

**MUSIC IN HEALTHCARE PROJECT:  
PHASE 3 INTERIM EVALUATION REPORT  
JULY 2001 – JUNE 2002**

Prepared by Music Network

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## **MUSIC IN HEALTHCARE PROJECT: EVALUATION REPORT**

### **1 PHASE 3 INTERIM EVALUATION**

This is an evaluation report of the first year of Phase 3 of the “Music in Healthcare” programme, and can be read in conjunction with the evaluation reports of the first two phases of the programme. This is an interim evaluation report, which is primarily intended to inform the second and third years of the three partnership between Music Network and the Midland Health Board.

#### **1.1 Aims Of The Evaluation**

The aims of the interim evaluation are

- to gauge the effectiveness of the third phase of the project to date, based on the stated objectives of the project
- to highlight areas which may need to be adjusted in order to ensure the project is working effectively towards its objectives

#### **1.2 Basic Questions For The Evaluation**

The interim evaluation seeks to answer

- What is “Music in Healthcare” achieving?
- What is the impact of the project on its participants?
- What modifications should be made to the first year’s methodology, to achieve the project’s objectives more efficiently?

#### **1.3 Evaluation Methodology**

The interim evaluation used qualitative techniques, and was based on the ideas and opinions of the key personnel in the project.

Data was gathered through

- written questionnaire from the musicians and facilitators. Fifteen questionnaires were distributed, and seven completed questionnaires were returned.
- a focus-group meeting with project facilitators
- post-project reports provided by some facilitators
- written questionnaires which were intended to be filled out by a representative sample of workshop participants on a weekly basis, with the assistance of members of staff where needed. In total, 327 client questionnaires were returned.
- written questionnaires which were intended to be filled out by staff members who had attended the workshops, on a weekly basis. In total, 54 completed staff questionnaires were returned.

#### **1.4 Structure of the Interim Evaluation Report**

- Part 1 outlines the aims and methodology of evaluation.
- Part 2 gives the background to Phase 3 of “Music in Healthcare”.
- Part 3 outlines the aims and objectives of Phase 3.
- Part 4 gives the findings of the evaluation, and an analysis of the findings.
- Part 5 consists of a general discussion of the issues, and the presentation of recommendations.
- The appendices comprise a set of guidelines presented to each participating centre and facilitator in advance of the projects’ commencement, facilitator and musician job descriptions, and the questionnaires used in evaluating this first module of Phase 3.

## **2 BACKGROUND**

### **2.1 Origins of the project**

In Autumn 1998, Music Network was invited by the Department of Arts, Heritage, Gaeltacht and the Islands, through the Arts Council, to devise a programme which presented music in various healthcare settings. The resulting initiative was known as ‘Concerts in Healthcare Environments’ and resulted in 22 concerts given by 9 classical, traditional Irish and jazz musicians in a broad variety of healthcare contexts all around the country. The project was independently evaluated (February 1999) and as a result of the findings and in the light of the very high degree of interest shown in the work by the various participants, Music Network decided to develop and expand the project.

A process of evaluation and reflection led to a number of decisions intended to bring a new focus to the project, including:

- concentration upon older people in both residential and day care centres;
- overarching aim of developing a model of good practice for providing access to quality music to this target group;
- deliberate shift in approach from using a relatively straightforward performance type product or service, towards a more participative and creative process;
- emphasis upon using music in an inter-active, participative way, as a means of stimulating and exploring the creativity of the clients.

An ideal partner was found for the project in the Midland Health Board, which introduced Music Network to a series of six care-for-the-elderly centres where the new ‘Music in Healthcare’ project could be realised. Funding for Phase 1 of the project was secured from the Department of Health and Children (National Lottery) and the UN International Year of Older Persons, 1999.

### **2.2 Outline document**

In January 2000, Music Network produced an outline document, which placed Phase 1 of the project in context, outlined the project’s aims and objectives and provided a description of the project’s structure and content. In essence, two teams of musicians

were allocated to three centres each and each team was, in turn, led by a project facilitator. Each centre received a series of six weekly visits of c. 90 minutes duration over the course of March - May 2000.

The Outline Document emphasised the project's ambition to develop a model which was informed by the close co-operation of the two relevant sets of professionals, i.e. musicians and healthcare workers. From the outset, Music Network contended that, if the project was to realise its full potential in developing a valid model which could be replicated in other contexts, the development of the model needed to be informed by the professional insights of both sets of participating professionals. This key concept validates the creation of a partnership between Music Network and the Midland Health Board.

Other key points emphasised in the original Outline Document included the need to provide specialist support to both sets of professionals. In the case of the musicians, Music Network had developed a tailored training programme in partnership with specialists from the Guildhall School of Music & Drama (London), entitled "Continuing Professional Development" (CPD). In respect of the care workers involved, some training and support was provided in turn by the project facilitators, whose ability to operate flexibly in the challenging roles of 'team leaders' was critical to the success of each project.

### **2.3 Phases 1 and 2**

Phase 1 of the project (March - May 2000) took place in six nominated centres located counties Offaly (Birr, Edenderry, Tullamore), Laois (Mountmellick), Westmeath (Mullingar) and Longford (Longford town), and following the completion of Phase 1, Music Network commissioned an independent evaluation. This report, prepared by Judith Wilkinson, was presented in July 2000. In addition to a set of findings and subsequent analysis, the report discussed the outcomes of the project and made a series of recommendations as to how the projected Phase 2 might be adapted based upon the outcomes of the first phase.

The second phase ran from October – December 2000, and operated in the same six locations as in Phase 1. In addition to a series of operational adjustments, this phase featured a variation in the genre of music employed, while retaining the overall focus of the project (whereas Phase 1 had employed classically trained musicians, Phase 2 involved traditional Irish and jazz musicians). Phase 2 was also independently evaluated, and a series of recommendations for the future development of the model were made.

### **2.4 Towards Phase 3**

Following a series of discussions between Music Network and the Midland Health Board, in autumn 2000, Music Network submitted a proposal to the Midland Health Board, which suggested the formalisation of a partnership between the two organisations, with a view to further developing the model. What was proposed was a three year phase of

“action research” which would see the Midland Health Board’s role evolve from that of funder to key partner, with equal responsibility for the planning, operation and evaluation of the programme. It was envisaged that this third phase would provide the opportunity, time and resources necessary to explore and seek solutions to many of the complex issues which had presented themselves during Phases 1 and 2. This proposal was adopted by the Health Board in its service plan for 2001. Additional funding for the first year was secured from both the Department of Health & Children Lottery Fund, and the Arts Council.

Further to an unavoidable delay presented by the outbreak of Foot and Mouth disease in spring 2001, planning got underway for Phase 3 in July. The first year of this phase therefore operated from July 2001 – June 2002, with the bulk of project activity taking place between January and June 2002.

### **2.5 Planning and pre-project administration**

Given the new emphasis on establishing a working partnership for the delivery of the project, and due to the fact that the latest phase has seen the expansion of the project from 6 participating centres to 8, a long planning phase was necessary before Phase 3 activity could begin. Whereas in Phases 1 and 2, Music Network was solely responsible for decisions relating to structure, training, delivery and evaluation, Phase 3 required planning be carried out on a cross-organisational basis. A number of joint planning meetings took place between September and December 2001, and it was decided at the December meeting that a dedicated project group be established to oversee the project’s development. In particular, in order for the partnership to be meaningful, the Midland Health Board agreed to commit human resources to assist in the administration and organisation of the project on the ground, to become involved in evaluating the project from a healthcare perspective.

As a number of months had elapsed between the end of Phase 2 and the beginning of Phase 3, some changes in key personnel had taken place within participating centres. This, together with the expansion of the project to include two additional centres, meant that a good deal of introductory discussion needed to take place in certain centres, before activity could begin. By and large, however, the project was met with a great deal of enthusiasm and co-operation in all eight centres, whether or not they had been previously involved.

Whereas in Phases 1 and 2, two facilitator/musician teams (a total of six to seven people) had been sufficient to work in six centres, it was agreed that the project’s growth would necessitate the employment and induction of a number of additional teams. In total, fifteen musicians and facilitators were employed to work on Phase 3: five teams, each consisting of one facilitator and two project musicians. The five teams varied in musical genre, some consisting of classical musicians, some with a traditional music basis, and some involving jazz. This expansion in personnel had significant implications for Music Network’s “Continuing Professional Development” training and mentoring arrangements. A CPD training weekend was organised by Music Network for all participating musicians

and facilitators. This event took place January 2002, and was facilitated by members of staff from Guildhall School of Music & Drama (London).

In order to get the projects underway, and in anticipation of the appointment of a project co-ordinator by the Midland Health Board, Music Network undertook to liaise with both the facilitator/musician teams and key staff in each participating centre, regarding scheduling the projects.

Individual pre-project meetings took place in all eight centres, each involving key staff members, the designated project facilitator, and Music Network's Education & Healthcare Manager. These meetings afforded an opportunity for the key project personnel to meet each other, and for the project facilitator to meet clients with whom they would be working. Facilitators were allowed to view the space in which they would be working, and to discuss practicalities such as available instruments, start times, group size, etc. At these meetings, each attending member of staff in each participating centre was provided with a set of guidelines to assist them in realising their part in the project (please see appendix 1).

### **3 PHASE 3 AIMS AND OBJECTIVES**

#### **3.1 Aim of Phase 3**

The primary aim of the three year partnership is to:

***research and develop a transferable model for using live music in care for the elderly residential and day centres which impacts favourably on the therapeutic environment.***

#### **3.2 Phase 3 objectives**

Its primary objectives are to:

- provide older people living in, or attending healthcare centres with access to high quality live music experiences;
- make a positive impact towards the health and social gain of residents and day-care clients in care for the elderly centres, thereby contributing towards enhancing their quality of life;
- raise awareness of the benefits of bringing live music into healthcare settings through dissemination of the learning from the project to the Department of Health and Children, the Health Boards, healthcare professionals and residential and day care personnel;
- highlight the need for structured provision of professional development and support for both sets of professionals: musicians and staff in care for the elderly centres;
- explore the potential for personnel from the different spheres of the arts and healthcare to work together for the benefit of older people.

## **4 FINDINGS AND ANALYSIS**

### **4.1 Introduction**

In this report, no comment is attributed to any named individual. Analysis and comments are included alongside the findings.

There was wide variation in the use of the weekly questionnaires distributed to hospitals. In particular, the number of completed questionnaires returned varied greatly from week to week, and from centre to centre. Therefore, it is difficult to distinguish distinct attendance patterns, based on the sample questionnaires returned. In certain centres, a low weekly response rate is indicative of low levels of staffing available to attend the workshops, and/or a lack of free time following the workshops to assist in surveying participating clients. In other centres, the responses came solely from the day-care unit certain weeks and solely from the long-stay unit on other weeks. In this case, it would be misleading to view the respondents as proportionately representative of the overall make-up of the participating groups. Therefore, the statistics which appear below, although useful in terms of indicating general trends, should not be taken as absolute representation of the projects' reach and effectiveness.

It is worth noting the limitations of using questionnaires as part of an evaluation process. In particular, where staff assist more dependent clients (usually long-stay patients) in filling out feedback questionnaires, staff members can, consciously or unconsciously, lead client's answers in the way they phrase the questions, and this needs to be taken into account when reading client questionnaires. It is also worth noting that people's opinions of a workshop can vary dramatically, depending on the time lapse between the workshop and the completion of the questionnaire.

### **4.2 General**

In general, the response to the first year of Phase 3 was similar to the that of Phases 1 and 2 in being generally positive, and in most cases enthusiastic. Again, there was a consensus that the project had a positive impact on the older people, and on the environment of the participating centres, as a whole. There was enormous enthusiasm and admiration for the facilitators and musicians. With few exceptions, respondents thought the project was challenging and rewarding and contributed to the residents and day-care attendees' quality of life.

In the case of a number of centres which had participated in Phases 1 and 2, the staff and older people were familiar and perhaps more comfortable with the project, and its particular aims and requirements. Even in the two centres which were new to the project, a high level of commitment and enthusiasm among staff and clients was evident.

### **4.3 Training and Support for the Two Key Sets of Professionals**

Facilitators and musicians found the CPD training weekend useful in many ways, particularly in terms of preparing them to work with groups, preparing them to work



together as a team, and in giving them ideas for exercises and activities which might be useable in the workshop context. However, a number of facilitators felt that the training did not adequately prepare them for the realities of the environment they would be working in. Working with a large group of older people can involve practical issues associated with the fact that some group members may have limited mobility, hearing difficulties, or reduced attention span. In addition, there can be factors associated with working with people who may have been living in an institutional environment for a number of years, such as being sensitive to established routines, and having an awareness of the nature of the carer/client relationship. In this regard, many facilitators and musicians indicated the importance of experiential learning as part of the process. Nevertheless, it was felt that pre-project CPD sessions should, in the future, encompass a talk or discussion about specific environmental issues, possibly involving a professional from the Health Board, and/or someone with a gerontology background.

As in the previous phases of the project, it was planned that the initial training for musicians would be complemented by a mentoring programme for project facilitators, which would involve staff members from Guildhall School of Music & Drama being available via phone and email to offer advice for facilitators on issues encountered when working in the field. Site visits were also to take place, whereby the trainers/mentors could see facilitators working on-site, and offer feedback on their work. Due to practical issues of the trainers/mentors' busy work schedules, it was not possible to realise these visits, nor did the email/phone support work, as it was not possible to formalise arrangements with the trainers/mentors.

Facilitators acknowledged that the input of members of centre staff is vital to the success of these projects. Where the key staff members are enthusiastic and committed, this can make a huge difference to the project. In particular, where the ward staff have been involved in discussions about the project, key staff people are more likely to feel supported, and there is more likely to be a sense of team-work between the facilitator/musicians and the hospital staff members. This validates the approach of having a pre-project planning meeting before each block of activity within each participating hospital. Facilitators suggested that, in future, in addition to the pre-project meeting between facilitators and staff members, a designated staff workshop mid-way through the project could be beneficial. This would again take place within each individual centre, but would focus on musical activities.

**Comment:** The mentoring programme is vital to the facilitators, in order to make them feel supported as the project develops. Some facilitators felt that a trainer/mentor with an awareness of the Irish culture would be advantageous, and that by employing a mentor who was based in Ireland, it would be easier to arrange site visits and personal meetings.

Peer learning is another potentially valuable feature, which could be built into the model for the future. A facilitator networking meeting took place during April, which was organised by Music Network, and which was considered very useful. Facilitators felt that a similar meeting should take place roughly half way through each module of activity throughout the remaining years of Phase 3. In addition, in order to encourage facilitators

to view each others' working practice, it was agreed that travel expenses would be reimbursed to facilitators who wish to attend other teams' projects, in the future.

Other supports which were suggested for forthcoming modules include a system for video recording workshops in progress, as a training mechanism for both existing facilitators/musicians, and new facilitators/musicians coming on stream in the future. It was also suggested that a literature database containing documents relevant to the field, as well as notes from CPD weekends, should be compiled, and a facilitator chat room could be posted on Music Network's website.

#### **4.3.1 Liaison time and feedback mechanisms**

It was felt that the 30 minutes staff liaison time is very important, although it is not always easy to implement, as staff members are often busy moving clients into the workshop space at that time. Ideally, this time takes place in advance of the workshop, and can be used by the facilitator to:

- gain feedback from the previous workshop via client and staff weekly evaluation questionnaires
- find out about internal developments since their last visit
- outline what (s)he plans to do during the workshop
- establish the "dos" and "don'ts" (e.g. if the facilitator does not want staff and clients to clap along during pieces)
- negotiate/designate specific roles to the various staff members for the planned activities
- encourage staff members to come up with ideas which might be incorporated into the workshop

In two centres, due to practical issues, it was requested that the liaison time take place after the workshop, as a means of evaluating it, with a view to shaping the following week's session. In this case, however, it was felt that difficulties arose in finding an opportunity to involve the staff members in the implementation plan for the workshop. In addition, by the time of the next workshop, the previous week's plans tended to have been forgotten, or were not implemented.

Ongoing feedback by both staff and clients was viewed as being extremely important by most facilitators. During previous phases, facilitators only received feedback on their work at the end of the project. Therefore, the formalisation of use of the weekly staff and client questionnaires during Phase 3 was viewed as a positive step. This feedback mechanism was particularly effective where the presentation of the client and staff questionnaires was backed up by verbal feedback during the liaison time. This allowed facilitators to tailor the forthcoming workshop to take into account the previous week's feedback, if necessary re-focusing or omitting certain activities which may have been unpopular or considered inappropriate.

**Comment:** It seems that there are particular advantages to be gained where the staff/facilitator liaison time takes place before the workshop. Every effort should be made for this facility to be implemented in a meaningful way.

#### **4.4 In-centre Activity**

##### **4.4.1 Structure**

As in Phases 1 and 2, the first year of Phase 3 operated via a six-week module per centre, with workshops taking place over the course of one morning or afternoon session per week, per centre.

There were some conflicting views regarding the length of the modules. Whereas some facilitators and musicians felt that the given time-frame was too short in which to get to know the staff and clients and to develop the level of musical activity beyond an introductory level, others felt that the short, intensive nature of the project lent a focus to their work which would be diffused if the modules were to be extended over a longer period. Many clients commented that they would miss the musicians' visits after the module was over, yet some staff members commented that the concentration of the modules into six-week blocks gave each workshop a sense of occasion.

One client commented:

*“The project was short and sweet – if it was longer, it would have been tiring”.*

Some facilitators and musicians too felt that it was important for their own energy levels that the modules be limited to a manageable time-frame.

As in Phases 1 and 2, many of the initial Phase 3 projects took on a format which built towards a performance during the sixth and final week. This often took place at the request of the staff members. In one participating centre, the local theatre was booked for the final performance, which was presented as a Bealtaine festival event, and which was open to clients' family members, friends of the hospital, other hospital residents, day-care attendees, and other Health Board staff members. This performance was highly successful, and achieved a great sense of occasion for all involved. However, it did dictate the entire structure of the six-week module, and put a certain amount of pressure on both hospital staff members and the facilitator and musicians.

**Comment:** In order to balance these concerns, it might be appropriate to consider lengthening the modules slightly, to (for example) eight weeks, thereby allowing more time for musical development and for relationship building between facilitators/musicians and staff/clients. In order to preserve energy levels, one or two breaks could be built in, thereby spreading the time-frame to span nine or ten weeks. The modules would still retain a focus, but the facilitators could develop their work under less pressurised circumstances.

As building in a performance to round off every module of the project might diminish the sense of occasion and achievement for all involved, it might be preferable to limit the performances to once per year. As the Bealtaine festival takes place annually in May, it offers a natural annual platform for participating centres to showcase their achievements. Centres located in the same county could get together for an exchange performance in their local arts centre or venue, thereby enriching the experience for all involved.

#### 4.4.2 Timing and length of workshops

Every attempt was made to facilitate the individual centres in terms of the timing of the workshops. In one instance, this necessitated the musicians and facilitator travelling and working on two separate days per week, to facilitate the two centres in which they were working.

There were some conflicting opinions regarding the length of the individual workshops. Some clients admitted that they tired towards the end of the workshops. A staff member noted:

“Some got very tired or fell asleep. Some lost concentration”.

Other clients and staff felt that the workshops were not long enough:

“The workshop was a bit short – it takes time for the clients to settle in and get involved”.

One client, who stated that they did not enjoy a workshop, specified that the reason for this was that they got no tea. This can be interpreted as representing a break in the established routine, which can be disruptive or unsettling for certain individuals.

Some facilitators and musicians found the comings and goings during the workshops distracting at first, and the length of the workshops may have been a contributing factor. Dealing with large groups over a 90 minute period will inevitably lead to some necessary disruptions, with clients needing to be given medication at a certain time, or needing to use a toilet. To a large extent, this is a feature of the environment, which might take some getting used to, for the facilitators and musicians.

**Comment:** While it is important that the workshops do not upset or interfere with the centre’s routine, it is obviously preferable from the facilitator/musicians’ point of view that, where possible, they can slot their workshops into a single day’s work per week. In order for this to happen, a certain amount of flexibility is needed on both sides.

It would seem that the designated 90 minute workshop is a necessary compromise. However, it is important that the workshops start at the allocated time, so that clients are not left waiting. To this end, it is important that realistic travel time is allowed between workshops which might take place during the same day.

If avoidable disruptions do occur during the course of a workshop, facilitators and musicians should feel free to discuss these with members of staff, so that a similar situation could be avoided in the future. There may be a need to prepare facilitators and musicians more effectively for the reality of disruptions, such as those outlined above. Discussions on aspects such as this could be built into pre-project facilitator/staff meetings.

#### 4.4.3 Design and content

As in Phases 1 and 2, the project facilitators were charged with the responsibility of designing the content of their designated centres' six-week modules. As before, the challenge presented was to balance effectively the elements of professional performance with more creative, participative workshop elements, which would challenge the clients, and give them an opportunity to explore their own personal creativity. The emphasis was to be placed on the quality of the clients' encounter with the music, and was thereby intended to be process driven, rather than focusing on the production of a particular finished 'product' although (as referred to above) in certain centres, a final concert was achieved.

Most of the project facilitators took on board concerns which had been raised in the evaluation of Phase 2, whereby staff members and clients were unhappy with the emphasis on workshopping elements, and the scarcity of opportunities to hear the musicians play. As a result, most facilitators chose to start and finish each session with the performance of a number of ensemble pieces. When rhythmic or percussion-based work was going on, facilitators encouraged one or both of their project musicians to accompany the exercises with improvisations. There was generally more of a feeling that the participative exercises were rooted in a musical context.

Overall, there was a balance in preference between those who most enjoyed the participative element (19.9%) and those who most enjoyed the professional performance element (27.2%). 43.75% stated that they most enjoyed the combination of these two aspects side by side. Clients commented:

“I enjoyed the exercises, and the singing was beautiful”.

“I enjoyed a mixture of things...I can't explain”.

The majority of the participative work focused on rhythmic work using untuned percussion, and singing. Some exercises required the group to keep a set rhythm while the musicians performed either pre-composed or improvised pieces; others required the clients to improvise either in duet with one of the musicians, or as part of a larger group.

“I didn't enjoy playing the rhythm - I would have liked to make up my own rhythm”

“I was nervous making up my own rhythm, and playing on my own”.

Three facilitator/musician teams had access to a keyboard or clavinova, owned by the centres they visited. In the case of two of these centres, one member of the facilitator/musicians team was a pianist, and therefore the clients did not get an

opportunity to play the keyboard as part of the workshop activity. In the other centre, the keyboard was available for the clients' use, which enabled the clients' improvisation work to take on a melodic/harmonic focus. This also happened where facilitators had access to a borrowed xylophone. Chime bar sets were also made available to a number of the groups, which were used by the facilitators in a variety of ways, but mostly to provide harmonic interludes within rhythmically-based pieces.

Singing was also used in a variety of ways. Many facilitators integrated group singing of songs which were popular among the group. Others taught the group new songs or African chants, which would be performed with accompaniment provided by the musicians, and some of which involved simple part-singing. Some experimented with group vocal improvisation, and two facilitators enabled the group to write their own songs.

In some groups, individual clients had previous experience of performing recitations, singing, dancing, or playing an instrument. Facilitators were sensitive to this fact, and allowed some time during each workshop for individuals to do a short performance. One facilitator, who is a piano teacher, invited one of her students – an older lady – to come and perform some piano pieces for the group.

Among the most popular participative elements, group singing was particularly well received:

“I enjoyed all the singing at the end, because everybody joined in”,

and listening to/watching peers perform was also cited by many clients as a favourite element.

All facilitators found that rhythmic work was an accessible starting point for the group activity, whether or not this involved use of the untuned percussion instruments. Facilitators observed that the rhythmic ability varied greatly from group to group. By the end of the six-week module, some facilitators felt that their group was ready to move on to new challenges, while others felt that a great deal more work would need to be done before elements of instrument-based melody or harmony could begin to be explored.

**Comment:** The balance between performance and participation remains a sensitive issue, which must continue to be borne in mind by facilitators, when designing their project modules.

Although encouraging the clients to sing as part of a group is a participative exercise in itself, it is important that the workshops do not simply take on the format of a sing-song. The element of enabling the group to create something new, or to express themselves is the project's priority, and must be borne in mind at all times.

Allowing peer performance to take place during the workshops is important for developing group self-esteem, and for group ownership of the programme. However, the number of individual “turns” needs to be limited, so that the purpose and aims of the workshop are not diluted.

As noted above, the strengths and levels of ability varied greatly from group to group. Some facilitators have said that they feel their groups are ready to move on to work more with tuned percussion, melody and harmony in the next module. It is important that facilitators are given the support to enable their group(s) to develop musically, at a rate which is appropriate to the individual group’s ability. This might involve supporting the development of musical resources within each centre (e.g. to include some tuned percussion or other melodic/harmonic instruments), or offering facilitators composition-based training. In particular, a mentor needs to be appointed, who can not only advise and support the facilitators, but who can, by extension, monitor and support the artistic direction of each project.

#### **4.4.4 Participation**

Within centres which had been involved in Phases 1 and 2, a number of the participants in the first module of Phase 3 had taken part in the project previously. One client who had been involved in the previous phases commented:

“The first workshop was as good as the last day of phase 2, and I expect we will be getting better. I’m looking forward to great things”.

In the six centres previously involved in the programme, the presence of a number of clients and staff who were familiar with the project was instrumental in encouraging new group members to engage with the project. It was widely observed that the older people seemed comfortable with participating in the workshops in this phase. The older people themselves commented on this:

“I enjoyed playing the music and everyone getting involved”

“I most enjoyed expressing myself”.

In particular, where the musicians and older people performed together, it seems that the clients enjoyed the effect of the overall ensemble:

“I enjoyed us getting better. The musicians and clients complemented one another and the sound was magnificent”.

“I enjoyed chatting about the bog and making our own rhythms, with the musicians joining in”.

“The musicians playing with the group makes us feel special”.

Staff and facilitators agreed, and noted that the clients were, by and large, willing to participate in the activities, when invited. This would seem to indicate that the older people are becoming increasingly comfortable with the format, and with what is expected of them.

One particularly significant aspect was that, in some centres, facilitators achieved a sense that the older people’s contribution was a vital part of the music-making: that their input was in no way tokenistic. Some facilitators achieved this by handing over responsibility to the clients to lead a particular activity. One client commented:

“I liked it when the patients got a chance to lead the group”.

The project was entirely new to Abbeyleix District Hospital and Athlone District Hospital. However, staff within both of these centres had a good awareness of the aims and nature of the project, having spoken to staff from the participating centres, and as a result of the pre-project meetings. A staff member from Abbeyleix commented:

“The clients particularly enjoyed using the instruments, the sense of partaking, and each doing their individual piece”.

Facilitators and musicians noted the benefits of being able to sit at intervals around the group, sitting beside the older people, and moving around in the circle. In certain groups, this was not always possible, due to restrictions imposed by the instruments involved. If the facilitator plays an immobile or cumbersome instrument (such as piano), or a wind instrument (meaning that they cannot speak and play at the same time), it is essential that they have access to at least one musician who is free to move around the group, and to direct proceedings, when the facilitator is playing their instrument.

In all of the groups, women outnumbered men, by an average of 75% female to 25% male.

**Comment:** Despite this overall increased level of understanding of the project, a minority of centres featured some clients who seem to have expected only to be entertained, and not to have to participate in the workshop. This indicates that there may be a need to guide staff members in explaining to the clients in advance of the project start date the aim and nature of the project, and the level of participation which would be asked of them. Otherwise, the first workshop could be formalised as a taster session, or a video recording of a typical workshop could be shown to the clients in advance of the start date. Following this, interested clients could “sign-up” for the programme.



There may be a need for Music Network to reformat teams, to ensure that at least one facilitator/musician per team is able to move around as they play their instrument.

There are a number of possible factors influencing the predominance of female workshop attendees. These could include the longer life-span of women, or a pre-conception that music is traditionally an activity for women (as is evidenced by gender break-down of instrumental music students at most levels, and the profile of typical concert audiences). It is noteworthy, however, that those projects which featured traditional musicians tended to have a higher proportion of males attending. It may be worthwhile to survey male non-participants, to find out the reasons why they seem less interested in the project. This could form the basis of positive action to encourage more males to participate in the future.

#### **4.4.5 Type of music**

Three of the venues hosted workshops by a classically-based team of musicians; three had a traditional Irish-based team, and two had a jazz-based team. However, in all cases, the ensemble was sensitive to the client group involved and, when performing, did their utmost to present a varied programme, including pieces or songs which might be familiar to, or which might appeal to older people. Clients responded well to this repertoire:

“Hearing “The Cualainn” brought back memories of the Ceili House long ago”.

“I liked the lady singing the old songs”.

However, not everyone enjoyed the music presented. One client, commenting on a workshop by a classical team, said:

“I wouldn’t call that music....I like Foster and Allen” .

The majority of older people named traditional music as their favourite style. Some clients expressed a dislike of classical pieces which were unfamiliar, and which did not feature voice. There is a real need for facilitators and musicians to retain empathy for their audience when selecting repertoire.

**Comment:** Although there remains a slight tension between offering the clients a musical challenge and delivering the comfortable and familiar, it would seem that this tension is less apparent if the ensemble involved is willing to be flexible about the range of music they are prepared to play. Repertoire is a key factor to encouraging the clients to “buy into” the project as a whole.

#### **4.4.6 Quality of the music**

As in Phases 1 and 2, many participants highlighted the quality of the music and musicians. This factor enhanced for the participants the sense that the project was worthwhile. Clients commented:

“The musicians were wonderful”

“It was high class stuff”

**Comment:** As it is Music Network’s mission to make high quality live music experiences accessible to everyone, regardless of circumstance or location, the emphasis on the quality of musicians involved is a key factor, which seems to be appreciated by all involved in the programme.

#### **4.4.7 Danger of patronising**

Although the project facilitators were very conscious of the danger of patronising clients, it would seem that some of the activities used were still viewed as “childish” by members of staff and clients alike. In particular, the use of vocal sounds was cited as inappropriate, in some of the centres.

Previous evaluation reports on the programme had pointed out that staff members felt that some of the percussion instruments used were not appropriate to the age of the participants. During this module of activity, this seemed to be less of a concern, as many facilitators took the time to explain the use of the instruments during the first workshop, and the fact that they are all used in a professional context. In addition, the most recent module had seen a development in the range of instruments used, as a xylophone and two sets of chime bars had been accessed through the IRMA Trust instrument bank. This is an organisational link which, it is hoped, will continue in the future. The formalisation of the weekly feedback sessions/liaison time between staff members and facilitators may also have contributed to improvements in this area.

In general, the facilitators made an effort to be more open about the reason for each particular exercise undertaken, thereby drawing the group into the process to a greater extent than in previous phases. This openness should remain a feature of the facilitators’ work, throughout the duration of the programme.

**Comment:** Bearing in mind the scarcity and limited range of instruments available to the projects, vocal percussion can be used as a means of depicting musical images, or to help tell a story. It is also worth noting that vocalisation is a common contemporary compositional device. If this was to be explained by the facilitator, it might help to dispel negative associations surrounding the use of vocal sounds/effects.

One facilitator’s experience indicated that, if the vocal sounds come from within the group itself, they are more likely to be embraced by the group as a whole. This facilitator worked with her group on a piece called “The Bog”. This required the participants to cast

their minds back to remember the sounds associated with that setting, and to try to reproduce those sounds as part of the composition. This facilitator found that that particular approach worked very well, and was greatly enjoyed by the group.

#### **4.5 Impact On The Older People**

Many of the positive findings of the evaluation reports of the first two phases were repeated in this phase, and it was clear that the project achieved its aims in enhancing the quality of life of the older people who took part.

##### **4.5.1 Encouraging social interaction and communication**

Encouraging social interaction and communication was an outcome reported in all venues. Often it was simply a matter that it gave the older people something to talk about. Some of the older people highlighted the social aspect, and the variation of their normal routine as their favourite element of the project.

“It was good to introduce us to each other”

“I liked meeting the other people”

“It brought a bit of life to the afternoon”

Members of staff noted:

“They are still talking about it, and comparing it with Phase 2”.

“It put them in good humour. They were relaxed and chatty”.

“ They chatted for days about what went on in the workshop, and to some people they might not normally talk to”.

In particular, the final week’s workshop seemed to generate a sense of occasion:

“They got the opportunity to socialise. There was an air of excitement and elation in everyone”.

In addition to encouraging communication among the older people themselves, the opportunity to meet the musicians and project-related visitors was a welcome opportunity.

“We were treated with respect and given attention”.

“The musicians were wonderful”.

“The people running it were great. They had time for me”.

This confirms that the selection of the facilitators and musicians is extremely important, and a key factor in determining the success of the programme.

#### **4.5.2 Enjoyment, and personal benefits**

There was almost unanimity in the expression of enjoyment by the older people questioned. Overall, 91% of those surveyed across the eight centres, and across the time-frame of the six-week module said that they had enjoyed the workshop in question. One client stated:

“We all felt elated, and young again”.

Staff commented on the obvious enjoyment of the older people:

“It put the patients into great humour”.

“Not one patient/client complained during the session. It created happiness, raised self-esteem. They were feeling good, feeling useful, relaxed and chatty”.

The vast majority of the older people (90.2%) said that they felt more relaxed after the sessions, and 88.4% said that it affected their mood for the better. Staff noted this too:

“People were very calm and relaxed coming back from the workshop”.

“They settled and slept when returned to bed”.

Other staff members felt that some of the older people had been obviously stimulated by the workshops:

“They were observant and alert”.

“They were all very attentive”.

After one workshop involving group activities, a client observed:

“I had to be alert to remember my turn”.

Another positive outcome was an apparent growth in confidence and assertiveness during the course of the project, evidenced by the fact that some clients had begun to make judgements about the music being produced:

“The sleigh bells don’t blend in so well. They remind me of Christmas every time I hear them”.

A staff member noted:

“They were more alert, stimulated, even critical”.

### **4.5.3 Physical exercise**

Another benefit of the workshops was the physical exercise that it gave to the older people. Most facilitators incorporated some warm-up physical exercises, mostly involving chair-based movement, while others involved those who were more physically able getting up to dance.

## **4.6 Organisational Issues Specific to Participating Centres**

### **4.6.1 Group size, and selection of participants**

The issue of group size has been problematic in most centres since the first phase. Due to limitations on resources (human, time and financial), ceilings are necessarily imposed on the number of clients who can avail of the music workshops. This charged staff members with the difficult task of selecting clients to partake of the music workshops. Many staff thought that the workshops should be open to everyone.

At the start of Phases 2 and 3, Music Network provided centres with guidelines on the selection of participants to ensure that the group was not too large. Guidelines were also given regarding the level of ability which would be required by clients, if they were to participate actively in the group. In particular, it was considered important that group members have some hearing, the ability to concentrate for a certain length of time, and the ability to work as part of a group.

During the pre-project meetings at the start of Phase 3, staff members again raised the issue of allowing less able clients to avail of the workshop. This is a real concern for many centres, as those with dementing illnesses are forming an increasing proportion of residents of these hospitals. A compromise was reached, whereby it was agreed that a number of less able clients could sit in on the workshop outside of the group circle, and listen to the music. It was pointed out that additional staff may be needed to look after the non-participants, and to ensure that disruption of the workshop was kept to a minimum.

This new feature worked well in some locations, and less well in others. Many staff members commented that the less able group benefited from being able to listen to the music and observe proceedings. However, in some cases, it did lead to practical difficulties for facilitators and musicians. Specifically, where there was a distinct division between the participants and non-participants, there tended to be fewer disruptions to the group activity, and facilitators could establish the sense of a focal group. In some centres, towards the end of the module, the lines of distinction between participants and non-participants had become very blurred, so that the facilitator was faced with a sprawling circle, and could not distinguish which people were intended to participate, and which were there just to listen. This proved to be a particularly difficult situation with which to work.

It would seem that some of these practical issues affected clients' enjoyment of the workshops. Some stated that they felt cramped in the environment, as the workshop room was not big enough to accommodate the numbers involved. Others had difficulty in hearing what was going on as, due to the size of the group, they found themselves far away from the facilitator.

For the first week's workshop, staff members were encouraged to invite a larger number to attend, bearing in mind that there would probably be a fall-off in numbers, as clients decided whether or not they wished to be involved in the project on an ongoing basis. The aim was to allow clients to de-select themselves from the project (thereby removing some of the responsibility regarding selection from the staff members), so that a smaller, core group would emerge voluntarily, which would remain consistent throughout the remainder of the module. However, in practice, this did not always work as planned. Many facilitators found themselves facing as large a group during the final week of the project as they had during week one. Some members of staff acknowledged that more could be achieved, if the group numbers were limited:

“I think the smaller group this week worked better, as the elderly clients could hear better”.

“The numbers attending were too big. I would aim for around 20”.

There was often a lack of consistency from week to week, as clients who did drop out tended to be replaced by new faces throughout the course of the project. Therefore, a core group was never really achieved in some centres. As an example, clients in respite care who attended one workshop and who were designated a certain role within the group may not have been back in the centre for the remainder of the project, and therefore, their roles would have to be re-designated to someone else. This constant state of flux was extremely difficult for facilitators to cope with.

**Comment:** Before the commencement of the next module, the issue of group-size will have to be re-negotiated, with the stated upper limit applied. Ideally, no more than thirty

people should be involved as participants, thereby allowing the musicians and facilitators to have a greater chance of making personal connections with the group members. The participants should form a distinct inner-circle, which also includes members of staff and musicians/facilitators. Less able observers should be seated outside of the circle, and should be clearly distinguishable as a separate group. Clients who are in the centre on respite care should be permitted to observe the workshops rather than actively to participate, and should be located outside the circle. Although this will call for significant stage management on the part of staff members, it is considered to be a very important requirement.

Clever stage management could also assist in overcoming the problem of individual clients having difficulties in hearing proceedings, if those with hearing difficulties were seated close to the facilitator.

Staff members and facilitators need to work together to achieve a stable core group, of a manageable size, if musical progress is to be made, and if the participants are to gain as much as possible from the workshops. It is envisaged that this process of negotiation will be greatly assisted when the soon-to-be-appointed Midland Health Board Project Co-ordinator takes up his/her position, hopefully before the next block of activity commences.

Ideally, if finance were not an issue, it would be vastly preferable to employ facilitators and musicians to spend an entire day in each centre. This would allow the project to reach a larger number of clients, and a more diverse population within each hospital. The team could, for instance, work with the established group of more able clients in the morning, and then spend the afternoon working with a second group, the profile of which would be left at the discretion of the centre staff. In this way, the team could spend the afternoon working either with a small group of people with dementia; performing for patients on the wards; or working in the long-stay unit in the morning, and the day-care centre in the afternoon. This arrangement could have a range of benefits, not only for the participating hospitals/centres (who would gain an increased sense of ownership over the project), but also for the facilitator/musician teams, who would be able to spend more time building relationships with staff members and clients would not have to rush away to get to their next workshop. With the strengthening of relationships, a better mutual understanding of the practical issues affecting both parties might be achieved, and facilitators/musicians and staff members would be enabled to work together to come up with mutually agreeable solutions to some of the practical issues of group size, room layout, etc..

#### **4.6.2 Staff and staffing**

As with the older people, most of the staff found the project stimulating and enjoyable. A number of staff members were new to the project, but many had been involved since Phase 1. Those who had previously been involved were becoming more comfortable with the project, and by and large, were pleased that it was resuming.

The musicians and facilitators generally felt very welcome in the hospitals. They were keenly aware of how much the success of the project depended on the attitude and input of the matrons and the staff.

Generally, musicians and facilitators were very pleased with the response and the work of the staff:

“I can’t praise the staff enough”.

“We were always made to feel very welcome by the staff and residents”.

Because of leave, sickness and the difficulties of rostering, in some hospitals, the staff available to the project varied from week to week. Facilitators agreed that the continuity of staff involved in the sessions was very important, and this was not always achieved. The number of staff available to the project varied from week to week, and from centre to centre. In one hospital, only one member of staff was present for the majority of the workshops. Although her dedication was appreciated, it was noted by the facilitator that this made her job, and that of the project musicians, much harder. By contrast, another hospital was obviously extremely committed to the project, with matron and a large number of staff consistently present not only at the workshops, but also at the pre-workshop facilitator/staff liaison meeting. In this same centre, and in at least three others, the key staff members dedicated time to rehearsing and trying out musical activities with the clients, between the facilitator and musicians’ visits.

As in the first two phases, facilitators and key staff members acknowledged the great deal of work which went on behind the scenes to make the project possible. In particular, ward staff were cited, who worked so hard to get the clients ready in time, and who assisted with transporting them to the workshop venue.

As well as the older people, the project had positive effects on the staff. Many described the pleasure the work gave them, stemming mainly from the benefits they saw accruing to their patients.

**Comment:** While lack of staffing for the project may come down to the number of staff available on the day, the priority placed on the project by the management of the hospital is also a very obvious contributory factor. Although the pre-project meetings between Music Network, the facilitator and centre staff seem to have had a positive influence in most centres, in some cases, more work needs to be done by the organising partnership, to build advocacy for the project among matrons and hospital administrators.

Practically all of the hospitals participating in “Music in Healthcare” now have designated Activities Staff. Many of these staff took on the role of key music liaison people, for the purposes of “Music in Healthcare”. The involvement of designated Activities Staff in the project means that a certain consistency in staff presence can be achieved, and there is therefore increased potential for facilitators and key staff to build



up an ongoing relationship. Moreover, the Activities Staff are more likely to have time to devote to working with clients on music and arts-related activity between the facilitator's visits. There is also increased opportunity for enriching the impact of the music workshops by Activities Staff working with the clients on related cross-artform projects (e.g. paintings on the theme of a piece which the clients have composed during the music workshop). It would therefore seem that the designated Activities Staff are the staff members who are best placed to take on the role of key music liaison people for the purposes of this project.

The dedication and co-operation of ward staff and other members of staff not directly involved in the project needs to be consistently acknowledged, and nurtured by the project organisers and the participating hospitals. It is obvious that these members of staff are more likely to continue to support the project if they are kept informed about it. This indicates that the pre-project meetings in each centre should involve a wider group than just the key staff members. In addition, participating centres could assist in raising awareness of the project internally by ensuring that all staff are informed of the time and location of the workshops, and by issuing an open invitation to any staff member who is free to drop in and observe the work in progress.

#### **4.6.3 Workshop space**

Spaces used in the various centres varied from dining halls to foyer areas to day-rooms. As is often the case, the use of a non-designated space brought with it some problems, whether of size, acoustic or through traffic. Given that, in most instances, the group size was much larger than that recommended, many rooms proved to be too small for the workshop. Where dining rooms were used, these tended to be too "boomy" in acoustic, and ancillary noise from kitchens was often a problem. In areas such as foyers, where people necessarily had to pass through the workshop space en route to another area of the hospital, this often proved to be a distraction.

Facilitators have found that it is crucial that workshops take place in a circular formation, to enable eye-contact. The workshop space must therefore be sufficiently large to facilitate this formation. However, in rooms which are very large, it can be tempting for the staff to try to pack more people into the workshop, thereby creating an unwieldy group (see 4.6.1 above), and leading to discomfort for the participants. This temptation should therefore be resisted.

**Comment:** Very few centres have access to a room which can ideally facilitate this type of noisy group activity. Therefore, facilitators and musicians will very often have to work in non-ideal environments. However, if a number of potential workshop spaces are available within a hospital, these should be shown to the facilitator for him/her to choose that space which would be most suitable.

#### **4.6.4 Instruments**

During Phase 1, the Midland Health Board had provided funding to allow Music Network to purchase on behalf of each participating centre a basic kit of untuned percussion

instruments. At the start of Phase 3, additional funding was allocated by the Health Board, to provide instruments for the two hospitals which were new to the project.

Since the start of “Music in Healthcare” some of the participating centres had themselves begun to expand the pool of instruments available to them. Two of the original six centres had invested in a clavino, and these same two centres, along with a number of others, had also invested in additional percussion instruments.

In addition to its commitment to fund “Music in Healthcare” and Age & Opportunity’s “Arts in Care” projects, Midland Health Board wrote into its service plan for 2001 an allocation of IR£1,000 per centre per year for the purchase of arts materials. This is a very positive step by the Health Board, which should make a significant contribution to the work of the Activities Staff. Music Network would encourage each centre to spend a proportion of this money on building up its instrument bank, and the project facilitators will be able to advise staff on instruments which might be particularly useful. In particular, the purchase of some tuned percussion would be a welcome addition to the instruments which have been generously loaned to the project by the IRMA Trust instrument bank.

#### **4.7 Facilitators and Musicians**

##### **4.7.1 General**

The musicians and facilitators were generally pleased with the first module of Phase 3, and thought that the project was achieving most of its objectives. They were satisfied with their terms and conditions.

##### **4.7.2 Experience of the project**

The musicians and facilitators were enthusiastic in their expression of enjoyment of their work. All respondents to the facilitator/musician evaluation questionnaire stated that they enjoyed interacting with the older people, and the feeling of making a difference to their lives. Facilitators commented:

“I loved feeling connected with the people, seeing them get a kick out of it, hearing something work, and sounding good”.

“I enjoyed the challenge, and seeing the older people enjoying participating, and having fun together”.

Each musician and facilitator who returned a questionnaire felt that they had learned something new from the experience:

“I gained first hand experience of music being a means for people to come out of themselves, at least for a short period of time”.

“I learned that the key to this kind of work is to go with the strengths of the people involved”.

“I learned that I would like to work more in this setting”.

Facilitators and musicians alike felt that the work had been a challenge, but one which yielded great rewards.

#### **4.7.3 Selection and preparation of facilitators and musicians**

Following a recommendation made in the evaluation of Phase 2, job descriptions have been drawn up for the roles of facilitator and musician (see appendices 2 and 3).

Flexibility and openness, patience, diplomacy and good people skills are key qualities which are vital among all facilitators and musicians on the programme. To date, the facilitators and musicians have been hand-picked, and invited to work on the project, based on knowledge of their personalities, as well as their musical skills. While the programme remains in pilot stage, this personal recruitment approach is still viable. If and when it is rolled out as a national service, new recruitment mechanisms may need to be developed.

Most of the issues surrounding training and mentoring have been covered in section 4.3. By and large, the musicians and facilitators felt that they had been prepared for the work, but many drew attention to how much learning is done on the job. A musician commented:

“It is difficult to prepare someone for this kind of work. Musicianship comes secondary to having good interpersonal skills, and a genuine caring and patient attitude towards the residents. These skills take time to develop, and first hand experience is invaluable”.

#### **4.7.4 Working as part of a team**

There was agreement amongst musicians and facilitators that they worked well together. The facilitators saw this teamwork as a key to the project’s success, and paid tribute to their team-members.

Some musicians stated that they had learned a lot from seeing their team’s facilitator in action, and most also felt that they had gained in a musical sense:

“Working with two musicians who work very closely, and mostly without sheet music showed me the value of being able to spontaneously drop in a tune at any stage”.

In the first two phases, the musicians were not present at all the sessions. During the first module of Phase 3, it was decided to give facilitators the option of calling on their musicians for a minimum of four workshops, and a maximum of six, depending on the facilitator's preferred approach, and the musicians' availability. In most cases, the musicians were present at all six workshops. Some facilitators (particularly those who might have had to work with larger groups, or in centres where few staff were available to help) felt that it was essential to have their musicians' support every week. However, others indicated that they saw a value in leading at least one workshop by themselves. It was felt that, if the project was becoming too performance-led, a "solo" workshop allowed them to re-focus on the participative element. Therefore, it would seem that the programme should maintain some flexibility around this issue, and that it should be left to the individual facilitator to decide how many weeks they wish their musicians to be present, depending on how they wish to shape their project.

It was agreed during the facilitators' liaison meeting mid-way through the first module of Phase 3 that the "pool" of musicians with experience in this field should be used as a more flexible resource. This resource could be drawn upon if the facilitator's team members are unavailable for a particular workshop. Therefore, a musician from a different project team could be called upon to make a "guest appearance" for a single workshop.

#### **4.8 Overall Programme Organisation and Administration**

All parties expressed satisfaction with the organisation and administration of the project, and were complimentary about the support from Music Network. However, from Music Network's point of view, the lack of a regionally-based Project Co-ordinator was a serious draw-back. Although the Midland Health Board had already agreed to this appointment and recruitment measures were underway, the lack of a regional co-ordinator during this first module served to highlight the vital importance of this role. Without a regional Health Board co-ordinator during this initial module, certain aspects of the "Guidelines for Participating Centres" document (please see appendix 1) were overlooked, which led to some frustrations for the facilitators and musicians and, by extension, to the clients and staff. Music Network found itself seriously over-stretched in taking sole organisational responsibility for the project, during this period.

**Comment:** Music Network's role in this programme is to ensure its smooth running from the musical perspective, and to deal with all issues relevant to the musicians and facilitators. The organisation is not equipped to deal with healthcare issues. It is vital from both partners' perspectives that the programme operates in a meaningful way from here onwards, and that the Health Board appointment is made before the commencement of the next module of activity.

#### **4.9 Sustaining The Benefits Of The Project**

Even though Phase 3 is an ongoing programme, which will last well into 2004, at this stage, measures need to be taken to ensure that the benefits gained are not lost when

Phase 3 finishes. Measures for sustainability should be planned into the programme from this point.

#### **4.9.1 Health and social gain projects**

“Music in Healthcare” is just one of a number of projects currently running in the Midland Health Board region which focus on raising the quality of life of older people. Other programmes focusing on general arts activity and physical health are also well established. As part of this overall programme of activity, it is necessary that the impact of “Music in Healthcare” be researched by the Midland Health Board, to enable effective planning for future years of the project, and beyond.

#### **4.9.2 Professional Development for staff**

As noted, in some centres (particularly those where the key music liaison people were designated Activities Staff), staff members felt confident enough, and had time to rehearse music exercises, use the instruments, lead music to movement exercises, and conduct group singing sessions with the clients, between the facilitator’s visits.

In other hospitals, staff members who had not managed to carry out music activities between the facilitator’s visits pointed out that the group of clients that come together for the music workshops is a diverse group, which involves participants from all over the hospital, as well as day-care clients. While there are benefits in staff members working with this group in order to rehearse for forthcoming workshops, Music Network would also encourage staff members to try out music activities with non-members of the established group (for example, bringing instruments around to the various wards).

**Comment:** The fact that members of staff have felt confident enough to undertake music activities with the clients is a very positive outcome, and indicates that the model is capable of delivering professional development to the centre staff. This issue has the potential to have long-term impact within the participating hospitals.

Obviously it is not intended that the members of staff can replace the facilitator in leading the workshops, not least due to the established patient/carer relationship they already have with the clients. However, their involvement can contribute greatly towards building up an environment for music within the hospital. With a longer-term view, beyond the time-frame of the project, the staff’s musical work could be supplemented by the input of professional musicians who are resident in, or visiting the area, or via a county musician-in-residence scheme, with the assistance of the relevant county arts officer.

#### **4.9.3 Local Contacts**

Contact with local arts officers and arts centres, where these exist, has the potential to sustain the benefits of the project. A number of participating hospitals have already formed fruitful alliances with their local arts officer. Music Network has encouraged each hospital to invite their local arts officer and other local arts resource people to attend the final workshops.

### **Comment**

During Phase 1, Music Network facilitated meetings of key staff members in each hospital and locally based music/arts resource people. There may be a need to repeat these meetings, and this time involving the regional Health Board project co-ordinator, to facilitate joint planning for the future.

#### **4.9.4 Towards a model**

One of the aims of the project is the development of best practice guidelines for use by Health Boards and other interested groups and organisations, which will provide guidance on planning and implementing similar projects in hospitals, residential and day care centres.

A great deal has been learned to date, and it is apparent that there is still much to be learned. This is a new experience for all those involved, and much might be lost by if the organising partnership was to attempt to solidify learning into a definitive model at this stage. However, care must be taken to capture what has been learnt to date: not to rely on it living solely in the experience of individuals who may forget or leave. It may be thus advisable to begin to sketch out the beginnings of the planned guidelines.

## **5 DISCUSSION AND RECOMMENDATIONS**

### **5.1 Development of Phase 3**

This evaluation reveals that “Music in Healthcare” is, in general, achieving its aims and objectives.

It would seem that the dual emphasis on high quality musical performance and participative workshops has a range of positive impacts for the participants (both older people and staff). These include enhancing the quality of life of the older people (giving them enjoyment, variation to normal routine, engendering a sense of occasion); providing challenge and stimulation; creating a sense of community (clients and staff working together; potential for integration with the wider local community); encouraging physical exercise; promoting creativity.

Serious consideration now needs to be given to the remaining years of Phase 3. Little benefit would be gained from repeating the initial module for the rest of the given time-frame. This evaluation report has highlighted potential means of development, including lengthening the modules, and employing the facilitators and musicians for a full day per centre per week, thus enabling them to work with two distinct groups per centre. These adjustments could have considerable impact on the budgets required, but would have the potential to reap great rewards, in terms of enhancing relationships between all key participants, and in terms of paving the way for sustaining the work into the future.

The recommendations outlined below are intended as constructive amendments and/or additions which would add to the development of the model, and assist in promoting the programme's sustainability.

## **5.2 Recommendations**

### **Training and support for the two key sets of professionals**

1. It is recommended that future CPD training workshops for facilitators and musicians should include talks or discussions about issues specific to working with older people in care settings. Presentations could be given by a Health Board professional, and/or someone with a gerontology background.
2. Pre-project planning meetings should continue to take place before each module of activity, within each participating hospital. In addition, a designated staff workshop should be introduced mid-way through each module, to take place within each individual centre, but focusing on musical activities.
3. A mentoring programme must be implemented for facilitators, as a matter of urgency. The mentor should be aware of Irish culture, and should ideally be based in Ireland, in order to facilitate site visits and personal meetings. The mentor should support facilitators to enable their group(s) to develop musically at a rate which is appropriate to the individual group's ability. The mentor should also assist in ensuring the musical quality of the programme.
4. Facilitator networking meetings should be formalised to take place roughly mid-way through each module of activity, and should be hosted by Music Network.
5. A system for video recording workshops in progress should be introduced as a training mechanism for both existing facilitators/musicians, and new facilitators/musicians coming on stream in the future. Other supports which could be introduced include a literature database of documents relevant to the field, and a facilitator chat room.
6. The feed-back mechanisms (i.e. weekly client and staff questionnaires and facilitator/staff liaison meetings) introduced at the start of this phase should continue to be used on an ongoing basis. Where possible, the facilitator/staff liaison meetings should take place before the workshop begins.

### **In-centre Activity**

7. The organising partnership (Music Network and the Midland Health Board) should consider lengthening the modules to eight weeks, with one or two breaks built in, thereby spreading the time-frame to span nine or ten weeks. The partnership should also consider whether or not to alter the structure of the programme to allow each centre access to a facilitator/musician team for a full day per week. Both of these actions would have budgetary implications.
8. It is recommended that the number of participative performances be limited to one per centre per year. As the Bealtaine festival takes place annually in May, it would seem that this would offer a natural annual platform for participating centres to showcase their achievements. Centres located in the same county could get together for an exchange performance in their local arts centre or venue, thereby enriching the experience for all involved.

9. It is recommended that the workshops continue to run for 90 minutes, and facilitator/musician teams and centre staff should make every effort that the designated start time is adhered to. From an organisational point of view, realistic travel time should be allowed between workshops which might involve one facilitator/musician team working in two different centres during the same day.
10. The balance between performance and participation remains a sensitive issue, which must continue to be borne in mind by facilitators, when designing their project modules.
11. Facilitators and musicians should continue to plan repertoire with empathy for their audience, and should be flexible about presenting music in a variety of styles and genres.
12. The element of enabling the group to create something new, or to express themselves is a priority, which must be borne in mind at all times. It is important that the workshops do not simply take on the format of a concert or sing-song. Peer performance should continue to be encouraged, but should not be allowed to dominate the workshop (for example, a time-slot of 15 minutes could be allocated to this each week).
13. Facilitators and musicians should continue to be aware of the danger of patronising the older participants, and should continue to ensure that the exercises they introduce are suitable for the age-group in question.
14. Facilitators should continue to explain to the participants the reason for each particular exercise undertaken. The instruments used, and techniques such as vocalisation should be put in context for the group, so that there is an explicit musical basis for every exercise.

#### **Group size and selection of participants**

15. It is recommended that every effort is made to enable the clients to choose whether or not they wish to participate in the music workshops. The organising partnership should explore with the participating centres how this might best be achieved.
16. It is recommended that the stated upper limit of workshop participants (30) is applied.
17. Workshop participants should form a distinct group within the workshop space. Less able observers should be clearly distinguishable as a separate group. Clients who are in the centre on respite care should be permitted to observe the workshops rather than to participate actively, and should be located outside the participants' circle.
18. If it is felt by the organising partnership to be a significant issue, the partnership could research the reasons why females significantly outnumber males as project participants. Male non-participants could be surveyed, and this could form the basis of positive action to encourage more males to participate in the future.

#### **Staff and staffing**

19. Although the pre-project meetings between the facilitator and centre staff (facilitated by Music Network during the first module) have had a positive influence in most centres, in some cases, more work needs to be done by the



- organising partnership, to build advocacy for the project among matrons and hospital administrators.
20. In hospitals where designated Activities personnel has been appointed, it is recommended that the Activities staff take on the role of key music liaison people for the purposes of this project.

#### **Facilities and resources**

21. It is recommended that, if a number of potential workshop spaces are available within a hospital, the facilitator should be allowed to choose the space which would be most suitable for the workshops.
22. Music Network recommends that participating centres to devote a percentage of their annual arts budget to the purchase of good quality instruments, including tuned percussion. Music Network or the project facilitators can advise on which instruments to purchase.
23. In the case that the Health Board is planning to build similar facilities at any stage, it is recommended that qualities which characterise a good workshop space are borne in mind, and that a designated workshop space is incorporated into any such new facilities.

#### **Facilitator/Musicians Teams**

24. Flexibility should continue to be exercised regarding the number of weeks the project musicians are present. This should be left at the discretion of the project facilitator.
25. The “pool” of musicians with experience in this field should be used as a more flexible resource, which can be drawn upon if the facilitator’s team members are unavailable for a particular workshop.
26. Music Network should plan so that each facilitator/musician team includes at least one member who can be mobile as they perform.

#### **Overall organisation and administration**

27. It is recommended that a regional Project Co-ordinator is appointed by the Midland Health Board as soon as possible, in order to support the development of the programme on the ground.
28. It is recommended that the Midland Health Board carry out an evaluation of the project from its perspective, which may cover areas such as conditions which impinge upon the exclusion of participants, and an audit of the task and time demands on staff to implement the project. Structures for this evaluation should be put in place before the start of the next module of activity.
29. It is recommended that the organising partnership continue to encourage contact between hospitals and their local arts resource people, with a view to encouraging independent arts/music collaborations. Formal meetings (such as those which were facilitated by Music Network during Phase 1) should be repeated, to enable joint planning for the future.

## **APPENDIX 1: GUIDELINES FOR PARTICIPATING CENTRES**

- Before the project begins, a team-building workshop will be organised, involving the key staff person/people, and any other interested members of staff, the project facilitator and Music Network's Education & Healthcare Manager. The workshop will last approximately 2 hours. Its purposes will be:
  - to allow the facilitator to meet the key staff person/people, matron and clients in advance of the project;
  - to allow the facilitator to view the space allocated for the project;
  - to allow the facilitator to view any in-centre resources which may be available for use in the project (e.g. instruments);
  - to allow for joint-planning of the project (between centre staff and facilitator);
  - to do some initial music making/training with staff

If possible, the team-building workshop will be scheduled to take place roughly 2 weeks before the commencement of the project.

- It is important for centres to try to establish a manageable sized group of workshop participants, in consultation with the project facilitators. Where possible, the workshop groups should remain consistent from week to week. More people can be drawn in as audience members during the final performance.
- Weekly workshops will consist of an initial 30 minutes liaison time between the key staff person/people and the project facilitator, followed by a 90 minute session involving the clients, key staff members and musicians, and led by the project facilitator. The purpose of the initial 30 minutes is as planning time for the forthcoming workshop, and as a means of feeding back regarding the previous week's workshop, taking into account the opinions of attending staff and clients (weekly feedback questionnaires will be issued before the commencement of the project).
- Where possible, the key music liaison person/people from each hospital should be present at each workshop. Other members of staff who have a particular interest in music, or who play a musical instrument also be particularly welcome at the workshops.
- The matron and/or key staff member(s) are encouraged to spread the word about the music project to other members of staff, and to build consensus for the project within their centre.
- Normally during the workshops, the facilitator will lead proceedings, introducing the musicians, leading the activities, and rounding off proceedings. For the final concert (where visitors are present), a member of staff from the centre may also feel it is appropriate to say a few words (e.g. the matron or a key music liaison person).
- If the participating musicians are agreeable, staff members will be encouraged to make a tape or, if possible, a video of the final week's concert, for future internal use within the centre.

- Centres are encouraged to issue invitations to their local Arts Officer and other prominent local music/arts personnel (e.g. local music promoter) along to the final concert during week 6. This concert could also be used as a means of demonstrating the project's achievements to other residents/day-care members, other members of staff, or others, as appropriate.
- Centres are encouraged to maintain links with their local Arts Officer and local music promoters, in order to avail of other arts events which may be coming to the region. (Meetings were facilitated between local arts resource people and the matron or key personnel from each of the 6 hospitals which participated in phases 1 and 2 in 2000. Similar meetings will be organised with the 2 centres which are new to the project in May/June 2002.)
- Centres should be aware that the project has, to date, generated much media interest. There is a possibility that members of local or national press may wish to attend one or more workshops, to conduct interviews, and/or to record the proceedings either for television or radio. If any centre is not keen on such media activity taking place in their setting, they should notify Music Network's Education & Healthcare Manager early on in the project.

Points re. workshop space/seating arrangements

- Semi-circular seating arrangements work well, enabling all audience members/workshop participants to see the musicians/facilitator.
- Musicians should be positioned on the same level as audience members/workshop participants (ground level).
- If possible, the workshops should take place before a non-distracting back-drop (e.g. not in front of a large window where a lot of activity might be taking place at that time).

## **APPENDIX 2: JOB DESCRIPTION – HEALTHCARE PROJECT FACILITATOR**

### Tasks

1. To liaise with Music Network’s Education & Healthcare Manager around organisational issues (such as scheduling the projects, selection of musicians, etc.), and to keep her informed of the projects’ progress.
2. To attend Music Network Continuing Professional Development (CPD) training sessions, which will be organised in advance of each new phase of the healthcare project. These events present facilitators with an opportunity to:
  - liaise with mentors from the Guildhall School of Music & Drama, to discuss previous in-centre work;
  - plan for the forthcoming project period;
  - gain new ideas and skills which can be incorporated into the forthcoming phase of the project;
  - liaise, rehearse, perform and create with their team of musicians in advance of the commencement of the new project phase.
3. To design (or co-design with other facilitator colleagues, if appropriate) (a) staff training day(s) for centre staff. Staff training days will be held before each new phase of in-centre project activity commences. The aims of these training days are: to build a sense of team-work between the centre staff and the facilitator; to give centre staff a flavour of the type of work which will be carried out during the six-week in-centre project; to enable discussion and joint pre-planning to take place prior to the project’s commencement. The design of the staff training days should take these aims into account.
4. To lead (or jointly lead with other facilitator colleagues, if appropriate) the training session(s) for healthcare staff, which will be held in advance of the commencement of each phase of the in-centre project.
5. To lead the six-week project in each of the facilitator’s designated centres/hospitals. Facilitators will have access to the services of an ensemble of musicians for four out of these six weeks. These musicians should be regarded as a flexible resource who are on hand to perform agreed repertoire as well as improvisations where required, and to demonstrate, and act as catalysts and anchors in the creative process.

Each of the six visits to each centre should include half-an-hour’s liaison time with centres’ key music liaison personnel at the beginning. This time should be used as a vehicle for information exchange (regarding new developments/events which may have affected participating clients), for feedback (on behalf of the clients and staff, based on the previous week’s activities), and for team-building (bringing centre staff on board regarding planned activities for the forthcoming workshop).

6. To liaise with their own team of musicians in advance of and during the project in order to: keep musicians informed of new developments in each centre which may have taken place since their last visit; discuss the activities/methods which are to be used in forthcoming visits; discuss and agree repertoire to be performed during forthcoming visits.
7. To encourage centre staff to incorporate music activities into their own time with the clients, between the facilitator's visits. Facilitators should be viewed as a mentor in this process, and should begin to involve the centre staff in assisting with the co-leadership of the projects' workshop activities, as the project develops.
8. To assist the project evaluator with the evaluation process by making themselves available to attend an interview and/or fill out (an) evaluation questionnaire(s), as required. Facilitators should also be able to provide the evaluator with a copy of the project design/staff training day designs, if required.

#### Necessary Skills and Knowledge

Facilitators should:

- be skilled musicians;
- have a knowledge/understanding of this specific healthcare setting;
- have strong leadership and team-building skills;
- have experience of working in groups;
- have strong communication skills - an ability to communicate effectively with older people, staff and matrons;
- have a good knowledge of age related issues.

#### Necessary Qualities

Facilitators should:

- be flexible - be prepared to work in potentially disruptive conditions;
- have commitment to the objectives of the project;
- be open to new ideas, and willing to adapt to feedback;
- have a respect for and empathy with older people who may be living with illness or disability.

### **APPENDIX 3: JOB DESCRIPTION – HEALTHCARE PROJECT MUSICIAN**

#### *Tasks*

1. To liaise with Music Network's Education & Healthcare Manager around organisational issues (project scheduling, etc.).
2. To attend Music Network Continuing Professional Development (CPD) training sessions, which will be organised in advance of each new phase of the healthcare project. These events present musicians with an opportunity to:
  - liaise with trainers from the Guildhall School of Music & Drama;
  - discuss the project, and learn from others who have worked on the project previously;
  - gain new ideas and skills which can be incorporated into the forthcoming phase of the project;
  - liaise, rehearse, perform and create with their project facilitator and fellow musicians in advance of the commencement of the new project phase.
3. To work for four weeks out of the six-week project in each of their team's designated centres/hospitals (half a day per centre, per week). The musicians' role is as a support to the project facilitator. Musicians should regard themselves as a flexible resource, on hand to perform agreed repertoire as well as improvisations where required, and to demonstrate, and act as catalysts and anchors in the creative process.
4. To liaise with the project facilitators and other members of the team in advance of and during the project in order to: keep abreast of new developments in each centre which may have taken place since their last visit; discuss the activities/methods which are to be used in forthcoming visits; discuss and agree repertoire to be performed during forthcoming visits.
5. To assist the project evaluator with the evaluation process by making themselves available to attend an interview and/or fill out (an) evaluation questionnaire(s), as required.

#### *Necessary Skills and Knowledge*

Musicians should:

- be skilled performers of a professional standard;
- have a knowledge of this specific healthcare setting, or an openness to learn about it;
- have strong team-work/ensemble skills;
- be willing to work under a facilitator's guidance;
- have experience of, or an openness to working with groups;
- have strong communication skills - an ability to communicate effectively with older people, staff and matrons;
- have a knowledge of age related issues;
- be willing to improvise on their instrument.

*Necessary Qualities*

Musicians should:

- be flexible - be prepared to work in potentially disruptive conditions;
- have commitment to the objectives of the project;
- be open to new ideas, and willing to adapt to feedback;
- have a respect for and empathy with older people who may be living with illness or disability.

**APPENDIX 4: QUESTIONNAIRE FOR FACILITATORS AND MUSICIANS**

1. What attracted you to this project?
2. Have you done work like this before? If so, please describe.
3. From your own experience of working on the project, do you think the project achieved any or all of its objectives during this phase of activity?
4. Do you think you were prepared sufficiently for the work?
5. Did you know what to expect in the homes – of the older people? the staff? the setting?
6. Did you enjoy the work? What did you like about it? What did you dislike?
7. Did you learn or gain anything new from this work? If so, what?
8. What did you think of the room available for the sessions, the instruments, the time available, etc?
9. Did you feel welcome at the venues?
10. Do you think the staff and the participants knew what to expect from the music sessions?
11. If you worked with more than one group, did you find any differences between the groups and homes you worked with?
12. Do you have any comments on the organisation and administration of the project?
13. Were you satisfied with the conditions of your employment on this project i.e. contract, pay, payment, expenses, workload?
14. What could be done to improve this project for the next phase (bearing in mind that funding is limited)?



**APPENDIX 5: QUESTIONNAIRE FOR STAFF**

1. Did you enjoy today's workshop? Yes \_\_\_ No \_\_\_ Don't know \_\_\_

2. Which parts did you think worked best?

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3. Which, if any parts did not work?

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4. Do you think the clients enjoyed the workshop?  
Yes \_\_\_ No \_\_\_ Don't know \_\_\_

5. Are there any parts you think they did not enjoy?

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6. Which parts do you think they enjoyed most?

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7. What, if anything, could have been done to improve the workshop?

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8. Did the music session have any behavioural effect on the clients during or after the workshop? Yes \_\_\_ No \_\_\_ Don't know \_\_\_

9. If so, please explain

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10. Have you tried any music activities with the clients since the last workshop?  
Yes \_\_\_ No \_\_\_

11. If so, what types of activities, and how well they work? \_\_\_\_\_

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**12. Will you try any music activities with the clients before the next workshop?**  
Yes    \_\_\_    No    \_\_\_    Don't know    \_\_\_

**13. If not, why not?**

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*Thank you for your time, and for your opinions, which will be treated in the strictest confidence.*

**APPENDIX 6: CLIENTS' WRITTEN QUESTIONNAIRE**

1. Did you enjoy today's workshop? Yes \_\_\_ No \_\_\_ Don't know \_\_\_

2. Which parts did you enjoy the most?

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3. Which parts did you enjoy the least?

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4. Did you feel relaxed after the music session?  
Yes \_\_\_ No \_\_\_ Don't know \_\_\_

5. Did it put you in a better mood? Yes \_\_\_ No \_\_\_ Don't know \_\_\_

6. Did it put you in a worse mood? Yes \_\_\_ No \_\_\_ Don't know \_\_\_

7. Do you intend to come to next week's music session?  
Yes \_\_\_ No \_\_\_ Don't know \_\_\_

**About You**

1. Are you: male? \_\_\_ female? \_\_\_

2. What is your age? \_\_\_\_\_

3. Are you : a long stay resident? \_\_\_  
attending day care? \_\_\_

4. If you are a long stay resident, how long have you lived here? \_\_\_\_\_

*Thank you for your time, and for your opinions, which will be treated with  
the strictest confidence.*