

Evaluation Report: year 2

Sing Healthy Play Happy
April '17-March '18



Background

Sing Healthy Play Happy (SHPH) is an Open Strings Music project commissioned by Brighton & Hove CCG for three years from April 2016, providing participatory music sessions for people living with dementia and their carers. We are delivering 30 two-hour sessions per year in two community-based locations (ie: 60 two-hour sessions per year).

In year one (April '16-March '17), we delivered sessions to create a dementia-friendly community at Lavender House (a BHCC seniors housing scheme in East Brighton) and sessions at Hop 50+ (a social centre for older people in Hove, on their dementia-friendly activities day), for 30 weeks per setting. Please see our Year I report for more details.

In the second year (April '17-March '18), we delivered sessions in three new locations: 10 sessions at New Larchwood Seniors Housing (Coldean), 10 sessions at Patching Lodge (East Brighton) and 30 sessions at Maycroft Manor (Patcham). We also delivered three training sessions for carers in community settings.

Participants are resident throughout the city.

Monitoring: a) Quantitative Data

Attendance: music sessions (50 two-hour sessions in total)

<i>location</i>	<i>term</i>	<i>numbers of participants</i>	<i>of how many attending five or more sessions (out of ten in total per term)</i>



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Maycroft Manor	Summer '17, Autumn '17, Spring '18	31 in total (24 people living with dementia (PWD))	Summer '17: 14/23 Autumn '17: 10/11 Spring '18: 11/17
New Larchwood	Summer '17	15 (3 PWD)	3/15
Patching Lodge	Autumn '17	17 (7 PWD)	6/17

Attendance: training sessions (three two-hour sessions in total)

- Eighteen trainees in total
- Training held at New Larchwood, Hop 50+, Maycroft Manor, for family and professional carers
- Trainees included OT students (University of Brighton), carers from host settings and RNIB, South East Dance, Volunteering Matters, as well as family carers from across the city

Wellbeing:

1: 90% of participants reported an improvement in mood from the start to the finish of each session, using a simple image-based scale (177 completed scales, over the course of the year in all projects combined).

2: questionnaires: we surveyed a small sample of carers (four) in the second term of Maycroft Manor.

Of these, 100% said that after participating in a Sing Healthy Play Happy session, the person they cared for:

- was more lively
- communicated better verbally
- communicated better non-verbally
- was more sociable and active

75% said that their person:

- ate better
- was more interactive

Volunteers

We recruited and supported four weekly sessional volunteers, and two community (peer) volunteers in year 2.

Monitoring: b) Qualitative Data

a) Increase in wellbeing / mental health



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Observations:

- D (female, early-80s) and G (female, early-60s), regular participants from the community: G often arrived at sessions feeling stressed, saying that she was *off the scale of the mood monitor*, after a difficult morning with her mother. She seemed uncomfortable and irritated with D, asked her to be quiet when she vocalised, and tried to correct some of her techniques with the instruments. As each session progressed G relaxed and become less anxious about the impression that her mother was making. By the end of the session she was often smiling affectionately at her mother, warmly witnessing her in the process of exploring the instruments. G and D arrived at session #9 singing and dancing together. G told us that they'd been singing songs from the sessions, which had helped them to get ready to leave the house and come to the session.
- Je (female, early 80s) and Jo (female in 40s), regular community participants: In the early sessions, Jo (Je's paid carer), told us that she had recently started working with Je. We witnessed this relationship blossom through the music-making process. Jo and Je explored instruments together and laughed as they discovered new sounds and different ways to communicate. The affection and warmth between them grew, with Jo encouraging Je and talking proudly about what they had been doing together.

b) Improvement in cognition and dexterity



Observations:



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1: J (female, 70s, community participant with dementia) and N (male, early 80s): J and N came regularly from the community. J sometimes struggled with words and was initially hesitant about exploring the instruments. She said in session #1 to her husband N, *I can't play that, I might get it wrong. You do it.*

As the weeks progressed, J's confidence and dexterity increased. In week #2, she played rhythms with a shaker and drums with a facilitator. In week #6, she began to play instruments on her own and use the sounds she was making to interact with her husband and other participants. We noticed that after she had been playing and singing, she was more confident about using words to communicate and more able to have a verbal conversation. When asked about the sessions, she said, *We like coming and enjoy it. It's easy going and breaks the routine.*

2: G (female, early-60s) and D (female, early-80s): D often quietly mouthed the words of songs that she was more familiar with, such as *My Bonnie*. We noticed that her increased playfulness with the instruments often seemed to increase her capacity for verbal engagement, humor and play. During the boomwacker jam in session #4, she responded to a facilitator with a big grin, *I'm going to come and get you!* During session #10, D showed her dexterity, as she interlocked her shakers with her daughter, co-creating a rhythm together. G commented on the improved non-verbal communication with her mother when she said, *I'm learning to understand better what she says without words.*

Noticed increased familiarity with structure of sessions. In session #21, D began quietly doing vowel sounds to herself before the vocal warm up had begun. After the last song in session 30, several participants were getting comfortable in their chairs in preparation for the final relaxation before any prompts.

c) Social isolation to inclusion



Observations:

1: A (female, 70s, resident): Care staff told us that A had not come to session #3 because she was too anxious, and tearful in the mornings. The following week, a facilitator went to find A in the lounge, playing guitar, so that she might be encouraged to come to the session. A smiled, stood up, and followed us to the music group, where she fully participated in the body warm ups, clapping her hands, stamping her feet and moving her arms in time to the



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music. She smiled at other residents, sang along with familiar songs, actively participated in the percussion jam, and played various other instruments.

In session #4, A played the ukulele along with 3 other residents. She experimented by plucking the strings and strumming in time to the music, mirroring other residents around her who were also playing.

2: We observed an increased interaction between community pairs, residents and staff from Maycroft Manor. A staff member commented that *it seemed that there was no obvious divide. Everyone fitted in really well. The residents did not seem to feel out of their comfort zone, as they just came in and fitted in.*

d: Staying active in the community for longer

'There was a warm feeling of a group of friends feeling happy to return after the break' – volunteer



Observations:

- N (male, 80s) and J (female, 70s): N and J were particularly happy in session #1 to see another community pair who they knew from the dementia café at Maycroft Manor. Often they would sit together and share jokes throughout the session, creating a feel of community.
- G (female, early-60s) and D (female, early-80s): In session one, G told us that as D's dementia had progressed, it was harder to leave the house, and she was unsure whether they would be able to attend the group as she was concerned that D's energy may be too disruptive. We supported both of them to use the music-making as a way to experience this 'disruptive' energy in a more positive way, as play; actively encouraging all participants to join in and make contributions in their own ways.
- As the sessions commenced, the carers built up their peer support networks by recommending programmes about dementia, and exchanging support techniques. N (female carer, 70s) suggested to G (female carer, 60s) that perhaps her mother's vocalising in sessions served a purpose for her as comforting self-talk and could be



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encouraged, rather than shut down. G commented, *It's really different with pairs because it's a more mixed group and we can have a chat and I can relax.*

Data Collection methods:

- During the first year, we found that asking people living with dementia to reflect on their experiences using a survey format required us to ask questions in a more conversational way; we also noted that sometimes a person's verbal response was not in line with what we had observed of them in that session (eg: everyone had a chance to try many new things in each session, but sometimes a person was not able to remember that they had done). As a result, in year #2 of the project, we used less survey-based data collection with people living with dementia, though continuing to use the image-based wellbeing scales wherever possible.
- In year #2, we developed carers' surveys to explore the carers' perceptions of the impact of the sessions on the people with dementia that they care for, and the ways that the sessions impact on their communication and relationship, both during and outside of sessions. We also made a short film, as a way to further evaluate the impact of our work.
- We were asked by our commissioner to collect data based on careful observation and reflection by staff and carers, as well as self-reporting by participants with dementia. The qualitative data on outcomes was collected using these methods, over a period of several weeks – in some cases, throughout the whole year. The observations are from our work at Maycroft Manor, with residents and with pairs of people living with dementia and their carers from the community. The case studies are based on our observations from our work with residents with dementia and their families at New Larchwood and Patching Lodge.

Sustainability: Year 3 and beyond

As part of the project's outputs, we explored the possibility of some of the groups self-running after the end of the 30 sessions in March '17. We identified potential peer volunteers, built up a core repertoire initiated by participants, and shared skills with project workers to help enable the projects to continue. *NB: in April '18 we changed the name of the project to Open Strings Sing and Play.*

In year three, we will be delivering sessions at BHCC Seniors Housing Extra Care Scheme Brooke Mead.

Training Evaluation:

Several of our participants and partners with little experience of music-making, expressed their wish to learn more about how they could use music as a communication tool with their clients beyond our group sessions. In response to this we developed a music-making training for carers which we delivered at Maycroft Manor, New Larchwood and Hop 50+.

- *It is thanks to your training and encouragement that we were able to deliver such a well-rounded, beneficial and fun packed session that everyone seemed to enjoy!* – Manager of Lifestyles Team, Maycroft Manor
- *I now have a thirst for developing this area of my practice. New perspective* - trainee , Ragroof Players



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- *Lots of ideas and inspiration. I was making it complicated (in my mind!) and it's not! It feels doable now. It was an extremely illuminating and fun session, pitched perfectly with the right levels of contact, balance of information, sharing and participation. Thank you all at Open Strings. You are amazing! - trainee, Hop 50*
- *I particularly liked the inclusivity of my ability - OT student*



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