



# LIVE MUSIC IN CARE

THE IMPACT OF MUSIC INTERVENTIONS FOR PEOPLE LIVING AND WORKING IN CARE HOME SETTINGS

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November 2018



This report is dedicated to the memory of **Virginia Renshaw**.

Virginia was Executive Director of Live Music Now from 1988 to 2000, working closely with Ian Stoutzker and Yehudi Menuhin. She saw the social value of music for older people, and her contribution during those years was fundamental in shaping LMN's future. She touched the lives of hundreds of thousands of vulnerable people, as well as musicians, and all the trustees and staff who worked with her.



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This full report and the short version can be downloaded at: [www.livemusicincare.org.uk](http://www.livemusicincare.org.uk)

There are also several supporting documents available for download there, including:

- Appendix 1: Arts Observation scale and manual
- Appendix 2: Semi structured interviews and staff surveys
- Appendix 3: Information sheets and consent forms
- Appendix 4: Consultee Consenting Form
- Appendix 5: Participant Info Sheet; Summary of study in non-technical language
- Appendix 6: Staff questionnaire document
- Appendix 7: Links to Survey Monkey showing example question

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## Introduction

This work is the culmination of our national campaign 'A Choir in Every Care Home', which is supported by 35 national organisations in the social care and arts sectors. We are all united in our vision to inspire and support care homes throughout the UK to introduce more and better music engagement for older people.

From 2015-17, we surveyed the many creative ways that older people engage with music, as well as exploring why the majority of care homes do not offer this opportunity regularly. A key partner during this process has been Sound Sense, led by the inspirational Kathryn Deane, who has since retired. Together, we found a wealth of evidence to support the use of music for older people, particularly for individuals living with dementia. However, we also found there was limited evidence available about how music programmes can impact on the whole care home environment.

So, in June 2017, we set out to answer the following question:

*“Can 11 weekly music sessions, provided for staff and residents in care homes, support the care home environment to be a place where residents and staff are happy to live and work?”*

Over the past year, we have worked in partnership with MHA (Methodist Homes), the Orders of St John Care Trust and Winchester University to explore that enquiry, leading to the publication of this report. My very sincere thanks to them, and to the other project partners: the Baring Foundation, the Utley Foundation, the Royal British Legion, the UK Treasury's LIBOR funds, Sound Sense and Canterbury Christchurch University.

As has been found elsewhere, we observed very positive responses to music amongst the older participants. There were particularly strong effects upon people's communication skills and mood. Individuals living with dementia were observed to access channels of communication through music, previously denied them by their condition.

But this work went further than previous research, breaking new ground in the following ways:

- We considered the impact on staff and whole settings, not just the residents;
- There was emphasis on co-designing each music programme with the care professionals and residents.
- We explored new ways to support care staff to lead music activities, and how this can impact on their wider caring role and job satisfaction.
- We observed a level of commitment from care staff seldom demonstrated in previous literature. We saw individual shifts in behaviour from reluctance at the start, to great enthusiasm. This highlighted the relevance of the environment to working attitudes.
- There are practical findings about the use of percussion and repertoire, and how activity areas are laid out within care settings.
- We considered how music can support a care home's commitment to supporting autonomy and self-expression for older people in care, who have a right to be heard.
- We also highlighted some difficulties and challenges that arose, that impact on how successful any music programme in care will be.

Throughout the world, improvements in medicine, hygiene and nutrition have led to much longer life expectancies. This is a huge achievement for our species. However, it has placed greater strains than ever before on the social systems that support older people, particularly for those living with dementia. On top of this, a career in adult social care can be very challenging, and staff 'churn' adds significantly to the difficulties placed on care home management. Under such circumstances, care home managers might reasonably resist the suggestion that they prioritise introducing a new music programme. However, those care homes that have embraced music have seen significant returns on that investment, leading to better living and working conditions for everyone.

The evidence set out in this report supports our recommendation that every single UK care home should provide a regular music participation programme.

At Live Music Now, we will continue explore how we can enable all care homes to become musical homes. The support of so many leading care sector and arts organisations is hugely encouraging, and gives us all hope that we can realise this vision, improving the quality of life for older people and care staff throughout the country.



**Evan Dawson**

Executive Director, Live Music Now

[www.livemusicnow.org.uk](http://www.livemusicnow.org.uk)

## Evaluation Summary

This project sought to evaluate an intervention comprising an 11-session interactive weekly music programme, including training for staff, in five care homes in the UK. The programme was delivered by Live Music Now. The programme focussed on singing and the use of voice, led by pairs of trained professional musicians for 45 minutes each week. A mixed methods approach was used, with favourable ethical approval for the study received from the University of Winchester Ethics Committee.

Data were drawn from 15 observations of the music sessions in the care homes guided by the Arts Observation Scale (a tool for the evaluation of performing arts activities in healthcare settings). Five reflective interviews were also undertaken with members of the care teams involved, also conducted by a member of the ACIECH team. Both data sets were gathered by a member of the Live Music Now team, and in addition, data were gathered using staff questionnaires, and online questionnaires for those musicians taking part. Personal identifiers have not been included with participants and care homes allocated pseudonyms where necessary to ensure anonymity.

Thematic analysis identified six themes:

### Theme 1: Strategies and approaches involved in delivery of the music session intervention

Care home managers, musicians and care staff need to collaborate in creating practice models that recognise advanced planning and strategies as equal in importance to the delivery of music sessions themselves. They were observed to address these priorities in several ways, including:

- The care staffs' heightened awareness of the residents' needs and their enthusiasm to promote and celebrate music beyond the residency. The aspiration to use their knowledge and experience to influence practice and create a cooperative and collaborative union with the musicians that aided the music intervention.
- Advanced planning of sessions where daily programmes were decided, facilitating role identity. Reflective sessions post music sessions where achievements were celebrated and experience converted to practice.

### Theme 2: The differing responses to the intervention

Differing responses included those to the instruments, genres, and repertoire. These were enacted and observed in various ways to include:

- Responses to the music intervention ranged from enthusiastic to anxious, and physically alert to passive
- Whilst percussion instruments were observed to stimulate the residents, some residents were confused and anxious about their use.
- Whilst some residents were enlivened by more challenging rhythms and beats, others withdrew from such complexity, preferring familiar repertoires.
- Care staff responded to these various needs by assisting residents in the use of their instruments and through building supportive relationships with them.

### Theme 3: Empowering the residents and nurturing their identity

The findings revealed skilful approaches to enabling inclusion, integration and a sense of identity. Key points were:

- The musicians included all residents in the music sessions by walking amongst them whilst playing songs, through eye contact and physical proximity.
- When residents sang their own words to songs, the musicians receded, encouraging the residents to take ownership over the music and celebrate their identity.
- Residents were supported and encouraged to express their musical creativity.
- Technological resources were used to ensure that the residents' music requests could be searched for and included in the repertoire.
- Committed support from care staff, evident through their strengthening relationships with residents that developed as the sessions progressed.



## Theme 4: The role of the staff, musicians and researcher

From the findings, the role of the staff, musicians and the researcher were integral to the success of the intervention and its evaluation. This related not only to their contribution, but to their personal gain as well. These outcomes were evident through the responsiveness and commitment of the care staff towards the residents, modelled through receptivity and a genuine desire to better the residents' wellbeing. For example:

- Realising such objectives was achieved through cooperation, with care staff meeting, often after work, to collectively discuss the residents' needs.
- Care staff taking active roles and thinking about resident engagement in person-centred ways.
- The developing awareness and heightened powers of observation of care staff, then converting experience to practice.
- Musicians who both lead and facilitated leadership.
- The enthusiasm and support of managers who modelled a genuine desire for the programme to continue into the future.

## Theme 5: Effect of the intervention on wellbeing

These themes were observed as:

- Resident gratification because of their contribution to the music sessions and by their sense of achievement.
- An enhanced mood that moved some residents from withdrawal to expression.
- A physical response to the beat of the music that encouraged physical exercise.
- A pleasurable ambience that touched family and visitors, some of whom prolonged their visit.
- A changing atmosphere that lifted the mood of the residents and care staff alike.

## Theme 6: Sustainability

There were themes identified in the findings of on-going enthusiasm for the music sessions and a desire to continue the sessions in the future. The residents, care staff and managers had a genuine desire to sustain the enjoyment that the music had introduced to the care home environment and the people. This was evident through:

- Their continued enthusiasm and application in practice.
- A sense of connectedness resulting from the music sessions that had modified the cultural climate of the care home and the behaviour of the residents.
- Promoting the mobilisation of knowledge and sustainable development, communicating to interested parties, and promoting inclusive wellbeing by disseminating the experiences of the participants at public events.

## Conclusions

1. Participating and delivering a music intervention to residents in care homes can provide positive social experiences as well as creative engagement, fun and a sense of achievement.
2. Musicians can play an important role in nurturing the wellbeing of elderly people in care.
3. Regular music making can enhance the working and living environment for care home residents and staff.
4. Music interventions can play a crucial role in awakening a sense of identity and empowerment for care home residents, facilitated by musicians and care teams working together.
5. Strategic planning at the outset establishes an essential structure and definition of tasks that provides a framework for the music programme.

## Recommendations

*Carefully delivered music can provide significant benefits for older people, care staff and care settings, contributing to person-centred care. We recommend that regular participatory music programmes be considered **essential** for all UK care homes.*

We are also making the following practice recommendations:

### 1. For Care Homes and ASC Sector/Providers

- Time for planning and reflection should be built in to all music projects and programmes – involving musicians and staff, and residents where possible.
- The care home manager must openly support the programme. This gives staff permission to step out of their transactional relationship with residents, and gives them new tools to use in their daily caring activities.

- Joint music making can be a vehicle for expression of staff concern for the wellbeing of residents.
- Professional musicians can provide practical support and validation for care staff, supporting sustainability in the longer term.

### 2. For Evaluation Practice

- Evaluation frameworks should be established at the start of initiatives such as this, through a process of co-creation with all stakeholders.
- There were clear benefits of having this process facilitated and guided by an independent and experienced academic institution.

### 3. For Music Practice

- The use of percussion instruments can be highly effective, but is not always appropriate. Appropriate use requires careful planning and sensitivity to participants.
- Choice of music repertoire should be a balance of familiar with new, and complex with the simple.





## Background

### Evaluation design

The intention was that the study would test the impact on the settings, staff and residents, and the culture of the care home itself, of a residency with professional musicians aimed at supporting and growing live music and singing activities. The ACIECH enquiry phase worked to develop a set of online resources to support the ASC sector in developing these skills, but needed to be able to back this up with an independent study that demonstrated what that would mean for the people who live and work in care homes and, learning on what was needed to make it work. The framework for the music intervention was fixed, having been agreed with the funder, the Baring Foundation, when the project funding was put in place. This would include using trained early-career professional musicians on the LMN musician's development scheme. Individual musicians and duos, delivering a 10-11-week residency, including interactive live music with residents and staff as well as staff capacity development across the life of the residency.

However, as stated above, we wanted to involve ASC provider partners in the detailed design of the intervention and to establish what outcomes mattered to them. With guidance from the University of Winchester it was decided that the detail of the study could be established through a co-creation process with the provider partners, including representatives at strategic, management and delivery levels.



### Stakeholder meeting – Process and content

A Stakeholder Evaluation Co-Creation Meeting was held on 15th June 2017 at the Centre for Arts as Wellbeing, University of Winchester. Representatives of the three providers, including home staff, as well as LMN strategic and branch representatives were all invited. Unfortunately, only one manager from one of the settings taking part, attended. Strategic representatives from all the provider ASC partners did however participate.

Through a process of workshop activities, the attendees identified the outcomes that it was thought were likely for the participants (staff, residents, settings) and then to identify a primary outcome and secondary outcomes, to establish a theory of change. The group also discussed potential measures and tools. The research question that emerged from the day was:

*Can 11 weekly music sessions, provided for staff and residents in care homes, support the care home environment to be a place where residents and staff are happy to live and work?*



### Outcomes

A primary outcome was identified:

**Increased happiness in residents and staff.**

and 3 intermediate outcomes:

- Increased confidence in music making in staff
- Changes in the care home environment as recorded in routinely collected data
- Increased day to day music interactions

## Measures

Two measures were used to collect data: ONS4 Wellbeing Measure of Happiness with one question: How happy did you feel yesterday? The other was the validated ArtsObs: Chelsea & Westminster/Royal College of Music Arts Observation tool (Appendix 2). This included identifying external indicators of mood and engagement, adapted for this residency. Further data gathering was undertaken using:

- Staff Questionnaire – beginning, middle and end
- Observation Tool – scale and qualitative narrative - 5 residents in each residency observed – beginning, middle, end
- Musicians online questionnaire - beginning, middle and end
- Reflective Interview with Staff at the end

A draft evaluation protocol, was shared with all the partner providers and after a period of negotiation it was submitted to the University of Winchester Ethics Committee for approval, granted in September 2017.

## Framework development – Settings, staff development and engagement

In advance of any delivery taking place, the LMN Strategic Director of Wellbeing visited all settings to meet staff and residents with representation from the relevant LMN area branch.

These meetings were aimed at gaining trust and understanding with the staff and to explain the aims of the projects. The agenda at each, two-hour meeting included:

- LMN, what it does and how it works:
- ACIECH the wider project and aims
- What was meant by “a choir” i.e. Interactive singing and music making, not a formal STAB (Soprano, Tenor, Alto, Bass) choir.
- Introduction of musicians through film and music
- Structure and aims of the residency project:
- The role of the University of Winchester and the evaluation

The selection of residents was discussed. This process differed from home to home, with some wanting entirely self-selection and others wanting to select people they thought would benefit. The former approach was taken where the activity would happen in a communal area, into which, residents were usually free to come and go, as opposed to a dedicated third space to which participating residents would need to be brought or encouraged to go to. See Evaluation Protocol Version 7.1 at pages 15 – 20 below.

A commitment was sought from 4 members of staff in each of the settings – who, as far as possible, would be consistent throughout. They would take part in the music activities as well as residents, developing their skills and confidence over the residency. They would take elements of responsibility for leading during the sessions, in pre-session planning, post-session reflection and the evaluation. Between sessions, staff were asked to make music with residents at wherever level they felt confident to do so. There was no set bar or standard that staff or residents were expected to reach.

On each of these visits a meeting also took place with residents at which the project, and musicians were introduced. It was pointed out that, as early career professionals, the musicians were learning too. Interestingly this appeared to be a motivating factor in some settings for residents, as it was seen that they were helping the musicians by supporting their development as professional performers. For logistical and evaluation purposes, through these meetings, an individual was appointed as a contact and liaison in each setting.

## Accommodating Changes in Care Homes

Initially there were 3 ASC provider chains taking part. The study sought to identify 6 care home settings to work in. LMN had a cooperative strategic and delivery relationship with two of the providers. The Orders of St John Care Trust (OSJCT) with whom LMN started working in 2013, and in 2016 and 2017 had worked together on an extensive multi-setting, live music residency project called New Age Music ([http://www.livemusicnow.org.uk/lmn\\_news/title/New-Age-Music-launch-of-major-new-LMN-project/item/69363](http://www.livemusicnow.org.uk/lmn_news/title/New-Age-Music-launch-of-major-new-LMN-project/item/69363)). MHA (Methodist Homes) and LMN signed a memorandum of understanding in 2016. Both providers had already experienced LMN professional musicians and interactive live music activities in some of their settings and both care home providers had been active participants in the ACIECH enquiry phase.

A third provider, (remaining anonymous in the report) was a new partnership, and this project would have been their first joint activity with LMN. They engaged fully with the project development, attending the evaluation co-creation meeting at the University of Winchester (please see the Evaluation Design section on page 12) and contributed to the content of the evaluation protocol. They identified two homes to take part, representatives of which LMN met with at one of the homes. Dates were penciled in for the activity, and musicians allocated and scheduled to take part. Unfortunately, due to circumstances unrelated to project, this provider was later unable to continue to participate in the project.

This change came very late in the process, within two months of the delivery starting in those settings and

indeed, with activity having already commenced in the other OSJCT and MHA settings. This caused some difficulty but MHA were able to replace one of the settings, it was too late notice to get another, so the project went ahead with five settings in total.

### The work of the musicians – specifics of the intervention

The musicians were chosen from a cohort already included in the LMN musicians’ training scheme. They were selected onto this scheme via a rigorous process of audition based on identifying the highest quality musicianship in emerging early career professional musicians. If successful in the auditions they take part in a 5-year development process which included working in ASC and other settings outside the concert hall. Working with the LMN branches involved (London, South West and Wales) and the LMN Strategic Director of Musician’s Development, 3 duos and one solo artist were selected, drawn from the genres Folk Music, Western Classical and World Music. The selection was based on a balance between their suitability for taking part and the development potential in the project.

For the musicians, the project started with a day’s training session in September 2017 facilitated by an LMN alumnus trainer, aimed at:

- Developing the understanding of the project aims, structure and evaluation

- Identifying and sharing practice, techniques, activities and repertoire
- The musicians then delivered an 11-session residency in each of their respective settings.

The first visit involved staff and musicians in a development and training session, led by LMN alumnus trainer. There was no direct delivery of music with residents in this session. The following week, the 10 sessions of interactive live music and singing activities began with the following content:

- Pre-session planning staff and musicians (30 mins.).
- Delivery (45 mins.).
- Introduction through performance - often same tune/song each time.
- Warm up - name, voice, breathing, body movement.
- Learning songs together - brought by musicians as well as suggested by residents.
- Joint repertoires developed over time.
- Round and call and response singing.
- Using percussion instruments – improvisation.
- Final sing out/performance.

Staff were encouraged to take a lead, including performing, warm ups and singing with leadership skills growing over time. There was a post session reflection (30 mins) and, in between LMN visits, there was encouragement for further musical activity led by the staff.



## The framework for the music intervention

### Understanding the impact of a music intervention on residents in a care home setting

Can 11 weekly music sessions, provided for staff and residents in care homes, support the care home environment to be a place where residents and staff are happy to live and work?

#### Primary outcomes:

Increased happiness in residents and staff

#### Intermediate outcomes:

- Increased confidence in music making in staff
- Changes in the care home environment as recorded in routinely collected data
- Increased day to day music interactions

#### PROTOCOL v 7.1

6<sup>th</sup> Sept 2017.

#### PROJECT FUNDING:

The Baring Foundation, Royal British Legion and the LIBOR Fund

#### SUMMARY OF STUDY:

An evaluation of a project comprising 11 sessions of interactive music making and training for care staff in six residential care homes. The weekly music sessions will be of 45 minutes duration and will be led by pairs of trained professional musicians, focusing on singing and the use of voice. A researcher will collect, through observation, questionnaires, and staff group meetings, data on the happiness of the residents and staff, staff confidence in music making outside of the weekly sessions and of any changes in the care home environment as recorded in routinely collected data during the programme.

### 1. INTRODUCTION

Live Music Now (LMN) is a UK-wide music outreach charity, founded in 1977 by Sir Yehudi Menuhin and Ian Stoutzker CBE with two strategic aims:

- To bring live music of the highest quality to those for whom access to its benefits is normally restricted, in particular people with special needs and disabilities, and older people.
- To support the development of young professional musicians at the outset of their careers, building their performance and communication skills.

Launched in May 2015, A Choir in Every Care Home (ACIECH) is an initiative to support innovative, sustainable and effective live music and singing to feature regularly in care homes for older people in across the UK. It involves a process of cross-sector multi-agency evidence gathering, needs based advocacy and leadership. It is led by LMN in partnership with Sound Sense and the Sidney De Haan Research Centre at the University of Christchurch Canterbury with the University of Winchester providing evaluation support and guidance. It is funded by the Baring Foundation and supported by 35 national organisations from the arts, social care and academic sectors.

### 2. BACKGROUND

There has been very limited evidence of the effect of music interventions for residents of care homes, many of whom are living with dementia. In England, approximately 283,000 people with dementia live in care homes (Alzheimer's Society, 2015) and projects are often conducted within the context of an activities programme undertaken as a service development initiative in care home settings.

This project (ACIECH Phase 2B) builds on an evaluation developed within a previous project, New Age Music (NaM). Delivered by LMN in similar settings, NaM is a pilot project due to complete in the summer of 2017, the results of which will be published in the autumn of 2017. The programme provided:

- A series of 7-week live music residencies in 18 care homes in 3 areas of England. The residencies involved pairs of trained professional musicians visiting each home 7 times over a period of 6-12 weeks to deliver interactive performances and music workshops;
- Training on working through participatory music activities with people living with dementia for musicians taking part in residencies;
- Training for staff taking part in use of percussion instrument and singing and use of voice for staff taking part.

ACIECH Phase 1 (May 2015-June 2016) included the largest ever review of published evidence about music for older people, and created several practical toolkits which are held on a project website [www.achoirineverycarehome.co.uk](http://www.achoirineverycarehome.co.uk)

ACIECH Phase 2A involved consultation to ensure that the form and content of the website and materials were suitable for the Adult Social Care (ASC) sector, and a process of improving and further disseminating the content.

## The Music Project

ACIECH Phase 2B, this project, (April 2017 to March 2018), will involve one initial training session for musicians and one training session for staff in each of six care homes in England, followed by a series of 10 sessions of interactive music making. Managed and delivered by LMN it will include:

- A day of training for 6 pairs of professional musicians who will be delivering the residences. The training will be in singing and use of voice with older people and staff in ASC settings, and will be delivered by John Bacon, an LMN alumni who delivered the training on NaM. The musicians are all part of the LMN programme and have experience of working in residential settings with older people and will have taken part in the basic training offered by LMN in working in these settings. Some of them have also taken part in NaM.
- The residencies in the six care homes will start with a training & development session in each setting involving both LMN musicians and the staff who will be taking part (min of 4 per setting), led by [Music manager];
- This will be followed by 10 sessions of interactive music, in each of the six care homes (see detail below) led by the trained LMN professional musicians. Each home will have the same pair of LMN musicians visiting every week.
- Independent music making sessions will be led by the staff at least weekly in each home, between the LMN musicians' visits. The staff in the homes will be asked at the outset of the project to with to carry out at least one structured and led music session with residents in between each visit.
- Conversations between staff and LMN musicians will be scheduled at the beginning of each LMN-led session reflecting on the music activity that has taken place since the last visit. Each visit will conclude with a debrief on the session that has just taken place, and a discussion about activity that staff might lead before the next LMN session; and
- Evaluation – to identify and understand the impact of the activity on the staff and residents in the care homes taking part.

[Information about care homes removed]

All the provider homes are residential care homes, rather than end of life care or dementia specialist settings, except one, which provides all three types of service. However, it is a fact that many older people living in residential care are living with dementia (Alzheimer's Society, 2015) either diagnosed or not. This study is not targeted at people living with dementia but equally if there are residents amongst those that would like to take part or that the settings nominate to include who are

living with dementia, subject to the consenting process set out at 8. 9. and 10. below, this will not exclude them from taking part.

### 3. STUDY QUESTION:

Can live music making support a care home environment to be a place where residents and staff are happy to live and work?

### 4. AIMS/OBJECTIVES/OUTPUTS AND OUTCOMES

**Aim:** To answer the research question with particular reference to the following measures, taken at the beginning, middle and end of the intervention, of the happiness and health & wellbeing for staff and residents.

Primary Outcomes

- Increased happiness
  - Staff - ONS4 which measure of Happiness as well as ONS4 standard measures of anxiety, satisfaction and feeling worthwhile as part of a Staff Survey (Appendix 1)
  - Residents – ArtsObs Tool (Appendix 2)

Secondary Outcomes

- Increased day to day music interactions
  - Staff - survey / semi-structured interviews
- Confidence in making and joining in music activity
  - Staff – Survey (Appendix 1)/ semi-structured interviews (Appendix 3)
  - Residents - ArtsObs Tool
- Changes in the care home environment, using existing care home measures and standard recording
- Musicians skills in sharing and modelling practice with care teams and building that into delivery. (This data is routinely collected through LMN standard recording – Survey Monkey online questionnaires are completed after every delivery session. Musicians will keep a log of the key points from the reflective and planning sessions that take place between them and staff on each visit, enter onto the survey monkey online questionnaires and email copy to the staff in each care home.)

#### Objectives:

The study will assess a 11 session, live music intervention led by professional trained musicians, with independent music activities led by staff in between the sessions:

- First session training with staff and LMN musician, led by a LMN alumni trainer;
- Following 10 sessions are led by the LMN musicians. This will either be 10 consecutive weeks or 20 weeks to fit in with the differing regimes of the care settings taking part;



- Staff will be supported to develop formal and informal music interactions at least once between each session. We will develop materials that the LMN Musicians can leave with the staff to support them in doing this;
- Reflective conversations between staff and LMN musicians at the beginning of each session exploring the music activity that has taken place since the last visit and a brief planning conversation after the delivery session to page and plan what will happen between then and the next session.

and answer the following questions:

- (1) What is the impact of music sessions on happiness of staff and residents who take part?

Additional secondary outcomes/outputs are:

- (1) What impact does the music project have on staff confidence regarding leadership of formal and informal music interventions independently of LMN musicians?
- (2) What is the impact of the music project on the care home environment as evidenced in routinely collected data?
- (3) What is the impact of the music projects on day to day music interactions in the care home settings?

## 5. STUDY POPULATION, SAMPLING AND RECRUITMENT

### Study Population

10 residents will take part in 6 care homes (n=60)

Staff:

4 staff in 6 homes (n=24)

...of which

At least one will be an activities coordinator or equivalent.

At least one will be member of care team

Plus at least two others to be selected by care home manager

### Sample Size

Of the 10 residents taking part in the music activity 5 in each care home will be observed using a revised Arts Observation Scale (n=30) (in review of pilot observation on NaM the decision was made to limit the number to make it manageable process during the session but a large enough number maximise the chances that there will be participant residents who take part all the way through)

2 staff participants from the 6 care homes will participate in the survey and semi-structured interviews (n=12)

### Recruitment and Consent Procedures

Staff will complete a short form Consent – Appendix 4

Musicians will complete a short form Consent – Appendix 5

All residents in the study group will be fully consented. For those who do not have the capacity to give consent then a Consultee\* Consenting Form will be used – Appendix 6

(\* A person who has authority to consent of behalf of the resident)

### Potential participants

The potential participants will be selected by each of the care homes and each home will provide residents with the Participant Information Sheet (Appendix 7) giving information about the study before residents or consultees are invited to consent to participate.

The care homes will secure the consent and the forms will be stored securely by the care homes.

All 10 resident participants who are taking part in the music session will be consented to ensure anonymity of residents being observed. The activities coordinator in each home will select the participating residents to be observed, and identify them to the observer. This will be the same group of 5 residents throughout. All residents identified to take part in the observation will be anonymised on the observation sheets

There will be no coercion to participate in the music sessions. Potential participants can take as long as they need to decide whether or not to take part and can leave at any time.

Whilst the participant information will be in English, residents who have special communication needs will be supported to hear about the study through the use of translation and interpreting services, as is usual practice in care settings when English is not a resident's first language.

## 6. STUDY PROCEDURES:

The study will evaluate the impact of the music on staff and residents in six care homes. The study uses mixed methods including:

- Survey;
- Observation;
- Semi-structured interviews; and
- Analysis of routinely collected data.

Recruitment of participants will be guided by the care homes, who will identify residents, providing them with information about the study and offering them the chance to participate during the resident's care home stay. Care home staff will then consent residents to enrol in the study.

### The Intervention

The music activity will include individual and group based voice and singing activities provided by a two LMN

musicians (up to 10 in total). Some of the pairs of musicians may work in more than one home. This will be determined based on geography, availability and the timing of the sessions. The allocation of musicians will be carried out by relevant LMN Branch Directors with responsibility for the homes falling within their areas. Branch Directors are very familiar with the skills, experience and aptitude of the musicians who work in their branch. This will be done in discussion with the project lead.

All the musicians will have prior experience of delivering interactive music activities with older people in adult social care settings. The musicians will take part in a training session all together before any of the residencies take place to prepare them for this project, led by the [music manager], an alumni of the LMN Scheme, and an experienced trainer who delivered training on the NaM project.

The music sessions will be held in the care homes in an area currently used by residents for group activities. The first visit will be a training/delivery session led by John Bacon involving both the LMN Musicians and the Staff. The following 10 visits will be music delivery sessions. The duration of each music delivery session will be 45 minutes. A further 30 minutes each will be spent on the planning and debriefing conversations between musicians and staff.

In between each of the visits staff will commit to lead singing activities - as directed and supported by LMN musicians - to ensure that the skill and capacity are developed over the residency. A reflective catch-up conversation will take place between the musicians and the staff taking part at the beginning of each visit to reflect on what has happened what has worked and not worked. After the music sessions, a short planning conversation will take place to agree what will happen between then and the next session.

### Observation

With support and guidance from the University of Winchester, the observer, (an experienced arts and health professional with experience of arts observation in this type of setting including on the previous NaM project) will undertake unobtrusive participant observation using the Arts Observational Scale (ArtsObs) (<http://www.cwplus.org.uk/research/arts-research/artsobservational/>).

This is a structured assessment tool, adapted for and used on the NaM project that allows observers to record individual participants' happiness scores at the start, during and after the activity on a scale of 0 (negative, angry response) through to 7 (happy and excited).

The observer will record data but will also join in with the activity, singing and responding to the music and sharing the experience in order to develop rapport and trust as well as to witness spontaneous interactions and communications between staff and residents and carers and the musician/music. It is a small group and therefore appropriate to join in in participatory activities, but at times he will step back from the group to unobtrusively observe participants. Notes will be taken at times in order to interpret the scores given on the observation sheets and to log musical and engagement indicators in the participants.

The observer will gather basic demographic data from the care homes on each of the observed participants i.e. age, ethnicity, gender plus whether they are living with dementia and type?

### Surveys

The surveys will be completed by the staff at the beginning middle and end of the delivery process and will ask questions about the happiness, anxiety, feelings worthwhile and satisfaction with life. Where possible this will be completed online into a Survey Monkey questionnaire, but staff who do not have access to the internet during work will be given the option of completing it onto paper version

### Semi structured interviews

With up to 12 staff members (2 from each of the Provider settings) will explore participants' perceptions of the activity on:

- Interaction between staff and residents;
- Incidents of day to day music making both formal and informal; and
- Confidence in music making in the staff and residents.

Interviews will be one to one or in pairs of staff. They will be held on the care home in the privacy of a side room and will take the form of a relaxed conversation lasting between 10 and 30 minutes.

The semi structured interviews will only take place after the end of the intervention. Will identify the impacts of the intervention on residents and the components of a successful music intervention

Routinely collected data is identified and recorded differently by each of the providers taking part. Where this data is made available and in agreement with the providers, staff in the settings will review the routinely kept standard records on the participating residents and staff at the end of the intervention, during the period of the intervention and for the equivalent period before the intervention. This will be provided to LMN as anonymised totals for each care home. No care home will be identified in the reporting of data.

**Data Analysis**

Qualitative data will be analysed using thematic analysis (4). Interview data will be audio recorded and transcribed in full. Analysis will be assisted by NVivo software designed for this purpose.

Quantitative data and observational assessment scores will be analysed using descriptive statistics to illustrate the frequencies of characteristics and responses before, during and after the intervention. A limited economic analysis of care home level data will compare service costs between the intervention and comparison periods, identifying any potential differences that might indicate cost savings. This data will include:

- Incidents of day to day informal and formal music making between session
- Ratings from staff on confidence in music making
- Arts Obs ratings on residents
- ONS4 happiness ratings from Staff
- Routinely collected data in each care home

**7. DURATION OF STUDY:**

Data collection will only occur for consented residents between Sept 2017 and March 2018.

**8. PARTICIPANT SAFETY CONSIDERATIONS:**

The research team recognises the potential vulnerability of residents and the possibilities of them becoming distressed or anxious when invited to participate in what is a change to the care home environment. The musicians and staff leading the sessions and the researcher will be sensitive to this and will be conducting the project with the full support of experienced care home staff, including the activities coordinators. No resident will be coerced into consenting or attending and refusal to participate in the music or the research will not influence the high-quality care which the care home is committed to providing to all in-residents. Residents and their carers will be free to attend the sessions for as long as they wish even if this is only for part of a session.

**9. PARTICIPANT WITHDRAWAL:**

As stated in the consent documentation, participants are free to withdraw at any time without giving any reason, without medical care or legal rights being affected.

If a participant, who has given informed consent, loses capacity to consent during the study, the research team will consider the views of the participant's personal consultee and review their participation in the study. As the study focuses on residents within a care home environment the project understands that any loss of capacity during the study would not necessarily preclude participation.

**10. DATA MANAGEMENT:****Data Recording**

Interviews with selected staff participants will be audio recorded and transcribed verbatim, if this is acceptable to participants at the time. The arts researcher will be sensitive to the views of participants at the time of the interview even though consent will have previously been given in writing for the interview process as part of the research.

Any identifying details will be removed from all data before analysis. Quotations by residents and staff will be used to support qualitative analysis and reporting. All quotations will be anonymised and all identifying details will be removed from any reports.

**Source Data/Documents/Confidentiality:**

Only members of the care home team will have access to participants' personal data during the study (in accordance with their usual role within the care team). The care home will introduce participants by name to the LMN musicians and the observer once she has obtained the consent of residents and/or carers to do so.

**11. QUALITY CONTROL/QUALITY ASSURANCE:**

The experienced musicians, who have worked extensively in care homes will work under LMN contracts in the care homes for the defined period of the intervention and will be bound by a duty of confidentiality to all residents.

Supervision of the musicians will be provided through the LMN programme by the relevant Branch Directors with responsibility for the area where the activity is taking place which oversees regular work in care homes and community projects for older people. The Branch director will be in regular and frequent contact with the LMN musicians working in their area during the delivery

The observer, is guided in the design of the research and the data collection by the university and will work under contract from LMN in the care home for the duration of the project.

Project management will also be led by the observer of LMN supported by regional LMN Branch Directors in the relevant branches.

Following the stakeholder meeting discussions, [key stakeholders and organisations] will also provide research governance oversight alongside the University Ethics Approvals process.

## 12. ETHICAL CONSIDERATIONS:

The main ethical issues relate to the evaluation of the music intervention with residents with the possibility of being unable to consent. We propose to ask for each resident's explicit consent. However, if this is not possible, we would ask for consent via the designated next of kin or the Consultee. We do not perceive any risk of harm to the residents but should there be any evidence of residents becoming distressed during the music sessions, there will be the option to leave the session without question. This is in line with standard care home procedures during activity sessions.

Consent will be gained for research activities including resident observation and staff interviews. Residents will be reminded that they can withdraw from the observation at any time without any repercussion to them and that they can still participate in the music project even if they do not wish to take part of the observation

Resident observation will be undertaken unobtrusively. The observer will participate in the activity, supporting the musicians and encouraging participation as guided by staff. They will complete a brief assessment tool (ArtObs) during each session and will record field notes during and after the session. The researcher will work in close collaboration with care home staff in order to assess participants' responses and respond to any difficulties during observation.

The interviews will be undertaken by the researcher in the privacy of a side room. The residents and staff will be reassured of the confidentiality of the process.

All research data will be anonymised and kept securely within the care homes where it will not be accessed by anyone outside of the care home staff.

## 13. PUBLICATION POLICY:

LMN, the stakeholders and University will seek to agree a dissemination agreement to report and disseminate the results of the study via a peer-reviewed journal publication in addition to an internal report to funders (The Baring Foundation and the Libor Fund) and the University Advisory Group Symposium in April 2018. Further, the team will submit abstracts for poster and conference presentation of the results and publish the results in summary on websites.

Additionally, the research team is committed to ensuring the results of the study are reported to all participants. Staff, residents, their families and carers, and support groups with an interest in the arts as wellbeing, in particular those who carry out and support arts and health and wellbeing initiatives.



## Context

By 2045, numbers of older people living with dementia in the UK are expected to rise to 1.4 million, costing the UK economy an estimated £50 billion a year (National Audit Office, 2010). Yet, other diseases such as cancer and heart disease far exceed funding for health care (Department of Health [DH], 2009). It is estimated that a typical district general hospital in the UK will have approximately 100 people with dementia at any given time (Royal College of Psychiatrists 2013). A recent survey by the Alzheimer's society evaluating carer's perceptions of the dementia services available at several Foundation Trusts revealed that more than fifty per cent of participants considered a hospital stay as negatively effecting the symptoms of patients with dementia and 77% were dissatisfied with the quality of dementia care (Alzheimer's Society, 2012). Overuse of antipsychotic drugs (Banerjee, 2009), associated with an increased risk of falls, and longer stays contribute to worsened physical and psychological outcomes (Boaden, 2016; Dewing & Dijk, 2016) and concordant rising costs for healthcare providers (Dewing & Dijk, 2016). Therefore alternative approaches to achieving the improved outcomes espoused by national and UK policies (DH, 2009) requires urgent address.

Despite academic evidence to support the potential of music, art, and creative therapies in enhancing quality of life and mental wellbeing of people with dementia (Daykin et al., 2016; Pavlicevic et al., 2015; Victor et al., 2016; Ray & Mittelman, 2015), non-pharmacological approaches are seldom evaluated (White et al., 2017). However, those that are, report promising findings. Researchers have found that in Alzheimer's disease, the ability to recognize familiar music and identify with musical emotions remains integral even in the advanced stages of the illness (Cuddy & Duffin, 2005; Johnson et al., 2011). For example, randomised control trials (RCT) have found that music-based interventions can temporarily enhance cognitive functioning, alleviating the neuropsychiatric symptoms of dementia, such as anxiety and depression ((Guetin et al., 2009; Raglio et al., 2008); (Bruer, Spitznagel, & Cloninger, 2007; Hokkanen et al., 2008).

Särkämö et al. (2013) are critical of the findings of many such studies as focussed on relatively short-term and therapist-led music interventions targeting PWD with moderate-severe dementia. Therefore the long-term benefits of regular musical interventions for PWD and their caregivers are less well known. Addressing these shortcomings, Särkämö and colleagues undertook an RCT with care givers, PWD (mild-moderate diagnosis), and nurses of PWD, where the goal of music intervention groups was to support, enable, and motivate, caregivers to use either singing or music listening regularly with the PWD to improve reciprocal communication, facilitate

their cognitive abilities and enhance mood. The music intervention was carried out as a 10-week group-based music coaching programme, to include either music listening sessions or singing, for a group of 10 participants (5 PWDs, 5 caregivers).



Using comprehensive neuropsychological testing and a selection of surveys, data revealed that the daily, musical interventions, benefitted PWD cognitively, emotionally, and socially. Compared with the usual care received by the control group, both singing and music listening were found to preserve and improve general cognitive coordination, decision-making and attention, enhancing both the short-term and working memory of the PWD and the emotional well-being of their family members. Music listening was found to improve the QOL of the PWD. Results relating to the emotional and cognitive effects of the musical intervention, were in line with previous studies (Clair, 2002; Garland et al., 2007; Gotell et al., 2003; Thompson et al., 2005; Van de Winckel et al., 2004). Importantly, the study by Särkämö et al., (2013) showed that regular music sessions such as singing and listening can have long-term emotional and cognitive benefits in early dementia.

Analysis of studies regarding music in relation to wellbeing, particularly for elderly people and those with dementia, reveals gaps in knowledge, mostly information on research design, operational concepts, measurement tools, and methods of evaluation/analysis, a point highlighted by Beard (2011) following a systematic review of art therapies and dementia. Beard noted a divide between studies reporting on product versus process, recommending that participant account and focus upon subjective wellbeing and enrichment would expand the evidence base and enable methodologies responsive to idiosyncratic need.

Whether music is classified as activity or therapy is a subject open to debate amongst academics (Casson, 19994; Hirsch & Meckes, 2000; Killick & Allan, 1999; Odell-Miller, Hughes, & Westacott, 2006) and often defined by whether research objectives focus on treatment outcomes or the processes as a leisure activity

(Beard, 2011). With few exceptions (Batson, 1998; Coaten, 2001; Johnson & Sullivan-Marx, 2006), studies focussing upon creative activities and dementia are most frequently concentrated on the treatment potential for managing adverse symptoms.

How people with dementia respond to musical interventions does vary considerably (Tapson & Walters, 2018). Glair and Roberts (1997) write how levels of engagement during music interventions are amplified through use of different mediums. Studying the effect of singing, dancing and rhythm playing on the participation and social behaviours (initiating to and responding to touch) of people with late stage dementia and their caregivers, data showed that both caregivers and patients participated most during rhythm playing activities. Because of the percussion instruments used, caregivers initiated touch more frequently than patients, but patients showed the greatest response to trust.

Engagement may be partly mediated by level of disability which to some extent dictates ability from activity (Gigliotti, Jarrott, & Yorgason, 2004), but also, the considerable divergence between the frameworks characterising music interventions (Leubner & Hinterberger, 2017). For example, a systematic review of the effectiveness of musical interventions in treating depression undertaken by Leubner and Hinterberger (2017) found approaches with differing session times, genres, instruments and interactional styles and importantly, differing outcomes. Other considerations include the interactional style of the musicians delivering the intervention. A paucity of literature prevents greater understanding of this topic. However, work from the Autistic Society (Prevezer, Fidler, Kelsang & Coombes, 2012) describes how musical interaction is used to facilitate relationship building between residents with autism and key workers by enabling engagement. Systematic reviews of music therapy in dementia identify a number of studies showing its positive effects on behavioural, cognitive and psychological symptoms and on social and emotional functioning (McDermott, Crellin, Ridder, & Orrell, 2013; Vink, Bruinsma, & Scholten, 2013). One benefit of this is in facilitating relationships between staff and residents, which both builds empathy and develops interaction. The advantages of this are felt in the ambience of the care home environment and, reductions in episodes of aggressive behaviour and anxiety (Pavlicevic et al., 2015; Powell, 2006; Powell, 2010) have been found.

Similarly, the interactional style of musicians is equally important in relation to relationship building between both residents and staff. For example, Tapson, Daykin and Walters (2018) found the interactional style of musicians in community orchestras central to how the audience responded. Those musicians who introduced their repertoire through narrative prompted the

audience's interest and attention, whereas those who were energised and communicated through music evoked an animated response.

Notions of music as empowering date back to Plato, where it was used to enable agency, and self-enhancement in challenging situations (Woerther, 2008). Since then, the topic of empowerment has migrated through other musical genres such as hip hop and rap (Krimms, 2000), styles recognised for facilitating resilience and growth (Travis, 2012; Travis & Bowman, 2012). Music appears to have similar effect for people with dementia who, despite memory loss and aphasia can still recall and sing old songs (Brotons 2000). Locating themselves through music this way facilitates identity reclamation. Music can also serve well as a supplementary form of expression (Daykin, 2004; Daykin, de Viggiani, Pilkington, Moriarty 2013; Daykin, McClean & Bunt (2007).

Enablement through music may not be solely through the intervention but the way in which this is delivered. Martin and Younger (2000) consider that for nurses or care home staff to act as empowers, a new approach must be adopted that reframes the rigid professionalism of healthcare into an empathic exchange where communication takes place. This shift can be seen as a cultural change, similar to that outlined by Kitwood (1995) for people with dementia, where the emphasis is placed on valuing the 'personhood' of the patient. The success of such realignment can be seen through the research of Melhuish et al. (2015) in their study implementing music and dance therapy for residents with dementia in a nursing home in North London. Commencing with a song familiar to the residents stimulated recognition and camaraderie between them, enabling a safe space to then introduce a wide musical repertoire. Resident were encouraged and supported to join in, to choose, share, and play a selection of percussion instruments and to participate in both group and dyad improvisations with the therapist or healthcare staff. Findings testified to the close and developing relationship between residents and staff this approach enabled, in addition to the empowerment experienced by the residents.

As the evidence suggests, delivering musical interventions to people with dementia, and their responses to them is dependent upon complex features and considerations.

## Methods

### Research question

Specifically, the research question informing the evaluation was:

Can 11 weekly music sessions, provided for staff and residents in care homes, support the care home environment to be a place where residents and staff are happy to live and work?

### Aims and Objectives

To undertake unobtrusive participant observation of music interventions in residential homes for people with dementia using the Arts Observational Scale (ArtsObs) (<http://www.cwplus.org.uk/research/arts-research/artsobservational/>), a structured assessment tool that allows observers to record individual participants' happiness scores at the start, during and after the activity on a scale of 0 (negative, angry response) through to 7 (happy and excited).

### Primary outcome

**Increased happiness in residents and staff**

### Intermediate outcomes:

- Increased confidence in music making in staff
- Changes in the care home environment as recorded in routinely collected data
- Increased day to day music interactions

### Intervention Participants

There were 5 musicians recruited to the study, selected through their involvement with LMN where they were trained. Additional participants included 20 care staff from the 4 care homes taking part in the research.

### Data analysis

The research approach involved thematic analysis of qualitative data gathered using the Arts Observational Scale, detailed above, at 5 care homes, over a 6 month period. The researcher sought to capture a rich description of the issues, challenges and successes of the intervention, to be used to inform future practice and as a meaningful source of information for practitioners. A total of 7 musicians, trained by LMN, took part in delivering the music sessions.

Data were analysed using NVivo11, an advanced analysis tool in qualitative research software. Using this system, transcripts or notes from the participants' narratives are imported to NVivo11, enabling excerpts to be identified as subordinate themes. These are then clustered to form superordinate themes considered by the researcher as embodying the essence of the overarching topics. This process of thematic analysis is a recognised methodology for reducing and categorising qualitative data (Braun & Clarke 2006).

As can be seen from table 1 (overleaf), the process of thematic analysis gave rise to 6 superordinate themes.



Table 1: showing the superordinate themes identified from the data, and the subthemes that represent them.

Superordinate themes		Subthemes
1	Strategies and approaches involved in delivery of the music session intervention	<ul style="list-style-type: none"> <li>• The setting for the intervention</li> <li>• Advanced planning and information sharing</li> <li>• The significance of the room arrangement</li> <li>• Opening the music sessions and the warm up</li> <li>• Interactive tactics</li> <li>• Confusion and worry: A negative response</li> </ul>
2	The differing responses to the intervention	<ul style="list-style-type: none"> <li>• Differing responses to the instruments</li> <li>• The effect of differing musical approaches upon residents</li> </ul>
3	Empowering the residents and nurturing their identity	<ul style="list-style-type: none"> <li>• Nurturing and enabling inclusion</li> <li>• Building relationships</li> <li>• Changing behaviour</li> </ul>
4	The role of the staff, musicians and researcher	<ul style="list-style-type: none"> <li>• The role of the musicians in delivering the intervention</li> <li>• The effect of the intervention on staff</li> <li>• The responsiveness and commitment of staff</li> <li>• The over-involvement of staff</li> <li>• Staff transition and ownership</li> </ul>
5	Effect of the intervention upon wellbeing	<ul style="list-style-type: none"> <li>• Physical, behavioural and psychological manifestations of wellbeing</li> </ul>
6	Sustainability	<ul style="list-style-type: none"> <li>• Sustainability</li> <li>• How sustainability was achieved</li> </ul>





## Qualitative data findings

Strategies and approaches involved in delivery of the music session



This superordinate theme was comprised of 5 subordinate themes. Unlike many other music and dementia projects analysed by the researcher, the current intervention was differentiated by clear and careful advanced planning between the musicians and care home staff. The data suggests that the benefits of this strategic and inclusive approach were realised through the positive relationship between the care home staff and the musicians, with the residents' wellbeing at the centre of decision-making. Management of these considerations started with *the setting for the intervention*, thought through to maximise the residents' inclusion:

*The room was set up as previously, long and narrow with the performers at one end, with chairs set out in a semi-circle facing them, with spaces in between. Jane explained that this layout was deliberate so that people using wheel chairs could be brought into the spaces, and so that staff members could sit between specific residents to support them in taking part.*

Care home M. January 2018

The theme of inclusion extended to the arrangement of chairs where care was taken to ensure that all residents could see and interact with the musicians:

*The chairs are set up in a circle so that everyone can see the musicians. It's a sunny day so the room is bright and inviting.*

Care home M. January 2018

The significance of the room arrangement was impactful, as some of the spaces in the care homes, allocated to

host the sessions were cramped, of particular relevance considering the prevalence of wheelchair users:

*The room was quite small with chairs arranged in a circle, with Rachel's keyboard on one side. There were a lot of people for the space and more people came in during the activity as they heard what was going on and were attracted in.*

Care home HG. February 2018

The repercussions of insufficient space were amplified as, in order to support residents in their wheelchairs, it was necessary for staff to sit next to them. As the following excerpt suggests, such arrangements left the musicians seated down one end with residents 'lined' up to their right. It is interesting to speculate the effect of this set-up upon dynamic:

*The three staff members taking part sat amongst the residents. Samantha and Jane stayed in the room sitting in armchairs. The musicians were down at one end with most of the residents lined up to their right.*

Care home M. January 2018

As the music sessions progressed, it appeared that thinking about the structure of the room set up and how this impacted on the dynamics of a session and the experiences of the participants marked a key point of embedded learning for the care home staff who automatically set up the room to accommodate those in need of support.

*Samantha and Elaine were busy setting up the room, setting out the chairs so that staff and residents using wheelchairs could be accommodated, with staff in between people needing more support.*

Care home MS. March 2018

Of importance to the musicians and the care home staff, was the actual content of the music sessions. How best to work together, was decided through *advanced planning and information sharing*. Within this subtheme, the data illustrated how both content and structure were considered before each music session was held:

*Marion was teaching Davina about warm up exercises and explained that they warm up the diaphragm and the shoulders. They discussed what Davina could lead that day. There was a*

*lot of laughing and joking, especially about making faces during the warm up...They decided of pairs of staff to lead groups...They discussed getting the beat in place and using the feet to hold this, stepping in time. They agreed on who was leading on which of the sea shanties. They had the words on print outs.*

Care home HG. February 2018

As can be seen from the excerpt, included in this pre-session discussion are the practical aspects of the content, details about delivery, but also, how these could be achieved cooperatively. The narrative suggests a sense of togetherness generated through fun and laughter.

With their fluctuating mood, ensuring that the residents with dementia were the most receptive to the music introduced an additional need for pre-planning each session, it being particularly difficult to predict what tensions the day would bring. For example, a delayed start to one music session was sufficient to unsettle the residents:

*Russell and Rachel had thought very hard about the structure and content of the session and how to bring the group along with them. Not least they did an excellent job of winning the room over after a slightly tense start due to the delay.*

Care home S. January 2018

Also of importance was consideration of inter-team equilibrium, where a new member of staff threatened to alter the existing energy, a situation requiring discussion in advance of the new team member's arrival. The excerpt illustrates the level of concern and commitment dedicated to resolving potential disruption:

*There is a note below about the dynamic and a new member of staff coming in. Samantha has raised this issue earlier in the week and there have been some telephone conversations between Steve and the musicians.*

Care home S. January 2018

The data suggested that opening the music session and the warm up were also relevant in terms of balancing dynamics. On some occasions, all of the residents were seated and waiting at the appointed venue for the music sessions to start, generating an air of expectation:

*On arrival in the room, all the residents were there quietly and waiting. They had been there*

*for 15 minutes as they had been brought in promptly, and there was an air of expectation in the room.*

Care home HG. February 2018

Whilst no causal relationship can be hypothesised between group presence and ambience, when residents arrived in dribs and drabs, late-comers such as Helen, experienced some anxiety joining the group:

*Helen was quiet but alert and watching. She looked a little tense, her hands were up to her eyes and mouth, covering one eye. She stood up from her wheelchair to have a look around.*

Care home M. January 2018

This may well have been attributable to other variables such as her medical condition or innate shyness, or how she was welcomed on the day. However, for certain individuals, arriving late may also compromise their involvement, as Helen did leave the session early. Conversely, there were other examples where coming to the sessions at different times did little to dent the cheerful ambience.

*There was a lot of good humour, enthusiasm and warm conversation between the staff and the musicians, and this chatty friendly vibe continued as the residents arrived brought in by members of staff.*

Care home M. January 2018

The warm-up seemed to effectively dispel tension and often appeared to build a bond between the staff and residents and between the residents themselves:

*Marion got out the shruti box and asked people if they recognised it, and many did although they couldn't remember the name. Everyone sang along as a warm as Marion played notes. Fiona, Stewart and Dolly all joined in the warm up. Marion led a physical shoulder and hands warm up. The staff were very enthusiastic, as were Fiona, Stewart and Dolly. There was a lot of laughter during the warm up with people making funny sounds and silly faces with their tongues out. Laura was following this very closely and enthusiastically...making the 'choo choo' noises.*

Care home HG. February 2018



It was noticeable throughout the data that the residents responded with laughter and frivolity when songs included physical actions and noises:

*The group followed Richard's instructions to make louder and quieter wave sounds. Leo and Russel made made seagull and seal noises which made Samantha and Faith laugh*

Care home S. January 2018

In terms of their *interactive tactics*, the musicians deployed several different approaches. One such tactic was to integrate through their position in the room, assuming a position that ensured all residents could be included:

*The next piece was Idleweis. Again it started with Omm pa pahs, patting on knees. Debbie started the rhythm and all joined in. She was sitting in the circle*

Care home M. December, 2017

Another approach to encourage communication was an exercise incorporating physical activity, eye contact and memory recall, however the excerpt below also highlights the sensitivity of the staff towards the residents and their knowledge of dementia:

*They [musicians] agreed they would try passing the clapping around the circle and across the circle, inviting people to, at the same time, make contact and say that person's name. They [the staff] discussed whether this could put too much pressure on someone if they don't remember person's name.*

Care home HG2. March 2018

This tactic of drawing the residents in together was a repeated theme and is really captured in the following excerpt where, as a collective, the residents moved from recipient to creator, expressed through the medium of spontaneous response:

*Russell lead improvisation with each group being brought into play on their tuned percussion and an improvised piece of music emerged.*

Care home MS. March 2018

Examples of inclusive practice were common throughout the data. On one occasion a musician wove in and out of the residents whilst playing as if knitting them together.

Another method was to engage with individual residents on a one-to-one basis where possible:

*They then sang the Kookaburra song with Marion playing the guitar and moving around the room teaching the words. They were moving around inside the circle working very closely with individuals and the group*

Care home B. February 2018

The findings suggested that the effect of this approach upon the residents was uplifting:

*Dolly and Laura were both bouncing up and down in their chairs and Laura was conducting. Marion went right up to Ann and Alice and all three sang very closely together. A man shouted out 'bravo'.*

Care home B. February 2018

The musicians even introduced the different instruments to the residents in an attempt to familiarise them:

*After the second song Leo and Russell went around the room and introduced their instruments, the dulcimer and the cittern.*

Care home Ms. January 2018

Judging from the data, whilst this method was mostly successful, for some residents, handing out the percussion instruments aroused a negative response, stimulating confusion and worry:

*At the beginning of the fourth song, percussion instruments were handed out. Bronwyn, Evelyn and Elizabeth were keen. They took instruments and started experimenting with sounds. Helen was not sure and was reluctant to take the instrument although she did when encouraged by a staff member. Russel was unsure what to do with his and his chime sat on his lap with the beater in his hand*

Care home Ms. January 2018

Some residents seemed overwhelmed by concepts and exercises too difficult for them to manage, possibly indicating the need for simplicity:

*In a three part percussion section, they split shakers, struck instruments and bells. It looked as this was too much for Helen and it was difficult for all the group to follow.*

Care home Ms January 2018

This introduced something of a conundrum as the care staff were also aware that practising challenging music concepts may benefit the cognition of people with dementia:

*They agreed that they would do more of the clapping work and Marion said that the name game passing the clapping around the room is very good for the brains.*

Care home HG2. March 2018

Generally, the musician's strategies appeared successful, drawing the residents together by nurturing attachment, connectivity and sharing:

*Throughout this piece there was a really lovely sense of togetherness, attention and engagement with what was going on and a shared sense of musical connection in the room. I've rarely seen such a powerful shared music experience in a residential care setting.*

Care home SS. January 2018

An unexpected and revealing finding was the effect that the music intervention had had upon the staff, providing them a rare opportunity to actually sit with their residents and get to know them in a way that their hectic routine usually precluded. The excerpt implies that having the music sessions had inadvertently facilitated a moment for engagement that moved beyond the basics of care delivery:

*I know with this project, we actually got to spend time with the residents that we wouldn't usually do if they didn't have this project. So you can actually sit there, listen to music, sing along, play instruments. Whereas there's a completely different atmosphere to our normal day to day life here.*

Interview care home SH. April 2018

### The differing responses to the intervention

Incorporated within this superordinate theme were two sub categories; *differing responses to the instruments and the effect of differing musical approaches upon residents.* It was clear from the data that the music intervention effected individual residents very differently. The excerpt below testifies to how, in one session, responses varied from passive to enthusiastic:



*Bronwyn carried on playing percussion and singing when the instruments were given back. Russell smiled enthusiastically when Russell said goodbye and said "I had a good time". Helen was quiet and listening to Bronwyn clapping and keeping time (musicians were playing instrumental when people left the room). Evelyn was quiet but alert. Elizabeth was quiet but alert. Russell and two staff members started spontaneously singing "You are my sunshine". Susan said "Very good" at the end of the piece that the musicians were playing.*

Care home M. January 2018

An overriding impression from the data was of enhanced mood and happiness resulting from the intervention:

*Jane then came in to the room dressed in traditional [specific country] costume; skirt, apron and headscarf, to sing a [...] song called 'KuKu'. She took the centre of the room and danced and led the singalong by the residents. Evelyn was smiling and nodding along in time. Russell joined in the chorus. Evelyn was laughing as Jane stamped and danced in the centre of the room. There was a lot of hilarity at the end with the session ending on a very high note.*

Care home M. January 2018

Interestingly, the narrative contained many examples suggesting that it was the musicians' slapstick that evoked the most amusement, for example when Jane stamped and danced, in the quote above, and when, on



another occasion, Russell hurled himself dramatically on the ground several times, causing considerable merriment. One interpretation of this was that the genuine commitment and confidence needed to act this way, communicated itself to the residents, suggesting that to fulfil a position as a creative coordinator requires self-assurance.

A common form of expression for the residents was through singing which seemed to serve as a communicative conduit whether or not the words to songs were known:

*Helen was seemingly confused, but swaying and singing and started mouthing the words and started to laugh.*

Care home M. January

Unsurprisingly, the more familiar the song the more wholehearted the response. However, whereas for some residents unfamiliarity threatened their engagement, others were keen to embrace new repertoires and it is interesting to speculate about the difference.

Those residents able to respond physically to the music expressed their enthusiasm by clapping, swaying and dancing. The staff and musicians used several strategies to encourage physical activities:

*Amanda suggests that if anyone would like to get up and do a ceilidh (folk dance) then they should.*

Care home M. December 2017

Another tactic was by introducing songs that used the body as a musical instrument:

*The next song is a percussive exercise using clapping/body percussion. They create the oom pa pah rhythm with people patting their knees and clapping.*

Care home M. December 2017

For some, physical impairments such as hearing and sight loss, and disability made following routines more challenging, however they were still stimulated to respond to the music in different ways:

*Penelope has Parkinson's and finds it hard to initiate or follow actions. The fact she was awake was unusual.*

Care home SS. January 2018

According to the data, the care staff were quick to respond to the needs of these residents, offering physical support such as helping them move their hands, and social support by ensuring that wheelchairs were manoeuvred to positions of maximum visibility. Noticeably, not all wheelchair users were not prevented from taking part:

*A man at the far end of the room in a black shirt started wheelchair dancing*

Care home Ms. February 2018

The subordinate theme, *the effect of differing musical approaches upon residents* highlighted that, as with the intervention, the resident's responses to the different musical instruments varied considerably. The quote below captures their wide-ranging reaction to the dulcimer and cittern:

*After the second song, Leo and Russell went around the room and introduced their instruments, the dulcimer and the cittern. Elizabeth and Bronwyn had a go at playing the dulcimer with the hammer. One of the residents at the far end of the room, when looking at the cittern said, "I can play the guitar". Minnie, who seemed to be asleep, clapped along suddenly when Elizabeth played the dulcimer next to her. Helen listened when the dulcimer was played by Evelyn but seemed to be confused or worried when it was in front of her and she was offered to play. Russel's eyes showed real interest when the dulcimer came to him and he played it with the hammer.*

Care home Ms. January 2018

The residents' responses were similarly mixed when percussion instruments were handed out:

*Angela took a bell and Peggy took some finger bells. Louise played a shaker when invited to start it up by Richard. Amanda and Hilary played the maracas together. Peggy played the finger bells. Sheila was very enthusiastic with her shakers. There's a lot of applause and spontaneous shaking.*

Care home Ms. January 2018

From the residents' enthusiastic approach, their narrative implied an animated response to the percussion instruments. However, others of the data suggested that for some, the percussion instruments were overwhelming:



*Helen was gently swaying and nodding to the rhythm, but then handed her bell back to the staff member sitting next to her and covered her face. In a three-part percussion section, they split the shakers, struck instruments and bells and it looked like it was too much for Helen and it was difficult for the group to follow.*

Care home Ms. January 2018

Any confusion seemed to result not simply from the percussion instruments but that these were often used by the musicians to accompany faster or more complex musical arrangements, a predicament that appeared confusing for some of the residents. Noticeably, the ability to utilise percussion instruments required significant support from the care home staff.

Interestingly, a repeated theme from the findings highlighted that it was when the group split into two to perform songs that included 'call and response', found commonly in the sea shanties, that the residents were amongst their most animated:

*They then sang the 'South Australia' sea shanty. Dolly launched in with the 'heave ho' call and response and the movements that went with it. The call and response elements really drew the group together, along with the physical rhythmic movements. Laura was really watching and enjoying it.*

Care home M. December, 2017

Equally popular it appeared was when songs were accompanied by physical activities, particularly when the speed of the beat quickened and the musicians and care home staff indulged in playful behaviour:

*Marion then led all in singing 'My Bonnie'. This involved the accompanying movements of lifting and dropping the arms on words beginning with B.*

Care home B. January 2018

*Hester kept up the rhythm on the table. It got faster and faster and Faith laughed when she couldn't keep up. Alan said that was a lovely bit of rhythm and laughed. One of the residents spontaneously soloed to the chorus.*

Care home SS. January 2018.

As previously iterated, familiarity with the music played had a profound effect upon the residents' ability to recall

words and rhythms, seeming to free them to indulge in the music by dancing and swaying:

*Many of the residents remember all the words to the beginning of the song too and almost everyone sings*

Care home Morel 2. February 2018

*Following this is Scarborough Fair. As Nick announces this, some of the residents eagerly call out the words, "Parsley, sage rosemary and thyme". Toby asks Eileen to dance as the music starts but she declines, but the lady in pink who likes to dance says she will instead. Toby ballroom dances her around the room.*

Care home Morel. December 2017

A notable feature of the findings was that, as the residents and staff attended more sessions, their confidence appeared to grow, this characterised by their enthusiastic involvement and bonding, both marking a departure from previous reticence:

*Alan started up straight away on his percussion. Hester was keeping time on her chair with her handbag. Russell was playing a wash board and Leo on mandolin. Samantha (staff) was dancing with Hester and the woman sitting next to her. Hester was clapping away. Alan and Russell were playing percussion together. Samantha (resident) started to chair dance when invited by Samantha (staff).*

Care home SS3. March 2018

This was not the only example of transformation as in later sessions, residents showed a distinct change in their ability to comprehend and cope with more complex and unfamiliar songs, showing recognition and a positive response:

*Russell handed out the word sheets to the song Fever. Russell started it up using a calabash, setting up an offbeat rhythm. Samantha (resident) joined straight in with singing. Samantha was reading and following the lyrics. Alan, and another man in the room were making thunderstorm noises with percussion. Faith was keeping the beat with her feet...with everyone very much joining in.*

Care home SS. March 2018

## Empowering the residents and nurturing their identity



Featured within this superordinate theme were three subthemes; *nurturing and enabling inclusion, building relationships* and *changing behaviour*.

With relation to nurturing inclusion, the previously reported data shows that the musicians were careful to include all of the residents in the music sessions by, for example, walking amongst them whilst playing songs. This trend was also modelled in the choice of songs, as the excerpt exemplifies:

*Davina and Rosa were leading together with Marion. The song has the line, A drop of blood it won't do us any harm. The group were invited to make suggestions for lines and Dolly said, "A walk on the beach won't do us any harm". Fiona said, "Going to the church won't do us any harm". The whole group sang their suggestions...Other suggestions came such as, "A nice gin and tonic" from Dolly.*

Care home B. February 2018

It is interesting to see that the 'A drop of' choices offered by the residents provide a glimpse of their differing perspectives and identities. These were nurtured further when a song request from one resident was initially postponed by the musician who was unfamiliar with the music. However, the findings describe how, the residents feel sufficiently empowered to take over this situation through their own actions:

*When the song had finished, a request came from a resident for a song 'South of the border'. Leo said we will learn it and do it next time. Peter, one of the residents, sang the first line.*

*Elizabeth laughed. Peter sang it again...They all joined in on Peter's lead and sang again. Phil knew some more words and led singing of those and everyone in the room joined in with the chorus...*

Care home Ms. January 2018

The theme of empowerment was also evident through different outlets such as creativity, where residents who revealed musical talent were encouraged and supported to express these skills:

*Christine [was] on the piano again. They [staff and musicians] would encourage and support that.*

Care home HG2. March 2018

The residents were supported in their choice of music by technology since songs unfamiliar to the musicians were searched for online such that the residents' selections could be realised in the moment.

The narrative reveals a growing bond between the residents, nurtured by the care home staff and musicians in response to their needs and personalities. Such relationship building was developed using various approaches, including physical proximity, verbal recognition of the resident's personhood, and humour:

*Russell was working really closely around the room, getting near to the residents, conducting what Leo was playing on the guitar. Russell was making a lot of contact closely with each resident as he moved around.*

Care home MS. March 2018

*Russell was singing along with Karen and started playing the cow bell. Karen said, "Thank you for singing with me", and Russell smiled and laughed. There was banter between Susan and Phil, trading friendly jibes as they left on Milly's arm.*

Care home MS 2. January 2018

The data implied that the music intervention had occasioned changes in behaviour amongst the residents, (also hinting at improved wellbeing), witnessed by the care home staff, whose constant care had developed a familiarity with the residents which enabled them to make comparisons between old and new patterns of behaviour:

*The ones that didn't do much in the beginning, i.e. didn't turn up every time for some reason, such as Peggy, who is living with dementia, they're the ones it's most impacting on. I had a conversation with her and she said 'I quite fancy learning to sing' and now Peggy is the one who holds the notes for the longest which I believe is really good for her lungs and COPD".*

Care home B3. February 2018

This trend appeared to develop as the music sessions progressed hinting at growing wellbeing amongst the residents, and phrased by a member of the care team as increased confidence and greater involvement:

*Before the residency Caroline was more quiet. Now she's much more open, communicative and confident and getting more involved. She is really flourishing and you can see that in a few of the residents.*

Interview 22<sup>nd</sup> March 2018 MS

According to the care home manager, such improved wellbeing reverberated on attendance at the music sessions, with the group getting "bigger and bigger", but was also demonstrated through the resident's inter-team spirit which had changed to engendered connectedness:

*Over the weeks we noticed blue group getting bigger and bigger. We have felt the freedom. Anyone can join in. The residents have changed towards each other and a lot of the residents really support each other.*

Interview 22<sup>nd</sup> March 2018 MS

The suggestion from one interviewee was that, not only did the building of relationships stimulate a sense of togetherness, but it was also capable of improving the atmosphere in the care home and between other residents:

*It might help them build friendships between them as well because at the minute we have friction between her [one resident] and the other residents so this will help hopefully her to feel more included.*

Interview care home BG. April 2018

This tendency was not confined to the residents but was also observed amongst the care team who not only appeared more invested with the music and activities as

the intervention progressed but also to be building relationships with their colleagues:  
*We have better relationships with our fellow workers.*  
Interview care home BG. April 2018

The outcome of this positivity were significant for the care team, since the improved atmosphere at their place of work had impacted their attendance, also moving them from reluctance to willingness to take part in the music sessions:

*Interviewer: You were going to say "at the beginning of the session..."*

*Interviewee 1: The beginning of the sessions, at the very beginning of this Live Music Now bit.*

*Interviewer: Being in the residency yeah.*

*Interviewee 1: Yeah it was really hard to get staff included. Now the staff has got on board, everyone is enjoying it. And it's Monday, before it was like 'I've got this to do, I've got that to do, I'm not going to be able to make it' now it's 'Okay I'll be there, about what time?' Like briefing at quarter past eleven, half eleven kick off. So everyone is ready to do it.*

*Interviewee 2: It's not a chore.*

*Interviewee 1: Not it's not. It's a way of life now.*

*Interviewee 3: I look forward to it.*

Interview care home HG. April 2018

All in all, the interviewees expressed increased confidence about their musical abilities both of which had contributed to their eagerness to take part. This self-assuredness was, according to some staff, attributable to the capable skills of certain musicians who enacted a gentle leadership role in modelling what was required, an approach appreciated by the care team:

*We're [care team] all instruments and she's [musician] conducting them.*

Interview care home BG. April 2018

One care worker explained that the enthusiasm and pride felt by the care team for the music intervention was not confined to the care home but had spilled over to develop independently of the Live Music Now activities

*We [activities coordinators] and the care team talk about it and send pictures to each other as we are excited about it even if we are not there as we are really proud of what is happening.*

Interview 22<sup>nd</sup> March 2018 MS

Further glimpses of wellbeing were evident through the residents changing and improving moods:

*The residents behave differently when they hear the music. Evelyn was smiling and usually she can't speak... Usually she is very quiet. Peter is also quiet and has dementia and now he's more calm. He can be very aggressive and rude if we start singing to him he is much more calm. He is looking forward to the sessions and agrees to come up to the session from the floor below. His usual way is to protest and say 'no'.*

Care home MS 2. January 2018

Such advance in this resident's behaviour as a result of music intervention implies new practice and an innovative tool for future models of care.

### The role of the staff, musicians and researcher

This superordinate theme was defined by 5 subordinate themes; *the role of the musicians in delivering the intervention, the effect of the intervention on staff, the responsiveness and commitment of staff, the over-involvement of staff and staff transition and ownership.* It was clear from the findings that the role of the staff, musicians and the researcher were integral to the success of the intervention and its evaluation. This related not only to their contribution, but their personal gain as well. From the narrative, it appears that the staffs' most enduring features were their responsive and commitment to the residents. Their receptivity was modelled through various channels. The first of these was a genuine desire to do what was best for the residents:

*One of the residents who arrived in a wheelchair wanted to sit in a place already taken by the staff member Karen, so as to be near her friends. Karen jumped up quickly and rearranged the furniture to make the space so this was possible.*

Care home MS 2. January 2018

It was clear from the data that their aspiration to better the residents' wellbeing was shared by the staff, marking a point of convergence in the data and amplified as the sessions progressed with staff taking active roles and thinking about resident engagement in person-centred ways. Realising such objectives was achieved through cooperation where staff would meet and collectively



discuss the residents' needs. For instance, having observed one resident struggling to sing, solutions were considered to support her, motivated by empathy for her plight:

*Leo said that next time they would do more singing at the beginning to try and ease her in. Samantha said that last session Helen was nearer to Peter and they sang together and they could try that again.*

Care home Ms2. January 2018

There was some evidence of the staff's developing awareness and heightened powers of observation as they drew upon their experiences to inform practice:

*Elizabeth struggled with the instruments today and she gets frustrated if she doesn't know how to play. I think she did want to play. I will look back to see what she has used in the past and maybe she could use bells or maracas.*

Care home Ms2. January 2018

From the data, it was apparent that commitment for the intervention was uniform throughout the care homes, embraced by management and staff alike and possibly influencing acceptance for creative activities as part of the care home culture:

*On arrival in reception I was met by Jane (Activities Coordinator) and the [manager]. He talked about how they might be able to continue the activity as he thought it was very interesting and successful.*

Care home Ms2. January 2018

Enthusiasm and support for the music interviews were common amongst the care home managers, showing a genuine desire for the programme to continue into the future. There was however an exception suggesting not only a lack of support from managers at one care home

but also, the restraints of practical considerations upon the success of running the music intervention in the care home setting:

*But I know that a lot of my reactions, especially earlier were quite negative... There are lots of reasons for that. Part of that is that management were not actually behind the project although they thought it was a nice idea... We have had a particularly bad run of the norovirus, the influenza, the snow, just one thing after another which has been very challenging.*

Interview care home SH. April 2018

Generally however it seemed that the music intervention had touched managers in a personal way, uplifting spirits, whereby reinforcing the benefit for the residents' health in the long term:

*It's been wonderful. I [manager] have joined in as much as I can and it gives me a real lift and keeps me singing for the rest of the day. We will carry on. We must. It is so good for their [residents'] wellbeing.*

Care home HG3. April 2018

Evident from this excerpt is the desire to sustain the programme for the future, communicated through the buy-in and engagement but also the wish for ownership. Such commitment to ownership was mirrored by the staff through their actions, their narrative including plentiful examples of how they had continued the work of the musicians beyond the sessions:

*Dena said "When we are leading activities between sessions we are always singing. This is so helpful. They [the residents] look like they may be sleeping but they tap their feet and fingers".*

Care home Ms2. January 2018

Recollections of the sessions were achieved by "keeping a very close and detailed reflective log of what is going on throughout the project", further demonstrating the staffs' dedication. Attempts to sustain the intervention led the staff to creative solutions, but also opportunities for the residents to take ownership and authority over their own contribution:

*Rosa said that in the art class they had been making shakers and played them along to the*

*recording of Marion singing 'Tony Chestnut'... Dolly also said that they do singing when she's running her reflexology activity.*

Care home B. January 2018



The aspiration to promote ownership also extended to the care home team where reticence on behalf of certain members had introduced reserve about taking part. To solve this problem and enable the staff to assert their influence, a change of dynamic was suggested, that also aided professional development:

*Alice was a new member of staff team who had been invited to join in on Samantha's suggestion. Samantha felt that the dynamics in the staff team needed changing. She had felt that the carers taking part looked too much to her, not stepping up in taking a proactive role. She took the view that she needed another strong character in the room who could take more leadership, so that she could step back a bit and change this dynamic. Alice was somebody within the care team that other colleagues looked up to and was also very keen on singing, and she felt this could really help.*

Care home S2. January 2018

The desire to commit seemed part of a self-fulfilling package since the residents' gain was also that of the staff, whose narrative revealed genuine growth and emotion about their contribution. As one member of staff commented in a post intervention, reflective session:

*"To me every time it's [the experience] a bigger and nicer surprise. I nearly cried".*  
*Marion said, "To see Winnie sing and play triangle in that way was lovely. One of the*

*ladies came third in a 1930s singing contest but says that she is now lost her voice. She was singing along. I thought it went really well and I wouldn't change a thing"*

Care home HG1. February 2018

### Effect of the intervention upon wellbeing

Within this superordinate theme there was only one subordinate theme; *the physical, behavioural and psychological manifestations of health*, chosen to represent the different expressions of wellbeing. The observation notes were littered with examples of how the residents had responded to the intervention with gaiety, and what the observer communicated as happiness:

*Phyllis, Janet and Louise were all kicking in time. Phyllis and Angela very enthusiastically kicking in time, Peggy clapped happily at the end.*

Care home GH2. March 20118

The residents appeared gratified by their contribution to the music sessions and this was noted by the observer as a sense of achievement:

*Louise sang at the top of her voice and was leaning forward out of her chair conducting. You could see she was really taken with her achievement at the end. She looked so alert and bright.*

Care home GH2. March 2018

From the findings, it seemed that the pleasurable ambience was infectious, also touching family visitors some of whom felt encouraged to stay with residents for longer than previously:

*Then a small child, someone's grandchild joined in, by running across the centre of the room which caused a lot of laughter*

Interview MS care home. March 2018

Feelings of improved wellbeing were not the residents' alone as the excerpt below suggests that they had spilled over to touch family members as well:

*Bronwyn's husband is staying longer as a visitor than before- hours. Bronwyn is living with dementia and it's made a real difference to him and today he got up and danced.*

Interview care home M. March 2018



From the data it seems possible that music had acted as a conduit, opening up channels of communication between carers and residents:

*Alison has asked her daughter to buy CD player as when she interacts with music she loses herself in the music*

Care home GH2. March 2018

Other health benefits were realised through the use of the body as an instrument, introducing a possibly unintended exercise element to the intervention:

*Laura was really clapping and slapping throughout with real energy.*

Care home B. January 2018

The data hinted at how the music sessions had also contributed to psychological wellbeing, most interestingly, for the staff. In one example, a staff member observes how, despite his nervousness, a colleague still manages to take part:

*Peggy commented that Toby (staff) was very nervous but he got up and danced and joined in with the music.*

Care home M. December 2017

Also evident from the narrative was the impact of the music intervention upon behaviour, a common finding in fact:

*Jane said that Minnie usually shouts all the time both at day and night, so the fact that she was still throughout was significant.*

Care home M. January 2018

Some of these changes were significant, reflecting moderation at a core level, moving one resident from internalisation and passivity to a place of expression:

*Dorothy was really singing but in fact she rarely speaks since she lost her husband.*

Care home HG. February 2018

The effect of these altered and elevated moods was experienced by the staff as a change of ambience in the care home and, importantly, amongst the residents who appeared motivated and energised by participating in the music sessions:

*The ones that didn't do much in the beginning, i.e. didn't turn up every time for some reason, such as Peggy, who is living with dementia, they're the ones it's most impacting on. I had a conversation with her and she said 'I quite fancy learning to sing' and now Peggy is the one who holds the notes for the longest which I believe is really good for her lungs and COPD*

Care home B3. February 2018

## Sustainability

There were two subordinate categories within this superordinate grouping; *sustainability* and, *how sustainability was achieved*. From the findings, it seemed that a key feature of sustainability was the residents' desire for more sessions, born from their enjoyment of those already offered. Conversation, generated through shared interest and experience brought them together as a cohesive group:

*People were not in a hurry to leave after the music ended, and about 10 minutes later tea and biscuits arrived. People sat around chatting. John was chatting to Nick and suggested the song Lille Marlene. Sharon suggested My Old Man's a Dustman. A lot of people had been to see Singing in the Rain the day before at the cinema. Eileen had lyrics to songs from the show...She was singing them with the person sitting next to her.*

Care home M. January 2018

The effects of this unification and jollity were expressed through the care home environment both through the cultural climate and the actions of the residents:

*Krishna said it lifts the mood all around the home, and is of note that they are all very keen, leaving the ground for floor lounge at 1:45 to come to singing, which is unheard of.*

Care home B. January 2018

Their enthusiasm registered a change of behaviour for the residents, whose willingness to join in marked distinct alterations in their usual level of motivation and attention span:

*Peggy commented that there were three residents who normally can get up and leave after five minutes but stayed all the way through for this.*

Care home M. January 2018

This level of motivation was matched, or possibly instigated, by the care home staff whose enthusiasm for, and commitment to, the music intervention was realised as continued application in practice:

*Sharon is telling Nick that they do music activities in the weeks in between his and Debbie's sessions. She then discusses some song ideas with the lady sat to her left.*

Care home M2. February 2018

One interviewee highlighted how music had become a feature in everyday life. Not through structured sessions or interventions but through the simple concept of its existence having been introduced through the research:

**Interviewer:** I'm just going to pick up on one thing you said Alison about you keep singing through the week, what do you mean by that?

**Interviewee 1:** Yeah you do. Even if Marion is doing breakfast she'll come out with a song to them. Or if I'm wheeling somebody in a wheelchair down the corridor I'll come out with a song to them and they do join in.

**Interviewer:** So would you say that the project has increased the amount of music making within the home?

**Interviewee 1:** Yes.

**Interviewee 2:** Definitely 100%.

Interview care home HG. April 2018

Interestingly, the findings suggested that music used in this way was particularly effective at helping the residents with dementia to engage with the here and now. According to the care home manager, some of the enthusiasm and positivity for the music intervention was attributable to the level of support born from the genuine enthusiasm for, and commitment to the intervention amongst senior management evident from the data:





*The activities team feel very supported and we know that we will get support from the whole team to carry it on.*

*Interview care home MS. March 2018*

Other examples of sustainable effect are found under the heading of 'The role of the staff, musicians and researcher', located on page 36. Sustainability was also promoted through the staffs' heightened awareness. For example, they too had noticed how popular the sea shanties were with the residents and had proactively used this knowledge to draw upon networking acquaintances for future input:

*Davina said there is a local band called the Shanty Folk who are coming to the home to sing sea shanties.*

*Care home HG. February 2018*

In fact, sustainability was commonly achieved by staff setting events in the future, leading and buoying the residents by facilitating continued interest:

*The next song sung by Debbie was White Christmas and she said that the group would learn it together to sing for the Christmas concert.*

*Care home M1. December 2017*

The care home staff were innovative in their use of technology, highlighting the potential of IT through diverse mediums to promote knowledge and utilise the contents of the music sessions in the future:

*Staff asked the musicians to do a video of the warm up and send it to them, supporting ideas and they [the staff] are going to carry on every Saturday afternoon, upstairs and downstairs*

*Care home B3. February 2018*

*Dolly sang along and asked at the end whether Marion would record it on a CD so that they could hear it when Marion wasn't there, and she said she would.*

*Care home B2. January 2018*

The effects of collaborative practice were also evident in relation to sustainability, where a collective and cooperative desire coupled with genuine eagerness, resulted in a positive outcome, maintainable beyond the research:

*It was agreed that between this and the next session when musicians visit, the staff members would lead the Cuban song 'Mozambique'. Richard [musician] said he has a video of all different parts that he sent to Leo [activities coordinator] to help him learn and he would send it to the staff who will be able to look at it on an iPad.*

*Care home Ms 2. January 2018*

Evidence of such cooperation was not confined to inter-relational examples but extended to include interdisciplinary ones too:

*Rosa said that in the art class they had been making shakers and played them along to the recording of Marion singing Phil Chestnut.*

*Care home B2. January 2018*

According to the findings, the outcome of these attempts at sustainability was realised through the residents' continued high spiritedness after the music sessions had concluded:

*The residents left quite quickly, escorted by staff who were being very efficient. There was a lot of chatting and smiling whilst this was happening. A woman in purple was chair dancing as she left.*

*Care home Ms 2. January 2018*

The positive effects of the intervention were not confined to the residents but seemed also to have uplifted the mood of the staff as well, suggesting the potential to elevate the environmental temperament:

*Marion and Christine carried on singing. As we walked out the room and down the corridor people were singing, both staff and residents.*

*Care home HG. February 2018*

Possibly the most enduring outcome of the music interventions was that, in the debriefing sessions following the music intervention, staff at the residential homes described increasing knowledge and understanding of the link between the music intervention and the effect upon the residents which contributed to changes in practice regarding their approach to the residents, on a daily basis.

Included under the umbrella of sustainability was the concept of dissemination, ensuring that outcomes were diffused, to spread the word and enable future

developments. The narrative revealed that in pursuit of these goals, the care team had stepped beyond their comfort zone, by attending a commissioner's event where they spoke of the music interventions, eloquently communicating their experiences:

We agreed that we would present a 30 minute session on our joint work to health professionals interested in working using the arts...This is the first time any of them have taken part in an event of this sort and spoken in this way in public. It was extremely impressive and showed leadership and confidence, and demonstrated the progress they have all made to taking part in the project.

*Interview Care home Ms. March 2018*

The interest inspired by this experience was communicated by attendees to staff at the care home, providing an example of how change cascades throughout organisations and environments change. The excerpt also captures one manager's genuine pride at the care team's achievements:

The staff were really motivated by the project and had been telling other members of the team about it. I [manager] am so happy about it; coming in on their days off. When I heard what had happened at [the conference], it gave me goose bumps and I felt so proud of them.

*Care home HG3. April 2018*

## Quantitative Data: Findings and Analysis

Tables 2, 3 and 4 below report on data gathered at three phases (beginning, middle and end) of the music intervention using surveys regarding how happy the participants felt at the three time points. The survey contained the question on happiness from ONS4 measures of personal wellbeing: "How Happy did you feel yesterday?" In addition, participants were asked to circle one of five facial expressions ranging from 'very sad' to 'neutral', to 'very happy'. The data are presented as they relate to the 5 care homes taking part. Since some participants did not complete all three of the staff surveys, the data are partial. In addition, 3 data entries were excluded from part 1, 1 from part 2, and 2 from part 3, as 2 or more faces had been circled or ticked, invalidating the entries.

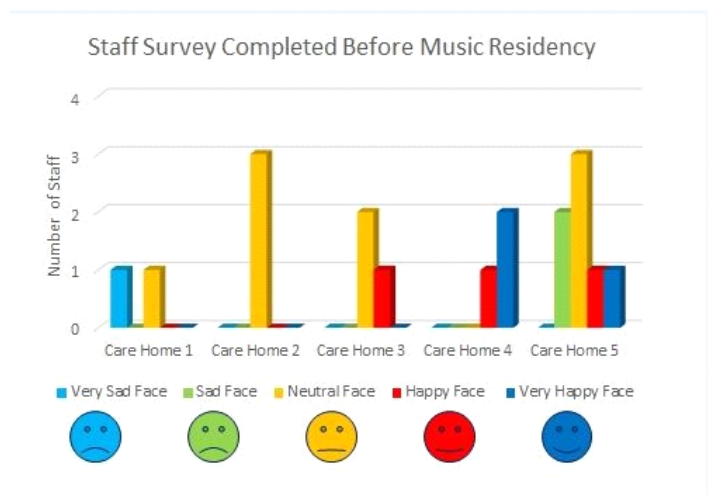


Table 1

As can be seen from Table 1, at the music programme outset, the most common mood experienced by the participants from all but one of the care homes, is 'neutral', with 9 of the 18 taking part identifying their mood this way. Compared with one 'very sad face' and two 'sad faces'. 4 participants rated their mood as 'very happy'.

By mid-point, the number completing part 2 has reduced from 18 to 16 participants, preventing direct comparison, however, the available data infers improving moods since those feeling 'very happy' have increased from 4 to 9, with 'happy faces' reducing from 3 to 2, 'neutral' falling from 9 to 4, and 'sad' reducing from 2 to 1.

By the end of the music session, data gathered from these 16 participants infers a continued positive trend with no 'neutral' faces remaining, an increase of happy faces from 2 to 6, as well as an increase in 'very happy' faces from 9 to 10.

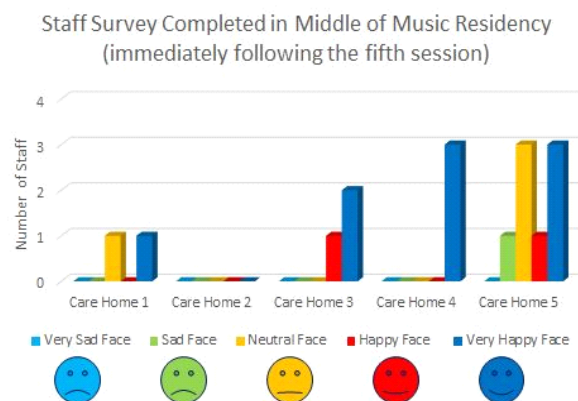


Table 2

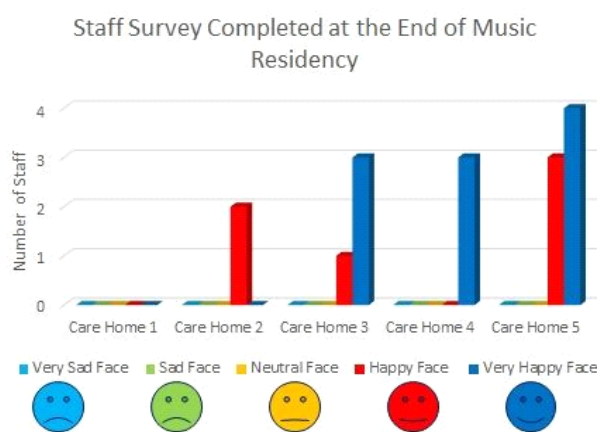


Table 3

It is noticeable from the data that little movement between the mood ratings occurs for care home 1 and since their data set is incomplete conjecture as to potential changes has not been recorded at the end of the residency.

The most significant improvement in mood has been reported by participants from care home 5 whose enhanced mood has been captured by their shift to 'happy' and 'very happy' faces by the end of the residency.

Table 5 reports data regarding the participants' confidence levels in supporting residents to take part in music activities, a question posed at the beginning middle and end of the music intervention and scored on a Likert Scale ranging from (1) not confident at all, (3) neutral (5) highly confident. "These were separate questions put on the same survey that gathered data with regards to the ONS4 question above."

Table 5: comparing changes in the participants' confidence levels in supporting residents to take part in music activities from the beginning to the conclusion of the music intervention

Care home	Level of confidence			Quote supporting level of confidence
	Part 1	Part 2	Part 3	
Care home 4	4	4	5	I am excited to learn different instruments to support residents after the project. I felt very comfortable expressing this [concerns about the content of the music sessions] with my team members. After our session I understood how much is important the music for them [the residents].
Care home 4	4	5	4	I feel happy and enthusiastic to attend to this project and I hope it will be a nice experience for the residents but also for us [...]. Through the music [I] can achieve big feedback from the resident, especially from the people with dementia After our session I understood how much is important the music for them [the residents].
Care home 4	4	5	5	No comment left
Care home 4	5	5	5	Our relationship [between resident and activities coordinator is now more close than before and they [residents] are more calm
Care home 3	4	4	5	A lot of the residents really enjoy it [...] Many staff including domestics and kitchen singing in the home
Care home 3	4	4	5	I'm looking forward to seeing the enjoyment had by staff and residents
Care home 3	4		4	Taking the lead in the music sessions
Care home 1	3		4	No comment left
Care home 1	3			No comment left
Care home 1	3			No comment left
Care home 1	3			No comment left
Care home 2	5			No comment left
Care home 2	5	4		Really enjoy the singing
Care home 2	5	4	5	No comment left
Care home 2	2	5		No comment left
Care home 5	4	5	5	Didn't matter if you made fool of yourself, everybody loved it.
Care home 5	5	5		The music activity makes me feel happy and joyful
Care home 5	3	5	5	I felt shy and apprehensive at first but better after the session
Care home 5	3	3	4	Now singing at breakfast with {resident}. Thoroughly enjoying it.
Care home 5	3	4	5	The sessions are getting better for me as I'm gaining confidence
Care home 5	5	5	5	I felt a bit apprehensive at first as I did not know what to expect
Care home 5	4	5	5	More interaction with staff needed
Care home 5	4	5	5	Great experience for myself, motivating

Table 5

Confidence levels

Tables 6, 7, and 8 below present the participants' confidence levels throughout the three data gathering periods as percentages.

Part 1	Completed surveys = 23	Not confident at all	Between not confident at all and neutral	Neutral	Between neutral and highly confident	Highly confident
Scores as percentage		0	4	30	39	26

Table 6

Part 2	Completed surveys = 17	Not confident at all	Between not confident at all and neutral	Neutral	Between neutral and highly confident	Highly confident
Scores as percentage		0	0	5.8	35.3	58.8

Table 7

Part 3	Completed surveys = 16	Not confident at all	Between not confident at all and neutral	Neutral	Between neutral and highly confident	Highly confident
Scores as percentage		0	0	0	25	75

Table 8

Table 9 below represents the number of participants to change from one level of confidence to another.

	Number of participants	Not confident at all	Between not confident at all and neutral	Neutral	Between neutral and highly confident	Highly confident
Part 1	23	0	1	7	9	6
Part 2	19	0	0	1	6	10
Part 3	16	0	0	0	4	12

Table 9

From the Tables (6,7 and 8) presenting participants' confidence levels over the course of the music sessions, an increase of 49 per cent can be seen in those participants reporting a high level of confidence, a decrease of 14 per cent for those reporting between high and neutral levels of confidence, and a decrease of 30 per cent for those reporting neutral levels of confidence (0 per cent by Part 3). Whilst the incomplete data prohibits generalisations, a trend towards higher levels of confidence is inferred.

These statistics are verified in Table 9, where the number of participants reporting high levels of confidence increases from 6 to 12, those reporting levels of confidence between high and neutral decreasing from 9 to 4, and those reporting neutral levels of confidence decreasing from 7 to naught. Here again, missing data precludes a percentage increase calculation, but a trend towards improving confidence levels is implied.

From the open ended questions in the survey, it can be seen that consensus from all but one member of staff was of the benefits, both personal and professional to the residents and staff.

### Musicians' survey, part 1.1 (15 participants)

#### One day before the start of music sessions

In the 'any other comment' question, the musicians indicated their apprehension about the forthcoming music sessions, their uncertainties and speculated as to potential concerns:

*"This is the first project of this nature [the musician] and I have been involved with in terms of working with care home staff in this way therefore it seems quite daunting. However, we expect our confidence to grow as the sessions progress".*  
*"Not sure exactly what is expected in terms of supporting staff".*

*"I feel I have a lot of experience to share with the staff that could help them create singing sessions that will suit the residents and make the staff confident in having the right tool kit to deliver these sessions".*

### Musicians' survey, part 1.2 (10 participants)

#### One day after the start of music sessions

Did you gain any new tools or techniques from the training with the staff in the home that you will use in the residency, and if so what?

Responses to this question were varied. Three musicians commented that whilst they had learnt no specific techniques during the first session, it had been helpful to familiarise themselves with the setting, the staff and the residents.

By circulating amongst the residents, three others felt they had gained insight into particular musical genres and instruments that may enhance the residents' experiences:

*"We learned that world music is of particular interest at [the care home] so we have encouraged staff and residents to bring along folk songs that mean something to them or that they particularly like".*

For the remaining musicians, improving their knowledge of the care staff, their roles, and confidence levels and how these could inform the song choices was beneficial.

*"Just a better understanding of staff roles and their existing level of musical confidence/ability".*

In fact, the topic of the care staff input predominated the 'any other comments' question as well:

*"Very useful to meet the care staff and get to know them and their musical interests in advance of the sessions with residents. To find out what they particularly like".*

### Musicians' survey, part 2 (five participants)

Open ended questions asked participants to elaborate and provide examples of independent music making and the effect of this in their care homes. These were unanimously positive, for instance:

*"The staff are incorporating some of the repertoire into their week, e.g. singing to residents at meal times or breaks if they find they're unresponsive / distressed by talking".*

*“The staff have said that they are singing much more often, and more spontaneously around the home and during other activities with the residents. I recorded some of the songs for them, which they've put onto a CD, and one or two of them are practising at home, too”.*

Whilst comments from those who had answered 'yes' to the previous question provided examples of their positive experiences, two participants voiced less favourable outcomes:

*“While they do participate with our musical exercises and clearly appreciate the importance of music in a care home setting, the staff here seem reluctant to lead musical activities, (at least in our sessions), beyond encouraging dancing or reading out poetry”.*

*“Our staff are very happy to join our sessions but refuse to lead any activities in our sessions. We've brought the subject up several times but they say the residents hear enough of them the rest of the time”.*

#### Musicians' survey, part 3 (Four participants)

Open ended questions asked those participants who had answered 'Yes' to the previous question to elaborate and provide examples of independent music making and the effect of this in their care homes. Three of the four participants provided positive examples of increases in music making, for instance:

*“I've also seen a lot more singing around the home before the session, staff singing in the corridors”*

*“The team have been incredibly diligent in considering the significance of the musical interactions they have witnessed and been part of in the day to day life of the home. I believe their observations have become more in depth, with greater consideration being given to the importance and potential impact of musical interactions”.*

One participant, despite answering 'No' to the previous question, still responded, providing a more sceptical outlook however:

*“I have seen some small indications of independent music making in the home, however I am not convinced that this is as a result of the residency... One staff member did mention that she would sometimes sing with one of the residents when they were getting ready for bed, but that was the only mention of musical activity outside of our sessions and the regular music activities led by the activities coordinator”.*



As with part 2, 'any other comments' yielded similar results, with 3 of the 4 participants commenting on positive outcomes such as:

*“In leading the final session, they [the care staff] showed great confidence and flexibility. They planned the whole session themselves, but were also able to adapt it on the fly to incorporate ideas from residents, allowing the music making to be free and spontaneous”.*

*“It has been an absolute pleasure to work in this home. Residents and staff have been consistently welcoming, enthusiastic and open to new experiences”.*

As previously however, the same participant spoke of more challenging concerns:

*“The root problem which impeded progress in this setting was an essential lack of commitment to the project from the management of the house. Over the course of the residency the sessions were frequently under staffed, with little consistency from one week to the next in terms of who we could expect to be available. Those staff members*

who were most present were not especially enthused or motivated about the project, and as such did not seem able to take much initiative over the course of the sessions or planning”.

## Discussion

The current study has explored how people with dementia, care staff and musicians, experience a musical intervention in a residential setting. Findings have revealed many positive outcomes and some more challenging. Overall, musical intervention has emerged as a platform for learning and growth, for narrowing inequalities, and for promoting acceptance and understanding.

### Strategies and approaches involved in delivery of the music session

Previous literature (Särkämö et al. 2014; Smith et al. 2009; Sung et al. 2008) notes plentiful challenges to the success of music interventions in care homes with elderly residents which act as barriers for care staff. These are characterised as a lack of awareness as to the effect of music (Smith et al. 2009); competing demands on the time of care staff, limiting their willingness and opportunity to contribute (Sung et al. 2008), a lack of knowledge of the functional disabilities of people with dementia, such as communication, and how these can be resolved through the use of music (Särkämö et al. 2014). Therefore, an unanticipated finding was the level of commitment, responsiveness and authenticity the care staff modelled in their desire to meet the resident's needs through, and following the music intervention. This was demonstrated in diverse ways, including heightened awareness of the residents' nuanced capabilities, the determination and desire to resolve these, the enthusiasm to promote and celebrate music beyond the residency and the aspiration to use their knowledge and experience to influence practice. From the findings, it appeared that the combination of these skills plus the authenticity of the musicians created a cooperative and collaborative union, facilitative of the music intervention.

Achieving such internal harmony was seemingly enhanced through the advanced planning of sessions, the inclusive strategies applied and, the reflective sessions post music sessions which the narrative suggested were used to meaningfully convert experience into practice. As other authors (Sung et al., 2008; Sung et al., 2011; VanderArk, Newman, & Bell, 1983; Vleuten, Vidder, &

Meeuwesen, 2012) suggest, such a multifaceted approach may usefully inform models for future use in both aiding the success of music interventions in care homes and a more interactive approach to didactic training for care home staff in learning new knowledge.

### Differing responses to the intervention

Findings highlighted that how people with dementia respond to musical intervention varies considerably. Reactions presented as passivity, anxiety, pleasure and happiness, and it was difficult to discern from the available data the reasons behind these differences. Researchers have ascribed such variance to the disorientation and disruption characterising the sense of self for people with dementia (Aldridge, 2000; Coaten, 2001; Newman-Bluestein & Hill, 2010; Nyström & Lauritzen, 2005; Ridder, Wigram, & Ottesen 2009). Equally, since non-verbal forms of expression and interaction are as valid as verbal forms, music is recognised as a conduit for expression accessible by even those with advanced stages of the disease (Aldridge, 2000; Coaten, 2001; Newman-Bluestein & Hill, 2010; Nyström & Lauritzen, 2005; Ridder, Wigram, & Ottesen 2009). The care team recognised that the more challenging rhythms and beats stimulated the residents, a worthy activity for people with dementia. From the findings however, it was noticeable that complexity, as opposed to familiarity radically altered the residents' responses, the former tending to confuse and the latter enabling a sense of enjoyment. Whilst no assumptions can be drawn about complexity versus familiarity for danger of over interpreting, some residents expressed their comfort at knowing songs, triggering conversations about music halls and theatres where they had listened live. This opportunity to assert identity chimes with the person-centred approach pioneered by Kitwood (1997), in turn endorsing the value of assorted non-pharmacological interventions in dementia care (Cooper et al., 2012; Steve, James, & Ballard, 2004; Kverno, Black, Nolan, & Rabins, 2009), and contributing to a more robust evidence base.

In this example, given that the residents' sense of identity related to familiar songs of historical significance questions are raised as to the nature of identity as stable or reformed. Early proponents (Erikson, 1995, Gee, 2000) consider identity as a flexible concept, reactive to the different stages of life. The concept of flexible identity was evident through certain of the residents' responses to unfamiliar repertoire. For example, the Sun Ra song, The Boat to Mingalay and the sea shanties, although previously unknown to the residents, became owned by the group, including the musicians and staff, as the residency progressed, suggesting repertoire as a powerful catalyst for creating identity.



Kebede (2010) thinks differently however. Based on his work with refugees, he proposes that imposed labels can narrate identity without the ownership of the individual, endorsing, as Kitwood believes, that how people with dementia are described and perceived bears considerable significance to how they identify and understand themselves.

The participant's narrative highlights that it is not the musical intervention alone which enables a sense of identity and self-enhancement, but how delivery and exchange of the intervention takes place. For example, the physical act of care staff helping residents to manage musical instruments awakened the residents' sense of personhood (Kitwood 1995) as the traditional role of the care staff was re-defined as a mutual exchange. Awakening their sense of control this way enabled the residents to find their inner voice and sense of identity through the simple act of composing their own verses to the songs started by the musicians. This marked a significant cultural change as the boundaries demarking the traditional carer/recipient role were suspended.

### Building relationships

The residents were not alone in their positive reaction to the musical intervention since the staff appreciated and celebrated that the interaction between them nurtured communication and freedom of expression, also marking behavioural change for some residents who were supported from silence to communication. As previously suggested by Coaten (2001), a greater sense of connection with the residents under their care also increased insight and self-awareness amongst staff, voiced by them during the feedback sessions as a more reflective and empathic approach to practice and a reconceptualising of the resident as empowered. Such thinking resonates with notions of resilience and empowerment posited by Harris and colleagues (2008) which challenge the concept of residents as recipients, by reframing them in a cultural context that constructs meaningful discourse for those living with dementia.

Changes in behaviour were not confined to the residents but were also evident through the care team's greater involvement in the musical activities as the intervention progressed, which in turn, had improved the relationship between them, a change that could be likened to professional development and team building exercises. The interviews identified how pride in their work had engendered a sense of connectedness that had motivated the care team's interest. An additional motivation may well have been the level of support cascading from senior management, differentiating this from other studies. Findings from the current research revealed heightened investment and support for the

music intervention by them which was authentically communicated to the care team, musicians and observer. Such commitment is recognised as an important component of performance for employees and the culture of organisations, since trust, honesty and fairness all contribute to a sense of cohesion and working towards shared goals (Brown et al., 2015), suggesting this as a significant addition to future models and music programmes.

### How the musicians interact with the residents

Best practice guidelines increasingly endorse the person-centred approach (Age Concern, 2007; DoH, 2001, 2006; National Institute for Clinical Excellence (NICE), 2006), such strategies recognising the input of care staff (The National Dementia Strategy in the UK, Department of Health (DoH), 2009). However, the findings highlighted that how the musicians interacted with the residents was of equal import to how care staff did. For example, there appeared to be elements of the musician's approach such as supporting autonomy, attending to space and inclusion that enabled relationship building and communication. Interestingly, through regular involvement, these were imparted to the care staff who, once the musicians had withdrawn, spoke of the musical activities they alone had facilitated, providing further evidence of the potential sustainability of the music intervention.



The observer commented on the musicians' use of eye contact, body language and use of space as sustaining engagement with the residents. For example, weaving between them with portable percussion instruments as if joining them by an invisible tie. Mobility within the space is therefore dependent upon the choice of instrument (both for musicians and residents), suggesting this consideration as an informed choice for musicians since it impacts engagement (Pavlicevic et al., 2015). Findings from the current study resonate with the thinking of Pavlicevic and colleagues (2015) who describe the intentional drift of musicians around the entire social and physical space as a 'ripple effect' (p, 674), allowing musicians to inhabit and respond to immediacies through improvisation. This approach delineates the boundary between intervention and therapy, the latter portraying music as confined to those referred for particular reasons to attend sessions of set duration and frequency (Aldridge, 2000; Meadows, 2011). Notably, with such diversity, changeability and idiosyncrasies, researchers should approach methodology and design with flexibility.

Notably, the issue of space is both fundamental and important for musical and arts activity in care homes in general and on this project. Spaces are often packed with chairs, walking frames, foot stools, side tables, and large armchairs, making it very difficult to take control of, and manage space. This represents a fundamental element of participatory arts activities in non-arts spaces as it impacts on the experience of the participants, the relationship between the artists and the participants and their ability to move around and interact. This point, according to the observer, was highlighted by the contrast between two of the care homes. In one, a room was specifically designated for the musical activity, enabling musicians to set up in advance and move freely around as it was relatively empty. In the other, musical activities took place in the lounge, a cramped space which was already occupied by residents when the musicians arrived. There the same musicians could not move around as much and create the intimacy and connection with the residents. Given that there is a movement to resource more arts and music activities in care homes, to have increased chances of positive outcomes, the issue of how space is set up and used is key, to prevent musicians functioning at a disadvantage and to maximise outcomes.

## Changes in behaviour

Notable data from the current study revealed a level of commitment from care staff seldom demonstrated in previous literature. Data testified to advanced responsiveness to the resident's needs, evident through their knowledge of individual residents, the patience shown to engage with them during music sessions and,

the sustained desire to promote happiness through creative activities into the future. The language used by staff during debriefing sessions also exposed an emotional commitment which spoke of a desire for the residents' happiness but also, their own gratification at being instrumental in nurturing this. Interviewees revealed how this had moved them from reluctance to take part at the beginning of the music intervention, to willingness, marking a significant shift in behaviour and highlighting the relevance of the environment in relation to work attitude.

The input of caregivers, including staff at residential homes is recognised as an essential ingredient in care delivery and interestingly, has a self-fulfilling effect upon wellbeing. Decreases in behavioural problems amongst residents correlates with decreases in caregiver's state anxiety (Aldridge, 2000), suggesting the alliance between care giver and recipient as an important one.

In the current study, moments of enhanced integration came through the use of percussion instruments since their struggle to manage the instruments meant residents needed greater physical contact from care staff. Whilst claims cannot be made about direct correlations between the residents' heightened responses and the increased levels of touch, the residents appeared alert and engaged at these times. Ironically, or perhaps understandably, they were also most unsure of the percussion instruments compared to the other instruments when these were first introduced to the room, a hesitancy possibly attributable to the dexterity and coordination required to play them.

For those able to take part, the percussion instruments demarked a change in behaviour as many residents who had previously appeared withdrawn, unmotivated or unsettled, were seen to participate fully in the sessions and enjoy themselves. They demonstrated the ability and incentive to engage and express themselves in many different ways, through clapping, singing and eye contact, opening a door to the care staff that allowed them to gain new knowledge about the residents, their previous and existing skills. Such learning was voiced during debriefing sessions where care staff described how an improved understanding of the link between the music intervention and the effect upon the residents had contributed to changes in practice on a daily basis. Care staff also articulated an increased commitment to supporting autonomy and self-expression for the residents, and a sense of closer connection with them as people who have an equal right to be heard.

There were examples in the narrative suggesting that the music intervention, aided by the musicians and care team, had enabled certain residents to temporarily step outside of the confines of their condition and move

towards creative expression, as seen through the residents' song composition and in one instance, playing the piano. This concept of progression beyond mere survival resonates with the philosophy underscoring Maslow's Hierarchy of Need, which details human requirement as an ascending triangle of five classes of need; basic survival and security at the bottom and self-actualisation at the top (see Mathes, 1981 for a more detailed explanation). The premise behind Maslow's theory is that each level of existence must receive sufficient satisfaction for each strata to emerge, suggesting a significant transformation for some residents.

Of particular relevance to dementia was the obvious sense of achievement experienced by the residents at their contribution to the music activities, since literature (Croom, 2015; Field, 2009; Weare, 2015) reports the beneficial effect of this upon mental wellbeing, social participation and a sense of agency, important facets of wellbeing.

From the data it seemed that the effects of such improved wellbeing and the happy ambience resulting from the music sessions had touched family members as well as residents, a change that resulted in longer visits and improved mood for some carers and representing a step towards improved relationships and communication.

The quantitative data gathered also recorded significant changes in the mood of the participant care staff, with over half of them moving from discontent to happiness as the music intervention progressed. Interestingly, this shift did not correlate with their levels of confidence regarding supporting the residents' music activities, with high to very high levels remaining stable throughout. The findings therefore suggest that mood, as opposed to confidence, is more responsive to music intervention.

## Recitative

Whilst the use of percussion involved most physical contact, it was songs with 'call and answer' or recitative sections that most enlivened the residents. Those who had previously been dozing, woke up, others were inspired to make up verses to songs, all described by the observer as 'drawing the group together'.

Previous research recognises that group singing is known to foster greater awareness of others, improve social skills, and promote relaxation and emotional wellbeing (Brotons, 2000; Vella-Burrows, 2012; Riecker et al., 2000). A significant finding in the current research however was the effect of the music intervention upon the residents' communication skills, which seemingly improved, and for some, were awakened. Such findings resonate with the

work of Reicker and colleagues (2000) who found that singing could be exploited to facilitate speech reconstruction when suffering from aphasia. In fact, when compared with conversation sessions, singing significantly improved conversational ability for those with dementia (Brotons, 2000), signifying recitative as a considerable element of future frameworks for practice.

Pavlicevic et al., (2015) describe how the intentional use of certain musical elements such as pulse, melody, phrasing and harmony are used to build connections with residents to help provide repetition, consistency and musical familiarity through recognition. Shared recognition enables musicians and residents to work with repeated patterns which support residents in a transition from habitual vocalisations (such as crying) to purposeful communication. Such reciprocal relationship between music and recipient are described as 'providing a musical conduit for emotional expression' (Pavlicevic et al., 2015, p.666), linking directly with DeNora's philosophy of musical affordances (Cavicchi, 2002; DeNora & Ansdell, 2017; DeNora, 2002). The viewpoint held by DeNora is that music has power in action, the idea of music's capacity to effect change, and thus to be an instrument of social ordering; implying that, within the current context, residents may have accessed channels of communication through the music, previously denied them by their condition.

## Sustainability

The data suggested that a major driver for the continued success of the music interventions was both the residents' and the care staff's genuine desire to sustain the enjoyment that the music had introduced to the care home environment and the people. This shared interest had brought them, together as a group, generating connectedness, modifying the cultural climate of the care home and the behaviour of the residents.

Evident through their commitment, the motivation expressed by the care teams was enacted as continued enthusiasm and application in practice. The care team voiced that they felt supported in their endeavours, resonating with previous literature (Finlayson, 2002) recognising good morale and motivation as essential for a healthy workforce, and for effective implementation of future plans, placing such values at the forefront of sustainability. By disseminating their experiences to other stakeholders at public events, the participants opened opportunities to communicate and channels to interested parties, techniques recognised (Clark et al., 2016) for promoting better mobilisation of knowledge and sustainable development, including the promotion of inclusive wellbeing.

Therefore, through music, an understanding of people with dementia as equal participants in society has been revealed. The study indicates that musical intervention provides opportunities for shared participation, growth, and learning; for residents to experience themselves as more than recipients of care, and for staff to experience themselves beyond the role of professional provider.

## Quantitative discussion

Data from the smiley face charts records some considerable variation from those taking part. In part 1 with the mood of all five care homes distributed across the five face categories. As can be seen, a positive shift begins by mid-point of the residency with a general trend towards happier ratings, continuing to the end of the residency, where all but one care home report significant shifts to enhanced mood. With missing data from care home 1, it is not possible to conjecture about the direction of mood change, however, interestingly, it was participants from this care home who also left no comment on the surveys in response to the open-ended questions. In addition, 7 surveys overall (spread across the 3 parts) were excluded since participants had indicated several faces to rate their mood at one time. The observer, in conversation following the data gathering period, explained that information as to how to complete the surveys had been carefully communicated to each lead member of staff who then relayed the instructions to other team members, also explaining that details of routine data gathering were in the protocol received by each care home. However, his impression had been that, the overwhelming demands of each care home spared little capacity for them to fully engage with information about the project beyond the details of the music intervention itself, meaning surplus information could not be absorbed. This raises important questions for future planning and the evaluation process, about how routine data can be gathered in a way that is achievable for care staff. Whilst these findings highlight how organisations may benefit from evaluation, external providers come at a cost, suggesting internal evaluation systems as beneficial if incorporated into internal organisations.

## Confidence levels

From the quantitative data, the majority of participants refer to their growing confidence levels and their enjoyment at taking part. Whilst incomplete data precludes generalisations, this trend echoes the movement towards ownership, and in some cases, leadership, evident from the qualitative findings, empowering the staff to make decisions about music in practice and sustaining this to the future.

In this, the reflective sessions provided an opportunity not just for feedback and exchange of ideas, but also, an arena where staff were listened to and their contributions valued. As Banutu-Gomez (2015) observes:

*Employees who feel empowered in their workplace often feel as if they are valued at their job and by their leaders. That sense of value makes them feel as if they are both making an impact and are a vital part of the daily activities, being empowered gives them a sense of commitment to the organization.*

The collaboration frequently alluded to in the report also suggests that improved confidence levels had an effect on the care staffs' personal performance towards a common goal. Banutu-Gomez (2015) emphasises that, as far as aspiring to shared incentives is concerned, organisational managers play a significant role, since a negative view of senior leadership can decrease employee confidence levels, compromising performance but also, the ultimate vision. Therefore, the support of management evident through the qualitative data was significant.

Whilst care home 1 did not respond to the open-ended questions, assumptions should not be made however, that the care staff there wished for, or felt capable of being empowered, a possibly for all those reporting 'neutral' confidence levels, suggesting that the ability to change may also be based on personal need.

## Open ended questions

In the open-ended questions, the majority of participants referred to their growing confidence levels and their enjoyment at taking part. Other responses, not included in this report, testified to a developing trend in the care homes, with music featuring as an everyday occurrence, nurtured by the care staff and embedded in the daily routine. In this, as with other examples, convergence occurred with the qualitative findings. Encouragingly, post hoc data from one care home spoke of CDs that had been made for the residents that the care staff continued to use after the musicians and researcher withdrew.

Of note in relation to the missing data, and consistent with the smiley face charts, were the challenges posed for the observer in obtaining the care staffs' completed surveys. This difficulty was attributed to insufficient time, to deficient staffing levels, and the demand of the role; complaints common to researching in the care home environment and other stressful healthcare settings (Tapson & Walters, 2017). In conversation, the observer commented on the tensions between ensuring that data

provided a valid participant perspective whilst also avoiding undue pressures imposed upon those taking part. To ensure the collection of complete data sets that provide an authentic and robust narrative of the findings, therefore requires future consideration (see recommendations)

## Musicians' surveys

As with the care staff surveys, those from the musicians testified to a similar increase in enthusiasm, engagement and enjoyment throughout the duration of the music residency. Understandably, for some, the survey completed before the start of the music sessions expressed apprehension about expectations and these primarily related to the role, input and skill level of care staff. Responses to the open-ended questions completed by the musicians following the first music session, which had focussed on the opportunity for them to familiarise themselves with the setting, staff and residents, reflected how beneficial and helpful it had been to gauge these things. For example, through engaging with the care staff, the musicians had found out about existing music activities at the care homes, the care staffs' confidence levels, any musical genres they preferred, likewise benefitting from the care teams' knowledge about interacting with their residents.

This desire for collaborative working is echoed throughout the qualitative data and emerged as a successful strategy for integrative and companionable working. It is interesting to see from the musicians' surveys that it was rooted before the residency, suggesting cooperative working as an essential learnt skill in training programmes and for frameworks of practice.

For the majority of the musicians, the movement towards positive outcomes grew with the residency, with their genuine appreciation evident through their comments.

Of note however, was the structure of the survey, where only those who had answered 'yes' to a question inquiring whether or not they were confident to lead independent music sessions, had then been invited to expand their reply in an open question, potentially deterring negative responses. In addition, question 2 on the survey enquired about 'increases' in musical activities in the care homes resulting from the residency, possibly inserting auto-suggestion about change for the better. These points highlight the responsibility for researchers to ensure that future surveys include no bias.

Positivity was not unanimous however, with one musician expressing concerns from the outset. These centred on a lack of perceived enthusiasm or desire to commit to the sessions that inhibited interaction and music-making. This

lack of commitment manifested as; a lack of staffing to support the music sessions, inconsistent support from the care staff, and a lack of motivation from those present which impeded planning and initiative-taking. According to the musician, the root cause for such apathy emanated from management, whose lack of commitment was compromising.

Here, quantitative and qualitative findings diverged, since in the latter, the participants' narrative spoke of the support and enthusiasm of senior management in other care homes, and the positive impact this had upon the success of the project.

It is of note that the musician's more critical analysis related to the care home whose staff surveys were incomplete and who did not respond to the open-ended questions. The lack of managerial commitment observed by this musician compared to the favourable profiles evident from the qualitative data therefore raises enquiry about the association of different leadership styles and healthcare quality measure.

Authors (Al-Sawai, 2013; Frandsen, 2014; Havig et al., 2011, Kouzes & Posner, 2002) agree that effective leadership of healthcare professionals is critical for strengthening quality and integration of care. Typically, transformational leaders are renowned for communicating loyalty and inspiring confidence, both assets increasing morale, job satisfaction and productivity (Frandsen, 2014; Havig et al., 2011). Quality of care is defined as the probability of achieving anticipated health outcomes and how these increase in alignment with improving and contemporary professional knowledge and skills (Kvist, Vehvilainen-Julkunen & Jokela, 2007), suggesting an inextricable connection between leadership and quality care delivery. In addition, findings from this study conclude that enabling staff to move beyond contracted and transactional relationships also enables a sense of ownership and transference to a more humanistic position. Arguably therefore, the relationship between care home managers and their staff is of great significance for future models of engagement.

## Conclusion

Music has long been recognised as a conduit for expression. In the current study, responses to the intervention and musical instruments played, varied. Such diverse response has been attributed to the fluctuating sense of self experienced by people with dementia, whereby chiming with the theory of personhood espoused by prominent researchers. However, forms of musical expression, such as recitative, that enable communication, evoke a unified response.

The sense of personhood is awakened and affirmed by the interaction and commitment of care staff. Likewise, musicians enact a crucial role as their interactive approach facilitates the autonomy and empowerment of residents with dementia. Strategic planning by the musicians and care staff at the outset establishes an essential structure and definition of tasks that provide a framework for the intervention. With these processes in place, positive changes in behaviour are found to enhance the wellbeing of residents with dementia.

## Recommendations for future practice and research

### For practice

It would be inappropriate to conclude this report without making reference to the question "What next?" What follows is a list of key recommendations that have emerged from our findings. We hope that these can be taken forward by key organisations in order that the wellbeing and happiness of staff and residents in care homes can be continually enhanced through music.

### For care homes and ASC Sector/Providers

A successful and cooperative approach to delivering music sessions in care homes has been the authentic integration between the care teams and musicians. Organisations involved in the delivery of creative activities in care homes should enact a framework to include planning and reflection as a foundation for building trust, mutual learning, the growth of confidence and, collaboration.

Joint music-making between staff and residents emerged as a vehicle for relationship building that enabled staff insight into the needs of those in their care. Embedding these benefits into everyday care provision requires an approach that is not contingent upon particular expertise but where staff are empowered by managers into

leadership positions that enable the sustained delivery of music activities.

The use of various IT outlets proved an invaluable aide that enabled musicians to communicate session structure and content to staff, for guidance in the musicians' absence. In order to support care staff in their quest for sustained delivery of music activities, there is an ongoing need for musicians to provide resources that can maintain learning and delivery.

### For evaluation of practice

Whilst most missing data was ultimately retrieved, this process demanded time and commitment from the observer who was mindful of the sensitive line between ensuring the voice of participants was heard whilst avoiding undue stress for them in gathering data. In future evaluative frameworks, researchers should dedicate realist funding to the provision of identified data collectors attuned to the contextual specifics. The person-centred relationship which grew between residents and staff as the music sessions progressed provided evidence as to how care teams can both work within and beyond a clinical model in ways which enhance residents' wellbeing. Senior management at care homes need to accommodate these assets in inflexible models of working that facilitate residents to continually step from the confines of their condition towards creative expression.

### For music practice

From the findings, the use of percussion instruments were diversely experienced by the residents; responses ranging from stimulation to confusion. Creative approaches are needed by musicians and care staff to support people living with dementia to benefit from the evident potential and happiness that percussion can bring.

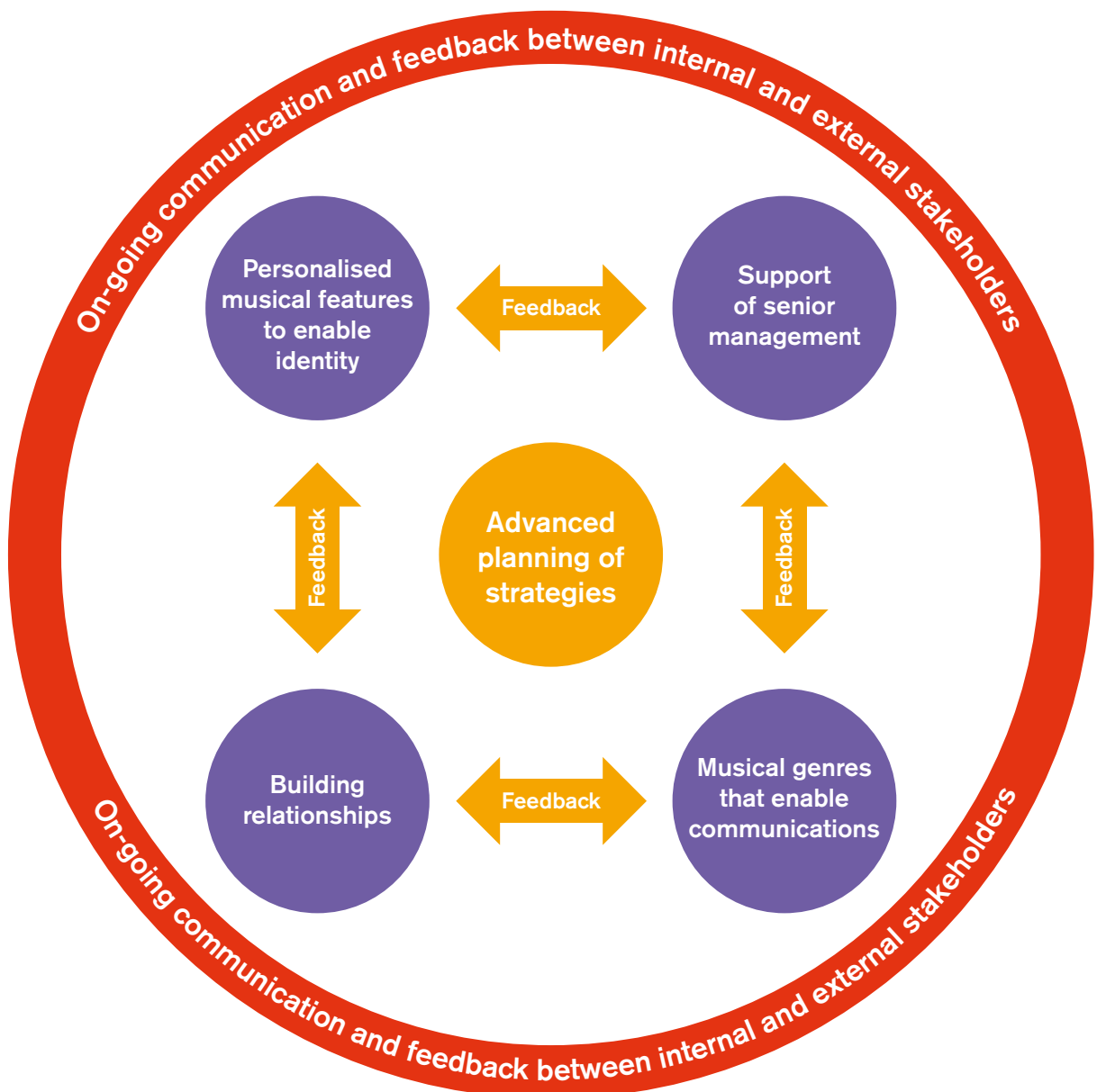
The data showed that there was considerable variation as to residents' responses to familiar, compared to complex music, some thriving on more challenging arrangements, some confused. Ensuring that people with dementia are not held by reminiscence alone means moving them to new places. To achieve this aim, it is dependent upon musicians and care staff to build residents' confidence and establish trust as a firm foundation for stepping beyond the known.

Of significance were the findings regarding advanced and strategic planning of the music sessions, with plentiful evidence as to the benefits these brought. When collaborating and building proposals for future music interventions, managers, musicians, care staff and researchers should recognise these attributes, incorporating them into frameworks for practice.

### For research

From the findings, it has emerged that successful delivery of music interventions to people with dementia, involves complex, diverse, changeable and idiosyncratic approaches. Capturing and exploring such data and ensuring an authentic representation is depicted therefore demands methodological and design flexibility from researchers.

The structure below provides a potential draft for such a framework. As feedback from the reflective meetings was used by the care teams and musicians to inform subsequent sessions, the framework has been presented as a cycle representative of the sequential process.





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