



Intergenerational Music Making: End of Pilot Report

**Keswick Care Home &
Eastwick Junior School**

June 2021



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Executive Summary: Together with Music pilot project

Elderly residents from Keswick Care Home and children aged 10 and 11 from Eastwick School in Bookham came together to bridge the gap between generations, using music making to inspire confidence and tackle loneliness, anxiety and isolation.

The innovative Together with Music pilot was the result of a collaboration between Mole Valley District Council (MVDC), Surrey Downs Integrated Care Partnership (ICP) and Intergenerational Music Making (IMM). The 6-week pilot followed a time of isolation and has supported those living with dementia and challenging circumstances to create a stronger, healthier, intergenerational local community.

Each session was creatively unique, encouraging development and exploration within the music making. The project included a variety of pre-composed and improvised music making, interactive musical and sensory activities, song-writing, choral singing and musical performances from both the young and old. The sessions, facilitated by senior music therapist Marion Barton, concluded with talking time which gave the young and old an opportunity to establish relationships, share stories and discuss the week ahead.

The aim of this ground-breaking project is to work towards a national best practice model that can be rolled out across the country.



“It’s been wonderful. We’ve been doing all sorts, they’ve been making us laugh and that’s a good thing. They’re lovely children and we’re so pleased that they come and entertain us because that’s what we need, it makes a lot of difference to us.” -

LILIAN, 97 YEAR OLD RESIDENT, KESWICK CARE HOME

Watch this heart-warming film to discover more about this project [here](#)

Intergenerational activities are social engagements and interactions that bring together the older and younger generations for a common purpose. They build on the strengths that different generations have to offer, nurture understanding and mutual respect whilst challenging ageism.

Executive Summary: Together with Music pilot project

This evaluation report summarises the delivery of the 6-week pilot project, working with Keswick Care Home and Eastwick School in Bookham. The Together with Music pilot focussed on supporting the mental health and wellbeing of both the young and old through intergenerational music therapy practice. The project aimed to showcase the benefits of intergenerational music therapy practice and successful partnership working across the sectors, demonstrating all bodies striving to create positive change and support both individual and collective wellbeing through music.

We adopted pre and post questionnaires, thematic analysis of clinical notes, written feedback from professionals and video analysis to further understand the benefits of this project for both generations. Data suggested that the interactions between the generations, supportive behaviours and human connection were key to the participants' experience. Themes such as self-agency and self-awareness suggested an increase in confidence, sense of purpose and fulfilment as a result of the group. It emerged from the data that there was an overwhelming positive effect on the mood of all the participants.

Discover more about [Intergenerational Music Making](#) and [Together with Music](#) projects that they are working on. If you'd like to be involved in a project or refer into a Surrey based session, please email charlotte@imm-music.com

To find out more about how this project sits within Surrey Heartlands CCG Social Prescribing Strategy please click on this link [here](#).



Background

Intergenerational activities are social engagements and interactions that bring together the older and younger generations for a common purpose. They build on the strengths that different generations have to offer, nurture understanding and mutual respect whilst challenging ageism. Both parties have the opportunity to give as well as receive, and to feel a sense of ownership and achievement. Together, communities create music to feel proud of, gain an increased sense of wellbeing and belonging.

This evaluation report summaries the delivery of a 6-week project, working with Keswick care home and Eastwick School. This pilot project was funded by Mole Valley District Council to support the mental health and wellbeing of both the young and old through intergenerational music therapy practice. The project aimed to evidence the benefits of intergenerational music therapy practice plus partnership working across the sectors demonstrating all bodies striving to create positive change and support both individual and collective wellbeing through music.

The project was initially set up by Emily Abbott and the team at IMM, with sessions planned and run by Music Therapist Marion Barton and supervised by Charlotte Miller, Director of IMM. The project took place during very challenging times when lockdowns were gradually being lifted but still the project reports positive results despite Covid restrictions and limitations:

- 12 residents and pupils referred into the group
- Significant increase in confidence and enjoyment of intergenerational music making
- Increased sense of empathy, self-worth and self-esteem for all generations
- Increased sense of community cohesion
- Promotion of memory and identification
- All staff and participants agreed that they enjoyed the sessions and felt supported by the Music Therapist during sessions.

Evidence on the impact of the service for pupils and residents was gathered through the use of service-tailored questionnaires, case study report thematic analysis, supporting video analysis and feedback from staff involved in the project, plus a video was created at the end of the project to capture and celebrate the work.

The data collected suggests Intergenerational Music Therapy improves confidence and enjoyment in meeting new people.

Our vision for the future would be for sessions to continue between Keswick care home and Eastwick school, to be facilitated by the Activity Co-ordinators at Keswick and teachers from Eastwick.



Aims & Objectives

- To increase confidence and self-esteem for all participants
- To contribute to a reduction in anxiety and depression for the older generation
- To encourage group working and reduce anxiety in the children referred
- To encourage communication between the generations, build group cohesion and thereby reduce loneliness and isolation
- To offer creative musical activities that can be embedded within day-to-day care
- To contribute to research surrounding music, dementia and intergenerational practice in building strong community relationships.
- To provide sustainable links between local primary and secondary schools with their local care home.
- To raise awareness of those living with dementia, suffering from loneliness or mental health difficulties and the positive impact music and collaborative working in the community can make.
- To foster a sense of purpose, boosting self-esteem and self-worth in the older generation whilst providing children an opportunity to tap into the lived experiences from another age.
- Help to develop compassionate communities.

This partnership would have fundamental benefits to society as a whole by:

- Offering sustainable connection across generations and sectors (education, health and social care)
- Meeting local and national agendas
- Showcasing an integrated, partnership model that works
- Intergenerational Skill Enhancement for care staff
- Creating cohesive communities whilst improving the mental health and well-being of the younger and older generations suffering with dementia, therefore contributing to society.
- Providing a means to reduce social isolation and loneliness.



Intergenerational Music Making approach

Each project is unique with regards to the music making they co-produce. Some of our past projects have included a variety of pre-composed and improvised music making, interactive musical and sensory activities, song writing, choral works, musical performances from both the young and the elders and listening to recorded music. The sessions end with a period of talking and reflecting, usually accompanied by juice and biscuits, giving both groups time to verbally interact, share stories, ask questions and discuss the week ahead. This period in the session is an important one in relation to the development and process of the young and elder relationship.

Songs as well as improvisations can work as starting points for personal stories of an old or young person. They may result in discussion rounds referring to the subjects of the lyrics such as friendship, loss and childhood in past and present times, which are important and of interest for both generations.

As we know from the music therapy literature, the music therapist's particular skill-set may encourage and facilitate such spontaneous interpersonal connections. For example, Ansdell described the moment when "the client hears that the music includes her, that is being responded to in the music, and can possibly respond back" (1995, p71.) In the IMM group sessions moments of interpersonal awareness are encouraged through responsive leadership, drawing on musicianship, knowledge of theory and therapeutic training. Adapting our practice and thinking to work in this way, with sometimes large groups of children and adults can be empowering and also challenging, requiring flexibility and creativity to adapt and respond to the group in the moment.

We have found the sessions have led to a number of positive outcomes including:

- a sharing of cultural heritage;
- increased confidence in both the old and young;
- improved physical ability in the elders;
- empathy, resilience and self-esteem developed in particular in the younger participants;
- improved mood with less sense of isolation especially those suffering with dementia.

Intergenerational Music Making approach

Why Music?

Singing, playing and improvising on instruments in the group facilitates emotional expression, vitality and shared experiences on a non-verbal level. Music is a structuring and regulating medium for emotions, providing room for a variety of emotional states the children and the elderly want to express. In the song repertoire of both generations the whole range of human emotionality can be found and expressed. A shared experience of joy, but also of sadness and grief becomes possible.

Music is not communicative in the sense of sharing information. Instead it is concerned with sharing feelings and experiences and the regulations of social behaviour.

TREHUB, 2003 P.672.



Promotion of Memory and Identification

As mentioned earlier, musical structures in the form of familiar songs as well as greeting and farewell rituals in the sessions, facilitate orientation in both generations. In addition, music is a medium that encourages and supports individual remembrance and identification. Both aspects are particularly important for children and adults, as they are facing fundamental changes in their lives and have to find strategies to adapt to several losses and challenges. Young and old people identify themselves with certain songs or styles of music. The presence of the children reminds the old people of their own childhood which significantly affects their presence and vitality during and after music therapy sessions. The preferred music of each person is directly connected with his or her individual biography, and music-associated events in life, as well as with the peer group (Pavlicevic, 2003). For both generations individual music preferences have a communicative function, expressing value, attitudes and belonging (Frith, 1981).



Project Structure

The project engaged with 6 referred pupils from Year 6 at the school and 6 referred residents, whose ages ranged from late 70s to over 100 years old. The project focussed on those suffering from lack of confidence, self-esteem, depression, isolation, behavioural difficulties, agitation, anxiety or dementia. Each session has been creatively unique, encouraging development and exploration within the music making. Due to ill health two of the residents who participated in the first session were unable to continue with the project and so in the second session one new group member was introduced. This resulted in data being collected for 5 elder participants rather than the planned for 6.

The project included a variety of pre-composed and improvised music making, interactive musical and sensory activities, song-writing, choral singing and performances from both the young and old. The sessions included a period of discussion/talking time giving the young and old an opportunity to establish relationships, share stories and ideas, and discuss the music session.

The first four sessions took place online, using Microsoft Teams. Each setting had a large screen upon which the image of their partner setting could be projected. The IMM music therapist supported the groups on site, alternating between the care home and school, wearing all required PPE so as to remain Covid safe. Care home staff supported the elders in their participation and a teacher from the school supported the students. These online sessions were followed by two final outdoor, Covid safe celebratory workshops, bringing both groups all together.

Each session included recurring rituals, as well as spontaneous musical activities related to the needs and ideas of the participants. Welcome and goodbye songs, in which everyone was greeted by name, framed the 45minute – 1 hour sessions. These songs appear to be an important ritual for the orientation for both the older and the younger people. The recurrence of the same songs and activities in every session provides a safe frame for all participants.

Both generations showed a very natural and playful wish to interact and make music with each other. A musical give and take arose very quickly between old and young, supported by a friendly open atmosphere. Singing favourite songs, musical activities and playing and improvising on instruments were the focus of the sessions. The musical activities and the unifying elements clearly supported and animated the encounter of the two generations. Both groups identified themselves with music and introduced themselves to the group with their preferred songs. In the mutual mediation of age-specific songs the children developed a tremendous willingness to learn the traditional folk songs and favourite songs of the older people. For the latter the ability to pass on and teach their favourite songs despite cognitive impairment can be seen as an underrated resource as Ridder (2011) suggests. In return the children presented their own generation's songs and try to teach the older participants the texts and melodies. This sometimes caused curiosity in the older participants but also joy and admiration for the children. Beyond that, the joint improvisation of all ages playing their instruments was of particular significance when it came to building relationships between generations. In these creative moments the whole group would become an attentive audience, listening to the premieres, and providing them with applause and appreciation.

Project Structure

Songs as well as improvisations worked as starting points for personal stories for all generations and resulted in discussions referring to the subjects of the lyrics such as friendship, loss and childhood in past and present times, which are important and of interest for both generations.

Because the initial 4 sessions of the project were undertaken online some adjustments had to be made to the traditional IMM project structure. The emphasis on shared activity was always present, but more structured activities needed to be introduced and there were fewer opportunities to improvise freely (given the time lag of sound when working online). Activities that involved physical movement became key to the connection between elders and children, as movement could be recognised easily on the screen and responded to quite spontaneously. Sharing songs, singing or song-writing were always important parts of the sessions, but expectations and structures around this remained relaxed given the difficulties of broadcasting sound.

While therapists are always well prepared for each intergenerational session there is not always a full session plan in place each week, in order to allow material to emerge spontaneously. However, in this instance and due to online working, a plan was produced for each session to provide a range of online appropriate activities. This session plan was not always strictly adhered to as spontaneity was still a feature of the sessions, however it proved to be a useful resource. Each plan was written in the week before the session it pertained to, to allow the therapist to assess what activities and ideas were proving useful and build on ideas taken from the previous session.

As part of our sessions the group discussed the things that made them happy. These ideas were also represented in drawings that the children shared and explored further through structured question and answer sessions where the children guided the elders to explore their responses. The ideas were then converted into lyrics by the Music Therapist and incorporated into the song 'Happy' (originally written and produced by Pharrell Williams) in order to create a musical event that all could share in together. The song was refined by the group in later sessions and performed at the final outdoor workshop. This particular activity had unique worth because through the exploration of these ideas in song the group members began to realise how much they shared in common, further breaking down barriers between the generations and supporting connections. This activity did not shy away from touching on emotive topics; ideas around unhappiness and the struggles of isolation were also shared in the group and incorporated into the song. The words of the final song can be found in the Appendices.

Once the children and elders could meet in person outside, all the activities and ideas that had been tried online could be fully explored and new ways of interacting were experimented with. These included more opportunities for improvisation, spontaneous discussions, musical performances and the giving of gifts.

Literature Review

Definitions

Intergenerational is defined as 'relating to, involving, or affecting several generations' (Oxford Dictionary Online, 2020). Newman and Smith write, "*the word describes the basic mechanism by which persons of different generations collaborate to nurture and support each other*" (Newman et al., 2013, p.xi). While intergenerational could relate to any two generations mixing, in this report it will be focusing on intergenerational relationships between older adults and children aged ten and eleven.

Intergenerational Music Making in Context

At IMM we are acutely aware that we live in a society where age segregation is on the rise. Research by the Intergenerational Foundation has found that only 5% of older people in England and Wales now live near someone under 18, whereas 15% did so 25 years ago (Kingman Generations Apart? The growth of age segregation in England and Wales, 2016, 4). So, the idea of intergenerational care where children and older people come together to sing, play or just chat seems to have much to recommend it. This type of interaction can decrease older people's loneliness, delay mental decline, lower blood pressure and even reduce the risk of disease or death.

There is a growing body of literature providing compelling evidence that intergenerational programmes are beneficial to both older adults and young children, especially those who are pre-verbal and post-verbal. Research has shown that children benefit from extra nurturing and attention, whilst elderly people benefit from the sense of being needed and appreciated. Early childhood scholars argue that intergenerational activities that "*highlight age-span awareness should be included in early years curricula as an important strategy for stimulating children's thinking about ageing and lifespan development*" (Kaplan and Larkin, 2004, 158).

According to research conducted in the US, intergenerational interventions were first developed to "*fill the generational gap that occurred as family structures changed and became more fragmented*" (Belgrave 2011, 487). Research on intergenerational music interventions show that music facilitates young children's interactions with elderly people, increasing their willingness to interact, thus serving as a vehicle to bridge the gap between generations (Belgrave, 2011, 487).

Literature Review

Intergenerational Music Making in Context (cont'd)

Singing, playing and improvising on instruments in the group facilitates emotional expression, vitality and shared experiences on a non-verbal level. Music is a structuring and regulating medium for emotions, providing room for a variety of emotional states the children and the elderly want to express. *“Music is not communicative in the sense of sharing information. Instead it is concerned with sharing feelings and experiences and the regulations of social behaviour.”* (Trehub, 2003 P.672).

The use of music therapy as a clinical intervention to improve well-being and quality of life in older adults has been widely researched (Cho, 2018., Solé et al., 2014., Moss, 2003., Clair & Memmott, 2008). Similarly, the use of music therapy with young children to help complex communication, social and emotional needs has been researched and several studies have found it to be a useful intervention (Pavlicevic, 1999., Oldfield, 2006., Nicholson et al., 2008). However, there has been minimal research into intergenerational music therapy. While music therapy with different generations has been explored, this has been researched in the context of family units, often recording positive outcomes (Oldfield et al., 2003., Oldfield & Flower, 2008., Freeman, 2017., Adad & Williams, 2006).

The use of music within intergenerational working has also been discussed widely in literature (David et al., 2018). Yet the specific use of intergenerational music therapy remains an emerging topic, the majority of current literature being from USA based studies (Belgrave, 2011., Detmer et al., 2020., Belgrave & Keown, 2018). Belgrave has

pioneered research in intergenerational music therapy, having produced two of the largest studies to date in the area.

Music is a language that all can understand. It is a conduit for forming many relationships and provides most who experience it with an emotional reaction. Therefore its magnetism and vibrancy seems to make it *“the most powerful tool”* (Kamsack Times 2016) to use when trying to improve social and emotional well-being; music is good for us all, young and old (Guilmartin as cited in Kamsack Times 2016). Music has been used as a form of therapy and medicine for the past two millennia by a vast range of cultures and countries (Horden 2000 Pg 1). Music therapy has begun to grow and is widely used to treat a multitude of ailments such as anxiety, depression and Alzheimer’s. It has also been proven to help children with autism and patients recovering from a stroke. Recently an investigative flame has been ignited in the topic of intergenerational workshops and their positive effect on wellbeing (Quinn & Blandon 2017 as cited in Blandon 2017). This has been discovered through previous workshops ranging from voluntary afternoons to service learning. Service learning is an increasingly popular method of teaching that sees children take on a hands on approach by taking part in community services (Billig 2002 as cited in Fair & Delaplane 2014 Pg1). This is done to gain knowledge and skills that can’t be taught in the classroom (Fair & Delaplane 2014).

Literature Review

An ageing population

We have an ageing population in the UK. In 2016 18% of the whole population were 65 years of age or over, 2.4% of those were 85 or over, (Randall 2017) hence there is a growing need to accommodate for the wellbeing of the elderly. The figures of loneliness in the elderly are astonishing with 3.6 million older people living alone in the UK and 1.9 million account feelings of being “*ignored or invisible*” (Age UK: Loneliness). It is thought that most people will experience loneliness in their lives but according to Age UK’s support team feelings of loneliness can be as detrimental to our health as smoking 15 cigarettes a day. This is something that requires our attention and makes the elderly especially good candidates for this investigation as it is of immense importance that we find a way of protecting the presence of the elderly in society. (Age UK: Loneliness)

Empathetic education

3 children in every classroom suffer from a mental health problem (Young Minds). Half of the long-term mental health disorders are already established by the age of 14, with the average age of anxiety issues manifesting at the age of 11 (Kessler, Berglund, Demler, Jin, Merikangas, Walters. 2005). Furthermore it is thought that 70% of children and adolescents who experience mental health problems do not have “*appropriate interventions at a sufficiently early age*” (Mental Health Foundation 2018). Hence the wellbeing of children is of a growing concern, with society in this millennium starting to realise that the idea that children are to be seen and not heard (The Children’s Society: The Good Child Report 2015) is incredibly detrimental to their wellbeing and mental health. Empathy in education is becoming vital therefore educational programmes are asking for the child’s point of view on how they see themselves and what they feel makes them happy (The Children’s Society 2015). In a report on ‘developing a wellbeing framework based on children and young people consultation’ they found that the 4 most important aspects to a child’s wellbeing are; family, friends, leisure and education (The Children’s Society 2008). This means that there is a call for these four things to work together to improve the social and emotional wellbeing of children as a “*Large cohort of studies show that the combination of aspirational parents and an ambitious school can transform life outcomes.*” (The All-Party Parliamentary Group Short Research Report 2017). This has been successfully achieved in many projects stated in the ‘Creative Health: The Arts for Health and Wellbeing’ report as it explores the importance of the creative arts in education and society and calls for the arts to be utilised more. In an Australian research project presented in the ‘Creative Health: The Arts for Health and Wellbeing’ they promote that “*arts education not only has intrinsic value, but when implemented with a structured, innovative and long term approach it can also provide essential extrinsic benefits.*” These benefits include improvement in school attendance resulting in better academic achievements as well as social and emotional convalescence (Vaughan , Harris, & Caldwell, 2011).

Literature Review

The Impact of the Creative Arts

As mentioned above, recently the All- Party Parliamentary Group on Arts, Health and Wellbeing released an inquiry report on 'Creative Health: The Arts for Health and Wellbeing'. It was conclusive in this report the overwhelming positivity community arts workshops and prescriptive art sessions had on a multitude of different social and age groups. These sessions used multiple arts ranging from music to pottery making to gardening. The report pushes for something to be done saying that the evidence *"lays out a compelling case for our healthcare system to better utilise the creative arts in supporting health and wellbeing outcomes"* (Lord Darzi 2014 as cited in The All-Party Parliamentary Group Research Report 2017). Refining this to the elderly in February 2017, Age UK published a review of their data that was taken from more than 15,000 older people and showed that *"engagement in creative and cultural activities makes the highest contribution to overall well being"* (Age UK as cited in The All-Party Parliamentary Group Research Report 2017). The report goes on to reveal that around one third of GP appointments are partly due to isolation and loneliness. However, they believe that by prescribing music as medicine alongside community cohesion programmes a significant impact on reducing isolation and improving wellbeing will be made (Dr Povey as cited in The All-Party Parliamentary Group Research Report 2017). This source provoked further research into why this project should specifically focus on music.

The Magnetism of Music

Music is a gift that we are all born with and something that is becoming ever more apparent is that *"to take part in a music act is of central importance to our very humanness"* (Small, C 1998). In Christopher Small's exploration of defining 'The meanings of Performance and Listening' he conjures a word which puts the act of music into a very attainable definition, this word is 'Musicking'. A phrase which better defines the nature of the workshops that this project conducted, as it defines an all-encompassing human encounter. With this in mind it becomes apparent that music surrounds our everyday lives, a soundtrack to all our experiences. It influences and inspires, it explains and exaggerates, it evokes and evaluates, therefore providing humankind with a mutual understanding (Radocy & Boyle 2012 page 14). The nostalgia and vivacity that music holds is the perfect component needed to build an intergenerational bridge, as Merriam 1964 suggests, music provides a solid activity that assures its participants that their world is continuing in the right direction (As cited in Radocy & Boyle 2012 page 15). This positivity helps to build connections where people who wouldn't normally interact with one another join through music (Radocy & Boyle 2012 page 15).

Literature Review

Still Alive Inside

A phenomenal research programme that explores the magic of music and puts the theory into practice is the 'Alive Inside' Documentary. Many modern societies push their elderly out and see them as a financial burden (Alive Inside: Our Challenge). The focus seems to be on prolonging their lives with medication and not actually focusing on the bigger picture, which is that the elderly are part of our society and an integral part at that. The more psychological research that goes into this subject reveals that with a bit of mental stimulation it is possible to recall memories, that bring back personalities, re-establish social and family based relationships that then in turn begin to break down the age barrier. Alive Inside is an American Foundation that came into the media's eye when they made a film in 2014 that won the audience award in the Sundown Film Festival that year and proved this. The film documents the use of music to awaken memories in the participants by putting their favourite songs on an iPod and then watching the reaction the listener gives to the music. This has been wildly successful in connecting the elderly (especially with dementia) back to who they are and who their families know them to be. (Alive Inside 2014)

They also work with young people focusing on empathy through music saying that *"The power of music is incredible. It can connect people, bridge gaps between age and experience, bring forward forgotten memories. It puts us in touch with ourselves and each other"* (Alive Inside: Our Challenge). This is a perfect example of how to tackle loneliness among the older generations. By first tapping into finding themselves, they can then start to emanate to the people around them their personalities, their knowledge, their love and their experiences. Some of the benefits this foundation has achieved are an improvement in happiness and social participation, strengthened relationships between staff, residents and their family members, and less challenging behaviour among patients that provides staff with more time for other tasks or for further positive interactions. Everyone is a lot calmer and more supportive of one another and by providing more evidence on the subject they are helping professionals in the fight to reduce the reliance on *"antipsychotic medications."* (Music and Memory)

Literature Review

Intergenerational Empowerment

Knowing the incredible impact music has as a social stimulus and an emotional evoker the context of it working in intergenerational workshops has been explored further. In Megan Llynn Marie Hoffman's 'Exploring the impact of an intergenerational music group on elders' she found that the elderly received benefits such as forming new relationships, a decrease in isolation, having something new and meaningful to look forward to each week, and feeling better after each group. She also discovered that children's attitudes about the elderly could be improved via programmes like an "intergenerational reminiscing group as children may benefit from the personal perspectives elders provide about historical events" (Hoffman 2015). These discoveries were backed up by the 'Sounding Bridges' report as they confirmed that by making music with one another and talking about common life issues a bridge can be built between the young and the old (Hessenberg & Schmid 1994-2006). This study also discovered that the hello and goodbye songs were "important rituals for the orientation of both the older and the younger people" (Hessenberg & Schmid 1994-2006 Page 3).

Looking at one other study, this one being based in the UK as opposed to the first being based in the United States and the second in Germany. The 'Making Bridges with Music Evaluation Report' found that it was successful in achieving its aims of reducing isolation, improving the sense of self-worth and self-esteem for older and younger people, and increasing community cohesion. Also noting that the intergenerational intervention gave the elderly people opportunities to learn, be inspired, be physically active and to be motivated. Giving them a sense of purpose. Whereas the children benefited from the extra nurturing and attention. (Blandon 2017 Pg 4)

Evaluation Objectives

- To evidence the benefits of Intergenerational Music Therapy to pupils and residents in the context of the education and social care sector
- To evidence a need for expansion of IMM's services within Surrey Downs and beyond
- To improve the mental, physical and emotional outcomes for pupils and residents



Methods of Assessment

1. Pre and Post-Project Questionnaires

Each participant to the project was asked to fill in a pre-project questionnaire before their first session, and a post-project questionnaire immediately after their last session. Copies of both of these can be found in the Appendices. Because of their ages and difficulties all participants needed a certain amount of help with this task, but IMM staff did not participate in this process in order to ensure their own biases were not reflected in these responses. So that participants could feel as comfortable as possible the students were assisted (if necessary) by their teacher, although their age meant they did not need too much help. The elders were helped to answer the questions by staff at the care home, who generally asked the questions and filled out the forms for them.

The list of statements in each of the pre-project and post-project forms (see the Appendices) were not all the same but aimed to ascertain a general picture of how the participants felt about meeting and talking to new people before and after the project and whether they enjoyed music and felt positively about the project before and after completion. Each statement employed a five point Likert Scale for responses. For the purposes of collating responses a number was assigned to each of these responses, 1 = strongly disagree, 2 = disagree, and so on. There was one question in the pre-project questionnaire ('I feel nervous about starting the sessions') which was negatively connotated and so this was reverse coded in order to ascertain how positively the participants felt about participation before the project began.

2. Thematic Analysis of Clinical Notes

After every session the Music Therapist wrote substantial clinical notes, recording what happened in the session, her impressions of the participants, and thoughts and feelings about the project's progress. These underwent thematic analysis by the therapist herself. It is important to note that there is therefore the chance of unconscious bias, however confidentiality required this material to be shared with as few members of staff as possible and it was judged that the therapist herself had the best training to be able to undertake this work. Analysis took place a few days after completion of the project and the therapist attempted to put biases aside and examine emerging themes using an adaptation of Interpretative Phenomenological Analysis (IPA).

Emerging themes were identified in the first set of clinical notes, some theme titles notably recurring through the record. After this process was complete the same course of action was followed for each set of notes, using the themes from previous records to inform the examination of subsequent ones. This meant that, as Smith and Osborn identify: *"one needs to be disciplined to discern repeating patterns but also acknowledge new issues emerging as one works through the transcripts. Thus, one is aiming to respect convergences and divergences in the data"* (2008: p73). The different themes were listed chronologically to create an 'Initial list of themes' and afterwards similar themes were clustered together, always referring back to the transcript to ensure the themes were clustered correctly. Superordinate themes were then identified to title each cluster. Finally the themes and superordinate themes from all clinical notes were collated and reduced to create a 'Master Table of Themes'.

Methods of Assessment

3. Written Feedback from professionals

Written feedback was sought from staff involved in the project and is presented below. The teacher who supported the children, the Care Home Manager and one care assistant, and the Music Therapist herself have contributed their thoughts on the benefits and challenges posed by this type of work. The therapist has also contributed case studies of 1 child and 1 elder to add to this research paper.

4. Video Analysis

All therapy sessions were filmed. When online, the Microsoft Teams call was recorded from the host computer. When in person, a professional videographer recorded the sessions, while keeping a respectful distance.

This data was too large to be analysed individually, but was used to investigate the findings of the thematic analysis and inform the discussion in this paper. The footage collected by the videographer has been edited to produce a video to further illuminate and publicise this work and is available below.

To view to long film click **here**.

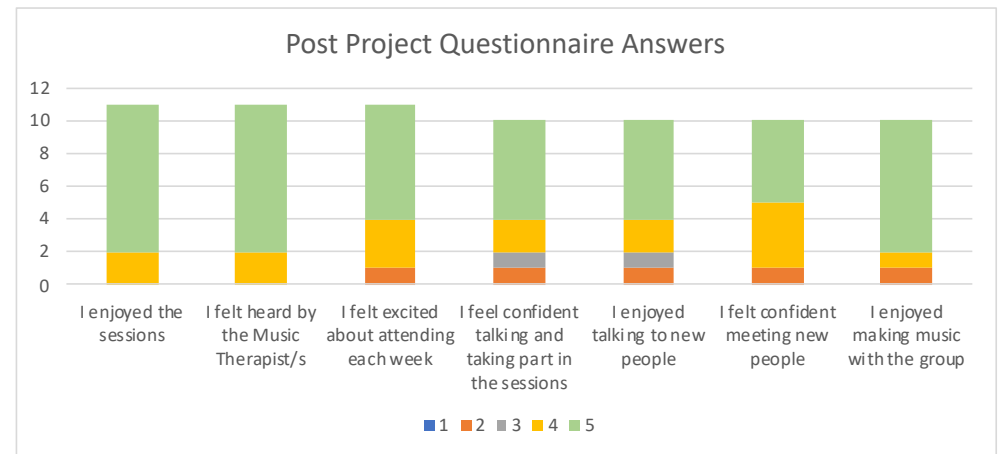
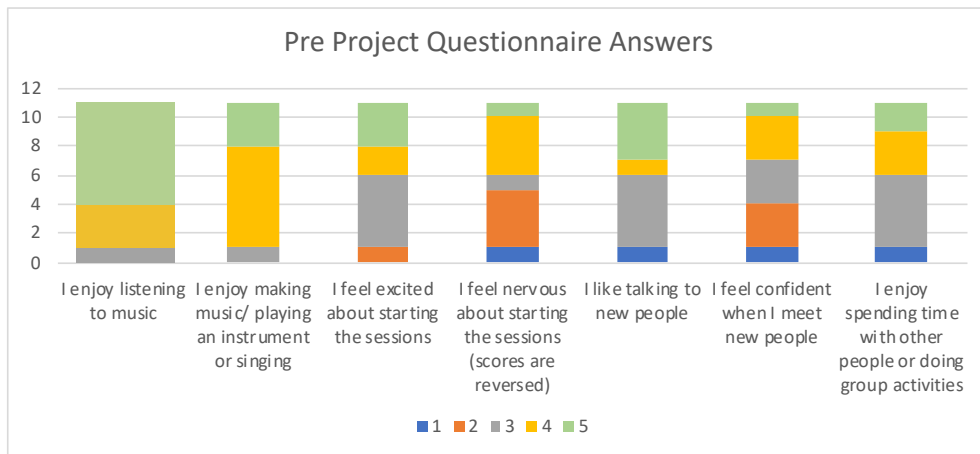
To view the shorter, social media film, click **here**.

Data Presentation

1. Pre and Post-Project Questionnaires

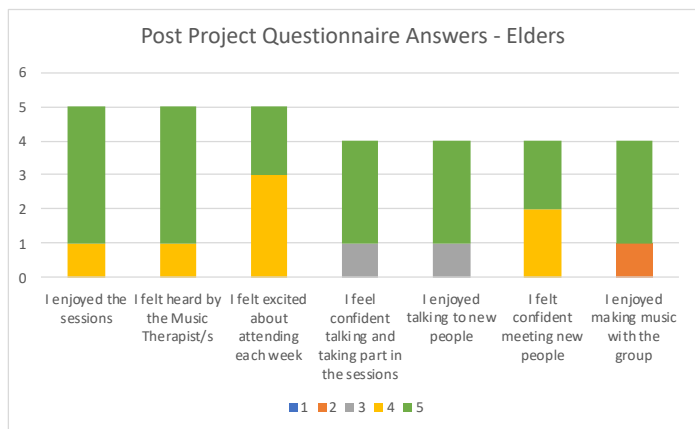
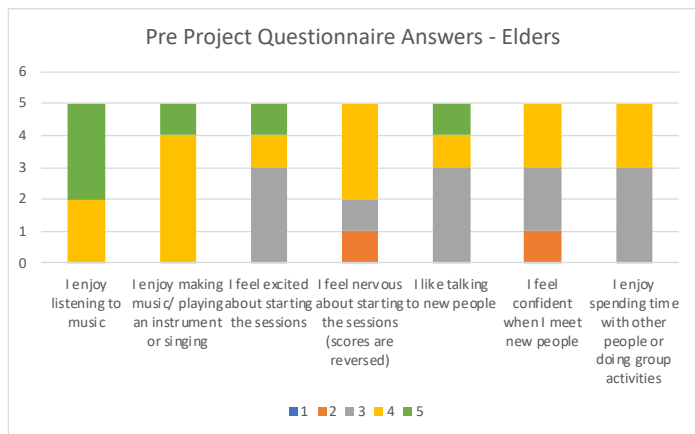
The tables below have collated responses from both elders and children to demonstrate how all participants responded to the statements in these forms. Each bar in the chart shows how many responses were rated 1,2,3 and so on.

As can be seen in the data, there are larger areas in the Post Project bar chart corresponding to the higher numbers (4 or 5). This means that participants' responses to the post project questionnaires showed markedly higher scores than those in the pre-project questionnaires.

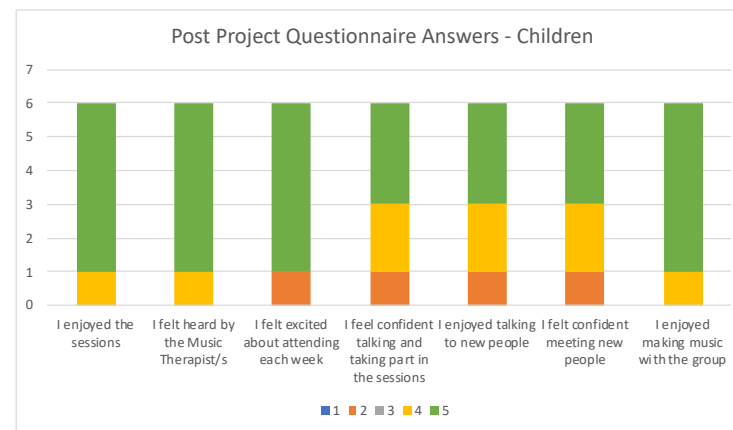
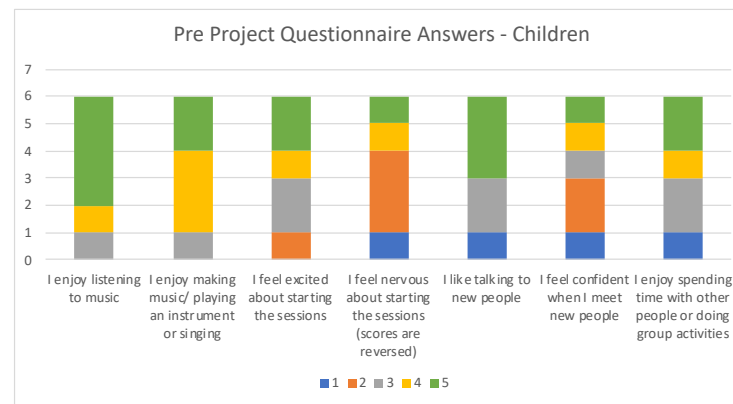


Data Presentation

If we split this for elders and children we see the following:



Responses to both questionnaires were generally high for elders, although the trend to higher scores in the post-project questionnaires is borne out.

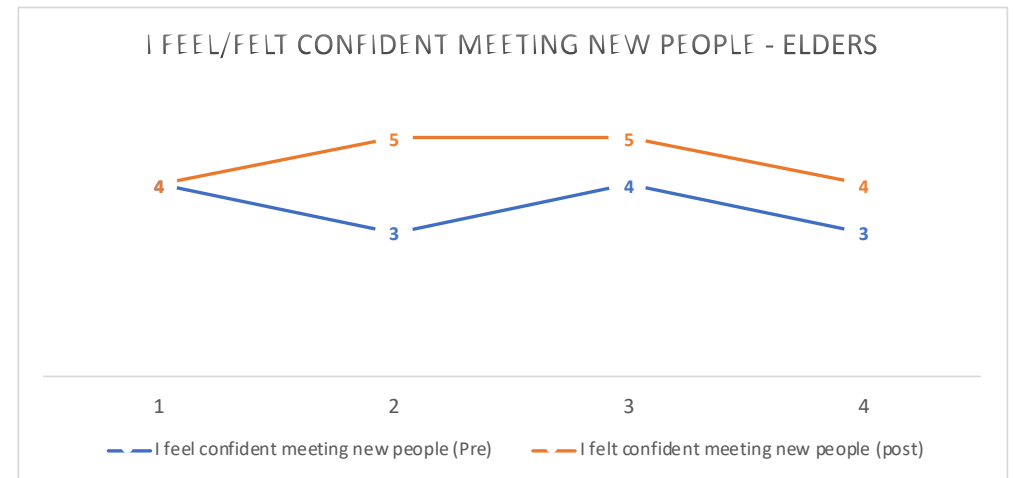
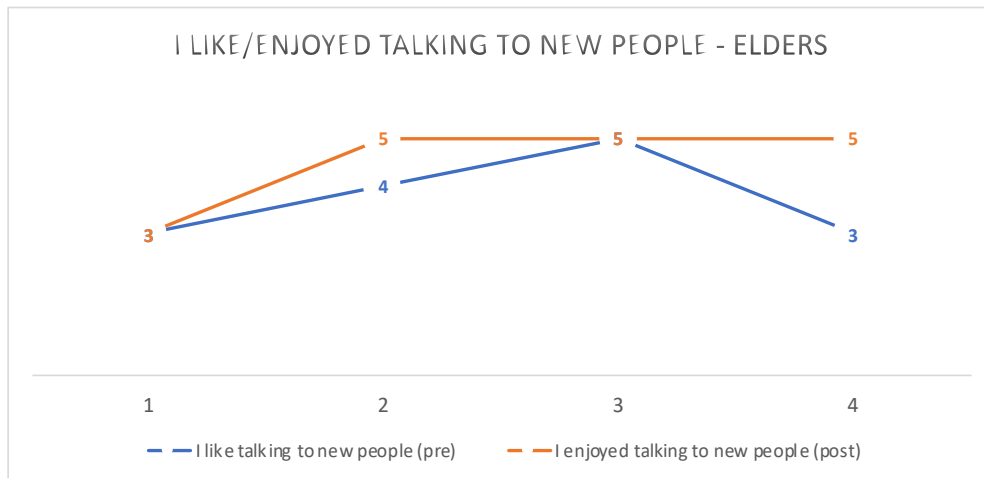


Responses to the pre-project questionnaire are much more varied from the children, showing there was some anxiety before the sessions began and that their confidence when meeting and talking to new people was lower. However, examining their data from the post-project questionnaire we can see that confidence and enjoyment had risen markedly.

Data Presentation

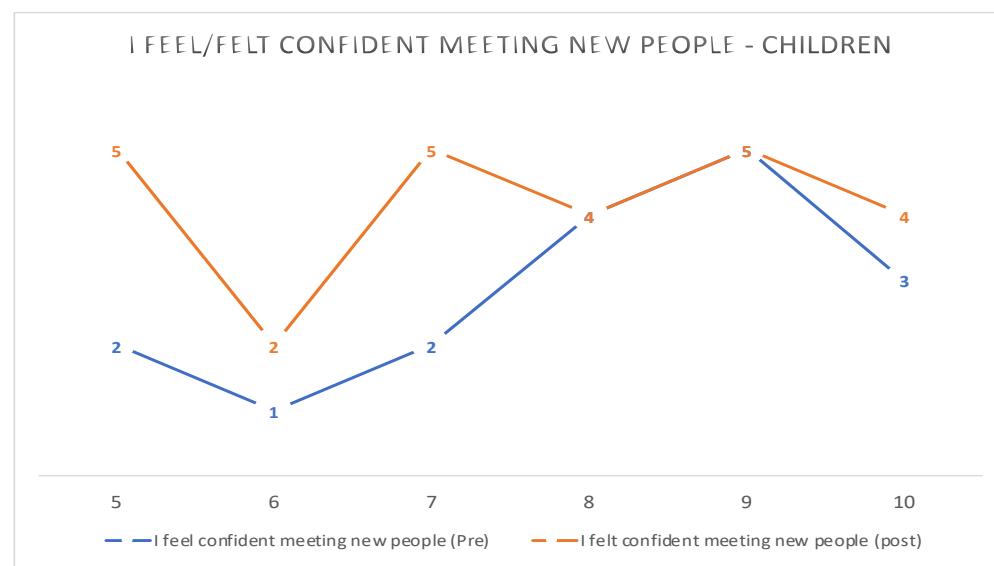
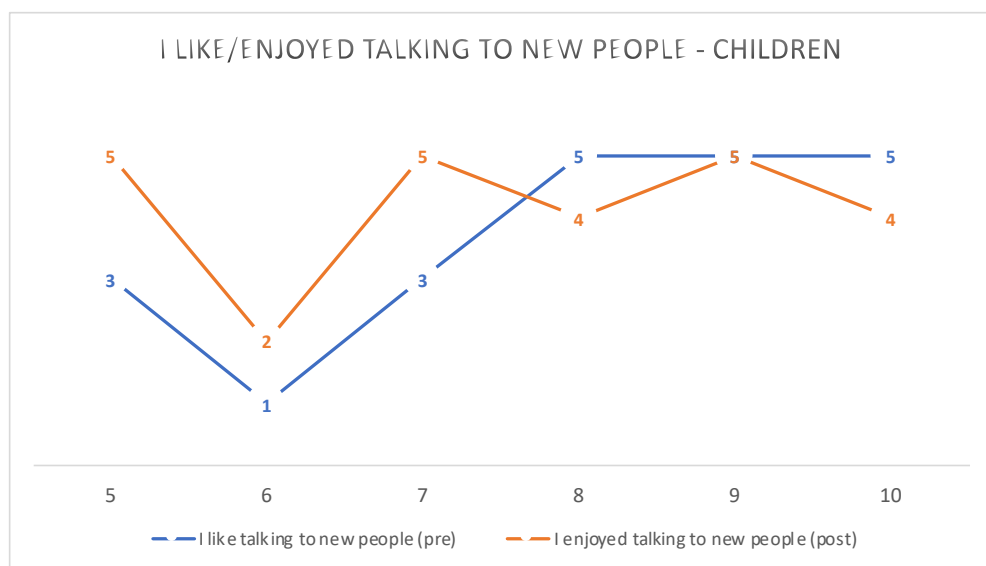
The 2 questions in these forms which are directly comparable (I like/enjoyed talking to new people and I feel confident when I meet/felt confident meeting new people) show that participants in the project felt their confidence and enjoyment in meeting and talking to new people had improved.

Indeed, looking at the raw data, most elders who answered these questions showed improved scores in this area and in the case of the 1 participant who did not show improvement their scores stayed the same. 1 elder did not answer all of these questions so those responses are missing from these sections).



Data Presentation

Results for the children were a little more varied with 3 children showing improvement in their scores, 1 stayed the same (this child scored a 5 in both these areas in both questionnaires) and 2 children's scores reduced for the statements 'I like talking to new people' and then 'I enjoyed talking to new people'.



Both of these scores were already quite high and only dropped by 1 point. This change could be due to the difficulties these children had in talking to elders with dementia (as opposed to other 'new people' without cognitive impairment) or perhaps suggest that the children were thinking more deeply about this question and being more honest about their feelings now they had built up a trusting relationship with the therapist.

Data Presentation

2. Thematic analysis of Clinical Notes

In this section the themes present in the texts of the clinical notes are listed under their superordinate themes with the number of instances they appear in the notes included beside them. Some themes have been subsumed by others if they were seen to be near copies of existing themes. Certain themes have been included if they show convergences in the data, and others feature even if they are only evident in one part of the text to highlight interesting ideas or contrasts present within the project.

On completion of the analysis of the 6 texts between 43 and 67 different themes had been identified for each transcription, clustered into 14 categories, or superordinate themes. It was necessary to carefully select which categories felt most relevant to this paper and were most heavily supported by the data, eliminating the others or allowing them to be merged into another category. One such category was 'Joy or Enjoyment' which recurred consistently throughout the clinical notes and is something worth noting but was felt to express an emotion as a result of the broader theme of 'Connection' and therefore became part of this category.

Children & Elders making material or leading material	No.
Contributing own ideas	1
Elders teaching the children	1
Elders suggesting songs	1
Children leading	5
Children sharing their skills/lives	8
Elders sharing their skills/lives	6
Sharing likes together	4
Children's choice or activity/song	2
Elders' song	2
Elders questioning children	1
Children questioning elders	2
Elder leading	2
Ownership of the song to the group	5
Children taking ownership of song	2
Children adopting elders' song	1
Identifying things in common	5
Children and elders taking leadership together	1

Care of Others demonstrated by Children or Elders	No.
Elders showing care of children	3
Children making sympathetic choice	1
Children keeping elders in mind	1
Elders remembering children	1
Children remembering elders' likes	1
Children touched by care from elders	1
Elders touched by care from children	1
Elders gaining joy from children's joy	3
Children gaining joy from elders' joy	1
Children showing respect	1
Children giving to elders	1

Data Presentation

Challenges	No.
Awkward	1
Inhibited	3
Less keen/enthusiastic	2
Not feeling 'great'	1
Tired	1
Difficulty of change	1
Physically separation	1
Splitting	1
Disconnected	1
Difficulties of working outside	2
Therapist doubting the process	2
Therapist questioning their approach	2
Group having difficulties learning new material	1
Concerns over Covid-19	2
Difficulties of working online	3
Missing departed loved ones	1
Staff helping too much	3
Children's behaviour needing containment	4
Disability of elders (non-dementia)	1
Difficulties of dementia	8
Low self-esteem	3
Isolated	1
Anxiety	10
Withdrawn	3

Overcoming Challenges	No.
Response less inhibited	1
Difficulties of dementia accepted	1
Overcoming anxiety bit by bit	5
Therapist making feelings/activities manageable	1
Containing emotion	1
Learning to make adaptations to online working	1
Children's behaviour improving during the session	1
Children controlling their own responses	1
Tackle ageism	1
Mood more stable	1
Seamless	1
Acceptance	1
Confident participation	1

Data Presentation

Connection	No.
Connection	9
Engaging attention	5
Closeness	1
Encourage connection	1
Growing confidence	2
Importance of eye contact	5
Importance of physical movement	3
Elders watching children	4
Confidence	8
Groups noticing each other	2
Rhythm encouraging group cohesion	2
Group cohesion emerging/achieved	7
Focus	1
Moving closer	4
Joy and enjoyment	59

Engagement	No.
No inhibition	1
Responding	13
Positive response	2
Confident participation	1
Reflecting together	1
Eye contact demonstrating engagement	3
Elders keen to talk	1
Elders questioning children	1
Children questioning elders	2
Therapist encouraging confidence through repetition	3
Recalling previous sessions	1
Moving to the screen	5
Encourage communication	1
Small responses are valid	2
Encourage discussion	1
Encouraging engagement	1
Interaction	2
Playful	5
Sharing sadness	1
Communication	2
Children's confidence encouraging elders' confidence	1
Group working together	2
Group co-creation	1
All participating together	1
Unexpected participation from elders	1

Data Presentation

Building	No.
Hoping for more playfulness	1
Children learning a new song	1
Building together	17
Striving for seamless	5
Small responses are valid	1
Positive progress	1
Achievement	2
Planning for next week	2
Building on previous session/s	3
Building to final session	6
Responses magnified	1
Children proud of achievement in group	2
Therapist withdrawing to allow the elders and children to connect independently	4
Therapist encouraging confidence through repetition	3
Positive difference being physically together	1

Emerging Ideas during the process	No.
Importance of physical movement	3
Importance of eye contact	4
Sessions working better with therapist at care home than at the school?	1
Shield against too close a connection	2
Importance of visual image on screen	2
Children's confidence encouraging elders' confidence	1
Rhythm encouraging group cohesion	2
Therapist withdrawing to allow the elders and children to connect independently	4

Therapist's actions to support the work	No.
Therapist supporting children	8
Therapist showing care for children	3
Free choice whether to participate	3
Therapist leading	7
Therapist's suggestion to encourage participation	1
Therapist safeguarding children	1
Therapist supporting elders	1
Therapist's concern to involve all	1
Therapist supporting the group	1
Therapist in the moment	1
Therapist withdrawing to allow the elders and children to connect independently	4
Therapist encouraging confidence through repetition	3
Therapist making feelings/activities manageable	1

Other adults' involvement	No.
Enthusiastic Care Staff	1
Care home staff modelling for elders	4
Home staff not pushy	1
Reassurance & support from school staff to therapist	1
Reassurance from school staff to children	1
Care home staff helping the session	6
Involving staff in the session	2
Therapist getting assistance	2

Data Presentation

3. Written feedback from professionals

Teacher at the school:

"The 6 children that we put forward for the project were all year 6 and were chosen because they all lacked self-esteem and a level of resilience. We felt that this was exacerbated by the isolation that they experienced during Lockdown and the limited opportunities that they had to socialise. They had also missed out on many of the "Rites of Passage" that a year 6 class would normally have e.g. leading assemblies, mentoring the younger children, being a prefect, going on residential, taking their SATs etc. One of the children has not spoken to any of the teachers or support staff in school for many years; three of the children struggle with their learning and another child has extreme anxiety.

Parents report to me that their child has thoroughly enjoyed the chance to meet and sing with the elders. They have looked forward to the session every week and have chatted about it afterwards. From my perspective, I have seen a great sense of joy in the children each week through a shared joy in the music making and the interaction that that brings. They have taken part in the whole sessions; the child who struggles to speak to adults has been able to say his name and his mum reports that he has talked enthusiastically about the experience.

Personally, attending the sessions has been the highlight of my week. It has been lovely to see the elders interact so well with the children and vice versa. To see the excitement when they eventually met face to face was beautiful to see. I believe that the whole experience has been life enhancing for the children. They have already expressed their sadness that it is ending and one of them has said that she would like to visit when Covid allows."

Care Home Manager:

*"We originally had 10 Residents participating in the project. All the residents involved lacked self confidence due to Covid social isolation. Unfortunately due to health reasons several residents had to pull out. It has been fantastic seeing the difference in the residents week on week. Their confidence has boosted after each session. This has greatly been seen with A**** who originally wanted to take part but not be seen and filmed, now recently she has agreed to be on camera and really came out of her shell when the residents and children meet face to face. Throughout the sessions you have been great with getting all the residents and children involved and you could clearly see enjoyment throughout. Each resident has had a lengthy chat with staff after each session saying how much they loved the session and could not wait for the next one. I would love to find a way we can carry the sessions on for all involved and hopefully once more restrictions lift more face to face activities with the children and residents can happen. I'm sure we could have seen more progress if the sessions were all face to face however with the Pandemic that was not possible. A massive thank you to you for such amazing work from the residents, activities staff and myself."*

Data Presentation

3. Written feedback from professionals

Care Home Activities Coordinator:

"IMM has proved to be just as the name states: intergenerational music making.

It has really helped to create an inspirational community bridge between the two generations.

Our residents have engaged really well during the music therapy, particularly enjoying the singing and talking to the children. Over the course of music therapy days, our residents appear to have grown in confidence when talking to different people. It has been expressed that seeing the children has brought joy to the residents. We at Keswick are extremely grateful to have had this opportunity. It has been really beneficial for our residents."

Music Therapist:

"This IMM project has been unique in many ways, but particularly because we have had to connect online for 4 of the 6 sessions. Connecting via Microsoft Teams has had various drawbacks; time lag and poor sound quality have made the work a real struggle at some points. I have learned that more structure was needed for these sessions because of the online component and quickly discovered the benefits of engaging in activities with physical movement. The benefits of moving on screen have meant that the elders and children could see what was going on easily and respond more spontaneously and it has surprised me how willing and able the elders were to move too, after all, our eldest participant is over 100! In our third session I introduced the use of scarves and that was a wonderful addition to our work because it meant all movements were enhanced and the visual image that each group saw on the screen was more engaging. There have also been some benefits to working online. It has kept our vulnerable clients safe during the pandemic and I have also noticed that for some children they have used the screen as a sort of 'shield' behind which they can feel safe. During the second session I visited the school for the first time and was struck by the way in which some of the children seemed less enthusiastic in this session than in sessions 1 or 3. I had various theories about why this might be, but have begun to feel strongly that for the children in our group with high anxiety interacting on a screen was less challenging for them and offered a sort of containment for their anxious feelings. When we began working in person I noticed some similar behaviours and made a point to talk with some of the children before our in-person sessions to reassure them that their participation could be as much or as little as they felt comfortable with.

Overall this project has shown me once more the benefits to both young and old of intergenerational working. I have received some wonderful comments from the group members expressing their gratitude to the other participants. The look of joy that lit up the faces of the elders when the children appeared on the screen was beautiful, and the notes that the children wrote inside the cards they gave to the elders in our final session were truly moving."

Evaluation Outcomes

Discussion of thematic analysis of Master Table of Themes

Children and Elders making material or leading material:

In any therapeutic music experience it is important for clients to be given the opportunity to lead and take ownership of the content when possible. While the therapist felt it was important to have structured interventions and a session plan prepared due to the difficulties of working online, many of these activities had, at their core, the intention to stimulate material created or co-created by the group. In our sessions at IMM we have found one of the best ways to stimulate connection between elders and children is when they share their experiences together through discussion, song choice and song writing, 'children's choice of activity/song', 'elders' song' and moving to 'children and elders taking leadership together'. Something that grew out of the work and a theme that was repeated more as the sessions progressed was 'Identifying things in common'. This was often begun by the therapist, but the children began to do this more and more as did the elders. By the final session the children were spontaneously stepping forward to point out similarities between themselves and the elders.

One of the activities the therapist introduced was to discuss what made children and elders 'happy'. The material discussed here was then converted into lyrics to fit into the song 'Happy' (originally written and produced by Pharrell Williams). As these lyrics were introduced to the group they began to recognise how many things they had in common, e.g. a love of animals, dancing and drinking tea! This song then began to belong to the whole group and the theme of 'Ownership of the song to the group' was repeated many times in later session notes.

Care of others demonstrated by Children or Elders:

The therapist was sensitive to note throughout the clinical notes instances of the children and elders showing care for each other. Themes such as 'children making a sympathetic choice', 'Elders remembering children' etc came up in many of the session notes. Indeed there were also parallel themes identified in 'Elders touched by care from children' and 'Children touched by care from elders'. What has emerged through analysis is that the two generations were not only caring for each other but demonstrating gratitude for that care. This shows how quickly the relationship had developed over the six sessions.

Two other parallel themes, 'Children gaining joy from elders' joy' and 'Elders gaining joy from children's joy' were notable in the texts. As the discussions around what made the group members 'happy' were extended in the therapy sessions the elders began to assert that seeing the children smile or seeing them happy made them happy in return. Touchingly, in their goodbye cards to the elders, the children also wrote that seeing the elders' smiles made the children happy too.

Evaluation Outcomes

Discussion of thematic analysis of Master Table of Themes

Challenges:

In any therapeutic group there will be challenges and these themes seemed to fall into three subcategories: challenges posed by disability or difficulty, such as 'difficulties of dementia', challenges posed by the environment such as 'difficulties of working online' or 'concerns over Covid-19' and finally challenges that arose naturally as part of the group finding their way together, such as 'missing departed loved ones' and the beginning of the sessions feeling 'awkward'.

The therapist was also challenged in their work and noted a few times that they were 'doubting the process' or 'questioning their approach'. However, without challenges the group would not have progressed forward, for example the therapist would not have adjusted their approach and allowed the group to influence their way of working. How the group collectively overcame challenges is explored in the next category.

Overcoming Challenges:

As the sessions went on there were more themes emerging in this category. When the children realised that sometimes the activities would be a little different than planned and that this was due to the difficulties the elders had with their dementia, the theme 'Difficulties of dementia accepted' emerged. By accepting these changes and taking joy from the task anyway the children were not only showing care for the elders but also becoming more aware of how to tolerate challenges in their own lives.

The theme 'Overcoming anxiety bit by bit' was prevalent in the session notes and this and the theme 'Children controlling their own responses' demonstrates that the challenges that many of the children faced were being fought and worked through within the session, as was hoped in the project aims.

Evaluation Outcomes

Discussion of thematic analysis of Master Table of Themes

Connection and Engagement:

These categories were originally grouped together, but became so large that they were split to make it easier to identify the themes and the processes within them. The aim of many therapeutic experiences is to stimulate connection and engagement, either within the group or with the therapist, and many of the themes here refer to connection between the generations. Themes such as 'elders watching children', 'playful', 'sharing sadness' and 'moving closer' show different ways in which the two groups connected and engaged with each other.

There were also many themes that demonstrated the therapist considering how these connections were being made and informing later sessions, such as 'importance of eye contact', 'rhythm encouraging group cohesion' and 'importance of physical movement' the last of which the therapist has spoken about in her reflections.

What has emerged from the data analysis is that connection and engagement are at the heart of the work, especially the theme of 'joy and enjoyment' which seems to act as a conduit towards connection between participants. The elders and students both expressed joy in many different ways and recognising that joy in others also became part of the work of connecting these two generations (as mentioned in the category 'Care of others...').

Building:

Many of the themes in this category were influenced by the therapist and the group working to build relationships and aiming towards the final two sessions when they would meet in person. Much of the planning that the therapist did between sessions was to ensure that when the groups met there was a list of activities ready for them all to engage with together, thus the themes of 'building together' and 'planning for next week'. Building a song together around ideas of "what makes you happy" was one such activity which the group built on together and performed at the final workshop. However the reason for all this building was not purely to be able to perform together but to also allow the group to connect without the direct intervention of the therapist. The theme 'Therapist withdrawing to allow the elders and children to connect independently' was repeated through later session notes and its success shows the maturation of the group and highlights IMM's commitment to supporting the relationships that have been built up through our projects so they become self-sustaining.

Evaluation Outcomes

Discussion of thematic analysis of Master Table of Themes

Therapist's actions to support the work:

Similar to the category 'Building' this one highlighted the work the therapist did to ensure the therapy could be as successful as possible. This included 'therapist supporting children', 'therapist supporting elders' and 'therapist making feelings/activities more manageable'. Some themes from other categories have also been listed here as they seemed to apply to both areas. Notably the themes around 'therapist leading' and making choices for the group occur nearer the beginning of the project and those around encouraging confidence and allowing the children and elders to connect independently are a feature of later session notes.

Emerging ideas during the process:

This category highlighted ideas and themes which occurred to the therapist as the project was progressing, particularly to do with best practice when working online, or with two groups who could not be physically close. Ideas such as the 'Importance of physical movement' and 'rhythm encouraging group cohesion' have been noted previously.

The theme of 'sessions working better with the therapist at care home rather than at the school?' represents the therapist striving to understand why the children seemed more inhibited when she arrived at the school. The theme 'Shield against too close a connection' represents the therapist's resulting theory that perhaps the most anxious children found working online to become a 'shield against too close a connection' and is something that these researchers would be interested to study further, should the opportunity arise.

Other adults' involvement:

Without the support of other staff this work would not be possible. The care home staff were noted to engage in positive 'modelling for elders' to aid them in participation, particularly in the initial stages of the project and the therapist's gratitude for this is clear in the number of times it is mentioned along with 'home staff not pushy' and 'enthusiastic care staff'. All staff also reassured the therapist in putting children and elders' behaviour in context for her or assisting practically in the session.

Through thematic analysis a variety of themes have been identified that serve to assist us in unpicking how Intergenerational Music Making sessions successfully connect old and young to the benefit of both.

Case Studies - Simon and Evelyn

Simon (not his real name) came to our group with a referral stating that he had *“Very low self-esteem. Poor self-image. Lack of confidence and very vulnerable... verging on selective mute... Has started to occasionally speak to his teacher but will not speak to other adults.”*

In his first IMM session when I was present at the Care Home and connecting to the school via Microsoft Teams my notes describe him as *“the most inhibited of all the children and look[ing] very worried”*. The session began with our Hello song, which is a tune I had adapted from a pop song that has been in the charts recently, and included instructions to ‘put your hands up in the air if you’re feeling good’ and to give a sign ‘if you’re not feeling all that fine’. This was a way of encouraging the children and elders to move and engage with the song while also gauging their mood. Simon’s response to this was not to move at all, but the notes show that in the goodbye song, which includes similar instructions, he was already moving to the song and waved his hands, not in the air, but at his waist. Simon participated throughout the session, usually in a very muted way, but it appeared that having the expectation to join in from the elders helped him to do just that. When discussions began, the elders wanted to

ask how old all the children were and, later, what their favourite subjects were at school. The children stood up and told us their age and their favourite subjects in response. As with the rest of the group I gave Simon the opportunity to respond to each of these questions and he spoke quietly but clearly to the elders, something that his referral highlights he finds incredibly difficult.

Things were more difficult for Simon when I was present at the school. Being physically in the room with him seemed to make him more anxious and his responses were even more muted, although he continued to respond in small ways and to speak to the elders through the screen. This bears out one of the emerging themes from the work that working on the screen had a positive effect for some children who felt ‘shielded’ by working this way and perhaps the screen offered a form of containment for their anxiety.

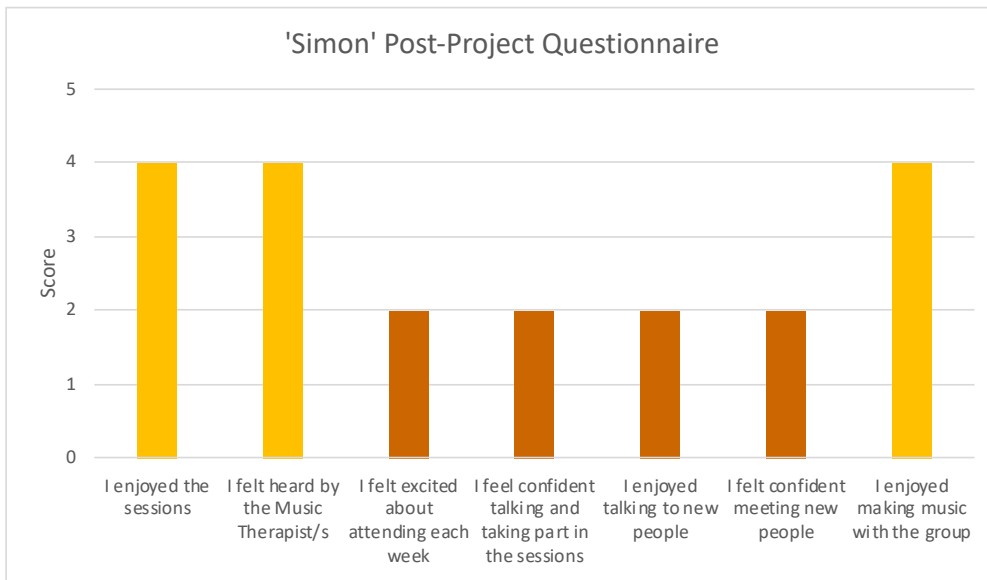
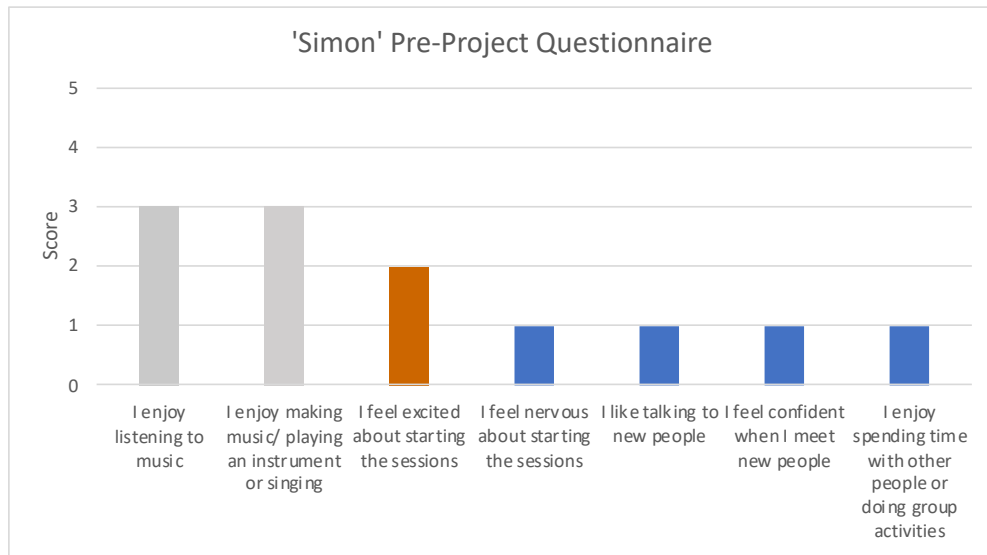
During Session 3 when I was back at the care home we began exploring ideas of what made us ‘happy’ in order for us to begin creating a song together. All of the children came up to the screen and spoke about what made them happy, including Simon. He also drew a picture for the group to explore these ideas further, telling us he

enjoyed video games and was writing a book with a friend which he enjoyed.

Throughout our time together online Simon’s responses were consistent but muted, expressing his discomfort but also his willingness to participate whenever he could. It was much more difficult in our first in-person session for him and I tried to support him as much as possible to participate but also to feel free to not participate if that was what he wanted. I spoke to him quietly near the beginning of the session and made it clear that he was in control of how much or little he did in the session. His body language in that session was very closed off and he could not make a sound. Yet he stayed for the whole session, watched and listened.

In our final session together I noted another change in Simon. He seemed much more at ease and happy to respond in small ways again, saying his name for the ‘name game’ and playing instruments or moving his body. We were also touched that the children had brought a card to give to each elder and I noted that he had signed his name himself in every card. I made a point to talk to him at the end of the workshop and tell him how well he had done to participate throughout the project.

Case Studies - Simon and Evelyn



1 2 3 4 5

Simon's answers to the post-project questionnaire show improvement in all areas examined, except his feelings about being excited about sessions which did not change and were low at a score of 2. This seems understandable as his anxiety would be high in the lead up to these sessions, anticipating what may or may not happen. Most of all we were incredibly pleased to see he scored 4 (I agree) for 'I enjoyed making music with the group', 'I enjoyed the sessions' and 'I felt heard by the Music Therapist/s'. The feedback from his teacher also notes that "[he] has been able to say his name and his mum reports that he has talked enthusiastically about the experience." To hear that he has been enthusiastic about intergenerational music making has been one of the highlights of our work together. These sessions clearly benefit the children as much as they do the elders and Simon's responses demonstrate this perfectly.

Case Studies - Simon and Evelyn

Evelyn (not her real name) came to the group with the following referral: *"[Evelyn] is a lady with... Vascular Dementia (Episodes of Delirium). [She] communicates very well in order to express herself however, has mood swings and she can be very rude not wanting to talk to anyone. [Evelyn] is [a] very anxious lady and she has phases of frustration because of the dependency."*

During her first session she responded enthusiastically to the music, playing instruments, moving her body in her wheelchair and singing strongly as well as watching the children on the screen closely. Her enthusiasm was echoed in her words to me after we had finished the session, *"it made my day, thank you so much!"*

Evelyn missed the second session through ill health but returned for the third. When I introduced myself to her and told her what we would be doing in the session she showed near-perfect recall of our first session, 2 weeks ago. She told me her friend in the home had had so much fun and that she would be sad to miss it and I reflected with her that it appeared that she had enjoyed it a lot as well. She gave me no answer to this, but smiled broadly. During this session she engaged strongly enough to be able to conduct the whole

group, including the children on screen, which takes focus and full engagement. She also played a shaker in this session while the children and I sang a song the children had asked for which was unknown to the elders, engaging with material that she did not know. Again, at the end of the session she caught my attention and earnestly told me *"Will you please tell those children how much we appreciate them"*. Evelyn had now moved from simple enjoyment to gratitude for the experience and was clearly thinking deeply about the children.

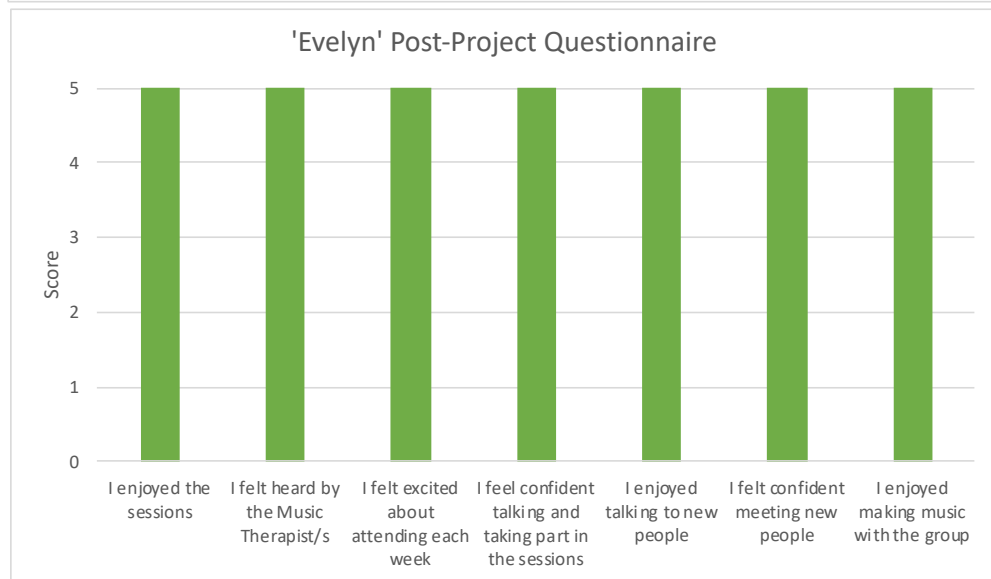
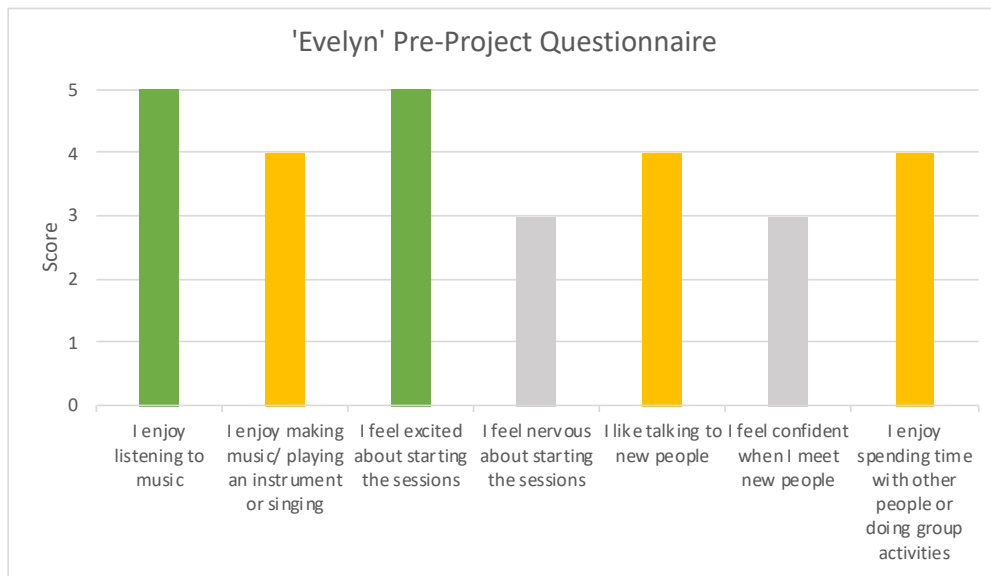
Evelyn's responses during each session she attended were positive and usually fully engaged. Despite the concerns noted in her referral Evelyn showed little sign of anxiety or rudeness. There was one moment during our fifth session (and the first in-person session with children present) when she felt another elder was singing too loudly and an argument ensued, but, with support from care staff, both Evelyn and the other group member managed to stay in the group and move on quickly from their disagreement, focussing once more on the children in front of them and the music we were making together.

During her first session working in person with the children she showed care for Simon,

the student mentioned in the previous case study. She approached me at the end of the session and said *"He's a shy lad isn't he?"* I supported her care of him by chatting gently with her about Simon, reassuring her that he had our support. In our final session Evelyn was also concerned about Simon, calling me over in the middle of the session and asking me, *"I want you to make that little boy smile!"* Smiling was a theme of our work together and both elders and children expressed how the smiles of the other generation gave them joy. In my notes I reflected that when Evelyn asked me to make Simon smile:

"I felt strongly that drawing attention to this would make him feel even more inhibited so for this reason I tried to distract [Evelyn], but this utterance (and she repeated it to other staff members) really shows the level of care she has developed over the period of the project [for the children]."

Case Studies - Simon and Evelyn



1 2 3 4 5

Evelyn's answers to the pre-project questionnaire were relatively high but varied. Her post-project questionnaire responses show high scores of 5 (I strongly agree) in every area examined. This is most gratifying because she noted specifically in her pre-project questionnaire that *"I am not confident in meeting new people"* (although her coded response to the written question was '3'). In her final questionnaire she told the care assistant who aided her in filling out the form, *"I think it's wonderful."*

Through focussed participation and care of others Evelyn appears to have had a truly positive experience with Intergenerational Music Making. She has overcome many of her difficulties in order to participate and shown a real willingness to be an active member of the group. The Care Home Manager noted of the residents that *"Their confidence has [been] boosted after each session"* and that has been clearly evident in Evelyn's responses and her confident way of interacting with me.

Conclusion and Recommendations

From the feedback from both participants and the music therapist the data suggested that the interactions between the generations were key to the participants' experience. Patterns emerged from the data suggesting that supportive behaviours, learning, and human connections between participants enhanced the experience of the group. Self-agency and self-awareness were themes present exploring how the participants appeared to become more confident because of the groups. During discussions, the participants and therapist referred to a sense of purpose from participation in the session. Upon analysing the data, being given the opportunity to choose promoted a sense of empowerment.

Satisfaction and fulfilment was present from the participants interviewed for this study suggesting that the intergenerational music therapy group was an enjoyable, fun experience that was beneficial and rewarding. It emerged from the data that there was an overwhelming positive effect on the mood of the participants. With the older adults overtly expressing that the group improved their mood and the younger children expressing they felt excitement because of the group. Participants furthermore commented that engaging in music was inclusive and singing as a group was an enjoyable experience. It appears from the data that playfulness made the sessions stand out to other routine care home activities; the music facilitating the playful side of the group members.

Our analysis also indicated that by creating an environment where listening, understanding, sharing and accepting were encouraged and nurtured 'the group is thus the agent of change' (Barwick, 2018, p. 51). From the data, it appears that the playfulness and relationships between group members were integral in encouraging participants to be the agents of change within each other. This reinforces the group analytic notion that the therapist does not directly instigate change but develops a safe space that allows individuals to support change within one another (Davies & Richards, 2010).

The theme 'Care of others' further suggests that the interactions occurring between the generations were fundamental to how they experienced the group. Participants reported that the supportive behaviours toward one another such as being considerate, kind and attentive were integral to their experience. Learning together, and concomitantly about one another, appeared to provide both generations with a stronger sense of commonality and social awareness. In addition to this, it appears that the human connections that were formed resulted in improved psychosocial status. In Belgrave's 2011 study into intergenerational music therapy, biweekly post-session measures reported an increase in feelings of usefulness by older adults as well as a positive shift in both generations' attitudes towards one another (Belgrave, 2011). The results of this study appear to echo Belgrave's initial findings. Belgrave's preliminary study into intergenerational music therapy provided indications that being in the group positively affected older adult's psychosocial well-being, however the potential factors for that change were not considered. The theme 'Care of others' emphasises the importance of interactional behaviours for both generations, and how these resulted in both generations being impressed with one another, as well as mood being affected positively.

Conclusion and Recommendations cont'd

Erik Erikson's theory of psychosocial development is often used when considering intergenerational work (Vandervan, 2011). While Vandervan acknowledges the standing and value of the theory within intergenerational studies, the author emphasises the need for review and re-conception to update the theory to accommodate the reality of intergenerational studies today (Vandervan, 2011). In this theory, Erikson proposes that in each development stage we are presented with a conflict, which if overcome will result in a virtue being established (Berzoff, 2016). The data suggests that the intergenerational group provided opportunities for both children and older adults to grow in confidence, have control and choice, and a sense of purpose. In the safe non-judgmental environment that was facilitated by the therapist, participants could experiment with playing music and sharing stories. According to Erikson by having these personal ideas accepted in social interactions, the child participants may have developed feelings of pride in their abilities and achievements; thereby encouraging them to overcome the conflict 'industry vs inferiority', and in doing so develop the virtue competence. Here by developing confidence and pride in their own abilities the children might have experienced a growth in self-esteem.

Participants felt a sense of satisfaction and fulfilment from being in an intergenerational group. All participants expressed that they enjoyed the musical participation in the group through verbal feedback and their questionnaire responses, as well as experiencing laughter within the sessions. Every participant expressed either a sadness in not being able to attend the group anymore or a desire to return to the group to the therapist or support staff. This suggests the group offered a meaningful experience for both generations.

Patey and Smith write "*it is impossible to play live music with others without entering into some kind of relationship*" (Darnley-Smith & Patey, 2003, p. 43). When applying this to the study data, playfulness and freedom of the music could be considered to contribute to the relationships developed. To further this, the results from this study suggest that because of the playful musical experience, participants felt a sense of satisfaction and enjoyment. Winnicott draws upon the importance of play and writes:

"it is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (Winnicott, 1991, p. 54).

According to Winnicott we are all searching for our true self to have an authentic experience of being alive (Cupchik, 2016). The data suggests that in this playful experience, happiness was at the core for all the individuals' accounts of their group experience. While enjoyment, excitement, laughter and playfulness are not necessarily typical features observed in psychoanalytic/psychodynamic groups, the playfulness here appeared to facilitate these reactions for participants. It appears that within an intergenerational music therapy setting, as Winnicott stated, play and creativity were essential for engagement with the therapeutic process; which is required to gain positive outcomes as evidenced by the study data.

Conclusion and Recommendations cont'd

"Music is a universal language and has the capacity to transcend age-related barriers" (David et al., 2018, p. 337). The music and musical environment facilitated by the therapist appears to have developed a setting in which, for participants of this study, a deeper understanding and appreciation of the other generation was felt. The group appeared to support positive relationships between members as well as making participants more self-aware which in turn improved aspects of their psychosocial well-being in relation to confidence, happiness, self-esteem and self-agency. There was not enough data regarding the implications of the group on life-satisfaction to draw conclusions, yet this could be an area for future exploration. These results support previous findings that intergenerational music therapy groups can improve attitudes between generations as well as benefiting the psychosocial well-being of older adults. Additionally, these findings expand on previous research suggesting that the experience positively impacts well-being, mood and mental state for both generations alike.

Although there is limited research into intergenerational music therapy groups, studies so far suggest a wide range of benefits to group participants; making it a therapeutic intervention with huge potential for future clinical work.

*Somehow you press the right buttons
and it was good*

(Elder participating in the group).

It is the recommendation of these authors that intergenerational musical projects are further explored throughout Surrey and beyond. With the establishment of a network of such projects there is the potential for further and more detailed research into this transformative intervention. This unique pilot project has also demonstrated the effectiveness of working online and made recommendations for ways to tackle the challenges this working represents. This means that any further health emergencies or even distance need not be an insurmountable barrier to these projects continuing and would add another element to further research projects.



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APPENDICES

Pre and Post-Project Questionnaires



IMM Music Therapy Project

PARTICIPANT - Pre-project Questionnaire

Questionnaire to be completed before the project commences and once the project has finished. Please try to capture feedback at the same time of day for both the pre and post questionnaire. Your responses will be confidential and can be anonymous.

Please complete this questionnaire the day before or the morning of the session. The child or resident may need a staff member to sit with them to help complete the questions.

Care staff or teacher to answer

1. Has anything significant happened today that was influence the participants responses (visit from a family members, an issue etc)?



Strongly agree



Agree



Partly agree



Disagree



Strongly Disagree

1. I enjoy listening to music

2. I enjoy making music/ playing an instrument or singing

3. I feel excited about starting the sessions

4. I feel nervous about starting the sessions

5. I like talking to new people

6. I feel confident when I meet new people

7. I enjoy spending time with other people or doing group activities

Any other comments:

APPENDICES

Pre and Post-Project Questionnaires



IMM Music Therapy Project

PARTICIPANT - Post-project Questionnaire

Questionnaire to be completed before the project commences and once the project has finished. Please try to capture feedback at the same time of day for both the pre and post questionnaire. Your responses will be confidential and can be anonymous.

Please complete this questionnaire the day before or the morning of the session. The child or resident may need a staff member to sit with them to help complete the questions.

Care staff or teacher to answer

1. Has anything significant happened today that was influence the participants responses (visit from a family members, an issue etc)?



Strongly agree



Agree



Partly agree



Disagree



Strongly Disagree

1. I enjoyed the sessions

2. I felt heard by the music therapists

3. I felt excited about attending each week

4. I feel confident talking and taking part in the sessions

5. I enjoyed talking to new people

6. I felt confident meeting new people

7. I enjoyed making music with the group

Any other comments:

APPENDICES

'Happy' song, composed by the group

HAPPY! KESWICK AND EASTWICK!

It might seem funny what we're about to say
Sunshine we're here, you can take a break
(We are) a team, together we could go to space!
Because we care, oh put your hands up in the air...!

Because we're happy, clap along if you love riding horses all the time
Because we're happy clap along if you feel like art makes you feel just fine
Because we're happy, clap along if you love playing video games it's true
Because we're happy, clap along if you feel like dancing's what you want to do!

Here come bad moods making us frown
Missing friends and family makes us feel down
Well we should probably warn you, we'll be just fine
Because we've got our friends in music time!

Because we're happy, clap along if you like sitting down with a cup of tea
Because we're happy, clap along if you love your friends and family
Because we're happy, clap along if you love to go out for a drive
Because we're happy, clap along if you feel like laughing makes you feel alive!

Bring me down, no no!
Bring me down, no, no, no
Bring me down, no no!

Because we're happy, clap along if you feel like eating crisps and being cooks
Because we're happy, clap along if you love reading and writing books
Because we're happy, clap along if you know that animals are your thing
Because we're happy, clap along if you feel happy when the children GRIN!

¹In the text of this song ideas that were proposed by the elders are coloured in red, ideas that were proposed by the children are coloured in blue and ideas that were proposed by (or held resonance for) both groups are coloured in purple.



Authors

Marion Barton

Marion studied music therapy at Roehampton University and upon graduating she received the Department of Psychology prize for her dissertation research project, 'Inner Spirit: An investigation into Music Therapists' experiences of how their own spiritual beliefs may be relevant in their practice, especially when faced with the death of a client'. This work was later adapted in partnership with her supervisor, Tessa Watson, for publication in the British Journal of Music Therapy. She has also been invited to contribute as a peer reviewer for other journals.

Marion has worked as a Music Therapist for 10 years. She has practiced in the field of dementia and mental health for the elderly throughout her career, both privately and for the NHS and also worked in schools with children with emotional and behavioural difficulties as well as those with disabilities. She has led IMM projects in Surrey and London for 2 years as well as contributing to trainings for care staff and students in the benefits of music to dementia sufferers. She also works with children and young people to further inform them about dementia, its effects and the value of music-making in care settings.

Marion has recently taken up a post as Music Therapist for Shooting Star Children's Hospices.



Authors

Charlotte Miller

Charlotte Miller, NRMT, Director and Founder of Intergenerational Music Making

Over the last twenty years Charlotte has worked within a variety of settings including schools, nurseries, children centres & NHS hospitals across South London in delivering a variety of music, health, education & intergenerational related services. After completing her Masters in May 2005 from Nordoff Robbins she continued to focus her work on musicianship, child development, aspects of psychology, pathology and dementia.

In 2018 Charlotte founded Intergenerational Music Making www.imm-music.com, one of the UK's pioneers of intergenerational music therapy projects, born from her passion of working as a NR music therapist with the elderly and the very young in a variety of different settings. Charlotte's grandmother, 'See-See' suffered from dementia and she found that music was the bridge that could connect them in challenging times. So, IMM was created to bring about positive social change for local communities and especially those suffering with dementia. IMM's primary purpose of working in the arts utilizes music to bring together schools, care homes, hospitals and universities, creating innovative music therapy projects to improve wellbeing, mental health, tackle loneliness and help integrate local communities.

Charlotte Miller has recently received a Points of Light Award from the Prime Minister for her extraordinary work with IMM and the National Program Together with Music.

In a personal letter to Charlotte, Prime Minister Boris Johnson said:

"Congratulations on the success of 'Intergenerational Music Making', your brilliant initiative which has brought together over 700 care home residents with 1,500 school children to tackle loneliness through music.

"With virtual workshops and performances, you kept those most at risk of isolation connected during lockdown. You have also transcended the boundaries of age and forged lasting friendships across the generations."





Thank you!

Charlotte Miller and Marion Barton

www.imm-music.com

www.togetherwithmusic.org.uk





im m

WARM-UPS.

HELLO SONG

an activity using call and response. All you do is follow my hand gestures and what I sing.

IC'S ART

HOW ARE YOU? (SING NOW AND SING) SING FINE, SINGING SING, DOING FINE, DOING AND HOW ARE YOU?

HOW ARE YOU? (SING NOW AND SING) SING FINE, SINGING SING, DOING FINE, DOING AND HOW ARE YOU?



15th AUGUST

FAMILY FUN DAY

3PM

Disney Hour

Sing-A-Long & Guest

One hour dedicated to the wonderful world of Disney!

Our Disney Guest goes 12:00 at 5:00. Top Seaters will win a prize so remember to turn up & see us in the main hall when you're done!

IMM FAMILY FUN DAY

15th AUGUST

3PM

Disney Hour

Sing-A-Long & Guest

One hour dedicated to the wonderful world of Disney!

Our Disney Guest goes 12:00 at 5:00. Top Seaters will win a prize so remember to turn up & see us in the main hall when you're done!

IMM CARE TO CREATE HUB

Listening Event

Connecting our Community

We want to hear from you!

Are you a regular member of our community? Do you have any ideas for our future events? Do you have any feedback for our current events? Do you have any suggestions for our future events?

Last speakers: Nicky Huggins, Andy Ford

Presented by: IMM Care to Create Hub

TO BOOK YOUR FINEST PLACE

IMM PATREON PAGE

IMM Care to Create Hub

Wake up, shake up, get yourself some bubbles!

WE WILL BE WITH OUR FRIENDS AGAIN. WE WILL BE WITH OUR FRIENDS AGAIN. WE WILL BE WITH OUR FRIENDS AGAIN.

IMM CARE TO CREATE HUB

Wake up, shake up, get yourself some bubbles!

IMM PATREON PAGE

IMM Care to Create Hub

Wake up, shake up, get yourself some bubbles!

CARING STARS

We Will See Each Other Again

It's time to see each other again. It's time to see each other again. It's time to see each other again.

Chair Yoga - calming and grounding (25mins)

Chair Yoga - calming and grounding (25mins)

Chair Yoga - calming and grounding (25mins)

THANK YOU

THANK YOU

THANK YOU

care to create

care to create

care to create

care to create

care to create

care to create

care to create

care to create

care to create