



ORCHESTRAS *Live*



Photograph by Rachel Bywater Photography

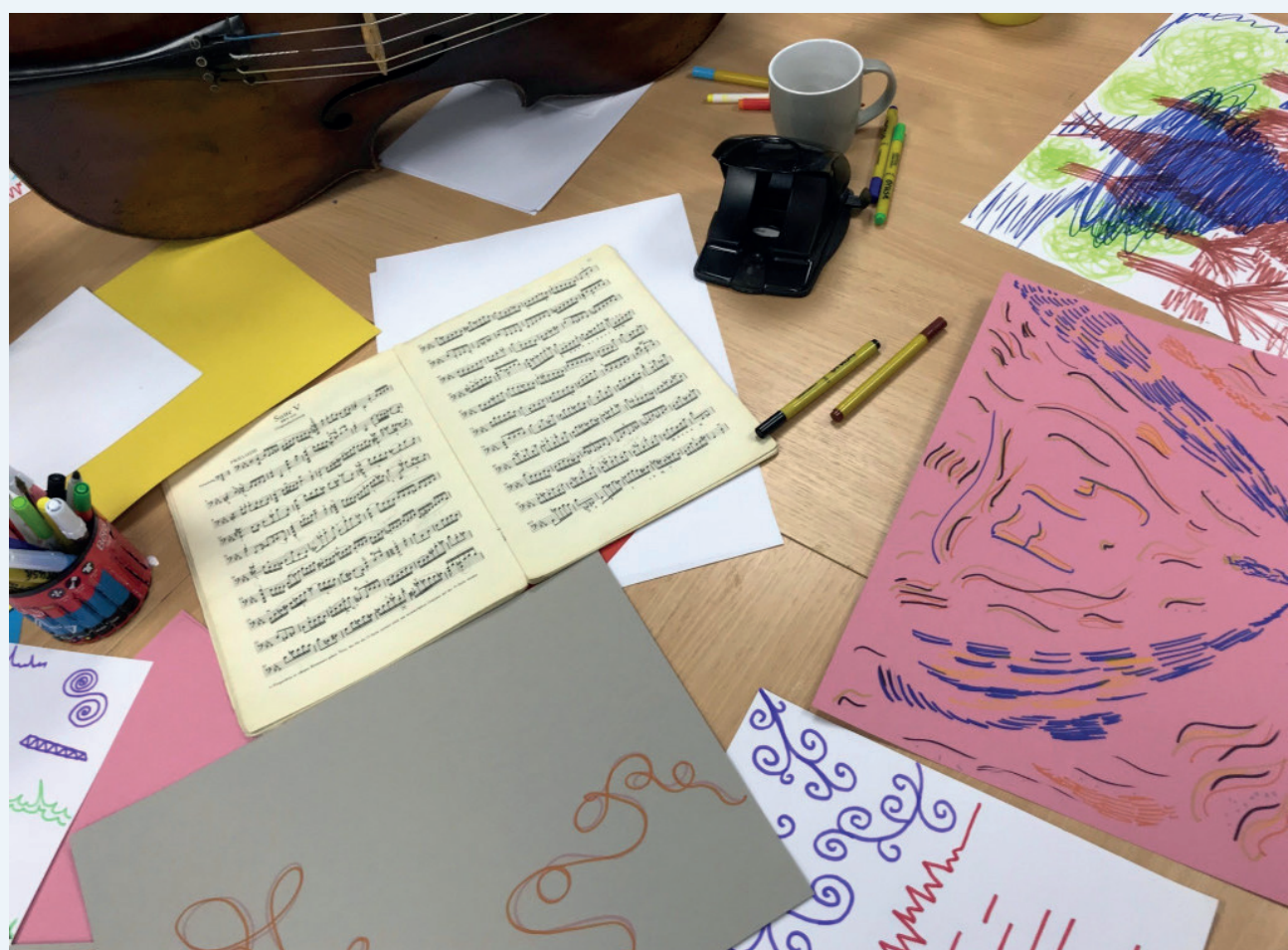
# ORCHESTRAS IN HEALTHCARE

A SURVEY OF THE CONTRIBUTION MADE BY UK ORCHESTRAS  
TO THE HEALTH, WELLBEING AND CARE SECTORS

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# INTRODUCTION

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What keeps us well is more than medicine. Music lifts the soul and connects us – with people, with memories, with feelings. All of us intuitively know how important music can be to our wellbeing, and a significant evidence base demonstrates this too.

This is why enabling people to connect to music – as well as to arts more generally, physical activity, the natural environment, and with people and communities – is recognised by the health and care system as being valuable to its future.

Social prescribing is one of the most exciting opportunities for connecting people to what matters to them, including music. The National Health Service England (NHS) has made a significant commitment to social prescribing, with a major investment in both the infrastructure and the people – in the form of social prescribing link workers – that can help to make it happen in every area. It is absolutely necessary and encouraging to have this support and commitment from the NHS.

It is equally important to understand how things look and feel for organisations that people are being connected into. “Orchestras in Healthcare” is an important contribution by Orchestras Live, the Association of British Orchestras, and the City of London Sinfonia to help us gain that insight. The report usefully draws out the wide range of activity already happening, the diverse communities this is reaching, and some of the benefits of orchestras working in health and care. It is good to see some of the practical ways in which this has been achieved. And it rightly sets out some of the challenges that we collectively need to work on for the benefit of all – especially including the difficulties of working with the complex array of organisations that makes up the health and social care sector.

At the National Academy for Social Prescribing we want social prescribing to thrive. To do this our work focuses on 5 key areas: making some noise, finding resources, building relationships across all sectors, shaping and sharing the evidence base, and spreading what works. I am therefore incredibly grateful to the partners who have produced this report who have had the foresight to share in that vision and draw together such rich findings and practical suggestions.

I am committed to building on this excellent report and working with the partners to capture and share the benefit of orchestras working in health and care, as well as to connect partners across the worlds of health and care and music. Not only will this support orchestras to themselves continue to thrive, but help people to live better, healthier and happier lives.

## **James Sanderson**

Chief Executive, National Academy for Social Prescribing



Photograph by Mark McNulty

# INTRODUCTION

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At a time when the world is facing one of the most challenging healthcare crises in living memory, I welcome this report which explores the valuable contribution orchestras can make to health, wellbeing and social care.

This report provides the first comprehensive picture of the impact orchestras are making in these fields and highlights the vital role they can play in alleviating some of the significant mental and physical health issues connected to COVID-19. It is encouraging to learn that over half of UK orchestras are already engaged in health or social care activities, and that many of those not yet involved are keen to be in future.

Although the majority of this work is currently funded by orchestras themselves, organisations such as the National Academy for Social Prescribing – of which Arts Council England is proud to be a founding partner – are driving increased recognition of the links between culture, creativity and health.

The research presents a timely opportunity to raise awareness of the impact that orchestras have achieved within the health and social care fields so far, by providing a significant evidence base to develop policy and practice, to build cross sector collaboration, to engage with developments such as social prescribing, and to encourage further investment.

More robust academic and clinical research is needed going forward, to help orchestras better demonstrate their impact and the wide-ranging benefits of such activity, including for musicians themselves.

Enabling people and communities across the country to lead happier and healthier lives through creativity is at the heart of Arts Council England's new ten year strategy Let's Create. We look forward to working with orchestras and organisations across the health and social care sectors to continue developing this important work.

**Dr Darren Henley OBE**

Chief Executive, Arts Council England



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# EXECUTIVE SUMMARY

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*Orchestras in Healthcare* is the report of a survey – initiated and conducted by Sarah Derbyshire (Orchestras Live), Fiona Harvey (Association of British Orchestras) and Matthew Swann (City of London Sinfonia) – to provide a comprehensive picture of the contribution that orchestras (including those integrated in opera companies) currently make in the public health sector.

*Orchestras in Healthcare* draws on responses to the survey from ABO member orchestras and opera companies across all four UK nations. Findings focus on geographical, financial and musical aspects, the type of healthcare settings in which the work takes place, orchestras' motivation for their involvement in the healthcare sector; the role health and wellbeing delivery plays in their business models, and finally the impact of COVID-19 on orchestras' current and future plans.

Over half of UK orchestras are engaged significantly in the area of health and social care in all four UK nations and in a wide range of healthcare settings<sup>1</sup>. There is a strong appetite to develop this work amongst those orchestras not yet involved. At the same time, the extent of this work is not formally recognised, or paid for, by the healthcare sector; orchestras invest heavily in the work themselves.

*Orchestras in Healthcare* concludes that whilst there is considerable geographical unevenness in provision, it is clear that UK professional orchestras made a significant contribution to the health and social care sectors in hospitals and other settings in 2019/20. There is scope for a greater contribution by orchestras to the healthcare sector, requiring more formal recognition of the social impact of this work and its potential contribution to the growing infrastructure for social prescribing and personalised care. The increased professionalism in musicians' delivery of this work, supported by specific training offered by their orchestras, offers a platform to engage with healthcare professionals and academic researchers to develop mutually beneficial training and support programmes.

During the pandemic, orchestras have proved that they can play a vital role in providing music activities that alleviate the mental and physical health issues exacerbated by social isolation, domestic tension and anxiety that are likely to be further fuelled by rising unemployment. There is huge potential to build on this achievement, but our findings indicate two fundamental barriers that must be acknowledged and addressed first. Orchestras' business models are currently fragile and inflexible, limiting their ability to respond to the perceived need. Also, greater recognition by the healthcare sector of the intrinsic value of orchestras' work in their settings is required to achieve greater integration of orchestras' work into personalised care programmes.

The report considers What Next? with recommendations for:

- **More in-depth research with clinical and academic partners** to grow the evidence base for regional and national cross-sector collaboration and inform the growing social prescribing infrastructure.
- **Examination of the impact work in health and social care settings has on orchestral musicians**, the development of their creative practice and their own wellbeing; and the development of mutually beneficial training for health and music professionals.
- **The creation of better known and more navigable networks** for orchestras, health and social care partners to collaborate on shared programmes.
- Continued **advocacy to demonstrate the relevance of orchestras' work** in health and social care settings, developing more diverse audiences and deeper connections to help heal fractured communities, post COVID-19.
- **Strengthening the business case for orchestras to engage in health and wellbeing activity**: through orchestras themselves re-evaluating the return on investment in the work; through funders' prioritising the work and through greater integration of orchestras with the social prescribing infrastructure. This has become even more critical with a potential trend for some orchestras to reduce health and wellbeing activity in response to lower overall income as a result of the pandemic, whilst individuals' and communities' need for this engagement, and the creative and business case for orchestras to engage in it, has increased.
- **Orchestras in Healthcare should mark the start of a sector-wide approach** to developing policy and practice within the orchestral profession, co-ordinating with developments in the health and social care sector particularly regarding social prescribing.

Report co-authors: Sarah Derbyshire (Orchestras Live), Fiona Harvey (Association of British Orchestras) and Matthew Swann (City of London Sinfonia).

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<sup>1</sup> Throughout the report we use the term 'health and social care' to refer to the wide range of settings in which the work takes place. The term 'health and wellbeing' is used to describe the broad nature of the work orchestras deliver in these settings.

# BACKGROUND TO THE SURVEY

It has long been recognised that professional orchestras and orchestral musicians have a role to play in the health, wellbeing and social care sectors. Many orchestras' websites detail long-held relationships with hospitals and care homes, and the effect that orchestral musicians have in these environments is widely acknowledged, if not necessarily deeply understood, by musical and medical practitioners alike. However, we would suggest that work in health and social care has historically been seen by many in the orchestral world as an activity that brought enjoyment to both musicians and participants, but as a 'nice to have', somehow 'lesser' than what they view to be the more 'serious' business of music education, concerts and recordings.



Photograph by Paul Starr; Essex County Council

In recent years, there has been a growing body of evidence as to how and why the arts more generally can make a significant contribution to health, wellbeing and social care across the UK. This is perhaps best summarised by the All-Party Parliamentary Group on Arts, Health and Wellbeing's 2017 publication *Creative Health: The Arts for Health and Wellbeing*. That report referenced projects by the Bournemouth Symphony Orchestra, El Sistema Scotland, Manchester Camerata and the Royal Philharmonic Orchestra, but orchestras were under-represented in comparison to other art forms, suggesting that orchestras were generally not advocating for their own already very successful activity in this area.

Better understood and championed by orchestras was the link between music and young people's cognitive and social development. This was particularly well understood as regards specific sensory impairment conditions, for example, autism<sup>2</sup>, but also in the general population as detailed in *Creative Health*.

In recent years, the orchestral sector has started to view work in health and social care settings with more seriousness and commitment. The orchestras cited above and many others have delivered in-depth projects with robust evaluation, and in many cases clinical research partners, some of which are detailed in the case studies in this report. In 2019, two of this report's authors published *From Bingo to Bartok*<sup>3</sup>, which explored orchestral musicians' innovative practice with older people, ranging from participants in community settings to those with advanced dementia in residential settings. Orchestras have engaged with advocacy and network groups, not least the All-Party Parliamentary Group on Arts, Health and Wellbeing, and the Culture, Health and Wellbeing Alliance. Nevertheless, orchestras remain less well represented in these forums in comparison with other arts organisations.

<sup>2</sup> Comparing Notes: How We Make Sense of Music, Professor Adam Ockelford, University of Roehampton, Profile Books 2017

<sup>3</sup> From Bingo to Bartok: Creative and Innovative Approaches to Involving Older People with Orchestras. City of London Sinfonia, Orchestras Live, the Baring Foundation, January 2019



All this, however, highlighted the fact that there was no comprehensive picture of orchestras' activity in health and social care settings across the UK. Regular reports such as the ABO's Key Facts survey detailed how many young people orchestras were reaching, with many Music Education Hubs able to provide information on how many young people are engaging with orchestral music more widely. The Audience Agency's national Classical Music Audience Finder reports give regular, detailed information on orchestras' concert going audience. The ABO's Music & Health Working Group began to collect information about this work, but anyone seeking to understand the extent and impact of the work orchestras deliver in the healthcare sector had to undertake their own research with individual orchestras.

The UK health and social care sector accounts for more than 1 in 10 of the UK workforce, or more than 2 million people in England alone<sup>4</sup>. It attracts over £140 billion in central government funding (Department of Health and Social Care funding for 2020-21). NHS Confederation figures state that the NHS deals with over 1 million patients every 36 hours, with over 16 million hospital admissions, almost 90 million outpatient attendances and over 20 million mental health service users every year. The UK care home sector is worth over £1.5bn per year and more than 400,000 people aged 65 and over live in a care home<sup>5</sup>.

The health and social care sector affects people's everyday lives across all areas of society. The beneficial links between music, health and wellbeing are increasingly understood, and we would argue that orchestras' organisational model combining outstanding musicians with well-developed logistical management means that they are ideally placed to engage with this sector. The absence of a comprehensive picture of the activity being delivered by UK orchestras, as mentioned above, goes some way to explain why this activity is not yet universally recognised by either the orchestral or health and social care sectors.

At the ABO's 2020 conference in Manchester, this lack of recognition was explored with senior figures from the healthcare sector including James Sanderson, Chief Executive, National Academy for Social Prescribing in a session whose attendees included many leading orchestral chief executives. To us, this demonstrated a clear appetite for this activity, and one of the outcomes of the session was a commitment to create an overview of activity by UK orchestras.

Not long after this, the UK went into lockdown. If anything, this gave even greater prominence to the need for a systematic picture of what orchestras were delivering. It is widely acknowledged that COVID-19 will have an impact on the nation's mental health, particularly for young people and for remote and isolated communities. Our belief is that orchestras can be an integral part of a response to these needs.

With much UK orchestral activity halted in the immediate aftermath of the lockdown, this afforded us the opportunity to spend time with our orchestral sector colleagues collating the information contained within this report.



Photograph by Paul Starr; Essex County Council

<sup>4</sup> The Healthcare Workforce in England, The Health Foundation, The Kings Fund, The Nuffield Trust, November 2018

<sup>5</sup> Laing and Buisson Survey, 2016



# THE SURVEY

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## METHODOLOGY

The methods used to collect information for this survey included quantitative and qualitative data. The quantitative data provide statistical information in relation to delivery in 2019/20 of health/wellbeing and social care activity, who leads the work, the percentage of musicians who are in the orchestra, links to social prescribing programmes, and financial information. Qualitative data have been key to the survey, and we wanted to ensure that we obtained responses from a balanced mix of orchestras, opera companies and choirs throughout the UK. The data provide us with information about the benefits to orchestras in delivering this work, the nature and location of delivery and the effects of COVID-19 on the delivery, investment in, or commitment to the work and the challenges it presents. We also collected information about what the future of this activity might be, and what else we should be seeking to learn.

Information was collected through Survey Monkey, emailed directly to 66 professional orchestras, opera companies and choirs in June 2020. Given that some Learning & Participation colleagues had been furloughed, it was understandable that the collection of data took slightly longer than anticipated; it was completed by the end of August 2020.

A list of respondents is included in Appendix B.

## FINDINGS

### Response

54 (82%) of the surveyed orchestras responded, from all four UK nations. Of the respondents, 63% are delivering work in formal and informal care settings, 37% are not. The responses demonstrate that the orchestral sector is delivering activity in all the healthcare settings covered, including acute and chronic hospital settings, mental health and social care settings, community and care settings.

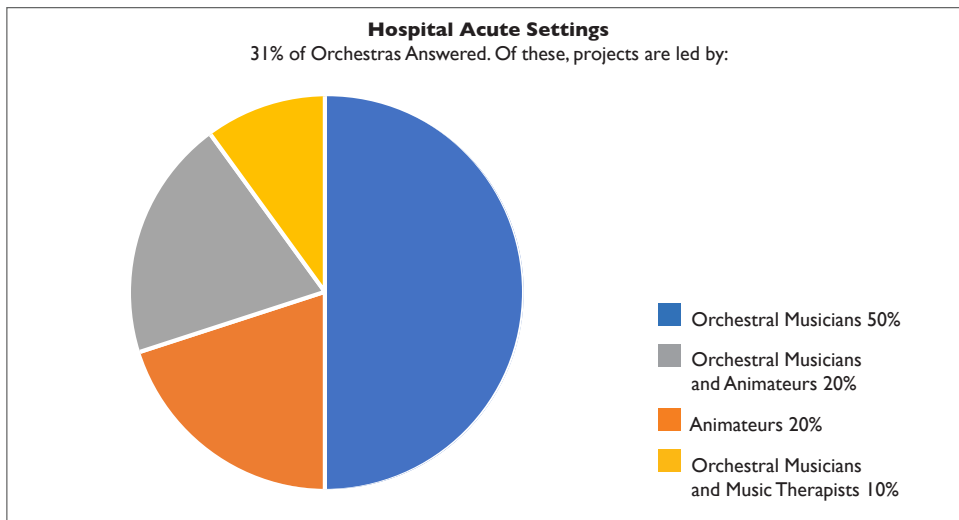


Photograph by Jan Ford



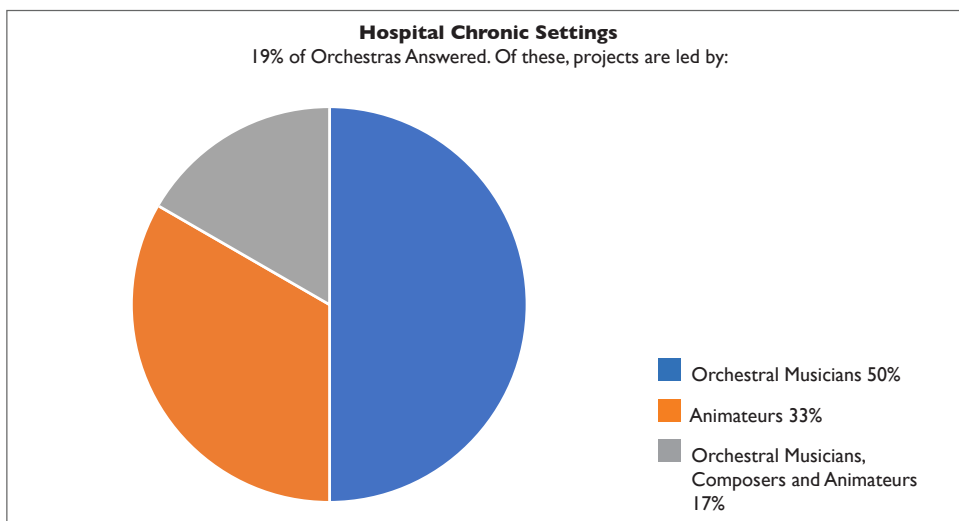
### Hospital Acute Settings

10 orchestras work in this area (31% of orchestras who answered<sup>6</sup>).



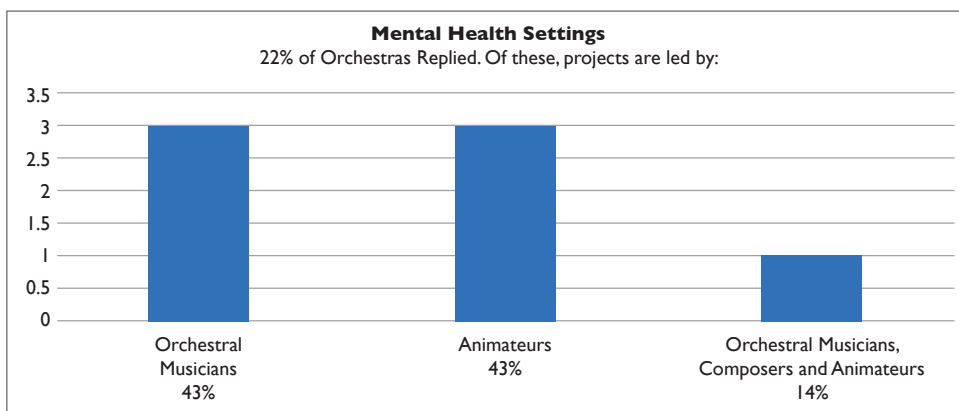
### Hospital Chronic Settings

6 orchestras work in this area (19%)



### Mental Health Settings

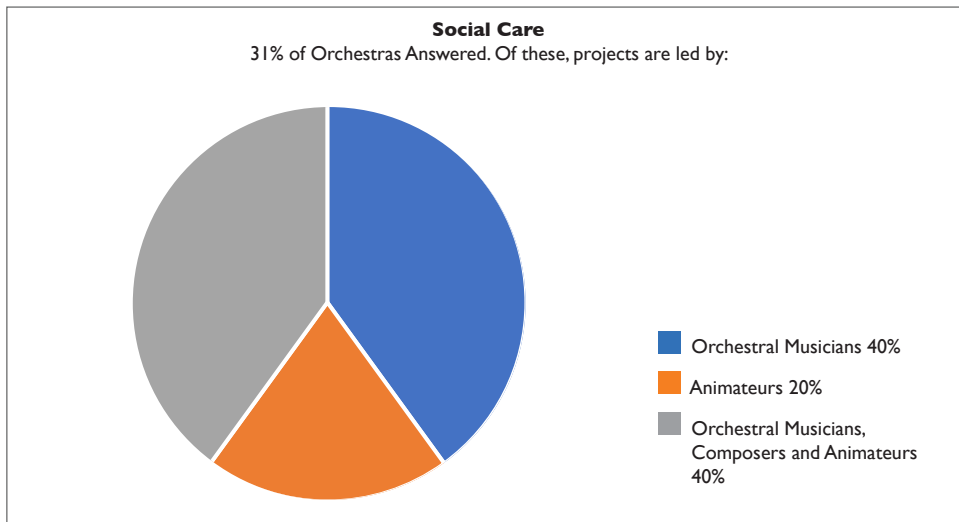
7 orchestras work in this area (22%)



<sup>6</sup> All %s rounded to nearest whole %

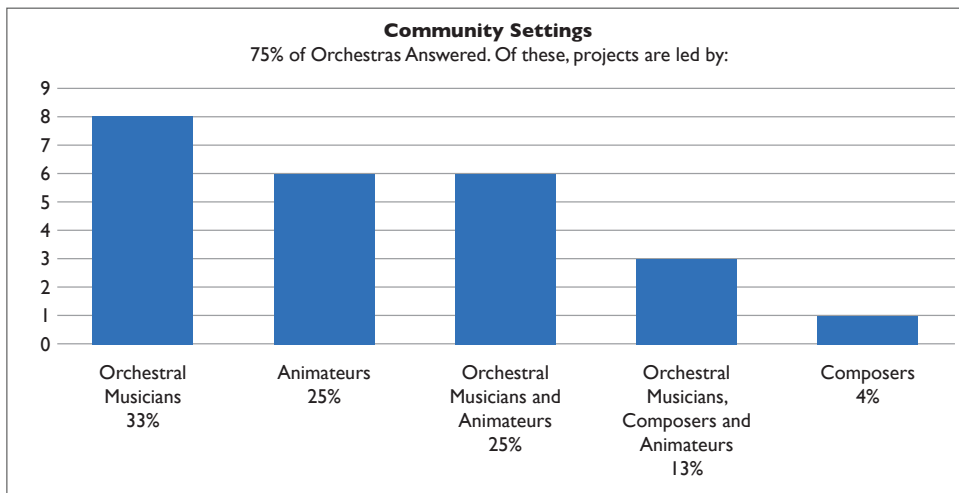
### Social Care Settings

10 orchestras work in this area (31%)



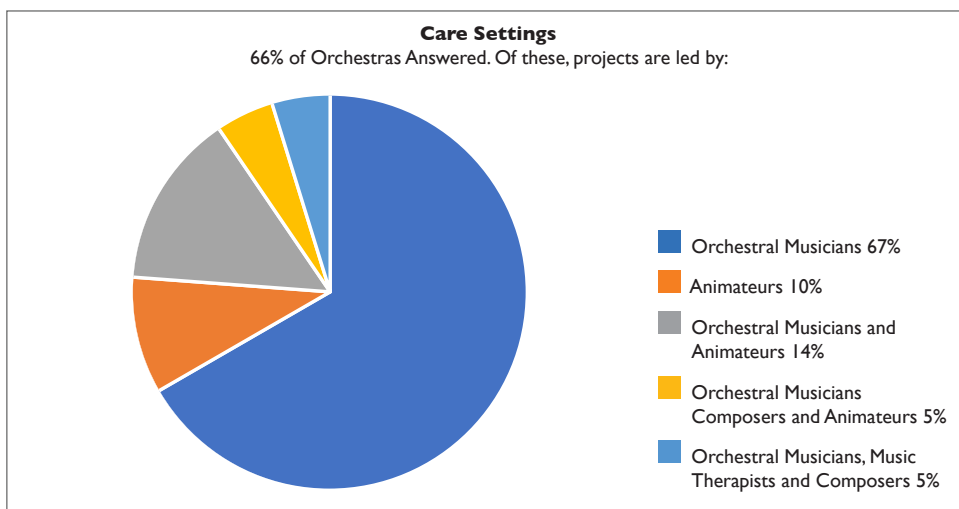
### Community Settings

24 orchestras work in this area (75%)



### Care Settings

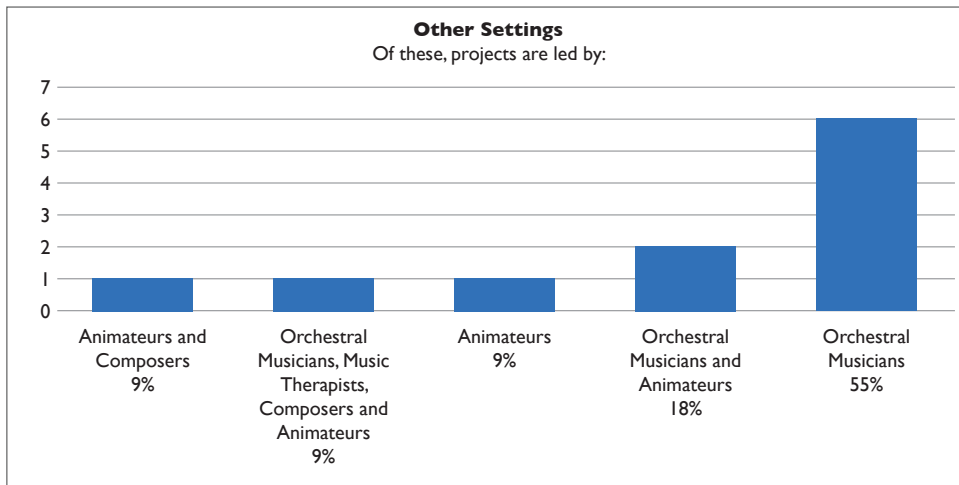
20 orchestras work in this area (63%)





### Other Settings

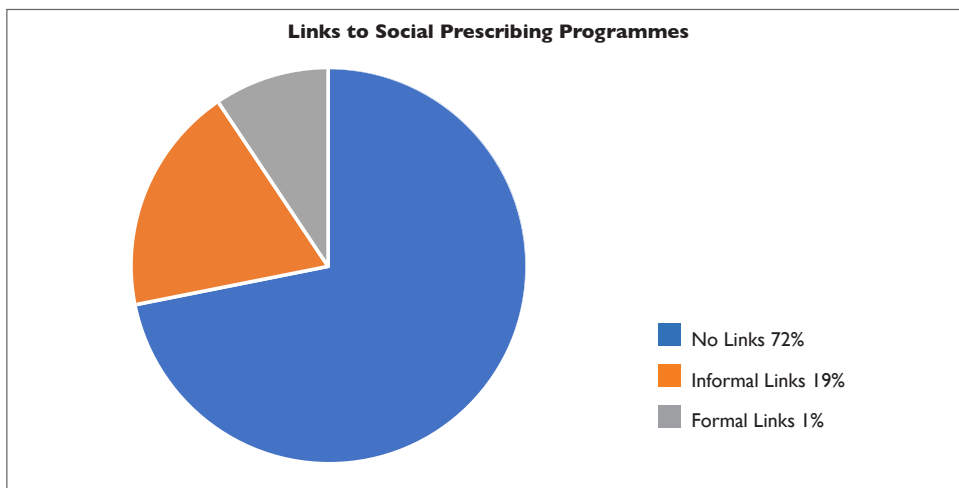
11 orchestras work in other settings (35%)



**It is notable that 30% of orchestras not currently working in the healthcare field stated that they wish or have plans to do so in the future.**

### Where does the Work Take Place?

The highest level of activity takes place in community (75%) and care (63%) settings. Hospital and mental health settings also feature strongly. The setting with the lowest level of activity is Clinical Commissioning Groups (previously and still sometimes still known as Primary Care Trusts) where 3 orchestras (9%) have formal links and 6 orchestras (19%) have informal links with social prescribing programmes.

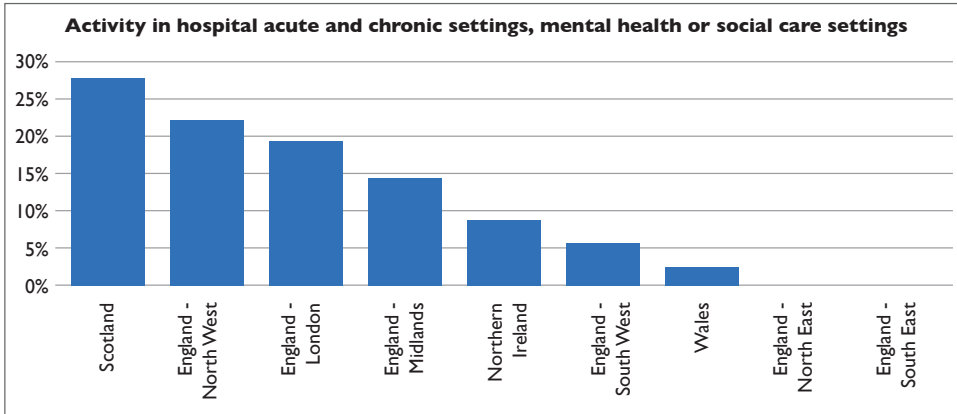


Of those with formal links, 1 was based in Manchester, 2 in Scotland. Of those with informal links to social prescribing programmes (6), 2 were in London, 2 in North West, 1 in Wales, and 1 in South West.

The **type of activity** is wide ranging, from weekly participatory sessions to regular (though infrequent) performances tailored for targeted groups.

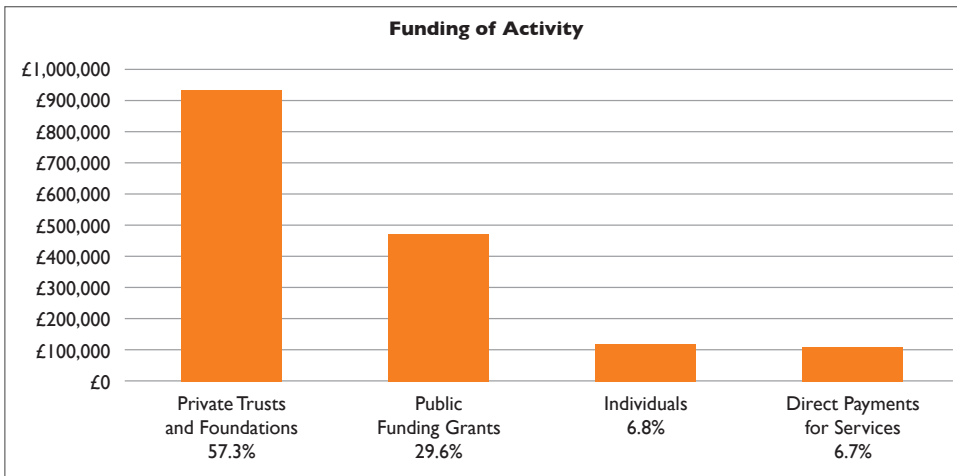
Whilst orchestras are delivering work in community (See examples in Case Studies from page 18) and care settings across all UK nations and all English regions, **geographical coverage** in specialist hospital settings is uneven. For example, there is no activity in acute and chronic hospital settings, mental health or social care settings reported in the North East, or the South East outside London.

Scotland and North West, by contrast, show activity is fairly evenly spread across most types of setting. Moreover, they are the only two areas where orchestras have formal links with a social prescribing programme. It is notable that Scotland and the North West each operate devolved health authorities.

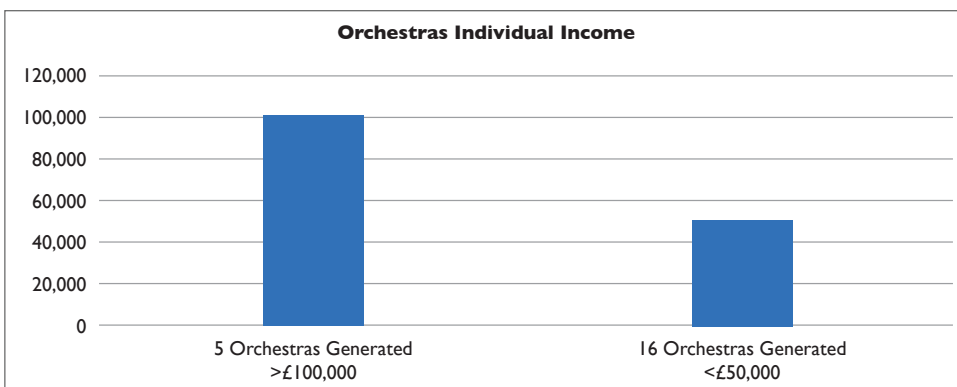


### How is Activity Funded?

In 2019-20 orchestras derived at least £1.6m in direct income for health and wellbeing work. 93% of that income was raised by the orchestras themselves (29% from public funding grants; 57% grants from private trusts and foundations; 7% individual donations). Only 7% was received as direct payment for services from the healthcare sector.



The three orchestras with the largest income for health and wellbeing work (£178-225K) were all chamber orchestras, two of which do not receive Arts Council England National Portfolio Funding.



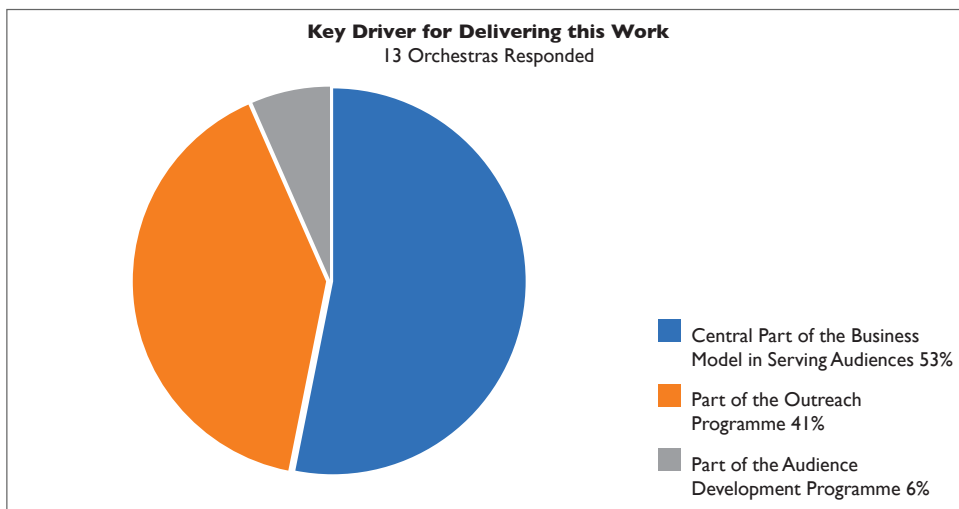


Chamber orchestras generally have a more flexible business model than the large symphony orchestras; e.g. their orchestral workforce is largely freelance (not salaried/contracted) and more flexible performance diaries and contractual commitments mean fewer constraints for players to be deployed for non-performance activity. Nevertheless, all are operating on extremely slim margins.

**Motivation & Professional Approach**

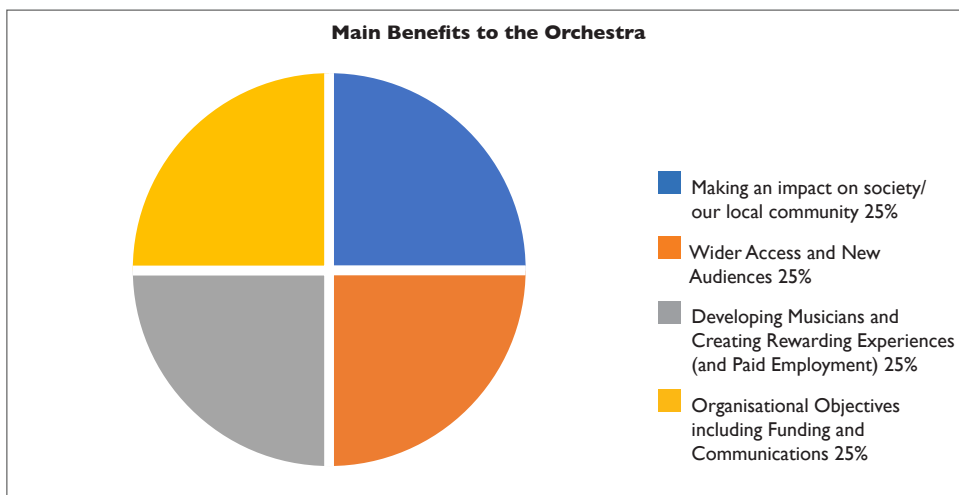
Our research suggests that the orchestras engaged in health and social care settings consider this a business driver: they raise the majority of the money required to pay for the activity and are not solely motivated by public funding requirements. This is reinforced by the fact that all but one of the responding orchestras are ensuring quality of delivery by either training musicians themselves or hiring specifically trained musicians to deliver specialised work in healthcare settings.

Orchestras identified health and wellbeing work as **central to their business model** in serving wider audiences.



When asked for the three main benefits to the orchestra, responses fell into the following main categories:

1. making an impact on society / our local community
2. wider access and new audiences
3. developing musicians and creating rewarding experiences (and paid employment)
4. organisational objectives including funding and communications





Photograph by Jan Ford

Collectively, these findings contradict the common perception that orchestras focus solely on concert performances and audience development to boost box office. For those orchestras actively engaged in health and wellbeing work (60% of survey respondents), this work holds a significant place in their organisational culture, raising their visibility and value in local communities where formal concert going may not be a priority and combining the orchestra's social and artistic vision.

### **COVID-19**

This survey was conducted during the first few months of COVID-19 lockdown restrictions, when orchestras were confronted by an existential threat to live performance and to their traditional business model. Most orchestras had moved some or most of their work in health/wellbeing settings online during lockdown. Some orchestras reported meeting participants in outdoor settings or playing outside open windows/doors.

The alleviation of social isolation has been a focus for many orchestras' health and wellbeing activities during lockdown and is a key theme that many intend to explore in the future. Issues of mental health and wellbeing were identified by many as a potential growth area.



# CONCLUSIONS

In summary, our survey findings demonstrate that more than half of UK orchestras are engaged significantly in the area of health and social care, and the business case for this work is being taken up strongly amongst those orchestras not yet involved.

At the same time, our findings as regards income sources suggest that the extent of this work is not formally recognised by the healthcare sector. Payment from healthcare settings for services provided is minimal in comparison to the investment orchestras are making to fund this work themselves. This has resulted in a patchwork of delivery dependent on where orchestras are located around the UK, and the regional/national infrastructures required to support the integration of cultural activity and health policy, as in the devolved health administrations of the North West and Scotland. UK-wide, strategic delivery cannot be planned by orchestras alone.

Much of the work orchestras undertake is in informal, community, care or social care settings where the lines are often blurred between social impact and direct health benefits. Yet to a large extent this defines much of what we all understand social prescribing to be. Orchestras have led the way in developing a community-focused approach to their work in health and wellbeing. The public health sector has so far failed to grasp the potential to formalise these links and bring the benefits of musical interventions into the heart of personalised care systems.

COVID-19 presents us with some stark realities. Individuals and communities are suffering significant increases in mental health issues exacerbated by social isolation, domestic tension and anxiety, issues that are likely to be further fuelled by rising unemployment. The impact on those already considered vulnerable is even greater. Orchestras have proved that they can play a vital role in providing music activities that alleviate suffering and support resilience; musicians, along with other artists, have played a remarkable role in joining the care community to deliver activities that create a bridge between the most vulnerable and isolated and the outside world<sup>7</sup>. Orchestras are keen to extend and expand their current delivery in healthcare settings but are currently held back by inflexible and fragile business models and the healthcare sector's failure to acknowledge or formalise their current contribution.

<sup>7</sup> Key workers: creative ageing in lockdown and after, November 2020, David Cutler  
[https://cdn.baringfoundation.org.uk/wp-content/uploads/BF\\_Key-workers\\_WEB\\_Ir-1.pdf](https://cdn.baringfoundation.org.uk/wp-content/uploads/BF_Key-workers_WEB_Ir-1.pdf) ISBN: 978-1-906172-51-0



Photograph by Stuart Bruce





Photograph by Nikolaj Schubert

During the course of this survey we have witnessed an acceleration of the movement to establish a better infrastructure to connect the healthcare and cultural sector, headed up by Arts Council England and the National Academy for Social Prescribing along with other national third sector and statutory bodies. GP practices, in their role as Clinical Care Commissioners, are now contractually obliged to prescribe social activities, legitimising social prescribing within primary care for the first time. In England, a national network of Link Workers is coming on stream to liaise with Clinical Care Commissioners and co-ordinate social prescribing. Targeted initiatives such as Thriving Communities<sup>8</sup> have been launched with the aim to bring together place-based partnerships to improve and increase the range and reach of available social prescribing community activities – especially for those people most impacted by COVID-19 and health inequalities.

The main conclusions we have drawn from the survey are as follows:

- UK professional orchestras make a **significant contribution to health and wellbeing** in formal and informal care settings in all four UK nations
- Orchestras **invest in this work themselves**, representing a net gain of at least £1.6m to the public health sector
- There is **considerable geographical unevenness in provision**, particularly across the English regions
- **Chamber orchestras** are at the forefront of developments in health and wellbeing activity and partnerships, reflecting their more flexible organisational and creative model
- A **growing professionalism in musicians' delivery** of this work, supported by specific training offered by their orchestras, is nevertheless hampered by the **lack of a coherent strategy** to properly understand the skill set and to engage with healthcare professionals and academic researchers to develop mutually beneficial training and support programmes
- There is a **lack of recognition** from the health sector of the value of this work

<sup>8</sup> <https://socialprescribingacademy.org.uk/thriving-communities/thriving-communities-fund/>

# WHAT NEXT? AND RECOMMENDATIONS

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## I. MORE RESEARCH

**What would more in-depth research with clinical and academic partners uncover in terms of the impact of the activity detailed in this report for orchestras and their health and social care communities?**

While this report brings together much of UK orchestras' activity in health, wellbeing and social care in one place for the first time, the data presented and our conclusions do not begin to look at the wider impact of this activity. Allied to research on the outcomes and effects of specific programmes, this deeper dive into what orchestras deliver as a sector would provide an **evidence base** for regional and national cross-sector collaboration and inform the growing social prescribing infrastructure.

Furthermore, **evaluation of new initiatives** aimed at incorporating cultural activities into that social prescribing infrastructure (e.g. Thriving Communities) will underpin continued learning and increase our understanding of the complexity of the intersection between care professionals and artistic professionals. For orchestras, such research will help **establish the economic value of orchestras' contribution to society's health and wellbeing** and ensure that integrated policies for arts, health and wellbeing are underpinned by a clear system to finance provision.

Finally, demographic information on those whom orchestras are engaging in their work (location, ethnicity, socio-economic background) will reveal gaps in provision, vital information both for healthcare providers and orchestras to **ensure that those in most need receive targeted provision and that inequalities of access are not compounded.**



Photograph by Mark McNulty



## 2. THE IMPACT ON MUSICIANS

### **What impact does this activity have on orchestral musicians? How does it benefit the development of their creative practice and their own wellbeing?**

We have not been able to explore in depth the personal and professional significance that working in the healthcare sector has for musicians themselves; nor have we been able to consider the place that holds in orchestras' organisational priorities. Some research has been delivered in this area, not least by the Centre for Performance Science, and we have anecdotal evidence from musicians themselves. This suggests that further exploration of how working in health and social care settings impacts on musicians would demonstrate **significant benefits for their own wellbeing**. We also want to research the impact on their creative practice, and how activity in healthcare and wellbeing can improve their ability to connect with audiences in performance settings, building a holistic, sector-wide creative case for this activity.

By recognising the value and impact on musicians, we can also create a compelling argument for **developing creative engagement skills as part of the talent development process for young musicians**, not least at conservatoire level. In addition, potential links are being built with the new Personalised Care Institute being established through the National Academy of Social Prescribing (NASP) – creating training programmes to drive a national endeavour to bring 3,000 clinicians on board. Our hope, shared by NASP, is that this and other similar platforms will provide an **opportunity for medical and care professionals to benefit from musicians' experience and skills**, and vice versa.

## 3. BUILD BETTER NETWORKS

### **How do we create better known and more navigable networks for orchestras and health/social care partners to work together?**

It is evident from our research that orchestras have an appetite to develop health and wellbeing activity, whether or not they are currently engaged in the work. But the NHS and the wider health and social care sector can often seem forbidding and bewildering. It is interesting to note that those orchestras with formal social prescribing networks were all in devolved health authority networks where the health care sector perhaps appears easier to approach and navigate.

By creating better pathways for orchestras and health and social care organisations to begin conversations in all settings, from community, care home and social prescribing environments to acute and chronic in-patient settings, we would expect activity to increase exponentially. Key to this will be national bodies in all four home nations in both the healthcare and creative sectors, for example in England, NASP, Arts Council England and the Culture, Health and Wellbeing Alliance. ACE and NASP's Thriving Communities fund is a key example of how these bodies can work together to encourage better co-operation between healthcare, artistic and community partners, one to which we would encourage orchestras to respond. Furthermore, we would encourage those national bodies, and local statutory funders, to further expand such opportunities.



Photograph by Nikolaj Schubert



## 4. ADVOCACY, SOCIAL IMPACT AND SOCIETAL RELEVANCE

### **How could the wider impact of this activity demonstrate the importance, impact and relevance of orchestras' wider role in serving diverse communities across the UK?**

UK orchestras and the wider classical music sector have for decades been advocating the importance of music education to central and local governments. This advocacy has been only partially successful, and concerns remain over music's place in, for example, the English national curriculum and central and local government funding for this activity, despite its undoubted benefits.

Health and social care is an area of life where we can already show the impact orchestras can deliver, for example, in young people's mental health, or rebuilding communities, not least those in rural and coastal areas. A growing number of local authorities are alive to these possibilities, particularly in the aftermath of COVID-19, and NHS England is building its social prescribing activity space. If UK orchestras use this as an opportunity to demonstrate orchestras' social impact and societal relevance, they will be better placed to advocate the importance of all orchestral activity and its wider role in society.

Importantly, **activity in these sectors allows us to meet far more diverse audiences than UK orchestras are currently engaged with.** Our research demonstrates that most orchestral activity in health and social care takes place in major urban centres, and many orchestras are actively exploring how to bring projects to, for example, isolated rural and coastal communities. This will expand orchestras' geographical footprint in these settings. It will also enable them to **explore creative responses post-COVID with audiences from all backgrounds, and develop deeper connections to help heal fractured communities.**

## 5. INCOME AND INVESTMENT

### **How much of this activity is driven by the business case for health, wellbeing and social care activity and its ability to generate philanthropic income for orchestras? And what is the scope for orchestras to generate earned income from service providers in this area?**

NHS England is formalising programmes for personalised care and building an infrastructure for social prescribing which could for the first time formally acknowledge the part played by orchestras in contributing to the health and wellbeing of communities throughout England. An interesting symbiosis is developing, somewhat accelerated by COVID-19, that could put orchestras and musicians at the heart of society's recovery from the mental and economic scars of COVID-19.

**There is a clear business case for orchestras engaging in this activity.** Funders are increasingly focusing on arts, health and wellbeing, and this area is an opportunity for many orchestras to access new income. This is perhaps most evident in statutory funding with Arts Council England (Let's Create, January 2020), the Scottish Government (A Culture Strategy for Scotland, February 2020), Arts Council of Wales (Corporate Plan 2018-2023) all making a clear case for arts, health and wellbeing activity. Some trust and foundation funders, such as the Baring Foundation, have focused their entire giving in the arts on one aspect of health and social care. Others have pivoted existing, or developed new, funds in response to the pandemic. Evaluation of the response to such targeted funding by all orchestras which are centrally funded organisations, for example ACE's National Portfolio Organisations (NPOs), should inform a long-term strategy for significant, integrated development, further motivating orchestras to give the work equal status with concert activity to drive audience engagement. It is interesting that the income chamber orchestras generate for this activity far exceeds that which symphony orchestras generate in income, and two of the largest three income generators are both based in England but are not NPOs. **We would encourage ACE and other home nation funders to make investment in those organisations which are taking the lead in development and research in this area one of their key priorities.**

There is also an opportunity to develop earned income in this area. Many social care providers are expected to provide cultural activity for those in their care, and social prescribing networks will engage with cultural organisations. While it is likely that orchestras will have to continue to bring their own investment to this activity, orchestras should not presume that they are beholden to provide full funding. While philanthropic income is always likely to be part of the income mix, **orchestras should recognise that they provide impactful, creative and professional services in this field and be clear about the investment that this requires** with their delivery partners.

Nevertheless, in compiling case studies for this report in late 2020, we observed a worrying trend in some orchestras to reduce and even cut entirely their activity in the healthcare sector. Whilst many orchestras have used the COVID-19 pandemic to reassess their priorities, with many choosing to renew their focus on health and wellbeing activity, we are concerned that others risk being shortsighted in failing to grasp the opportunities to widen access, audiences and their creative practice at a time when this activity will be more relevant and needed.

We believe **the time is right to significantly raise ambitions for the role that orchestras will play in future delivery of health and wellbeing outcomes.** This is prompted by the convergence of an emerging infrastructure for social prescribing with the impact of COVID-19 and acknowledgement of the direct impact that cultural and creative practitioners have had in supporting health and wellbeing at a local level.

The strategic impact on orchestras' earning power should fast track new approaches that recognise the return on investment in social impact at the heart of their business models. We would encourage all orchestras – and the orchestral sector – to explore how making healthcare and wellbeing activity an integral and essential part of their creative and business model would act as a catalyst for investment in their future survival, relevance and growth.

**Orchestras in Healthcare should mark the start of a sector-wide approach** to developing policy and practice within the orchestral profession, co-ordinating with developments in the health and social care sector particularly regarding social prescribing.



Photograph by Mark McNulty



# CASE STUDIES

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## HOSPITAL – ACUTE SETTINGS

### **Orchestra: London Symphony Orchestra**

Name of Project: Newham Hospital SerenAid Project

#### **Participants**

- Patients and visitors on the Tayberry, Heather and Thistle Wards (formerly pre-COVID, but patients now at Custom House) at Newham University Hospital. Patients are aged over 65 and roughly half have been diagnosed as living with dementia. They arrive through A&E and are dealing with a broad range of medical problems including strokes and falls.
- The Dementia & Delirium Team and other nursing, porter & clinical staff
- We reach c.160 patients, c.100 members of staff, and c.70 visitors a year.

#### **Aims**

- To reduce levels of stress/anxiety on the wards by using music to affect the mood of the room
- To encourage and facilitate connection with and between patients
- To release older adults from their role as patient, offering a distraction from the hospital environment and routine

#### **Model**

Musicians and the Dementia Team meet at the start of each session for a short rehearsal/briefing. Given the nature of the wards, the team generally meet different patients on each visit who are often frail and confined to bed.

During sessions, the workshop leader personally interacts with each patient individually to introduce the LSO delivery team, sense the patient's mood, and find flexible ways to engage them – players adjust the tempo and volume of their music according to the bay's environment or rate of breathing of a specific patient; playing short requested tunes, improvising melodies imagined and conducted by participants, or singing based on shared memories of musical experiences.

#### **Evaluation/social prescribing**

Predominantly qualitative feedback from patients, visitors, staff, musicians and dementia team, which is written up into an annual report, but no formal evaluation/research as yet.

#### **Players**

On the bays themselves, there is little time/possibility to plan so players are required to work flexibly, collaboratively and need to be able to adapt very quickly to how the patients respond, even if halfway through a notated piece or during an improvisation. Each year a training day is offered, giving players the opportunity to discuss insights on the project and develop improvisational skills, but inevitably the ability to connect musically and respond are much more widely applicable both on Discovery projects and in their other professional work.

Players talk about learning to read reactions and steer accordingly, whether that's obvious things like dynamic or tempo or more creative aspects such as musical shape or style. Physicality is also important: some patients like closeness, others want music in the background, and it's a challenge to try to find something that might work for all four patients in a room rather than just one individual. Players are required to draw clues from what patients or their visitors/nurses say: some have very clear ideas as to what they like or don't like, and others can be withdrawn or less able to communicate so sometimes musicians are relying on the odd word or physical response and building something on that. Equally finding the right piece/improv style for the very specific patients can be tricky!



## Orchestra: Sinfonia Viva

Sinfonia Viva have been running quarterly creative music making sessions in hospitals and hospices across the East Midlands for 15 years. Venues currently involved include Royal Derby Hospital, Queen's Medical Centre, Nottingham, Burton Hospital and Rainbows Children's Hospice. Sessions take place in a range of venues within the hospital settings, from outpatients' waiting rooms, playrooms on the wards, to bedside sessions for those that must remain in bed.

In 2019 we worked with 104 young people. One of the challenges, and joys of the work, is that we never know who we are going to work with before we arrive in hospital; it is whoever is in on that day, and able to join where it doesn't clash with treatment. We generally work in small groups, with a mixture of performances by the ensemble of three musicians (a workshop leader, and 2 orchestral musicians) and plenty of opportunities for joining in, and creative music making as well. The young participants and their families (who are also encouraged to participate) range from those with life limiting and long-term health conditions and those with complex needs, to those that are in hospital for a relatively minor procedure, and everything in between.

We are currently looking at the best models to continue this work in a COVID environment, which so far has included a short festive performance which we shared with Rainbows Children's Hospice, for them to use as part of their festive celebrations.

The nature of the sessions means that it is essential for our team of musicians to be extremely fleet of foot, and totally flexible in the moment. We plan for the sessions, which generally involves us preparing a broad range of repertoire and activities, and then in the moment, the leader and musicians choose the things that feel most appropriate for the particular participants and are able to allow the young people to take the lead in shaping the sessions. Musicians are required to develop their skills for intuitive interaction, taking into account people's various levels of need, mental health and vulnerability on a case by case basis. This is an essential part of this work, and has proved really useful in terms of building our musicians' confidence for other project work we deliver with them.

*"It's really rewarding making music with the participants and creating sound pictures with the simplest elements and instruments. This stimulates the imagination and challenges us to diversify. Reading from a score or sheet of music is a skill we are used to; inventing (improvising) alongside the material/ideas provided to us by the 'audience'/participants is even more fulfilling – as they make the music with us."* Sinfonia Viva musician

Whilst this work has not had any research attached to it, we have sought feedback from participants, families and staff over many years. One member of the play team at Leicester Royal Infirmary memorably explained that she felt it was "better pain relief than morphine".

Sinfonia Viva is funded by BBC Children in Need to deliver this work.

One additional Community case study can be found in 'From Bingo to Bartok: Creative and Innovative Approaches to Involving Older People with Orchestras.' <https://www.orchestraslive.org.uk/news/bingo-to-bartok/>

## Orchestra: Bournemouth Symphony Orchestra

Name of Project: 'Music for a while' – music with people living with Dementia in acute NHS care

## HOSPITAL – CHRONIC SETTINGS

### Orchestra: Ulster Orchestra, Belfast, N. Ireland

Partner: Northern Ireland Cancer Centre, Belfast, N. Ireland

#### Participants

20+ cancer patients waiting to receive treatment, their families, and Cancer Centre staff members

#### Development of Musicians' Creative Practice

Playing in diverse venues and having engagement with audiences, outside of the concert hall, adds greatly to the musicians' creative practice. The Ulster Orchestra's Mendelssohn Octet understands the benefits music can have on the mind during times of stress and have selected performance locations with this in mind. They have previously played at the Marie Curie Cancer Care Hospice and Northern Ireland Hospice, both in Belfast.

## Evaluation

The Arts in Health Manager, Paula McHugh provided evaluation forms. Paula sensitively gathered and forwarded anecdotal feedback to us following the event (see samples below). The foyer of the Cancer Centre is a busy space during the day and for it to be filled with the sound of the Mendelssohn Octet by UO members surprised and delighted staff and patients. The opportunity to hear playing of such a high standard up close and personal is rare – whether classical music was of particular interest or not, people passing through or seated in waiting areas were drawn in by the sound and the sight of the players. While sensitive to the ‘day to day’ work in the centre, the performance created a buzz of excitement, offered a distraction for worried minds and something uplifting to chat about alongside moments of sheer beauty and calm.

*Paula McHugh, Arts in Health Manager*

*“I’m just sitting here waiting for my wife having her treatment and wasn’t expecting this – it can be a long wait, so this helps pass the time.”*

*Family Member*

*“Events like this give everyone a lift – even if you just pass by and listen for a moment or two it can really improve your day!”*

*Cancer Centre Staff Member*

## Orchestra: Scottish Chamber Orchestra

### Project: ReConnect

*ReConnect* is the Scottish Chamber Orchestra (SCO) programme of interactive music workshops for people living with dementia. The project aims to bring people together through music to improve wellbeing and quality of life and is delivered in partnership with the University of Edinburgh and NHS Lothian.

### Participants

*ReConnect* has run annually at the Royal Edinburgh Hospital since 2013 as a series of 8-20 workshops for patients, family members and NHS staff. We have worked on several wards and with patients at various stages of dementia. The music and care teams meet before and during each series to plan and shape workshop activity, and NHS staff encourage and support patients to attend as often and for as long as they wish.

Workshops are run by a specialist workshop leader with two musicians and on average, ten patients, four NHS staff and two family members take part each week. Recent series have taken place on assessment wards where the population is relatively fluid. In 2019-20, thirty patients took part over the 20-week series, with individual patients attending between one and 18 sessions each.

*ReConnect* has been running since 2013, since when a core team of six SCO musicians have developed their expertise, undertaking annual training with *ReConnect* leader Dr Jane Bentley. Training by experts from a range of musical backgrounds has developed their skills and confidence in using improvisation during workshops, and NHS staff provide training and information about working with people living with dementia.

### Evaluation

Each *ReConnect* series is evaluated by a freelance researcher using observation, interviews, focus groups, and/or questionnaires for the care team, family members and musical team. In 2016, *ReConnect* workshops formed part of a pilot research study led by the University of Edinburgh to investigate rates of eligibility, recruitment and retention for conducting future research. <https://www.sco.org.uk/reconnect>

## MENTAL HEALTH

### Orchestra: City of London Sinfonia

#### Partners

Bethlem & Maudsley Hospital School

Lavender Walk Adolescent Unit, Chelsea & Westminster Hospital  
Addenbrookes Hospital, Cambridgeshire

Royal Academy of Music

Kings College London & Institute of Psychiatry, Psychology and Neuroscience (IoPPN)

Sound Connections

#### Participants

205 young people aged eight to 18 years-old per year, who are patients at psychiatric hospitals.

#### Development of Musicians' Creative Practice

During Sound Young Mind sessions, musicians play some repertoire as creative stimulus, but the majority of their time is spent responding to music created by the young people in their sessions. Their role is help create a democratic creative environment where everyone involved is a musician and everyone's contribution is valued. The musician must be ready to read the room, listening for moments to connect and interact musically with the young people. It requires great skill and openness to creatively respond, react and connect with someone in the moment.

This practice is now evolving not only across our participation programme but also into our performance programme where musicians are responding in the moment to our audiences and improvising with each other on stage. Musicians have to have confidence and artistic drive to incorporate this into all aspects of CLS' work with some players regularly wanting to challenge themselves finding it an exciting aspect of their practice.

#### Links with social prescribing

We are currently programming sessions at the Tessa Jowell Health Centre in Southwark as part of a social prescribing pilot that will take place in March 2021. This work may be included within that depending on the needs highlighted by the link workers.

#### Evaluation and/or research associated with this work

We are part of a study in partnership with Kings College London & IoPPN that is exploring research methodologies in this context at Bethlem and Maudsley Hospital School before we embark on a longer research study. Sound Connections are also working with us to evaluate the project outcomes across all sites.

### Orchestra: Royal Liverpool Philharmonic Orchestra

Established in 2008, Liverpool Philharmonic's Music and Mental Health Programme is central to its mission to enhance and transform lives through music, aiming to create a city region where anyone experiencing mental ill-health can access, enjoy and benefit from music to aid their recovery and wellbeing. Liverpool Philharmonic has engaged 12,000 adult service users, providing live performance, participatory and creative music-making in community and inpatient mental health services, high secure facilities and dementia services. Musicians support people with mental ill-health, addictions, brain injuries, learning disabilities and living with dementia.

#### Partners

At its heart is a 13-year partnership with Mersey Care NHS Foundation Trust, including Liverpool Philharmonic's support for anti-stigma campaigns and pathways to employment for service users. Music-making courses, supported rehearsal visits and live performances are provided at Liverpool Philharmonic Hall, including Relaxed and Dementia Friendly concerts.

#### Development of Musicians' Creative Practice

Involving 50 Royal Liverpool Philharmonic Orchestra musicians led by a team of Lead Musicians, this work is part of the portfolio music career available at Liverpool Philharmonic. It enables collaboration with service users, clinicians and Occupational Therapists, and empowers musicians to develop and apply their creativity and musical skills to benefit the wider city.



By 2023, Liverpool Philharmonic aims to benefit 10,000 more people across Liverpool City Region through NHS and social care partnerships and social prescribing referrals with adults and young people. Cheshire and Wirral Partnership NHS Foundation Trust and Wirral Council have recently joined the programme. During COVID-19, activities moved online through NHS digital platforms and included free access to Royal Liverpool Philharmonic Orchestra streamed concerts.

### **Evaluation**

A 10-year evaluation by Dr Susanne Burns concluded activity improves people's confidence and self-actualization, reduces isolation, develops new skills and opportunities for independent living, and improves service user-carer relationships. The programme has embedded effective non-clinical approaches to recovery within Mersey Care's services.

## **SOCIAL CARE**

### **Orchestra: Bournemouth Symphony Orchestra**

#### **Project**

Bristol Recovery Orchestra is a social care project delivered in partnership between Bournemouth Symphony Orchestra (BSO) and Bristol Drugs Project (BDP). Starting in January 2019, it is designed to aid and assist adults who are recovering from drug and alcohol addiction in Bristol by offering creative expression and social interaction.

The orchestra is led by BSO Associate Musician Dr. Jon James, benefitting on average 15 attendees across 36 sessions annually. A core part of the orchestra's work is to create content that is steered by the interests/skills of the participants, regardless of their background or musical skill, which means the pieces of music they create are representative of the group. The compositions invite the audience to see the participants in a different light; reducing stigma, creating new conversations and delivering a positive recovery message.

We have seen multiple physical and mental health benefits for orchestra members, as well as improvement in musical knowledge and capability. Main improvements are in confidence, meeting new people and reducing isolation. BDP undertake evaluation over each term, with project reports detailing participants' own reflections, attendance data and monitoring percentage increases/decreases of participants joining other BDP creative groups. At the end of the second 2019 term, 43% of attendees had attended other creative sessions, an increase of 15% compared to the first term.

BSO and BDP continued to deliver sessions with members of the orchestra online during the COVID-19 pandemic, and Bristol Recovery Orchestra will be one of the first projects at the BSO to return to safe face-to-face delivery, such is the positive effect of these sessions on participants and BDP staff. Aims of the project are to grow links with social prescribers in the local area; many of BDP's services are accessible through referral by local GPs as well as self-referral.

### **Orchestra: London Mozart Players**

#### **Name of Project: 'Only You' – A song by the Crisis Skylight songwriters group**

In Autumn 2019, composer Michael Omer and Tegan Eldridge, LMP's Outreach and Development Manager, worked with members of Crisis Skylight in Croydon to write a song for the London Mozart Players' Christmas Concert on 13th December 2019.

#### **Participants**

Over six weeks, LMP worked with seven members of Crisis with a range of backgrounds and life experiences. The group shared stories about their emotions and what inspires them and a common theme emerged from the group – ideas of hope for the planet and the future.

One member shared a piece that she had recorded, with a catchy melody and the recurring text 'Only You' – this tune then became the final chorus. Another member sent some recordings of his improvisations on piano – again, this tune stuck and became the introduction to the final song. By the final few sessions, members were bringing in whole verses and some beautifully written text, which Michael compiled for the final piece.

The choir from Crisis Skylight learned the piece once it had been written, and Tegan visited the group to work with them in their final rehearsal. They came to St John the Evangelist, Upper Norwood on 13th December to perform with the London Mozart Players, Croydon Citadel Band, Hive Choir, and two local primary schools. It was an incredibly touching and poignant moment for the musicians involved, and one we hope the members of Crisis will never forget.

Thanks go to Denise Keane, and the other staff from Crisis, for their endless support. Crisis Skylight Croydon is a

living, breathing testament to the transformative power of participation in the arts. Through music, poetry, drama, dance and theatre, they build confidence, shape social skills, improve emotional wellbeing and provide positive ways to express difficult emotions. We are greatly looking forward to working with them in the future.

## Orchestra: Orchestra of the Swan

### Partners

5 local care homes in Stratford-upon-Avon and individuals:

- Ambleside
- Scholars Mews
- Canning Court
- The Limes
- Cedar Lodge

### Participants

Care Home residents and members of the public - approx. 120 participants, which include people living with dementia, carers and staff.

### Development of Musicians' Creative Practice

As all of our activity is delivered physically in care homes, the commencement of lockdown on 23rd March 2020 meant that we had to redesign our activity very quickly and deliver everything remotely, via live ZOOM sessions and pre-recorded video. The first batch of pre-recorded sessions was developed into private playlists for our care home partners with the first weeks' selection of videos being general in nature. Over subsequent weeks we were able to take requests from homes and residents to include 'personalised' sessions. These requests included specific folk songs, well known tunes and even the odd 'Happy Birthday'! The delivery of this work in such a new way has brought both challenges and rewards for our players as our principal flautist Diane Clark noted:

"For Orchestra of the Swan, I have been busy creating videos – keeping connected with our audience. These include a series of videos for care homes. The ones for care homes run over 6 weeks to build a relationship with residents. For these, I am recording quite a lot of the pieces into our electric piano first and then playing flute with that along with some general chat to engage with the residents as much as possible. I've had to quickly develop some new skills, both with online teaching and video editing. Also learning to engage with a camera instead of an audience – I'm gradually becoming more comfortable with this." The challenges to overcome also manifested in the form of no 'live' feedback from participants whilst undertaking ZOOM sessions – the lack of rapport between player and audience, which led to a different flow and pace for each session.

We don't currently have any links with social prescribing but we are exploring this locally.

### Evaluation and/or research associated with this work

We always produce evaluation reports for every project we undertake to explore the impact of our work on participants. In the case of our dementia work, we have also commissioned a freelance researcher to assist us with our work to measure the impact the delivery of this area of work has on our players as we feel that can be an area so often overlooked and one that deserves serious research to enable us to support our players before, during and after project delivery.

## COMMUNITY

### Orchestra: Royal Scottish National Orchestra

Partner: Tayside Healthcare Arts Trust (THAT)

### Partners

In 2017, the RSNO began a partnership with THAT, which delivered a pilot project working with participants who were living with the consequences of stroke and acquired brain injury. THAT is a charitable organisation which was established to develop the arts in healthcare and has a history of delivering participant centred creative engagement programmes for people with Stroke, Parkinson's, MS, Dementia and other long term conditions. The success of this pilot project resulted in the commitment from the RSNO to deliver an annual project in partnership with THAT.

THAT Creative Engagement programmes for groups in the community consist of eight, two-hour sessions which are delivered weekly and conclude with a presentation for family and friends. Over the course of these eight sessions, 3-4 RSNO musicians work with an average of 12 participants who are encouraged to play, collaborate, and compose in a supportive environment. RSNO musicians perform alongside the participants and facilitate the process of group music making. As a collaborative group they are encouraged to explore musical structures and motifs around which participants can improvise. Past projects have included elements of visual art; story writing; singing and poetry. This participant led approach allows the group to shape the direction of the programme.

A pool of 12 RSNO musicians and associated artists have delivered this project to date. Musicians who have not previously delivered to this participant group are led by an artist or 'lead musician' who has considerable experience and can act as a mentor.

In addition to the weekly sessions, all participants are invited to attend an RSNO season concert which is a highlight of the project for participants and a new experience for many members of the group.

### **Evaluation**

Each programme is evaluated by THAT and an internal report is produced evidencing the outcomes of the project. Reports from previous projects have demonstrated positive impacts on wellbeing, mood, concentration and socialisation.

## **Orchestra: Bath Philharmonia**

### **Project**

Bath Philharmonia is dedicated to making orchestral music part of life for many people. As part of this vision, the orchestra is currently delivering, "Share, Strengthen, Sustain", a unique project that aims to improve Young Carers' wellbeing through music. A young carer is a child aged 5-18 who has a significant caring responsibility for a member of their family who is ill, disabled or misuses drugs or alcohol. Bath Philharmonia has a ten-year track record in enabling Young Carers to make and perform their own music.

*"This project will change some of our Young Carers' futures, it is so much more than just a music project!"* Young Carers' Service Co-ordinator

The project includes 85 days of intensive music-making workshops benefitting nearly 500 Young Carers culminating in 14 performances across the South West. Working with partners SoundStorm, Devon Music Hub, Plymouth Music Hub, Sound Foundation Somerset and Bath & North East Somerset Music Hub, Bath Philharmonia will also train local musicians in delivering music-making activities to Young Carers. With significant funding from Youth Music, this project has leveraged additional financial support from a wide range of charitable trusts and philanthropists.

*"The orchestra makes my feelings seem precious".* Kaitlyn, Young Carer aged 12.

### **Development of Musicians' Creative Practice**

Katy Rowe, Bath Philharmonia violinist and music leader on this project says, "Working with Young Carers provides me with the balance I need and keeps me wanting to be a professional musician. Sometimes being a violinist can feel like a selfish and un-giving job. This project allows me to grow and learn from others and exercise my improvisation and composition skills. The opportunities I get to help and share using my violin makes me happy."

### **Evaluation**

Evaluation and information sharing are integral to this action research project as the orchestra works with their project partners as part of a community of practice that identifies and reflects on how they might deliver similar projects with similar impact on a more widespread and sustained basis.

Two additional Community case studies can be found in 'From Bingo to Bartok: Creative and Innovative Approaches to Involving Older People with Orchestras.' <https://www.orchestraslive.org.uk/news/bingo-to-bartok/>

## **Orchestra: Philharmonia Orchestra**

Name of Project: 'Hear and Now'

## **Orchestra: Sinfonia Viva**

Name of Project: 'Creative Journeys'



## CARE HOMES

### **Orchestra: BBC National Orchestra of Wales (BBC NOW)**

Partners: BBC NOW/Age Cymru

#### **Participants**

40 care settings and several individuals who identify as feeling isolated/vulnerable or shielding.

#### **Development of Musicians' Creative Practice**

This was a player-led initiative with players devising and hosting a bespoke programme of music individually, in pairs or small groups.

No links with social prescribing

#### **Evaluation and/or research associated with this work**

Surveys were collected after each concert. Here are some quotes:

Audience feedback from members aged between 69-85:

- Great musicians and lovely music in our living room. Performers were also good presenters
- Sincerity and musicianship of the players
- Another pleasant pre-lunch music break. Thank you
- The selection of music was varied and so well presented. I'm sure it involved so much effort to make certain the sound quality was of a professional standard
- Missing going to live concerts so this helped fill that gap
- Brightened up considerably, thank you
- It provided relaxation
- It made it easier to get on with the rest of the day

Two additional Community case studies can be found in 'From Bingo to Bartok: Creative and Innovative Approaches to Involving Older People with Orchestras.' <https://www.orchestraslive.org.uk/news/bingo-to-bartok/>

### **Orchestra: Manchester Camerata**

Name of Project: 'Music in the Mind'

### **Orchestra: City of London Sinfonia**

New models of interaction

## CLINICAL COMMISSIONING GROUPS

### **Orchestra: Hallé Orchestra**

#### **Partners**

During the summer of 2019, the Hallé Orchestra was delighted to form a new partnership with the African Caribbean Care Group (ACCG), an organisation providing health and social care to the African Caribbean community from their base in Hulme, South Manchester.

#### **Participants**

Mirroring the ACCG's 'person-centred approach', the participants were the largest influencers in the design of the project. As the partnership developed, ACCG and the Hallé were able to share stories of cultures and backgrounds. We also discussed how music featured in the lives of the ACCG community and, as a result, a project developed incorporating both vocal and instrumental music.

A typical workshop welcomes 15 individuals, supported by staff at the ACCG centre. Individuals can actively participate e.g. sing, dance, perform, or are equally invited to listen. Many of the individuals participating had underlying health conditions; therefore, the ACCG staff members worked closely with the Hallé musicians to help facilitate participation where an individual wished. As individuals were encouraged to focus on what they can do and not on what they cannot do, participation levels increased and interaction with the Hallé musicians developed. The project progressed so

that individuals were singing songs from memory, playing percussion instruments as a group and dancing to music made in the session.

This project presents a few wonderful opportunities for further development. By nature of the project, the Hallé and the ACCG are working across different cultures. Listening and learning were key factors in developing this project, and its continued development. Music is shared with us by workshop participants e.g. songs from their childhood, and we share music back. This reciprocal process has been a great opportunity for the development of creative practice with our musicians, as well as facilitating closer collaboration between vocal and instrumental practitioners in a workshop setting and exploring elements of social prescribing in a pilot project.



Photograph by Bournemouth Symphony Orchestra

# ACKNOWLEDGEMENTS

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James Sanderson and Richard Watts, NHS England



# APPENDIX A

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## SURVEY QUESTIONS

### **1: Where does your orchestra usually deliver its health/wellbeing and social care activity?**

In your answers, please include your delivery partners, number of participants, and how many musicians are involved, e.g. Royal Leeds Hospital, 375 participants, 16 musicians or 20 care homes in Manchester (operated by ManCare), 14 musicians, 364 participants. If, for example, you are working in more than one hospital, mental health and social care setting, please list them in the 'additional information' box below in the same order

- a) Hospital – acute care settings
- b) Hospital – chronic care settings
- c) Mental health settings
- d) Social care settings
- e) Primary Care Trust settings (GP Surgeries etc)
- f) Community settings
- g) Care homes
- h) Other
- i) Additional information

### **2: National/regional location of activity:**

- a) England – North West
- b) England – North East
- c) England – Midlands
- d) England – South East
- e) England – South West
- f) England – London
- g) England - Nationwide
- h) Northern Ireland
- i) Scotland
- j) Wales

### **3: Who leads the work?**

- a) Orchestral musicians
- b) Animateurs
- c) Music therapists
- d) Composers

### **4: What percentage of the musicians are in the orchestra approx? 25%, 50%?**

### **5: Are you linked to social prescribing programmes**

- a) Formally
- b) Informally
- c) Not at all

### **6: What income against health/wellbeing/social care projects did you receive in 2019/20?**

- a) Grants (public funding)
- b) Grants (private trusts & foundations)
- c) Donations (individuals)
- d) Payment for services

### **7: What percentage of your overall learning & participation income does the total of the figures (in question 6) for health, wellbeing and social care work represent?**

### **8: Is there a separate budget for training?**

**9: How would your organisation identify the key driver for delivering this work?**

- a) A central part of the business model in serving audiences
- b) Part of our outreach programme
- c) Part of our audience development programme

**10: What are the top 3 benefits to the orchestra in delivering this work?****11: How has Covid-19 caused you to review your delivery, investment in, or commitment to, this work?****12: What challenges does this present?****13: What questions would you like to explore?****14: Contact information for follow up**

# APPENDIX B

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## RESPONDENTS

**SURVEY COMPLETED BY**

Academy of Ancient Music  
 Academy of St Martin in the Fields  
 Bath Philharmonia  
 BBC National Orchestra of Wales  
 BBC Philharmonic Orchestra  
 BBC Scottish Symphony Orchestra  
 Bournemouth Symphony Orchestra  
 City of Birmingham Symphony Orchestra  
 City of London Sinfonia  
 The Glasgow Barons  
 Hallé Orchestra  
 London Mozart Players  
 London Philharmonic Orchestra  
 London Symphony Orchestra  
 Manchester Camerata

Northern Chamber Orchestra  
 Opera North  
 Orchestra of the Age of Enlightenment  
 Orchestra of the Swan  
 Philharmonia Orchestra  
 Royal Liverpool Philharmonic  
 Royal Philharmonic Orchestra  
 Royal Scottish National Orchestra  
 Scottish Chamber Orchestra  
 Scottish Ensemble  
 Sinfonia Verdi  
 Sinfonia Viva  
 The Sixteen  
 Ulster Orchestra  
 Welsh National Opera

**ADDITIONAL INFORMATION PROVIDED BY**

Britten Sinfonia  
 Glyndebourne Opera

Sage Gateshead  
 Scottish Opera

**ARE PLANNING TO DELIVER ACTIVITY IN THIS AREA IN THE NEAR FUTURE BUT DID NOT WORK IN THIS AREA IN THE YEAR APRIL 2019 TO MARCH 2020**

Arcangelo  
 BBC Concert Orchestra  
 BBC Proms  
 BBC Symphony Orchestra  
 Birmingham Contemporary Music Group  
 Brighton Philharmonic Orchestra  
 Dunedin Consort  
 The English Concert  
 English National Ballet  
 Gabrieli Consort & Players

The Hanover Band  
 London Handel Orchestra  
 London Contemporary Orchestra  
 London Sinfonietta  
 Monteverdi Choir and Orchestras  
 Northern Ballet  
 Royal Opera House  
 Sinfonia Cymru  
 Southbank Sinfonia  
 The Tenebrae Choir

# APPENDIX C

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## BIBLIOGRAPHY

All-Party Parliamentary Group on Arts, Health and Wellbeing. (2017) 'Creative Health: The Arts for Health and Wellbeing.' <https://www.culturehealthandwellbeing.org.uk/appg-inquiry/>

Arts Council England. (2020) 'Let's Create'. <https://www.artscouncil.org.uk/letscreate>

Arts Council England. (2020) 'Thriving Communities Fund'. <https://socialprescribingacademy.org.uk/thriving-communities/thriving-communities-fund/>

Arts Council of Wales. (2018) 'Corporate Plan 2018-2023: For the benefit of all'. <https://arts.wales/resources/corporate-plan-2018-23-for-benefit-all>

The Audience Agency. (2017) 'National Classical Music Audiences: An analysis of Audience Finder box office data for classical music events 2014-2016'. <https://www.theaudienceagency.org/asset/1303>

City of London Sinfonia, Orchestras Live, and the Baring Foundation. (2019) 'From Bingo to Bartok: Creative and Innovative Approaches to Involving Older People with Orchestras.' <https://www.orchestraslive.org.uk/news/bingo-to-bartok/>

Cutler, D. (2020) 'Key workers: creative ageing in lockdown and after'. The Baring Foundation. [https://cdn.baringfoundation.org.uk/wp-content/uploads/BF\\_Key-workers\\_WEB\\_Ir-1.pdf](https://cdn.baringfoundation.org.uk/wp-content/uploads/BF_Key-workers_WEB_Ir-1.pdf)

The Health Foundation, The Kings Fund, The Nuffield Trust. (2018). 'The Healthcare Workforce in England: make or break?' <https://www.kingsfund.org.uk/publications/health-care-workforce-england>

LaingBuisson. (2016) 'Care of Older People UK Market Report' Twenty-seventh edition. [https://www.laingbuisson.com/wp-content/uploads/2016/06/Care\\_OlderPeople\\_27ed\\_Bro\\_WEB.pdf](https://www.laingbuisson.com/wp-content/uploads/2016/06/Care_OlderPeople_27ed_Bro_WEB.pdf)

Ockelford, A. (2017) 'Comparing Notes: How We Make Sense of Music'. Profile Books <https://pure.roehampton.ac.uk/portal/en/publications/comparing-notes-how-we-make-sense-of-music>

Scottish Government. (2020) 'A Culture Strategy for Scotland'. <https://www.gov.scot/publications/culture-strategy-scotland/>



We are keen to keep abreast of new development and activity that we may not yet be aware of or that has been initiated since we compiled this report. Do get in touch if you have additional information that you think would be of benefit to the sector.

**[info@abo.org.uk](mailto:info@abo.org.uk)**

**[info@cls.co.uk](mailto:info@cls.co.uk)**

**[info@orchestraslive.org.uk](mailto:info@orchestraslive.org.uk)**