

FINAL ACCEPTED VERSION

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Abstract

There is growing research documenting the effects of arts-in-health interventions on diverse participant groups. However, the impact of interventions on facilitators remains largely lacking. Drawing on a case study project, this article reports on a qualitative study to understand the practices, challenges, enablers and impacts for musicians of facilitating creative activities for women with symptoms of postnatal depression. Thematic analysis revealed that the musicians used specific practices to successfully facilitate their activities, relying on a balance of forward-planning with the need to retain flexibility and provide women with autonomy and opportunities for bonding. Key challenges included coping with the emotional impact of the project as well as facilitating different types of creative interventions, while a strong sense of team and the structure of the intervention supported delivery. Finally, the project enabled the development of both generic and context-specific creative facilitation skills, and also contributed to facilitators' wellbeing. The logistical, educational and support implications for other practitioners seeking to establish such projects are considered within the context of arts-in-health and musicians' education.

Keywords

arts-in-health; interventions; lifelong learning; postnatal depression; workshop facilitation

Introduction

The field of arts-in-health is rapidly expanding, with evidence that the arts can have a positive impact on psychological (Bräuninger, 2012; Perkins, Ascenso, Atkins, Fancourt, & Williamon, 2016), biological (Fancourt et al., 2016) and social (Dingle, Brander, Ballantyne, & Baker, 2013; Kreutz, 2014) aspects of health. Fancourt (2017) proposes seven types of arts-in-health activity, ranging from arts activities in everyday life – which are not health specific but may have health benefits – to arts in psychotherapy, which have a specific therapeutic aim and are delivered by trained therapists. This article focuses on a type of activity in the middle of this spectrum, participatory arts programmes designed for specific patient groups with a specific health need but not delivered by psychotherapists. Such programmes have gathered traction in recent years, providing a means for particular health needs to be met through creative experiences that by their nature have psychological benefits, but that are not designed as a psychological therapy. Creative artists are at the forefront of such programmes as creative leaders, but how they facilitate such work and the impact that it has on them remains under-researched. This article posits that the field needs to consider what artists learn when they facilitate arts-in-health interventions for specific patient groups and how they can be educated and supported in doing so. We therefore focus on one case study project in England, based on creative interventions for mothers experiencing

symptoms of postnatal depression (PND), to explore the impact and implications of the project from the perspective of the musician facilitators.

There are some early research findings that provide a relevant starting point in considering the impact of community engagement on musicians. Ascenso (2016), for example, reported three ways in which community engagement benefited orchestral musicians including (i) identity building, (ii) personal, interpersonal, musical, cognitive and teaching skills, and (iii) enhanced wellbeing. Additionally, musicians working with older adults have been reported to build new skills and reformulate how they think about teaching (Perkins, Aufegger, & Williamon, 2015), as well as experiencing personal fulfilment, professional development and a sense of reward from seeing others develop (Hallam, Creech, McQueen, Varvarigou, & Gaunt, 2016). Further, music students working with hard-to-reach populations have experienced shifts in their relationships with others, with their self and with music (Triantafyllaki, Melissari, & Anagnostopoulou, 2012), and musicians facilitating creative music workshops for people with dementia have reported new identities and new forms of communication and participation (Smilde, Page, & Alheit, 2014). Finally, Bartleet (2011) detailed the importance of relationship building and the ‘construction of Otherness’ in a collaboration between Indigenous musicians and undergraduate music students in Australia.

Indeed, the practice of musicians undertaking work in healthcare also sits within the wider context of the education of professional musicians. Within higher music education there has been a notable shift towards diversifying institutional practices in order to prepare graduates for the creative and cultural industries (Burnard & Haddon, 2015), recognising the need for creative and reflective spaces of learning (Perkins, 2013). Indeed, conservatoires are increasingly equipping students with wide-ranging rather than specialist expertise (Carey & Lebler, 2012) and – for many decades – conservatoires have pioneered collaborations with their local communities that serve to meet ‘the need for the conservatoire to sharpen its sense of social purpose, thereby providing a more realistic focus for the curriculum’ (Renshaw, 1986, p. 86).

Furthermore, we know that professional musicians continue to learn through the life course as they take roles in educational leadership and negotiate and draw upon different learning styles (Smilde, 2009). While music students and graduates are increasingly engaging in multiple ‘fields’ (Burnard, 2012), including arts-in-health, we still know relatively little about how they facilitate such work effectively.

Within this context, it is important that we do not assume that ‘community engagement’ is only one thing or that it only requires one set of knowledge or skills. In arts-in-health there are multiple ways in which musicians may engage with communities or patient groups, including projects using different forms of creative activity (e.g. music, dance,

drama, visual arts), forms of delivery (e.g. one-to-one participatory, group participatory, listening), projects with different groups (e.g. clinical populations, carers) and projects conducted in different settings (e.g. in a community setting, in a hospital). Each project, while sharing some similar features, will therefore be necessarily specific and those facilitating it will require particular skills and support. Consequently, there is a need for research identifying what these general and specific skills are so that effective programmes of support and training can be developed for facilitators engaging in bespoke arts-in-health projects. The case study presented below therefore set out to understand: (i) how the musicians prepared for and adapted their practices in order to facilitate the creative sessions effectively; (ii) the challenges and enablers that the musicians experienced during their facilitation of the sessions, and (iii) the impact of involvement in the project on the musicians' skills, career and/or wellbeing.

The context: The impact of creative interventions on symptoms of postnatal depression (PND)

This case study is part of a larger project which ran in England from 2015 to 2017 to investigate the impact of creative activities on maternal wellbeing. In health terms, it is estimated that PND affects at least 12.9% of new mothers in the UK alone (Boath & Henshaw, 2001). Despite this, there remain some challenges with treatment models,

including low take up of medication and delays or reluctance to engage in psychological therapies (Morrell et al., 2009). In music, despite the growing body of evidence for the positive impact of singing on psychological health (Clift et al., 2010; Clift & Morrison, 2011; Judd & Pooley, 2014; Kreutz, 2014; Livesey, Morrison, Clift, & Camic, 2012), there have been few community initiatives, outside of specifically therapeutic contexts, to systematically explore the impact of singing on maternal mental health. Moreover, there have been few if any attempts to compare singing with other psycho-social interventions such as creative play. There was therefore a gap for a project to explore new creative support mechanisms for maternal mental health but also to explore new opportunities for creative facilitators.

To address this gap, a series of 10-week creative workshop programmes were facilitated in West London, England for women experiencing symptoms of PND such as insomnia, low mood, fatigue, anxiety and/or irritability. The project was designed as a randomised controlled trial (RCT), and eligible women (n=134) were randomised into either a 10-week programme of group singing for them and their baby, a 10-week programme of creative play for them and their baby, or a wait-list control (10 weeks of usual care and then a 10-week programme of group singing for them and their baby outside of the research). Results from the RCT indicated that, for women experiencing moderate-

severe symptoms of PND, singing could support recovery more rapidly than usual care (Fancourt & Perkins, in press(a)).

The singing and creative play groups were led by professional workshop leaders, supported by assistants from the Royal College of Music (RCM), and ran for one hour per week. Leaders and assistants were all musicians by background but facilitated both singing *and* creative play workshops, to ensure that there was consistency across the different groups for the purposes of the research data collection. This, and the nature of working with women experiencing symptoms of PND, provided a unique context for the facilitators. Leaders and assistants were selected on the basis of a written application and interview, and training was delivered in partnership with a specialist health visitor in postnatal mental health, organised into three main aspects: (i) an introduction to the project, including information on the research context and the design of the RCT; (ii) information on PND, including symptoms, behaviours and safeguarding, and (iii) a practical collaborative session on planning and preparing the creative content of the workshops. Singing workshops involved mothers listening to songs, learning and singing songs with their babies, and creating sound baths and new songs together reflecting aspects of motherhood. Creative play workshops involved mothers engaging in sensory play with their babies, doing arts and crafts and playing simple games together. A full description of the intervention is provided in the main study process

evaluation (Fancourt & Perkins, in press(b)) and outcomes are presented in Fancourt & Perkins, in press(a)). This study, however, focuses specifically on the qualitative experiences of the workshop facilitators.

Methodology and methods

Participants

Six participants took part in the study including two (of two) workshop leaders and four (of seven) workshop assistants, as summarised in Table 1. Leader 1 had an educational and professional background in musical performance and extensive experience of leading early years community projects as well as mother and baby/toddler music groups. Leader 2 had a background in creative leadership, composition, writing and musical performance along with extensive experience of leading music and creative play community initiatives, including in hospital contexts. All assistants were studying at the RCM, a conservatoire in the United Kingdom. Assistants 1 and 2 were final year undergraduates and Assistants 3 and 4 were first year postgraduates.

Participants were those who agreed to take part in the research following an invitation at the completion of the final 10-week programmes run during the RCT. Ethical approval

was granted by the Conservatoires UK Research Ethics Committee (CUK REC), and participants provided written informed consent. Throughout this article, both leaders and assistants will be referred to as workshop facilitators, drawing upon Higgins' (2008) definition of facilitation as a 'self-reflective process that assists groups of people in a journey together to reach their goals' (p. 334).

Table 1. Summary participant characteristics

ID	Sex	Role	No. sessions facilitated	Background
Leader 1	F	Singing/play leader	29	Professional workshop leader
Leader 2	F	Singing /play leader	19	Professional workshop leader
Assistant 1	F	Singing /play assistant	10	Music degree
Assistant 2	F	Singing/play assistant	11*	Music degree
Assistant 3	F	Singing/play assistant	11	Music degree
Assistant 4	F	Singing/play assistant	10	Music degree

Note: *Assistant 2 then took on her own programme of workshops

Methodology and methods

The study was rooted in social constructionism and was qualitative in design. This reflected an assumption that each musician would have a unique involvement with the project, best understood through inductive analysis of her idiosyncratic experiences. We therefore took an approach that placed emphasis on contextual knowledge that is necessarily specific to this particular case study of facilitators and the creative context in which they were working.

Following Price (2010), we took the view that we need to turn to the musicians themselves in order to understand their education and training needs. Data were collected via semi-structured interviews, conducted individually at a time and location convenient to each participant. The interview schedule incorporated four main areas: (i) previous experiences of workshop facilitation, (ii) preparation and adaption of practices in order to facilitate the interventions, (iii) perceived challenges and enablers of facilitating the interventions, and (iv) the impact of the project on them as musicians, if any. The interview schedule is presented in Appendix 1 and was administered flexibly, to allow the interviewer to respond to and follow-up points of interest raised by the participant. Interviews were conducted face-to-face by the first author and lasted

between 11 and 38 minutes. Interviews were audio-recorded with permission and fully transcribed.

Analysis

Transcripts were analysed using a thematic descriptive approach, which proceeded in four steps. First, transcripts were read for accuracy to the recording and for familiarity. Second, data were coded using NVivo10, with chunks of text that conveyed meaning in relation to the study aims given an identifying label. Third, codes were reviewed across participants to ensure consistency. Finally, codes were clustered to form themes within the four areas identified from the research questions: practices, challenges, enablers and impacts. All stages were cross-checked by two members of the research team.

Results

Eight themes emerged from inductive analysis of the qualitative data as summarised in Table 2. In what follows, the detail of each theme is presented with evidence provided in the form of indicative quotations.

Table 2. Key themes.

<i>Categories</i>	<i>Themes</i>
1. KEY PRACTICES	1.1 Balancing planning and flexibility 1.2 Encouraging group bond
2. CHALLENGES	2.1 Emotional sensitivity 2.2 Facilitating creative play sessions
3. ENABLERS	3.1 Team working and support 3.2 Structure of intervention
4. IMPACTS	4.1 Wellbeing 4.2 Learning

Key practices

Two key practices emerged in terms of facilitating the interventions. First, all six facilitators emphasised the importance of forward planning while at the same time maintaining flexibility (theme 1.1, six participants):

You can make the best plan in the world but if the women don't feel, seem to be in that particular mood, then it might not be a comfortable experience for them if you just plough on with something really energetic. Just trying to make sure I'd planned enough options...and then try and judge how the group was feeling.
[Assistant 2]

As Assistant 2 suggests, this theme grew from the need to respond directly to the context of the women involved in the intervention. The two leaders shed further light on what this meant in practice:

I think sometimes in preparation terms I found it quite hard to think of things that would be safe because when you're struggling with low mood you really don't want to have to be worrying about your baby swallowing some art material or anything (...) Don't plan too much right at the beginning...see who your group are... [You need to] be really aware of atmosphere. [Leader 1]

I found in [play] sessions, less is more...not to overstimulate the babies or the mums with loads of stuff. [Leader 2]

We had a similar structure every week and I do think that actually really helped people because even though I could have themed it and changed it every week, I think people just enjoyed seeing their baby react to the same song more by week eight than by week one. [Leader 1]

I found myself able, in all the groups, to step back more and more. It was deliberate. I wanted [the mothers] to come forward and take some ownership...In the beginning that didn't happen, but after a few weeks, there was that trust in the room. [Leader 2]

As explained here, leading this intervention emerged as a balance between planning appropriate activities and responding spontaneously to the particular emotional and practical needs of the women and their babies on a week-by-week basis. This included remaining sensitive to activities that could be stressful for mothers, responding directly to the atmosphere of mothers and babies each week, giving time for each activity so as not to overstimulate mothers or babies, providing a structure to allow mothers to see

change in their babies over time, and building trust to allow the mothers to contribute spontaneously creative ideas for session content.

Second, the importance of facilitating strong bonds within the groups was identified as a key practice (theme 1.2, five participants). Mother-mother, facilitator-mother, and mother-baby bonds appeared to be built through the organisation and content of the sessions:

I really enjoyed the bonds I made with the mothers and I enjoyed the musical sound that they made in the sessions. I felt like I saw some of them really connecting with the material and with each other in the sessions...It felt very powerful...I think they're still in touch with each other. [Leader 2]

A section where you face your baby and do something directly one-on-one with them in either music or play is totally essential. One lady in the third play group said to me that this was the only time that she didn't feel like she should be getting on with something else and she just focused on what he was doing, her baby. [Leader 1]

If [the participants are] not in a particularly lively mood it can be really difficult, or if the group doesn't seem to be bonding very well it can be difficult, but we can just try and make time to make sure...make sure we talk about this, or does anyone have this experience, and try and find things in common. [Assistant 2]

As Assistant 2 mentions, one way in which bonds were created was through the women's shared experiences of motherhood. Leader 1 illustrates how such bonding was enabled by the creative activity:

I remember [one of the mums]...suddenly bringing up how long she felt she'd been fighting the depression and how little had been done...This was the first thing that had happened for her...The other mums leapt on this opportunity to

discuss something that was quite taboo...My last play group they were such different people from such different walks of life and they...one of the very shy mums actually said to me, "I would never, never have talked to any of these women. They would all have scared me." Because we did so many silly things that everybody took home the same thing, she said, "I just feel confident to come in." [Leader 1]

Key challenges

The facilitators identified two main challenges to facilitating the interventions. First, emotional sensitivity to the context of the workshop participants (theme 2.1, six participants):

The levels of anxiety that these women have to deal with on a daily basis, some of them, I found really heart-wrenching to watch. [Leader 1]

The level of sensitivity is a bit like working in a hospital. You're kind of heightened...I'm trying to tune into everything that's going on in the room. I find it exhausting...There's a personal thing about energy, but that's something I need to learn to manage better myself. [Leader 2]

I'm not a mum. I can't directly empathize on exactly the same level as say [one of the other facilitators] could. [Assistant 1]

In addition to processing the energy and emotions associated with facilitating the interventions, the facilitators also commented on the need to accept that challenges are not always a personal reflection on their workshop leading abilities:

There were mums that didn't come back and that's challenging, disappointing, and that affects the morale of the group...Everyone's lives are complex, and also sometimes keeping your own morale up when that happens. Learning that it's not a personal thing, remembering that it's not a personal thing. [Leader 2]

[I was] very conscious...not to overstep any of the boundaries...I found some mothers...I felt that they were angry with me, but it's not personal. It's about not taking things personally, but also being readily available if they need you to be. [Assistant 4]

Second, five of the facilitators reported – perhaps unsurprisingly given their backgrounds predominantly as musicians – that facilitating the creative play sessions was more challenging than facilitating the singing sessions (theme 2.2, five participants):

In the creative play I felt I didn't have quite so many tricks up my sleeve. I was less flexible. I had to stick to what I'd planned...I didn't have so many resources, so that was quite a different experience. [Leader 2]

I always found that those [play] sessions were a bit more hectic. I don't know if it was because there was so much to stimulate them. There were always so many toys and so many things for the mothers to do as well. [Assistant 1]

The facilitators reported that the play sessions involved more preparation, felt “higher risk” (Leader 1), and were logistically harder to manage while ensuring the safety of the young babies.

Key enablers

The facilitators reported two main sets of enablers that assisted them in leading the intervention. First, they placed value on a strong sense of team support (theme 3.1, six participants):

It all felt very well supported, the fact that there was an assistant to each session was fantastic. [Project officer] was really supportive. The training at the beginning that we had at the day at the [conservatoire], fantastic. Yes, it felt there was a strong network around. [Leader 2]

This network was established from the beginning of the project, and included a project officer in attendance at each session to support the facilitators, regular attendance at the sessions from members of the research team, and bespoke training for facilitators at the start of each programme. Additionally, the leaders and facilitators built strong working relationships throughout each programme, reporting that this enabled effective delivery:

There's a lot of support. But, I think it was working with great people like [leader], who really have so much experience. It really rubs off on you. You feel everyone in the team feels ready to go, confident that they can help her deliver a good workshop. [Assistant 4]

It seemed important to the facilitators, then, that their work was supported by the larger project team in terms of training, day-to-day support and the ability to learn from one another.

Second, the participants reported two structural aspects of the intervention that enabled effective delivery (theme 3.2, five participants). This included the length of each programme, which allowed for progression over each 10-week period, as well as the use of appropriate spaces

You definitely need a leader who's completely reliable because of the relationship it takes...the fact that you know this number of women will be there for this number of sessions...Drop-in socially is quite intimidating. [Leader 1]

The setting...is perfect. It's quite a dark room if you want it to be, so I like that about the ... I'd look for that in a venue. Yeah, and all the [yoga] mats. It was

great. Just made everyone really comfortable so I'd always look for that.
[Assistant 2]

Drawing this together, the musicians reported several ways in which their facilitation was supported, including a strong sense of team between the facilitators and the researchers as well as the leaders and the assistants, the progressive rather than one-off nature of the programmes, and the use of suitable spaces.

Impacts

Two main impacts emerged for the facilitators. First, all reported that taking part contributed to enhanced wellbeing (theme 4.1, six participants). This was most evident in terms of the meaning that facilitators experienced as a result of their participation:

[It was] really lovely to hear and just to feel like you can actually use your music training somehow so that directly you can see an effect in the community is really different to other things you do at College...Here you just spend so much time sat by yourself practising; it starts to feel a bit selfish sometimes, so to have the chance to hopefully brighten up someone's day a bit was really nice.
[Assistant 2]

It was very important to me; it's something that was very close to my heart. I know a...couple of friends who've struggled with postnatal depression...It felt very empowering to be doing the project for me, as a leader. [Leader 2]

Evident here is a range of idiosyncratic ways in which meaning was found in the project, including through finding new ways to understand other people, using music training in a new way, and using creative activities to help others within the particular

context of maternal wellbeing. Additionally, four of the facilitators reported experiencing positive emotions and three a sense of achievement:

I really enjoyed working on the project. It's probably one of the things I've enjoyed the most in terms of the work I've done...I felt that even if we get in the room being tired we'd all leave from that slightly better than we got in there.
[Assistant 3]

It's been really exciting and has really pushed me beyond what I thought I was capable of. Workshop assistant was something I was used to, but leading the workshop was something that I wasn't quite sure...but actually, I gained so much experience from doing that and getting it wrong and then getting it right.
[Assistant 4]

Second, the majority of the facilitators reported that their engagement in the project was a learning experience, allowing them to build their skill set as workshop leaders (theme 4.2, five participants). This included practical consolidation of theoretical knowledge, interaction skills, as well as learning how to use personal experience to inform workshop material:

This project for me felt like a kind of anchoring of things I'd read about and learned about in terms of emotional bonding in early years, but I'd never seen in practice. That was really exciting for me to see that. [Leader 2]

I think it shows that I kind of hopefully got confidence to speak to people if I need, and deal with people in a certain manner and be sensitive. [Assistant 2]

I was looking at it as workshop leader and what I need to do and things like that. But then I looked at it as a singer - what do I enjoy about singing? What did my mother sing to me? Then I was able to adapt it to a more personal level.
[Assistant 4]

Finally, three of the facilitators – including both leaders – specifically commented on their enhanced knowledge of maternal wellbeing and, linked with this, how to engage effectively with new mothers:

What I also loved about the project was that I learned a great deal about something I didn't know anything about, postnatal depression. I learned a lot of empathy for the mothers that I was working with and I learned a lot more about how babies respond to or take emotional leads from their mothers. [Leader 2]

[I learned] not to over-plan and to really see the mum as well as the baby. In an early years project, if the parents are there they're not just there as transport...this has made me really see the mum and see actually things that they can do and have value to the babies as well and to others and toddlers. I'm going to push for better singing in my toddler groups. [Leader 1]

In summary, the facilitators felt that their involvement in the intervention supported aspects of their own wellbeing, particularly in relation to their sense of meaning, as well as providing a forum for the acquisition or consolidation of workshopping skills.

Discussion and conclusion

This article set out to address a gap in current understanding of the impact and implications of facilitating arts-in-health programmes for specific patient groups. Drawing on one case study project, findings indicate that the facilitators used specific practices in order to successfully run workshops for mothers experiencing symptoms of PND, relying on a balance of forward-planning with the need to retain flexibility and

provide women with autonomy and opportunities for bonding. Key challenges included coping with the emotional impact of the project as well as facilitating different types of creative intervention, while a strong sense of team and the structure of the interventions supported delivery. Finally, the project enabled the development of both generic and context-specific creative facilitation skills, and also enhanced facilitators' wellbeing.

Many of the practices identified here may also hold relevance for musicians working in other arts-in-health or indeed community contexts. For example, the importance of teamwork and responding flexibly were also identified as key learning experiences by another group of music students engaging in their first community music project (Smilde et al., 2014). Additionally, flexible facilitation modes, recognition of the importance of participants' social and personal growth and building confidence in participants' creativity are but some of the overlaps with Higgins' (2012) description of the attributes of community musicians. Further, the impacts of the project echo many of those documented by Ascenso (2016), particularly in terms of the sense of accomplishment and purpose that the work enabled. This suggests that many of the skills involved in facilitating community arts programmes are also likely relevant to facilitating targeted arts programmes for patient groups, and further work is required to consider and understand the evident intersections between arts-in-health, community music, music therapy and music education (see also Coffman, 2013). However, several

of the themes suggest that the particular context of the case study project also required specific practices and had specific impacts. For example, the facilitators were clear about the emotional impact of their engagement with mothers with symptoms of PND, as well as their particular logistical and creative needs and the benefits of working within a multi-faceted team for work of this sort.

In light of this, and given that research from the larger project indicated the promise of singing as a creative intervention for supporting recovery from symptoms of PND (Fancourt & Perkins, in press(a)), there is a rationale for drawing on the distinctive experiences of the facilitators to develop guidance for others wishing to develop similar work. Indeed, while this project was conducted in England, maternal wellbeing and PND prevalence – and therefore prevention and treatment – is of concern internationally (see, for example, Gress-Smith, Luecken, Lemery-Chalfant, & Howe, 2012; Lanes, Kuk, & Tamim, 2011; Mohammad, Gamble, & Creedy, 2011). Guidance for practitioners that emerges from these findings can be considered in terms of logistical, educational and emotional issues.

In terms of logistics, the findings highlight the importance of securing an adequate space. As well as taking into account the need for facilities such as baby changing and pram access, the facilitators identified the need for the space to feel cosy and relaxed,

with adequate space, avoiding harsh lighting and with soft mats on the floor to support mothers and babies. Additionally, the facilitators were clear that their practices developed over the course of each 10-week programme, with group connections and creative contributions from mothers increasing over time. One-off sessions with this particular population may therefore be less valuable, providing facilitators with less time to establish effective practices and to build group rapport. Finally, the facilitators recognised the benefits of working as part of a team, with at least three people – a creative leader, an assistant and a project officer in charge of general organisation – at each session. This level of support may have helped to enable the flexibility that the musicians identified as central to their practices, through enabling different people to take different roles at different times in the sessions and to support individual mothers as needed (see also Margrove, Pope, & Mark, 2013).

In terms of educating musicians for working in this context, the findings indicate the importance of working alongside others in order to learn from one another in situ. A two-stepped training process for those new to this work might then be most effective. First, up-front training is needed in order to prepare musicians for the arts-in-health context in which they will be working, including in this case specialist knowledge of PND (for more on the specific requirements of working in different arts-in-health contexts see Fancourt (2017)). Secondly, however, a more experiential approach – in

which musicians learn as they experience the project over time (see Kolb & Kolb, 2005) – also appears appropriate. Indeed, in this project the assistants (music students) were able to shadow and learn from the leaders, eventually taking on more leadership roles as each programme developed. Additionally, the leaders reported a learning process that was embedded in ‘doing’ the leading rather than thinking about or planning the leading. In this way, the facilitators – both music students and professionals – can be said to be creating knowledge *as* they facilitate the sessions (Kolb & Kolb, 2005), so that ongoing development opportunities throughout the period of a project such as this may maximise their learning opportunities. This might include reflection opportunities such as diaries or blogs, team meetings or guided training sessions focusing on maximising enablers and minimising challenges.

Further, the facilitators were clear about the impact of the project for their own wellbeing. In the context of research indicating that conservatoire students (e.g. Kreutz, Ginsborg, & Williamon, 2008) and professional musicians (e.g. Ackermann, Driscoll, & Kenny, 2012) can experience high levels of ill-health or psychological distress, projects such as this may prove a useful means of reconnecting musicians with the meaning of their musical activities (see also Ascenso, 2016; Ascenso, Williamon, & Perkins, 2017). This point is also linked with career development, reinforcing the value of opportunities that allow musicians to experience new ways in which to make and use music (see also

Perkins et al., 2015) that may also serve as new professional opportunities. Additionally is the importance of musicians being able and willing to engage in cross-arts practices in order to facilitate arts-in-health interventions that move beyond only music, such as in this case study example. Indeed, this demand for cross-arts engagement within conservatoires is not new (see Smilde, 2009). In facilitating this, conservatoires can help to support musicians who may wish to engage in a range of arts-in-health projects as they progress their careers.

Finally, in terms of emotional support, the facilitators highlighted the emotional investment of working on the project. This manifested both as the impact of witnessing emotional distress within the sessions, but also learning to cope with women not returning to the workshops. There is a need, then, for programmes such as this to have continued – rather than only up-front – support available to the facilitators, perhaps in the form of regular individual and team de-briefs that could complement an extended training programme (see also Fancourt & Perkins, in press(b)).

There are a number of limitations to this study. First, the qualitative sample is small and the experiences of the facilitators cannot be seen as representative of others working with arts-in-health programmes or with mothers and babies. Indeed, the facilitators were all skilled and experienced in workshop facilitation and brought advanced creative skills

to the project, so that their experiences may not be representative for more novice facilitators or musicians at an earlier stage in their musical development. Indeed, the article is limited by a lack of space to fully discuss the differences in experiences between the leaders and the assistants. Further, data collection relied on self-report and did not include detailed observations of the workshops in situ, such as that reported by Smilde, Page, and Alheit (2014). The analysis therefore focuses on the musicians' perceptions of their practices but does not do justice to the richness of their creative processes, for which further research is required.

Nonetheless, the implications that have been drawn are designed to inform others seeking to work within arts-in-health programmes for maternal wellbeing. This is particularly important in the context of conservatoire education, where both institutions and students alike are seeking new opportunities to make music and to develop a wide-ranging and holistic skill set (see, for example, Bennett, 2008; Smilde, 2009) as well as to engage in multiple roles within the cultural industries (Bennett, 2007). Indeed, as Cole (2011) points out, engaging in community music involves social, healthcare and communication skills alongside artistic skills. This article is designed to open discussion about the practices and support needs of facilitators of the increasing number of arts-in-health programmes for specific patient groups.

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Appendix 1: Semi-structured interview guide

Introduction

- Take informed consent, reminding participant of anonymity and seeking permission to record
- Note for researcher: the wording and order of the questions is flexible, and prompts/follow-up questions can be used

Starter question

- To set the context, could you start by telling me about your musical and creative background?

Main body

Previous experiences of workshop facilitation

- Could you tell me about your previous experiences of leading/assisting creative workshops, before this project?

Preparation and adaption of practices

- Could you explain how you prepared for this project and for your sessions?
- How was your experience of leading/assisting creative play sessions as well as singing sessions?
- How was your preparation different, if at all, from other workshops that you've been/are involved in?
- To what extent, and how, did you change your practices over the course of the project? What prompted these changes?

Challenges and enablers

- What factors, if any, did you feel supported or enabled you to lead/assist the sessions effectively?
- What barriers, if any, did you feel prevented you from leading/assisting the sessions effectively? What were the main challenges? What could have been improved?

Impact of the project

- What do you feel you will take away from your involvement in this project?
Does this differ from other projects that you've been/are involved with?
- What advice would you give to other musicians/artists working or planning to work with potentially vulnerable new mothers?
- What did taking part in this project mean to you?

Follow-up

- Is there anything else you would like to add to what we have discussed today?

Close

- Thank participant, debrief