

# *Health & Harmony*

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An Outreach Music programme run by  
the National Concert Hall in partnership  
with the Alzheimer Society of Ireland.

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# *Health and Harmony* Report

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\*To protect client confidentiality names and identifiable details have been changed throughout the report

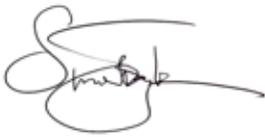


# <sup>1</sup> *Health and Harmony* Report Executive Summary

The National Concert Hall's remit - and its passion - is to bring the joy of music to as many people as possible. Through our extensive education, outreach and community programme we seek to enrich and transform people's lives, bringing the appreciation and power of music far beyond the confines of the Concert Hall stage.

As someone who has been involved in music all my life I need no convincing of its life-enhancing power, its ability to touch the human mind and soul in a unique and personal way: this project is an eloquent testament to that.

I would like to thank The Alzheimer Society of Ireland for its help and enthusiasm for our work, the Ireland Funds and other donors for their generous financial support and all the musicians and staff who enabled this project to happen.



**Simon Taylor**  
Chief Executive  
National Concert Hall



# *Health and Harmony* Report

## Introduction

*Health and Harmony* is one of the National Concert Hall's flagship outreach healthcare programmes. First piloted in Galway in 2009, in association with the Community Foundation for Ireland and the Medtronic Foundation, as part of its Music Healthcare programme for older people. In 2012, with funding from The Ireland Funds, the National Concert Hall partnered with The Alzheimer Society of Ireland to expand the project throughout Ireland, working particularly with people living with dementia and their families.

In this report we explore the context, the content and the outcomes of the programme. Using case studies, coupled with feedback from attendees, staff and musicians, we look at the beneficial effects of music among older adults living with dementia and at what future programmes might learn and adopt from *Health and Harmony*.

### **The National Concert Hall**

In the heart of Dublin City centre, the National Concert Hall attracts the most diverse audience of any Irish venue. With weekly performances by the resident orchestra, the RTÉ National Symphony Orchestra, as well as a range of performances from traditional to opera, it plays a central role in supporting the development of music and the arts in Ireland. The National Concert Hall aims to engage, educate and entertain through extraordinary musical performances. It provides a visionary programme of concerts, educational events and outreach activities in schools, communities, hospitals and care settings throughout Ireland.

### **The Alzheimer Society of Ireland (ASI)**

The Alzheimer Society of Ireland is the leading dementia specific service provider in Ireland. It was founded in 1982 by a small group of people caring for family members with Alzheimer's or related dementia. Today it is a nationwide voluntary organisation with an extensive network of branches, regional offices and services, that aims to provide people with all forms of dementia, their families and their carers, it provides the supports they need to maximise their quality of life.

ASI has greatly enjoyed working with The National Concert Hall on this innovative programme. Indeed, ASI has facilitated *Health and Harmony* by welcoming the unique expertise of the National Concert Hall's musicians at four national centres - two in the Dublin area and two in the Mid-west region. ASI's person-centred care is designed around the individual's daily experience. Knowing how important music is in the daily lives of those with dementia, The Alzheimer Society of Ireland wanted to explore how best to incorporate music in to its services, as well as how to share the experience with other centres and other musicians.



# *Health and Harmony* Report Aims And Objectives

The overall aims of the *Health and Harmony* programme were to:

- Bring professional musicians, via the National Concert Hall, into The Alzheimer Society of Ireland's Day and Respite Care settings, for music performances and workshops;
- Enhance the sensory and communication experience of people living with dementia who attend the services;
- Inspire self-expression through music;
- Develop a framework and toolkit which would support the continued development of music programmes in the locations *Health and Harmony* had taken place;
- Support and encourage the roll-out of similar programmes at other centres throughout Ireland, in the near future.

## **Timeframe**

*Health and Harmony* ran over a 12 month period, beginning in October 2012 and concluding in October 2013.

This report sets out to capture some of the learning of the programme. It is not a formal evaluation but instead is a summary of the reflections and learnings based on a feedback evaluation mechanism put in place at the outset of the programme. The report is structured in the following ways:

1. Literature review on Patient Centred Care and music therapy
2. Programme Overview
3. Observations on the programme from a number of perspectives
4. Case Studies as illustrations
5. Set of Recommendations



# Health and Harmony Report

## Literature Review

Person centred care is the core philosophy that drives the delivery of The Alzheimer Society of Ireland's services. Meaningful engagement and activity is at the core of music therapy and music related activity is one of the best ways to practice person-centred dementia care. Therefore in this section we explore, in summary format, the literature available to explain person-centred care and to examine the existing evidence in relation to using music to promote person-centred care practice. This section also looks at the impact that music therapy has on people with dementia.

### Person-Centred Care

Best practice dementia care focuses on putting person-centred care into practice, whatever the setting. Person-centred care acknowledges the 'personhood' of the individual with dementia, in all aspects of their care. It also recognises that the personality of the person with dementia is increasingly concealed, rather than lost.

According to Brooker (2006) person-centred care has four essential elements:

1. Valuing the person with dementia and those who care for them; promoting their citizenship rights and entitlements regardless of age or cognitive ability.
2. Treating people as individuals; recognising that all people have a unique history and personality.
3. Looking at the world from the perspective of the person with dementia
4. Human life is grounded in relationship

and people with dementia need an enriched social environment compensating for their impairment and fostering opportunities for personal growth.

With this in mind, care regimes and living environments for people with dementia are personalised and those individuals are included in decision making. For example, by observing behaviours from an individual's viewpoint, it is possible to get a better understanding of what motivates those behaviours. Likewise, prioritising one's relationship with the individual over any particular task, provides increased comfort, greater reassurance and a clearer communication in each direction. It is changes in perspective and observation like this that are leading best practice dementia care, increasingly, towards evidenced based, non-pharmacological interventions.

There are a variety of "non-pharmacological" interventions and are providing a real improvement in quality of life. These include reminiscence, validation therapy, cognitive therapy, aromatherapy, multi-sensory therapies, and music and art therapies of which *Health and Harmony* is an example.

### Music And Dementia Care

Sherratt, Thornton, and Hatton (2004) and Witzke et al (2008) use the term 'Music Therapy' to describe structured musical activities carried out by a professional music therapist. The terms 'music' or 'music intervention', on the other hand,



can include the use of recorded music by a variety of caregivers.

Music therapy has been shown to promote communication between carers and patients with dementia. Evidence highlights: a positive effect on agitated behaviour; a reduction in anxiety and aggressive behaviour; a restoration of cognitive and motor function; and an overall improvement in a patient's quality of life (Wall and Duffy, 2013).

According to Wall and Duffy (2013) where a music therapist is not available caregivers, professionals and family, can provide music therapy by singing or playing background music. The importance of such therapeutic activities for people living with dementia was highlighted by the Health Information and Quality Authority (HIQA, 2009), who recommend music for promoting promote well being and enhancing communication between carers and clients.

Vink et al (2011) maintain that little research has been directed towards non-pharmacological treatments for dementia symptoms. Though this appears to be improving, as Goodall and Eters (2005) observed, studies conducted after 2000 appear to have been more rigorous than their predecessors. Vasionyte and Madison (2013) state that, while music is more frequently applied in a clinical setting, no meta-analysis has considered effects of music interventions on affective behavioural, cognitive and physiological outcomes in isolation. The majority of the 19 studies, of 478 dementia patients, they reviewed in meta-analysis indicated a positive effects on behavioural, cognitive and physiological outcome measures, and medium effects on affective measures. Ueda et al (2013) also maintain that, although music therapy is considered a non-pharmacological intervention for the management of dementia, its effectiveness remains unclear. Their meta-analysis of 20 studies, concluded that music therapy is

effective for the management of dementia's behavioural and psychological symptoms.

Wall and Duffy (2010) explore how music therapy influences the behaviour of older people with dementia. Music therapy is often informally used in residential care units to enhance communication, emotional, cognitive and behavioural skills in people diagnosed with dementia in Ireland and elsewhere. However, in Ireland the benefits of music therapy have not been fully recognized. Wall and Duffy carried out a comprehensive review of nursing literature using the online databses CINAHL, PsycINFO and MEDLINE. They reviewed thirteen studies, the majority of which agreed that music therapy reduced agitation in older people with dementia. The research also showed a positive increase in participants' mood and socialization skills, thanks to the involvement of carers deploying music therapy techniques.

Witzke et al (2008) provide an evidence-based synthesis of the research literature on music intervention with those displaying agitated behaviour in Alzheimer's dementia. Music was shown to be a simple, low-cost, low risk alternative to traditional methods of management. Overall, their review supports the use of music as an intervention in nursing practice. Hicks-Moore (2008) go further and suggest that music interventions may decrease the need for physical and chemical restraints. On the other hand, (Gerdner 2005) highlights the need to monitor the effect of a music intervention and to measure the effect on other people in the environment for comparative effect.

Overall, the literature shows that music interventions play a role in improving the quality of the lived experience for people with dementia, through a person-centred approach (Brooker, 2005)



# Health and Harmony Report

## Overview

Since October 2012, National Concert Hall musicians Liz Ryan, Andrew Synnott, Aingeala de Búrca and Deirdre O'Leary have been making twice monthly visits to four The Alzheimer Society of Ireland's Day and Respite Care Centres, as part of *Health and Harmony*: The Orchard Day & Respite Centre in Blackrock; Dublin, Fáilte Day Care Centre in Clonsilla, Dublin 15; Waterman's Lodge in Ballina/Killaloe; and Limerick Day Care Centre in Garryowen.

### Calendar of Dates

	The Orchard	Fáilte	Garryowen	Waterman's
Oct 2012	18, 30	30	26	26
Nov 2012	20	20	9, 23, 30	9, 23, 30
Dec 2012	11	4, 11	7, 14	7, 14
Jan 2013	22, 29	22, 29	18, 25	18, 25
Feb 2013	12, 26	12, 26	15, 22	15, 22
Mar 2013	16, 26	16, 26	8, 22	8, 22
Apr 2013	2, 9	2, 9	11, 26	11, 26
May 2013	7, 14, 28	7, 14, 28	3, 31	3, 31
June 2013	11	11	21, 28	21, 28
July 2013	2, 23	2, 23	12, 19	12, 19
Aug 2013	6, 13	6, 13	2, 23	2, 23
Sept 2013	3, 17	3, 17	13, 20	13, 20

### Participants

#### Garryowen Day Care Centre

12 Day Care clients per session

#### Watermans Lodge Day and Respite Centre

13 in total in attendance

(5 day care and 8 respite clients)

#### The Orchard Day and Respite Centre

26 attendees

(11 respite – 15 Day Care clients)

#### Failte Day Care Centre

16 Day Care clients per session

### Musicians

**Liz Ryan** is a professional classical singer. She has worked with Opera Ireland, Cork Opera, Opera Theatre Company, Anna Livia Opera and Opera In The Open. In 1996 Liz co-founded The Drawing Room Opera Company with her husband. She has also written and toured two shows of her own, *The Leading Man* (2009) and *Altered Egos* (2010). Liz has directed 2 operas for Good Works Opera (*The Bear - Walton, Cox & Box - A.Sullivan*). She has also worked a great deal in outreach projects through with Youthreach and also the travelling community. Liz was a vocal warm up coach for *The Voice* (2013) and also teaches vocal technique privately.

**Andrew Synnott** has worked on National Concert Hall Education and Outreach programmes for the last 6 years and is a member of the WhistleBlast Quartet. He works extensively in opera, and this year alone he has conducted the Irish premier of Jake Heggie's *For a Look or a Touch*, *Renard* by Stravinsky, Julie Feeney's new opera *Bird* and Opera Theatre Company's production of *Carmen*. Andrew is active as a composer and arranger and has recently completed the composition of his first opera *Breakdown*. Since 2010 he has worked in the Royal Irish Academy of Music as a vocal coach and accompanist.

**Aingeala De Búrca**, studied the violin at the Royal Irish Academy of Music. She holds an honours degree in Music from Trinity College Dublin and a Masters in performance from the University of

Limerick. Her first professional experience was playing electric violin with Irish rock band In Tua Nua, an experience which led to a fascination with improvising, which she developed further with postgraduate training as a music therapist in the UK in 1997/98. Enjoying a varied career with a keen interest in many genres, she has performed with the major Irish orchestras, while demonstrating her skill and diversity by performing with such groups as Rough Magic Theatre Company, Anuna and the Irish Baroque Orchestra. She performs and facilitates workshops regularly in many educational and healthcare settings. She has been a member of the NCH's education and outreach team since 2001. In 2007, Aingeala qualified as a teacher of the Interactive Teaching Method (ITM) for the teaching of the FM Alexander Technique, which has had a profound influence on her practice as a performer and teacher.

**Deirdre O'Leary** is a freelance clarinet and bass clarinet player. In her final year of college at the Royal Northern College of Music, Manchester, Deirdre began playing regularly with the National Symphony Orchestra of Ireland and the RTE Concert Orchestra. She has also worked with the Wexford Opera Festival Orchestra, Irish Chamber Orchestra, EUYO, and at the West Cork Chamber Music Festival. Since 1998, Deirdre has worked in outreach settings for the National Concert Hall, Music Network and others, both in Ireland and abroad. In 2003 Deirdre joined the Crash Ensemble and has traveled with them to Amsterdam, Estonia, Australia and the US. In May 2013, Deirdre played Carnegie Hall, in New York with Crash Ensemble, Dawn Upshaw and Iarla ÓLionáird. Deirdre now plays with the recently formed Cassiopeia Wind Quintet.

## Respite Centres

### The Orchard Day and Respite Centre

opened on Temple Road in Blackrock, Co. Dublin in 2009, to improve and increase services for people living with dementia in the surrounding area. The Orchard is a purpose built Day and Respite Care Centre set in secluded and attractive secure surroundings, with spacious rooms to sit and enjoy the peaceful and charming gardens. Formerly known as St. Teresa's, The Orchard was built on grounds donated by The Daughters of Charity. The Centre was officially opened by President Mary McAleese on the 16th November 2010. The building's dementia specific design uses light, colours, and textures to enhance the client's experience. In 2010 the Centre won The Irish Architecture Award for its design in the health category.

### Watermans Lodge Day and Respite Centre:

Watermans Lodge is a purpose built, dementia specific Day and Respite Care Centre, catering for up to 20 clients daily. It is located in the picturesque town of Ballina/ Killaloe on the boarder of Clare and Tipperary and was officially opened by President Michael D Higgins in June 2012. It is open for Day Care 7 days a week and respite care is available 24/7, all year round. Watermans Lodge provides a wide range of lifestyle and leisure activities daily, including cognitive stimulation therapy, music therapy, hand massage, reminiscence therapy, pet therapy and go for life exercises, to name but a few.

## Day Care Centres

### Garryowen Day Care Centre:

Garryowen Day Care Centre, which opened in 1999, is located in Limerick City and provides Day Care for people with dementia, from Monday to Friday. One nurse and care staff are on site at all times, offering person-centred activities and care. The service is supported by a very active committee.

### Fáilte Day Care Centre:

Fáilte Day Centre, opened in December 2010, operates from the FOLD 'Housing with Care' Complex in Hartstown, Clonsilla Co Dublin. Fáilte provides person-centred care to a maximum of 18 clients, three days per week. Fáilte's mission is to offer the best person-centred support, assistance and care to clients with dementia and their carers, via a range of therapeutic activities to suit both male and female clients.

## Methodology

*Health and Harmony* was reviewed using a number of evaluation and observation methods. A content review was performed on the review tools used throughout the project, to see what the clients, musicians and staff thought of the project, what worked well and what could be improved. In addition, formal one-to-one discussions were conducted with staff and management at the centres where the music took place. The results of these reviews and measures are laid out in figures 2-7. Case studies were also drawn up from each centre.

## Feedback

During the project, feedback was sought from 4 sources: the clients themselves; the musicians involved; the staff at the four centres; and, occasionally, from families of those in receipt of care. See Appendix 1-4 for sample tools.

### Feedback Tools included:

1. During the sessions, care staff observed how participants reacted to and interacted with the music.
2. Focus Groups were held at the end of each session, to gather direct feedback from a sample of participants. They indicated how they felt the session had gone and what could be changed to enhance the experience.
3. Musicians and staff filled out diaries and comment forms during the project, describing how they felt the sessions were going.
4. Some family carers also gave feedback periodically during the project, through family evaluation forms
5. Case studies were drawn up at 3 centres

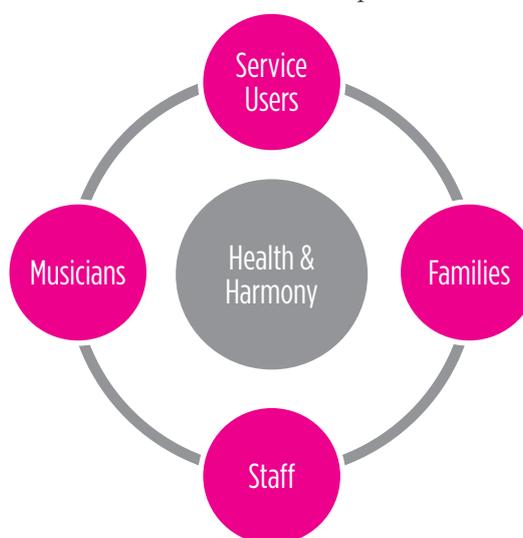


Figure 1 – Sources of feedback – *Health & Harmony*

# *Health and Harmony Report*

## *Health and Harmony Observations*

Feedback on the programme from clients, staff and families gives a voice to all of those involved. Focus groups of two or three participants, organised by staff after the sessions, allowed people to say what worked well for them and where improvements could be made.

The observation tool asked staff to observe 3-4 clients throughout a session. They noted their apparent moods just before, during and just after a session, including expressions of enjoyment, positive and negative interaction and any other observations.

Staff, families and musicians also expressed their thoughts on the sessions via staff diaries and the comments section on the focus group forms, family evaluation forms and musician diaries.

Individually and collectively, this feedback tells a lot about the impact of the music sessions on clients, their working environment and their loved ones.

One-to-one discussions with management and staff also gave deeper insights into what worked well for the Day Care and Respite Centres and what could be improved. Much of this information had not been captured on the written feedback.



# Health and Harmony Report

## Client Observations

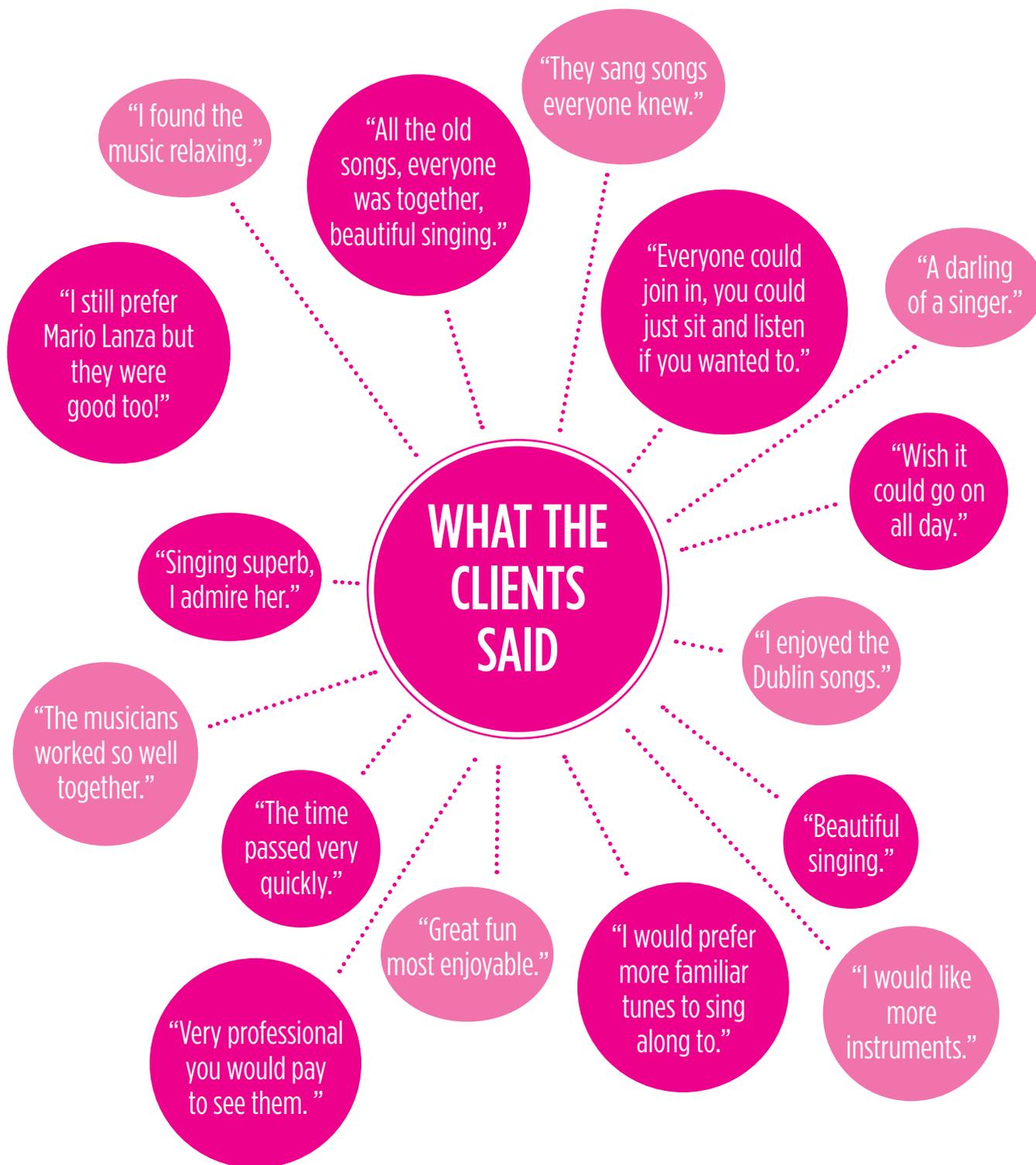


Figure 2.



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Staff Observations



Figure 3a.



# Health and Harmony Report

## Staff Observations

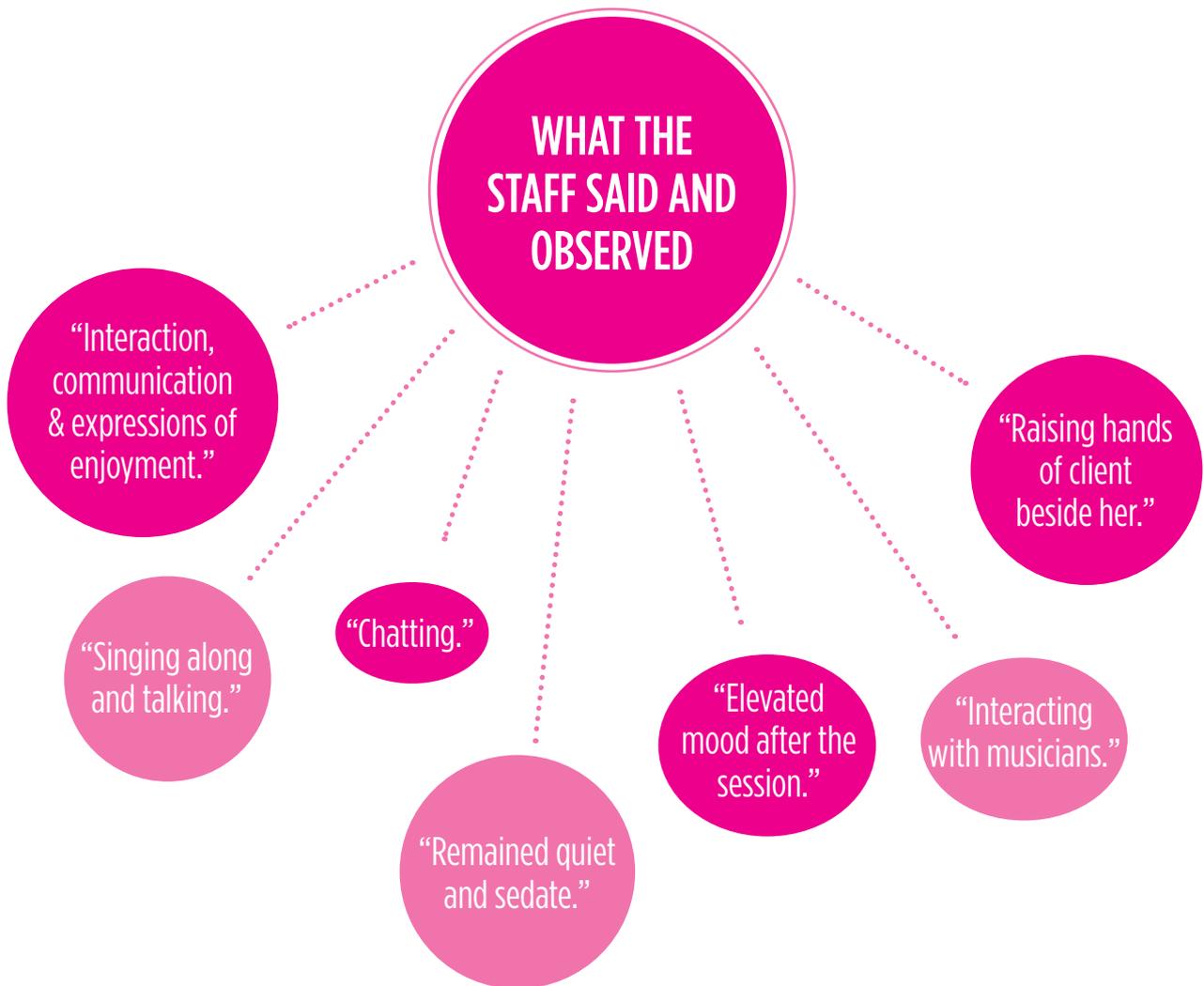


Figure 3b.



# Health and Harmony Report

## Family Observations

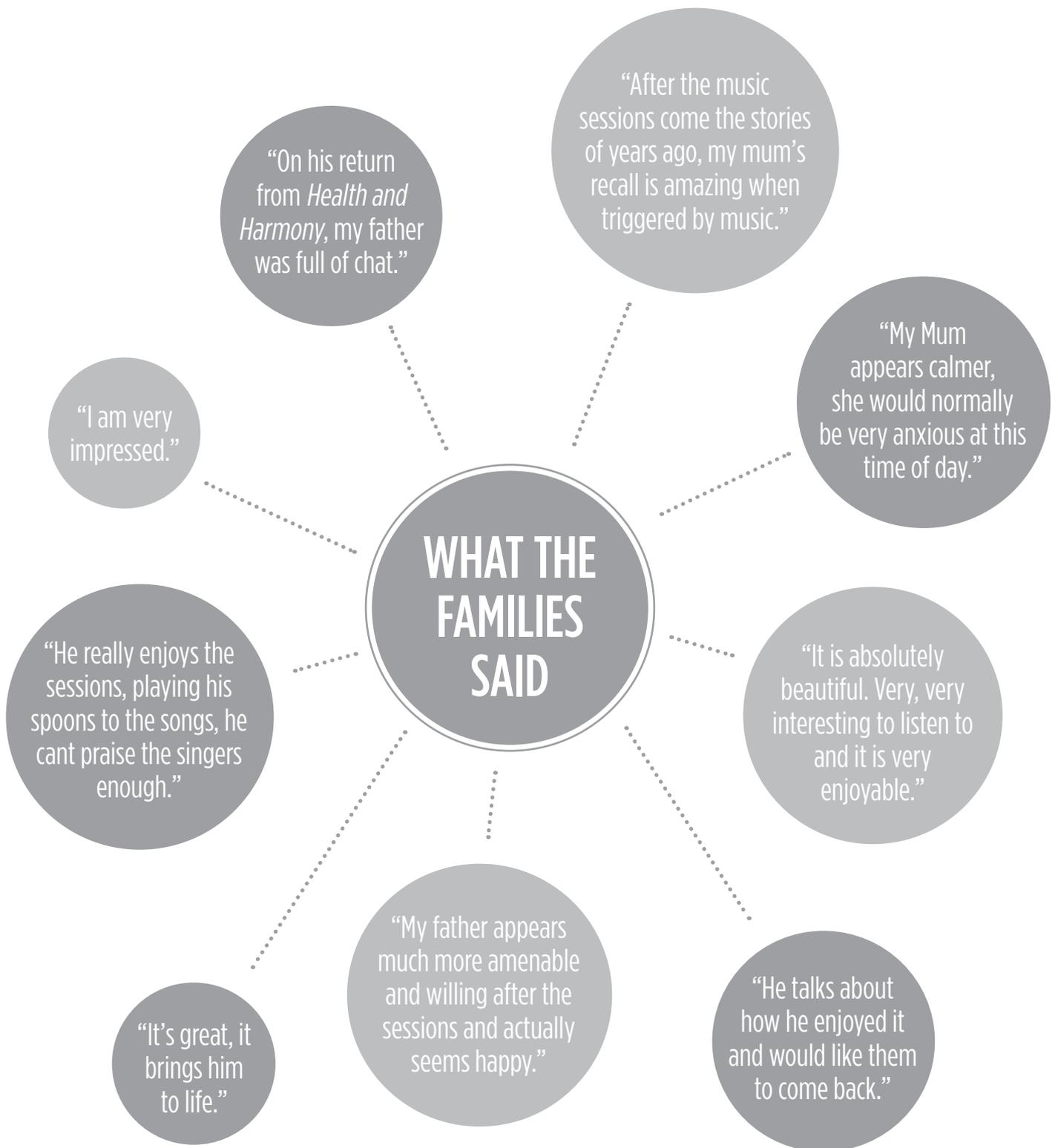


Figure 4.

# Health and Harmony Report

## Musicians Observations

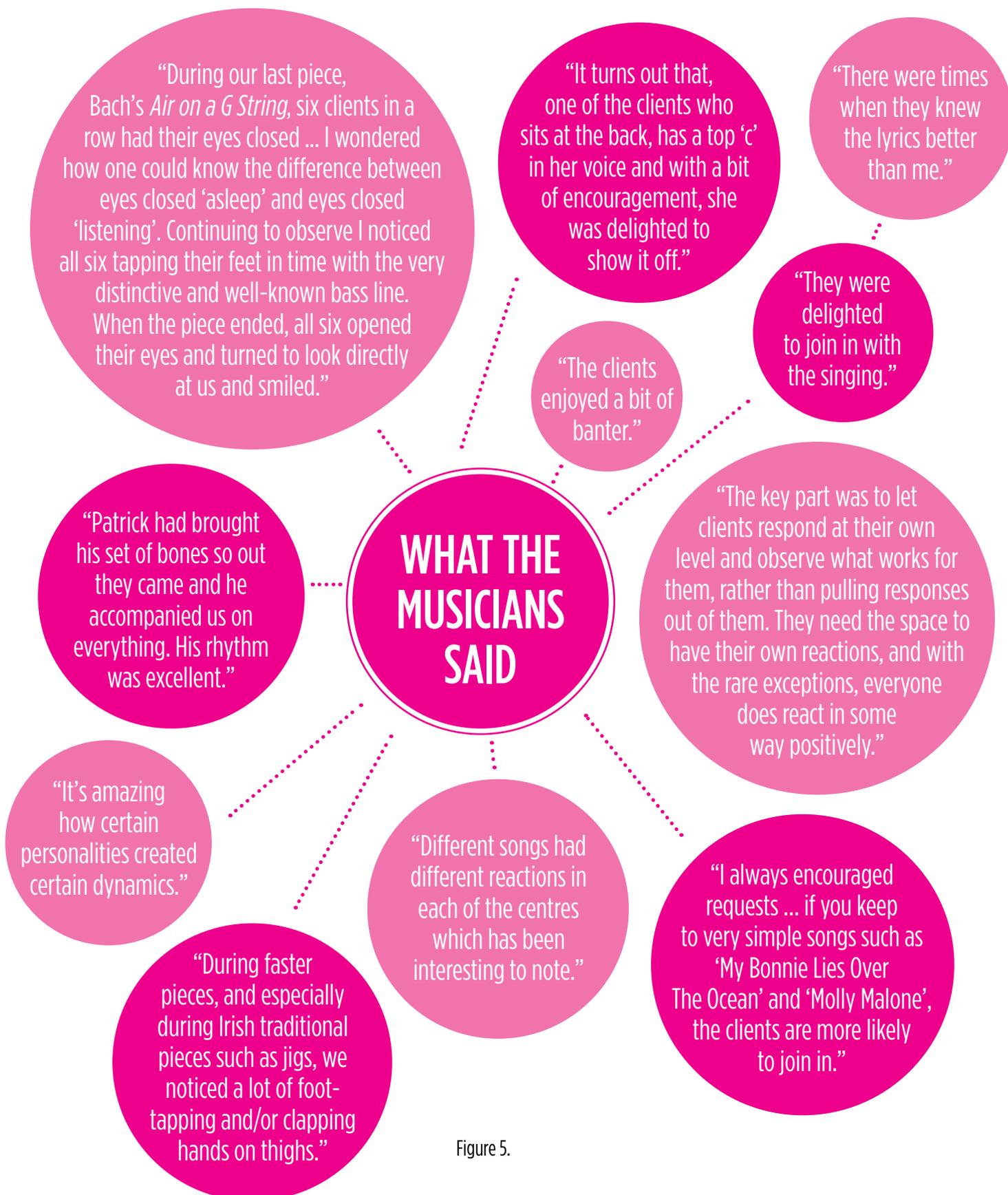


Figure 5.

# Health and Harmony Report

## Centre Management Feedback

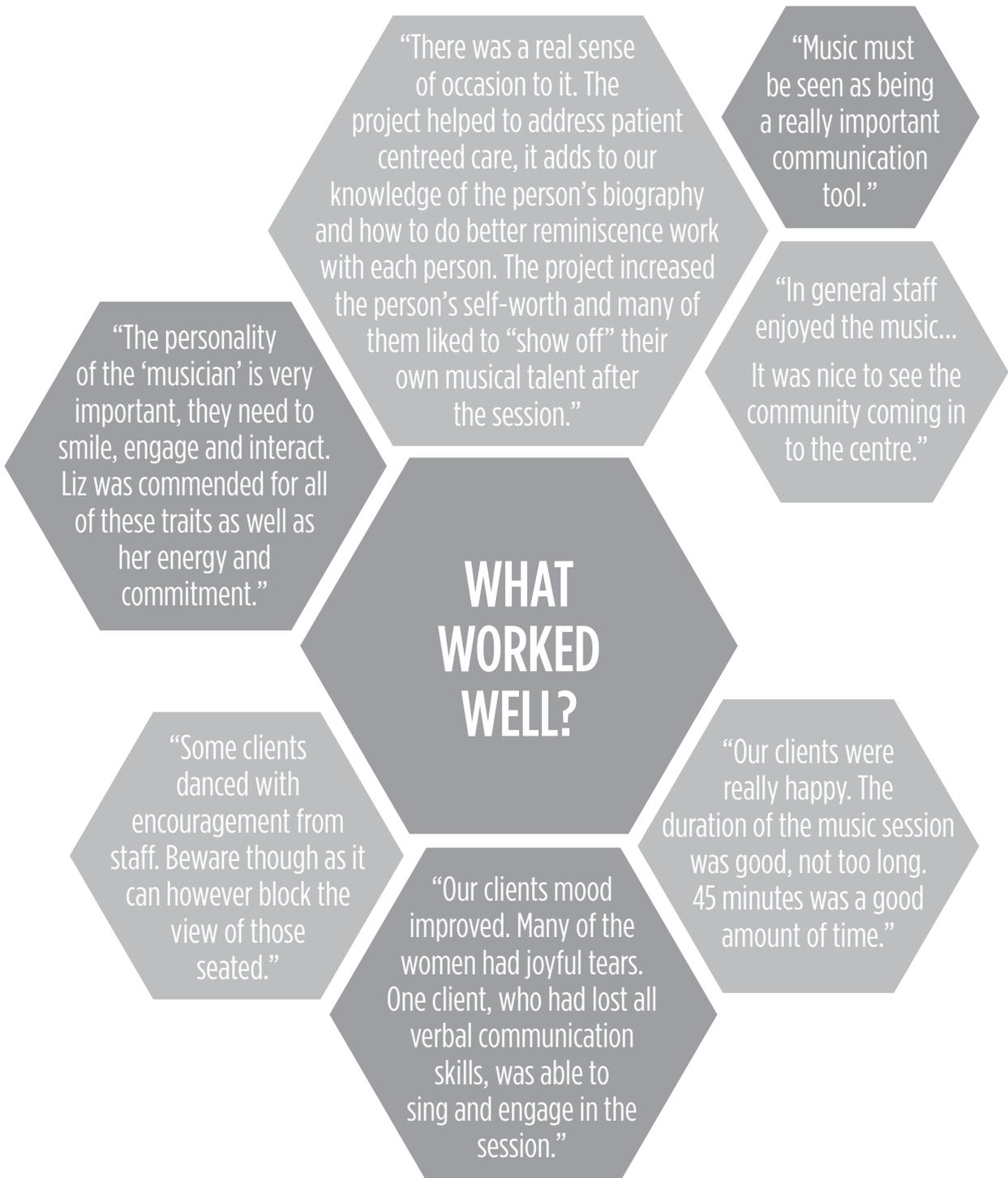


Figure 6.

# Health and Harmony Report

## Overall Feedback and Impressions Centre Staff



Figure 7.

# Health and Harmony Report

## Case Studies

### Case Study 1 - Peig\*

Peig is a seventy year old woman who attends Watermans Lodge Day Care Centre once a week. Peig was diagnosed with Alzheimer's three years ago. Peig has many interests, with music being one of them. Peig used to play the piano as a child and was a member of several choirs. Peig really enjoys the music session and the effect of the music is immediately apparent. As soon as Liz starts singing Peig "comes alive", starts singing, moving her hands and feet in a rhythmic manner.

The music sessions also enable Peig to retrieve long-term memories. Liz sings popular old songs, many of which Peig remembers her father singing to her as a child. Peig is animated during the music session and her love of music is obvious to all. Peig always comments on the music sessions, stating "I wish it would go on all day, I enjoyed every moment of it and memories came back".

### Case Study 2 - Nuala\*

Nuala is in her fifties and has had a diagnosis of Alzheimer's for 3 yrs. Nuala enjoys all music, particularly classical, and is a friend of the local chamber orchestra. As soon as Nuala sees the musicians arrive at the centre on a Friday lunchtime, she becomes excited and animated about the forthcoming performance. Nuala joins in the singing, she remembers the

words to songs and smiles throughout the performance. Nuala experiences word difficulties and Liz allows time for Nuala to comment after each song. Nuala will get up and dance a waltz to certain songs. The music really puts a smile on Nuala's face for the rest of the day, with her husband commenting on her good humour in the evening time.

### Case Study 3 - Anne\*

Anne has been coming to the Fáilte Day Care Centre for over a year now. She is 75 years old, is visually impaired and was diagnosed with dementia a year and a half ago. Anne is particularly musical, she was brought up in Dublin's inner city and knows all the old Dublin songs. When Liz and Andrew from the NCH come in, Anne gets quite excited and can't wait for the music to start. She knows all the songs and sings along, really enjoying the whole occasion of the session. She interacts with the musicians and those around her throughout the session. It appears that Anne's spirit is lifted just before, during and even after the sessions. When she seems a little quieter on the morning of the sessions and we tell her that the singers are coming, her spirits are immediately raised. She enjoys it very much!

\*To protect client confidentiality names and identifiable details have been changed throughout the report



# Health and Harmony Report

## Recommendations

During the past year, musicians Liz Ryan, pianist Andrew Synnott, violinist Aingeala De Burca and Clarinetist Deirdre O' Leary have performed on a twice-monthly basis in four different ASI Day Care Centres for those living with Alzheimer's or dementia. During that time the musicians, Centre Managers and care staff have made several observations which we hope will be useful for those wishing to connect and communicate through music, in these specific areas.

### Setting Observations:

1. When first entering a room or area where your clients are seated, greet the room with a smile, introduce yourself and let them know that you are there to perform for them. Then set up any equipment needed.
2. Keep a level of eye contact and some banter with clients as you set up, where appropriate. This initial contact both reassures the clients and establishes a connection between you and them. It allows you to be approachable. Repeat this process every time you are in a centre, no matter how many times you've visited there.
3. Clients can be easily distracted by people coming or going, so a comfortable space, with chairs arranged in an informal way works well (not concert style – more like a spacious living room).
4. Make sure that everyone has access to the session, that they can see and hear properly. Some clients are very introverted and don't like to be up front

but they still want to be part of the room. Some don't like eye contact. This will all become obvious pretty quickly. Keep them included in the session without singling them out. If the clients are distracted, it is better for the performer to keep going and then quickly move into a group song to focus attention back to the music

5. From our experience, in all the centres, smaller numbers make it slightly more difficult to create an atmosphere because, in general, the clients like to feel part of a group, they tend to feel less sure of themselves when there are fewer people there.

### Repertoire Suggestions:

1. Have a large and varied repertoire of songs, medleys, ballads etc. For an hour's session you'll go through a fair number of songs. Remember different repertoires may work in different centres.
2. Irish and local songs were very popular in the two country centres, but Gershwin, musicals, Cole Porter, Irving Berlin less so, whereas in Dublin a more varied selection was enjoyed. Over time you'll get a feel for what works where. Keep adding new material. Keep variety. Even clients who were very introverted noticed new songs and a change in texture.
3. Sing-alongs are very popular and we have found that clients are never shy of joining in. Ask the clients what they enjoy singing. You won't be short of suggestions!



### Performance Suggestions:

1. Take trouble with your appearance. Dress up, keeping it bright and stylish. Dark colours should be kept to a minimum. Your clients should feel as though you have come to perform a concert for them, make the effort to dress appropriately.
2. Keep eye contact and a friendly approachable demeanor throughout the session. A friendly banter between songs with a story or two about the song or composer, or even a personal observation, allows the clients to open up with memories of their own. Keep the session relaxed and upbeat.
3. Not too many sad songs. If you sense that a song has brought down the general mood, follow it with a sing-along. Move the mood forward.
4. Tune into the clients. Be thoughtful and sensitive with your choice of songs. It'll be different every time. Certain songs always create a good mood. 'Molly Malone', 'My Bonnie Lies Over The Ocean', 'Que Sera Sera', 'It's a Long Way To Tipperary', 'She'll Be Comin Round The Mountain', to name a few.
5. From time to time clients like to sing solos. This should always be welcomed, but make sure, in a gentle way, that after one or two songs you move the session on, so that no one person 'takes over'. If this happens, the rest of the clients tend to lose interest very quickly and become easily distracted and restless. Try to have your attention evenly spread throughout the group.
6. Respect personal space at all times. If a client wants to dance they will approach

you and you can dance with them for a song or two, or encourage others to join in. If a client has a personal need, it's better to get the attention of a staff member. It's important not to confuse clients as to your purpose there. If they think you are a staff member it gets confusing for everyone.

7. At the end of each session thank the clients for being part of the performance, and for joining in. Let them know if and when you are returning. Have a laugh with them if possible and keep an extra few minutes to chat with those who come up to speak to you at the end.

### Observations by ASI staff

1. The nature and type of the performers is critical: their sense of presence and their ability to interact and respond to the people in the group is essential.
2. Based on our experience during *Health and Harmony* the emphasis of the programme should focus more on singing, song selection being critical.
3. Leadership from the musicians is essential and they must take control of the session.
4. The music programme must continually ensure that it is delivering person-centred care in the context of best practice dementia care and that it is meeting the aims of that centre.
5. In the context of good dementia care, the programme fits in well with opening up new channels of communication and interaction with clients and should be framed in this way.

6. A themed approach for the performances might be useful. This would allow centres to prepare for the session in advance and get the clients involved in preparation (e.g. St. Patrick's day/Easter/songs from other counties etc.)

### **Centre Observations From The Musicians' Perspective**

1. The staff in the centres the musicians visited were incredibly dedicated to the welfare of the clients in their care. They knew who was in their charge and they gave the musicians invaluable help getting to know the various clients.
2. If musicians or performers are coming in to work in a setting with Alzheimer or dementia clients, the care staff are a valuable part of the equation. Firstly they understand better than most the layout of the room and what works best for the clients. The key is to create an intimate, comfy atmosphere where everyone feels included but no-one feels singled out.
3. Next, the care staff will have built up a personal knowledge of the clients family background, their likes, what kind of music or songs they remember or like to sing. Does any one person particularly like to dance? Who has a favourite artist? – we had one lady who loved Mario Lanza and we made her day every time we sang a Mario Lanza song.
4. Sometimes clients will have certain behavioural 'tics' which they have no control over. It is always helpful when the care staff can inform the performers of this in advance so that no issue is made of it during a concert. During one experience the musicians had one lady who couldn't control loud outbursts of laughter. The staff very kindly told them this in advance and they were able to factor it in. The other clients were distracted but the musicians were prepared and could steer their attention away from the lady.
5. Care staff sitting amongst the clients as part of the audience, and taking part in the session with the clients is invaluable because it puts the clients at their ease. It seems to give clients a sense of 'permission' to take part. I've noticed that clients often look to the care staff for reassurance and approval.



# *Health and Harmony* Report Summary

*Health and Harmony* has proved to be a great success for all of those who participated. It has demonstrated and illustrated many of the research findings on the power of music as a therapy in Alzheimer's and dementia care.

There were many learning's throughout the process, for all parties, as well as some critiques and suggested improvements. Importantly, however, all comments and suggestions underlined the overall efficacy and power of the events, and pointed to how the programme could be made even stronger.

*Health and Harmony* is an effective, easily applied and low cost programme with positive effects on clients daily lives. With the projected increase in dementia among Ireland's ageing population in the next decades, it is a resource that should be developed and expanded.

On behalf of the National Concert Hall and the Alzheimers Society of Ireland we would like to thank all the centre managers, centre staff, musicians, and most of all the clients who took part.



# *Health and Harmony Report*

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# *Health and Harmony Report*

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# *Health and Harmony Report*

## Appendix A. Musicians Diaries

Please write some brief notes on how each session went: any particular things of note, what worked, what would you change/do differently, how you felt, what was the atmosphere like, did the setting work, staff interactions or any other observations or thoughts.

Month 1	Month 2
Session 1	Session 1
Session 1	Session 1



# *Health and Harmony Report*

## Appendix B. Focus Group Guidelines

### **Focus Group & Staff Comments**

#### **Focus Group Guidelines:**

Groups of 3-4 clients will be facilitated by a nominated staff member and a musician to discuss the music session in a focus group.

This session will now take place during session – this 10-15 minutes break can be incorporated into the session

(Try pick different clients to talk with at each session)

Record the comments the clients make:

#### **What they liked/disliked and any other comments?**

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#### **Staff comments on session?**

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# *Health and Harmony Report*

## Appendix C. Family Evaluation Form

### **Family/Carer Evaluation**

Please complete the questions below and return to the centre manager.

**1. Have you heard about the music project we are currently running with the National Concert Hall?**

**If yes – how?**

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**2. What are your thoughts on it?**

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**3. Have you noticed any changes in \_\_\_\_\_ after any of the music sessions?**

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Thank you



# Health and Harmony Report

## Appendix D. Observation Form

Client Name:	Mood: Before	Mood: During	Mood: After	Expressions of enjoyment during session: (please write down any expression of enjoyment observed)	Interaction during session: (please write down any expression of enjoyment observed)	Tick if interaction was positive	Tick if interaction were negative	Behavioural traits/symptoms:	Other Observations: Any changes post session?
Joan SAMPLE	Sedate	Slightly elevated mood	Slightly elevated mood	eyes coming alive, smiling, tapping, clapping, singing, contributing, use of instruments etc.	Increased talking, communication with others and musicians/staff etc.	✓		n/a for Joan	Joan told her family about the music later that afternoon
1.									
2.									
3.									



