

# MUSICAL WALKABOUT

# THRIVE

# EVALUATION



# Table of contents

- 1** Introduction
- 2** Rationale and background
- 3** Evaluation methods
- 4** Engagement
- 5** Empowerment
- 6** Impact
- 7** Discussion and Conclusion
- 8** References and Appendix

# THRIVE

Evaluation of a music-based programme for people living with dementia and their carers

written by Dr Ann Skingley  
Sidney De Haan Research Centre for Arts and Health  
Canterbury Christ Church University, UK



YO Songsters in action, in person at the Burlington Hotel, Folkestone

## Introduction

THRIVE is an initiative designed by Musical Walkabout CIC, to encourage musical creativity and wellbeing with and for people living with dementia and their carers (professional or unpaid/informal). There are four components:



1) **“Music Helps” (MH)** - a 24 session staff training course designed to build confidence in staff delivery of music interventions and promote the value of such activities for themselves and their care charges.

2) **“Songsters Care” (SC)** - 12 music sessions for the carers of people living with a dementia, designed to foster self-care, creative expression and resilience.



3) **“YO Songsters” (YO)** - 22 inclusive group music sessions for people living with a young onset dementia, their carers and related care staff, offering access to creative outlets and transferable skills.

4) **“MWUK Tour” (MWUK)** - virtual tour including 56 Kent based minstrel sessions and 16 UK-wide staff training sessions, sharing the best practice music model of creative care plans.



This evaluation mainly focuses on the first two of these activities, with an emphasis on the first (Music Helps) due to the greater amount of time devoted to this component (24 sessions, as opposed to 12 for Songsters Care).

Following a discussion of the rationale for the project, the structure of the report describes the methods used for the evaluation, then moves on to outcomes in terms of engagement (in musical activities), empowerment (in musical creativity, wellbeing and self-care), and impact at various levels (individual, ward/community, national through advocacy and awareness raising).



Participants enjoying a Minstrel Sessions (photos courtesy of Saltwood Care Centre and Wells Lodge, Kent)

# Rationale and background

THRIVE is underpinned by a considerable amount of research evidence. The therapeutic qualities of music have been recognised since antiquity and its value to people with dementia and their carers is well supported (Skingley et al, 2020; Skingley et al, 2021).

Music therapy, in particular, has been shown to have beneficial effects for people living with dementia, when administered individually or with groups (Moreno-Morales et al, 2020). The work of other music practitioners and professional musicians without a recognised music therapy qualification has also been recognised (Brancatisano et al, 2019). Facilitation by these practitioners has the advantage that it partially overcomes the issue of access to quality music, where music therapy is unavailable.

However, this model of a single musician (with or without volunteer support) delivering music to a group or individual living with dementia has limitations, since geographical (and therefore numerical) coverage is necessarily limited.



One alternative, which aims to preserve both quantity and quality of music exposure in settings with people with dementia, is to empower carers themselves (professional and unpaid), as well as a professional musician, to use music in their care roles.

Gotell et al (2009) reported in their research that caregiver singing and use of music while delivering care contributed to improvements in verbal communication, positive emotions and reduced aggression in people with dementia. These carers worked in a nursing home in Sweden but were not trained musically. Building on this, Vella-Burrows (2009) piloted a programme aimed at giving carers the skill and confidence to deliver music-based interventions to clients in care homes. Feedback from programme participants demonstrated its perceived value, in terms of both professional development and personal confidence building, as well as improved job satisfaction.



Balgowan's lounge group of residents participating in a Minstrel Session

The onset of the Covid-19 pandemic has changed the context of healthcare, with many care staff found to have symptoms of anxiety and depression at least in part due to workload and burnout (Chen et al, 2020). This has led to an imperative to attend to the wellbeing of carers as much as the cared-for. The pandemic has also meant that face-to-face music training could no longer take place, calling for a more creative response to the needs identified above. THRIVE was initiated as a means both to promote the use of music for people with dementia in care and home settings, and to address the mental health needs of carers in the midst of this challenging global climate.

# Evaluation methods

This evaluation takes a case study approach, which is a way of doing social science research based on an in-depth study of some unique social phenomenon or case (Yin, 2009). The key areas for the evaluation were based on the project's aims, as identified in the original proposal and also highlighted as important to the funder (Arts Council England [ACE]). These can be summarised as engagement, empowerment and impact. Multiple sources of evidence and information were used (Fig 1 and Table 1) in order to identify these three key areas in turn.

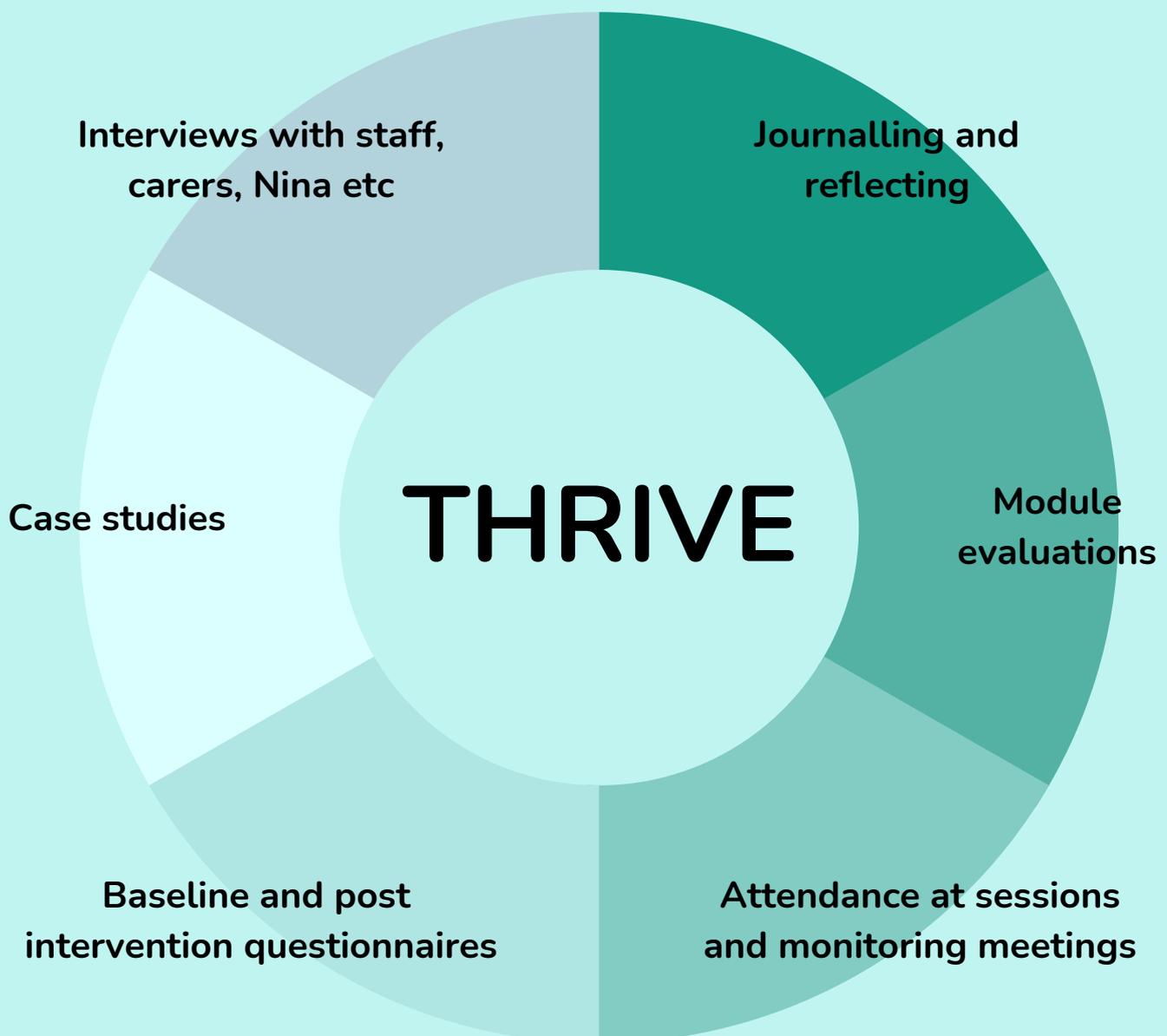


Fig. 1 Sources of information

Information was analysed largely qualitatively, by constructing meaning based on the words (written and spoken) used by those involved, together with session observations recorded by the evaluator (AS) and visiting music practitioner (TV-B). The baseline and follow-up questionnaires completed by MH trainees and SC participants were subjected to quantitative analysis.

<b>Type of information</b>	<b>Source</b>	<b>No.</b>
Baseline & follow-up questionnaires	MH	3
Case studies	MH	7
Interviews	MH & Nina	6
Journal excerpts	MH SC	2 1
Written feedback from module 2 & 4	MH	6

### **Observation and session attendance**

MH sessions	TV-B AS	2 6
SC sessions	AS	2
Open sessions	AS	1

## Meetings

Planning meeting	
Monitoring meeting	6
Module evaluation	2

**Pseudonyms are used for all Music Helps Trainees and Songsters  
Care carers**



Music Helps in session

## Engagement

Public engagement is an important focus for Musical Walkabout's organisational development, the THRIVE project's goals and ACE values. The particular aim for THRIVE was to engage carers in musical activities and self-care from recruitment through to retention in the programme. In terms of recruitment, the three staff trainees joined the Music Helps course for different reasons; one (Ruth) had previously used music 'only when I've been doing things like the lunch group', and, when her manager signed her up for it, 'I kind of didn't know what to expect because I didn't know what it was'. Another (Sue) had used music frequently through the day in residential care and, as with Ruth, initial contact was through the manager responsible for dementia care. She stated her motive for joining:

**'So I think I wanted to know more. And I think I'm probably quite curious as to watching something in practice and supporting that with theory' (Sue).**

The third (Brenda) had previously worked with Nina and in dementia care for some time but not specifically using music until working with Nina. She explained:

**'And we were doing the [YO] singing groups, with people that ran Broadmeadow in Folkestone, and then obviously it all shut down because of COVID and we were doing it all virtually. So that's why I've come on board with Nina with the THRIVE projects' (Brenda).**

The different routes to engagement also occurred in the Songsters Care group. Diane explained that she initially joined the Young Onset (YO) group when Nina set it up:

**'she [Nina] came to our young onset group and said she was starting up a singing group, and then we all started going to Broadmeadow' (Diane)**



YO Songsters in session

This then also moved online when the pandemic struck and the Songsters Care group began with its additional focus on self-care during what became a challenging time.

John, who had always been interested in music, joined the SC groups when it was already well established and became involved in THRIVE through social prescribing:

**'... due to circumstances that were going on at the time, I contacted my doctor who put me in touch with M J, who is the social prescriber at K... medical practice. And she, she asked me if I would be happy to attend and see if it was something that would work for me' (John).**



### Compassion Fatigue Training w/ Jayne Ellis

All three MH participants remained firmly engaged in the project for the whole of its course. The reasons can be illustrated in their accounts of what they liked about the programme. All three referred positively to the Compassion Fatigue training course delivered by Jayne Ellis of EF Training at the start of THRIVE, which was described as an ‘eye opener’ by two of the staff and all admitted that they were not good at looking after their own self-care. This resulted in changes which usually took the form of regular special treats, including listening to music.

Another important factor, mentioned by all three, was Nina’s personality and delivery of the project. She was described as ‘**very open and engaging**’ and ‘**adaptable**’ and helped the participants feel involved in the course content. One example of this adaptability was when one monitoring meeting revealed that the ‘**homework**’ posted on Google Classroom was proving a challenge for the trainees. Nina immediately reduced the amount of work posted and advised them to ignore the submission dates. As one trainee explained:

**‘When we first started, I think I got the information wrong. I thought we had to do like everything on class Google Classroom, and I thought we had to do it because each theme had points attached to it for getting it in and then you may be getting it in late, but I think it's really good because you can ask the question, what would you like us to do? But also she [Nina] gives it you back, as if to say ‘well, what do you want to get out of it?’ (Ruth).**



Music Helps in session, with visiting practitioner, Dr Trish Vella-Burrows

The effectiveness of Nina’s approach was supported in the session observation notes made by the visiting practitioner:

**‘Nina ‘holds’ that group excellently. She is encouraging and supportive and very attentive to reports of challenges in using music in the workplace. This whole process is logical in its trajectory and feels well grounded. Attention is being given to laying solid foundations based on awareness and pragmatism’ (TV-B).**

One of the participants who worked in a hospital mentioned the importance of having support while undertaking the programme, referring not only to her co-workers and Nina but also the support of her manager, who encouraged involvement and offered time to complete case studies:

'I think ... it's having a group of people within THRIVE .... who are hugely supportive and understand exactly why and how you want to do something. But it's also about having a support system within the hospital that allows you the time and space to do these things' (Sue).



Music Helps in session

Involvement in THRIVE also led participants to discover new forms of music. Brenda discovered she liked classical music, which she listened to while writing up case notes. She also took up the violin, which she had started to learn as a child and was writing a rap. Ruth made a new musical discovery:

**'One of the things I discovered is by opening up and listening to other music, I found a section of music I've never listened to and I really like it which is the sea shanties .... that's opened up a whole different array of music that I would never have listened to. And that's quite nice'.  
(Ruth)**

Other elements of the programme which retained engagement on the part of MH participants were learning about practical tools which could be used in their work (resources from organisations such as Playlist for Life, Music For Dementia, and Musical Walkabout's Music Clock), having different visiting practitioners which they could learn more from, and the couple of sessions which conditions allowed to be held face-to-face. Indeed, one of the disappointments of the programme was that the final celebratory meetings and performances could not be held in person in order to keep people safe.



Musical Walkabout's 'Music Clock', a free resource on their website

Nina's own comments reflected the challenges and successes of the MH component of THRIVE in relation to engagement:

**'keeping the morale of our participants up has been a challenge, but I think that has improved as well. And just being able to retain that group, even very small as it is, has been a success, I would say. They're so busy. So that's been remarkable' (Nina).**

With the Songsters Care group, sustaining engagement was more challenging. Informal support through check-in phone calls to the carers by Brenda helped to maintain contact and the WhatsApp group which was set up was largely successful (Brenda's monitoring notes).

However, there were several occasions when individuals did not attend the sessions, despite the provision of an access fund, which would have provided for care cover to free up the carer. Nina reflected on this:

**'Getting any of the caregivers to use the access funding; no one did. And I completely understand not only the position caregivers are in, but also, we're in a pandemic. So, trusting the care of your loved one to somebody else is very difficult to do' (Nina).**



YO Songsters in session

On the other hand there were also factors which helped sustain attendance. Again the personality of Nina was crucial to both the carers interviewed. For example:

**'Nina has got a good sense of humour. And she certainly has, yes, she makes it nice and easy for us and encourages us.... people at the beginning who didn't think they could sing in a group, or didn't like the sound of their voices, she's carried them along very gently and very nicely and encouraging them.. And they are very confident in what they're doing' (Diane).**

Other qualities appreciated were being a good listener, giving participants choice, adaptability and taking the carers at a good pace. Like the MH participants, SC carers also enjoyed the company of others in the group, talking about 'fun guys' and bonding with others in similar situations. Both interviewees also appreciated the relaxation and breathing exercises which Nina incorporated into the sessions. In summary, a number of factors can be isolated which initiated and maintained engagement.

For the MH course, support from management appeared to be crucial, along with some prior interest in music and in working with people with dementia. The skills and personality of Nina were central to maintaining interest along with factors related to the course delivery. With the SC course recruitment was enhanced through personal contact which Nina made with groups, as well as briefing social prescribers. However, ongoing engagement was less straightforward. Despite the very positive feedback from individuals, the caring role, particularly during a pandemic, appeared to be a deterrent to full engagement.



Music Helps in session





## MUSIC LAB

Now let's look at how music might be able to assist and support everyone involved in the care plan; the PLWD, their family and staff

First let's identify barriers to delivery

Describe some potential barriers to sustainable music intervention delivery

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What do you need to do to encourage change, and what help do you need?

What needs to change

How I will make the change

How I will stay motivated

Design a 3 point Checklist For Change to use whenever barriers crop up

- 1.
- 2.
- 3.

A 'Music Lab' page from the Music Helps staff training play journal, encouraging creative curiosity when planning and developing their case studies.

The way music was used by the MH trainees was well illustrated in one of the case studies presented, which recounted the practitioner's care for an older man with delirium:

**'Schubert was an Austrian composer of the early romantic era. He wrote over 600 vocal works. His most famous were Lieder and Ave Maria. He [patient] talked about him [Schubert] with passion and energy. He talked about his music taking you from sadness to glory in a heartbeat. I got out my phone and played both songs. He pretended to play with a baton. He really engaged with the music. Eyes closed soaking it all up. He talked of how he and his wife used to listen to music at night time. He said he felt calmer listening to music. This was passed to nursing staff' (Ruth).**

One area where it remained more difficult to translate learning into practice was that of promoting self-care. One trainee described this as a 'work in progress'. At a time of staffing pressures, and restructuring (the trainee had been redeployed twice) there seemed to be little headroom for considering her own needs. Another found the course did at least provide a platform for talking about the need for self-care, while a third had found occasional time for treats in the form of new hair products, having nails and eyelashes done.

The final remarks in one MH trainee's journals demonstrated well how confidence in using music had grown over the THRIVE programme. Under the section 'ways I surprised myself' she wrote:

**'I have sung in front of people. I can make a difference to people. Living with dementia through music practice. What a gift!' (Sue).**

This confidence obviously extended to all three trainees, since all responded 'yes' to the question in the follow-up questionnaire 'do you feel your confidence in delivering music interventions or care plans developed in module 4?'



Evidence of empowerment from the Songsters Care group is, perhaps less obvious, though nonetheless important for that group. Diane felt she was able to use what she had learned from Nina:

**‘because I've been able to transfer the knowledge Nina's given me to my everyday situation. Yeah. So I think that, yeah, that is good.**

**Because that's the idea, I think, isn't it to give you? Yeah, you know, responsibility and the skills. Excellent. Yeah’ (Diane)**



YO Songsters performing at Marley Farm, New Romney, Nov 2021

She also provided an example of another SC participant who had gained confidence in singing:

**‘one of the ladies who is in the group, younger lady, she was very worried at the beginning about doing it, but she went along to the Marley Farm carol singing on Sunday. We couldn't go which is a shame. We're going to the next two. But then she actually stood and sang in front of a big group. Gosh, very good. Oh, that was very good’(Diane).**

For John, the transfer of skills mainly related to self-care, especially the breathing techniques taught by Nina, which translated into an increase in personal responsibility for wellbeing:

**‘The breathing exercises now this is something that Nina has done from the beginning with me. The breathing exercises have helped massively allows my mind to relax and I feel so much calmer. This is something that I’ll definitely continue with’(John).**

He also talked about being ‘out of my comfort zone’ when singing, writing a haiku and composing music to accompany the haiku. But, at the same time these activities benefited his mental health.



Musical Walkabout founder Nina Clark and jazz guitarist Sam Dunn perform the original song written by participants, THRIVE : A Haiku Suite, at the online Xmas celebration, after Covid-19 prevented an in-person group performance

In summary, there is plenty of evidence that the MH trainees felt empowered to introduce music creatively into their care and care plans. The interviews, case studies and journals covered a range of different initiatives, many of which had tangible effects on those they cared for. Less successful perhaps, was the practice of self-care, however all were working towards this, and were at least aware of the need for it. There was less overt evidence of the SC participants introducing music, but they did express appreciation for what they had learned in the programme and obviously used that learning on occasions.



Specialist training in Compassion Fatigue

## Impact

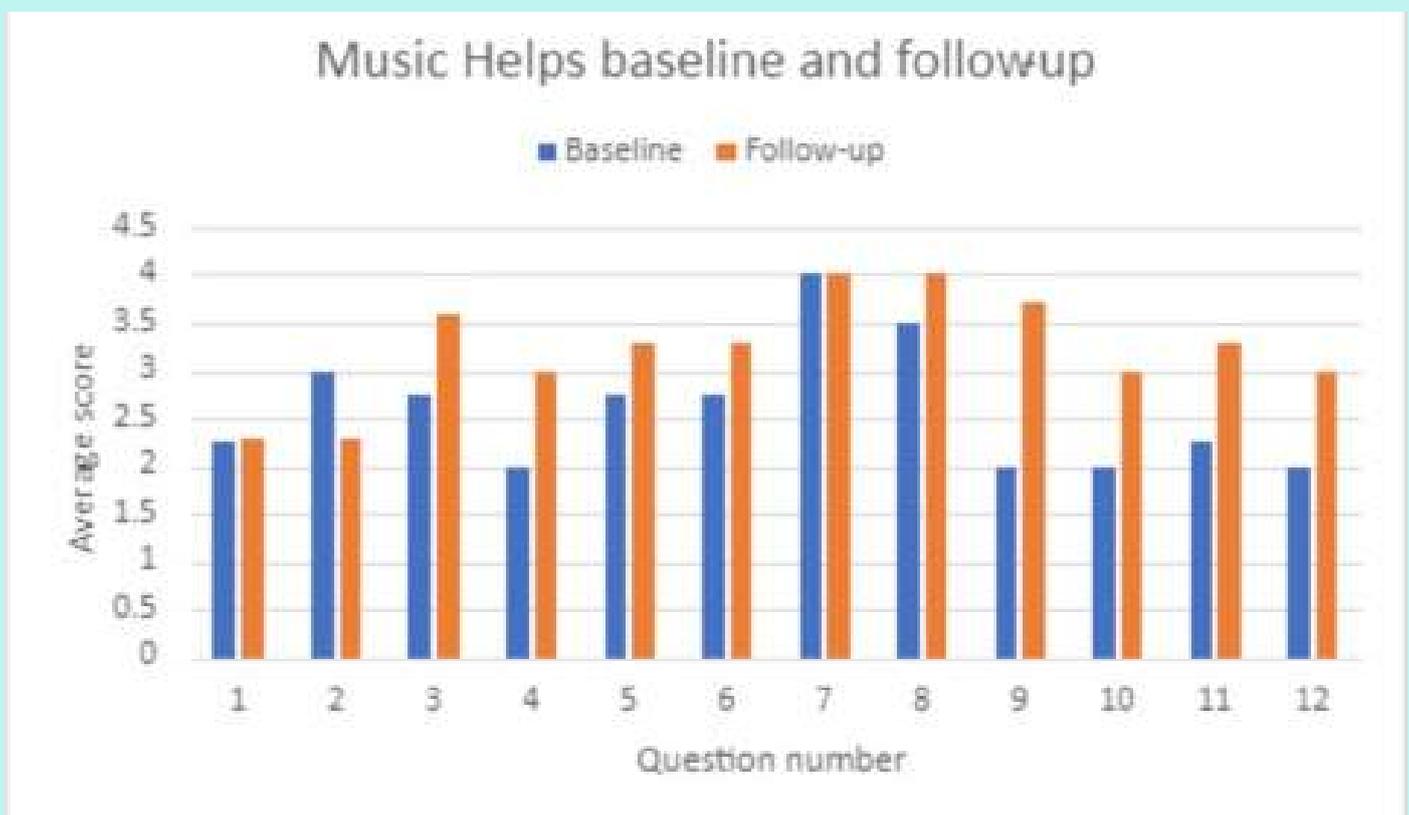
Impact is about making a difference through actions, which, in this case takes the form of musical interventions. The most obvious illustration of impact can be seen where there is a comparison between the situation prior to THRIVE and the situation following its implementation. The MH trainees were asked to complete a questionnaire (see Appendix) before and after the course. They were given a set of statements (items) such as 'I feel well in myself' with a choice of five responses ranging from strongly disagree to strongly agree. These were scored from 0 to 4 respectively and averaged for each item. These were transferred to an Excel spreadsheet and a bar chart produced (Fig 2) which shows improvements on nearly all items following the course when compared to the pre-course measure.

The only item scoring less at follow-up up than at baseline (Q2) asked if there was agreement with the statement ‘I would regard myself as musical’. This is interesting and perhaps unexpected, given the trend with the other statements and the general tenor of the interviews.

However, one of the underlying principles of THRIVE is that carers do not have to be ‘musical’ in the sense of being expert or professional musicians in order to introduce music into care. Indeed, one of the MH trainees insisted that she could not sing throughout the course, while another noted near the end of her journal that she had learned that: **‘You can advocate for an activity even when it’s not within your area of expertise’ (Sue)**

These trainees clearly saw their area of expertise as their care for those living with dementia, but using music as a tool to enhance their practice.

Fig 2. Impact of Music Helps course on THRIVE staff participants





Musical Toolkit, designed, funded and created by staff participant of Music Helps

The only other item where there was not an increase in follow-up scores was for item 7, which stated 'I believe that music improves wellbeing', and which maintained the same score. However, as this scored the maximum points at baseline, it obviously could not be improved upon. This supports the suggestion, made above, that those individuals had a pre-existing belief that music was beneficial and, while this may give rise to biasing the evaluation, also strengthens the ability to recruit and retain individuals in such programmes.

Beyond direct measures, there are less obvious examples of impact, evidence which moves beyond what trainees did, to what happened as a result of this, for example the effect on others. One MH staff trainee's case study included care for a patient on end-of-life care who she had used a lot of music with (Bob Marley, Reggae, music from the year the patient married and, in the end stages, Albinoni's Oboe Concerto in D minor) and had also been painting her nails. Following the patient's death, she wrote:

**'Today the patient's daughter came into see me and brought me a thank you card and some nail files and polish for me to use with other patients. I am overwhelmed, grateful, happy but a little sad. It makes me realise that my job is meaningful more than I know' (Ruth).**

For Sue, her work on the patient leaflet, This Is Me® (see above) resulted in her approaching Alzheimer's Society, the creators of the leaflet, with her idea of incorporating music and related items within the form. This was responded to favourably and she was invited to join a national expert panel reviewing all publications from the organisation. There is obviously potential impact at national level here.

For Nina herself, the project has also had an impact and obviously developed her as a music facilitator, particularly in terms of running a programme remotely as necessitated by the pandemic:

**'It's definitely been a baptism of fire in terms of learning how to hold that sort of digital space remotely. Keeping the energy in a room up is something I'm very used to as a practitioner, and a musician, but, doing that when you're not in the room with people, and being able to gauge how everyone's doing or what extra assistance some people might need, or if people are getting bored, or just being able to keep the dynamics of the group...what's the word ... buoyant... I think I've had to improve. I think I've been able to do it. And I guess I would say that's a new expertise I've developed' (Nina).**

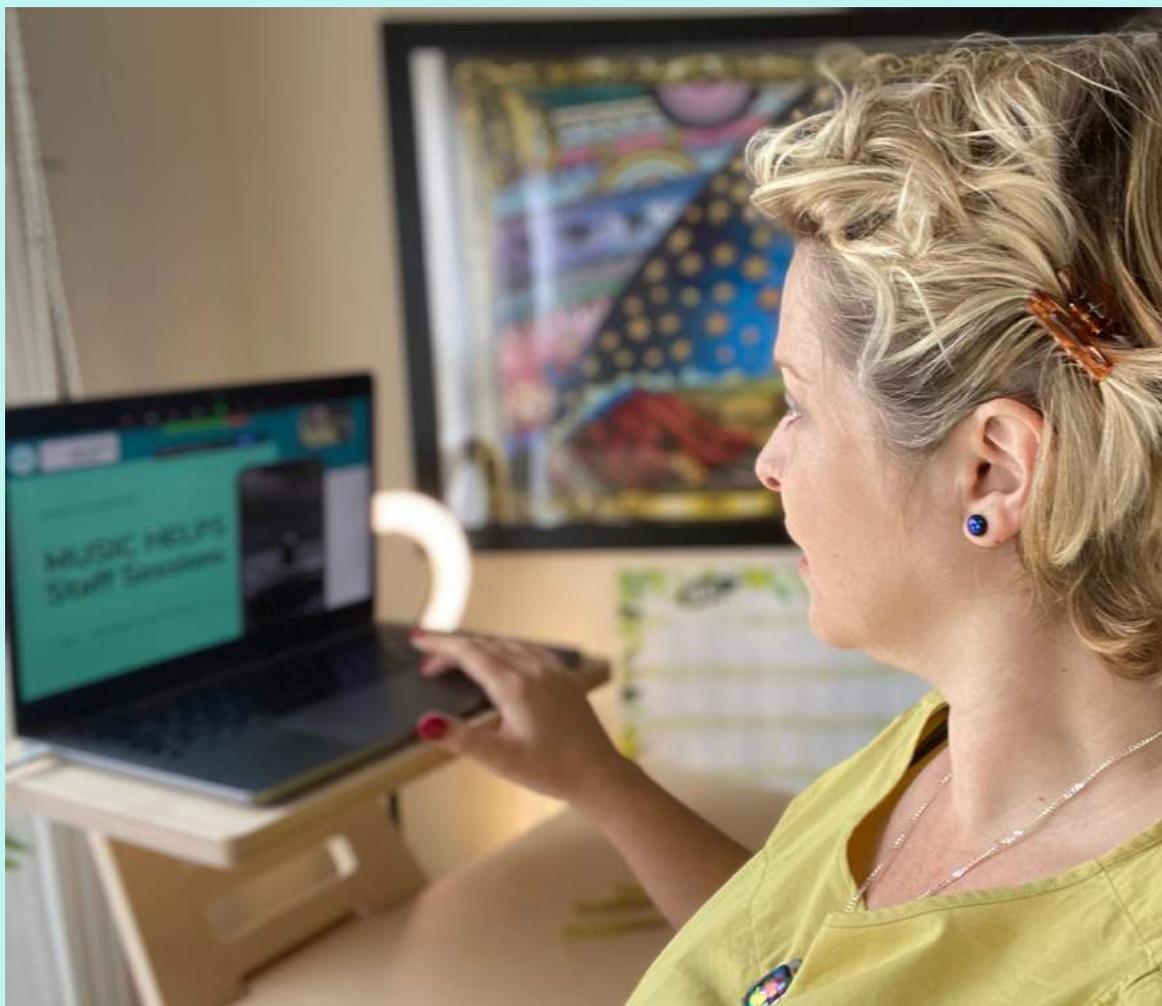


YO Songsters Zoom music session

Running the course remotely, does, however increase the potential for greater reach, since many more participants can be involved without any increase in terms of time, travel or cost. Despite the challenges of finding times when practitioners and unpaid carers are free to take part, when asked for thoughts about expanding, all interviewees regarded this as desirable:

**'I think, if you opened it to a wider audience, if you will, to like their healthcare associates, or healthcare assistants, it would be if they can get time to be released. But I think others would benefit from it. I know we've got maybe M--- and G--- in our team then they might like to do it because they use music in work and that I know G--- does a lot with patients as well. I know M--- is quite busy at moment because she's got a practitioner course but as a team, we're all trying to use music I think it'd be good. I think it should be opened up to other people'.**

**(Ruth)**

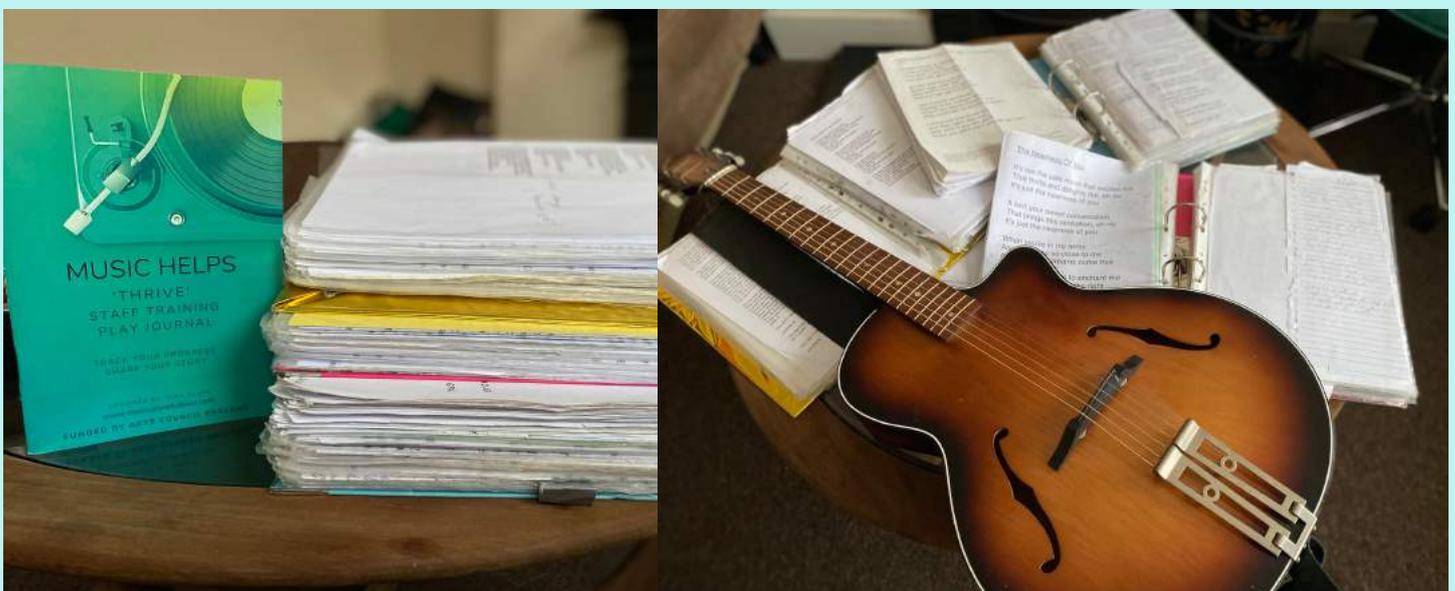


Nina, preparing to deliver an online Music Helps staff training session

# Discussion and Conclusion

This was a pilot project which aimed to engage and empower carers of people living with dementia to introduce musical creativity into their caring role while attending to their own wellbeing needs during the challenges of a pandemic. Findings largely support existing evidence that music is beneficial to wellbeing and suggest that it can be incorporated into carer practices with support and training from a music practitioner.

A number of factors to enhance best practice within this model can be extracted. Firstly, engaging carers in health and social care settings is at least partially dependent upon management support, with some interest in music possibly being an advantage. The personality of the facilitator/music practitioner is vital and the support of peers and others in the group is valued. In terms of practice, learning about tools to support musical creativity was appreciated by MH trainees, while the theme of self-care running through the programme was beginning to show benefits and so is worth attention. 'Check-ins' for SC carers helped promote engagement for that group, though less successful was the uptake of the access funding in order to make attendance easier.



Practitioner resources for Minstrel Sessions and Music Helps



Minstrel Sessions in action

The evaluation has limitations. The case study involved a very small sample of participants, with an attendant potential for bias. However, this was partially offset through the employment of a number of different sources of evidence. The methods of data collection and, particularly, analysis were not intended to be highly rigorous, but hopefully represent a flavour of the programme from a number of different perspectives. On the basis of the picture presented, there is clearly potential for the programme to be extended in reach with an accompanying increase in impact.

The conclusion of this evaluation is probably best left to one of the MH trainees, who stated in her final evaluation:

**‘I arrived into this course in order to support my colleague - I am leaving it with a huge sense of what can, and will, be achieved through music practice. The relationships I have created and the practice I have shared make me proud of what the course has created within me’ (Sue).**

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Appendix 1. THRIVE project - questionnaire for Music Helps

Thank you for agreeing to participate in this project. We would like to know more about your experiences via this short questionnaire as you take part. Please indicate your level of agreement with the following statements by clicking the appropriate response option.					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1.I feel well in myself					
2.I would regard myself as musical					
3.I take time to look after my mental health					
4.I take every opportunity to engage in music with my patients*					
5.I feel connected to my colleagues/community					
6.I feel confident in creating and delivering musical interventions					
7.I believe that music improves wellbeing					
8.I often extend my music practice beyond the programme					
9.I am able to take a lead in advocating for music in my care setting					<input type="checkbox"/>
10.I work collaboratively with people living with dementia, family members and others					

\*Reword where necessary e.g. clients, family member.