

A photograph of a woman with short dark hair and a black top playing a cello. She is smiling and looking towards an elderly man with white hair, wearing a blue sweater, who is sitting in a chair with a metal walker. The man is looking at the woman and has his hands clasped. The background shows a room with a whiteboard, a blue clock on the wall, and a green chair.

SCOTTISH
CHAMBER
ORCHESTRA

**SCO RECONNECT REPORT
MAY 2019**

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INTRODUCTION AND BACKGROUND

SCO ReConnect is the Scottish Chamber Orchestra's programme of interactive music workshops for people living with dementia. The project aims to improve patients' and carers' sense of well-being and quality of life, bringing people together through music to connect, communicate and enjoy time together.

Led by the Scottish Chamber Orchestra in partnership with the University of Edinburgh and NHS Lothian, SCO ReConnect provides a series of creative music workshops for people with dementia at which patients are invited and supported to sing, play instruments, improvise and listen. Workshops involve patients, visiting family members and NHS staff and are delivered by a specialist leader and two SCO musicians. The sessions involve a range of interactive music activities, including performances of stylistically varied music and songs by SCO musicians, and the creation of improvised pieces that draw upon patients' moods or movements.

At each music session, the ReConnect team consists of a specialist music workshop leader, two SCO musicians, and a project assistant. Occupational therapy staff support the workshops, and members of the nursing staff, activity co-ordinators and family members also join in. Around ten patients take part in each session and are encouraged to join in the whole series where possible.

SCO ReConnect has been running since 2013, and a number of SCO musicians have been developing their expertise in this type of interactive workshop delivery. Training sessions for participating musicians are led by Dr Jane Bentley, a community musician who specialises in music in healthcare settings and who has led the ReConnect workshops since the project began. Additional training, exploring musical improvisation as well as aspects of working with people living with dementia, has been provided by expert freelance musicians and members of the NHS and University of Edinburgh team.



SUMMARY

A 20-week workshop series of SCO ReConnect took place at the Royal Edinburgh Hospital, on a male assessment ward, from October 2018 to March 2019.

A total of 33 patients took part, and on average, 11 patients, three relatives and seven members of the NHS staff attended each workshop. A preparation session with the musical team and the NHS staff preceded each workshop and a debrief followed. Flexible attendance was encouraged, enabling patients to decide how they wanted to participate in the sessions. Musicians and workshop leaders tailored their approach to these unique styles of engagement and never forced patients' participation, adopting a person-centred approach. The care team noticed the musicians' expertise and sensitivity, particularly when the ReConnect team adopted musical strategies to transform patients' distress into more positive and playful attitudes. Changes in patients' behaviour were reported during and after workshops, with the care team reporting decreased levels of agitation and consequent calmness.

The number of family members attending the sessions with their relatives was much higher than in previous years, with 24 attending across the 20-week project. The weekly music workshops apparently made visits to the ward more enjoyable and helped family members to feel more relaxed during and after the sessions. The care team also appreciated the quality time spent with patients during the project, instead of having to focus solely on their regular clinical work. The workshops provided an opportunity for staff to see patients differently and to use these interactive sessions as another form of patient assessment. This year, musicians and workshop leaders highlighted for the first time the idea of togetherness, where everyone (musicians, patients, care staff and family members) contributes meaningfully and influences each other.

During the series we piloted a training programme for workshop leaders, bringing in a trainee music leader who was already experienced in working with people with dementia. The trainee observed two sessions run by the principal workshop leader and led eight sessions in the ward.

To evaluate the main ReConnect programme, individual interviews were conducted at the end of the series with musicians and members of the care team, and a survey questionnaire completed by a family member. Themes were identified that had already emerged in the previous project, confirming for example the satisfaction of the NHS staff and relatives with the length of the project, its time and location. New themes were also identified, highlighting the idea of togetherness and the expertise of the musical team.



Music Personnel

Katherine Waumsley (trainee workshop leader) led eight hospital workshops and all other hospital sessions were led by Dr Jane Bentley. Building on earlier SCO ReConnect programmes, the same core team of musicians took part in the project. In total, six SCO and three extra musicians, one of them new to the project, worked in various duo combinations each week (Donald Gillan, Alison Green, William Stafford, Peter Franks, Su-a Lee, Eric de Wit, Lawrence Gill, Harriet Davidson & Joanna Duncan). Where schedules allowed, the same duo worked together for a number of sessions.

Training

To prepare for the workshops, the SCO ran a number of training and development sessions for participating musicians and workshop leaders:

- The musical team spent half a day working on musical content before the series began.
- Musicians met to rehearse together before the workshops.
- On several occasions, both workshop leaders (principal and trainee) observed each other's sessions as part of the pilot ReConnect training programme for workshop leaders.

NHS Planning

The successful delivery of the workshops relied on planning and weekly input from NHS staff. The Occupational Therapy team committed two members of staff to each session, which meant that a further member of staff had to leave another ward to provide cover. NHS staff prepared patients, set up the room, and liaised with the musical team each week to provide relevant information about patients and to feedback on the workshops. They communicated with family members about the project and helped to organise the interview scheduling and survey questionnaire with staff and relatives for the ReConnect evaluation report.

Hospital Workshops

The series of 20 workshops took place weekly on Monday afternoons, on a male assessment ward, from October 2018 to March 2019. During the workshops, musicians performed and improvised around familiar melodies and spontaneously generated musical ideas to match the apparent mood and previously identified musical preferences of the participants, who were encouraged to join in by singing and playing instruments. Repertoire included songs from musicals, well known Scottish tunes, and popular hits from the 1950s. At the end of the series, the SCO team provided a copy of the ReConnect CD recorded in January 2017 to leave in the ward for patients and carers to enjoy on completion of the workshops.

Participants

In total, 33 patients participated in the hospital workshops. On average, 11 patients attended each weekly workshop over 19 weeks (one session was cancelled due to poor weather conditions). Because we were working on an assessment ward, the patient population was relatively changeable, but many of the participants were able to attend several workshops. Individual patients attended between one and 16 full sessions each. Eight patients each attended one session, 12 patients attended between two and four sessions, and 12 patients attended more than five sessions each. Between one and six individual patients attended more than 10 minutes of a session and between one and three patients attended the sessions as passing observers.

Fifteen different members of NHS staff (Occupational Therapists, Nursing staff and an activity co-ordinator) took part in the workshops, with an average of seven at each session (some of whom were involved throughout, and some of whom partially or listened in passing). A total of twenty-four family members took part, with an average of three family members attending each workshop, representing a much higher attendance of visiting relatives in comparison to the previous workshop series (when eight people attended in total).



Table of Participants

Session	1	2	3	4	5	6	7	8	9
No. of patients	11	9	9	9	11	10	12	14	12
No. of relatives	1	0	0	1	3	4	3	5	2
No. of staff	9	3	8	11	9	8	10	7	5

10	11	12	13	14	15	16	17	18	19	Weekly Average
13	10	11	14	17	12	8	8	12	12	11
8	4	3	8	4	4	2	2	3	5	3
10	3	5	6	6	5	6	7	12	11	7

IMPACT

Dr. Ana Almeida issued a short questionnaire survey to one participating relative, and conducted interviews with two occupational therapists, two nursing students, one activity coordinator and five musicians (including the principal workshop leader and the leader in training). The interviews were transcribed and all quotations below are taken from these interviews and the survey.

Length of project, time and location

The NHS staff and musicians felt that having 20 consecutive sessions was beneficial to patients. Not only did this allow them to become gradually familiar with the ReConnect team and the workshop process, but the extended series of workshops also provided the necessary consistency and structure to patients' weekly routine. The care team also suggested that prolonged exposure to the project would gradually help to change the ward culture and staff's perception of music programmes such as ReConnect.

[I was] also really pleased that we were having longer sessions...because I really felt that that would help have a more significant impact for patients, but also the opportunity to get the sessions embedded into ward culture and routine a bit more, and for staff to get used to them happening every week. Care Team 1

As last year, NHS staff confirmed their preference for music sessions in the afternoon, given that mornings are

often too busy (e.g. getting patients up, breakfast, medical reviews, lunch). Having consistent workshops in the afternoon means that patients have something to do and to look forward to at that time of the day; otherwise, they can become bored and, consequently, more agitated or sleepy. Family members also tend to visit relatives in the afternoon and thus are more inclined to stay and attend the sessions. According to the NHS staff, the weekly session with the ReConnect team created a more settled environment, allowing staff to have a break from regular clinical work in the afternoon and enjoy some quality time with patients, who were also less agitated. A new routine was also created in the ward immediately after each session, involving staff and patients sitting down to drink tea and 'take it in'.

And I think afternoons are quite nice times to do it as well, because in the morning it's quite busy with getting up, breakfast, medical reviews or whatever, and then lunchtime is there. So, the afternoon can actually be quite a long afternoon. So, to break that up is quite nice for them as well. Care Team 2

Afternoons seem to work quite well, relatives quite often come and visit in the afternoon... Care Team 1

It has helped the afternoons be more settled, because in the morning it's busier. It is busy because you're having to help them get ready and whatever. So, everyone's getting that wee break in the afternoon and

you're able to spend time with them, other than just helping them in everyday tasks. It's something different. Care Team 3

If there's something to do, they don't get bored, and when they get bored, they get agitated. So, when they're kept occupied, it is a lot easier to do things. And it puts them all in one place, so they're not all over, we know where they all are. Care Team 4

...we obviously got into a routine of going from having the music to then having a cup of tea and sit down and take it in. Care Team 2

The choice of a communal space for the workshops enables patients to decide freely whether to stay in the room or wander in and out, with no pressure to join in the session. This flexibility was also reinforced by configuring the room with spaces between chairs, aiming to facilitate people's movements.

I think there are pros and cons to having it in the communal area. I think generally I would see it as being positive, that it was easier for people to access it, rather than it being shut away in a room. And also easier for people to come who weren't quite sure about the sessions, to come and watch for a bit, and then if they weren't feeling comfortable, they could leave, and it was easy for them to leave. I think just for staff, because staff could come and go a bit in the background but still hear the session, and often the office door was left open, so even if people were sitting in the office, they'd still be aware of the music going on. Care Team 1

This year for a while we had an entrance and an exit into the circle, and I think that helped reduce some people's agitation, so there was a flow through. Musician 5

Patients' Engagement

Patients looked forward to the music workshops.

...before they come in [ReConnect team], all the men are ready and staff are ready to back them up. They [ReConnect team] would come in and set their place up, but you could see the atmosphere in the room when they come in everybody's waiting to listen to the orchestra or play an instrument. Care Team 5

There's a lovely man ... [who said] "I look forward to this every week. Miss you when you go." Musician 5

Flexible attendance was encouraged. Patients who chose to take part in the sessions would freely decide how they wanted to engage. Similarly to the previous project, three distinct groups of participants emerged: those who would listen from afar or would come in and out of the session (again, the room configuration allowed this flexibility), those who would stay and listen attentively as an 'audience' and, finally, the group that would actively participate in the activities. The latter group would engage in conversation, make whooping sounds, use music-accompanying movements (hand or foot tapping, clapping, dancing) or make music (singing, playing instruments). The musicians made a further distinction among the music makers: those who



just explore the texture and sound of the instruments ('explorers'), those who intentionally play the instruments to accompany the musical environment ('performers') and those who purposefully improvise and establish creative musical dialogues with others ('composers').

For some people, it's as basic as maybe someone opening their eyes who had maybe been sitting with their eyes closed, you don't really see much reaction. And sometimes maybe people opening their eyes or slightly tapping a finger or sitting a little more upright in their chair, a very subtle thing like that. I suppose at the other end of the spectrum is people who engage much more, so you can have singing... people really using the instruments. Some people just exploring the instruments... feeling them, touching them... and being quite intrigued by how they work. Care Team 1

My husband...always tapped his hands or his feet. And he clapped his hands at the end of each song or piece of music. Relative

... really purposeful about joining in, which was lovely, and at a high level of skill, so there was some lovely drumming and people throwing in rhythmic breaks and collaborations... Musician 5

Even though it was challenging, the musicians tailored their approach to patients' unique styles of engagement. The "Hello" song was the first moment when people's individual differences and preferences were acknowledged.



Other strategies included observing each patient during the sessions and finding ways to interact musically with them and in a meaningful way (e.g. building from patients' self-expression to generate musical material). Using familiar repertoire was another way of accommodating people's preferences, as well as inviting patients to play an instrument (safe and free of failure), and gently repeating that offer when patients showed a willingness to join in. If not, accepting and respecting patients' decision to just sit and listen, without ever forcing them to participate.

...because you do the welcoming song, Hello song, that gets everyone involved straight away. And because [the principal workshop leader] would go around individually, you're making it kind of individual to them, direct to them, that they know that they are being welcomed in and they are involved in this group. Care Team 2

I found that once the group feel had been established, often what was nice was just to sit back in the chair somewhat and really accompany what they were doing rather than trying to dictate anything at all. And, so, just sitting back and letting their contributions happen as they were doing, and just accompany, it helped to stop anyone's voice being too dominant, as it were, and so that brought a nice group unity to things, and cohesiveness. And that was one way to create this 'group feel'. Musician 3

...they play songs that the men know, older

songs, Scottish songs, and they'll recognise them straight away and sing along, that's really good. Care Team 4

...there was this one guy who got up and was dancing, and he wanted to dance with me, and I had my [instrument], but it's hard to put [it] down anywhere because there's people all over the place. So, I still had this thing...and was dancing with him to... I think it was Mairi's Wedding... He was so delighted to dance. Musician 4

... you're never forced to do it [to play instruments]. Care Team 2

NHS staff mentioned the musical team's sensitivity and ability to change their approach, style, mood or the tempo of a piece whenever needed (person-centred approach).

... what's really nice about seeing [the musicians] work is that they're very observant and very sensitive to people, and really good at noticing and knowing when to intervene, when maybe to encourage someone a little bit more, but also when to stand back. And I think there's very much a respect for people, and a respect for if someone doesn't want to join in, then that's fine. There's no forcing people to join in, which is really nice. Care Team 1

And I think the musicians as a whole are very good at just tuning in to what people are doing and then adjusting the music and the singing to suit. So, I suppose as an example, someone maybe playing an instrument, they'll really listen to the beat



and what the person's doing and adjust their music playing to that beat. And also some of the improvised music as well, just really listening to what people are doing and going with that, and if it's getting a wee bit faster, they go faster, and encourage that, but then they can make it slower. I think, yeah, that's a real skill to have, and not easy to do, particularly with a big group of people. Care Team 1

I think they're so amenable to changing up the music if we felt that it was a bit too hectic, just kind of slowing it down. And if people were falling asleep, bringing it back up again. So, they played it very well. Care Team 2

Actually, last week I did think that they did

really well, because one of our patients is very, very chatty, so even when they're singing and playing, he'll talk to them as if he's having a conversation with them. So, they continued to play, but stopped singing to talk to him. And then when he was satisfied, they would keep singing. But whenever they were speaking, they still played the music in the background for the other men. Yeah, that was really good. So, they didn't just stop, they didn't just ignore him, they talked to him. Care Team 4

... I think it's very person-centred. And it's not about the musicians coming in with their agenda, I think that's put to the side and they very much come in with an open mind and thinking about what do the people here need in this session now? And

they go with that. Care Team 1

I think they obviously know some of the challenges that the patients have, do come up against, and they just kind of went with it as opposed to being like "right, stop the show, this is too much." Care Team 2

And people can be a bit unsettled in the sessions and can be up and down, in and out, and sometimes maybe shouting across or being a little bit disruptive, but none of the musicians have ever been fazed by that, which is lovely. Care Team 1

Positive changes in patients' behaviour during, after and in-between sessions were reported by the care team, musicians and relatives. These changes ranged from people choosing to sit down for the whole session instead of wandering around the ward, or from not wanting to engage (e.g. avoiding eye contact) to adopting a more interactive attitude and enjoying participating in the session (e.g. playing instruments, dancing). Other examples of behavioural change included patients initially showing agitation and even aggressive responses during the workshops and then gradually engaging more playfully with the group, or still remembering the words of the Hello song after being absent for a few weeks.

Within a session, they can go from really not wanting any eye contact to actually fully playing back and forth... I'd say for me that's the most striking difference... when they really don't want to engage, to fully engaging. Musician 2

...when they [ReConnect team] come in with their instruments, they'll all sit and watch for the whole time. Usually if you try and do something with them, they'll sit down for a while but then they get up and then they go away and lose interest. They don't with the orchestra. They'll sit for the entire duration of it. Care Team 4

They're much more settled instead of wandering about or whatever. They're participating, they're enjoying it, they're connecting with staff, the relatives, the musicians, each other. Care Team 3

I am certain that the workshops were a very pleasant experience for [my husband]. He enjoyed sitting with the group and was always calm afterwards. Relative

Some of them tried to sing the welcome song, some of them remember all the words. We even had a patient that was discharged and came back a few weeks later and the orchestra came in and he remembered the song, weeks later. Care Team 4

Just at first wouldn't do anything, would sit like "no, I'm not doing it", and then as time went on he would play a bit of the musical instrument with a bit of encouragement, or then you can just see him singing along to the songs. Care Team 2

The NHS staff and relatives mentioned » that immediately after the music sessions, patients were more settled, relaxed and willing to interact with others.

One of the men, he's not here now, he's moved on, he loved it. He took part, you used to see him getting up dancing sometimes, he'd be in a much better mood, if he was maybe a bit grumpy beforehand. Care Team 3

... we do observe that it reduces their agitation afterwards... they're all pretty settled. Care Team 4

A lot of them are more relaxed after it. They're not as distressed or anxious. Care Team 3

... it's really nice to see that they can have a smile on their face and they are humans again, and it's not just the focus on the fact that they've got dementia. Care Team 2

In an assessment ward patients are always being admitted and transferred to a different care setting. The recently admitted patients have then the challenge of adapting to their new environment and to all the new people around them. During this process, the NHS staff need time to get to know the new patients and identify their individual needs. This context creates specific challenges for the musical team, namely, inevitable dynamic changes to the core group of participants and a degree of uncertainty regarding patients' responses and reactions.

Because the nature of the setting is that you cannot anticipate what's going to go on... All you can do is have this menu of ideas. Musician 5

The musicians reported using a series of strategies to cope with the unpredictable



and sometimes challenging behaviour of patients. Their approach involved anticipating signs of distress, keeping a safe distance between themselves and patients, using humour to diffuse tension, supporting each other and making sure everyone is safe at all times, and asking for staff help if needed. The principal workshop leader often assured musicians that they were not the cause or target of patients' behaviour and that agitation is a form of expression and communication.

He [one patients] came and sat next to me, and there's just a little bit of physical awareness about how fast you can move... And looking for help, and being ready to move to help someone else. Musician 2

I suppose you have to learn to back off a bit. Just to remove yourself from a challenging situation. If someone's getting agitated you just move back, physically move back. And don't ever play in their face. Musician 4

We did have one patient that was quite vocal when distressed, but, again, [the workshop leader] would kind of agree or say something, and just change the topic. And then we were obviously involved with redirecting as well. Care Team 2

... they're really good at using humour to defuse situations as well. That sometimes maybe someone is being a little bit grumpy or out of sorts... coming in with a little bit of humour to defuse it. Care Team 1

The ReConnect team used musical strategies to regulate and transform patients' agitated behaviour into a more

positive attitude (e.g. making strategic changes to the mood or tempo of a piece, offering instruments at the right moment and when it is safe to do so). The NHS staff noticed how the musicians responded to the unsettled behaviour of some patients and the strategies used to diffuse potential moments of tension.

I think [the musicians] responded really well [to patients' challenging behaviour]. First of all, they noticed. They were very good to see things were maybe starting to escalate. So, they were good at noticing, and I think just being able to adjust the session so if maybe it felt things were getting a wee bit noisy, they would just quieten the music down to calm people down, so that was good. I think they were very good at being aware of their own position in relation to people, so not getting too close to people, giving people space, also I suppose just being mindful about someone who's maybe a bit more agitated, maybe just considering whether you offer them an instrument at that point, maybe it's not the right thing at that time. Or what instrument you do offer them, because you could maybe offer them something that's quite safe to play with. So, I think they're good at that. Care Team 1

There's also one occasion as well where there was some aggressive behaviour and someone slammed their fist down or dropped a thing, and it made a clattering noise, and...then this aggressive sound formed the beginning of Oh When The Saints Go Marching In. So, it was like a crash, aggressive, and then it was immediately transformed into a joyous

opening of a new piece. And then it's immediately forgotten, so that was really nice, almost a sort of marital arts but it seemed to work very well because it seemed to transform the aggressive energy into something completely different. Musician 3

Communication and Social Interaction

The ReConnect workshops allowed family members and care team staff to share meaningful moments together with patients through music. This year more family members attended the music sessions than previously. They enjoyed spending quality time with their relatives dancing and making music together or simply holding hands. Family members reported feeling more relaxed during their visits and also afterwards at home.

They do get to see their husbands or

dads or whoever in a better mood than they would be. Because some days they come in and they are really upset or they don't want them to leave, and it's really horrible. But if the music's been on, it's just like they've been watching something together like they would have when they were still at home, and then when they leave it's not such a big deal because they've had a good time, rather than just being sat upset. Care Team 4

I think it's really nice for the relatives when they're coming in to have a focus, something that they can do together. Because quite often when they come in and you see they're just sitting with the person, they don't know what to talk about, maybe the person doesn't have good communication skills, and sometimes it can be a little bit fraught, the visit, because the person might

blame their relative for them being in hospital and doesn't then understand why they can't leave with their relative. So, it can be quite a stressful visit. I think it's really nice that there's something they can sit and listen to together, and hopefully something that defuses some of that tension sometimes. And I think just a chance to reconnect with their relationship. Care Team 1

... it's just a really nice opportunity for the relative and the person to connect again, and to enjoy each other's company again in a sort of failure-free way with no pressure on them. Care Team 1

And we have a patient who stays in his bedroom most of the time, but his wife now comes in for the orchestra, because we can coax him out of his bedroom when there's music playing, and he'll come and sit with the other men... So, she comes in for that now, to make him come out of his room. Care Team 4

[A patient's wife] said to me one day "when I leave here, I go home by myself, I've got nobody. But when I listen to the music and I go home, I feel more relaxed." Care Team 5

I can think of there being a few really touching moments actually where a wife has been in with her husband and they've been playing music that obviously has a resonance and meaning for the two of them and it's brought back memories. And sometimes there's been some tears as well, but it's felt like a really nice moment for the two of them to share together. And I think sometimes grandchildren have

been in as well, friends have been in, and been able to be part of that as well. Care Team 1

And then this man's family came in for a couple of weeks and saw... [another patient] dancing, and he ended up pulling his wife up. And his son was like "oh, they haven't danced together for fifty years." Musician 5

The hours we spent together in the workshop allowed us to spend quality time together. They created a very pleasant experience for both of us. Relative

The care staff enjoyed spending time with patients, listening to music, singing, playing instruments and having fun instead of 'running about' all the time and doing intense clinical work. Some have also mentioned that because they did not have to lead a session they then could sit, relax and join in the workshop with patients, colleagues and family members. The ReConnect workshops also provided an opportunity for the care team to see patients differently and consequently redefine and build their relationship. This year the interactive music workshops were used as an additional assessment tool by the NHS staff (e.g. how patients interact with other people, such as the musicians).

It's quite good because you get to sit down for an hour and interact with them other than just doing clinical work and running about. Care Team 3

... you get a laugh with them. Care Team 3



... it helps us to see people in a different light, from a different perspective. So, some people react very differently in the music session, they can maybe be more relaxed, you see a different side to their personality. They can communicate in a different way. And, actually, I think that helps build relationships with staff... Care Team 1

... quite often we lead groups and sessions, so it's lovely not to have to lead, but to be able to sit and join in as one of the participants with everyone else. Care Team 1

I think just staff having a bit of fun, actually, and a bit of fun with patients too. Sometimes work can be quite serious and you're dealing with quite difficult situations, and quite a stressful time in people's lives, so it is quite nice just for a while to sit and relax and have fun with people, and with your colleagues. Care Team 1

... when you have other people coming in, it's good to see how they interact with [them], the musicians for example. So, it's effectively another assessment tool that we're using as well. So, although it sounds like all fun and games, it actually gives us a lot of information as well. Care Team 2

This year patients interacted with each other much more than in previous ReConnect programmes. They were seen playing and dancing together in a lively and purposeful way.

... actually we did see a lot more of that this year with patients interacting with

other patients, and we were creating the climate for that to happen... Musician 5

...one man in particular, who would get up and dance in the sessions (I think he was a very keen dancer in his youth). And when he got up you could see he was doing very specific steps, and quite often he would get up and dance with a member of staff or sometimes actually he asked other patients to dance with him, which was really nice, and actually very well responded to. Because I did wonder if he might get a bit of a rebuke for that from other men, but, no, other men got up and danced with him... that created an interaction between patients, a really positive interaction Care Team 1

...one more little interaction that does stick in my mind was two guys sitting together, they both had frame drums and they were right next to each other, and again that mutual interaction, they caught each other's eye, and so they both started to play on their own drum and the other one, like they were like two boys at school, very cheeky and just enjoying winding each other up. So, that was just delightful as well. Musician 5

Teamwork

As in the previous year, the ReConnect team also found the NHS care team supportive and very much involved in the work. The meeting between the musicians and staff in advance of the workshop series, as well as the weekly debriefs pre- and post-session, were considered very positive.

From comparing it to other work that

I've done in those kind of environments I would say the SCO is onto a winner with those staff... Musician 1

I think the care team staff have all been very helpful and they've embraced the project, and they're all very keen to join in. Musician 3

... I feel like we're all part of a team now. Musician 2

The core group of musicians from last year participated again in the new ReConnect programme with an additional extra player. The team reported that the scheduling meant engaging with different musical partners and thus with different instruments and a distinct skill set. Learning to develop non-verbal cues to communicate with a new musical partner and understanding their specific needs was seen as a positive challenge. Having an additional player also implied widening the repertoire already in use by the existing team.

[The repertoire] is expanding. And if you work with different people, they bring different repertoire, which is nice. Musician 4

And understanding your partner's needs like if they're a wind player, that they need to breathe, and they can't speak while they're playing whereas I can. It's just the balance and learning how to communicate. We're learning new communication skills as well, which is great. And there's a lot of unspoken stuff like how to carry on, meaning how do you switch roles, like who's going to do the

bassline, the harmonic part? And are we going to move into an improv thing? There as so many unspoken things and it's about finding those dynamics. Musician 2

Togetherness emerged this year as a new theme. Joining in and making music together (patients, care team, relatives and musicians) creates the feeling of being in a 'group'. In this collective everyone can contribute meaningfully and influence each other. The interactive nature of the workshops is perceived as being important for this togetherness.

... so it's lovely...to be able to sit and join in as one of the participants with everyone else. And we're all the same in the group, we're all joining in the same way, so there's less of a divide between patients, relatives, and staff. Care Team 1

... there's probably less personal interaction than previous times [i.e. previous ReConnect series] we've done, and more just playing into the group and meeting in the music as a collective, as it were.. Musician 3

... it feels as though the music can offer a sort of escape...a way of leaving behind some turbulence and unsettled thoughts, and just expressing ourselves creatively together Musician 3

I've seen the Playlist For Life getting used, but with this more people are involved. So, it's just there's more interaction other than just that one person benefitting. Care Team 3

Training Workshop Leaders

The trainee leader felt that during training it was important not to have too many observers in the sessions, to have as much consistency as possible in the musical team, and to allow plenty of time for reflection and development. She needed time during training to explore her role and get to know the musicians. According to the trainee, the role of workshop leader involves observation, decision-making and the ability to structure the session.

... try and sit back and make space one way or another, but be there, helping make on the spot decisions throughout the workshop about what to do next...

The trainee noted to the importance of understanding the different skills and preferences of each of the musicians as well as the patients. The workshop leader has to be adaptable and communicative in order to manage and balance all contributions.

So, it's about facilitating the patients but there's also this job of facilitating the musicians. And each of the musicians is different and needs a different form of encouragement or support in order to work in that space.

Legacy

Several members of the care team mentioned that they would recommend this project to other hospital wards, care homes and professionals. Some comments by staff also suggested that the ReConnect experience continues after the end of the project. For example, songs

are sung to patients and staff requested a copy of the CD (recorded 2017) for playing in the ward.

Participate. Definitely join in, because it makes a difference to your patients. Care Team 3

I can remember after one of the sessions... I opened the door to one of the relatives and I started singing the Hello song, and one was going, so I sung the Goodbye song to them. Care Team 5

Challenges & Suggestions

On one occasion and without prior notice, seven additional patients and two relatives from an adjacent ward attended one workshop. Despite the significant increase in the number of participants, the session went well. However, it became less interactive and more performative. While recognising that it is not always easy to achieve, one member of the care team emphasised that at least two members of staff should always be present during the workshops and, ideally, nursing staff should attend the full session.

... we feel it's really important there should be a couple of members of staff actually in the sessions to support the patients, ... you need the staff to stay in the session, and to understand their role in the session as well, because sometimes you'll get staff who will come and sit, but they're not really fully engaged in the session because they constantly thinking about answering the phone or getting up to open the door or to see to something, and they're maybe getting up and down

and leaving, and that's really unsettling for everyone. So, I think sometimes it's maybe a bit of a challenge from us, changing culture on the ward as well so that staff see that if you're committed to that session, you come, you sit down in it, you don't leap up when the phone goes. Care Team 1

It's quite a big commitment, but then I think it was definitely worth the commitment, just to see the patients enjoying themselves. Just because I work on the ward I get involved with other things, so like if there's people up and about, I get involved with looking after them and stuff, so I think if we were to do this again I would like to stay in the group and be more involved in the group. Care Team 2



RECOMMENDATIONS FOR FUTURE PROJECTS

- Continue to develop the training programme for workshop leaders. From this year's pilot we have learned that the new leader needs more development time with musicians (whole group and duo combinations) in advance of the workshops, to get to know the team personally and musically. More opportunities for both workshop leaders to observe each other's sessions should also be provided.
- Ensure that musicians continue receiving adequate training in advance of the workshop series about dementia and about coping with patients' behaviour (e.g. sharing strategies to respond to episodes of agitation, reflect on how to deal with a loss). Musical training should focus on the development of general improvisation skills and of those specifically related to the workshop model (e.g. building musical dialogues with patients in the moment and according to their needs).
- Provide an information sheet for NHS staff in advance of the workshop series containing the names of the SCO ReConnect team (possibly photos) and the instruments used in the sessions.
- Musicians and workshop leaders should continue to liaise with ward staff to gather adequate information about individual patients' musical preferences in advance of workshops.
- Continue to ensure that the timing of workshops is optimal for the specific needs of the ward. Ensure that clashes with other activities are averted.
- Meet NHS staff for practical musical training, dementia training, and discussion in advance of workshops.
- Continue to engage nursing staff and family members in the project. Aim to actively involve nurses in full workshop sessions whenever possible and encourage family members to attend.
- Continue to encourage flexible attendance and respect patients' preferences when it comes to listening or taking a more active role in workshops.
- Encourage workshop leaders to continue writing weekly email reports to keep all musicians updated and to ensure continuity and consistency between the work of the different duos.



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SCO ReConnect 2018-2019 was kindly supported by The Morton Charitable Trust, The Pixel Fund, The Lady Marian Gibson Trust, E M Whittome 2013 Charitable Trust, Kenrob Charitable Trust, Sir Maxwell Harper Gow Charitable Trust and Gladys Jane Wightwick Charitable Trust



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