Adapting and implementing arts and health interventions

A thinking tool

UCL
WHO Collaborating Centre for Arts and Health

Jameel Arts & Health Lab

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Abstract

There is growing evidence for the role the arts can play in improving health and well-being. However, there is relatively little information on how to adapt and implement arts and health interventions to different cultural contexts. As arts interventions are inherently tied to the cultural context in which they take place, it is important to focus on how to effectively run these implementation projects. WHO and local partners implemented a singing for postpartum depression intervention in three countries (Denmark, Italy, and Romania), in order to investigate whether this intervention could translate to different cultural contexts. Based on the experience of conducting this study, this thinking tool has been developed to highlight key considerations that can be taken when adapting existing arts and health interventions to different cultural contexts.

Authors

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Keywords

Arts and Health,
Implementation,
Adaptation,
Cultural Contexts,
Postpartum Depression

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The WHO Music and Motherhood protocol is based on research from the Centre for Performance Science (a partnership between the Royal College of Music and Imperial College London) and was informed by the was informed by the SHAPER study (Scaling-up Health Arts Programmes: Implementation and Effectiveness Research) led by King's College London and University College London, and the Breathe Melodies for Mums delivery model run by Breathe Arts Health Research. Research support was provided by the WHO Collaborating Centre for Arts and Health, based in the Social Biobehavioural Research Group at University College London. The implementing organizations were the Cluj Culture Centre, Creative School (supported by Central Denmark Region) and the Italian National Institute of Health. The Music and Motherhood implementation project was funded by the Nordic Culture Fund and Community Jameel, with additional financial support from Cluj-Napoca City Hall, the CultureForHealth project and the Central Denmark Region.

Abbreviations

INNATE	INgredients iN ArTs in hEalth (framework)
PPI	patient and public involvement
PPD	postpartum depression
RCT	randomized controlled trial

Introduction

The arts is a relatively new area in modern health care *(1)* that has grown rapidly since the late 1990s. Recent research projects have built a strong evidence base for the positive impact of the arts on our health and well-being *(2,3)*. In 2019 the WHO Regional Office for Europe reported that the arts can have wide-ranging positive impacts and health outcomes, including mental and physical health promotion, ill health prevention, and the management and treatment of health conditions and symptoms *(2)*. Condition - and intervention-specific research has demonstrated the benefits (clinical and otherwise) of arts-based interventions for different target populations, including community-based museum programmes for people living with dementia and their carers *(4–10)*, community choirs for people living with cancer *(11–15)*, community dance classes for those living with Parkinson disease *(16–22)*, music therapy to reduce stress *(23)*, and drama therapy to support the social and emotional skills of children and young people *(24)*, to just name a few examples. In addition, a 2022 report by the CultureforHealth project demonstrated that the arts can help to address specific public health challenges, including the need to support the health and well-being of young people, health disparities, and the mental health challenges faced by forcibly displaced people *(3)*.

The connections between arts and health policy, research and practice are strengthening: policy-makers are drawing on the growing evidence base to set out strategies to harness the health benefits of the arts *(25)*, and researchers are working with health and cultural practitioners to build pathways to increase access to the arts through health systems (e.g. social prescribing initiatives) *(26)*. In this time of increasing global health and social care challenges and widening social and health inequalities, exploring innovative approaches to health, such as the arts, is essential *(27)*.

A key challenge within the field of arts and health is how to practically implement evidence-informed interventions. There is a clear gap between knowing the positive impact of arts for various populations and translating this into health and social care systems to improve health outcomes. Moreover, there is very little guidance on how to adapt arts interventions to different cultural contexts. Given that most reports of arts intervention studies are from the United Kingdom and United States of America, their suitability for use in different cultural contexts and groups is not a given.

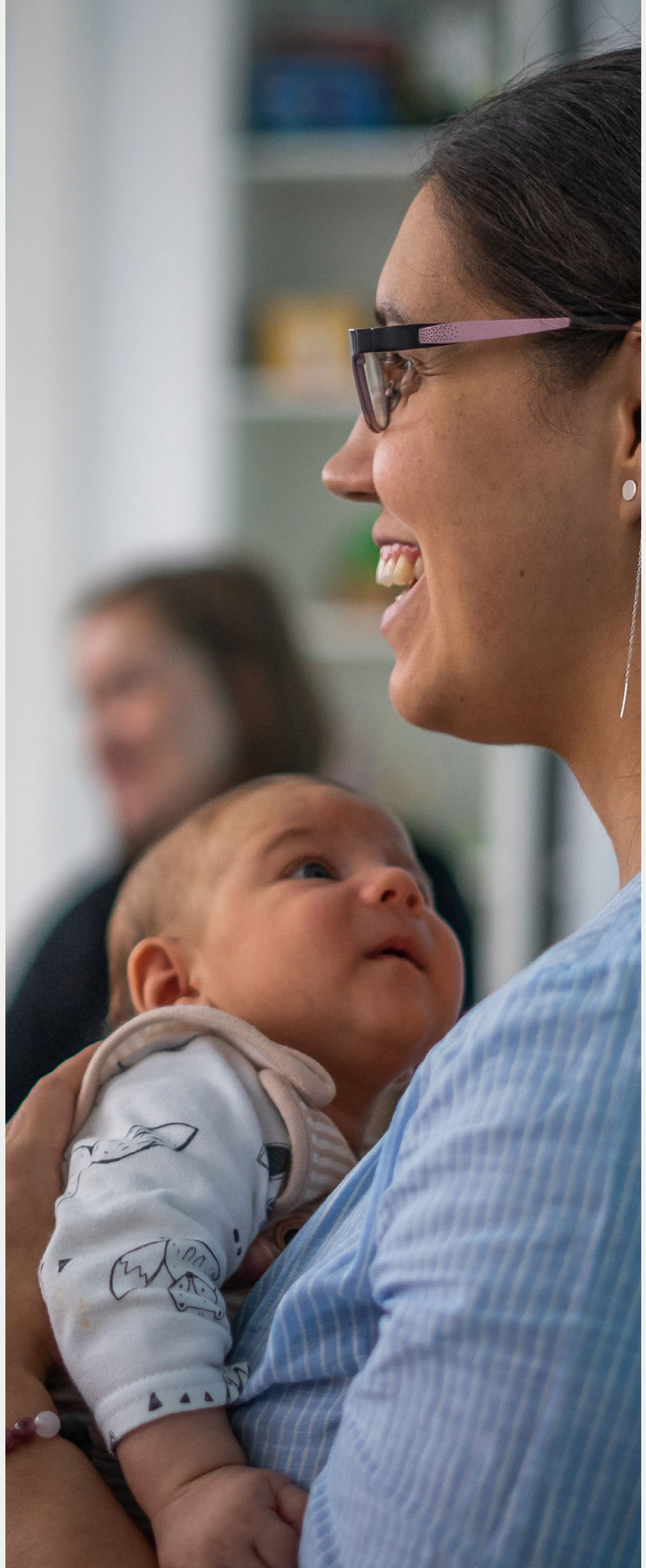
This thinking tool is designed for those within the health and culture sectors who are looking for practical guidance to adapt and implement existing, clinically evidenced arts and health interventions in different cultural contexts.

This tool builds on empirical learnings from a research project that explored the adaptation of the United Kingdom's Music and Motherhood group-singing intervention for postpartum depression (PPD) to new contexts: Denmark, Italy and Romania *(28)*. It first provides relevant background information on arts and health interventions and outlines the Music and Motherhood implementation project in order to provide the rationale for aims and approach. It next outlines a list of considerations for adapting and implementing an arts and health intervention, illustrated by examples from the Music and Motherhood implementation project. The result is a thinking tool that is intended to be a scaffold for further enquiry and adaptation to suit the individual needs of different projects.

Arts and health activities

The WHO Constitution defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” *(29)*. A wide range of arts activities are considered beneficial to health.

Arts engagement includes informal, formal, live, virtual, individual and group participation in a wide range of art forms such as dance, the performing arts, visual arts, design and craft, music, media, and literature *(30,31)*. Engagement with arts activities can include attending, creating, consuming, participating in, and learning about or through the arts *(30)*. Both active and passive engagement in the arts can be beneficial *(32–38)*. The term intervention is used quite broadly within arts and health and may be associated with bespoke interventions designed in health care, community, education or social care settings. Arts and health interventions may be delivered by artists, arts facilitators, creative arts therapists or others, depending on the context and goals of the intervention *(39)*.



Active ingredients of arts interventions

Arts activities that are designed to have health benefits are considered to be complex interventions because they combine different, interacting health-promoting components *(40,41)*. For example, a singing class involves not only singing but also cognitive stimulation, social interaction and physical activity. Furthermore, as arts activities are fundamentally cultural interventions, the cultural context does not just correspond to where an intervention is situated but also determines, shapes and informs the design, nature and meaning of the intervention. The different components that make up an arts intervention are known as active ingredients because they may activate or prompt mechanisms linked to health outcomes *(42)*.

Fig. 1 shows a logic model based on previous research that provides an example of the different active ingredients that may be involved in prompting mechanisms of action that can lead to health changes.

Fig. 1. Logic model

Active ingredients	Mechanisms of action	Health and wellbeing outcomes
Project (e.g. artistic content, resources, sensory and cognitive stimuli) People (e.g. participants, facilitator, social exchanges) Contexts (e.g. setting, project set-up, pathways in and out of activity)	Psychological (e.g. affective states, capabilities, group attitudes) Biological (e.g. nervous system, endocrine and immune systems) Social (e.g. social activities, relationships, group strength) Behavioural (e.g. decisions, cooperation, health management)	Mental health (e.g. improved mood, wellbeing, reduced anxiety and depression) Physical health (e.g. improved mobility, physical fitness, balance, strength) Health behaviours (e.g. decreased substance use, reduced sedentary behaviours)

Sources active ingredients are based on Warran et al. *(43)*, mechanisms of action on Fancourt et al. *(44)*, and health and well-being outcomes on Fancourt & Finn *(2)*.

Focus on implementation and adaptation

Most previous research in arts and health has focused on the impact of the arts on improving health outcomes by preventing, managing and treating a range of health conditions *(2)*. This has helped to clarify how and why the arts may be important to health across the lifespan. So far, less attention has been placed on how arts and health activities can best be adapted and implemented in different cultural contexts.

Implementation science focuses on promoting "the systematic uptake of research findings and other evidence-based practices into routine practice" *(45)*. It involves looking at how to implement an intervention within real-world settings by examining and exploring barriers and enablers to the delivery, adoption, sustainability and scalability of interventions *(46)*, often drawing on organizational and behavioural science *(47)*. Similarly, within arts and health, only a few studies have focused on optimizing implementation *(48–52)*. Moreover, although many implementation models and frameworks consider culture an important determinant of implementation, very little research has explored the role of cultural contexts in implementation *(53)*. This is an important consideration for understanding the arts as complex interventions because socioeconomic, cultural and political factors can moderate the relationship between the arts and health *(44)*.

Cultural contexts

In 2001 the United Nations Education, Scientific and Cultural Organization defined culture as "the set of distinctive spiritual, material, intellectual and emotional features of society or a social group … [that] encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs" *(54)*. In highlighting their cultural contexts, this thinking tool acknowledges the complex and dynamic ways in which of arts interventions are connected to the values, beliefs, assumptions, ideals or practices from which they originate.

Arts interventions are fundamentally cultural interventions, and the cultural elements that make arts interventions effective differ depending on the cultural context of the intervention. Just because an intervention has been effective within one setting, does not mean that it will be effective in another: therefore, arts interventions may need to be adapted to meet local needs when implemented in a new cultural context. Although academic resources on the cultural adaptations of arts and health practices are available *(55–59)*, few exist on how best to implement them. This document provides a thinking tool for adapting and implementing arts and health interventions in different cultural contexts.

WHO IS THIS THINKING TOOL FOR?

The report is intended for decision-makers in the health, social care, education or arts sectors who are interested in implementing an existing, evidence-informed arts intervention for health and adapting this to a different cultural context. This may include policy-makers, commissioners or other professionals working in educational institutions, hospitals, social care, national or regional health authorities, galleries, museums, theatres, or other arts industries or organizations.

HOW TO USE THIS THINKING TOOL

This thinking tool builds on the notion that "science is a conversation between rigor and imagination" *(60)*. Rather than a step-by-step approach to adapting and implementing arts and health interventions, it offers a number of considerations intended to stimulate reflection and adaptation (Fig. 2). These considerations are the product of insights derived from the evaluation of the Music and Motherhood implementation project. Although some guidance is essential for implementation, this should not be presented at the expense of creativity and the need to adapt to changing local, national and international sociopolitical and cultural factors.

The considerations cannot be neatly divided into distinct steps but, instead, continually inform one another in a nonlinear process. Therefore, the order in which the considerations are presented does not reflect a chronological order.

The following sections first outline general considerations for the adaptation and implementation of arts and health interventions and then provide examples to illustrate how these considerations were manifested in the Music and Motherhood implementation project. The examples are not intended as the best way to do things.

Overview of considerations

People

all of the people involved in and affected by an arts and health intervention

Co-production

Potential participants have valuable expertise and unique perspectives. Including them in the decision-making process from the outset can help to ensure that the intervention is relevant, successfully implemented and effective.

Conversations

As arts and health interventions are cross-disciplinary, establishing and maintaining good lines of communication during their implementation can be a particular challenge.

Adaptation

Adaptation is essential to ensure that arts and health interventions are effective in different cultural contexts.

Project development

Many things need to be considered when developing an arts and health intervention, from the content and structure of the intervention to evaluation, ethics and safeguarding.

Sustainability

It is important to reflect on the sustainability of arts and health interventions beyond the initial stage of implementation.

Ethics

Ethical practice is important when implementing and running an arts and health intervention to ensure the safety and care of everyone involved.

Training

When adapting an existing evidence-informed arts intervention that has already been conducted, experts connected to previous projects may be able to provide support in identifying training needs and options.

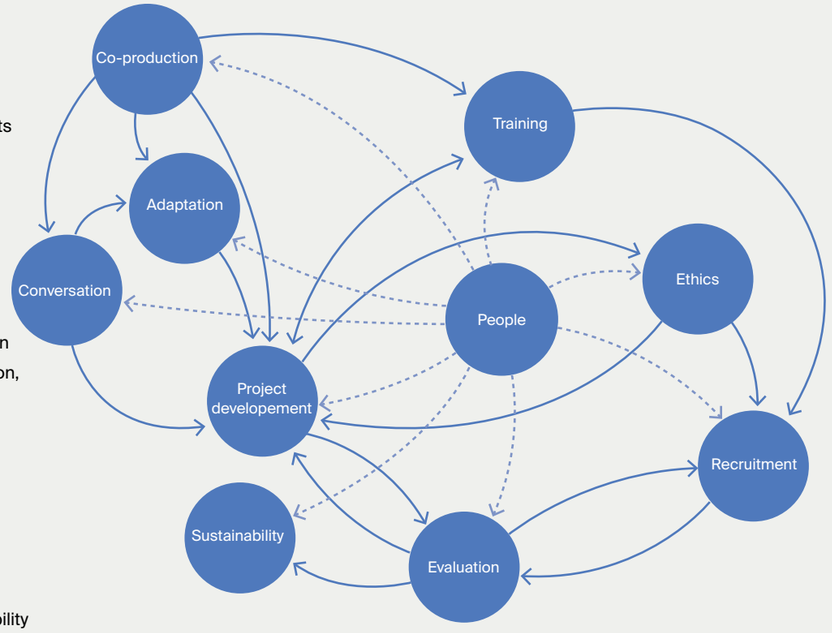
Recruitment

A carefully considered recruitment and referral strategy is essential for arts and health projects to run successfully. This is particularly important for projects that include a research component, whereby the design of the study may be perceived as intimidating.

Evaluation

An evaluation process involves exploring and documenting the effects of the intervention (what was the outcome, what worked well, and what could be improved) and then using this information to improve, scale up or replicate it.

Fig. 2 Useful considerations for adapting arts and health interventions to different cultural contexts



Notes arrows indicate the influence of one node on another.
Nodes can both influence and be influenced by multiple nodes at the same time.

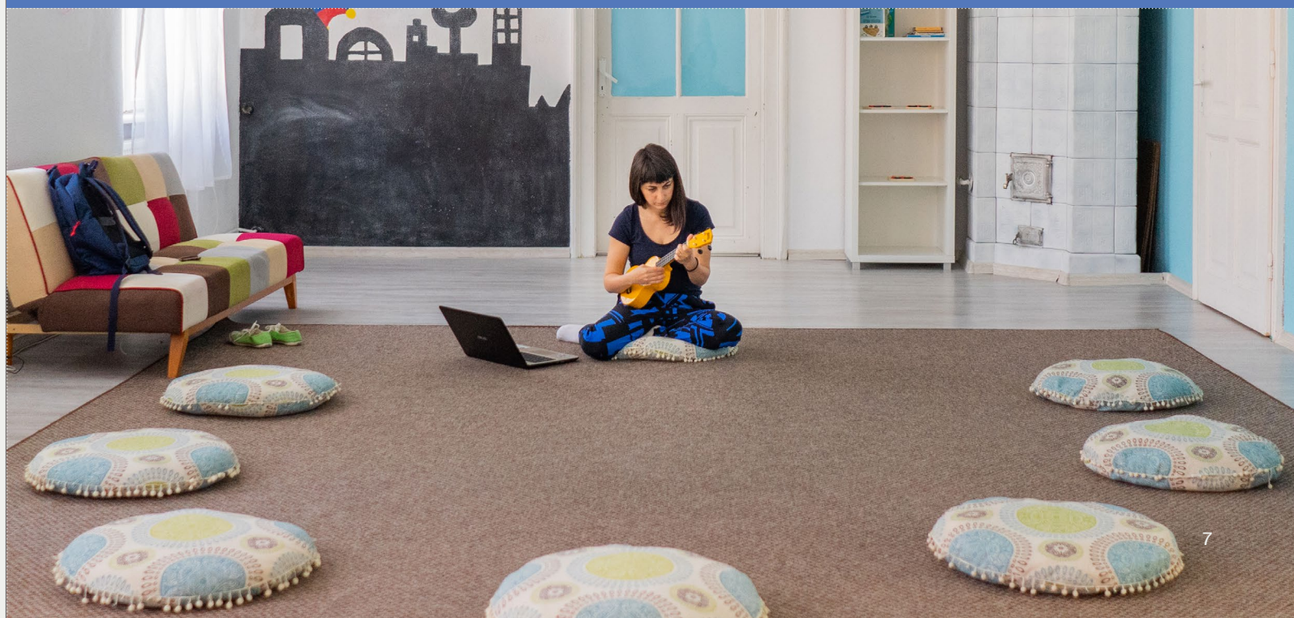
IN PRACTICE: THE MUSIC AND MOTHERHOOD IMPLEMENTATION PROJECT

> It was really incredible. Just a short intervention... that changed the perspective of the mothers. ... One of the mothers said it was like adding bubbles to still water.
>
> **IMPLEMENTATION FOCUS GROUP (ITALY), PARTICIPANT ID4**

The Music and Motherhood intervention was originally developed and evaluated in the United Kingdom by the Centre for Performance Science (a partnership between the Royal College of Music and Imperial College London) from 2015 to 2017. The team conducted a randomized controlled trial (RCT), whereby mothers with PPD who took part in 10 weeks of group singing sessions experienced a 38% reduction in PPD symptoms and faster recovery compared with usual care *(61)*. The study built on both long-standing and new research showing that music is beneficial for expectant and new mothers and supports maternal mental health and mother–baby bonding *(62–65)*. The intervention has since been adapted, delivered and scaled up in the United Kingdom as the Breathe Melodies for Mums programme by the non-profit-making Breathe Arts Health Research social enterprise and included in the large-scale SHAPER RCT on scaling up and embedding arts interventions into clinical pathways *(66,67)*.

Music and Motherhood research protocol

The Music and Motherhood implementation project explored the adaptation of the Music and Motherhood intervention to the new contexts of five cities in three countries: Silkeborg (Denmark); Turin, Este and Rome (Italy); and Cluj-Napoca (Romania). A research component was designed to explore the feasibility of implementation and evaluate the perceived impact of the intervention by participating mothers. Initial conversations with interested parties began in March 2021 and data were collected until summer 2023. Mothers in these cities participated in 10 weeks of singing classes, during which they answered questions on their PPD symptomatology, perceived social support and mental well-being (three times: in weeks 0, 6 and 10). Mothers were also invited to discuss their experiences of the sessions in focus groups. In addition, selected mothers and those involved in implementing the project participated in interviews to evaluate the feasibility of adapting and implementing group-singing sessions for mothers with PPD in different cultural contexts. The study protocol has been published *(28)* and early qualitative findings are in press *(68)*.



Considerations

PEOPLE

A key learning for me is that it's really critical to have the right people, the right partners, on board. ... You really have to work with people who are passionate.

MANAGEMENT FOCUS GROUP, PARTICIPANT ID7

Regardless of how or why an arts and health implementation project is initiated, those involved are fundamental to its success. This is why people are the first consideration of this thinking tool.

Different people will be involved in implementing an arts and health intervention depending on the nature, type or amount of funding, location and purpose of the intervention. Nevertheless, different arts and health projects may have some roles in common. The roles do not necessarily need to be undertaken by different individuals: one individual could undertake several roles within a project. Some key project participants are outlined below.

Artists

Artists and/or creative arts therapists will need to be involved in delivering the intervention in some capacity. They can contribute a range of practices that enable participants to have aesthetic, creative and meaningful experiences. The professional experience of qualified artists involved in an arts and health project is as important as expert knowledge of the relevant psychological or biomedical processes *(23)*.

Want to further explore how to recruit a qualified artist to facilitate or co-create your intervention?
The active ingredients worksheet of the INgredients iN ArTs in hEalth (INNATE) framework lists a series of prompts to support reflection on which qualities may be important in facilitating, leading or guiding an arts and health intervention *(43)*.

Participants

Participants are the most important partners of any intervention. Since the arts and health field often exists outside of the health system, recruitment can be a challenge. For example, participants may be recruited based on their health condition, geographical location or demographic characteristics. For projects related to specific health conditions, recruitment could take place through channels relating to the health condition (e.g. charities, support groups, health service providers, special interest groups) or through social prescribing pathways. If no such pathway[1] is in place, local health care providers could help to create them to refer their patients to the programme. For more information, see the section on Recruitment.

Arts organizations

You may find it helpful to work in partnership with arts organizations. These organizations will have invaluable knowledge of local audience behaviours and the demographics of people who are currently engaged in the arts. They also know about the potential barriers and enablers to arts engagement, as well as which communities already have arts provision and which do not. Many arts organizations will already be working on community-based projects and have knowledge of designing interventions and/or of appropriate artists to engage in your project.

Project managers

It can be useful for one or more individuals to oversee the entire project. Their duties could include managing the recruitment processes, setting timelines, ensuring that safeguarding and ethical processes are in place, marketing the intervention, managing relationships with the project partners, developing a protocol, and ensuring that data collection takes place (if an evaluation component is included).

Researchers or evaluators

If you are delivering an intervention that already has a strong evidence base, it may be sufficient to embed a process evaluation into the implementation process. This will allow you to keep track of what works and why and to explore whether you have met your aims at the end of implementation. The person responsible for this could be a freelance evaluator or member of an academic institution. However, if the project has broader aims that contribute to the arts and health field at large, it may be more suitable to design a research project to test efficacy or implementation on a larger scale. Such research projects include investigating the feasibility of implementation in a novel context, examining the clinical efficacy of your intervention (e.g. running a RCT) or conducting qualitative research to investigate participants' experiences in greater depth. In such cases, it may be worthwhile to appoint a research lead. Partnering with an academic institution will ensure that you can obtain the appropriate ethical approval to collect and manage data and will safeguard your participants (see the section on Ethics).

Public health authorities and health professionals

When running an intervention for a specific target population or health condition, it is advisable to consult public health authorities so that the project can form part of a wider network of services for people with the condition. Health services can often link, or even integrate the intervention into project to appropriate centralized systems. It is also worthwhile to work collaboratively with experts on the specific health condition to ensure that your intervention is suitable. Public health authorities and health experts can also prove invaluable for recruiting participants to the intervention.

[1] Social prescribing is a means of connecting patients to a range of non-clinical services in the community in order to improve their health and well-being (*69*).

IN PRACTICE

I really felt the whole time that if I needed help ... I could just reach out for it.

MANAGEMENT FOCUS GROUP (DENMARK), PARTICIPANT ID2

A large variety of interested parties and individuals were involved in and helped the Music and Motherhood intervention to run successfully. The following sections outline some of their roles in implementing the project.

Participants

The Music and Motherhood intervention involved two types of participants.

- **Singing group participants.** The recruitment of participants differed in each country. In Denmark and Italy, some mothers were referred from within the health system, whereas in Romania, mothers were recruited externally via advertisements in clinics, social media, maternal health influencers and midwives. Mothers with a score of at least 10 on the Edinburgh Postnatal Depression Scale (a tool used to identify women with PPD symptoms) *(70)* at up to 32 weeks post-birth were eligible to participate.

- **Research participants.** As this was an implementation study examining the feasibility of adapting the project to different cultural contexts, the research participants included everyone involved in implementing the project, including project managers, referrers, singing leads, researchers and organizational representatives.

Artists

Singing leads were recruited to create and deliver a 10-week singing programme with and for new mothers: one in Denmark, two in Romania (one to lead a Romanian language group and the other to lead a Hungarian language group) and three in Italy (one each in Este, Rome and Turin). Professional artists were recruited with the necessary skills (including responsiveness and sensitivity) and experience of delivering community-based music programmes. However, since each artist brought their own practice, it was important to work with the singing leads to create programmes suitable both for their talents and for the mothers. One of the singing leads (from Denmark) had previous experience of delivering singing sessions for mothers receiving antenatal care and contributed their valuable expertise and insight about what had worked in previous interventions and why. The three Italian singing leads also had previous experience of delivering singing interventions for mothers and babies in the first few months after birth. Local project managers identified artists who had relevant experience and were suitable to run the intervention in the cultural context.

Project managers

The project team included a central project manager at WHO and a lead project manager in each country. The latter were essential to ensure that the intervention was appropriate to the local context and to manage any unexpected challenges. In order to stay close to the projects and ensure they ran smoothly, lead project managers attended the weekly singing classes and built rapport with participants. Team members kept in touch via fortnightly meetings to share their experiences, worries, progress and so on.

Researchers and evaluators

The central research lead for the study, based at University College London, was responsible for designing the research arm of the project in partnership with the project team and ensuring appropriate data collection (based on the aims) throughout the intervention. (The full protocol and list of measures has been published *(28)*). Researchers in each country were also responsible for qualitative and quantitative data collection and analysis. The researchers had various backgrounds and expertise, including in social and medical sciences, which enabled a multidisciplinary and interdisciplinary approach and ensured that the processes were examined from multiple perspectives. Fortnightly project meetings included time to focus on research, reflection on ongoing successes or failures, and data triangulation within and across countries. In-country researchers were identified by project partners in each country based on previous collaborations and their expertise in the field of maternal mental health.

Training partner

The training partner on this project was Breathe Arts Health Research *(71)*, which has significant experience in the field of arts and health and in implementing singing classes for women with PPD. Their training was invaluable in shaping and confirming the decisions made during the project. Given that the training partner is based in the United Kingdom, training sessions involved plenty of discussion on how implementation may differ based on the local knowledge and experience of the in-country partners. Therefore, training was a highly interactive, two-way process. Training also included a session on reflection in which the in-country teams could discuss what did and did not work during the process of adapting the intervention to their specific cultural context.

CO-PRODUCTION

For me, [the Patient and Public Involvement group] makes it more of a bottom-up approach. And I think there would be still work to be done to say that this was totally bottom up.

MANAGEMENT FOCUS GROUP (ROMANIA), PARTICIPANT ID6

Recent years have seen a social movement to shift projects from being to, about or for participants to ones that are delivered with or by them *(72)*. This is important to dismantle the hierarchies in intervention implementation and research that have traditionally given participants a passive role. Potential participants and arts experts have valuable expertise and unique points of view; therefore, their inclusion in the decision-making process from the outset can help to ensure that a project is relevant, successfully implemented and effective.

Five key principles of co-production have been defined as (i) sharing power, (ii) including all perspectives and skills, (iii) respecting and valuing the knowledge of all those working together, (iv) reciprocity, and (v) building and maintaining relationships *(73)*. Underpinned by these principles is the process of working collaboratively and, as much as is possible, on an equal footing throughout the different networks of interested parties involved in the project. In the particular case of arts and health projects, those working in the health and arts sectors may not be used to working closely together; therefore, adopting an approach of mutual learning and collaboration is essential to make projects run smoothly.

Approaches that aim to be as inclusive as possible, such as co-production or patient and public involvement (PPI) processes, are valuable when implementing arts and health projects. This is particularly true for interventions that aim to impact mental health outcomes, where co-production is considered best practice *(74)*. Through sharing experiences and perspectives on how projects should be run and sharing responsibility for successfully running the intervention, you will benefit from an adapted intervention that is more culturally appropriate and, therefore, more likely to succeed. However, it is important to remember that working in a co-produced way does not necessarily entail equity. Ensure that your team are reflexive of working practices throughout every stage of your project by engaging in ongoing processes to enable the meaningful inclusion of everyone involved.

Want to know more about co-production?
Read the National Institute for Health Research *Guidance on co-producing a research project (73)*.

IN PRACTICE

This project involved collaborative work among multiple partners (see the section on People) and conducting a series of PPI groups within each country to work on the adaptation and co-design of the intervention. The experiences of mothers, psychiatrists, physicians, arts organizations, and public health professionals[2] were invaluable to work towards implementing a culturally sensitive project that worked in the context of the local cultural and health systems. Participants of PPI groups included:

- mothers with lived experience of PPD
- social workers
- art therapists
- family doctors
- doulas[3]
- midwives
- psychologists
- organizations that work with women with experiences of PPD
- musicians
- community (e.g. Roma) representatives

Based on these PPI sessions, feedback and adaptations to the project across the three countries included the following:

- mothers may better identify with phrases that concretely and strongly illustrate how they feel (using language such as low mood rather than postpartum depression);
- to help with recruitment of participants, a health nurse and/or other health care professional should be invited to observe a session so they are aware of the content;
- facilitators should only know the first names to ensure equality with participants;
- the types of music used should have a good rhythm but should not contain any religious content; and
- sessions should run during the day and within the opening hours of day-care institutions.

Although the project included the voices of those with lived experience of PPD and interested parties from a range of sectors, it had limitations related to participation. The structures of the organizations involved, institutional ethical review processes and funding limitations meant that those with lived experience were only involved in deciding the location, content and language used around the intervention, and not in the initial decision-making processes of the intervention (see the section on Conversations). Overcoming these limitations is important for the sustainability of interventions developed in this project. The project team is working to disseminate learnings and explore ways to further collaborate in scaling up the intervention.

[2] There is ongoing debate about whether health care professionals should be included as part of PPI groups. However, the project team considered it important to include them in order to understand local nuances around PPD and help to identify safeguarding and other issues.

[3] Non-medical companions who provide physical and emotional support before, during and after birth.

CONVERSATIONS

> So I think everyone's been connected to these broader networks which have come together in this space. And that's what's made this so successful. It's such a broad and rich diverse skill set and different organizations and institutional factors that come together
>
> **MANAGEMENT FOCUS GROUP, PARTICIPANT ID3**

Good communication is a critical component of any project. It increases the likelihood of success by ensuring that everyone involved has the information they need to work effectively, minimizing misunderstandings and conflicts, and enabling proactive problem-solving and risk management. The cross-disciplinary nature of arts and health interventions can make establishing and maintaining good lines of communication during implementation a particular challenge. Therefore, extra attention on displaying intellectual and disciplinary humility is needed to build a shared vocabulary and encourage participants to communicate. Good lines of communication need to be established and maintained across all considerations outlined in this report, from identifying relevant people to developing and delivering the intervention and designing an evaluation and sustainability plan.

Although no two arts and health implementation projects will be alike, most are likely to include an initial conversation about what to implement and adapt, and why. These conversations will cover the health problem or challenge to be addressed, the objectives to be achieved, and where the intervention may take place – the latter because it may be geographically targeted to address inequality. Understanding what you are implementing is essential, not only to ensure that the intervention can support broader health outcomes but also so that you can assess whether or not you have successfully achieved your aims at the end of your project.

You will need to think carefully about who should be involved in the initial conversations to ensure equitable and appropriate decision-making. This could include:

- commissioners
- policy-makers
- artists
- representatives of arts organizations
- those with lived experiences of health or social needs
- health and social care professionals
- researchers
- project managers (if already identified or involved).

Through conversations with interested parties, decisions can be made about which intervention to run, for what purpose and with whom. This early stage can help in developing a community of practice that can bring together individuals and/or teams with shared interests, experiences, or passion to share information, insights and ideas about the project *(75)*. It is likely to include a large amount of scoping and idea generation. This tends to be an iterative process such that choices and ideas from these early conversations may change throughout the project's delivery depending on local need and the natural development of the project. Therefore, flexibility and responsiveness are important elements of effective implementation that also ensure that interested parties who come into the project after its initiation can feed into decision-making.

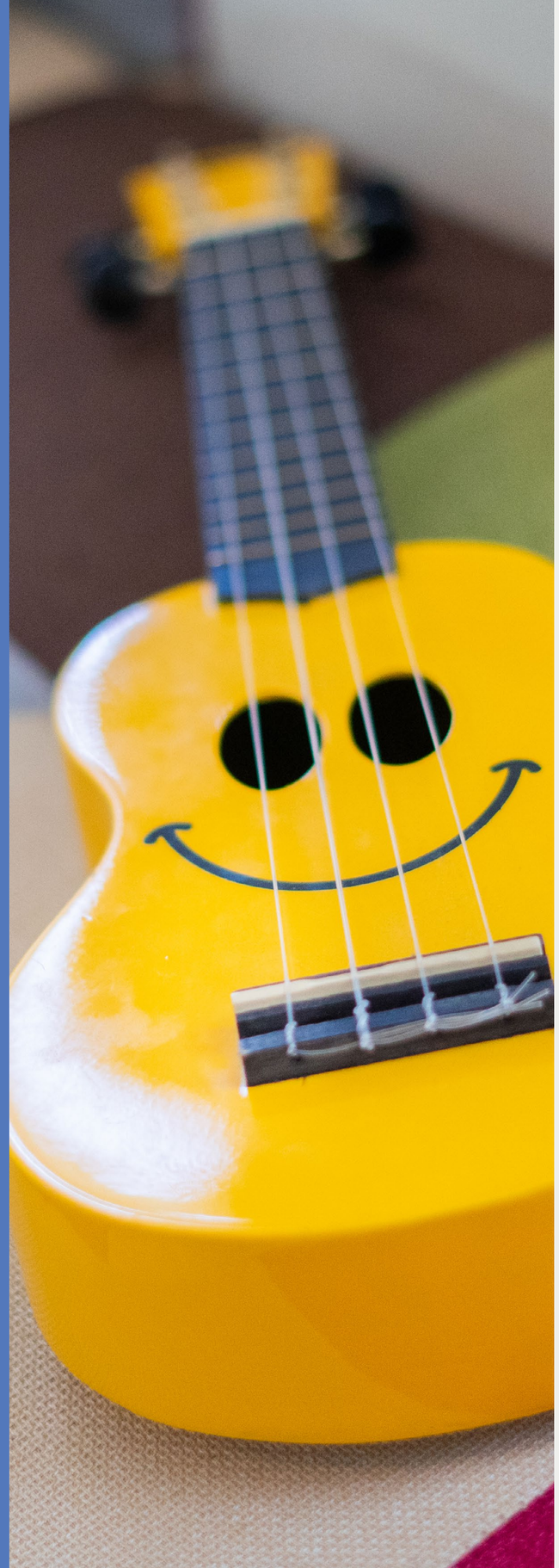
IN PRACTICE

At the start of the Music and Motherhood project, the core project team assembled an advisory board with experience in arts and health, health policy, research, the arts sector and/or local country knowledge. A group of collaborators from Denmark (Central Denmark Region) and Romania (*Centrul Cultural Clujean* (Cluj Culture Centre)) had expressed an interest in implementing an arts and health intervention in their local contexts. University College London was commissioned to create a background paper covering six evidence-informed arts and health interventions that might be appropriate for implementation.

After consultation with the advisory board, the Music and Motherhood intervention was selected because of (i) the strong evidence base behind the intervention, demonstrating that singing can reduce PPD symptoms by an average of 38% and lead to a faster recovery *(61,76)*; (ii) the urgent need to address PPD challenges in Denmark and Romania, with colleagues from Romania noting that stigma is attached to PPD; and (iii) the wealth of expertise in delivering singing-based programmes across the interested parties, whose links to the original United Kingdom study enhanced project feasibility and provided a strong foundation for knowledge exchange.

Once the intervention was identified, the project team was extended to include some members of the advisory board and those with expertise of specific relevance to the intervention at country level. The project team had regular twice-monthly meetings.

The project team was later expanded to include another project partner in Italy (Italian National Institute of Health). Adaptation of the project across three countries was useful to apply lessons learned and test the streamlining of the implementation process.



ADAPTATION

> To what extent do you base it on the efficacy from different contexts versus the decisions in country. I feel like that's a really important consideration for when scaling this up in the future.
>
> **MANAGEMENT FOCUS GROUP, ID3**

The adaptation of evidence-informed interventions requires sensitive, considered and appropriate tailoring to a cultural context that may differ from the context in which the intervention was originally developed and delivered. This is essential because the cultural elements of an arts intervention will differ between cultural groups and may impact the overall effectiveness.

Co-production with individuals with local knowledge is key to the success of interventions (see the section on Co-production). This includes their meaningful involvement at every stage of the implementation process, including designing, managing, implementing, evaluating and sustaining arts and health activities.

Considerations for adaptation include the following.

CULTURAL CONTEXTS

- **Appropriateness of the intervention.** Is an arts intervention appropriate for this population group?
- **Local prevalence and perceptions of the target health condition.** Is the condition stigmatized? Who experiences the condition?
- **Appropriateness of language.** Are multiple languages in use in the location where the intervention is being implemented? Which language does your target population speak? Can you make the language as accessible as possible by ensuring that no medical or other jargon is used that may be off-putting? Is the language being used potentially stigmatized in the local context?

STRUCTURAL CONTEXTS

- **Policy environment.** Will your intervention align with governmental strategies? In what ways might your intervention support the development of new policies that place the arts at the centre of equitable health care delivery?
- **Socioeconomic landscape.** Will communities be able to engage in a new arts programme? Is it a resource-poor environment? How can you utilize your resources for maximum impact?
- **Geography.** What health inequalities are present in the region? What are the demographics of the people living there?
- **Health and social care systems.** What is the structure of the health and social care system, and what challenges and/or opportunities exist? Could your non-clinical intervention share the load with stretched health services, thus relieving the strain on the health system?

ARTS AND HEALTH CONTEXTS

- **Local support.** Is there local enthusiasm for arts interventions similar to the one you are running? Is there already an understanding of arts and health mechanisms or will you have to explain why this approach is valuable?
- **Pre-existing arts programmes.** What arts interventions or programmes are already in place? Can you harness the existing programmes to address health challenges?
- **Arts and health.** What is the local landscape of health care and/or arts organizations? Is there communication between them? Are there partners in place that could help with recruitment, evaluation or knowledge exchange?
- **Artistic content.** Does any kind of art (e.g. specific song, image, movement) have a particular symbolic meaning within the cultural context? Is there a way to draw on these shared meanings to create arts programmes that will support community-building?

Need further help with understanding your local cultural context?
It may be helpful to carry out a PESTLE analysis of six aspects of the local context: political, economic, social, technological, legal, environmental. Read pages 103–6 of *Arts in health: designing and researching interventions* to explore the relevance of this model to arts and health implementation *(1)*.

IN PRACTICE

Adapting the intervention to the three different country contexts required the project team to reflect on multiple features of the local environment (Table 1 provides some examples).

Table 1. Reflections on features of the local environment

FEATURE	REFLECTION
Artistic content	In developing the training sessions delivered by Breathe Arts Health Research, it was considered important to include songs without lyrics in order to overcome any language barriers and build on the ways that mothers may already be communicating with their baby (motherese). In Romania, Romanian folklore was also drawn upon to engage mothers with their local history
Arts and health	In Denmark, there were strong existing partnerships in arts and health, but in Romania and Italy this was not the case. Throughout the project, all project partners sought to become actively involved in arts and health networks where possible, including the EU-funded CultureForHealth project *(77)*, for instance.
Existing arts programmes	In Denmark, partners were already running a singing intervention as part of antenatal care, and potential ways to collaborate with this team were discussed. The singing lead from the existing programme joined the Music and Motherhood implementation project as someone with specific knowledge and expertise
Health and social care systems	In Denmark and Italy, the singing intervention was embedded into pre-existing health care pathways (e.g. through health nurses and family care centres). Although this was not the case in Romania, the project provided an opportunity to build relationships with health care professionals and explore the future role of the arts within the Romanian health system
Language	Owing to the presence of a Hungarian-speaking minority in Cluj-Napoca, the intervention material was translated into both Romanian and Hungarian. To ensure the use of culturally appropriate language in recruitment material, the project was advertised as an activity for mothers who are experiencing low mood rather than PPD (because of the stigma associated with PPD)
Local support	At all sites, there was enormous enthusiasm to explore the implementation of this arts intervention. Project partners had large local networks in all implementation sites, with colleagues and partners who were keen to be involved. In all, local support was required in five cities across three countries
Policy	The project team worked with the WHO Country Office in Romania to explore priorities in arts and health implementation and how the intervention could support longer-term health strategies. The group singing intervention was considered an important step in exploring the role of the arts in the Romanian health system
Prevalence and perceptions	In all three countries, PPD was identified as a health challenge that could benefit from greater support. An estimated 5.5–7.5% of new mothers experience PPD in Denmark and around 10% in Italy *(78–80)*. Data are limited in Romania, but the proportion could be up to 19–24% *(81,82)*. In Romania specifically, local partners identified PPD as a stigmatized condition that needs urgent attention
Socioeconomic landscape	The three countries had substantial differences in socioeconomic support for mothers experiencing PPD. For example, in Romania travel costs had to be considered for participants. Strategies for providing child care were also discussed and solved differently in all three countries

EU: European Union.

Collaborative work with country partners to adapt the project to the local cultural context ensured that the potential challenges and facilitators of implementation were considered for each setting. This was also essential in order for mothers to feel the project was beneficial and met their needs, and for its acceptance by health professionals (both those directly involved and referrers).

PROJECT DEVELOPMENT

> We chose Music and Motherhood because of that weight of knowledge and expertise that's behind it.
>
> **MANAGEMENT FOCUS GROUP, PARTICIPANT ID7**

The benefits of adapting an arts and health intervention that already has a strong evidence base include (i) a solid evidence base for the effectiveness and appropriateness of the intervention, which is also useful when pitching your intervention to potential funders and partners, (ii) pre-defined metrics for testing efficacy of the intervention itself (note that this does not exclude the option of adopting additional metrics as needed), and (iii) a pre-defined structure for how to run the intervention (e.g. frequency and length of sessions). It is generally easier to adapt an appropriate evidence-informed intervention to a different cultural context than to start one completely from scratch.

There are various important points during the development phase of an arts and health project, from the content and structure of the intervention to evaluation, ethical and safeguarding factors. The INNATE framework can support you to think through many of these factors by outlining the key components of an arts intervention across three categories: project, people and contexts *(43)*. Despite the huge variability in arts and health interventions and large number of components that may be involved, some shared practical features may be helpful to consider.

- **Accessibility.** To maximize the benefits of an arts intervention, the location should be easily accessible via public transport and the building where it is delivered should be accessible (e.g. to wheelchair users). Since accessibility needs vary depending on the particular health condition, the network of interested parties should be consulted to identify what accessible means to participants.
- **Safeguarding.** Ensuring pathways for safeguarding is essential. Even when running a low-risk intervention, you should identify internal and external (to the project) pathways that can help you to identify, raise and address safeguarding concerns, such as stigmatization.
- **Setting.** Consider whether you want to run the project in a health care or community setting. Naturally, many arts and health interventions are tied to the health care sector through referral and so on. However, for reasons including stigma and potential negative associations with clinical spaces, it could be beneficial to deliver your intervention outside of clinical spaces. Delivering your intervention in a non-clinical setting can also support the building of health resources in the community, which may also improve accessibility.
- **Facilities.** Depending on who your intervention is intended for and where it takes place, you will have to consider what facilities are needed, for example, changing rooms, toilets or somewhere to purchase food and drink. Be sure to consider the specific needs of your participants.

Need inspiration on the kinds of arts interventions that could be developed?
Have a look at the 13 fact files in *Arts in health: designing and researching interventions (1)*. Each fact file outlines an area of health, with key research findings and project ideas to support with implementation.

IN PRACTICE

As the original evidence-informed Music and Motherhood intervention had been successfully implemented and evaluated in the United Kingdom *(76)*, this project focused on adapting it to new cultural contexts using the INNATE framework. Table 2 highlights key active ingredients of the intervention within each country. Some ingredients remained the same as in the original United Kingdom intervention, whereas others changed to suit the new context. Decisions on which aspects of the intervention content to adapt were made by the singing leads in partnership with local project teams, drawing on wider discussions from the PPI group and central team meetings.

Table 2. The active ingredients of Music and Motherhood across three countries

ACTIVE INGREDIENT	DENMARK	ITALY	ROMANIA
Project			
Duration	>60 min plus informal socializing (no set time)	**Este**: 60 min (including social time) **Turin and Rome:** 50 min of singing plus 30–40 min for socializing and for interacting with support staff	60 min (singing) plus 30–60 min (socializing)
When	Thursday morning	**Este**: Thursday morning **Rome**: Tuesday morning **Turin**: Wednesday morning	Monday morning and Tuesday afternoon
Artistic content and class design	Mothers shared their favourite songs to learn or songs with a suitable mood were selected (e.g. to encourage positivity or build hope and/or strength) Techniques included breathing exercises, call and response, improvization, mirroring and repetition	Songs perceived as suitable (by singing leads and during PPI groups) for mothers and babies were used (e.g. lullabies), as well as positive songs, music from around the world in different languages, and songs without words Techniques included breathing exercises, movement, soundscapes (for relaxation) and warm-up stretches	Styles included authentic Romanian folklore, classical music arrangements, film music, folk songs, lullabies, music from around the world in different languages, and pop songs Techniques included breathing exercises, improvization and requests from mothers
Activity resources	Piano for the singing lead, notebook to jot down thoughts, small instruments for mothers and babies to use, digital recordings of songs	Parachute didactic aid, scarves, small musical instruments, perfume sprayed on pillows and scarves	Small instruments
People			
Number of mothers per class (average)	6	8	8
Babies in class?	yes	yes	Some preferred not to bring their baby
Context			
Health system	Mothers and babies received support from dedicated nurses who could identify the symptoms of PPD (mothers often find it shameful to not enjoy being a mother)	Family care centres are Italy's primary national health service dedicated to pregnancy and postnatal assistance – use a proactive and holistic approach	Stigma attached to accessing services for mental health (at large) and in relation to PPD. Limited mental health support beyond clinical (e.g. psychiatry)
Project management (central)	WHO, Central Denmark Region and UCL	WHO and UCL	WHO and UCL
Project management (local)	Creative School, Silkeborg; Health Care Services Silkeborg	Italian National Institute of Health	Cluj Cultural Centre
Relevant previous experience	Experienced in delivering antenatal singing classes	Strong track record of implementing health (non-arts) interventions	Experienced in implementing community arts activities and interventions
Location(s) of intervention	Music room at a school – chairs and cushions on the floor arranged in a circle and blankets for the children Plenty of air and natural light, designed for acoustic music and singing	Family care centres of three local health units: **Este:** ULSS 6 Euganea **Turin:** ASL Città di Torino **Rome:** ASL Roma 2 Two of the rooms were located within a health care facility and one in a municipal villa (home to a music library)	Community centres in the city centre – good acoustics, a large room, and pillows in a circle Entrance hall, where participants could enjoy food and drinks Comfortable sofa where mothers could feed their babies
Recruitment processes	Direct referral through the health system	Direct referral through the health system	Marketing to local arts, NGOs and health organizations – recruitment via social media
Social and communication	A refreshment break was included. Mothers could stay afterwards to socialize informally if they wished	**Rome and Turin:** a break of up to 30 mins was included before and after the session **All 3 cities:** midwife communicated by email and telephone between classes or through a WhatsApp group	Up to half an hour of socializing before and after the session Communication through a WhatsApp group between classes
Singing leads	One professional singing lead (a conservatory-trained singer and a singing teacher). Previous experience of running singing sessions for expectant mothers	Three professional singing leads experienced in leading singing groups for new mothers and/or children in the first months of life (one per group). One was a music therapist with experience in working with pregnant mothers, children and babies	Two professional singing leads (one per group) with professional artistic qualifications – experienced in leading singing, but not specifically for mothers with PPD
Additional people	Psychologist was available to contact, if needed	One group had a volunteer and a professional educator in the health service; another group had a psychologist, a midwife and a volunteer acting as a link worker; the third group had two midwives	Two to three volunteers, who played with older siblings during the session

NGO: nongovernmental organization; UCL: University College London.

SUSTAINABILITY

> And so we really need to continue to have [health care staff] on board. But if we are going to do that, they are going to need to allocate resources into this project.
>
> **MANAGEMENT FOCUS GROUP (DENMARK), PARTICIPANT ID2**

A valuable part of implementing an arts and health intervention is reflecting on sustainability, that is, the life of the project after the initial stage of implementation has been completed *(83–85)*. Sustainability considerations dovetail with information-gathering and knowledge exchange; as knowledge exchange and reporting learnings or data (see the section on Evaluation) play a significant role in raising awareness of the value of your adapted intervention in the context. Raising awareness of the potential or actual impact can help health services, funders and others to recognize the value of the adapted intervention, thereby supporting ongoing investment and sustainability.

The following considerations influence the sustainability of the intervention.

- **Finance.** This is a key factor that often facilitates or hinders the potential long-term sustainability of interventions. Do you have funding in place, or can you apply for funding to extend the life of your project?
- **People and partners.** The networks you create through implementing your intervention will be invaluable to its sustainability. Are there mechanisms in place to retain the people who have helped to run the project to date? Are there other partners who could support the growth of your project in the future?
- **Practicalities.** Throughout the implementation, you will have learned whether your implementation model is logistically and practically viable. If you wish to continue the intervention, it is important to reflect on whether further changes need to be made to increase sustainability. Are the spaces you are using available and appropriate to use in the longer term? Was your project as accessible as it could be? Is it possible to make cost savings?

An important component to ensure the sustainability of the intervention is communicating about its impact. Thinking about how best to disseminate your learnings and engage in knowledge exchange to ensure that your project can achieve the greatest impact may help with sustainability. It is important to communicate your work to potential future funding and/or collaborative partners. For the project to grow, others need to know that the initial iterations have been successful.

IN PRACTICE

In Denmark, the Creative School has received regional funding to continue the Singing for PPD project for another 3 years, in conjunction with other mother and baby groups run by the school. In Italy, work is ongoing to determine the future of the project in Este, Rome and Turin. In Romania, a network of mothers is working toward running similar sessions, inspired by their participation in the singing groups. The team are also exploring other avenues for funding to scale up the intervention to other regions.

In-country partners are also being encouraged to use the Long Term Success tool *(86,87)* to explore the risks and strengths associated with continuing and sustaining the Music and Motherhood intervention.

Furthermore, longer life for the intervention is being ensured through building new partnerships in countries beyond the three included in this project. Meetings and discussions are being conducted to explore whether Music and Motherhood or another arts intervention may be able to support more populations globally. Knowledge sharing and dissemination of the early learnings *(68)* are being used to explore which interested parties may be able to build on this research project to implement arts and health interventions elsewhere.

As well as publishing the learnings in academic journals *(28,68)*, the project team is sharing the results at conferences, engaging with press, and running workshops with interested parties from this project and beyond. The aim is to gather feedback, plan potential future collaborations, and expand the network of Member States and organizations interested in running this kind of arts and health intervention in order to ensure its sustainability.

ETHICS

> It was good that we had an [ethics] protocol to work with. This definitely made my life easier.
>
> **MANAGEMENT FOCUS GROUP (ROMANIA), PARTICIPANT ID9**

Ethical practice in implementing and running an arts and health intervention is important to ensure the safety and care of everyone involved. For interventions that involve a research component (for example an evaluation), the research protocol should go through an institutional ethics review process. Project teams are usually required to apply to the ethics committee of the research, public health or other institution involved to demonstrate that the project will be conducted in line with ethical principles. This is important to ensure that people are not harmed and their rights and dignity are not compromised, and that any research being carried out is of scientific value and conducted with integrity *(88)*.

If your project involves an academic or public health institution (e.g. public health institute or centre for disease control), then the institution may be able to lead these processes by submitting an application for approval by a research ethics committee. If you are conducting research that involves, but is not led by, a university or public health institution, then other local or national ethics bodies may be able to provide ethics approval.

The process of acquiring ethical clearance is valuable in itself because it may help to clarify which processes and structures need to be in place to ensure that your project is sufficiently resourced, planned, flexible and adaptive.

Even if you are not conducting a research project that requires formal ethical approval, it is beneficial to reflect with your team about how to run the arts and health intervention ethically. Ethics is not just procedural: it is an ongoing relational practice. Ethics of care that encompass acknowledging the interconnection, vulnerability and shared humanity of everyone involved in the intervention are also required *(89,90)*. This could include making sure that due diligence has been conducted in order to ensure appropriate safeguarding measures are in place for participants who may need them, locations are accessible and, as much as is possible, socioeconomic position is not a barrier to access. Ethical conduct of the intervention also extends to ensuring that members of the project team are treated fairly and with respect. This includes fair remuneration for work, recognition of the work they put into the project and respect for their work–life balance. Incorporating these values into the project from the outset helps to ensure that it is ethically run, is non-exploitative and supports team morale.

Want to know more about ethical considerations for your project?
Read the British Psychological Society *Code of ethics and conduct* or World Federation of Music Therapy *Code of ethics (91,92)*. You can also learn more about research ethics from inspiration boxes 12 and 13 from the Tailoring Health Programmes guide *(47)*.

IN PRACTICE

Institutional ethics

As the feasibility study was run in three different countries, the ethical clearance process was complex. An initial ethics document was developed outlining the planned research methods and providing an overview of the management and implementation structure, safeguarding processes, data management plans, recruitment processes, and so on. This initial document was tailored iteratively to the different contexts for WHO approval and local approval (for each country, and within the three Italian cities). The protocol developed for the application was published in an academic journal and is now available for other countries to use in adapting the intervention and research project to new contexts or as inspiration to develop other arts and health interventions *(28)*.

This project used the ethics document as a means of working collaboratively with partners to ensure that the right people, processes, spaces and plans were in place. In this sense, the ethics document served as a living document to help work out to best way to run the project. It also served as a useful thinking tool in itself.

Relational ethics

The roles and ways of working were outlined in a team meeting with partners at the start of the project. As the project progressed, bi-weekly meetings provided an open space in which to discuss any ethical concerns arising and check in on the safety and care needs of all those involved.

The singing leads and local project managers engaged in ongoing relational practices with the new mothers. During the classes, the staff got to know the mothers and their needs by providing a space for informal discussion and checking in. This was aided by regular refreshment breaks and email or WhatsApp contact between classes. Building meaningful relationships over time was essential to the success of the project.

TRAINING

> The training we got … was a treasure at the beginning of the process and we kept coming back to this.
>
> **MANAGEMENT FOCUS GROUP (ROMANIA), PARTICIPANT ID8**

With growing evidence and experience within the arts and health field, it is highly possible that some existing individuals and/or organizations may be able to provide valuable input to the design and implementation of your intervention. Bespoke training packages may be available for project managers and/or artists to complement your co-production processes.

Training may include, for example, reflections on who to involve in your project or what the artistic content could be, or provide support to create the infrastructure needed to implement and deliver your intervention, including identifying recruitment needs. Training can also play a key role in capacity-building within the project group, including by delivering information on optimizing organizational structures and useful skills and knowledge from those who have already implemented the intervention that you are adapting *(93)*.

Training can also have significant secondary benefits, such as providing inspiration and motivation. Hearing the personal reflections and narratives of those who have already been involved with this work can help to bring your project to life. While developing the intervention, it can be hugely motivating to hear at first hand what the benefit of your intervention may be.

IN PRACTICE

The project benefited throughout from the experiences of Breathe Arts Health Research in implementing a group-singing programme for PPD, entitled Breathe Melodies for Mums, in the United Kingdom since 2017. Breathe Arts Health Research is an acknowledged expert in the field of arts and health.

Breathe Arts Health Research provided training for project managers and singing leads in each country. The training outlined how the organization has translated research into practice by sharing its delivery model, processes for ensuring that the highest level of safeguarding is in place and methods of running an effective recruitment campaign that overcomes barriers to participation, as well as the value of the work in reducing PPD symptoms in the new mothers who had participated in its programmes.

Training for singing leads involved running a sample session so that they could gain insight into what an effective session structure might look like (from warm-up exercises to introductions and sharing suggestions for appropriate songs from around the world) and adapt it for their own use. It also gave the singing leads an opportunity to learn about the positive impact of their work for new mothers who are navigating a challenging time, particularly through first-hand accounts of those who had participated in the programme in the United Kingdom.

For singing leads and project managers, training brought the project to life. Moving from protocol development, ethical approval and logistics to direct accounts of how mothers' lives have been improved was a powerful moment for all involved.

RECRUITMENT

I think when you're a mother and you have some issues, it might be overwhelming to take part in such a research [project].

MANAGEMENT FOCUS GROUP (DENMARK), PARTICIPANT ID2

Interventions that involves a research component (for example an evaluation) may seem intimidating to potential participants because, unlike traditional medical interventions, arts and health projects require participant's active involvement in creative activities. A carefully considered recruitment and referral strategy is essential if arts and health projects are to run successfully. This strategy will vary significantly depending on the landscape of the health care and arts sectors in your country and the purpose of your project. What has worked effectively in one setting may not be appropriate in another.

When implementing an intervention, it helps to reflect on different approaches to determine which may work best in your setting, as follows.

- **Social prescribing.** This is a mechanism whereby health care professionals refer patients to non-clinical settings or interventions that may help their health and well-being. If such a network, mechanism or infrastructure is in place in your chosen location, it could be valuable in ensuring that the right participants attend the sessions. For example, a family physician may refer a patient (e.g. someone with Parkinson's Disease) to an arts and health intervention (e.g. a dance class). In some cases, the patient is referred to a link worker who can then connect the patient with the relevant intervention. Physicians and link workers can help explain what information they might need to incorporate the specific intervention into their community assets.
- **Direct referral through the health system.** If local health care staff are made aware of the intervention and its strong evidence base, then they may refer patients to the intervention directly, without the need for an explicit social prescription mechanism. This process can also be supported by providing information about the intervention to health- and social-care staff (e.g. as part of staff training).
- **Partnership networks.** In countries with no formal recruitment pathways in place, it may be useful to build your own network of community and health care organization partnerships to build new lines of referral. For example, you may form partnerships with charities or nongovernmental organizations by asking them to include your intervention in marketing materials for their services or ask a community arts partner to advertise your intervention on their media channels.
- **Self-referral.** Individuals may choose to engage in community-based arts activities for the purpose of improving their own health and well-being, without the direct support of organizational processes. For example, someone who has seen a flyer advertising the activity may contact your project team. This method can also reach participants who may be eligible for the intervention but not connected with the health system owing to, for example, health inequalities or stigma. Social media campaigns help with recruitment in this way.

The recruitment or referral pathway depends on the purpose and target of the intervention and on the referral mechanisms that are already in place. Nevertheless, participants in arts and health interventions are likely to experience the following key steps.

- **Identification of need**, by self or another. The word need is used loosely here to mean that the potential participant, or someone who knows them, believes that they could benefit from participating in the intervention.
- **Introduction to the intervention** (often by a member of the project team, with information sheets). This explains the scope and purpose of the intervention, in addition to logistic details (when, where, etc.).
- **Screening for eligibility.** This may occur if the intervention focuses on a specific health condition as part of research.
- **Survey or other evaluation method.** This may be used to track the impact of the intervention on participants.
- **Signposting beyond the intervention** (during or after the intervention). This may be useful to highlight support services that could complement the intervention or similar interventions taking place locally.

Want to know more about social prescribing?
Read the WHO Western Pacific Region's guide, *A toolkit on how to implement social prescribing (96).*

IN PRACTICE

Recruitment and referral were different in each of the three countries in which the project was implemented.

Denmark and Italy followed a process of direct referral. In Denmark, all mothers were tracked and monitored within the health system, and were referred into the intervention by experienced nurses. The nurses had access to patient records and could identify who may have experienced PPD and might benefit. Similarly, in Italy recruitment was primarily through family care centres (part of the health system) in each city that provide postpartum care to new mothers (including screening for perinatal depression) and could directly refer mothers to the intervention. Again, workers at the centres knew who was eligible and might benefit from the intervention.

Romania followed the partnership networks model and encouraged self-referrals through targeted recruitment strategies. The project team worked with in-country partners to create advertisement and recruitment materials (e.g. flyers, information sheets) that were shared with groups for mothers in person, on social media and online. The team created eye-catching materials and built a word-of-mouth awareness strategy about the project. Fig. 3 provides an overview of the recruitment process.

Thinking of implementing Music and Motherhood? Want to learn more about how to optimize your recruitment methods?
Read the Royal College of Music's top tips for recruiting mothers in *Music and motherhood: facilitating creative interventions for mothers and their babies (94).*

Fig. 3. Recruitment and referral pathways

ITALY

Family care centre professional recognizes symptoms of PPD or Low mood	Local family care centre referral of mother to intervention	Presented with information about classes	Assessment for EPDS score	Information sheet and consent forms	Participation starts

DENMARK

Mother allocated a healthcare nurse from pregnancy	Healthcare nurse (with GP) recognizes symptoms of PPD	Healthcare nurse discusses with mother	Referral to intervention at DKK	Assessment for EPDS score	Information sheet and consent form	Participation starts

ROMANIA

Mother experiences low mood or symptoms of PPD	Mother sees flyers in community/ healthcare centres or hears about class through mother's group (e.g. over text/social media) or via media (e.g. radio)	Mother signs online form expressing interest	Assessment for EPDS score	Information sheet and consent form	Participation starts

DDK: <add definition>; EPDS: Edinburgh Postnatal Depression Scale; GP: general practitioner.

EVALUATION

> We've used similar measures and a similar study [in each country] so that we can compare these results. But there's also the qualitative element, which is messy and different in different environments.
>
> **MANAGEMENT FOCUS GROUP (DENMARK), PARTICIPANT ID3**

Evaluation is a critical element of all interventions. The evaluation process involves exploring and documenting the effects of the intervention (what was the outcome, what worked well and what could be improved) and then using this information to improve, scale up or replicate it *(95)*. How an intervention is evaluated depends on its scope and purpose: the same methods and metrics cannot be used to assess all types of arts and health interventions. However, you could consider including a way to measure whether your intervention had the intended impact on participants. This could be relevant, for example, if you are running a mental health service and your aim is to reduce depression in those who attend. In short, evaluating your project can help you to understand whether it has been successful, as well as demonstrating the value of your intervention to interested parties (e.g. funders, potential partners).

The three main approaches to evaluation are as follows *(1)*.

- **Formative evaluation.** This approach is carried out before the intervention is implemented or at the early stages of an arts and health project to evaluate feasibility, such as by gathering feedback on the implementation or design of the intervention. Changes may be made to the intervention based on these early data.
- **Process evaluation.** This approach is conducted while the arts and health intervention is under way to explore what is working well and what challenges are arising.
- **Outcome evaluation.** This approach explores whether the arts and health intervention has had the intended impact on participants (e.g. whether it decreased symptoms of depression).

Within each approach, you will need to make choices about which data should be collected to determine whether your project has achieved its aims. This may include quantitative or qualitative data, or a mixture of both.

Want to know more about how to evaluate complex interventions?
You can find more helpful information on evaluating complex interventions in the following documents:

- *Arts in health: designing and researching interventions (1)*
- *A guide to tailoring health programmes (47)*
- *Guide to evaluating behaviourally and culturally informed health interventions in complex settings (95)*
- *A guide to evaluation for arts therapists and arts and health practitioners (96)*
- *Arts and health evaluation: navigating the landscape (97).*

Even after all of your evaluation data have been collected and analysed, the project is not yet complete. The next stages involve reporting, dissemination and thinking about how your evaluation may inform future projects.

Have you conducted research alongside your implementation project? Want to know more about how to share your research?
Chapter 14 of *Performing music research (98)* explores how to best communicate and disseminate research findings with different target audiences.

IN PRACTICE

The project had two aims. These were to evaluate:

- the feasibility of implementing the Music and Motherhood project in Denmark, Italy and Romania; and
- the perceived impact of the intervention on the mental health and well-being of participants.

For the first aim, the project drew upon theories and frameworks from implementation science (e.g. the RE-AIM Framework; see the protocol for more information *(28)*) to analyse each element of the implementation process, including the operations and activities of all of the people and organizations involved. Data were collected from five key groups through focus groups, surveys and interviews: (i) strategic managers and partners, (ii) project managers and partners, (iii) referrers, (iv) singing leads and (v) mothers with PPD.

For the second aim, validated psychological scales were used to explore the perceived impact of the intervention on symptoms of PPD, social support and well-being. Focus groups were also conducted to obtain subjective experiences in further depth.

Thus far, the research protocol has been published *(28)*. Early qualitative research explored implementation and adaptation of the project across five key themes *(68)*:

- acceptability and feasibility of the singing interventio;
- barriers and enablers;
- adoption and sustainability of the singing programme;
- broader contextual factors affecting implementation and sustainability; and
- project structure and processes.

This preliminary research is intended to serve as a resource for other researchers to use to expand the reach and impact of arts-based interventions.

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The Jameel Arts & Health Lab

The Jameel Arts & Health Lab is a global initiative to measurably improve health and wellbeing through the arts. With a focus on overlooked and underserved communities, the Lab leverages scientific evidence, artist-led advocacy, and capacity building to drive the integration of the arts into mainstream healthcare.

Jameel Arts & Health Lab

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