Presentation

Introduction

• My name is Kate Page, and I have a diverse and ever-changing practice as a musician in Western Australia. I facilitate creative music projects in formal and non-formal learning environments, develop collaborative performance projects with other artists and performers, stimulate community development and learning through arts-based projects and the delivery of professional development sessions alongside participation in research.

• I’d like to thank Dr. Rineke Smilde for inviting me to be a part of this Symposium event [00:35]

The West Australian context

• There are 4 accredited music therapists in WA out of 500 registered through Australian Music Therapy Association. There are also a number of ‘sound healers’ operating in WA, though there appears to be no formal accreditation.

• Music Therapy training courses are only available in the Eastern states in Melbourne, Sydney and Brisbane

• There is a small network of musicians involved in community music work with varying professional skills and accreditation.

• In WA a common format for music in care settings is that of a traditional ‘concert’ presentation, often involving a large group of residents gathered together for a visiting performer.

• As far as we know, this is the first music project of it’s kind to be trialed in a care home context in Western Australia [00:50 - 01:25]

The project: who/what/where/when/why/how

o Our project has taken place at St Vincent’s Aged Care, located in the Perth Metropolitan district.

o St Vincent’s has a history of being a community hospital, and was opened in 1953.

o It is now the home of 66 residents, 65 of whom are high care, living in 20 individual and shared rooms.

o St Vincent’s is one of 7 aged care facilities and 4 independent living villages managed by Catholic Homes Incorporated (CHI), an organization that has been operating in WA for 40 years, focused on the physical emotional and spiritual care of residents. [00:40 - 2:05]

The motivation:

• At St Vincent’s there is a high level of socially isolated residents. Staff found it difficult engaging some residents in existing activities and therapies offered at the setting. This led to the need to develop meaningful activities for disengaged residents and a strong desire to connect with these residents, in order to help them to feel special and cared for. Observation of residents’ previous responses to music led to music being considered as a tool for connection, with the potential to enhance care in the setting. [00:30 -2:35]
The project: who/what/where/when/why/how

- The project was initiated by Elizabeth Oliver, (Senior Occupational Therapist, Catholic Homes). Elizabeth and two other staff act as facilitators, supporting the musicians’ work: Liz White, (Lifestyle Facilitator, St Vincent's Aged Care) and Leanne Van Mansum (Occupational Therapy Student, Curtin University of Technology Social Work and Health Sciences)
- Kate Page & Eduardo Cossio are the project musicians; both with a background as community musicians [00:30 - 03:05]
- 34 residents have participated in the project so far, approximately 70% of whom are able to still carry on a verbal conversation.
- 26 of these participants are diagnosed with dementia, memory loss or mild cognitive impairment and 16 participants have been diagnosed with a mental health condition (such as anxiety, depression, schizophrenia)
- In this initial pilot, we have held 7 x 3-hour sessions of a planned 10 weekly sessions
- Other staff and families at the setting have participated informally and spontaneously

During each 3-hour session we have worked with groups of up to 7 residents in the sensory River Room, up to 14 residents in The Sun Room, and flexible groupings or 1-to-1’s during informal and spontaneous ‘jams’ near the nurses station, in people’s bedrooms, outdoor patios and other spaces. [00:55 - 04:00]

How funded?

- The pilot project was self-funded at a level of $4,500AUD by Catholic Homes through the Senior Occupational Therapist’s annual budget for St Vincent’s
- It was initiated in August 2013, and included 6 months of planning including 4 planning meetings
- I am pleased to report that we have recently managed to secure an additional $8,000 to carry out a second music pilot, potentially over two Catholic Homes sites. [00:30 - 04:30]

Before I talk about the project objectives, I’d like to give you a picture of one of the residents we have had the privilege of working with during this project. Whilst I share this case study with you, I’d like you to reflect on how these relate to the Well-being indicators from the Bradford Well-being Profile that I have listed on the power-point. [00:50 - 04:50]

- Meet Gerry
- We have worked with Gerry in various locations.
- Gerry had long been regarded as being “resistive, isolated and unwilling to make connections with other residents and staff”. We have never met this Gerry.
- In our first session with Gerry, he soon commanded all of the drums and shared his history as a drummer and piper in Glasgow. By the end of the session we were improvising intricate reels on the tin
whistle and drums. Gerry’s musicality and sense of pride in leading the music making was clear. Video footage taken at this first session was soon shared amongst surprised staff.

- Gerry readily comes to make music each week and has now taken part in sessions amongst others in the Sun Room
- We now hold sessions involving Gerry and Nessy who share both a Scottish and musical heritage. Recently I apologized for having brought an English concertina and Irish drum to our session and Gerry made a joke in good jest, which was let’s just say, not very favourable to his English neighbours!

At this point, I’d like to share a short video with you that shows some of our music-making with Gerry in his bedroom. [01:10 - 06:00]

Video [2:00 – 8:00]

- All of our work at St Vincent’s is guided by the following collaboratively devised aim and objectives:

**Aim:**
The aim of this initial pilot was to trial the use of music in new and creative ways across St Vincent’s Aged Care to determine its’ impact on residents, and really to make the case for further music work in Catholic Homes settings.

**Objectives:**
- Our guiding objectives have been:
- To provide opportunities for sensory stimulation for high care residents
- To promote opportunities for social and emotional well-being for residents
- To build a sense of community and social connections through the participation and networking of residents
- To develop and utilise a reflective tool through which the impact of music on the residents could be determined, with recommendations for personalized musical interactions
- To develop a model for future musical interactions at the setting [00:55 - 08:55]

**Processes and equipment:**
- We have used a range of tuned and un-tuned percussion instruments, alongside voices. The oboe, trumpet, concertina, guitar and ukulele have featured as our principal instruments
- We have additionally used dance scarves with some residents
- Musically, the sessions are completely or semi-improvised, responding both to resident’s musical initiative, gestures and body language and their requests for familiar song repertoire.
- Improvisation has included
  - genre-based improvisations, for instance, using the idiomatic qualities of country music, blues and folk music,
- thematic improvisations where textural, melodic, rhythmic and text-based motives are repeated and developed,
- repertoire or song-based where popular and traditional music or songs are used as springboards for group and individual improvisations

- In much of the music-making, we employ call and response and echo, or instrumental breaks or stops where solos and duets are encouraged within the framework
- When we use or improvise text, we make sure that it is simple and short, between 1 to 4 lines, and we embed it into the improvisation by repetition
- Repetition and a variety of textural stimulus, plus attention to the timbre, qualities and pace of the improvisations have been key elements in sustaining participation during the sessions. [01:25 - 10:20]

I’d now like to introduce a second case study.

**Meet Lorna**

- We have worked with Lorna in The Sun Room.
- Lorna regularly helps out with jobs like folding the linen, and takes pride in her work.
- Initially she was reluctant to experiment with instruments, appearing frustrated, unconfident and anxious when she could not repeat rhythmic motifs. She needed a lot of assurance, but at the end of the first couple of sessions she began to realize that it was ok to make mistakes and that we were just making the music up as we went along.
- We have seen Lorna bloom over the weeks, actively joining in and smiling, greeting us warmly as soon as we arrive. She appeared relaxed as she explored different and new instruments, trying them out in a variety of ways. She beamed every time we thanked her for her contributions and for being part of the group.
- The last time we visited Lorna, she was in a very low mood at the beginning of the session, with a ‘face like thunder’, but once the music started she joined in readily. During the session, we observed that Lorna played her instruments expressively and with a rich variety of musical, facial and physical gestures, waving her egg shaker in the air in beautiful patterns and making eye contact with various people in the circle. She also helped a resident next to her, Lewis by giving him her triangle, modeling how it could be played and encouraging him to continue to play. For us, this was beautiful knowing just how out of sorts she was at the beginning of the session. For Lorna, being part of this group and making music seems not just important, but crucial to her well-being.

I’d like to share another short video with you that shows some of our music-making in The Sun Room featuring Lorna. [01:40 - 12:00]

Video [2:00 - 14:00]
How have we evaluated our work?

- Each session includes opportunities for observation (by one staff member) followed by a team reflection. We have recorded activity descriptions, repertoire and materials used, descriptions of interactions and participation, the impact and effectiveness of activities and general learning, ideas for future activities.
- Through recording this information, we have started developing personalized music plans for each person we have worked with.
- We are still also developing our model for how we use our time most effectively; learning through action and reflection! [00:35 – 14:35]

Learning and success criteria:

- At a recent planning meeting, key staff involved identified the following learning that has emerged from the project:
  - Music enhances well-being and has deepened or created new social connections between residents and staff:
    - Involvement in music has drawn a positive response from all residents and music has been identified as an inclusive activity for continued use in the setting
    - Music initiated and led by residents has been crucial in building their confidence and sense of purpose
  - Participating and non-participating staff perspectives of residents’ personalities, capabilities and preferences have changed:
    - They have been surprised that some people responded to and participated in music-making when they haven’t responded to therapies or other activities
    - They have been surprised at the change in resident responses from being resistive and unresponsive to smiling and actively participating in making music
    - They have learnt that there is great diversity in the resident’s musical preferences and that residents are also willing to participate in new musical experiences
  - Inter-disciplinary collaboration and a joint sense of enquiry can improve care:
    - Collaboration between professional musicians and care staff with knowledge of residents is crucial.
    - A useful analogy is that the musicians ‘light the match’ and staff ‘stoke the fire’. Musicians can provide the skill to initiate rich musical interactions with residents, and staff are able sustain and develop these connections with residents.
    - Working together, we are able to enhance each other’s skills, confidence and understanding, ultimately improving future interactions we have with residents.
    - Together, we also develop a spirit of celebration and enquiry. This particular collaboration is strong because we had no preconceptions of how the project would be run and all ideas have developed from joint planning, reflection and review. [02:00 - 16:35]
I’d also like to share with you a short quote from Eduardo about his experience as a musician on this project: (Eduardo quote to go here) [00:25 – 17:00]

Directions for future projects:

• For our work at St Vincent’s:
  o Develop a resident ensemble/band at St Vincent’s involving the higher functioning residents
  o Continue to explore music interactions with residents that are socially isolated and disengaged
  o Research the impact of the project on resident well-being more deeply with a second pilot involving a team of student researchers from the Curtin University of Technology, a smaller group of participating residents and a consistent format
  o Pay attention to wider resourcing and learning potential in future projects through involving:
    ▪ Additional staff
    ▪ Families
    ▪ And Skilled volunteers

• Engage a greater diversity of visiting entertainers, who can also enact personalized ‘roaming sing-a-longs’

• The potential to try adapted models at other Catholic Homes sites [00:50 – 17:50]

What is our vision for this work in WA?

• We hope that we can share the outcomes from projects like this to “lift labels”, promoting the abilities and potential of people living with dementia

• We hope to build a network of skilled musicians and artists able to work flexibly and with integrity in this context

• We hope that other care organizations will be aware of the full range of musical interactions possible and have the ability and budget to choose personalized and appropriate activities for each person in their care [00:40 – 18:30]

Thank you so much for enabling me to be here today to share the beginnings of this exciting work in Western Australia.