A CHOIR IN EVERY CARE HOME

CASE STUDIES OF SINGING IN CARE HOMES

WORKING PAPER 8A

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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**.

The Baring Foundation

Canterbury Christ Church University

SOUND SENSE
The voice of community music

LIVE MUSIC NOW
INSPIRING MUSICIANS TRANSFORMING LIVES

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
Live Music now musicians in a care home

1 Introduction

1.0 *Note: this report is waiting checking by the case study reporters; in the meantime it has been anonymised.*

1.1 What happens in singing in care homes? The following 70-plus pages describe that, in the singers' and care homes' own words.

1.2 **Data considerations**

Range For this data gathering we were interested in finding the greatest range of singing models we could, rather than the ones most used. So issues described and points made often relate to a single instance: that's not to say such points or issues aren't legitimate, just that this is a qualitative survey rather than quantitative.

Selecting case studies Based on inputs throughout the initiative from our working groups; information on types of model from our quantitative surveys; and knowledge of models in use by members of Sound Sense and Natural Voice Practitioners Network (NVPN) members and Live Music Now musicians, we drew up longlists of potential case studies categorised by our then-understanding of different models.. Rather than lose any potentially different models we invited reporters for all case studies to take part. For subsequent chasing we concentrated on the longlist categories which were under represented in our sample.

From some 60 invitations we obtained 27 case studies.

1.3 **The case studies**

Case studies were collected by email over March-May 2016. Each reporter (see 1.4) was asked to fill in a proforma (see appendix) of annotated questions. We treated the process as similar to structured interview, but without real-time follow-on questioning.

The case studies were lightly edited for style and consistency, but are otherwise in each reporter's own words. Each revised case study was returned to its reporter, who had a choice of requesting a) not to feature in this publication, b) to be included but anonymised, c) to be included and named.

1.4 **Terminology**

Case study proformas were filled in by a range of people: activities coordinators, homes managers, singing leaders, and others. Here we call all the people who fed us this data as *reporters*.

Singing Leader 2
Organisation 1
Programme 1

The basics
The work I have done is focused around a singing volunteers scheme called Programme 1. As part of funding there was a requirement to "spread singing across the area." I came up with the model of drawing from the existing Singing for Well-Being groups which focused on the over 55s. These groups are community based and open to all – no auditions and oral teaching of a variety of songs and song styles. Participants tend to be active, just post retirement and keen to give back to their communities. I had done some training with members to enable them to do some team teaching – although the training was successful and much enjoyed it became clear that people did not want the responsibility of leading but did want to contribute – the Programme 1 scheme was born and is now about two years old. Volunteers sign up and receive training in the values and principles of the approach and the role and process of being a volunteer. They also have regular (roughly once a term) 3 – 4 sessions of rehearsals (2 hour sessions) to brush up existing material and work up new material. They also receive practice CDs/tracks. The focus remains on oral learning and teaching as that is a key principle of accessibility. Material mainly focuses on harmony versions of popular classics (Lean on Me, Summertime, Pocketful of Starlight etc) plus some less known songs that are good to sing – they maybe soothing or uplifting etc. The volunteers then support me to go out into the community into various settings including care homes – their function is provide a "wall of sound/comfort blanket" of confident voices but also to be encouragers and supporters. The aim was to enable an approach which was not simply "singalongs" but could offer something more challenging and interactive. This is not a branded model but has been done under the umbrella of Organisation 1. Sessions have been run across the area. The participants also occasionally perform as a way to promote the work. There is currently no documentation of the scheme

What happens
It is a group – size can vary. It is a clear aim of the volunteers that they can opt in or out as they wish as people have other demands on their time. On average about 10 tend to support a session though it can vary from 5 to 14. There are around 20 volunteers in total. Sessions are for residents, staff and relatives if in a care home. The focus is on encouraging active participation. We are still very much testing and developing the model and the extremely limited funding has meant we have rarely been able to do other than one-offs which is very frustrating. In homes the model that seems to work best is a short performance of the songs followed by encouraging people to participate in singing the songs – and even trying harmonies or parts. We have taken percussion and props with us and I believe this more multi sensory approach would work best. We then do have a singalong – encouraging people to tell us favourite songs but also having some prompt sheets. Time to chat and interact is important – to find out about people's experience of singing. The volunteers are also great at observing small responses and helping me to respond to those and encourage them. It is all totally acoustic – no backing tracks or amplification – we believe the power is in the human voice being heard and listened to – being sung to and also singing with. Sessions are planned, led and run by me as the professional artist with the volunteers in support – I believe this is crucial to ensuring a quality experience.

Who benefits
As it has not been possible to do a run of sessions this is difficult to quantify. In care homes the range can be wide – usually there are a significant number of people with dementia/Alzheimer's but also a number without. We have observed and experienced significant and small responses from people who were completely unresponsive at first – this might be anything from moving the hand, shaking a shaker, starting to mouth and then sing the words, beginning to "play the piano" on the table (we gave her my keyboard to play for

real) to active singing, harmonising, clapping, dancing etc. I would say that singing is essentially beneficial physically, emotionally and psychologically for all and people in care homes are no different. We would like the opportunity to try out different models i.e. theme based sensory experiences that include songs or stories and songs, multi sensory sessions, creating new songs etc but without continuity and longevity it is difficult to try this.

Pros and cons

What is good is that it seems to create a lot of energy and responsiveness and it can include relatives and friends with the resident in a positive and active experience. The presence of the volunteers and their contribution is invaluable – their voices enable active singing which would not otherwise be possible with people who may not be responsive or very vocal or whose voices are weakened by age – we can create a big and vibrant sound that people can "sit" within – either listening or participating. They also interact socially with the residents and can give individual time and attention (sitting with someone who was a wanderer and soothing them and singing to them: chatting individually about favourite songs or the experience of singing: noticing small responses and picking up on those) and – as amateur, sometimes "non singers" themselves they are great at being encouraging and reassuring including to residents and staff. What is not so good is I think more to do with circumstance i.e. homes' tendency to make everyone take part regardless of whether they want to so you have some people in the room who are obviously disgruntled or not enjoying it, homes' assumption that any singing will be a "singalong" and therefore not giving people the right information to make a choice etc. It is unclear how effective our model is for people with severe dementia or who are severely incapacitated – but again until we get more chance to try things out and try different models it is difficult to tell.

Training

As stated above I provide training for the volunteers in terms of values and approach as well as learning material. I also build reflection time in – both an immediate check in after the session, chance for email feedback and also time within rehearsals to get feedback and reflect. I am available by email to provide mentoring. However all this is limited by very limited funding. We have discussed offering training to care home staff and encouraging relatives to become volunteers but have not had the resources to put this into place.

I aim to keep my skills developing – I have shadowed colleagues and attend training when I can i.e. Singing with people with Parkinson's . I also received Dementia Awareness training.

The money

I am not party to the details of the funding but it costs approximately £150 per session – this covers my fee, volunteer expenses and some core costs for Organisation 1. For training/rehearsals my fee is £100 and the organisation provides the room. I think the recent 1 year package which covered a number of sessions plus two blocks of training/rehearsals and induction for new volunteers was approximately £5k for the year possibly less.

Volunteers are at the core of the work.

Repertoire
Repertoire comes from my vast catalogue of songs – over the last 5 years of working with older people I have increasingly collected harmony arrangements of popular classics and this tends to be the core repertoire which I try to add to all the time – I gather this material from workshops and through the Natural Voice Network – accessing CD resources or buying arrangements from colleagues who I trust. I feel very strongly however that there is a default position that all older people want to sing "songs from the war" and I resist that assumption although we do use some of that material – but I deliberately also include songs that will not be known.

Hints and tips
Where shall I start? I my view there needs to be a pretty significant tackling of the culture and attitudes of care homes. As my Mum is in a care home I know only too well the demands on carers and the poverty wages they work for – all of which is despicable. However my experience of trying to work in homes is that we are regarded as "entertainment" rather than therapeutic, that everyone is lumped in the room regardless of whether they want to be there, that disruption is the norm, that staff do not support or feel confident to support, that spaces are often inappropriate, that you are often put in the telly room and the telly turned off when people want to watch it do you are seen as a disruption, the routine rules, the physical care requirements are put above creative and psychological, that homes want everything as cheaply as possible or for free and do not see the requirement for professional artists. My ideal would be to be able to work with a home or a limited number of homes over a sustained period doing a proper developmental process – i.e. observing and joining in the established routines, talking to staff and residents, gathering ideas of favourite songs, working with the staff to develop their confidence around singing and even using singing to de-stress them, using a mixed palette of singing – from group sessions (with the volunteers) to 1-2-1 sessions, to generally encouraging singing in the daily routines. Many carers are from cultures where singing is part of life i.e. different parts of Eastern Europe or Africa and yet that aspect of them is not encouraged or celebrated. It would be great for the volunteers to have an on-going relationship with a home and to really involve relatives.

Support materials
The best materials I know are the models of practice being developed by NVPN colleagues of mine – whether that is Andrea Small running the Singing for the Brain sessions in Sheffield, Pauline Down doing a pilot model of multi sensory singing in Wales or Sarah Harman doing theme based memory sessions with singing in-built. NVPN members are creating and trialling models that could be ground-breaking if properly resources, sustained and brought together.

And another thing
This work is SO important but to be effective I believe it needs to sit within a programme that can REALLY work to change the ethos and approach of care homes in a supportive way. I continue to feel very strongly that the NVPN accessible, oral based approach is fundamental to effective working with people who may be experiencing the debilitating aspects of ageing whether that is physical or mental.

bLiz Hodgson
Sound Resource
Peer Chorus

The basics
Peer Chorus is the name that Sound Resource uses in Oxford to describe how 2 of its groups sing in care homes. It's our invention, both the name and the process. Barton Sings and Singing for Fun are the 2 groups who do this activity, in addition to their regular sessions. http://soundresource.org.uk/?page_id=49 In what follows LH is describing what happens with SFF; BS sings in 2 other homes, in the same spirit.

What happens
The singing group goes to the care home, (run by the order of St John) with one practitioner. She takes a back seat and just makes sure things don't grind to a halt or go in directions that may not keep it all flowing or may exclude some people. The singing group are there as neighbours of the residents and sit among them in a large group – 20 – 30 residents, 3 – 12 from the group. We start to sing songs from our regular repertoire which we think residents may know. We invite them to join in. They do, in various ways and to different degrees, including knowing songs better than we do, clapping and waving their arms, or jiggling about and even dancing. We then encourage requests, not all of which we then proceed to sing. Sometimes we can, as several group members know many songs, including one in particular who is also a strong singer and very good at encouraging participation. Sometimes we just research the song later for future visits. We have about an hour, sometimes more, between morning drinks and lunch. Alarms will be going off constantly, residents are brought in and out for practical reasons, very occasionally family or visitors are present, and always the activity manager. Other staff leave it alone, with very few exceptions. Last time one volunteer was there and sat, not joining in, for an hour until his shift ended.

Who benefits
We have asked how many residents have dementia and it's a high proportion of the 40 – 50 there. We don't know about any other conditions. Some have pretty serious mobility problems so aren't in a position to walk off if they're not enjoying it. The residents who remain in their rooms will of course be less able in various ways. We find that most of the residents in the room are participating in some way and some will comment – 'we're getting too good at this singing lark' – but we don't get any feedback from staff, at the time or afterwards, apart from informal feedback from the activity manager. More able residents tell us that they love to see other less able ones light up and reveal aspects of themselves that they were unaware of.

Pros and cons
Our group gets to make a visible and tangible difference to people who are not so much older than them, are local and in some cases known to them. We are not performing at all but engaging with the residents as peers, hence the name. Performance would put more pressure on our group – though they're very able and do perform elsewhere – and would not engage the residents as we do. Residents get to direct what gets sung to some extent, which a pre-determined performance would not generally allow for. This activity has grown out of our regular group sessions and does not require a lot of extra wok or rehearsal as such. We aren't bringing new music to residents, so they would have to get that some other way. We were invited to sing in the home by someone from a regional office who was working to connect Order of St John homes with their local community. We then met with the activities manager, who is great, but so far have had minimal involvement from other staff, who seem to see it as belonging to her and nothing to do with them. To start such a project with staff involvement or a more formal relationship could work better.

Training
We have brought no formal training into this and have devised this model as an organic development from the existing SFF group. Apart from their singing, they also demonstrate real heart and empathy with the residents which not every group would have. That said, we have developed a way of going about it with the group which now constitutes something that we could train people up for. We would love more than anything to get to the staff and volunteers, relatives, at the home and encourage them to join in the sessions, help them gain confidence and see the point of it, extend the singing beyond into day to day living at the home. Watch this space.

The money
The practitioner gets paid for an hour at our normal rate for contact time. Our meetings with the activities manager have also been paid for as development work. If any of our group needed transport to the home, which I think is an issue for BS in their part of town, then that is an extra cost. The group members volunteer to go to the home to sing. The home doesn't pay us at all, and we currently have funding from a private trust to do this work.

Repertoire
We have our existing repertoire from SFF's regular sessions, which we cherry-pick for the residents. We are working on a reminiscence model in this instance, though we resolutely do not do that in our regular groups. There, new songs from the Natural Voice repertoire are introduced, older songs adapted, new songs created, all manner of things. As Peer Chorus we focus on songs that we reckon residents will know. We are wary of songs that people feel they know but actually only have a line or two that can be sung lustily and otherwise have rafts of complex verses, where the energy dips. We also avoid singing songs in the home that our group doesn't know, though we may well check them out for future visits. 'Familiar songs' take us from Daisy Daisy (1896) to Elvis (Blue suede shoes because the chorus works so very well!), plus various folk songs, Greensleeves with one verse only as someone loved it and asked for it. One resident kept starting up with Show me the way to go home, but we can contain too much repetition where necessary. Discovering a new resident was Irish led us to Cockles and Mussels, which the group now sings in their own sessions too. We don't give out words at all or use wordsheets, but run the whole activity in the home by ear. The group sustains the songs where residents don't know the words and we take time to get as many people on board with a song as we can if it's not gelling.

Hints and tips
Singing doesn't have to be formal or 'expert' though of course a performance by a really slick outfit can be wonderful. What we do is make singing more normal, not a big deal, but something anyone can join in with. Our inexpensive, low-key, neighbourly way of doing this is working and gives our group a real buzz as well as engaging residents. Encouraging an existing group with a reasonably relevant repertoire to get involved in this could be really rewarding. Younger practitioners or group members or any others who don't know the kind of songs we're using would need to get with the programme somehow. Our big issue is getting staff on board.

Support materials
Can't think of anything! Peer Chorus has grown out of a very special local weekly singing group (SFF) whose style and ethos has developed over 7+ years and has now spread to BS as well. JS and LH have honed our way of running accessible singing groups over years, creating a model between us and the groups that is distinctive, drawing on all manner of training and experience, but not really relying on existing materials of any kind.

And another thing

A different local care home asked another practitioner for ‘singing’ and she wasn’t sure where to go with it so hasn’t done anything. Her weekly evening group weren’t available to sing there in the daytime, for one thing. We are wondering how to use a Peer Chorus model when there is no existing daytime group in the immediate neighbourhood. In theory a local choir, church group, bunch of friends, could start to mould themselves in this way but might not have the hinterland of songs that SFF has or the habit of singing together to draw on. It could be possible to set up a new group of singers who met to sing in a space in the home, got a repertoire and good vocal practice going and then went to sing alongside with residents.Thus the home would offer a practicing space and the only cost would be the practitioner. (Some people from JS’s other choir are trying to sing in another home and apparently struggling, so it does seem that guidance from a practitioner really helps.)

Singing leader 1

The basics
Modelled on any choir where vocalists are limited in range. Songs from pop and musical theatre. 2 part harmony. Mixed men and women. Age range-60-100.

What happens
Group size ranges from 6-12. Residents, staff, open to relatives, live singing, recorded backing tracks, run by outside facilitator {myself}

Who benefits
Mid-late stage dementia. Excellent results-improved lucidity etc. People with breathing difficulties have also recorded improvement. Word of mouth and reflective diaries from staff.

Pros and cons
What's good, what's not so good; what does your model do better/not so well as other models? Pros-outstanding results, people who are in late stage dementia have increase in lucidity and wellbeing. Cons: Backing tracks inflexible with keys etc.

Training
Training provided is how to warm up and care for the voice, technique, dynamics, phrasing, etc.

The money
It costs minimum £70 per session.

Repertoire
It is easy to choose repertoire as there are many standard well known music theatre and pop songs.

Hints and tips
Managers: Don’t write people off. There are many reasons why people do not appear to be joining in at first go. Sometimes it could be as simple as a missing hearing aid.

Chris Cook
Songs of Joy

The basics
I have been using simply my own name or ,a little more creatively, the name Songs of Joy.

It's certainly not officially branded at the moment. I work as an individual. Starting this year I am planning to start a CIC, Music For Well Being with Kevin Plummer, Liv McLellen and Dan Powell.

It is usually in residential and nursing homes for the elderly and sometimes homes for those on the mental health register. I have lived in Coventry for nearly three years, hence I visit homes in and around this city. I used to live and work in East London. I keep a blog of all my community music work, including Songs of Joy at https://chriscook50.wordpress.com/.

What happens
In most cases it is a group. I play music in a communal space such as the lounge with the residents. I work with the staff to make sure that residents are given the opportunity to come to the lounge for the music session to participate if they want to be involved. The aim is to make everyone present comfortable. I am also delighted if care home staff and relatives of residents also get involved and they very often do. The group could be anything from 5 to 20 people, and I bring that many songbooks. I would give out words for some songs but in other parts of the session I would be singing lots of quick simple choruses and fun songs for which many seem to know the words. Song Books can be a way for people to access the music I also like the spontaneity of teaching songs orally. I play guitar primarily and I also like to play familiar tunes on ukulele, sitar and recorder. When possible I bring some interesting percussion instruments as well for the residents. I rarely play back music like the flexibility of playing live, being able to start and stop and change the key and tempo. It's also great to launch into a participant's choice of song if they pipe up with one of their choices.

In some nursing homes however, it can be beneficial to sing with clients in their own rooms, with the door open, and I am directed by staff accordingly. It's obviously good not to exclude music lovers who cannot come to the lounge. The dynamic is different in these circumstances (not as raucous!).

Who benefits
I have received basic training in dementia and it is mainly clients who cannot live at home independently who now live in homes. I am happy to share music with anybody indeed to let music transcend these issues.

Pros and cons
I's good that I get to know the groups, that they ask me to come back regularly, say every month and find group sessions good value. Feedback is good and I try to make everyone feel relaxed and not pressurized, humour helps, I'm getting much better at self depreciation.

Training
There is rarely time or budget to train staff in care homes in my experience but they would get to observe a few songs as they work with me from session to session. I would like to investigate the possibility of training care home staff in future, I'm sure that it would be possible to set this up with great outcomes, it is just not something that I have had the courage to suggest. I sometimes am scared to 'upset the apple cart'. Ironically many staff might be more reluctant and scared to sing than the residents with whom they attend. I share good practice with my colleagues. I have had lots of music workshops training, teacher

training and the afore mentioned dementia training myself. I would also sit down with volunteers before and after the session they were working on for reflections and planning.

The money
Personally, as an individual, up to this point, on average I would charge £45 for a session that could last 90 minutes. I have worked with volunteers, trying to introduce them to the practicalities of this joyous work for one specific run of sessions. That project was funded with a Small Arts Grant from Coventry Council but otherwise I am paid directly by the care homes. I am aware that some have larger budgets for activities than others and I try to find ways to provide sessions in the care homes that need it the most.

Repertoire
I would start off with songs that are familiar to the group depending on their age, culture and musical tastes. Quite possibly we are talking music hall sing songs that actually were song by the residents' parents but that the residents know very well themselves, most not needing any song words. Then session by session we get more creative, trying literally anything from any country from any era. Obviously the more simple the song, the easier it is for me to get to know and to convey to the rest of the group. I also like to throw in a few songs with actions and a few songs that name check members of the groups. We try and keep it fun, with the right balance of familiarity and freshness. Many people like to do what they know and again I have to keep everyone happy and involved.

Hints and tips
- Talk to staff, residents and relatives before and after the session to find out what people want where appropriate. Use humour throughout to make it relaxed and fun . If it really has stopped being fun take a five minute break! I like to move around the room so that I can be audible and connect with each individual.
- Less is more. Respect the fact that not everybody will want to sing in what is their lounge that I have intruded into. Many visiting relatives may want to have some peaceful quality time. Keep on reading the room so that you everyone is one your side.
- Keeping a reflective diary is a good way to try and make the sessions 'move forward'.
- It isn't entertainment so don't use a mic or an amp, just an acoustic guitar. I find that is plenty loud enough this and moving around, closer to different group members (without being in their face) is how I make sure that I connect.
- Celebrate with applause and cheering the great singing that these elders can do, the fact they are really successful and brilliant at this activity while they might be frustrated and struggled during other aspects of daily life

Support materials
Song words in large print with illustrations. I use the internet and libraries to discover songs. I also gained a lot of inspiration and repertoire from friends, colleagues and service users

And another thing
It's not necessarily the best practice that I am describing every time, but most sessions seem to go well. I look forward to developing the model with Kevin, Liv and Dan this year.

Singing Leader 3
Singing for the Brain

The basics
I lead Singing for the Brain groups - not in care homes, but care home residents attend. These groups enable people with dementia and their carers to enjoy singing together, for fun.

What happens
Home staff bring residents with them to a group attended by others who are still living in the community , who normally come with residents. The session lasts about 1 ½ hours with a tea break in the middle. We use songbooks but also encourage singing of familiar songs and rounds without using sheets of words. We have a pianist who accompanies us. a number of volunteers support the group - some of these groups are led by volunteers, some by Alzheimer's society staff. Group leaders receive training to help them fulfil the role

Who benefits
Most of our participants are in early stages of dementia but we have some (especially from the care homes) whose dementia is more advanced. We tend only to see those who are known to benefit from the activity - one woman who is quite unable to speak and in all respects has very limited abilities both physical and mental absolutely loves the music. Her face lights up and she waves her arms, occasionally making noises along with the singing. On one occasion she got up and danced. However I have observed others with advanced dementia who find the singing confusing and an irritant.

Pros and cons
It's a popular and well-known 'branded' activity. People seem to enjoy it and carers also benefit from singing. I find the repertoire a bit limiting (usually popular songs, mostly from the 30s and 40s - I am working to extend this to more recent pop, folk music and also hoping to introduce new songs perhaps some from other cultures. The participants are all from a similar demographic - white, aged 70-90, mostly female. Our town is not particularly ethnically diverse but I would like to encourage BEM elders with dementia to attend the group.

Training
The Alzheimer's society provides training for volunteers running these groups. As an experienced choir leader I am always seeking to extend my own CPD in this area of work

The money
Participants are asked to make a voluntary donation of £2. Venue is paid for by the Alzheimer's society, as is attendance of a dementia support worker who may or may not be a singer/singing leader.

Repertoire
Popular songs from the 20th century, mostly pre 1950. would like to extend this (see above) There is some resistance, occasionally. from people who do not want to learn new things or think that people in these groups should not be asked to learn new things.

Hints and tips
It would be great if some funding were available to make more singing happen in care homes. all too often it depends on people giving their time for free.

Support materials

We have our own song books, which we share with residential care homes. We've compiled these locally, depending on who has the music! We also use generic Music-shop songbooks, eg songs from the 30s, 40s etc which are widely available.

Maddie Cordes
Maddie4Music entertainment

What happens
For residents or clients, typically between 10 and 30 in the audience, typically one or two singers/musicians from our side – we dress in performance attire eg waistcoats, hats or themed eg Elvis/country to create a show type atmosphere. Lots of participation usually depending on medical conditions of audience of course, including dancing, singing, clapping, clicking, use of backing tracks and keyboard, visiting musicians (us) staff often join in with singing, dancing and encourage residents/clients or sing/dance with them. Sometimes we deliver more of a performance when we come in with the choir I lead – Landmark Show Choir – with up to 10 singers. The singers will chat with residents before and afterwards so dialogue and conversation are very much part of the session as we feel that residents and clients' main need is contact. Men find it harder to communicate with us we have found so we put extra effort into engaging with the men – singing with them, dancing with them etc.

Who benefits
Experience with and without dementia, all enjoy, obviously adapt with late stage dementia, look for engagement of any kind, smiles etc even if cannot join in or communicate verbally. Late stage dementia often can sing along even if cannot converse or can only make random noises. Relatives of residents or clients benefit to as music often provides another way of communicating or the only way and shared memories of songs can be triggered.

Pros and cons
Better to encourage participation as long as adapted to audience and not forced on people – many care homes have commented that some entertainers do not create a good environment/atmosphere where there is no engagement between entertainer and audience.

Training
Attend dementia awareness days which local care home puts on annually and explain to staff and other interested parties eg mayor and members of dementia friend scheme what makes an effective singing session in a care home and how they can help make it as effective as possible.

The money
£60-£100 an hour depending no number of musicians, care home or day centre pay us directly. No volunteers apart from involving staff where they want to.

Repertoire
Easy to get backing tracks for swing and wartime songs, less easy for musical theatre.

Hints and tips
One care home uses Sing for Life box to run weekly sessions for residents so more regular and consistent singing a good idea, eg if we are booked monthly for a particular care home we can build a relationship with some residents .

Support materials
Very little except Sing for Life box.

And another thing
Singing or choirs in care home needs full buy in from care home staff at all levels.

Alison Teader
C&C choir groups – A Sense of Occasion

Regular choir groups which take place in C&C care homes run by professional choir facilitators an with support from care staff. Over the last three years we have set up six choirs in different care homes and put on three different choir concerts – see film *A sense of occasion*.

What happens
Sessions take place on weekly or fortnightly basis with group singing some familiar songs and some that are new to them. Group works towards final performance or concert I order to provide motivation and something to work towards. Groups are for residents, staff and relatives. Staff are encouraged to practise songs in-between sessions using song sheets and for some projects specially recorded backing tracks

Who benefits
Mixture of those in early/late stages of dementia, people with Parkinson's and those without dementia so sessions are geared to meet different needs Model works well with different people in different ways but is very dependent on skills of facilitators!

Pros and cons
Regular singing in home which residents and staff look forward to

Training
As Creative Arts Officer for C&C, I work closely with facilitators to ensure sessions are working well and giving suggestions if needed based on my own experience of running choir projects

The money
Facilitators are paid between £70-90 per session depending on experience and specific project. This is funded by C&C's Creative Arts budget. C&C is a not for profit Social Housing Provider

Repertoire
Mixture of songs both old and new eg *Sailing*, *In the mood*, *A nightingale sang in Berkley Square*, *I could have danced all night*, *Wonderful world*, *Lullaby of Broadway* …

Hints and tips
Homes and facilitators need to work in partnership in order to really make choirs work – great if managers and senior staff take part in order to encourage and support their residents!

Facilitators need to be very flexible and responsive but also brave enough to try and challenge their groups, help people learn new skills and take their group on a journey. Good to have a celebration event to act as focus

Song sheets really help in terms of reinforcing fact that it is a choir rather than a singalong group. Even though people often do not need the song words, knowing words by heart, holding a song sheet can help to improve people's posture and self esteem, reminding them of singing in school or church choirs.

Relatives support and participation really adds a great deal to success of projects, not only in terms of extra singing voices and enthusiasm but also by providing link to outside world.

Support materials
Would find a Care Home Song Book v useful!

And another thing
Sometimes hard to get staff on board in terms of regularly attending sessions, getting group ready and assembled at beginning of sessions and joining in singing themselves. Interesting to note that staff often find it very hard to 'let go' and play or 'be silly'. The performance aspect of choir singing often requires people to loosen up and try new things in terms of vocal warm-ups etc and staff can find this rather intimidating. It is also interesting to note that it is often staff that say they 'can't sing' rather than residents although both parties do say this. Comments made to people about their singing when they are young tend to really stick and put people off from singing

Alison Teader
NAPA/Comic Relief Choir Buddies Project

The basics

NAPA/Comic Relief Choir Buddies Project

- Comic Relief funded project with following aims:
- To encourage mutual respectful and caring relationships between residents and care staff by sharing a common interest – singing and choral singing in particular.
- To boost staff morale in staff and well-being in residents
- Develop meaningful relationships between care home and local community through singing
- To support homes to focus on a project over a period of time

Project takes place in three homes owned by Fremantle Trust in Slough, Chesham and Barnet and 3 homes owned by Greensleeves Trust in Tunbridge Wells, Walsall and Suffolk

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What happens

Homes each have 12 fortnightly choir sessions which are led by paid music facilitators. Sessions are for residents, staff and relatives/friends. Sessions are fully participatory – participants are encouraged to take part in any way they feel comfortable with but there is an emphasis on group singing. Staff are encouraged to 'buddy' up with residents, sharing their mutual interest in singing and supporting each other.

Groups vary in size but have an average of 10 participant's with some being much larger.

Facilitators introduce songs to the group, some familiar and some less so and encourage them to sing. In some of the homes, people are given musical instruments. Some of the facilitators use backing tracks whilst others use either guitar or piano accompaniment.

Who benefits

Sessions are aimed at any residents in the home but with an emphasis on those with an interest in singing. Participants include people with early/late stage dementia. Sessions seem to work well with a mixture of needs. In one home, 2 of the residents have a very strong musical background and fully participate in singing quite challenging material using musical scores and singing harmonies. Other participants from that home use song sheets and join in the singing to a lesser extent. In other homes people with dementia and those without sing together happily enjoying the group experience and getting different things from it.

Pros and cons

Singing is wonderful transformative activity which energises the homes and can transform mood of people living and working within it.

Staff taking part in project enjoy sharing a mutual interest with their residents and enjoy seeing the happiness singing brings and the positive outcomes for their residents.

The project has given some staff more confidence in running general activities, not necessarily singing related, and as a result staff activity provision in one particular home has increased

By providing regular sessions people have something to look forward to. Choirs are working towards a celebration event at the end of the project and this provides motivation and a focus for groups

Some of the homes have linked up with local choirs who have been invited to attend the celebration events at the end of the project. This has brought new life and energy into the homes and will result in continued singing after the project ends.

It has been hard to get regular staff involvement and the aim of buddying up 5 residents with 5 staff per home with a mutual interest in singing has not been achievable for a variety of reasons including staffing issues, sickness etc

Training
At the beginning of the project we held a training session for the 6 choir facilitators in order to discuss different approaches, material etc. This was led by Adrian Bawtree who has a wealth of knowledge re singing in care homes and his input ad advice was really invaluable and inspiring. We have also set up a closed Facebook group for facilitators to share learning, anecdotes, queries etc

The money?
Project cost £19,943 including choir facilitator fees of £90 per session for 12 sessions in 6 homes. Other costs include £750 training day costs and £300 per home for the final celebration events.. Funding for this was from Comic Relief and NAPA.

Some staff have attended sessions in their own time on a voluntary basis

Repertoire
Different facilitators have chosen a variety of different songs some familiar eg *Chattanooga choo choo*, *In the mood*, *You are my sunshine* and some less so. In some homes they have learned new songs which were entirely unfamiliar to participants. Some homes are also in the process of writing their own material

Issue of copyright is tricky and one that NAPA would like to discuss with ACIECH project managers. Sylvie Silver from NAPA is getting advice re copyright issues for performing songs in homes and publically using song sheets. As part of this project we would like to consider producing a copyright free Song book for Care Homes that staff and facilitators could use to photocopy song sheets and including basic tips for running choirs in care homes.

Hints and tips
Really need to get managers on board in order for choir projects to work properly in homes.

Facilitators need to be flexible and able to really listen to and understand needs of residents and staff

Can be culture clash between arts facilitators and care homes in terms of approaches, aims and language. Both parties need to be receptive and listen to other parties' views – relationships built on trust and mutual respect

Sessions need to be both fun and challenging in order to get the best out of people and help them develop new skills and learn more about singing and performing songs – quite a

difficult balance especially in mixed ability groups like ones in this project. Need to ensure that sessions are suitable for both people with dementia and those without who do not want to be patronised!

Support materials
Sing for Your Life Music Box featuring song backing tracks including large range of popular songs suitable for choir sessions

Live Music Now
Concerts in residence

The basics
Concerts in Residence
This is the Live Music Now (LMN) model of delivery by professional musicians on our training scheme in residential care homes. It is delivered around the UK .

What happens
This is group activity involving residents, staff and family if they are present.

Professional musicians at the beginning of their careers visit care home in ensembles, which range from solo acts through to six or seven-piece . They play live music in interactive participatory performances. The ensembles are selected through rigorous audition process which selects the best candidates based on both musicianship and ability to communicate with and connect to audiences. Once selected the ensembles spend four to five years on the scheme. The ensembles come from across the genres including western classical, world, jazz, folk, rock and pop.

The performance takes the highest quality live music outside of the concert hall, residents staff and family. They are interactive and participatory in a number of ways including
- breaking down the barriers between performer and audience, reaching and connecting including direct communication and eye contact and moving around amongst the participants
- participation, including singing, percussion, dancing and learning songs

Who benefits
There are benefits for all people living in residential care as well as staff and families. The benefits we see from our work though our evaluation and monitoring include
- enjoyment in the moment
- improvement in mood
- communication, social bonding and interaction and engagement with the world
- physical activity
- increased confidence
- exposure to new cultural experiences.
- reduced agitation in residents
- residents connect with positive memories and sense of self.

We use an evaluation framework to capture outcomes based on a range of indicators that evidence when these are happening .

A list of how benefits are achieved is:
- quality of musicianship and performance skills
- close contact and communication between exiting and inspiration performers and participants
- access to professional performers outside the concert hall
- range of genres
- exposure to new and stimulating music repertoire interaction opportunities of the participants
- easy entry and access – people can choose on what level they want to engage, from simple enjoying as an audience member through to more active participation
- what the musicians learn from working with older people.

Pros and cons
Residencies can be extremely effective, particularly in cases of more severe dementia, because they allow residents the chance to become comfortable with what is an unusual situation which leads to greater participation and benefit from the musical experiences. Even residents with advanced dementia have remembered that we are coming each week and it has become a focal point and something to look forward to. They also remember material from week to week and feel valued. Also with their memory being more limited, multiple sessions really help to ensure that the effect of a concert is not just at the time.

However, it is not a model that is focused on musicians leading the participants in a participatory singing activity, although that does sometime happen.

Training
Training and development of professional musicians at the early stage of their careers is at the heart of what we do, and is of equal importance alongside the outreach activity. LMN musicians spend four to five years with us, in a process of professional development which is achieved through a combination of training, mentoring and outreach work. We have a director of musicians development who is part of the senior management team and is responsible for this aspect of our work.

All musicians are issued with a comprehensive musicians handbook which is regularly reviewed and updated.

Training includes:

- **Induction** Grounding for every musician as they join, covering practical details and how to prepare for performances and workshops in a variety of community settings, including care homes
- **Mentored performances** Tailored training and support from experienced music leaders and performers in outreach settings, including care homes
- **Basic training** During their first 12-18 months on the scheme they have initial training, post induction, in working with our main beneficiary groups including older people; as well as practical workshop skills. These are led by an experienced music leader, in various venues across the country. This includes training on working with people with dementia
- **Continuing skills support** Training in specific skills and areas of activity through a series of more in-depth sessions such as wellbeing for musicians; incorporating music technology into your work; singing and signing; music and dementia. These sessions can be stand alone or linked to specific ongoing projects as part of the way their skills are developed for the outcomes we are working towards
- **Peer skills sharing sessions** Opportunities for musicians on the scheme to network and share ideas and experiences. There is a closed Facebook group for current and past LMN musicians to facilitate networking via social media. We also have a quarterly musicians e-newsletter with training, news and external opportunities highlighted.

The money
The costs depend on the size of the ensemble, and all musicians are professional and paid at the recommended Musicians Union rates. An indication is that a single concert involving an ensemble with three musicians would cost around £350. We look to support this through fundraising ourselves and working with care homes to jointly fundraise or support their fundraising to subsidise or completely cover the costs.

Repertoire
An important element of what we are doing is allowing people access to high quality live music that they might not otherwise aces because of circumstance or disadvantage. This may well be new repertoire or genres. At the same time, an important element in a residency

is the dialogue with and contributions of the participants to how the repertoire develops creating shared ownership

Folk musician Dan Walsh says: “There is the obvious advantage of music that is probably familiar to residents because it stirs memories and perhaps gives them a comfort in familiarity in what is potentially a slightly daunting situation. This is a tool we have used often for those reasons but actually I have been very struck by how effective different kinds of music can be – for example upbeat bluegrass or a haunting instrumental can be very well received as well. Also, over the period of a residency I have been very struck how residents can become familiar with new songs and actively anticipate them and join in. Choruses or particularly memorable moments can help in this regard.”

Hints and tips
From Dan Walsh:
Musicians Eye contact is crucial, particularly when singing. It creates a feeling that you are very attentive to the residents and that this is a sharing experience rather than 'us and them'. It also helps with word memory and stirring smiles and participation. Take the time to have conversations between songs and to have moments with individuals. Treat it as a concert but when needed treat it as a social gathering and a sharing of music and chat.

Staff and relatives Join in! The more participation the better as it really helps to share these moments with everyone and because there is already a degree of familiarity and comfort with staff, this will help move things along.

Support materials
Rhythm of life handbook

We are developing some short films on musicians’ practice techniques

And another thing
Additional comment by Dan Walsh including on working with people with dementia
“A point on residencies and one offs - I think both have their place. Regular one offs by different musicians can help to stimulate the variety in the home and keep things exciting. I don't believe that any musical performance in a home is wasted because interaction and engagement are perhaps harder to tell instantly in a care home than in other settings.

Live Music Now
Musicians in residence

The basics
Musicians in Residence.
This is the Live Music Now (LMN) model of delivery by g professional musicians on our training scheme in residential care homes. It is delivered around the UK.

It is funded through a combination grants, trusts and foundations and financial contributions from care homes.

What happens
This is group activity involving residents, staff and family if they are present.

Professional musicians at the beginning of their careers visit care home in ensembles, which range from solo acts through to six or seven piece. They play live music in interactive participatory performances. In this model the same ensemble visits the same setting over a series of weeks or months usually between 6 and 12 sessions

The performances include range of repertoire, both instrumental and sung, depending on the players and or singers in the ensemble. The musicians will also take suggestions for pieces to include from the participants and take the ideas away, source the music arrange and rehearse it before bringing it back for subsequent performance.

The ensembles are selected through rigorous audition process which selects the best candidates based on both musicianship and ability to communicate with and connect to audiences. Once selected the ensembles spend 4-5 years on the scheme. The ensembles come from across the genres including Western Classical, World, Jazz, Folk, Rock and Pop

The performance takes the highest quality live music outside of the concert hall, residents staff and family. They are interactive and participatory in a number of ways including

- breaking down the barriers between performer and audience, reaching and connecting including direct communication and eye contact and moving around amongst the participants
- responding to the wishes and ideas of the participants for music to include in future sessions
- participation, including singing, percussion, dancing and learning songs.

Who benefits
The details here are the same as for LMN concerts in residence scheme (see above).

Pros and cons
The details here are the same as for LMN concerts in residence scheme (see above).

Training
The details here are the same as for LMN concerts in residence scheme (see above).

The money
The costs depend on the size of the ensemble, and all music are professional and paid at the recommended Musicians Union rates An indication is that a 12-week residence with three musicians would cost around £4,000. It is funded through a combination of grants, trusts and foundations and financial contributions from care homes.

The performances include range of repertoire, both instrumental and sung, depending on the players and or singers in the ensemble.

Repertoire
The details here are the same as for LMN concerts in residence scheme (see above).

Live Music Now
Songs and Scones

The basics
This is the Live Music Now (LMN) model of delivery by professional musicians on our training scheme. It is delivered around the UK, and is regular delivered in the North East, London and Wales

It is funded through a combination of grants, trusts and foundations.

What happens
This is a regular monthly group singing and social activity involving older people living in a range of settings including those in residential care as well as those living independently in the community.
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Professional musicians at the beginning of their careers deliver interactive singing and live music concerts in a community setting. The ensembles range from duos through to six or seven-piece. They play live music in interactive participatory performances

The audiences come together to a central venue, typically a village hall or library, either traveling independently or supported to attend through laid on transport from care homes, or through outreach organisations who support older people living independently.

The performances include range of repertoire, both instrumental and sung, depending on the players and or singers in the ensemble.

The ensembles are selected through rigorous audition process which selects the best candidates based on both musicianship and ability to communicate with and connect to audiences. Once selected the ensembles spend four to five years on the scheme. The ensembles come from across the genres including western classical, world, jazz, folk, rock and pop.

The performance takes the highest quality live music outside of the concert hall, They are interactive and participatory in a number of ways including

- breaking down the barriers between performer and audience, reaching and connecting including direct communication and eye contact and moving around among the participants
- participation, including singing, percussion, dancing and learning songs
- responding to the wishes and ideas of the participants for music to include in future sessions.

The repertoire that develops over the month becomes a jointly shared element of the events, giving the participants a sense of agency and ownership.

After the music is finished cake and tea are served and the musicians spend time meeting and chatting to and socialising with the participants an asking them about new songs to include in the next session. This social element is a highly important aspect of the model, underpinning the way its supports the development of new friendships and networks of support.

Who benefits
A major benefit of this work is in how the activity helps to combat unwanted isolation and loneliness for older people. It can also provide benefits for carers – having a positive shared experience with the person they care for; being able to access a social activity.

Other details here are the same as for LMN concerts in residence scheme (see above).

Pros and cons
Linking and partnering with on the ground front line care and support agencies and organisations to reach people who will benefit from the activity and to support them to physically access the events.

LMN singer Chloe Saywell says: "This is the fourth year I have been delivering Songs and Scones and I have been presenting at least one songs and scones concert every month. Personally the most positive aspects are:

- A regular audience (bringing people in the community together)
- The relationship you build with the audience
- Song requests from audience members
- Audience participation
- Scope for longer term projects in collaboration with audience members
- Varied responses we get from the variety of music we I perform."

Other details here are the same as for LMN concerts in residence scheme (see above).

Training
The details here are the same as for LMN concerts in residence scheme (see above).

The money
The costs depend on the size of the ensemble, and all music are professional and paid at the recommended Musicians Union rates. An indication is that a 12-week residency would cost around £4,000 plus the costs of venue, refreshments and transport of participants.

Repertoire
Saywell notes that a variety of repertoire is vital (classical, musicals, opera, operetta, folk, jazz, country and western and pop songs). A programme needs to be coherent, well-paced and balanced, with a mixture of styles, tempos, themes, activities, introductions etc.. I have found grouping two or three pieces per genre within a programme works well. Themed programmes can work well (obvious ones I have used are Valentine's day, summer holidays, remembrance day and of course Christmas.

A model which I use regularly:

- A fast, fun lively piece to start which they will all know – eg, I got rhythm
- Smoother, calming, jazz classic – eg, I'm in the mood for love
- Group of 3 opera/operetta arias – anything from Handel/Puccini to G&S
- Couple of folk songs
- My duo partner will often play a solo piano piece in the middle
- Group of 2/3 musical theatre songs
- To finish 2/3 pop songs – Elvis, Abba, Barry Manilow, The Beatles etc..

From my personal performance approach as a singer, I find this programme layout the least tiring. I am classically trained and outside of LMN I sing only opera and art songs. I find the musical theatre songs and pop songs very tiring. I always start with the classical/art songs towards the beginning of the programme then slowly work my way down putting the lowest pop songs at the end. I certainly could not sing a coloratura soprano aria after screeching a Barry Manilow song.

I haven't had any problem sourcing material, although I have bought all of the sheet music myself over the last 4 years. Ebay has been very helpful in terms of purchasing old classics

now out of print. I have purchased sheet music from all over the world and raided on a regular basis every Oxfam in Sheffield.

There are a number of other repertoire issues, however: memorising new songs and finding new interactive activities; hours of research to find interesting facts and stories about the pieces (nobody wants to know when it was written and premiered, they love to hear fun and gossipy stories); performing music I don't like; and time-consuming work in responding to requests (although this latter has been vital to the success and longevity of Songs and Scones.

Also an issue is musical flexibility. As a singer/piano duo we can perform most genres, and can make jazz, folk and so on sort of sound convincing even though we are not trained jazz/folk musicians.

Hints and tips

- The chat/conversation with the audience members before and after the concert are just as important as the music.
- When introducing pieces a variety of styles and information sources work well – eg plots/stories, quizzes, text/translations, poetry, newspaper articles, photos etc.
- If you are going to use interactive activities there must be a reason as to why. Never do any activity for the sake of it.
- I always perform everything from memory and think this is vital for communication and connection on a personal level with the audience.

And another thing?

In order for S&S sessions to work well, we work in partnership with organisations which have direct contact with older people and expertise in supporting / encouraging / signposting participants to participate in the project. LMN does not have the resources to do this alone.

Linda Partis
Activity/wellbeing co-ordinator
The Old Rectory, Longhope

The basics
(Lin Partis is here introduced by interviewer for this case study Anita Holford,, whose mother is a resident.)

There is singing in all sorts of ways, throughout the day, run by Activity/Wellbeing co-ordinator, in one home: The Old Rectory, Longhope, Gloucestershire. This is a true 'musical care home', where music is not an add-on or entertainment, but a natural part of the life of the home, as well as one of the structured activities.

Lin Partis, is not a professional musician, but is a member of Drybrook & District Ladies' Choir, and sings in a local church in the band. Previously she also was a member of a musical theatre group. She says "I've been in this job nearly four years, the job has grown, it's packed, and I'm noticing the younger staff are joining in more now."

What happens
Group size varies from day to day depending on the moment and what is taking place. Within the home, groups vary from two to over 20 residents, plus staff and families depending on what's going on. There's lots of one-to-one as part of group sessions and also individual one-to-one sessions. I counted at least nine types of activity going on.

Spontaneous moments One-to-one and whole-group spontaneous singing, as and where it happens, in conversations, during a quiz or activity, en route from one area to another. Just one word will prompt a song – for example, someone will remark on the sun shining in the morning, so I'll burst into *Oh what a beautiful morning* and residents and staff will join in. These moments happen on and off all day, every day, triggered by a variety of causes;

- They are an important way to lift energy levels during an activity – when I see people are flagging, as and when it's needed
- Ad hoc moments when someone needs it -- holding hands having a classical music hum along together
- You might have someone that is walking slowly, or doesn't want to walk. We'll sing a funny song – *The conga* or maybe *The Lambeth walk* – to get them moving, and so it increases mobility.

Church services Two services a month promote group singing . I printed up large print individual hymn sheets, and I lead the singing.

During visiting music sessions If we have Ladies' Choir or children from school visiting, prior to that we'll have choir practice – and when they're entertaining us, I always say, we'd like to sing a song for you.

Singalongs – planned activity Led by myself or colleague June. Songs from over the years, sometimes with percussion instruments – tambourines, maracas, castanets, a drum, couple of triangles – to ensure we include residents not able to sing.

Outside entertainers I try to get a variety. John the music man plays keyboard, and uses some printed song sheets. He sings some to us, we listen or join in then we have altogether sing-along. Barry plays guitar and sings, does a bit of everything. No song sheets but things that we know or know part of. Kev is a pro entertainer, uses backing tracks and sings songs from the 50s, 60s and 70s. Every three weeks we have John, Barry or Kev. The other ones I book for specific events celebrations – eg Life of Riley around May with springtime theme and creating a maypole.

With all visiting musicians, I always say, I'm going to be very involved with this! I sometimes need to facilitate residents to take part, one to one or generally with the group.

Choirs Drybrook Ladies Choir comes in twice a year, children's choir from local school comes in at Christmas and other places. They sing for us but we always sing back to them. Our residents love doing this. When the ladies or children give a round of applause, residents' faces are a picture – their smiles speak volumes! That feeling of achievement gives them so much pleasure (and me too).

Bands/groups A real mix:

- Life of Riley is a duo – he plays guitar/banjo, she plays a penny whistle and they sing, folk stuff. And other stuff.
- Clog dancers once or twice a year plus Singalong. They bring accordions etc.
- Ukulele band (in house) once a year and an outside event last year.
- Accordion players perform but we also sing with them.
- Brass band a few members come to play at Christmas.

Overall, I'd say at least once a month an outside entertainer. Outside events can pull in up to 75 people, usually approximately 24 residents plus family, friends, staff.

June my colleague helps, a couple of staff will join in, but with the other staff it's tricky as they have their caring responsibilities, and there are lots of songs the younger staff don't know. I pull kitchen staff and housekeepers in on ad-hoc basis and will say come in here and join in and some will do it spontaneously which is wonderful, and helps when I'm not around.

Who benefits

Those with dementia definitely benefit. You may have a resident who struggles to communicate but when music starts, you get an engagement. I have my room set so I know there are some people I need to be facing, some at my side, a low seat/stool for me or staff in order to engage some of the residents. We've had comments from staff that they've never heard the residents sing, weren't aware that they could, until they join in with me. You can have someone who's very private, doesn't join in much group activity, that will suddenly start coming

I find ways to encourage people to get involved. I leave bedroom doors open upstairs for example, so they can hear the music coming up the stairs. One lady now comes down and she knows all the songs – you'd never have known that otherwise.

It helps with sleeping, that's a noticeable effect with residents, it has a calming effect. Mobility: someone will move around, tapping, clapping, moving to the beat – so it improves swaying, moving around, we put actions to songs.

Interaction: it also stimulates conversation. Residents who wouldn't have a lot to say, they'll be talking about the next day – it triggers memories, they'll remember a song they used to sing or dance to.

It triggers happy and sad emotions, enables them to hook into those emotions.

Pros and cons

Eric Hardy, home owner, points to five important ingredients in Lin's success:

- Musicality is a natural thing with Lin, the difference between the two homes we run is that the coordinator in our other home will say herself that she is not naturally musical, she tries but can't hold a note. We bring outside agencies in to do music in that home, but we lose that spontaneity. Lin's musicality creates this wonderful happy environment.

- Musicality is the main thing you break through with, with dementia – at every stage. Not only is the way Lin does it a natural thing, but then she'll introduce it into her other activities – like the questions/quizzes, stimulating the individual, by asking, can you remember when this came out, can you remember how this song goes. And residents' recall is really good.

- Lin has also taken it to another level in the pantomime. This is a chance for residents to see a show, be entertained, have audience participation. She generally combines that with food and drink so it's a social thing. I don't know any other home that does that.

- The degree that Lin knows the residents, she knows what to bring out. Sometimes coordinators aren't there for long, there can be a fast turnaround, it's a full-on position, it took us a long time to find the right person.

- it's not just about musicality. Residents have to trust the person, and the person has to know them . That's when it works well, to respond to them as individuals.

On the other hand, I could do with more help. Depending on size of group, if you've got a large group and not enough involvement of staff, you can't be doing too much one-to-one. I've got June on a Wednesday, that's when we do our main singing – or Tuesday if she's available. A large group could be 20 plus - that's when I definitely need someone else.

In mornings I do tea and coffee, we have a discussion or planning something with the residents, and singing will always come into that, that's usually 10-12 people and that's comfortable.

You have to be watching for mood changes because that can throw a group completely, that's hard when you have a large group. You can have a resident that's fine and then at some point they decide that don't want any of this anymore and then become vocal. You then try to tap into something that you know will get you a positive response and turn it around. One lady talks about her granny, so I can say, "what did you tell me about your granny, she used to ?"

If a resident wants to stop, that can be disruptive. So you ask them if they want to go in another room, have a cup of tea, bit of quiet. But I can count only three times when that's happened. Or you may get people talking - that can throw the session completely.

Sometimes it's nice to have musicians with you. I can play top hand of piano, I'll do *Name that tune* badly – we do a lot of laughing too! We'll end up singing the song. But I wish I could play, I'd love someone to be in the home who can play an instrument to accompany the singing. We had two residents at one time who played well – that was great.

Training

For me, music training has just been by experience. Initially it's because I love music – it's amazing what you can do. It's got to be fun. Once you start it your residents will carry it. So I ask them to "help me out," perhaps with reluctant ones, saying "I need all the help I can get today" – it gives them ownership and to feel they're helping me.

I was in a musical society for 10 years, it got me over wanting to be in the background and the chorus. That stood me in good stead for this. Then I took part in an activity champions programme – I got a qualification, I loved it! It was about engagement, connecting, making an activity engagement 24-7.

I have a friend, Fiona Taylor, who I first met when she and her family began attending our church. She's a professional musician and now leads our church worship team. Fiona plays

piano and flute along with several other instruments. Several years ago I asked her if she might like to come along and do a music session with our residents. She was very keen and brought a couple of other musicians from our church band too (trumpet and percussion). At Fiona's request I led the session and it proved a great success. Fiona has gone on to specialise in music therapy in a variety of ways, Mindsong (see xx) being one of them.

One thing that could be considered training for other staff is the Christmas show. On the Wednesday before Christmas, we have what our manager Rosemarie once billed as "Lin and June's Christmas Spectacular! – it's always called that now. Each year I come up with a different idea and I always know that June will go with it, whatever it is (she is like this throughout the year too).

We told the Christmas story step-by-step – through the singing of carols. Dressed as an angel, I was the narrator and led the singing. June along with others dressed accordingly for each carol being sung, beginning with Mary and Joseph and so on. Bringing other staff on board has been a joy and what has been especially great for me personally is seeing how they have developed – "come out of their shells" as the saying goes – and are willing to be a part of this annual event. Those staff taking part have been from across the board – housekeeping, kitchen, management, carers. Family members and volunteers are involved too. It has become a very popular event. Special and great fun. Most importantly our residents love it.

The money
The home funds the regular outside entertainers coming in once every three weeks – 17 sessions at £40 a session. The choir's contributions are voluntary – it's a very special part of what we (as a choir) do, visiting care settings all over the Forest of Dean.

Everything else, I fundraise for and do this in a variety of ways. Bonus ball, raffles, craft sales from within the home – all of which are supported by residents, families, staff and friends. We do also on occasions get a donation from families after a loved-one has passed away. I write a monthly in-house journal and frequently ask if we have any families with hidden talents who might like to support us.

Repertoire
We sing absolutely everything. We've done things from World War 1, Charleston (including dancing), 50s, musicals, hymns. It's generally easy to get songs – I know them, and residents know them – I know a lot of songs and words. John the music man prints off sheets, and I'll photocopy the rest. Lots is stuff I know that I'll type up. Residents are fabulous at remembering lyrics too.

Hints and tips
Volunteers – be active in seeking them out and encouraging them, whether residents or their families
Make the most of the talents available – over at our other home, the co-ordinator doesn't sing, but she'll have a "Singalong with Max" CD. And they also have an older lady who plays piano, but wasn't able to lead the singing.

Shadowing and mentoring are important types of training – this is what works, to give people confidence. What would be ideal is for those who are confident, doing it well, to go to other care homes, or for those less confident to come to theirs, for shadowing and mentoring, building confidence.

Who do you know personally? Through choir and church I have some great connections.

Support materials

These are some that I use or know of:

- Activities to share – www.activitiestoshare.co.uk
- Singalong with Max CD – and other artists too – and songsheets
- Brighter Day products – reminiscence CDs and sheets
- Musicals videos – and you now have special features with singalong tracks
- A karaoke microphone – I'm not technically minded though (which adds to the fun!)

And another thing

I think music, singing, stands head and shoulders above anything that you do for engaging, bringing life into the home, it comes into every single thing – I have lunch with residents, it even comes up then at the table.

It can also play a part in end of life care, especially when I know what music a resident enjoys. A CD playing quietly in the background and even sitting with and singing a favourite song or hymn to a resident whilst holding their hand at this time. That is a very special and privileged part of what I do.

Sarah (care worker) – ‘we all join in with Lin’s foolery now!’. Staff are now looking forward to being involved in whatever is happening next, it’s had a real positive knock-on effect. That’s the real joy of music/singing.

Bela Emerson
Open Strings Music

The basics
This is a weekly music session using singing and instruments, which I facilitated monthly then fortnightly for 18 months, then 18 months ago it became weekly so I invited two other community musicians to facilitate the sessions on a three-week rota with me. We deliver the sessions as solo practitioners then aim to meet up regularly to check-in, debrief and plan.

The model has evolved organically in consultation with residents and staff, and though there is a basic weekly plan each of the three practitioners interprets this according to their particular skills.

What happens
This session is a group of between five and eight residents who attend with at least one support worker (sometimes two).

The three practitioners all use the same welcome song and warm up at the beginning; the format beyond this is singing lots of songs together with participants being invited to play instruments (gradual levels of complexity: shakers then boomwhackers then other pitched and unpitched instruments). One of our practitioners invites a lot of vocal improvisation in her session; the other sometimes brings in a mic for people to sing with. I tend to use established repertoire as a material in itself or as a springboard into co-creation.

Everything is created live. We have a pool of songs to choose from each week, and take requests, some of which we can do there and then (depending on whether we know enough of the song to create a decent version for participation) and some of which we can do at a later session. Sometimes we will compose a song together during the session. There is a high level of musical participation; the session has a lively atmosphere on the whole and occasionally people will chat to each other. One participant does not participate actively due to health conditions, but several years ago she used to attend a music session which she loved, so she sometimes comes in to listen.

We co-created a 'music board' which we take from its home in the main corridor and bring into the session each week: on the left-hand side it has that month's theme and practitioner rota (with our photos) and on the right a space for residents to request particular songs and activities as well as to feed back on the sessions (so the left-hand side is for information from us and the right-hand is for information from them).

Who benefits
The session is for older adults with learning disabilities, all of whom have been in residential care throughout their lives.

Pros and cons
The fluidity of the model seems to work well (judging by participant engagement and feedback, and staff feedback). I would like the three of us practitioners to be able to meet more frequently (rather than rely so much on email) to check in about what we're doing, what's working best for individuals. We don't currently meet as often as we'd like due to time constraints.

Training
Our practitioners: two of us work together as a duo on other projects, and I have worked with the other on a different project. Both of the other two musicians had an induction in the

setting before beginning (coming along to at least one music session here before being offered to deliver one on their own). The three of us engage in various CPD opportunities, and as an organisation we previously held monthly singalong sessions for all sessional workers and volunteers, which we are planning to resume later in Spring.

Residential staff: the staff at this home are usually active participants in the sessions and often comment that they enjoy the chance to sing a particular song or try instruments – and that the music session is a welcome part of their weekend routine.

We have offered staff briefing and training sessions in all the residential settings we work in, which would be an opportunity for staff to experience and ask questions about what we do; however, these haven't yet been taken up (in one case, briefings have been booked by a manager then cancelled at last minute). In this setting, staff are generally so engaged and supportive that a briefing isn't really necessary – they just get involved, which is a positive thing for the residents. But in others, an opportunity for the support and care staff to learn more about what we do and how it can benefit the residents would be very helpful for both staff and residents: it would give them more opportunities for shared experiences and embedding creative activity in the setting, even something as simple as singing together while caregiving.

The money
Open Strings Music charges the home an hourly session fee which is part-funded by residents' contributions; this covers the facilitator's fee plus a small contribution towards our organisational overheads. We don't currently use volunteers in this session (but do in other residential and community settings).

Repertoire
We tend to lead the songs we as practitioners know (and build on our personal repertoire lists). Residents may not know all the song words but they vocalise in any way they like to join in. I used to offer songsheets for the odd song in this setting in the early days but no-one particularly engaged with that. And using songsheets feels counter-productive to the main aim of the session: enjoying being and creating together, smiling and looking at each other.

Hints and tips
Good communication between sessions: staff having conversations with residents about musical preferences, and passing these on to practitioners (this was the main purpose of our making our music board).

Managers facilitating staff training: so that staff can experience what being involved in a session is like, and how they can incorporate music in everyday situations; opportunities to get over fears of "not being good enough to do music" and also understand their role within the session.

Staff understanding that the value of the session is in participation not performance (though of course in some settings an audience would hear music they considered beautiful coming from a residential music group).

And another thing
We need a cultural change where singing and participatory music-making is enjoyed for the sake of it, where it brings us all into the moment and connects us. That our work as musicians facilitates more and spontaneous (that is, when we're not present) music-making. That people realise that they don't need to be able to sing or play in a particular way – that it's not about judgement.

Camilla Saunders
Footloose Community Arts

The basics
Musical improvisation with residents in two very different care homes in different cities

What happens
In one care home we have a group of 12 to 15, in the other six to eight; we aim for a ratio of one musician/helper to three or four residents is good. Residents play percussion instruments. There is total participation unless or until residents are too tired to do any more themselves. Relatives and friends are always welcome; care home staff are encouraged but their participation dependent on management and staff availability at each home. Occasional volunteers have come which always helps.

Who benefits
From the varied reactions – including people who are normally silent starting to sing or speak; giggles; smiles; wanting to hang around afterwards – it seems our model works both for those with and without dementia, post-stroke or just suffering from age-related fragility/disability. Benefits are measured by facial expression, feeling in the room, buzz after the session, people saying they want more and even can't wait for the next session.

Pros and cons
Residents take control. Our model is non-prescriptive, sessions develop in their own way. Initially this can be a bit confusing, occasionally nerve-wracking, for both facilitators and participants. But residents so often lead a life of boredom and routine that for some people this model fulfils a need that more organised activities do not.

Once over the idea of there being a “right” and “wrong” way to do things, participants feel free to experiment and let go, something they can rarely do in other situations in the care home. This might occasionally result in, for example, sounds too loud for some residents, but for others it can be liberating. Occasional chaos ceases to be a cause for worry.

We would all like more staff to be involved but that is really hard, given that they are always overworked

Training
For the musicians it’s mainly experiential, learning on the hoof. A very good way to learn! Participants – including residents, friends and families – have certainly developed motor skills, discovered sounds they have not made before, experienced new instruments. Staff (mainly the activity coordinators) have learnt about a new participatory activity and witnessed its success.

The money
Grant from the arts lottery programme Awards for All for just over £7,000 has funded activities, roughly monthly for six months in each of the two care homes.

Repertoire

This is all improvisatory work - residents will break spontaneously into song when they feel like it – so we do not have any issues of repertoire.

Hints and tips
Managers: consider musical activities as important as physical care – something should happen every day, even if not always participatory. Others; do not be afraid of experimenting, elderly people are very receptive to new ideas once they get the hang of what you are trying to do.

Support
The greatest support is probably from the residents themselves – there is a rich fund of experience, memories and songs, just needing the right conditions to emerge.

MHA care homes
Music therapy service

The basics

The music therapy service in MHA care homes comprises two types of intervention: one to one therapy sessions and open music group sessions. The service is delivered by a team of qualified music therapists, who use an approach informed by psychological, psychodynamic and neuroscientific theories. Sessions vary depending on the needs of individual residents, but an overarching approach employs tools for emotion regulation. The goal is to reduce residents' neuropsychiatric symptoms and help carers find ways to better manage these symptoms in daily care.

For example, a resident could be referred for 1:1 music therapy when displaying symptomatic agitation. The music therapist will deliver weekly sessions. Apart from reducing agitation through therapist-client interaction in the sessions, the findings from these sessions also help address factors contributing to agitation and how staff could utilise certain musical techniques such as spontaneous singing to manage agitation outside sessions.

What happens

In the **one to one sessions** (conducted by a music therapist with individual residents) active interaction is facilitated through a mixture of musical, non-verbal and verbal communication. Musical interaction may include a combination of pre-composed music (see below for repertoire) and improvisation (vocal and/or instrumental). Improvisation in this context does not refer to the sort performed in a formal classical or jazz concert. This is a process of free music-making between the resident and the therapist that allows the resident to respond by freely playing the instruments or simply exploring the sounds of the instruments. Instruments used in sessions commonly include an electric piano, an array of tuned and unturned percussion instruments, and a guitar. Talking, as similar to a psychotherapy session, can also take place, allowing reminiscence and the expression of feelings. This can engage residents who generally prefer verbal discussions but music/songs are used to facilitate the discussions. As part of the therapy training, therapists learn to adjust the quality of their singing and speaking voices as well as the content of verbal expressions which attune to the residents' affect (their subjective feelings as expressed by their observable behaviour) during the interaction.

A key component of the music therapy is *post therapy communication* with the staff which has always been essential to the clinical practice. The model tested within MHA is the systematic use of *video assisted communication* between the therapist and wider care team (Hsu et al., 2015). Therapists liaise in a discrete and confidential manner with staff and family members of each resident, in order to feed back important information regarding the resident's health and response within sessions. Sharing ideas and results with residents' carers and loved ones on effective musical and emotion regulation techniques can enable the positive effects of music/non-music interventions to be utilised further, throughout the week. Information sharing is two-way and care staff are encouraged to share ideas also. For the therapist, receiving information from relatives and carers on residents' personal needs and interests is important in informing how to tailor the intervention in an appropriate, effective and meaningful way.

This style of information-sharing can be vital to the success of the music therapy intervention, and is dependent upon the therapist's ability to communicate clearly and sensitively. In particular, an understanding of resident's medications, health and taxonomy of cognition is important. As such, it is essential that therapists' are adequately trained in this area.

The **open group sessions** vary depending on the needs of the residents attending. For example, a music group for residents with advanced dementia may primarily encourage

singing rather than the use of instruments, and may seem more akin to the model used in Singing For The Brain sessions. A key approach in this situation may involve the use of music for emotional regulation which also takes into account the overload of musical or environmental stimuli and habituation/adverse effects. In other situations, with residents who are more active and at the earlier stages of dementia, the use of instruments may be particularly effective. This can celebrate, encourage and exercise resident's remaining abilities, and provide opportunities for motor and cognitive stimulation.

Staff, relatives, volunteers and other visitors are all encouraged to participate in the open groups.

Who benefits

The work is primarily aimed at residents with a diagnosis of dementia, both early and late stages. Referrals for one to one therapy are based on the level of need. Some recipients of music therapy may have Parkinson's, a learning disability or mental health diagnosis. The open music groups are offered to all residents within the home. However, the music therapy programme has an impact on residents and the wider community in the care homes:

Residents Improvement in mood and neuropsychiatric symptoms of dementia. This can contribute to residents' quality of life.

Staff Through video presentation and explanation, music therapists communicate the findings from the sessions including residents' functioning and methods for symptom prevention and management (based on the NICE guideline 42- Dementia Pathway). This helps care staff see residents beyond their dementia diagnosis and enhances caregiving techniques. Ultimately, this enhances the multidisciplinary care planning and delivery in care homes.

Relatives If appropriate, music therapists would involve relatives in therapy sessions (some therapy sessions are tailored for residents and their spouses). This again helps relatives to see their loved ones who they have not lost. This also generates relatives' insights into their loved ones' remaining functions by witnessing residents engaging in musical, verbal and nonverbal interaction.

Other healthcare professionals Music therapists' observations of residents' functioning are based on the framework of cognitive and neuropsychology. When feeding these observations and documentations back to relatives, psychiatrists, nurses and GP, it contributes to shared decision making such as changes to the medications and care planning and delivery.

It is important to note that music therapists adhere to Health and Care Professions Council's Standards of Proficiency (HCPC, 2103). Their practice should be evidence based and therefore informed by up-to-date research (both quantitative and qualitative) in their day-to-day practice.

Pros and cons

The model used within MHA is highly specialised, targeted at addressing and minimising neuropsychiatric symptoms of dementia, and assisting carers to enhance their caregiving through information-sharing and discussion of effective music therapy techniques.

The pros of this specialist way of working are that we use fully qualified MTs, thus ensuring quality is maintained and the MTs are trained to respond well to residents. The con of this is that it is not possible to replicate using untrained musicians, so is a more costly type of intervention. A clinical trial investigating this model's effectiveness found that it significantly

reduced symptoms of dementia, improved residents' wellbeing and enhanced caregiving (Hsu et al., 2015).

Training
It is vital, and a legal requirement, that music therapists undergo a rigorous post-graduate training programme leading to a Master's degree in order to practice safely and effectively. Training covers topics from the fields of psychology, psychoanalysis, neuroscience and music. As an example of the detail: the delivery of a song (pitch, timbre and so on) affect whether residents are soothed r invigorated; and thorough training in this area is essential to develop this skill.

Once qualified, music therapists are registered with the Health Care Professions Council (HCPC). Continuing professional training then includes the understanding of medications and their effects on the various aspects of cognitive and sensorimotor functions. This is vital in multidisciplinary communication and can influence decision making in care planning such as psychiatrists' reviews. Music therapists need to acquire this set of knowledge to report with accuracy and maintain patients' safety.

Money
Generally, a music therapy session costs £30 in the UK. MHA fundraises for music therapy which is free of charge for MHA care home residents.

Repertoire
Repertoire is chosen and adapted according to the personal/cultural history and interests of each resident. Repertoire may vary from Beatles hits to war-time songs, from Irish folk songs to traditional Jamaican melodies. Well-known songs from childhood that are commonly used include *My bonny lies over the ocean* and *You are my sunshine*. Songs which provide repetition of musical properties (rhythm, tempo, pitch and melody) are effective, particularly for residents experiencing cognitive decline, for whom familiar and repetitive music can provide an engaging anchor.

Songs are often adjusted by the therapist in order to modulate residents' arousal. For example, the therapist might need to transpose the key of their instrumental playing and alter the timbre of their singing voice to either soothe or invigorate the residents

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Claire Chapwell
Bolder Voices

The basics
We're about to start on our third project in the London borough of Brent. I'm very pleased with our model, it's evolved each time. The choir I direct, Bolder Voices (all volunteers aged 65-plus) go into the home with two or three musicians: guitarist, other instrumentalists, singers.

What happens
We have tried different things. We are training Bolder Voices to get the confidence to run warmups but basically it's just nice to have a lot of bodies so if a resident just wants to sit and be quiet that can happen too, or someone can have a wild jive.

In the first week we ask what residents like to do, we put together a simple song, and sing it every time we come back and learn it. A future plan is to break into small groups write songs.

Who benefits
Mix of people. Generally less good for people who all have dementia as the choir is not skilled to deal with this nor are the musicians.

Pros and cons
There is a group thing going on here which is fun which legislates against isolation. But it is not, for example, music therapy. I think probably the intensity of music therapy would benefit individuals hugely.

Training
Training has been very casual until now. So for the first time this year we decided we would train Bolder Voices. Going into a care home is frightening: each person is potentially both scary and full of stories. So we have designed training using a model involving role play and situations that might happen. We'll also look at games that might be fun to play. We are excited to train people in their 70s and 80s. Life isn't over yet.

The money
It costs in between £2.8 - £10K.

Repertoire
Guitarist tends to pick up what people are singing or leads people a bit. We have a blues/50s repertory we sing to get people going.

Hints and tips
Find out what people like to sing, there is no "one size fits all". There will be a home that loves Sinatra, another that's Vera Lynn stuff, jive, *Doin the Lambeth walk*, one that's more Gospel. Ask the people, don't rely on the staff and structure. What do they know? I have fun finding out what it is people like to sing – I do think we go in there with our era too much sometimes.
Don't dismiss the use of recorded music – provided it fulfils the criteria above. Do think about using more dance music – I saw a really hot jive with a 95 year old yesterday.

Beckie Morley
Musical Moments

The basics

I am the founder of Musical Moments – an enterprise that I set up back in 2011 after studying a module in community music during my final year undergraduate degree at Leeds College of Music. It was something that started off small: I tried sessions in care homes in my local home town and they slowly expanded to other towns and areas. The sessions proved really popular with residents and staff and the demand for sessions grew, prompting employment for other musicians to join Musical Moments and deliver sessions in the surrounding areas. We started in Congleton, Cheshire but now have branched out to all areas of Cheshire and North Staffordshire, but we do have enquiries from all over the UK (we're working on getting there!)

Musical Moments is now a recognised brand in the care sector in our area. We work mainly in care homes and our sessions are specially tailored for those living with dementia, but we also run sessions for older adults in independent accommodation and in dementia cafes.

We have a strong following on social media; you can find Musical Moments on Facebook, Twitter and Instagram where we have several videos, photos and infographics with more about what we do.

What happens

We have delivered sessions for enthusiastic groups as small as three, and groups as large as 50. We have found that the ideal number for a group is around 13 to 16 people. Our sessions are aimed primarily at the residents, but care home staff love to participate (we have also found that session enjoyment and resident interaction increases when staff participate) as well as relatives of residents. We encourage interaction in every activity that we do and we use a selection of live and recorded music throughout the session.

As a team, we deliver 20 to 25 sessions in different care homes each week.

Who benefits

We've discovered that our sessions are beneficial for all abilities. Our first aim was for people living with dementia but as our sessions became more popular we were getting enquiries from other care homes with different needs and found that the sessions go down equally well, we just ensure that we use the correct tone with the group and modify certain activities to fit the group's ability.

We receive daily comments from care home staff and relatives on the success of our sessions. For example, an activities coordinator tells of a resident who had never previously left his room for an activity not only did so but danced and sang as well. Care home staff often comment that Musical Moments' way of engaging and interacting helps to promote actions like this in a way that care home staff say they have never seen before.

Pros and cons

We've not fully researched any similar models at present, so can't make a comparison to what we do. Over the years I have tried my best to perfect the format of the sessions so that they flow and also contain something for everyone.

The only thing we have found as a team that is off-putting would be the seating of residents – we always request before a booking for the residents to be sat in a circle or semi-circle due

to the nature of the session. Sometimes this doesn't happen and trying to navigate between sofas and chairs can be tricky.

We also ask for at least one staff member to be present for the session, which helps with interaction and also from a health and safety perspective, but sometimes (for one reason or another which may be unavoidable) there might not be a staff member around, which can make delivering the session and holding the group's attention quite difficult, especially if it's a large group in the later stages of dementia.

Training
Training is held every other month by myself. The team and I get together to discuss our practice. I then demonstrate new activities and we work with a group of residents with later stage dementia, observing each other and then giving feedback afterwards on how we each worked with the group and what could be improved/what worked well.

The money
We charge a reasonable amount for our sessions; the reason is so that a care home can make regular bookings with us to help towards the wellbeing of their residents.

Our sessions are funded by the care homes and their activities budgets. Last year we did receive a grant from Cheshire East Council for £7,000 which we used as a booking initiative, if a care home booked five sessions with us they would receive their fifth session for free (funded by CEC) which also helped secure work for us as a small business.

Apart from this we do not have any direct funding – the charities that we work with fundraise and their work is sometimes funded by CEC also.

Repertoire
We make sure to use a range of different music from different eras and different genres to cater for everyone's taste. We keep songs short: people with dementia can sometimes have shorter attention spans so changing the style of music often keeps everyone engaged.

Hints and tips
Homes staff: turn off the TV and play some music. Many of the care homes we go to have the TV on in the background; it just creates noise and serves as a distraction. Gather a collection of CDs from the 30s, 40s, 50s, 60s, 70s and play a CD instead. You'll find this is a much more efficient (and cheaper way) of keeping your residents happy in between activities, visiting times and mealtimes. You'll be surprised how many more residents engage with this than the TV screen.

Homes staff: join in. Please encourage other members of staff, visiting relatives or carers to join in with the sessions. Some residents may be hesitant to join in with a song or activity, but if they have an encouraging familiar face it will really make a difference to their participation.

Facilitators: go with the flow. It's good to have a plan. Make it slightly longer than you think you'll need as you might get through your plan quicker than expected, or a certain plan you won't get through everything, but with a different group you'll run out of things. But if the session starts to go in another direction and the group are enjoying this – go with it! Don't feel that you have to stick with your plan.

Angela Dennis

The basics
A Choir to Remember – this is just one group I run. I run lots of musical activities in care homes, which vary greatly from place to place.

What happens
The group consists of up to about 24 residents, 10 staff members (activity organiser, care staff, office staff, catering staff), and six friends and family. I, as a qualified musician, lead the group fortnightly; and the activity organiser runs it on the alternate weeks, with advice and support from me as necessary. A retired vicar who is also a musician accompanies on guitar and ukulele.

Who benefits
I do not have information on the exact conditions of the residents, but they are all quite elderly and seem to be both residential and nursing care clients. Some appear to be suffering some level of memory loss, others are much more alert.

Pros and cons
I feel it is quite a good model, everybody seems very committed and enthusiastic. We are all extremely keen that it does not become just a sing-along, although certain residents do need quite a bit of encouragement to participate at times. This may be due to medication, illness or tiredness etc. Having staff – not just care staff – and family and friends participating means that it is a communal choir 'owned' by all, rather than just involving the older people with the others simply being there to address any personal needs.

However, in other groups I run, these the benefits can depend on the attitude of staff, how much they value and understand the importance the of activity, and the skills of the musician. In one home that I went into to "entertain" the residents, care staff were amazed that I didn't just stand in front of them (as other entertainers did) and sing old songs, but encouraged interaction, picked up on something maybe as small as a hand movement or fleeting smile of recognition or pleasure and literally bring that person out of them self.

Training
For the group, I start with a physical and vocal warm-up, explaining the importance of and rationale behind it. I teach harmonies to some of the non-residents, also advising them how to develop and maximise their vocal capabilities. We work on expression and arrangement of songs, some moving into two part, cannon etc to give extra interest. I give advice and support to the member of staff (she has some musical knowledge) who leads the group in my absence, and I work with the musician to establish suitable keys and tempo for the various songs. I feel we have all learned quite a lot from each other.

The money
Again, this is not my own model, the fee was already established at £70 for a one-hour session, although that does also include my travel and preparation of materials. The home is willing to print off song sheets and provide music folders. It is funded by the Royal Freemason's Benevolent fund.

Repertoire

I have a large bank of songs collected over several years of working with older people, as well as acapella songs that I have collected as a Natural Voice Practitioner. No perceived difficulties.

Hints and tips
Don't let it slip into a sing-along type activity. Watch your participants, pick up on and maximise on any input or reaction they might make- *however small*. Make it an interactive experience.

Support materials
I haven't really come across anything specific; there are of course a lot of song books around, but in my experience very few materials as such. My biggest recourse has been simply contacting fellow NVPN members for any ideas they might have. What *has* come out of this is that there needs to be much more information and support in this area if the idea is to be developed. I would love support and advice in setting up something that could indeed be called a model, and roll this out to many other places.

MINDSONG - Music for Dementia
Model 1 Singing Groups - Meaningful Music
Anthea Holland, Mindsong director
Jane Rothery, Mindsong volunteer manager
Maggie Grady, Mindsong lead music therapist.

The basics
Branded as Meaningful Music but offered as a free service. More than a sing-along, these offer participatory meaningful music to care home residents in 27 homes across Gloucestershire.

Mindsong delivered its first singing groups in 2009. Pemma Spencer Chapman, a music therapist who pioneered singing groups in care homes trained a mixture of music therapists, professional and amateur musicians along with singers from Gloucester Choral Society, and 10 weekly sessions were held at each of three care homes. They were led respectively by a music therapist, the professional musician and the amateur musician, supported by volunteers.

It became clear that, while volunteers had the skills to support sessions, they did not have the confidence to lead these on their own – but could do so in groups of three. This was a lightbulb moment for Mindsong.

For the last two years we have had an volunteer manager (now full time), who not only has a great deal of experience with volunteers and their needs, training and music, but also with dementia and the care home environment. This has enabled the reach of our singing groups to increase hugely; we now work in every area of Gloucestershire and continue to grow.

What happens
Our model has been designed to meet the needs of each particular home and resident /staff /volunteer /visitor group. It is therefore very flexible. The common factors are: Mindsong recruit, train and support volunteers from the local community to go and sing with (not at or for) PWD (People with dementia) for about ¾ hour every two weeks. The singing is entirely based on a therapeutic ethos, but is not music therapy. Groups range from 6 - 30 residents and may include other visitors/relatives etc.

We require that a member of staff is present (usually an activity coordinator). We provide a specially curated songbook for volunteers to use as an aide memoire. The choice of songs is up to the group – but tend to be familiar, easy to sing songs. Groups usually sing in a simple unaccompanied way – but some groups have instrumental support.

Who benefits
Everyone benefits - PWD (mid and late) and residents without dementia who may have other problems, such as stroke. Singing together is a simple activity, of which the many benefits are well documented. Staff benefit from seeing their residents engaging with the group through the music. Relatives benefit from joining their relation to share a sing rather than having to possibly struggle with conversation during a visit. Volunteers benefit by being able to offer something that clearly makes such a difference without having to make a big time commitment. Care homes benefit by having people coming into the home from the local community on a regular basis – thus helping build links between care homes and their wider community.

Pros and cons

The groups are fantastic! Mindsong has been developing this model of singing groups for two years and our pilot has produced an excellent model of good practice – which is flexible enough also to encompass and support other ways of getting meaningful music into care homes (we are not saying this is the only way).

The groups are sustainable! Once a group has been successfully established, the volunteers build relationships with that home and 'their' residents which ensure both continuity and appropriateness. So far all the groups that have been set up are still running with a little ongoing support from Mindsong.

The groups are provided by volunteers at no cost to participating care homes; therefore all homes can participate.

At best a singing session facilitates engagement with everyone present, creating an uplifting atmosphere through sharing song. Genuinely lifting spirits and validating the personal identity of people who may be very difficult to reach. At very worst a group becomes a mere sing-a-long session, but even when this happens it is still music happening in care homes and the infrastructure is in place to return to a more therapeutic ethos as volunteers / care staff change.

This model requires some process / organisation to make it happen, to recruit, train and support volunteers.

Training

Originally we trialled training care home staff (usually the activity coordinator) to run sessions themselves. A music therapist provided small group training, with the group visiting each other's care homes to work with the different groups of residents. However, the staff were not able to prioritise protected time for singing. They also moved on and the skills were lost. Also Mindsong did not have the resources to provide support for care staff over the long term.

Ongoing training and support encompasses a large part of our singing group strategy. An annual Away Day for everyone at Mindsong also provides support and development for volunteers as well as the opportunity to meet with others and learn from each other. Skills are wide-ranging. While some volunteers sing in auditioned choirs and community choirs, others profess not to be musical. It really doesn't matter. Empathy and sharing the joy of singing with residents are the key skills.

Mindsong has now honed an excellent training package of material to support volunteers at all stages in their development. This package is a work in progress – but is tried and tested. For example, ongoing support to existing groups includes training, away days, and a volunteer coordinator available to support individuals.

Mindsong is currently involved with a research project (CHORD: Chorus Research in Dementia) in collaboration with the Institute of Mental Health (University of Nottingham), University of Worcester and the University of Aalborg, to develop a practical manual on how best to run a singing group for people with dementia. The aim is for this manual to be published and then made available for anyone who would like help in this way. Mindsong is contributing considerably to the manual, particularly with regards to the practicalities of setting up singing groups, how best to run them, and techniques and repertoire to best reach people with dementia.

The money

It is essential that singing groups are provided free to homes – as soon as there is a charge involved (however minimal) the whole dynamic changes from something 'given with love' to

a service provision and the volunteer role changes very subtly from that of visitor to service provider. There are ways that homes may support their singing group – through donations / small fund raising events etc. Thus the only cost is of providing support for the groups and their development

The average cost to Mindsong fluctuates according to geographic location, number of groups and resources needed. As the volunteer manager currently covers the whole county a substantial amount of any cost is travel costs. We are looking to recruit a volunteer coordinator based in another area of the county, to enable us to manage more effectively as our volunteer pool grows. However, our volunteers act as amazing advocates and raise significant funds via contacts, including care homes.

Repertoire
The world is full of beautiful and wonderful music - it is easy to get access to songs that you want to sing. Mindsong training involves looking at how to choose songs and how to plan a session. Mindsong has a curated starter song book for all volunteers and a song resource on its website. It is important to remember that music hall and WW1 songs are now less appropriate than they once were. Our experience shows that groups soon discover what they like to sing together.

Hints and tips
Our training material is full of practical support.

Think about the pacing of your music and session. Give time for songs / music / thoughts to be accessed, processed and responded to. Use lots of repetition. Be observant to responses and mood, and respond to these appropriately.

Our volunteers are classed as visitors and therefore don't undergo criminal records checks – this ensures that the responsibility for the welfare and wellbeing of the residents clearly remains the duty of the care home and helps ensure that a member of staff is always present. This needs to be agreed with care home management before a group is set up.

Support materials
Mindsong Song Book – this is available for our volunteers only via our website.

Singing groups for people with dementia - a guide to setting up and running groups in community and residential settings Diana Kerr; The Choir Press 2015.

MINDSONG - Music for Dementia
Model 2 Music Therapy
Anthea Holland, Mindsong director
Jane Rothery, Mindsong volunteer manager
Maggie Grady, Mindsong lead music therapist.

The basics
Branded as Mindsong and non-profit making. Groups of up to 10 residents or 1:1, prioritising specialist dementia care homes across Gloucestershire where most if not all residents have advanced dementia.

What happens
Sessions are run by qualified and experienced music therapists. We use improvisation and pre-composed songs and music to engage with people with dementia. Sessions can be individual or small groups, depending on what best meets the needs of the clients. The aim is to engage people, meeting them where they are and engaging, interacting and supporting them through music and sound. We make music together, inviting our clients to participate and responding to their sounds and music. The instruments we use will vary according to each therapist and what would be appropriate for each client / group of clients, but could include: piano, guitar, voice and a selection of good quality tuned and un-tuned percussion. Sometimes relatives might be present in the sessions, and we always ask that a member of staff is present for group work.

Who benefits
Music therapy is an effective intervention throughout the different stages of dementia, from early right through to late stage dementia, where individual work seems to be most effective. It has also been a successful intervention for people with other conditions, for example, it has helped people with Parkinson's to steady movements. As music therapy can be used as a counselling tool, it is appropriate for many different client groups.

There is much research to suggest that music therapy can have positive effects for people with dementia in terms of wellbeing, and also studies reporting many physiological benefits, including improvements in levels of blood pressure, reducing stress, improved bowel and bladder control, and some improvements in language functioning.

Pros and cons
Music therapists are skilful musicians and highly trained therapists and so have the qualities needed to work with people who have complex needs or are experiencing challenging times because of their condition or situation. Music therapists can engage and meet the needs of clients on an individual basis but also in group work; holding each individual in the music while working with the dynamics of the group.

Music therapy can be an expensive intervention for care homes to afford. Mindsong offers subsidised rates.

Training
Music therapists are trained to MA level and need to be registered with the Health Professionals Council to practise in the UK. They receive continuing professional development and regular supervision. Mindsong music therapists in turn support our training programmes.

The money
Mindsong subsidise up to 50% of the cost of Music Therapy sessions for care homes.

Sometimes a trained Mindsong volunteer will assist in Music Therapy sessions, particularly with group work for people with mid to late stage dementia.

Repertoire
We use improvised music, but also pre-composed songs and music that is appropriate for and meaningful to our clients. Often suggestions will come from our clients or their relatives/carers. Songs with simple structures, harmonies and lots of repetition seem to engage well (for example: *My bonny lies over the ocean, Daisy Daisy, She'll be coming round the mountain*).

Hints and tips
General tips: think about the pacing of your music and session. Give time for songs / music / thoughts to be accessed, processed and responded to. Use lots of repetition. Be observant to responses and mood, and respond to these appropriately.

And another thing
What might ensure more meaningful and appropriate music becoming embedded as a regular and core part of care home provision is to employ more music therapists in part-time roles across groups of care homes. Much as we expect to see Community Physiotherapists / Occupational Therapists / CPNs in and around our care homes, a regular role for music therapists would ensure that music provision in each home was of good quality and included:

- Music therapy itself, when appropriate (perhaps when a resident was really struggling with settling in, or very distressed as their dementia advanced, or very withdrawn, or as death approached).
- Working with the staff to suggest ways in which music could be better embedded in care plans and providing training to enable this to happen.
- Creating and providing support for a singing group/s.
- Working 1-1 with residents to make appropriate play lists for personal listening.
- Working with activity coordinators to ensure visiting performers / music providers were both appropriate and supported.
- Working with activity coordinators to establish other local links (e.g. young people / musicians) to provide music in care homes.

MINDSONG - Music for Dementia
Model 3 Orchestra of the Swan and Mindsong
Anthea Holland, Mindsong director
Jane Rothery, Mindsong volunteer manager
Maggie Grady, Mindsong lead music therapist.

The basics
Offered as a commercial model. Mindsong provides training and mentoring for players from the Orchestra of the Swan working in dementia registered care homes in Warwickshire and Worcestershire often with challenging behaviour.

What happens
Duos (professional instrumentalists) run live music interactive sessions with residents in care homes. A mix of classical music and familiar tunes and songs are used, including invigorating pieces such as Scottish Reels, depending on the mood of the residents. Group size depends on the size of the home and resident mix. In the most challenging environments, the musicians play for two sequential groups of people (6 - 15 residents), or one group and 1:1 or 1:2 for the frailest residents. In smaller homes with one lounge the session is offered to all residents who choose to attend (up to around 20). In all cases at least one care worker is present throughout (usually the activity coordinator). Relatives and other visitors are welcomed to the group and this enhances their visit.

Who benefits
Appropriate for all stages of dementia; especially good for those with moderate to severe communication issues (advanced dementia, Parkinson's, etc) where physical responses otherwise absent are observed. We know this because of testimony of players, staff and relatives, and as the result of an evaluation using an observational rating tool to record responses.

Pros and cons
While the musicians we use are not music therapists, Mindsong trains them through an introductory session followed by experiential learning with on-site mentoring by Mindsong professionals. This includes protected time for reflection built into each session, when musicians produce their written observations on how the session went.

This model helps them develop their playing style away from that required in a concert hall to interacting in a much more intimate way. The responses the musicians record demonstrate how their thinking changes as they become increasingly familiar with the group they are working with. They particularly note positive changes in the challenging behaviours which some residents display.

We are also recognising this as an important part of players' personal and professional development. This particularly applies where there is a high level of performance anxiety, with a more relaxed attitude to the expectations of musical perfection, allowing the player to relax and communicate in a new way.

However, this is the most expensive of our interventions. To date the Orchestra of the Swan have fully funded delivery as well as training through a variety of grants. This is an area they are keen to expand and they are continuing to maintain adequate funding to allow the programme to grow.

Training

Induction and introductory sessions are delivered for up to a maximum of eight players at a time: currently three hours but planned to expand to five hours. This includes introduction to dementia and how it can affect individuals, basic introduction to the principle of personhood in dementia, repertoire ideas and role play. We want to expand the time for playing and discussion. Training is responding to the results of feedback questionnaires completed at the end of each training day.

Each duo is accompanied to at least the first session of a series, to support the players facilitate interaction with residents, and support the reflective work.

The money
Mindsong is remunerated for training, support, evaluation and report writing. This programme is currently fully supported by grants and donations. No charge is made to care homes.

Repertoire
This varies depending on players and instruments (which have included trombone and horn!). Often players will open with a classical piece, then mixed classical / popular repertoire is used. Bach and Mozart always well received. Songs from the shows, folk songs, songs from the 60s, George Formby with ukulele, music hall, Acker Bilk, lullabies and marches are also used.

Hints and tips
Encourage care staff to follow up sessions with, for example, a CD. On one occasion, residents were still involved some 20 minutes after a session had ended, playing simple percussion instruments provided by the home. Consider producing a playlist of music that went well. Never be complacent – continue to develop new ways of working in response to what research is teaching us.

Manchester Camerata

The basics

Music in Mind A pioneering model of group music therapy facilitated by a music therapist alongside musicians from the orchestra. The activity takes place in both community centres and care homes. Sessions last up to one hour in duration and a group will take part in 15 sessions over the engagement period.

Portraits of Place A creative cross arts project that sees a group create new music, songs and visual art with a composer, musician from the orchestra and visual artist in response to where they live and their sense of identity, as individuals, couples and as a group. The project takes place at day centres and the group take part in 10 creative sessions. An Arts and Science Collaboration with The University of Manchester

Music Cafes A development of the Memory Café, in response to the sometimes negative connotations that a memory café can portray. Sessions take place every two weeks.

Attached to all of this is an Economic and Social Research Council (ESRC) PhD CASE Studentship, "'Music Matters': Developing an 'in the moment' multi sensory music assessment tool for dementia through a participatory design" with The University of Manchester and Lancaster University.

What happens

Music in Mind Group sessions involve people with dementia and their carers, a music therapist and musicians. Groups are typically between 8 – 12 people and the participants drive the music making, responding to their abilities, needs and interests. Music in Mind:

- Improves participant quality of life
- improves relationships/communication between people with dementia and their carers
- improves care routines with the use of Music in Mind techniques in day to day care provision.

Also:

- Reduction in the use of medication and the need to access out-patient services, including stroke therapies.

Portraits of Place A creative music and visual art project (drama in 2016) in which people with dementia and their carers create a new song cycle and collage piece in response to their sense of community, group and individual identity. For people with a young onset diagnosis and carers/family carer in a group of approx. 12, working with a composer, musician from the orchestra, visual artist and centre staff.

Music Cafes Delivered in partnership with Alzheimer's Society as a pilot (Music Cafes finished at the end of March 2016) for people with dementia and their carers in groups of approx. 12. The sessions were facilitated by a Camerata musician working alongside an Alzheimer's Society support worker.

Who benefits

All of the following involves active participation of both people with dementia and their carers.

Music in Mind Our research and evaluation (University of Manchester, Coventry University and New Economy, Manchester) explains significant impacts on people with dementia and carers at all stages of the illness and all diagnoses.

Portraits of Place Specifically designed for people living with young onset dementia and their carers at Manchester's Young Onset Dementia Service.

Music Cafes For early to mid-stage dementia. All diagnoses.

Pros and cons

- Can support dramatic change in the lives of people with dementia and their carers
- is fully inclusive; people at all stages of the illness can take part on their own terms
- responds to the ability levels of the participants
- operates in both care settings and community centres
- enables people with dementia to take control and make decisions, where often decision making and control of elements of their lives they have little ability to make an impact upon
- Brings together the best of clinical practice (music therapy) and the orchestral world
- research and understanding that underpins this work
- the evidence base that is being developed
- the ESRC Case studentship and developing a tool that can better explain the impact of music and its role in supporting people to live well with dementia
- activity is being taken seriously by public health and higher education

But:

- comparatively expensive
- ongoing engagement at the end of the project often relies on professional care staff being committed and confident enough to continue using the techniques
- relatively low engagement numbers (deliberately so for obvious reasons) compared to other workshops. Commissioners often look for value per head.
- consistent weekly attendance ideally required to realise full potential

Training

We deliver musician training for each phase of Music in Mind delivery at two levels, an introduction level for musicians new to the activity and an intermediate level for musicians regularly delivering.

Training is delivered by a music therapist and consists of music therapy theory, examples of best practice, practical skills and technique development and dementia awareness delivered by a member of Alzheimer's Society.

To increase the reach and 'Ripple Effect' (Pavlicevic and Tsiris, 2013) of our activity we are also introducing professional carer training, which will run alongside the 15 week delivery period of each project. This will take place with carers working in care homes in the region who aren't involved in direct delivery, increasing the number of people with dementia that can benefit from increased interactions through music.

The money

These activities are funded via a number of different routes, including trust and foundations, public health teams and higher education:

- Music in Mind (including research costs operating over a 30 week period) approx. £35k
- Portraits of Place (Including research costs) £14.5k

- Music Cafes (operating on a pilot basis) £3k for a bi monthly workshop session operating over a 12 month period.

Repertoire

Music in Mind Uses improvisation and in the moment music making rather than existing songs. If participants incorporate existing songs in their music making then they will be used alongside improvisation but sessions do not rely on existing repertoire.

Portraits of Place This project creates new music and visual art. The group writes new songs.

Music Cafes Again, the groups create their own new songs so don't use existing repertoire.

Hints and tips
Keep things simple and start with the skills and ability levels of the group or individuals you're working with, whether that's simple percussive vocal sounds or full melodies and lyrics. Respond to them on their terms and take it from there. It's about communication between people and fun not really excellence in singing or music.

Nordoff Robbins Music Therapy

The basics
A music-centred approach to music therapy which has grown out of the work of Paul Nordoff and Clive Robbins and is now taught in various courses around the world.

It occurs in a range of educational, health, community and care environments (including, but not limited to, care homes) as part of a broader music therapy provision (which will probably also include one-to-one work and closed group work, in response to current local need).

What happens
Across the day there is likely to be a variety of formats, depending on the need at that time and in that place. These might include one-to-one work in private areas (eg residents' rooms, especially where people are bed-bound), closed groups and larger more open groups, for example, a song-singing group open to all (probably including visitors). Whilst the one-to-one work is targeted at meeting the needs of people who might find it harder to access other forms of provision, who are particularly isolated or who find it particularly hard to engage with other people, the group work might be aimed more at creating a musical sense of community and helping people to join together in shared music-making.

Who benefits
Because of the flexibility to interact musically with people in whatever ways work best, and in particular the improvisational nature of the approach, it can be tailored to work well with a wide variety of populations. However, it is perhaps most valued in circumstances where people are isolated, where opportunities for verbal expression are limited, or where challenging behaviours seem to obstruct participation and interaction.

Pros and cons
The improvisational nature of the approach means people can readily experience musical companionship and can also be drawn into a degree of expressivity which is hard to attain in other ways. It is good at integrating people with different levels of ability and works hard to hear people's potential, then offer them musical opportunities to fulfil this. Hence family members often recognise something of a person's character coming back to them in eth music-making.

It isn't a form of verbal psychotherapy, nor is it primarily about reminiscence. It's also not primarily focused on performance, although there can be a performative dimension to it.

Training
Nordoff Robbins music therapists have done a 2-year full-time Masters training which aims to equip them to work musically with a wide range of clients in a wide range of settings.

The money
As a charity, we are able to tailor cost to the resources of the particular setting: a commercially run institution would be expected to cover all costs, but a charitable or voluntary organisation might receive a subsidised service. Where the service is run through Nordoff Robbins, care homes enter into an annual contract with Nordoff Robbins for this and we employ the music therapist directly on a permanent contract.

Repertoire

Whatever seems to be appropriate! This would include requests from people present, piecing together fragments of tune that people bring, picking up on motifs and working improvisationally. In some circumstances, songs would also be composed within the group and possibly used again in future sessions. It is certainly useful to know some of the "standard repertoire", but also to bear in mind that people may have very different tastes and repertoires, and that making assumptions can be unhelpful. People's responsiveness to various kinds of music may also shift over time: whilst music can be a trigger for memory, enabling participation in a song, for example, in later stages of dementia it may be more appropriate simply to improvise with what someone offers in their body movements, gestures or vocalisations, thus establishing musical companionship.

We would tend to play down the difference between songs (or pre-composed music) and improvisation – each leads into and out of the other and this can be very helpful in the craft of helping a group of mixed abilities, mixed cultural backgrounds and/or mixed stages of dementia to experience group cohesion and allow individuals to be musically expressive.

Hints and tips

Wait and listen! Almost everyone, no matter what the stage of their dementia, has something to offer – whether it be a suggestion of a song or the germ of a motif for improvisation. Responding to and developing these offerings and weaving them together creatively can help a group to feel musically together when people might otherwise find togetherness quite difficult.

Support materials

Generally we don't make much use of materials other than instruments. Sometimes it is useful to have songbooks – but this can also be problematic as it can highlight for people their loss of ability and can also divide the group into those who can make use of them and those who can't.

Music technology: creative uses

Live Music Now is starting to develop the skills of musicians to include iPads and smart phones into their delivery beginning with a training session from Drake Music, the leading organisation in the UK specialising in reducing physical and cognitive barriers to music making through the use of assistive music technology.

LMN is currently using smart technology in care settings as follows

- Offering participants opportunities to take selfies and other images alongside the music making process as a way of adding a fun light hearted activity to the process and capturing images that give indicators of the way the music is affecting people taking part.

- Using iPads to capture a concert on film and then play it back later when musicians are not available. Participants react positively both to seeing the concert again and just as importantly to seeing themselves on film enjoying and reacting to the concert.

- Capturing what participants say in response to the work, or stimulated by a set of questions for outcomes evaluation or for use in project activity.

- iPads and smart phones were used to capture conversations with older people in care homes; the recordings were subsequently used by a composer as the inspiration for the new piece of music he created.

And plans include:

- This last project is to be repeated with a more co-creative approach. Here, 18 musicians will record the outputs from their residencies over the next year and some of these will be used directly (rather than just as inspiration) by the composer Kerry Andrew to create a piece. Its public performance will be giving voice to people living in care.

- Use will be made of iPad apps that allow people with reduced physical and cognitive function, and little or no musical ability, to make and take part in music.

Music technology playlist

The basics
A research study to investigate the effects of listening to preferred recorded music on pain, depression and anxiety in amongst older people in residential care. This took place in a number of care homes for older people in London. Participants had sufficient cognitive function and hearing acuity to take part in interviews and to listen to music. The music was chosen for each participant, based on their stated preferences and was downloaded to a USB memory stick. A suitable music player was provided for each participant. They listened to music in the comfort and security of their own rooms.

What happens
Participation was for individual residents. Care staff helped where necessary and many of them enjoyed listening to the music with the participants. Each participant was asked to listen for a minimum of 30 minutes a day over a three-week period.

Who benefits
Participants had reasonably good cognitive function. There were a few with mild dementia. They suffered from the common ailments of old age including Parkinson's disease, stroke, heart disease, arthritis, breathing problems, cancer. Many experienced chronic pain, depression and anxiety. Those who benefited most were those with some background experience of music and who considered it as being important in their lives. Those who experienced severe pain or emotional distress did not benefit; their condition was too overwhelming. These findings came from the analysis of both quantitative and qualitative data.

Pros and cons
The individual programme provided to each participant was successful. Participants enjoyed the sense of autonomy that stemmed from their input into the music selections. For many, the music tapped into previous memories and experiences. An individual programme allows for a limitless range of music to be provided. There were significant improvements in pain, depression and anxiety as a result of the intervention. The music players provided (supplied by the RNIB) were simple to use and of sufficiently good quality. A further benefit of the intervention was the lack of specialist expertise required to implement a similar programme.

However, there were a number of participants who found even the simple technology difficult to operate. Many of their age (mean age was 87) are unfamiliar with the technological developments of the last few years and fear it. This is exacerbated by difficulties in remembering the instructions. There is a need for further development of appropriate technology. Only a small minority possessed equipment such as a CD player that they were able to operate.

Training
The model of providing music in this way is easy to replicate. The use of a questionnaire can facilitate the selection of music. Very basic technological skills are required to download a programme to a suitable music player. It is hoped that on admission to a residential home, a resident's interest in music could be assessed and suitable music provided. This could be carried out by care staff or volunteers, as well as family members. An awareness of different individual preferences is important.

The money

The cost is minimal. Each resident would need access to a suitable music player. Equipment, similar to the one used in this study, cost £24 each. This would be within the reach of the majority of residents.

Repertoire
The selection of music is readily available from a number of sites.

Marion Carlisle
Voicework and Healing

The basics
Singalongs in care homes and nursing homes. Also singing for the brain (SftB), a model set up and organized by the Alzheimer's Society.

What happens
Groups of between eight and 20 (occasionally more) people. For residents in care & nursing homes, although it's lovely when staff support and join in. SftB (see above) happens in rented premises and people with moderate or mild dementia attend together with their carers.

All sessions are commercial and run by me, a freelance community musician. I sing, have a portable keyboard or use a reasonable piano on site. I also bring in a concertina, handheld percussion and songsheets.

Who benefits
Those with late stage dementia are able to use words in songs when they cannot talk at all. For early dementia sufferers, the social aspect of relating in a group may be just as important as enjoying singing.

Pros and cons
My model is about participation – it's not a performance. This works very well when I source songs that people know. Even if they don't sing they get a lot from listening and songs bring back memories.

However, in care homes the residents are captive in the main area, unless they request staff to take them to their room. So though I aim to be flexible, I won't please everyone all the time.

Training
This is not so relevant as I do not train – I facilitate people to sing.

Repertoire
Acquiring repertoire has been fairly easy up to now. Traditional songs I know, songbooks/sheet music for old favourites and the web for lyrics and chords. But I can't afford to buy a lot, so I sometimes struggle learning a new song if I don't know the melody – then I use YouTube.

Some residents really like to listen to live classical music – it's very soothing and spiritual when played heartfully. (I'm a classically trained pianist – this is my experience over the last five years). If there's no live musician, recorded classical music could be used. So a mix of up-beat songs /participation with more reflective time is very beneficial.

Hints and tips
- Allow silence as well as singing – don't pack too much into one session.
- Generally people like songs they know, but learning a new song – preferably with a simple melody and lyrics is great too.
- Don't use songsheets too much – this limits eye-contact and social interaction.

Support materials

- Hats/dressing up items.
- Handheld percussion
- Soft balls for throwing/juggling.

Sing For Your Life
Silver Song Music Box

The basics
Sing For Your Life (SFYL) was incubated from a university research project in 2005 which had demonstrated that regular participatory singing improved the mental wellbeing of older people living with long term age related conditions. SFYL created approximately 40 Silver Song Clubs in south east England which were largely funded by the public health departments of NHS Primary Care Trusts. The clubs, which were free and open to all, normally met in community centres once a month and were led by a professional musician supported by volunteers.

Funding for Silver Song Clubs ceased at the same time as demand from residential care homes and NHS dementia units increased. This forced SFYL to develop a cheaper model of singing delivery than the Silver Song Clubs. The only solution was to use technology to enable care home staff and nurses to deliver singing sessions themselves rather than being dependent upon visiting musicians.

What happens
The Silver Song Music Box is based on the VIMA home entertainment system. The system holds a repertoire of more than 250 songs, hymns, carols and so on, on a memory stick which enables the operator to select the content for each session. The words and sound are provided by a TV which is connected to the system. SFYL has recorded simple two- and three-part arrangements and synchronised the words with the music.

Unlike a Karaoke machine, which is very busy with visual and musical backgrounds which can be confusing to older people, the Music Box has been adapted to provide a simple colour background with only the words displayed. The phrase to be sung is highlighted and if there is a pause, a countdown appears on the screen. Crucially, the pitch and tempo can be changed to suit each individual patient group. There is also the facility to show images on the screen to stimulate reminiscence.

As well as its use in care homes, the system can be attached to a projector and speakers to used either with a projector and screen for large groups. For instance in Whitstable a group meets once a month and attendance is 50 to 80.

SFYL provides service throughout the UK and there are more than 200 systems in use.

Who benefits
Research by the Institute of Experimental Psychology, Oxford University, identified the release of endorphins as being the basis of improving wellbeing and that the act of singing, drumming and dancing stimulates this release. The quality of the singing, drumming or dancing, was not important. Older people benefit therefore whether a musician with a keyboard leads a session or a volunteer using the Music Box.

Pros and cons
Research on the Silver Song Club model had concluded that short frequent sessions of music making provided greater benefit than longer sessions at greater intervals; and other research that group participation was necessary to increase endorphin production – which is the key factor in increasing wellbeing and a sense of positive affect.

Our Music Box enables singing to be provided as often as required, and – in dementia units – at very short notice to forestall episodes of challenging behaviour.

Song Books are not required.

Training
The person leading the singing does not require any formal musical training – merely to be extrovert, self confident and to enjoy singing along with simple music. Very little training is required to actually operate the system.

The money
For Silver Song Clubs the cost per head per session was approximately £7.50. The cost of a Music Box is £1200 (plus VAT). We think the average group size is 15-20 and most users provide singing at least once a week. So over just two years the cost per head per session is around 75p – a tenth of the previous cost.

SFYL uses grant funding to assist homes to buy the system by matching funds they have raised themselves. In some cases homes are supported by friends and relatives, local Rotary and Inner Wheel branches and other local charities. However new NHS Schemes such as Better Care and Vanguard are starting to fund activities that improve mental health and reduce social isolation of older people.

Appendix

A Choir in Every Care Home
Models of Good Practice

The basics

Model title or description; is this a branded / commercial model, or generic singing; where do you do it (eg geographically, or in certain types of home); please point to any literature (websites, downloads, hard copy, images, video, audio etc) describing your model.

What happens?

Is it a group (how big) or one to one; is it for residents, staff, relatives, others; how much participation is there; live or recorded; any instruments; using visiting musicians or run by in-house home staff.

Who benefits?

What types of people (early/late stage dementia, without dementia, those with Parkinson's, those with breathing difficulties etc) does your model work best with; how do you know this.

Pros and cons of your model?

What's good, what's not so good; what does your model do better/not so well as other models?

What training is involved?

"Training" could be training your model provides or training your model receives; think about eg your own musicians, care home staff, residents' families, residents themselves.

The money?

How much does it cost; how is that funded; what use do you make of volunteers?

Repertoire?

Repertoire = "songs etc that are sung in this model": is it easy to get what you need (where from, how); or what difficulties do you face

Hints and tips to do more and better singing in care homes?

Anything you like to share that could be helpful to musicians, care home staff and managers, residents, or relatives?

Support materials?

What materials do you know of that support singing in care homes (whether your model or others) *No, we don't know what we mean by these, either: think big and broad*

And another thing?

What else do you want to tell us that we haven't asked?

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

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

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

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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Deane, K (2016) *Case studies of singing in care homes A Choir in Every Care Home working paper 8a,* London: Baring Foundation

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Kathryn Deane runs Sound Sense, the UK professional organisation for community musicians

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V1.2x unpublished draft for working group only