



SID

**SALFORD INSTITUTE
FOR DEMENTIA**



Hallé Music Making Cafe Evaluation Report

Date: August 2020

**Authors: Dr Sarah Kate Smith, Dr Megan Wyatt, Dr Sophie Bushell
and Professor Anthea Innes**

Contents

Executive Summary.....	5
Introduction	7
Study context	9
<i>Aims</i>	9
<i>Research questions</i>	9
<i>Setting</i>	10
<i>Recruitment</i>	11
<i>Participants</i>	11
<i>Project Design</i>	13
<i>Ethics</i>	14
Data collection methods.....	14
<i>Baseline and follow-up semi-structured interviews</i>	14
<i>Unstructured observations and Dementia Care Mapping (DCM)</i>	14
<i>Pre and post self-report questionnaires</i>	18
Methods of Data Analysis	19
<i>Data analysis of the baseline interviews and the follow-up interviews</i>	19
<i>Data analysis of unstructured observations</i>	19
<i>Analysis of the DCM data</i>	19
<i>Analysis of the pre and post questionnaire data</i>	20
Findings	21
<i>Findings from the baseline qualitative interviews</i>	21
<i>Findings from the pre and post self-report questionnaires</i>	24
<i>Findings from unstructured observations and the DCM data</i>	30
<i>Findings from the follow-up qualitative interviews</i>	38
Discussion.....	43

Conclusion.....	46
Recommendations.....	46
References	47
Appendix i - Baseline Interview Guide	51
Appendix ii - Follow-up interview guide for virtual interviews	52
Appendix iii - Interview Schedule for the Hallé Musician.....	53
Appendix iv -Pre-Questionnaire for the Hallé Music Making Cafe.....	54
Appendix v - Post-Questionnaire for the Hallé Music Making Cafe	55

Tables and Figures

Table 1: Categories of participant.....	12
Table 2: Overview of themes for each Hallé session	13
Table 3: Behaviour Category Codes	16
Table 4: Mood and Engagement Values	17
Table 5: List of Personal Detractions and Enhancers.....	18
Table 6: Attendees per session	20
Figure 1: How are you feeling BEFORE today’s music café?.....	24
Figure 2: Have you been looking forward to today’s music café?.....	25
Figure 3: How are you feeling AFTER today’s music café?	26
Figure 4: How much did you enjoy today’s music café?.....	26
Figure 5: Did today’s music café meet your overall expectations?	27
Table 7: Individual and Group Mood and Engagement (ME) Scores.....	30
Figure 6: Average Mood and Engagement (ME) scores per participant across sessions	31
Figure 7: Average group Mood and Engagement (ME) scores across all sessions.....	32
Figure 8: BCC’s as percentages across all 6 Hallé sessions	33
Table 8: Average ME Score per Behaviour Category	34

Executive Summary

The Salford Institute for Dementia, University of Salford undertook a research evaluation of the Hallé Music Making Cafe, exploring the positive effects of participatory music making upon wellbeing for people living with dementia and their care-partners. The study received funding from The Dowager Countess Eleanor Peel Trust. The evaluation was due to take place over a 10-month period from September 2019 to June 2020 to evaluate the impact upon those attending the sessions. However, in March 2020, the planned sessions at the Institute had to be cancelled due to the COVID 19 pandemic and subsequent UK Government guidelines relating to social distancing. In light of this, the study evaluated the Hallé Music Making Cafe from September 2019 to March 2020 and the planned follow up interviews with participants were conducted virtually as opposed to face to face.

Taking a mixed method approach, the research consisted of in-depth interviews, completed prior to participants attending the music making café to explore their expectations of the forthcoming sessions. As each session started, and again when each session ended, participants were required to complete a short self-report questionnaire to capture mood 'in the moment'. The sessions themselves were evaluated by means of unstructured observations alongside Dementia Care Mapping (DCM) (Brooker and Surr, 2006). Finally, follow-up 1-1 in-depth interviews were undertaken virtually by video conferencing or telephone calls with all participants who had attended the café sessions. All aspects of data collection are outlined in detail in this report and the findings presented.

The Hallé Music Making Café was a novel and creative initiative that was developed **with** people living with dementia in the community. The findings from the multiple data sources illustrate the positive impact that the Hallé Music Making Café had. The baseline qualitative interviews illustrated the emergence of 3 overall themes, these were; ***maintaining participation in a shrinking world; collective pleasure and feelings of belonging; where words fail, music speaks***. Participants spoke about needing meaningful activities to participate in, and in a non-judgemental place that was inclusive and friendly. From the 'in the moment' observation data we found there was a clear rise in mood between participants arriving for the session compared to when they were leaving enabling us to conclude that 98% of participants experienced an increase in mood and wellbeing after each session and accumulatively across the seven sessions. The DCM data illustrated that individuals experienced high levels of positive mood and sustained engagement when engaged in creating music in the Hallé Music Making Café. Four themes emerged from the follow-up qualitative interviews were ***creating music; camaraderie; laughing and learning and exceeding expectations***. Together they provide a rich and detailed account of the experiences of participants being part of the Hallé Music Making Café and the positive outcomes that were reported. We conclude this report with recommendations that highlight the implications for others who may wish to create similar groups, these are:

1. It is vital to find ways to enable a level playing field involvement in music making groups without 'seeing' the dementia first.
2. An underpinning philosophy that is key to success of an initiative such as music making, is, to assume a person's strengths and abilities exist and then modify if required to accommodate the condition.
3. It is important for facilitators to acknowledge and accept that people living with dementia may experience the condition differently on different days.
4. The setting has important consequences for wellbeing, especially for people living with dementia and therefore where the group should be held is an important consideration.
5. It is vital that participant's expectations are clearly understood if they are to be met and this needs to inform the design of a group.
6. The skills and approach of the musician/facilitator was paramount to the positive experiences of participants and requires careful consideration when setting up such a group.

Introduction

Music has the potential to impact positively on the wellbeing of people living with dementia and their care partners. There is increasing acknowledgement of the applicability of music in various settings as set out in the Commission on Dementia and Music by the International Longevity Centre UK (ILC-UK) (Bamford and Bowell, 2018). The existing landscape was examined and future potential of using music-based initiatives and concluding that *'Music can promote a range of hugely beneficial outcomes for people with dementia....and when used appropriately and in a meaningful way, the use of music has no known negative impacts'* (Bamford and Bowell, 2018 p.7). One possible explanation is that music can be more accessible for people with dementia when compared to non-musical forms of activity; enabling opportunities for reminiscence and positive expressions of wellbeing (McDermott et al., 2014).

Music interventions are not only cost effective and safe but have been found to enhance feelings of well-being, increased social interaction, and a heightened sense of empowerment and control (Sixsmith and Gibson, 2006). Recent reviews on psychosocial interventions in dementia concluded that there was evidence for enhanced wellbeing via music-based approaches (Abraha et al., 2017). Music also has the potential to address declining cognition, anxiety, depression and quality of life (QOL) in dementia (Zhang et al., 2017). In addition, sharing music within a group can have a beneficial psychosocial impact for the person with dementia and their care partners (Rio, 2018). A critical review of the participative arts in dementia (Zeilig et al., 2014) indicates the significance of music-based interventions when compared with alternate art practices.

Research evidence on the benefits of music include the effects of a live music programme on agitation, emotion, and QOL for people living with dementia in residential care (Cooke, Moyle, and Shum, 2010) and the cognitive, emotional, and social benefits of a singing coaching group with dyads living at home (Särkämö et al., 2014). Playing customised music reduced average levels of agitation and depression among the residents of an assisted living facility (Janata, 2010). Live violin recitals (Cox et al., 2011) benefitted care home residents by reducing short-term agitated behaviour among people with dementia. Tapson et al., (2018) found increased happiness in residents and staff exposed to music interventions. Intimate live music performances have been shown to have a positive effect on human contact, care relationships, positive emotions and negative emotions in persons living with dementia in nursing homes (van der Vleuten et al., 2012). One study has reported on the positive impact of concert performances on the wellbeing of people living with dementia with mild to mid-stage dementia showing increased levels of cooperation, interaction and conversation. Those with more advanced forms of dementia exhibited decreased levels of agitation and anti-social behaviour in care settings (Shibazaki and Marshall, 2017).

However, as much of this evidence has been in care home settings, there is a need to examine the impact on music on the estimated two thirds of people living with dementia in

the UK who continue to live in their own homes (Wittenberg, Hu, and Barraza-Araiza, 2019), a desire that has been penned as 'ageing in place' (Wiles et al., 2012). Thus, service developments are driven by commitments to enabling ageing in place (Dawson et al., 2015) resulting in increasing quantities of community-based dementia support services. Despite this, and the wealth of contemporary evidence on the benefits of exposure to music, much of the research remains focused in residential care or nursing homes (Elliott and Gardner, 2018), possibly due to the ease of recruitment in this context. The importance of music for people remaining in their own homes and attending community groups is under-represented (McDermott et al., 2014), and is thus one identified gap in the literature. There is a further gap in the evidence base in relation to 'music making' or participatory approaches to enjoying music as opposed to passively listening to music. The evidence that does exist is again, generally referring to residential care settings or acute hospital settings.

A thematic synthesis of the personal benefits of musicking for people living with dementia focusing on active musical participation was undertaken by (Dowlen et al., 2018). They concluded that engaging with music was seen to have a number of psychological, social and emotional benefits for people with dementia. However, only seven of the 18 reviewed studies actively included people with dementia in the research process and that a heightened emphasis is needed upon participatory approaches.

There are two clear examples of participatory music making with people living with dementia in residential care (Pyykonen, 2013) and in acute hospital settings (Daykin et al., 2018). Daykin et al (2018) undertook a pilot study to explore inclusive participatory music activity to support wellbeing in dementia in acute hospital environments. *'...a series of participatory activities, beginning with singing familiar songs and playing hand-held percussion instruments. Reminiscence was one element, and activities also included song writing and composing, and participants were invited to conduct using a baton as the musician improvised in response'* (Daykin et al 2018 p.688). Their findings suggest that music is a useful intervention for enhancing patient and staff experiences and improving care in acute dementia care environments.

Most societies and cultures have a relationship with music, and it could be considered to have a collective function, turning listeners into active participants (Pyykönen 2013). The outcomes, set in a residential care setting, reveal that intensive participation in the project had positive effects on people's motor skills, creativity, expression, social interaction and self-esteem, which by enriching their everyday lives also impacts positively on wellbeing.

Our research contributes to knowledge of the benefits of a music making café involving people living with dementia who remain living in the community and their care partners. Our work directly responds to contemporary policy recommendations of enhancing wellbeing post diagnosis (Department of Health, 2015, 2012); while also addressing the current gaps in knowledge about the benefit of participatory music making for people living with dementia in the community.

Study context

The project focussed on music making with community dwelling people living with dementia and their care partners who were interested in music. This was achieved through a collaboration between The Salford Institute for Dementia and the Hallé Orchestra, Manchester to engage people living with dementia and those who support them in a monthly music making café. Founded by Sir Charles Hallé in Manchester, the Hallé gave its first concert in the city's Free Trade Hall on 30 January 1858. Now in its 162nd season and numbered amongst the world's top symphonic ensembles, the Hallé continues to seek ways to collaborate with other Manchester organisations. At the Salford Institute for Dementia, we are fortunate to be benefiting from our ongoing collaboration with the Hallé, Manchester overall, and from working with them on the initiative reported here.

The Hallé Music Making Café was a monthly participatory activity involving people living with dementia and their care-partners. The purpose of the music making café was to provide opportunities to participate with stimulating activities, increase social interaction and ultimately wellbeing in a community environment. Each Music Making Café was designed and developed by the Hallé Musician prior to that session taking place. Each session lasted for one hour with time allocated before and after for members attending to socialise and enjoy refreshments.

Aims

The primary aim of this research evaluation is to explore if attendance at the Hallé Music Making cafe impacts upon the self-reported and observed well-being of people living with dementia and their care partners. A secondary aim is to contribute towards wider understandings of how a participatory music making group may be sustained and upscaled, providing opportunities for enhanced wellbeing for community-dwelling people living with dementia going forward.

Research questions

The overarching research question for this evaluation was as follows:

Has the Hallé Music Making Café led to self-reported and observed increases in wellbeing for people living with dementia and their care partners?

The following sub questions guided the evaluation:

1. What motivated participants to attend the Music Making Cafe?

2. How does the Music Making Café contribute towards the self-reported and observed well-being of community-dwelling people living with dementia and their care partners?
3. Did the Music Making Cafe meet the expectations of community dwelling people living with dementia and their care partners?

Setting

The Salford Institute for Dementia is located in a purpose re-fitted area located within the campus of the University of Salford and is known as the 'Dementia Hub'. This building was designed in consultation with people living with dementia, architects, estates and academics to create a unique, fit for purpose space designed to promote engagement and independence. The Hub is a space that is small in scale; visually accessible throughout with signage that has colour, visual and text to guide the user of the space; has clear colour contrast between for example wall and flooring, furnishings and flooring; and has made maximum use of light sources, with the aim of enabling maximum visual access.



The Hallé Music Making Café took place in the Dementia Hub on the second Monday of every month and was scheduled from 1.00pm until 3pm. The Music Making Café sessions were available on printed flyers documenting dates for the year and giving a brief description of the sessions and contact details of the dementia hub. These flyers were also displayed in other locally run groups, local shops, and public buildings.

Recruitment

Participants were recruited by attending outreach activities at locally run groups and events for older people and groups designed for those living with dementia and their care-partners. Individuals who attended other groups held at the Dementia Hub were also given the opportunity to take part.

After giving a detailed description of Hallé Music Making Café, individuals were given the dates of forthcoming cafés, a participant information sheet and consent form. Some individuals who wished to take part arranged a date and time for the interview to take place straight away, whilst others agreed to email the researcher at a later date. All participants were given the written details of the study at least a week prior to the interview to ensure that they had time to read and ask questions about the study. Information about the study was also given immediately prior to the interview taking place, and a verbal description was also given. Process consent (Dewing, 2008) was followed throughout the study.

The total number of participants was eighteen; six male and twelve females. The age range for participants was 50- 87 years (average age 68.5 years). All participants who expressed an interest in participating were interviewed.

Participants

Participants were people living with dementia, defined as people who identify as having dementia, and their care partners. Care-partners who participated were family members. All participants were able to give informed consent and followed the process consent method detailed by Dewing (2008). Eighteen participants in total gave their consent to be part of the Hallé Music Making Evaluation, 7 people living with dementia (5 male and 2 female), 5 care partners (4 female and 1 male) and 6 former care partners (all female). Of the 7 participants living with dementia, 5 took part as a dyad with either their spouse (3) or family member (2). All 18 participants took part in baseline interviews before the Hallé Evaluation began in September 2019. Following the restrictions in movement arising from the COVID-19 pandemic, the music making sessions were brought to an early close. Follow up interviews were conducted with 12 participants who agreed to a telephone or video conferencing interview. 7 participants who had baseline interviews did not participate in follow-up interviews for the following reasons; 4 participants had withdrawn from the evaluation after the first Hallé session, one participant had sadly passed away, and 2 participants declined to be interviewed at follow-up. An additional follow-up interview was undertaken with the facilitator of the sessions.

Participant Number	Category of participant	Participant Number	Category of participant
PLWD01	Person living with dementia	CP04	Care partner
PLWD02	Person living with dementia	CP05	Care partner
PLWD03	Person living with dementia	FCP01	Former care partner
PLWD04	Person living with dementia	FCP02	Former care partner
PLWD05	Person living with dementia	FCP03	Former care partner
PLWD06	Person living with dementia	FCP04	Former care partner
PLWD07	Person living with dementia	FCP05	Former care partner
CP01	Care partner	FCP06	Former Care Partner
CP02	Care partner	FCP07	Former Care Partner
CP03	Care Partner	M001	Hallé Musician

Table 1: Categories of participant

Table 2 below offers detail of each of the Hallé Music Making sessions that took place followed by the 3 intended sessions that did not take place due to the COVID-19 pandemic.

<u>Date</u>	<u>Hallé Session Topic</u>	<u>N</u>
<u>09/09/19</u>	Combining music with visual images and creating music using the percussion instruments for each picture. 1) JM Turner’s, ‘Now for the Painter’ – (seascape) Manchester Art gallery - Debussy’s La Mer and Mosolov 2) LS Lowry’s, ‘Going to Work’ – (industrial scene) the Lowry, Salford - The Iron Foundry	14
<u>14/10/19</u>	Creating a soundtrack to moving images using a simple animation (The Cowboy cartoon). Creating our own picture of a ‘creature’: everyone in turn draws a bit more of the picture, we then create a piece of music around what the animal looks like and how it might move etc.	13
<u>11/11/19</u>	Combining music with poetry. 1).The Memory Poem - with Puccini, ‘Your Tiny Hand is Frozen’ from La	15

	Boheme. 2). The Little Train of the Caipira by Villa-lobos. It's a really fun piece and is a brilliant example of an orchestra imitating a train:	
<u>9/12/19</u>	A Christmas Story. Christmas songs and Carols: Winter Wonderland and Silent Night each with simple creative accompaniments. Using the poem, 'Twas the Night Before Christmas.... create a musical winter landscape with the group with the poem recited over the top.	10
<u>13/01/19</u>	Music to work with Bizet, Habanera from Carmen and Khachaturian, Sabre Dance from Gayaneh. Connections to two paintings - creative sound pictures and simple motifs based on the two pieces.	11
<u>10/02/20</u>	Seven Scent from PZ Cussons - The Seasons. Story with creative music and fragrance. Present the fragrances to the group –musical plan would then be to turn all this into a performance using snippets of Vivaldi's 4 Seasons.	11
<u>09/03/20</u>	Focus on Beethoven's sixth symphony, illustrated with images. It was compared to the fifth symphony which was composed at the same time and then we created a version of the music with the group using images of Beethoven walking in the countryside.	8

Table 2: Overview of themes for each Hallé session

The following Hallé Music Making sessions were cancelled in line with COVID-19 guidelines:

- 6th April 2020_Enigma Variations project - My Friends Within
- 11th May 2020 - Hallé to perform a relaxed concert for people living with dementia and family and friends at Hallé St Peter's during Dementia Awareness Week.
- 8th June 2020 –involve a Hallé violinist to play alongside the group in the Hub.

Table 2 provides an overview of the themes and number of attendees at each session held before the requirement to cancel 3 of the planned dates, hence 7 of the intended 10 sessions were included in the evaluation.

Project Design

The Hallé Music Making Project evolved from initial discussions between the Institute for Dementia and the Education Director at the Hallé. The design of the project involved people living with dementia and the group from SID visited the Bridgewater Hall so find out more. By attending a rehearsal and getting involved in a number of workshops, group members were then asked for their feedback by asking 'we've tried all these different things, what

would you like? What do you think would work best for you? The overwhelming consensus was that people wished for opportunities to be involved in some creative music making, using simple instruments. This resulted in a 'taster' session whereby the Hallé came to the Dementia Hub in April 2019 to try their ideas out with the group.

The Hallé Music Making Project was undertaken over 7 months beginning in September 2019 until March 2020. Music making sessions occurred once a month for one hour and took place in the Dementia Hub at the Institute for Dementia.

Ethics

Ethical approval for the study was given by the University of Salford Ethics committee in July 2019 reference HSR1819-111. A further amendment to the ethics application to include video conferencing or telephone interviews was approved in April 2020 due to restrictions impacting on the ability to collect data via face to face means due to the COVID-19 pandemic.

Data collection methods

Baseline and follow-up semi-structured interviews

Qualitative semi-structured interviews were conducted to explore how people living with dementia and their care partners define well-being, what motivated participants to attend the music making café, and what expectations participants had for the group. The interviews lasted no longer than 1 hour and were conducted before the music making café commenced. Semi-structured interviews were selected as the data collection method to encourage participants to speak in-depth about their experiences, expectations and motivations for attending the Hallé Music Making Café. An interview schedule (see appendix I, ii and iii) was utilised in all the interviews, to facilitate consistency and was designed solely for the purpose of the study. The interview schedule was used to guide the interviews to ensure that certain topics were covered but enabled participants to raise and discuss issues meaningful to them, thus allowing new topics to emerge. All interviews were digitally recorded and transcribed verbatim.

Unstructured observations and Dementia Care Mapping (DCM)

The real time impact of each music making café was directly observed with a particular focus on the mood and well-being of participants, the level of engagement amongst participants and interactions within the group. This was achieved using two methods;

unstructured observations and Dementia Care mapping (DCM). It was intended that each session was to be observed by two researchers.

One researcher recording unstructured observations via descriptive field notes. These unstructured observations encompassed all attendees of each session and the researcher taking the observations assumed an observer role during each of the sessions. However, due to unforeseen circumstances, only 3 of the 7 sessions were recorded using unstructured observation field notes. Structured observation data was captured by the second researcher using Dementia Care Mapping (DCM). DCM is an internationally recognized set of observational tools used to evaluate the quality of interventions from the perspective of the person living with dementia. By recording individuals' mood and engagement at regular intervals (every five minute) throughout the session using a predefined coding framework it enabled a moment by moment examination of the experiences of people living with dementia. DCM is grounded in the theoretical principles of person centred dementia care (Brooker and Surr, 2006) and provides clear information about how people living with dementia spend their time during an observational period along with their observed levels of mood and engagement. DCM is used to observe participants living with dementia only and did not include care partners or facilitators involved in the group.

The structured tool requires the observer (mapper) to observe people living with dementia continuously for a period of time. Observations are broken down into five-minute periods or 'time frames' and at the end of each time frame the observer makes a judgement about the mood and engagement of each participant. Interactions between people living with dementia and others are also recorded (Bradford Dementia Group 2005). Within the tool, four structured coding frameworks are used to record information. These are:

- Behaviour Category Codes (BCC). There are 24 of these in total and these can be used to code any behaviour an individual is engaged in. One is coded for each five-minute time frame during which a person is observed.
- Mood and Engagement Values (ME). These are six codes to choose from ranging from significant distress (-5) to significant joy, pleasure and sustained engagement (+5). One is coded for each five-minute time frame during which a person is observed. Using this, an overall Well or Ill-being score, signifying individuals' level of wellbeing for the duration of the observation can be calculated.
- Personal Detractions (PD). There are 17 possible PDs. These are based upon malignant social psychology and recorded when an incident is observed that might undermine the personhood of an individual.
- Personal Enhancers (PE). There are 17 possible PEs. These are based on Kitwood's concept of positive person work (Kitwood 1997a) and record instances when care staff have acted in a way to uphold an individual's personhood (Brooker and Surr 2005).

Updated editions of the tool are frequently introduced, and DCM is currently in its eighth version (Brooker and Surr 2005), the edition used in this study.

At the end of each time frame the mapper is required to make a judgement about the behaviour that each participant was observed to be engaged in from a set of 23 Behaviour Category Codes (see table 3 below). The selection of BCC is based upon the mapper's own observations and a set of operational rules to support the choice of code should more than one BCC occur in a given time frame.

Code	Memory Cue	Description
A	Articulation	Interacting with others verbally with no obvious accompanying activity
B	Borderline	Being engaged by passively watching surroundings
C	Cool	Being disengaged and withdrawn
D	Doing for Self	Engaging in self-care such as putting on clothes, tying shoelaces or combing hair
E	Expressive	Engaging in activities which have a clearly creative or expressive element
F	Food	Included all aspects of eating or drinking
G	Going Back	Reminiscence and life review activities in groups or one-to-one
I	Intellectual	Using intellectual abilities, for example reading the paper
J	Joints	Activities which focus on physical exercise
K	Kum and go	Independently standing or walking
L	Leisure	Activities which have a particular leisure fun or recreational component
N	Nod	Sleeping or dozing in communal areas
O	Objects	Showing attachment to an object such as a handbag, toy or doll
P	Physical	Receiving practical or physical care
R	Religion	Spiritual or religious experiences or activities
S	Sexual	Expression of a sexual nature
T	Timilation	Activities which predominantly focus on stimulating the senses such as massage
U	Unresponded	Making attempts to communicate (in distress) without receiving a response
V	Vocational	Work or work like activities
W	Withstanding	Repetitive actions such as rubbing clothes or twisting hands
X	X-cretion	Relating to excretion
Y	Yourself	Talking or interaction with oneself, an imagined person or the TV
Z	Zero	None of the above

Table 3: Behaviour Category Codes (BCCs) (Adapted from Bradford Dementia Group 2005)

Dementia Care Mapping also captures the state of mood and the level of engagement of each participant during each time frame by recording one of six Mood and Engagement

(ME) values. The ME values range from +5 indicating high positive mood and sustained engagement to -5 representing significant distress (Table 4 below).

Mood	ME Value	Engagement
Very happy, cheerful. Very high positive mood.	+5	Very absorbed, deeply engrossed / engaged.
Content, happy, relaxed. Considerable positive mood.	+3	Concentrating but distractible. Considerable engagement.
Neutral. Absence of overt signs of positive or negative mood.	+1	Alert and focused on surroundings. Brief or intermittent engagement.
Small signs of negative mood.	-1	Withdrawn and out of contact.
Considerable signs of negative mood.	-3	
Very distressed. Very great signs of negative mood.	-5	

Table 4: Mood and Engagement Values (Bradford Dementia Group 2005 p. 12)

Mood and Engagement values were always coded within the context of the accompanying BCC (Bradford Dementia Group, 2005) and in accordance with operational rules.

Well or ill-being, however, is more than levels of mood and engagement during a single time frame. Experiencing wellbeing is about the predominance of a positive over negative mood state during a period of time. Therefore, at the end of each observation, it was possible to draw together Mood and Engagement data to enable an assessment of each individual's or a group of participants' overall well or ill-being during that observation. This interpreted data is reflected in a Well or Ill-being (WIB) score depicting a participant's or group's level of mood and engagement, on average, over an observation period. These scores could be compared by person or between sessions.

When using DCM, the mapper also records the quality of interactions for each person they are observing through Personal Enhancers (PE) and Personal Detractions (PD) coding frames, as and when they occur. Enhancers and Detractors relate to Kitwoods concept of Malignant Social Psychology (Kitwood, 1997) and are based on supporting (or not) the psychological needs of 'comfort', 'identity', 'attachment', 'occupation' and 'inclusion'. Personal Enhancers indicate when a member of staff, group facilitator, care partner or external visitor interacts with a person in a way which has the potential to uphold her/his psychosocial needs. Personal Detractions are times when an interaction undermines the personhood of an individual living with dementia (Kitwood, 1997).

Personal Detraction Type	Personal Enhancer Type
Comfort	
PD 1. Intimidation	PE 1. Warmth
PD 2. Withholding	PE 2. Holding
PD 3. Outpacing	PE 3. Relaxed pace
Identity	
PD 4. Infantilization	PE 4. Respect
PD 5. Labelling	PE 5. Acceptance
PD 6. Disparagement	PE 6. Celebration
Attachment	
PD 7. Accusation	PE 7. Acknowledgement
PD 8. Treachery	PE 8. Genuineness
PD 9. Invalidation	PE 9. Validation
Occupation	
PD 10. Disempowerment	PE 10. Empowerment
PD 11. Imposition	PE 11. Facilitation
PD 12. Disruption	PE 12. Enabling
PD 13. Objectification	PE 13. Collaboration
Inclusion	
PD 14. Stigmatization	PE 14. Recognition
PD 15. Ignoring	PE 15. Including
PD 16. Banishment	PE 16. Belonging
PD 17. Mockery	PE 17. Fun

Table 5: List of Personal Detractions and Enhancers (Brooker and Surr 2006)

Within this study, a record of personally enhancing and detracting interactions were recorded in the unstructured field notes.

Using these four coding frameworks, it is possible to build up a detailed evaluation of the quality of intervention from the perspective of the person living with dementia which can add depth to self-reported questionnaires and data from interviews.

Pre and post self-report questionnaires

Self-report questionnaires aimed to capture satisfaction and well-being (see appendix iv and v). A 'pre' session questionnaire was administered to participants before the session began and a 'post' session questionnaire was administered to participants after taking part in the music making session in each of the 10 music making cafés. To develop an appropriate and informative self-complete questionnaire for both people living with dementia and their care partners, the researcher sought consultation from the group beforehand and provided

iterative drafts based on the feedback given based on a tool used in previous studies. Particular focus within this process was the wording within the questionnaire to ensure it was accessible and inclusive of people living with dementia. Once the questionnaire was finalised, it was administered at each Hallé Music making Café on arrival and as the session finished.

Methods of Data Analysis

Data analysis of the baseline interviews and the follow-up interviews

The interview transcripts were coded and analysed drawing on the principles of thematic analysis (Braun and Clarke, 2006). The first step in the analysis involved in-depth reading and re-reading of the interview transcripts simultaneously generating an initial list of ideas whilst making notes, this phase was ongoing throughout the data analysis process. The second phase involved the development of codes and themes that captured responses related to the research question. Once all the interviews had been coded and initial themes identified, the next phase involved combining the codes and initial themes into a framework of main themes and subthemes. This was an iterative process, going back and forth with the interview data to ensure the refinement of codes and themes. One researcher generated the codes, and these were checked and verified by another.

Data analysis of unstructured observations

The field notes generated by the researcher taking unstructured observations gave detailed descriptions of individual and group interactions providing an 'in the moment' evaluation of the Hallé Music Making sessions. The field notes were thematically analysed and merged with the DCM descriptive analysis to provide a comprehensive account of the experiences of the Hallé Music Making Café for participants across the seven sessions.

Analysis of the DCM data

Data gathered using DCM required more extensive processing. Raw data from observations using the Behaviour Category Code (BCC) and Mood and Engagement (ME) frameworks was entered into a prescriptive Excel template created by the Bradford Dementia Group. This spreadsheet calculated the number of time frames and percentage of time that an individual spent in each BCC and the number of time frames and percentage of time that they spent in each of the six ME. Daily Well or Ill-being (WIB) scores were calculated for each person within this tool. In addition, the programme calculated group BCC, ME and WIB profiles for each day.

Dementia Care mapping data was recorded during seven sessions between September 2019 and March 2020. During these observations, seven people living with dementia were

observed using the method. In total, seven group sheets were created (one per session) and an additional 28 individual sheets (one per person per session). This data represented observations of 59 five-minute time frames.

Analysis of the pre and post questionnaire data

82 pre-questionnaires and 82 post-questionnaires were completed by each participant who attended each session (see table 5 for details) over the seven-month period. The pre-questionnaires (see appendix iv) consisted of 2 multiple choice questions that participants were required to complete on arrival for the session. The post-questionnaire (see appendix v) consisted of a further 7 questions (3 multiple choice and 4 open ended) that participants were required to complete once the session was over. The questionnaire data was input into Excel and analysed simply by taking averages across all questions and responses across the seven-month period. Response percentages are illustrated using pie chart diagrams in figures 1-5 below.

Session	Participants Living with Dementia	Care Partners	Former Care Partners	Total Attendees
1 Sep	02-03-05-06-07	02-03-05	01-02-03-04-05-06	14
2 Oct	03-04-05-07	03-04-05	01-02-03-04-05-06	13
3 Nov	02-03-04-05-06	02-03-04-05	01-02-03-04-05-06	15
4 Dec	03-05	03-05	01-02-03-04-05-06	10
5 Jan	01-04-05-06-07	04-05	01-03-05-06	11
6 Feb	01-04-05-07	04-05	03-04-05-06-07	11
7 Mar	06-07	03	01-02-03-04-05	8

Table 6: Attendees per session

Findings

Findings from the baseline qualitative interviews

In the baseline interviews prior to the Hallé Music Making sessions taking place, participants engaged in interviews independently or as part of a dyad (person living with dementia and care partner). During the interview participants were asked about their wellbeing and how this may have been affected by dementia. We also explored what was important when living with dementia and the relevance of music came to the fore. The core themes that emerged from the analysis of the baseline qualitative interviews were ***maintaining participation in a shrinking world; collective pleasure and feelings of belonging in inclusive settings; where words fail, music speaks.***

Maintaining participation in a shrinking world

Many participants spoke about the ways their worlds had shrunk since they or their loved one received a diagnosis of dementia. Their wellbeing had been negatively impacted as they experience increasing isolation and decreasing confidence. Yet, people created strategies to encourage and cajole and generally push themselves to continue participating within their communities.

CP02 - I find now, he has to be coaxed. That's what frightens me because my enthusiasm, to be honest, has gone...dipped a lot.

CP04 - I'm amazed that as somebody gets diagnosed with this and you start not doing what you did as normal way of life, how that (your world) shrinks and that's the right way of saying it.

CP05 - Our worlds have shrunk considerably..... it's got harder because he finds it harder to cope with the pack of people.

PLWD05 - My wellbeing took a dip (after diagnosis) but I was very lucky to have Chris who was sort of filling in the cracks.

Two participants living with dementia spoke about opportunities to maintain capacity and get involved with activities that had a focus on strengths and abilities as a way of increasing feelings of wellbeing.

PLWD06 - It just got worse and worse, I was getting more and more introverted. What I can demonstrate then is I'm still an active member of society, I can still contribute. The thing about that is, that sense of purpose and the joy and enthusiasm that remains.

PLWD07 - I do lack motivation. It's making the effort but once you get here, it's worth it, and you join in and you realise you do feel better physically and mentally.

Both participants spoke about pushing themselves to make the effort to participate and when they did, this was always rewarded with feelings of purpose and wellbeing. In this way the music café enabled participants to feel included and of value.

Collective pleasure and feelings of belonging

Over time, participants spoke about the importance of finding opportunities to learn, that provided purpose and kept them socially connected. They sought out friendships with like-minded people to offer and receive peer support.

CP04 – Coming here has changed our social life tremendously, because we were looking for people who was in the same position as us and sharing their experiences, because I felt that we could learn off them.

FCP02 - So I'm hoping to learn something as well, it's a collective pleasure, not just your own benefit and I think if you can do it with a group of people that are like-minded, then that again, you're all going with the same purpose, so that would be good.

FCP03 - peer support was critical, without a shadow of a doubt, sometimes I feel so disconnected.

Care partners spoke of their motivations to encourage their loved ones to continue participating in everyday life which actually links to their own desire for peer support and social contact. Opportunities to share knowledge and experience between people supporting someone living with dementia was an important aspect of peer support.

CP03 - Had I have not come here; I could be talking a different story. I could be this person who's lost confidence, who's lost that being of self, who's lost my identity, because all I'm doing is caring. And one thing I have found, is that when dementia comes into your life, you actually do lose all your friends.

FCP06 - Because you lose...when you're a carer of people with dementia, you start to lose your own confidence because you're so...it's so intense, the care that you've got to give to the person with dementia, be it physical or mental support they need, you put all your own needs to the side basically.

The feelings of inclusion and belonging in a setting was also reported as important in many ways. People wanted to feel safe and secure in a setting that was non-judgemental, inclusive and sensitive to their needs.

CP03 - Places like this hub that I can come to are essential, where nobody is judged.

PLWD07 - In a safe space, you know, you can just relax, and no one's going to judge and think, you're rubbish. It's not like academics and people with dementia and their carers, we're all like one.

The theme **collective pleasure and feelings of belonging** illustrates the ways participants sought out opportunities to connect with others experiencing life in similar ways. Participants reported the importance of safe environments that were inclusive and non-judgemental enabling peer support in a reciprocal manner.

Where words fail, music speaks

During the baseline interviews, participants were asked their thoughts on music in general and specifically, what their expectations of joining the Hallé Music Making Café were. What is interesting here is that the 'meaning' of music does not alter depending upon whether you are a care partner, a person with dementia or a former care partner. Music remains a meaningful activity to engage with that is evocative, stimulating and uplifting.

CP04 - I think music brings back memories for people it's stimulating for the mind, it's stimulating...so it's remembering.

CP05 - But it also shows how basic sound and rhythm is to us as living beings that it's a bit like smell, it's very evocative and it gets into a part of us that other things don't access.

PLWD07 - I need to...to keep my mind active and keep busy. A lot of it is uplifting and you can join in, whether you can read music or whatever your skills are musically, you can join in. And just enjoy it and it takes you...you're in the present, you're here and now when you're singing or you're listening, you're not thinking about the past or the future, you're thinking about now. It does evoke emotions though.

FCP05 - where words fail music speaks. I mean, you can feel a bit down and music always lifts you one way or another, it always has an emotional effect.

It was clear that all participants had agreed to be involved with the Hallé Music Making Café due to their shared love of music and the potential ways music could evoke emotions, memories and wellbeing. Participants spoke about the ways they found music to be uplifting and stimulating thus providing opportunities to increase mood.

Summary of findings from the baseline qualitative interviews

Overall, the findings from the baseline qualitative interviews highlight 3 emerging themes, these were ***maintaining participation in a shrinking world; collective pleasure and feelings of belonging; where words fail, music speaks***. Participants spoke about needing meaningful activities to participate in, and in a non-judgemental place that was inclusive and friendly. All participants spoke about their expectations for the Hallé Music Making Café and were generally quite excited at the prospect although some did admit to being slightly apprehensive about what it may involve.

Findings from the pre and post self-report questionnaires

Overall, 82 pre-questionnaires and 82 post-questionnaires were completed over the seven Hallé Music Making cafes. The rationale for pre and post questionnaires on the same day was to capture how participants were feeling on arrival and if any changes in mood and wellbeing could be attributed to the music session by capturing how participants were feeling as the session finished. The pre-questionnaires consisted of two questions and participants were asked to complete this on their arrival at each session. The first question on the pre-questionnaire asked, 'How are you feeling BEFORE today's music café?' Participants could choose one of 5 options for their answer; Very Happy, Happy, Neutral, Unhappy and Very Unhappy.

How are you feeling BEFORE today's music cafe?

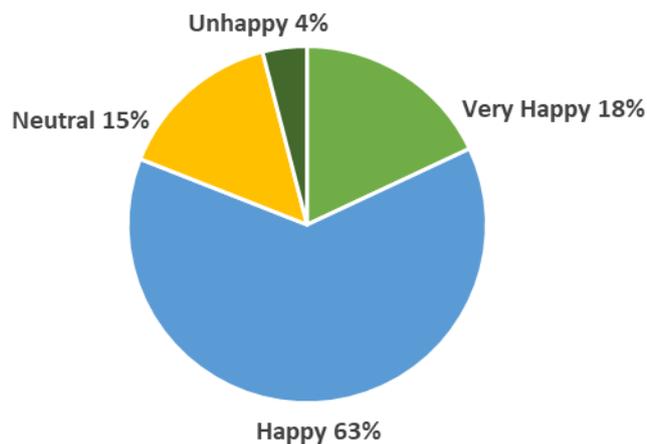


Figure 1: How are you feeling BEFORE today's music café?

Figure 1 illustrates the answers to this question across all the seven sessions and 82 pre-questionnaires. Nearly two thirds of participants (63%) arrived for the sessions feeling happy with a further 18% feeling very happy. 15% of participants arrived at the sessions with feelings of neutrality and 4% feeling unhappy across all seven sessions.

The second question on the pre-questionnaires asked, 'Have you been looking forward to today's music café?' Participants had the option of 5 answers from; Very Much, Yes, Average, No and Didn't want to come. Figure 2 illustrates the responses from question 2 of the pre-questionnaire across all seven sessions and 82 questionnaires.

Have you been looking forward to today's music café?

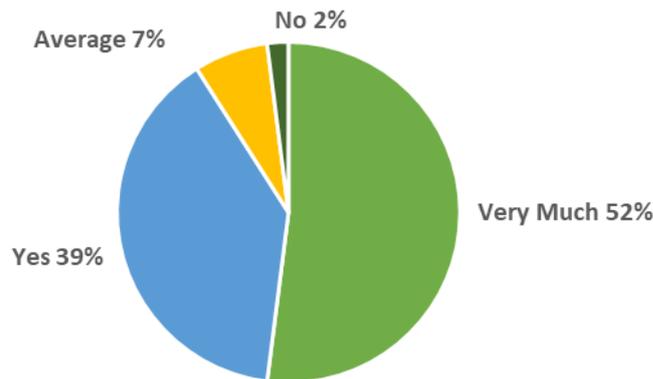


Figure 2: Have you been looking forward to today's music café?

Figure 2 illustrates the answers to this question across all the seven sessions and 82 pre-questionnaires. Over half of participants (52%) indicated that they had been looking forward to the session very much, with a further 39% indicated that 'yes' they had been looking forward to the session. 7% of participants responses were average feelings when asked if they were looking forward to the session and 2% answered 'no' they had not been looking forward to the session across all seven sessions.

Once each session had finished, participants were asked to complete a post session-questionnaire with 7 further questions. The post-questionnaire was an attempt to capture participants mood and wellbeing through their responses after taking part in the music making session. The first question on the post-questionnaire asked, 'How are you feeling AFTER today's music café?' Participants could choose one of 5 options for their answer; Very Happy, Happy, Neutral, Unhappy and Very Unhappy.

How are you feeling AFTER today's music cafe?

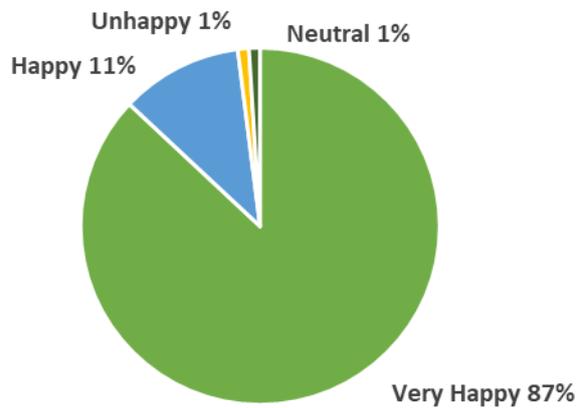


Figure 3: How are you feeling AFTER today's music café?

Figure 3 illustrates an overwhelming majority of responses indicating that 87% of participants felt very happy after the music session had finished. A further 11% felt happy enabling us to conclude that 98% of participants experienced an increase in mood and wellbeing after each session and accumulatively across the seven sessions. An indication of why 87% of responses were 'very happy' can be illustrated by the responses to the next question which was 'How much did you enjoy today's music making session?' The options for participants to choose were; Very Highly, Highly, Average, Unenjoyable and Very Unenjoyable, illustrated in Figure 4.

How much did you enjoy today's music cafe?

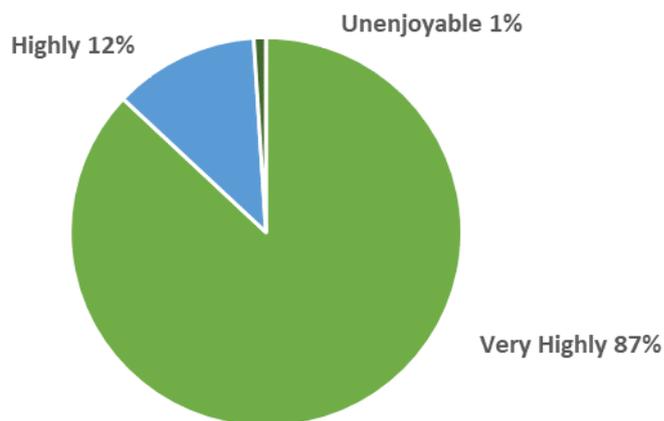


Figure 4: How much did you enjoy today's music café?

87% of participants responses illustrate overwhelmingly that they enjoyed the music café with a further 12% opting that they highly enjoyed it. In the pre-questionnaire, although the majority of responses show that participants were looking forward to the music café (52%

very much, 39% yes), the post-questionnaire illustrates a majority shift to enjoying the session 'very highly' overall.

The next question on the post-questionnaire asked, 'Did today's music café meet your overall expectations?' The response options were; Very much, Agree, Neutral, Not really, Not at all. Figure 5 illustrates the percentage of each response from the 82 questionnaires over the seven sessions. 91% of responses said that the music café 'very much' met participant's expectations, with a further 7% agreeing, 1% neutral and 1% responding 'not really' demonstrating that participants had strong positive experiences of the music making café.

Did today's music cafe meet your overall expectations?

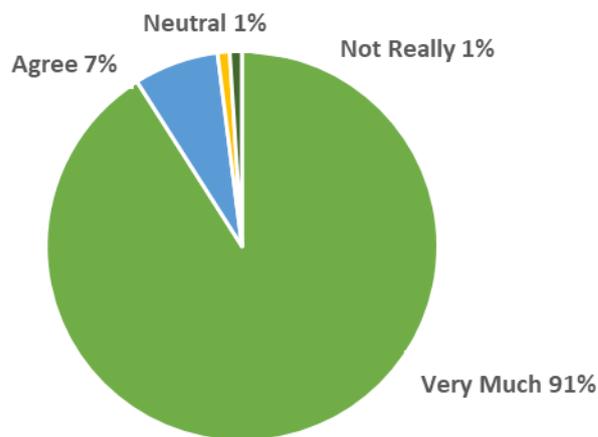


Figure 5: Did today's music café meet your overall expectations?

The next four questions on the post-questionnaire did not provide structured responses but rather required participants to elaborate further on their experiences of the music café session in their own words. Not all of the open-ended questions were answered by all participants at the end of every session. The most answered question was 'What did you enjoy most about today's music making café?' responded to on 72 of the 82 completed questionnaires.

What did you enjoy most about today's music making café?

Of the 72 responses, many of the participants wrote 'everything' in answer to this question then elaborated with more specific details. This included 'being involved', 'everyone having a chance to join in', 'being inventive', 'being creative', 'the participation and involvement', the 'camaraderie'. For some participants the opportunity to learn more about classical music and the instruments being played was the most enjoyable aspect of the sessions. For others it was the enthusiasm of the facilitator/musician from the Hallé that they found to be the most enjoyable aspect of the sessions. The responses to this question spoke about making music and the fun and laughter that this had involved.

What did you enjoy least about today's music making café?

Of the 82 self-completed questionnaires, this question was responded to 50 times. 33, two thirds of responders, stated that there wasn't anything that they didn't enjoy, *'it was all good'*. Of the remaining 17 responses, 5 were specific to a session that involved the perfumer and their least enjoyable part of the session was the fragrances being overwhelming. The final 12 responses that participants said they least enjoyed were *'finding the session too complicated'*, *'not getting to play the instrument they wanted'*, *'keeping up with the music'*, *'the space being too small'* and *'more participants needed'*.

Is there anything we could do next time to improve the music making café?

Of the 82 completed questionnaires this question received 48 responses. The majority of responses (32) were positive replying *'nothing to change'*(21 responses), *'make it longer'* (7 responses) and *'more of the same'* (4 responses). The remaining 16 responses to this question were primarily individual preferences including *'trying different instruments'*, *'bigger group'* and *'recording each attempt to playback'*.

Any further comment not covered by the questions above.

Although this was not a question, it provided participants with an opportunity to express any other comments they had regarding the Hallé Music Making café. When given the opportunity to comment on any other aspect of the sessions, 38 responses were made out of the 82 completed questionnaires. Every single one of the 38 responses was a positive one, many stating how enjoyable the sessions are and how much they are looking forward to the next one.

Mood enhancing

Most participants who responded to the final opportunity to comment spoke about how the sessions had a positive impact on their mood.

'I come in feeling a bit down but had a great laugh and feel much better'

'Very enjoyable - leaving feeling on top of the world'

'I was very tired on arrival and that was quickly forgotten'

Others described how the music making sessions were a tonic, all the laughter and enjoyment was a clear mood enhancer.

'Working together with laughter is a tonic'

'I feel very happy after the session. Good to see everyone's happy faces'

'The music is always enjoyable. It doesn't matter how down you may feel beforehand you always go out feeling happy'

Feeling lucky to be involved

Some participants indicated how the Hallé Music Making Café was a novel idea and they were not aware of anything else like it.

'A most enjoyable afternoon, quite different to anything we have before'

'A fabulous concept which will grow into something unique'

The novel nature of the Hallé Music Making Café made people feel privileged to be part of it and generally impatient for the next session to occur.

'I feel very lucky to be part of it'

'Every time lots of energy and full commitment from everyone'

'I am looking forward to the next session, shame it's a month to wait'

The further comments section on the self-report questionnaires enabled the participants space to elaborate further with the experiences they thought important that were not included in the prescribed questions. Two themes emerged from the analysis on these responses, which were 'mood enhancing' and 'feeling lucky to be involved'. Both themes illustrate the positive impact that the music making café had on wellbeing and mood and how participants felt lucky to be involved in such a novel participatory music making initiative.

Summary of findings from the pre and post self-report questionnaires

From the 82 self-report questionnaires overall, there is a clear rise in mood between participants arriving for the session compared to when they were leaving. On arrival participants were asked 'How are you feeling **before** today's music making café?' 63% arrived for the sessions feeling happy with a further 18% feeling very happy. 15% of participants arrived at the sessions with feelings of neutrality and 4% feeling unhappy. The post-questionnaires asked, 'How are you feeling **after** today's music making café?' 87% of participants felt very happy after the music session had finished. A further 11% felt happy enabling us to conclude that 98% of participants experienced an increase in mood and wellbeing after each session and accumulatively across the seven sessions. When combined with the other open-ended questions, the findings from the questionnaires provide a clear indication of the positive impact on wellbeing that the Hallé Music Café induced.

Findings from unstructured observations and the DCM data

Each session was observed by two researchers. One researcher recorded unstructured observations alongside the DCM data which took the form of descriptive field notes. These field notes gave detailed descriptions of individual and group interactions and, together these data provided an ‘in the moment’ evaluation of the Hallé Music Making sessions. The unstructured observations encompassed all attendees in each session including people living with dementia, care partners, former care partners, staff members and visitors.

DCM is a tool to observe people living with dementia only. In total seven participants were mapped over seven sessions of the Hallé Music Making Café between September 2019 and March 2020. Table 7 below shows the number of people living with dementia ‘mapped’ during each session. Two participants attended two sessions, three participants attended four sessions, and one participant attended five sessions and one attended six sessions.

Hallé Session	Individual ME Scores							Group ME Score
	PLWD01	PLWDO 2	PLWDO 3	PLWDO 4	PLWDO 5	PLWDO 6	PLWDO 7	
1.Sept	/	+3.9	+1.0	/	+3.2	+3.9	+3.2	+3.0
2. Oct	/	/	+2.3	+4.1	+5.0	/	+3.0	+3.6
3 .Nov	/	+3.0	+1.8	+2.8	+4.8	+3.4	/	+3.2
4. Dec	/	/	+1.0	/	+4.6	/	/	+2.8
5.Jan	+3.3	/	/	+3.0	+5.0	+5.0	+5.0	+4.3
6.Feb	+3.3	/	/	+1.3	+3.3	/	+3.0	+2.7
7.Mar	/	/	/	/	/	+3.0	+3.0	+3.0
Individu al ME score	+3.3	+3.5	+1.5	+3.4	+4.3	+3.7	+3.4	+3.2

Table 7: Individual and Group Mood and Engagement (ME) Scores

Mood and Engagement (ME) scores

From Table 5 we can see that the average mood and engagement score across the group for all Hallé sessions was +3.2 which suggests that participants spent the majority of their time engaged and experiencing good overall levels of wellbeing. At no point during mapping did any participant appear to experience ill-being.

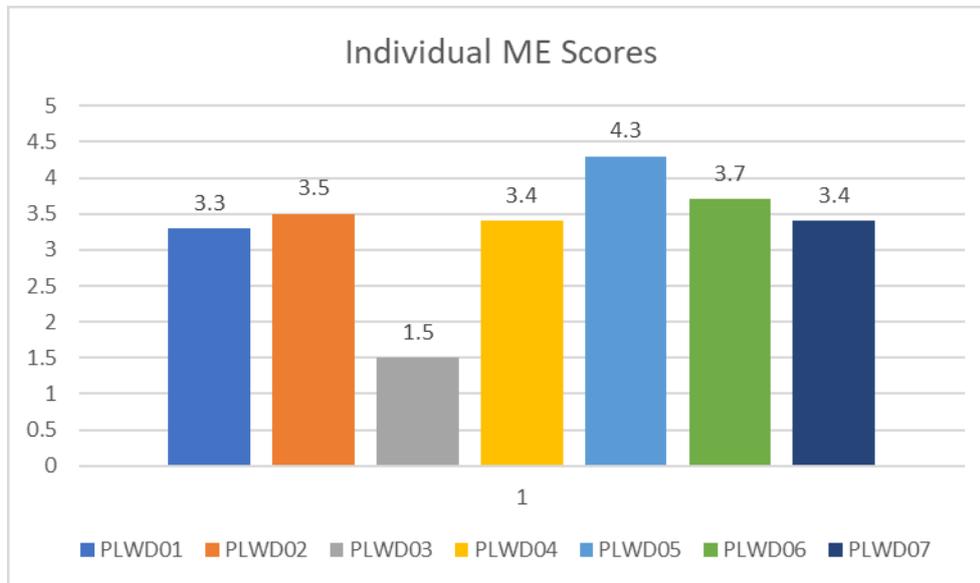


Figure 6: Average Mood and Engagement (ME) scores per participant across sessions

The individual WIB scores indicate that all participants apart from PLWD03 were observed to achieve higher than average engagement and wellbeing during the groups. The greatest ME score possible is +5.0 and the lowest was -5. Therefore, the high level of ME score for the group is a clear demonstration of high engagement and associated wellbeing during the music group as a whole. There is little variance in the scores across participants except for PLWD03, who achieved an average score of +1.5, but in one individual session had a score of +2.3. This particularly high score was achieved during the October Hallé session which was a particular favourite for the whole group as they created music to an on-screen animation. PLWD03 is physically impaired from the effects of a severe stroke and is wheelchair bound at all times. PLWD03 is also hearing and sight impaired and although this participant has a passion for classical music, their ability to physically or verbally interact is limited. The DCM measures are not necessarily sensitive enough to capture this limited observable expression. Unfortunately, PLWD03 ME scores decreased through November and December as they became unwell and sadly passed in the New Year.

Despite the average scores being consistently high across the majority of participants, PLWD05 achieved particularly high scores throughout the Hallé sessions. PLWD05 is physically very able and therefore DCM codes were readily applied, illustrating high engagement, enthusiasm and wellbeing at all times. Nevertheless, for other participants

living with dementia who are less physically able, the complexity of visual displays of wellbeing ad engagement are more challenging to capture with DCM, PLWD03 for example.

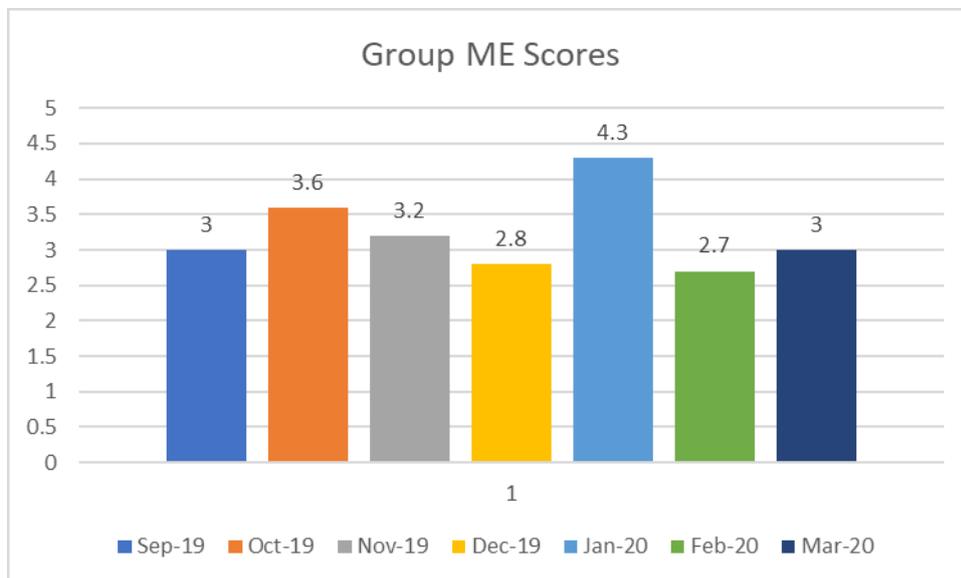


Figure 7: Average group Mood and Engagement (ME) scores across all sessions

The mean ME score was +3.2 indicating a very good and sustained overall level of mood and engagement amongst the group. The highest group ME score was achieved in January’s session attended by 5 people living with dementia who were particularly engaged throughout. In contrast, December’s session achieved the lowest group ME score as only 2 people living with dementia attended this session. This session was actually the least well attended session after the March session, the week in which lockdown was announced.

Behaviour Category Codes (BCCs)

As a group, the main BCCs observed across the 7 Hallé Music Making sessions were:

- Articulation (A) Interacting with others verbally or otherwise was observed for **2 %** of the timeframes. This was recorded when the individual spent the majority of the time frame engaged with others.
- Borderline (B) Being engaged but passively (watching) was recorded for **43%** of the time frames when an individual was observed to be passively engaged with their surroundings for the whole of a time frame.
- Expressive (E) Expressive or creative activities for **48%** of the timeframes. This included time frames when an individual spent the greatest proportion of the time frame engaged with the topic or an activity that was in some creative or expressive.

- Food (F) Eating or drinking was recorded for **5%** of the time frames when an individual was observed to be eating or drinking during the time frame.
- Intellectual (I) Prioritising the use of intellectual abilities was observed for **1%** of the time when an individual was engaged in debate for example, requiring intellectual abilities.

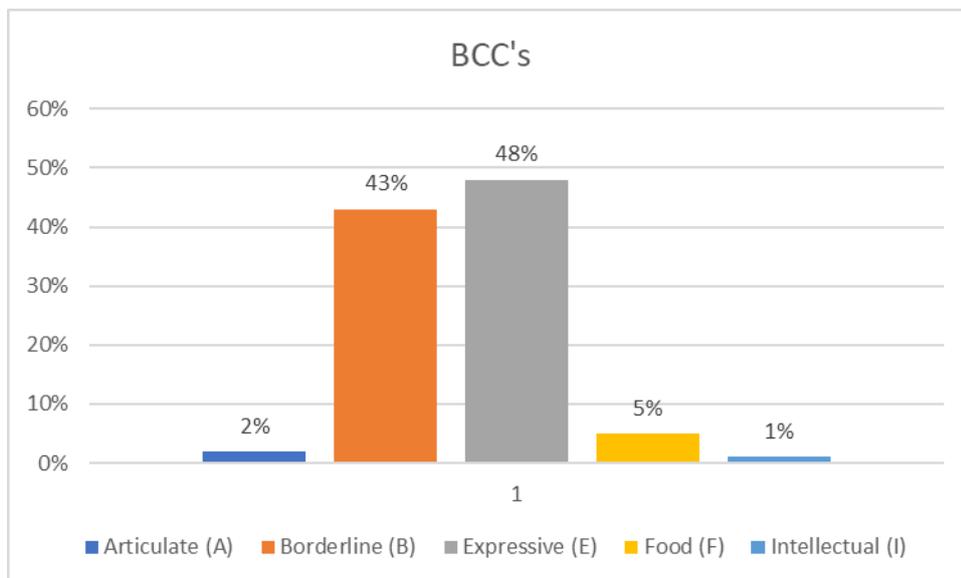


Figure 8: BCC's as percentages across all 6 Hallé sessions

The highest BCC scores were observed as Expressive (being engaged but passively watching) for **48%** of the time which reflects the participatory nature of the Hallé Music Making sessions as the majority of time was spent with expressive behaviours. The next highest BCC recorded was Borderline at **43%** which reflects the behaviours of two regular attendees the Hallé Music Making sessions, PLWD03 and PLWD04. Both participants have become verbally and physically impaired as a consequence of dementia which does impact their expression and articulation during the Hallé sessions, despite the fact they are engaged. Both participants are also in wheelchairs and PLWD03 also lives with a hearing and sight impairment which impacts on the ability of the observer to always accurately record their participation, as well as impacts on the individual ability to fully engage in what is going on.

Table 7 shows the average ME value recorded for each Behaviour Category Code. It illustrates that behaviours associated with articulation (A) and self-expression (E) produced the highest levels of positive mood, sustained engagement and levels of interaction (A +4.33 / E +3.66). This is such a vital finding and strengthens the evidence regarding the positive impact that active participation in creating music has on the wellbeing of people living with dementia and their care partners. This was followed by instances where participants spent a

timeframe immensely enjoying the refreshments at each session (F) (+3.57) and exhibiting intellectual (I) behaviours (+5.0).

Despite borderline behaviours (B) accounting for the second largest percentage of time (43%), this was not representative of the highest levels of wellbeing. Analysis shows that participants living with dementia were observed to display the greatest levels of wellbeing when they were involved in behaviours that were expressive, when they were articulating and partaking of refreshments. This demonstrates that individuals experienced high levels of positive mood and sustained engagement when engaged in these behaviours. Eating and drinking (F) had an average ME value of +3.57 which indicates that wellbeing increases greatly when participants are having a cup of tea and a biscuit. Passively observing the surroundings (B) had an average ME of +1.44 indicating limited overt signs of positive mood and limited engagement with the sessions during these times. The higher ME levels observed during active participation in expressive activities in this study demonstrates the potential the potential of the Hallé Music Making sessions to improve the wellbeing of people living with dementia.

BEHAVIOUR CODES	% TIME ACCOUNTED FOR	AVERAGE ME VALUE
ARTICULATION (A)	2%	+ 4.33
BORDERLINE (B)	43%	+ 1.44
EXPRESSION (E)	48%	+ 3.66
FOOD (F)	5%	+ 3.57
INTELLECTUAL (I)	1%	+ 5.0

Table 8: Average ME Score per Behaviour Category

The unstructured observations were thematically analysed and the themes that emerged were 'creating together', 'achieving together' and 'laughing together'. When combined with the psychological needs, this analysis provides a descriptive account of the 'in the moment' experiences of participants during the Hallé Music Making sessions from the structured observations (DCM) and the unstructured observations (field notes). The following paragraphs provide some examples of the many enhancing interactions that occurred within the 5 psychological needs illustrated in Table 5 during the Hallé Music Making sessions over the 7-month evaluation period. There were two instances of personal detractors that are discussed at the end of this section.

Creating together

Throughout the Hallé Music Making sessions, participants displayed support for one another. This was evident as members started to arrive, displaying demonstrative gestures of warm greetings; hugging one another, asking after their welfare, health and families (***PE 1. Warmth – Demonstrating genuine affection, care and concern for the participant***). It was obvious that the relationships went much deeper than acquaintances at the session, with references to other activities and groups that people had attended. Such conversations highlighted the genuine concern for one another, and the support network which had developed. When new people joined the group, existing members took great interest in them, making sure they were comfortable, encouraging them to join in activities and conversations. Often existing members shared personal stories with newcomers, which often encouraged newcomers to share information in a relaxed manner (***PE 2. Holding – Providing safety, security and comfort to a participant***). The Christmas Hallé Music Making session, although not the best attended due to the holiday period, proved to be the most enjoyable session. This could have been due to people feeling festive but more likely due to the creation of a Christmas Story by the Creative Director and Hallé Musician. The session included Twas the Night Before Christmas, Jingle Bells, Winter Wonderland, Sleigh bells ring and Silent Night each with simple creative accompaniments. M001 handed out instruments to all participants, always acknowledging strengths and preferences of each individual (***PE 7. Acknowledgement – Recognising and attempting to support the participant as unique and valuing them as an individual***). As the group practice again, they sound louder and appear more confident the second time around. M001 asks the group to do a run through of all the songs that they have practiced one after the other to make one longer piece of music. The group all appear immersed whilst playing their instrument and singing, it was just magical (***PE 9. Validation – Recognising and supporting the reality of the participant. Sensitivity to feelings and emotions takes priority***). There is always a sense of respect for the Hallé Musician, not just because he is talented and plays with the Hallé orchestra but it's more about his personal way with the group. M001 treats every group member the same irrespective of dementia and is always quick to recognise and

acknowledge changes in mood and engagement, adjusting the tasks accordingly (**PE 12. Enabling – Recognising and encouraging a participant’s engagement**).

Achieving together

During the baseline interviews, participants were asked what they were expecting from the upcoming Hallé Music Making sessions. Some participants spoke about their apprehension of ‘showing themselves up’ or ‘not keeping up’ and how they didn’t want this to negatively impact the other group members. However, the opposite occurred, and numerous participants have expressed how close the group have become as the Hallé Music Making sessions progressed, PLWD05 said ‘It’s getting quite exciting’ and smiled. (PE 5. Acceptance – Entering into a relationship based on an attitude of acceptance or positive regard for the participant). There is a strong sense of teamwork in this group and participants living with dementia are treated as highly valued members of the group and acknowledged to be making a positive contribution to Hallé Music Making Café (**PE 4. Respect – Treating the participant as a valued member of society and recognising their experience and age**). It was also apparent how they encourage one another through each piece of music. This encouragement contributes to the team mentality and a feeling that ‘we’re all in this together’ (**PE 10. Empowerment – Letting go of control and assisting the participant to employ their skills**). During one session, PLWD05 is singing loudly and he appears focused but happy and smiling throughout. He is asked to play the cymbal and he laughs and agrees. He then hits it very loudly and laughs again. M001 shows him a way of hitting the cymbal on its edge to make a different sound and PLWD05 carries this instruction out perfectly (**PE 11. Facilitation - Assessing the level of support required and providing it**). Towards the end of the Christmas Hallé Music Making session, the group do a full run through of the various joined pieces of music they have created, and they all appear completely immersed in what they are achieving (**PE 6. Celebration – Recognising, supporting and taking delight in the skills and achievement of a participant**). It is observed that they are much more confident in how they are playing their instruments and PLWD05 says ‘Were getting better aren’t we’ part way through. The more the piece of music was practiced, the more confident and immersed the group appeared, smiling and laughing with each throughout (**PE16. Belonging – Providing a sense of acceptance in a particular setting regardless of disability**).

Laughing together

All of the Hallé Music Making sessions have been characterised by laughter and enjoyable interactions. During the sessions, there was always light-hearted exchanges and laughter between the members of the group. The ability to see dementia in a light-hearted way, often prompted these exchanges and were sometimes initiated by a participant living with dementia, who would laugh about his own memory problems. This prompted others to join in, with anecdotal stories and jokes (**PE 8. Genuineness – Being honest and open with the participant in a way that is sensitive to their needs and**

feelings). Laughter appeared to make a noticeable difference to the members of the group, who could appear tired on arrival, but happy and content on leaving. The atmosphere in the Hallé Music Making sessions was always upbeat, with an abundance of friendly banter, which included those living with dementia, and care-partners (**PE 14. Recognition – Meeting the participant in his or her own uniqueness, bringing an open and unprejudiced attitude**). During the November Hallé Music Making session, participants created a musical piece based on a poem that they had chosen in the previous session (**PE 13. Collaboration – Treating a participant as a full and equal partner in what is happening, consulting with them**). M001 introduces the concept to the group and then plays a piece of music whilst all the group watch with interest. The tune to the piece of music matches the words of the poem and the group try a run through of singing the words of the poem to the tune of the piece of music. M001 passes an instrument that you tap with a stick over to a participant and he says, ‘imagine it’s my head’! The whole group burst into laughter (**PE 17. Fun – Accessing a free, creative way of being and using and responding to humour**). During another session, M001 introduces a new idea of creating a piece of music to depict the sounds of a train journey. He asks the group for a volunteer for someone to blow the ‘guards whistle’ and PLWD05 volunteers. He blows the whistle and shouts, ‘all aboard’ and laughs, which in turn makes the whole group laugh with him. Whilst there was ‘banter’ and laughter, there was also a deep admiration for M001 and his musical talent that was acknowledged by all involved. But more than this, participants spoke about the opportunity to actively participate despite dementia that was encouraged consistently by M001 (**PE 15. Including – Enabling and encouraging the participant to feel included, physically and psychologically**).

Summary of personal enhancers

The personal enhancers (PE’s) described above, based on what Kitwood (1997) constitutes as a positive event using the 5 psychological needs, provide some examples of the number and quality of PEs overall. This is worthy of remark as it is striking how many PE’s were being actioned and the quality of those interactions throughout the observations of the sessions.

Personal Detractors

In January’s music café session, one of the participant’s living with dementia (PLWD05) arrived at the session looking quite unhappy and low. During the music café PLWD05 was given an instrument and instructed on when and how to play it. PLWD05 found this particular task challenging and chose to sit back and not continue with their participation. When asked PLWD05 said that what was being asked of him was too complicated (**PD3. Providing information at a rate too fast for a participant to understand**). This is a clear example of how this participant was experiencing living with dementia on this particular day. All proceeding and subsequent sessions were anticipated with excitement beforehand and talked about for days to follow as they had been enjoyed so much. Nevertheless, on this

particular day, PLWD05 reported being unhappy and found the session to be unenjoyable highlighting the reality of living with dementia. The other personal detractor was observed during February's Music Making session when the group were joined by perfumers', Seven Scent from PZ Cussons. The focus of this session was the 'Seasons' and M001 in collaboration with Seven Scent had created a story through the seasons with creative music and fragrance. This was a further instance that had a detracting aspect as some participants commented that they couldn't keep up with smelling the fragrances and playing the music (**PD3. Providing information at a rate too fast for a participant to understand**).

Summary of findings from the unstructured observations combined with psychological needs

The findings from the unstructured observations illustrate 3 emergent themes; 'creating together', 'achieving together' and 'laughing together'. When combined with the analysis of the psychological needs, this analysis provides a rich overview of the plethora of enhancing interactions that occurred during the Hallé Music Making sessions over the 7-month evaluation period and just 2 instances of personal detractors. The enhancing interactions that were observed illustrate the multitude of times that Kitwoods (1997) psychological needs were supported by a member of staff, group facilitator, care partner or external visitor. These enhancing interactions were observed to occur across the domains of 'comfort', 'identity', 'attachment', 'occupation' and 'inclusion' rather than isolated to just a few and together they have the potential to uphold and support the psychosocial needs of people living with dementia.

Findings from the follow-up qualitative interviews

As indicated previously, due to the COVID pandemic the Hallé Music Making sessions were brought to an early close in March rather than June. The follow-up interviews were then undertaken online using video conferencing software or over the telephone. Participants engaged in the follow-up interviews independently or as part of a dyad (person living with dementia and care partner). During the follow-up interviews an interview schedule (see appendix ii) was adhered to in order to guide the discussion. Participants were asked if and how being involved with the Hallé Music Making sessions had contributed to their wellbeing and if their expectations had been met. In addition to the participant follow-up interviews, a follow-up interview was also undertaken with the Hallé Musician who facilitated, performed and created the music making cafes. An interview schedule (see appendix iii) was adhered to in order to guide the discussion. The core themes that emerged from the analysis of the follow-up qualitative interviews were ***creating music; camaraderie; laughter and learning; exceeding expectations***.

Creating Music

The majority of participants reported that the novel way of engaging with music that the Hallé had introduced to them was a new experience. Opportunities to create music with the prestigious Hallé Orchestra was something that most had never envisaged. Participants found that actively participating and creating music was more meaningful than passively sitting back and listening to music.

FCP01 A different experience from just sitting passively listening to music and actually doing it and laughing at the same time.

CP03 And because it was something we'd created together, it was more meaningful,

CP05 Because music does tap into emotion it is such a wonderful trigger, it really has rekindled some things for us.

PLWD05 It's the being together and the ability to produce a lot of really good music, most of the time.

The theme Creating Music encapsulates participants experiences of actively creating music that they would never have had the opportunity to do with the Hallé Orchestra. The experience was found to be meaningful, emotional and uplifting because they felt that they accomplished something together. When opportunities to participate in meaningful activities are presented to the person living with dementia, personhood (Kitwood 1997) is upheld, enabling increased sense of self-worth, thus wellbeing.

Camaraderie

Participants spoke about being apprehensive and nervous in the beginning, even though the majority were already familiar with one other. Participants reported not wanting to make a mistake and let the group down. Many said that belonging to the Hallé Music Making sessions had brought them closer as a group.

CP03 I can't do this, and a bit embarrassed, but never mind, I'm going to have a go. And realising that actually, I can do this.

CP05 We were really all in it together and it didn't matter who we were, what we were, how we were. You could walk in feeling, oh god, and walk out feeling a million dollars. We've got to know each other differently and deeper.

PLWD05 So it's the fact that it's the Hallé that is the big thing, and I come out after listening to the Hallé and think, oh bloody hell this is wonderful. It's the being together.

FCP05 I do think that the group itself, I think we gelled in a different way during the Hallé. I think partly the fact that we were making the music and we needed each other to make it work.

Being part of a group and creating music as part of a team was novel to all participants and they reported that the experience had brought them close as a group. This could be due to overcoming initial nerves as the sessions progressed but also because participants felt a sense of 'we're all in this together'. It was clear that this led to genuine feelings of social inclusion and belonging and acted as a leveller in terms of group participation rather than one's own identity as a carer or person living with dementia.

Laughter and Learning

Despite their initial reservations and nerves, participants spoke overwhelmingly about the fun and the laughter that they enjoyed whilst being a member of the Hallé Music Making Café. In addition to the fun and laughter, participants felt that they had accomplished something with the Hallé, growing in confidence by having the opportunity to learn a new skill.

CP03 We were learning how to put music together and for it to actually mean something. There was a sense of accomplishment.

PLWD06 there was a sense of humour about it. You know, you could have a laugh without it being at somebody else's expense.

FCP05 I've found I've got a lot out of it... I've learned a lot and I think I've gained in confidence in doing things, we laughed together...It was amazing.

PLWD07 I enjoyed it and I thought it was fun and uplifting and we learnt new skills. I think that was one of the best things we've done.

Participants spoke overwhelmingly about the laughter that they experienced being part of the Music Making Café. The laughter was never at anyone's expense, always emphasising that the group laughed together. The light-hearted approach to the Hallé Music Making Café enabled participants to experience creating music together, a skill that they reported not realising that they had.

Exceeding expectations

In the pre-interviews before the Hallé sessions had begun, participants were asked what they were expecting to achieve or gain from being part of the Hallé Music Making group. After the sessions had ended, it was interesting to explore with participants whether their expectations had been met.

CP05 It's great. Its far exceeded my expectation; it's been a lot more fun, it's meaningful, impactful and similarly wonderful.

FCP05 I hadn't a clue what to expect. At first I thought, I couldn't possibly do anything with that instrument, but it got to the stage where I was thinking, well, I wonder what he's going to choose for me this time?

PLWD07 Well, I think it's exceeded them because at first I thought, oh, it's all going to be classical music and I won't be able to participate in this... but it wasn't at all. As I say, it was fun, it was inclusive and we enjoyed it, and it gave me some confidence. Well, I got more out of it and enjoyed it more than I thought I would.

Participants spoke about how surprised they were in all they had accomplished with the Hallé Music Making sessions, as their expectations were met and in many cases, exceeded. Some reported that they expected it to be good as the Hallé Orchestra was involved but they hadn't expected to have the opportunity to be involved. Due to the stigma and marginalisation surrounding dementia, common misconceptions remain that people living with dementia are unable to continue participating in everyday life which limits opportunities to do so. The Hallé Music Making Café provided people with an opportunity to dispel some of this stigma. Many also expressed the positive impact of the Music Making to be a direct result of the approach and skills of the Hallé Musician.

Perspective of the Hallé Musician

The Hallé Musician spoke about the enabling environment and how group members could flourish and grow when they were not being judged on their abilities.

M001 It was all about, how people could be creative, how they could play some instruments and work together as a group. And the aspects of team was as important as what the individual could bring to the party. I think the winner of it all is the music. I think the point is the participation, that is the point.

During the participants follow-up interviews, many spoke about the skills of the facilitator/Hallé Musician and the ways they were made to feel irrespective of whether they had a dementia diagnosis or not. This was important to group members and encouraged them to be active in their participation.

M001 It's teamwork as well. When people find that they've got a role within the texture, and it all fits together, that's when it does its stuff. We've obviously got different degrees of musical ability, but the main thing to say is they've always had a willingness to take part. But actually, in terms of where they were coming from, it was a great success. I think the sense of camaraderie, the way they all came together, and they formed an ensemble. I mean we had an ensemble, didn't we?

The strong sense of camaraderie created by the supportive environment and the skills of the facilitator/Hallé Musician illustrated the potential to increase the wellbeing group members. The Hallé musician spoke about group members sense of accomplishment in creating something that sounded better than they expected it to sound.

M001 It's been great fun, and I think people have probably found some skills they probably didn't know they had or just the fun of participation. And what I've loved, absolutely loved is the reaction of when we create something that's good and everybody goes, ooh that was great wasn't it, I like that, that was good. I think it's helped their well-being a lot.

The perspective of the Hallé Musician was vital in gaining a more holistic picture of the Hallé Music Making Café. The similarities between accounts were clearly made as the Hallé Musician reported the sense of camaraderie, teamwork and the huge amount of laughter that took place in the sessions. It was also important to note that actively creating music together highlighted skills to participants that they didn't know they had, despite the differences in musical ability. The Hallé Musician reported that providing participants with a role and a purpose within the ensemble visibly increased wellbeing 'in the moment'.

Summary of findings from the follow-up interviews

The core themes that emerged from the analysis of the follow-up qualitative interviews were ***creating music; camaraderie; laughter and learning; exceeding expectations***. Together they provide a rich and detailed account of the experiences of participants being part of the Hallé Music Making Café. The themes also illustrate all the positive outcomes experienced by participants from a sense of accomplishment to laughing and feelings of camaraderie. It was also highlighted how the skills of the facilitator/Hallé Musician coupled with the on-judgemental environment enabled participants to feel that their expectations had been exceeded. There were no negative aspects of the Hallé Music Making café that were voiced in the follow-up interviews, other than how disappointed participants were that their sessions had been cut short due to the COVID pandemic.

Discussion

Despite there being a plethora of evidence regarding music therapy (McDermott et al., 2014), music in care homes (Tapson et al., 2018), singing (Särkämö et al., 2014), and other music initiatives involving people living with dementia, our understandings relating to the potential of a 'music making café' with people living with dementia in the community are limited, with a couple of notable exceptions. Music in Mind was a creative music therapy initiative run by the Manchester Camerata chamber orchestra back in 2012, which sought to improve quality of life for people with dementia and enhance communication, relationships and physical mobility and improve care practice through music-making (Habron, 2013). Their evaluation showed that 67% of participants experienced reduced levels of anxiety, frustration or anger and diminished use of outpatient services and medication (Habron, 2013). These are of course positive findings, but more than this, our findings have demonstrated that the effects of the Hallé Music Making Café can illustrate a shift in thinking of music as a 'therapy' to address symptoms of dementia, towards a view that music can enhance the well-being and quality of life of people with dementia (Sixsmith & Gibson, 2007). This shift in thinking relates more to the social and emotional benefits of music-making and some have argued that creative spaces provide the '*opportunity to protest against a narrative of decline and instead perform creative acts, explore new ways of "becoming" and experience a humanised old age and continuing sense of citizenship*' (Creech, 2019, p.2).

The Hallé Music Making Café was a novel and creative initiative that was developed **with** people living with dementia in the community, thus meeting the needs and requirements that remained unmet. The findings from the multiple data sources illustrate the positive impact that the Hallé Music Making Café had on participants. The baseline qualitative interviews illustrated the emergence of 3 overall themes, these were; ***maintaining participation in a shrinking world; collective pleasure and feelings of belonging; where words fail, music speaks***. Participants spoke about needing meaningful activities to participate in, and in a non-judgemental place that was inclusive and friendly. All participants spoke about their expectations for the Hallé Music Making Café and were generally quite excited at the prospect although some did admit to being slightly apprehensive about what it may involve. They found that they became a close-knit group, closer than they would have been otherwise. Relationships were formed that may not have otherwise and become strengthened due to the position participants had placed themselves in the creative, spontaneous and sometimes apprehensive moments music making with the Hallé. Participants reported '*not wanting to get it wrong*' or being '*scared of showing myself up*' when actually this never happened as everyone was in the same boat, learning new skills and being treated as equals. The beneficial impact that the music making group had on relationships illustrates that "*the end result is no longer as important as the process; presence means everything*" (Fazio 2008, p.107 quoted in Habron, 2013). Similarly, Dowlen's

review looked at the benefits of ‘musicking’ for people living with dementia and found that music groups fostered supportive environments and over time, this group culture provided people with sense of belonging and togetherness (Dowlen et al., 2018).

The ‘in the moment’ observation data took 3 forms; pre and post self-report questionnaires, DCM and unstructured observations. From the 82 self-report questionnaires overall, there was a clear rise in mood between participants arriving for the session compared to when they were leaving enabling us to conclude that 98% of participants experienced an increase in mood and wellbeing after each session and accumulatively across the seven sessions. When combined with the other open-ended questions, the findings from the questionnaires provide a clear indication of the positive impact on wellbeing that the Hallé Music Café induced. The analysis of the DCM data demonstrating that individuals experienced high levels of positive mood and sustained engagement when engaged in creating music in the Hallé Music Making Café. The findings from the unstructured observation combined with the psychological needs illustrated 3 emergent themes; ‘creating together’, ‘achieving together’ and ‘laughing together’ and provided a descriptive account of the plethora of enhancing interactions that occurred during the Hallé Music Making sessions over the 7-month evaluation period and just 2 instances of personal detractors. It was essential to capture the ‘in the moment’ experiences of people living with dementia participating in the music making as any lasting effects may be challenging to recall (Tuckett, et al., 2015), thus the ‘in the moment’ effects come to the fore (Osman et al., 2016). Nevertheless, some care partners reported that the positive effects of the music making lasted well into the evening and sometimes into the following day with their loved one exhibiting increased mood and a better night’s sleep following a session. This could be described as the ripple effect, a term used in music therapy to describe the effects of a session implicating the micro (effects between person and care partner), the meso (effects beyond the music making session) and macro (long term effects in the wider context) (Pavlicevic et al., 2015). The positive impact that the music making café had on the person with dementia “in the moment” was observed to be as being as important as any long-term effects on mood reported by the care partner. McDermott reports that *‘meaningful connection with others and normal togetherness that happens during a session to be more crucial for the well-being of people with dementia than potential long-term effects’* (McDermott et al., 2014, p. 712).

The core themes that emerged from the analysis of the follow-up qualitative interviews were ***creating music; camaraderie; laughter and learning; exceeding expectations.*** Together they provide a rich and detailed account of the experiences of participants being part of the Hallé Music Making Café. The themes also illustrate all the positive outcomes experienced by participants from a sense of accomplishment to laughing and feelings of camaraderie. This highlights the need that people living with dementia and their care partners have for meaningful musical experiences (McDermott et al., 2014) that enable them to promote and facilitate connections with others. Activities that involve music and

people living with dementia are generally social in nature and it can be unclear at times whether the sociality of the activity is what influences the observable social interactions of the participants or the music itself or both (Baird and Thompson, 2019). This is in line with the growing evidence that psychosocial interventions that promote social relationships can enhance the wellbeing of people with dementia (Dröes et al., 2017). Participants spoke about their feelings of camaraderie within an inclusive environment and the facilitation of the Hallé Music Café was found to be enabling and encouraging, thus increasing feelings of wellbeing. This is important as it demonstrates how the impact of the Hallé music making café was shaped by factors such as facilitator engagement and safe, non-judgemental environments. This finding is supported by similar work in the context of hospital settings that found the impact of music making on wellbeing were strongly mediated by staff responses and hospital organisation (Daykin et al., 2018).

Group members reported feelings of achievement at creating pieces of music from ‘a bunch of noises and banging a drum’ that actually sounded ok. Experiencing this sense of accomplishment for people living with dementia is well documented in the literature (Camic et al., 2013; McCabe et al., 2015; Osman et al., 2016). For example, a study by McCabe explored the development of a creative opera involving people living with dementia and their care partners finding that the positive outcomes included improved confidence and being seen in a new light (McCabe et al., 2015). It is important that we consider the strengths and maintained abilities of the person living with dementia by creating opportunities to achieve and learn new skills, thus enabling a sense of autonomy and purpose. Some participants had initial reservations regarding the Hallé Music Making Cafe because they didn’t like classical music, or they thought it may be a bit ‘posh’ for them. Yet, all participants reported in the follow-up interviews that this was not the case and they had enjoyed taking part and broadening their musical repertoire. Moreover, this active participation has illuminated their retained abilities more so than passively sitting and listening to music on their own. This is supported in the literature as learning new skills through exposure to music has been reported to increase individual’s confidence and self-esteem (Dowlen et al., 2018) as well as enabling people living with dementia to participate with others on an equal footing (McCabe et al., 2015).

Conclusion

It is clear from the findings of the multiple data sources that participants do not lack the passion or drive to become a member of the Hallé Music Making Café. What is lacking are opportunities to actively participate as equal members in a music making group that can highlight retained strengths and abilities and provide the potential for learning new skills. Participants spoke overwhelmingly about a sense of camaraderie that they have never felt being part of a group before. Much of this camaraderie was achieved by laughing with each other but equally through enabling environments and supportive facilitation which is so important to be people living with dementia and their care partners. Having the opportunity to accomplish creating music as part of a group with the prestigious Hallé Orchestra, was reported by participants to be the most meaningful, emotional and uplifting experience that they have had in a long time. Societal assumptions remain that suggest people living with dementia lack the ability to continue actively participating in their communities, yet this research evaluation has found that these assumptions are unwarranted.

Recommendations

The findings from our research evaluation of this uniquely designed music participation café have important implications for others who may wish to create similar groups. Music making fosters camaraderie in group settings providing a therapeutic and supportive benefit that goes beyond music therapy to encompass a sense of accomplishment and learning of new skills. It is clear that music and social interaction together are a powerful combination for promoting wellbeing, thus we would encourage others to think about the following recommendations:

1. It is vital to find ways to enable a level playing field involvement in music making groups without 'seeing' the dementia first. For example, do not always give the same percussion instruments to the same people.
2. An underpinning philosophy that is key to success of an initiative such as music making, is, to assume a person's strengths and abilities exist and then modify if required to accommodate the condition. For example, offer a percussion instrument to a group member and remain aware how that person is managing and replace with another instrument if necessary.
3. It is important for facilitators to acknowledge and accept that people living with dementia may experience the condition differently on different days. For example, a participant was encouraged to play a drum throughout the piece that was being created yet declined to be involved at all at the following session.
4. The setting has important consequences for wellbeing, especially for people living with dementia. Creating a safe and friendly environment in the community is key to promoting familiarity and friendships that are non-judgemental.

5. It is vital that participant's expectations are clearly understood if they are to be met. Designing initiatives like the Hallé Music Making Café must involve the perspectives of people living with dementia from the outset.
6. The skills and approach of the musician/facilitator was paramount to the positive experiences of participants and requires careful consideration when setting up such a group. Their active participation in creating music together was achieved through excellent facilitation and for our participants led to feelings of accomplishment, laughter and camaraderie.

References

- Abraha, I., Rimland, J.M., Trotta, F.M., Dell'Aquila, G., Cruz-Jentoft, A., Petrovic, M., Gudmundsson, A., Soiza, R., O'Mahony, D., Guaita, A. and Cherubini, A., 2017. Systematic review of systematic reviews of non-pharmacological interventions to treat behavioural disturbances in older patients with dementia. The SENATOR-OnTop series. *BMJ Open* 7(3). <https://doi.org/10.1136/bmjopen-2016-012759>
- Baird, A. and Thompson, W.F., 2019. When music compensates language: a case study of severe aphasia in dementia and the use of music by a spousal caregiver. *Aphasiology* 33(4), 449–465. <https://doi.org/10.1080/02687038.2018.1471657>
- Bamford, S.M. and Bowell, S. 2018. *What would life be - without a song or a dance, what are we? A report from the commission on dementia and music*, International Longevity Centre - UK (ILC-UK).
- Braun, V. and Clarke, V., 2006. Qualitative Research in Psychology Using thematic analysis in psychology Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2):77–101.
- Brooker, D.J. and Surr, C., 2006. Dementia Care Mapping (DCM): Initial validation of DCM 8 in UK field trials. *International Journal of Geriatric Psychiatry* 21(11), 1018–1025. <https://doi.org/10.1002/gps.1600>
- Camic, P.M., Myferi Williams, C. and Meeten, F., 2013. Does a 'Singing Together Group' improve the quality of life of people with a dementia and their carers? A pilot evaluation study. *Dementia* 12(2), 157–176. <https://doi.org/10.1177/1471301211422761>
- Cox, E., Nowak, M. and Buettner, P., 2011. Managing agitated behaviour in people with Alzheimer's disease: The role of live music. *British Journal of Occupational Therapy* 74(11), 517–524. <https://doi.org/10.4276/030802211X13204135680866>
- Creech, A., 2019. Using music technology creatively to enrich later-life: A literature review. *Frontiers in Psychology* 10, 1–14. <https://doi.org/10.3389/fpsyg.2019.00117>
- Dawson, A., Bowes, A., Kelly, F., Velzke, K. and Ward, R., 2015. Evidence of what works to support and sustain care at home for people with dementia: A literature review with a systematic approach. *BMC Geriatrics* 15(59) <https://doi.org/10.1186/s12877-015-0053->

- Daykin, N., Parry, B., Ball, K., Walters, D., Henry, A., Platten, B. and Hayden, R., 2018. The role of participatory music making in supporting people with dementia in hospital environments. *Dementia* 17(6), 686–701. <https://doi.org/10.1177/1471301217739722>
- Department of Health, 2015. Prime Minister’s challenge on dementia 2020. London.
- Department of Health, 2012. Prime Minister’s challenge on dementia. Delivering major improvements in dementia care and research by 2015. London.
- Dewing, J., 2008. Process consent and research with older persons living with dementia. *Research Ethics* 4(2), 59–64. <https://doi.org/10.1177/174701610800400205>
- Dowlen, R., Keady, J., Milligan, C., Swarbrick, C., Ponsillo, N., Geddes, L. and Riley, B., 2018. The personal benefits of musicking for people living with dementia: a thematic synthesis of the qualitative literature. *Arts and Health* 10(3), 197–212. <https://doi.org/10.1080/17533015.2017.1370718>
- Dröes, R.M., Chattat, R., Diaz, A., Gove, D., Graff, M., Murphy, K., Verbeek, H., Vernooij-Dassen, M., Clare, L., Johannessen, A., Roes, M., Verhey, F., Charras, K., van Audenhove, C., Casey, D., Evans, S., Fabbo, A., Franco, M., Gerritsen, D., Vittoria Gianelli, M., Gonçalves-Pereira, M., Gzil, F., van Hout, H., Innes, A., Hee Jeon, Y., Koopmans, R., Kristensen, F., Losada Baltar, A., McEvoy, P., McHugh, J., Meiland, F., Moniz-Cook, E., Parkes, J., Rymaszewska, J., Spruytte, N., Surr, C., de Vugt, M., Wolf-Ostermann, K. and Zuidema, S., 2017. Social health and dementia: a European consensus on the operationalization of the concept and directions for research and practice. *Ageing and Mental Health* 21(1), 4–17. <https://doi.org/10.1080/13607863.2016.1254596>
- Elliott, M. and Gardner, P., 2018. The role of music in the lives of older adults with dementia ageing in place: A scoping review. *Dementia* 17(2), 199–213. <https://doi.org/10.1177/1471301216639424>
- Habron, J., 2013. Manchester Camerata’s Music in Mind project: Interim report. https://www.manchestercamerata.co.uk/files/pdf/l_p_coventry_musicinmind_evaluation.pdf
- Janata, P., 2012. Effects of Widespread and Frequent Personalized Music Programming on Agitation and Depression in Assisted Living Facility Residents With Alzheimer-Type Dementia. *Music and Medicine* 4(1): 8-15 <https://doi.org/10.1177/1943862111430509>
- Kitwood, T., 1997. *Dementia reconsidered: the person comes first*. Open University Press, Buckingham.
- Cooke, M.L., Moyle, W. and Shum, D. 2010. A randomized controlled trial exploring the effect of music on agitated behaviours and anxiety in older people with dementia. *Ageing and Mental Health* 14(8), 905–916. <https://doi.org/10.1080/13607861003713190>
- McCabe, L., Greasley-Adams, C. and Goodson, K., 2015. ‘What I want to do is get half a

- dozen of them and go and see Simon Cowell’: Reflecting on participation and outcomes for people with dementia taking part in a creative musical project. *Dementia* 14(6), 734–750. <https://doi.org/10.1177/1471301213508128>
- McDermott, O., Orrell, M. and Ridder, H.M., 2014. The importance of music for people with dementia: The perspectives of people with dementia, family carers, staff and music therapists. *Aging and Mental Health* 18(6), 706–716. <https://doi.org/10.1080/13607863.2013.875124>
- Osman, S.E., Tischler, and Schneider, J., 2016. ‘Singing for the Brain’: A qualitative study exploring the health and well-being benefits of singing for people with dementia and their carers. *Dementia* 15(6), 1326–1339. <https://doi.org/10.1177/1471301214556291>
- Pavlicevic, M., Tsisis, G., Wood, S., Powell, H., Graham, J., Sanderson, Millman, R. and Gibson, J., 2015. The ‘ripple effect’: Towards researching improvisational music therapy in dementia care homes. *Dementia* 14(5), 659–679. <https://doi.org/10.1177/1471301213514419>
- Pyykonen, K., 2013. *Many Memories , Many Stories*. Kungal Musikhogskolan, Finland.
- Rio, R., 2018. A community-based music therapy support group for people with alzheimer’s disease and their caregivers: A sustainable partnership model. *Frontiers in Medicine* 5, 1–7. <https://doi.org/10.3389/fmed.2018.00293>
- Särkämö, T., Tervaniemi, M., Laitinen, S., Numminen, A., Kurki, M., Johnson, J.K. and Rantanen, P., 2014. Cognitive, emotional, and social benefits of regular musical activities in early dementia: Randomized controlled study. *Gerontologist* 54(4), 634–650. <https://doi.org/10.1093/geront/gnt100>
- Shibazaki, K. and Marshall, N.A., 2017. Exploring the impact of music concerts in promoting well-being in dementia care. *Aging and Mental Health* 21(5), 468–476. <https://doi.org/10.1080/13607863.2015.1114589>
- Sixsmith, A. and Gibson, G., 2006. Music and the wellbeing of people with dementia. *Ageing and Society* 27(1), 127-145. <https://doi.org/10.1017/S0144686X06005228>
- Tapson, C., Noble, D., Daykin, N. and Walters, D., 2018. *Live Music in Care: The Impact of Music Interventions for people living and working in Care Home Settings*. <https://www.artshealthresources.org.uk/wp-content/uploads/2018/11/2018-Live-music-in-care-full-report.pdf>
- Tuckett, A., Hodgkinson, B., Rouillon, L., Balil-Lozoya, T. and Parker, D., 2015. What carers and family said about music therapy on behaviours of older people with dementia in residential aged care. *International Journal of Older Peoples Nursing* 10(2), 146–57. <https://doi.org/10.1111/opn.12071>
- van der Vleuten, M., Visser, A. and Meeuwesen, L., 2012. The contribution of intimate live music performances to the quality of life for persons with dementia. *Patient Education and Counseling* 89(3), 484–488. <https://doi.org/10.1016/j.pec.2012.05.012>
- Wiles, J.L., Leibing, A., Guberman, N., Reeve, J. and Allen, R. 2012. The meaning of “aging in

place” to older people. *Gerontologist* 52(3), 357–366.

<https://doi.org/10.1093/geront/gnr098>

Wittenberg, R., Hu, B., Barraza-Araiza, L. and Rehill, A. 2019. Projections of Older People with Dementia and Costs of Dementia Care in the United Kingdom, 2019-2040. Care Policy Evaluation Centre. 1–79.

https://www.alzheimers.org.uk/sites/default/files/2019-11/cpec_report_november_2019.pdf

Zeilig, H., Killick, J. and Fox, C., 2014. The participative arts for people living with a dementia : a critical review. *International Journal of Ageing and Later Life* 9(1), 7–34.

file:///C:/Users/Sarah/Downloads/The_participative_arts_for_people_living_with_a_dementia.pdf

Zhang, Y., Cai, J., An, L., Hui, F., Ren, T., Ma, H. and Zhao, Q., 2017. Does music therapy enhance behavioral and cognitive function in elderly dementia patients? A systematic review and meta-analysis. *Ageing Research Reviews* 35, 1–11.

<https://doi.org/10.1016/j.arr.2016.12.003>

Appendix i - Baseline Interview Guide

Introduce yourself, record the date and the names of the people present. Remind the participant you have switched on the Dictaphone.

- Can I first ask whether you are a person with dementia or a care partner of a person with dementia?
- How long have you been living with dementia?
- Has living with dementia impacted upon your social life?
- Has living with dementia influenced your daily routine?
- Has your sense of well-being or happiness been influenced by living with dementia?
- Have you encountered any feelings of loss or gain as a result of living with dementia?
- What does music mean for you in your everyday life?
- What made you want to take part in the Hallé Music Making Café/what are you expecting?
- Do you think the music making cafe will have a positive impact on your well-being?
- What style of music do you hope will be performed?
- Is there anything you would like to discuss that has not been covered?

Remind participant about consenting to take part in the study, the aims of the study and ask permission to analyse the data collected during interview, give opportunity to withdraw any data from study, inform participant of deadline for data removal for this phase of study.

Appendix ii - Follow-up interview guide for virtual interviews

Introduce yourself, record the date and the names of the people present. Remind the participants you have switched on the Dictaphone.

- Have you enjoyed being a member of the Hallé Music Making café over the past 10 months?
- Do you think there have been benefits of being a member been for you?
- If yes, what are these benefits?
- Do you think these have been negative effects of being a member?
- If yes, what have they been?
- Has being a member impacted upon your social life?
- If so how?
- Have your initial expectations of the concert club been fulfilled?
- How did attending the music making sessions make you feel?
- Has your sense of well-being or happiness been influenced by being a member?
- If so how?
- How does the music making café compare to other community activities you are involved with?
- Do you feel a sense of achievement from attending the music making cafes?
- Is there anything you would like to discuss that has not been covered?

Remind participants about consenting to take part in the study, the aims of the study and ask permission to analyse the data collected during interview, give opportunity to withdraw any data from study, inform participant of deadline for data removal for this phase of study.

Appendix iii - Interview Schedule for the Hallé Musician

Introduce yourself, record the date and the names of the people present. Remind the participant you have switched on the Dictaphone.

- Can I first ask you to confirm that you were a musician involved in the Hallé Music Making Cafe at the Salford Institute for Dementia?
- Can you tell me a little bit about your experiences of performing at the Hub?
- What was the best thing about performing at the hub?
- In your opinion, did you encounter any challenges performing at the Hub?
- Did you feel the audience responded well to the music making sessions at the Hub?
- Would you change anything about the music making sessions at the Hub?
- In your opinion do you think the music making sessions positively impacted on the audience's wellbeing. If so how?
- Is there anything you would like to discuss that has not been covered?

Appendix iv -Pre-Questionnaire for the Hallé Music Making Cafe

Thank you for attending today's Music Making Cafe. Please could you take the time to complete the questions below **before** the Music Making Café begins to help us assess how you are feeling today.

You do not have to complete this questionnaire if you do not want to and you are free to contact the researcher to withdraw your answers at any time.
phone: or email:

Many thanks.

Name.....

Date

1.) Please indicate how you are feeling **before** today's music making café.

Very Happy

Happy

Neutral

Unhappy

Very Unhappy



2.) Have you been looking forward to today's music making cafe?

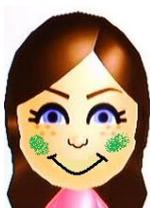
Very much

Yes

Average

No

Didn't want to come



Appendix v - Post-Questionnaire for the Hallé Music Making Cafe

Thank you for attending today's Music Making Cafe. Please could you take the time to complete the questions below to help us assess how the Music Making Cafe is going and what can be done to improve them.

You do not have to complete this questionnaire if you do not want to and you are free to contact the researcher to withdraw your answers at any time.

phone: or email:

Many thanks.

Name

Date

1.) Please indicate how you are feeling **after** today's music making café.

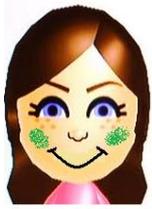
Very Happy

Happy

Neutral

Unhappy

Very Unhappy



2.) On the scale below how much did you enjoy today's music making cafe?

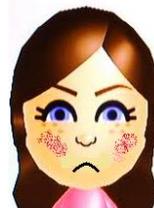
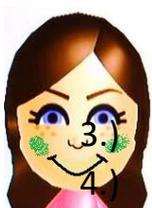
Very highly

Highly

Average

Unenjoyable

Very unenjoyable



3.) Did today's music café meet your overall expectations?

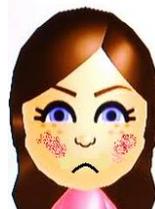
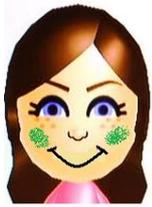
Very much

Agree

Neutral

Not really

Not at all



4.) What did you enjoy most about today's music making café?

.....
.....

5.) What did you enjoy least about today's music making café?

.....
.....

6.) Is there anything we could do next time to improve the music making café?

.....
.....

7.) Any further comment not covered by the questions above

.....