

# Fostering Wellbeing Through Music Collaboration and Co-Creation in the Community

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## CIP Case Study





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# Summary

This case study reviews my research activities as a Community Innovation Practitioner (CIP), within a 15-year partnership between [Liverpool Philharmonic](#) and [Mersey Care NHS Foundation Trust](#) (MCFT). Funded by [AHRC Creative Communities](#), this yearlong project delivered new co-created R&D across three community-based settings: a centre for social inclusion and community pantry, a high-secure hospital, and a community library.

The research highlighted the potential for a sustainable, scalable co-created model of culture-led community healthcare, building on [Liverpool City Region's](#) history of [harnessing arts for wellbeing](#).

My CIP research builds on growing evidence for the [impact of arts and music](#) on mental health and wellbeing. By exploring the power of [co-production](#) and co-creation to engage and empower the whole person, collaborative music-making provides participants with a voice and a choice in their wellbeing journey, counteracting issues linked to loneliness, stigma, and poverty. The UK is currently facing a [mental health crisis](#), exacerbated by increased demand on NHS services post-COVID-19, necessitating complementary approaches to mental health care, especially in community-based settings. Collaborative music-making offers a much needed person-centred and holistic approach to community mental healthcare.

My CIP research underscored the importance of effective communication, stakeholder co-ordination and including voices with lived experiences in decision-making processes. The research advocates for further exploration into the role of co-creation and cross-sector strategies in cultural interventions.

My research findings suggest that fostering connection, collaboration, creativity, commitment, and care can develop innovative, preventive care landscapes that integrate creative approaches into mental health services, reducing reliance on NHS clinical services and creating meaningful, productive environments for mental wellness in local communities.



# Introduction

In my role as a CIP, I actively engaged with three local communities and project partners to explore how music collaboration and co-creation can enhance well-being through sustainable creative practices. My research was set across [The Life Rooms](#) (TLR) sites in Merseyside. At each site, I co-designed, co-delivered, and co-evaluated activities with local communities and musicians using innovative participatory methods.

My CIP research aimed to (1) create new knowledge for enabling creative communities through music collaboration and cross-sector partnerships, (2) develop research-through-practice by prioritising experiential expertise and ensuring shared ownership, and (3) sustain a care model embedded in society, contributing to social cohesion and fostering creative communities.

The long-standing relationship between Liverpool Philharmonic and MCFT is central to the project, and involves a broader network including local communities, staff, link workers, social inclusion teams, and 31 social prescribing networks. My 20-year career as a cellist and music-and-health practitioner has fostered relationships with creative musical communities, practitioners, and cultural organisations, which were also significant in the project's design. The partnership's stability, coupled with a wide network, allows for extensive community involvement and support.



[Recent studies](#) indicate that over a third of the Liverpool City Region Mayoral Combined Authority's (LCR) population lives in the most deprived 20% of neighbourhoods in England, adversely [affecting health and wellbeing](#). This crisis diminishes quality of life and limits economic opportunities, with local authorities particularly strained by austerity and funding cuts at the same time as a new LCR Mayoral Combined Authority has been given more powers and budgets for culture and skills. In this context, the CIP project addresses the need for devolved, cross-sector whole system approaches to preventive, culture-led care to improve understanding of mental health needs and enhance services across devolved contexts.

# Research Context

The Community Innovation Practitioner project created a unique opportunity to explore music co-creation in a health setting and within an academic context. Building on the current University of Liverpool IAA project, '[Examining the Impact of Liverpool Philharmonic's Music and Health NHS programme](#)', it enabled the partners to focus on co-production and co-creation in local communities and explore effective models of reaching out.

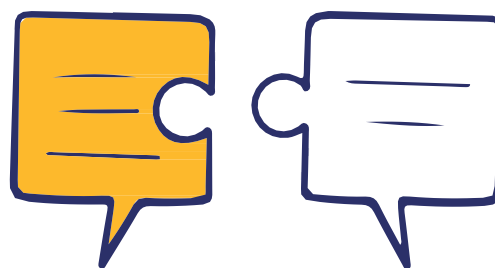
[A large body of evidence](#) exists for the role music and the arts can play in preventing and managing mental ill health. However, research also shows that:

- (1) There is a [lack of methodology](#) in the evaluation of creative arts for wellbeing.
- (2) Practitioners have [no validated infrastructure](#) that can provide them with training and support.
- (3) There is [no clear understanding](#) of what the interventions are, how they work and how they contribute to wellbeing in the community that can effectively inform policy makers.

This case study is an example of practice to explore those significant gaps.

**Liverpool Philharmonic's Music and Health programme began in 2008 with a pilot project across two Mental Health wards within MCFT. It has grown to work with six other NHS Trusts such as the Clatterbridge Cancer Centre Foundation Trust, Improving Me, Cheshire Wirral Partnership, Alder Hey Children's Hospital and the Walton Centre.**

It has now reached over 21,500 individuals living with physical and mental ill health in the LCR. The [Music and Health Programme](#) is now one of the longest continuously running programmes working in collaborative partnership with the NHS. The trustworthy relationship between partners is key to the effectiveness of the programme in the city.



***'Our Music and Health project is about working with partners and building a long-term relationship with them, which is one of shared collaboration and drawing on their expertise to inform how we deliver the program ever more effective'***

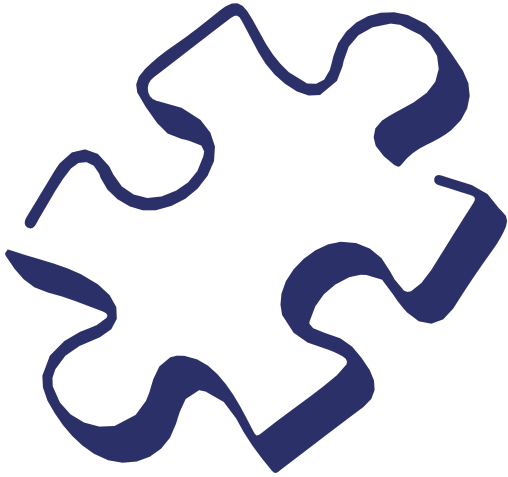
Michael Eakin, Chief Executive of the Liverpool Philharmonic

***'Quality, reliability and consistency are so important in mental health services because we are dealing with very vulnerable people. This is what we get with the Philharmonic'***

Michael Crilly, Director of Social Health & Inclusion at MCFT

In recent years, the programme has expanded its work into local communities with the opening of The Life Rooms (TLR) which is where my CIP activities took place. The Life Rooms were established in 2016 in North Liverpool as part of MCFT's response to service users expressing an urgent need

for help with moving beyond clinical care back into the community. Since then, MCFT has opened other TLR sites across the city, including within a high secure hospital setting, developing a model that activates people in their own health and wellbeing and connects them to wrap-around support in their communities.



TLR is a free NHS service that provides space to meet others, access to learning opportunities, and signposting to additional support through social prescribing. TLR also support underrepresented communities through their community inclusion work. The [social prescribing programme](#) welcomes referrals from GPs, link workers and mental health charities. However, [recent studies](#) indicate challenges that need to be addressed for the sustainability and development of their services. These include imbalance between sectors, insufficient resources and lack of funding. TLR identified a need to examine further how cross-sector partnerships can contribute to building and nurturing creative spaces that offer a complementary approach to clinical mental health care.

***'This is the first time we've delivered a music and health session in a community food space. It is very innovative, and it is important we capture that'***  
TLR Social Inclusion staff

My CIP research addresses gaps in the existing evidence base by:

- (1) Doing research through co-creation: through collaborative music-making, we collectively focused on lived experience and mental health self-management. When discussing the importance of including participants' voices in the co-design of a framework during collaborative sessions, participants expressed clearly that they were against surveys and measuring scales.
- (2) Working in close collaboration with other practitioners: we co-delivered and co-evaluated some of the research activities, addressing the lack of critical reflection and consistency in data gathering as well as training needs.
- (3) Co-designing research activities: the project aims to provide a deeper understanding of mental health needs through long-term commitment to collaborative cross-sector working.

***'I want people like NHS Trusts and other key players and agencies in this city to view us as a fundamental part of the health in the widest sense of that word in this city'***

Michael Eakin, Chief Executive of the Liverpool Philharmonic

# CIP Activities

The CIP intervention took place across three TLR sites in areas which score highly on indices of multiple deprivation and restricted community access. The CIP activities were:

- Facilitating an 8-week course in each setting from musical co-creation to co-produced performance, to explore a consistent methodology
- Developing creative methods adapted to each context to inform a structured close collaboration with TLR staff and other practitioners
- Co-designing an evaluation framework with participants to better understand the effectiveness of the intervention.

A framework for a delivery method across the three settings was informed by five key principles: **Connection, Collaboration, Creativity, Commitment and Care.**

The research adopted an ethnographic approach to co-production and collaborative music-making - including fieldnotes, audio-diaries, artefacts, performances, interviews, sessions and performances feedback – with a diverse range of community participants.

## Site 1: St Dunstan's Church

St Dunstan's, located 15 minutes' walk from the Philharmonic Hall, is one of the locations from which TLR Community Inclusion Team delivers their service within the community, and supports people accessing a community pantry, linking them to healthcare and support agencies.

### Connection

Sessions took place in a side chapel with glass walls. 10-15 people attended each week, often at different times as participants were called by number to collect their food from the main hall. People came from diverse backgrounds including the Roma community, Poland, Italy, China, Middle East, Albania, Trinidad and Granada.

In our first session, hardly any words were exchanged due to language barriers. Music was the primary tool of communication.

***'Music has brought us together, music is a universal language'***

St Dunstan's Participant





## Collaboration

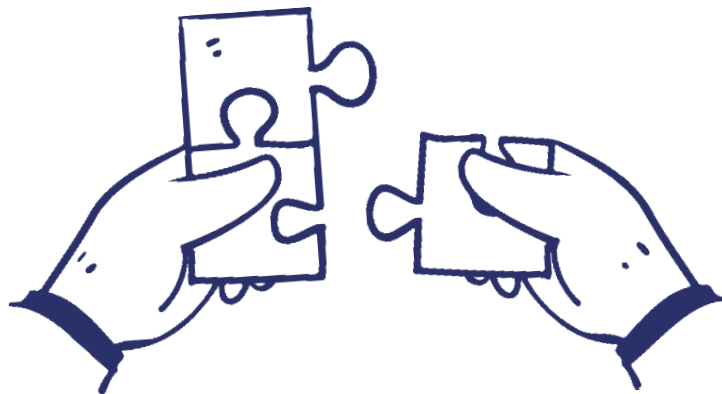
Through the sharing and exploring of music from different countries, a plan was co-produced for the course. Musicians from Liverpool Philharmonic introduced classical music and helped facilitate the co-creation of pieces based on individual sounds from home, feelings and memories. They committed to the creative process with quality and expertise.



*Adapting to different music genres on drums and on keyboard © Joe Lyman*

***‘To work in such an improvisatory way was a joy, and enabled us to connect deeply with the participants on their terms’***

Mandy Burvill, Musician





## Creativity

One of the participants, at first hovering by the door, gradually became engaged in making decisions about what song we should showcase for the sharing event. Every week, he was eager to collaborate with the visiting musicians. He was from Italy and performed a song arranged by Liverpool Philharmonic composer for cello, violin, clarinet and double bass. Click the music notes below to hear him share his song.



**Click above to hear a participant share his song**

The highlights of the creative process lay in collective improvisations on different genres, including Arabic drumbeats, Albanian, Polish and Italian songs, 2pac song and opera arias.

### Commitment

The visiting musicians from the orchestra were taken on international journeys. These cultural ‘jam sessions’ were the foundation of our co-produced final shared performance.

One participant from China was very withdrawn at the beginning of the course. By committing to coming every week, she built confidence, connecting with others through discovering different genres of music and ended by singing a solo during our final performance:

***‘You don’t need the language to talk to the people, you can just feel something in the singing, or you can feel the sounds, and you can imagine some beautiful pictures or some memories’*** St Dunstan’s Participant

## Care

The co-produced performance was an experience equally shared between participants, musicians and staff, which created a non-judgmental and non-hierarchical environment. An equal number of four Liverpool Philharmonic musicians and four community participants took part. Audience members included TLR staff, social inclusion team leaders, Liverpool Philharmonic staff, University staff and Liverpool Lord Mayor Richard Kemp. Community members in the audience also participated by dancing, clapping and singing.

***‘You helped create a community of the dispossessed by bringing back some of their traditions, some cohesion into their lives and most importantly linked to something they desperately need, food’***

*Richard Kemp, Lord Mayor of Liverpool*



The CIP activities at St Dunstan's were groundbreaking, marking the first time MCFT social inclusion services provided a creative outlet and a sharing platform for people accessing a community pantry. The positive outcomes of this pilot project were driven by cultural exchange, collaboration and flexibility between participants, musicians and staff.

## Site 2: High Secure Hospital

### Connection

My second set of activities took place at the TLR setting within an MCFT high secure hospital. Opened in May 2023, TLR brings a social model of healthcare to the most vulnerable and restricted people within MCFT who have no access to the wider community. Patients are referred to the programme by ward staff and escorted from their different wards by technical instructors to attend the 8-week course. An average of 8 patients and 12 staff (including escorts) attended the weekly sessions.

### Collaboration

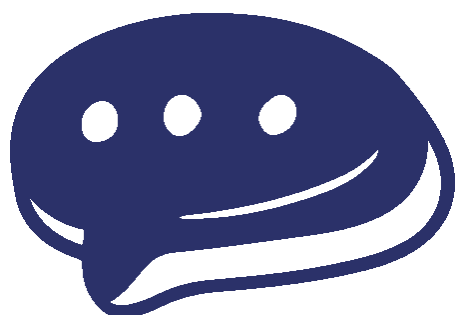
Through the research we **co-produced a theme** in response to a range of music I played on my cello. This old piece of wood, made in 1751, is a tool to connect with the participants through sounds and music new to them, including pieces by Bach, Elgar, Philip Glass and improvised melodies. The group agreed a theme of 'new beginnings'.



***'After war and disaster, the land will grow again, and the plants and earth will flourish. Just like us, things must go on and 'regrow', 'rebirth', 'new beginnings''*** High Secure Hospital Participant



The session focused on improvisation, listening and responding. A staff member shared his thoughts on the process:



***'This process is highly significant in such a setting as patients spend most of their days in isolation and regimented by what is permitted or not permitted. Most patients struggle socially to communicate, this collaborative process can really help'***

High Secure Hospital Staff

### Creativity

New sounds were explored as different visiting musicians took part in the session both as performers and improvisers. This inspired participants to use their own improvisations as a starting point for new compositions:

***'The range of instruments played which the patient community witnessed was an incredible experience. Patients willingly shared their thoughts and feelings after each performance'*** High Secure Hospital Staff

One of the patients composed a piece during the course:

***'I feel the whole course has helped me to grow as a musician, composer and artist. Without the course, I wouldn't have written half of the things I have'***  
High Secure Hospital Participant

## Commitment

The music also inspired patients to express themselves through other art forms such as drawing, painting, and writing poems.

One patient worked on a large painting representing a conductor dressed in tails, rising above a war scene. Each week, the painting was used as a 'graphic score':

***'To see their compositions printed off as a musical score was extremely rewarding. I believe it will have had a very positive impact on their self-confidence. To achieve such a goal whilst in a high secure setting is very commendable and a fantastic opportunity'***

High Secure Hospital Staff

***'We improvised while looking at this painting in front of the artist. It felt like a really strong thing to try to do... what is it? What am I responding to here? And then to put that in real time, into a musical form with another musician who's also going through the same journey'***

Musician



A High Secure Hospital Participant's workshop artwork, depicting the workshop musicians

By the end of the course, a folder of compositions was collected, original songs were recorded on site, poems were shared, and art works exhibited.

## Care

The commitment and care from participants, staff and musicians created a non-judgmental and non-hierarchical environment in which individuality and creativity were genuinely celebrated. At the end of the performance, a patient said:

***'I was a criminal, now I want to do something better'***  
High Secure Hospital Participant



A new creative community was recognised, heard and valued through inclusive innovative methods. The beauty and 'novelty' of classical music clearly inspired participants, boosting creative confidence without fear of judgement. Adaptability, flexibility, and empathy were crucial to the co-creative process, allowing participants to leave a long-lasting legacy through their musical compositions and art works. In a restricted environment, freedom of expression became of ultimate importance.

### Site 3: The Life Rooms Walton

The third CIP research intervention took place in a community hub in an old library in Walton, North Liverpool. The course was led by another member of the Liverpool Philharmonic Music and Health team, which enabled me to adopt a role of participant-observer. This involved me interviewing the lead musician and facilitating a focus group at the end of the course, as well as taking part in the co-produced performance alongside the participants at the Liverpool Philharmonic Hall, (3) and co-designing audience feedback prompts.



*Georgina Aasgaard inside The Life Rooms Walton © Gareth Jones*



Through conversations during my research activities, participants expressed how they felt about the 5Cs:

***'The connection we have with the musicians helps us to trust and lower any barriers we may have'***

***'Through the collaborating process, we are taken away from our negative selves, without knowing it, we are receiving counselling inside, emotions allow themselves freedom'***

***'Creativity takes us back to the child in us, from where we can begin to heal the stunted growth of our damaged souls'***

***'To feel someone is committed really does make us feel we are wanted'***

***'The musicians show care and respect. They have a heart for the welfare of people, underpinned by love. People need that as it imports something to the group'***



They also shared personal stories:



***'The programme has given me so much confidence and it has pushed me beyond what I thought I could achieve. I've made loads of friends and learnt new skills. I enjoy the concerts with the orchestra and feel connected to the musicians. It's just opened a new world'*** The Life Rooms Walton Participant

***'The genuineness of the musicians really endears us to come into the group, we feel like something bigger than ourselves. It takes me out of the negative and brings me into a positive realm when eventually you start feeling that the good outweighs the bad, and you can't lift yourself out of a depression, you can begin to see above the rest of the world'*** The Life Rooms Walton Participant



Informal conversations were essential to understanding what participants wanted to express through music.

A person-centred approach ensured their ideas and feelings shaped everything that was created. This sense of ownership fuelled the co-produced performances.

# Results & Change

**Voices Heard** ✨ **Freedom of Self-Expression** ✨ **Freedom of Choice**  
**Self-confidence** ✨ **Skills Learning** ✨ **Advocacy** ✨ **Legacy**  
**Togetherness** ✨ **Community** ✨ **Social Inclusion** ✨ **Multi-Cultural**  
**Individuality** ✨ **Creativity** ✨ **Expertise Valued** ✨ **Reciprocal Process**  
**Respect** ✨ **Trust** ✨ **Meaningful Connections** ✨ **Relationships**  
**Cross-Sector Partnerships** ✨ **Transformative Shared Experiences**

*Impacts of the CIP Research*

The CIP research activities set across three specific TLR sites offered a unique opportunity to evaluate findings through practice. I observed the following key insights:

- **The value of lived experience:** By being given a voice and a choice, participants gained new skills and were empowered to support each other and manage their own health.
- **Co-creation as best practice:** Co-created methods of delivery and data collection (including poems, art works, original compositions, performances and recordings) enabled a better understanding of participant experiences and interactions.
- **Wider public awareness:** The three sets of courses reached different communities and locations in the city, with St Dunstan's and the high-security context in particular reaching some of the most underrepresented people in our communities. The variety of CIP research outputs (blogs, podcast, case study, policy paper) will help create wider awareness about the benefits of sustaining and developing more creative communities for wellbeing.
- **Cultural organisations and health:** The project enhanced the strategic vision of Liverpool Philharmonic by focusing on local communities and creating further connections with social prescribing services. Additionally, it widened the evidence base to support both programme development and funding.
- **Inclusive Innovation:** The project team worked closely with new TLR service users' communities and TLR staff, exploring further innovative and inclusive practice. My activities reached broader communities within the city, addressing health inequalities and building a foundation to justify future support for the scalability of collaborative music provisions.



As a direct result of my CIP project, I was able to demonstrate how music, sounds, and vibrations can bring people together, showcasing connectedness and shared humanity. Using culture as a universal language, collaborative music-making created a safe space free of hierarchy, judgment, and stigma within and between diverse marginalised groups in a variety of settings.



Following their engagement with the CIP research, some participants in the high-security hospital have gone on to sign up for music theory grades, to compose their own music, to research classical composers, and find their voice through words or singing. In community settings, the creative methodologies of the research inspired community members to develop skills such as writing poems and stories and creating artworks inspired by music. Participants formed friendships, shared feelings, supported each other, and had fun despite facing significant social and health challenges.

The musician practitioners who took part were also transformed by connecting with a range of different people through music inside and outside the concert hall. NHS staff also discovered different sides of their patients' personalities, and enhanced understanding of the value of music and culture in co-created health interventions by management in NHS Trusts.



***‘Co-production is hugely important. Patients collaborating with musicians to deliver something creative may potentially alleviate mental health challenges and support the idea of an individual feeling part of a community – valued, respected, listened to’***  
High Security Hospital staff

## **Challenging the Divide Between Practice, Policymaking and Academia**

Despite the impacts of my research activities and the clear benefits they had on local communities, my role as a performing cellist, researcher and Community Innovation Practitioner had its challenges.

- **Value of practitioners in academia:** Bureaucracy and a lack of integrated systems for practitioners led to delayed contracts, affecting the synchronisation between research activities and salary.
- **Language and communication:** Translating real-life stories and emotions into academic language sometimes compromised artistic integrity as practical experience can clash with academic theory. Managing diverse priorities and communication styles from various management teams and stakeholders was also challenging.

- **Co-production:** Delivering my research activities involved intricate relationships. Planning, delivery and evaluation ranged from passive communication to active participation, through to power sharing. Valuing and integrating all perspectives equally in the research activities was demanding.
- **Managing the multi-dimensional aspects:** My research required balancing my role as a cellist, which demands daily practice, with my research and academic responsibilities. This included planning activities and co-produced performances with management teams, community inclusion teams, and staff in three very different settings; co-ordinating visiting musicians; managing group dynamics and the emotional aspects of working with vulnerable communities; and adapting to an academic framework, including exploring podcasting and policy making for the first time.

## A Year of Transformation

Focusing on local creative communities marked a significant shift in my career as a musician researcher. This transition provided a unique opportunity to be part of a team and learn from other CIPs across the country, working within different disciplines and expertise.

My CIP project enhanced the value of ‘experts by experience’ in mental health research. Collaborative working with the AHRC Creative Communities team reinforced the University of Liverpool IAA project ‘Examining the Impact of Liverpool Philharmonic’s Music and Health NHS programme’. This partnership highlights the necessity of deepening our understanding of creative communities, raising awareness about their impactful work, and expanding service access to address health inequalities in the city.

Sharing the results of this local study can strengthen connections with Liverpool City Council, the Mayoral Combined Authority, social prescribing services, and Creative Arts and Health networks. It showcases a model of practice that may be applied at both national and international scales.



I aim to further explore the role of practitioners in academia within the context of community mental health care by:

- **Understanding local mechanisms of creative health:** Delve deeper into the various types of music and creative practices within local communities to tailor approaches to local needs and what mechanisms are available within devolved Mayoral Combined Authorities and local government to support this.
- **Identifying musicians' training needs:** Assess the training requirements of musicians to develop a comprehensive toolkit. The development of a toolkit may help create a new professional role within mental health services as well as supporting musicians with their own creative practice.
- **Creating an Evaluation Framework:** Develop an evaluation framework for practitioners working within NHS and community mental health settings in the Liverpool City Region Mayoral Combined Authority area. This framework will be driven by the voices of individuals with lived experience of mental health conditions, ensuring that the services provided are truly responsive to their needs and perspectives and informed by the new powers brought by English devolution settlements.



# Recommendations

My year of research activities as an AHRC Creative Communities CIP informs the following recommendations through the framework of the Five Cs:

## Connection

### **Improve communication strategies:**

Effective planning and evaluation require improved communication among organisations and stakeholders. Clear channels, defined roles, active listening, regular feedback, and standardised protocols enhance collaboration, support continuous improvement, and inform decision-making.

### **Listen to experts by**

**experience:** Decision-making about mental health recovery must be based on the voices and choices of those affected. Co-created provisions, like collaborative music-making, allow practitioners to connect deeply with service users and understand their community needs. Arts organisations and universities should support practitioners in developing skills to tell and translate these stories, providing data for policy and funding reforms.

### **Enhance stakeholder co-ordination:**

Strategic co-ordination among community members, practitioners, clinical staff, link workers, and management teams is essential. Continuous updates and revisions ensure effective service delivery and activity co-ordination.

## Collaboration

**Collaborative research:** Prioritise voices with lived mental health experiences, facilitated by creative practitioners. Mayoral Combined Authorities must co-create an infrastructure with cross sector stakeholders and creative practitioners to enable service users to be active contributors in research and service design and delivery.

**Co-produce commissioning:** Health organisations, cultural institutions, and devolved policymakers must co-create health models based on lived experience, ensuring relevant, effective, and sustainable mental health services.

## Creativity

### **Co-create tools for healthcare**

**musicians:** Recent studies highlight the need for professional healthcare musicians, but validated training is lacking. Mayoral Combined Authorities must use devolved culture and skills powers to better support the development of sustainable tools to create a resilient sector.

### **Co-design research methods:**

Practitioners and partners must adapt research methods to local community needs creatively to respond to local needs by embedding co-creation principles in ways of working as best practice.

## Commitment

**Value creative practitioners in academia:** Universities must recognise create practitioners' essential contributions and address the challenges of balancing academic research with freelance work. Integrating practical experience and academic theory benefits both perspectives. Adequate funding is necessary to develop practitioners' roles in academia and expand learning opportunities through co-production and co-creation.

**Improve access to creative health:** Raise community awareness of creative mental health approaches by addressing barriers like socioeconomic factors, cultural stigmas, and logistical challenges. Increased Mayoral Combined Authority and local government investment can help develop targeted strategies with health and cultural partners, expanding the reach and effectiveness of creative mental health services to reduce health inequalities.

**Empower local mental health care:** Community-based care models enhance access and quality. Prioritising local investment and ownership sustains innovative mental health programs tailored to local needs. Transferring decision-making powers to Mayoral Combined Authorities creates better health outcomes and stronger communities.

## Care

**Promote holistic care:** Adopt a person-centred approach in creative health care, responsive to individual needs. Co-ordinated efforts across sectors enhance dignity, empathy, and compassion. Mayoral Combined Authorities should engage cross-sector to support service users, health partners, and practitioners to implement inclusive, responsive changes, leading to better health outcomes and resilient communities.

**Focus on prevention:** Invest in community care to prevent crises and enhance societal resilience. Creative practitioners can help communities regain skills and confidence, reducing deterioration, waiting lists, bed stays, and healthcare costs. New Mayoral Combined Authorities should support the expansion of creative communities as a model for early intervention in culture, health and skills strategies.



# Conclusion



My CIP year has enabled me to:

1. Create new knowledge for empowering creative communities through music collaboration and cross-sector partnerships in devolved contexts.
2. Develop research-through-practice by prioritising the experiential expertise of co-creation methodologies.
3. Highlight the need to sustain a care model embedded in society, contributing to social cohesion and fostering societal resilience in our creative communities.

Music and co-creation have supported individuals with mental health challenges to overcome issues linked to loneliness, stigma, and poverty through human connection and positive interactions. To build dynamic and resilient creative communities, we must recognise and value the on-the-ground expertise.

In a local context of mental health crisis, this CIP project reinforces the need for local communities, practitioners, management teams, health and cultural organisations to view mental health as a shared responsibility within newly devolved powers and budgets for culture, health and skills.

By fostering **Connection, Collaboration, Creativity, Commitment, and Care**, we can co-design environments of mental wellness and connectivity with experts by experience. Developing relationships in local communities can reduce dependence on NHS clinical services by preventing crises and promoting more inclusive innovation as a founding principle of devolution in England.

## Further Information:

For more information on AHRC Creative Communities visit <https://creativecommunities.uk/>

## Contact the CIP

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