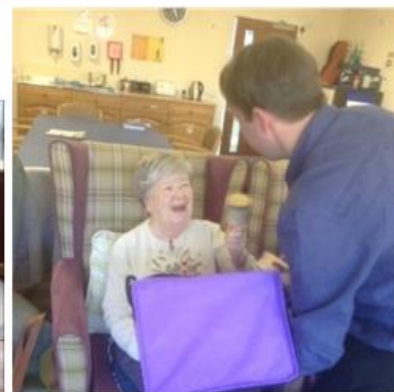




music as therapy
international

Registered Charity No: 1070760

UK SUSTAINABILITY REVIEW REPORT 2018



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This report consolidates the learning of *Music as Therapy International* from a series of Support Visits undertaken with our partners across the UK in 2018. These partners work in a range of care settings across the UK, providing care and education to young children, children with profound and multiple disabilities, adults with learning disabilities and older people (including those living with dementia).

We are indebted to the openness of the partner care settings, management and practitioners, and to the time and expertise of contributing Music Therapists from the charity's Advisory Panel.

We are grateful to The Capital Group and The Foyle Foundation for their financial support.

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Executive Summary

Introduction

In 2016 *Music as Therapy International* launched its 'Bringing it all back Home' initiative, as part of its wider UK Programme. It focused on how the skill-sharing model the charity has developed, proven over twenty years working overseas, could be adapted for use in the UK with a series of **9** Introductory Training Projects undertaken in different care settings from the South of England to the Highlands of Scotland. The Support Visits encompassed three client groups: the elderly & people living with Dementia; Adults with Learning Difficulties (ALD) and the Under Fives (U5s).

In 2018, our Partners from these projects were offered further support from the Music Therapists who delivered their original introductory training: **6 Support Visits** were delivered with **22 practitioners** benefiting and **99 children and adults participating in music sessions**. The remaining **3 settings** faced local practical barriers which prevented their Support Visits being fully delivered.

This report consolidates our learning from the 'Sustainability Visit Programme' and addresses 5 questions at the heart of our core value of Sustainability, summarised in the 'Evidence and Analysis' section below. Our methodology followed five categories of analysis: informal and structured feedback collected from Practitioners and Managers, Music Therapists' written observations of visits, a Competency Framework to assess core skills present in music practice, and the charity's wider learning about the sector, where relevant. The report aims to point us towards more sustainable UK programme; instructing our design of support resources for existing partners, and reconsidering aspects of our programme so to remove barriers to sustainability for future partners.

Evidence and analysis

To what extent did our introductory training enable practitioners to 'get started' with using music?

Managerial and practitioner responses to questionnaire questions regarding the personal and professional impact of our training were overwhelmingly positive: 100% of managers considered the introductory training to have had a 'significant impact' on participating practitioners, and 100% of both managers and practitioners noted a resulting confidence increase in practitioners. Both agreed that participating staff enjoyed more responsibility following the introductory training (100% of managers, 92% of practitioners). These results were echoed in the music therapists' reporting.

To what extent did our Introductory Training enable care settings to establish music within their core offer?

Managerial and practitioner questionnaires also considered the current regularity of music sessions and how embedded managers and practitioners considered music to be in the setting's core offer. 84% of both groups agreed music sessions were embedded within their activities, the remaining 16% both partially agreed. We also learned that 77% of practitioners felt music had influenced their wider care practice, something which was supported by the music therapists' reporting. Using these reports, we judged four out of six settings' to have embedded music in their core provision, which was supported by recurring factors such as the regularity and consistent structure of sessions, colleague support and local ownership and development.

In what way are locally-led music programmes making a difference to the settings and vulnerable children and adults to whom they are providing care or education?

100% of managers told us that service users had benefited from participating in music sessions. Common benefits (identified by managers and practitioners, whose responses were broadly aligned) considered relevant across all client groups were: participation, non-verbal communication, enjoyment and social motivation. Our findings also gave us the opportunity to identify client group-specific benefits, which are detailed further on pages 14-16 of this report.

What aspects of music have proven sustainable over time, and what challenges to sustainable practice have been identified?

84% of our partner practitioners reported feeling supported by their managers. This undoubtedly has a positive impact on continued music programmes on a practical level, but also on their continued commitment to running sessions.

Using the five categories of analysis described in the introduction, we identified **twelve aspects of sustainable music practice**, ranging from maintaining a consistent routine and a client-led approach, to appropriate activity selection and non-verbal communication. These findings give us greater clarity as to what skills we can be confident participating practitioners will develop during our introductory training. Our findings also enabled us to identify **eleven challenges to sustainable music practice**, ranging from *more staff needing training*, to *a lack of practitioner confidence and evaluation over time*. This list could help us better monitor and address risks to sustainable practice throughout project development and delivery.

What might be needed in terms of longer term support for practitioners to maintain their music programmes into the future and be the role of Music as Therapy International to provide this?

In line with our aim to provide more targeted support to partners, we asked both managers and practitioners whether they felt they needed continued support from MaST. 100% indicated that ongoing support from *Music as Therapy International* was **important**. When asked what “future training focus could be helpful?” feedback followed three themes: resource-sharing, additional training and further supervision (supported by Music Therapists’ reporting).

We also invited our Partners to feed back on their experiences of working with *Music as Therapy International* itself. 100% of managers said they would recommend our training to others, that it exceeded expectations and was good value for money. 100% of managers also told us that staff participation was easy to arrange, and that staff enjoyed training.

Conclusion and recommendations

Our report ends with the following conclusions, with recommendations included on p.26-28:

- We can be confident in our Introductory Training projects’ impact on practitioners’ personal and professional development, their wider care practice, and ability to establish music programmes and sustain them over time.
- We can be confident that locally-led music programmes can benefit service users with wide ranging needs, within a context that is socially motivating.
- We have identified 12 aspects of music practice which have proven sustainable over time, and 11 challenges to sustainable practice.
- Partners recognise the value of ongoing support from *Music as Therapy International*.

Key to the recommendations made alongside each conclusion is **the Motivation Programme** we will be launching in 2019, specifically designed in response to our learning, to help ensure our Introductory Training has a sustainable impact. This will include a series of quarterly Partner bulletins (sharing news, resources and ideas), to which Music Therapists and Partners will contribute, the latter occasionally incentivised by musical instrument give-aways. We will invite Partner practitioners to register their personal contact details and create a mechanism through which settings can directly request visits or supervisions. We intend to champion our Partners’ commitments to care through national awards, conferences and press, and ultimately intend to use insight gained through the Motivation Programme to inform further targeted support in 2020.

Background

In 2016 *Music as Therapy International* launched its 'Bringing it all back Home' initiative, as part of its wider UK Programme. 'Bringing it all Back Home' focused on how the skill-sharing model the charity has developed, proven over twenty years working overseas, could be adapted for use in the UK.

A series of **9** Pilot Projects were undertaken in different care settings from the South of England to the Highlands of Scotland. Music Therapists from our Advisory Panel identified care settings which wished to explore skill development for their staff, so that music programmes could be established within their core offer. Introductory Training was the first step, and this was followed by an initial Support Visit 3-6 months later. During this pilot phase, **31 practitioners** completed introductory training and **147 children and adults participated in music sessions**. We forecast that 'Bringing it all Back Home' had the **potential reach of up to 505 children and adults** as participating practitioners drew on their new skills with the wider populations served by each care setting.

In 2018, our UK Partners were offered further support from the Music Therapists who delivered the original introductory training to their staff. All partner settings were enthusiastic: **6 Support Visits** were delivered with **22 practitioners** benefiting and **99 children and adults participating in music sessions**. The remaining **3 settings** faced local practical barriers which prevented their Support Visits being fully delivered.

Delivering the Support Visits gave us fantastic opportunities to celebrate the successes achieved by our UK partners. There is fantastic work with music taking place as a result of our introductory training projects. Manager and practitioner commitment and determination to improve care and opportunities for older people (including those living with dementia), young children under 5 and adults with learning disabilities should be championed.

Co-ordinating and delivering these Support Visits gave us contemporary insight into the concerns of our partners in different localities and care settings. We experienced first-hand the implications practitioner ill-health, conflicting schedules or complicated rotas, staff turnover and challenges to communicating with everyone involved. We have learned lessons that will help us improve how we work with our Partners to prepare for these visits. However, we also recognise that the music programme is likely to be one of multiple responsibilities for our partner practitioners. Understanding the demands on their time and ensuring working with us is not an onerous undertaking remains important to balance with our determination to maximise the impact we can have when we deliver our projects.

Introduction

This report consolidates our learning from these visits, which honour our core value of Sustainability. 'Getting started' with an injection of training is the easy bit. Our experience is that 'keeping going' is the challenge. With this year's Support Visits and UK Sustainability Review, we wanted to:

1. Assess the extent to which our introductory training had enabled practitioners to 'get started' with using music
2. Assess the extent to which our introductory training had enabled the care settings to establish music programmes within their core offer
3. Ratify how music programmes were making a difference to the settings and the vulnerable children and adults to whom they are providing care or education.
4. Identify what had proven sustainable over time and what the challenges to sustainable practice were
5. Learn from all involved to identify what might be needed in terms of longer term support for practitioners to maintain their music programmes into the future and the role of *Music as Therapy International* to provide this.

In addition to the aims above, we also invited our Partners to feedback on their experiences of working with *Music as Therapy International* itself.

Our findings have been drawn from a multi-stranded approach to information collection during our Support Visits in 2018. This comprised:

- Informal feedback collected from practitioners* and managers during visits undertaken by music therapists and/or the process of setting these visits up.
- Structured feedback collected from Practitioners and Managers of care settings using a standard questionnaire.
- Music Therapists observing music sessions run by Practitioners and providing written reports to the charity detailing their observations, informal discussions, notable successes and challenges.
- Music Therapists using the charity's Competency Framework to evaluate the extent to which core skills were established within individual Practitioners' music practice.
- The charity's wider learning about the sector, where relevant.

* The term 'Practitioner' refers to an individual member of staff who participated in our introductory training and has contributed to our learning this year.

1) The extent to which our introductory training enabled practitioners to 'get started' with using music

100% of Managers told us the introductory training had a **significant impact** for participating practitioners, recognising increases to **confidence, pride, responsibility, status** and **commitment**. Development in these areas was also recognised by Practitioners and Music Therapists.

These findings are relevant to our wider learning within the sector regarding the challenge of staff retention and recruitment costs, particularly within dementia care. The findings suggest our introductory training projects could contribute to reducing personnel costs for care settings.



CONFIDENCE: 100% of practitioners reported feeling more **confident** following introductory training, an increased confidence recognised by 100% of Managers.

Music Therapists highlighted practitioner confidence regularly throughout their reporting both in terms of how confidence and reflective practice led to positive outcomes and recognising that low confidence might also jeopardise sustainable practice.

Our Music Therapists identified that Practitioners' confidence levels were affected by wider pressures, such as staffing schedules, demands on their time and professional relationships. It was observed that in some settings less-confident practitioners had slipped away from the music groups, with their consequent leadership taken on by a single more confident individual. Practitioners themselves confided in our music therapists that there were particular areas in which they still did not feel confident (e.g. singing in front of people) and we recognised that self-doubt and nerves were undoubtedly exacerbated by the pressure of having a music session observed by a music therapist.

"The staff involved have put their learning into practice developing their confidence and seeing a really significant impact on the children."

(Manager)



PRIDE: 100% of Managers believed participating staff were **proud** of their music sessions. 75% of practitioners agreed or strongly agreed they were **proud** of their music sessions (a further 17%

partially agreed).

'The general feeling was there had been lots of individual successes as well as a real positivity about the group as whole.' (Music Therapist)



RESPONSIBILITY: Both Managers (100%) and Practitioners (92%) believe participating staff **enjoy more responsibility** following the introductory training. 63% Managers agreed or strongly agreed that the training contributed to an **increase in status** for participating practitioners (a further 37% *partially* agreed).

"Staff look to me for guidance and provision of a role model" (Practitioner)

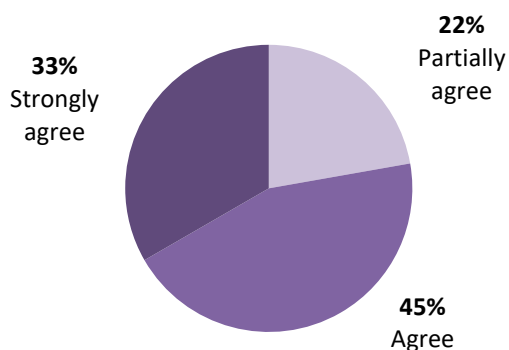


COMMITMENT: 100% of Managers recognised **increased commitment** from participating staff. This was echoed by 92% of Practitioners (62% of whom agreed or strongly agreed; 25% *partially* agreed).

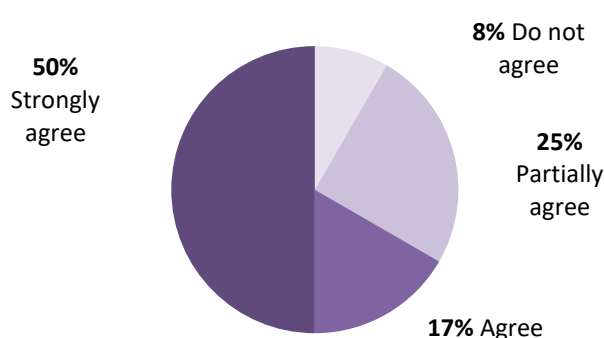
2) The extent to which our introductory training enabled care settings to establish music programmes within their core offer

This aspect was explored by asking Managers and Practitioners whether they are **using music regularly** with their service users:

Managers:



Practitioners:



NOTE: We did not question what 'regularly' meant, but within our introductory training model we recommend weekly music sessions.

We also asked Managers and Practitioners if they believed music sessions were **embedded into the setting's core offer**. Feedback from both groups was encouraging, with 84% of both Practitioners and Managers agreeing or strongly agreeing, and 16% of both groups *partially* agreeing. Furthermore, 64% of Practitioners told us they consider their music skills are **embedded in their own practice**. This suggests there is good scope for transfer of skills, should practitioners move workplace.

Having long believed our introductory training can **influence wider care practice**, we asked our Practitioners if they felt their learning with us had affected their practice more widely than purely within designated music sessions.

77% felt it had had some wider influence (**31%** strongly agreed, **15%** agreed, **31%** partially agreed). A further 15% neither agreed nor disagreed with this idea.

"Music can change the way we care." (Practitioner, 2017)

One practitioner reported, "...she would often use the techniques learned through music as therapy outside of the session too and would sing to help residents get dressed, for example." These findings strengthen a belief that our introductory training can influence wider care practice.

'The sessions are very much embedded in the residents' weekly activities.'

Music Therapist

In the **Music Therapists' reporting**, music was judged to be embedded in four out of six settings' provision. In one setting the music programme was at risk as the trained staff member is leaving. However, the manager of this setting has already started discussing training further staff with us.

Several factors recurred in judging how embedded music was at the setting:

- **The regularity and structure of sessions:** Consistency of time/day/group membership and appropriate space aided embedded practice, staff/resident disruption and diverse or large group membership could hinder embedded practice.
- **Management and colleague support:** Our Music Therapists noted that particularly strong management support in two settings where music was firmly embedded. Our Music Therapists and practitioners discussed the importance of colleagues understanding the therapeutic value of the music sessions to protect successful session delivery.

‘Managers can see the benefit of the project to both children and staff. There is a strong sense that they will support the ongoing success of the music groups.’

Music Therapist

- **Local ownership and development:** Music Therapists viewed positively trained practitioners in settings which had shared their music skills with colleagues (4 settings), or intended to do so (1 setting). The two settings where there had been no local development were not considered to evidence embedded practice. One Music Therapist encouraged practitioners to “...rekindle their enthusiasm and gain back ownership.”

‘The highlight... is to see the way in which [the practitioners] have taken on board their training, developed it, made it their own and are continuing to share and pass on their skills to their residents.’

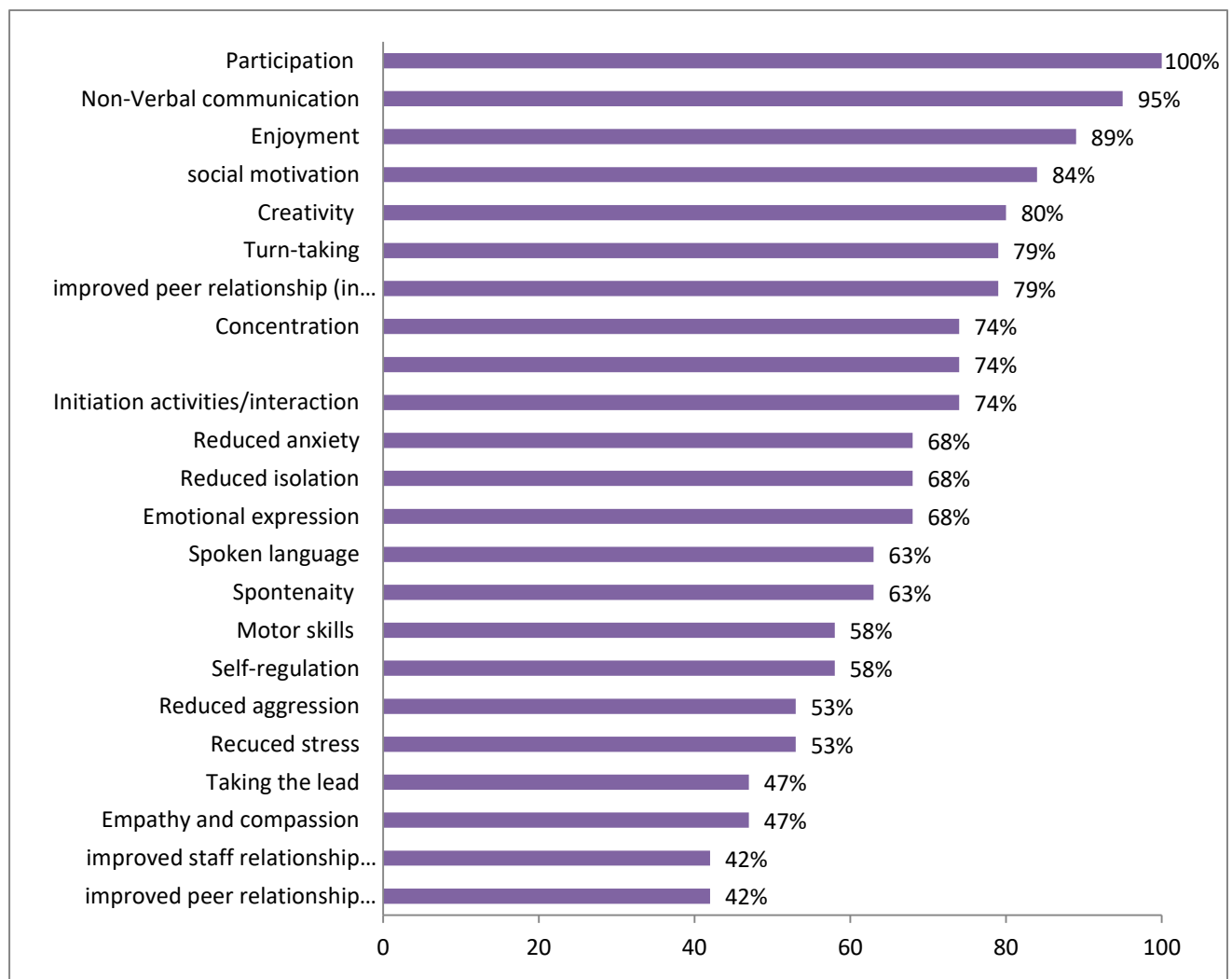
Music Therapist

3) The difference locally-led music programmes are making to the settings and the vulnerable children and adults to whom they are providing care or education.

The impact on service users was evaluated with a global question, to both Managers and Practitioners: “Would you say service users have benefited from participating in music sessions? (No/Don’t Know/Maybe/Yes)”. This was followed by an analysis of the different ways in which Managers and practitioners believe their service users have benefitted.

Although all respondents provided analysis, not all responded to the global question. This suggests that the questionnaire layout was not as clear as it could have been, with the global question not sitting prominently enough. Only **10 (out of 14)** Practitioners responded to the global question, but **64%** answered ‘Yes’ and only **one** person answered otherwise (Maybe). **100%** of those Managers who responded to this question answered ‘Yes.’

The chart below presents the benefits of music sessions to service users identified by Managers and Practitioners in all care settings and across all client groups.



These findings indicate which outcomes are considered to be most often achieved through locally-led music programmes following our introductory training.

When we compared the identified benefits detailed by practitioners and managers, their responses broadly aligned. This suggests strong shared understanding of the role music sessions play in their service users' lives. Perhaps unsurprisingly practitioners recognised more benefits than managers (2-7 additional benefits). This may indicate a disparity between the breadth of impact understood in theory and experienced in practice.

Further analysis enabled us to identify which outcomes were considered to be most relevant to different client groups:

ELDERLY CARE & DEMENTIA¹: In the context of care of the elderly, including people living with dementia, 100% of Practitioners and Managers told us that participation in music sessions had benefitted service users':

- **Non-verbal communication**
- **Concentration**
- **Participation**
- **Social relationships with peers in their music groups.**



Additionally, by ranking benefits by client group and comparing these with the rankings across all client groups combined (Figure 1), we were able to identify the following benefits as significantly more relevant to the elderly, including people living with dementia:

- **Emotional expression**
- **Reductions to isolation and anxiety**
- **Peer relationships outside the music sessions**
- **Reduced stress and agitation**
- **Spoken language**

Using the same methodology, we identified that any benefits to **initiation, self-regulation** and **motor skills** are reportedly less felt in this context than across all contexts.

“At one point a woman with Dementia who no longer speaks sang the words to a song which was a ‘very special’ occurrence for [the practitioner]...Non-verbal service users were given suggestions for their turn of song-singing, and there was in general a relaxed and social atmosphere.”

(Music Therapist)

¹ Figure 1, Appendix 1



YOUNG CHILDREN (UNDER 5)²: In the context of care and early education of young children, 100% of Practitioners and Managers³ told us that participation in music sessions had benefitted service users’:

- **Non-verbal communication**
- **Self-regulation**
- **Motor skills**
- **Social motivation**
- **Turn-taking**
- **Participation**
- **Relationships with staff in music groups.**

It is of note that the following identified benefits are considered significantly more relevant in this context than the across all contexts:

- **Improved peer relationship (outside group)**
- **Improved staff relationship (inside and outside group)**
- **Spoken language**
- **Reduced isolation**
- **Reduced anxiety**
- **Self-regulation**
- **Motor skills**

Any benefits to **initiation** are reportedly less felt in this context than across all contexts. **Enjoyment** was also given less emphasis. However, having witnessed the children’s enthusiastic participation in sessions, we believe this may reflect young children’s predisposition to enjoy stimulating activities. If promoting enjoyment it is not a commonly identified area of difficulty in this client group, it follows that it might not be recognised as a particular benefit from providing music sessions.

² Figure 2, Appendix 1

³ The U5s client group is less strongly represented as we were only able to collect data at one U5 setting. However, the results collected for both managers and practitioners are congruent with our wider findings across all client groups, and also with feedback from Interactive Music-Making partner settings.



ADULTS WITH LEARNING DISABILITIES⁴: In the context of care of adults with learning disabilities, 100% of Practitioners and Managers told us that participation in music sessions had benefitted service users':

- **Non-verbal communication**
- **Initiating activities/interaction**
- **Turn-taking**
- **Participation**
- **Enjoyment**

It is of note that the following identified benefits are significantly greater in this context than the across all contexts:

- **Taking the lead**
- **Self-regulation**
- **Emotional expression**

Any benefits to **spoken language, concentration** and **improved peer relationship (in group)** are reportedly less felt in this context than across all contexts.

Across all contexts our Music Therapists' reports provided anecdotal evidence to support the identified benefits above. There was no doubt the locally-led music sessions are beneficial to service users. However, all Music Therapists reported that these benefits could be strengthened by practitioners looking at longer term goals for service users and by providing practitioners with opportunities to refresh their practice.

In discussion with prospective project partners this year, we have become aware that Managers are keen for more immediate insight into the impact on their service users of training for their Practitioners. Our findings this year will help us work with participating Practitioners to identify which benefits they feel are relevant to participating service users and to benchmark individual service user's areas of difficulty and progress before an introductory training project begins and at its end.

⁴ Figure 3, Appendix 1

4) What aspects of music practice have proven sustainable over time and what challenges to sustainable practice have been identified?

Our UK Partners reported they felt supported in their work with music by their Managers (84% agreed or strongly agreed they felt supported). This undoubtedly has a positive impact on their music programmes continuing on a practical level, but also on their continued commitment to running their music sessions.



In addition to feedback from the Practitioners and Managers, we assessed aspects of music practice which have been sustained over time in two ways:

- 1) Implementation of the charity's Competency Framework
- 2) Music Therapists' reporting

The Competency Framework is a tool which has been developed by *Music as Therapy International* to ratify the key skills we believe to be involved in effective use of our approach to music-making. It comprises 46 competencies (skills) broken down into 4 Elements of Practice:

- Element 1:** The use of sound and music to develop interaction with a focus on interpersonal connections
- Element 2:** The use of Interactive Music-Making principles to assess session participants, formulate goals and evaluate progress

Element 3: An informed attitude and approach to working with children or vulnerable adults with additional needs.

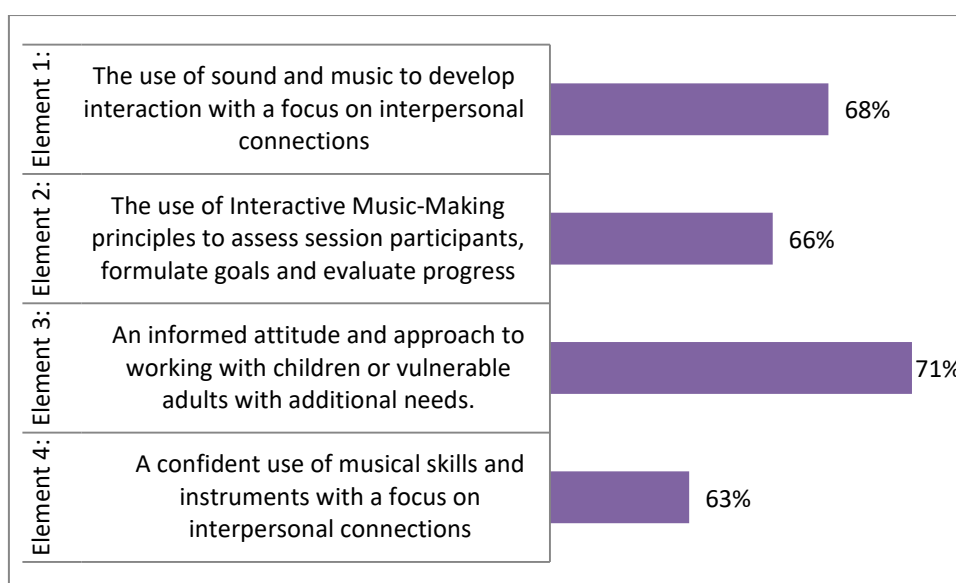
Element 4: A confident use of musical skills and instruments with a focus on interpersonal connections

The Competency Framework was not used to structure the delivery of any Introductory Training projects. It was introduced as an evaluation tool during the Sustainability Visits purely to help ratify the skills practitioners were witnessed to be using. Music Therapists were asked to record their assessment of staff's achievement against framework's competencies, based on the music sessions they observed in each care setting. 8 evaluations were completed for 7 Practitioners. 1 person was evaluated twice (once in an individual session and once in a group session). 7 of the evaluations took place 2 years after introductory training had been received and 1 took place 6 months after training.

On review, it is clear the Competency Framework as a tool within our Sustainability Visits had its limitations. These included:

- How possible was it to evaluate all 46 skills within a single session, typically less than 30 minutes long?
- To what extent were evaluations influenced by the evaluating Music Therapist's prior or wider knowledge of the Practitioner?
- Could Practitioners have demonstrated greater competence had they known what areas were being evaluated?
- To what extent is it possible to know a particular skill is consistently embedded into a Practitioner's practice, based on a single observation?

Given these limitations, we do not consider the findings from the Competency Framework Evaluations to be an accurate representation of an individual's skill-set. They should not be used to evaluate the strength of an individual's practice. However, viewed collectively the findings are of interest. The chart below shows the extent to which the competencies within each of the four elements were demonstrated completely:



As perhaps expected, the highest score was achieved for Element 3, which evaluates the practitioner's informed attitude and approach to working with people with additional needs. The individual competencies within this element include experience and skills one might expect a care professional to have prior to training with *Music as Therapy International*. The lowest score achieved was for Element 4, which evaluates the practitioner's confidence in using musical skills and instruments. Again this is to be expected as practitioners may not have had much music experience prior to training. Additionally some advanced musical skills (differentiating between major and minor tonalities, the use of a pentatonic mode, and providing simple harmony) were generally lower or not observed.

There was nothing within the Competency Framework evaluations which conflicted with the Music Therapist's informal observations, aspects of practice discussed with Practitioners or other anecdotal reporting.













Whilst we may not be able to use these findings to categorically report against skills which have become embedded and are in consistent use by practitioners, our findings have enabled us to identify which aspects of music practice have proven sustainable over time. These findings give us greater clarity as to what skills we can be confident participating practitioners will develop during our introductory training, which obviously builds on their previous experience and skills. They could help us to develop an alternative evaluation framework for use during and following future introductory training projects.

In discussion with prospective project partners this year, we have become aware that Managers are keen for more immediate insight into the impact of training for their staff. Our findings this year will help us develop mechanisms to enable Practitioners to self-evaluate their confidence and skills before and immediately following an introductory training project.












The Music Therapists' reporting and feedback from Practitioners and managers, have also enabled us to identify a number of challenges to sustainable practice. It is possible these could help us better monitor and address risks to sustainable practice throughout project development and delivery.

(Cont'd...)

Aspects of music practice which have proven sustainable over time:

	<p>Safe practice (including physical safety, safeguarding, discretion etc)</p>
	<p>A well-established consistent routine, in terms of time and space</p>
	<p>Enthusiasm of Practitioners and enjoyment of session participants</p>
	<p>Good understanding of what they are doing and why (including clearly identified aims)</p>
	<p>Good observations of session participants before and during sessions</p>
	<p>Using a client-led approach (following the lead of the session participants)</p>
	<p>Good choice and use of activities (including pre-composed song, free and structured use of musical instruments, and recorded music)</p>
	<p>Ability to produce different pitches, sounds, volumes, rhythms and speeds on a range of musical instruments</p>
	<p>Using music to establish meaningful interaction which is not dependent on words</p>
	<p>Waiting for and listening to session participants' responses</p>
	<p>Using music to stimulate interaction</p>
	<p>Flexible use of familiar activities adapting to session participants' responses</p>

The Music Therapists identified the following as challenges to sustainable practice:

	Disruptions
	Activities becoming repetitive/getting stuck**
	Diversity and size of groups
	Limitations to musical skills
	More staff need to be trained*
	Working with unhelpful colleagues
	Scheduling staff rotas
	Lack of practitioner confidence
	Time pressures
	Lack of evaluation over time (and modifying activities accordingly)**
	Lack of time for planning**

* Music Therapist noted that in some settings responsibility for the music programme had fallen to one member of staff. This led to other trained practitioners stepping back from their music sessions and leaves the music programme vulnerable as it becomes wholly reliant on a single Practitioner, with other Practitioners losing confidence to contribute.

** These challenges are linked and could be addressed through supervision, and support from *Music as Therapy International* and local managers.

5) What might be needed in terms of longer term support for practitioners to maintain their music programmes into the future and be the role of Music as Therapy International to provide this?

This aspect of our review was explored in discussions between the Music Therapists and the Practitioners and Managers, and also using our questionnaires.

Within the questionnaire our enquiry began with a global question: ‘Do you believe your staff need support to keep their music sessions going?’ (Managers) and ‘Do you believe you need support to keep their [service users’] music sessions going?’ (Practitioners). The question was answered with a ‘Yes/No’ option to circle and space to provide written expansion if wished.

The answers to this global question were not as clear as they could have been. The written expansion some respondents gave often contradicted their YES/No response given. This suggested there may have been two different interpretations of the question:

- 1) Do you consider support visits **necessary**?
- 2) Do you consider the support visits **valuable**?

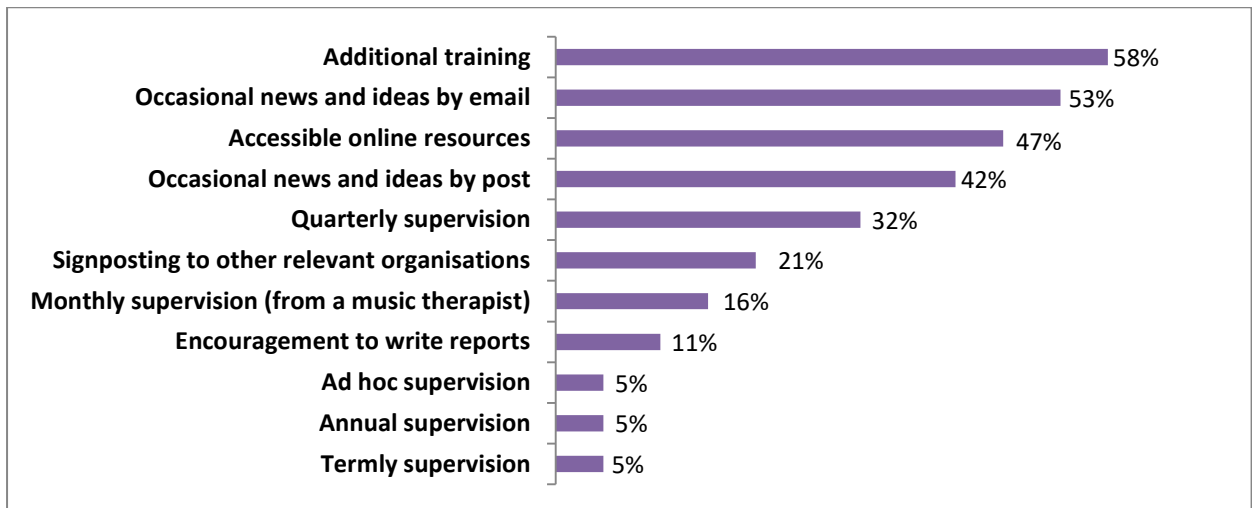
83% of Managers indicated their staff **needed** support to keep their music going (the remaining 17% indicated ‘Maybe’). Fewer Practitioners told us they **needed** support (69% said they did, 15% indicated ‘Maybe’ and 15% said ‘No’.) However, later in the questionnaire 100% of Managers and Practitioners indicated they thought ongoing support from *Music as Therapy International* was **important**.

“[The MT] advised she believed that what I was already doing is right and I added that the main support that I need is actually here within [my setting].”
Practitioner

“Annual supervision to keep ideas fresh and training to ensure the individuals are still benefiting. Other ideas are always good.”
Practitioner

When asked if they had other resources or sources Managers and practitioners felt supported their work with music, only 20% of Managers responded positively. The response from Practitioners was more positive (40% told us about other resources): 4 respondents cited Playlist for Life, and 2 respondents (from the same care setting) cited Daily Sparkle CDs. 2 settings caring for older people mentioned wider musical opportunities offered to their service users (e.g. visiting musicians, choirs and musical entertainment).

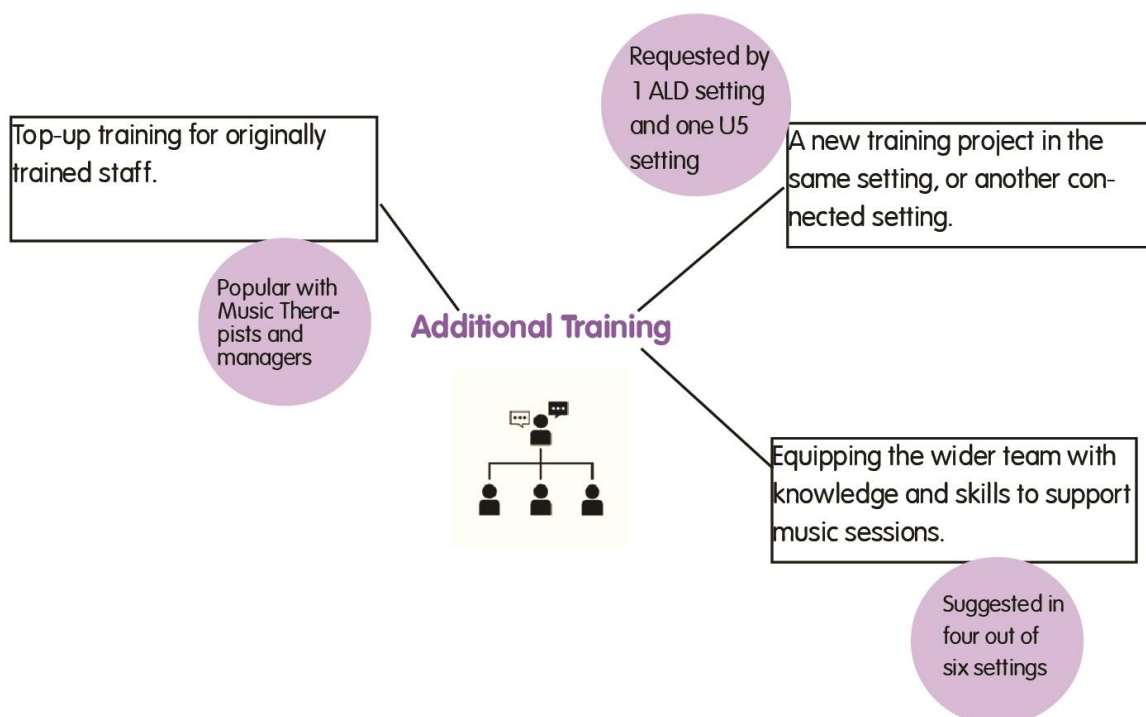
We asked the Managers and Practitioners to tell us what sort of training or support they felt might be helpful by choosing from a menu of options we provided. They were able to tick as many as they felt were relevant.

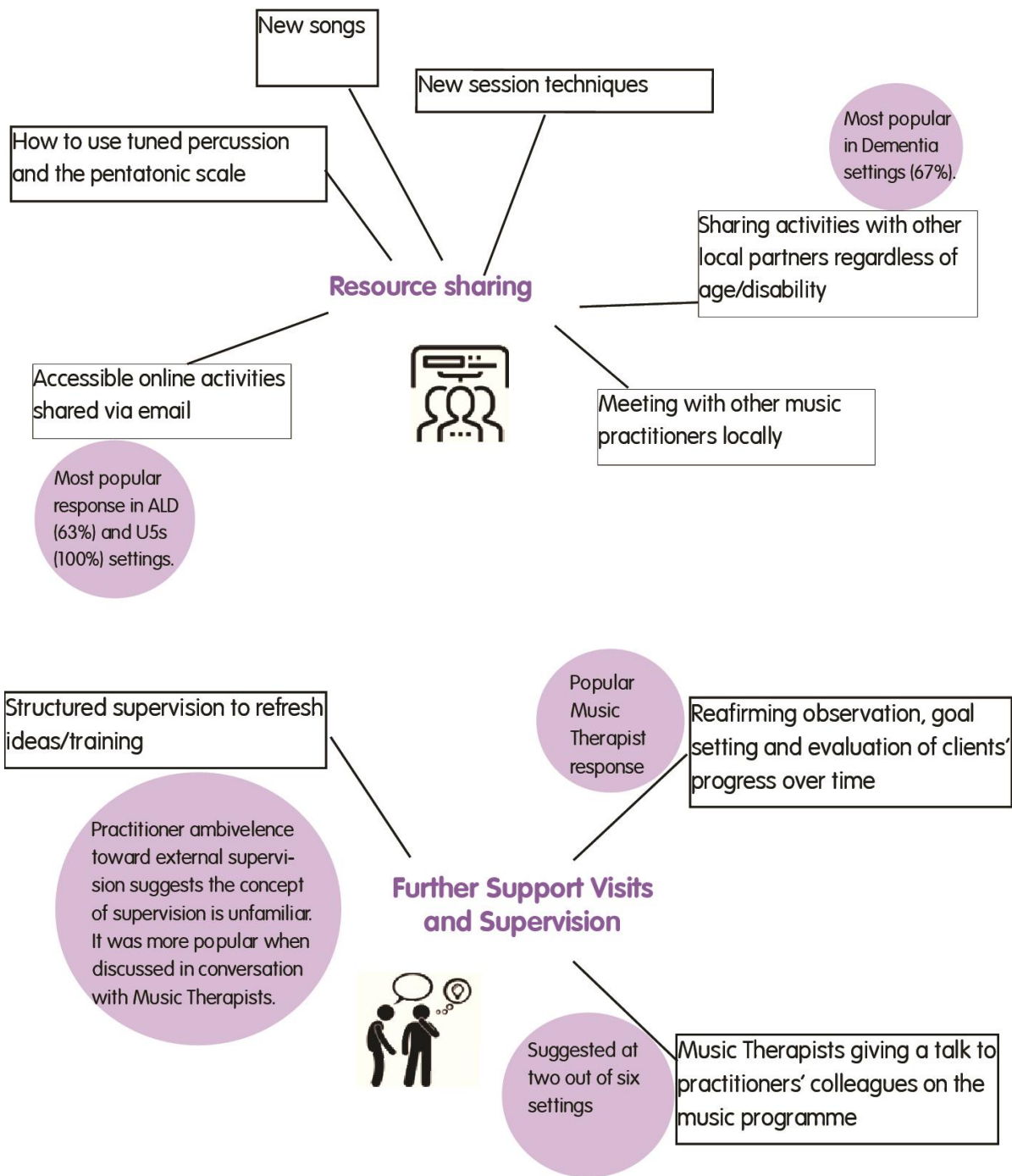


When asked, “Do you have any ideas as to what future training focus could be helpful to you/your staff?” practitioner and manager feedback followed three themes, echoed in our Music Therapists’ reports:

1. Resource-sharing (from MaST and between partners)
2. Additional training
3. Further supervision

Feedback from Managers, Practitioners and Music Therapists is captured in the diagrams below:













It is encouraging to know that some settings have established their own relationship with the music therapist who delivered their Introductory Training and draw on this for supervision as required. This remains the exception rather than the rule, so we should continue to be available to offer support or supervision in response to local request from any of our Partners at any time.

16% of managers indicated that they would be able to make a financial contribution to further training or support, while 67% said 'maybe'. Only 17% indicated that they would not be able to contribute. However, subsequent conversations with Managers have not always aligned with these views. We need to be aware of the financial pressures facing our partner organisations, but also the data they need to be able to make decisions about releasing funds. Our wider research has

suggested that if we can evidence impact on staff retention, this could be key to Managers feeling able to invest in training, as high staff turn over and consequent recruitment costs are significant.

Our Partners' experience of working with *Music as Therapy International*

	<p>100% of Managers consider our training to be good value for money</p>
	<p>80% of Managers say a project with <i>Music as Therapy International</i> is straightforward to set up</p>
	<p>100% of Managers say it was easy to arrange their staff's participation in our training (74% of Practitioners share this view)</p>
	<p>100% of Managers say we took time to understand their needs (83% of Practitioners share this view)</p>
	<p>100% of Managers reported their staff enjoyed the training (91% of Practitioners shared this view)</p>
	<p>100% of Managers and Practitioners say our Music Therapists are professional and experienced</p>
	<p>100% of Managers say our training exceeded their expectations (84% of Practitioners share this view)</p>
	<p>100% of Practitioners and Managers would recommend our training to others</p>

Conclusions and recommendations

- 1) **We can be confident in the impact of our Introductory Training projects on Practitioners' confidence, professional pride and commitment to their care practice.**

This could contribute to reducing personnel costs, which are a significant concern for care providers. Self-evaluation undertaken by Practitioners may be welcomed by Managers. Further evaluation to could help quantify the tangible impact our training has for staff well-being and retention.

- 2) **We can be confident in the wider impact our Introductory Training projects have for Practitioners' wider care practice.**

This impact is a key motivation behind the work of *Music as Therapy International*. Working with our partners to record and evaluate our influence on wider care practice could help care settings consider training with us to be relevant to assuring quality of care, rather than solely enhancing the activities they provide to service users. Self-evaluation undertaken by Practitioners could help develop our understanding of this.

- 3) **We can be confident that our Introductory Training projects equip practitioners to establish their own music programmes and maintain these over time.**

This impact has been demonstrated over twenty years of working overseas, but had not been evaluated in relation to the UK context until now. It should be reassuring for Managers commissioning training, who may be jaded by previous training investments which have not translated into long term impact.

However, our findings remind us this cannot be taken for granted as maintaining a music programme can be jeopardised by factors such as scheduling sessions and staff rotas, time pressures and a lack of awareness of the work from colleagues who did not participate in the original training. Management support is key to success. Trying to identify key personnel beyond the training group whose co-operation will be important to the longterm success of a locally-led music programme should be integral to the Introductory Training project delivery and evaluation. Opportunities to cascade information about the music programme to such staff should be embraced.

Music as Therapy International should consider providing support to broaden understanding of the music programme across a care setting and providing training to additional staff members as key to the Sustainability Activities it offers following Introductory Training. Demand for this could be ascertained when a setting is offered its first Support Visit 3-6 months after any Introductory training is provided. Given the importance of local ownership, *Music as Therapy International* would be advised to work with our partners to determine the best way to facilitate both of the above and support practitioners to achieve these, rather than assuming full responsibility for providing them. This will help care settings with their own Capacity Building and guard against a dependant relationship with *Music as Therapy International*.

4) We can be confident that locally-led music programmes can benefit service users with wide ranging needs in terms of providing opportunities for enhanced participation, non-verbal communication, enjoyment and creativity, within a context that is socially motivating.

Having identified impacts for different client groups will help us communicate better with prospective project partners with regard to what might be expected for their service users following an introductory training project. Our findings this year will help us develop ways we can benchmark the areas of need for individual service users at the start of an introductory training project, and track their progress over time.

One manager reported “an auditable reduction in challenging behaviour” which she attributed to the music programme. Undertaking research to audit such changes could enable us to translate anecdotal reports into quantified impact and, potentially, calculate resultant cost benefits.

These identified impacts can also inform the ongoing discussions relating to the role of music sessions provided within care and the point at which specialist intervention may be required. This is highly relevant to current explorations of social prescribing and identifying how music might help an individual and be provided in a way that is appropriate to their level of need (as being undertaken by the Utley Foundation in relation to dementia care).

5) We have identified 12 aspects of music practice which have clearly proven sustainable over time.

These findings will inform wider discussions about the extent to which the benefits of music can be provided in-house by care settings. They could influence the focus of training provided by *Music as Therapy International* and other training providers, and might guide expectations of such training for everyone involved.

Our findings this year could help us to develop an alternative evaluation framework for use during and following future introductory training projects, or to review the Competency Framework to ensure these 12 aspects are given emphasis. It might then be possible to evaluate the practice of the charity’s international partners so see the extent to which these aspects are universal to effective music practice within care, provided by non-musicians with limited training.

6) We have identified 11 challenges to sustainable practice.

These findings should be used by *Music as Therapy International* to identify risks to sustainable practice at every stage of Introductory Training project development, planning, delivery and evaluation. Some are factors beyond the charity’s control, but some could be addressed with targeted training, in discussion, through the provision of supervision and/or via online resources.

It might be interesting to explore their relevance within the charity’s international projects so identify the extent to which these challenges are universal to sustainable music practice within care, provided by non-musicians with limited training.

7) The value of ongoing support from *Music as Therapy International* is recognised by Managers and Practitioners as relevant to their music programmes

Where additional training was requested, this was usually to upskill new members of staff to strengthen the provision of music sessions. This should be seen as a positive reflection on the quality and impact of the original introductory training, and the benefits seen for service users. Upskilling additional staff should be viewed as key to the Sustainability Activities *Music as Therapy International* offers following Introductory Training. We will prioritise requests for Introductory Training projects made by our Partners for other linked settings.

The charity intends to pilot a Motivation Programme in 2019, to structure the support it offers to its UK Partners:

- A series of quarterly bulletins in 2019 sharing news, relevant information, resources and ideas to inspire continued use of music (e.g. “A focus on using recorded music”, or “How far have you come? Evaluating service users’ needs over time”). These bulletins will also be made available online to build a resource Library.
- Partners will be invited to contribute to the content of these bulletins, sharing their own news and asking questions to which our music therapists or other partners may respond.
- To encourage our Partners engagement, we will provide opportunities to win musical instruments and reward contributions.
- We will create a simple mechanism through which our partners can request Support Visits, Supervision or help inspiring their colleagues about their music programmes.
- We will invite our partners to register their personal contact details (postal and/or email) so that bulletins can reach practitioners directly and not rely on local distribution.
- We will look for opportunities to champion our partner Managers and practitioners’ commitment to quality of care, through national awards, conferences, press etc.
- Insight gained through our Motivation Programme will inform targeted training and support opportunities offered to our UK Partners in 2020.

APPENDIX 1

Figure 1 Service user benefits observed by practitioners and managers in Dementia settings

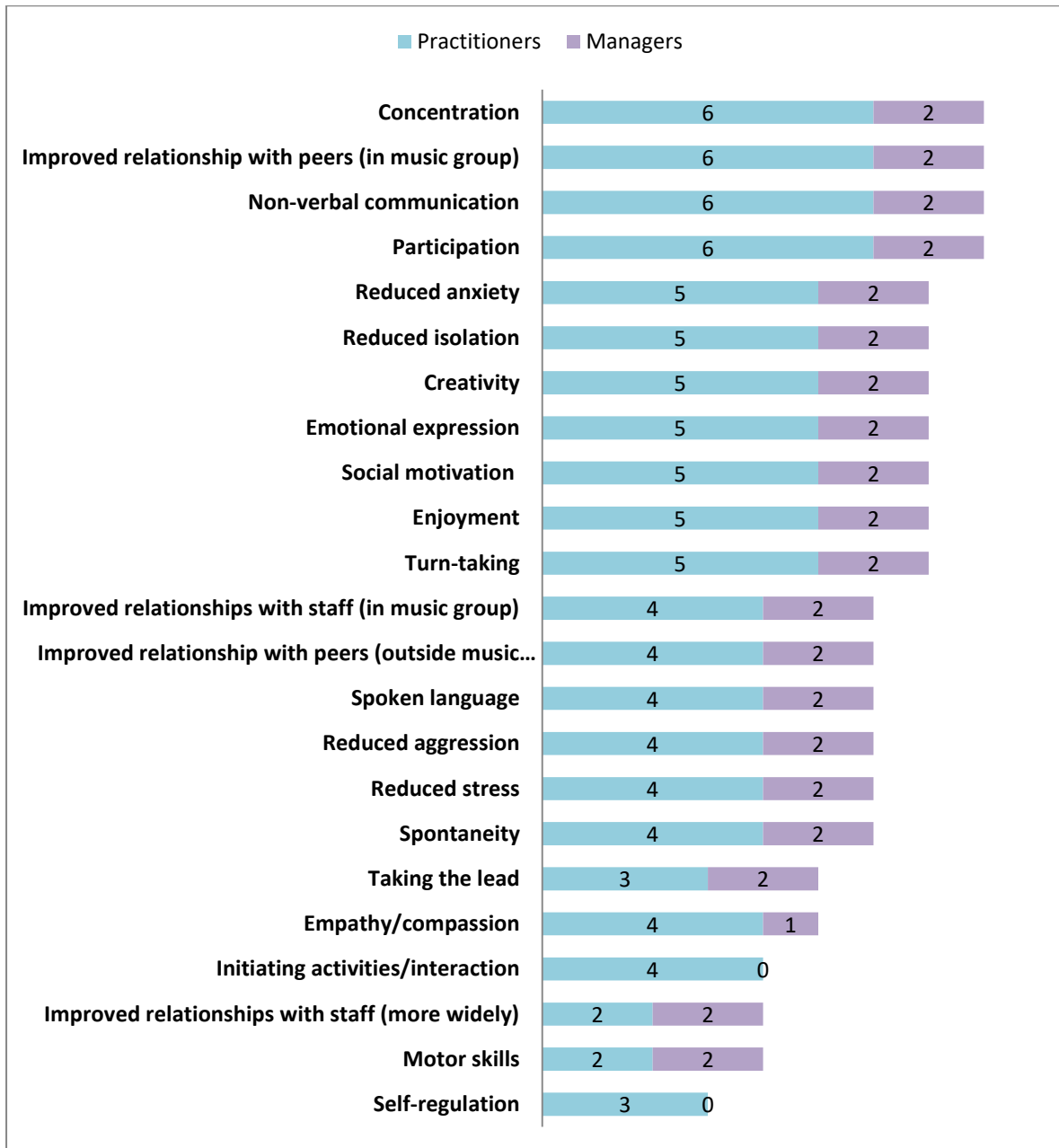


Figure 2 Service user benefits observed by practitioners and managers in U5 settings

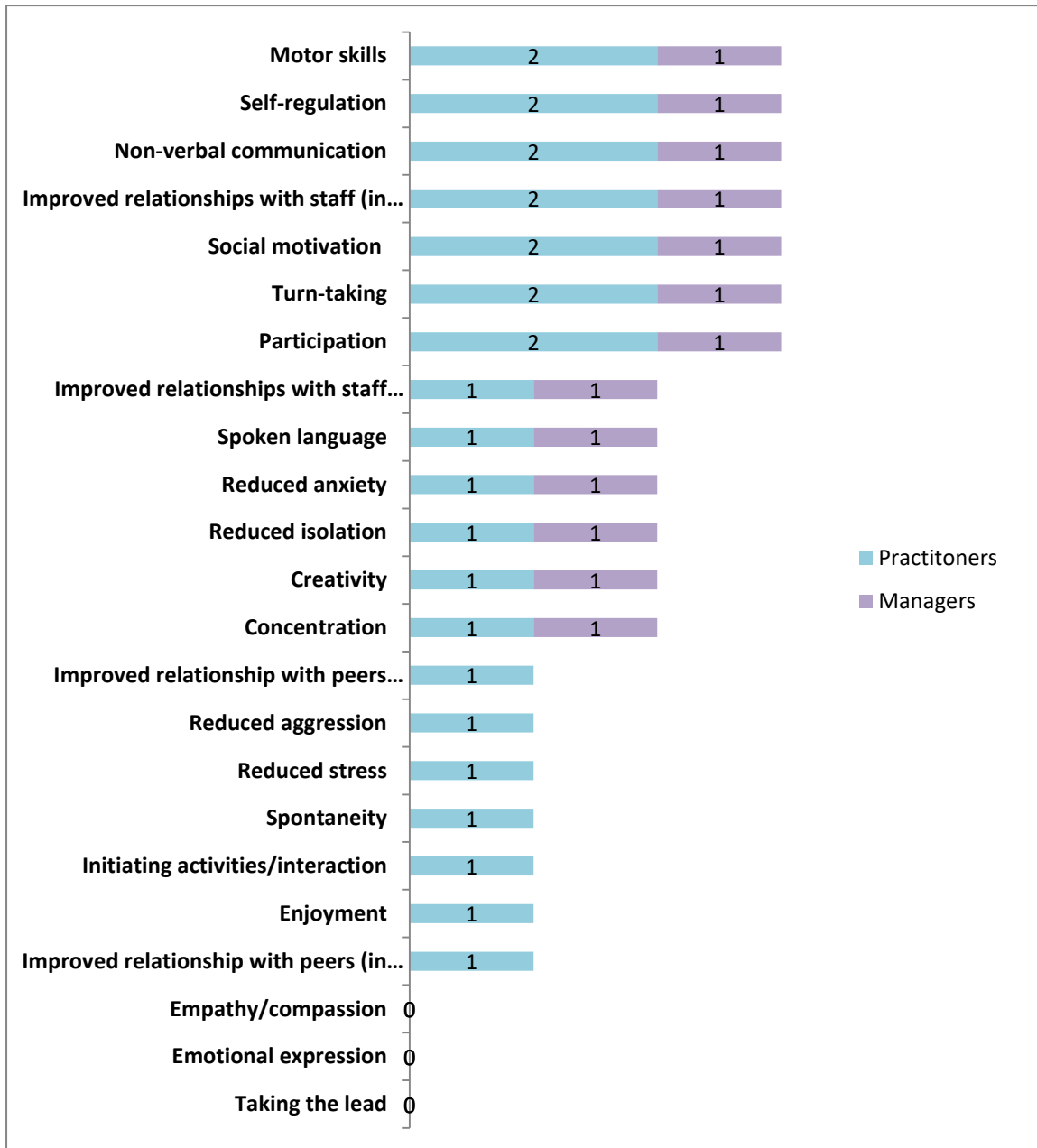


Figure 3 Service user benefits observed by practitioners and managers in ALD settings

