outcome areas, which are the focus of this evaluation:

- The outcomes for individual participants, including increased meaning and purpose, increased self-esteem and confidence, stronger support networks and social connections, and greater ability to cope with the caring role
- Outcomes concerned with building the evidence base about what works, and
- Insights around the added value of working together as a group of projects.

Section 3 of this report provides an overview of some of the key evidence and assumptions underpinning this change model.

⁴ A Theory of Change is a representation (often in visual form) of the components (activities) of a programme or intervention that are intended to achieve particular objectives, the expected changes (outcomes) of those activities, and the conditions necessary for those changes to take place.

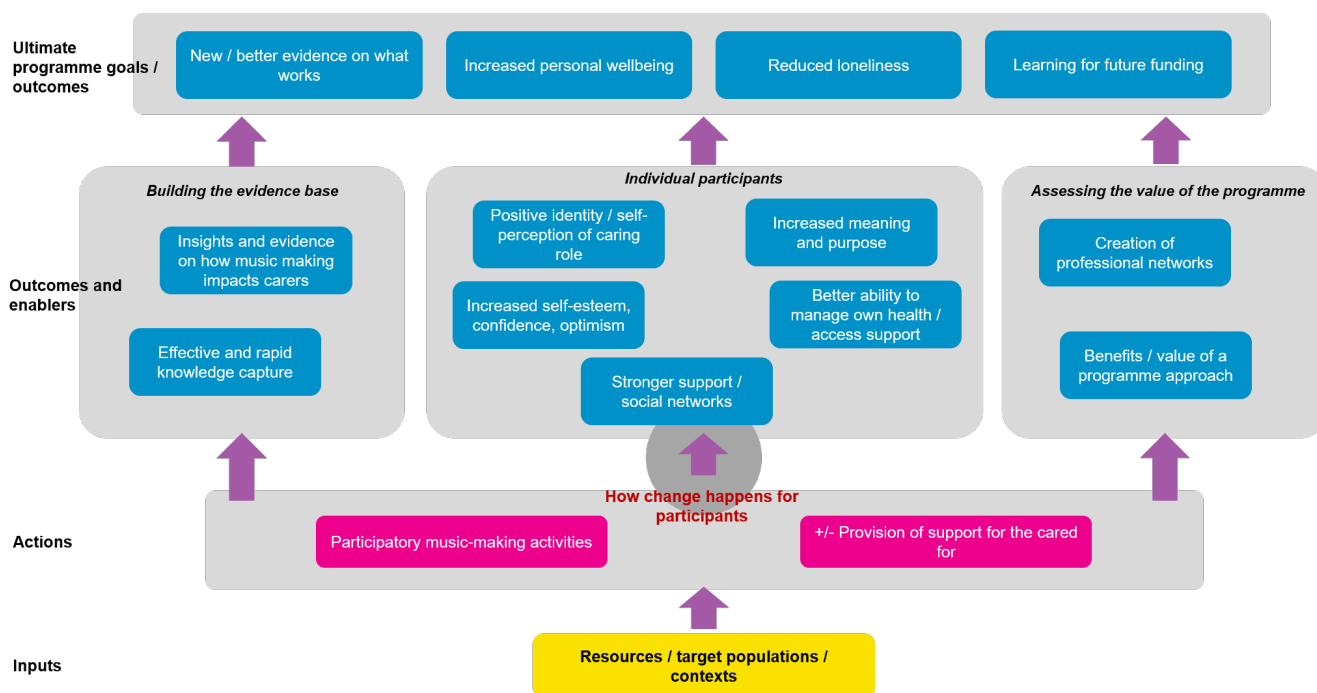


Figure 1: Carers' Music Fund programme level Theory of Change

The model also makes a number of assumptions about how participating in music-making activities might impact the wellbeing of female carers. Figure 2 shows the possible mechanisms of action across seven of the 10 Carers' Music Fund projects, which have been drawn from the individual project Theories of Change. The potential mechanisms of action at a project level become enablers of positive change and lead to improved levels of wellbeing, reduced loneliness and an improvement in social connections and relationships in the longer-term.

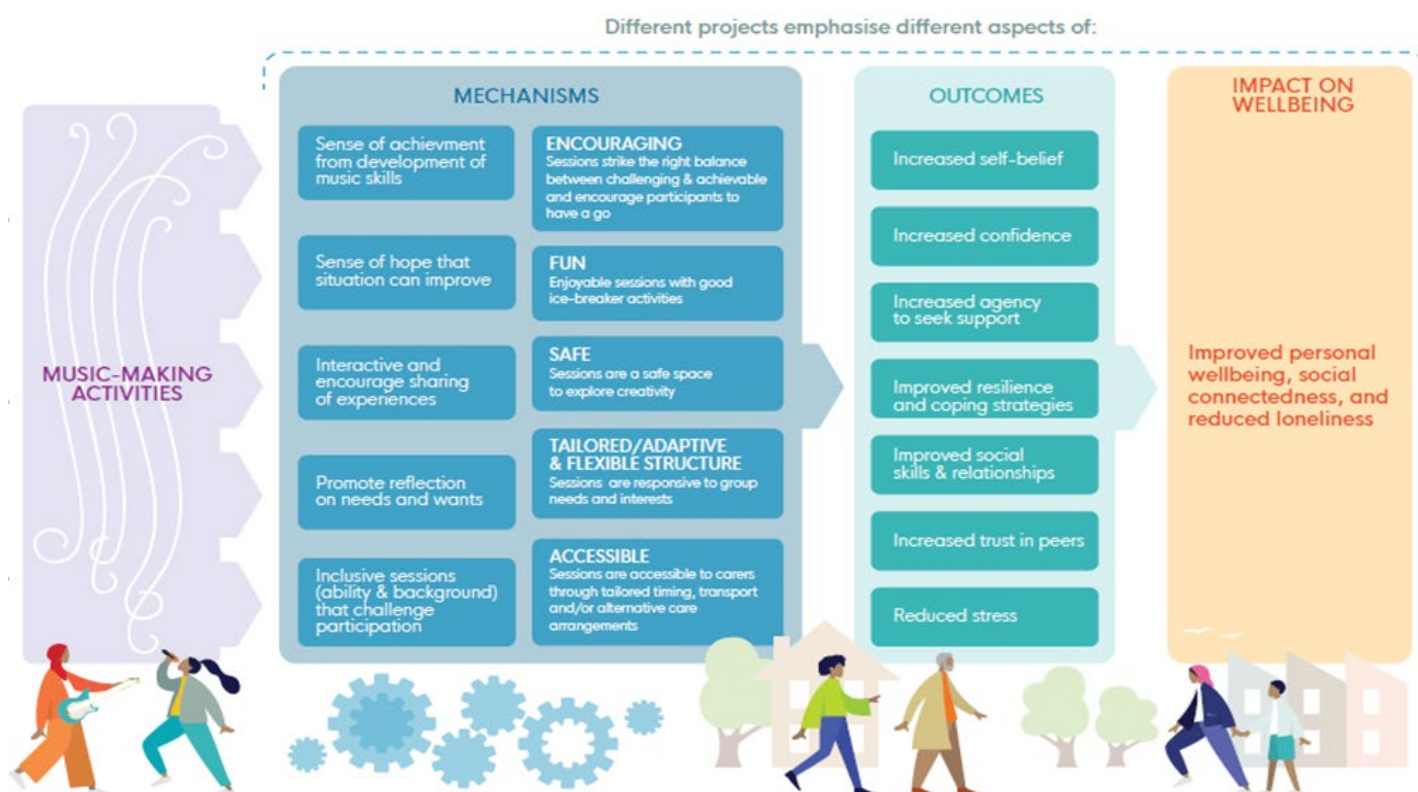


Figure 2: Possible mechanisms of action for individual projects

While the programme Theory of Change provides us with a useful starting point for the overall scope and design of the evaluation, the possible mechanisms of action drawn from the project Theories of Change provide insights into how change might happen, which helped us to decide what data needed to be collected for this evaluation. It also provided a framework for shaping the different ways in which we needed to interrogate that data in order to test the assumptions being made at both the project and programme levels.

3 The wider context

3.1 What we know about unpaid carers and caring

There are an estimated 6.5 million unpaid carers in the UK (2011 Census data), although more recent estimates from before the coronavirus pandemic put that figure at around 9.1 million.⁵ Three in five people will become carers at some point in their lives.⁶ In addition to this, around 80% of unpaid carers are female, prompting calls for greater recognition of the disproportionate impact of caring on women, alongside whole system reform of the care landscape, both paid and unpaid, to address this form of gender inequality:

‘The increasing gap between publically financed provision of care and the growing need for care services at home, has seen a transfer of responsibility onto informal, unpaid care by family, friends and neighbours. This is a trend that disproportionately impacts women. Gendered norms of caring mean that there is an assumption that women will step in to provide care and compensate for the services that the state is failing to provide.’⁷

Unpaid carers make an invaluable contribution to the lives of the people they care for, the health and care system, and society as a whole. There is evidence that many carers find the caring experience rewarding and deeply satisfying, and that caring for someone can build confidence, improve how we deal with difficult situations, enable us to feel closer to the person being cared for, and bring satisfaction that a loved one is receiving the best possible care.⁸ However, carers can also experience significant burden, particularly with respect to their physical and psychological wellbeing, economic circumstances, and social and personal relationships.⁹ According to a recent review published by Public Health England, there is growing evidence that unpaid caring should be considered a social determinant of health, due to its impact on physical and mental health, the struggles that carers face accessing support services, and the risk of financial hardship.¹⁰

We also know that the caring journey is not static. Previous research has highlighted that the burdens facing carers change over time.¹¹ Some of these points in time are predictable. For example, as a carer gets older

⁵ See: <https://www.carersweek.org/>

⁶ Carers UK (2019) – Facts about carers. Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2019>

⁷ Towards a New Deal For Care and Carers: Report of the PSA Commission on Care, 2016, p. 11. Available at: <http://www.commissiononcare.org/wp-content/uploads/2016/10/Web-Care-Comission-Towards-a-new-deal-for-care-and-carers-v1.0.pdf>

⁸ Families Caring for an Aging America. Committee on Family Caregiving for Older Adults; Board on Health Care Services; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine; Schulz R, Eden J, editors. Washington (DC): National Academies Press (US); 2016 Nov 8.

⁹ See for example: Girgis A, Lambert S, Johnson C, et al. Physical, psychosocial, relationship, and economic burden of caring for people with cancer: A review. *J Oncol Pract*. 2013;9(4):197–202.

¹⁰ Caring as a social determinant of health: Findings from a rapid review of reviews and analysis of the GP Patient Survey, Public Health England, March 2021. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/971115/Caring_as_a_social_determinant_report.pdf

¹¹ See for example: Murray Scott A, Kendall Marilyn, Boyd Kirsty, Grant Liz, Highet Gill, Sheikh Aziz et al. Archetypal trajectories of social, psychological, and spiritual wellbeing and distress in family care givers of patients with lung cancer: secondary analysis of serial qualitative interviews. *BMJ* 2010;340:c2581.

their own physical health may deteriorate which means that they cannot fulfil their caring role in the same way. However, many are less predictable and a carer's wellbeing and ability to care correlates closely with the disease progression of the person they care for. With the right support to plan for the future, and the right support available to carers in the community (and for the person they care for), carers can better navigate their caring journey and actively seek information and support as their circumstances change.

*'Good long-term planning will be preventative, more comprehensive than a crisis plan, and consider the needs and aspirations of both the carer and the person or people with care and support needs.'*¹²

3.2 The evidence on music and wellbeing

There is already strong evidence around the potential wellbeing impacts of music and singing for different groups of people. A policy briefing published by the What Works Centre for Wellbeing in November 2016¹³, based on a systematic review of the relationship between music & singing interventions (in non-clinical settings) and subjective wellbeing, highlighted some of the groups for whom music and singing has been shown to have a positive impact.¹⁴ The review found that 'there is a particularly strong case to support participatory music and singing programmes which can help to maintain wellbeing and prevent isolation, depression and mental ill health in older adult age groups'.¹⁵

Furthermore, the review showed that 'regular group singing can enhance morale and mental health-related quality of life and reduce loneliness, anxiety and depression in older people compared with usual activities.'¹⁶ There was also strong evidence that listening to music can alleviate anxiety in young adults, and to support 'using structured music therapy to reduce the intensity of stress, anxiety and depression for males.'¹⁷

The review found promising evidence that music sessions can alleviate anxiety in young offenders, reduce the intensity of stress, anxiety and depression for pregnant women, and that 'music and singing activities can enhance and maintain subjective wellbeing in healthy adults.'¹⁸

However, the evidence around the relationship between music and wellbeing for other groups was more limited, along with the evidence of what types of music and singing interventions are most effective and for whom. A number of other questions also need further investigation, including:

- 'How can these (interventions) be designed to have the greatest impact?'
- 'How long do the impacts last for?' and
- 'How does a singing intervention compare to other group activities?'

¹² No Longer Able to Care: Supporting older carers and ageing parent carers to plan for a future when they are less able or unable to care. Carers Trust, 2020, p. 4. Available at: <https://carers.org/resources/all-resources/105-no-longer-able-to-care>

¹³ Policy briefing: music, singing and wellbeing. What Works Centre for Wellbeing, November 2016. Available at: <https://whatworkswellbeing.org/wp-content/uploads/2020/01/wellbeing-singing-music-briefing-nov20162.pdf>

¹⁴ The term 'non-clinical' in this context refers to participatory music or singing interventions, including listening and performing, which are offered to enhance wellbeing. It excludes the use of music as a psychological clinical intervention, which is delivered by specially trained and registered music therapists to help people whose lives have been affected by injury, illness or disability.

¹⁵ Policy briefing: music, singing and wellbeing. What Works Centre for Wellbeing, November 2016, p. 3.

¹⁶ Ibid., 2.

¹⁷ Ibid., 3.

¹⁸ Ibid., 1.

¹⁹ Ibid., 3.

A more recent study (in 2018) on the effectiveness of community singing on mental health-related quality of life of older people found that ‘community group singing appears to have a significant effect on mental health-related quality of life, anxiety and depression, and it may be a useful intervention to maintain and enhance the mental health of older people.’²⁰ This is consistent with the findings from the What Works Centre for Wellbeing systematic review.

Numerous other studies have been published since 2016 looking at the connections between music and wellbeing. While it was not within the scope of this evaluation to undertake a more structured and comprehensive review of the existing evidence, it is worth noting that the published literature in more recent years continues to explore a wide range of music interventions and target groups, both in terms of their effectiveness (and cost-effectiveness), and the possible mechanisms of action of music on wellbeing. A systematic review of the evidence around promoting wellbeing and health through active participation in music and dance, published in 2020, found that ‘music and dance relate to key social determinants of health, from social and cultural, and physical and mental health perspectives’²¹ and that ‘a significant opportunity exists for cross-disciplinary collaboration to advance healthcare and arts policy, generate cost-effective approaches to preventive healthcare practice, and enhance the wellbeing and health of large and diverse populations.’ This review included 28 studies, written in English, and that were published in the 15 years up to and including September 2018.

Despite this growing body of evidence, and as the authors of that 2020 review highlight, there remains a disparity between the strength (and breadth) of the evidence and the scale of action. A report published by the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) in 2017 also highlighted this disparity:

‘The conundrum that we have found ourselves pondering is why, if there is so much evidence of the efficacy of the arts in health and social care, it is so little appreciated and acted upon.’²²

In relation to the powerful contribution that the arts can make to health and wellbeing, the APPGAHW report confirms that ‘there are now many examples and much evidence of the beneficial impact they (the arts) can have’ including:

- ‘The arts can help keep us well, aid our recovery and support longer lives better lived.
- The arts can help meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health.
- The arts can help save money in the health service and social care.’²³

The report also makes it clear how the arts can play a positive role in relation to health and wellbeing throughout the life course, in relation to the places and communities we live and work in, and the natural and built environments around us. And while the report is concerned with interventions across a number of art forms, many of the benefits described apply equally to a range of different music interventions as they do to other forms of art.

²⁰ Coulton, S., Clift, S., Skingley, A., & Rodriguez, J. (2015). Effectiveness and cost-effectiveness of community singing on mental health-related quality of life of older people: Randomised controlled trial. *British Journal of Psychiatry*, 207(3), 250-255.

²¹ Alexa Sheppard & Mary C. Broughton (2020). Promoting wellbeing and health through active participation in music and dance: a systematic review. *International Journal of Qualitative Studies on Health and Well-being*, 15:1.

²² Creative Health: The Arts for Health and Wellbeing. All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report, July 2017, p. 6. Available at: https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf

²³ Ibid., 4.

‘Active participation in the visual and performing arts, music and dance can help people facing a lonely old age, depression or mental illness; it can help maintain levels of independence and curiosity and, let’s not forget, it can bring great joy and so improve the quality of life for those engaged.’²⁴

The authors also believe that a successful future lies in our collective ability to change the way people think and act when it comes to arts and wellbeing, in all parts of the health and care system, in the arts, in government, and among those who fund research, arts programmes and wellbeing interventions.

‘The essential need we identify is culture change: change in conventional thinking leading to change in conventional practice.’²⁵

This evaluation of the Carers’ Music Fund, and indeed the design of the fund itself, is grounded in this current evidence base and reflects our desire to add to the strength of evidence around music and wellbeing, to address some of the evidence gaps and unanswered questions outlined above, and to support this ongoing process of cultural change at both national and local levels.

‘Wellbeing is important as a goal in itself, for people to feel satisfied with their lives and experience. However, higher levels of wellbeing have also been associated with better health, work performance and social contribution.’²⁶

4 About this evaluation

4.1 Overall approach to the evaluation

This evaluation was a mixed method, programme level process and impact evaluation that aims to help us understand the impact of the Carers’ Music Fund on achieving its outcomes, in particular improving wellbeing and reducing social isolation among female carers.²⁷ Alongside this, the evaluation aims to contribute to the growing body of evidence about ‘what works’ in terms of improving wellbeing and generating social outcomes through music and the arts, and to provide learning that will inform the future ambitions and priorities of funders, practitioners, and policy-makers who have an interest in wellbeing in today’s society.

Our aim as an evaluation team was to work in a way that would maximise the strengths of the different partners involved in delivery of the Carers’ Music Fund, including those organisations that were members of the learning partnership and the 10 projects that were awarded funding. This included regular reviews of progress, reflection on what was working well and what needed to be changed, and regular engagement with the projects through the learning events and one-on-one discussions.

Once the overall evaluation framework was developed, we provided guidance and technical advice to ensure that the funded projects were equipped with the tools and knowledge they needed to collect robust data. We also worked with some of them directly to capture more in-depth insights about the impact of their work on participants and the mechanisms through which these impacts came about.

²⁴ Creative Health: The Arts for Health and Wellbeing. All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report, July 2017, p. 46. Available at: [https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative Health Inquiry Report 2017 - Second Edition.pdf](https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative%20Health%20Inquiry%20Report%202017%20-%20Second%20Edition.pdf)

²⁵ Ibid., 7.

²⁶ Policy briefing: music, singing and wellbeing. What Works Centre for Wellbeing, November 2016, p. 3.

²⁷ The reference to process evaluation in this context refers to an evaluation of the added value of operating the Carers’ Music Fund as a programme, as opposed to a number of separately funded projects.

Throughout the period of the evaluation we worked as evaluators, facilitators, advisers, and trainers as and when required. We tried to be flexible in our approach, building on existing measurement and data systems wherever possible, and we worked collaboratively with Spirit of 2012 to minimise the burden that this evaluation would place on grantees, while still providing robust evidence and learning. With this in mind, the key principles that guided our approach to this evaluation included:

- Taking a view across the programme as a whole
- Being pragmatic, flexible and collaborative
- Understanding what matters most, and to whom
- Recognising the experimental aspect of the fund, and focusing on learning and sharing rich insights
- Ensuring our work is aligned with local evaluations.

4.2 Key factors driving the design of the evaluation

The learning partnership came together for the first time in September 2019 to begin the process of designing a framework for the evaluation. The group made a number of observations about the fund that would help to shape the overall evaluation plan:

- The huge diversity across the 10 projects, their different delivery models, the music activities they plan to use, their partnerships, and the specific expertise they bring, including with respect to reaching out to and working with unpaid carers
- The level of ambition across the projects, which meant that some may fall short in the time available, but that this was an important part of the learning process and was fundamental to the design of the fund
- The need to be clear on how we define success, and the evidence on which this is based
- The need to move quickly so that data collection systems would be in place before the first cohort of participants began, and to ensure this was aligned with other reporting requirements
- The importance of recognising that the project teams are experts in music-making and engaging with / supporting carers (to varying degrees) and therefore ensuring that we tap into this expertise and make use of it throughout the evaluation.

The group also discussed the importance of undertaking a 'deep dive' into some of the projects to gain more in-depth project specific insights, and the need to understand the added value of running the Carers' Music Fund as a programme, including any learning that might shape the way Spirit of 2012 funds and oversees projects like this in the future.

4.3 Evaluation questions

This evaluation was designed to address the following primary evaluation questions:

1. To what extent does group music-making (in different forms) impact on the personal wellbeing of female carers (including different groups of female carers) and how?
2. To what extent does group music-making (in different forms) impact on levels of loneliness among female carers (including different groups of female carers), and how?
3. To what extent does group music-making (in different forms) impact on social networks among female carers (including different groups of female carers), and how?

4. To what extent does group music-making (in different forms) impact on the ability of female carers to better manage their own health and wellbeing, and to better manage their role as a carer, and how?
5. What are the enablers and barriers to engagement and participation in different music-making activities among female carers, and what are the profiles of those who are more likely to take part in (and benefit from) these activities?

The different groups of carers can be defined by demographic and caring context variables, and are based on the profile of participants across the 10 projects. These groups include:

- Older carers
- Carers of working age, and those currently in employment
- Young carers and young adult carers
- Full-time carers
- Carers who have never received support as a carer before
- Carers from different ethnic / cultural backgrounds

In order to address the primary evaluation questions, we agreed to include seven measurement themes within the scope of this evaluation:

- Personal subjective wellbeing (life satisfaction, feeling worthwhile, happiness, anxiety)
- Loneliness
- Engagement and participation (in group music-making)
- Social networks
- Self-care (ability to manage your own health and wellbeing)
- Self-perceptions of the caring role
- Potential sustainability (of outcomes)

4.4 Evaluation methods

This evaluation was undertaken using a mixed method approach, in partnership with the 10 projects in the grant portfolio, and the Carers' Music Fund learning partnership.²⁸ Grantees were asked to gather quantitative data from participants at the beginning and at the end of their involvement in the project, which was supplemented with interviews (with participants and session leaders), session observation, a review of a selection of creative outputs (song lyrics, audio recordings, and films), and key themes emerging from local (project level) evaluation activities.

4.4.1 Scoping and design

Our work began with a review of all relevant programme documents, including details of the 10 projects that had been awarded funding and their different target groups, and the evidence underpinning the programme's intended outcomes and impact. This was followed by a design workshop with the learning partnership, at which we discussed our respective roles and responsibilities throughout the programme, began to sketch out a draft Theory of Change for the fund, and agreed the principles that should guide our evaluation approach and methods.

²⁸ The learning partnership for the Carers' Music Fund consisted of Spirit of 2012, What Works Centre for Wellbeing, Apteligen, and Carers UK. The Behavioural Insights Team was also involved during the early stages of the fund.

Using the outputs from the design workshop we then developed a proposed evaluation and data collection framework which was presented to grantees at the first learning day in October 2019. This included a final Theory of Change for the programme, and an outline of the data we intended to use to measure change for programme participants.²⁹

Data collection tools and supporting guidance materials were then developed and circulated to project leads. These were followed up with two webinars and ad hoc email and telephone support.

4.4.2 Participant outcome and impact data

Projects were asked to collect two sets of data, each at the level of individual project participants.

1. Attendance data: (a) an anonymised record of who attended each session within a given cohort AND / OR the total number of attendances (if capturing individual level attendance data was not possible), and (b) the reasons given by anyone who decided not to continue being involved.
2. Outcome data: an anonymised record of each participant's baseline and endline outcome data, along with demographic data for each participant and data about their caring context. This is set out in more detail in Table 1 below.

Different questions for children and young people up to the age of 15 were provided where relevant. The projects were also given guidance on obtaining informed consent from project participants to share anonymised data with Spirit of 2012 and the programme evaluation team. Full details of the questions used for each data item are provided in Appendix 2.

Projects were asked to collect baseline data at any point prior to a person starting the activity, and / or during the first two weeks. We also asked that endline data be collected around the time of the final session / group activity (for example if the group was coming together to give a performance after the end of the weekly sessions), or soon after.

²⁹ The term programme participant refers to unpaid carers who attended or took part in project activities.

Core data item(s)	When the data was collected
Demographic profile: <ul style="list-style-type: none"> • Unique participant ID • Gender • Age • Ethnicity • Disability • Previous involvement in music-making 	Baseline
Caring context: <ul style="list-style-type: none"> • Intensity of caring • Who the person cares for • Employment status • Provision of additional carer support 	Baseline (Intensity of caring also captured at the end of each cohort)
Wellbeing and loneliness (ONS4 and single loneliness item)	Baseline and endline
Social networks	Baseline and endline
Provision of parallel support	Endline
Impact of the activity on: friendships, confidence, ability to manage the caring role, self-care	Endline
Drivers of impact and sustainability	Endline

Table 1: Summary of outcome data collected

Baseline data was received for 726 programme participants from all 10 projects, while at least some endline data was received for 394 programme participants from nine of the 10 projects. The deadline for data to be included in this evaluation was 13th April 2021. Table 2 below shows the distribution of this data across the 10 projects. Sample sizes for individual data items are included throughout Part 2 of this report.

Some of these differences reflect the different sizes of the individual projects and the number of participants they intended to reach, but also the impact of the coronavirus pandemic on participant recruitment, retention, and opportunities to collect data. This is discussed further in sections 5 and 6.

While baseline data is broadly representative of nearly all of the projects in the fund, endline data is more concentrated, with 85% coming from five projects. However, these five projects do reflect a mix of target groups and delivery models that is consistent with the overall fund.

Project (anonymised)	Share of all baseline responses received	Share of all endline responses received
1	8%	10%
2	5%	4%
3	10%	14%
4	6%	0%
5	25%	12%
6	4%	1%
7	20%	37%
8	6%	3%
9	7%	8%
10	9%	12%
Total	100%	100%

Table 2: Share of data received by project up to 13th April 2021

4.4.3 In-depth impact evaluation

In addition to the participant outcome and impact data being collected by the projects, the programme evaluation team undertook some in-depth (qualitative) data collection with six of the 10 projects. These six projects were selected because they:

- Represented a diverse mix of the different delivery models across the fund, both before the impact of the coronavirus pandemic and during it
- Covered a number of different types of music creation, including singing, song writing, learning an instrument, and digital music production, and
- Were working with a wide range of target groups, including both young carers and adult carers.

The purpose of this more in-depth work was to:

1. Provide deeper insights on the impacts of group music-making for female carers, including potential mechanisms of action and unintended consequences, in order to address the primary evaluation questions, and
2. Showcase examples of how the fund has tackled the emotional, social and health burdens that female carers typically face.

This aspect of the evaluation involved:

- 1:1 interviews with eight project participants
- 1:1 interviews with five music leaders and project leads
- Online session observation (two live sessions and around 10 session recordings)
- Review of a range of creative outputs (song lyrics, audio recordings, and films)
- Review of group chat forums, and
- Key themes emerging from local (project level) evaluation activities.

Content analysis was then undertaken using an iterative coding approach in order to identify themes and patterns in the interview notes / transcripts, session notes, and other materials.³⁰ We adopted a combined (hybrid) deductive and inductive coding approach for the content analysis.³¹ The outputs from the content analysis were then triangulated with our analysis of the participant outcome and impact data to enhance the validity of the results, identify and explore inconsistencies, and deepen our understanding of how and why group music-making can benefit female carers.

4.4.4 Process evaluation

The scope of this programme evaluation also included work to understand the benefits and added value of operating the Carers' Music Fund as a programme, for individual grantees and for Spirit of 2012. This included looking at the different programme activities (programme management and reporting, learning days, creation of professional networks, sharing learning, and the test and learn approach) and the extent to which those activities made a positive difference to the design, development, and impacts of the projects. This strand of the evaluation involved structured activities with grantees at each of the six learning sessions. The results are set out in section 14 below.

5 The impact of the coronavirus pandemic

5.1 The effect of the pandemic on carers

According to Carers UK, the coronavirus pandemic has had 'a devastating effect' on the lives of carers and the people they care for.³² Their research in April 2020 (at the start of the pandemic) and in October 2020 showed that the majority of carers were providing more care as a result of the pandemic, leaving many feeling exhausted and close to burning out. Carers were also dealing with increased levels of need, often without the help they might sometimes have had from family and friends, and with little or no support from local services.³³ Only 29% of carers felt that they had been able to maintain their health and wellbeing during the pandemic.³⁴ Delays in NHS treatment for carers themselves, and for those they care for, was reported by carers as something that had affected their wellbeing since the start of the pandemic.

A report for Carers Week 2020 also showed that there were an additional 4.5 million unpaid carers since the start of the coronavirus outbreak, meaning that there could be up to 13.6 million people providing unpaid care in the UK today.³⁵ This is roughly 20% of the entire UK population (all ages). The Carers Week report also found that, as a result of the pandemic:

- Carers were providing more care, some of which was the result of local services reducing or closing
- There were increased financial pressures for carers, which for some were likely to be long term (e.g. loss of employment), and
- Carers were facing additional stress, due to worries and fears about the future.

³⁰ For more information on content analysis see: <https://www.betterevaluation.org/en/evaluation-options/thematiccoding>

³¹ For more information on coding approaches see: <https://journals.sagepub.com/doi/full/10.1177/160940690600500107>.

³² See: <https://www.carersuk.org/news-and-campaigns/campaigns/caring-behind-closed-doors>

³³ Caring behind closed doors: six months on (October 2020). Carers UK, October 2021. Available at: http://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_Oct20.pdf

³⁴ Ibid.

³⁵ Carers Week 2020 Research Report: The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak. Carers UK, June 2020. Available at: <https://www.carersweek.org/media/0jphsvzw/cw-2020-research-report-web.pdf>

A report by Carers Trust on the impact of the pandemic on young carers and young adult carers found evidence of greater worry, higher levels of stress, feeling unable to cope, and being overwhelmed by the new and increased pressures they face.³⁶

At the time of writing this evaluation report we have begun to see a gradual easing of the social restrictions in place to control coronavirus transmission, and the resumption of some local support services. While this may help to reduce the pressures that carers have faced during the pandemic, there is a real concern that some of those pressures could be long lasting.

5.2 Adaptations to project delivery

The coronavirus pandemic has been an exceptional event that has impacted all of us. Some people (including carers and the people they care for) have been more strongly impacted by both the health risks of Covid-19 and the consequences of the measures put in place to control the pandemic, such as lockdowns and shielding policies.

The pandemic also had an immediate and long-lasting impact on Carers' Music Fund grantees. Following social distancing measures and the imposition of the first national lockdown in March 2020, organisations were forced to adapt their activities and delivery models to meet the evolving and immediate needs of their beneficiaries. Many of the programme's beneficiaries faced new and additional burdens, and social distancing led many organisations to rethink the way they needed to deliver their services.

As a group of projects delivering face-to-face music activities, it became necessary for all of the projects to shift to some form of remote delivery. For most of the projects, this was the first time they had explored such delivery models. We also knew early on in the pandemic that face-to-face engagement would be unlikely to resume until much later in 2020 (if at all), and that carers especially might be reluctant to engage in these types of activities for some time.

As a funder, Spirit of 2012 adopted a flexible and pragmatic approach during the pandemic. While the founding principles and ambitions of the fund remained the same (or perhaps even more important due to the pandemic), it was clear that things would need to change, and that the potential impact of the pandemic on staff, volunteers and participants would be the immediate priority, especially in those first few weeks and months following the national lockdown in March 2020. We were inspired by the efforts of all the grantees in the fund to support those they were working with, and to explore and test new ways of working. Their commitment to the fund, and to those who needed help and support, was remarkable.

The challenges facing the projects due to the pandemic were considerable. They included:

- Finding ways to deliver interactive music activities remotely, that create a space for carers to be themselves, and which recreate the fun, creativity, and sense of togetherness that group music-making can bring
- Reaching out to new carers, while continuing to provide some ongoing support to those already engaged, at a time when people were required to 'stay at home' and who may not have the technology or skills to engage online

³⁶ MY FUTURE, MY FEELINGS, MY FAMILY: How Coronavirus is affecting young carers and young adult carers, and what they want you to do next. Carers Trust, July 2020. Available at: <https://carers.org/downloads/what-we-do-section/my-future-my-feelings-my-family.pdf>

- Moving to home working, and the practical, emotional and technological challenges associated with that
- Coping with the wider organisational impacts and uncertainty as a result of venue closures, loss of revenue, delivery staff being furloughed, and fewer volunteers.

'We have had to think about our own wellbeing and the wellbeing of our staff. There are too many zoom calls and spending all day on it followed by running sessions in the same way can be really difficult and exhausting. Our staff need the support from us in the sessions as we figure out how to run them.' – Carers' Music Fund Project Lead.

'A major issue has been the wifi. In rural places, such as where we are working, the wifi connection is shocking which makes this new life of uploading and downloading all the more tricky. We've had to reflect this in our new demands of our freelance team in creating digital content and to be lenient in terms of quantity and timescale.' – Carers' Music Fund Project Lead.

'Young carers have been significantly impacted by Covid, quite a few were unable to continue - their focus shifted from "something for them" to really intense caring responsibilities for sometimes shielding family members. Youth workers and other organisations have also shifted their focus slightly from normal youth work to supporting the most vulnerable young people ensuring they had food as people lost their jobs.' – Carers' Music Fund Project Lead.

'It's been challenging to reach all the carers online, as many of those we work with are older and have less technological experience. However, through a mixture of phone calls and emails we have managed to get the majority able to use Zoom and join in video chat/music-making sessions.' – Carers' Music Fund Project Lead.

'We now have a cohort of people we are unable to reach due to digital poverty. This is a significant issue, and one we have no answers to currently.' – Carers' Music Fund Project Lead.

The responses to these challenges were varied, and continued over the remainder of the fund. Some began making contact with carers through new mediums such as Facebook and Zoom. Some paused their activity initially, to allow time to replan. Others moved to online music sessions, which in some cases were opened up to carers from other geographical areas. There were also examples of using Zoom (or other videoconferencing platforms) to provide more general support. The projects also explored a number of other adaptations, including: developing pre-recorded video content, video tutorials, loaning instruments to carers, printing music resources to be posted to carers, running live music-making sessions, streaming musicals and theatre performances, using online tools for digital music creation, and supporting their partners with online work and safeguarding.

'A key part of our work is the energy that we create in the room. There is a spirit of fun, creativity and an openness that allows people to talk and express themselves. Trying to find ways to recreate this online has been our first challenge. Eventually we developed an idea of using sampling to build music. People play stuff in their house like pots, pans, glasses of water, bunches of keys and we record them and then build rhythms from them. This way of working has enabled us to recreate the sense of fun that is core to our projects.' – Carers' Music Fund Project Lead.

‘Participants are coming from a much wider geographical area than prior to the crisis with any barriers to lack of transport being removed. However, the more vulnerable participants are not always being reached due to digital poverty. We are now developing ideas around delivering music kits to people who are isolated, more vulnerable and shielding.’ – Carers’ Music Fund Project Lead.

‘Instruments have gone out to carers on loan so that they are able to keep up their exploration and practice of music which has been great to see when they share their learning during the online sessions. The team has been busy finding alternative ways for carers to participate in music and performances through sharing online streaming of opera, ballet, musicals and theatre to bring new experiences to carers and their families during the lockdown period. These have formed the basis of some sessions as carers work through how the performances they watched have affected them and during which we can delve into the stories and themes from the different genres.’ – Carers’ Music Fund Project Lead.

The first national lockdown was at a time when the delivery of music sessions for the first cohort of participants had largely finished. And while a three month extension to the fund (to June 2021) was agreed with the Department for Digital, Culture, Media and Sport in July 2020, all projects delivered the majority of their activities remotely for the remainder of the fund.³⁷

5.3 Changes to the evaluation

In terms of the evaluation, it was important for us to recognise that grantees would be delivering interventions that, in some cases, were quite different from what they were delivering before the pandemic. We knew that some grantees might struggle to meet their original project objectives, or to conduct evaluation activities, including collecting the data we had asked them to collect. We also knew that where data was being collected and analysed, the psychological and social effects of the pandemic would make the wellbeing impacts of the projects difficult to isolate from the broader context. There were new ethical concerns to consider in relation to asking questions on wellbeing and loneliness in the pandemic context, and potential issues around the management and storage of sensitive data with home working arrangements in place.

However, based on what we knew at the time, the fact that many of the projects had moved quickly to some type of online delivery, and given their clear commitment to learning, we chose to continue with the original evaluation design. We recognised that the pandemic context also offered an opportunity to address new questions and learning themes as part of the evaluation, and that, given the likelihood of a smaller amount of quantitative data to work with, we would continue to work closely with the learning partnership to ensure that any new learning themes relating to the pandemic context were identified and explored.

We issued new guidance to the projects, which asked them to continue with the data collection plan, including the collection of wellbeing and loneliness data unless considered unsafe or likely to cause stress or harm for participants. We felt that this data remained important because we still wanted to know what impact the fund had had on each of the core outcome measures, whether through face-to-face or online music activities, for whom, and why. We also provided guidance on remote data collection methods, and resources to help with thinking about local evaluation plans.

³⁷ A small number of socially distanced face-to-face sessions were possible during this time, however, this was possible for only four of the 10 projects.

6 Caveats and limitations

There are some important caveats and limitations to note in relation to this evaluation and the findings presented in this report, some of which we have already touched on in previous sections.

6.1 Method limitations

The overarching aim of this evaluation was to assess the impact of participatory music-making on the lives of female carers. Within this, our focus was on personal wellbeing, feelings of loneliness, social connectedness, and the ability of carers to cope with their caring responsibilities. Where possible we used tested measures (such as the ONS4 wellbeing measures) so that comparisons could be made with data available at a population level, and which would provide valid indicators of changes in wellbeing and social isolation among participants between the start and end of their involvement in a Carers' Music Fund project.

The evaluation is intended to meet a standard of evidence that means we can demonstrate and measure the changes related to different outcome measures among those people involved in a Carers' Music Fund project, and begin to attribute that change to their involvement. We undertook qualitative research in order to triangulate the quantitative data and to identify possible causal relationships. However, we knew from the outset that any changes observed across the different outcome measures may not be wholly attributed to a person's involvement, and that there are many other factors in a person's life that can affect personal wellbeing, feelings of loneliness, and social connectedness. The design of the fund meant that an experimental or quasi-experimental research design (such as a randomised control trial or the use of a non-randomised control group) was not possible for this evaluation. As such, we are not able to confirm a direct causal link between the project activities and the results seen.

Perhaps the most significant external factor during the period of this evaluation was the coronavirus pandemic. The pandemic had a negative impact on wellbeing and led to increased levels of loneliness and social isolation across society. As we discussed in section 5, the effect on carers was considerable. This means that the changes observed in some outcome measures may be different in a non-pandemic context. Improvements, for example, could have been greater without the negative pressures of the pandemic. They could also have been smaller if it wasn't for the pandemic, given that for many carers their involvement in a Carers' Music Fund project provided the only opportunity to connect with others and receive some level of emotional support during this time. This could have amplified the benefits that some people gained from being involved.

The mix of methods chosen for this evaluation, and the ways in which we have analysed the data available to us, reflect our recognition of these limitations and mean that we can still have a degree of confidence in the findings presented.

6.2 Data limitations

The impact of the pandemic on the planned cohort structure for delivery (12 weekly sessions per cohort) meant that the timing of data collection varied more than we would have hoped. This means that some wellbeing, loneliness and social connections data was collected a few weeks (or longer) after sessions finished. Also, the nature of the online delivery models that were introduced by some projects meant that some participants may have attended more than 12 sessions and / or been involved in more than one project activity at the same time.

This is likely to have led to some results being overstated when compared with other participants (for example, because a person was involved in more activities than someone else), or understated (because the data was collected some time after activities finished). It was not possible to control for these variations.

6.3 The diversity of the projects and participants

The Carers' Music Fund brought together an incredibly diverse group of projects, with each project delivering music activities in a different way, led by organisations and people with different skills and experiences, and working with different groups of female carers. While there was obviously a common thread across all 10 projects (participatory music-making with female carers), there was considerable variation on this theme, both in terms of the different types of music activities being used, and the demographics and caring contexts of participants. This diversity was further compounded by the changes that were made to delivery that resulted from the coronavirus pandemic.

The evaluation therefore focuses on the outcomes and impacts observed at an aggregate level (participatory music-making for female carers), with some analysis for particular subgroups of carers where sample sizes are large enough. We have not attempted to group the projects in any particular way according to their delivery model or music activities, however, we do explore how different types of participatory music-making (whether that be singing, or learning to play an instrument, or writing the lyrics to a song) might influence a person's pathway to wellbeing through music.



7 Participation and engagement

Carers' Music Fund projects successfully engaged with a wide cross section of female carers, covering a range of ages, caring responsibilities and personal circumstances. This is broadly consistent with the fund's ambitions and the learning objectives of the projects. Although the total number of carers who participated was lower than expected, this was driven in part by the impact of the coronavirus pandemic, and in part by the fact that some of the projects were testing new ways of reaching out to this group of people. It was also due to the significant barriers to engagement that exist for this group of people.

A total of 746 female carers (women and girls) participated in the 10 Carers' Music Fund projects between October 2019 and December 2020.³⁸ A further 179 were expected to be involved by the end of the fund (June 2021). While this is around 40% below the expected number of participants when the fund started, the wide-ranging impact of the coronavirus pandemic on project delivery (and the timing of that impact) means that this level of participation is an excellent achievement. It is also important to mention that some of the projects were continuing with delivery beyond the cut-off point for data to be included in this evaluation (end of March 2021).

³⁸ At the time of writing this report, total participation numbers were only available up to December 2020, while outcome data was available up to March 2021. Participation numbers exclude carers who may have joined 'open access' type sessions during the pandemic (such as sessions delivered via YouTube). While some projects began their first cohort in October 2019, many did not start delivering sessions until December 2019.

Data on participant demographics and caring context was gathered for 726 participants, which represents just under 80% of those who were engaged in the programme. 24% of those were children (up to the age of 15) and 67% aged 16 and over. Age was not given for 61 participants (8%). Around two thirds (67%) were from a white ethnic background. Among those who provided data on employment status (n=473), 63% were not in paid employment (61% nationally)³⁹, 23% in part-time employment, and 14% in full-time employment (Figure 3). New mothers on maternity leave, and those who were on furlough leave due to the pandemic at the time data was collected, were generally considered to be not in employment.

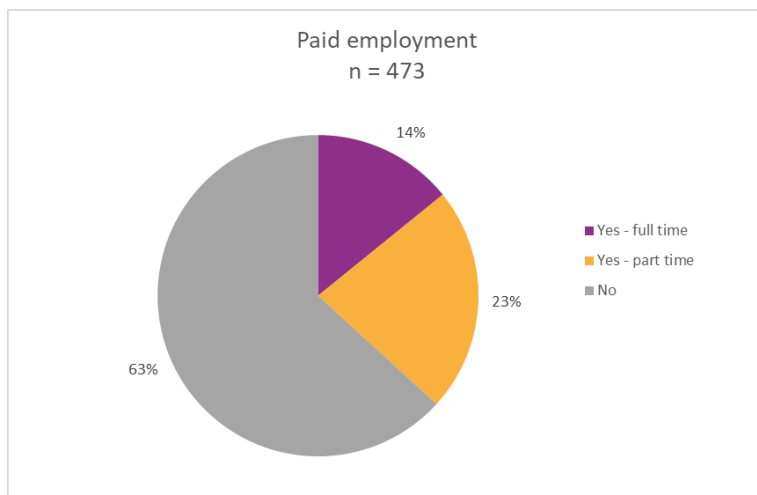


Figure 3: Proportion of participants by employment status

In terms of household income (Figure 4), 40% were living in a household with an income of less than £15,000 per annum, 20% between £15,000 and £19,000, and 14% between £20,000 and £29,000. Around a quarter (26%) were living in a household with an income of £30,000 or more per annum. Putting this in context, the national living wage for those aged 23 and over is currently (from April 2021) the equivalent of around £19,000 per annum.⁴⁰ This means that 60% of those who provided data were living in a household with an income below the national living wage. We do not know from the data provided the extent to which this can be generalised across the whole fund.

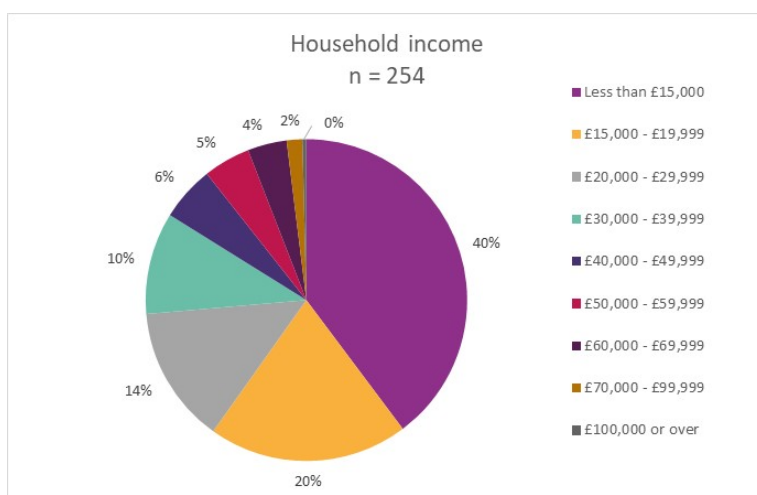


Figure 4: Proportion of participants by household income

³⁹ State of Caring: A snapshot of unpaid care in the UK. Carers UK, 2019. Available at: http://www.carersuk.org/images/News_campaigns/CUK_State_of_Caring_2019_Report.pdf

⁴⁰ See: <https://www.gov.uk/national-minimum-wage-rates>

Just over a third of people (35%) said that they had a physical or mental health condition or illness lasting, or expecting to last, for more than 12 months (n=534). 54% had never received support as a carer before (n=653) and half (50%) had never taken part in music-making activities prior to the Carers' Music Fund (n=614). This shows that the funded projects were effective at reaching out to those who were already known to services, and to those who were not, which means that participatory music-making may have an important role to play in opening up support options for those who may be reluctant to seek support. It also shows that previous involvement in music-making is not a requirement for people to engage in the types of music activities offered across the Carers' Music Fund.

In relation to the caring context of participants, Figures 5 to 8 provide a breakdown of the data against a number of key variables. The data shows that:

- 34% were full-time carers (caring for more than 90 hours per week). This compares to around 46% nationally.⁴¹
- There were similar proportions across all categories in terms of the length of their caring role, with the exception of those caring for less than a year, which had smaller numbers (13%) compared to the other groups (between 19% and 24%).
- Caring for a child (26%) and caring for a parent / parent-in-law (22%) were the most common caring responsibilities, while 17% said that they care for more than one person (this compares to 26% nationally).⁴² Only 8% care for a spouse or partner. These figures reflect the specific target groups that a number of the projects intended to engage with during the fund.
- Connected to this, 29% said that they cared for someone between the age of 1 to 15, and 22% someone 70 or over.

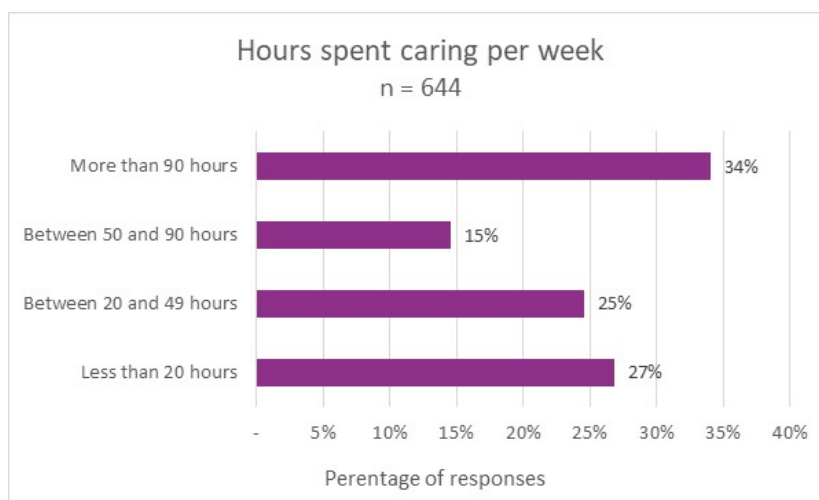


Figure 5: Proportion of participants by hours spent caring per week

⁴¹ State of Caring: A snapshot of unpaid care in the UK. Carers UK, 2019. Available at: http://www.carersuk.org/images/News_campaigns/CUK_State_of_Caring_2019_Report.pdf

⁴² Ibid.

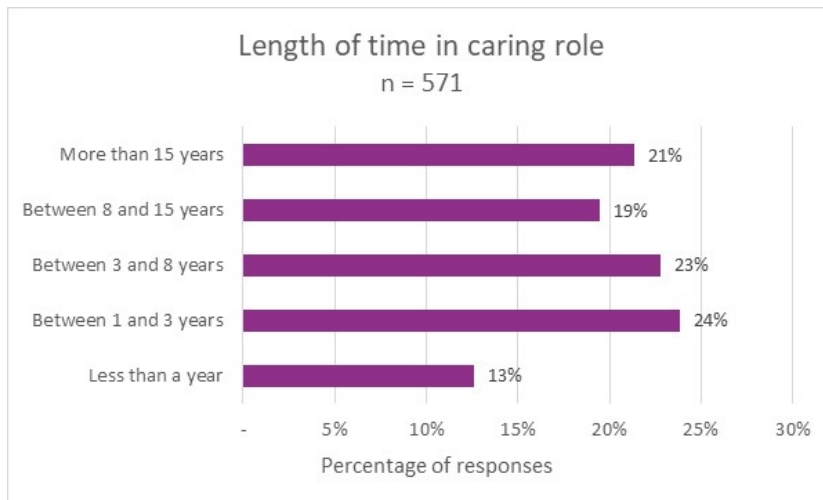


Figure 6: Proportion of participants by length of time in caring role

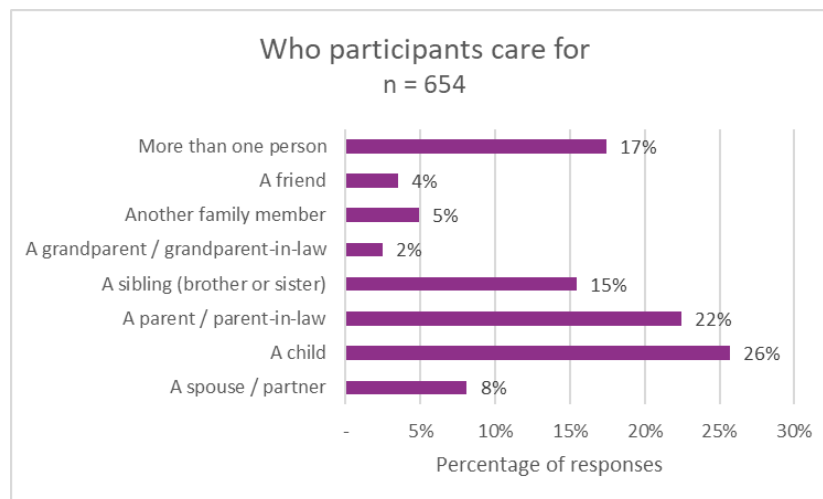


Figure 7: Proportion of participants by who they care for

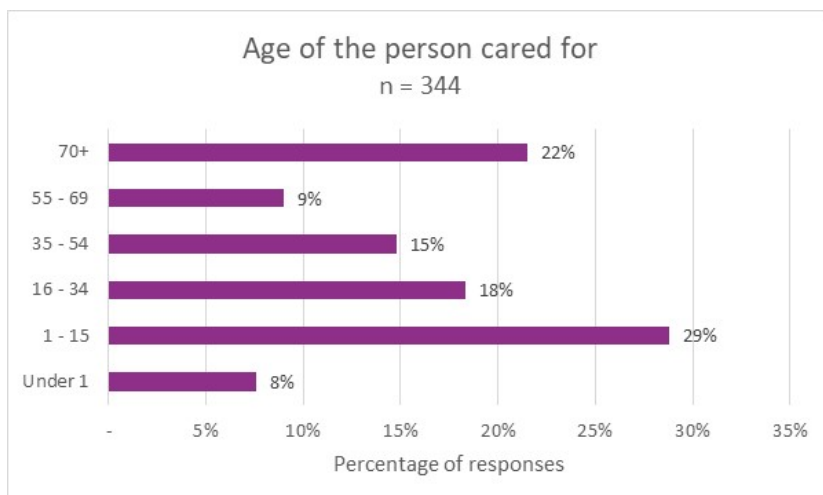


Figure 8: Proportion of participants by the age of the person they care for

These figures show that the programme was successful in reaching carers across a broad spectrum of caring responsibilities. This reflects the diversity of the grant portfolio and the different target groups that each project intended to reach, notwithstanding some of the original plans were revised in order to respond to the impact of the coronavirus pandemic.

In terms of participation rates (the number of participant attendances divided by the number of available places and sessions), we asked grantees to collect data on attendance and the reasons why any participants dropped out from being involved in a music activity. Unfortunately, some of the projects found this data difficult to collect, a task that was made especially more difficult during the period of the fund affected by the coronavirus pandemic. In addition to this, some projects adapted their delivery model during the pandemic so that participants could take part in more than one music activity. This means that we don't know the true denominator (number of available places and sessions) for calculating an accurate participation rate.

We did, however, receive some data. This suggests that average participation rates varied from around a third, to as high as 90%. Anecdotally, we heard from many of the projects that once people signed up to take part, retention and participation rates were generally quite high. This is with the exception of those working with young carers, who found engaging with this group especially difficult during the early stages of the pandemic. This was most likely due to changes in routines at home due to the national lockdown and home schooling, and also issues around access to technology.

Reaching people who were interested in taking part was one of the biggest challenges that faced the Carers' Music Fund projects. This is not surprising, as many carers are not in contact with support agencies, do not realise that support is available to them, or do not identify themselves as a carer. It was also a specific aim of the Carers' Music Fund to test new ways of reaching this group of people since some of the projects had not worked with carers before. It was known that this might be a key challenge for those projects and indeed for those that were already supporting carers in other ways.

The projects experimented with a number of different approaches to recruitment, the most successful of which included:

- Running taster sessions with young carers to introduce them to the music activities in a safe and relaxed environment.
- Engaging with local community groups, schools, health professionals and care settings to facilitate direct conversations with potential carers, including those who might not identify themselves as a carer.
- Using language in wider communications and advertising that appeals to people who might not think of themselves as a carer, and which inspires those who may not think of themselves as musical in any way.
- Targeted communication using a range of channels, including social media, newsletters, and local radio.
- Building in success stories to support ongoing recruitment efforts, demonstrate the benefits, and break down cultural barriers.

'We have learnt that we need to be inventive about finding participants and partners to work with and we need to think of lots of organisations to approach because many of them don't get back to us. All of our successful groups have come through connections and recommendations from other organisations we know.' – Carers' Music Fund Project Lead

‘The recruitment method that seems to be most effective is direct, personal contact with carers by staff. Going forward, it is key that we maintain this personal approach where people feel invited to the sessions and have the chance to ask questions about the sessions before joining. We have emphasised the project impact with staff across the organisation, so they can see the importance of the groups and are more likely to share the information when talking to carers.’ – Carers’ Music Fund Project Lead

‘Covid-19 and working online has also presented some challenges and made it harder to recruit. It is difficult to tell whether this is because of a lack of face-to-face contact with carers, or whether people are generally less likely to join a music activity online. Moving forward, we have discussed placing greater emphasis on technological support and funding in our promotion material, to try and remove this barrier for carers who are less confident with technology.’ – Carers’ Music Fund Project Lead

‘If we have learned anything from this, timing and pre planning is crucial - trying to recruit in January is difficult for any project and when it comes to engaging carers (when it partnership with another arts group) it might not be enough to simply use social media or posters or even the existing groups!’ – Carers’ Music Fund Project Lead

In terms of the reasons why people dropped out (where this was provided), it suggests that ‘I decided that the activity wasn’t for me’ was the most common reason, followed by ‘I was unable to get time away from my caring responsibilities’. However, these results must be interpreted with some caution, given that this information was only provided for a very small proportion of participants.

8 Funding to support access to music-making activities

The funding available to support access to project activities was used in a number of different ways. The need for replacement care was found to be less of a barrier to access than many projects anticipated, and this funding tended to be of most value in relation to covering transport costs and supporting digital inclusion. However, it is likely that the coronavirus pandemic had a particular influence on how access funding was used by the projects, given that replacement care became less necessary (and more difficult to arrange), and because people were not travelling to and from sessions.

£400,000 of funding was available to Carers’ Music Fund projects to support activities that cater for the person being cared for (of any gender) while their carers were taking part in project activities (replacement care). This was intended to help address one of the main barriers that carers typically face when accessing support services. The funding could also be used in other ways to support access to project activities.

Overall, the projects found this funding to be most useful in relation to:

- Covering transport costs to and from the music sessions, although this became less of an issue for carers once sessions moved online. Providing help with transport also meant that carers spent less time away from the person they cared for, and the idea of prearranged travel gave young carers ‘permission’ to attend and take time out of their caring role.

- Arranging replacement care for the person being cared for, however, many of the projects found this to be less of a barrier to access than they expected. Indeed, some carers were quite hostile towards this idea, often because of concerns about how suitable the replacement care would be. Some projects also expressed concerns about having the necessary regulatory and safeguarding knowledge. For those projects that worked with new mums, providing crèche facilities proved to be very successful in terms of facilitating access.
- Covering the costs of technology to allow access to online sessions, including the costs of providing tablets and offering one to one support. This became particularly important in light of the coronavirus pandemic. There were also some secondary benefits from this spending, in that it gave some carers the ability to keep in touch with friends and family more easily during the coronavirus lockdowns.

Some of the projects also found the access fund useful in relation to:

- Supporting specific recruitment drives with partner agencies, such as with schools and in health settings
- Providing hot meals at sessions, especially for young carers, and
- Creating activities and wellbeing packs for the cared for

‘However when we told participants about it [replacement care] we did not get the reaction we thought we would. They were concerned about lots of things. They wanted to know who was providing the care and if they were able to understand specialist needs, they were worried that the cared for would be confused by having a new carer just for 12 weeks and they were worried that it would impact their benefits and care allowances. They often just immediately said they didn’t want it and we felt naive for suggesting it.’ – Carers’ Music Fund Project Lead

‘Two challenges were identified around the replacement care: (a) providing replacement care to people who may potentially not want anyone else caring for them and (b) for onsite provision which is beneficial from a logistical and time-saving point of view, creating a programme which works for a variety of ages.’ – Carers’ Music Fund Project Lead

‘Grants have also been used to provide technology in situations where carers have been isolating and unable to access on-site provision. Tablets have been delivered to carers by the team, along with doorstep tech support to help them to connect with online provision confidently and remain in touch with the sessions. This approach has been very well received as carers have told us that without this form of funding and support they would have had no option but to withdraw from the project. Access grants for technology has created significant opportunities to upskill carers around use of different technology to keep connected, not only with the project and our support but also to reduce isolation through peer and family online connections.’ – Carers’ Music Fund Project Lead

9 Personal subjective wellbeing

The female carers who participated in the 10 Carers' Music Fund projects had, on average, low levels of wellbeing when compared with the UK population. Just over half had never received support as a carer before, meaning that the projects were successful in reaching out to many carers who might otherwise not engage in mainstream support services.

This evaluation has shown that participatory music-making can be an effective intervention for enhancing and maintaining personal wellbeing for female carers. It is particularly powerful for those with the lowest levels of wellbeing, young adult carers, full-time carers, and those who had never received support as a carer before. There is also evidence that participatory music-making reduces anxiety among young carers for the duration of their involvement.

Personal subjective wellbeing was measured using the ONS4 measures of wellbeing.⁴³ These are:

1. Life satisfaction
2. Feeling that the things done in life are worthwhile
3. Happiness
4. Anxiety

These measures tell us about personal wellbeing (also known as subjective wellbeing), and are about people evaluating their own lives. When measuring wellbeing in this way, people are asked to evaluate how satisfied they are with their life overall, whether they feel they have meaning and purpose in their life, and about particular emotions (happiness and anxiety) at particular points in time.

Data collected from participants at the start of their involvement in a Carers' Music Fund project shows that average wellbeing scores among carers are noticeably worse than the national average prior to the pandemic (Table 3). They are also lower than the lowest national average during the pandemic (March 2020 to March 2021) for each measure. Furthermore, the data shows a much higher proportion of carers with the lowest levels of wellbeing compared with the UK population. This highlights the significant impact that caring can have on personal wellbeing, which is supported by the existing evidence on carers and caring. It also shows that the projects within the Carers' Music Fund were able to successfully reach out to people who could potentially benefit most from additional support. Combined with the fact that just over half of those who were involved in the 10 projects had not received support as a carer before, it shows that the projects were successful, at least to some extent, at engaging with those who might be marginalised from or typically under-represented in mainstream support services.

⁴³ For more information on the ONS wellbeing measures, see: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingfrequentlyaskedquestions#how-does-ons-measure-personal-well-being>

Wellbeing measure	Baseline average wellbeing score (Carers' Music Fund)	National average before the pandemic (February 2020)	% with low wellbeing (Carers' Music Fund)	% with low wellbeing (UK population)
Life satisfaction	6.2	7.3	20%	4.5%
Feeling worthwhile	6.7	7.6	16%	3.8%
Happiness	6.1	7.2	24%	8.3%
Anxiety ⁴⁴	5.3	3.5	36%	20%

Table 3: Average baseline wellbeing scores for Carers' Music Fund participants against the UK national average (pre-pandemic)

The data collected from Carers' Music Fund participants across eight of the 10 projects and for all four cohorts showed notable average wellbeing improvements across all four measures (Table 4).⁴⁵ In addition to this, there was evidence that music-making can both enhance and maintain wellbeing, with at least 65% of participants showing either the same or improved wellbeing scores for all four measures (Table 6). And while improvements to wellbeing were lower during the period of the fund affected by the coronavirus pandemic (Figure 9), the improvements seen were still notable, against a backdrop of lower levels of wellbeing across the national population. What we don't know, however, is whether or not these improvements might have been greater without the effect of the pandemic, and therefore the extent to which remote delivery may have a role to play in these types of interventions in the future.

Wellbeing measure	Baseline average – Carers' Music Fund ⁴⁶	End of cohort average – Carers' Music Fund	Average change (Carers' Music Fund)	National average (February 2020)	Lowest national average (March 2020 to March 2021)
Life satisfaction	6.3	7.2	+ 0.9	7.3	6.4
Feeling worthwhile	6.7	7.4	+ 0.7	7.6	7.0
Happiness	6.1	6.9	+ 0.8	7.2	6.4
Anxiety	5.4	4.8	- 0.6	3.5	5.2

Table 4: Average changes in wellbeing for Carers' Music Fund participants – all projects all cohorts

⁴⁴ Note that lower scores for anxiety represent higher levels of wellbeing.

⁴⁵ Data on changes in wellbeing was not available for two of the 10 projects due to the data not being collected from participants, or not submitted to the evaluation team before the final deadline for inclusion in this report.

⁴⁶ Baseline wellbeing averages differ slightly between Table 3 and Table 4 because of differences in the data included in each. Table 3 includes all baseline data received, whereas Table 4 includes only the baseline data that is matched to end of cohort responses.

The results show that the level of improvement was greatest for life satisfaction and happiness, and smaller for feeling worthwhile and feeling anxious. However, in terms of life satisfaction, feeling worthwhile and happiness, the end of cohort average scores were approaching the average national wellbeing scores prior to the pandemic (especially for life satisfaction), and noticeably higher than the lowest national average scores during the pandemic (up to March 2021). It is also important to note that anxiety was the wellbeing measure affected most by the pandemic.

Putting these changes in context, we know that unemployment (that is, not having a job and actively seeking work) can have a significant impact on mental health and wellbeing,⁴⁷ and typically result in average reductions in wellbeing scores of 1.

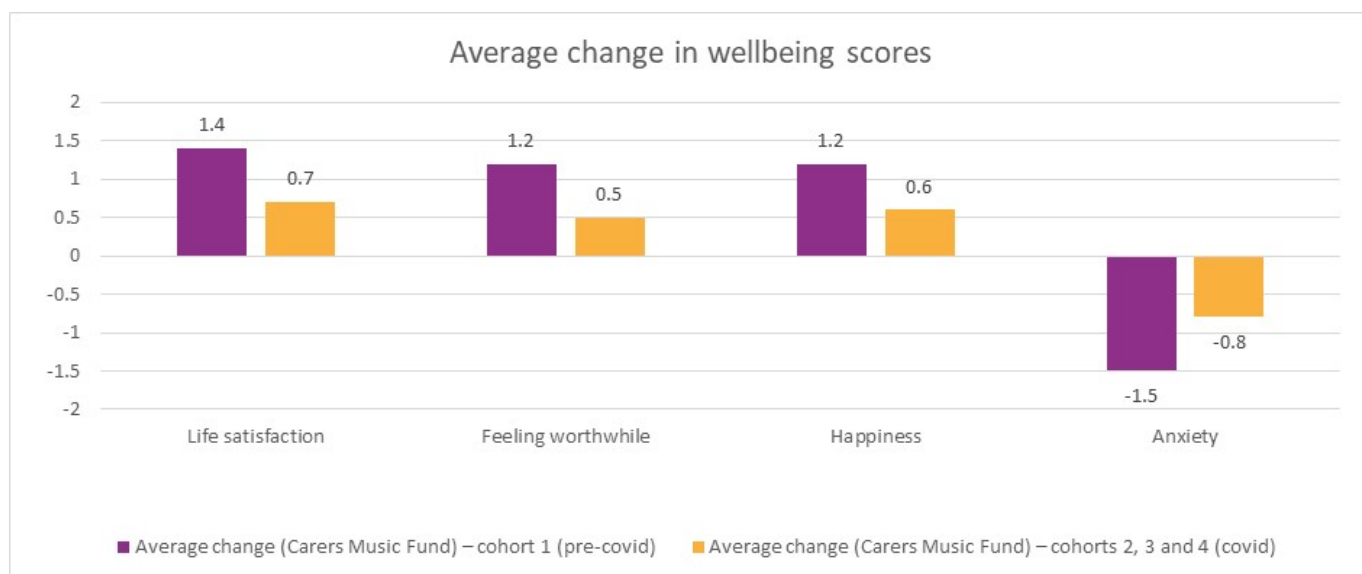


Figure 9: Average changes in wellbeing for Carers' Music Fund participants – all projects pre- and post-March 2020

'I really enjoyed the session, I've been looking forward to it all week, I really enjoy carving this time out for myself.' – Carers' Music Fund participant

In addition to this, the data shows that enhanced wellbeing through participation in music-making was evident especially among those with the lowest levels of wellbeing. Table 5 shows the proportion of people who, among those with a low or medium level of wellbeing at the start of their involvement in a Carers' Music Fund project, moved to a higher wellbeing category at the end.⁴⁸

For all wellbeing measures, more than three quarters of those with low wellbeing moved to a higher wellbeing level. Among those with medium levels of wellbeing at the start of their involvement in a Carers' Music Fund project, the proportion of people who improved was lower, although still at least 59%. There was a particularly high proportion of people who moved to lower levels of anxiety in both groups (91% and 79%), and in relation to feeling worthwhile (86% and 63%).

⁴⁷ See for example: <https://www.health.org.uk/publications/long-reads/unemployment-and-mental-health>

⁴⁸ Low wellbeing is defined as a score of between 0 and 4 for life satisfaction, feeling worthwhile and happiness, and a score of between 6 and 10 for anxiety. Medium wellbeing is defined as a score of 5 or 6 for life satisfaction, feeling worthwhile and happiness, and a score of 4 or 5 for anxiety.

Wellbeing measure	Proportion of people with low wellbeing at the start who reported a higher level of wellbeing at the end	Proportion of people with medium wellbeing at the start who reported a higher level of wellbeing at the end
Life satisfaction (n=46 / n=74)	78%	59%
Feeling worthwhile (n=37 / n=60)	86%	63%
Happiness (n=56 / n=56)	80%	64%
Anxiety (n=12 / n=17)	91%	79%

Table 5: Proportion of people with low and medium wellbeing who moved to higher levels of wellbeing during their involvement in a Carers' Music Fund project

Overall, wellbeing improved for at least half of the Carers' Music Fund participants on each of the four measures (Table 6). In all cases, the average change in score was greater among those whose wellbeing improved compared with those whose wellbeing scores worsened. This means that increases in wellbeing were on average greater than decreases, and may suggest that music-making can moderate to some extent the negative pressures that carers face in relation to their overall wellbeing.

Wellbeing measure	% worsened	Average change in wellbeing for those who worsened	% stayed the same	% improved	Average change in wellbeing for those who improved
Life satisfaction (n=226)	19%	-1.77	27%	54%	+2.36
Feeling worthwhile (n=226)	23%	-1.98	27%	50%	+2.34
Happiness (n=224)	29%	-2.19	16%	55%	+2.57
Anxiety (n=136)	35%	+2.44	12%	53%	-2.76

Table 6: Overall shifts in wellbeing by wellbeing measure

'Something that is hard to measure but is obvious when you are in the room, is for example after a drum or guitar session, the chat and laughter rises as the session progresses, the feeling of striking a chord or a drum has an amazing effect on a person and that increases in a group environment.' – Carers' Music Fund Project Lead

Among the eight projects that provided end of cohort wellbeing data, all eight showed some improvement in average wellbeing on at least one ONS measure. Three projects showed improvements in all four measures. This included projects led by both carer support organisations and those led by music organisations. In addition to this:

- Average life satisfaction improved in six of the eight projects, while it remained the same in one and fell slightly in another.
- Average scores for feeling worthwhile improved in six of the eight projects, remained the same in one and fell slightly in another.
- Average levels of happiness also improved in six of the eight projects, however, dropped slightly in the other two, both of which were projects working with young carers
- Average levels of anxiety reduced in six of the eight projects, but increased quite noticeably in the other two. One of these was a project led by a carer support organisation and one by a music organisation.

There were noticeable improvements in wellbeing in nearly all of the projects that provided data, with similar levels of improvement among projects led by carer support organisations and those led by music organisations. Anxiety was the only wellbeing measure to show more noticeable increases (reduced wellbeing) when looking at the data for individual projects. One of these was working with adult carers and one with young carers.

The proportion of participants for whom wellbeing improved was smaller among those who took part during the period of the coronavirus pandemic, with the exception of anxiety (a higher proportion improved during the period of the pandemic) and happiness (a similar proportion improved during the period of the pandemic). However, improvements during the pandemic were still seen among at least 47% of participants (Table 7).

Wellbeing measure	Cohort 1 (pre-covid)			Cohorts 2, 3 & 4 (covid)		
	% worsened	% stayed the same	% improved	% worsened	% stayed the same	% improved
Life satisfaction (n=71 / n=155)	17%	18%	65%	21%	30%	49%
Feeling worthwhile (n=70 / n=156)	20%	23%	57%	24%	29%	47%
Happiness (n=71 / n=153)	23%	21%	56%	31%	14%	55%
Anxiety (n=61 / n=75)	38%	11%	51%	33%	12%	55%

Table 7: Changes in wellbeing scores pre- and post-covid.

This does not necessarily mean that remote (online) delivery of music-making activities had less of an impact on improving wellbeing among female carers. It is more likely a reflection of the huge impact the pandemic had on wellbeing among this group of people and across the population as a whole.

‘I can’t emphasise enough that these sessions have been a real lifeline for me.’ – Carers’ Music Fund participant

Looking at different demographic and caring context variables, the biggest and smallest improvements across the fund for each wellbeing measure are shown below in Table 8.

Wellbeing measure	Groups with the biggest gains in wellbeing	Groups with the smallest gains in (or reduced) wellbeing
Life satisfaction	<ul style="list-style-type: none"> • Younger carers (aged 16 – 24) • Carers who had not received support before • Full-time carers (more than 90 hours per week) • Carers not in employment 	<ul style="list-style-type: none"> • Carers under 16 • Carers 70+ • Carers caring for less than 20 hours per week
Feeling worthwhile	<ul style="list-style-type: none"> • Younger carers (aged 16 – 24) • Carers who had not received support before • Full-time carers (more than 90 hours per week) 	<ul style="list-style-type: none"> • Carers under 16 • Carers aged 25 to 39 • Carers 70+ • Carers caring for between 50 and 90 hours per week
Happiness	<ul style="list-style-type: none"> • Carers aged 40 – 54 • Carers who had not received support before 	<ul style="list-style-type: none"> • Carers under 16
Anxiety	<ul style="list-style-type: none"> • Carers under 16 • Carers aged 70+ • Carers not in employment 	<ul style="list-style-type: none"> • Full-time carers (more than 90 hours per week)

Table 8: Groups with the biggest and smallest (or reduced) wellbeing for each wellbeing measure.

This data presents quite a mixed picture. In terms of life satisfaction, feeling worthwhile and happiness, it shows that music-making was particularly effective as a wellbeing intervention for young adult carers, carers who had not received support as a carer before, and full-time carers. Young carers (under the age of 16) and carers over the age of 70 showed the smallest gains. However, in relation to anxiety, the biggest gains were among young carers and carers over the age of 70. Music-making had less of an impact on anxiety for full-time carers.

It is also worth noting that wellbeing across the population varies by age, which means that other life factors will have influenced the wellbeing changes seen among carers who participated in the Carers' Music Fund. Research has shown that average wellbeing is lowest for people between 45 and 55 years old, compared with people who are younger or older.⁴⁹ It also shows that anxiety tends to be highest in early adulthood, life satisfaction is at its lowest in midlife, and that there is a lack of purpose in later years. There is evidence that younger adults had the largest increase in rates of depressive symptoms in early 2021 when compared with pre-pandemic levels.⁵⁰

We were unable to analyse the wellbeing data against employment status or household income, due to the small number of participants who provided this information.

⁴⁹ See: <https://whatworkswellbeing.org/resources/wellbeing-and-age-the-triple-dip/>

⁵⁰ See: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronavirusscovid19/latestinsights#wellbeing>

Some of the children and young people under the age of 16 who participated in the fund responded to three additional questions on wellbeing, specific to younger age groups (n=40):

1. How happy are you with your life as a whole?
2. How happy are you with how much choice you have in life?
3. How happy are you with the way that you use your time?

Respondents answer each question with a score between 0 and 10.

While it is important to note that the sample size for these questions is relatively small, there were some positive results (Table 9). Over two thirds of those who answered these questions either stayed the same or reported an increased score between the start and the end of their involvement in a Carers' Music Fund project. The strongest results were for happiness with the way that respondents use their time, with 82% scoring the same or reporting an increased score. Happiness with life as a whole showed the biggest proportion who reported a lower score at the end of their involvement. In all cases, the average improvement in scores was greater than the average reduction.

Wellbeing measure	% worsened	Average change in wellbeing for those who worsened	% stayed the same	% improved	Average change in wellbeing for those who improved
Happiness with life as a whole (n=40)	33%	-1.46	28%	40%	+1.75
Happiness with choice in life (n=38)	26%	-1.50	29%	45%	+2.53
Happiness with the way time is used (n=39)	18%	-2.14	26%	56%	+2.86

Table 9: Average wellbeing scores for children and young people under the age of 16.

We know that young carers experienced greater worry, higher levels of stress, and feelings of being unable to cope during the pandemic, which is likely to have impacted on these results.

Section 12 below presents the evidence in terms of a possible pathway to wellbeing through music from the Carers' Music Fund.

10 Loneliness and social connections

Levels of loneliness among Carers' Music Fund participants were, on average, well above the levels seen across the wider population. There is promising evidence from this evaluation that participatory music-making is effective at reducing levels of loneliness for female carers, particularly among those with the highest levels of loneliness, and among young adult carers and adult carers. Full-time carers also showed some of the biggest reductions in loneliness.

There is qualitative evidence that participatory music-making can help to build new friendships and social connections, however, it is likely that more time is needed for these to develop into stronger and more enduring relationships for many carers.

Loneliness was measured using the ONS direct measure of loneliness ('How often do you feel lonely?').⁵¹ As the ONS guidance on measuring loneliness points out, 'loneliness can occur at any point in life and is an experience likely to affect most of us at some point. It becomes a more serious issue, associated with poorer health outcomes, when it is a frequent experience.'⁵² The direct measure of loneliness tells us how frequently someone is experiencing loneliness at a given point in time. Between two points in time, a movement away from feeling lonely often or always, towards never feeling lonely, is considered an improvement (reduced loneliness). Younger people tend to report higher rates of loneliness across the population, a trend that has continued during the coronavirus pandemic.⁵³

Across all cohorts and all projects that provided data, there were reductions in the proportion of people feeling lonely 'often or always' and 'some of the time' (4% and 6% respectively), with corresponding increases in the proportion of people feeling lonely 'occasionally', 'hardly ever' and 'never' (7%, 1% and 2% respectively). This is shown in Figure 10.

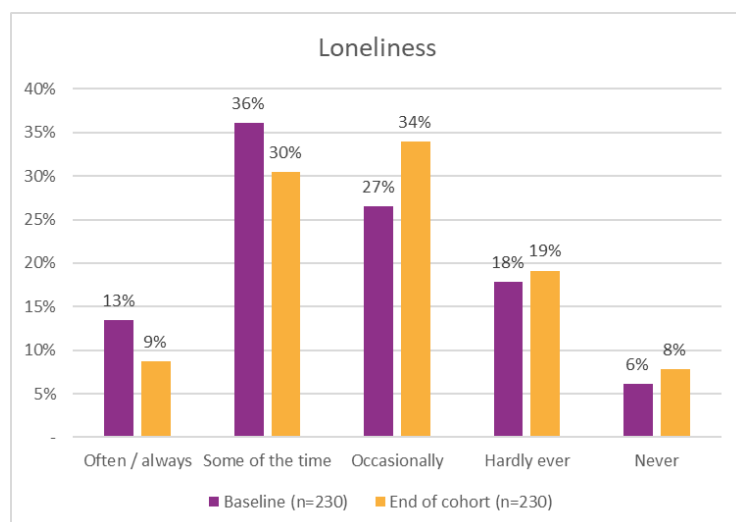


Figure 10: Changes in levels of loneliness for Carers' Music Fund participants – all projects and all cohorts

⁵¹ See:

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/measuringlonelinessguidanceforuseofthenationalindicatorsonsurveys#recommended-measures-for-adults>

⁵² See:

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/measuringlonelinessguidanceforuseofthenationalindicatorsonsurveys#what-do-we-know-about-loneliness>

⁵³ See:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronavirusscovid19/latestinsights#wellbeing>

Importantly, 13% of carers who participated in a Carers' Music Fund project said that they were lonely 'often or always' at the start of their involvement, noticeably higher than the proportion among the population of Great Britain (7.2% between October 2020 and February 2021).⁵⁴

In addition to this, over three quarters of participants (79%) reported either the same or a reduced level of loneliness at the end of their involvement in a Carers' Music Fund project, while 21% reported increased loneliness (Table 10). These are impressive results, particularly within the context of the coronavirus pandemic which saw the proportion of adults in Great Britain feeling lonely 'often or always' increase from 5% in Spring 2020 (shortly after the first national lockdown) to 7.2% between October 2020 and February 2021.⁵⁵ The ONS analysis also showed that places with younger populations tended to have higher levels of loneliness during the pandemic, with up to 18.5% feeling lonely often or always in some local authority areas.

Loneliness measure	% worsened (increased loneliness)	% stayed the same	% improved (reduced loneliness)
How often do you feel lonely? (n=230)	21%	45%	34%

Table 10: Shifts in level of loneliness – all participants

The biggest improvements (reduced levels of loneliness) were seen among people aged 16 and over (Table 11), those who were involved in a Carers' Music Fund project prior to the pandemic (cohort 1), and among full-time carers. 65% of full-time carers reported a reduced level of loneliness at the end of their involvement in the fund.

Loneliness measure / age group	% worsened	% stayed the same	% improved
How often do you feel lonely? / Adults (n=139)	17%	45%	38%
How often do you feel lonely? / Children (n=73)	29%	49%	22%

Table 11: Shifts in level of loneliness – adults (16+) and children (up to 15)

The smallest improvements were among children (22% improved) and people who had received support as a carer before (25% improved).

⁵⁴ See:

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/mappinglonelinessduringthecoronaviruspandemic/2021-04-07>

⁵⁵ Ibid.

Loneliness measure / previous support	% worsened	% stayed the same	% improved
How often do you feel lonely? / Received support before (n=103)	22%	52%	25%
How often do you feel lonely? / Not received support before (n = 108)	19%	40%	41%

Table 12: Shifts in level of loneliness – carers who had or had not received support before

The data also shows a picture of reduced levels of loneliness being greater among those who were most lonely when they started their involvement in a Carers' Music Fund project (Table 13). Among those who said they were lonely often or always, 71% ended their involvement in a Carers' Music Fund project with a reduced level of loneliness. Among those who said they were never lonely when they started their involvement in a Carers' Music Fund project, 43% ended their involvement in with an increased level of loneliness. However, it is important to note the smaller sample sizes for those two groups, which may have influenced these results.

Loneliness measure / Position at baseline	Number of responses	% worsened	% stayed the same	% improved
How often do you feel lonely? Often / Always	31	-	29%	71%
How often do you feel lonely? Some of the time	83	7%	45%	48%
How often do you feel lonely? Occasionally	61	33%	49%	18%
How often do you feel lonely? Hardly ever	41	41%	46%	12%
How often do you feel lonely? Never	14	43%	57%	-

Table 13: Shifts in loneliness by level of loneliness at the start of involvement in a Carers' Music Fund project

'I was feeling very isolated because of the covid situation. Lots of people want to help you, but you don't always know what to say to them. It's hard to ask for the right sort of help. But the music sessions were just what I needed.' – Carers' Music Fund participant

'Many of our ladies have reported that knowing other people living in similar situations and experiencing intense caring roles has helped them to feel less isolated.' – Carers' Music Fund Project Lead

‘One particular group set up a WhatsApp group, all of them remarked this helped them stay connected and less lonely as they could chat in their own language. Being in lockdown and not working meant that the Zoom sessions for both groups kept the women connected and less isolated. They supported each other and our facilitators checked in with them on a regular basis and reassured them that we were here if they needed us. That alone reduced that feeling of isolation for the people in those groups.’ – Carers’ Music Fund Project Lead

Participants aged 16 and over were also asked to respond to three additional questions about the strength of their social connections:

- If I needed help, there are people who would be there for me (Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree) – Figure 11
- If I wanted company or to socialise, there are people I can call on (Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree) – Figure 12
- Is there anyone who you can really count on to listen to you when you need to talk? (Yes, one person, Yes, more than one person, No one) – Figure 13.

The data shows a general trend towards more participants who ‘strongly agreed’ that they had people to help them (15 percentage point increase), and that they had people to socialise with (6 percentage point increase). There were similar reductions across those who said that they ‘agreed’, ‘neither agreed nor disagreed’, ‘disagreed’, or ‘strongly disagreed’, although these were smaller for having people to socialise with. This may have been influenced by the restrictions on social contact introduced during the coronavirus pandemic.

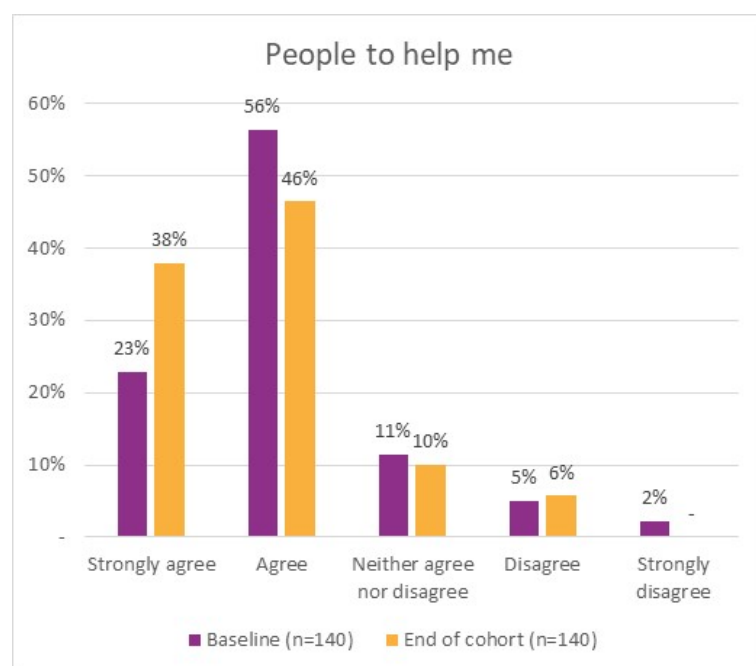


Figure 11: Changes in social connectedness (people to help me) – all projects and all cohorts

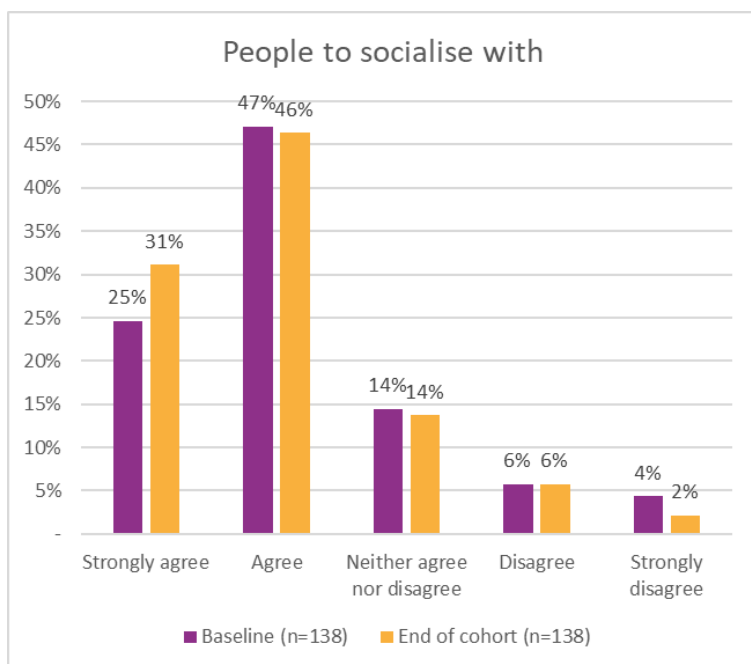


Figure 12: Changes in social connectedness (people to socialise with) – all projects and all cohorts

In terms of having someone to really count on to listen, there was an 11 percentage point increase in the number of people who said ‘yes, more than one person’, with a corresponding reduction in the number of people who said ‘yes, one person’ and ‘no-one’.

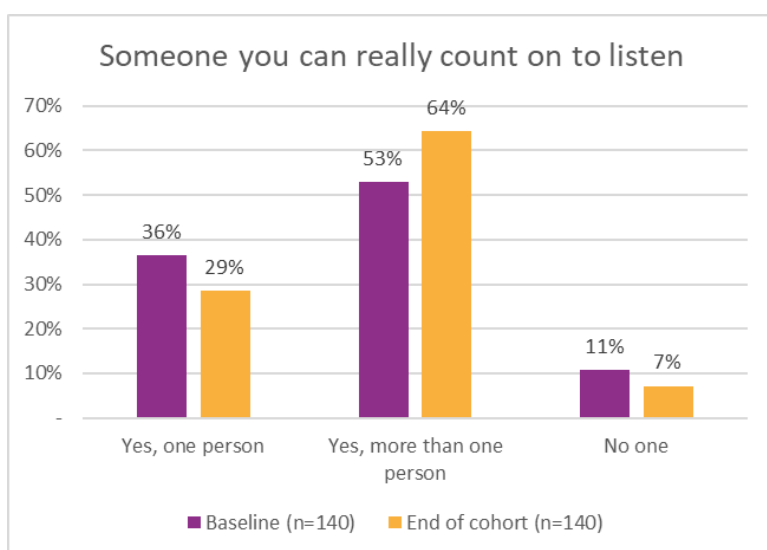


Figure 13: Changes in social connectedness (someone to really count on to listen) – all projects and all cohorts

In relation to having people to call on for help, 50% of participants stayed the same, 17% improved, and 33% worsened.⁵⁶ In relation to having company to socialise, 55% stayed the same, 20% improved, and 25% worsened. In relation to having someone who you can count on to listen when you need to talk, 67% stayed the same, 20% improved and 14% worsened.

⁵⁶ For the first two questions, a movement towards strongly agree (away from strongly disagree) is considered an improvement. For the third question, a move towards ‘Yes, more than one person’ is considered an improvement, whereas a movement towards ‘no one’ is considered to be worse.

Loneliness measure	% worsened	% stayed the same	% improved
Having people to call on for help (n=140)	33%	50%	17%
Having company to socialise (n=138)	25%	55%	20%
Having someone who you can count on to listen (n=140)	14%	66%	20%

Table 14: Shifts in strength of social connections – all participants

‘We have learned that participants have particularly valued the positive friendships and connections made with each other. This has provided carers with access to informal support and a sense of belonging, outside of the formal support services.’ – Carers’ Music Fund Project Lead

‘We don’t feel lonely during this time because we have each other.’ – Carers’ Music Fund Participant

‘A strong community was formed in this cohort and it is clear that the bonds formed helped, at least in part, to their sense of wellbeing at the end of the cohort.’ – Carers’ Music Fund Project Lead

There is also some evidence, based on the feedback from the project leads of some of the projects, the connections made through the groups helped to replace existing friendship groups and social connections that participants had lost due to the coronavirus lockdowns.

These results show a generally positive trend and suggest that the projects were, to some extent, successful at improving the strength of social connections among participants against the backdrop of restrictions on social contact during the coronavirus pandemic. However, the time needed to build connections with others in a way that has an impact on these measures may be longer for some people than the period of time many of the participants were involved in a Carers’ Music Fund project. The impact of the projects on building new friendships is discussed further in section 11 below. The most notable improvements in the strength of social connections across all three areas were seen among full-time carers, who we know are likely to face huge challenges maintaining friendships and social contact as a result of their caring role.

11 Additional impacts

Participatory music-making is an effective intervention for building confidence and positive attitudes towards caring among female carers. Young carers were more likely to feel more positive about their caring role than adult carers after their involvement in a Carers' Music Fund project. There is also evidence that involvement in music-making leads to carers feeling valued and more able to manage their caring responsibilities, which have important implications for the longer-term health and wellbeing of female carers.

In addition to the data on personal wellbeing, loneliness and social connections, participants were asked about the impact of their involvement in a Carers' Music Fund project on other aspects of their lives (Figure 14). Overall, the results are positive, especially in relation to making new friends, building confidence, and knowing more about the support available to them as a carer:

- 81% 'strongly agreed' or 'agreed' that their involvement had helped them to make some new friends
- 76% 'strongly agreed' or 'agreed' that they know more about what support is available to them.
- 76% 'strongly agreed' or 'agreed' that they now felt more confident
- 72% 'strongly agreed' or 'agreed' that they now felt more positive about their caring role
- 65% 'strongly agreed' or 'agreed' that they can look after themselves better, and
- 60% 'strongly agreed' or 'agreed' that they now felt more able to manage their responsibilities as a parent / carer

For all statements, fewer than 5% of participants 'disagreed' or 'strongly disagreed' with each. Feeling more able to manage caring responsibilities received the most mixed response.

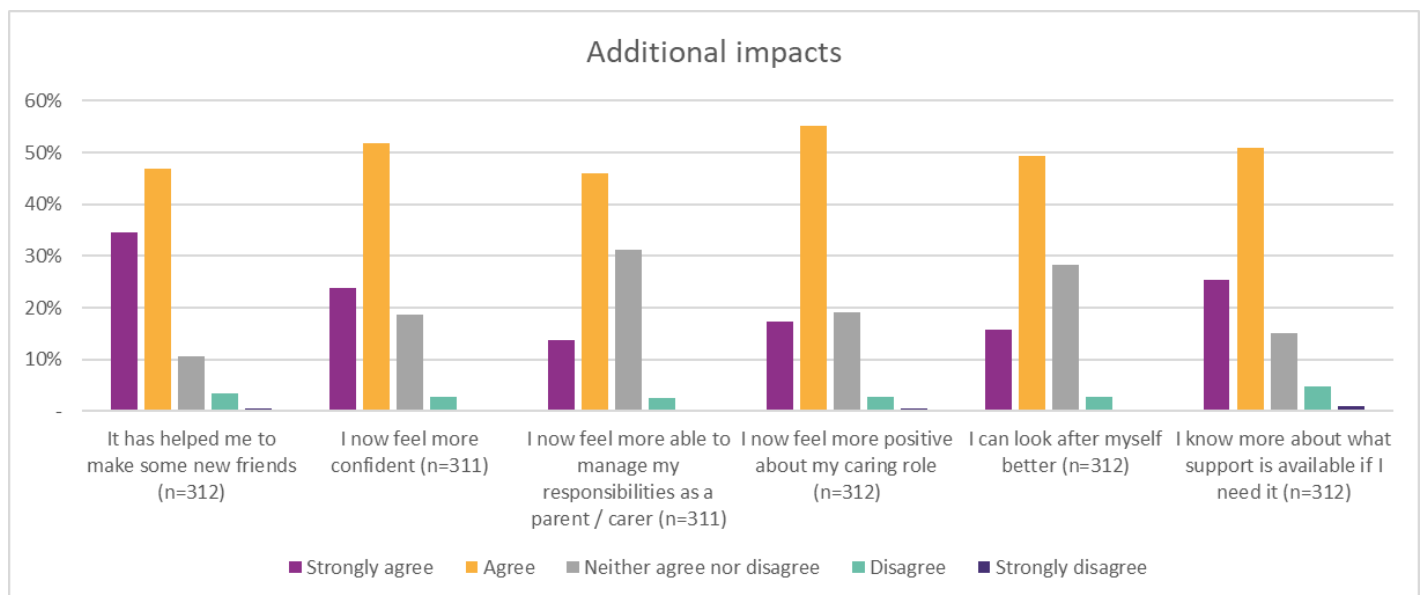


Figure 14: Proportion of participants who agreed or disagreed with additional impact statements (n=275)

These results are consistent with what we heard from participants and session leaders. Greater confidence was second only to having fun as one of the most common areas of impact mentioned.

'The music sessions have given me more confidence to tackle life's challenges. It also transfers into your self-worth, and has made me realise I'm not as bad as I thought I was.'
 – Carers' Music Fund participant

'It does something for your self-worth. I wear clothes for the Zoom sessions that I wouldn't normally wear at home. That's been really good for me. And I feel part of a community.' – Carers' Music Fund participant

'Being involved in the sessions has been a massive thing for their confidence. One girl was really shy at the beginning, but I could see her confidence growing each week, and then she came along and sang a song to the whole group. It was totally unexpected.' – Carers' Music Fund session leader

People also spoke often about feeling more positive, making new friends, and feeling valued by those leading the sessions.

'I feel more confident in my role as a carer, and as a person. My daughter also notices the difference, so that's something positive that she can take from it as well. It's definitely changed my outlook, especially from meeting the different people in the group. I just feel more positive, and more capable.' – Carers' Music Fund participant

'The people who lead the courses, they make it feel like it's worth spending time on me.' – Carers' Music Fund participant

'The session leaders care about us as much as they care about teaching music. Although I'm very friendly, I wasn't expecting to become really good friends with both of them.' – Carers' Music Fund participant

'I have had lots of fun and made new friends, thank you.' – Carers' Music Fund participant

The data also shows that children were more likely to report feeling more positive about their caring role compared to adults. Full-time carers were more likely to say that their involvement had helped them to make new friends, and that they were more aware of the support available to them. Participants who were involved in cohort 1 (before the coronavirus pandemic) were more likely to say they had made new friends, and more likely to feel more able to manage their responsibilities as a carer.

These results have important implications for the potential legacy and sustainability of the impacts seen across the fund, which we explore further in section 13.

12 The pathway to wellbeing

This evaluation has provided a number of insights into the way that music-making enhances wellbeing for female carers. Based on the experiences of the 10 Carers' Music Fund projects we have identified the things that need to be in place for music-making activities to drive enhanced wellbeing for this group, and the key ingredients of different music-making activities that come together in different ways to directly influence wellbeing. We found that the pathway to wellbeing through music is complex, and that it is likely to be different, for different people, and at different points in time.

A key objective for this evaluation was to build our understanding of how and why music-making can improve the lives of female carers. We did this by analysing content from session observations, creative outputs from the projects (song lyrics written by carers, song recordings, film productions), and interviews with session leaders and participants. The analysis looked specifically for things that might be possible mechanisms of action towards the impacts seen, and was informed by the project level Theories of Change.

We also looked at the results of a survey question that participants were asked to respond to at the end of their involvement in a music-making project:

- Thinking about your involvement in this activity, which of the following do you think had the biggest impact on you?

The analysis identified three areas that drive impacts on participants from being involved in music-making activities, and which can therefore inform the design of music-making activities for carers:

1. **Building blocks:** the things that must be in place for music-making activities to drive enhanced wellbeing for female carers
2. **Key ingredients:** the different things that exist when a group of carers makes music together, and which can directly influence wellbeing
3. **Results:** the things that result from making music together when the pre-requisites are in place, and when different combinations of session features exist
4. **Impacts:** the key changes that occur among participants, and which lead to enhanced wellbeing.

These are shown in Figure 15.

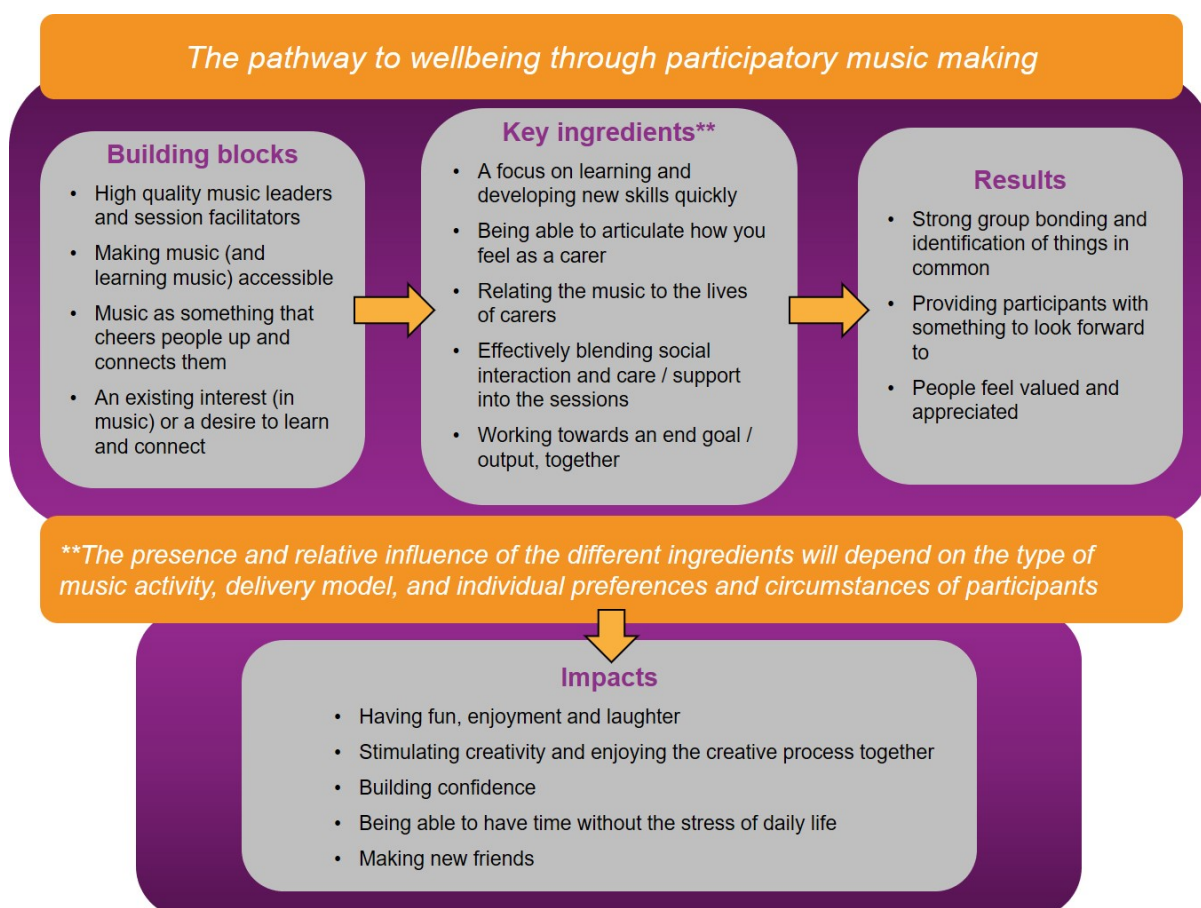


Figure 15: Mechanisms of action of participatory music-making as a driver of personal wellbeing

12.1.1 Building blocks

Our analysis identified four building blocks (or prerequisites) for music-making to enhance wellbeing among female carers.

High quality music leaders and session facilitators

This was a key feature of all the Carers' Music Fund projects we were able to look at in some depth, and something that participants often commented on. This included people who had some previous experience of music-making.

'Really good teachers in the sessions. Not dictatorial. They want us to take the lead. They are very flexible and they really encourage you to have a go, which is great.' – Carers' Music Fund participant

'I'm amazed at how they've turned to technology. I'm so pleased with what they have been doing. It's such a good music centre and that has made it really effective. And I've been surprised by how much others in the group have enjoyed it as well.' – Carers' Music Fund participant

In this context high quality refers in part to musical and teaching ability which, from the sessions we observed, was hugely impressive. Across the fund, we saw examples of musicians effectively teaching instruments with people of all ages who had never played before, teaching the fundamentals of music composition and song writing with rapid results, developing digital music-making skills, and putting song lyrics written by participants to music (with their direction and input) in order to create a finished creative output for people to have and share. Much of this also needed to happen remotely.

However, high quality also refers to the desire and ability of the musicians and session leaders to create an environment within which everyone can take part, that stimulates the creativity we all have inside us, that effectively accommodates different learning needs, and which recognises the different social contexts that carers come from.

'The sessions were really well planned. People were not worried about doing it. It was a bit daunting going in to the room at first, but there was nothing to be anxious about.' – Carers' Music Fund participant

'The musicians are superb.' – Carers' Music Fund participant

Making music (and learning music) accessible

This prerequisite is about breaking down the beliefs that many people have around their ability to be musical, or to learn how to make music. For some, this may come from previous attempts to learn an instrument, wider social beliefs ('learning how to play music isn't for people like me'), or because of issues around confidence and self-esteem.

However, there was strong evidence that the Carers' Music Fund projects were able to make music (and learning music) accessible for female carers. This was achieved through well planned, simple, and easy to follow instruction, the use of a range of different session materials (such as song or chord sheets, pictures and diagrams), online tools, and bringing relevant pre-recorded audio and video content into the sessions. It was also about setting clear expectations ('this is what you will be able to do by the end'), a focus on having fun and enjoying the creative process, and allowing participants to contribute to the content of the sessions.

‘Many of the people we work with sit in a bit of a grey area. They might not be able to sing very well, or grasp an instrument, but our role is to generate the enthusiasm to continue and to enjoy what they are doing. That is how we get results.’ – Carers’ Music Fund session leader

‘When I found out about the song writing I thought you’ve got to be crazy! But I loved it. I think in part because I’ve always had an interest in poetry. It has been a really creative experience, and one which has enabled us to go on lots of different adventures.’ – Carers’ Music Fund participant

‘You don’t have to have a talent to enjoy something.’ – Carers’ Music Fund session leader

‘When I saw it was storytelling with music it sounded really good. I like poetry and this seemed like a natural progression from that. I saw it as something creative, rather than just about the music.’ – Carers’ Music Fund participant

‘At 7 my teacher told me to give up playing music. But I do love listening to music and going to see musicals, so it was great that these elements were able to come into the sessions.’ – Carers’ Music Fund participant

‘I have learnt how to build and play ukulele, and the chords. Also, I played on the drum when we met at the school before the lockdown. The drums would be good again and is part of our home culture.’ – Carers’ Music Fund participant

Music as something that cheers people up and connects them

Music is a fundamental part of cultures around the world, and many people’s lives. It can bring happiness, reduce stress, elevate mood and improve learning and memory. It can also bring people together, and provide a common thread for developing new friendships and interests.⁵⁷ Music can also be used to help people reminisce, and to relive happy memories. This means that music, by its very nature, can have a positive impact on wellbeing and we regard this as a key part of the pathway we observed during this evaluation.

‘Music is a form of expression; it’s a way people share their experience. Using music as a conduit to deliver youth work I found very profound actually.’ – Carers Music Fund session leader

An existing interest (in music) or a desire to learn and connect

Despite there being little information from this evaluation in relation to why participants chose to take part in Carers’ Music Fund projects, why they continued, or why they dropped out, we felt that this point deserved mention within the context of possible pathways to wellbeing.

It became apparent during our analysis that, among those who described some of the strongest impacts of being involved in a Carers’ Music Fund project, there was already a desire to either learn some sort of music-making skill, to learn something new, or to connect with other people in some way. This was by no means universal, but it does remind us that not everyone will get the same enjoyment and benefit from being involved in music-making activities.

⁵⁷ See for example: <https://whatworkswellbeing.org/resources/when-we-sing-it-sounds-like-there-are-more-of-us-findings-from-the-first-cohort-of-the-carers-music-fund/>

Some people may prefer to engage in sport, or a craft activity, or simply to have a chat and a cup of tea. Some may be in a place where they don't feel motivated to do anything different in their lives. Others may need some support and encouragement to recognise the potential benefits of being involved in something new, and to take those first positive steps towards a happier and healthier life, despite the pressures they face.

What we conclude from this is the importance of recognising that people are different, and that music-making activities won't be the solution for everyone. But by focusing on those who already have even the smallest level of interest in music, in any of its forms (whether that be listening to the radio, singing in the shower, playing an instrument, or enjoying musicals), or who are keen to learn more about music and music-making, or who simply want a fun way to connect with other people, then the wellbeing gains offered by these types of activities are likely to be greater.

12.1.2 Features of the sessions (the key ingredients)

There were a number of session 'features' for which we believe there is strong evidence that they contribute to enhanced personal wellbeing. The existence and relative influence of these different features depends on the type of music activity (such as singing, learning to play an instrument, song writing, or telling your own story through music), the delivery model (such as working on a musical activity together as a group, or focusing on your own musical development or storytelling), and the individual preferences and circumstances of participants. And while there might be the possibility for different types of music activity to lead to wellbeing in their own distinct ways, the evidence from the Carers' Music Fund is that the path to wellbeing through music is much more complex than this for carers. In fact, they may even differ for a single individual from session to session. You can imagine, for example, that someone might prefer to sit back and listen and not take part during some of the sessions, simply because of how they feel on those days. While in other sessions they play a more active role. Over time, being able to take part in both of these ways is what leads to improved wellbeing for that individual.

A focus on learning and developing new skills quickly

The speed of learning was a key feature of all of the projects, which typically resulted in a high level of engagement in the sessions. The sessions were generally always about learning (or sharing) something new in relation to music, and it was through this carefully planned and staged process of learning together that generated much of the enjoyment and fun for participants. The speed with which music skills developed was also hugely impressive. Participants could play a simple song on the Ukulele after the first two-hour session. Groups had written their first lyrics to a song, or created the words that described their own struggles in life to then be put to music, over just two or three sessions. Participants were starting to use digital music platforms to create tracks and basic harmonies within a few hours. Furthermore, the music leaders and session facilitators were able to successfully adapt their activities so that they could do all of these things online.

'I absolutely couldn't have done this a few weeks ago.' – Carers' Music Fund participant

Being able to articulate how you feel as a carer

This was one of the strongest themes that came through in our analysis, and something that we believe is particularly important for carers. We found that music activities provide participants with the means to articulate how they feel as a carer, and to share those feelings with others who understand, often for the first time. And while this was especially the case with song writing sessions, during which carers were able to put into words how they feel while in a safe and supportive environment, and through a medium they could easily relate to, it was also evident during sessions focused on learning an instrument. Participants would often reflect on how the song they were learning made them feel, which opened up conversations among the group about both the joys and the challenges of caring for someone. This was a hugely empowering and rewarding process for participants, and reflects the power of music to connect to our individual thoughts and feelings, both through words and through sound.

'We look at the sessions as a journey of self-expression. We create a space where people can be themselves and use the music to help bring out their personal journeys.' – Carers' Music Fund session leader

'I think it demonstrates the power of song lyrics – for the first time she has written something down about how she feels.' – Carers' Music Fund session leader

Caring for someone can lead to feelings of loneliness, isolation and low self-esteem.^{58,59} We also know that many carers don't get the support they need for their own health and wellbeing because they don't see themselves as a carer.⁶⁰ We also noted earlier in this report that wellbeing gains across the Carers' Music Fund (for life satisfaction, feeling worthwhile, and happiness) were on average greatest among those who had not received support as a carer before.

Relating the music to the lives of carers

This feature of the sessions relates in some ways to the point above. However, there is also something distinct that warrants mention. In addition to the music being a means for participants to articulate how they feel as a carer, the music and session leaders often showed great empathy towards participants, and a deep understanding of their lives. This empathy and understanding was then effectively integrated into the creative process, either through song writing or through the choice of music to listen to, explore, or learn during the sessions.

'Last time in the session we did an arabic song about our country and it was so emotional. Makes me feel home.' – Carers' Music Fund participant

*'I take your eyes, your speech, your ears
Can't place a face you've known for years
She looks at you and feels that change
Knowing things won't be the same.
I bring confusion and desperation
Descent to darkness and frustration.
She holds your hand, the care unspoken
The light of love cannot be broken.
Deep within your heart.'*
– Carers' Music Fund song lyrics

'It was International Women's Day during cohort 1, so we talked about that and decided on some music that reflected how they felt about it.' – Carers' Music Fund session leader

Effectively blending social interaction and care / support into the sessions

This was a really important design feature of all of the Carers' Music Fund projects, and one which came through strongly as a likely driver of improved wellbeing. Music activities were effectively blended with social interaction among participants, either at specific times during the session or on a more informal basis. This type of interaction was led by participants and by session leaders. For example, during one of the sessions we observed, participants had time in between each of the songs they were learning to play which was filled with laughter, personal reflections on what they were learning, and encouragement towards one another.

⁵⁸ Kim D. Relationships between Caregiving Stress, Depression, and Self-Esteem in Family Caregivers of Adults with a Disability. *Occup Ther Int.* 2017.

⁵⁹ Girgis A, Lambert S, Johnson C, et al. Physical, psychosocial, relationship, and economic burden of caring for people with cancer: A review. *J Oncol Pract.* 2013;9(4):197–202.

⁶⁰ See for example: <https://crossroadscarensurrey.org.uk/hidden-carers/>

These interactions facilitated group bonding and trust and were evident in many of the sessions we observed, and from the comments provided by participants and music leaders.

'We would start the session with a bit of a catch-up over a biscuit, then we would get down to the music. At the end we'd have lunch together and talk about what it's like to be a carer.' – Carers' Music Fund session leader

'I found that we would actually spend a lot of time just talking with one another. The carers in the group really enjoyed that.' – Carers' Music Fund session leader

'In addition to the music, talking to the other women in the group and laughing was very beneficial to me.' – Carers' Music Fund participant

The music sessions also created an environment in which participants could be more directly supported in relation to their day-to-day challenges and frustrations. This was in part due to the empathy and understanding of session leaders mentioned earlier, but more importantly, due to the similar experiences among group members and the words of encouragement and support they offered one another. Session leaders created space for this type of peer support to happen, while at the same time moderating the discussions so that they reached constructive and positive endings. This meant that this aspect of the sessions was almost seamlessly integrated into the music-making activities, and hugely valued by participants.

'I like that sometimes we were happy in sessions and laughing, but also if we needed help and to talk about something sad then that was ok also.' – Carers' Music Fund participant

'We learn a new thing every week and I feel relieved after chatting with them. The session leaders care about us as much as they care about teaching music.' – Carers' Music Fund participant

'I really didn't expect all this support – I thought it was only going to be a music lesson.' – Carers' Music Fund participant

'They provide a lot of support not only in music but helped and worked on my mental health and trying to help me learn English through music. They helped me learn how to speak to my doctor for my illness.' – Carers' Music Fund participant

Some of the projects also used the chat function during online sessions, and set up social media groups for participants to interact in between sessions. These created further opportunities for social connection and peer support, often using music as the common thread through which participants initiated discussion or shared how they were feeling.

Working towards an end goal / output together

At the start of the Carers' Music Fund, many of the projects had plans to hold performances and celebration events at the end of each cohort. Among other things, the aim of these performances and events was to showcase the group's musical achievements, to share their creations with others, and to promote confidence and self-esteem. These plans, of course, had to be changed.

However, the notion of working towards an end goal or creative output together, remained a feature of the projects in the Carers' Music Fund in spite of the restrictions in place due to the coronavirus pandemic. It was one of the features which, we believe, had an important and direct influence on wellbeing. Not only did it provide something to motivate people and stimulate creativity, but it also left participants with something that they could look back on with pride.

'We put together what I would describe as a punk song. But my daughter was really impressed, plus we have it on a CD. It really is an amazing feeling to have been able to do that.' – Carers' Music Fund participant

'What I really liked was the opportunity to learn from other people. And to see what we could achieve together. It gave us something we can show to others, and it sounds pretty good too!' – Carers' Music Fund participant

12.1.3 Results

The results of the building blocks and key ingredients described above and which we identified in our analysis were:

- Strong group bonding and identification of things in common
- Providing participants with something to look forward to every week and, especially during the pandemic, a 'lifeline'
- People feeling valued and appreciated.

Across a number of the projects, we saw many examples of participants developing very strong bonds with one another. People who hardly knew each other, would talk openly about their own challenges and frustrations, how they were feeling, and their hopes for the future. People were accepted for who they were and they felt like they could make a positive contribution. Equally, if someone wanted to sit back and just listen, this was understood. As a result, group members felt that what they were doing was worthwhile, for themselves and for the others in the group.

'The positive interaction with the others in the group was really important to me. Being a carer, you feel like you have to fight for so much, and it's easy to withdraw from society. Having a connection like that with the others was a really positive thing.' – Carers' Music Fund participant

'It was nice to see a genuine connection between participants, a sort of comradeship. We were always looking forward to being in the room together.' – Carers' Music Fund participant

'The people as well to be honest. We are not your typical strangers. And I think we all appreciate the smaller things in life given our circumstances.' – Carers' Music Fund participant

There was also evidence that the sessions provided participants with something to look forward to each week, and that this was especially important during the pandemic. This was felt to give people some structure to their lives, and in some cases, participants felt that it provided them with a 'lifeline' at a time when other social contact and other support services had been reduced.

'I've taken part in the Ukulele sessions, song writing, sing and sign, and songs from the shows. I'm now in contact with the carers choir. Some weeks I've had four sessions for carers, which has been great.' – Carers' Music Fund participant

'Everything had had to stop once lockdown started. The wellbeing café, the craft group. I did this for my own wellbeing.' – Carers' Music Fund participant

'It means I'm still in contact with people, and I engage with people I didn't know. My daughter has said that she can see the difference it makes to me. I suffer with depression, and this has meant that I've had something to do.' – Carers' Music Fund participant

Being involved in the sessions also often resulted in participants feeling valued, appreciated, and to have someone else looking out for them. This is especially important for carers who, because of the demands of caring for someone, find that others don't really understand the pressures they face.

'For me it's knowing that people want to teach us music and to help us in other ways as well.' – Carers' Music Fund participant

'The best thing has been to write songs with very talented young musicians, and to know that they really want to help us.' – Carers' Music Fund participant

'It has been a privilege to take part.' – Carers' Music Fund participant

12.1.4 Impacts

Our analysis of interviews, session observations and creative outputs identified six impacts that were most commonly associated with the music-making activities across the Carers' Music Fund, and which we believe drove the overall wellbeing improvements for participants:

- Having fun, enjoyment and laughter
- Stimulating creativity and enjoying the creative process together
- Building confidence
- Being able to have some time without the stress of daily life
- Making new friends

'The first group was always having fun during the sessions, and the atmosphere was brilliant.' – Carers' Music Fund session leader

'The creativity was the thing for me. It opened a new dimension. The musicians were great at helping us along. In one session they showed us lovely videos of lakes and rivers, and invited us to tell them what sort of music to play to the pictures.' – Carers' Music Fund participant

'The programme created a beautiful environment full of laughs and music, especially when we used to meet before the pandemic.' – Carers' Music Fund participant

'Being involved in this encouraged me to try something new. And when you are doing music you are not thinking about other things.' – Carers' Music Fund participant

'It was 100% an outlet for the stress. My retreat is often my garden, but I can't do that so much in the winter, so I really valued these sessions. It gave me a lot more to what I was as a person.' – Carers' Music Fund participant

13 Legacy and sustainability

There is evidence that the outcomes and impacts from participatory music-making seen among Carers’ Music Fund participants have the potential to be sustainable. This is because of the impact that the projects had on participants’ confidence and positivity towards caring, and by creating opportunities to build new friendships and support networks. These are important drivers of personal resilience which, in turn, can support maintained or enhanced wellbeing over the longer-term.

The Carers’ Music Fund was designed to provide female carers with short interventions that would generate positive and sustainable outcomes within the period of the intervention, and inspire a longer term interest in participating in music-making activities. While the design of the fund, and therefore the evaluation methods we used, did not support tracking outcomes for participants beyond their involvement in a Carers’ Music Fund project, we did ask participants to respond to a number of questions about their involvement that give us an indication of the possible sustainability of outcomes and longer term impacts. The results show that:

- 98% of respondents said that they felt at least ‘a bit’ better about their life and future as a result of being involved. 42% said that they felt ‘a lot’ better (Figure 16).
- 51% of respondents said that the opportunity to do something as part of a group had had the biggest impact on them (Figure 17).
- 68% of respondents said that they were highly likely to continue to be involved in music-making of some sort (Figure 18).⁶¹

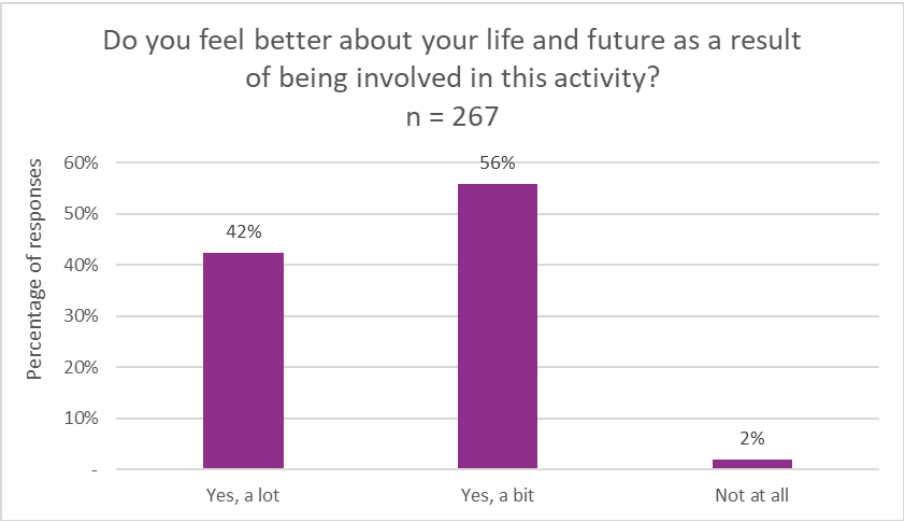


Figure 16: Proportion of participants who felt better about their lives after being involved in music-making

⁶¹ This is the proportion of participants who gave a score of 7 and above in response to the question: ‘Now thinking about the future, on a scale of 0 to 10, where 0 is ‘not at all’ and 10 is ‘very likely’, how likely are you to continue to be involved in music-making of some sort?’

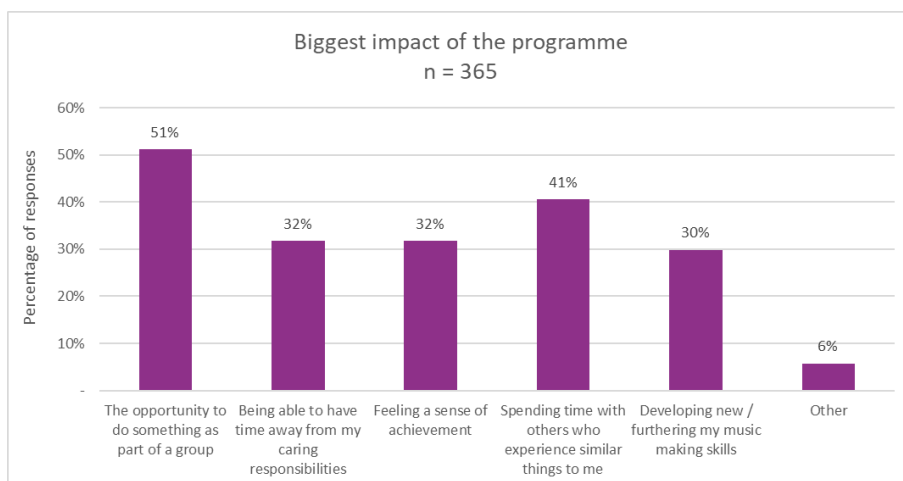


Figure 17: Proportion of participants who identified different aspects of the programme as having an impact

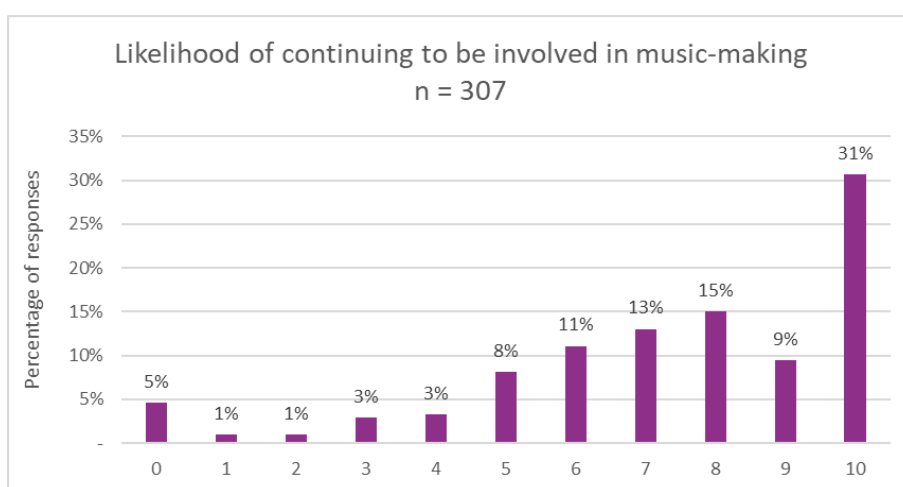


Figure 18: Likelihood of continuing to be involved in music-making among Carers' Music Fund participants

Our analysis of interviews and session observations also identified a desire to continue to be involved in music as one of the most common impacts for participants. We also know from the results described in section 11 above, that making new friends, feeling more confident, and feeling more positive about the caring role were experienced by more than 70% of participants.

If we take a resilience view of these results, which can be defined as 'the process of being able to adapt well and bounce back quickly in times of stress'⁶², they give us some confidence that the wellbeing outcomes seen across the fund might be sustained. While the concept of resilience is complex and can be influenced by a wide range of factors, including a person's own personality traits and life experiences, there is evidence to suggest that having a good support network, maintaining positive relationships, having a good self-image, and having a positive attitude can help people to be more resilient.⁶³ People who are more resilient are better equipped to face challenges and difficulties in life, which in turn can help people to feel better.

Given the proportion of Carers' Music Fund participants who said that they felt better after being involved, had made new friends, were feeling more confident, and were feeling more positive about their caring role, we believe that these music-making projects most likely made a positive contribution to resilience for female carers. This is likely to support maintained or enhanced wellbeing over the longer term.

⁶² See for example: <https://positivepsychology.com/resilience-skills/>

⁶³ Ibid.

14 The added value of the fund

Being part of the Carers' Music Fund has provided considerable added value for many of the grantees, both in terms of their ability to deliver effective music-making interventions for carers during the period of the fund, and in terms of the learning that will be used to shape future projects and service delivery. This is the result of a shared commitment to reflect on and adapt project delivery, the processes that were put in place to capture and share learning, and the overall diversity of the grant portfolio.

An important part of this evaluation was to understand the benefits and added value of running the Carers' Music Fund as a programme, as opposed to 10 distinct projects. This involved ensuring that the funded projects had a common set of goals and ambitions, notwithstanding the diversity of delivery models and target groups, that there were opportunities to come together regularly to share experiences and learning, and that all of the projects could test new ideas and adapt their approaches accordingly. We wanted to know about the added value for individual grantees and what this means for Spirit of 2012 as a funder and for the wider grantmaking sector.

It is clear from this evaluation that being part of the fund provided considerable value for many of the projects. Most often, this was connected with the fund's emphasis on learning, the opportunities and support given to reflect on what was working (and what wasn't), and creating an environment within which grantees were encouraged to be bold and ambitious. This is likely to have a positive knock-on effect in terms of the success of future projects for many of the grantees. The coronavirus pandemic also created an opportunity for projects to reach people beyond their traditional geographical areas, and to remove some of the barriers that carers may face meeting in person, which also proved to be a benefit for some grantees and something that they intend to incorporate into other services and future projects.

'The reflection and evaluation process has been very positive for us and we have really learnt things about our work and it's impact. The fund has supported and encouraged honesty and curiosity and what we discovered has changed the way we understand what is happening. In the past evaluation has been closer to promotion, on this project it is really about learning. But that strong learning has then led to us being able to make the case for the projects more effectively.' – Carers' Music Fund Project Lead

'It has really encouraged us to think outside the box in terms of the way we do things. It has opened up doors for us in terms of making our groups accessible to as many as possible. We are keen to bring this thinking forward into future projects and groups we provide as respite for carers.' – Carers' Music Fund Project Lead

The test and learn aspect of the fund, and the learning sessions that grantees participated in were considered the most valuable features. The learning sessions were generally well attended, and they provided opportunities for grantees to showcase their work, to talk about the challenges they faced, and to share ideas and learning with the other projects in the fund. These were most often related to:

- Effectively reaching out to carers who were not already in contact with support services
- Creating safe spaces for carers to be creative and to articulate and express through music how they feel, and
- Tackling barriers to participation such as cultural norms, transport (pre-covid), and digital exclusion.

There were a number of examples of different ideas being tested or adopted by other projects.

'It has encouraged flexible thinking and adaptability in delivery. It has also demonstrated the importance of creating a safe, consistent space for creativity (and how we replicate/develop that in an online context), as well as nurturing the community that grows from that.' – Carers' Music Fund Project Lead

Test and learn allowed us to iterate, adapt and improve our delivery.' – Carers' Music Fund Project Lead

'Giving grantees the 'permission' to test new approaches means that we have achieved more.' – Carers' Music Fund Project Lead

The value provided by the fund also came from the diversity of the organisations involved, with some using music as an intervention for the first time, and some reaching out to carers for the first time. This has proven to be a key success factor of the fund overall.

'As an arts organisation we have learned so much about carers, the role of carers, what it means and how we as an organisation can support them doing what we do best, that being music. It has influenced our thinking for future projects and we are already looking at ways of either delivering similar projects again or continuing the work and making it a key part of our outreach programme.' – Carers' Music Fund Project Lead

'We are really learning about the importance of creativity and how it affects wellbeing. Most importantly for us is that we are seeing that how people use their creativity is impacting how they feel.' – Carers' Music Fund Project Lead

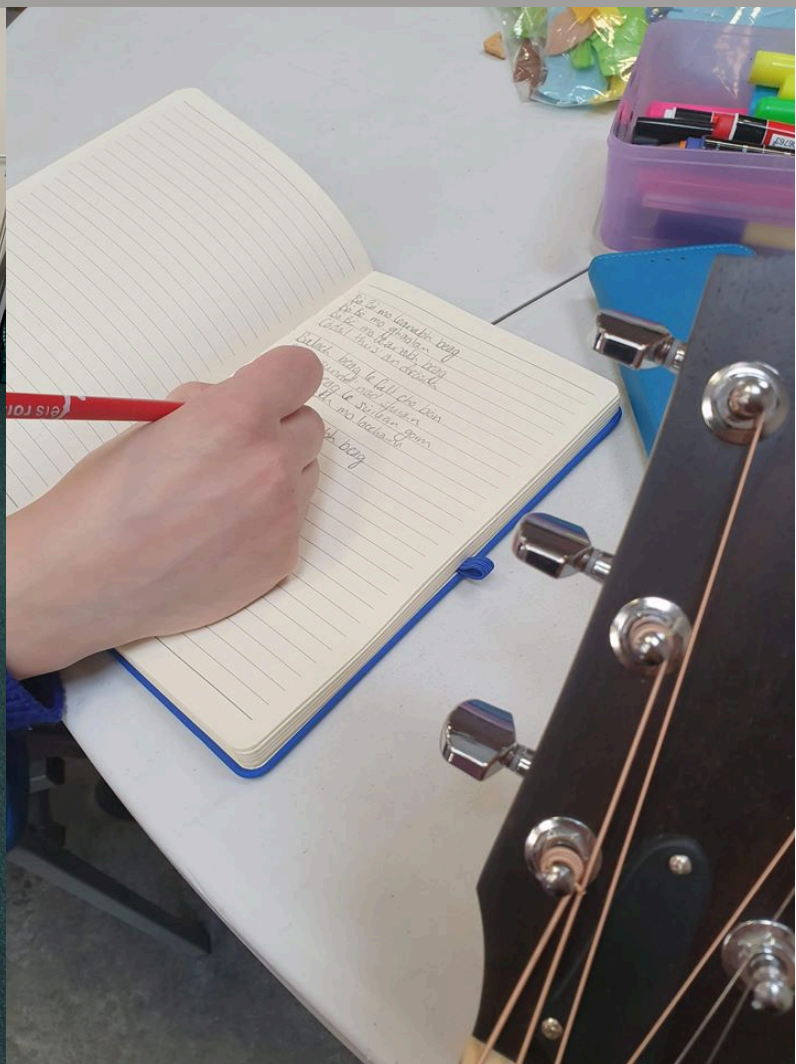
Grantees described their experience of being part of the fund as 'inspiring', 'challenging' and 'rewarding'.

These findings provide some important learning for Spirit of 2012 and the wider grantmaking sector. The programme approach has clearly worked well for the Carers' Music Fund, in particular because it promoted a culture of learning and adaptation in response to emerging evidence and insights. The expertise within the learning partnership and across grantees was used effectively to support this process. Furthermore, the experience of the fund shows that the concept of test and learn should not be seen by funders as something that is contrary to meeting funding targets and outcomes. We believe that in this case, the flexibility and learning culture promoted by Spirit of 2012 supported grantees to deliver the best possible outcomes. Particularly in the context of a global public health emergency that has had an impact in all corners of society.

The Carers' Music Fund projects have made a real difference to the lives of hundreds of female carers, and provided a strong foundation for the organisations involved in the fund to further develop their work, both for carers and beyond. This has come from the diversity, expertise, effort and commitment of grantees, and through the combined expertise, effort and commitment of everyone involved in the fund.

At a glance – key learning

- The findings from this evaluation of the Carers' Music Fund support an already strong evidence base that music-making activities can improve wellbeing, in a number of different ways.
- There was also some evidence that group music-making activities can help to build and strengthen social connections, although these results were quite mixed, and most likely impacted by the social restrictions that were put in place during the period of the coronavirus pandemic.
- This evaluation has provided evidence of a possible pathway to wellbeing through music for female carers, which includes positive impacts on carers' confidence and attitudes towards caring.
- The findings make a strong case for participatory music-making as a support activity for female carers, and provide strong evidence that music-making activities can appeal to carers of all ages, and who have a wide range of caring responsibilities.
- The projects involved in the fund have also shown that music-making can work well in a virtual environment, and that with the right training and support, carers and musicians can work effectively together using digital technology as a platform, and generate a wide range of positive outcomes.
- We conclude that high quality and inclusive music-making activities should be increasingly seen as a core part of the care and support offer for carers, delivered through a wide range of cross-sector partnerships, and in ways that support flexibility and innovation in delivery.



15 Music as a support activity for carers

The findings from this evaluation of the Carers' Music Fund support an already strong evidence base that music-making activities can improve wellbeing, in a number of different ways. What we know now is that this includes female carers, across a wide age range and for those with a wide range of caring responsibilities. There is also some evidence that these wellbeing gains could be greatest among those with the lowest levels of wellbeing, and that the following groups of female carers are likely to benefit most from being involved in a music activity:

- Young adult carers, in terms of life satisfaction and feeling worthwhile
- Carers who have not received any support as a carer before
- Full-time carers (carers caring for more than 90 hours per week).

The evidence from this evaluation points to less measurable wellbeing benefits for young carers (under the age of 16), however, this must be seen within the context of the coronavirus pandemic, and the impact this had on young people across society. There was some evidence of reduced anxiety for this group.

In terms of participatory music as an activity to reduce loneliness, the findings show that carers aged 16 and over and those who are caring full-time are most likely to feel less lonely. Young carers, and those who had previously received some type of support as a carer were less likely to report lower rates of loneliness. As with wellbeing gains, there is some evidence that reduced levels of loneliness are greater among carers who report the highest rates of loneliness.

There was also some evidence that group music-making activities can help to build and strengthen social connections, although these results were quite mixed, and most likely impacted by the social restrictions that were put in place during the period of the coronavirus pandemic. While some participants were especially grateful for the opportunity to connect with others and build new friendships online, this may not have had such a deep impact in terms of the social connections that might be possible in 'normal' times, and which may also develop over a longer period of time than that which the Carers' Music Fund projects ran for (typically three months for each cohort of participants). There were some examples across the fund of self-organised groups using social media to interact with other participants in between sessions, and also once sessions had finished. This is an important legacy and something which may contribute towards stronger social connections and enhanced wellbeing over the longer term.

This evaluation has provided evidence of a possible pathway to wellbeing through music for female carers. What we have found is that this pathway is complex, multifaceted, and can differ for individual participants at different points in time. However, we believe that there is strong evidence about the things that must be in place for music activities to make a tangible difference to the lives of carers. This includes:

- High quality music leaders and session facilitators, who can empathise with the lives of carers, position music-making (in whatever form) as something that everyone can take part in and enjoy, and support rapid learning and skills development
- Using music as a medium for carers to articulate how they feel, and to effectively blend social interaction and peer support into the sessions, and
- Working towards creative outputs that participants can be proud of and share with other people in their lives.

Music activities that are most likely to lead to wellbeing improvements for participants will be characterised by strong group bonding and a strong sense of the participants having something in common with one another.

They will inspire people to continue their involvement in music-making. There is also some evidence that recruitment and retention for these types of activities is likely to be greater for those who have an existing interest in music (however small that may be), and / or a desire to learn something new and to connect with others.

These findings make a strong case for participatory music-making as a support activity for female carers. There are hugely important wellbeing gains to be made for female carers through these types of activities, for which there is some evidence that they have the potential to be sustainable because they help to build confidence and positivity towards caring. However, participatory music-making needs to be designed in a way that satisfies the different components of the pathway to wellbeing that was identified in this evaluation, and which should guide the design and delivery of future activities.

16 Engaging carers in participatory music-making activities

Reaching out to and engaging with carers remains a key challenge for those agencies looking to improve the lives of carers. This challenge was experienced by many of the Carers' Music Fund projects, which became even greater as a result of the coronavirus pandemic. As a result, the fund engaged with fewer carers than originally hoped. However, across the 10 projects, there is strong evidence that music-making activities can appeal to carers of all ages, and who have a wide range of caring responsibilities. There is also strong evidence that people don't need to have been involved in music-making before (either in a support context or otherwise).

There were a number of efforts made to increase the reach that was achieved by individual projects. The most successful of these included:

- Running taster sessions, especially with young carers and young adult carers
- Engaging with a wide range of community groups and other agencies across health, education, housing providers, and local care services
- Using language that appeals to those who don't see themselves as a carer, and
- Using case examples and success stories to address potential cultural barriers towards music-making.

Many of the projects, including those led by organisations already supporting carers, found that working with partner agencies was the most effective way of reaching new carers. These take time to develop and nurture, and they don't always deliver the intended results for the organisations involved, meaning that new partnerships need to be formed. Partnership efforts were also severely disrupted by the coronavirus pandemic. However, the Carers' Music Fund gave the organisations involved the space to explore and test new partnerships, and new ways of reaching carers. The learning they have gathered will give them a strong platform from which to develop future music-making activities for carers.

In relation to participation and retention rates, the evidence was unfortunately more limited. Anecdotally there was a view that once carers signed up to be involved, there was a good level of ongoing engagement, both prior to and during the pandemic. The shift to online delivery may have put some people off, but equally, there was some evidence that remote means of engagement was particularly beneficial for some carers. This was usually because they lived somewhere that meant travelling to a group session wasn't feasible, or that they couldn't leave the person they were caring for in order to attend.

The funding that was available to support access to project activities was found to be most useful for covering transport costs (pre-pandemic) and supporting digital inclusion and remote access (during the pandemic). The need for funding to arrange replacement care for the person being cared for was found to be less of a barrier to access than many projects anticipated. However, it is likely that the coronavirus pandemic had a particular influence on how access funding was used by the projects during the period of the Carers' Music Fund, and had the pandemic not happened their experiences may have been quite different. Notwithstanding this, we believe that there is an important role for some level of additional funding to promote access, and that this should be recognised in future funding models for all carer support services.

We do not have good quality data on the reasons why people dropped out of their involvement. The data we do have suggests that the reasons people dropped out were mainly to do with their motivation to continue with a music activity ('it wasn't for me'), or because they were unable to get time away from their caring responsibilities. However, we cannot draw any definitive conclusions from this data.

Despite some of these limitations with respect to the data we were able to collect for this evaluation, we believe that the findings give us new insights into the groups of female carers that are most likely to benefit from music-making as a support activity, and the most effective ways to reach and engage with them. The pathway to wellbeing that we discuss in section 12 also provides a way of talking about what these activities involve, and something that may help to increase the success of future engagement efforts and therefore, the future success of individual projects and services.

17 The future role of remote delivery

The coronavirus pandemic was an unexpected event that had a direct impact on the Carers' Music Fund. Not only did the projects need to find ways to deliver music-making activities remotely, carers (and those they care for) were among those who were hit hardest by the health risks of Covid-19 and the restrictions that were put in place to control virus transmission. This created additional support requirements for those organisations involved in the fund, alongside their ongoing delivery of their Carers' Music Fund project. And while some of the benefits for participants that we saw during the pandemic were less than what we saw before March 2020, we believe the evidence points to an important role for remote delivery of support services for carers in the future.

Remote delivery helped to overcome certain barriers to access, particularly in relation to travel and proximity to services. This enabled participation for those who couldn't afford to travel or who didn't have access to suitable travel options, or who lived some distance away from where services were being offered. It also reduced the time that carers would need to be away from the person they cared for and, in some cases, removed the need to arrange replacement care. Remote delivery also helped to create a safe space for people to take part, for example, by turning off their camera until they felt more comfortable about engaging in the sessions. This was especially the case for young carers. There were additional benefits too, especially for those who could use the digital skills they had learnt to keep in touch with family and friends, or communicate online with others in the group in between sessions. For some carers, this provided much needed peer support and encouragement on a more regular basis, and the opportunity to build new social connections.

Remote delivery also presented a number of challenges:

- Some carers felt that remote sessions didn't give them the time away from caring that they wanted
- Some carers didn't have access to the technology or digital skills that they needed in order to take part

- Home environments sometimes meant that carers didn't have a safe or suitable place from which to participate, even when they did have the right technology and digital skills to take part in the sessions
- Carers were sceptical about the potential of online music-making 'work', and to be a fun and enjoyable activity.

The timing of the coronavirus pandemic and therefore, the move to remote delivery for most of the Carers' Music Fund projects, means that we can't say with any certainty how remote delivery compares with group music-making in person. For carers, there are a number of benefits associated with activities delivered remotely, and a number of benefits associated with those delivered in person. There are also a number of challenges. However, what we have learnt from these 10 projects is that there is a role for both, that music-making can work well in a virtual environment, and that with the right training and support, carers and musicians can work effectively together using digital technology as a platform to generate a wide range of positive outcomes.

18 The role of music in the care and support system for carers

The findings from this evaluation highlight the significant negative impacts that caring can have on a person's longer term health and wellbeing. They also provide new evidence that group music-making can be an effective intervention to improve wellbeing, and build confidence, positive attitudes and new social connections among female carers across a wide range of age groups and caring responsibilities. The effect may be especially strong for those who do not typically engage in mainstream support services. This is important because many carers are not known to services or do not know about the support available to them. Many do not see themselves as carers in the first place. And while engaging these carers in support will continue to present challenges for those organisations trying to reach them, effective cross-sector partnership working offers the best potential solution. Along with flexible funding to address the barriers that carers face accessing support, this type of partnership working should be recognised and properly resourced in the context of all carer support services.

We have learnt more about how music-making activities can lead to improved wellbeing, and the implications this has for the design of future music-making projects for carers. The culture of learning that was central to the Carers' Music Fund, the opportunities that were created for projects to capture and share their learning, and the support that was given to test new ideas, contributed to the effectiveness of the individual projects and the success of the programme overall. Especially in the context of the coronavirus pandemic. Many of the projects have identified learning that is likely to lead to longer term changes in organisational practices.

The Carers' Music Fund has shown that short-term participatory music-making interventions can play a vital role in improving the lives of female carers. There are also indications that these improvements are likely to be sustained over a longer period of time. Combined with the learning that the fund has generated in terms of how and why carers engage in these types of activities, we would argue that high quality and inclusive music-making activities should be increasingly seen as a core part of the care and support offer for carers, delivered through a wide range of cross-sector partnerships, and in ways that support flexibility and innovation.

Appendix 1: The Carers' Music Fund Grant Portfolio

Partner	Project	Location	Outline
Barnardo's	Project Alaw	Wales Merthyr Tydfil	Barnardo's worked with Community Music Wales to run a range of music-making sessions with nearly 60 young carers aged 8-21 years. The project also used music to develop participants' basic skills, with song-writing supporting literacy, for example.
Blackpool Carers Centre	Bang the Drum	England Blackpool	The Bang the Drum project offered singing and percussion sessions, alongside relaxation techniques and a programme of support for groups of young carers, sandwich carers and older female carers. Over 100 people took part in taster events and 46 people attended all 12 sessions.
Fèis Rois	Tàlaidhean	Scotland Ross-shire	The project worked with young mothers who live in small towns and rural areas in the Scottish Highlands. The groups included some Syrian refugees. Working with freelance musicians, participants created traditional folk lullabies for their children.
Jack Drum Arts	Sound Out	England County Durham	The project worked with a range of carers, including those with caring responsibilities in the local refugee community. Over 200 participants experienced a range of genres which included choral music, folk, rock, gamelan and west African percussion.
Midland Arts Centre (The MAC)	Hidden Voices	England Birmingham	The Hidden Voices project worked with nearly 100 carers, including those looking after children, older people and those with disabilities or poor mental health. Quench Arts and Midland Mencap were partner organisations. Some participants were from the Chinese and South Asian communities and new migrants. Participants shared and made different types of music together.
My Pockets	Monster Extraction	England Hull & East Riding	The Monster Extraction project identified the 'monsters' that are created when there is conflict in our lives. Over 50 carers wrote and performed music and took part in craft activities that expressed the stories of the monsters in their lives.
Noise Solution	Beat Syndicate	England Ipswich, Bury St. Edmunds, Lowestoft	Noise Solution worked with Suffolk Family Carers to support over 60 isolated young carers through the Beat Syndicate digital music-making project. As well as working in groups there were opportunities for one-to-one activities to build participants' confidence prior to joining a group.
Northamptonshire Carers	MyMusic Northamptonshire	England Corby, Wellingborough, Northampton, Daventry	The My Music project worked with carers who were already in a choir, young carers, an intergenerational group and those caring for a loved one with dementia. Over 75 carers took part in a variety of music-making sessions including percussion, music technology and song-writing.

Partner	Project	Location	Outline
Oh Yeah Music	Women's Work	Northern Ireland Belfast	Women's Work ran music-making sessions for those caring for people with dementia and disabled people, worked with parents who were Syrian refugees, and mothers who had left the music industry because of their caring responsibilities.
UK Youth	Sound Creators	England Six locations in London, the North West, South East, South West, and West Midlands	The Sound Creators project was coordinated by UK Youth with a music curriculum created by My Pockets. Working with six different young carers' organisations it offered nearly 150 young carers opportunities for music making, including DJing and singing.

Appendix 2: Baseline and end of cohort (endline) survey questions

Baseline survey for adults (16+)

1. Please write down your unique ID:

About you

This section contains information about you. We ask these questions to help us understand how different characteristics influence how people benefit from different activities.

2. Please tell us your gender:

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Other
- ☐ Prefer not to say

3. Please tell us your date of birth: ____ / ____ / ____
DD MM YY

OR

3. Please tell us your age:

OR

3. Please tell us which age band you are in:

- ☐ 16 – 19
- ☐ 20 - 24
- ☐ 25 - 29
- ☐ 30 - 34
- ☐ 35 - 39
- ☐ 40 - 44
- ☐ 45 – 49
- ☐ 50 – 54
- ☐ 55 - 59
- ☐ 60 - 64
- ☐ 65 – 69
- ☐ 70 - 74
- ☐ 75 - 79
- ☐ 80 - 84
- ☐ 85 - 89
- ☐ 90+

4. [OPTIONAL] Please tell us your postcode at home:

5. [OPTIONAL] Please tell us roughly what your household income is (this information will not be shared with anyone and will only be used to help analyse the evaluation data):

- | | |
|--|---|
| <input type="radio"/> Less than £15,000 | <input type="radio"/> £60,000 to £69,000 |
| <input type="radio"/> £15,000 to £19,999 | <input type="radio"/> £70,000 to £99,999 |
| <input type="radio"/> £20,000 to £29,999 | <input type="radio"/> £100,000 or over |
| <input type="radio"/> £30,000 to £39,999 | <input type="radio"/> I don't know |
| <input type="radio"/> £40,000 to £49,999 | <input type="radio"/> I would prefer not to say |
| <input type="radio"/> £50,000 to £59,999 | |

6. What is your ethnicity?

- | | |
|---|---|
| <input type="radio"/> English/Welsh/Scottish/Northern Irish/British Irish | <input type="radio"/> Bangladeshi |
| <input type="radio"/> Gypsy or Irish Traveller | <input type="radio"/> Chinese |
| <input type="radio"/> White and Black Caribbean | <input type="radio"/> Black/African/Caribbean/Black British |
| <input type="radio"/> White and Black African | <input type="radio"/> African |
| <input type="radio"/> White and Asian | <input type="radio"/> Caribbean |
| <input type="radio"/> Asian/Asian British | <input type="radio"/> Middle East/North Africa |
| <input type="radio"/> Indian | <input type="radio"/> Other |
| <input type="radio"/> Pakistani | |

7. Do you have any physical or mental health conditions or illnesses lasting, or expected to last for, 12 months or more?

- ☐ Yes ☐ No ☐ Don't know

8. Have you previously been involved in some sort of music-making activity?

- ☐ Yes ☐ No ☐ I'm not sure

About your caring responsibilities

9. Who do you mainly provide care for? Please tick only one option.

- | | |
|---|--|
| <input type="radio"/> A spouse / partner | <input type="radio"/> A grandparent / grandparent-in-law |
| <input type="radio"/> A child | <input type="radio"/> Another family member |
| <input type="radio"/> A parent / parent-in-law | <input type="radio"/> A friend |
| <input type="radio"/> A sibling (brother or sister) | <input type="radio"/> More than 1 person |

10. [OPTIONAL] Roughly how old is that person?
If you care for more than 1 person please leave blank.

11. Roughly how many hours per week do you provide care for?

- ☐ Less than 20 hours
- ☐ Between 20 and 49 hours
- ☐ Between 50 and 90 hours
- ☐ More than 90 hours

12. Are you currently in paid employment?

- ☐ Yes, full-time ☐ Yes, part-time ☐ No

13. Have you received support as a carer before, either through this organisation or elsewhere?

- ☐ Yes ☐ No ☐ I'm not sure

14. [OPTIONAL] How long would you say you've been in a caring role?

- ☐ Less than a year
☐ Between 1 and 3 years
☐ Between 3 and 8 years
☐ Between 8 and 15 years
☐ More than 15 years

How are you feeling?

15. We now have four questions we would like to ask you about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions please give an answer on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely' by placing a tick in the box.

	0	1	2	3	4	5	6	7	8	9	10
Overall, how satisfied are you with your life nowadays?											
Overall, to what extent do you feel the things you do in your life are worthwhile?											
Overall, how happy did you feel yesterday?											
On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?											

16. How often do you feel lonely?

- ☐ Often / always
 ☐ Hardly ever
 ☐ Some of the time
 ☐ Never
 ☐ Occasionally

17. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
If I needed help, there are people who would be there for me					
If I wanted company or to socialise, there are people I can call on					

18. Is there anyone who you can really count on to listen to you when you need to talk?

- ☐ Yes, one person
 ☐ Yes, more than one person
 ☐ No one

[END]

Baseline survey for children and young people (15 and under)

1. Please write down your unique ID:

About you

This section contains information about you. We ask these questions to help us understand how different characteristics influence how people benefit from different activities.

2. Please tell us your gender:

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Other
- ☐ Prefer not to say

3. Please tell us your date of birth: ____/____/____
DD MM YY

OR

3. Please tell us your age:

4. [OPTIONAL] Please tell us your postcode at home:

5. What is your ethnicity?

- | | |
|---|---|
| <input type="radio"/> English/Welsh/Scottish/Northern Irish/British Irish | <input type="radio"/> Bangladeshi |
| <input type="radio"/> Gypsy or Irish Traveller | <input type="radio"/> Chinese |
| <input type="radio"/> White and Black Caribbean | <input type="radio"/> Black/African/Caribbean/Black British |
| <input type="radio"/> White and Black African | <input type="radio"/> African |
| <input type="radio"/> White and Asian | <input type="radio"/> Caribbean |
| <input type="radio"/> Asian/Asian British | <input type="radio"/> Middle East/North Africa |
| <input type="radio"/> Indian | <input type="radio"/> Other |
| <input type="radio"/> Pakistani | |

6. Do you have any physical or mental health conditions or illnesses lasting, or expected to last for, 12 months or more?

- ☐ Yes ☐ No ☐ Don't know

7. Have you previously been involved in some sort of music-making activity?

- ☐ Yes ☐ No ☐ I'm not sure

About your caring responsibilities

8. Who do you mainly provide care for? Please tick only one option.

- ☐ A parent ☐ Another family member
☐ A sibling (brother or sister) ☐ A friend
☐ A grandparent ☐ More than 1 person

9. [OPTIONAL] Roughly how old is that person?
If you care for more than 1 person please leave blank.

10. Roughly how many hours per week do you provide care for?

- ☐ Less than 20 hours ☐ Between 50 and 90 hours
☐ Between 20 and 49 hours ☐ More than 90 hours

11. Have you received support as a carer before, either through this organisation or somewhere else?

- ☐ Yes ☐ No ☐ I'm not sure

12. [OPTIONAL] How long would you say you've been a carer?

- ☐ Less than a year
☐ Between 1 and 3 years
☐ Between 3 and 8 years
☐ Between 8 and 15 years

How are you feeling?

13. We now have some questions we would like to ask you about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions please give an answer on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely' by placing a tick in the box.

	0	1	2	3	4	5	6	7	8	9	10
Overall, how satisfied are you with your life nowadays?											
Overall, to what extent do you feel the things you do in your life are worthwhile?											
Overall, how happy did you feel yesterday?											
How happy are you with your relationships with your family?											
How happy are you with your relationships with your friends?											
[OPTIONAL] How happy are you with your life as a whole?											
[OPTIONAL] How happy are you with how much choice you have in life?											
[OPTIONAL] How happy are you with the way that you use your time?											

14. How often do you feel lonely?

- ☐ Often / always
- ☐ Some of the time
- ☐ Occasionally
- ☐ Hardly ever
- ☐ Never

[END]

End of cohort (endline) survey for adults (16+)

1. Please write down your unique ID:

About your caring responsibilities

2. Roughly how many hours per week do you provide care for?

☐ Less than 20 hours

☐ Between 50 and 90 hours

☐ Between 20 and 49 hours

☐ More than 90 hours

3. Did the person / at least one of the people you care for receive some sort of additional support while you were participating in this music activity?

☐ Yes, they also took part in this music activity

☐ Yes, they took part in a different music activity

☐ Yes, they took part in some other type of activity

☐ Yes, they received some other type of support

☐ No, they didn't receive any additional support

How are you feeling?

4. We now have four questions we would like to ask you about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions please give an answer on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely' by placing a tick in the box.

	0	1	2	3	4	5	6	7	8	9	10
Overall, how satisfied are you with your life nowadays?											
Overall, to what extent do you feel the things you do in your life are worthwhile?											
Overall, how happy did you feel yesterday?											
On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?											

5. How often do you feel lonely?

- ☐ Often / always
 ☐ Hardly ever
☐ Some of the time
 ☐ Never
☐ Occasionally

6. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
If I needed help, there are people who would be there for me					
If I wanted company or to socialise, there are people I can call on					

7. Is there anyone who you can really count on to listen to you when you need to talk?

- ☐ Yes, one person
 ☐ Yes, more than one person
 ☐ No

8. Thinking about your involvement in this music-making activity over the past few months, to what extent do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It has helped me to make some new friends					
I now feel more confident					
I now feel more able to manage my responsibilities as a parent / carer					
I now feel more positive about my caring role					
I can look after myself better					
I know more about what support is available if I need it					

9. Thinking about your involvement in this activity, which of the following do you think had the biggest impact on you?

You can tick up to 3

- ☐ The opportunity to do something as part of a group
- ☐ Being able to have time away from my caring responsibilities
- ☐ Feeling a sense of achievement
- ☐ Spending time with others who experience similar things to me
- ☐ The opportunity to develop my music-making skills
- ☐ Other (please specify in the box below):

10. Now thinking about the future, on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'very likely', how likely are you to continue to be involved in music-making of some sort?

- | | | |
|--------------------------------------|-------------------------|--------------------------|
| <input type="radio"/> 0 (Not at all) | <input type="radio"/> 4 | <input type="radio"/> 8 |
| <input type="radio"/> 1 | <input type="radio"/> 5 | <input type="radio"/> 9 |
| <input type="radio"/> 2 | <input type="radio"/> 6 | <input type="radio"/> 10 |
| <input type="radio"/> 3 | <input type="radio"/> 7 | |

11. Do you feel better about your life and future as a result of being involved in this activity?

- ☐ Yes, a lot
- ☐ Yes, a bit
- ☐ No, not at all

[END]

End of cohort (endline) for children and young people (15 and under)

1. Please write down your unique ID:

About your caring responsibilities

2. Roughly how many hours per week do you provide care for?

- ☐ Less than 20 hours
 ☐ Between 50 and 90 hours
☐ Between 20 and 49 hours
 ☐ More than 90 hours

3. Did the person / at least one of the people you care for receive some sort of additional support while you were participating in this music activity?

- ☐ Yes, they also took part in this music activity
☐ Yes, they took part in a different music activity
☐ Yes, they took part in some other type of activity
☐ Yes, they received some other type of support
☐ No, they didn't receive any additional support

How are you feeling?

4. We now have some questions we would like to ask you about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions please give an answer on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely' by placing a tick in the box.

	0	1	2	3	4	5	6	7	8	9	10
Overall, how satisfied are you with your life nowadays?											
Overall, to what extent do you feel the things you do in your life are worthwhile?											
Overall, how happy did you feel yesterday?											
How happy are you with your relationships with your family?											
How happy are you with your relationships with your friends?											

	0	1	2	3	4	5	6	7	8	9	10
[OPTIONAL] How happy are you with your life as a whole?											
[OPTIONAL] How happy are you with how much choice you have in life?											
[OPTIONAL] How happy are you with the way that you use your time?											

5. How often do you feel lonely?

- ☐ Often / always
- ☐ Some of the time
- ☐ Occasionally
- ☐ Hardly ever
- ☐ Never

6. [OPTIONAL] Thinking about your involvement in this activity over the past few months, to what extent do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It has helped me to make some new friends					
I now feel more confident					
I now feel more able to manage my responsibilities as a carer					
I now feel more positive about my caring role					
I can look after myself better					
I know more about what support is available if I need it					

7. [OPTIONAL] Thinking about your involvement in this activity, which of the following do you think had the biggest impact on you?

You can tick up to 3

- ☐ The opportunity to do something as part of a group
- ☐ Being able to have time away from my caring responsibilities
- ☐ Feeling a sense of achievement
- ☐ Spending time with others who experience similar things to me
- ☐ The opportunity to develop my music-making skills
- ☐ Other (please write what it is in the box below):

8. Now thinking about the future, on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'very likely', how likely are you to continue to be involved in music-making of some sort?

- | | | |
|--------------------------------------|-------------------------|--------------------------|
| <input type="radio"/> 0 (Not at all) | <input type="radio"/> 4 | <input type="radio"/> 8 |
| <input type="radio"/> 1 | <input type="radio"/> 5 | <input type="radio"/> 9 |
| <input type="radio"/> 2 | <input type="radio"/> 6 | <input type="radio"/> 10 |
| <input type="radio"/> 3 | <input type="radio"/> 7 | |

9. Do you feel better about your life and future as a result of being involved in this activity?

- ☐ Yes, a lot
- ☐ Yes, a bit
- ☐ No, not at all

[END]

Apteligen Limited
Hille House
132 St Albans Road
Watford
England
WD24 4AE
phone: +44 (0)1923 253 220
email: corporate@apteligen.co.uk
www.apteligen.co.uk