THE POWER OF SONGS: AN EVALUATION
OF PLYMOUTH MUSIC ZONE’S
‘KEEP SINGING, KEEPSAKE’ PROJECT

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# TABLE OF CONTENTS

Executive Summary ........................................................................................................... 3

1 Introduction .................................................................................................................... 6

2 Literature Review .......................................................................................................... 7

2.1 The scope of the review ............................................................................................ 7

2.2 Emotional wellbeing ................................................................................................. 8

2.3 Social isolation and loneliness .................................................................................. 9

2.4 Intergenerational Performance ............................................................................... 11

2.5 Characteristics of effective interventions ............................................................... 12

2.6 Conclusions of the review ....................................................................................... 14

3 Methodology .................................................................................................................. 15

3.1 Methodological approach ....................................................................................... 15

3.2 Ethical considerations ............................................................................................... 15

3.3 Focus group with music leaders ............................................................................. 16

3.4 Case studies ............................................................................................................. 16

3.5 Participant observations .......................................................................................... 19

3.6 Interviews ................................................................................................................ 19

3.7 Songs ....................................................................................................................... 20

3.8 Reflective diary ....................................................................................................... 22

3.9 Families and friends ............................................................................................... 23

3.10 Analysis of data .................................................................................................... 23

4 Research findings ......................................................................................................... 24

4.1 Promoting emotional wellbeing ............................................................................. 24

4.2 Preventing social isolation and loneliness ............................................................. 29

4.3 Promoting intergenerational performance ............................................................ 33

4.4 The role of the keepsakes ....................................................................................... 35

4.5 Understanding the power of songs ....................................................................... 36

5 Conclusions ................................................................................................................... 39

5.1 Achieving aims ......................................................................................................... 39
5.2 Learning Points

Recommendations

Acknowledgements

References

Appendix 1: Consent Forms
EXECUTIVE SUMMARY

Background

Plymouth Music Zone (PMZ) is a highly regarded community music charity with a national reputation. It uses music to address social inequalities and targets marginalised groups including older people living in disadvantaged areas who are at risk of isolation. The ‘Keep Singing, Keepsake’ Project (KKP) works with older people in a range of residential and community settings. A weekly group singing session is designed to strengthen social ties and improve emotional wellbeing among the participants. CDs and DVDs are made from the sessions to give to families and friends as keepsakes. The keepsakes provide an historical record of the project and information for others who wish to consider similar work. The project also aims to promote intergenerational communication and understanding via opportunities for these singing groups to perform with groups of young people working with Plymouth Music Zone.

Aims

The evaluation was conducted by Professor Jocey Quinn and Claudia Blandon of the Plymouth Institute of Education, Plymouth University. Its aim was to assess how far and in what ways KKP meets its key targets of: promoting emotional wellbeing, reducing social isolation and loneliness and promoting intergenerational performance. The evaluation also aimed to address unexpected outcomes of the project and to make recommendations on how it could be expanded and improved. It also sought to make general points about music-making with older people and contribute to this field overall. The research also developed ideas about interactions between people and songs and thus makes an innovative contribution to theorising the social impacts of music.

Methodology

The research began by gaining detailed ethical approval. It consisted of a literature review; a focus group with PMZ music leaders and two detailed case studies in settings nominated by PMZ as showing good practice and learning points. The case studies involved 10 participant observations, including a list of participants’ favourite songs and their responses to them, a reflective diary and 19 in-depth interviews with residents, staff and music leaders. In this way, and within the limitations of the funding available, the evaluation provides a contextualised in-depth study of KKP and its impact on participants.
Key Findings

KKP is successful in promoting emotional wellbeing in multiple ways. It helps participants to relax, breathe better and in some cases provides respite from serious illness. Some participants who have had a stroke have recaptured their voice and with it a sense of control, thanks to KKP. KKP gives participants the chance to express their feelings and to share emotions about difficult subjects, like death. It serves to help participants recapture happiness and as songs are portable they take this with them during the week, making them more positive and pleasant for staff to work with. Participants use KKP to celebrate their own survival, often against the odds. It provides an alternative source of comfort and support in a secular society, which is particularly valuable for those facing the end of their lives.

KKP also meets its goal of preventing social isolation and loneliness. It creates a social network and bonds people together with tolerance and pleasure in each other in a way that other activities cannot. Being involved in KKP helps to generate and support sociability, encouraging engagement in other activities. Engaging in KKP is a way of sharing knowledge and learning new things. Participants have a broad range of musical experience and even those who were new to singing have a rich fund of love of music. The music leaders draw on this knowledge in expert ways. Favourite songs make things happen provoking memory and helping participants reconnect with the past. The music leaders make sure that everyone is included in the sessions and pay attention to particular needs. Although few men attend the sessions over time they can be progressively drawn in.

PMZ has found that developing intergenerational performance is a slow process with older people due to their lack of confidence in performing publicly. However, they have been building links such as taking participants to see young people perform at Plymouth Music Zone’s education centre. After the fieldwork period, participants from one case study made their first public performance at an intergenerational concert and this proved a memorable and moving occasion. Intergenerational links also exist between KKP participants and the music leaders: a relationship of mutual learning that is highly valued by both sides.

The keepsakes were less important to participants in these case studies than the experience of singing. In these case studies the CDs were mentioned positively but the videos did not seem of particular interest, although staff suggested that families had welcomed them warmly. However, anecdotally, we know that many KKP participants, family members and staff in other settings value the keepsakes highly. The video keepsakes are also a valuable resource for PMZ, capturing the vitality
and power of KKP and providing a historical record that can also be used to help other projects.

**Conclusions**

This detailed study of KKP reveals that for its participants it is extremely successful in meeting its key aims. The participants take great pleasure in KKP and the benefits last well beyond the duration of the weekly session. The PMZ music leaders respect and interact well with the participants, respond to any concerns expressed by staff and take considerable trouble in planning sessions. Rather than seeing KKP as a passive experience where good is done to the elderly it should be understood as facilitating older people’s active engagement in an ongoing relationship with song. In this way, it reconnects older people with the past but also generates dispositions to learn new things and make new connections. KKP provides good value both in terms of money and social benefits. It also demonstrates great potential to develop further, both in expanding to more settings and in further developing certain aspects, in particular intergenerational performance. There are also exciting possibilities in linking KKP to other forms of learning experience which would be well worth exploring.

**Recommendations**

The report makes the following recommendations:

- That PMZ continues to develop and expand its provision of KKP
- That the small improvements to organisation and delivery indicated by the research be implemented
- That opportunities for intergenerational performance be increased within KKP
- That PMZ encourages participants to act as KKP facilitators or champions to help reach and support those older residents who are not currently involved
- That the role of the keepsakes be reassessed to maximise effect, including varying the form the keepsakes take within each setting to best meet the needs of participants
- That innovative ways of linking KKP to other learning activities be sought
- That further research be conducted with families of participants and with older people who choose not to be involved with KKP
- That PMZ explores opportunities for international collaborations related to KKP, for example under the EU Horizon 2020 programme which prioritises funding for projects promoting ‘Healthy and Active Ageing’
- That funders continue to support KKP and, if possible, increase funding
Plymouth Music Zone (PMZ) is a highly regarded and award winning community music charity based in Plymouth. They work with a diverse range of marginalised groups in many community settings, using music to address social inequalities across Plymouth and beyond. PMZ has a wide scope, working with up to 1,000 people of all ages per week in impressive facilities that include the only multisensory music centre of its kind in the country. Amongst the groups they work with are older people in disadvantaged areas who are at risk of isolation. In doing so they are responding to national and international concerns about the growing numbers of older people who face problems of loneliness and depression.

The ‘Keep Singing, Keepsake’ project (KKP) works with older people in a range of residential and community settings. A weekly group singing session is designed to strengthen social ties and improve emotional wellbeing among the participants. CDs and DVDs are made from the sessions that the residents can keep and give to families and friends as keepsakes. The keepsakes also provide an historical record of the project and information for others who wish to consider similar work. The project also aims to promote intergenerational communication and understanding via opportunities for these singing groups to perform with groups of young people working with PMZ. Money to fund the project is drawn from PMZ grants from a range of funders including: the Arts Council England, the Big Lottery Fund, the Lloyds Bank Foundation for England and Wales, Affinity Sutton Housing and the David Gibbons Foundation. The project has already won national recognition.

Within project funding, a small amount of money was provided to conduct an independent evaluation of KKP and this funding was awarded to Professor Jocey Quinn, Head of Learning outside Formal Education at the Plymouth Institute of Education, Plymouth University, because of her interest in community based learning and her high reputation for qualitative research. The research was conducted by Professor Jocey Quinn and Claudia Blandon, Research Assistant at the Plymouth Institute of Education with the early assistance of Dr Stephanie Merchant. PMZ worked collaboratively with the research team with formative meetings and email contact ensuring that both sides were committed to the evaluation and worked together well to facilitate it. The research consisted of a literature review, a focus group with PMZ music leaders and two detailed case studies involving 10 participant observations, a reflective diary and 19 in-depth interviews with residents, staff and music leaders. In this way, and within the limitations of the funding available, the evaluation provides a contextualised in-depth study of KKP and its impact on participants.
The aim of the evaluation was to assess how far and in what ways KKP meets its key targets of: promoting emotional wellbeing; reducing social isolation and loneliness and promoting intergenerational performance. The evaluation also aimed to address unexpected outcomes of the project and to make recommendations on how it could be expanded and improved. It also sought to make general points about music making with older people and contribute to this field overall. The evaluation also developed ideas about interactions between people and songs and thus makes an innovative contribution to social theory that will help other researchers to analyse the social impacts of music.

2 LITERATURE REVIEW

2.1 THE SCOPE OF THE REVIEW

This literature review explores what is known about the effects of music interventions on wellbeing and social capital (the benefits gained from social networks) among elderly populations in the United Kingdom and different parts of the world. Specifically, it seeks to find evidence on whether singing or music sessions have positive effects on the elderly, particularly at social and psychological levels. This review focused on social rather than medical research because of PMZ’s project objectives (promotion of emotional wellbeing, overcoming isolation and loneliness and promoting intergenerational performances).

Criteria for inclusion in this literature review included: year of publication (since 2000), elderly populations as main participants of the project (both healthy and with several degrees of dementia diagnosis) and different types of interventions involving music and singing. However, to provide a brief historical context of this type of research, a systematic literature review of 30 studies addressing prevention of social isolation and loneliness among older adults from 1970-2002 was included (Cattan et al., 2005). The literature review also covered studies conducted in Taiwan, the United States, Australia, the Netherlands, Scandinavia and the United Kingdom. Participants in the research studies consulted for this review lived in nursing homes, sheltered accommodation or senior communities in different countries: the Netherlands, Taiwan, the United States, Australia and the United Kingdom. In most studies participants were mostly women (Forsman et al., 2011, Cohen et al., 2006, Lin et al., 2011) and were a combination of healthy persons and people with diagnoses of dementia.
The literature review reveals that there have been many case studies using music interventions with vulnerable populations (e.g. homeless people, people with dementia and persons with mental health issues) with some measurable impact. Although some researchers caution about generalisability of results because of methodological deficiencies in the studies (Forsman et al., 2011), they do acknowledge the potential positive effects of well-designed interventions. Other studies offer conclusive results about the positive effects of music interventions, in particular, community-based singing programmes on elderly populations, providing sessions are well structured (Davidson et al., 2013). In particular, qualitative research or qualitative parts of mixed methodology studies showed participants achieve a range of musical and social outcomes (Davidson et al., 2013).

2.2 EMOTIONAL WELLBEING

High prevalence of mental disorders among elderly people, with depressive disorders being among the most common, was one of the main reasons to conduct research in this field (Forsman et al., 2011). Studies indicate wellbeing may encompass measurable positive effects on physical elements (e.g. reduced number of falls or increased ability to function independently, Cohen et al., 2006), psychological elements (reduction of agitated behaviour, Lin, 2011 or reduction of depression or loneliness (Van der Vleuten et al., 2012) and social elements (involvement in more social activities, Cattan et al., 2005).

Studies focused on mental, physical or social wellbeing (Forsman et al., 2011). Some studies addressed wellbeing at different levels: psychological, physical, social or psychosocial and used different scales to measure the effect of singing or music sessions. A study addressing wellbeing in people with dementia defined mental wellbeing as the way a person is experiencing life (Van der Vleuten et al., 2012). Forsman et al., 2011 and Cohen et al., 2006 argue that individual psychological resources such as self-esteem and mastery are important mental health resources in old age that can prevent the onset of mental illness such as depression.

Forsman et al. (2011) offered a systematic review and meta-analysis assessing the effectiveness of psychosocial interventions for mental health promotion and depression prevention among older people. They measured the effects on quality of life, functional level, life satisfaction, social capital and positive mental health. Participants were older adults aged 65 and older with no diagnosis of any mental disorder. They evaluated a weekly singing session and final public performances for thirty weeks and found a statistically significant positive mental health benefit using a morale scale. In contrast, they also found that reminiscence activities showed no
statistically significant effects on mental health or life satisfaction or depressive symptoms.

Although there are many biological studies addressing the effects of singing interventions on the physical wellbeing of elderly people (especially those diagnosed with memory loss disorders), they were not included in this review because of the purposes of the project being evaluated. However, it is interesting to note that Cervellin et al. (2011) noted that silences in music sessions are important. Cervellin et al. (2011) measured the relaxing effect music sessions had on elderly people using biological variables. Specifically, their study found that an introduced silence pause (in between songs) reduced heart rate, blood pressure and ventilation even below the baseline, showing that silence between music had the most profound relaxing effect.

Some studies found that music or singing interventions designed for older adults with diagnosis of dementia do have a positive effect on their wellbeing (Van der Vleuten et al., 2012; Lin et al., 2011). Particularly, intimate live music performances have a positive effect on human contact, care relationships, and positive and negative emotions, especially for the mild dementia group (Van der Vleuten et al., 2012). Lin et al. (2011) conducted a study in Taiwan that explored the effectiveness of group music intervention against agitated behaviour in elderly persons with dementia. This study found that group music interventions alleviated agitated behaviour in elderly persons with dementia.

2.3 SOCIAL ISOLATION AND LONELINESS

It is not possible to make a complete divide between emotional wellbeing and social isolation, the two are intrinsically related. Cattan et al. (2005) defined loneliness or emotional isolation as a feeling of lack or loss of companionship; while social isolation was the objective absence of contacts and interactions with a social network.

Some studies have explored the impact singing sessions have on increasing social contacts and networks. Cohen et al. (2006) included 166 healthy ambulatory adults assigned to an intervention (chorale group) or comparison group, who were assessed after twelve months. This was a multi-site, longitudinal study conducted in 3 different states: New York, California and DC involving diverse cultural programmes. However, their study concentrated on the effects of a chorale group only in the Washington DC area. They found that members of the chorale group showed a trend toward increased involvement in other activities; this is significant because it is an important measure of level of independent functioning. They also
found that level of involvement in activities correlates with a positive impact on cognition in older adults.

Furthermore, some studies found that when older adults experience a sense of control, they demonstrate positive health outcomes (Cohen et al., 2006). The study conducted by Cohen et al., (2006) is widely quoted, perhaps because of its methodology and its findings stating that two important elements of wellbeing are individual sense of control and social engagement. In addition, they also found that self-perception of wellbeing was important; the intervention group reported an improved self-rating of overall health in comparison with the non-intervention group, which reported a decline in overall health.

In addition, Forsman et al. (2011) found that social capital is also an essential mental health resource. They conducted a meta-analysis of controlled trials (randomised and non-randomised) which looked at intervention programmes aiming to reduce depression of all age groups and found social support interventions to be the most effective among older adults (Jane-Llopis et al., 2003). It was also found that interventions with an educational input demonstrated a significant reduction in loneliness and social isolation (Cattan et al., 2005; Forsman et al., 2011). On the other hand, they also found that the majority of one-to-one interventions were unable to demonstrate a significant effect in reducing social isolation and loneliness (Cattan et al., 2005).

Most importantly, studies found evidence that meaningful social engagement is one pathway by which the wellbeing of older people might be enhanced (Davidson et al., 2013). Researchers observed positive health outcomes when older individuals are in situations that provide meaningful social engagement with others (Cohen et al., 2006). It can be concluded that well-structured and well-designed group singing programs provide stimulating social engagement for older people (Davidson et al., 2013) because of its constituent educational and social elements. Thus, singing group sessions can alleviate social isolation and loneliness among older people (Cattan et al., 2005).

Several studies found evidence that singing sessions for older adults also alleviate caregivers’ tasks, thus improving relationships (Van der Vleuten et al., 2012; Lin et al., 2011). Researchers explain that after music sessions people are often more calm, more open, less agitated, less aggressive, more accommodating and easier to take care of. Consequently, relationships with caregivers improve because the elderly are able to be more communicative and responsive; which in turn translates into a better quality of life for the elderly and better working conditions for caretakers.
Articles reviewed for intergenerational musical performances were consistent on the positive effects of intergenerational interactions using music. This review found that recent articles covering this research question are scarce but geographically diverse. Some studies were conducted in Australia (de Vries 2012), the United States (Conway 2008), Spain (Hernandez and Gonzalez 2008) and Canada (Aday 1991) and with different music interventions: one-to-one tutoring (de Vries 2012), intergenerational choirs (Conway 2008) and in community settings (Aday 1991). In particular, reviewed articles addressed intergenerational performances including choirs, music teachers/instructors and music volunteers. In sum, studies were a mix of formal and natural settings that allowed intergenerational musical performances.

Studies have found that intergenerational musical performances promote positive social engagement (de Vries 2012, Darrow 2001) and alleviated feelings of loneliness. Specifically among older people, it also fostered development of positive attitudes about young people and feelings of being valued and respected. De Vries (2012) and Conway (2008) observed that intergenerational performances offered the opportunity for elderly people to connect not only to younger generations, but also with the adults involved in the children's lives, and therefore extending their regular social networks.

For both young and old, there was reciprocity in learning. Newman and Hatton-Yeo (2008) stressed that one of the major outcomes of intergenerational learning is the reciprocity of learning that can occur; for instance the use of technology, techniques and introduction to different kinds of music (de Vries 2012).

Studies that have covered natural and planned interactions with children, young adults and college students, all have reported positive effects at different levels. For instance, de Vries (2012) and Aday (1991) report that intergenerational musical performances improve generational awareness, promote good mental health and facilitate multi-cultural awareness in addition to passing down a living history and cultural identity. It was often cited that the benefits of such programmes included increased understanding of the ‘other’ generation, enhanced knowledge and skills and fostering of intergenerational relationships.

Additionally, intergenerational musical performances help in changing preconceptions age groups have of each other (De Vries 2012, Conway and Hodgman 2008, Darrow and Johnson 2001, Aday 1991). Darrow and Johnson (2001) in particular note that intergenerational musical programmes help to create interpersonal attachments, develop mutual concern and dissolve stereotypes. Older
research participants reported finding youngsters rude or out of touch with reality before music interventions. Intergenerational performances allowed elderly people to learn more about young people’s lifestyles and in different settings where their behaviour was more pleasant.

De Vries (2012) reports that in previous studies, older adults used to play the role of mentors or tutors. In recent studies of intergenerational performances older adults and young people meet at the same level. In fact, Alfano (2008) found that intergenerational music interventions allow for both generations to meet at an equal level, where both are seen and perceived as equals and both have a common goal or/and interest. Hernandez and Gonzalez (2008) also reported a change in preconceptions from each group after the intervention and reduction of depression in the elderly participating in the research.

Some studies discussed how age can be used as way of self-categorisation and provided a comfort zone for identity (Alfano 2008). When people find themselves in an environment that does not match this self-categorisation, they might feel out of place or anxious (Alfano 2008, Conway and Hodgman 2008) inadvertently isolating people. Darrow and Johnson’s (2001) found that although people were apprehensive at the beginning, at the end they benefited musically and socially and gained greater respect for others. In general, feelings of apprehension subside the longer both generations are exposed to each other (Alfano, 2008).

The only challenge reported from intergenerational performances were specific to choir arrangements and singers’ placements within that setting (Darrow and Johnson, 2001). In those cases, choir members seemed to prefer staying near people of the same age group during rehearsals and performances, but interacted normally with the others the rest of the time.

### 2.5 Characteristics of Effective Interventions

Research studies offered a plethora of advice as to how to design and conduct a successful intervention according to the needs of the elderly population. Results show that it is important to incorporate sociable features for an intervention to be successful; for instance defined social roles and tasks that make people feel useful or needed (Forsman et al., 2011; Osgood et al., 2012). In addition, there is evidence that preventive approaches are most effective in reducing and preventing depressive symptoms. Forsman et al. (2011) found that the universal prevention category showed a statistically significant effect on quality of life.
One study consulted found that visibility was an important element of a successful intervention, for instance choral performances or displays (Forsman et al., 2011). Also, intervention design was found to be a key element for a successful intervention. The composition (heterogeneity or homogeneity) of the population should be considered in the intervention planning and implementation (Forsman et al., 2011) especially for music selection purposes (Lin et al., 2011).

In regards to music leaders, several studies found that it is important for music leaders to be likeable and considered part of the community. Davidson et al. (2013) found that in successful sessions, music leaders incorporated breathing and posture exercises. In regards to location of sessions, it is recommended that sessions are conducted in warm and comfortable environments (Lin et al., 2011).

Studies found that the length of the singing intervention might determine the degree of the effects intended; the longer the singing sessions run the more likely it is for participants to feel a positive effect on their wellbeing. One study illustrates this point: Davidson et al., 2013 evaluated the effect of singing sessions on older people on measures of health and wellbeing in an eight-week singing programme in Australia. However, the researchers did not find significant change in the standardised measure of wellbeing, in contrast with other studies using similar measures. The authors concluded that perhaps the length of the intervention (8 weeks) was not enough to have significant effects. Forsman et al. (2011) found that interventions longer than 3 months had a statistically significant positive effect on quality of life outcome, life satisfaction, enhanced positive mental health, and effect on depressive symptoms; while shorter interventions evidenced an inadequate power. In general, longer interventions yielded better life satisfaction.

Interventions with an educational element tend to be successful, especially when participants are consulted before the intervention is implemented (Cattan et al., 2005). Correspondingly, of the thirty quantitative studies Cattan et al. (2005) analysed, one third of interventions were found to be effective; mostly those with an educational or social support input. Of importance for both policy and practice, it appears that programmes that enable older people to be involved in planning, developing and delivering activities are most likely to be effective.

A final word of caution was given by Cattan et al. (2005) in regards to ineffective interventions. The only common characteristics among the ineffective interventions were one-to-one interventions conducted in people’s own homes.

Correspondingly Skingley et al. (2010) reported significant methodological weaknesses in some of the studies they evaluated in a systematic literature review
in England. They reviewed sixteen studies exploring whether singing contributed to the health and wellbeing of older people in England. They were not satisfied with the results yielded by small sample sizes and the variation in the application of the interventions.

Lin et al. (2011) conducted an experimental study using repeated measurements. Participants were elderly people with several degrees of dementia living in nursing homes in Taiwan. They used an experimental and control group that were assessed before and after interventions and one month after cessation of intervention. The music sessions were 30 minutes long twice a week for 6 weeks. The interventions in this study were delivered by researchers, not professional musicians. Researchers also acknowledged that they had a limited sample and that not enough research has been conducted on the effect of music on elderly people in the East. For this study, researchers completed a series of music therapy courses in two universities. The courses included (1) music theory, perceptions and skills in clinical situations (2) initial assessment and treatment planning; and (3) treatment implementation and termination.

In sum, literature reviews and research studies conducted in England (Skingley et al., 2010) and other parts of the world (Forsman et al., 2011) have recognised methodological weaknesses that prevent generalisation of results. Researchers find that small samples and variation in the application of interventions are prevalent in many studies exploring the effects of singing.

2.6 CONCLUSIONS OF THE REVIEW

Despite researchers’ reluctance to generalise results, qualitative elements of some studies provided enough evidence for researchers to list some recommendations:

- Nursing homes should make more use of intimate live music performances as complementary care.
- Out of all types of interventions recommended (music therapy, singing caregivers, background music, live music) live music has the greatest effect.
- Caregivers that sing might help improve patient’s ability to express positive emotions and moods.
- Regardless of the level of cognitive impairment, analyses revealed that live music is significantly more effective in increasing levels of engagement and wellbeing.
- Smaller groups and more physical proximity work best.
- Projects should include social features and tasks.
- Music therapy is recommended for older people with depression because it avoids the side effects of traditional medication.
3 METHODOLOGY

3.1 METHODOLOGICAL APPROACH

As the literature review reveals, promoting emotional wellbeing, preventing isolation and loneliness and promoting intergenerational performance are not easy to measure using quantitative tools. Since these are complex and subjective experiences, an in-depth approach is much more likely to yield greater understanding of what works and how it works. Many of the studies so far have been led by practitioners rather than experienced researchers and thus the nuanced nature of singing with older people is not fully drawn out. This evaluation hopes to fill this gap, taking a positive decision to use qualitative methods and, within the limits of resources, developing as fine-grained a picture as possible.

Although the sample was necessarily quite small it was possible to generate rich data. The approach also involved an element of participative observation whereby the researcher assistant (RA) took an active part in the KKP programme in each setting. This was considered essential in order to build up relationships of trust and to prevent any sense that participants were being judged for their performance. As the RA said in a team meeting: “They’ve heard me and they know I am a terrible singer.” Other studies have been critiqued for failing to give sufficient detail about their methodology (Forsman et al., 2011) and so this report aims to provide enough detail to enable validity and rigour to be judged.

3.2 ETHICAL CONSIDERATIONS

A rigorous approach to ethics is vital in any research project and particularly when participants are considered vulnerable, as is the case with older people living in supported accommodation. Before fieldwork began full ethical approval was gained from Plymouth University Education ethics sub-committee. The foci of ethical concern were issues related to gaining informed consent from older people, on ensuring their comments were anonymised so that no negative outcomes might arise from them and on responding sensitively to any painful issues that might emerge. The research team took the approach that these were autonomous individuals able to make their own decisions. We decided within the necessary limitations of this research not to interview anyone with advanced dementia and for whom power of attorney had been granted to others, as in this case consent could not be determined. However, this is not to suggest that what people with dementia say is not important or valid, and ways in which ethical research can be conducted with them need to be explored for future research with this project.
Information sheets/consent forms were designed for the three different types of participants: resident, staff and music leader (see Appendix 1). They were given to all, discussed and signed before each interview and this did not prove problematic. A grey area emerged in one case where one resident was identified by the manager as able and willing to participate, appeared to understand and agreed to the process but during the interview showed signs of dementia and memory loss. Her data was still used, as the research team judged that she did understand what she was agreeing to. This is a fine judgment and indicative of the complexity of dealing with the gradations of memory amongst older people.

Both the settings and all the focus group and interview participants have been anonymised. This is important as the evaluation is not an evaluation of the settings themselves, those who know the local context may be able to identify them, but they will not be able to confirm this. The importance of anonymising residents became apparent in interviews as many were very concerned that any critiques might hurt or offend the music leaders. This was not because they found the music leaders unapproachable, but because they had developed close relationships with them and were extremely loyal to them.

3.3 FOCUS GROUP WITH MUSIC LEADERS

Before fieldwork began, a focus group with a range of PMZ music leaders involved in KKP was conducted by Stephanie Merchant who was RA at the time. The purpose of the focus group was to gain a broad picture of KKP and to explore experiences of KKP from the perspective of the music leaders. The focus group was very successful and provided useful insights into KKP that helped inform the case studies.

3.4 CASE STUDIES

The core of the evaluation is two case studies that involved participant observation, interviews with residents, staff and music leaders and a reflective diary. The case studies were designed by the research team and the fieldwork conducted by Claudia Blandon.

Setting A was chosen by PMZ staff as an exemplar of good practice. Keep Singing Keepsake sessions have been running there since 2012. A is located in Plymouth in a neighbourhood that has historically accommodated retired people. It is managed by a Foundation, but works directly with Plymouth city council and other organisations to process applicants who are in need of sheltered accommodation in Plymouth. The site manager requested that A is referred as a sheltered
accommodation facility and its occupants as residents. The manager described A as a fairly independent and safe place to live. Children are not allowed to live on the premises; however there is one communal guestroom available to all residents’ visitors. Residents have independent flats and share one small common place as a living room; this is where the music sessions take place at 13:00 once a week. A’s residents meet at their communal space which has the feeling of being in someone’s living room. The space is small and decorated in a very personal way. It has a bookshelf and the arrangement of the furniture makes it accessible but cosy.

On average during the time of observations, ten residents attended the music sessions; most of those residents did not use walking aids; RA did not see any noticeable physical or mental disability, except for one participant who seemed hard of hearing. In terms of session’s demographics, most attendees were women with ages ranging between 50 and 95, all white British. Residents at this home follow the same routine before every music session: they arrive early to have tea and biscuits and talk with others. There is one man who is in charge of setting everything up and who also ensures that everyone is served. There is camaraderie and banter, even during the music session, to which the music leader (ML) engages genuinely and appropriately. In terms of the session’s structure, the ML usually brings in a keyboard and an acoustic guitar. The ML also provides individual percussion instruments for residents to use (e.g. maracas, tambourines, castanets, and claves). All residents freely take instruments and use them throughout the session. Some residents always choose the same instrument. The ML provides songbooks to all residents. The ML distributes songbooks to each resident; there are always enough books to be used individually; there are usually additional books available for late arrivals. The ML allows residents to request songs from the songbook in a clockwise order, ensuring everyone gets a chance to request a song. Depending on the request, the ML uses either the guitar or the keyboard to accompany the song. Songs are printed in large print and are numbered and included in a content table at the beginning of the songbook. This content table facilitates residents’ selections of songs. Residents accompany the songs with the percussion instruments.

**Setting B** was chosen by PMZ staff because it presented learning points. According to one staff member interviewed, B was the first home where KKP was implemented. B is managed by a large corporation that owns several homes for the elderly in Plymouth. The KKP singing sessions at this home were interrupted for a while and reinitiated in 2013. The manager described B as an independent living facility that provides 24 hour assistance to those residents that require constant help. Residents live in independent self-sufficient flats, but they also have access to a restaurant and a lounge on the ground floor. Music sessions are held at the
lounge at 10:30 once a week. It was the RA’s perception that this home has a more ‘corporate’ look, rooms are labelled and there is a reception desk for visitors to sign in and out. The lounge is spacious and has an open ground kitchen next to it. It also has French doors leading to the garden. There are a couple of prints hanging on the wall; otherwise it is bare of decoration. The lounge also serves as a TV room. During the music sessions furniture is not especially arranged, although people sit in a semi-circle facing the ML. The RA was told by a resident that money collected at the beginning of each session from those wishing to participate was going towards subsidising the sessions.

Most of B’s residents who usually attend the music sessions use walking aids, wheelchairs, or need assistance getting to the session. The manager reported that there is one blind resident and several residents who have suffered strokes and dementia. The RA has seen at least three residents in the music sessions that visually and superficially fit that description; there is also a hard of hearing resident who usually attends the sessions. In addition, the RA perceived certain tensions among attendees. In average, residents attending the music sessions are almost always women, with a small number of men, between 60 and 95 years of age; all white British.

During the period of observation, the RA noted that music sessions were interrupted at least once by either staff or other residents. The ML follows the same routine every week in terms of class structure with some slight variations. The ML uses an acoustic guitar for the sessions. He distributes songbooks to all residents; sometimes residents must share because there are not enough books as the numbers of participants have recently increased. In the last observation session, a resident requested to have the songs numbered to make it easier for them to identify the songs. The ML always starts with the same song and follows the order of the songs from front to back (or in reverse order), or until time runs out. In terms of variations, during the time of observation the ML brought in a speaker and an ipad to play specific songs to the residents. At that time, he played a game that required resident to guess the tune. Residents seemed to enjoy this activity. Additionally the ML introduced new songs and asked for feedback. Some songs triggered conversations among residents and the ML manages those discussions well. There is banter and recognition of everyone’s comments.
3.5 PARTICIPANT OBSERVATIONS

The RA conducted 10 participant observations 5 in each home. Two observation sessions took place to build trust, two were followed by interviews and the final one was to say goodbye and give a token of thanks. PMZ staff contacted each home to inform them about the project evaluation and consulted management to request permission. PMZ also notified the music leaders in charge of the sessions. Based on information provided by MLs in a focus group the RA opted not to take notes during initial visits, but participated and joined in with the singing. This approach was important to build trust and make residents comfortable with her presence during the music sessions. Nonetheless, the MLs always introduced her at the beginning of each session and explained the reasons for her presence. The MLs clearly stated that PMZ wanted the music sessions evaluated and that the RA was assisting with the evaluation. The MLs also explained that the RA would eventually like to interview those residents who attended sessions regularly.

After each session, the RA wrote detailed accounts of the observations of the sessions including number and gender of participants, observable physical and mental disabilities, room layout, notable events during the sessions, conversations triggered by the songs played. Whenever possible, she tracked observable individuals’ responses in the sessions; whether they became more or less responsive throughout the sessions, whether their behaviour changed significantly and whether certain songs triggered certain reactions. She would also record changes in body language during sessions, perceived relationships among attendees and comments made to her during and after sessions. Additionally, she took note of routines carried out both by residents and the MLs in preparation for, during, and after music sessions.

The RA took special note of the role of special objects (including songs) in the music sessions. She would document whether certain songs elicit certain reactions from residents and whether these reactions were consistent. At this point, it was necessary for her to take notes during the sessions to document exact song titles and specific reactions by particular individuals.

3.6 INTERVIEWS

After two observation sessions, the RA then began to follow the sessions with interviews, conducting 19 in all. In A she conducted five interviews with female residents, one with a male resident, one with the manager and one with the music leader. In B she conducted five interviews with female residents, two with male residents, three with a sample of care staff and one with the music leader.
Conducting the interviews required sensitivity, for example the death of one of the participants during the fieldwork caused sadness among the group, and the RA did not press for interviews during that time. The interviews were semi-structured, designed to elicit information on key points but also to open up opportunities for participants to talk freely. Some interviews digressed into detailed life history and one was very brief, but generally they gave a rich picture of KKP and its relation to the life of participants.

3.7 SONGS

There has been a recent surge of thinking which tries to understand the relationships humans have with the material world around them, rather than simply focusing on relationships with other humans. One of the key points is that objects are not just passive, they make things happen (see Bennett, 2010). Jocey Quinn has found that these ideas are useful in practical ways in understanding and analysing research data and making recommendations for action (see Quinn, 2013a, 2013b). The evaluation therefore tried to understand songs and instruments as things with power that can cause effects on participants, and therefore have particular impacts on emotional wellbeing, social isolation and intergenerational links. Consequently, in evaluating KKP the research included information on favourite songs gathered from both observation and interviews.

Below is a summary of songs that provoked feedback from residents during the observation period.

A

• **We’ll Meet Again.** This song was requested at the beginning of a session after one of the residents had passed away. This song prompted a conversation about the things that the deceased person liked and what residents liked about the departed person.

• **When the Saints Come Marching In.** Residents request this song often and it is liked very much. There is always banter because the lyrics of the song mention gamblers, which specially alludes to one resident who attends the sessions and who is an unapologetic gambler. During this song, most residents shake their tambourines quite loudly.

• **All the Nice Girls Love a Sailor.** This song is requested often, usually by the same male resident; although the other male resident who attends the session has said out loud that he likes the song too. It is clear he does it to tease a lady resident who used to be married to a navy officer. There is innuendo
about what he could do for her now that her husband is gone. This banter was never taken in an offensive manner by the lady in question – at least visibly or publically. The song always prompted the same banter and laughter.

- **I Love You Because.** There is a 93 year-old lady who usually shakes her tambourine strongly at the end of this song. Another lady, almost always disclosed that this song was her late husband’s favourite song.

- **Somewhere Over the Rainbow.** This song is requested often and makes everyone tap their feet however slightly. Sometimes, people forget they had requested this song early in the session and request it again.

- **Wonderful World.** People said it is a nice song every time it was requested.

- **Tennessee Waltz.** One resident likes this song and requests it in almost every single session. He always accompanied his request saying that it is such a nice song.

- **You Are My Sunshine.** This song has everyone tapping their feet, but it is especially noteworthy for those who have mobility problems.

- **Always On My Mind.** This song moved people in different ways. Some residents would clearly say that they found the song ‘beautiful’ and/or ‘nice’; other people would shake their tambourines in a stronger manner, especially at the end of the song. One male resident would not sing until the end of the song.

**B**

- **She Wears Red Feathers.** This song was played only once during observation period but brought immediate comments of approval and encouraged a male resident to whistle through the song.

- **Leader of the Pack.** This song triggered a conversation about cars and memories attached to cars.

- **Obladi Oblada.** This song triggered many comments and was engaging. People who are usually quiet or unengaged like to sing it or make comments after the song finished. In one session, it triggered a conversation about ‘Dad’s Army’ and people reminisced about how much they enjoyed that television show. Even a lady with a stroke who cannot speak made an inaudible attempt to say something.

- **You Were Made for Me.** This song triggered discussion about old radio programmes.

- **Daisy Daisy.** This song is liked and people often said so. There was a male resident who often whistled to this song even when looking down at his book.

- **By the Light of the Silvery Moon.** Residents always expressed how much they enjoyed this song. A male resident always whistled with the song.
• **I Was Born Under a Wandering Star.** Although this song is liked by most residents, there was a particular female resident with a stroke - who could not talk - who would always look up and smile at the ML when this song was played.

• **Hello Dolly.** This song was played in both homes and always liked by residents. One female resident in this home shared the story that her late husband used to call her Dolly because of her petite frame, and they both enjoyed the song. Every time this song was played the abovementioned lady, moved her hands vigorously and rhythmically throughout the song. This song triggered many discussions in different sessions about stories attached to that name in relation to residents’ family members and friends.

( Participant observation)

**3.8 REFLECTIVE DIARY**

During the fieldwork the research team met weekly to discuss progress and emerging issues, ideas and questions. The RA was asked to keep a personal reflective diary to consider her responses to fieldwork, and this was used as a prompt for team discussion. The diary has been used to inform the evaluation and is quoted in the report. The use of the diary and the permission to validate feelings inspired by the project was important and congruent with KKP itself, which often touches and releases deep emotions in all involved. KKP became so much a part of the RA that she noted:

> After attending and observing these sessions for over one month, I have noticed that days later after sessions, I suddenly remember a song and its melody; which I find surprising because I have never been musically trained nor have I ever considered myself good at singing. More extraordinarily, I started to dream about singing and composing songs.

(Reflective diary)
3.9 FAMILIES AND FRIENDS

The research team members were very keen to interview families of the residents, particularly to assess the value of the keepsakes, and were willing to extend the research by conducting telephone interviews. All of the residents were asked for their permission to contact their families, and their views on how willing the families would be to talk to the research team. However, none of the residents felt this would be worthwhile. A typical response was:

*I don't think they would like to be interviewed, because they're very much separated from me and they don't see me enough to be able to do that (discuss the impact of Keep Singing).*

Resident interview, B

This raises some important issues and questions that will be discussed in the body of the report. Anecdotally, we know that some families are closely involved with participants in KKP in other settings, but interviewees in A and B were not keen to involve their families in the research.

3.10 ANALYSIS OF DATA

The RA took detailed notes of participant observations and produced a reflective diary. With permission, the focus group and interviews were recorded and transcribed. All data was preliminarily thematically analysed by the research team, focusing on emotional wellbeing, social isolation and loneliness, intergenerational performance, favourite songs and identifying other key themes and issues. The final detailed analysis and writing of the report was completed by Jocey Quinn.

3.11 LIMITATIONS OF THE RESEARCH

The case studies were conducted in just two settings nominated by PMZ. This methodology was chosen as yielding the most valuable data possible within the funding provided. Funding for the research was very limited and was supplemented by a significant amount of pro bono work. This is a small sample and therefore results cannot be generalised across the project. However, another approach, such as a survey, would have only provided a limited overview of KKP and merely skim the surface. Having in-depth case study research in each setting provides useful insights into how KKP works and the ways in which it impacts on participants. There were some surprising findings, as we shall discuss, and we know that anecdotally they are not necessarily characteristic of all settings. They do, however, point to areas where further thought and development would be useful.
4. RESEARCH FINDINGS

4.1 PROMOTING EMOTIONAL WELLBEING

As discussed in the literature review, emotional wellbeing is a complex matter and can incorporate factors such as physical ease, self-esteem, sense of control and agency, reduction of agitation and depression. The research data reveals that KKP succeeded in promoting emotional wellbeing in multiple and connected ways.

Physical relaxation and respite

According to the participants, singing helps them to relax as does the laughter inspired by the sessions. People feel better physically after the sessions because singing improves their breathing and gives them "a lift". KKP even provides respite for those with serious illness:

*People are very ill, sweaty and in pain but still able to be creative for that hour. Their illness doesn't totally impede them. People can still be creative, lifted up.*

(Music leaders’ focus group)

Recapturing voice

Not being able to speak or communicate is a common source of isolation and loss of self-esteem amongst older people. KKP helped people to regain their voice, and with it, a sense of control. According to the music leaders, participants who normally speak “gobbledygook language” or do not speak at all are able to join in and sing the words of the songs. Several of the residents who were interviewed confirmed that the singing sessions had helped them recover their voice after strokes.

*Has anything changed for you because of the Keep Singing programme?*

*Yes, because I had a stroke which causes speech impediment, which I’ve got over, and the singing and the learning the words has helped me along and so that’s helped me healthwise as well.*

(Resident interview, A)
We have a lady that’s had a stroke and she can’t communicate very well, but on a Thursday she loves to come down and sing…and the whole time she spends being so frustrated with her lack of communication with others that one hour lifts her up, and her husband says she is a different woman…music is always something that helps her escape.

(Staff interview, B)

Expressing Feelings

It was very important that the research combined interviews with participant observation. It was common that in interviews participants did not always express strong emotion about their experiences of singing, while under observation their physical and emotive responses to songs and singing were very much in evidence. In fact, we found that the sessions provided a safety valve for dealing with and sharing strong emotions about difficult subjects such as death:

Residents were a bit down because one of their residents had passed away the previous week. They sung the person’s favourite song: Hello Dolly, in remembrance …I had the impression residents were shaken by the loss of their friend. The music leader handled the atmosphere well when it got gloomy by singing songs she knew they enjoyed. I had the impression that these sessions also offered a way of discussing feelings that otherwise would not be discussed or addressed.

(Observation, A)

Music is such an emotional thing that it’s OK to realise that sometimes words will trigger something. The song ‘Always on my Mind’, sometimes, I can’t sing that because it overwhelms me, because I’ve seen other people break down at it or just suddenly remember, or I’ve actually seen someone shaking their tambourine quite strongly at the end of that song almost every time. Yeah, I thought, I bet he’s thinking of someone and he’s saying hello to them at the end.

(Music Leader interview, A)
Instruments seemed to add a further dimension of pleasure and self-expression, a means of re-affirming their identity:

Some people are jolly and they like the tambourine as it's quite loud and jingly and they can express themselves at certain points and punctuate the music.

(Music Leader interview, A)

Recapturing Happiness

The tone of interviews was mostly stoical and even upbeat. Whilst it might be expected that songs and talking about songs would provoke sadness it seemed that KKP functioned more to recapture happiness.

During the session, the resident sitting next to me, mentioned that she used to sing with the British Legion and that she was part of the army. She said that she had lost her voice after she had several strokes and that singing in these sessions had brought back her voice. She was very pleased with that. She said that she remembers singing since she was a little girl, because she liked copying her grandmother who used to sing all the time. She never received any formal training. At the end of a particular song, this same lady told me that they used to replace one line of the chorus with a brand of cigarettes when she was in the army.

(Observation A)

So, every time you hear that song, how does it make you feel?

Happy because we enjoy it and it’s one I liked years ago.

(Resident interview, A)

Being among happy people is good, isn’t it?

(Resident interview, B)
This sense of happiness was prolonged beyond the singing sessions themselves. One of the beauties of songs is that they are portable and so the residents took songs away with them to support them during the week:

As you might have heard at the end of our singing there, someone started singing something and we all joined in, well, that happens no end of time. Someone could be walking down through the hallway and start singing then other people will start to sing.

(Resident interview, A)

Staff believed that KKP had significant impact on the wellbeing of residents and, as suggested in the literature review, the sessions also helped staff in their work making the older people more positive and pleasant to care for:

Have you seen any effects or changes in the residents after they attend the Keep Singing Sessions?

Oh massive.

Yeah?

Really, yeah

Massive ones?

Really, really enjoy it. Umm they are just a lot more upbeat, and just the way they are, and just walking about here, and just really positive comments from them.

(Staff interview, B)

It should be noted, however, that not all residents took part in KKP and of those that did, not all wanted to be interviewed; so those who felt sadness or who could not bear to sing for fear of sadness were not fully represented.

Celebrating Survival

KKP seems to offer participants a chance to celebrate their own survival, often against the odds, as in the interviews they described accidents that had happened when they were young or more recent troubles such as leg amputation. Looking at
their favourite songs supports this idea, for example Obladi Oblada, an up tempo and slightly risqué Beatles song has the chorus “la la la la life goes on”, and Hello Dolly’ has the refrain “you’re still growing, you’re still going strong”. This celebration of still being alive was an important factor in their emotional wellbeing.

New sources of support in a secular society

For the RA, who originates from a society where religion is very important, it was surprising that the participants did not often refer to singing in church or to religion generally. This can be seen as an indication that the UK is now very much a secular society, where support once found in religion needs to be sought from other sources, such as music. During fieldwork one of the participants in A died suddenly:

*We were so shocked, we went to her funeral and umm no hymns, her songs were from PMZ and we were there singing our hearts out, tears coming down…about a dozen of us went and we all knew how much it meant and her family knew how much it meant to her; she couldn’t get out, it was all she had, PMZ.*

(Staff interview, A)

One implication may be that projects such as KKP are particularly valuable when participants are facing the end of their life and seeking support and consolation.

Long-term benefits to emotional wellbeing

We were interested to explore whether the impacts on emotional wellbeing only lasted for the duration of the session or whether they had a more fundamental impact. According to the care staff that we interviewed, KKP provided far more than a transitory benefit:

*Do you think these effects are long-term or are they just for a day?*

*No, I think it’s a long-term thing because they are looking forward to it the following week, and the following Friday morning everyone’s still upbeat; and then during the week, they look forward to it coming round again. So no, I don’t think it’s a short-term thing. I do think it has a good positive effect on all of them.*

(Staff interview, A)
4.2 PREVENTING SOCIAL ISOLATION AND LONELINESS

Creating social networks

It was evident from the case studies that KKP was valuable as a means of bringing people out of their rooms to meet together on a regular basis, promoting “camaraderie” and a “glue or a bond”. After the sessions in A, people would stay on and talk over a cup of tea. Without such communal activities there was danger of loneliness and isolation.

*I like it because it gives us something to do and look forward to, instead of us just sitting up there moping around.*

(Resident interview, A)

Many of the older people did not seem to have regular visits from family and friends, although some were still highly engaged with the world outside. The need and desire for contact and social networks was palpable in the interviews. The question is whether singing provides something that other communal activities, such as bingo, do not. From the case studies we found that this was true. Singing forged bonds, helped people to tolerate each other and allowed for pleasure in others’ enjoyment:

*She’s never in tune, she always starts and stops before and after other people, but you can tell just by her face that she loves it and she must get an awful lot of joy from it.*

(Resident interview, B)

According to the carers, whilst other activities were provided, such as quizzes, exercise, knitting in B, KKP had a markedly different impact:

*I find it mainly keeps them all in a good mood, cos you can find that a lot of them will moan with the normal goings on; it seems to be on Thursdays everyone seems to be in a more of an uplift mood.* (Staff interview, B)

As suggested in the literature review, being involved in one activity stimulates engagement with other activities and therefore has a knock on effect of generating more networks. Many of those interviewed spoke of wanting to be involved in “anything going on” and it is not really clear whether KKP is the beneficiary or the creator of this gregarious mood. Nevertheless, it is clearly an active agent in generating and preserving sociability. In A, it was suggested that KKP even
benefitted residents who didn’t join the sessions because they enjoyed listening to the group and feeling part of the sessions:

It gives you company and that you know you have a little laugh as well with it, you enjoy the singing. I don’t think I’ll be able to sing on my own, I’d go wrong, I think. I’ve enjoyed doing it and you know it’s been quite a while since I’ve been doing it and even the neighbours…she used to sit outside in the nice weather and listen to us, and some of the others over there do and they thought it was good hearing us like you know.

(Resident interview, A)

Group dynamics

Observations revealed that group dynamics were complex and not always positive.

Throughout the session a group of two women kept making comments about the lady sitting next to me, who was active and very engaged in the program. There were other comments and furtive looks throughout the sessions that made me believe that there is a tension among them.

(Observation B)

Whether KKP provoked tensions or simply allowed a space for their expression is not clear, but it is certainly true that these were not saintly elders immune to the tensions that may always exist whenever a group comes together. The music leaders were aware of such tensions and skilled at judging and responding to changes in mood within the groups.

Sharing knowledge and learning new things

Social networks function most effectively when they have a purpose and KKP can be seen as a vehicle for sharing knowledge and learning new things. Some of the residents interviewed had been active in music and performance throughout their life, for example one had sung with the British Legion, one had been classically trained and sang with the Salvation army in the Albert Hall and Fairfield Hall, one had been a Go-Go dancer, and one, who was blind, could still play the piano and keyboard very well. Their tastes were wide and ranged from country music, classical, pipe and drums, African choirs, barbershop and popular crooners. It is a mistake to assume that for those involved in KKP, music is a new experience. Even those who saw themselves initially as non-singers without confidence in their voice,
had a rich heritage of love of music and knew songs unfamiliar to the music leaders: *Their choices can be really unusual-one chose a poem set to music*. They also had things to teach the interviewer such as the history of the barbershop quartet. The residents generally felt that PMZ was responsive and appropriate to their broad tastes:

I think the music had quite a bit of thought to it; I mean, we are, we’ve got a lot of history behind us in age and music.

(Resident interview, B)

Singing allowed a sense of accomplishment and a feeling that there were still new things to learn and untapped abilities they might reveal and share: “It’s been the start of a new leaf of a book about me”. Singing with others was better than singing alone. As one resident said: “I learn better in there”. The music leaders were clear that KKP should be classed as a learning experience:

One lady was playing drums on IPAD and teaching others how to do it.

Yes, their skills and interests are reignited and they’re inspired to follow what they used to be interested in.

They like learning the history behind songs, don’t they? Like Swing Low Sweet Chariot

I take instruments in they may not have seen, like the plastic pineapple and bassoon, they like being next to an instrument physically being played.

(Music Leaders’ focus group)

This is a very important aspect of KKP as it is commonly assumed that older people are ‘past’ learning. It also suggests that KKP might be used in combination with other learning activities, which, according to the literature review, helps increase the impact of singing sessions for older people.

Memory and recovering lost links

According to the literature review, emotional loneliness is a sense of loss and a missing of former close networks. One of the most important aspects of KKP is its ability to trigger memories and help people reconnect with the past.

Why do you go? I mean, how does it make you feel?
Well, it brings it all back to me, everything I used to do, you know.

(Resident interview, A)

It is not just singing that facilitates this but the choice of particular songs that evoke closeness and belonging: *I calls it ‘our music’* The music leaders were very aware of this:

So a lot of the ones we are doing now were actually requests from people, so anything like that, that stimulates people’s memories and with those memories will be feelings and emotions and so well you’ve seen it yourself they’re very responsive.

(Music leader B)

Inclusion

Both the music leaders and the group members made efforts to ensure that those who might be most isolated, for example through disability, were able to join in and benefit from KKP.

The other ‘new’ lady, was sitting on a wheelchair and could not speak or move much. She was only able to move one hand. I watched throughout the session, and even though she could not hold a book, she would mumble or lipsync some of the songs/words. I also noticed the music leader payed special attention to her throughout the session. He would make eye contact and encourage her engagement. This resident was responsive to this interaction.

(Participant observation B)

Sometimes these efforts were overzealous, as when one resident insisted on shouting out page numbers for another who was hard of hearing, but they showed a commitment to the group. Gender is a factor in inclusion, very few men join the sessions, even taking into account the fact that more of the residents are women. Reasons for this were articulated by one male resident in A:

I mean at one time I wouldn’t have entertained it, when I first came here they used to say go and sit, no I ain’t; and then all of the sudden I just went in and I go every time now.
And why wouldn’t you entertain it before? What was your perception back then?

Well, I mean, it ain’t a thing a bloke does, is it? He doesn’t go singing songs and things like that.

(Resident interview, A)

When men do take part, it can take time to draw them into the group but observation showed that progressive engagement could be achieved.

This particular resident used to be a bit disruptive in the sessions by erratically interjecting with a ‘yes’ or a ‘no’ with a sarcastic intonation in his voice. He also used to flip through a magazine - back and forth - throughout the session. He would whistle in some songs but would never sing. In the last session, this resident was able to put the magazine down for periods of time and look at others and at the ML and engage in the singing for longer periods.

(Participant observation B)

4.3 PROMOTING INTERGENERATIONAL PERFORMANCE

One of the objectives of KKP is to facilitate intergenerational performances between the elderly people involved and young people involved in PMZ, in order to break down barriers and promote understanding. PMZ has found this to be a long and delicate process and have tried to build confidence slowly, for example by taking KKP participants to the PMZ centre to see their work with young people. During the period of the case studies there were no intergenerational performances to observe. However, a PMZ intergenerational ‘Festive Jam’ Christmas concert took place after fieldwork had finished and 8 residents from A did their first ever performance. This was the first time they had felt confident enough to perform in public and by all accounts it was a very moving and enjoyable occasion.

They also attended PMZ’s first ‘Tea, Tinsel and Tonsils’ festive singalong event that brought around 50 older participants and members of staff from 6 different residential homes with all the PMZ music leaders from across the Keep Singing Keepsake project present too. Everyone performed to each other with their
favourite songs and watched the latest keepsake video of the newest residential home. It was the first time residents had met the other music leaders and residents from other settings. The residents from A demonstrated their confidence by leading a ‘Christmas Conga’ dance that was caught on video and sent out by PMZ as a ‘video Christmas card’ with a message on film of everyone saying Merry Christmas.

There were other ways in which the value of intergenerational performance emerged during the research. During interviews, some residents mentioned the pleasure they had gained from being with young people during events like trips to the PMZ centre:

I went down the one place they got down Devonport way, we went down there one time all of us like, and that was nice cause they help a lot of ones that are disabled and that we found out and they were encouraged to do something like it. Make em enjoy it, and recently I found out that one of my nephews learnt to do the guitar down there.

(Resident interview, A)

Relationships with the music leaders, who are much younger people, are also exemplary of the mutual benefits of intergenerational performance. The interviews were unfailingly positive about the character and abilities of the music leaders. Flirtation and banter characterised their encounters, with music sparking vitality and humour:

The song ‘I can’t help falling in love with you’ gave the opportunity for banter between one of the residents and the male music leader. He was naming the song while facing the resident and she answered: ‘I should be so bloody lucky’. Lots of laughter.

(Observation B)

In turn, the music leaders learned to change their perceptions and dealings with their own older relatives. In this way the permeation extends far beyond KKP itself:

These are all people with families and stories; it makes you think about your own family…it humbled me a bit in my attitude to getting old and people wanting to keep their youth.

(Music leaders’ focus group)
The music leaders, who had previously worked predominantly with young people found working with elders a rich and rewarding experience, where respect had to be earned and mutual learning took place:

They are very keen to keep you supported. They ask about your own life. The young people are not really interested in what you do the rest of the week. You could come in with bits of your body missing!

We love them and we worry about them.

(Music leaders’ focus group)

The older people felt that KKP was recreating a social experience that used to happen naturally when families and friends gathered around pianos and sang:

It doesn’t happen anymore and they feel sad for young people. When young people have come in with us though it’s been really good all singing the same songs.

(Music leaders’ focus group)

4.4 THE ROLE OF THE KEEPSAKES

PMZ views the keepsakes as an important part of the project. They are featured on the organisation’s website and provide a powerful image of the project for public view. Whilst some staff mentioned very positive responses to them: “PMZ gave every single resident a Keepsake DVD. I mean it was sent to Australia, it was sent to Dubai and yeah it was lovely, nice for the families to keep” ; others had not heard of them. The residents in these particular case studies did not seem to find the videos very important, either not remembering them or seeming indifferent to them, even in one case where they featured her late husband, and the music leaders had heard little reference to them from their groups. This may be because in A, for example, the keepsakes had been made some time ago. The CDs were mentioned more positively, perhaps because they could control when they could play them, and some participants took pleasure in playing them regularly.

They took some of us all singing together but you can’t quite hear that anyway...but it’s nice to keep though I’ve found that if you turn it up a bit louder, then I can gradually hear it like. But yeah, it was good.
Have your daughters seen the CD or DVD?

I don’t think they have seen that, they haven’t heard the CD I got. I don’t believe they have. Cause they work long hours I don’t get to see them very much, you know.

(Resident interview, A)

It should be remembered that the keepsakes are more designed for family and friends, and as we were not encouraged to talk to them by residents we cannot measure their responses. In addition we know anecdotally that in other settings many people and their families have found great value in the keepsakes. The music leaders in the focus groups felt that there was more work to be done on the keepsakes but that they fulfilled their function in demonstrating what PMZ does and increasing respect for older people’s music making. In one interview, a music leader suggested that health workers and people who visit the homes might benefit from seeing the keepsakes. It is certainly true that the keepsake videos available on the PMZ website bring the project alive, and as the manager in setting A argued, they provide “proof” of the quality and success of KKP. They provide an historical record of KKP and that in itself is very valuable.

4.5 UNDERSTANDING THE POWER OF SONGS

One of the reasons KKP works well is that the music leaders give thought to the particular songs they use, learning from experience that they needed to go back in time to find familiar songs that did not need to be learnt from scratch. One leader acknowledged that other projects had achieved great results introducing older people to new music, but felt that this required great skill as a conductor. Since the purpose of KKP is to alleviate loneliness and isolation, using songs to evoke happiness and friendly ghosts seems entirely appropriate:

I think music haunts people, doesn’t it? You’ll just be obsessed with a song for a while and you don’t know why it’s come into your memory.

(Music leader A)

Within the framework of familiarity, the participants enjoyed variety and being asked to choose and suggest new songs. Like any other group of people they found repeating the same pattern each time to be boring. The songs connected them with
the people who had sung them and listened to them in the past. There is also an element of social history involved, for example as Plymouth has a strong history of involvement in the army and the navy, some song choices were influenced by this:

_ I really like it because they inform me and I learn songs from them. ‘Lili Marlene’ is another one that was good. Then you find out loads of people know that song, and you start realising there is an identity in Plymouth, that they’ll know certain songs._

_(Music leader interview A)_

Bennett (2010) argues that things are not passive but actively make things happen, and we paid close attention to songs as actants. The following excerpt from participant observation evokes how songs work to stimulate connections and to create different physical and emotional effects.

_The ML asked residents what song they would like to warm up with, they chose ‘Don’t Sit Under the Apple Tree’. After this song, she began asking residents their requests in a systematic matter to ensure everyone had a go. The first song requested was: ‘I Love You Because’. After the song was finished, the lady who had requested the song shared with the group that that song was her late husband’s favourite song._

_The next request was ‘Somewhere Over the Rainbow’. There was some discussion afterwards about who sang the best version and whether original singers were still alive. The next song: ‘That’s Amore’ seemed to be liked by everyone since there was more movement of feet and those with tambourines, joined in and shook them loudly at the right points of the song. I also noticed a slight smile in a stoic lady, who has always been present in the sessions._

_The song ‘Always on My Mind’ seems to move some residents as manifested by their active shaking of their tambourines, that otherwise, would be used very softly. Some residents seemed to stare differently for a couple of seconds, while that song is being played and sung._

_(Participant observation, A)_
In each interview we asked residents what was their favourite song and what it evoked for them. Many found this a difficult question to answer but some seemed to move into a zone of reflection which took them back to a significant space and time. The following excerpt is remarkable in showing how song changes the body and transports a person back to where they were when the song was played:

"Another good favourite of mine is ‘My Way’ by Frank Sinatra…it just sort of hits you and when you hear it (gasp) you feel your insides jump and the back of your neck, the hairs on the back of your neck, do you know?

Does it bring back specific memories that trigger that?

Nothing specific, it was played an awful lot when I had a partner…He was in the Royal Navy and he was sent to Iran, he was on board ship keeping watch from the sea, you know, and we used to send each other tapes while we were apart, and that was one of our favourite ones. You know, you put it on in the evening and got candles around you, you’ve had a nice dinner, you sit down and perhaps have coffee and a little brandy, you put some mellow music on and that would always be one of them. So that reminds me of that period of time, which was at the time lovely, but unfortunately for a number of reasons it had to fizzle out.

(Resident interview, B)"
5 CONCLUSIONS

5.1 ACHIEVING AIMS

I always go. I wouldn't miss them because I enjoy it you see… I go cos I like singing. I just enjoy a singsong.

(Resident interview, B)

If you could change anything about the Keep Singing Project what would it be?

Oh I can't fault it and I'm not just saying that, what is there to fault in what we experienced there?

(Resident interview, A)

It is a marvellous project.

(Staff interview, A)

As demonstrated in the findings section, our detailed study of KKP reveals that for its participants it is extremely successful in meeting its key aims of promoting emotional well-being and reducing social isolation. It also seems to be carefully building intergenerational performance. The participants take great pleasure in KKP and the benefits last well beyond the duration of the weekly session. The music leaders respect and interact well with the participants, respond to any concerns expressed by staff and take considerable trouble in planning sessions. Rather than seeing KKP as a passive experience where good is done to the elderly it should be understood as facilitating older people’s active engagement in an ongoing relationship with song. In this way, it reconnects older people with the past but also generates dispositions to learn new things and make new connections. KKP provides good value both in terms of money and social benefits. It also demonstrates great potential to develop further, both in expanding to more settings and in further developing certain aspects, in particular intergenerational performance. There are also exciting possibilities in linking KKP to other forms of learning experience which would be well worth exploring.
5.2 LEARNING POINTS

All projects have learning points and KKP is no exception. The following are factors that PMZ should consider in further developing and improving the project.

Contexts

The co-operation of managers and care workers is essential in encouraging and helping residents to attend the sessions. Where residents are more able bodied and independent there is less support available. This may possibly lead some who need more coaxing not to attend the session. Conversely, even in settings with more support workers, for some participants with disabilities it is a real struggle to make it to the session. In approaching new settings, it will be important to negotiate with them how support will be provided. Encouraging members of the group to act as facilitators or champions, encouraging and actively helping others to attend may be one approach worth fostering. This already happens to a limited extent and could be actively encouraged, since participants appear to benefit from taking on tasks and responsibilities associated with KKP.

Organisational Improvements

Small practical organisational changes might improve the outcomes of the sessions. These can be implemented by KKP in negotiation with the settings. For example: afternoon sessions rather than morning ones seem to suit participants better, they also seem to help involve men, who seem to like to spend the morning on activities like betting; combining the session with tea and coffee helps promote sociability; assigning tasks for setting up the room helps participants feel involved and needed; ensuring that there are enough books for everyone and that songs are numbered in large print makes the session flow better; ensuring that there are no interruptions from members of staff throughout the session prevents fragmentation.

Improvements to delivery

The participants respond well to a routine they know well, but within this, they look for variety. As one music leader said: “It offers them a structure but it’s also kind of liberating”. Books with same songs can be good for people with dementia, but several residents noted that if sessions are always the same people become bored.
“I hope that the programme will become more varied so that more people will come and test the water see what it’s like and keep coming” (Resident, B). They like the sessions to incorporate changes: new songs, new modes of delivery. They enjoy opportunities to choose songs themselves and to recommend new ones, they like games linked to songs and opportunities to exchange thoughts and memories. Instruments and the chance to choose and play them, really enhance the sessions and add an extra dimension. Innovative suggestions coming from participants included; listening to songs blindfold, playing songs and asking people where they are when they hear them, and learning something about instruments and composers.

Non-attenders

There were concerns about the residents who don’t take part. Given more funding we would have liked to interview those who chose not to engage with KKP. In setting B, for example, a resident expressed concern that: "There are fiftyish residences but we only get a dozen at best…they might be out or they might just be sitting in their rooms when they should be down here really and enjoying music and what they can get out of it." There is certainly a concern that the most lonely and isolated older people are the ones who are not engaging with KKP or any other activity. Having participant facilitators or champions, who are encouraged to take on the role of encouraging and supporting people to take part, may be one approach to this problem.

Keepsakes

The keepsakes seemed to be less important to the participants in these case studies than we had anticipated. From their point of view the videos were not especially significant, although they enjoyed playing the CDs. It is the experience of singing rather than the memorialising of it that is important. It seems that the keepsakes may be desirable for families, but we have no real proof of this without being able to make contact with the families concerned. Anecdotally, however, many KKP participants and their families do value the keepsakes very much.

The keepsakes are certainly important to PMZ themselves, as they are a powerful tool in promoting their work with KKP and in keeping an historical record of the vitality and impact of KKP, which is otherwise difficult to capture. They fulfil their role of supporting the project and providing a valuable bank of evidence to assist other
projects and potential new settings to develop this form of work. We conclude that the keepsakes certainly have a value but that there needs to be further thought about linking the role and form of the keepsakes to the needs of each setting and considering the ways PMZ can positively develop interactions between participants and keepsakes.

**RECOMMENDATIONS**

- That PMZ continues to develop and expand its provision of KKP
- That the small improvements to organisation and delivery indicated above be implemented
- That opportunities for intergenerational performance be increased within KKP
- That PMZ encourages participants to act as KKP facilitators or champions to help reach and support those older residents who are not currently involved
- That the role of the keepsakes be reassessed to maximise effect, including varying the form the keepsakes take within each setting to best meet the needs of participants
- That innovative ways of linking KKP to other learning activities be sought
- That further research be conducted with families of participants and with older people who choose not to be involved with KKP
- That PMZ explores opportunities for international collaborations related to KKP, for example under the EU Horizon 2020 programme which prioritises funding for projects promoting ‘Healthy and Active Ageing’
- That funders continue to support KKP and, if possible, increase funding

**ACKNOWLEDGEMENTS**

With thanks to all residents, staff and music leaders who were observed and interviewed, to all Plymouth Music Zone staff for their help and co-operation and to Dr Stephanie Merchant who conducted the initial music leader focus group.
REFERENCES


APPENDIX 1: CONSENT FORMS

A. Consent Form for Residents

Evaluation of Keep Singing Keepsake Project

Dear Resident

We are from Plymouth University and are doing some research for Plymouth Music Zone, the people who run singing sessions with you every week. We would like to speak to you about what it has been like taking part in the singing sessions. We want to know if you have enjoyed them and if they help you.

We would like to talk to you in private and if you agree we will tape the conversation.

We will write a report to tell Plymouth Music Zone what everyone thinks about the singing sessions. In the report we won’t say which homes we visited or the names of any of the people we interviewed. We may use your words but your name will not be used.

The report will be seen by Plymouth Music Zone and the people who funded this research. We may write papers about the research but no-one will be able to know that you were involved in it.

At any point during or after the interview up to the point we write the report you can withdraw and say you don’t want to be involved.

The university’s research ethics policy states that data should be securely held for a minimum of ten years after the completion of the research project. Electronic data will be stored on university-owned password protected computers or laptops and individual files and/or discs will be encrypted. Hard copies of data will be stored in locked filing cabinets and disposed of securely when no longer required.

PMZ will let you know the main things we say in our report and if you wish you can see a copy of the report.

Thank you very much.

Professor Jocey Quinn and Claudia Blandon

Contact information:

Professor Jocey Quinn: joceyquinn@plymouth.ac.uk or 01752 585454.

Claudia Blandon: claudia.blandon@plymouth.ac.uk or 01752 585451.

I confirm that I have read and understood the above information and give my consent to being interviewed

Signature ___________________________ Date ______________________________
B. Consent Form for Staff Members

Evaluation: Keep Singing Keepsake Project

Dear Member of Staff

We are from Plymouth University and are doing some research for Plymouth Music Zone on the singing sessions they run every week where you work. We would like to speak to you about what you think of the singing sessions and whether you think they benefit the residents.

We would like to talk to you in private and if you agree we will tape the conversation.

We will write a report to tell Plymouth Music Zone what everyone thinks about the singing sessions. In the report we won’t say which homes we visited or the names of any of the people we interviewed. We may use your words but your name will not be used.

The report will be seen by Plymouth Music Zone and the people who funded this research. We may write papers about the research but no-one will be able to know that you were involved in it.

At any point during or after the interview up to the point we write the report, you can withdraw and say you don’t want to be involved.

The university’s research ethics policy states that data should be securely held for a minimum of ten years after the completion of the research project. Electronic data will be stored on university-owned password protected computers or laptops and individual files and/or discs will be encrypted. Hard copies of data will be stored in locked filing cabinets and disposed of securely when no longer required.

PMZ will let you know the main things we say in our report and if you wish you can see a copy of the report.

Thank you very much

Professor Jocey Quinn and Claudia Blandon

Contact Information:

Professor Jocey Quinn: jocey.quinn@plymouth.ac.uk or 01752 585454.

Claudia Blandon: claudia.blandon@plymouth.ac.uk or 01752 585451.

I confirm that I have read and understood the above information and give my consent to being interviewed.

Signature _________________________

Date _____________________________
C. Consent Form for Music Leaders

Evaluation: Keep Singing Keepsake Project

Dear Music Leader

We are from Plymouth University and are doing some research for Plymouth Music Zone on the Keep Singing Keepsake Project. We would like to speak to you about your experiences of running the singing sessions.

We would like to talk to you in private and if you agree we will tape the conversation.

We will write a report to tell Plymouth Music Zone what everyone thinks about the singing sessions. In the report we won’t say which homes we visited or the names of any of the people we interviewed. We may use your words but your name will not be used.

The report will be seen by Plymouth Music Zone and the people who funded this research. We may write papers about the research but no-one will be able to know that you were involved in it.

At any point during or after the interview up to the point we write the report, you can withdraw and say you don’t want to be involved.

The university’s research ethics policy states that data should be securely held for a minimum of ten years after the completion of the research project. Electronic data will be stored on university-owned password protected computers or laptops and individual files and/or discs will be encrypted. Hard copies of data will be stored in locked filing cabinets and disposed of securely when no longer required.

PMZ will let you know the main things we say in our report and if you wish you can see a copy of the report.

Thank you very much

Professor Jocey Quinn and Claudia Blandon

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Professor Jocey Quinn: jocey.quinn@plymouth.ac.uk or 01752 585454.

Claudia Blandon: claudia.blandon@plymouth.ac.uk or 01752 585451.

I confirm that I have read and understood the above information and give my consent to being interviewed

Signature __________________________

Date __________________________