

# Making Bridges with Music Evaluation Report

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## Executive Summary

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- Making Bridges with Music (MBWM) was an intergenerational pilot intervention that worked with participants from 5 months to 100 years of age in 3 care homes in the Torbay area of the South West of England.
- MBWM was an innovative music and arts intervention that ran for 6 weeks (May-July 2017) and worked collaboratively with pre-school children, elderly people living in care homes, childminders and care home staff members. MBWM was funded primarily by Awards for All with the support of Bournemouth Symphony Orchestra, Doorstep Arts and Torbay Early Years Advisory Team.
- The intervention team included musicians, visual artists, singers and actors with vast experience working in community settings with diverse groups.
- The intervention had two phases, the first phase included six weekly sessions with old and young people in care homes. The second phase involves an artistic response to be performed publically as part of the Doorstep Theatre Festival (November 2017) to care home settings and other venues in the Torbay area.
- The intervention had the following aims:
  - To reduce isolation
  - To improve sense of self-worth and self-esteem for older and younger alike
  - To increase community cohesion
- To achieve these aims, the following objectives were identified:
  - To assess the effectiveness of the intervention in terms of wellbeing
  - To identify CPD opportunities
  - To create new music for the community and beyond
- The purpose of the evaluation was to assess whether the MBWM intervention was effective in achieving its aims and objectives, in particular whether it was effective in improving the wellbeing of young children and elderly people attending the sessions.
- The evaluation took place in two care homes and used a mixed method design that included quantitative and qualitative methods to capture data from verbal, pre and post-verbal participants.
- Research methods included the Arts Observational Scale (ArtsObs); observations (6 sessions in total: 3 sessions in 2 care homes), feedback from residents and children after

the music sessions, 6 telephone interviews with childminders, 4 face-to-face interviews with care home staff members and 1 focus group with the intervention team.

## Findings

- Across settings mood changes registering satisfaction and happiness increased across sessions in both sets of participants. **In Setting 1**, happiness increased in 4 (out of 6) elderly participants. In terms of relaxation, the intervention had a positive effect, with participants showing at least two evident signs of relaxation across sessions. **In setting 2**, 2 elderly participants sustained a high level of engagement (6 and 7) across sessions, 2 participants showed a one-point increase in their levels of happiness post intervention.
- Children remained involved throughout the sessions across settings. In setting 1, at least 40 per cent of the children remained highly involved throughout the sessions. In Setting 2, two thirds of the children showed an increase in their happiness levels after the music sessions.
- Mood and relaxation scores decreased for 3 young children in three non-consecutive sessions.
- Six case studies provided additional qualitative evidence of positive effects on the social and emotional wellbeing on elderly participants and young children.
- Qualitative findings were grouped under three inter-related themes: the importance of touch, importance of intergenerational learning and wellbeing.
- The intervention had a positive effect on young children. Childminders reported that some of the children were speaking more, had developed strategies to connect with post-verbal people, developed connections with residents, took more risks, learnt new music repertoire, learnt to collaborate with a unique team (old and young) and learnt about boundaries.
- The intergenerational sessions provided a conduit for musical heritage, young children were exposed to old songs and nursery rhymes; likewise, the elderly population were exposed to new songs and games.
- The intervention provided elderly people with opportunities to learn, be inspired, be physically active and be motivated. They provided a sense of purpose and gave the space for support workers and residents to interact as equals.
- Care Home staff reported that interactive music and arts sessions are effective in increasing self-worth and wellbeing in the elderly. In contrast to performances, interactive music-making sessions offer participants opportunity to be active and engaged in the music-making process.

- Childminders are key to take the legacy of the intervention to the community and contribute towards community cohesion. With adequate support and training, childminders can build strong connections between care homes, young children and families in the community, they can be a vital element on reshaping the Torbay area into a community where all its members feel valued, connected and purposeful.
- The intervention also generated ‘home-made’ songs as musical outcomes
- In summary, this intergenerational music intervention achieved key aims. It promoted learning, wellbeing and interactions beyond participants’ social spheres. The intervention produced new musical outcomes for participants and also identified CPD opportunities for support care workers and childminders.

## Recommendations

- That funders and care homes continue to invest in intergenerational and interactive music and arts interventions in key areas of Torbay, targeting geographical areas of concern in terms of isolation.
- That Torbay Children Services develop CPD opportunities for childminders with a focus on how to facilitate intergenerational connections and how to model behaviour to facilitate interactions. Provide incentives for childminders to get involved in intergenerational interventions.
- That Torbay Council and local relevant organisations develop music and arts CPD opportunities for support care workers at residential care homes. CPD should focus on the benefits of music and arts interventions, exploring how best to support residents’ creativity.
- That Torbay Children’s Services encourage and develop mentors amongst childminders who have been part of the project to recruit and advise new childminders and care homes.
- Local arts and music organisations to develop and support intergenerational interactive interventions in collaboration with local care homes.

## Introduction

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There is a growing body of literature providing compelling evidence which demonstrates that intergenerational programmes are beneficial to both older adults and young children; especially those who are pre-verbal and post-verbal (Quinn & Blandon, 2017, 10). Research has shown that children benefit from extra nurturing and attention, whilst elderly people benefit from the sense of being needed and appreciated (McCrea & Smith, 1997 as cited in Kaplan and Larkin, 2004, 157). In addition, within this group, music facilitates post-verbal communication, that is, an understanding and appreciation that there are ‘other ways of communicating past words’ (Quinn *et al.*, 2017, 15; Quinn & Blandon, 2017, 10).

Early childhood scholars argue that intergenerational activities that ‘highlight age-span awareness should be included in early years curricula as an important strategy for stimulating children’s thinking about aging and lifespan development’ (Kaplan & Larkin, 2004, 158). ‘As it is equally important to expose children to non-biased material about gender and cultural variation, so it is important to expose them to rich information about all developmental stages of life, including old age’ (Kaplan & Larkin, 2004, 158). Research has shown that negative stereotypes that young children hold about elderly people do change as a result of having shared experiences and regular contact with the elderly (Jantz, Seefeldt, Galper & Serock, 1977 as cited in Kaplan & Larkin, 2004, 158).

Furthermore, In the UK there is a substantial body of research on arts and music interventions that seek to improve health and wellbeing. The UK has a world-class arts sector which is wide reaching and diverse with extensive documented evidence of its potential to transform people’s lives, solve social problems and improve people’s health and wellbeing (All-Party Parliamentary Group Report 2017, Daykin & Joss 2016, 8).

The Making Bridges with Music (MBWM) pilot intervention was an innovative and timely intervention in the Torbay area where elderly people have reported feeling isolated because of bereavement, low income, poor health and mobility (Ageing Well Torbay Report, Bell 2015). According to the index of local deprivation released by the Office of National Statistics in 2015, Torbay is ranked amongst the 20% most deprived district local authorities (46<sup>th</sup> out of 326) in England. Among the main domains contributing to multiple deprivation are income deprivation, employment deprivation, health deprivation and disability. The report also found

a widening gap in relative levels of deprivation across the communities in Torbay, suggesting a possible increase in inequalities, or uneven society in Torbay. Almost one in three residents live in areas amongst the 20% most deprived of England. The Index of Multiple Deprivation (IMD) is made up of seven types of deprivation and two supplementary income indices affecting children and older people (Bell, 2015). In Torbay, recent data has revealed that approximately 45% of Torbay's population are over the age of 50, and that negative stereotypes of old aged is common in the area (Ageing Well Torbay Report, Bell 2015).

Although Torbay is located in a stunning location and is a popular place for tourism and retirement, generations are often divided through the model of residential care. In this model, elderly people live in residential care homes without ties to the local community because of lack of local links and/or activities that can facilitate intergenerational connections.

Thus, MBWM aimed primarily to increase participants' wellbeing and reduce isolation. The intervention was an innovative approach using different arts media in conjunction with music-making and filming to create musical outputs. It also aimed to generate evidence on the effects of intergenerational music-making on participants' wellbeing.

This evaluation report aims to assess the impact and effectiveness of the intervention in delivering its objectives.

## Overview on intergenerational music interventions research

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According to research conducted in the US, intergenerational interventions were first developed to 'fill the generational gap that occurred as family structures changed and became more fragmented' (Belgrave 2011, 487). Research on intergenerational music interventions has shown that music is a 'social force' (DeNora, 2000, 44; McDonald *et al.*, 2012, 5) that facilitates young children's interactions with elderly people, increasing their willingness to interact, thus serving as a vehicle to bridge the gap between generations (Belgrave, 2011, 487).

The perception of music as a powerful social force and its role in facilitating learning has been widely explored and discussed across disciplines. 'Music is a communicative and expressive discipline, laden with possibilities for exploration, improvisation and creation' (Tarnowski, 1999, as cited in Fox and Liu, 2012, 58-59). For young children, scholars have found that well designed music and play interventions can provide a meaningful learning experience and 'a



learning environment that is conducive to musical play’ (Tarnowski, 1999, as cited in Fox & Liu, 2012, 58-59). Music learnt through playful experiences becomes internalised and personalised and available to be replayed in other contexts by the child. Key elements of these interventions include the use of diverse materials and the creation of a space where children can take risks without fears of failure (Tarnowski, 1999, as cited in Fox & Liu, 2012, 58-59).

Newman and Smith (1997), ‘drawing from the works of Dewey, Vygotsky and Montessori, emphasise that intergenerational activities should be conducted in a manner that provides participating children with self-guided experiences of exploration and discovery’ (as cited in Kaplan & Larkin, 2004, 158). This principle is echoed by another learning approach in early years, the Reggio Emilia approach, based on the idea that every child has at least, ‘one hundred languages’ available for expressing perspectives of the world; where music is one of those languages. This approach seeks to encourage children to develop their identity through all of their available ‘expressive, communicative and cognitive languages’ through words, movement, drawing, building, play or music, for example. (Edwards *et al.*, 1998, 7; as cited in Caruso, 2013, 33).

In that light, ‘music is accepted as an important ‘building block’ in the early childhood curriculum (Fehr, 2011, as cited in Hannah 2014, 288). In the early years, musical experiences are valued for both ‘aesthetic and cognitive merit’ (Bresler 2002 as cited in Hanna 2014, 288) and for providing individualised learning opportunities (Beynon & Alfano, 2013, 121). In particular, ‘play-based experiences, not formal music learning, are considered most appropriate for young children because they enhance social, affective and cognitive development (Marsh 2008, Marsh and Young 2006, Fox and Liu, 2012, as cited in Hannah, 2014, 288). In the Reggio Emilia approach, a key element in the learning experience is the ‘atelier,’ a space where children are encouraged to explore and interact with materials in an informal social setting. The purpose of the atelier is to allow the children to ‘develop a non-verbal language using multiple forms of media including music and the performing arts’ (Hannah, 2014, 290). When it comes to music, musical talent is not the point of developing children’s musical fluency in the atelier. As both music and art are non-verbal languages (Hannah, 2014, 290), musical products from the atelier ‘are meant to express a child’s perspective, feelings, ideas and imagination’ (Hannah, 2014, 293).

In a controlled study conducted in the US, Belgrave (2011) examined the effect of a music-based intergenerational programme on cross-age interactions and cross-age attitudes of 9-10-

year-old children and older adults. The study included an experimental group of children and older adults living in residential homes who attended 30-minute weekly music sessions for 10 weeks. Adults and children in the control group did not attend any activity related to the intergeneration sessions and continued their normal activities independently. The intergenerational sessions, had group and paired activities where children and elderly people sang familiar and learnt unfamiliar songs and interacted with different musical instruments. Children's and adults' mutual attitudes were measured by post-session evaluations in weeks 1,3,5 and 7.

Belgrave found that, quantitatively, there was no significant difference between experimental and control participants' attitudes towards older adults after the music interventions. However, as a result of content analysis from the feedback provided by the children, Belgrave found that after week 3, child participants no longer identified any negative physical characteristic of the older adult participants, compared to negative responses at week 1(12%). Correspondingly, results from older adults in the experimental group revealed significantly more positive attitudes toward children than participants in the control group (Belgrave 2011, 503). These results echo previous research (Bales *et al.*, 2000) and suggest that 'familiarity and comfort are variables that can cause disabilities to disappear from one's consciousness after a period of exposure (Turnbull &Turnbull 1990, as cited in Belgrave, 2011, 503). Furthermore, there is evidence that young people can 'benefit from interactions with older people, who are willing and able to show their knowledge'. This type of interventions can supplement curriculum-based education, especially in terms of social skills such as compassion, respect, communication skills with others with different backgrounds, ages and abilities (Park, 2015, 4).

Whilst music-based interventions in early years seem to focus on children's learning, interventions with older adults seem to target wellbeing. However, systematic reviews of the literature on this type of interventions have found inconclusive results because of methodological problems across studies. For instance, many studies lack sufficient description of music interventions to enable cross-study comparisons and integration into practice (Robb *et al.*, 2011, 1). 'Music-based interventions are especially difficult to fully and transparently describe because of the complexity of music stimuli and other factors such as choice of music, mode of delivery or the combination of music with other intervention strategies' (Robb *et al.*, 2011, 2).

Nonetheless, there is evidence to show that intergenerational music interventions have positive effects on elderly people. Benefits include feeling valued, making an important contribution, and a sense of satisfaction (Beynon & Alfano, 2013, 121). In terms of wellbeing, older participants have reported a perceived increase in feelings of usefulness as their participation in intergenerational programmes progressed (Marx et al, 2005, as cited in Belgrave 2011, 504).

More generally, a review of the impact of participatory arts (music, visual and performing arts) found evidence that ‘engaging with participatory art can improve the wellbeing of older people and mediate against the negative effects of becoming older’ (Mental Health Foundation, 2011, 4).

For people with cognitive and physical impairments, music appears to have a significant effect. People with dementia, despite memory loss, ‘continue to remember and sing old songs, and dance to old tunes’ (Braben 1992; Brotons 2000, as cited in Sixsmith & Gibson, 2007, 128). Research also suggests that musical memories may not be connected to deterioration in the brain relating to speech and language, raising the possibility of music as a non-verbal form of communication for people with dementia (Aldridge, 2000; Brotons, 2000; Hubbard *et al.*, 2002, as cited in Sixsmith & Gibson, 2007,128).

In music therapy with people with dementia, music is seen as a tool to improve communication, manage memory loss and behavioural issues (Hara, 2011, 37), not as a medium to communicate with people as they are. Nevertheless, there is evidence to suggest that ‘the power of music as a therapy for dementia may lie in a number of sources: superior retention, attention, arousal, by-passing or triggering failing capacities, and underlying physiologically, neurologically or socially driven emotional effects’ (Spiro, 2010, 897).

From a social perspective, Sixsmith and Gibson (2007,133) found that music interventions ‘provided opportunities to be with other people and to take part in meaningful activities with others, often engaging with them using non-verbal forms of communication and interaction, such as touch.’ (Sixsmith & Gibson, 2007,133) In this sense, music interventions, provided a ‘medium for physical and emotional bonding between a person with dementia and his or her family and carers’ (Gotell et al, 2000, Hubbard et al, 2002 as cited in Sixsmith & Gibson, 2007,136). The sociocultural context of the music listening experience (which is itself linked to the individual and musical histories) is often left out of the analysis; Hara suggests that ‘a sociological approach would seek to address this drawback by looking in depth at individual experience with music in dementia care’ (Hara, 2011, 35).

From a socio-cultural perspective, breaking down age stereotyping of one age group toward another is a significant non-musical but important social outcome of intergenerational interventions. Learning music in an intergenerational situation can be a great equalizer; intergenerational learning can be beneficial to all age groups in sharing cultural and experiential differences for a richer understanding, acceptance, support and respect of themselves and others (Benyon & Alfano, 2013, 128).

### **Definition of wellbeing**

As outlined above, intergenerational music interventions have positive impacts on different aspects of wellbeing; but it is important to acknowledge that definitions of wellbeing are varied and highly contested across disciplines. According to Parfit (1984), there are three main accounts of wellbeing: objective lists, preference satisfaction and mental states (also known as subjective wellbeing) (as cited in Dolan & Metcalfe 2012, 409). Other accounts divide wellbeing into personal aspects (mood, self-awareness, self-esteem, efficacy, confidence) or social aspects (group dynamics, relationships and connection with others) (Daykin *et al.*, vol 2, 2016, 42). More specifically, studies suggest that wellbeing can be divided into emotional (feeling positive emotions and moods, feeling relaxed), cognitive (feelings of being competent), physical (feelings of physical health), psychological (feelings of being in control, feeling purposeful) and social wellbeing (feelings of being confident, feelings of being accepted) (Heinsch, 2012). For the purposes of this evaluation, wellbeing is understood and associated with changes in moods (levels of happiness and relaxation) as described in the ArtsObs Scale below. However, other qualitative methods (interviews, focus group) will be used to assess the impact of the music sessions on participants' emotional and social wellbeing.

## **The Making Bridges with Music Intervention**

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The Making Bridges with Music (MBWM) was a pilot intervention that worked with a diverse group of people aged from 5 months to 100 years with a wide range of abilities, experiences, needs and expectations. It included pre-school children and elderly people living in care homes as a target group, but also included the participation of care home staff, childminders and visitors. This pilot project was funded primarily by Awards for All with the support of Bournemouth Symphony Orchestra, Doorstep Arts and Torbay Council; it was designed to

bring together older and younger people to use music as a way of bridging and connecting the generations.

The intervention had the following aims:

- To reduce isolation
- To improve the sense of self-worth and self-esteem for older and younger alike
- To increase community cohesion

To achieve these aims, the following objectives were identified:

- To assess the effectiveness of the intervention using the ArtsObs Scale in terms of wellbeing.
- To identify CPD opportunities for care home staff and childminders
- To create new music for the community and beyond. To create a series of performances which incorporate documentation. The accessible performances will be for the young and old participants and the wider community via Doorstep Arts' strategic and successful theatre-programming in non-traditional spaces.

The intervention had two phases, the first phase included six creative weekly sessions with old and young people in three residential care homes in the Torbay area in the South West of England from May-July 2017. The second phase includes an artistic response to be performed publically as part of the Doorstep Theatre Festival (November 2017) to care home settings and other venues in the Torbay area.

The sessions were led by one music leader and several artists and used a combination of music-making, story-telling and arts methods to engage participants. The visual artists used a rich variety of materials (such as paint, foam tubes, fabrics, stencils) to guide the creation of artistic artefacts, stories and songs. The sessions were also filmed by a recording artist.

Each weekly session lasted a whole day and was divided into morning and afternoon sessions. The morning session included preparation time for the intervention team (8.30-10am) and the intergenerational intervention lasted approximately one hour (10-11am) and included music and art making, followed by a lunch break. The childminders arrived with the children and everyone gathered in one room and were given name labels; those who had not given permission to be filmed were identified by a different colour on their labels.

The afternoon session, included 60-90 minutes reflection time with the intervention team; it included time to review the morning footage and prepare for the following week. The team met with residents again in mid-afternoon to share filmed moments from the morning sessions and to compose a ‘song of the day’ with mementos from the morning session.

In addition to informing session development and delivery, footage is to be used in the creation of a series of performances that will be performed for the general public as a legacy of the project.

### **The Making Bridges with Music Artistic Team**

Hugh Nankivell: Music Leader

Steve Sowden: Recording Artist

Natalie Palin: Visual Artist

Meg Searle: Music/Drama

Jade Campbell: Drama/Story

## **The Evaluation**

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The project’s evaluation was supported by Plymouth University Institute of Education. A comprehensive ethics protocol was prepared for the evaluation and included customised information and consent sheets for all participants: young children, their parents, childminders, care home residents, support care workers, musicians and artists. Special effort was made to make information sheets and consent forms accessible to all participants, for example by creating forms that were easy to read (e.g. large font, concise sentences) and visually engaging (especially for children). Ethics protocols were approved by Plymouth University’s Education Research Ethics sub-Committee.

The purpose of the evaluation was to assess whether the Making Bridges with Music Intervention was effective in achieving its objectives, with a particular focus on whether it was effective in improving the wellbeing of young children and elderly people attending the

sessions. This evaluation used a mixed method design that included both quantitative and qualitative methods to allow capture of data from verbal, pre and post-verbal participants. Please see table 1.

**Table 1. Evaluation Methods**

Observations	By the evaluator at two different homes in three different sessions (first, third and sixth) TheArtsObs Scale was used to assess the effectiveness of the intervention in improving participants' wellbeing.
Intervention team's field notes	Extensive and in-depth field notes were written by all members of the intervention team after each session.
Telephone interviews with Childminders	Seven out of eight participating childminders were interviewed
Oral feedback from care home residents after observed sessions	Across settings, 5 residents provided oral feedback after the observed sessions. This was restricted to residents who were able to give consent and who were able to speak.
Oral feedback from children after observed sessions	Across settings, 3 children provided feedback after the sessions. This was restricted to children who were able to speak (consent had been given by parents).
Face-to-face interviews with support care workers and care home managers	4 interviews ( 2 staff members per setting)
Focus group with artists and musicians	5 participants in total

The evaluation took place in two settings because of time and budgetary constraints.

## Setting 1

Setting 1 is a residential care home with 22 residents living onsite permanently at the time of the observations and one person going in daily 5 days per week. The care home provides support to residents with diverse types of dementia and varied health care needs. In this setting, a core of 8 residents attended the observed sessions; 4 childminders attended the sessions bringing in 11 children in total with ages varying from 16 months to 4 years old. The morning and afternoon sessions took place in a small communal room; occasionally the children and residents shared time at lunch time in the garden.

## Setting 2

Setting 2 is a larger residential nursing home with 32 permanent residents. In contrast to Setting 1, Setting 2 provides care to residents with more complex mental and physical needs; including people with advanced dementia and end of life care. Additionally, this setting had previous experience with an intergenerational garden intervention where some of the childminders and children were already known to some of the residents and staff members. In Setting 2, a core of 5 residents attended the observed sessions; along with 4 childminders and 9 children ages ranging from 5 months to 4 ½ years old.

The music sessions took place in a spacious communal room of the home. In contrast to Setting 1, some of the residents in Setting 2 brought in their own musical instruments to the music sessions. One participant played the keyboard, one participant played the harmonica and one participant played the harmonica and a jaws harp.

In both settings, support care workers were present during the music sessions.

## **Measuring effectiveness of the intervention: The Arts Observational Scale (ArtsObs Scale)**

Evaluating interventions addressing wellbeing can be particularly challenging because of the varied and contested definitions of wellbeing. It poses challenges in terms of data collection, reporting participants' experiences and assessing outcomes. In the field of arts and health for example, an evaluation 'determines the extent to which a project has achieved its objectives'. However, it is also acknowledged that is not always feasible to capture or measure every outcome interventions set out to achieve (Skingley et al 2011, as cited in Daykin and Josh 2016).



This evaluation used the Arts Observational Scale (ArtsObs) to assess how effective the music interventions were to influence participants' wellbeing. The ArtsObs scale was deemed appropriate to assess some of the outcomes of this pilot intervention for several reasons. First, the ArtsObs scale is a mixed methods approach that was developed specifically for the evaluation of performing arts interventions in healthcare settings. It is a non-intrusive tool capable of capturing quantitative and qualitative data from participants who are not able to complete questionnaires or answer questions. (Fancourt & Poon, 2015). Please see Table 2.

ArtsObs also takes into account sensitive characteristics and needs of participants (Daykin, Josh, 2016, 13). In addition, it allows observers to focus on the direct effect that the arts activities are having on a range of measures, including mood scores (angry, frustrated, sad, calm, satisfied, happy, and excited) or on specific criteria relevant to organisations delivering the intervention (Fancourt & Poon, 2015, 3). Please see Table 3.

Subsequently, the ArtsObs scale was used in this evaluation as one of the methods to collect data from young pre-verbal children and old post-verbal adults who were not all able to provide oral feedback to the evaluator.








**Table 2. The ArtsObs Scale structure (Fancourt & Poon, 2015, 3)**

<b>Type of data</b>	<b>Section</b>	<b>Description</b>
<b>Quantitative</b>	Demographic data	Location, date, number of participants
	Mood scores	A seven-point scale rates participants' moods before and after the intervention
	Set criteria	Other criteria relevant to the evaluation (e.g. relaxation, level of engagement)
	Flexible Criteria	Criteria that can be selected specific to each project within each organisation
<b>Qualitative</b>	Feedback	Both positive and negative feedback from staff, participants, relatives. Can

	be supplemented by videos or photographs.
Case studies	Noteworthy events within the intervention

The ArtsObs Scale is designed to assign initial and final mood scores to each participant taking part in the intervention as perceived by the observer based on moods represented in Table 3. ArtsObs also allows to capture the effect of the intervention in terms of relaxation, by noting in a scale of 1 to 3 the number of relaxation signs exhibited by participants (1: no change evident; 2: one or two changes evident; 3: multiple changes evident) (Fancourt & Poon, 2015, 12).

**Table 3. The ArtsObs Scale: Mood Scores (Fancourt & Poon, 2015, 11)**

						
1 (visibly expressed)	2 (moderate)	3 (mild)	4 (neutral / unresponsive)	5 (mild)	6 (moderate)	7 (visibly expressed)
<b>Angry</b>	<b>Frustrated</b>	<b>Sad</b>	<b>Calm</b>	<b>Satisfied</b>	<b>Happy</b>	<b>Excited</b>
Depressed	Restless	Bored	Reserved	Focused	Receptive	Delighted
Aggressive	Anxious	Listless	Quiet	Alert	Entertained	Appreciative
Distressed	Irritated	Tense	Still	Relaxed	Interested	Enthusiastic
Hostile	Upset	Distracted	Passive	Content	Amused	Friendly

The evaluator worked closely with the Making Bridges with Music team, taking part in reflection sessions, reading the team’s field notes and sharing participants’ feedback when appropriate. Using a mix-method approach was useful to collect rich data in a short time with a diverse group of participants. A downside of using the ArtsObs scale is that it clearly positions the evaluator as an outsider ‘watching’ the sessions, a presence some participants might find distracting.

## Findings from the Evaluation

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Attendance was consistent in both settings despite poor health in both the young and elderly groups.

**In Setting 1**, there were core groups of 5 children and 6 elderly people who attended the evaluated sessions. Evaluation analysis is based on data from these core groups. Only 3 elderly people and 2 children were able to provide oral verbal feedback after the sessions.

**Table 4. Attendance in setting 1**

	<i>Observed session 1</i>	<i>Observed session 2</i>	<i>Observed session 3</i>
<i>women</i>	6	8	8
<i>men</i>	1	1	1
<i>girls</i>	7	5	6
<i>boys</i>	4	2	1
<i>Total number of participants per session</i>	18	16	16

The majority of the elderly participants attending the sessions were women (6) with ages ranging from 70 to 97 years old.

A core group of six elderly women who attended all the observed sessions presented a wide range of conditions including dementia and other physical ailments (difficulty with breathing, arthritis).

Changes in mood scores were detected in both groups within and across sessions. In both groups, the lowest ArtsObs score captured across sessions was 4 (reserved, quiet, still, passive) and changed over time to satisfied, happy or excited.

Mood change scores for core elderly participants in setting 1 showed an increase in happiness before and after the intervention. Of the six core participants in setting 1, mood changes registering satisfaction and happiness increased across sessions in 4 out of 6 participants. In

terms of relaxation, 4 participants showed signs of relaxation (one or two changes evident), whereas 2 participants ranked 3 in terms of relaxation (multiple changes or pronounced changes obvious) across sessions.

In the children's group, there were also more girls (7) than boys, their ages ranging from 16 months to 4 years old. As with the adults, the lower initial score given to the core group of children was 4 before each session started. In one of the observed sessions, only one young child's mood score decreased from 4 to 2, as the child became restless as the session progressed. Across the three sessions evaluated, 2 (out of 5) children remained highly engaged (6 and 7 score across sessions) visibly expressing excitement at the end of the intervention. Three younger children showed a slight change in mood scores (from 4 to 5) depending on the arts activity being carried out; they showed a capacity to focus but were not willing to participate actively.

The qualitative element of the ArtsObs scale permitted the collection of case studies that captured participants' feedback even if they did not attend all of the evaluated sessions. For the purposes of this evaluation, only three case studies are reported per setting.

### **Setting 1, case study 1**

A verbal mobile elderly lady, whose initial mood score was consistently 4 (several times she was sleeping when the session started) and scored highly at the end of the sessions (6-7) was consistent in giving negative oral feedback after the sessions. Interestingly, when the intervention team reviewed the sessions' footage, her body language conveyed enjoyment and changed drastically throughout the session from being sleepy to smiling widely and often, and also moving forward to engage in different exercises. Despite providing consistent negative feedback across, this participant attended all music sessions and made a visible effort to engage. Thus, although she did not report positive effects on her subjective wellbeing as a result of the intervention, her social wellbeing had a positive impact as evidenced by her attendance, engagement and interactions.

### **Setting 1, case study 2**

A gentleman resident with poor mobility who only attended 2 observed sessions and scored 4 in the first session showed a dramatic mood change within and across sessions. Most significant was the friendship he developed with two verbal children with whom he shared a love for steam trains. This group of friends were able to carry out conversations across weeks about steam

trains. The resident was not able to attend the last music sessions because of poor health, and after asking several times where he was and why he wasn't in the session, one of the children asked: 'is he having a duvet day?' The children, along with others, went to visit him in his room and play some music for him.

**Setting 1, case study 3**

From observations, a resident who consistently scored 5-6 in the ArtsObs scale despite lack of communication and reduced mobility, appeared to be post-verbal because of dementia. As a result of an interview conducted with a staff member at the end of the intervention, it was revealed that this resident's behaviour had consistently changed on the day of the music sessions. It was reported that, although the resident does not use words to communicate, the resident is capable of swearing quite profusely at the same time every afternoon; except, now, it does not happen after the music interventions. Consequently, this change in attitude has had a positive snowball effect in this setting.

**In setting 2**, a core group of 5 residents and a core group of 3 children attended the three observed sessions; ages ranged from 5 months to 98 years old. In contrast to setting 1, there were more men present in the adult sessions and more girls present in the children's group. Sadly, half way through the intervention, one resident passed away.

**Table 5. Attendance in Setting 2**

	<i>Observed session 1</i>	<i>Observed session 2</i>	<i>Observed session 3</i>
<i>women</i>	3	3	1
<i>men</i>	5	6	6
<i>girls</i>	6	4	6
<i>boys</i>	2	2	2
<i>Total number of participants per session</i>	16	15	15

In the elderly group, 2 participants sustained a high level of engagement (6 and 7) across the three observed sessions, 2 participants showed a one-point increase in their levels of happiness post intervention. Children also showed increase in their levels of engagement and participation in and across sessions: 2 children out of the core group of 3 showed a mood score change of

one point (5 to 6: satisfied to happy). Only one child's mood and relaxation score decreased by one-point after the intervention.

In terms of relaxation, 3 out of 5 core elderly participants showed multiple changes that indicated they were relaxed after the interventions; 2 participants showed one or two changes after the interventions.

### **Setting 2, case study 1**

A staff member reported in a final interview that as a result of the music interventions two individuals began an unpredicted friendship. The staff member reported that it was particularly beneficial to both parties because, until the music sessions started, one of them never came out of his room because he thought he did not have anything in common with anyone else in the care home. This particular resident has a physical disability in contrast to a high number of residents who suffer from dementia and other mental illness. The staff member reported that both friends meet for lunch every day and talk more regularly during the week. The resident who used to be secluded in his room comes out more frequently and has reported that the music sessions have inspired him to re-learn how to play the harmonica.

### **Setting 2, case study 2**

Two staff members interviewed commented on the strong positive effect the music sessions have had on another resident. They both commented that the partner of the resident in question could not believe that this resident was singing and participating in the music sessions. The partner stated in disbelief at watching the partner in the sessions, commenting that singing had never happened in 30 years of marriage. According to both staff members, the resident sings throughout the week, especially at lunch time, and talks often about the music sessions. One staff member reported: *'the music has unlocked something!'*

### **Setting 2, case study 3**

An interview with a childminder revealed that a child was growing close to one of the residents and often asked about her. The childminder reported that as soon as they arrived at the music session, the child would inspect the room looking for the resident. If the resident was present, the child would go to stroke their hand and lingered for minutes doing this or holding hands with her. On one occasion, the resident did not attend the session; the child was insistent in wanting to know why the resident wasn't there and where she was.

Regarding negative feedback, one participant reported that some sessions were too child-centred, one expressed concerns about using Zimmer frames as part of the intervention, and a few found challenging the use of space and objects, particularly in Setting 1. Specific concerns about using Zimmer Frames to play with were expressed from the belief that using residents' means of mobility can generate some anxiety among elderly residents; the children break them, or if they are removed, it precludes residents' mobility. Finally, two participants preferred to sing old songs instead of composing or singing new ones.

## Analysis and Discussion

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Three inter-related and inter-dependent themes emerged from the qualitative part of the evaluation to provide evidence of the impact that the intervention had in reducing isolation, increasing wellbeing and strengthening community cohesion.

### *'Skinship'*<sup>1</sup>

*'The music session reminded me of Christmas'*

Session visitor

In a broad western context, the term *skinship* refers to touch, to non-verbal ways of connecting and communicating respect. The Making Bridges with Music intervention was successful in reducing isolation and increasing social and personal wellbeing and creating community cohesion by creating a safe space and encouraging human contact to happen. 'Skinship' refers to the importance of familiarity through touch and physical contact. This physical contact between young children and elderly residents was reported as an important part of the intervention by childminders and care homes staff.

This visitor's comment reflects that opportunities for intergenerational connections are rather rare. For elderly people living in residential homes these opportunities are even more rare; staff interviews revealed that in some care homes children are only allowed in by appointment because of residents' mental health issues.

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<sup>1</sup> In Japan and Korea '*skinship*' is a term used to signify bonding through physical contact, such as holding hands or hugging. The Japanese word evokes the coming together of touch and kinship, a 'mutuality in being'. (Gregory, 2011).

Evidence from the ArtsObs Scale revealed that the number of home care residents and children attending the sessions remained stable throughout the intervention despite illness and occasional negative feedback. The scale also revealed that levels of happiness and relaxation of both young and old increased throughout the intervention. Feedback provided by adults revealed that people were connecting in unexpected ways, young and old, old and old. Childminders and care home staff members commented on the importance of getting a hug, especially for residents with no relatives:

*C talked for ages about how nice was to get contact with the children, because it is rare for some residents to get contact with children.*

#### Care home staff member interview

Research has identified the importance of changing negative stereotypes about ageing, exposing children from an early age to the natural process of ageing, what it means and does to the body could be one of the mechanisms needed to change embedded cultural norms about negative perceptions of old age. As one pre-school child was advising her elderly friend with wrinkly skin:

*You can buy (brand name) cream to make it –the skin- smooth.*

#### Pre-school child

This interaction was used by the childminder to explain to the child that papery, wrinkly skin is normal at that age, and highlighted the need to be gentle. This interaction provided a valuable opportunity to tackle potential nascent negative stereotypes about aging.

Isolation also happens within care homes, and between social circles that never interact with each other. As evidenced by the case studies described above, the music intervention was successful in bridging gaps both within the care homes and to outside members of the community. Both residents and young children asked about each other and looked forward to seeing each other every week. Care home residents who had kept themselves isolated in their rooms, ventured out to the music sessions, giving them an opportunity and a space to interact with others through music and arts. The intervention was effective in connecting people inside and outside their known comfort zones.



As highlighted in the case studies above, the music sessions provided a space for children and adults (including childminders) to develop connections and friendships. One of the residents reported:

*I think these sessions are making the little ones more friendly (sic), more interested in what is going in the world. I am sure the children will remember this.*

Care Home Resident

In this intervention, childminders played a crucial role in facilitating interactions in the sessions and a latent capacity to contribute towards building a more cohesive community. The potential for further impact on building a more cohesive community is evidenced by the interest expressed by four childminders to continue working with the care homes beyond the intervention. Plans include a winter gardening project, Christmas crafts and carols with residents, children and their families. Childminders are effective bridges connecting the generations and contributing towards community cohesion.

The importance of touch, for both the very young and the very old, was an important aspect of the intervention, facilitating interactions, friendships and learning. Additionally, the role of childminders in facilitating and promoting interaction in the music sessions is one aspect that could be extrapolated outside the context of the intervention.

### **Intergenerational learning**

One of the goals of the intervention was to create musical outcomes. The outcomes were ‘home-made’ songs composed by the elderly people in the afternoon reminiscing about that day’s morning session. However, feedback from the residents revealed that they were also learning – and enjoying- new nursery rhymes, games, learning to play new instruments (e.g. rainmakers, claves) and learning new ways of making music. Learning was happening both ways, both young children and elderly people were intermittent role models to each other, both learning and guiding:

*I learnt quite a bit! The music is home-made!*

Care Home Resident

*What a marvellous instrument! I love the sound of it (xylophone)!*

Care Home Resident

*The children have the opportunity to develop empathy, understanding and acceptance.*

#### Childminder Interview

This learning has the potential to be extended beyond the community of care homes, and as children grow in a community in which old age is seen as negative, it has great potential to shift this perception for a new generation of Torbay residents. A generation of children who are empathetic, resilient and inclusive of others who might be considered disabled or different would probably contribute to or be part of a more cohesive community.

The design and delivery of the music sessions fostered a safe space to take risks and for learning to happen through exploration of different arts forms and musical experiences; they encouraged a willingness to learn from each other.

Learning opportunities abounded, often unexpectedly. The sessions provided a safe setting for children to learn boundaries, as explained by a childminder:

*In one session E- a resident- and D – a young child- were playing. D threw something at E; E jested, and acted out as if he was hurt and in pain. This interaction seemed to have had an effect on D because since then, he is more thoughtful about tossing or throwing things even when we are playing with other children. D is more thoughtful about it. He has started to realise that throwing things at others is not always appropriate. D doesn't understand personal space, we had been trying to teach him for a while.*

#### Childminder Interview

Role models provided pivotal learning opportunities afforded to different participants in the intervention. For young children and elderly people, the intervention created opportunities to experience a reversal of roles from being cared for to take leadership in an interaction. Children were able to demonstrate how to play certain instruments (e.g. rain maker, xylophone) and share new nursery songs with the elderly residents. Likewise, older participants shared old songs with the children and helped them create some of the art work.

Additionally, childminders reported that during the length of the intervention, children were exposed to challenges and learning experiences not available to them on a regular basis.

Evidence of this learning was recorded on children's Tapestry Journal<sup>2</sup> which tracks children's early years' learning and progress.

Childminders were also key to facilitating and encouraging interaction in the sessions and building further connections beyond the intervention. A few of the childminders interviewed reported having a strong ethos about role modelling positive behaviours to young children. At least half of the childminders involved in the project had concrete plans to continue the connection with the care homes. The role of childminders as bridges connecting both generations was key and the potential to continue that interaction beyond the care homes is essential for community cohesion. Childminders have real potential to build on the intervention's goal of building a more cohesive community and taking the benefits beyond care homes.

Both childminders and care home staff reported that the music sessions afforded young children and residents the opportunity of role reversals from being cared for to be carers and role models. For instance, children were able experience helping others, to show residents how certain instruments work (e.g. rainmakers, xylophones); residents were able to interact with children and staff producing work and taking risks in a safe and supportive space. Furthermore, childminders were key in modelling and encouraging interactions with elderly people. A few childminders reported that modelling positive behaviours, particularly empathy and curiosity' are a fundamental principle of their ethos as childminders.

Intergenerational interactions also provide opportunities to stop nascent stereotypes or fears from developing. Childminders highlighted the importance of exposure:

‘Seeing and interacting with elderly people; there is nothing to be afraid of’

#### Childminder Interview

The music sessions afforded all participants involved in the sessions, (including visitors and relatives) opportunities to learn new things (musically, artistically) and to learn about others, and what they are capable of doing. Care home staff and childminders reported that the activities and the content of the sessions were ‘just right’ for the participants involved:

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<sup>2</sup> Some childminders reported using Tapestry Online Learning Journal™ to record children's learning and progress in different areas.

*The level of activities were just right, not patronising, not over complicated, so it didn't highlight what you cannot do, it included just enough technicality, what they can achieve within their ability.*

Care home staff member

Undoubtedly, reflective sessions contributed greatly towards the fine balance achieved in the interventions. One interesting finding from the reflection sessions and interviews with childminders is the identification of commonalities between the very young and the very old (especially those with dementia). The list is exhaustive, but a sample of commonalities include:

- Enjoy repetition (songs, rituals, routines)
- Can become poorly frequently
- Enjoy simple things
- Speak the truth, no social filter
- Don't know the time of the day
- Get tired very quickly and need to sleep
- Have the capacity of being in the moment
- Moods change quickly without giving any warning
- Lack of inhibition that allows them to explore and learn new things

The intervention team incorporated these elements in the planning and delivery of the sessions in order to keep all ages and abilities engaged and to facilitate interaction, learning and inclusion. In addition to these observations, the intervention team paid special attention to and encouraged creative collaboration and highlighted the importance of embracing silence and pauses as a meaningful part of the intervention.

## **Wellbeing**

Residents reported that they felt listened to and their opinions valued in the music sessions. The composition element of the intervention allowed residents to make a meaningful contribution; some residents made clear recommendations about the tempo of the music. The music sessions allowed participants to express preferences even those who were pre- and post-verbal and acted upon those preferences. In this sense, participants' confidence, sense of self-worth and sense that they have something valuable to say contributed towards their personal and social wellbeing.

Even those who provided negative feedback, as reported in the case studies, were afforded a voice and were listened to. Sessions were planned taking into account verbal and non-verbal cues from participants; informing session delivery and inclusion practices within the session.

The intervention also contributed towards the physical wellbeing of participants despite challenges with physical space and limited mobility. Care home staff reported that music facilitated therapeutic exercises (e.g. hand and leg movements); that residents are normally reluctant to conduct.

Interacting with children also stimulated participants to move forward on their chairs, bend down, stand up and go around a room. Interestingly, some residents reported engaging in this mild physical activity despite being in physical discomfort, but how much they enjoyed interacting with the children in that way. Thus, assessing the effects of an intervention on the physical wellbeing of elderly people who might be affected by serious and long term conditions needs to take into account the impact on other aspects of wellbeing.

Care home staff also reported that the sessions had a positive effect on people's wellbeing in the care home, including staff members:

*The sessions keep residents in a happy place instead of roaming about, it has a snowball effect on other residents and the home as a whole.*

Care home staff member

In terms of social wellbeing, the music sessions had a positive impact in building confidence and supporting feelings of being accepted as part of a group. A care home resident reported that he was initially apprehensive about joining the music sessions because of his disability; he was concerned his disability would scare the children. By the end of the intervention, this resident had engaged fully with the children, had developed friendships with other care home residents and reported feeling inspired to learn to play a musical instrument.

Childminders also reported that as time went by children became more confident, and made braver choices. The sessions also helped children to alleviate some anxiety by taking part in the process of creating art and making music.

## Conclusions

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*'How do I...get from me...to you?'*

Visual Artist

Common conceptions of isolation portray elderly people living in loneliness without too much human contact. However, isolation could also affect other groups in society if groups are defined by their lack of exposure to diverse communities. Intergenerational interventions have the potential to decrease both types of isolation by facilitating exposure to people with different abilities and backgrounds to break down cultural, social and physical isolation.

Initial feedback collected for this evaluation revealed an entrenched assumption that intergenerational interventions only benefit the elderly in terms of inclusion and wellbeing. This evaluation found that both, the very old and the very young benefited from this type of intervention and that there is real potential to extend the benefits of the intervention to create a cohesive community.

### **What's in it for the children?**

Childminders reported that the children involved in the intervention were speaking more, forming friendships and learning to overcome nascent fears of elderly people. Exposure to elderly people who are fragile, who look and act differently to other adults reassures children

and normalise difference. It fosters acceptance, empathy and inclusion. Exposing children at an early age, before prejudices form and they have a chance to see elderly people with wrinkled papery skin as just another human being. This exposure has a greater potential to raise a new generation of people who value a diverse community, including the elderly.

In these sessions children's input is also valued in the creation of new music or art. Children had the opportunity to be part of a diverse group, to explore, to be challenged and supported to work at a higher level (as in Vygotsky's zone of proximal development, Chaiklin, 2003, 7; and Halstead, C., in press, 12) in a safe space with the guidance of childminders, musicians and artists (as in guided participation, Rogoff et al., 1993).

Children learnt to collaborate with young and adults alike; at the beginning of the intervention children seemed 'to parallel play rather than play collaboratively.' (Visual Artist)

The sessions also provided a safe setting for children to learn boundaries and be challenged at different levels. The sessions allowed some children to interact socially and develop social skills, become more confident in their interactions with residents and develop different mechanisms to get attention from post-verbal people.

In terms of identity and community cohesion, the intergenerational sessions provided a conduit for musical heritage, young children were exposed to old songs and nursery rhymes; likewise, the elderly population were exposed to new songs and games. These opportunities granted each generation re-assurance about the cultural knowledge they possess and realisation that is valued by others.

There is a great need, including the Torbay area, to bring about a cultural shift to value the elderly and to change negative stereotypes of old age. Early exposure to the realities of ageing may contribute towards raising a new generation with more positive perceptions of aging and health care. Moreover, children may grow to appreciate the role and importance of support care workers, a shift that would benefit the community at large.

In summary, this intergenerational music intervention allowed children to learn empathy, resilience and other life lessons while having fun and being creative. They offered a unique opportunity to be part of a unique group with diverse role models that also allowed musical exploration.

### **What's in it for the elderly people?**

Residents reported that the intervention provided opportunities to learn. The intervention design and delivery methods, allowed the team to incorporate people's comments and feedback. Furthermore, the intervention team acknowledged and acted upon negative comments or unexpected participants' reactions. One of the case studies reported seemingly contradictory effects of the music intervention on one participant. From the observations, changes in participant's body language (smiles, engaged body posture) and engagement throughout the duration of the intervention recorded a visible change in the ArtsObs Scale. However, the participant's oral feedback after the session was negative. Interviews with staff members revealed that this participant is generally in a sour mood and does not engage easily with others. Nonetheless, this participant attended every session of the intervention and interacted actively with the children, thus having some positive effect on her social wellbeing as the participant engaged more than usual.

The sessions have given residents a focus for the week and reasons to talk amongst themselves. It has provided a sense of purpose that was not there before, as reported by care a home staff member; it gave the space for support workers and residents to interact as equals.

For a few elderly people, the intergenerational sessions prompted them to reflect on their life experiences, especially those who did not have or had lost children. The sessions allowed for these difficult conversations to happen in a safe and compassionate space. Participants who experienced this nostalgic journey continued to join the sessions, interact with the children until the end.

In summary, this music intervention was successful in creating a space where elderly people could have fun by creating opportunities to be creative, to learn, to physically interact with the children, to learn new music and games and to explore music and instruments. Residents had the opportunity to become more active and to have their roles reversed and to be treated as equals.

### **What's in it for the community at large**

For home managers and staff, the intervention provided an opportunity to know their residents better and to see what they are capable of doing, what they are still able to achieve. The sessions also produced some relief to support care workers, residents were calm and settled after the music sessions. Thus, uplifting and calming the atmosphere of the homes.



This a first step in building a more cohesive community, a step towards re-connecting cultural heritage by sharing songs and games. Childminders reported that children were singing the songs in their homes.

Childminders are key to taking the legacy of the intervention to the community. They have reported that it is important to re-connect both generations and take the links beyond care homes and nurseries. If childminders are successful in building strong connections between care homes, young children and families in the community, this will help to reshape the Torbay area into a community where all its members feel valued, connected and purposeful.

Isolation does not happen overnight; it is a societal attitude that develops overtime. If younger generations are taught to connect from early age, if they are taught to see and seek invisible groups within their community, they will be addressing their potential future isolation as well.

### **Why a multi-disciplinary intervention team?**

The intervention was successful because of the team's competencies, skills, experiences and flexibility to adapt to a changing audience. Reflection time built into the session design and delivery was key to adapting to the shifting exigencies of the diverse groups. However, finding commonalities among the seemingly opposite group of participants allowed them to create a structure that guided the flexible approach.

From an evaluation point of view, footage can be effective in 'uncovering hidden perspectives, adding empathic power and strengthening participants' voices. In this case, the artistic outcome is also useful for dissemination purposes, to make results accessible beyond academia or policy making circles' (Daykin and Josh, 2016, 10). The MBWM intervention was successful in their use of footage to inform inclusive delivery; furthermore, footage will be also used to disseminate musical outcomes to the community at large.

The use of video also posed different challenges. Practitioners developed a system to edit and catalogue footage in each session. It is quite easy to collect hundreds of hours of footage, which in turn is time consuming to store. Additionally, caution is needed not to exclude participants who have not given permission to be filmed.

Care home staff reported that the interactive part of the sessions was a key element to their effectiveness in increasing self-worth and wellbeing. In contrast to performances, interactive music-making sessions offer participants opportunities to be active and engaged in the music-

making process. Asking for ideas, encouraging the imagination, being fully involved in the process allows for an increase of self-worth, as their ideas are valued and used.

## Challenges

Care homes, childminders, musicians and artists and evaluators faced different challenges. For evaluation purposes, it was difficult to obtain any verbal consent or feedback from some residents and young children. In this case, body language became an indicator of how participants perceived the intervention.

For the care home managers and intervention team, there were initial concerns about health and safety, use of space, extra work and who to invite to the music sessions. ‘Making the right choice’ became an essential element to decide who would fit in well in an intergenerational session. Additionally, since residents’ health may deteriorate rapidly, it can be hard to get consistency of attendance.

For the artists and musicians, deciding how to engage such a diverse group at the same level in a small space became challenging at times. Elderly people have restricted mobility and children are not tall enough to engage at the same level with adults. It would have been ideal to have everyone interacting at the same visual level; for example by providing tables and chairs for children to sit.

Childminders were concerned that younger children were asked for their opinions and were not able to respond or talk back to the residents, thus putting more pressure on them to engage. In addition, keeping younger children engaged required a great effort and investment of energy from childminders.

This intervention provided a fertile ground to challenge engrained ideas about curiosity and identity. Seemingly, young children are perceived as curious and older adults (especially those with dementia) as in need of reclaim their identity. The intergenerational sessions demonstrated that these roles can be reversed, and that both groups can learn from each other. Ideally, children will grow to know that there are elderly people living in their community, rendering them visible and relatable; people with whom they might have interests in common (trains, horses).

MBWM demonstrated the potential this type of interventions have to impact institutional practices in care homes. Furthermore, it is key to support childminders and care homes via staff development courses on promoting and advocating intergenerational links.

## Recommendations

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- That funders and care homes continue to invest in intergenerational and interactive music and arts interventions in key areas of Torbay, targeting geographical areas of concern in terms of isolation.
- That Torbay Children Services develop CPD opportunities for childminders with a focus on how to facilitate intergenerational connections and how to model behaviour to facilitate interactions. Provide incentives for childminders to get involved in intergenerational interventions.
- That Torbay Council and local relevant organisations develop music and arts CPD opportunities for support care workers at residential care homes. CPD should focus on the benefits of music and arts interventions, exploring how best to support residents' creativity.
- That Torbay Children's Services encourage and develop mentors amongst childminders who have been part of the project to recruit and advise new childminders and care homes.
- Local arts and music organisations to develop and support intergenerational interactive interventions in collaboration with local care homes.

### **For organisations wishing to replicate this intervention:**

- Make sure you have a team of artists who are curious, passionate and dedicated
- Meet up with the care homes, look round and check the spaces and the expectations; conduct risk assessment and discuss safeguarding policies for both young and old.
- Be clear about the need to be flexible and adaptable but having a clear understanding of what the aims are.
- Have the right tools and materials to be able to change the room without overthinking or stopping the momentum.
- Work with someone who the childminders trust and know
- Programme in time for reflection with other artists and the care home/child-minders.
- Be flexible and allow time to shift and slip.
- Learn from the groups you are playing with.
- Be responsive to what and who's in the room
- Be prepared to change pace
- Celebrate the unpredictability
- Don't be afraid of repetition
- Don't be afraid of too much noise
- Don't be afraid of stillness and quiet
- Find a way to refer to everyone by their name (e.g. name stickers)

- Find a way to have moments of physical contact - a hand shake, holding hands, song actions
- Using video is time consuming; consider issues of storage, editing, sharing, copy right issues, and issues of consent. Be prepared to respect issues of consent without excluding those who declined to be filmed.

## Appendix: List of songs used and created

	Song Title (old)	Song Title (new)	
1	We'll Meet Again	Over The Bridge We Go	1
2	What Shall We Do With The Drunken Sailor	Candyland And Candyfloss Bed	2
3	Sleeping Rabbits	What Wasn't There	3
4	Horsey Horsey	Rainbow Blues	4
5	This Is The Way The Ladies Ride	Feet In The Water	5
6	My Bonnie Lies Over The Ocean	The Prince Of Whales	6
7	Wind The Bobbin Up	Bethesda Bridge	7
8	Happiness	Landsend Island Song	8
9	She'll Be Coming Round The Mountain	Lovely Song To Sing	9
10	Roll Out The Barrell	Song For The Day	10
11	Show Me The Way To Go Home	Flying In The Sky	11
12	Me And My Gal	The Mermaid Song	12
13	You Are My Sunshine	Memory Box	13
14	Lullaby Little Fishes	Army Ants	14
15	Two Little Dickie Birds	Young And Old Together	15
16	I am Being Eaten By A Boa Constrictor	The Joy Of Children	16
17	Run Rabbit Run	Good Bye Song	17
18	Row Row Your Boat	Lullabyee	18
19	Oh I do Like To Be Beside The Seaside	Crocodiles, Mice And Lions Too	19
20	Quartermaster Stores	The Horse Song	20
21	12345 Once I Caught A Fish Alive	The Railway People	21
22	Crocodiles, Mice And Lions Too	Travelling Near Or Far	22
23	Tony Chestnut	I've got Bones In Me	23
24	Eine Kleine Nachtmusik		
25	Yellow Bird		
26	5 Little Monkeys		
27	5 Little Speckled Frogs		
28	All Things Bright And Beautiful		
29	Six A Song Of Sixpence		
30	5 Little Birdies Sitting On A Tree		
31	Twinkle Twinkle Little Star		
32	Little Brown Jug		
33	Yellow Submarine		
34	Somewhere Over The Rainbow		

## References

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- Ageing Well Torbay. Available at: <https://ageingwelltorbay.com/about/>
- All-Party Parliamentary Group on Arts, Health and Wellbeing. Inquiry Report. Creative Health: The Arts for Health and Wellbeing. July 2017. Available at: [http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative\\_Health\\_Inquiry\\_Report\\_2017.pdf](http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf)
- Bales, S., Eklund, S., & Siffin, C. (2000). Children's perceptions of elders before and after school-based intergenerational program. *Educational Gerontology*, 26:677-689.
- Belgrave, M. (2011). The effect of a music therapy intergenerational program on children and older adults' intergenerational interactions, cross-age attitudes, and older adults' psychosocial well-being. *Journal of Music Therapy*, 48:486-508.
- Bell, R. (2015). An overview of the English Indices of Deprivation 2015 for Torbay. Torbay Council Public Health Team. Available at: <http://www.southdevonandtorbay.info/media/2971/english-indices-of-deprivation-2015-report-torbay.pdf>
- Beynon, C. & Alfano, C. (2013). Intergenerational music learning in community and schools. In Community Music Today, Veblen, K., Messenger, J., Silverman, M. & Elliott, D. (2013). Rowman & Littlefield Publishers, Inc. & NAFME: National Association for Music Education.
- Caruso, F. (2013). Embedding early childhood education and care in the socio-cultural context: the case of Italy. In Georgeson, J & Payler, J. (eds), *International Perspectives on Early Childhood Education and Care*. Open University Press: Maidenhead.
- Chaiklin, S. (2003). The zone of proximal development in Vygotsky's analysis of learning and instruction. In Kozulin, a., Gindis, B., Ageyev, V., & Miller, S. 'Vygotsky's educational theory and practice in cultural context.' Cambridge: Cambridge University Press.
- Daykin, N., & Josh, T. (2016). *Arts for Health & Wellbeing: an Evaluation Framework*. Public Health England. Available at: <http://www.ae-sop.org/wp-content/uploads/2014/08/Aesop-PHE-Arts-in-health-evaluation-framework.pdf>.

Daykin, N., Julier, G., Tomlinson, A., Meads, C., Mansfield, L., Payne, A., Duffy, G., Lane, J., D’Innocenzo, G., & Burnett, A. (2016). Systematic Review. Assessing the relationships between engagement in music and subjective wellbeing. **Volume 2: Music and singing interventions for adults living with diagnosed conditions.** Available at <https://whatworkswellbeing.files.wordpress.com/2016/11/2-systematic-review-diagnosed-conditions-music-singing-wellbeing.pdf>

Dolan, P. & Metcalfe, R. (2012). Measuring subjective wellbeing: recommendations on measures for use by national governments. *Journal of Social Policy*, 41:409-427.

Edwards, C., Gandini, L. & Forman, G. (1998). The hundred languages of children: The Reggio Emilia Approach. Advanced Reflections (2<sup>nd</sup> ed.). Westport, CT: Ablex.

Fancourt, D., & Poon, M. (2015). Validation of the Arts Observational Scale (ArtsObs) for the evaluation of performing arts activities in health care settings. *Arts & Health*, 8:140-153.

Fox, D., & Liu, L. (2012). Building Musical Bridges: early childhood learning and musical play. *Israel Studies in Musicology Online*, 10:57-67.

Gregory, C. (2011). Skinship: Touchability as a virtue in East- Central India. *Journal of Ethnographic Theory*, 1: 179-209.

Hannah, W. (2014). A Reggio-inspired music atelier: opening the door between visual arts and music. *Early Childhood Education Journal*, 42:287-294.

Hara, M. (2011). Music in Dementia care: Increased Understanding Through Mixed Research Methods. *Music and Arts in Action*, 3:34-58.

Halstead, C. (In Press). Inspiring work with Birth-to-twos; a creative and cultural perspective. In Georgeson, J and Campbell-Barr, V. *Places for 2 year olds in the Early Years: Supporting learning and development*. London: Routledge

Heinsch, M. 2012. Getting down to earth: Finding a place for nature in social work practice. *International Journal of Social Welfare* 21:309-318.

Kaplan, M., & Larkin, E. (2004). Launching intergenerational programs in early childhood settings: a comparison of explicit intervention with an emergent approach. *Early Childhood Education Journal*, 31: 157-163.

McDonald, R., Kreutz, G., & Mitchell, L.(2012). *Music, Health & Wellbeing*. Oxford: Oxford University Press.

Mental Health Foundation (2011). *An evidence review of the Impact of Participatory Arts on Older People*. London: Mental Health Foundation.

Park, A. (2015). The effects of intergenerational programmes on children and young people. *International Journal of School and Cognitive Psychology*, 2:1-5.

Quinn, J., Blandon, C., & Batson, A. (2017). The Beyond Words Project Report. Available at: [https://www.plymouth.ac.uk/uploads/production/document/path/9/9063/Beyond\\_Words-Final\\_Report-12-6-2017.pdf](https://www.plymouth.ac.uk/uploads/production/document/path/9/9063/Beyond_Words-Final_Report-12-6-2017.pdf)

Quinn, J., & Blandon, C. (2017). The potential for lifelong learning in dementia: a post-humanist exploration. *International Journal of Lifelong Education*. 1-17. <http://dx.doi.org/10.1080/02601370.2017.1345994>

Robb, S., Burns, D., & Carpenter, J. (2011). Reporting Guidelines for music-based interventions. *Music Med*, 3:271-279.

Rogoff, B., Mistry J., Göncü A, Mosier C. (1993). Guided participation in cultural activity by toddlers and caregivers. *Monogr Soc Res Child Dev*, 58: 1-174; discussion 175-9.

Sixsmith, A. & Gibson, G. (2007). Music and wellbeing of people with dementia. *Ageing and Society*, 27:127-145.

Spiro, N. (2010) Music and dementia: Observing effects and searching for underlying theories, *Ageing & Mental Health*, 14:891-899.



