

# A Right Old Song And Dance

“Happy mind, happy patient, happy world.”

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December 2013

**arts**  
IN HOSPITAL

Dorset County Hospital **NHS**  
NHS Foundation Trust

   
LOTTERY FUNDED

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## Executive summary

A Right Old Song and Dance was an Awards for All funded residency at Dorset County Hospital for a storyteller and musician who worked with patients on Barnes Ward, particularly those with dementia. It was conceived by the Arts in Hospital programme and nursing staff on the ward as a way to enhance the clinical and social wellbeing of patients and staff. Artists/musicians Sammy Hurden and Tim Laycock delivered 32 one and half hour sessions of music, storytelling or conversation over a period of 3 ½ months in 2013. The project was evaluated through a mixture of reflective journals by the project team and a survey of staff, with input from volunteers and carers. Key findings from this evaluation support evidence gathered nationally on the effect of music on dementia patients (see Appendix 3) that:

- The patient experience of their hospital stay was enhanced, patients were generally more relaxed and increased their mental, social and physical activity during and after sessions.
- This activity improved nutritional intake, sleep patterns and encouraged physical exercise.
- Staff empathy for patients was enhanced and there was increased knowledge and insight into the patient's history and personal narratives for both staff and carers, potentially impacting on care outside the hospital.
- Overall staff believed that the outcomes of the project were positive and that the programme should be continued – the challenge is to sustain this involvement over longer periods of time.



Sketchbook, Gwyneth Morpew

## Background

The aims of the project were to:

- Deliver arts based activities for patients with dementia while in hospital and improve the quality of hospital experience and care for patients.
- Raise awareness and understanding of the benefits of arts based activities for patient experience and hospital care amongst staff and volunteers (and support “This is Me” documentation with further information around preferences).
- Support the involvement of carers and volunteers in delivery of arts based activities and person centred care.

Barnes Ward caters for mainly elderly patients who have ‘medical’ problems and conditions—this encompasses many and varied health concerns but generally does not include any patient that requires surgical care. Patients often have multi/complex medical needs, and multi-faceted social/psychological needs and concerns. There are occasions when ‘younger’ clients are admitted —this is usually indicated by their high dependency needs such as when having long term debilitating illnesses such as e.g. Parkinson’s disease. A high percentage of patients have some form of dementia, either:

- Already given, confirmed diagnosis prior to admission.
- No confirmed diagnosis but present in a way that there is a possibility that the underlying problems are caused by having dementia.

The project was primarily focused on benefiting patients with dementia. Though this was the aim (and one which was delivered against) it was difficult practically to deny access to other individuals who did not have dementia and did not affect the aims of the project. Therefore any patient that demonstrated a need to attend the sessions was considered. Patients are generally under-occupied whilst in the ward, they tend to spend their time in bed or sat in a chair beside the bed. There are some mornings dedicated to having therapy and this takes place in the dayroom. This can be ‘soft’ activities such as talking, reminiscence, quiet reflection. Patients that have dementia benefit tremendously having time away from the clinical area. The sheer busyness of the ward exacerbates confusion, anxiety and there is a higher risk of falls, people wandering and sometimes going away from the ward area.

The project took place in the context of a region-wide initiative amongst seven regional acute hospitals to develop an open resource on role of the arts in addressing dementia care. This initiative has been led by Arts and Health SW and follows on from The Dementia and the Arts conference ( 2011), organised by Arts & Health South West, the National Institute of Creative Ageing and the Institute of Contemporary Interdisciplinary Arts.

## Methodology

This evaluation is based on the reflective journals of key members of the project team, the artists and ward staff involved in the day to day management of the project. This is supplemented by a wider survey of staff on the ward who were not directly involved or uninvolved to act as a control. The survey yielded 52 returns. In addition there are two case studies of patient's who attended sessions over the longest period of time (11 sessions each compared to an average of 2 sessions).

A short film of the project is available here

<https://www.facebook.com/ArtsInHospital?ref=hl#!/photo.php?v=512156988878282&set=vb.461130923980889&type=2&theater>



## Outcomes

Number of patient participants: 70

Number from Barnes Ward: 55

Number from other wards 15

Number with known dementia: 33

Number with other conditions: 37

Number of staff/volunteers directly involved: 4

Number of staff indirectly involved: 6 (included student observers and HCA support for individual patients)

Number of artists employed: 2

Number of sessions: 32 (each 1.5 hours totalling 48 hours, the average number of sessions attended was 2.1, the maximum, attended by 2 people, was 11 sessions).

# **Objective 1- Improved quality of hospital experience and care for patients**

## **Reduced risk of falls and improved time until deemed medically fit**

A lot of patients in Barnes Ward, and with dementia and related conditions, are considered 'High Risk' of having falls- this is due to a number of factors:

- a) Physically less able to mobilize.
- b) Having medical conditions e.g. arthritis, cardiac/respiratory problems that can affect and limit mobility.
- c) Being mentally confused, disorientated, agitated — perhaps due to having dementia or toxicity e.g. infection.
- d) Having limitations with sight and hearing.
- e) Being elderly, frail.
- f) Misuse or misunderstanding of medication or alcohol.

There are a number of policies, guidelines and strategies that are accessed to assist assessment in reducing the risk for patients — but what is clearly evident is that patients who have staff support, opportunity to occupy their time in a constructive way, encouragement given to continue / improve their mobility within their personal limitations and have access to a safe and user friendly environment seem to cope and fare better.

In patients that have attended these sessions there has been improvement/maintenance of their levels of mobility, improved confidence and concentration. This has been observed by staff in the sessions, and feedback from ward staff, occupational therapists and physiotherapists confirm that this has a positive effect once patients are back in the main ward. The effect is mostly immediate, sometimes short lived but in the main beneficial. It is a useful indicator for assessing what level of support that may be required once discharged from hospital.

## **Nutritional intake**

Patients that have attended have generally had improved nutritional intake. This is based on observation of patients whilst attending the sessions. Patients were invited and encouraged to dine in the dayroom after sessions and tea/coffee breaks were offered. Patients were given freedom to choose to stay, those who did seemed to have enjoyed sitting up properly to eat, liked the atmosphere of the room, liked to socialise and liked being treated "with respect".

In the nutritional intake of these patients that has been checked, monitored and recorded there has been a marked improvement on the days they have attended the sessions, and there is evidence to suggest that this has been maintained for those who continued to access the sessions and day room facilities.

## **Improved sleeping patterns**

Patients that have attended have generally had improved sleeping patterns. This may be due to:

- a) Being occupied during the daytime hours.
- b) Encouraging mental stimulation, physical activity and social interaction.
- c) Promoting orientation to time and place- emphasis on having natural day/night time patterns/rhythms of sleeping and waking.
- d) Discouraging boredom, apathy.
- e) Encouraging exercise & self-motivation.

## **Patient experience and well-being**

In terms of what the project has offered patients all have benefited to a greater or lesser extent from:

- a) Animating the new dedicated day room, a space away from the main ward that promotes comfort, is welcoming, non-threatening and does not appear 'clinical'.
- b) Empowerment for the patients- they are offered the opportunity to attend (and leave) sessions as they wish.
- c) Staff responding to and respecting patient wishes.
- d) Offering the tailored services of well-respected artists who have experience and knowledge of music and stories that are appropriate and relevant to this context
- e) Enhancement and positive promotion of social interaction, encouraging independence, maintaining and improving mobility.
- f) A place which allows the freedom to converse and share stories and experiences in an unpressured way, to be heard and acknowledged.
- g) To have what can be considered as meaningful exchanges which have been flexible in approach, not dominated or totally led by any one group - be it artist, staff or patient - a collaborative effort.

Specific comments from staff on the way in which the art project added to the patient experience were:

*"Patients seemed happier and it gave them something to do when staying in hospital"*

*"Certain patients seemed more calm and relaxed after music"*

*"Patients have enjoyed reminiscing in the dayroom"*

*"I've watched them come alive in front of my eyes, singing, laughing, interacting."*

*"They all got involved and listened to each other."*

*"It's given them an interest and something to occupy their hours in hospital"*

*"Gives patients a focus and a reason to socialise"*

*"Given patients something to do with their time & kept them mentally stimulated."*

## **Objective 2 - Raise awareness and understanding of the benefits of arts based activities for patient experience and hospital care amongst staff and volunteers**

The survey of staff was designed to assess whether this project had raised awareness of the effectiveness of arts projects in this context. A short questionnaire was filled in by self-selecting group both pre and post project delivery. Pre-project sample size was 37, post-project sample size was 15.

Interestingly at the start of the project, although only 27% had had previous experience of working with the arts, 89% believed that the arts could improve both the patient experience and improve their condition. A slightly smaller figure (73%) believed that the arts could help them in their professional lives. By the end of the project however 100% of staff surveyed thought that the project had both “improved the patient experience” and “improved their condition”.

For volunteers and nursing/clinical/allied health workers:

- a) There has been a substantial increase in awareness of the possible benefits.
- b) Increased awareness of patient’s needs —the benefits of them being occupied, having social interaction- generally proving that the stay in hospital can be made less stressful.
- c) Recognition that the ‘knock on’ effects are beneficial too — patients have had improved nutritional intake, have better sleep patterns, reduced amount of anxiety/confusion/ aimless wandering.
- d) Communication with, empathy of and understanding about patients has improved
- e) There has been increased knowledge and insight into patient narratives — their life stories, interests, behaviour —information that helps shape the delivery of care and discharge planning.

Specific comments from staff on the effect on patient condition were:

*“Does help having the project there as it helps some of the more challenging patients and gives them something to participate in”*

*“Behaviour therapy, sleeping better”*

*“Improved nutritional intake”*

*“Improved sleeping patterns”*

*“Mobilising – maintained and improved”*

*“Behaviour – better managed, no aggression”*

*“Occupied, stimulated, socialising, happy & smiling !”*

*“You see the difference after just a short while”*

*“The music got the patients moving and the stories got them using their memories”*

*“Positive thinking and patients are mentally occupied with arts project.”*

*“Happy mind, happy patient, happy world.”*

There has been a noticeable difference in staff too.

- a) Having a chance to consider that a project such as this is a serious undertaking — one that has a purpose, aims and would benefit patients: some that were initially dismissive of the project have been spurred on to be more creative in thought and approach.
- b) Reduced stress and pressure for the staff- sharing the care of some patients who have dementia and introducing distractions for patients, some of whom could be aggressive. The staff really enjoyed seeing the patients enjoying themselves.
- c) The staff had increased interest in the workplace, happier moods and there was “more smiling”: some staff ended up joining in and even were singing to other patients on the ward.
- d) A number of staff from other units have expressed an interest in the project and wish that this could be considered for their patients.
- e) There was improved communication between all levels of staff and having extra dimensions to knowledge about patients has greatly assisted care plans - with pertinent, appropriate and fitting plans for care and for discharge planning.
- f) There has been more emphasis on the importance of upholding patient dignity, respect, promoting individual choice. Staff have been able to utilise information generated by the project to develop a thoughtful cohesive plan of care that is individualised and focuses on being ‘person centred’: this has fed into utilising ‘This is Me’ documentation which has helped the patient to share information about themselves.

Specific comments from staff were:

*“[I am] better connected to patients, understand aspects of dementia better...[I have] better respect for the power of art – and that I could use this experience as a grounding towards other work that may come along.”*

*“[I] understand dementia in a lot more detail. Calms the patients down that suffer with challenging behaviour.”*

*“It sometimes helps to calm and pacify agitated patients... especially with our confused”*

*“In many ways, socialising helps”*

*“Relaxes the patients and distracts them, keeps their mind off their illnesses. Brightens their stay.”*

*“It made me thinking about the patient’s life growing up and how different it is to nowadays.*

*“Relaxed atmosphere and happy patients.”*

*“Better working environment for staff”*

*“It’s improved their communication and willingness”*

*“Staff have more time with patients whilst these are being occupied/entertained.”*

### **Objective 3 - Support involvement of carers and volunteers in delivery of arts based activities and person centred care**

Carers were informed by staff about the project, the process, how the individual had reacted and behaved and what difference it made or the benefit achieved. Generally carers were interested in what went on. Nevertheless in spite of being invited to attend the sessions none did. Possible reasons for this could have been time constraints, working patterns (the sessions were in the day), living far away or feeling that it was not appropriate to attend outside of visiting hours.

However the feedback given from the carers after being informed about the sessions indicates that:

- a) There was improved communication between carer and patient, even giving the carer new information about their charge.
- b) There was improved communication between carer and staff as a topic of conversation had been created and through increased staff awareness of the patients personal interests and history.
- c) The carers thought the patients were brighter, more alert, recognising them more as individuals, the need to maintain their independence/dignity and that people with dementia should not be ignored.
- d) They were surprised that this is being done in the hospital setting and felt that something of value had been offered.
- e) Insight was also given to the carer as to what could be possible once the patient has been discharged; perhaps gaining some ideas about what individuals might enjoy and ideas about what activities might assist with well-being.



Artwork: Gwyneth Morphey

## Learning

Overall it can be seen that the project had substantial benefits for both patients and staff. In terms of the general patient experience of their hospital stay this was enhanced. Patients were generally more relaxed and increased their mental, social and physical activity during and after sessions. This activity improved nutritional intake, sleep patterns and encouraged physical exercise.

Staff empathy for patients was enhanced and there was increased knowledge and insight into the patient's history and personal narratives for both staff and carers, potentially impacting on care outside the hospital.

The project has been a new venture and similar work has not been undertaken within the ward setting before. For the team leading the project there was a realisation of the need to be organised, communicate and discuss this approach, network and investigate how other projects have been managed.

Communicating with the ward team and disseminating information about the project was a vital component as well as remaining upbeat and positive when there were questions asked about the relevance, validity and purpose of this undertaking. Any change to the 'norm' can cause people to feel unsettled and an effort was made to try and include other members of the team, and to invite them to participate if they wanted. Overall persuasion and cajoling was needed to get staff to participate. Some possible reasons for reluctance were:

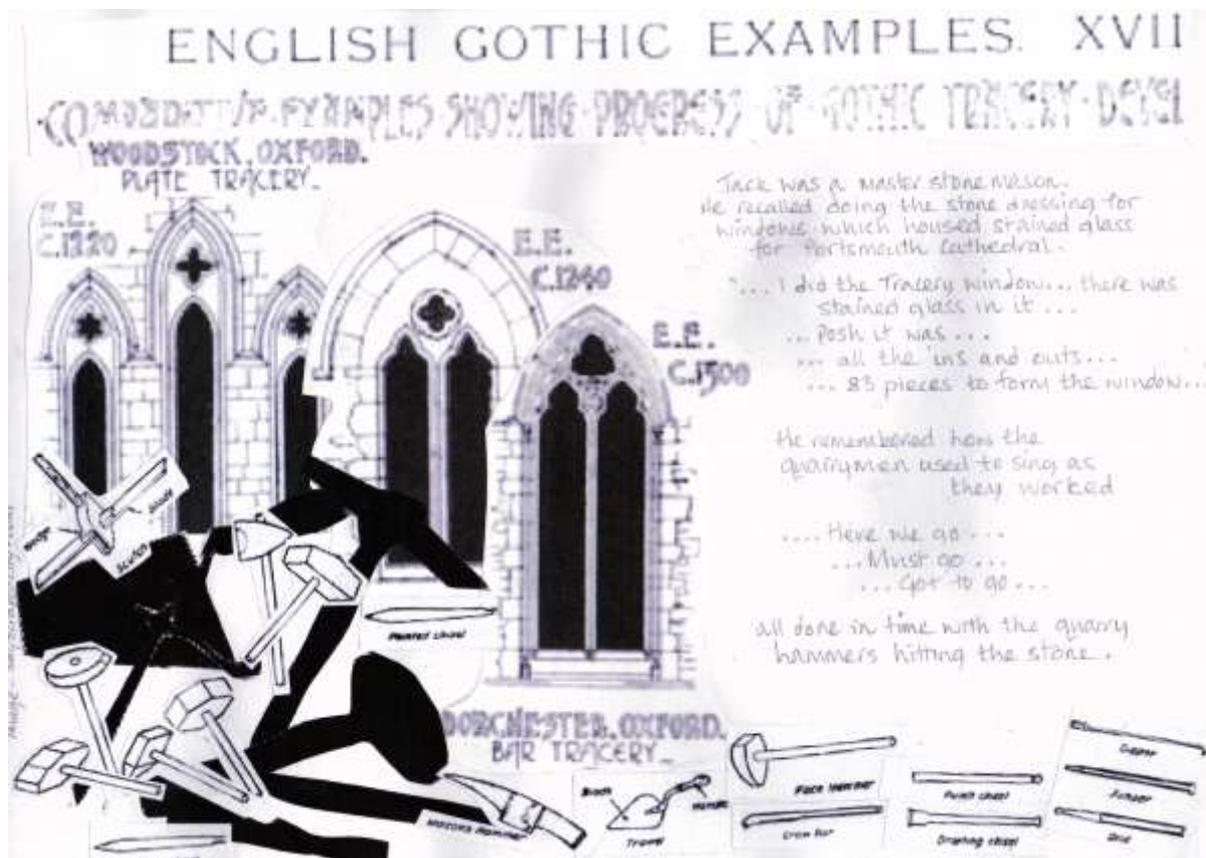
- Perceived lack of time.
- Lack of knowledge.
- Lack of interest.

Other practical issues were

- a) Whether there were enough staff available to support any given patient /group of patients.
- b) Limitation on available physical space in the day room to accommodate patients attending.
- c) Realistic consideration of the numbers of patients that could be accommodated by the artists in terms of significant interaction.
- d) Priority given to those patients who have some form of dementia or who are undergoing investigations to aid a diagnosis.
- e) Consideration of the mix of patients with different behaviour/conditions to prevent unnecessary conflict or stress.

Overall staff believed that the outcomes of the project were positive and that the programme should be continued – the challenge is to sustain this involvement over longer periods of time given that this project is a one-off funded by an outside body. The artists involved in the project suggested a number of possibilities about how this work might be sustained, from karaoke machines to trying to persuade staff and volunteers who were musical to come in and play to patients.

There were however strong indications that having real people playing music maximise the engagement of patients – the artists were able to gather initial information from patients about their history and preferences in music before selecting or researching appropriate material, a tailored experience different to simply listening to CD's or compilations of songs.



Artwork: Gwyneth Morpew

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21/12/13

# Appendix 1 - Case Study 1: Bronwyn

*From reflective journals*

*Attended 11 sessions in total, commenced at session 12 in the whole series.*

## Session 12

Bronwyn has dementia. She was admitted due to having unstable diabetes. She likes to keep busy and likes to get involved in activities. She is a quiet, reserved person, but when she knew the songs she sang and clapped in time. Bronwyn is hard of hearing so she was sat near to Sammy so that she would be able to have a better chance of hearing the music. Bronwyn appreciated coming to the dayroom and gave a 'big thank you' (Nurse).

## Session 13

Bronwyn- has been encouraged to attend in order to promote her wellbeing- improve her appetite keep her mentally stimulated and maintain her mobility/independence. Bronwyn was quiet but attentive —consideration was given to the fact she has hearing difficulties. She sat on the sofa next to Alfreda and was very pleased that Alfreda helped her out when she didn't quite hear what was being said or sung. She sang a while and smiled a lot. When asked if she had enjoyed coming she just grinned and nodded her head (Nurse).

Bronwyn was on the sofa... she was there last week too... quiet, timid, but clearly enjoying the music and sometimes joining in... very sweet woman (Musician).

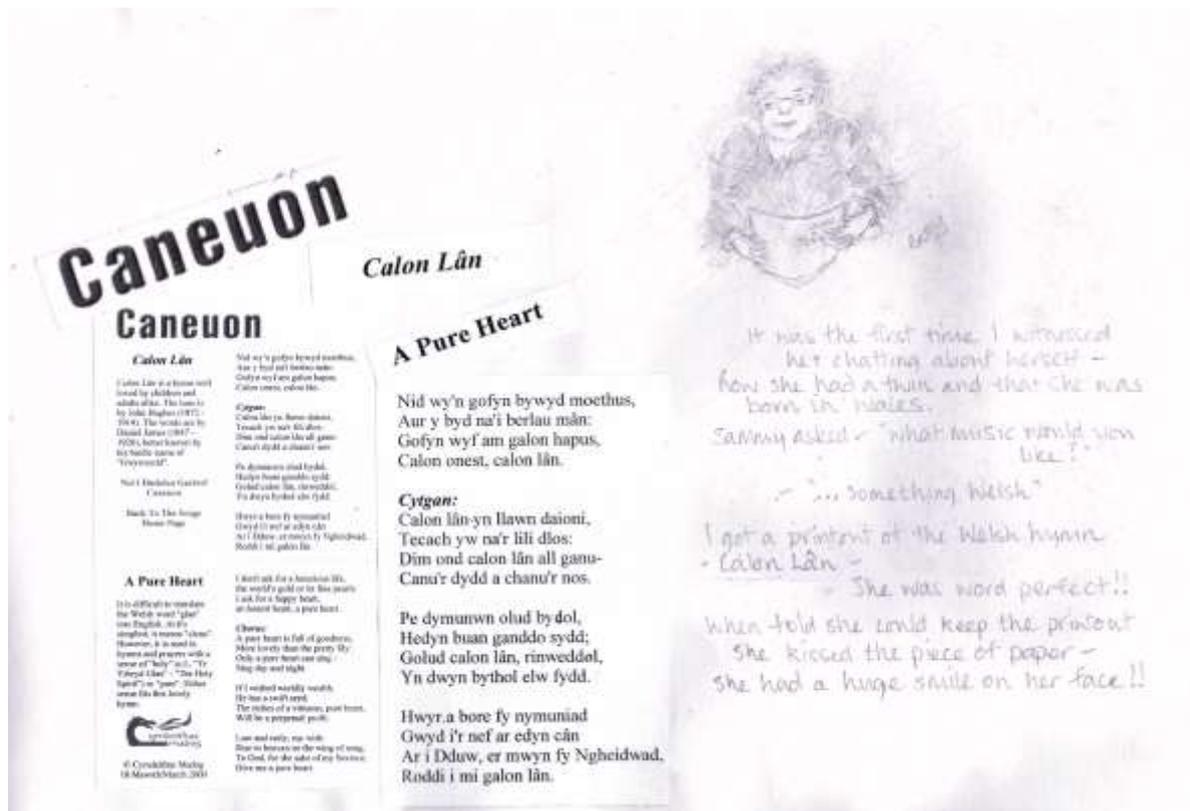
## Session 14

Bronwyn- sat quietly on the sofa- comfortable, liking the atmosphere. Sammy had some lyrics printed out. This helped Bronwyn a lot- she was able to follow and join in with ease. I think it was a much better experience for her today- more inclusive (Nurse).

## Session 16

Bronwyn- she has been unwell but feels a bit better today. Bronwyn is quite deaf so she sat near to Sammy in order that she would have a better of hearing what was going on. Bronwyn had a huge smile, tapped her feet and hummed along. She was able to enjoy it more as she had the printed lyrics to the songs. She kept saying ".thank you so much. Lovely..", It was a very fulfilled and beneficial morning for Bronwyn. It was a pleasure to see this unfold (Nurse).

Bronwyn slept most of the time... Occasionally she would wake up to a song... she likes things like *It's A Long Way To Tipperary* but even when she was momentarily awake she looked exhausted... however she had chosen to come to the session because she loves being around music (Musician).



Artwork: Gwyneth Morphew

### Session 18

Bronwyn she has had a relapse of her medical condition but today feels she is strong enough to come along. She remembered previous sessions and that she enjoyed them. Bronwyn blossomed today - having the printed lyrics helped her a lot and perhaps having a smaller number of people allowed her to be able to communicate and hear more effectively. It was the first time I had witnessed Bronwyn chatting about herself- how she has a twin named Catrin, how much she loves her and that she was born in Wales. When Sammy asked if there was any music or songs she would like Bronwyn replied in something Welsh. A challenge for Sammy as she has limited knowledge of Welsh songs or the language, I was able to help out by getting a print out of the Welsh hymn *Calon Lan* and gave this to Bronwyn- her face was one big smile. Bronwyn and I sang this song together; it was fantastic to see how much pleasure this gave her. When the session finished I told Bronwyn she could take the print out of the lyrics- she held the piece of paper, kissed it and had a beaming smile.

For Alfreda and Bronwyn who were left- we succeeded in keeping their interest but can see that it was probably quite hard work for them to concentrate. Sammy was a good support and selected a number of soothing melodies promoting quiet chat and reflection. It brought to the fore the unpredictability of each session — the reaction to it or the level of participation. It was good to try and utilize the situation as it was, and that it turned out to be a positive experience. Alfreda expanded on her memories; Bronwyn was far more involved and was mentally stimulated (Nurse).

### Session 19

Bronwyn- she hasn't been so well over the last few days- is very sleepy and has a loss of appetite. She wanted to attend as she got so much pleasure from it before. Bronwyn remembered Tim, and she certainly remembered singing *Calon Lan* with me last week. Any mention of Wales and she lights

up — it is very special to her. She spoke a little Welsh- which I had to interpret as it was ‘gobbledy-gook’ to everyone else! She loved the effort Tim made for her- he sang a couple of Tom Jones songs and she sang along to *Delilah* and *The Green, Green, Grass of Home*. She was quite emotional and had some tears- but they were of joy and about happy memories. She was exhausted after the two hours but says she “wouldn’t have missed it for the world...” Bronwyn needed the company and the diversion- hopefully she will be feeling spiritually uplifted (Nurse).

#### Session 20

All ready to go today, everyone who has been invited is sat waiting for Sammy to start. To begin with a general singsong to get everyone in the mood — *On The Sunny Side Of The Street*. Today we are joined by Bronwyn, Harold, Elsie, Elsa and Gwen — they have all attended before. Bronwyn- delighted today as Sammy has brought along the music and lyrics for *Calon Lan* and once again Bronwyn and I sang it together- this is becoming a habit! Bronwyn beamed and it was obvious that she really enjoyed that. She didn’t talk much but once again joined in with all the singing. Another good morning for Bronwyn — she is mentally stimulated and was bright and alert The ward staff have said that when she is at her bedside she spends most of her time sleeping so attending the sessions does give her ‘lift’. A productive session today- everyone participated ,was sociable and enjoyed themselves. Sammy made a lovely gesture by sourcing music and lyrics for Bronwyn. Am sure that Bronwyn will remember that. Sammy makes the effort to try and list any songs that have been requested in order that she can bring the music to the next session (Nurse).

I didn’t write up last week but the most touching thing that happened was Bronwyn talking about Wales and speaking Welsh... we sang *All through the Night* and she and Gwyneth tried *Calon Lan*.. very touching.. it brought Bronwyn to life in a way I hadn’t seen before Bronwyn there again today... very fragile but has so enjoyed talking and singing in Welsh.. I brought along *Calon Lan* today and after speaking to Tim yesterday he said they’d tried *Delilah* which she also knew, so I took that in too, both of which she really loved! She’s such a sweet woman and last week was talking about her twin sister who she misses so much and was saying how much she loves her. Great fun to sing *Delilah*... it’s such a strange dramatic song. And good to be building up the repertoire (Musician)

#### Session 26

Bronwyn- such a sweet natured lady. She greeted me in Welsh and made herself at home. She didn’t have any printouts of the song lyrics today but managed to sing along once she was prompted to what song it was. She is much improved physically, and seems very content and happy. She laughed out loud when Tim sang a couple of Tom Jones hits. Once again Bronwyn enjoyed this experience. She stayed for lunch before going back to the ward (Nurse).

#### Session 27

Bronwyn- she adores coming along. Being able to sing makes her day. She is very alert and orientated, and is happy to chat as long as she can manage to hear well. Once again Sammy had the print outs for her and that was a great benefit. Had our group rendition of singing *Delilah* and Bronwyn loved it! The reward was her beaming smile! She stayed for lunch and needed minima’ coaxing to eat a proper meal (Nurse).

Bronwyn again from Wales. We sang *Calon Lan* again with her... she loves singing in Welsh. Although the session began very slowly I was singing songs that were more folk based or gentler. Then I started using songs that they could have the words to... we've been building these up over the weeks... very important that there's large print.

- *It's A Sin To Tell A Lie*
- *I'm Forever Blowing Bubbles*
- *Singing In The Rain*
- *Sunny Side Of The Street*

They all started to respond more... and the atmosphere lifted when we launched into *Delilah*...although this was principally for Bronwyn's benefit, in fact everyone knew the chorus and it became quite raucous!... Bronwyn is a sweetie... and today she smiled and smiled (Musician).

#### Session 28

Bronwyn — she has been one of our most frequent visitors, but the time has come for her to be discharged. Bronwyn was alert and happy. She looked well and was smartly dressed. She was orientated to where she was and to what was going to happen, but when we discussed the fact that she was going home Bronwyn had little recall or insight into this. She was interested in the 'here and now' and couldn't wait to start singing. Bronwyn was lifted in mood, participated in all the singing. As a farewell gesture for Bronwyn, Tim selected a Welsh hymn —*Ar Hyd a Nos* and to which Bronwyn sang her heart out Bronwyn has benefited from attending- she has been encouraged to maintain her independence, keep mentally stimulated and build up her confidence. Her general health and wellbeing has improved. When Bronwyn goes home there are arrangements being made for her to have continued access to social activities (Nurse).

Bronwyn was very cheerful and alert... she and her sister had sung together a lot... they loved the Andrews Sisters... we sang *Boogie Woogie Bugle Boy* and she loved that. Most of the songs she knew off by heart and she really enjoyed singing. Nearer the end we sang *Secret Love* and at the end she was crying... "Reminds me of my John... he's been gone 13 years and I still miss him so much" Jenny was there today and Sam... Jenny gave her a hug and said "We do understand how it feels" The level of compassion with the staff is amazing... Gwyneth wasn't there today, but she's the same. They really care about people and are kind and tender with them... and funny too... The songs are reaching people in an amazing way, but it is this level of care that allows people to respond so well. I've been in situations with dementia patients where there isn't care and I have to say that no amount of singing will help. It's hugely important this combination and shouldn't be forgotten in the equation. (Musician)

## Appendix 2 - Case Study 2: Bert

*From reflective journals*

*Also attended 11 sessions in total and commenced at session 12 in the whole series.*

### Session 12

Bert— admitted due to being increasingly unwell and is presently undergoing investigations to find the cause of his problems. This is the second hospital admission. His previous admission was very difficult for him. At that time he was unwell, his wife was an inpatient in another ward and everything was a challenge for him. He was distraught about the situation, unable to cope physically or mentally. He was confused, had a reduced appetite, had a disrupted sleep pattern —he spent a lot of time calling out for his wife. Sadly his wife died and he needed a lot of support to help him through this crisis. However he did manage to be discharged home. Bert has been admitted to have some investigations and has been physically deteriorating. He presents as being lethargic and tired- that has a physical cause. Bert is generally a sociable and gregarious man and he has spent many years in London running a busy café. He did join in and liked being in the company of others but found it difficult to stay awake for too long. He liked the songs and enthusiastically related stories about the old music halls though he was a little muddled at times. Bert benefited from today- he likes people, company, banter — he was full of praise for it all and would like to join in again.

### Session 13

Bert- he is a lovely man and has had a prior admission to the ward, When Bert is feeling well he thrives in company — he starts discussions and likes the music. He is generally a cheerful man and requested a few songs. He had a happy and relaxed time. (Nurse)

### Session 14

Bert - most of the time alert and bright but has a tendency to 'doze 'and when that happens he can snore for England — much to everyone's amusement. When Bert was awake he was encouraged to join in. He liked Tim singing some of the old London songs which prompted Bert to chat about the musical halls and much joy it had given him in his youth. Bert wanted to have company, some diversion - but it seemed to take a lot of effort for him. Never the less he was content. (Nurse)

Bert was there again today... very yellow and very tired... but occasionally he would wake up to a song he knew and his eyes were bright and full of life... he liked the sun outside and would say "wonderful" after a song he liked. I was reminded that if we are able to help bring happiness even for a moment at the end of someone's life... it's of huge benefit. Later on I sang him *Maybe its because I'm a Londoner* and he loved that. As it was the end of the session I had said "Oh I'll sing it to him next week", but I quickly changed my mind as I thought that perhaps for Bert there may not be a next week (Musician).

### Session 15

Bert- he didn't look so well today, he is becoming physically more frail. He wanted to come to the dayroom but looked as if he should be resting in bed. It seems to have given him comfort that he was there surrounded by activity and singing. He slept a lot, but when awake appreciated the music,

smiled and was in a serene mood. Though there was minimal participation from Bert it was pleasing to know that we could honour his wishes and allow him freedom of choice. (Nurse)

#### Session 17

Bert- easy going, gentle in attitude and made an effort to attend. He wanted to come again- it's important to him to have contact with other people, to have the chance to escape his bedside. Bert remains frail and poorly, and will soon be discharged. He didn't have the strength or energy to stay awake for too long but when awake enjoyed the music. He particularly liked the rendition of *Oranges And Lemons* — done to remind of his beloved London. He was content to be here, it gave him some comfort. (Nurse)

#### Session 18

Bert- is looking fresher and healthier today- he seems much more relaxed and is pleased to come along. He does remember Tim and can recall that Tim had sung some songs about London before. Bert managed to stay awake for most of the time and joined in with the singing at times. He smiled a lot and joined in with the chit-chat. Tim asked him things about what he did and about points of interest reference London. Bert was interested and was happy to talk- he told us about the sort of fare/cooking he offered when he had his café — even telling us about 'jellied eels' and 'pie and mash' shops. He stayed to the end and then walked independently to the dining area and joined the others for lunch. (Nurse)

#### Session 20

Bert — remains very frail looking and once again insisted on being included. He spent a lot of time asleep but now and again came to life and made some contribution. He didn't have the energy to sing but did share some stories. He enjoyed what songs Tim thought he would like, especially *Things Ain't What They Used To Be* - Bert agreed that he thinks this is so. He told us how he went through the Blitz, was in the Navy and served on minesweepers. He chatted to Tim about the accordion '....I bet that would be worth a few bob!!...' Bert has revealed a little more about himself today. (Nurse)

#### Session 21

Bert- joined us a bit later in the session. He couldn't wait to get started. He was very alert today and quite chatty. He liked the song *Maybe It's Because I'm A Londoner*, joined in some wartime songs', they are good oldies. What about having *Sally* used to love that one.. yeah..we all used to have a go with that one..” After Sammy had sung *Sally* Bert commented, “It all rhymes doesn't it?” Bert does like coming along and seems to be becoming more alert- difficult to judge if this is due to the sessions or the treatment he is receiving. His mobility has improved, and he joined everyone for lunch. Although his appetite is still poor what he did have for lunch he enjoyed and ate it all. (Nurse)

Bert joined us half way through and looked much more alert than usual... I know he likes *Maybe its because I'm a Londoner* and other wartime songs... so we also sang *Tipperary*, *Kiss me good night* *Sergeant Major*, *White Cliffs Of Dover*. He was remembering living in London and not being able to afford to go to Southend overnight, so they would go for the day... He said do you know the song *Sally*... and I found it.. They were all talking about wartime... the good and the bad things... Gwen's brother died at Dunkirk and she remembered soldiers being brought back to the convalescent hospital near Westbury... “in blue clothes with circles on the back”. Bert didn't like the

Americans because “they pinched our women”... but the women liked them because they’d give them stockings and things. Bert remembered the words to *Bless em all* and we sang that (Musician).

### Session 23

Bert - happy and willing to come along. He looks forward to coming and is seeing this as part of his weekly routine. Bert is still in hospital but really should have been discharged by now. There have been difficulties with discharge arrangements- where he will be discharged to and what level of support he will need. It is frustrating for Bert, his family and for the staff waiting for everything to be sorted- it seems as if his life is on hold. It would benefit him to get back to a ‘normal’ everyday routine, away from the hospital environment. Whilst in the main ward he is confused and is constantly looking for company and things to keep himself occupied. This becomes difficult for everyone as Bert is wandering aimlessly, tries to join in with any conversation that is taking place- often this is inappropriate- and is often found in places he shouldn’t be, such as in office areas and in other patients bed spaces. He is different when he comes to these sessions- it is something to focus on, to look forward to and to stimulate him. Bert visibly is lifted in mood, mobilizes better, has an improved appetite and certainly socializes as much as he is able. His memory has improved and I see evidence of this at other times. When I meet Bert in the main ward he immediately recognizes me and chats away as if I am an old friend and often says about the ‘good times’ we have had with our sing songs. He enjoyed today. When he came into the dayroom he chatted with Joan. She was very confused and had a weird and wonderful conversation with Bert. He tried his best to give it a go but then whispered to me that he was trying to be nice and polite to her and realized that she was very muddled. He certainly was more vocal today, often interrupting Sammy- it was almost like witnessing a light being switched on and off. So many songs spurred his memory. He made comments such as —“that was a bit jazzy... where have all the years gone... away in a flash... that was quite ‘toney’... got a bit of go in it...” (Nurse)

Bert was there again... looking better all the time... He likes songs like *Sally* and *She Was One Of The Early Birds*, *Oh You Beautiful Doll*, *Yes, We Have No Bananas*, *Roll Out The Barrel*... sometimes he’ll just start talking in the middle of a song... yesterday he suddenly said “They were trying to make things better with these songs, to make up for all the terrible times of war.” He’s very articulate and a sweet man.... You can see that he’s been through trauma and good times in his life (Musician).

### Session 25

Bert- looking so much better- he has put on some weight, is bright and alert and is mobilizing well. He greeted us all, remembered Tim and that he played music. Bert was chirpy and almost quite cheeky in a very pleasant way. Bert joined in with the singing and dozed only a couple of times. Bert interrupted conversations quite a lot - I think that is his nature and he doesn’t realize how much he dominates the scene. He requested a couple of songs- ones he likes to sing along to. All in all he was happy and cheerful and relished the company. Bert’s philosophy for the day: “...keep a smile and a happy face....that’s the way to look at life...” There is still the outstanding difficulties surrounding his discharge arrangements- time is marching on and things are still not finalized. If Bert is still here when the project ends he is going to be a bit lost so we will have to organize activities for him. (Nurse)

### Session 26

Bert- keen, alert and looking forward to the morning- says he feels a bit tired today. Full of banter and humour, and particularly appreciated having the song *Sally* played for him. He says it brings back happy memories for him. Bert is fit to be discharged — there is a possibility of going to his own home now instead of into residential care. Bert has been informed but doesn't retain information- what matters most to him that he feels safe and someone cares about him. Bert relaxed and had a good time- he clapped along, used percussion instruments and managed to have a sing. When it was lunch time he said "I am feeling hungry. I have got some get up and go now." (Nurse)

Bert was there again in fine voice...And at the end of songs that he thought had gone well he would say "Oh yeah". He likes to really talk about life and has a very optimistic outlook. He's very much a Londoner. Loves songs like *Sally* (Musician).

The image shows a collage of text boxes, likely representing lyrics or notes from a project. The text is arranged in several overlapping boxes:

- Top left box: "Hear my song, Violetta  
Hear my song beneath the moon  
Come to me, in my gondola  
Waiting on the old lagoon"
- Top right box: "HEAR MY SONG"
- Middle left box: "Hear my song, violetta  
When the dawn is breaking through  
Still with me, in my gondola  
Where we've been the whole night  
through"
- Middle right box: "Serenade across the water  
Can you hear it soft and low  
A tale of love and lovers  
Singing long ago"
- Bottom left box: "Serendade across the water  
Can you hear it soft and low  
A tale of love and lovers  
Singing long ago"
- Bottom right box: "Hear my song, in my gondola  
Waiting on the old lagoon"

Handwritten notes in the bottom left corner:

- One of the last songs of the project -
- a lovely and beautiful end -
- everyone joining in with the singing,
- ... happy, smiling faces ...
- ... a wonderful finale ...
- ... warm memories ...

## Appendix 3 - Recent evidence on the effect of music for dementia care and treatment

[Music therapy in dementia: a narrative synthesis systematic review](#)

Database of Abstracts of Reviews of Effects, 25 September 2013 - Publisher: Centre for Reviews and Dissemination - Publication type: Systematic reviews

[Alzheimer's disease symptoms, causes, treatment](#)

Bupa , 20 September 2013

[Effects of music therapy on behavioral and psychological symptoms of dementia: a systematic review and meta-analysis](#)

Database of Abstracts of Reviews of Effects, 16 September 2013

[Is music the best medicine?: Using prescribed music to enhance quality of life for people with dementia and their carer](#)

12 September 2013 - Publisher: Institute for Research and Innovation in Social Services (IRISS) - Publication type: Evidence-based management reports

[Is music the best medicine? Using prescribed music to enhance quality of life for people with dementia and their carer](#)

Social Care Online, 01 January 2013 - Publisher: IRISS - Publication type: research

[The effect of music therapy compared with general recreational activities in reducing agitation in people with dementia: a randomised controlled trial](#)

Social Care Online, 01 January 2013 - Publisher: Wiley-Blackwell - Publication type: research

[Music therapy in dementia: a narrative synthesis systematic review](#)

Social Care Online, 01 January 2013 - Publisher: Wiley-Blackwell - Publication type: systematic review

[Individual music therapy for agitation in dementia: an exploratory randomized controlled trial](#)

Social Care Online, 01 January 2013 - Publisher: Taylor and Francis - Publication type: research

[A group music intervention using percussion instruments with familiar music to reduce anxiety and agitation of institutionalized older adults with dementia](#)

Social Care Online, 01 January 2012 - Publisher: Wiley-Blackwell - Publication type: research

[Music and the wellbeing of people with dementia](#)

Social Care Online, 01 January 2007 - Publisher: Cambridge University Press - Publication type: research

[Music therapy for people with dementia](#)

Cochrane Database of Systematic Reviews, 19 July 2004 - Publisher: John Wiley & Sons, Ltd