

## **Evaluation of the Musical Walkabout**

**Please note; names of residents have been changed in this document to ensure safeguarding of data protection.**

### **Background**

The Musical Walkabout is run by Nina Clark, a music practitioner based in Kent. Nina visits residential homes to engage residents, who are restricted to their rooms, through singing. Nina is guided by staff to appropriate individuals with whom she spends time finding out about their musical tastes and then enjoys time together with them in song. The project runs with support from Arts Council England and the National Lottery. As a health researcher already working with Nina on a different project, I am happy to support the initiative through a brief evaluation towards the end of the funding period.

### **Method**

A series of planning meetings were held at the Sidney De Haan Research Centre to discuss the best way to evaluate this arts intervention. We initially considered using structured observation tools which the researcher would complete during a singing session, together with a visual analogue scale (VAS) which we would ask residents to complete before and after the session. However on piloting the observation scale while observing a 10 minute film of Nina, it was found to be impractical. Similarly, it was decided to abandon the VAS which, in testing out, took too long to explain and complete for the residents in question. A much simpler observation framework was eventually devised and used. In addition a short 'conversational interview' was conducted and recorded with each resident visited.

Given the time and resource constraints it was decided to focus on one care home for the evaluation as an exemplar of the project. An initial joint visit took place to familiarise me, as researcher with the environment, staff (including manager) and residents and so that those in the home were made aware of what would happen. On the day of the evaluation we visited seven residents, with a member of staff present. Observation notes and a recorded conversation took place with all seven. Following this a separate joint interview took place with three social care staff with Nina absent for much of this. Subsequently written testimony was provided by a daughter of one of the residents and a verbal testimony from the manager. See table 1 for details of data collected.

Data analysis proceeded through triangulating the different sources of evidence. Brief, descriptive case studies were constructed around the seven resident visits and relevant data from other interviews/testimonies integrated as appropriate. Further information from staff was used to substantiate impressions gained or to add new insights. Following this a number of general themes were drawn out and discussed in the light of existing literature.

### **Ethics**

As this was an internal service evaluation rather than a research project, formal approval by an ethics committee was deemed unnecessary. Participants were notified both verbally and in an information sheet of details of the evaluation and given an

opportunity to ask questions. Informed, written and ongoing consent was obtained, where necessary with support from relatives.

**Table 1. Evidence for evaluation (names replaced with pseudonyms)**

Name/pseudonym	Designation	Trigger Song(s)	Observation	Interview / testimony	Staff / relative comment
Tom	Resident	Farewell to Tarwathie	✓	✓	
Grace	Resident	White Christmas/Jingle Bells	✓	✓	
Elaine	Resident	Rocking around the Christmas Tree	✓	✓	
Joan	Resident	Pretty Woman	✓	✓	
Jane	Resident	'Bear Necessities	✓	✓	
William	Resident	Twelve days of Christmas	✓	✓	Alison Jacqui
Alan	Resident	Let it snow	✓	✓	Helen
Jacqui	Relative			✓	William
Terry	Manager			✓	
Alison	Social staff			✓	
Becky	Social staff			✓	
Helen	Social staff			✓	

### Case studies

#### Tom

Tom is visually impaired and was sitting in a chair in his room. His daughter was present. The song choice, 'Farewell to Tarwathie', had been requested at a previous visit some 2-3 weeks ago and Nina, not being familiar with it, had learned it from a YouTube version by Judy Collins. Tom had his head down for much of the time but joined in the singing, word perfect from the fourth verse. At the end he clapped and expressed thanks.

In conversation he said that his song of choice just came into his head and he had known it from a long time ago. His daughter remembered it, commenting that there was always music in the house. Tom said that music often made him feel emotional. Nina has been visiting him for about two years and he felt that their relationship had changed over that time. Now, 'We've got to know each other' and so he could be more outgoing.

### Grace

Grace was in bed when we called. She became quite 'chatty' during our visit but seems to have some memory problems (she repeated a story during our chat). During the songs her attention was focused on Nina, she was very alert, joining in from the start, then imitating Nina when she moved from the words to 'la la'. When the music stopped she was smiling.

At first she found it difficult to articulate why she enjoyed the visits or what her favourite type of music is, except that she wasn't keen on opera. Nina reminded her that she often chose Ivor Novello and that triggered memories of visiting the London Theatres during the Blitz with a friend, sitting 'up in the gods' where they enjoyed 'The Dancing Years' and other productions. She said that hearing Nina *'brought it all back'*.

### Elaine

Elaine was in bed when we visited. She was obviously a bit deaf, meaning some questions and comments needed to be repeated. She also seemed somewhat confused, stating, as she had on previous occasions, that she might be going home before the next week's visit was due. (The staff confirmed that she would not be leaving the home). Elaine enjoyed the lively rendition of 'Rocking around the Christmas Tree' being fully engaged, toe and finger tapping to the beat. She began mouthing and then voicing the words while looking from Nina to the carer. *'Well done'* she said when it finished.

Elaine said that she had always liked music and used to sing in the Albert Hall when young. She likes choral music sung at weddings and funerals as long as it wasn't 'gloomy'. Nina's music makes her *'less miserable than I was'* and Nina commented that she has suggested some lovely tunes.

### Joan

Joan was in bed on our visit. She has Parkinson's which makes her voice very faint at times and her words difficult to hear. Nina had found out that she likes Roy Orbison and during her singing of 'Pretty Woman' Joan was looking at Nina, tapping her fingers in response then hand and head nodding. She clearly commented at the end *'you remembered it'* and that it was *'one of my favourites'*.

Nina had never sung the song before and thanked Joan for suggesting it. Joan mentioned that she didn't like 'noisy music' but almost anything else. Nina confirmed her wide taste recounting how they had started with Jazz then moved through Blues, Country music and Musicals. Joan commented that she liked many of the songs from her youth but that she couldn't sing herself and recounted an episode at her son's christening when she hit a duff note and the people in the row behind all looked round! She also didn't always know the words of many well-known songs, being a Quaker (where silence is predominant in worship).

### Jane

Jane was wheelchair-bound but seemed to prefer staying in her own room. She had recently been unwell. She requested a song to make her laugh and said after Nina's rendition of 'Bear Necessities' that the song *'made me laugh'*. During the singing her eyes were fixed on Nina and then on me. She was smiling and moving forward in her chair and joined in the second part of the song, laughing at the end.

After the singing she couldn't remember what other songs she had sung with Nina but Nina reminded her that they had done some Rock 'n Roll together. She agreed that she liked the Beatles but didn't really have a favourite group or solo singer but just reiterated that Nina cheered her up.

### Alan

Alan was sitting in the lounge a little apart from other residents when we visited. He has dementia, which care staff told us is progressing and speech is largely incoherent, though recognisable phrases emerge from time to time – some apparently in German, his native language. Care staff told us that he used to be a music producer so music for him *'is his life and work'*. When Nina sang 'Let it Snow' he immediately made eye contact with Nina and, holding a newspaper, began conducting then tapping to time in an animated way. He also joined in the singing in a high pitched voice often just singing to 'oohh' or 'aaaah' and smiling.

Verbal responses to questions were largely incomprehensible, but care staff informed us that *'When he hears Nina it jogs memories for him. He loves singing along. So [Nina] singing with him it's just bringing him alive again, it's taking him back to his work, because he loves music, you can tell. He's singing all the time'*.

### William

William was in the lounge at our visit so we moved to a café area set at one end of what was a large room and sat at the table. Although William is diagnosed with dementia, he appeared to be very articulate and care staff confirmed that he is very outgoing, joining in with many activities. He and Nina decided to sing a Christmas song (12 Days of Christmas) and William appeared fully engaged throughout. He was tapping his feet, smiling and singing along while moving to time.

William was full of praise for Nina and expressed a wish that she could visit more frequently. He said that music was important to him: *'Well I feel that it's an expression – music is a soother it sort of if there's something there that prickles then with music the prickles go. We don't have them here. Soon as they appear we have a bit of music and they disappear!'*

One of the care staff described how William reacts to Nina's singing: *'well he dances, he keeps smiling and if I'm in the room he'll keep looking at me and winking because he's enjoying himself'*. The effect appeared to be both lasting and to lead to wider behavioural changes: *'Normally he eats a lot of his meals in his room but today, after her singing, he's not going to go to his room because he doesn't want to drop off to sleep, so I think it's because he's had some enjoyment today. Whereas normally he does sleep a lot in the afternoon'*. William's daughter reinforced this lasting effect: *'when Dad recalls Nina's visits even days later (which is only possible due to the positive reinforcement of regular visits) even though he cannot recall the content, he can recall the 'feeling' and smiles and is cheerful'*.

### Staff views of impact on residents

Staff commented generally on the power of music to positively affect their residents. Terry (manager) noted that a number in the home are living with dementia and made the point that life for them can be very frightening, especially if they are feeling alone. Here music can be very beneficial:

*'Music is hugely beneficial to our residents, and we know so much more now about dementia, and how therapeutic interventions and the creative side of things really helps to bring the residents out of that dementia'*.

Becky (social care) illustrated this in referring to another resident, Ralph, who *'can be very reserved at times and it's hard to get them to communicate it to you but sometimes you find something and it just brings him out of his shell again. If you put some music on*

*and say 'come on Ralph' it gets him. He likes to have someone to chat to because he can get very clingy – not in a bad way but he will latch on to people. And I think as long as you give him that attention you can definitely get somewhere with him'.*

Terry noted that most of activities in the home were focused on group activities, held in the lounge, whereas those restricted to their rooms tended to get overlooked and this was where Nina's input was apparent:

*'Nina has made a huge difference to the quality of the service we're delivering, particularly for those residents isolated in their rooms, and we know this because there is evidence from feedback from the residents and families and relatives, and also the staff. They've seen really positive outcomes, where the residents have really enjoyed and got something positive and meaningful from that visit'.*

Care staff supported this impact on those in their rooms:

*'We do singsongs, yes but not like Nina but we get the CDs on and we all sing along and we've got musical instruments they play as well (Becky).*

*But we don't get to the ones in the rooms, the ones that can get isolated and we can't bring them out, so it's nice to have someone to go in and bring the activity to them because they wouldn't want to hear us sing [laughter] (Alison).*

Nina had obviously fitted well into the home, with Terry remarking that Nina had become 'one of the team' and not 'someone who comes in from outside'. Care staff felt that she was accepted because of her manner, commenting that: *'the residents love her, they really do love her because I think her voice is not shouting it's really lovely voice that they can relax to I think that's part of it'.*

### **Staff and relative views of benefits to them**

There was also evidence that the Musical Walkabout had benefits for staff and relatives of residents. For staff this engendered a feeling of happiness:

*'I really love it. She just makes me feel happy too because she's always smiling. It's like she brings in that little bit of magic with her and then everything's good, everything's nice again' (Alison).*

Helen and Becky both felt that the residents' happiness had an impact on the staff:

*'Yes, and if it puts the residents in a good mood it makes us in a good mood. Aside from that, yes, Nina's got such a bubbling personality, you can't help but smile and sing along. She's contagious' (Helen)*

*'with Edna yesterday, we got her up dancing and she was so happy and then you come down for your break all happy and singing and dancing'.(Becky)*

Finally, both staff and a relative made comments about the benefits to those visiting the home:

*'quite a few times when she [John's daughter] comes he's up dancing or singing or tapping his feet and she definitely she notices,. It's reassuring because they worry that he's happy' (Becky)*

*'The reassurance of Dad's continuing happiness is significant for me as Dad's primary family contact and the happiness Dad himself has is testimony of the benefit' (John's daughter).*

### **Key points/themes**

#### **1. Relationship building**

Nina had been visiting the care home with the Musical Walkabout for some time prior to this evaluation and it is clear from the conversations that this resulted in forming valuable relationships with individual residents. This is seen most obviously in the visit to Tom where, because of his poor visual acuity, it became important to make use of senses other than sight to communicate effectively. Tom commented himself how over two years his relationship with Nina had changed so now he could be more outgoing. Such relationships allowed Nina to find out about musical taste which itself provided a vehicle for knowing the individual better. Much of the literature around person-centredness revolves around the nature of 'knowing' people: Kitwood's seminal theory of personhood, (Kitwood 1997) for example, emphasises 'relatedness' as a central characteristic of social beings, while for Dewar & Nolan (2013) finding out what matters to people is at the core of relation-centred practices.

#### **2. The power of music**

Much has been written about the importance of music in the lives of older people. Hays & Minichiello (2005) found that music promoted self-identity, provided a means to connect with others, enhanced spirituality and was used for entertainment as well as conveying meaning. Music preference is thus highly personal, and there is evidence of this in the residents we visited. Nina had taken trouble to establish each individual's preferences and to adapt her style accordingly across genres and times (so avoiding the temptation to assume taste according to age). Most of those we visited expressed a preference for happy or soothing tunes. For some this triggered happy memories of their youth (Grace, Elaine), enhancing an identity remembered vividly at a time when more recent memories may be fading or life less colourful. For Alan, music was particularly important, given a background as a music producer, thus supporting the findings of Nymen & Szymczymska (2016) who noted that re-acquaintance with previously conducted activities could lead to a sense of control and value. As an individual living with dementia he also illustrates the way that emotions can be retained even when the reason for them has slipped from consciousness.

#### **3. Mood and behaviour change**

Singing, in particular, has an ability to alter mood, in particular to promote happiness and raise spirits (Lally, 2009, Skingley et al, 2015). Most research in the field relates to group singing, however Nina's Musical Walkabout seems to have had a mood altering effect on the residents she visited (Jane, William). Care staff noted that William's change in behaviour following Nina's singing (smiling, dancing, staying awake when he would normally sleep in his room). Surprisingly, perhaps, the effect appeared to be long-lasting, as William's daughter noted, ascribing this to the regularity of the visits which became an expected and predictable part of the week – very important for those with cognitive problems.

#### **4. Addressing isolation**

Observations made by both the manager and the care staff in interviews noted that much activity in the home takes place in communal areas, unintentionally precluding

those confined to their rooms for whatever reason. This could potentially lead to feelings of isolation and exclusion. Isolation and loneliness, particularly among older people, has become one of the growing issues of our current society (Skingley, 2013) and can equally apply to those within institutional settings. Nina's one-to-one 'musicing' is perhaps what marks it out as unique in the arts and health field. This is to be differentiated from music therapy, often based on a one-to-one basis but undertaken by registered music therapists. Although highly effective (Svansdottir & Snaedal, 2006), such therapists are not always readily accessible. The Musical Walkabout therefore fills a gap for this particular group of people.

### 5. Reciprocity

One of the interesting, and also very obvious, consequences of the Musical Walkabout is that Nina is learning new material to add to her repertoire, which emerges from the individuals she sings to and with. At the visits she often expressed appreciation at having learned a new song (for example 'Farewell to Tarwathie', requested by Tom) or sung a song she already knew but arranged for the first time ('Pretty Woman' requested by Joan). This indicates more than a one-way relationship, with Nina giving and residents merely receiving, but rather a state of mutual dependence, with both giving and receiving. This therefore benefits both parties, for residents as indicated above and for Nina in advancing her professional development.

### 6. Staff and carer wellbeing

Finally, it is clear from comments that the benefits extend beyond Nina and residents, as both the staff interviewed and William's daughter commented on the value to themselves. The comments made by Helen and Becky about residents' wellbeing affecting their own mood are interesting since evidence from recent research also suggests the interplay between carers and cared-for, albeit in a health care setting and with the direction of influence reversed (Maben et al, 2012).

## Conclusions

This was a limited project and evaluation in terms of time, context and numbers involved, therefore no generalisations can be drawn from the findings. However it is clear that a variety of benefits have resulted from the Musical Walkabout initiative to this particular care home, benefits that were not limited to the individual residents visited, nor to the immediate temporal context of Nina's visits. The observations made are supported largely by existing literature in the field which serves to enhance the validity of the findings.

## References

- Dewar, B. & Nolan, M. (2013) Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting. *International Journal of Nursing Studies* 50, 1247–1258
- Hays, T. & Minichiello, V. (2005) The contribution of music to quality of life in older people: an Australian qualitative study. *Ageing & Society* 25, 261–278.
- Kitwood, T. (1997) The concept of personhood and its relevance for a new culture of dementia care. In Miesen, B & Jones, G., *Care giving in dementia*. Oxford, Routledge.

Lally, E. (2009) 'The power to heal us with a smile and a song': Senior Well-being, Music-based Participatory Arts and the Value of Qualitative Evidence. *Journal of Arts and Communities* 1, 1, 25-44.

Maben, J., Peccei, R., Adams, M., Robert, G., Richardson, A., Murrells, T and Morrow, E. (2012) *Exploring the relationship between patients' experiences of care and the influence of staff motivation, affect and wellbeing*. National Institute for Health Research Service Delivery and Organisation Programme. NHS

Nyman, S. & Szymczynska, P. (2016) Meaningful activities for improving the wellbeing of people with dementia: beyond mere pleasure to meeting fundamental psychological needs. *Perspectives in Public Health* 136, 2, 99-107.

Skingley, A. (2013) Older people, isolation and loneliness: implications for community nursing. *British Journal of Community Nursing* 18, 2, 84-90.

Skingley, A., Martin, A. & Clift, S. (2015) The contribution of community singing groups to the wellbeing of older people: participant perspectives from the UK. *Journal of Applied Gerontology* 35, 12, 1302-1324.

Svansdottir, H. & Snaedal, J. (2006) Music therapy in moderate and severe dementia of Alzheimer's type: a case-control study. *International Psychogeriatrics*, 18, 4, 613-621.

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