WORKING
TOGETHER

A research partnership project led by More Music
and the International Centre of Community Music

Author: Dr Ruth Currie

Research team: Dr Ruth Currie
Nell Farrally
Carol Bowden
Kathryn MacDonald
Anna Daly
Professor Lee Higgins

Design: HBA Graphic Design

Contents

Executive Summary

How do partner-practitioners[1] in the Music for Health in Morecambe project understand and communicate its value and why? This report shares findings from 'Working Together', an action research project designed by More Music and International Centre for Community Music (ICCM), led by Dr Ruth Currie.

Working Together explores how partner-practitioners understand and communicate value within Music for Health in Morecambe: a partnership programme of three music groups facilitated by More Music, an NHS Social Prescribing team, and local well-being organisations. The project aimed to explore how those working within a music social prescribing programme understood and communicated value. Understanding this was important because there is very little research into how partnerships in arts and health operate and collaborate towards shared health aims concerning their sectoral policies and partnership practices. We were particularly interested in this because we wanted to contribute to developing a robust and critical knowledge-exchange between the cultural sector, health and social care sectors, and academic partners to complement the wealth of research considering the possible impacts and relationships between music and health. Particularly, to understand the processes of working together across policies and perspectives of music's role in challenging health inequalities within the specific context of Morecambe. Doing so, to better understand the influencing factors on partnerships within arts and health and the role partners and practitioners have in driving place-based action in this context. Three questions guided our enquiry:

- What are the challenges associated with arts and health partnerships in Morecambe?

- How does More Music work as a cultural leader towards developing partnerships within health settings?

- How do More Music and their health partners communicate the potential value music might have within a health setting?

- What is needed to ensure the project remains relevant and sustainable?

> "Through interviews, an online event, and knowledge-exchange with partner-practitioners within this research, we identify a divide between how experience and evidence are valued in the cross-sector partnership work of Music for Health in Morecambe."

Through interviews, an online event, and knowledge-exchange with partner-practitioners within this research, we identify a divide between how experience and evidence are valued in the cross-sector partnership work of Music for Health in Morecambe. Specifically, that experience is valued as a situated and relational process between the project workforce and participants. It is an opportunity to learn from and make music with each other in ways that can facilitate constructive health-based outcomes. Evidence, however, is perceived dominantly across the partnership to have value for policymakers and funders within its current articulation. Specifically, that evidence is qualitative or 'scientific' and that gathering it is often an ill-fitting process within the nuanced experience of taking part. Working together critically as a research partnership made it clear that there were sectoral influences about what evidence was, alongside underpinning values that positioned music as 'unquestionably good'. These perceptions supported narratives of what kinds of evidence needed to be produced and why. This led to perceptions that the nuanced experience of the music projects didn't create the 'right' types of evidence; therefore, it was distinct from people's experience. However, working together critically within this research process highlighted how partner-practitioners learn and share. Particularly, how they experience this as knowledge-exchange, which is a valuable aspect of their practice. This report discusses ways that partner-practitioners may value Music for Health in Morecambe as part of healthy living. However, the idea that evidence is for policymakers and distinct from the experience requires attention within the partnership.

> "...findings from this research suggest that practitioners have strategic influence when modelling the experience of the project in partnership contexts. Exploring this further may challenge and address the perceived dichotomy between the value of experience and the value of evidence. "

---

[1] We refer to people taking part in this research as 'partner-practitioners' because the project workforce influence both the partnership and practice of Music for Health in Morecambe through their approach to working together for health.

"This report shares the learning from our collaborative research. It suggests that knowledge-exchange processes have value for how partnerships can work together across policies and perceptions of music's role in challenging health inequalities towards place-based social action."

Further to this, findings from this research suggest that practitioners have strategic influence when modelling the experience of the project in partnership contexts. Exploring this further may challenge and address the perceived dichotomy between the value of experience and the value of evidence. Understanding these partnership practices more explicitly may support understandings of the policy contexts of collaborators in music and health programmes. Music leaders in this research appeared to have unique influences. It is necessary to understand this in greater detail to communicate the strategic impact they can have in designing and developing music programmes with social aims. Specifically, to scaffold the divide between evidence and experience, raising the visibility of nuanced place-based practice in and as policy. This report shares the learning from our collaborative research. It suggests that knowledge-exchange processes have value for how partnerships can work together across policies and perceptions of music's role in challenging health inequalities towards place-based social action. To support this, it is important to:

- Review the partnership development needs for each of the three projects within Music for Health in Morecambe. What are the different requirements each need to develop sustainably?

- Through such review, what specific responsibilities do partner-practitioners take on, how does this fit their current strategic priorities, and where may this identify a development need?

- Within the current partnership model, which we describe as a 'delivery partnership', More Music fits within partners' service aims. They do so, by plugging into the objectives and networks of their sector or organisational priorities. What are the limitations and development opportunities of this kind of partnership for More Music and their partners? Is this a sustainable partnership model, or may this reproduce or contribute to distinctions of evidence and experience.

- There is a developing culture of knowledge-exchange in both the project activities and through partner-practitioner engagement in research. As a way to identify common priorities and identify ongoing development needs, this approach may support a more negotiated and transparent partnership model. Practitioners in the project appear well equipped to communicate the benefit of learning together through their collaborations. What changes can be made in Music for Health in Morecambe, to support strategic space for joint reflection?

- Whilst evidence is for policymakers and experience is bound within the process of taking part, an unhelpful distinction separates policy from practice. This appears to be stimulated, in part, by current reporting requirements and sectoral values regarding health. Moving forward, how does the partnership understand who decides what evidence is for Music for Health in Morecambe and why?

Finally, taking all of these into consideration can support decision-making about what might be scaled-up as part of challenging health inequalities and how the learning within this process is communicated. Underscoring all of this is understanding what kinds of partnership working between health, culture and well-being charities will support the most significant reduction in health inequalities in Morecambe. In particular, as a mechanism for contributing to healthy living, as part of a healthy place; not as a reproduction of instrumental impacts that are driven by policy or that may overstate what music can do, but as a reimagining of how partnerships through music and health can become part of a critical community-led ecosystem that shape place-based creative health. The proposition that music and health partnerships can contribute to place-based health is not a new one. However, the focus towards how partners work together and getting a better understanding of the lenses that their projects, impacts and responsibilities to place may be seen through still receives little attention in arts, health and community music literature.

Intro

Working Together is a collaborative action research project between More Music and the International Centre for Community Music (ICCM), working with partner-practitioners in the Music for Health in Morecambe project.

Music for Health in Morecambe is a music social prescribing project funded by Spirit of 2012 and coordinated by More Music. It includes three music groups that aim to reduce isolation of people in and around Morecambe: a singing group with older adults experiencing isolation, who are referred by their GP and who self-refer; a singing group with young people who are accessing mental health services, funded through the NHS; and, a drumming group with adults accessing local wellbeing services. The focus of this research has been to work with partner-practitioners to understand some of the differing and overlapping ways that they perceive their work together to be valuable.

Specifically, to gain insight into what influences perceptions of value and how this manifests within the ways that the project is designed, delivered and communicated. There were two main reasons for undertaking this research:

1. When beginning this project in 2020 there was little research in arts and health that specifically explored partnerships. Particularly, how they operate and articulate value

2. More Music sought to explore sustainable resourcing and development within the Music for Health in Morecambe project, following a pilot in 2019/20

> "[This report] documents the process of working together through research and outlines the ways that partner-practitioners distinguish between valued evidence and valued experience. Specifically, the implications this may have for how the project is communicated and understood within and beyond the project partnership."

Between August and July 2020 – 2021, ICCM worked with More Music management and music leaders, representatives of local wellbeing-organisations involved in the project and Morecambe Bay Medical Group's Social Prescribing team through action research. It is a project collaboratively designed with More Music management and develops from their pilot project in 2019/20. This report is written by the International Centre for Community Music. It documents the process of working together through research and outlines the ways that partner-practitioners distinguish between valued evidence and valued experience. Specifically, the implications this may have for how the project is communicated and understood within and beyond the project partnership. The report documents how perceptions of value may be influenced by sectoral policy priorities and a collective belief that music is unquestionably good for you; the latter a unanimous agreement emerging in our data collection. We refer to people taking part in this research as 'partner-practitioners' because, as will become clear through the findings developed together, the project workforce influence both the partnership and practice of Music for Health in Morecambe through their approach to working together for health[2]. By sharing findings from interviews and online action research, alongside a position piece that situates this research as part of

contemporary critique within arts and health research, this report illustrates ways that Music for Health in Morecambe is developing as a critical partnership project that contributes to challenging health inequalities in Morecambe, as one of many component parts of place-based health. The first section of this report will review what led More Music to commissioning ICCM and work with us through research. It will also situate our thinking through a summary of the position piece we shared with partner-practitioners in the early stages of the project[3]. The second section of this report shares the methodology for this project and findings from interviews and online action research. The third section looks towards Music for Health in Morecambe's future sustainability. Here, we suggest that raising the visibility and voice of practitioners in strategic partnership spaces, and communicating the experiences of working together, across sectors, in the project's music-sessions may support its future sustainability. In particular, developing ways to support ongoing joint reflection across partners-practitioners involved in the project and how this may support shared communications of value. Particularly, to scaffold between the divide emerging in this research between the valued evidence and valued experiences within the project, to understand better the possible implications for policy.

---

[2] Where 'partner-practitioners' appears in this report it refers to the workforce from Music for Health in Morecambe who took part in this research. Where 'partners' appears in this report, it refers to the organisations who make up the project partnership (More Music, the NHS and local wellbeing organisations).

[3] See Appendix 1 for the Literature Discussion shared with partner-practitioners prior to interviews.

Section 1

Developing and positioning the project.

Project Aims

The aim of Working Together was to understand more about how Music for Health in Morecambe is valued across the partnership and how this interacts with the projects design and development. The lines of enquiry were twofold: (1) to better understand how the partnership might function; and (2) the potential pathways for development of the partnership. These lines of enquiry were pursued to support a shared communication regarding the purpose and value of music and health partnership projects, to strengthen the broader aim of reducing health inequalities in Morecombe. Working Together was designed collaboratively with More Music, following a pilot study in 2019/20.

Building from the pilot research project published in 2020[4], Working Together aimed to step outside the music-making sessions; instead, focusing attention on the structures and understandings that may lead to effective partnership collaborations vital to this work. In doing so, it was hoped that

we'd learn more about future sustainable partnerships in music and health whilst supporting sustainable working practices for More Music's role in challenging place-based health inequalities in Morecambe. By working with More Music and their partners to find 'common'[5] understandings and ways of communicating how the project is valued, the aim of this research was to contribute to better understandings of the ways that music and health projects are negotiated in partnership development. Doing so, Working Together aimed to be a vignette for critical thinking and reflection that might support interconnection and collaborative critique between academic research and intuitional evaluation reporting. The project aimed to respond to four overarching research questions:

- What are the challenges associated with arts and health partnerships in Morecambe?

- How does More Music work as a cultural leader towards developing partnerships within health settings?

> "...it was hoped that we'd learn more about future sustainable partnerships in music and health whilst supporting sustainable working practices for More Music's role in challenging place-based health inequalities in Morecambe."

> "...the aim of this research was to contribute to better understandings of the ways that music and health projects are negotiated in partnership development."

- How do More Music and their health partners communicate the potential value music might have within a health setting?

- What is needed to ensure the project remain relevant and sustainable?

How the project developed from the pilot

Through the pilot research in 2019/20 the ICCM worked with More Music and their partners, guided by a pre-designed research brief, to help understand (1) participant experiences of taking part in the singing groups, in relation to their sense of wellbeing (2) workforce experiences of developing this pilot project in relation to their partnership contexts. Our report suggested that focusing on participant experiences in regard to wellbeing was limited in how this could strategically inform the project developments. Specifically, as this focus of investigation is widely recognised in arts and health literature and evaluation and therefore unlikely to produce constructive new learning. Instead, focusing on the partnership and how the project is understood from the different partnership perspectives (e.g. NHS representatives in different strategic positions who are engaged with the project, and staff involved from More Music) may be more effective in supporting ways to critique and grow this project. We also suggested that,

if participant's musical experiences in the singing groups, in relation to wellbeing, was to be a focus of enquiry, that longer-term, imbedded ethnographic or practice-based approaches may be more appropriate. Due to the restrictions of participation through COVID-19, this line of inquiry was not prioritised. However, this remains an important approach to consider. Furthermore, one that partner-practitioners in Music for Health in Morecambe are well equipped to undertake, given sufficient support and resourcing.

The pilot project also reported that future research within this project might benefit from focusing on longer-term, embedded research strategies to support understandings of how project design was developed in collaboration with participants; how partnership was experienced differently across its representatives; and, CPD activity. It was also recommended that if future research projects between ICCM and More Music were to take place, that these be designed collaboratively. Due to changes in the resourcing of their project and partners involved, not all lines of enquiry stemming from the pilot were persued. As such, supporting More Music in understanding how and why the project is valued, across its partnership, remained pertinent and within the project scope to explore. In 2019 the

---

[4] Findings from the pilot research project can be viewed here: https://www.artshealthresources.org.uk/docs/singing-for-health-in-morecambe/

[5] 'common', in this sense is to work towards the possibilities of understanding within the negotiation of difference; recognising the plurality of ways that experiences may frame perceptions of value.

World Health Organisation (WHO) published a scoping review of arts and health research and one recommendation was that better understanding of the partnerships may support the development of the evidence base for this field of enquiry. In 2020, Professor Stephen Clift published a response to this publication, calling for 'more robust' critique in the analysis of arts and health research. The proposed study, as with the pilot, aims to build on this WHO recommendation of better understanding partnership whilst also locating it as a research project that seeks to better understand how the perceptions of 'value' of this project manifest across partnership representatives. Specifically, to understand how this may inform approaches to partnership for future project development. This builds from More Music and lead researcher, Ruth Currie's long-standing critical research partnership. As such, this project dose not seek to evidence the value of activity for its measurable impact, for example 'singing in a group to support respiratory health' or 'confidence changes when singing with others'. However, as this research seeks to support the critical and strategic developments of the partnership working in this project, it is envisaged that future research collaborations could return to music group participants' experiences, in relation to health and wellbeing, at a later date, through critical participatory research methods informed by the partnership working explored through Working Together.

> "In 2019 the World Health Organisation (WHO) published a scoping review of arts and health research and one recommendation was that better understanding of the partnerships may support the development of the evidence base for this field of enquiry. In 2020, Professor Stephen Clift published a response to this publication, calling for 'more robust' critique in the analysis of arts and health research."

Methodology

Working Together is an action research project. It is action research because it is a way to understand the work of partner-practitioners within Music for Health in Morecambe by working together to identify changes that can be made through practice. Specifically as a way to understand how work is done, why it is done and how this relates to the social contexts and experiences that influence it. Routed through reflective practice, it is a way to understand better the influence our collective work can have and to develop reflexive approaches to developing practice. This research has drawn from Cohen et al. (2014) and Kemmis, McTaggart and Nixon (2015) to inform it's action research design and works through the conceptual lens of 'third-space' (Bhabha, 1994). Bhabha, as a post-colonial critical theorist invites attention towards spaces that are negotiated, through which cultural meaning is produced and critiqued. Working Together's action research framework looks at how practice is developed through research and how research is developed through practice and, collectively, how this collaborative critical lens can inform strategic decision-making spaces for the design and development of situated music and health projects. Specifically, projects designed to challenge health inequalities through place-based community music and community development

Figure 1 – Working Together Action Research Cycle
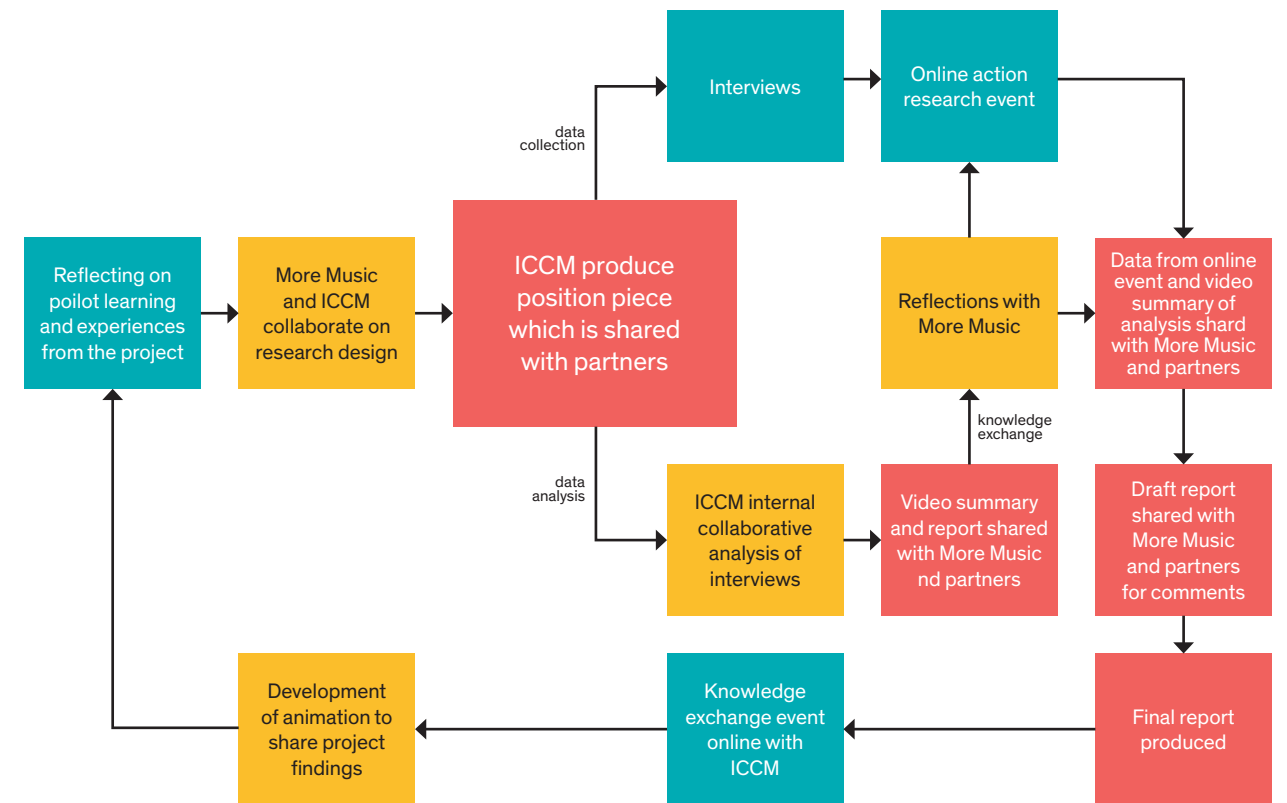
interventions. Alongside this, the project also takes influence from critical ethnographer, Soyini Madison to ask 'how do we reflect upon and evaluate our own purpose, intentions, and frames of analysis as researchers?' (2012, p. 5). Figure 1 illustrates the routes this project has taken, to foster critique and dialogue.

We held online interviews with 11 people working in the Music and Health in Morecambe project in March 2021 and followed this with a collaboratively online action research event in June 2021 with 8 of the interviewees. Research participants represented More Music, the NHS and Wellbeing Organisations involved in Music for Health in Morecambe

and the three music groups: a drumming group[6], Seagull Café and Sing It Out. We asked interviewees 14 questions under the headings: practitioner sense of value, sectoral sense of value, operating as a partnership, and project and partnership sustainability. Interviewees were sent a participant pack the month prior to interviews, which alongside consents and project information, included our literature discussion that situated the project, developed in response to the project brief that was collaboratively designed between ICCM researchers and More Music in response to their pilot study in 2019. Interviews were conducted on Zoom by Ruth Currie and

---

[6] Research participants from the drumming group who took part in the interviews, were unavailable to join the online action research event. Therefore, the drumming group is under-represented in the data collected within this project.

Nell Farrally[7], respectively. After which, they collaboratively undertook thematic analysis, guided by Braun and Clarke (2014). A video summary of these findings was shared with participants, alongside a written report prior to taking part in the online event[8]. The online action research event in June 2021 brought together workforce from the Music for Health in Morecambe project (n − 8) to reflect on the interview findings (n − 11) and to discuss the possibilities of conceptualising the project's partnership through the idea of 'third-space' (Bhabha, 1994). Participants in the event were invited to contribute to Mentimeter, an anonymous online data collection tool, responding to 9 questions and statements as a way to scaffold exchange amongst participants in break out discussion groups on Zoom. As part of the ethical process for this event, information was shared with participants beforehand, to make clear the hybrid nature of the event and that anonymous data would support in-person online discussions. The ways that participants could opt out of in-person engagement within the event was reiterated at its beginning and support for participants to share their contributions anonymously with the group was outlined, including, being shared only to the research team via private messages. The first section of the event reflected on the interview findings, the second considered the conceptual idea of third-space, the final section explored sustainability and worked through questions regarding this. A video presentation of findings was again shared with participants and this report has been shared with participants to review, prior to its publication.

The research partnership as a third-space

Doing collaborative action research can be messy and it can challenge the assumption about who is research[er/ed], who is learning and who is expert. This, as a conscious methodological choice, disrupts the notion that academics are the researchers and that they hold the expertise, and that participants provide data that researchers can then make sense of conceptually. Moving instead towards a model of knowledge production that learns in response to each other, as a dialogical and negotiated process where all involved contribute differing specialist knowledge (Kenny & Morrissey, 2021; Miller & Hafner, 2008). Borrowing from a partner-participant in the online event, 'all are involved as ethnographic researchers' within their own collaborative practice. Doing so, whilst mindful that as representatives of academic practices, the ICCM research team bring particular specialist knowledge in research methods and analysis and, as such, may fill that role more traditionally within the research partnership as an ethical responsibility of care for those who willingly collaborate. This, as a third-space, is a negotiated way of understanding context and how it is shaped and influenced by the people, policies and positions intercepting a given group. Or, as a further contributor to the online event suggested, this research is 'messy and it's consciously been funded as part of this project because it matters'. Another partner-practitioner shared the experience of working together through research as a process of 'trying to get comfortable in the

mess'. This, through the idea of third-space, was the intention towards which we worked as a group: to understand better what was valued in Music for Health in Morecambe, by whom, why and how this could be mobilised as a shared communication for the project's future sustainability. Furthermore, as researchers how we could be useful – practically and conceptually – to More Music and their partners and the critical discourse within the community music and cultural policy fields.

At times through the process of working together through research, for example, in our online event, it felt that ideas were tricky to grasp, that sometimes we didn't always understand each other's perspectives, the terms we used, and contexts we drew from to frame our ideas. In this way, we were asking questions, clarifying meaning and making sense of our negotiated space, together. Through this, modelling the negotiated space that the research project was exploring within Music for Health in Morecambe itself. The process of doing this research was difficult in some ways because it felt unfamiliar to all. However, it is within these multiple experiences that the process of negotiating scaffolded a collective knowledge production process. Utilising anonymous interactive online data collection software enabled the real-time contributions of the team to consider their ideas in response to others, the research questions and the data they produced with us through the interviews. For example, when 79% of respondents said it was important to scale the project up, one participant took the opportunity in the next slide to state their concern about scaling it up, using the open-ended comments function. Another example on the same slide was that another commented that they felt they had an 'awareness that I need to have a better understanding of the wider partnership – or that could be

communicated better?'. Having the opportunity to respond to each other's ideas, supported by anonymity appeared to scaffold the constructive and deeply reflective discourse that developed through the process of working together, albeit at times a challenging process.

Positioning the research

This research project focuses on value and how it is communicated within Music for Health in Morecambe, as a community music and health project. It works from the starting points that cultural value is embedded in cultural policy's rhetoric and in evidencing impact through arts and cultural activity. It is often discussed and reported on as a way of representing public opinion. As a contested and complex term, cultural value encompasses a range of ways of understanding and communicating what is important and to whom. Over the last decade, the notion of cultural value has become more acknowledged as a broad and flexible way of communicating what nuanced local, regional and national priorities might be. However, despite attention paid to the notion of cultural value and how it is understood, and a movement towards more pluralist ways of valuing culture, specifically, cultural participation, there remains a focus within reporting frameworks that favour instrumental policy outcomes. These are often referred to as 'neoliberal' policy outcomes. When working in partnerships to address social determinants of health, how arts and cultural representatives position their projects and who is involved in their design and delivery must be critically and carefully considered. This is important to avoid historical pit-falls of strategic design of participatory arts projects which may serve the 'national interest' (Durrer et al, 2019, p. 317) which may 'legitimate activity that is of debatable benefit to the places and practices imagined by its invocation' (Gilmore, et al. p.

---

[7] Nell Farrally is a freelance evaluation consultant based in the UK who joined the ICCM as a Research Associate for this project

[8] See here for video summary (NOTE – do we wish to share this?)

265). Particularly, that they address or report against centralised notions of value that may not be either representative of, best serving or collaborating with, the people and places where the work is often perceived to impact. Doing so, in response to policy objectives that demand particular kinds of evidence (Belfoire, 2021). In a move to more pluralist perspectives of value, it has been important to question how instrumental policy agendas have shaped value discourse, particularly, through the critique of who is involved and represented in articulating cultural values. Such representational concerns become more important still because of the restrictions that reporting structures may impose on the public voice when gathering evidence of cultural value (Jancovich, 2017; Miles & Gibson, 2016). Within this, recognising that enquiry into perceptions of cultural value needs to take into account a range of limiting factors, including the possible over-representation of already engaged participants (Jancovich, 2011); the funding outcomes that shape the questions asked (Crossick & Kaszynska, 2016; Deane, 2018; Stupples, 2014); the social stratification of participation based on 'classic drivers of inequality, such as class, status, gender, ethnicity or disability' (Merli, 2002, p. 29); and, the over-representation of the institutional voice within value narratives (Jancovich, 2017; Jancovich & Bianchini, 2013; McCluskie & Reynolds, 2015; Miles & Gibson, 2016). All of which contribute to bringing 'public opinion closer to the centre of [...] strategic decision-making' (Lee et al., 2011, p. 295).

The purpose of discussing cultural value in these ways is to frame the cultural policy backdrop that sets social prescribing within the arts and cultural sector, and outline why understanding partnership practices within this is important for place-based arts and health interventions. Particularly, as a way to preface the context for this research project

and the questions asked regarding value in arts and health partnership working. And, to understand the role of the cultural sector, and community music particularly, in combatting social determinants that restrict healthy living. Healthcare research and cultural policy research discuss arts' role in interventions, such as social prescribing, differently; healthcare gives more attention to the implications of interventions on the workforce related to reducing health inequalities and their resourcing (Drinkwater, et al, 2019). Research within the arts and cultural sector focuses more specifically on outcomes in relation to health, to emphasise the role the arts can play in the health and wellbeing of people and place. This may be in an attempt to knit together the 'patchy' evidence base (Hogan, 2017, p 222), which healthcare literature suggests is a strategic challenge for longer-term investment in social prescribing within the arts (Drinkwater et al., 2019). Despite this, in practice, there is a high risk of cultural sector reporting bias for how projects are evidenced to have 'impact', stimulated by 'defensive instrumentalism' (Belfoire, 2012, p. 13) which requires strong narratives of impact to satisfy the social return on investment and a strong desire to contribute to the health of a place, often sustained by a 'groundswell of artists that believe in the importance of the work' (Stickley and Clift, 2007, p. 2). Furthermore, through the ICCM's longstanding relationship with More Music, we've found that the passion and vision for such impact often detaches socially-motivated practitioners to perform policy in reporting that restricts the communication of nuanced and complex place-based community music practices (Currie, 2021). How the 'groundswell of artists' are recognised in policymaking requires attention not solely for the representation of people and place and how they are valued, but how practitioners themselves are cared for and resourced within

their participatory practices; an area of cultural policy research with Belfoire (2021) Invites attention. Despite this, healthcare and cultural sector contexts may position value differently, whilst also sharing values regarding the situated experience of working in partnership towards health equality, and this requires ongoing attention. The ICCM research team is routed through the arts and cultural sector, as such, there is a particular interest in unpacking the complex role cultural institutions play. We take lead from Fancourt and Finn (2019), who recognise that 'Arts on Prescription is most commonly delivered in partnership with local arts organi[s]ations and the voluntary and community sector' (Fancourt and Finn, 2019, p. 22), and outline a need to act on evidence, to understand this. We also take lead from Corbin et al. (2018), who outline that 'future research is needed to examine the relationship between these processes and how they impact the longer-term outcomes of intersectional partnerships' (p. 4). Through this project, with More Music and their partners, we aimed to better understand how value is understood across partnership working in arts and health in Morecambe. We aimed to understand what this can tell us about the plurality of value and how this can be communicated equitably and responsibility across a partnership that responds to divergent rule structures and competencies. We aimed to work with More Music and their partners to contribute constructively to combatting health inequalities that may restrict participation. Through this project, we found that the 'groundswell of artists' and creatively-motivated people

working in health and social care in Morecambe, alongside More Music, where influential to each other's policy contexts. Particularly, their actions and approaches to practice influenced what the project did and how it developed. As such, we recognised that the workforce joining us in this research were both partners towards health equality, and practitioners that mobilised this through music. For this reason, we recognise the workforce of Music for Health in Morecambe as 'partner-practitioners'. We found that those working within the project, music leaders specifically, had strategic influence and could communicate the value of the project as an experience through their knowledge-exchange activities in partners' sectoral contexts, and throughout the exchange within the music sessions themselves. However, despite this, when we discussed what was valued about Music for Health in Morecambe, both interviews and our online event distinguished between the value of experiencing the project and the value of what constituted evidence. As we will detail in this report, the community development and cooperation that being together through music-based social prescribing can foster does not currently transfer into the values espoused within the project's reporting and understanding of value. However, through discussing this openly as a negotiation of perspectives and reflection of sectoral policy priorities approach the sectors involved in Music for Health in Morecambe, there are ways that such understandings can be reconsidered, through a shared communication about what the project does and why.

> "...we recognised that the workforce joining us in this research were both partners towards health equality, and practitioners that mobilised this through music. For this reason, we recognise the workforce of Music for Health in Morecambe as 'partner-practitioners.'"

Section 2

What we did and what we found.

Interview Findings

In the interviews, we asked questions specifically about the way value was understood within the partnership. This was to see if the experiences and perspectives of the interviewees resonated with the sectoral perceptions of value that we discussed in the Literature Discussion (sent to interviewees in advance and will be included in our final report). The full report from interviews can be viewed in Appendix 2. We aimed to better understand how partnerships operate as musical interventions in health, as opposed to attempting to evidence whether engaging in music-making in the project was beneficial to people's health and wellbeing. We did this to address a gap we perceived in music and health critique: how partnerships operate and develop in music and health and how value is positioned. However, despite this, a lot of the responses we received were about the value of music-making itself. Specifically, the benefits of engaging in music, such as its physical and mental health impacts, as well as music's potential role in fostering community connections. Taking the passionate perceptions of the value of music as a starting point to discuss the project with partner-practitioners, enabled us to learn a great deal about the value those working in Music for

Health in Morecambe see in each other as partners. In part, how this was routed through music. Notably, their often shared aims and motivations for the future sustainability of the project. Through this, we are beginning to understand some of the tensions and possibilities for how partnerships currently and could operate towards challenging health inequalities in Morecambe.

Our analysis of interviews identified four themes:

Partnership and project sustainability – interviewees are motivated to continue the project, and More Music are highly regarded as a partner. This is due, in part, to their flexibility and the vital role that music leaders are perceived to play. There is ambiguity for how partners will resource the project in the future. There are also distinctions between partner-practitioners about how the partnership might be sustained long-term.

Music and value as healthy living – there was greater emphasis on the value of music in the interviews than the value of the partnership. However, both were expressed favourably, and it was clear that partner-practitioners bring complementary skills, experiences and contexts to the project. There was also a tendency for value to be expressed in relation

to Wellbeing Organisation and NHS service aims. It appears to be important to evidence value concerning these aims and advocate for the project's sustainability. However, evidence believed to be valuable was not evidence currently collected within the project, such as the music sessions' role in improving or targeting specific health concerns. However, the experiences used to communicate their perceived possible impacts drew our attention. There also appeared to be no shared conceptualisation of what 'health' means in the context of this partnership, which had implications for how the project's value was understood.

Plural meaning and knowledge-exchange – there was a consistent narrative across the interviews that it was important to experience the music groups first-hand to understand their value. It was also evident that partner-practitioners in the project were learning from the skills and perspectives of each other. One of the project's strengths is how the partnership supports practice-based training and development and knowledge-exchange. This appeared to be informing approaches to practice beyond the project. It also appeared to influenced how partner-practitioners understood each other's working contexts, despite no shared conceptualisation of health.

The strategic role of music leaders – music leaders in the project did not regard their role as strategic or influencing the project's future design and development. However, other interviewees expressed clearly, the unique and influential role that music leaders play.

Similarly, when detailing their experiences of working in partnership, music leaders recalled situations that appeared to be influential and correlate with the positive experiences partner-practitioners had observed of their role. Similarly to the 'music and value as healthy living' theme, how these experiences were communicated were of interest to the ICCM research team.

Each of the four themes emerging from the interview analysis raised important issues and meaningful learning that spoke to both sectoral and individual perceptions of value for the project and reinforced it as a situated practice that partner-practitioners felt passionate about. A summary of the data informing these themes can be viewed in Table 1 (overleaf).

What did the interviews tell us about working together towards Music for Health in Morecambe?

We analysed findings from the interview in response to our research questions:

- What are the challenges associated with arts and health partnerships in Morecambe?

- How does More Music work as a cultural leader towards developing partnerships within health settings?

- How do More Music and their health partners communicate the potential value music might have within a health setting?

- What is needed to ensure the project remains relevant and sustainable?

"A challenge in this project that presented through the interviews was a distinction between valued experiences and valued evidence."

Table 1: Summary of interview themes

Partnership and Project Sustainability	Music and Value as Healthy Living	Plural meaning and knowledge-exchange	The strategic influence of music leaders
There are distinctions between partnership groups of whether scaling up is given more importance than localised sustained activities.	Music-health paradox: Music is unquestionably good for people's health, and the wellbeing/social context of music can contribute to unhealthy living	There is not a shared conceptualisation of 'health'	Music leaders do not believe their role is strategic or informs project developments.
All three music groups' plug a gap' by 'plugging into' existing services. This is understood as collective energy, attachment in provisions and multiway exchange of values.	To understand why it's valuable, you need to experience it, firsthand	More Music workforce have a strong sense of partner priorities through which perceptions of value appear to be positioned	Everyone in the project identifies as musical, and the skills, qualities and influence of the workforce have a vital role to play.
There is motivation to be part of the future sustainability of the project, but limited examples of how the partnership might resource this.	Important to 'prove' value with evidence for music and health and must be advocated. What is regarded as valuable evidence is not currently collected in the project	Knowledge-exchange beyond the delivery of the project is enhancing how roles are understood.	When music leaders model musical experience beyond the music sessions, they appear to influence understandings and actions for how the project may be valued to challenge health inequalities.
The project is viewed as a More Music project that partners are invited into. This may contribute to distinctions between how More Music and their partners view the project's future developments.	Value of the project presented as an instrumental/intrinsic binary, yet project is expressed holistically, valued as part of people's lives.		Music leaders in the session are one of the most important aspects of the project's success.

A challenge in this project that presented through the interviews was a distinction between valued experiences and valued evidence. Assumptions about sectoral values and a strategic requirement to produce particular kinds of evidence, often quantitative in nature, appeared to underserve the rich learning that comes from taking part. Addressing this may require the partnership to collectively consider how the projects are communicating aims, and reflect on how it understands value and why. This includes a need to strategically think about the partnership's long-term aims and what partner roles can be. Finally, considering how health is understood collectively and what evidence is sought (and why) is needed, to develop as a relevant and sustainable project. The interviews suggested to us that there were four ways that Music for Health in Morecambe was being **commonly understood and communicated**, which resonated across the four themes:

As **a partnership mythology** – there were assumptions about the current and future roles that partners would play, particularly regarding resourcing the project in future. This included partner aims within the project and that these may be different from each other. The contrast also appeared: that partner-practitioners unquestionably wanted the same things for the project, despite their distinctly different sectoral needs. Although there are differences, which is expected of any group coming together, values expressed suggested a strong belief that 'music was good for you' and this connected those in the partnership. However, there is also a strong sectoral pull, which requires different things from different partner-practitioners and influences how value is understood.

As **a music-health paradox** – there was a unanimous view that engagement in the music groups, and music generally, was good for health, despite identifying barriers (including musical and context-specific barriers) to engagement. Throughout the interviews, the relationship between music and health moved between music as health (music in itself is healthy); music in health (music has an important role to play in health interventions); and music as part of healthy living (music can be part of a healthy life, with people and place). At times, this appeared to create tensions between priorities for project delivery and project development. In particular, tensions between the project's long-term aims and what was viewed as its important developments. This appeared to be informed somewhat from the partnership mythology (the assumptions partners had about the perspectives of the other).

As **plugging a gap by plugging into existing services** – the project offers NHS and Wellbeing Organisation partners an opportunity to support their existing service users or clients, as well as their broader service aims. This appeared to influence how More Music interviewees communicated value, predominantly speaking of the project's instrumental value within the context of their partners' service aims. Partner-practitioners broadly agreed that More Music's flexible approach to partnership working was an effective aspect of the project. However, there were other ways that the project appeared to have value, **such as the knowledge-exchange it fosters**.

As **a new way of working** – there was a strong resonance through the interviews that Music for Health in Morecambe offered a new way of working across the partnership. These new ways of working supported partner-practitioners to deliver their specific service aims whilst also supporting new approaches. There was also a strong sense that you needed to experience the project first-hand to understand its value. In this, the influence music leaders had to communicate the experience of the project in cross-sector and partners sectoral spaces was an important aspect of this.

Take-aways from the interviews and moving into online action research

We carried this learning with us from the interviews into the online event, to support us to think critically together with partner-practitioners about the future sustainability of the project. Our emerging suggestions were that Music for Health in Morecambe may take the lead from these perceived new ways of working and move towards a new way of understanding its value and role in challenging health inequalities in Morecambe. We considered this through the ideas of critical theorist Homi Bhabha (1994) and suggested that project may operate as a 'third-space'. The ideas guiding the conceptualisation of third-space in this research rely on different experiences, perspectives, and contexts to inform its collective meaning and negotiation. Considering Music for Health in Morecambe this way may intersect the sectoral perspectives of value and support space for each partners' perspectives of value to be negotiated. **Furthermore, to be better understood through the experience of taking part in the project, which the partnership appear to so deeply value.**

Online action research

Participants in the event were invited to contribute to Mentimeter, an anonymous online data collection tool, responding to 9 questions and statements as a way to scaffold discussion amongst participants in break out discussion groups on Zoom. The first section of the event reflected on the interview findings, the second considered the conceptual idea of third-space, the final section explored sustainability and worked through questions regarding this. It was clear that the space to discuss and think holistically about the work being done, beyond the practicalities of delivering the project, was valued and recognised as challenging to facilitate within the day-to-day operations of partnership working. This resonated with the earlier discussion of this project, as a third-space research partnership.

Reflecting on the interviews

When asked to select the most important area of development within the project, understanding it better as a new way of working was the most commonly reported response. Understanding it as a music-health paradox didn't receive any attention.

However, as the event progressed, it was clear that the dichotomy of how music was valued in relation to health remained in need of attention.

There was a shift in the ways that the project was valued, with a more focused and nuanced understanding of its value as part of healthy living. **Particularly, regarding its potential role in the lives of people and place**.

> "However, as the event progressed, it was clear that the dichotomy of how music was valued in relation to health remained in need of attention.

Figure 2 – responses from Mentimeter (1)

Which is the most important area to address or understand, regarding the project's future sustainability?

- A new way of working
- Partnership Mythology
- Plugging a gap
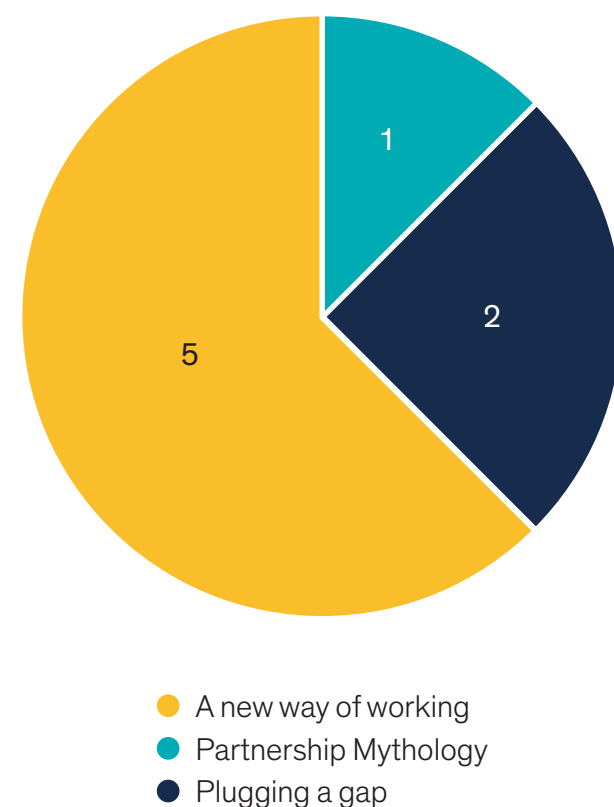
This indicated towards models of working that had a strong resonance with community development practices, such as cooperation and community wealth building and assert-based partnership (Scottish Community Development Centre, 2021). On reflection of this, the interview data was revisited, to consider where similar foci had emerged.

Table 2 – Responses from Mentimeter (2)

Music in Health	Music as health	Music as part of healthy living	The strategic influence of music leaders
		With people	**With place**
It reduces pressure potentially, on statutory health services	Creates identity	people feel a part of something	It provides a way of improving mental health and sense of positive life affirmation through making of music and building of its own community
	Creates a sense of belonging	Builds new friendships	Supports positive mental health
	Music and singing provide physiological benefits around rhythm, breath and sound that support a balanced nervous system, particularly good for easing stress anxiety and fear	It helps everyone in different ways. Loved seeing people belt out songs when they were on mute! :-)"	rebuilding social interactions informally in a fun enjoyable way after/ during pandemic
	gives hope to a deprived community area	Something to look forward to, where individuals feel seen	helps with breathing issues
	improves mental health	Provides Social Connections	Provides an alternative to cafes, pubs, work and education spaces to those that may not have access to the above
	Increases confidence	for some people their only source of engagement in the week	Helps keep young people out of trouble
	It improves people's Mental Health and specifically has helped them get through Covid. :-)	Builds confidence :-)	opportunity to be musical on a Tuesday afternoon, and remember songs and participate community building event during pandemic
		Puts smiles on faces	It connects people and helps address loneliness and isolation
		forges relationships that may have never happened	Shares coping mechanisms for anxiety and other poor emotional health conditions
		Connection-Bringing communities together	provide a social and cultural participatory event that people over 60 can join
		Raises spirits	It contributes to a healthier community
		Specifically – good hormone releasey stuff	
		Create positive social connections	
		Lifts hearts	

Although these principles could be hypothesised from what was shared in the interviews, the dominant trend in the interviews regarding its value was most commonly attributed to qualities that were beyond the scope of its work to report on, reinforcing instrumental aims of participation. We suggested that these could be understood as 'music as health', which contributed to the music-health paradox we observed. These did present in the online event, in response to If this project is part of healthy living in Morecambe, what does it do? However, music as health appeared less frequently than in interviews although where they did feature, the instrumental impacts of taking part in music continued to present. However, towards the end of the event, when we invited responses to the statement Music for Health in Morecambe has value if... its role as part of healthy living clearly stood out when we analysed the responses in relation to the music-health paradox from the interviews, confirming observations that since working with partner-practitioners in the interviews, their perception of what makes the project valuable and why had shifted towards a more interconnected positioning of the project, as part of people and place-based health.

Table 3 – Responses to Mentimeter (3)

Music as part of healthy living		
With people	**With place**	**In partnership**
If it has a positive impact on health and well being of participants	GPS easily refer hundreds to the groups!	
The participants enjoy it and feel happier after sessions	There is better understanding between organisations of what they do	
People feel connected to their community		
The happiness and sense of community and friendship garnered		
.......it not only provides a wonderful experience for its participants but also by its very nature embeds itself in the community for all time. :-)		
People keep coming to stuff we put on		
It can connect some isolated people to music, health or social activity		
People feel and demonstrate better sense of connection to themselves, others and their local community		
It offers an opportunity for someone to change their life if their life is shit		
whilst making music with us, tips into the rest of our participant's week outside the sessions.		
It makes someone's day a bit better		
Someone actually physically improves their breathing, walking etc		

In this way, it was becoming clearer that those working in Music for Health in Morecambe **may value it holistically, as part of healthy living in Morecambe, in a range of ways**. This connected to the plural meaning and knowledge-exchange theme from the interviews. These holistic ways were communicated as: how coming together through music interacts with the life of participants; what partner-practioners individually and collectively do, towards challenging health inequalities; and, taking part improves health. This suggested partner-practitioners were reflecting differently on what was valuable about Music for Health in Morecambe and why. Only two responses didn't sit within these shared communication narratives: 'for its own sake' and 'more people are singing regularly'. These appeared to be in relation to the specific value of music-making more broadly.

There was not only a shift in perceptions of music's value as part of health; shifts for what was valued and how within the project appeared to have developed from the interviews:

- 72% identified music leaders have strategic influence. In the interviews music leaders did not see their role as strategic and those who they collaborate with, did. The latter was confirmed in the online event. As a new way of working, we wondered what ways those within the music sessions themselves could be part of its strategic design. Through the online event is became clearer that this wasn't solely about music leaders, but about practitioner influence more broadly. In this way, for all involved in the project's future design, it may be important to not see strategy and practice as separate responsibilities.

Figure 2 – Responses from Mentimeter (4)
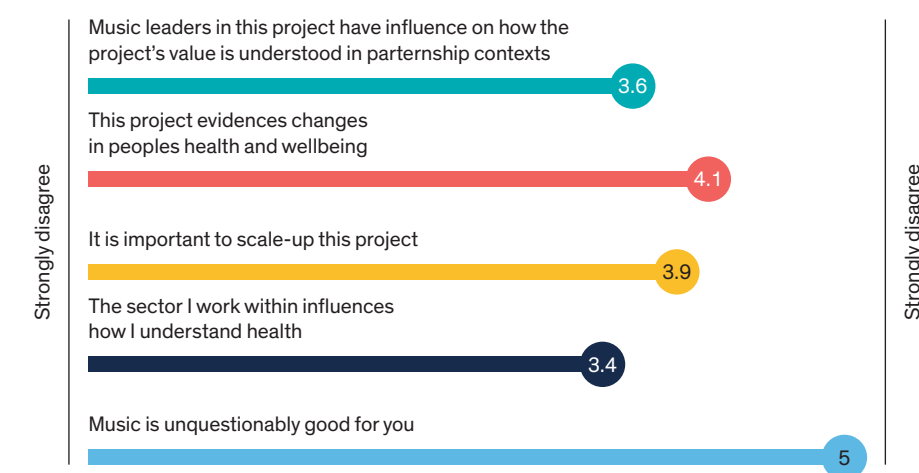
- 79% think it's important to scale up the project. In the interviews scaling up was discussed more by NHS partners than by Wellbeing Orgs and MM. NHS accounted for 25% of the online group, suggesting that more of the project workforce think scaling up is important than was expressed in the interviews. This indicated towards the theme of knowledge-exchange from the interviews, specifically, that partner-practitioners are informed and influenced by each other through the process of working together. This was evidenced through the online event, as research contributions were shared in real time and supporting critical reflections as a group. As a new way of working, understanding the resourcing, roles and contexts of scaling up is a priority.

- 68% think that there are access barriers to taking part, yet 100% think music is unquestionably good for you. Considering that in the context of community music, making music as part of an intervention (Higgins, 2021) is often considered to be a form of musiking (Small, 1998), where the social contexts that music takes place and the people surrounding the specific musical event are considered part of the musical process, there are questions to be asked about how music can be unquestionably good whilst barriers persist in the project. Although the music-health paradox appeared to be of less importance to participants as something that needed to be better understood, the responses suggested that the interconnection between music and health is important to understand, if barriers to participation are to be challenged or reduced, within the context of challenging health inequalities, as stipulated in the project's design and rationale. As a new way of working, thinking critically together as a

partnership about what 'good' is, within the context of challenging health inequalities, will be important in understanding and developing a shared sense of value. Furthermore, including participants in decision-making for how 'good' is understood through music and the value this has for challenging health inequalities is important. This may contribute to raising the visibility of experience within evidencing processes in ways that centre and value the perspectives of who is there and what they experience. Including, the strategic influence of music leaders.

- 82% think that the project evidences changes in people's health and wellbeing. This also appeared relevant to the perceptions that music is unquestionably good for you, as well as the paradox about how health is understood. However, most significantly, which became clear as the event unfolded, this spoke once again to the significant finding in the interviews that there was a distinction between valuable evidence and valuable experience. For example as was the case in the interviews, when asked to discuss the experience of taking part, participants spoke confidently and specifically of the experiences which indicate the project's impact on people's health. However, when asked to discuss evidence, we found in the interviews that this was distinct from the experience and something that needed to be discussed in terms of specific instrumental impacts, such as medical reductions of specific health conditions. In the online event, when asked to discuss why there might be a difference between valued experience and evidence, participants reiterated the distinction between the importance of experiencing the project first hand and that evidence was specifically for supporting funding and for making the case to

policymakers. However, in the previously discussed questions about value, the shift away from instrumental outcomes as metrics of value, towards more holistic community development values, routed through people and place, opens a way to evidence the experience and outcomes of taking part in new ways that move beyond the evidence/experience divide. As such, when 82% suggested that the project evidences changes in people's health and wellbeing, it is possible that this is not as tied to instrumental impacts of music as health, such as was observed in the interviews. Instead, the responses and discussions within the online event more broadly indicate that these changes may be more holistically understood as situated experiences that contribute to the health and wellbeing of people and place. However, understanding how to communicate this as evidence of the project's value within policymaking contexts remains in need of attention and critique.

- This connected strongly to the sectoral perceptions of health. 70% think that the sector they work in influences how they understand health, despite not viewing the music-health paradox as important, which in the interviews was recognised as having a role in how participants positioned value. This also connected to the knowledge-exchange findings from the interviews,

where partner-practitioners spoke about how their collaborations together, as a new way of working, was helping them to learn more about the different roles of their partners, the sector that they work within, and how these sectors understand and work towards challenging health inequalities in Morecambe. Furthermore, these sectoral perceptions of health also require attention in relation to the strategic role of practitioners, particularly music leaders in the project, and the aforementioned issue of separating out policy and practice and who has responsibility for this within the design and development of the project.

Partner-practitioners reflexive questions

As we thought through the ideas of third-space as a negotiated process of learning with each other, we invited research partner-practitioners to share the questions they felt needed addressing, regarding the project's future sustainability. These focused predominantly towards the music sessions themselves and what the decision-making processes within and around the project were. Particularly, how this related to the project's value as part of healthy living. This connected to our analysis of partner-practitioner perceptions of the carriers to participation in Music for Health in Morecambe. Thinking through the data drawn through the project so far, we themed these as:

> *"...partner-practitioners spoke about how their collaborations together, as a new way of working, was helping them to learn more about the different roles of their partners, the sector that they work within, and how these sectors understand and work towards challenging health inequalities in Morecambe."*

Scaling up in relation to project activity. Questions focused on what changes would be needed both in the sessions and how they were designed. Similarly, in relation to partnership working, this was about what responsibilities partners would need to take on, and how the partnership and workforce roles would be reimagined through any scaling up of the project.

Strategic and musical decision making. Questions focused on the processes and rationales of decision-making. This also connected to artistic quality, identity and participant decision making, which were also themes in the questions asked. These were specifically about who had power in this process, how they were involved and represented, and what influence this has on the content and context of the sessions.

Making connections between music and health, without 'over-medicalising' sessions. Questions focused on understanding how the sessions could be delivered, to continue to make connections between music and health, without focusing overtly on health outcomes. This resonated with the earlier attempts in the interviews to equate value to the project's ability to prove that taking part had explicit benefits to health and that there was a uniquely musical causality. However, these questions were frequently framed through the broad notion of health in the context of COVID-19 was discussed in interviews as an important part of its value as part of everyday living. Specifically, for those in the group to learn more about each other and support social connections (the project's funded intention)

and how knowledge-exchange in the project had informed cross-sector understandings of partners' COVID-19 responses. Thinking about how to achieve this, and support the reduction of health inequalities, without moving into overtly medical articulations of what is does and why, is important to partner-practitioners.

Finally, how this was evaluated and how the project was resourced, was important to address. Specifically, the implications different funding streams could have on how the project was perceived by those who might take part. For example, would prospective participants in Music for Health in Morecambe view it favourably if it was positioned as an NHS project, and how this interacts with individual experiences of health service use. This again reiterated the need to have space to reflect and exchange perspectives together, across perspectives; including, with people who may be accessing the project.

Third-space and future sustainability

Through the perspectives shared in the online event, the research team revisited the interview data and thought critically about the interview themes (Partnership and project sustainability; Music and value as healthy living; Plural meaning and knowledge-exchange; The strategic role of music leaders) and how value was understood and communicated from the interviews (as a partnership mythology; as a music-health paradox; as plugging a gap by plugging into existing services; as a new way of working). The key findings from the online event in relation to this are:

"Although music leaders bring specific skillsets and qualities that appear influential, all practitioners in the sessions have a role in strategically influencing the design, development and resourcing of the project."

"Evidence and experience are disconnected and actively othered through the process of thinking about what this project is and why."

- In the interviews we suggested that music leaders have strategic influence because of the ways they can demonstrate musical experiences in partnership contexts of influence. From the online event and the ways that the project workforce reflect on their collective practice, we now extend this to suggest that practitioners engaged in the music sessions (including those in leadership roles) have strategic influence. Although music leaders bring specific skillsets and qualities that appear influential, all practitioners in the sessions have a role in strategically influencing the design, development and resourcing of the project. This influence comes from the ways that their embodied knowledge of the project's value can be communicated passionately with fellow partner-practitioners and in policymaking spaces relevant to Music for Health in Morecambe. This, in and of itself, is evidence of the nuanced value of practice and first-hand account.

- Evidence and experience are disconnected and actively othered through the process of thinking about what this project is and why. In this way, evidence is for policymakers and funders and experience is for the people who take part in the project, as an exchange through the process of engaging. However, in this way, the nuanced impacts within the project, particularly around the infrastructure developments that this partnership is evidencing, may be undervalued or missed. This relates to the music-health paradox. Music for Health

in Morecambe may have value as part of healthy living, as part of a networked partnership. **In this way, the partnership has an important role to play in modelling their partnership practices beyond the music sessions, as a way to influence perceptions of what is valued and why.**

- Partner-practitioners have differing sectoral expectations of what evidence is and how it is reported and there is no quick solution to changing these evidencing processes. Furthermore, these processes can influence how practitioners in the project feel about the role of evidencing and possibly their role in the project. The partnership spoke clearly of the impactful experiences that the project facilitates, for them and for those joining as participants in the sessions. **It remains unclear within the partnership what evidence is needed to support partners' financial investment and this plays into a partnership mythology.**

- **There is a need to have opportunities to amplify the experiences from the project in strategic spaces.** This may contribute to evidencing impact in new ways, over time, as a new way of working. This may be supported through the idea of third-space as a negotiated and interlocking way of thinking about the influences of the project and these differing evidence processes. Doing so, to understand better how to connect across these with common purpose in the partnership, guided by experience.

Section 3

Outcomes and learning

Discussion of findings

Modelling influence: The process of working together through research

The online event enabled us as a group to think about how we communicate the vulnerability of the process. In particular, how perspectives are negotiated and engaged with through critical practice, together. How partner-practitioners communicated through the process of data collection appeared to influence how they were thinking about this project both in relation to their broader service or organisational aims, and their specific contributions and aspirations for the project. Furthermore, reflecting together on the process of sharing in this way influenced our perspectives as a research team and understandings of issues arising from the interviews. In this way, **the experience was evidencing possible pathways for future partnership practices**, through questioning current processes and modelling space for this to be reflected on. However, as Jackson and Mazzei (2013) suggest, '[c]onceptuali[s]ing the process […] is the easy part. Putting it to work requires much more acumen.' (p. 262). As such, there were times where working together through this research was discussed between us as 'messy', restricted by 'use of terminology' and different sectoral gazes. It also offered 'freedom to work in a new way', whilst by doing so, it also produced confusion as the process of negotiation strayed beyond the established parameters of the partnerships current practices and expectations of engaging in research. Working through these tensions, as a way to communicate across the vulnerability of the process, opened ways to understand what is valued within Music for Health in Morecambe and how this may develop sustainably. It also supported ICCM to think critically about the kind of research partner we wanted to be, to be constructive with More Music and within the field of community music and cultural policy research. This helped us to better understand some of the issues from the interviews and the plurality of ways that partner-practitioners were experiencing these. This process was particularly helpful in understanding the interview themes of 'partnership mythology' and the 'music-health paradox'.

Furthermore, it modelled a possible process of reflection to support the new way of working that is valued in the project. Finally, **the process and critical engagement that partner-practitioners facilitated, modelled the strategic influence they can foster through the experience of taking part**. This was visible within the contributions of the group and the follow-on reflections of this between ICCM and More Music's management appeared. Particularly, how this appeared to be informing the future developments and planning for the project's sustainability. Within this, partner-practitioners suggested that the project 'needs time to have these critical conversations', that this requires reflection of 'how we could all impact on different cultures' of partnership, and that thinking through research can be useful. **Particularly, that through critical reflection in practice there is a possibly that 'all [are] involved as ethnographic researchers'**. This process of collective, critical thinking through the research connected to ways that the partner-practitioners were thinking about these kinds of collective and reflexive spaces, and how they could support the design and delivery of their project. It was suggested that as a negotiated partnership, Music for Health in Morecambe should 'create a broader and richer experience for everyone' as a way to balance priorities within the project. **However 'having the chance to discuss that balance' appeared to be challenging yet valued as sometime to be included in the partnership approach, looking forward.**

Valued experience as valuable evidence

What we found through the online event was that the evidence/experience divide continued from the interviews. This was becoming the interconnecting line of enquiry that was disrupting the visions for the design and delivery of the project. Particularly, as a shared and negotiated collaboration between partners, despite a clear drive to make it happen and a shared motivation for common reduction of health inequalities associated with isolation. It was in the conversations between partner-practitioners within the online event, as we've discussed, and their responses in the interviews, **where the dividing lines between what is valued and why appeared most defined**. Specifically, that despite the passion communicated of the experience of taking part, and the value these encounters had, there was extremely restricted access to their perceived plausibility as evidence and the value this would have to policymakers. This resonated strongly with the position piece for this research and refocused attention on the roles leaders that are connected in practice, can play in influencing policy in arts and health.

Through getting to know the project and the people within its workforce, there is no question that Music for Health in Morecambe is valued in a plurality of ways. This, like the collective belief that 'music is unquestionably good for you' is part of its charm and part of its problem. Being valued in lots of ways is beneficial for the project because this suggests it's being championed from lots

of different perspectives, in lots of different spaces that, as this research indicates, appears to be influential when communicated through the experience of taking part. Particularly, when music leaders are modelling the music in policy spaces, and health and wellbeing partner-practitioners are sharing their sectoral perspectives through the process of working together in the music sessions. However, this is also part of its problem, particularly regarding its future sustainability. **Particularly, because the many ways that it is valued are not always within the projects' gift to evidence** – often communicating medical-focused outcomes that are not the focus of the project, beyond outcomes that can indicate towards challenging social isolation which the project is well placed to evidence. Further to this, how impacts are communicated within the current project delivery format (which we identified as 'plugging a gap by plugging into existing services') may also contribute to this. However, through the online event, it was evident that partner-practitioners acknowledged a need to continue to better understand the sectoral perspectives of their partners. Particularly, if the 'new way of working' was to become a sustainable project that worked together, towards challenging health inequalities, as a networked and negotiated partnership. How this could be understood as a third-space that 'gives rise to something different, something new and unrecognisable, a new area of negotiation of meaning and representation' (Bhabha, 1994, p. 211) appeared to be important to continue to consider, **towards common place-based goals**.

Common understandings of value through partnership practice

As part of moving towards such partnership practices and analysing the data produced together, we suggest that Music for Health in Morecambe's partner-practitioners may have common understandings of value, broadly, through qualities that could be understood as community music in community development, such as: cooperation, commitment to networking partnerships and network growth, a commitment to powerful musical experiences, mutual and shared trust in the musical and social intentions of the project, and, a strong belief that the project has a role as part of healthy living for people and place. Through the project, this was most commonly communicated through the importance of experiencing the project, first-hand, and exchanging perspectives through this as an iterative process. **And, although expressed clearly as important and fruitful aspects of the partnership experience, didn't feature as good evidence for the importance of the project.**

However, we suggest that the experience of working together is evidence of its value. Further to this, these values of partnership practice are also qualities that the project outcomes aim to facilitate, such as a sense of cohesion through community routed through place and prioritising people's experiences and aspirations. Despite this, within the social and political structures through which the project operates, **understanding how to communicate such value remains a priority to explore**.

> "...values of partnership practice are also qualities that the project outcomes aim to facilitate, such as a sense of cohesion through community routed through place and prioritising people's experiences and aspirations."

This research indicates that raising the visibility and voice of practitioners in strategic partnership spaces, and communicating the experiences of working together, across sectors in the music-sessions, may support this. Developing ways to support ongoing joint reflection across the partner-practitioners involved in the project also remains important for supporting a shared communication of value. Bringing the many possible ideas from this research together, through the questions we designed with More Music in 2020, we think that, to work towards a shared communication and common understandings of value within this project, Music for Health in Morecambe partner-practitioners may wish to consider the possible next steps that the research illuminates. The following section returns to the research questions and reflects on these, towards organisational learning pathways for developing Music for Health in Morecambe as a sustainable and complexly valued partnership project, committed to people and place health equality in Morecambe.

Reflecting on the research questions

What are the challenges associated with arts and health partnerships in Morecambe?

- How the experience is communicated and why, and how this combines with the need to influence policymakers for sustainability. This produces distinctions between valuable evidence and valuable experience.

- Ways that the project works within a partnership mythology of roles, resourcing and responsibility. This may overload the burden of coordination on some partners more than others which may restrict it as a new way of working.

- The scalability of the project, alongside situated practices that are people and place-based. This brings to question why scaling up is valued and how it will be resourced.

- Evaluation practices, specifically, what is evidenced and what impact is understood to be. Current evaluation practices, or those which focus on music as health may contribute to 'over-medicalising' of value. Over-medicalising the sessions as a way to evidence their value was expressed as a risk within the project.

How does More Music work as a cultural leader towards developing partnerships within health settings?

- As a delivery partner that 'plugs a gap by plugging into existing services' that contributes to supporting services to deliver their aims and works with their communities, towards challenging health inequalities. **This has enabled the project to get off the ground but is likely to be an unsustainable model, both for fundraising and for organisational capacity.**

- Supports communication of the project through experience, by modelling musical practices in partnership contexts. This has strategic influence alongside knowledge-exchange between partner-practitioners.

- Commissions research to better understand their practice, which brings people together in new ways within the project. In this way, they are protecting 'the space to challenge dominant forms of practice' (Higgins, 2012, p. 6).

How do More Music and their health partners communicate the potential value music might have within a health setting?

> *"As the research developed, this appeared to become more explicit as part of healthy living, as one of many possible activities that may challenge health inequalities in relation to individual participant's experiences of health and as part of a collective action to make Morecambe a healthy place."*

- As a music-health paradox. Specifically, that through advocating the powerful role music can play, it may over-extend the expectations of the impacts the project can have, which influences how it's valued and by whom. This contributes to the distinction between valued evidence and experiences and may contribute to prevailing instrumental policies for what 'good' impacts are in arts and health.

- As the research developed, this appeared to become more explicit as part of healthy living, as one of many possible activities that may challenge health inequalities in relation to individual participant's experiences of health and as part of a collective action to make Morecambe a healthy place. This may influence what the partnership value and why.

What is needed to ensure the project remain relevant and sustainable?

- Exploration of ways that experience as evidence can be supported, beyond impact narratives. This includes a reimagining of what evidence is and its role in the project's sustainability. Specifically, how evidence of partnership working and the process of working together as a negotiation can inform critical practice in the project. Furthermore, how these critical practices can produce evidence through the experience of taking part. E.g:

- the situated experience of taking part can be understood as evidence. We suggest this can develop by considering how information is collected and the purposes for which it is shared. Included in this is consideration of who is involved in this process. Specifically, how the strategic influence of the project workforce can be an opening to support funders and policymakers (including local strategic leaders) to take notice and value the unique learning that can be evidenced through experience

- move beyond the dominant idea that the value of Music for Health in Morecambe is legitimised through the quantitative proof it offers of a reduction of specific health conditions or indicators that contribute to health inequalities. **Focusing instead on the community development and partnership networks that the project fosters**. Specifically, how these can, as part of a collective longer-term approach to practice, **support a multi-stakeholder approach to challenging health inequalities and raise the visibility of the nuanced health outcomes that may take place**.

- Develop evaluation practices that fit within the ways of working that partner-practitioners value, such as dialogues through performances, collaborations and programmed space to reflect and think critically together across partnership perspectives.

- Distributed leadership across the partnership, to enable partner-practitioners to play to their strengths and embed Music for Health in Morecambe as a strategic part of how they challenge health inequalities. E.g:

  - Equitable resourcing and clarity of contribution that models the values of a networked partnership model in its design, delivery and responsibilities

  - Understanding and supporting strategic leadership as part of all roles within the project, paying particular attention to the influence that practitioners (and in particular, music leaders) have in and beyond the music sessions

Next steps and questions

Through reflecting on the research questions in relation to the questions that partner-practitioners identified as priorities for taking part, the following may be useful to take forward in future partnership and project developments within Music for Health in Morecambe:

- Review the partnership development needs for each of the projects within Music for Health in Morecambe. What are the different requirements each need to develop sustainably?

- Through such review, what specific responsibilities do partners take on, how does this fit within their current strategic priorities and where may this be identifying a development need?

- Within the current model of partnership, which we describe as a 'delivery partnership', More Music fit within the service aims of partners. They do so, by plugging into the objectives and networks of their sector or organisational priorities. What are the limitations and development opportunities of this kind of partnership for More Music and their partners? Is this a sustainable model of partnership, or may this reproduce or contribute to distinctions of evidence and experience.

- There is a developing culture of knowledge-exchange in both the project activities and through partner-practitioner engagement in research. **As a way to identify common priorities and identify ongoing development needs, this approach may support a more negotiated and transparent partnership model.** Practitioners in the project appear well equipped to communicate the benefit of learning together through their collaborations. What changes can be made in Music for Health in Morecambe, to support strategic space for joint reflection?

- Whilst evidence is for policymakers and experience is bound within the process of taking part, there is an unhelpful distinction which separates policy from practice. This appears to be stimulated, in part, by current reporting requirements and sectoral values regarding health. Moving forward, how does the partnership understand who decides what evidence is for Music for Health in Morecambe and why?

These next steps can be summarised as:

1. the specificity of the project partnerships

2. how the partnership operates

3. how the partnership pays attention to established partnership practices and how they are mutually beneficial or limiting to sustainability

4. who decides what evidence is and why

> *"Although the proposition that music and health partnerships can contribute to place-based health is not a new one, the focus towards how partners work together and getting a better understanding of the lenses that their projects, impacts and responsibilities to place may be seen through, still receives little attention in arts, health and community music literature."*

Finally, taking all of these into consideration can support decision-making about what might be scaled-up as part of challenging health inequalities and how the learning within this process is communicated. Underscoring all of this is understanding what kinds of partnership working between health, culture and wellbeing charities will support the most significant reduction in health inequalities in Morecambe. In particular, as a mechanism for contributing to healthy living, as part of a healthy place; not as a reproduction of instrumental impacts that are driven by policy or that may overstate what music can do, but as a reimagining of how partnerships through music and health can become part of a critical community-led ecosystem that shape place-based creative health. Although the proposition that music and health partnerships can contribute to place-based health is not a new one, the focus towards how partners work together and getting a better understanding of the lenses that their projects, impacts and responsibilities to place may be seen through, still receives little attention in arts, health and community music literature. Whilst undertaking this research, a new paper has been published that look specifically at arts and health partnership. In this, Fortier & Coulter (2021) discuss a possible framework for arts and health partnership and the factor's

influencing cross-sector collaborations. It is our hope that the findings from Working Together contribute to this knowledge base and the development of partnerships in arts and health as a critical research focus for future enquiry, which, as Corbin et al. (2018) assert, remains in need of enquiry.

Working Together aimed to be a vignette for critical thinking and reflection that might support interconnection and collaborative critique between academic research and intuitional evaluation reporting[9]. The preceding recommendations are already in development, negotiated and illuminated through the process of working together through research. To continue to support their mobilisation and the future sustainability of Music for Health in Morecambe, next steps may emerge through the spirit of the practices currenting evolving, routed through knowledge-exchange, place-based critical thinking and working together with the shared aim of challenging health inequalities in Morecambe. Doing so in new ways, as part of a new way of working. Specifically, as one that finds ways to connect policy and practice, to support the strategic influence practitioners have, and the ways that critical reflections through experience can support the experience of taking part and working in partnership.

---

[9] A presentation reflecting on the research partnership evolving through this research can be viewed here, shortly after the publication of this report: https://www.youtube.com/channel/UCE1WigKAODHniQUrrwLHgQw
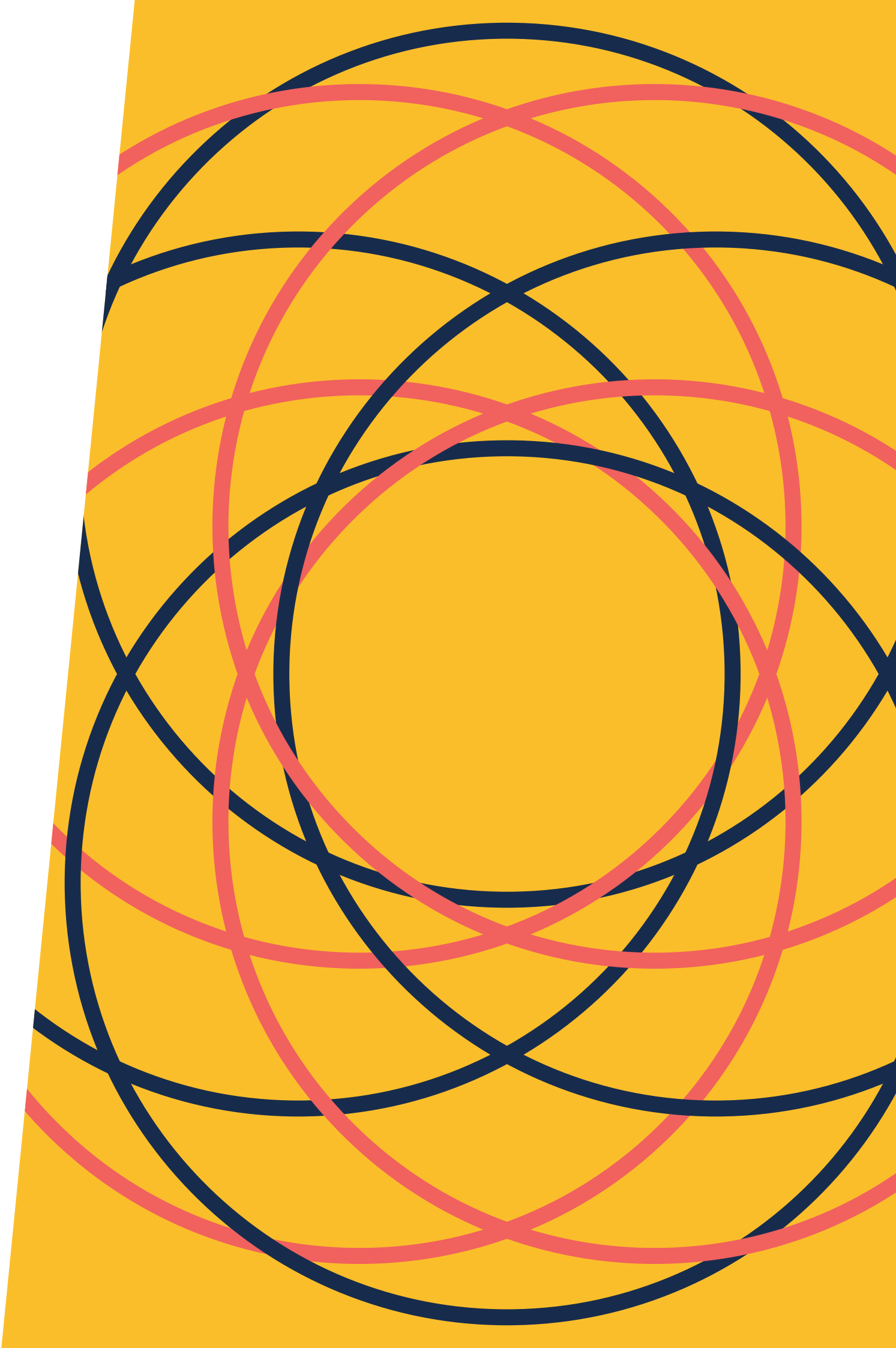
Conclusion

The partnership practices within the workforce of Music for Health in Morecambe is a strong indicator of its value.

It is a partnership with collective commitment to sharing the experience of working together, learning from each other, being open to understanding and working within the priorities of partners in new ways, and working with care, cooperation and a commitment to supporting others. In these ways, the experience of working together is modelling qualities that the project outcomes themselves hope to facilitate, such as a sense of cohesion through community, which the project's funding seeks to evidence, to promote the role of the arts in place-based health. As such, the experience of working together within Music for Health in Morecambe can also be communicated as evidence of its impact as a project. This is not to suggest that the partnership driving Music for Health in Morecambe have devised the perfect recipe for a successful and sustainable partnership. However, it is to suggest that by working with them to better understand how they communicate value from their different sectoral perspectives of music's role in challenging health inequalities, their engagement in critical and reflexive research processes has illuminated ways that they work together in negotiation. Specifically, towards a collective voice for how their work may have value for place-based ways of challenging health inequalities. We think this, because through the process of designing the research questions with More Music, interviewing the partnership, engaging in knowledge-exchange to communicate research findings and working together to identify the important questions to take forwards, through online action research, we have come to know some of the sectoral and place-based factors that frame how the project is understood and consequently valued. **Particularly, how these experiences resonate with established discourse of value, reporting and impact in cultural sector research.** Through this, partner-practitioners we worked with in this research have modelled

> "In these ways, the experience of working together is modelling qualities that the project outcomes themselves hope to facilitate, such as a sense of cohesion through community, which the project's funding seeks to evidence, to promote the role of the arts in place-based health."

to us how their practice interacts with their policies, and how, with attention to the areas of development identified through this research, their practice can become their policies, influenced by the embodied experience of taking part and communicating that in new ways, to the wide range of stakeholders involved in supporting the project's future sustainability. Including, the people in and around Morecambe who take part in the music sessions and inform so deeply, the ways that the partnership experiences value.

By focusing on the different and many ways that the project is valued, the Music for Health in Morecambe partnership may continue to be alert to the sectoral pull and contemporary trends for how music is valued as part of healthy living. Through this a shared communication of what is valued and why can develop. The aim of Working Together was to understand more about how Music for Health in Morecambe is valued across the partnership and how this interacts with the projects design and development. The lines of enquiry were twofold: (1) to better understand how the partnership might function; and (2) the potential pathways for development of the partnership. These lines of enquiry were pursued to support a shared communication regarding the purpose and value of music and health partnership projects, to strengthen the broader aim of reducing health inequalities in Morecombe.

> "...these experiences resonate with established discourse of value, reporting and impact in cultural sector research."

Reference List

Belfiore, E. (2012). 'Defensive instrumentalism' and the legacy of new labour's cultural policies. *Cultural Trends*, 21(2), 103–111.

Belfiore, E., (2021). Who cares? At what price? The hidden costs of socially engaged arts labour and the moral failure of cultural policy. *Journal of European cultural studies* DOI: 10.1177/1367549420982863.

Bhabha, H. K. (1994). *The location of culture*. New York: Routledge.

Braun, V., Clarke, V. (2014). What can "thematic analysis" offer health and wellbeing researchers?, *International journal of qualitative studies on health and wellbeing*, 9 (1), [online] Available at; https://www.tandfonline.com/doi/pdf/10.3402/qhw.v9.26152?needAccess=true (Accessed: 14th September 2021).

Cohen, L., Manion, L., Morrison, K. (2010), *Research Methods in Education, 6th edition*, UK: Routledge.

Corbin, J. H., Jones, J., Barry, M. M. (2018). What makes intersectoral partnerships for health promotion work? A review of the international literature, *Health promotion international*, 33, pp. 4 – 26.

Currie, R. (2021). *Been, being and becoming More Music: A critical ethnographic case study of the role and responsibility of a community music organisation in the UK* [online] https://ray.yorksj.ac.uk/id/eprint/5046/ (Last accessed: 26th April 2021)

Crossick, G., & Kaszynska, P. (2016). *Understanding the value of arts and culture*. Retrieved from https://ahrc.ukri.org/documents/publications/cultural-value-project-final-report/ (Accessed on: 25th June 2020).

Deane, K. (2018). Community music in the United Kingdom: Politics or policies? In Bartleet, B-L & L. Higgins (Eds.), *The Oxford handbook of community music* (pp. 323 – 343). New York: Oxford University Press.

Drinkwater, C., Wildman, J., Moffat, S. (2019). Social Prescribing. *The British medical journal*, doi: 10.1136/bmj.l1285.

Durrer, V., Gilmore, A., Stevenson, D. (2019). Arts councils, policy-making and "the local". *Cultural Trends*, 28(4), pp. 317–331.

Gilmore, A., Jancovich, L., Stevenson, D., Durrer, V. (2019). Situating the local in the global cultural policy. *Cultural Trends*, 28(4), pp. 265–268.

Higgins, L. (2012). *Community music: In theory and in practice*. New York: Oxford University Press.

Hogan, S. (2017). Community-based arts, health and wellbeing in Britain. pp. 219 – 234. In, Stickley, T., Clift, S., (2017). *Arts, health and wellbeing: a theoretical inquiry for practice*. Cambridge Scholars Publishing: Cambridge.

Jancovich, L. (2011). Great art for everyone? Engagement and participation policy in the arts. *Cultural Trends*, 20(3–4), pp. 271–279.

Jancovich, L. (2017). The participation myth, *International Journal of Cultural Policy*, 23(1) pp. 107–121.

Jancovich, L., & Bianchini, F. (2013). Problematising Participation, *Cultural Trends*, 22(2), pp. 63–66.

Kemmis, S., McTaggart, R., Nixon, R. (2015). Critical theory and critical participatory action research. In, Bradbury, H. (ed) *The SAGE handbook of action research*, 3rd edition, pp. 453 – 464. London: SAGE

Kenny, A., Morrissey, D. (2021). Negotiating teacher-artist identities: 'Disturbances' through partnership, *Arts education policy review*, 122 (2), pp. 92–100.

Lee, D. J., Oakley, K., & Naylor, R. (2011). 'The public gets what the public wants': The uses and abuses of 'public value' in contemporary, British cultural policy. *International Journal of Cultural Policy*, 17(3), pp. 289–300.

McLuskie, K., & Reynold, K. (2015). *Cultural value in twenty-first century England: The case of Shakespeare*, Oxford university press: Oxford

Miles, A., & Gibson, L. (2016). Everyday participation and cultural value, *Cultural Trends*, 25 (3), pp. 151–157.

Miller, P. M., Hafner, M. M. (2008). Moving towards a dialogical collaboration: A critical examination of a university – school – community partnership, *Education administration quarterly*, 44 (2), pp. 66 – 110.

Scottish Community Development Centre (2021). *What is community development* [online] https://www.scdc.org.uk/who/what-is-community-development (Accessed: 23 September 2021).

Stupples, P. (2014). *The social life of art*. Newcastle: Cambridge Scholars Publishing.

Author: **Dr Ruth Currie**

Research team: **Dr Ruth Currie**

Nell Farrally

Carol Bowden

Kathryn MacDonald

Anna Daly

Professor Lee Higgins

Design: **HBA Graphic Design**

International Centre for Community Music

Est. 1841 | YORK ST JOHN UNIVERSITY

More Music

SPIRIT OF 2012
INVESTING IN HAPPINESS