



Education and Culture

Culture 2000

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Music in Healthcare Settings: cultural policy, entertainment, or music therapy? Music Network Ireland's *Music in Healthcare* model

Good morning. I would like to begin by saying how pleased I am to have been given the opportunity to meet so many like-minded people here, to discuss an issue of common interest. Within Ireland, there are very limited opportunities to meet with others actively working in the field of arts and health, so it really is a wonderful experience, and an honour to present to you today, and to listen not only to other Irish representatives, but also esteemed colleagues from France and the UK.

1. Music Network - background

I will begin by giving you some background to the organisation I represent: Music Network. It is a national organisation, established by the Irish Arts Council in 1986. It aims to make high quality live music available and accessible to everyone in the country, regardless of their location or circumstance, while supporting the career development of skilled Irish and international musicians.

When first established, Music Network's main focus was on addressing issues of geographical access to live music performance. However, over the course of its 20-year history, the organisation has become much more progressive in seeking to democratise access to music in Ireland, and to dissolve barriers of other types, including physical, cultural and socio-economic barriers.

In order to fulfil its aims, Music Network provides a range of high quality music services, which are delivered in partnership with regional and local organisations throughout the country.

These services include:

1. Subsidised concert programmes (tours, series, and individual concerts, in total amounting to c. 180 concerts per year all over Ireland)
2. Tailored support services for local music promoters/venues
3. Outreach activities linked to performances (workshops, masterclasses, talks, etc.)
4. A comprehensive information service on all aspects of music in Ireland
5. Professional Development programmes for musicians
6. Research and development into new models of local/regional music provision, including:
 - Music education programmes
 - Ensemble in residence schemes

2. Development of *Music in Healthcare* model

Our first experience of working in a healthcare context was the management of a once-off concert series entitled *Concerts in Healthcare Environments* in 1998. This took place in 22 healthcare settings in various parts of Ireland, involving professional classical, Irish traditional and jazz musicians. Initially, the motivation was to reach out to more people with live music performances. If people in hospitals and care settings were unable to come out of their living environment to attend concerts, then we should enable the music to come to them – so this was an approach that fitted very comfortably within Music Network's remit and ethos.

However, as a result of some fruitful contacts and discussions arising out of the *Concerts in Healthcare* series, we began to think about engaging with clients in healthcare settings on a deeper level: not simply as audience members. Having seen the benefits incurred through the *Concerts in Healthcare* series, some key policy makers in the Midland regional Health Board (now part of the Health Service Executive (HSE) Dublin/Mid-Leinster region) came forward and sought to form a strategic partnership with Music Network. As a result, in 2000, the partners began to implement a pilot research programme involving a chosen client group: older people in residential and day-care environments. This new programme moved deliberately away from a concert-based format to a model that actively involved clients and members of care staff as participants and instigators in the creative process. Entitled *Music in Healthcare*, it ran as a 5-year pilot programme in the Midlands between 2000 and 2004. A total of nine residential and day-care centres throughout the region were involved, and the programme directly benefited approximately 400 people during that period.

I'd like to stress that this programme was never termed or aimed as "music therapy" and never aspired to clinical objectives or outcomes, despite the fact that some therapeutic outcomes may have emerged.

3. Aims and Objectives

Music in Healthcare aimed:

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

Its key **objectives** were to:

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

4. Implementation/delivery

The programme ran as a series of weekly workshops, organised into 6-week modules, each workshop lasting 90 minutes. We aimed to deliver two modules of activity each year, over the

course of the programme's five-year duration. Workshops took place in a designated room in the centre, with staff transporting or assisting clients to attend. Workshops catered for a maximum of 30 people, and care staff endeavoured to establish a core group of participants who would attend from week to week. Inevitably, however, there was some degree of change in the group's make-up every week, which was accommodated as a feature of the environment. Workshops included elements of collaborative composition and performance, using both percussion instruments and vocal work. Group compositions usually focused on a chosen theme, for example: the sea, or an Irish legend, such as the children of Lir, which the key staff members developed with clients between the musicians' visits, using other artforms, including creative writing and visual art.

A core element of the *Music in Healthcare* model was the recognition of a need to develop the interface between the two key sets of professionals involved: the musicians on the one hand, and the care staff on the other. As a result, specific training for each was built into the project, and planning and liaison time between the two was scheduled into each weekly visit by the team of musicians.

- From within each team of musicians, a **facilitator** was appointed – typically someone who combined experience as a professional performer with a qualification in, or experience of working in a medical or caring context. The facilitator planned the workshop content and led the team, which usually included two support musicians.
- All of musicians employed were professional performers, hand-picked for their interpersonal skills, as well as their musical skills. They included classical, jazz and Irish traditional musicians. The role of the support musician was primarily that of a performance resource that the facilitator could draw upon to demonstrate and catalyse musical ideas, and to enrich the musical output of the group.
- Each participating care centre designated a **key staff member** to the project: usually an activities nurse, supported by other members of staff. The role of the key staff included:
 - advising the facilitator/musician team on the strengths of individual clients, and on activities that may or may not be suitable
 - developing links with local music/arts resource people in their area
 - and managing their centre's instrument bank, which consisted mainly of hand-held, percussion instruments, both untuned and tuned. Over the course of the programme, some centres expanded their banks and some even invested in digital pianos, to allow more performances to take place within the centre, by external performers resident in, or visiting the area.

5. Evaluation

At key stages during the 5-year initiative, evaluation reports were produced, to inform the future development of the programme, taking into account direct feedback from clients, centre staff and management, musicians and the organising partners. This culminated in a final, overall evaluation report, commissioned from an independent Arts Consultant, and completed early in 2005. The key outcomes identified in that final report were as follows.

For clients, the programme:

- Promoted enjoyment – clients placed importance on the quality of the musicians: this made the workshops special, and showed them that they were valued
- Developed musical appreciation and expanded musical tastes.
- Increased capacity to engage in new, creative experiences
- Built confidence – participants became more vocal as time went on, contributing a greater number of creative ideas, volunteering to perform, or offering critical feedback

- Engendered a sense of achievement – many participants defied their own expectations, and that of staff members with unexpected musical outcomes, leading to feelings of pride
- Increased energy levels – warm up exercises, clapping, stamping and beating out rhythms loosened people up and energised them physically and mentally
- Developed a sense of anticipation – giving people something to look forward to from week to week
- Improved communication and enhanced social contact – both among clients and between clients and care staff
- Use of instruments improved fine motor skills and co-ordination
- Improved concentration – staff members were surprised by some participants who gradually developed the ability to engage for the full length of the workshop, despite histories of restlessness/agitation
- Enhanced links with family and community – a small number of family members attended workshops, and this proved a positive experience for all, in particular giving relatives peace of mind regarding the quality of life available to their loved one within the centre

For care staff, the programme:

- Reinforced awareness of client individuality
- Promoted greater appreciation of creative challenge – initially, staff tended to favour entertainment over participation and musical challenge. But this outlook changed considerably over time as staff began to perceive and understand the greater benefits arising from active participation by clients.
- Developed awareness and appreciation of alternative approaches to healthcare – working with the musicians led some staff members to reflect on, and seek to alter their daily work practices
- Increased creativity – Some members of staff developed music-based activities between workshops, encouraging clients to participate in rhythm work, singing and movement to recorded music
- Created linkages with local arts resources – local authority arts officers and arts centre directors were invited by centre staff to attend workshops over the years. This resulted in a greater frequency of local and touring artists visiting participating centres and working with clients.

For musicians, the programme:

- Enhanced their artistic practice – most musicians became more musically open minded and experimental as a result of collaborating with musicians on their team from other genres of music.
- Improved facilitation skills
- Enhanced performing flexibility and creativity
- Reaffirmed for them the power of music as a means of expression and communication – allowing musicians to set aside their usual concentration on technical aspects of performance and instead enjoy communicating and expressing themselves through their instrument
- Provided artistic affirmation – the musicians were gratified by the open way in which participants listened and responded to the emotion of the music
- Extended career options - beyond the usual professional triangle of performing, recording and teaching
- Developed new audiences - outside the conventional performance framework
- Altered perceptions of ageing and disability –some musicians acknowledged a growing sense of ease with the thought of ageing and disability, and the programme increased their awareness of ageism, and how it affects our expectations of older people

The key **recommendations** emerging from the final evaluation report were

1. the development of a regionally-managed, sustainable Musician(s)-in-Residence scheme in the Midlands to facilitate the strategic planning and implementation of a flexible, high quality music programme to cater for the diverse needs of older people in residential and day-care settings
2. the development of 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, at the same time developing as a national *Music in Healthcare* resource

I'm pleased to report that both of these recommendations are in the process of being implemented. At regional level, a partnership has been formed involving local authority arts officers from the four counties of Laois, Offaly, Longford and Westmeath, as well as the HSE regional office and Music Network, with funding secured and a recruitment process almost completed for the employment of a panel of musicians to implement the Musicians-in-Residence scheme. The first phase of workshops under the new scheme is due to get underway in September this year.

Meanwhile, Music Network has been developing a new, formalised Professional Development programme for musicians working in healthcare, as well as education and community-based contexts. The programme will contain both training and mentoring support, and will also commence in September.

6. Cork project

That brings us right up to date with what has been happening in the Midlands. However, I would also like to tell you very briefly about another strand of the *Music in Healthcare* programme, which took place in Cork last year, as part of Cork 2005 European Capital of Culture. A core element within the programme for Cork 2005 was a *Culture and Health* strand, funded by the HSE Southern region. As a result of planning discussions with the Cork 2005 team and the HSE, Music Network was commissioned to develop and manage a new *Music in Healthcare - Mental Health* programme in two facilities in Cork.

The project structure was developed in close consultation with centre management and staff, and again consisted of a programme of participative music workshops taking place in two modules during the year. The first module took place in May/June 2005 and the second in September/October, and each consisted of 7 weekly workshops

The length of the workshops differed in each centre according to the needs, concentration span and energy levels of the clients. In Carrigmore – a closed-ward acute facility, workshops lasted approximately an hour, while in St. Stephen's Hospital – an open ward facility with attached day-care unit, workshops lasted 90 minutes. Pre-project planning and training for staff was incorporated into each seven-week module. In addition, weekly liaison meetings took place between musicians and key staff.

Two professional musicians: Aingeala De Burca and Nico Brown, were recruited to deliver the workshops. Between them, they had extensive experience of working collaboratively in a range of community and health settings. Significantly, Aingeala had worked on the *Music in Healthcare* project with older people in the Midland region, so she undertook the role of project facilitator, with Nico in a supporting role.

As with the Midland programme, and possibly even to a greater extent here, the organisers, and the musicians were both impressed and gratified by the level of support they received from

the management and staff in the two participating mental health facilities. Both centres were extremely committed to this project from the very outset, and this showed through in the camaraderie and very open ongoing exchange of ideas that developed between care staff and artists; and in the consistent attendance by both staff and a core group of clients at the weekly workshops. This commitment made the project hugely rewarding for all involved: an observation that was borne out in the independent evaluation report commissioned.

7. Common Outcomes

The outcomes emerging from the Cork programme in mental health settings were broadly consistent with those from the Midlands programme with older people. These included a range of positive personal, social and interpersonal, and artistic outcomes for the clients, staff and musicians. Among other benefits, clients gained a sense of hope for the future, one commenting *"If I can enjoy this, there is no reason why I can't enjoy other things in the future"*. Staff found new ways of communicating with clients, and a more sociable form of interaction: as one staff member commented *"It shouldn't all be work and tablets!"* This extended to improved therapeutic relationships outside the workshops: one staff member commented on a change in attitude from a client who had previously been resistant to taking their medication. After working together musically, the client appeared to see the staff member in a more positive light, and was more co-operative.

A very interesting outcome of this particular project was the emergence of a group of highly skilled musicians on staff in one of the participating centres, and the consequent importance of flexibility within the programme, to cater for varying needs and strengths from centre to centre. Therefore, in St. Stephen's Hospital, music facilitation training for staff was given higher priority due to the pre-existing interests and skills among staff members. A consistent group of staff within St. Stephen's attended training days organised at the start of each module and built up their facilitation techniques through observation and collaboration with the musicians in the weekly workshops. With the help of an equally skilled ex-client they took on full responsibility for independently planning and facilitating a series of music workshops during the summer months, between project modules. These independently run workshops have continued on a regular basis since the project finished, last October.

The musicians also benefited professionally from this programme, as neither had worked in a mental health setting before. It was a very positive experience for both, and one that raised a lot of stimulating questions for them in terms of their work practice and approach.

Within the evaluation report of the Cork programme, the overwhelming response from all participants and stakeholders was that they wished to see the programme extended. In response to the overall success of the Cork 2005 Culture and Health strand, the HSE Southern Region has appointed a new Arts and Health Programme Co-ordinator: to my knowledge, the first such position within the Health Service Executive. Since the start of 2006, she has been working closely with the two hospitals to source funding for the extension of the programme, and we are very hopeful that it will run again later this year.

8. Conclusions

Music Network is delighted to have left a legacy from both *Music in Healthcare* programmes. Our own role in the future of both is primarily to provide ongoing support and advice to the local partners, as they begin to take over responsibility for the implementation of future modules of activity. We also plan to support the musicians involved, via our new Professional Development training and mentoring programme that I referred to earlier.

Through the *Music in Healthcare* research programmes, we have become convinced of the benefits of using a participative live music model in healthcare environments as part of a holistic approach to healthcare, and we will be working to persuade key policy-makers at national level in both the arts and health sectors that there is a real need to invest more heavily in programmes such as this, to enable their extension to other people in other parts of the country.

I'm going to leave you now with a poem by a client from St. Stephen's hospital in Cork, written in response to the *Music in Healthcare – Mental Health* workshops, which captures the programme's spirit much more vividly and eloquently than I could hope to.

CATH'S POEM (*– name has been changed for reasons of confidentiality*)

Name saying, drum playing, foundation laying,
Slowly, softly dissipating fear.
Thumping, banging, clanging,
Which tune to follow is not always clear.
Pling-plonging, sing-singing, ding-donging
Sounds surrounding both muffled and clear.
Stand-upping, sit-downing, clapping and clowning,
Changing of seats from far to near.
A melody, a harmony,
Humming then awing,
Soon there is music in every ear
But that's not all that is happening here –

If you have the time,
Give yourself the time to
Stop, stoop, tilt your head to one side,
Look, see,
Aged faces with twinkling, dancing eyes,
Listen, hear:
No scorning, free spirits spiralling, soaring,
Silently roaring,
"I can do this, I'm alive, I'm alive,
I am alive!"