A CHOIR IN EVERY CARE HOME

WORKING GROUP GATHERING 2

WORKING PAPER 5

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'**A Choir in Every Care Home**' is an initiative to explore how music and singing can feature regularly in care homes across the country. Funded and initiated by the **Baring Foundation,** it is a unique collaboration between 30 leading national organisations from adult social care, music and academic research. It is led by **Live Music Now**, **Sound Sense** and **Canterbury Christ Church University**.

About *A choir in every care home*
This enquiry is an initiative of the *Baring Foundation* which since 2010 has focused its arts programme on older people, especially those in care homes. Following a roundtable discussion in October 2014 the Foundation decided as a first step to undertake a short-term investigation into singing in care homes which would:
- Collate the existing evidence for the benefits (for staff, family and friends, choir members as well as residents) of singing/choirs for older people/in care homes/links to the wider community.
- Map existing activity
- Explore different models of activity: benefits, challenges and ways forward
- Collate existing materials that support choirs in care homes and produce new materials where needed.
- Consider issues of quality of the artistic experience and art achieved, with special reference to dementia
- Describe what more can be done without extra resources and cost what more activity could be achieved with further resources.
- Launch and widely disseminate this work in a way that will encourage the greater use of choirs in care homes.

Following an open application process a consortium of three organisations, led by Live Music Now, was awarded funds to carry out the investigation.

Our working approach
The worlds of singing, arts and wellbeing, and care homes are all well understood by a wide range and large number of organisations working at both practical and policy levels. These organisations – nearly three dozen at the last count – not only know about the subject, the results of this enquiry matter deeply to them. No investigation could successfully research the issues – nor, crucially, be able to "disseminate the findings in ways that will encourage the greater use of choirs in care homes" – without genuine buy-in from these organisations.

Our working approach therefore invites these organisations to form not a steering group, but a *working* group that shares and learns from each other, that determines work that needs to be done – and that then is involved in carrying it out.

Compared with conventional practices of evidence-gathering and recommendation generating, our approach:
- involves the sector fully from the start – so they own the solutions
- makes full use of the knowledge, expertise and experiences in the sector – it is efficient
- creates a community of practice that is worthwhile in its own right – so leaves a legacy
- creates solutions already agreed by the sector – so are much more likely to be adopted.

About working papers
Our working papers distil the sharings and emerging learnings of both the working group and the consortium, to provoke further debate and discussion. They are subject to change as the initiative develops. Together, they form the evidence for our actions and recommendations for future work. A list of proposed working papers is on the outside back cover.

Cover image
The working group at work, in the second Gathering

1   Introduction

This document lists the results of the second meeting of the working group of A Choir in Every Care Home, held on 30 November 2015, and describes the subsequent actions taken by this enquiry programme..

It was highly gratifying to see that this gathering, akin to the difficult second album, generated almost as many working group members as the first. The day had a seminar feel – one academic called it a "study day" – with short presentations from as many working group members as possible, and several hard-working breakout sessions.

Attenders are listed in the appendix

2   Surveys

2.1   The main presentational elements were the results of four surveys:
- NVPN members
- Making Music members
- musicians working in care homes
- care homes working with singing.

Together with:
- trends in care home provision
- campaigning
- research review progress.

2.2   The survey results have subsequently been published (working paper 2 *Survey results: musicians in care homes; care homes with music*; and working paper 2a *Surveys: raw data*), as has working paper 4 *Trends in the care home sector*. Campaigning and the research review continued work and were reported on in gathering three.

3   Breakouts

Presentations were interspersed with breakout groups. Questions asked of the groups were deliberately provocative, designed to elicit broad responses more than specific answers. There were three breakout sessions, described and summarised below.

3.1   **Breakout 1**

This breakout had a single question asked of all the groups.

For generating more singing in care homes – what are the pros and cons of general singing activity vs a more structured song group. How does Des Kelly's presentation affect the answers?

A mixed economy model was thought good: General singing activity could be embedded in the culture of a care home at lower cost, allowing for mixed abilities, available on demand. a "choir" is too formal. But the work is more likely to wither away, and may not find willing staff to run it. "Structured" singing allowed of more and better documentation of results, and was more likely to happen as planned:

> "We didn't feel there was a strong argument for one approach over the other – partly due to diversity of the sector and residents' needs. So we see the need for a menu of options to increase musical activities including singing. This

menu would fit the interests and needs of residents, staff and home. The options on the music menu are guided by some key principles of good practice:

- That the care homes have some (and hopefully a lot) of ownership and participation so it doesn't become something done to residents.
- There's a lack of pressure and expectation to get involved. So terms like "choir" could be off-putting to those who feel non-musical
- Given challenges of staff turnover there should be an easy way in so the work doesn't hinge on single staff member (who may move on)."

3.2   **Breakout 2**
A list of topics from which breakout groups could take one item each (so later groups were left with less choice).

Topic 1: Thinking about the practitioner or choir model of delivery, what areas of practice most need improvement?
- Understanding of context
- What's achievable
- What does success look like?
- Advocating for the work - what are the benefits
- Professional, community and volunteer musicians have different needs for training and delivery
- Working inclusively with groups.

Topic 3: Is community music just poor music therapy?
No, but community musicians may need levels of awareness (of impact) to avoid potential issues. Plus training and supervision (following music therapy practice) as well as continuing professional support. Yet this should not be an inhibiting factor (all work comes with risk).

Topic 4: Could training (of practitioners, of care staff) be more universal, hence efficient? How?
Yes: the Mindsong model works on the principle of volunteer leaders who work as a group and support each other, using a single (Mindsong) song book. Such a model could be rolled out in any area – provided there was someone available to run the scheme with knowledge of both care homes and music practices.

Topic 5: Could a song bank pay its way?
Sing For Your Life's Music Box already has a 250-item song bank, customised for older people and with free updates. Is more needed?

Topics not chosen for discussion were:
- Topic 2: Do different practices yield different results? If so how? How do we know that?
- Topic 6: Is there a role for a singing manager? What would that be? What benefits would that give?

3.3   **Breakout 3**
This breakout had a single question asked of all the groups.

For generating more singing in care homes. Based on all you've heard today what one thing (model, improvement to a model, marketing (of what to whom?) etc) would generate the greatest change?

Seven pairs gave responses (jointly or separately) that fell into the following categories:

- *Making the case for singing* (4 responses): demonstrating value; its change-making potential; have a noisy launch; big media campaign; make the link to CQC outcomes

- *Develop a cost-effective, sustainable model*:(2 responses) a technology approach using care staff to lead; a volunteer model;

- *Develop a high-quality, practitioner-focused model* (2 responses): a model combining training, support and delivery; a resident-centred model.

4   Question and answer sessions

Presentations were followed by Q&A sessions. Issues raised are here regrouped by broad theme:

4.1   Survey methodologies and results
- self-selecting samples – we still know next to nothing about care homes that have no singing (nor about the prevalence of those)
- lack of information on what types of musical activity produce what types of (or amounts of) change-making
- no information on whether the musician respondents were conservatoire-trained of non-formal rock/pop/folk-training; nor how that might affect the results
- The plurality of models makes marketing confusing; this project needs to provide a simple answer.

4.2   Implications for messaging
- Singing has too low a priority attached to it. Care staff don't own it; the buyin of the manager is key. We shouldn't fall for excuses that group singing takes time: it releases staff time overall
- Commercial evidence is needed: does singing reduce staff turnover, for example?

4.3   The work itself
- What is quality work in this field?
- The differences and similarities between music therapy and community music were rehearsed.

4.4   Suggestions for future work
- Sustainable models need older (65+) volunteers

5   Listening table

Throughout the day, attenders were encouraged to write down their thoughts on small cards, all displayed on a table. The consortium lead team undertook to ensure that all points on the cards were addressed. Eleven cards covered the following points.

LT1   Quality frameworks. Can we develop a set of clear identifiers of indicators of 'quality' as basics to have in place? ie basics that indicate the work is of minimum quality standard. This can include: skills (musical, technical), knowledge (conditions), practice, facilitation (group and warm-up), Repertoire, musical output, behaviours, attitudes. Mentoring, training, resources support, online/forum, practice sharing.

LT2   Alive inside - residents on iPads? So no need for live musicians? Does this encourage isolation?

LT3   What are the wider implications of this project? What is the validity of the survey? Sample, definition of 'choir' etc. How do we turn the managers on?

LT4   Have colleagues in the room felt/experienced prejudice from partners/funders towards for-profit care homes? (NB I have been placing volunteers in private care homes)

LT5   Does a 'singing activity' carry the same community benefits as a choir-like model? Don't know from the survey - perhaps review of existing literature may reveal suggestions

LT6   In my PHD study of 27 random care homes: average number of singing session = 1 per month; staff didn't perceive themselves as beneficiaries to singing at work.

LT7   Will we be missing a trick if we don't use this project to bring into care homes a new creativity-bound model of care? All of the benefits to singing could underpin care pedagogies in which care staff value their role and broader their relationships (colleagues/residents). Why not: singing in the bath! Inter/cross home/community knowledge exchange.

LT8   A major challenge = supporting family carers in (often years) of care-giving in the future. Should ACIEH aim to support this group of people?

LT9   "Music enables social bonding, a synchronised primal activity" (Stephen Clift). Does anything else do this well?

LT10   If you have a "personal playlist" you will get endless versions of "you are my sunshine"

LT11   Can we learn from early years' settings. Both have: staff/client ratios; minimum wage issues; the wellbeing/development of human beings. ONLY EYs settings offer daily, progressive, creative, meaningful activities at their core.

6   Afterword

6.1   Gathering two generated much rich information and a number of issues for consideration. The table below collects up the points from the breakouts, Q&As and listening table, and categorises them in the same broad themes as in section 4 above.

       All these points have been considered over the past few months and, so far as possible, have been taken into account in investigations – specifically, the design and analysis of the case studies. The table shows progress on all these points.

Table 1: Progress on issues raised at Gathering 2

Issue	Progress
Survey methodologies and results	
Self-selecting samples – we still know next to nothing about care homes that have no singing (nor about the prevalence of those).	Agreed. However, we do now know much more about what is being done by some, and hence what is possible for other homes to do.

In my PHD study of 27 random care homes: average number of singing session = 1 per month; staff didn't perceive themselves as beneficiaries to singing at work.	Understood. There are clearly barriers to be overcome, as addressed in WP7 on campaigning
What is the validity of the survey? Sample, definition of 'choir' etc.	All three major investigations (research review, surveys, case studies) seem to be telling broadly similar stories, which gives some assurance
Lack of information on what types of musical activity produce what types of (or amounts of) change-making	Shown to be the case throughout this investigation, and in other work. It is clearly at least very difficult to measure, and deserves a research project of its own.
No information on whether the musician respondents were conservatoire-trained of non-formal rock/pop/folk-training; nor how that might affect the results	The issue is not what musical training musicians have had, but the other characteristics they need to possess These are well known, and generally agreed-upon.

Messaging

Singing has too low a priority attached to it. Care staff don't own it; the buyin of the manager is key. We shouldn't fall for excuses that group singing takes time: it releases staff time overall	To be added to the messages candidates for phase two
How do we turn the managers on?	To be added to the messages candidates for phase two
Commercial evidence is needed: doe singing reduce staff turnover, eg?	No evidence of this specific point, but can be added to the messages candidates for phase two
The plurality of models makes marketing confusing; this project needs to provide a simple answer.	Agreed. Our work on campaigning (WP7) shows the way forward
"Music enables social bonding, a synchronised primal activity" (Stephen Clift). Does anything else do this well?	The overall evidence from our formal investigations still suggests that music is as good as but not greater than other activities. Phase twp will start the process of sorting out what messages are important to prosecute

The work itself

What is quality work in this field? Can we develop a set of clear identifiers of indicators of 'quality' as basics to have in place?	Yes. WP3 explores this topic in detail
The differences and similarities between music therapy and community music were rehearsed.	This point is pulled out in the case studies analysis WP8, and deserves future consideration
Does a 'singing activity' carry the same community benefits as a choir-like model? Don't know from the survey - perhaps review of existing literature may reveal suggestions	Some exploration of this can be found in Deane and Dawson, 2011. The case study work also touches on it. In general, it's probably reasonable to say that a variety of singing methods works best.
Alive inside - residents on Ipads? So no need for live musicians? Does this encourage isolation?	We are, in truth, a little light on technology and weren't able to explore this particular issue
If you have a "personal playlist" you will get endless versions of "you are my sunshine"	But don't we believe in participant-centred work and resident autonomy?

Suggestions for future work

What are the wider implications of this project?	Many and varied. In terms of continuation, phases two and three of ACIECH would be highly significant for wide work. In terms of community music work generally, the resonances between young people's non-formal work (see eg Deane et al 2011, 2015) and older people's work is very promising for a synthesis of music practice generally.
Can we learn from early years' settings. Both have: staff/client ratios; minimum wage issues; the wellbeing/development of human beings. ONLY EYs settings offer daily, progressive, creative, meaningful activities at their core.	A very good point, which time has prevented us from following up. One for phase two, definitely.
Will we be missing a trick if we don't use this project to bring into care homes a new creativity-bound model of care? All of the benefits to singing could underpin care pedagogies in which care staff value their role and broader their relationships (colleagues/residents). Why not: singing in the bath! Inter/cross home/community knowledge exchange.	This may be one of the above's "wider implications," and a point for exploration in phase two.
A major challenge = supporting family carers in (often years) of care-giving in the future. Should ACIEH aim to support this group of people?	As above.
Have colleagues in the room felt/experienced prejudice from partners/funders towards for-profit care homes? (NB I have been placing volunteers in private CARE HOMES)	An interesting point which didn't surface in our investigations. It would be important to take forward to phase two.
Sustainable models need older (65+) volunteers	Some instances of this came through in the case studies

Appendix
List of attenders to come

Working on *A choir in every care home*
Leader Evan Dawson, executive director Live Music Now
E: evan.dawson@livemusicnow.org.uk

Lead consortium
Live Music Now was founded in 1977 by Yehudi Menuhin and Ian Stoutzker CBE to train the best young musicians to give workshops in a range of challenging settings. It now delivers over 2,500 sessions each year, in care homes, communities, special needs schools, hospitals and more.
LMN project manager: Douglas Noble, strategic director for wellbeing
E: Douglas.Noble@livemusicnow.org.uk W: www.livemusicnow.org.uk

Sound Sense is the UK membership body and development agency for community music. It represents some 1,000 community musicians, promoting the value of the work and assisting in their professional development. Community musicians work in all areas of disadvantage, (health, social care criminal justice and more) almost a half of them with older people, largely through singing.
Sound Sense project manager: Kathryn Deane, director
E: Kathryn.Deane@soundsense.org W: www.soundsense.org

The Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University is one of the UK's leading research units in the growing field of arts, wellbeing and health, and is known internationally for its work on the role of singing in promoting health and wellbeing through its research and community projects
SDHRC project manager: Professor Stephen Clift, centre director
E: s.clift@btinternet.com W: www.canterbury.ac.uk/research-and-consultancy/research-centres/sidney-de-haan-research-centre

Working group
The latest list of working group members is at W: www.achoirineverycarehome.co.uk

Arts sector

British Association of Music Therapists	Sing for Your Life
Creative and Cultural Skills	Sing Up
Live Music Now	Sound Sense
Making Music	Superact
Mindsong	Tenovus Choirs
Natural Voice Practitioners Network	Voluntary Arts
Nordoff Robbins	Welsh National Opera

Care sector

Abbeyfield	My Home Life
Age of Creativity	National Care Forum
Age UK	Orders of St John Care Trust
Care England	Skills for Care
MHA	West Kent Dementia Action Alliance

Wellbeing

Arts and Health South West	Royal Society for Public Health
Creative and Credible	Sidney De Haan Research Centre
National Alliance for Arts Health Wellbeing	South East Arts and Health Partnership
Mental Health Foundation	

Working papers planned
This list is subject to change as the initiative develops

1	Jul 15	Gathering 1: preliminary learnings and later observations
2	Dec 15	Survey results: musicians in care home; care homes with music
2a	Dec 15	Surveys: raw data
3	Dec 15	On quality and frameworks
4	Jan 16	Trends in the care home sector
5	Dec 15	Gathering 2: learnings and observations
6	Mar 16	Research review
7	Feb 16	How to run a great campaign
8	Mar 16	Case studies; analysis
8a	Apr 16	Case studies of singing
10	Apr 16	Summary of findings
11	May 16	Music and the Care Quality Commission
12	Jun 16	Gathering 2: learnings and observations
13	Jun 16	A Choir in Every Care home: phase 1 final report

This working paper

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Kathryn Deane is director of Sound Sense, Evan Dawson is executive director of Live Music now, and Douglas Noble is strategic director: wellbeing, Live Music Now. Contributors include all the members of the working group listed herein

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