
Music in Healthcare 2000 – 2004:

- A Partnership between Music Network and the Health Service Executive
 - Summary of an Evaluation Report
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Music in Healthcare 2000 – 2004

in brief

***Music in Healthcare* was a partnership project developed by Music Network and the Midland Health Board (now part of the HSE Dublin/Mid-Leinster region) over a five-year period between 2000 and 2004.**

With support from management and staff, hundreds of older people in residential and day-care centres in the midlands were facilitated to engage creatively with teams of professional classical, jazz and traditional musicians, who challenged and supported the participants to explore and express their musicality through participation and collaboration, while simultaneously exposing them to high quality music performance. The programme was creative in intent, but it also

acknowledged the power of music to impact on physical, psychological and emotional health, and aimed to ensure that this impact was positive for all involved.

A final project evaluation report identified a range of positive personal, social and artistic outcomes for participants, healthcare staff and musicians, and indicated a beneficial impact on the overall environment in participating centres.

A series of recommendations highlighted the need to build on the learning and prioritised two areas for future action:

- The development of a partnership between HSE Dublin/Mid-Leinster and local arts organisations in order to

establish a locally owned and sustainable Musician-in-Residence programme for older people in the region

- The further development of training opportunities for musicians interested in working in this context

This publication contains a summary of the evaluation report and outlines:

- i the background to the project
- ii the outcomes for all involved
- iii key learning regarding the organisation and practice of participative music programmes
- iv recommendations

Chapter One - Background

The roots of *Music in Healthcare* stretch back to the *Concerts in Healthcare Environments* series, which took place in 1998.

Three concerts from this series took place in centres in the Midland Health Board region.

From this encounter grew a working relationship that led to the establishment of the *Music in Healthcare* project in 2000. In 2002, the Midland Health Board (now HSE Dublin/Mid-Leinster) entered a full partnership with Music Network, committing to equal responsibility for the planning, operation and evaluation of a three-year programme of action research.

Between 2000 and 2004, four modules of participative music workshops were organised with groups of older people in residential and day-care centres throughout

the region. Initially, workshops took place once a week over a four-week period, but modules were later extended to six-week periods on the basis of feedback from all involved. The workshops were led by teams of professional musicians, each of which was headed by a facilitator (or facilitators) with responsibility for workshop planning and for providing support to the other musicians on their team, and members of healthcare staff. The IRMA Trust provided a selection of tuned and untuned percussion instruments for the participants' use, on a long-term loan basis.

An element of staff training was incorporated into the early stages of the project and effective communication was prioritised throughout. Weekly meetings between staff and musicians took place for the purposes of co-planning, monitoring and evaluation during each module.



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aims & objectives

The overall aim of Music in Healthcare was to:

- research and develop a model for using live music in residential and day-care environments for older people, which would impact favourably on the therapeutic environment.

Its objectives were to:

- present specially designed workshops and performances of the highest quality to older people within their own living environment
- make a positive impact towards the health and social gain of residents and day-care clients, thereby contributing towards enhancing their quality of life
- analyse the impact of the music activities from the perspective of all participants, and use the findings to refine the model for the future

- raise awareness among both the medical and caring professions, and among the wider public as to the potential benefits of music within the area of care for older people and healthcare in general
- explore the potential for personnel from the different spheres of the arts and healthcare to work together for the benefit of older people
- highlight the need for structured provision of professional development and support for the two key sets of professionals: musicians and care centre staff

“ There was fulfilment in seeing the difference we made.”
Musician



who was involved?

The clients

Participating clients were aged from their late fifties to their early nineties, with the majority in their seventies and eighties. Individuals with diverse abilities took part, ranging from those who were physically well and active to those suffering disabilities related to hearing, speech, mobility, memory and concentration. Approximately 275 older people took part in the final round of workshops in the autumn of 2004. It is not possible to quantify the total number of clients involved over the five years as consistency of attendance varied between different centres.

Day-care and residential centres

Participating centres included:

- Abbeyleix District Hospital (02-04)
- St. Vincent's Care Centre, Athlone/Loughloe House, Athlone (02-04)
- Community Nursing Unit and Day-care Centre, Birr (00-04)
- Community Nursing Unit and Day-care Centre, Edenderry (00-03)
- Riada House Residential and Day-care Centre, Tullamore (00-04)
- St. Brigid's Hospital, Shaen, Portlaoise (04)
- St. Joseph's Care Centre and Day-care Centre, Longford (00-04)
- St. Mary's Care Centre and Day-care Centre, Mullingar (00-04)
- St. Vincent's Hospital and Day-care Centre, Mountmellick (00-04).

The Directors of Nursing

Directors of Nursing from these residential and day-care centres were involved in the project over the five years. They were responsible for promoting the project internally as well as for making adequate space and staff support available to the musicians.

Key support staff

Key staff members were appointed in each centre to: liaise with musicians; attend workshops; support client participation, and inform co-workers about the purpose and progress of the workshops. In centres where Activities Co-ordinators had been appointed, they took on this role.

the musicians

Twenty-one professional performers from classical, jazz and traditional Irish music backgrounds were involved in the programme over five years. Each musician was selected on the basis of artistic excellence and empathy for collaborative music in context.

The majority of facilitators and musicians completed the Continuing Professional Development (CPD) training and support programme developed by Music Network to prepare professional musicians to work in collaborative, participatory contexts. Personnel from the Guildhall School of Music and Drama in London delivered the initial phase of this programme while Elaine Agnew (composer and experienced music animateur) developed an individual mentoring and support programme for the musicians in the final two years.

To give an idea of the calibre and diversity of musicians involved in the *Music in Healthcare* project, the following is a list of those involved in the final year of the programme (2004).

The facilitators (i.e. those who led the workshops) included: Mary Bergin (tin whistle); Aingeala De Búrca (violin); Tommy Hayes (percussion); Joe McKenna (uilleann pipes), and Anne-Marie O'Farrell (harp).

Support musicians included: Geraldine Cotter (piano); Síle Daly (oboe); Brian Morrissey (banjo/bodhrán); Dorothy Murphy (vocals); Jonathon O'Donovan (guitar), and Malachy Robinson (double bass).

“ It was a shared activity and we were all on a level. ”

Member of care staff



Chapter Two - Key Outcomes

Outcomes for participants

Musical appreciation

The high quality of the musicians was acknowledged and appreciated by the older participants and marked the workshops out as something special.

Increased capacity to engage in new musical experiences

Some participants were initially daunted at the prospect of participation as they were unfamiliar with certain musical genres and instruments. Most overcame their fears and grew adventurous as time went on.

Increased capacity for creativity

The project engaged the imagination of the participants and according to one care staff member *'hit some...creative part of the brain that other projects miss'*.

Creative control

Participants became more vocal as time went on, contributing a greater number of creative ideas and suggestions, volunteering to perform, and in some cases offering critical feedback to the musicians.

Musical achievement

Many participants defied expectations, surprising both themselves and staff members with the unexpected musical results they achieved, and sparking off feelings of pride.

Memories and emotions

The live music experience stirred up long forgotten memories and emotions.

Enjoyment

Participants found the workshop atmosphere *'warm'*, *'welcoming'* and *'fun'*, and felt happier and more content afterwards.

Increased energy levels

Warm up exercises, clapping, stamping, tapping and beating out rhythms with hands, feet and instruments loosened people up and enlivened them physically and mentally.

A sense of anticipation

Many participants commented on how they looked forward to workshops from one week to the next. One staff member observed that the workshops put *'meaning into the day'*.

Relaxation

Many participants found that the workshops helped them to relax and in some cases to sleep better. Some more agitated participants found that the music calmed them down. One visitor whose wife suffered from Alzheimer's commented that he particularly valued the opportunity to attend the music sessions, as they provided the only time when he and his wife could be quiet and relaxed together.

Improved communication

The musicians' visits to the centres were an instant source of conversation while the instruments, the music and the ongoing musical requests all gave rise to further discussion, debate and reminiscence.

Improved fine motor skills and co-ordination

The workshops encouraged participants to use their fingers to tap out rhythms and to play various instruments. This helped to strengthen muscles and improve dexterity and co-ordination.

Improved concentration

Staff members were surprised by some participants who gradually developed the ability to engage for the full length of the workshops, despite histories of restlessness or agitation.

Motivation to overcome physical and psychological obstacles

Participants showed great determination to overcome physical and psychological obstacles so they could attend and participate to the best of their ability. Some found they could lilt even though they could not speak, while others managed to move a hand, a foot or a finger in time to the music, despite low levels of voluntary movement.

Improved self-esteem

Participants found it affirming to have their individual musical interests and skills valued by highly talented musicians, and their ability to make creative choices respected in an environment where choice can be limited.

Collaboration

Group members demonstrated an ability to work together, and built a strong sense of camaraderie and community. The way in

which their contributions were valued by the musicians created a positive learning environment and participants took pride in the collaborative music created.

Links with family and community

A small number of family members and carers attended workshops: an experience that was very positive for all concerned. It deepened the sense of community integration and gave relatives/carers greater peace of mind regarding the quality of life on offer in the centre.

Enhanced social contact

The project brought men and women together and facilitated greater levels of social interaction and conversation. It enabled clients and staff to go beyond the limitations of their usual day-to-day relationship, which generally focused around care giving.

Outcomes for healthcare staff

Reinforced awareness of client individuality

The music workshops demonstrated new ways in which staff could acknowledge individual abilities and meet individual needs, in keeping with the growing emphasis on individual care planning in their work.

Greater appreciation of creative challenge

In the early days of the project, staff members tended to favour entertainment over musical challenge, and performance over participation. This outlook changed considerably. While staff members continued to value live performance, especially by musicians of the calibre on offer, they began to perceive greater benefits from active participation.

Appreciation of alternative approaches

Some staff members found that their work with the musicians caused them to reflect on their daily work practices and to consider alternative approaches. One staff member commented to a musician: *'I was shocked...you spoke normally while I'd be shouting, and they could follow you.'*

Increased creativity

Many staff members developed a greater interest in the creative process and grew more confident in bringing creative suggestions to the table. Some went on to develop music-based activities between workshops, encouraging clients to participate in rhythm work, singing, and movement to recorded music.

Linkages with local arts resources

Throughout the project, staff members were encouraged to make links with local resource organisations and artists. Local authority arts officers and arts centre personnel attended performances over the years and developed collaborative projects in some centres. One key staff member is now on the board of her local arts centre.



“ It's great at our age to be able to get involved in music. It's never too late to learn.” Client

Outcomes for musicians

Artistic practice

Many of the musicians became more musically open-minded due to exposure to different genres, new techniques and unfamiliar repertoire within their team.

Artistic freedom

Some musicians experienced a deepening sense of artistic honesty in response to the older participants, who made themselves vulnerable and expressed themselves musically from the heart.

Musical expression and communication

One musician commented that the experience had helped him to see '*the bigger musical picture of expression and communication*' whereas he had been more focused on technique beforehand.

Artistic affirmation

The musicians experienced a high level of artistic affirmation from the open way in which participants listened and responded to the emotion of the music played.

Flexibility and creative spontaneity

The musicians developed a greater ability to adapt to the needs and interests of their audience, learning new ways to respond quickly to suggestions or requests.

Career options

The project opened up new career possibilities that went beyond the usual professional triangle of performing, recording and teaching.

New audiences

The musicians reached audiences that existed outside the conventional performance framework and developed a renewed sense of relevance as a result.

Improved facilitation skills

The musicians developed a range of collaborative music skills, some specific to working with older people, others applicable to working with people of any age.

Altered perceptions of ageing and ability

Most musicians felt they learned a lot about ageing and older people over the course of the project. One musician acknowledged a growing sense of ease with ageing and disability, while another commented on an increased awareness of ageism and how it affects our expectations of older people.

Chapter Three - Key Learning

A number of key learning points emerged in relation to the organisation of collaborative music workshops with older people in day-care and residential centres, and the promotion of good practice on the ground. It is important to note that this learning emerged from a very specific context, which involved individual older people, staff members and musicians in their own unique musical collaboration. No *'one size fits all'* model can be applied across settings without due regard for individual needs, interests and resources. However, it is hoped that the following points of learning will be considered carefully, and will inform future planning and provision.

Quality and versatility of the facilitator/musician teams

Ideally, musicians should be highly skilled artists with qualities of flexibility, spontaneity, and openness to collaboration

across diverse repertoire. In practice, the teams found it effective to have at least one musician who could move freely among the participants in order to provide individual attention and support.

Issues of performance, participation, challenge and creativity

Performance should be retained as an important element in any workshop bringing, as it does, opportunities for artistic appreciation, enjoyment and personal reflection. However, participation is the core element in the *Music in Healthcare* approach. While concerts in healthcare environments have their place, the creative process should be prioritised in future projects that aim to provide imaginative challenge and opportunities for artistic achievement at individual and group level, as a means to enhancing quality of life.

Management support and the role of key staff

The enthusiasm and support of management is crucial to the success of a long-term participative music programme. Directors of Nursing can encourage a positive attitude towards the workshops among both staff and clients and with their support, important issues of space, time and staffing can be addressed. On the ground, key staff members who liaise with the musicians play a central role both in terms of advocacy and practical support. With access to time and resources, key staff members can significantly contribute to the clients' capacity to participate to the best of their ability. However, an inadequate allocation of time and resources is likely to leave key staff members feeling under pressure from expectations they cannot fulfil.

Communication between musicians and healthcare staff

With musicians and healthcare staff coming from very different worlds and often having very different perspectives and priorities, clear communication is vital. Mechanisms are needed to ensure a shared vision of the project's aims, objectives and parameters, clarity with regard to respective roles, and a two-way process of communication and feedback on an ongoing basis. These mechanisms need to include structured opportunities for information sharing, negotiation and basic training in order to enable musicians and staff to retain a clear focus, and to address any difficulties in a constructive and positive way.

Duration of Modules

The needs of each group are different, and may change over time. The clients, musicians and staff involved in the *Music in*

Healthcare programme all responded positively when workshop modules were increased from four to six weeks, and most felt it would be more effective still if extended further to eight or, in some cases ten weeks.

Length of Workshops

Again, each group is different in terms of individual needs and abilities, but in general, the ideal length of a session was found to be roughly ninety minutes. It is important that additional time is built in for musicians to build relationships and good communications with both clients and staff.

Group size

Group size dictates the level of challenge and creativity that can be achieved in the workshops. It is impossible to facilitate individual and group work that is creative and challenging when numbers are too large.

A maximum of twenty-five participants was agreed for the final module, although it was acknowledged that smaller numbers would be more effective.

“ The whole atmosphere was lifted by the sessions. ”

Member of care staff



“ It raised the spirits of the staff as well as the patients.”

Member of care staff

Group composition

Mixed ability groups combining individuals from residential and day-care facilities can provide valuable opportunities for integration and peer support. A good gender balance is also important.

Facilities and resources

Workshops require bright, airy spaces with reasonable acoustics and privacy from non-participants. Space limitations and interruptions can impact negatively on the energy, motivation and attention of a group. At a minimum, groups should have access to a selection of good quality hand-held tuned and untuned percussion instruments. Where possible, specially adapted instruments should be made available for those with limited strength or voluntary movement.

Sustainability

12 In order to be sustainable, music

participation programmes should be locally owned. The capacity of local management and staff to work with professional musicians is augmented by their active involvement in collaborative planning and implementation. Linkages with local arts resource organisations are vital, and opportunities to train skilled local musicians in collaborative creative work with older people should be explored.

General administration

Careful consideration should be given to the administrative support that is required by personnel in both the arts and the health sectors. Mechanisms are needed to ensure ongoing effective communication, continuity and connectivity between all involved.

Monitoring and evaluation

A commitment to regular feedback is necessary, with learning disseminated

among all involved and incorporated into the planning process on an ongoing basis. Feedback mechanisms should be flexible, with regular reviews of what works and what needs to be adapted or changed.

“ I loved hearing everybody chat and being happy. The look on the faces was pure delight when the music was being played.”

Client



Documentation and dissemination

Ongoing documentation is required to improve practice on the ground, and to promote advocacy at all levels. However, methods such as photography or video recording can give rise to practical, strategic and ethical difficulties. These issues need to be addressed and a strategic plan outlining the way in which documentation will be conducted and used should be drawn up and agreed in each centre, in the context of planning any similar projects in the future.

Detailed recommendations for the future organisation and practice of music in participating centres are outlined in the full version of the evaluation report, which can be found on www.musicnetwork.ie/publications_health.php. In broad terms, the recommendations cover the following areas:

- a focus on the core values of musical quality, participation and creative challenge
- the development of structures that can cater for specific needs of different groups/centres
- the development of information, guidelines and communication mechanisms
- staffing and resources
- monitoring and evaluation
- documentation, dissemination and advocacy

“ It raised the spirits of the staff as well as the patients.”
Member of care staff

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Chapter Four - Key Recommendations

In summary, the overall recommendations are:

- 1 That Music Network and HSE explore the potential for the development of:
 - a Musician(s)-in-Residence scheme in the midland area (or selected parts) that would facilitate the strategic planning and implementation of more flexible music programmes at local/county/regional level, to cater for the diverse needs of older people in residential and day-care settings, with a focus on local ownership and sustainability
 - a flexible pool of skilled and experienced musicians combining artistic quality with collaborative music skills, who can feed into the Musician(s)-in-Residence scheme in the midlands, while at the same time developing as a national *Music in Healthcare* resource
- 2 That HSE Dublin/Mid-Leinster takes responsibility for the employment of the Musician(s)-in-Residence over an agreed period of time by establishing:
 - a local/county/regional *Music in Healthcare* committee, including the involvement of local arts resource organisations/personnel (as appropriate) to manage the residency and ensure good practice
 - a budget to enable the Musician(s)-in-Residence to bring in additional musicians to meet specific needs identified in individual centres
- 3 That Music Network takes responsibility for the professional development and support of facilitators and musicians involved in the midlands residency and others who wish to become involved in the future
- 4 That Music Network and the HSE organise a joint presentation on the findings of the report and seek endorsement for the planning and development of a Musician(s)-in-Residence project from:
 - Directors of Nursing and members of senior management in the HSE Dublin/Mid-Leinster region
 - Local arts resource organisations
- 5 That the two agencies build support at national level with the Health Service Executive, the Department of Health and Children and the Arts Council

“ It made me feel full of life.” Client

- 6 That Music Network and the HSE produce a short, user-friendly document that outlines the achievements of the partnership to date, with a view to raising awareness and building support for the project
- 7 That Music Network and the HSE use the experience of the pilot project and the proposed Musician(s)-in-Residence scheme to inform their respective organisational policies on music/arts and health, and that these policies are documented, evaluated, disseminated and used strategically to raise awareness and influence policy at national level

“ I really loved the work - the most rewarding work I have ever been involved in.”
Musician

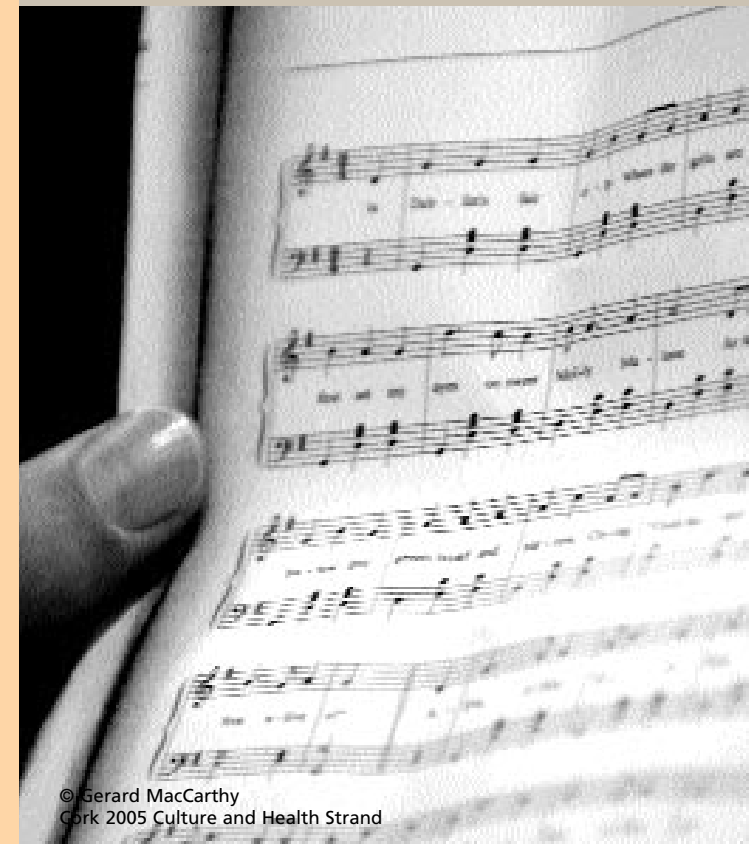


Update

Since the completion of the evaluation report on *Music in Healthcare 2000 - 2004*, Music Network and the HSE have taken steps to implement the recommendations made in the report. At regional level, the process of establishing a locally owned and sustainable *Music in Healthcare* Committee and a Musician-in-Residence for Older People has begun, while at national level there are plans to develop further training and mentoring opportunities for musicians interested in working in healthcare contexts.

“ My family were all musicians and it all came back to me. ”

Client



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