Evaluation of the Music in Healthcare Project 2000 – 2004

A Partnership Project between Music Network and the Midland Health Board (HSE Midland Area)

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Contents: **Page**

Introduction

The Music in Healthcare Partnership Project (2000 - 2004) took place over a period of significant activity in the area of Arts and Health in Ireland. Over that period, a growing number of organisers and practitioners in both sectors began to question the relative absence of the arts in hospitals and care communities, and the ad hoc, unsustainable nature of those initiatives that did exist. While a small number of projects succeeded in becoming established in health settings, strategic development was slow in an environment where funding was sporadic, experience often undocumented, and training and networking opportunities negligible at every level. Projects generally depended on the enthusiasm of one or two committed individuals, and had little hope of survival in their absence. Organisers and practitioners worked in isolation and there was no sense of belonging to a coherent 'arts and health sector', let alone an opportunity to collaborate in the development of a national arts and health policy.

The activity that has been taking place in the arts and health sector across Ireland over the last five years has begun to highlight the value of the work for all stakeholders involved, and to address some of the most problematic issues facing it. Diverse projects were devised at local, regional and national level in order to break the isolation of those involved, and to develop models that would contribute to good practice in the field. At city and county level, for example, a number of local authority arts offices and regional arts centres devised and evaluated innovative programmes facilitating artists[1] to gain valuable experience and develop specialised skills in the field. At national level, the Arts Council published an Arts and Health Handbook (2003) and hosted an international conference on Arts and Health (2004).

At the same time, national health policy continued to shift further towards a holistic vision of health care and away from the old, more restrictive medical model. The current National Health Strategy values and supports social well being as an integral element of good health and emphasises the importance of quality of life[2], while the Health Promotion Strategy for Older People[3] specifically recommends the promotion of opportunities for older people to develop their creativity. This shift can also be seen on the ground. A small number of hospitals and health

[1] The term artist is used to cover artists across all art forms including musicians, visual artists, dancers, dramatists etc.
[2] *Quality and Fairness – A Health System for You* – Department of Health and Children (2001). A new National Health Strategy is due in 2005
[3] *Adding Years to Life and Life to Years – Health Promotion Strategy for Older People* – N.C.A.O.P./ Department of Health and Children (1998)

organisations have established specialised positions in the area of Arts and Health and have funded a growing range of related projects[4]. In a small number of cases, health organisations have also begun addressing staff training needs in relation to the arts, and have undertaken research into the development of good practice in the arts in care contexts. The Eastern Regional Arts Committee, set up in 2004 by the Eastern Regional Health Authority, recently published a framework for arts practice in health settings, with the aim that it would be carried forward by the new Health Service Executive and inform future policy.

These developments have the potential to alter the face of Arts and Health in Ireland, and Music Network's partnership with the Midland Health Board (HSE Midland Area) should be seen in this context. It is a valuable access point to individuals, groups and organisations who have developed good practice on the ground and whose voices could be an important resource in any future formulation of national Arts and Health policy.

This report aims to explore and evaluate the effectiveness of the Music in Healthcare Project in terms of its impact on the ground and the structures required to establish and maintain a partnership between a national music development agency and a regional Health Board. It incorporates findings from earlier phases[5] of the project and explores the extent to which it has succeeded in implementing recommendations made in earlier evaluation reports. It also brings fresh findings from the final stage of the project (September 2004 – December 2004).

Section A outlines the background to the project including the history, aims, objectives, and key players involved. Section B explores the impact on participants, musicians and healthcare management and staff. Section C looks at the key issues that impacted on the programme on the ground, while Section D explores those related to training and mentoring. Both Sections C and D include recommendations for the future. Section E examines the organising partnership and the structures on which it was based. It identifies internal and external factors that influenced the partnership, and sets out a number of overall recommendations for the formation of a revised, mutually beneficial model for the future.

[4] Difficulties have arisen in some cases where little or no funding has been available for programming.
[5] The methodology can be found in Appendix One. This contains a list of all documentation consulted in the drawing up of this report.

.Section A - Background

A.1. A Brief History[6]

The roots of the Music in Healthcare Project stretch back to the *'Concerts in Healthcare Environments'* series, which took place in 1998. This series, which was co-ordinated by Music Network, involved nine musicians from classical, jazz, and traditional Irish backgrounds in twenty-two concerts in hospitals and care centres around the country. Three of these took place in centres in the Midland Health Board (HSE Midland Area) region. From this encounter grew a working relationship that led to the establishment of the Music in Healthcare Project in 2000.

In order to provide interested musicians with appropriate preparatory training, Music Network worked with the Guildhall School of Music and Drama and developed the *Continuing Professional Development* (CPD) training programme. Training weekends took place in 2000 and again in 2002. Guildhall personnel were initially responsible for mentoring the facilitators, however this role was handed over to an Irish based mentor in 2003.

Phase One of the project ran from March to May 2000. Two teams of musicians, each led by a facilitator, held weekly workshops in six residential and day care centres over a period of four weeks. The same musicians and centres were involved in Phase Two, which took place from October to December in the same year.

In 2002, The Midland Health Board (now the HSE Midland Area) entered a full partnership with Music Network, committing to equal responsibility for the planning, operation and evaluation of Phase Three, a three-year programme of action research. Additional teams of facilitators and musicians were recruited as the project was extended to eight residential and day care centres. The first set of Phase Three workshops took place from January to June 2002. Delays in funding and travel restrictions during the Foot and Mouth crisis combined to disrupt plans for workshops later that year. They resumed in September 2003. The final module took place between September and December 2004. Observation visits and evaluation interviews also took place during this period.

[6] This is a brief outline of the history of the Music in Healthcare Project. A more detailed history can be found in earlier evaluation reports.

A.2. Aims and Objectives

The aims and objectives of the Music in Healthcare Project evolved over time as a result of ongoing review and development.

The overall aim 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.

The objectives:

- to present specially designed workshops and performances of the highest quality to older people within their own living environment
- to make a positive impact towards the health and social gain of residents and day-care clients, thereby contributing towards enhancing their quality of life
- to analyse the impact of the music activities from the perspective of all participants, and to use the findings to refine the model for the future
- to 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
- to explore the potential for personnel from the different spheres of the arts and healthcare to work together for the benefit of older people
- to highlight the need for structured provision of professional development and support for the two key sets of professionals: musicians and care centre staff

A.3. Key Participants

3.1. The partners

a. ***Music Network*** - Music Network is the national music development agency, which aims to make high quality live music available and accessible to everyone in Ireland. It organises subsidised tours of internationally acclaimed classical, jazz and traditional Irish musicians in partnership with local promoters throughout the North and South of the country, and offers a more flexible programme of stand-alone subsidised concerts featuring emerging and

established Irish performers. It has developed a music information service and publishes online information databases including the Irish Music Handbook Online and www.learnmusic.info, Ireland's first online directory of music schools and private music teachers. Apart from the Music in Healthcare Project, Music Network is also responsible for innovative research in the area of music education and was a partner in the development of the Vogler String Quartet Residency in Sligo.

Music Network employed a full-time Education and Healthcare Manager to co-ordinate the Music in Healthcare Project between 2000 and 2002, followed by temporary Music in Healthcare Managers in 2003 and 2004.

b. ***The Midland Health Board (HSE Midland Area)*** - The Midland Health Board (HSE Midland Area) provides healthcare and social services to 225,000 people in Counties Laois, Longford, Offaly and Westmeath. The Board provides services for older people in a number of settings including the home, the community, acute hospitals, and care centres. Services offered include health promotion and disease prevention, diagnosis, treatment, care and rehabilitation. The Board's mission is to maintain the independence of older people by improving community services so that where possible, they can stay in their own homes. It also aims to improve linkages in the continuum of care between home care, community care, acute care and long stay care.[7]

The Midland Health Board appointed a Project Co-ordinator to liase with healthcare management and staff during the workshop modules that took place in 2003 and 2004.

3.2. Professional musicians

Twenty-one professional performers from classical, jazz and traditional Irish music backgrounds were involved in the programme over five years, thirteen of whom took part in the most recent round of workshops. The musicians were professional performers who demonstrated artistic excellence and empathy for collaborative music in context. They worked in four teams, each of which was led by at least one facilitator responsible for workshop planning and for providing support to accompanying musicians and members of healthcare staff. The majority of facilitators had completed the Continuing Professional Development training (CPD).

[7] Information taken from http://www.mhb.ie/mhb/AboutUs/d3875.HTML.html in March 2004. These parameters will change in coming months/ years under the new Health Service Executive structures.

The facilitators included[8] Mary Bergin (Tin Whistle); Aingeala De Burca (Violin); Tommy Hayes (Percussion); Joe McKenna (Uilleann Pipes) and Ann-Marie O'Farrell (Harp). Others involved in previous phases included: Michele Murphy (Violin), Danusia Ozlizlok (Piano) and Ellen Cranitch (Flute).

Support musicians included Geraldine Cotter (Tin Whistle/ Piano); Sile Daly (Oboe); Brian Morrissey (Banjo/ Bodhran); Dorothy Murphy (Jazz Vocalist); Jonathon O'Donovan (Jazz Guitar) and Malachy Robinson (Double Bass). Two guest musicians participated in the final round of workshops; they were Deirdre O'Leary (Clarinet) and Desi Wilkinson (Flute/ Whistles). Additional musicians involved in earlier phases included Anthony Byrne (Piano), Hugh Buckley (Guitar), Susan Doyle (Flute), Toni Walsh (Opera Singer) and Cathal Synnott (Piano).

3.3. Workshop participants

Participants came from both residential settings and day care facilities. Approximately 275 people took part in the final round of workshops. It is difficult to quantify the total number of clients involved over the five years of the programme, as consistency of attendance varied between different centres. Participants ranged from their late fifties to their early nineties, with the majority being in their seventies and eighties. Groups included people with a wide range of abilities, from those who were active and well to those suffering disabilities related to hearing, speech, mobility, memory and concentration.

3.4. Directors of Nursing and key support staff

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

The centres involved included Abbeyleix District Hospital (2002–2004); St. Vincent's Care Centre, Athlone/ Loughloe House, Athlone (2002–2004); Community Nursing Unit and Day Care Centre, Birr (2000-2004); Community Nursing Unit and Day Care Centre, Edenderry (2000–2003); Riada House Residential and Day Care Centre, Tullamore (2000–2004); St. Brigid's Hospital, Shaen, Portlaoise (2004); St. Joseph's Care Centre and Day Care Centre, Longford

[8] Except where necessary for clarification, I have used the general term 'musicians' to cover both facilitators and musicians involved in the project.

(2000-2004); St. Mary's Care Centre and Day Care Centre, Mullingar (2000 – 2004); and St. Vincent's Hospital and Day Care Centre, Mountmellick (2000–2004).

Key staff members were appointed in each centre to liase 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.

3.5. Training and support personnel

Other important linkages were established with personnel from the Guildhall School of Music and Drama, who worked on the facilitator's training programme (CPD), and with Elaine Agnew (Composer) who took responsibility for the mentoring programme in 2003 and 2004.

3.6. Local arts resource personnel and organisations

At local level, linkages were established with arts resource personnel and organisations such as local musicians, arts centres and local authority arts offices.

Section B – The Overall Impact of the Project

The following section outlines the way in which the project impacted on the musicians, clients and healthcare staff involved. Overall, the outcomes were very positive. While the impact on each group is discussed separately, a great deal of crossover existed between them. Unsurprisingly, the experience of the clients was central to all stakeholders and influenced all sets of outcomes accordingly.

B.1 The Impact of the Workshop Programme on the Participants

1.1. The context

Previous evaluation reports suggested that the participants experienced a range of significantly positive outcomes as a result of the music workshops and these findings were echoed in the feedback from 2004.[9] The project aimed to bring high quality musical experiences into the lives of older people in residential and day care centres, and to contribute towards health and social gain. In measuring the impact on participating clients, it is necessary to tease out these terms and to clarify the nature of the intervention. The Music in Healthcare Project delivered a non-therapeutic workshop programme, which encouraged participants to engage actively and creatively with skilled musicians. It challenged and supported them to explore and express their musicality through participation and collaboration, while simultaneously exposing them to high quality music performance. It also acknowledged the power of music to impact on physical, psychological and emotional health and as such, aimed to ensure that this impact was positive for all involved. Consequently, in discussing the outcomes below, those related to creativity are discussed separately to those related to physical well being and social gain, although there are many areas of overlap between them.

1.2. Creative outcomes

Among the key creative outcomes were:

[9] As reported by the clients themselves, members of staff, musicians, family members and other observers as well as qualitative material gathered from Music Network client questionnaires, and two research reports produced by the Health Promoting Hospitals in association with the Clinical Audit Team in the Midland Health Board (HSE Midlands Area).

Musical appreciation – The high quality of the musicians was acknowledged and appreciated by the participants and marked the workshops out as something special. Participants enjoyed listening and getting close to high quality instruments. As one observer commented: *'In the past, music in a care centre was synonymous with kids coming in and playing the tin whistle badly, and annoying a lot of the residents.'* This project respected the musical appreciation of the participants, whose enjoyment of the music grew over the course of the project. *'It was good from the start but kept getting better'*.

Increased capacity to engage in new musical experiences – Some participants found the music and the musical instruments unfamiliar at first and were daunted at the prospect of participation, particularly where musicians came from classically trained or jazz backgrounds. Most overcame their fears and grew adventurous as time went on, experimenting with different sounds. Percussion instruments were available for use but these posed a particular challenge, as some of the participants considered them childish and were reluctant to use them at first. Generally people became more confident once they were given background information about the uses of hand held percussion and the choice whether to play or not.

Increased capacity for creativity of all kinds – 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.'* The artistic outcomes were not only musical. Participants in one centre experimented with sound and colour and developed the confidence and creativity to respond to abstract questions such as: *What is the sound of black?*

Greater level of 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. In one centre, the musicians noted that participants were taking greater responsibility for the creative direction of the workshop each week.

Musical achievement – Participants were challenged to participate at whatever level possible, whether it was singing, playing an instrument, clapping in time, tapping a foot,

or just attending regularly and actively listening. Many defied expectations, surprising both themselves and staff members with the unexpected results they achieved, and sparking off feelings of pride: *'I never could play any music before, until today. I made beautiful music.'*

Stimulation of memories and emotions – Live music stirred up long forgotten memories and emotions. One woman commented: *'I became excited, sad and happy with the different types of music… played.'* For some participants, this was a stimulus for a quiet, reflective journey at a personal level, for others, it sparked storytelling, reminiscence and further music making. More able participants used this as a basis for directing the workshops, suggesting further songs or tunes to reflect the theme or mood.

1.3. Physical, psychological and emotional outcomes

In broad terms, the workshops resulted in:

Enjoyment – Participants enjoyed the workshops. They found the atmosphere *'warm'*, *'welcoming'* and *'fun'*, and felt happier and more content afterwards. One participant commented: *'The music brightens our hearts!'* The positive atmosphere also seemed to spread beyond the workshop itself, reaching clients and participants who were not directly involved.

Increased energy – Gentle warm up exercises as well as clapping, stamping, tapping and beating out rhythms with hands, feet and instruments, succeeded in loosening people up and enlivening them both physically and mentally. In some centres, the more mobile participants danced with each other, or with staff or musicians. One relative commented that the music *'reached'* her mother and *'woke her up'* in a way that other activities did not.

Anticipation - Many participants commented on how they looked forward to workshops from one week to the next. One staff member observed that it gave people *'a reason to get up in the morning'* and put *'meaning into the day'*, while another found participants eager to attend without needing to be cajoled or encouraged in the same way as they would for other activities.

Relaxation – Many participants found that the music workshops helped them to relax, and in some cases to sleep better. Some more agitated participants found the music calmed them down. A visitor to one of the centres began to attend the workshops regularly with his wife. His wife suffered from Alzheimer's and was often agitated as a result of her illness. He commented that he particularly valued these periods of music, as they provided the only time when he and his wife could be quiet and relaxed together.

Improved communication – The appearance of the musicians in the centres was an instant source of conversation. The fact that they were not local provoked curiosity and encouraged people to share stories from their own localities. The instruments, the music and the ongoing musical requests all gave rise to further discussion. Many workshops were characterised by playfulness with a lot of joking and laughter. They generated conversation between participants afterwards and between sessions.

Improved fine motor skills and co-ordination – The workshops encouraged participants to use their fingers to tap out rhythms and to play various instruments, which helped strengthen muscles and improve dexterity. It also improved co-ordination. One participant commented: *'I could never get my hands and feet going at the same time, but today I did.'*

Improved concentration – Many participants improved their ability to concentrate over the period of the workshop module. Staff members were surprised by some participants who gradually learned 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 in order to attend and participate to the best of their abilities. 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. In one centre, a group of men, too shy to participate in other activities, surprised staff by playing instruments with enthusiasm. In another, an individual who always kept her head down, looked up and smiled in response to a piece of classical music. One participant who had lost her hearing

commented: *' I couldn't hear the music but I could pick up the rhythm by following everybody else…. Being deaf didn't make me feel left out; I had a great session.'*

Improved self-esteem – Participants found it affirming to have their individual musical interests and skills valued by highly skilled musicians, and their ability to make creative choices respected in an environment where choice can be limited. They gradually placed a greater value on their own creative contributions and felt more optimistic about their future in residential care. For some, it helped to allay fears of becoming redundant. One participant commented: *'When I came into (the residential care centre), I thought 'This is it!' But in fact, I'm doing more now than before.'*

Collaboration – Group members generally demonstrated a good ability to work together and built a strong sense of camaraderie and community. Participants were slow to judge and quick to encourage each other. The fact that all contributions were valued created a positive learning environment and participants took pride in the collaborative nature of the music created: *'We made a masterpiece together.'*

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 for the older person and gave the relatives/ carers greater peace of mind regarding the quality of life on offer in the centre.

The social aspect – 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 day to day relationship, which generally focussed on care giving. In one centre, the participants particularly enjoyed the atmosphere of a kitchen session, which was recreated by staff, who served beer and snacks while the musicians played traditional Irish music.

1.4. Difficulties experienced

A small number of difficulties were identified from participant feedback sheets and observations made by the musicians and key staff members attending the workshops[10]. These included:

[10] Some of these issues resurface in the sections dealing with outcomes for musicians and staff, as they impacted on different stakeholders in different ways. Key organisational issues are also discussed in more detail in Section C.

Lack of continuity – Gaps between workshop modules broke the momentum and made it difficult for participants to apply their learning from one period to the next.

Duration – While the duration of the workshop modules was extended from four weeks to six weeks, a number of participants felt they were only getting into their musical stride when the workshops came to an end.

Group size – Some groups were too large and it was difficult for participants to hear and follow instructions. Group exercises, such as passing rhythms or sounds around, took too long and caused a break in concentration. People found these delays tiring. Participants with specific needs relating to hearing, movement, concentration etc. got less direct support from musicians and staff than their counterparts in smaller groups.

Insufficient back up support – Too few support staff members resulted in inadequate levels of support and encouragement for clients in two centres. One client missed workshops because of a shortage of staff to assist them to get there.

Consistency of group membership – Inconsistent attendance caused difficulties for regular attendees and newcomers alike. Trust was dissipated with the arrival of new people unfamiliar with work from previous weeks. It also caused some embarrassment, as newcomers were unable to contribute to group exercises when it came to their turn.

Lack of choice in relation to musical genre – Clients had no choice in relation to the musical genres on offer. In some cases, the genre did not coincide with the prevailing musical tastes of participants, while in others, the genre was popular, but participants felt a change would be good after a period of time.

Insufficient participation in the planning stages – It was generally felt that the level of consultation with clients was not optimised although it was also acknowledged that the level would have to depend on individual abilities within each group.

Lack of music activities between workshops – Participants had greater difficulty remembering work from week to week in centres where staff had no time to discuss the

content of the workshop between sessions, or where there was little or no other musical stimulation available.

B.2. The Impact on Musicians

2.1. The context

When selecting musicians to work with older people in healthcare contexts, Music Network looked for individuals who demonstrated a range of artistic, communicative and collaborative qualities. When examining the impact of this project on the participating musicians, it is important to acknowledge the pre-existence of these valuable qualities and to emphasise the individuality of each musician's experience. The generalised outcomes below are painted in broad strokes but were experienced in different ways, at different times and in different measures by individual artists, depending on a combination of factors. These included: prior experience of similar work, opportunities for peer learning within the team, the level of interest and support available from Directors of Nursing and care staff involved, the profile of participants and the level of support and back up from Music Network. [11]

2.2. Artistic practice

The experience of working in care settings impacted on the musicians' practice in a range of ways, some of which took them by surprise. These included:

Extended artistic practice – Many of the musicians became more open-minded, musically speaking, due to exposure to different genres, new techniques and unfamiliar repertoire. One classically trained musician signed up for a jazz course, while a jazz vocalist, considered introducing solo voice repertoire into performances with her group, having learned new vocal techniques in response to acoustics in the care centre spaces.

Greater artistic freedom – Some musicians experienced a deepening of artistic honesty in response to the older participants who made themselves vulnerable and expressed themselves musically from the heart. This process was challenging for established

[11] The impact of CPD training, mentoring support is explored separately in Section D.

musicians, as it required them to take musical risks. However, it resulted in a sense of artistic liberation and some *'magical moments'* of collaboration.

Greater sense of 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 focussed on technique beforehand. While he felt he would have come to this artistic realisation eventually, his participation in the Music in Healthcare Project speeded up the process.

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. One musician commented: *'They had a great capacity to listen to the silences as well as to the notes.'* The musicians also found the participants more willing to demonstrate their enjoyment of the performance than a conventional audience would be.

Greater 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. They learned to improvise from scraps of half-remembered melodies and experiment with repertoire across a wide range of genres. One musician commented that the experience in healthcare had taught her to *'compose on the hoof'* whereas before, she had needed quiet, controlled environments.

2.3. Professional options and skills

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

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

Improved music facilitation skills[12]– The musicians developed a range of collaborative music skills, some specific to work with older people, others applicable to work with people of any age. Their observational skills improved and they were better able to respond to individual needs. Some found they could identify more subtle signs of musical progress among participants that they would have missed in the past.

2.4. Other learning outcomes

The project challenged the musicians at a personal level and some experienced significant change in perceptions and attitudes as a result. Those who had little prior contact with older people and care facilities felt the changes most keenly. These included:

Changed perceptions of ageing and ability – Most musicians felt they learned a lot about ageing and older people over the course of the project, having had their pre-conceptions and assumptions challenged in a number of ways. One musician acknowledged a growing sense of ease with age and disability, while another commented on an increased awareness of ageism and how it affects our expectations of older people.

Greater sense of artistic generosity – one musician felt that her contact with older participants had taught her to be more generous with her artistry, and that she was more willing to perform socially as a result.

2.5. Difficulties experienced

Despite largely positive feedback, the musicians did identify a number of difficulties:

a. In-centre work:

The size of the group – Where numbers went above thirty[13], the musicians found it impossible to optimise the level of musical challenge at individual and group level. While they had acquired flexible skills that enabled them to devise music programmes for any number, they could not maintain the core values of challenge and participation. The

[12] The development of music facilitation skills is discussed in Section D, which looks at the impact of the training and mentoring programme

[13] Some groups had up to fifty participants on occasion

level of challenge diminished in direct ratio to the numbers participating, along with the musicians' ability to deal effectively with individual needs.[14]

Lack of consistency of group membership – Lack of consistency in group-membership made it difficult for musicians to optimise levels of progression from week to week.

Insufficient awareness of guidelines among staff – In a small number of centres, staff attending workshops were unable to support the musicians fully, as they were insufficiently aware of the aims and objectives of the project, or the guidelines.

b. Overall structure, administration and resources

Continuity – Long gaps between workshop modules made it difficult to maintain momentum and build on work from year to year. Uncertainty regarding periods of employment made it difficult to plan around other work commitments.

Duration – The extension to six weeks was an improvement[15] but still too short for most.

Schedule – The scheduling of workshops in two different regional centres on the same day, impacted negatively on the ability of the musicians to optimise their relationships with clients and staff. In some cases, time for planning and feedback was shortened, and there was almost no time available to be sociable.

Changes in personnel – Within Music Network, three different managers took responsibility for the Music and Healthcare Project over the five-year period, resulting in some difficulties in consistency of communication and support.

Lack of specially adapted instruments – Very few specially adapted instruments were available for use by people with limited voluntary movement.

[14] Only one musician working in these circumstances was satisfied with the situation. Regardless of numbers, he did not feel that more ambitious planning was realistic due to the short timeframe involved.

[15] The musicians stressed that they could plan appropriately for any period of time once they were clear about the duration in advance. While each group would benefit from a timeframe tailored to their specific needs and interests, most would benefit from an extension of the workshop period to 8 or 10 weeks.

B.3. The Impact on Healthcare Settings and Staff

Overall, the project impacted positively on participating members of management and healthcare staff, and both groups showed enthusiasm for its continuation and development.

3.1. The impact on the centres

The presence of highly skilled musicians created a sense of occasion in participating residential and day care centres and reinforced the position of the centres as integral elements of the wider community. Directors of Nursing[16] commented that the workshops created a lively, positive atmosphere, which lifted the spirits of both staff and clients, and improved the overall living and working environment. This was accentuated where clients from high dependency units were involved, as they often managed to surprise both staff and management with their achievements. One Director of Nursing described the shift in atmosphere as: *'an influx of joy.'* Collaborative concerts, which were held at the end of workshop modules in the earlier stages of the project, had a big impact on the centres. Environmental improvements were often made in advance of performances, and they were attended by members of the wider community, including carers, relatives, arts officers and some members of senior management from the Midland Health Board (HSE Midlands). This was an important source of affirmation for clients and staff involved.

Non-participating staff members became more supportive of the workshops once they saw the positive effects the music had on clients. Their help was invaluable; they brought clients to and from workshops, helped to move furniture around, and encouraged participants to speak about the music between workshops. Catering staff also helped out in some centres, changing mealtimes to facilitate the musicians. One staff member commented that there had been *'a complete change'* in attitude and that *'a stampede… of enthusiasm'* had greeted the most recent phase of the project.

Experience of the project also led to the development of other programmes and resources. Many centres developed instrument banks that could be used between workshops, and one Director of Nursing commented that music therapy sessions had been introduced as a direct result of the Music in Healthcare programme.

[16] Directors of Nursing (or their representatives) from five of the eight centres attended a group meeting.

3.2. The impact on key staff members

While all staff members benefited from the general 'feel-good' factor generated by the programme, the impact was greatest among those who worked most directly with the musicians. Most key staff members were enthusiastic about their work and identified ways in which it impacted positively on them personally and professionally. As a result of their participation in the programme, key staff members developed:

A 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. The broad range of musical tastes, histories and talents among the group encouraged staff to look beyond immediate appearances of age or frailty, and to see new possibilities.

A 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. Entertainment was an 'easier' option, enabling staff to cater for larger numbers at one time. This outlook changed considerably. While staff members continued to value live performance, especially by musicians of the calibre on offer, they began to see the benefits of active participation. Overall, they were very happy with the balance achieved by the musicians in this regard.[17]

An appreciation of alternative approaches – Working with the musicians caused some staff members to reflect on their daily work practices and consider alternative approaches. For example, some staff members began to question whether all clients would automatically want the radio tuned to the same station every day. Others considered their communication style; 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 – Staff members noted their increased interest in the creative process and their growth in confidence in bringing creative suggestions to the table. Some developed music based activities between workshops, encouraging clients to participate in rhythm work, singing, and movement to recorded music.

[17] Staff from just one centre still had reservations and were unsure about the level of challenge posed by the musicians. They felt it was too ambitious.

Development of 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.

3.3. Difficulties encountered:

Some difficulties experienced by key staff members either impeded their full participation in the project or lessened the positive impact it had on them. These included:

a. Organisational and resource issues:

Timing – The timing of the workshops was less than ideal in many of the participating centres. Morning workshops caused the most difficulties for staff, who were under pressure to get through the daily care tasks and assist residential participants to move to the music workshop on time. Staff also had to deal with difficult situations when clients arrived after the workshop started, having to exclude them or else disrupt the workshop.

Access to suitable space - The lack of dedicated arts space created tension in some centres. Key staff members had to negotiate changes in meal times in centres where the dining room was used for workshops. In one centre, staff reported that no alternative room was available for clients, so they had no real option but to attend.

Access to instruments and other music resources – Staff reported a shortage of music related resources such as song books in large print or recordings by the musicians for use between workshops. No instrument banks existed in centres that joined the project in its later stages.

b. Insufficient practical supports from management:

While most key staff members were very happy with the level of support from their Directors of Nursing, in some cases, this support was not sufficiently practical. Difficulties included:

Too few support staff – Staff in two centres felt pressurised due to inadequate back up. This lessened their ability and enthusiasm for the work.

Insufficient dedicated time - Even in centres where staff support was adequate, some staff felt they lacked 'permission' to concentrate fully on the music workshops and so remained distracted by other responsibilities.

Insufficient time for follow up – Staff in a number of centres had little or no time allocated to help reinforce musical ideas from week to week by working on basic rhythms and singing, or by finding songs and photocopying them for interested clients.

c. Networking and training

Insufficient linkages between centres – A small number of staff members commented on the lack of information available about work in other centres and the lack of networking opportunities to share support and advice.

Insufficient level of ongoing training and support – There was some difference of opinion with regard to the adequacy of the training provided. While some felt the initial training days[18] combined with pre-project meetings had been enough, others felt more training was needed in order to maximise their support for clients and musicians. They pointed out that some staff had come to the project after 2000 and had received no formal training.

d. Communication structures

The experiences of musicians and staff in one centre were shaped by a specific set of circumstances. While the feedback from clients in this centre was enthusiastic and while staff members identified a number of positive outcomes, a series of communication difficulties significantly reduced the positive impact on all involved. A changeover in the key staff member took place but was not communicated to Music Network. No effective hand-over took place internally or otherwise, in terms of information, guidelines or support, so the replacement staff member remained unsure of her role and ill prepared to address any difficulties that arose. While management allocated generous staffing resources to the project, with four or five staff members attending workshops, there was no co-ordination or consistency from week to week. Staff came and went remaining unaware of the practical ways in which they could support the clients and the musicians. This led to frustration on all sides. The musicians did not understand why staff failed to take the initiative or to help out in practical ways. Neither the facilitator nor the key staff member took responsibility to convene weekly feedback meetings in order to address the issues.

[18] These took place in 2000

On the day of the evaluation observation visit, visitors wandered in and out of the workshop space disrupting proceedings, but no staff member intervened. Tension between musicians and staff was palpable as a result. The experience highlighted the need for effective structures that facilitate ongoing communication, and mechanisms to address communication breakdown.

Section C - Key issues on the Ground

A number of key factors contributed to the successes and in some cases the difficulties experienced by those involved in the Music in Healthcare Project. Many were identified in earlier evaluation reports and were the subject of recommendations by both Music Network and by Health Promoting Hospitals in association with the Clinical Audit and Research Department in the Midland Health Board (HSE Midland Area).[19] This section of the report takes a fresh look at the key issues influencing the project on the ground, and examines whether, and to what extent, recommendations from the last evaluation report impacted on practice during the final period. Based on feedback from different stakeholders, a set of revised recommendations has been drawn up for consideration in any future planning process.[20]

C.1. Key Issues relating to Organisation and Practice on the Ground

1.1. The quality and versatility of the facilitator/ musician teams

Quality was pivotal to the success of the project. Having highly skilled musicians working in care settings sent out the message that older people in residential and day care centres were valued as contributors and makers of music, as well as members of an arts audience. As one staff member commented, the calibre of the musicians *'lent dignity'* to the project.

The versatility of the musicians was equally important. They became increasingly flexible, spontaneous and open to collaboration as the project progressed, extending their ability to reach participants with varying tastes and abilities. They learned from each other and from key staff members, older participants and the mentor, but most of all they made use of their accumulated experience on the ground.

The facilitators were free to dictate the extent of the team's involvement, as recommended in the Music Network evaluation report, however the availability of auxiliary musicians was the deciding feature when planning the workshops in the final module.[21] While two facilitators maintained a consistent team over the final six weeks, two other facilitators incorporated a

[19] The latter report will be referred to as the HPH report from here on in.
[20] Key factors relating to training and mentoring support are discussed in Section D, and those relating to overall structures are discussed in Section E.
[21] It recommended that team musicians would be involved in a minimum of four out of six sessions

visiting musician for one session. This created an interesting contrast for both facilitator and clients, and helped to maintain interest and momentum. Each team succeeded in having at least one mobile member to move among the clients, which improved levels of individual contact and facilitated individualised support. In the early years of the project, some made the transition from auxiliary musician to facilitator but none made this transition in 2003 or 2004.

In principle, facilitators were supportive of the idea of developing a 'pool' of suitably experienced musicians from which they could draw, however they expressed concerns regarding its viability, as facilitators and musicians come from a variety of genres, and have developed different styles of working.

The HPH report (2003) recommended the rotation of musicians between centres, to provide greater levels of musical variation. This was not implemented. Neither was there any consensus among clients or healthcare staff as to whether this would be a good thing. Some wanted variety over time while others wanted consistency. What was clear, however, was that the current model lacked the flexibility to cater for different demands in this regard.

1.2. Issues of performance, participation, challenge and creativity

Participation was prioritised as a core element of the programme, however the exact balance between it and performance shifted on a regular basis as musicians responded to the different needs of each group. Participation was a key factor in distinguishing the project from other more passive musical interventions in the past. It presented the clients with an appropriate level of challenge and resulted in a strong sense of achievement. Challenge, by its very nature, can cause difficulties, and a certain amount of wariness did exist among staff and clients in the early days, particularly in relation to the use of instruments. This changed over time and a strong enthusiasm for collaborative music making developed among most groups. Performance also remained an important ingredient in the workshops. Not only did it bring great enjoyment to participants; it also brought an opportunity for people to rest between the more challenging tasks of participation. Overall, both clients and staff were happy with the balance achieved.

Collaborative concerts to mark the end of workshop modules were given greater priority in the early days of the project, as a means of stimulating enjoyment and pride among participants, families and staff alike. While these events were important in terms of advocacy, they did not facilitate a particularly process oriented way of working and consequently, put both clients and

musicians under pressure. It was recommended that collaborative concerts should be limited to once a year, preferably during the Bealtaine Festival in May. No performance was scheduled for the end of the module in 2004. Both musicians and staff felt this was more realistic, given the short timeframe involved. It also freed up the clients to explore their creativity in music without having to worry about an end product that could be performed in public.

The emphasis on individual and group creativity was also an important element in the success of the project. Both staff and clients were impressed by the musicians' ability to identify and coax individual potential from each person involved. In some cases, this involved progression in terms of challenge and complexity, however nothing could be taken for granted. With some groups, the musicians built on work from year to year, capitalising on increased levels of trust, confidence and musical ability, enabling them to undertake ever more adventurous work. With other groups however, musicians had to simplify the level of musical collaboration over time, as participants became increasingly frail.

Opportunities to develop individual and group creativity also depended on the size of the group and the staff resources available. Consequently, the level of ambition[22] varied from centre to centre. The most creative work took place with groups of less than thirty, where staff support was strongest.

1.3. Management support and the role of key support staff

The enthusiasm and support of management was crucial to the success of the project in participating centres. Despite shortages in space and staffing, Directors of Nursing made both available in order to facilitate the workshops. They also encouraged a positive attitude among staff members who were not directly involved.

Key staff members made the workshops possible through a mixture of advocacy and practical support. They negotiated with other staff, organised workshop spaces, and advised on specific client needs. They also provided clients with practical help during the workshops, making eye contact, holding and moving hands rhythmically, and encouraging individuals to hum or lilt or sway. Even the least able participants could take part where adequate staff support was available.

[22] Ambition is not used in any objective sense here; it conveys the optimising of individual and group creativity, at whatever level is appropriate

Activities co-ordinators took on the role of key support staff where possible. There was widespread agreement that this was the most effective structure wherever it was backed up by management support. In centres where Director of Nursing acknowledged the role and made the necessary time and resources available, Activities Co-ordinators could contribute meaningfully to the planning process, provide workshop support, and offer music related activities between workshops. In centres where the allocation of time and resources was insufficient, staff members felt under pressure from expectations they could not fulfil. In a small number of cases, key support staff felt that their contributions were undervalued and under-resourced by hospital administration and musicians alike. One staff member commented: *'Staff in some centres feel like they are just there to wheel the patients in'.*

The HPH report from 2003 recommended greater recognition of the role of key support staff and greater involvement in the planning process. It also recommended that the term 'project facilitator' be used to describe the role on site. One obstacle to the implementation of this recommendation is the lack of clarity about the exact nature of the role of key support staff and the level of resources required for it to be effective. Neither is spelled out in the Guidelines and each centre appears to have developed a slightly different interpretation of what is required. While it is generally accepted that the musicians should be responsible for all aspects relating to music and staff members for all aspects of care, the delicate crossovers between the two have not been teased out or documented, resulting in conflicting expectations and different levels of support from management.

1.4.Communications between musicians and healthcare staff

With musicians and staff coming from very different worlds, and having very different perspectives and priorities, clear communication was vital to the success of the workshop programme. Overall, good levels of communication were achieved and for the most part, musicians and staff shared a common vision of the project's aims, objectives and parameters.[23] Much of this clarity stemmed from the scrupulous way in which the project was documented by the two partner organisations in the early stages, providing valuable continuity when personnel changes took place at every level in both organisations.

[23] Communication between Music Network and the Midland Health Board (HSE Midlands Area) is discussed in Section E.

In a small number of cases, musicians and staff members achieved exceptionally high levels of mutual understanding and communication. One staff member commented: *'We can read each other and…change a plan that is not going well…and move on to something different without using words.'*

Structured meetings, such as the pre-project meetings and the weekly liaison meetings, facilitated regular communication. As recommended, pre-project meetings took place in most centres in 2004, and both musicians and staff found them helpful and informative. Where they were best utilised, they provided opportunities to revise guidelines, review previous work, discuss future plans and explore practical resources such as potential workshop spaces. In some cases, key support staff used the opportunity to introduce new staff to the musicians and to familiarise them with the project.

Weekly liaison meetings generally preceded workshops, enabling musicians and staff to discuss the previous week and to plan the session ahead. Many musicians preferred this timing, as they felt vulnerable discussing their work directly after finishing a workshop. While these structured meetings were found to be useful, the extent of their effectiveness varied from centre to centre. In some cases, they were not prioritised, while in others they lacked focus. Both musicians and staff found it difficult to raise awkward issues at the weekly liaison meetings, as they did not wish to appear critical or unappreciative of each other. Where meetings were consistently casual and unstructured, issues would get mentioned in passing but then get lost, resulting in frustration when no practical outcomes ensued.

In general, both musicians and healthcare staff felt that pre-project meetings and weekly liaison meetings needed greater levels of planning and structure, in order to optimise their potential. Healthcare staff members particularly felt that the scope of the pre-project meetings could be extended with the inclusion of more structured elements of information sharing, individualised negotiation, and basic training.

1.5. Time

Time related issues were a source of constant concern for those involved in the project. As a result of budget shortfalls, only one set of workshops took place each year during the final two years, leaving large gaps of time between modules. This impacted negatively on everybody involved, breaking momentum and disrupting continuity. For the most part, healthcare staff did

not have resources to put an interim music plan in place, so there was a burst of activity each year, followed by a void.

In response to recommendations, the workshop timeframe was increased from four weeks to six. Clients, musicians and staff felt that this was a big improvement, although most wanted it extended further, to eight or ten weeks[24]. As one interviewee commented: *'Because the programme is about enhancing quality of life, outcomes are not instant.'*

Also considered was a full day music residence at each centre. This did not happen due to financial restrictions, however the majority of musicians and staff members still felt it would be an effective[25] option in the future, offering greater flexibility in terms of timing and programming.

The length of the workshop itself was also considered; an hour and a half was recommended and was implemented with small variations from centre to centre, according to the needs and abilities of clients, as well as the timetables of staff and musicians.

It was recommended that musicians should be allocated a reasonable amount of time in order to travel between centres, but the need to synchronise timetables led to some pressure in this regard. Some teams ate their lunch while driving from one centre to the next, which did not cause much complaint, but was far from ideal. As well as putting pressure on the musicians, it impacted negatively on the liaison time available to musicians and staff in some centres, and made it impossible for musicians, clients and staff to build social relationships outside workshop structures.

1.6. Group size and composition

Group size remains a key component that dictates the level of challenge and creativity that can be achieved in the workshops. Improvements in group-size took place in most centres after the interim evaluation, with some groups reducing to less than thirty,[26] and most maintaining

[24] Greater flexibility is needed to set the timeframe according to the needs of the individual groups and the resources available to the different centres

[25] This option would need to be examined on a case by case basis. Not all hospitals could commit to the levels of support required for extended music work. Also, some instrumentalists may be less mobile and their instruments less suitable for use in ward settings.

[26] The recommended maximum number of participants

numbers in and around that level. Only two groups remained seriously overcrowded with forty to fifty participants, a situation that precluded an emphasis on creative work and made consistent individual attention impossible. Some musicians made the point that thirty is still too large a number when facilitating work that is creative and challenging.

In relation to group composition, the guidelines suggest that all participants should have some ability in relation to hearing and concentration, and while this was broadly adhered to, experience showed that it needed to be interpreted carefully on an individual basis. A mix of abilities worked well in most centres and some participants with severe disabilities in relation to hearing or dementia not only responded enthusiastically to the music; they became valued contributors within their group. The mix of residents and day care clients also worked well in many centres. The day care clients were often livelier and more able, and brought enthusiasm and encouragement to those who were less able. In accordance with the recommendations, many centres experimented with observation groups sitting in an outer ring, however this proved unsuccessful on a number of levels and has generally been abandoned. All clients were offered the choice whether to attend workshops or not, however the choice was rendered less meaningful in at least one centre where staff members commented that no alternative spaces were available.[27]

Concern was expressed regarding gender balance in the past, and further research was recommended. While a questionnaire was drawn up by personnel in the Midland Health Board (HSE Midlands Area) low levels of distribution and low rates of response meant that no reliable findings emerged. However, at an informal level, both staff and musicians commented on the healthy state of the gender ratio in 2004. One group even had a majority of male participants.

1.7. Facilities and resources

In relation to facilities and resources, some improvements took place over the final phase of the project. As recommended in the interim evaluation, the facilitator chose between potential workshop spaces, wherever a choice was available. Staff and management showed great flexibility in some cases, making preferred spaces available at some inconvenience. Consequently, in 2004, some workshops took place in bright, airy spaces with reasonable acoustics and privacy from non-participants. Others had fewer options, and musicians and clients continued to struggle with space limitations and interruptions.

[27] See Section B.3.3.

Hand held percussion and chime bars made up the bulk of the instruments on loan from the IRMA trust and for the most part, musicians and participants were very happy with the quality and diversity of sounds on offer. The only drawback was the shortage of specially adapted instruments for those with limited strength or voluntary movement. While some hospitals had developed instrument banks, staff and musicians generally kept these apart from the IRMA Trust instruments in order to avoid confusion during workshops. Some staff members used the instrument banks between sessions but others felt they did not have the training needed to do so effectively. In the evaluation report in 2002, it was recommended that a percentage of each centre's annual arts budget from the Midland Health Board (HSE Midland Area) should go towards building up an instrument bank. This could not be implemented as the annual arts budget no longer existed, leaving some centres, particularly those most recently recruited, without any significant music resources.

1.8. Sustainability

The development of local ownership is crucial to the future of the Music in Healthcare Project, which has addressed the issue in a number of ways. Local management and staff were introduced to the collaborative music process in a hands-on way, through their involvement in the planning and implementation of a participative music programme. This improved their capacity to work with professional musicians. In some centres, key staff members forged important linkages with local arts resource personnel, such as arts officers, arts workers and practitioners, giving rise to other parallel arts and music projects. However, not all key staff members felt they had the confidence or the resources to develop significant linkages at this level, and some did not feel it was within their brief.

A number of musicians and key staff members raised the possibility of involving local musicians in the project in the future, while expressing concern at the proposal at the same time. The sustainability of the project would certainly improve if skilled local musicians could be identified and trained to work creatively and collaboratively with older people in care settings. However, there is no guarantee that a supply of suitably qualified musicians would be available. One key staff member did identify such a musician living locally, and is currently exploring the possibility of developing complementary music programmes with the clients. The musician in question is not trained to use the participative techniques employed by Music Network musicians, however an on-site programme of shadowing and mentoring was suggested as a means of facilitating the transfer of skills at a local level.

1.9. General administration

From 2003 onwards, general administration tasks were divided up between the Music in Healthcare Manager in Music Network, who worked primarily with the facilitators and musicians, and the Project Co-ordinator employed by the Midland Health Board (HSE Midlands Area), who worked with healthcare management and staff.

Overall, the facilitators and musicians were happy with the level of support they received. They found Music Network staff very helpful and quick to respond to queries or difficulties. They were generally content with the terms and conditions of their work. The Music in Healthcare Manager visited a number of sites to monitor work on the ground, which provided the musicians with an immediate feedback mechanism and a sense of connection with the overall project. The only dissatisfaction expressed was in relation to the lack of continuity experienced in terms of communication and support, due to changeovers in Music Network personnel, and a fear that this represented a lack of prioritisation of the project.[28]

Members of the healthcare staff were also happy with the level of communication overall. They were particularly pleased that a regional Project Co-ordinator was employed by the Midland Health Board (HSE Midlands) in 2003, and felt that communications improved as a result. Those holding positions as Activities Co-ordinators had the additional benefit of meeting with the Project Co-ordinator on a regular basis. Overall, staff felt more secure in having a contact person based in the region.

1.10 Monitoring and evaluation

One of the strengths of the project was a commitment to gathering feedback on a regular basis and the incorporation of learning into the ongoing planning process. The main monitoring mechanism was the distribution of weekly questionnaires. Members of staff and clients filled these out after each workshop and generally returned them to the musicians the following week. This process yielded interesting feedback and gave rise to discussion and debate. It led musicians and staff to identify and build on successful elements of the workshops, and to make any necessary changes. In some cases, staff found the pace of learning accelerated by the feedback process, as it made them more observant of the physical and social effects on the clients.

[28] This is further discussed in Section E

Some difficulties were experienced. While a number of staff members were scrupulous in assisting clients to respond each week, others found the process repetitive and tedious. As a result, forms were completed and returned in a haphazard manner across different centres, resulting in very uneven levels of qualitative feedback and quantitative results that could not be used in any scientific sense. Concerns were also expressed about the inflexible nature of the questionnaire and the difficulty in separating the views of staff from those of the clients they assisted.

1.11Documentation and dissemination

Because music in healthcare is in its infancy, the importance of documentation and dissemination cannot be over-stated. Ongoing documentation is required to improve practice on the ground and to promote advocacy at all levels; its importance is reflected in its presence among the core objectives of the project. Both musicians and staff members did document various elements of workshops and concerts through photographs, audio-tapes and video recordings. One musician recorded and archived a number of songs sung by the participants, which were unfamiliar to him. Some staff members made strategic use of their documentation, using photographic displays to raise awareness among clients and staff who were not directly involved in the project, or sending articles and photographs to the Midland Health Board News[29] or to local papers for publication. Music Network co-ordinated media coverage at national level and elements of the project were recorded and broadcast on RTE radio and television.

However, musicians and staff found documentation problematic overall, as it raised a number of practical, strategic and ethical dilemmas. Consequently, it was undertaken in an ad hoc manner and results were unfocussed at times. At a practical level, it was difficult to find ways to capture the impact of the musical experience on camera, especially where people were particularly frail and their responses subtle, rather than obvious. Secondly, there was no strategic plan in relation to the use of the documentation so it was not prioritised; when it did take place, it was generally quite random, with no specific audience in mind. And thirdly, some staff members and musicians were uncertain how to address the ethics of recording and disseminating images of older individuals, some of whom may not be in a position to give permission.

[29] *Midland Health Board News* is a quarterly newsletter produced and distributed by the Midland Health Board (HSE Midlands Area). Key Care Staff contributed regularly to this publication throughout the project.

C.2. Recommendations relating to Organisation and Practice on the Ground

The recommendations arising from the key issues above relate to organisation and practice on the ground. They emerge from the experience of stakeholders over the last five years and while they are specific to the existing model, they should be considered by the organising partnership in the development of any revised model in the future.[30]

2.1. Core values

- That musicians and healthcare staff maintain a focus on the core principles that underpin the project, including:
  - participant choice
  - high quality musicianship
  - active participation balanced with performance
  - appropriate levels of challenge
  - the development of individual and group creativity

2.2. Programme structures

- That musicians and healthcare staff engage in a consultative process in order to develop more flexible structures which will:
  - maximise musical choices for clients[31]
  - cater for specific needs in groups of varying sizes[32]
  - take a more individualised approach to organisational issues including all aspects of time

2.3. Information, guidelines and communication mechanisms

- That musicians are facilitated to draw up a document that illustrates the nature of their work and what can be achieved, depending on timeframes, group size and the levels of staff support available.

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[30] Recommendations in this section relate to practice on the ground. Recommendations that relate to the broader structures are to be found in Section E

[31] Obvious limitations apply here. Only a certain number of skilled musicians from different genres will be available, and only a certain number of clients will be interested and able to engage with the challenge it presents. Management and staff should be encouraged to work with local arts resources to develop complementary music performances on site

[32] While greater flexibility is needed, the numbers should be small for challenging, participative work. The figure of twenty-five was proposed as a recommended maximum for this type of work.

- That musicians and key support staff are consulted in any review of the current guidelines, particularly in relation to their roles and responsibilities, and the level of resources required from each participating centre.
- That Directors of Nursing, musicians and key staff use the revised guidelines to negotiate and record individualised agreements before any future workshop programmes. These agreements should clarify aims, roles and responsibilities for all involved and contain an agreement on issues such as group size, resources required, feedback techniques, performance indicators, and mechanisms for dealing with difficulties that arise.
- That musicians and key support staff review the scope of the pre-project meeting and extend it to include elements of information sharing and basic training, as required by the individual centre. Information should refer to the work of the healthcare staff as well as that of the musicians.

2.4. Staffing and resources[33]

- That all Directors of Nursing appoint an Activities Co-ordinator to drive the programme with sufficient time and resources to make it work effectively.
- That the HSE Midlands Area re-establishes an annual arts fund with a percentage dedicated to instruments, music books etc. The fund should be flexible so staff members could invest in learning to use the resources effectively and maximise the benefit to clients.
- That healthcare staff look upon the musicians as a resource and consult with them when purchasing music resources, especially instruments, in order to optimise quality and value.

2.5. Monitoring and evaluation

- That musicians and staff review monitoring methods and develop varied mechanisms that encourage more direct feedback from clients to musicians.
- That musicians and staff identify any additional supports needed in order to undertake revised monitoring approaches. [34]

2.6. Documentation, Dissemination and Advocacy

- That management, staff, and musicians prioritise documentation as an integral element of the planning process at centre level, and should set measurable objectives in this regard.[35]

[33] Issues relating to the roles of the Music in Healthcare Manager and the Project Co-ordinator are raised in Section E
[34] Additional training or access to outside facilitation should be considered if necessary
[35] The role of the organising partnership with regard to documentation is discussed in Section E

- That Directors of Nursing and key staff members explore ways to use documentation strategically in order to share information and skills internally, and to build advocacy with other centres in the region.
- That the musicians explore ways to use documentation strategically among themselves for purposes of information and skill-sharing, and among other emerging and established musicians in order to raise awareness and build advocacy.

Section D – Training and Mentoring Support

D.1. Training, Mentoring and Support for Musicians

1.1. Context

At present, there is very little awareness of music in context, let alone training available for professional musicians who wish to work outside the traditional areas of performing, recording or teaching. While music facilitation skills are taught on the postgraduate Community Music course (University of Limerick) and the Community Music module of the B.Mus degree course (Cork School of Music), very few opportunities are open to musicians wishing to gain skills in non-therapeutic, participative music in healthcare environments. Much of the learning in this area has taken place on the ground and to date the projects that have led the way have been the Music in Healthcare Project and the CADMUS project.[36]

1.2. Training for facilitators involved in the Music in Healthcare Project

The initial Continuing Professional Development (CPD) training sessions facilitated by Guildhall personnel in 2000 and 2002 contributed significantly to the confidence and the skills of the participating music facilitators, particularly in relation to working collaboratively and in context. Although some facilitators expressed reservations regarding the cultural relevance and applicability of the Guildhall approach to care settings in Ireland, there was general agreement that it laid a strong foundation of enthusiasm, ideas and skills on which to build.

Plans for follow up training sessions in 2003 and 2004 had to be cancelled as a result of funding shortages. This was disappointing for all involved and made it difficult for the facilitator/ musician teams to consolidate the learning that took place over those years. It also made redundant specific recommendations from the evaluation report in 2002 regarding the inclusion of age-specific issues in future training.

[36] CADMUS was an initiative of Dublin City Council, supported by the Arts Council, which aimed to profile music as an art form in community contexts and support the development of community music practices in Dublin. It came to an end in 2004.

1.3. Networking and the development of training resources

Funding shortages also impacted negatively on Music Network's plans to develop structured networking opportunities for the facilitators and musicians and to develop appropriate training resources in a range of different media. While there was no funding available to move forward in these two areas, Music Network did capitalise on the potential offered by the Arts and Health Conference, organised by the Arts Council in June 2004. All of the Music in Healthcare facilitators and musicians were invited to participate in a skill-sharing workshop with Elaine Agnew, as part of the conference. Only a small number attended however, due to other work commitments.

1.4. Mentoring

The introduction of mentoring as recommended in the evaluation report from 2002 went some way towards compensating for the loss of further training opportunities. The programme was aimed mainly at facilitators, and was very well received. Irish-based composer Elaine Agnew established a system of observational visits followed by optional telephone and e-mail support. The observational visits differed in style and duration from centre to centre, depending on individual needs and the prevailing circumstances on the day. In some cases, meetings were lengthy and facilitators looked for follow up discussion, while in others, meetings were brief with little or no follow up. Accordingly, the extent of the impact differed from one facilitator to another. Specific outcomes are difficult to isolate. The mentoring process fed into the experience of the musicians on the ground, as outlined in Section B, and similarly time and experience played an important part in the outcomes attributed to mentoring below.

Insofar as they can be identified, specific outcomes from the mentoring programme include:

- increased confidence and self-belief
- increased ambition in relation to what can be achieved
- greater experimentation with new approaches
- greater readiness to acknowledge when things go wrong
- greater readiness to seek advice
- greater ability to be critical and honest about all aspects of the project
- greater ability to identify own training needs
- greater ability to define appropriate roles in the workshops
- greater knowledge of composition techniques as well as music exercises, activities and games for groups

- greater curiosity about the work of other teams in other centres
- less acceptance of elements of bad practice

1.5. Difficulties experienced in relation to the mentoring programme

A small number of factors undermined the level of the programme's success, many stemming from funding shortages.

- ***Clarity*** – Different stakeholders had slightly different interpretations of the role of the mentor and the aims and objectives of the mentoring programme. Due to funding shortages, no personnel was available to co-ordinate the necessary process of reflection and discussion that would have helped everybody involved to exploit the potential of the programme
- ***Communication***– Continuity of communication between the mentor and the part-time Music in Healthcare Manager was disrupted due to changeovers in personnel in 2003 and again in 2004.[37]
- ***Continuity*** – Programme continuity was broken up by the long gaps that stretched between workshop modules, also the result of funding difficulties. This lessened the momentum of the project and fragmented opportunities for applied learning.
- ***Follow up*** - The cancellation of the planned CPD workshops in 2003 and 2004 left the mentor with no mechanism with which to follow up on issues raised by facilitators and musicians during field visits.

1.6. Recommendations for the future:

a. Training:

- That Music Network prioritises training and support for both facilitators and musicians as an essential and integral part of any future programme, incorporating:
  - a clear, flexible mechanism by which an auxiliary musician can make the transition to facilitator, if interested in doing so
  - modules specific to the client[38] groups with whom musicians are working, as well as general collaborative music skills

[37] See Section E for further discussion of personnel issues

[38] For example, if musicians are going to work with people suffering from dementia or other conditions that give rise to challenging behaviour, the training should incorporate specific elements in this regard. Training elements related to ageism, health and safety etc. should also be considered, whether directly targeted at the musicians or as part of a skills-sharing exercise with healthcare staff.

b. Mentoring:

- That Music Network reviews the mentoring programme in collaboration with the current mentor and representatives of the facilitators in order to establish clear aims, objectives, structures and roles for all involved within a specified timeframe. The possibility of extending the programme to include interested auxiliary musicians alongside facilitators should be considered.
- That Music Network identifies other similar mentoring models and develops linkages with relevant personnel at national and international level.

d. Networking:

- That Music Network prioritises the organisation of networking opportunities as an integral part of any future Music in Healthcare Programme, in order to encourage information sharing, skill-sharing, resource development and peer support among facilitators and musicians.
- That Music Network consults with the HSE Midlands in order to explore possibilities for compensating facilitators and musicians to attend networking sessions as part of future employment contracts.
- That Music Network encourages and enables facilitators and musicians to make links with their peers nationally and internationally, and to bring the learning back to the network.

e. The development of training resource materials

- That Music Network optimises opportunities to develop relevant and useful resource materials in consultation with the facilitators and musicians during the networking process.
- That Music Network further develops linkages with a diversity of arts and health resource organisations in Ireland (North and South), England, and further afield, in order to tap into existing literature and training resources.

D.2. Training and Support for Healthcare Staff

2.1. Context

The healthcare staff who took part in the project came from a variety of training backgrounds. They had different duties and responsibilities, which shaped their level of involvement in the programme and the roles they undertook. They included Directors of Nursing, trained nurses,

care staff, activities co-ordinators and nurse specialists. Where the project was most successfully integrated in the day to day work of the centres, catering and domestic staff were also involved, albeit on the periphery. The arts are not generally included in training courses at any level in the health service, although modules have been introduced occasionally by enthusiastic individuals.
In the Midland Health Board (HSE Midland Area), an Arts in Care course was co-ordinated by Age & Opportunity as part of a two-pronged approach taken by the Board to develop arts in residential and day care settings. Some of the key support staff members from the Music in Healthcare Project attended this course and, while it focussed on different art forms, they found it complemented their work in the area of music. The training helped to build staff skills and contributed to the creative environment in which the music workshops took place.

2.2. Training and support for healthcare staff involved in the Music in Healthcare Project

A staff training day took place in the early days of the project. While many participants found it enjoyable and useful, some found the experiential aspects difficult. This, combined with the logistical difficulties in getting staff together off-site, meant that no further training of this type took place. The Music Network evaluation report in 2002 recommended that training and support should take place on-site in the context of pre-project planning meetings and the organisation of a staff music workshop in the middle of each module.

Pre-project meetings did precede the final modules in most but not all centres. Management in one centre decided not to go ahead because of difficulties in making staff available and a belief that they were already sufficiently familiar with the programme. Where pre-project meetings did take place, they were generally confined to very practical administrative concerns, with some elements of information sharing particularly where new members of staff were introduced. If elements of training took place, they were incidental, not planned. No practical music workshops for staff took place during the modules. Interviews with staff suggest that there is a good level of enthusiasm for more structured training and support opportunities on site, but at a very practical and basic level. The pre-project meeting is still favoured as an ideal mechanism, particularly in centres that experience a high turnover of staff, as it would facilitate skills-development for use in the short term. There is enthusiasm also for the introduction of a short practical music workshop that would familiarise staff with the experience of being in a music group and improve their ability to support the clients and the musicians.

2.3. Recommendations for the future

- That the Midland Health Board (HSE Midland Area) takes responsibility for planning, implementing and monitoring any future training elements relating to healthcare management and staff, using the expertise available to Music Network where appropriate.
- That the Midland Health Board (HSE Midland Area) supports basic training for management and staff in order to generate greater awareness of the value of music in healthcare settings and more specifically the role staff can play with clients and musicians.
- That Directors of Nursing prioritise pre-project meetings (or whatever future planning meetings take place at centre level) as an integral part of the music project.
- That Directors of Nursing ensure that short, self-contained elements of basic staff training are planned, implemented and evaluated in conjunction with key support staff and the music facilitator, exploring the use of pre-project meetings, weekly workshops and/or a dedicated workshop for staff for this purpose.

E. Key issues at a structural level

E.1. The Evolution of the Organising Partnership Structure

1.1. Context

'Partnership' can mean different things in different contexts. It is important, therefore, to look at the exact nature of the partnership between Music Network and the Midland Health Board (HSE Midland Area) in order to evaluate its effectiveness. The collaborative relationship between the two agencies evolved over the five years of the project changing from funding body and applicant (2000 – 2002) to equal partnership (2002 – 2004).

1.2. Phase one and two (2000 – 2002)

From the beginning, the relationship was very positive. Key players included the full time Education and Healthcare Manager from Music Network who took responsibility for the development of training and support for facilitators and musicians, and the Community Care Administrator from the Midland Health Board (HSE Midland Area) who took responsibility for funding and resource development on the ground. Even before a full partnership was established, the shared enthusiasm of key personnel from both agencies led to frequent collaboration in a range of areas. However, from the beginning, overall responsibility for the development of the project and management of the relationship between the two agencies (including documentation of meetings and day to day administrative tasks) generally lay with Music Network.

1.3. Phase three (2002 – 2004)

When the formal partnership was established in 2002, each organisation agreed to take equal responsibility for the development of the project along with the administrative tasks involved. The Midland Health Board (HSE Midlands) agreed to employ a Project Co-ordinator to take on responsibility for development and administration at local level, while Music Network retained responsibility for development and administration relating to facilitators and musicians. A number of changes in personnel took place in both agencies between 2002 and 2004, including the movement of the two key individuals (one from each agency) who had most responsibility for the establishment and development of the project up to that point. With no funding available to retain the full time position of Education and Healthcare Manager, Music Network brought in a temporary part-time manager in 2003. The following year, the Music in Healthcare Project was added to the workload of an existing member of staff who already managed a significant

programme within the organisation. Similarly, the Project Co-ordinator appointed by the Midland Health Board (HSE Midlands Area) in 2003, took responsibility for communications with participating healthcare staff as part of a larger brief that included a second arts programme and a series of health promoting initiatives in care centres in the region. The Music in Healthcare Manager and the Project Co-ordinator worked closely together in arranging the workshop timetables and addressing any difficulties that arose in the planning stages and throughout the module. While neither was formally allocated the task of overseeing all aspects of the project, the Music in Healthcare Manager tended to take responsibility for an administrative overview when necessary. No formal links were established between the Project Co-ordinator and the musicians or the mentor, although some informal contact took place on the ground. This led to gaps in the communication and review processes.

E. 2. The Benefits and Difficulties of a Partnership Approach[39]

2.1. Mutual Benefits

From the beginning, both agencies recognised the inter-related nature of their respective visions. On the one hand, Music Network aimed to facilitate high quality music experiences in local communities while at the same time, supporting skills-development and extending career options for professional musicians. On the other, the Midland Health Board (HSE Midland Area) aimed to improve both the health and social gain of older people in the region, placing residential care settings at the heart of the wider community. The Music in Healthcare Project was a means for each agency to achieve their objectives in this regard. The principle of mutual benefit kept both agencies interested and actively involved in the project over five years of collaboration, and justified the time and resources required, to make the partnership work. The partnership was built on mutual respect. It brought skilled and experienced policy makers, administrators and practitioners together from both sectors, creating a pool of expertise that was more than the sum of its parts. All parties made great efforts to understand the different experiences, viewpoints and priorities involved, resulting in an environment where they could effectively contribute their expertise. A mutually beneficial collaborative partnership approach was taken to:

[39] While Music Network and the Midland Health Board (HSE Midlands Area) did not become an official 'partnership' until 2002, they took a partnership approach to their work from the beginning

Funding – Personnel from the Midland Health Board (HSE Midland Area) included the Music in Healthcare Project in their plans and submissions at every level, including those going to the Department of Health and Children for core funding. They also identified sources of grant funding within the Department of Health and Children for which Music Network applied successfully. Music Network's core funding came from the Arts Council.

The development of parameters, guidelines and feedback mechanisms – Personnel from Music Network drew up a series of draft documents outlining the aims and objectives of the project, guidelines for practice on the ground, and questionnaires to be used for ongoing feedback. These were discussed, amended and agreed by the organising partnership based on negotiations with the different stakeholders involved.

Advocacy - In strategic terms, both the Department of Health and Children and the Arts Council were kept well informed of developments on a regular basis, through development plans, reports and funding applications. Presentations were made by Music Network at two Bealtaine Regional Meetings[40] (2002 and 2003) and at a National Health Promoting Hospital's Conference (2001). These helped to spread awareness among a broad range of interests in both sectors including policy makers, Directors of Nursing, members of healthcare staff (particularly Activities Co-ordinators), arts organisers and musicians. The Music in Healthcare Project was included as a case study in the Arts Council's Arts and Health Handbook (2003).

Media coverage - Responsibility for media coverage was divided between the two agencies. Personnel from the Midlands Health Board (HSE Midlands Area) co-ordinated local media coverage while Music Network managed the national media.

Evaluation – Both agencies developed evaluative mechanisms over the five years of the project. Music Network commissioned reports from consultant Judith Wilkinson in July and December 2000, and compiled a further in-house evaluation report in July 2002. The Health Promoting Hospitals in association with the Clinical Audit and Research

[40] Bealtaine is the annual national festival that celebrates creativity in older age. It takes place in May each year and is co-ordinated by Age & Opportunity.

Department of the Midland Health Board (HSE Midland Area) conducted an analysis of client and staff questionnaires in 2003 and again in 2004.

2.2. Benefits specific to Music Network

Increased capacity to comply with the guiding principles of the Arts Council – The partnership structure enabled Music Network to fulfil four out of the five temporary principles that currently guide the work of the Arts Council.[41] It supported both musicians and healthcare personnel to extend the scope of their professional understanding and practice and to develop creative environments to facilitate the participation of older people in the arts. It also created practical linkages between older people in residential care communities in the Midlands region and their local arts organisations. In effect, it developed as a responsible form of management for music in context, bringing together a diverse range of skills, resources and abilities.

More focused workload – The employment of a Project Co-ordinator by the Midland Health Board (HSE Midlands Area) as part of the partnership agreement improved the balance and focus of the workload undertaken by each agency. Music Network was able to take a step back from communications with healthcare staff and to concentrate more on the needs of facilitators and musicians.

Affirmation for the facilitators and musicians – The move to full partnership was a form of validation for the musicians, giving recognition to the specific skills they had acquired and the positive ways in which their work impacted on the physical, social and creative health of older people in care settings.

2.3. Benefits specific to the Midland Health Board (HSE Midlands Area)

Affirmation and support for health care management and staff– The formation of a formal partnership with Music Network affirmed and endorsed the efforts of members of management and staff to integrate music in day to day care provision. The employment of a locally based Project Co-ordinator reinforced this, and provided practical support

[41] The guiding principles were put in place when the Arts Plan 2002 – 2006 was set aside

that helped to improve communications and satisfaction levels among staff on the ground.

Increased capacity to comply with national health policy – The partnership with Music Network further enabled the Midland Health Board (HSE Midlands Area) to address objectives contained in the National Health Strategy[42] relating to strategic co-operation with other sectors. The move from funder to partner has improved capacity among personnel to plan, implement and evaluate creative arts initiatives, and to work effectively with expertise from non health-related areas. It also enabled the Board to implement elements of the Health Promotion Strategy for Older People,[43] which called for the facilitation of creative opportunities for older people.

Increased awareness and capacity to participate in other health promoting initiatives – The partnership with Music Network raised awareness among health personnel at every level regarding the diversity of health promotion initiatives required in order to cater for individual needs. It improved the capacity of personnel to contribute creatively to health promoting initiatives and to prioritise client choice, as proposed in the recently launched Health Promoting Residential Care Initiative.[44]

2.4. Difficulties experienced

While the overall impact of the partnership was very positive, some internal and external difficulties were experienced:

a. Within the partnership

- ***Music Network resources*** – A shortfall in funding forced Music Network to abolish the full time position of Education and Healthcare Manager, which resulted in a reduced capacity for ongoing research and development of the partnership model.

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[42] *Quality and Fairness – A Health System for You* – Department of Health and Children (2001). A new National Health Strategy is due in 2005

[43] *Adding Years to Life and Life to Years – Health Promotion Strategy for Older People* – N.C.A.O.P./ Department of Health and Children (1998)

[44] The Health Promoting Residential Care Initiative was developed by the Irish Health Promoting Hospitals Network in association with the National Council for Ageing and Older People. It was launched early in 2005 and proposes Ten Steps to the attainment of Healthy Ageing Status in residential care facilities. Under Step Four, which focuses on Choice, it proposes that centres should check whether they 'take part in an arts programme'.

- ***The uneven distribution of management responsibility within the partnership*** – The unequal levels of responsibility exacerbated the situation. While practical administrative tasks were divided up between the two agencies, the responsibility for developing and managing the partnership remained with Music Network, although this was not formally acknowledged or articulated. This inequity became problematic when Music Network's personnel resources were reduced, resulting in the neglect of more developmental areas of the project such as advocacy and ongoing communications.

- ***Evaluation*** - Some gaps existed between the two organisations in relation to evaluation processes. Some evaluation mechanisms were initially planned without consultation and would have benefited from a more collaborative approach. This would have augmented the scope of the final evaluation findings and contributed particularly to the level of information available regarding the experience of participating clients.

b. External factors

- ***Lack of priority for arts and health at national level*** – No national policy for arts and health exists and in its absence, initiatives such as the Music in Healthcare partnership are exposed to changing priorities and interests in both the arts and health sectors. While the Music in Healthcare Project feeds into the national aims and objectives of each sector[45], it has not been prioritised in terms of funding and resources in either. There are a number of reasons for this. Firstly, the arts and health sector remains unorganised and largely invisible. Secondly, the nature of the work makes it difficult to document and promote and as a result, there is insufficient regard for its value at every level. Thirdly, because it straddles two sectors, policy makers from each can assume that the other should be responsible for its development. Arts and health is a small and vulnerable area of work. With no policy back up, the two agencies have struggled to attain adequate resources in an arts sector that experienced sweeping cuts in 2003 and is only rebuilding itself, and a health sector where costly elements of crisis management and restructuring have taken priority in recent years.

[45] As they are outlined in *Quality and Fairness – A Health System for You* – Department of Health and Children (2001) and the Arts Council's Guidelines for 2005

- ***Lack of support structures at national level*** – Following on from the lack of priority given to arts and health by either sector at national level, there is a lack of support structures available to those involved. There is no central agency co-ordinating information, networking, research or resource development. An Arts and Health Conference co-ordinated by the Arts Council in 2004 was the first opportunity for a diversity of planners and practitioners to come together for any substantial period of reflection and discussion. While Music Network took full advantage of this opportunity and delivered a presentation on the partnership project[46], there have been very few other opportunities to network with others involved in similar structures, in order to optimise the learning and avoid the pitfalls already identified.

- ***Ageism*** - There is a high degree of ageism in our society. Not only does this impact on the musicians, healthcare staff and participants involved in Music in Healthcare, it also effects decision making and policy formation at every level. Ageism is so deeply ingrained that it is generally invisible, but it underpins the general lack of opportunities afforded to older people, particularly those living in residential care, to participate actively and meaningfully in the arts. It is also a contributory factor in the general lack of priority given to creating positive change in this regard.

E.3. Recommendations at a Structural Level

Overall, the key principles of mutual interest and mutual respect for diversity of expertise must remain at the heart of any future partnership. After five years of a pilot project, each agency has reached a point where new approaches are required in order to move forward in a way that is useful and relevant to their needs. These approaches should be informed by the learning that has taken place at every level of the project.

Music Network, with its national brief, is faced with the challenge of developing a flexible Music in Healthcare resource that can be accessed by interested Health Service Executives across the country, and/ or by regional arts organisations serving older communities availing of residential and day care services. The Health Service Executive (Midlands Area), on the other hand, needs

[46] There was a low level of attendance by decision-makers from the health sector at the conference. This may reflect the lack of priority given to the area of arts and health.

to develop local capacity and ownership of the Music in Healthcare Project in order to create ongoing musical opportunities for older people in care settings in the region, as a means of maintaining health and improving quality of life. Any future project planned by the two organisations needs to move them further towards the realisation of a model that satisfies these requirements.

3.1. Short term recommendations

a. Developing a revised model of mutual benefit

- That Music Network and the HSE Midlands Area jointly review the findings and recommendations of this evaluation and explore the potential to build a revised model of partnership that focuses on the development and support of:
  - a Musician(s)-in-Residence scheme in the Midlands Area (or selected parts) that would facilitate the strategic planning and implementation of more flexible music programmes[47] 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

- That Music Network and the HSE Midlands Area consider all of the following recommendations based on the viability or otherwise of the model outlined above, taking into account the changing structures and priorities impacting on each agency at national level.

b. Agreeing responsibilities

- 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, by implementing:

[47] Based on the core principles identified earlier in the report i.e. participant choice, high quality musicianship, active participation balanced with performance, appropriate levels of challenge, and the development of individual and group creativity

- the recommendations in Section C regarding the facilitation of good practice on the ground
- the recommendations in Section D regarding the development of training programmes, networking opportunities[48] and mentoring support

- That the HSE Midlands Area 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 the implementation of recommendations relating to good practice as outlined in Section C, and those relating to staff training and support in Section D
  - a budget to enable the Musician(s)-in-Residence to bring in additional musicians to meet specific needs identified in individual centres

c. Managing the partnership process

- That Music Network takes practical responsibility for managing:
  - a review of the structures that underpin the organising partnership and the documentation of revised agreements in relation to roles and responsibilities, time frames and review mechanisms
  - an initial planning process with regard to the proposed Musician(s)-in-Residence model in order to establish agreed parameters and projected costings in terms of money and other resources.

- That the HSE Midlands Area takes responsibility for identifying and securing funding to resource the proposed review and planning process.

d. Advocacy at local, regional and national level

- That Music Network and the HSE Midlands Area organise a joint presentation on the findings of this report and seek endorsement for the planning and development of a Musician(s)-in-Residence project from:

[48] Including opportunities to come together in a structured way to test out potential musical alliances, thereby creating a more flexible resource pool for the future

- Directors of Nursing and members of senior management in the HSE Midland Area
- Local arts resource organisations

- That the two agencies use any regional endorsement strategically to build support at national level with the Health Services Executive, the Department of Health and Children and the Arts Council.

e. Issues to be addressed in the review and planning process

i. Staffing and resources

- That Music Network and the HSE Midlands Area give particular attention to the overall management and co-ordination of the Musician(s)-in-Residence Programme, ensuring that one member of personnel is responsible for seeing that all agreements are implemented, all roles and responsibilities fulfilled, and all difficulties addressed.
- That Music Network and the HSE Midlands Area review and agree roles and responsibilities for personnel working on the project, particularly with regard to the more developmental areas such as advocacy, research, monitoring and evaluation at local and national level.
- That Music Network and the Midland Health Board (HSE Midland Area) identify the level of supports and resources needed by personnel to carry out their duties effectively.

ii. Facilities

- That Music Network and the HSE Midlands Area review the issue of space and make a recommendation as to whether the project can reasonably take place in a centre if there is only one 'common' room available and clients' level of choice is compromised.
- That the HSE Midlands Area incorporates appropriate arts spaces in any new facilities built.

iii. Communication

- That Music Network and the HSE Midlands Area ensure that support mechanisms[49] are developed to help musicians and healthcare staff plan effective communication, review and evaluation mechanisms, and enable them to raise issues of concern safely and constructively.

[49] Mechanisms for consideration could include practical support from an overall co-ordinator and/ or access to outside facilitation as well as the inclusion of review techniques in future training sessions

iv. Sustainability

- That Music Network and the HSE Midlands Area jointly review the meetings that took place with local arts organisations in 2000 and plan further linkages and practical collaborations in the future.
- That Music Network and the HSE Midlands Area consult with the musicians, the mentor and local arts resource personnel, to identify suitably qualified musicians in the Midlands region and explore the potential for developing a training and/or mentoring programme in the future.

v. Documentation and dissemination

- That Music Network and the Midland Health Board (HSE Midland Area) 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.
- That Music Network and the Midland Health Board (HSE Midland Area) prioritise the area of documentation and dissemination during the Musician(s)-in-Residence project. The two agencies should plan, resource and implement a measurable strategy that reflects the long term aims of each agency based on an exploration of the respective benefits of information leaflets, video recordings/ DVDs etc.
- That Music Network and the HSE Midlands Area agree on a media strategy targeting specific periodicals and newsletters in the arts sector, the health sector and the general media.

iv. Evaluation and research

- That Music Network and the HSE Midlands Area collaborate on all evaluation processes from the beginning, identifying the areas of enquiry, the evaluation methods to be used, and the allocation of tasks and responsibilities.
- That Music Network and the HSE Midlands Area explore potential linkages with other agencies and organisations from the arts and the health sectors, that have carried out research into the area of arts and health, and/or that may have resources to engage in collaborative research in the future.
- That Music Network and the HSE Midlands Area explore other Musician(s)-in-Residence models in order to learn from experiences to date.

3.2. Medium to Long Term Recommendations

- That Music Network and the HSE Midlands Area 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.

- That these policies are documented, disseminated and used strategically to raise awareness and influence policy at national level

Conclusion

Overall, the organising partnership has moved a long way towards achieving their aim of researching and developing a model for using live music in residential and day-care environments for older people, in a way that impacts favourably on the therapeutic environment. The experience of the past five years has demonstrated that the existing model can successfully deliver:

- high quality workshops and performances to older people in day care and residential services
- positive outcomes in terms of the health and social gain of participants and a corresponding improvement in quality of life
- increased capacity for positive co-operation between healthcare staff, musicians and management from both sectors, each respecting and benefiting from the expertise of the other

It also achieved some success in terms of awareness raising and advocacy. Taking into account the fledgling nature of the arts and health sector and the lack of support structures in place, the organising partnership managed to reach a wide range of stakeholders with information about the project and its outcomes. It also generated greater awareness of the professional development needs of musicians and healthcare staff, particularly among those involved in the project who contributed ideas for future training to the proposal for a revised model.

The greatest challenges were posed by the inadequate levels of funding, which led to a reduction in opportunities for professional training and support, gaps in programming on the ground, and a slowing down of partnership development as a whole.

While the existing model has been very successful in meeting the aims and objectives of the project, stakeholders have identified the need to move forward with a more flexible structure that would demonstrate a higher level of local ownership. The proposal that has emerged builds on the strongest elements of the old model and reflects the diversity of learning that has taken place over the last five years. It combines contextualised training and support for musicians at national level with a locally managed music residency in the Midlands region, offering both agencies a practical and beneficial way of moving ahead.

Music Network and the HSE Midland Area have built up a valuable pool of shared expertise in the organisation, practice and management of music in healthcare settings. They are well placed

to take the next step in developing a viable, sustainable model that will benefit older people, professional musicians, and healthcare staff alike, and which will contribute to the development of the arts and health sector as a whole. Their ability to take this step is entirely dependent on securing the necessary support and resources, however the investment required is small compared to the value they have shown they can deliver.

Appendix One

Methodology

i. Parameters of the enquiry

The parameters of the enquiry were agreed in a meeting with representatives from Music Network and the Midland Health Board (HSE Midlands Area) and included the use of:

- background research
- group meetings, observation visits, and interviews

The Clinical Audit and Research Department in the Midland Health Board (HSE Midlands Area), in consultation with the Project Co-ordinator, drew up the parameters for a separate piece of research into the experience of healthcare staff and clients. The findings from this research were passed on to the evaluator and qualitative data was incorporated into the final evaluation report.

ii. Background documentation

Background documentation consulted in the course of the evaluation included:

- *Concerts in Healthcare Environments Evaluation* – Jackie O'Keefe (1999)
- *Outline Document – Music in Healthcare Project in the Midland Health Board Region* – Music Network (2000)
- *Music in Healthcare Project: Evaluation Report* – Judith Wilson (July 2000)
- *Music in Healthcare Project: Evaluation Report Phase Two* – Judith Wilkinson (Dec. 2000)
- *Music in Healthcare Project: Phase 3 Interim Evaluation Report July 2001-June 2002* – Music Network (2002)
- *Music in Healthcare Evaluation Questionnaire Health Promoting Hospitals* – (Analysis of findings) - Health Promoting Hospitals/ Clinical Audit and Research Department, Midland Health Board (2003)
- *Music in Healthcare Evaluating Questionnaires Health Promoting Hospitals* – Analysed by the Clinical Audit and Research Department – Draft Copy – (2005)
- *Adding Years to Life, Life to Years – Health Promotion Strategy for Older People* – National Council for Ageing and Older People/ Department of Health and Children (1998)
- *Quality and Fairness – A Health System for You – Health Strategy* – Department of Health and Children (2001)

- *National Standards for Children's Residential Centres* – Department of Health and Children (2002)
- *Health Promoting Residential Care Initiative* – Irish Health Promoting Hospitals Network/ National Council for Ageing and Older People (2005)
- *The Arts and Health Handbook* – A Practical Guide – The Arts Council (2003)
- *The Picture of Health – A framework for the practice of arts in health settings* – Eastern Regional Arts Committee (2004)

Feedback questionnaires, designed by Music Network and completed by staff and clients between September and December 2004, were also consulted. Qualitative data from these questionnaires is included in the report.

iii. Meetings, observation visits and interviews

A series of meetings, observation visits and interviews were organised with different stakeholders between October 2004 and February 2005. Each meeting was based around a discussion document, which was drawn up and distributed in advance, giving interviewees the opportunity to respond and influence the parameters of the discussion. Discussions took place with:

- Deirdre McCrea, Chief Executive Officer, Music Network
- Aisling White, Music in Healthcare Manager (2004), Music Network
- Margaret Feeney, Director of Services for Older People, HSE Midlands Area
- Patricia Carroll, Health Promoting Hospital Co-ordinator, HSE Midlands Area
- Elaine Agnew, Mentor for participating music facilitators (Composer)
- Participating teams of facilitators and musicians:[50]
    - *Aingeala de Burca, Dorothy Murphy and Jonathan O'Donovan*
    - *Tommy Hayes, Geraldine Cotter, and Brian Morrissey*
    - *Joe McKenna and Mary Bergin*
    - *Anne-Marie O'Farrell, Malachy Robinson and Sile Daly*
- Key Care Staff in participating centres
    - *Markie Walsh, Riada House, Tullamore, Co. Offaly*
    - *Jim Blanc, St. Vincent's Hospital, Mountmellick, Co. Laois*
    - *Mary Daly, St. Mary's Care Centre, Mullingar, Co. Westmeath*

[50] As well as meeting the teams in their place of work, I also facilitated a group meeting aimed at addressing the bigger issues such as training, support, sustainability and the development of policy. Three of the four teams attended this meeting.

    - *Gillian Cooper, Community Nursing Unit, Birr, Co. Offaly*
    - *Susan Lee, St. Joseph's Care Centre, Longford, Co. Longford*
    - *Celia Cahill and Jackie Whelan, Abbeyleix District Hospital, Co. Laois*
    - *Julie Molloy and Tessa Guinan, St. Vincent's Care Centre, Athlone/ Loughloe House, Athlone, Co. Westmeath*
    - *Maura Byrne and Nuala Phelan, St. Brigid's Hospital, Shaen, Portlaoise, Co. Laois*
- Directors of Nursing from participating centres
    - *Catherine O'Keefe, St. Vincent's Hospital, Mountmellick, Co. Laois*
    - *Trudie Rowan, Community Nursing Unit, Edenderry, Co. Offaly*
    - *Audrey Wright (representing Mary Hooper), Riada House, Tullamore, Co. Offaly*
    - *Jim Dwyer, St. Vincent's Care Centre, Athlone/ Loughloe House, Athlone, Co. Westmeath*
    - *Kay Kennedy, Community Nursing Unit, Birr, Co. Offaly*
- Breda Grehan Roche, Assistant CEO Community Care and Older People, HSE Midlands Area
- John Kincaid, ex Community Care Administrator, Midland Health Board (HSE Midlands Area)
- Dolores Moran, Director of Services for Older People and Palliative Care, Department of Health and Children
- Stephanie O'Callaghan, Acting Director of Development, The Arts Council
- Fergus Sheil, Music Officer, The Arts Council

Observation visits in six of the eight centres, facilitated informal discussion with participating clients as well as a small number of their relatives who attended the workshops.

A draft report was distributed to all stakeholders in March 2005, and final comments and clarifications were invited. A meeting was also held with representatives of the organising partnership in order to review the draft and sign off on its findings.

iv. Presentation of findings

No comments have been attributed to specific individuals in the report and no individual centres have been identified.

Appendix Two

Other Key Care Staff and Directors of Nursing involved in participating centres

Other Key Care Staff and Directors of Nursing were involved in the project. These included:

i. Key Care Staff in participating centres:

- Kay Nolan, St. Vincent's Hospital, Mountmellick, Co. Laois
- Breda Murtagh, St. Joseph's Care Centre, Longford, Co. Longford
- Lorraine Larkin, Community Nursing Unit, Edenderry, Co. Offaly.

ii. Directors of Nursing in participating centres:

- Mairead Campbell, St. Mary's Care Centre, Mullingar, Co. Weatmeath
- Ann Doherty, District Hospital, Abbeyleix, Co. Laois
- Cheryl Earley, St. Brigid's Hospital, Shaen, Portlaoise, Co. Laois
- Brid McGoldrick, St. Joseph's Care Centre, Longford, Co. Longford