



# NEWMUSICinNEWPLACES

musical improvisation in care homes

# **New Music in New Places – musical improvisation in care homes**

## **Introduction**

In 2012 we received funding from Arts Council Wales to put on a mini festival of improvised music in Knighton, Powys. Part of the funding was used for outreach including workshops in schools. We also decided to perform improvised music in venues not normally associated with it; namely, Prestemedde Care Home, Presteigne, and Cottage View Care Home, Knighton. As we improvised we were influenced by the space we were in, and on a few occasions the music was led by the listeners' response and the boundaries between performer and listener dissolved. These sessions were so successful we applied for funding to continue the work. During 2013 and 2014 we continued to play as a duo in different settings which, as well as care homes, included a mental health day care centre and a palliative care ward. A friend who had a relative in a care home in Bristol also told us of the St Monica Trust at Cote Lane. We used existing funding to include a performance in each place.

Cote Lane was the first place where the activities co-ordinator was really engaged and brought in other staff who actively participated. She suggested we gave our percussion instruments to the residents to try out. This worked so well, that eventually we started regular participatory sessions there. We tied tubular bells to Zimmer frames, distributed beaters and shakers, and found that after a while we all started to make music together as one group.

## **The Two Groups**

**Cote Lane**, Bristol (St Monica Trust). This group changed over time and was made up of people with mixed abilities. The range of abilities included residents who were fully able bodied, had early onset or advanced dementia, and people with severe physical disabilities due to stroke and other causes. The group had a core membership of around six persons who came to all the sessions, though each session had a minimum of ten people taking part and, at its peak, around fifteen.

**Green Gates** is a BUPA care home in Oxford, with approximately thirty - forty residents. The music group has been generally small, averaging about six people, with varying abilities and age-related ailments. The majority of the group are mentally alert.

## **Placement – Room Layout**

### **Cote Lane**

Our first session at Cote Lane was a mixed success. One reason for it being difficult was the fact that people were placed too close together, with the musicians below a screen causing distraction. There were not enough surfaces for people to make things work for them comfortably. The constraints of the care home time-scale allow you around an hour to include bringing people in and placing them; this meant we had to make the session work from what we had. This actually proved to be one of the best things that could have happened as we were able to construct a proper plan for the next session.

For the second session we went into the larger area of the dining room, and moved some of the tables closer together, still allowing for wheel chair access, and for carers and us to assist without

bumping into each other or getting whacked by the occasional stray beater. The sets of tables were in a loose semi-circular pattern around a performance space where the musicians started out. This layout proved incredibly successful and became the blue print for the rest of the sessions.

## **Green Gates**

Green Gates is much smaller than Garden House, with approximately thirty residents, of whom a small number – from about six to nine – regularly attend the music group. Sessions are held in one of the sitting rooms. It has a large television screen and sometimes, as sessions take place after lunch, someone will switch on the telly and then we have to negotiate its being turned off again. Fortunately this has never been too contentious. The room is both large enough to give everyone enough space and small enough to feel intimate, with an excellent acoustic. As in all care homes, there are very bulky arm chairs to sit in which means a bit of juggling on days when there are more people, especially as most of the group use wheelchairs so the arm chairs need shifting right out of the space. There are small round tables, usually used for teas and coffees, which are also a good size for putting percussion on, so that participants can reach out and pick up a different instrument when they need a change of sound.

## **Musical Approaches**

### **Cote Lane**

The whole aim of the sessions was to generate enough confidence in people to enable them to participate if they wished. The use of tuned percussion, set at pitches that the musicians knew before hand, enabled those taking part to do so unafraid of making sounds that they may have found jarring, which in turn would make them feel that they were doing something wrong. We made every attempt to make sure that the underlying music was fluid, with a vague melody and rhythmic pulse. This meant that if a person played a given piece of tuned percussion it really didn't matter where they came into the improvisation; it always had a pleasing effect. We tried to create a sonic sound scape that was interesting, and chose the chime bars carefully so that the scale was interesting as well beautiful. Also the scales were not based on any specific genre of music or from any specific culture. That in turn kept the sessions musically neutral whilst at the same time presenting the residents with a completely new experience.

Each session started with the four musicians improvising, as a way of breaking the ice. Then the improvisation would narrow down to a simpler form. Two members of the group would go up to the residents and start assisting them to join in. The other two musicians would keep the flow of the improvisation going, reacting to the way the piece progressed. Often in the most successful sessions, at certain points all the musicians within the main group were assisting and playing along with the tuned percussion.

We tried a few different approaches in each session. One session was based on a riff that the double bass player had provided, which again had that fluidity that allowed for the music to pulse in and out. In that particular session the riff matched the mood perfectly and the residents played continuously for forty minutes. Other times we played shorter pieces changing the mood slightly. We found in these sessions there were times when the rhythm became very tight. It was interesting to see and hear how each session contained its own mood: at times the music could become quite dark and primitive in tone, then other times it would be very light and ethereal. The final approach we tried was allowing the music to form organically, with two of us playing with residents right from the start.

Each different structure that was used for the sessions had its own merits. You could sense very quickly when something was not quite right, and having experimented you were able to adopt a different approach and bring things back to where the residents felt comfortable. Each session was very different, mainly due to the fact that the group of participants was not the same each time. Also the medical issues of some residents meant they would not remember the last session in any case.

## **Green Gates**

The sessions were run with just two of us and this has worked well as the activities co-ordinator joins in and is constantly checking in with everyone to make sure they are comfortable. One lady in particular loves these sessions as she adores singing and has a nearly inexhaustible repertoire of songs, some familiar and some not, and we have made space to include these in the music. So we have not relied on totally free improvisation; at the same time we have not prioritised singing songs, merely gone with them as they came up and sometimes made use of them eg. arranging a version of 'Jock o' Hazeldeane' with viola playing instrumentals between verses; it took a little while for the group to recognise the gaps for instrumental solo but they managed.

The residents are generally more able than those at Cote Lane, able to sing a round in two parts, and pick up a rhythm quite quickly and stick to it. They also do get bored with the care home routine and enjoy something different. They suffer from having people who come to 'entertain', some of whom are good, but some make assumptions about what residents wish to hear. Many of them use amplification which hurts people's ears. That said, the use of some familiar tunes – which we never did at Cote Lane – has definitely helped us along. There are some fine singers in this group who have taken to improvising completely freely, with and without improvised words.

Green Gates has its own percussion box and introduced us to wrist bells that can be attached (with Velcro or plastic clip bands) – these are excellent for people without much strength in their hands. Also everyone likes to shake a tomato or tangerine! Sadly, even at an advanced age, people are still worried about doing things 'wrong' and need some reassurance that what they are doing is just fine (this was noticeable at Cote Lane too). Once we have established that, then they can just get on with it.

There is one very disabled lady who cannot move or speak but from whom we do get reactions, and at one session the whole group paused when a shaker was played close by her. Although she cannot make eye contact her eyes definitely registered something and moved, which was extraordinary and very moving.

There is a weekly yoga class at the care home and the group agreed it would be good to make up its own music to use for the class. We now have one session recorded in its entirety, with enough material in it to create some loops that would go well with the yoga.

We were hoping to be able to take down some stories and memories, in order to create a piece together, but so far this has not happened. However, the activities co-ordinator wants the sessions to continue and is prepared to use her own budget in the absence of any external funding. So we intend to pursue this idea and create a coherent piece that could be recorded or performed for others.

These are the observations made by Wendy, the activities co-ordinator:

*Since starting this group with residents at our home both staff and family have seen a great improvement in their loved ones' well-being. Music is such a powerful thing and really touches residents in many different ways. Facial expressions change and even the odd tear*

*has been shed by residents who cannot communicate at all in words. Some trigger is 'set off' and memories, good or bad, are stimulated by the music played during these sessions. Group work has also proved a great success, with residents picking up instruments that they had never had the opportunity of playing before. Residents have worked together, creating rhythms and developing their own pieces of music.*

*Every session has been enjoyed more and more, with family members and friends also joining in for an afternoon of much fun and social get together. It would be nice to be able to involve care staff as well, to experience how residents respond to music.*

*Sometimes, residents have been quite low in mood before attending the music workshop. By the end of the session, they are smiling, completely changed and engaging with others in the group.*

*Residents have expressed how if it were possible they would like to hear live music every day.*

*From my experience, I cannot promote music in nursing homes enough.*

Wendy Putt, Activities Co-ordinator, BUPA Green Gates

## **Instrumentation**

Beaters, and the types of them, are important; in the absence of drums, we can whack chair sides, wheelchairs, frames and table tops and this can be liberating and fun and a great way to build up rhythms. Soft-topped beaters are generally more pleasant on musicians' ears but may not produce loud enough sounds for most others to hear properly - except on cymbals, a liberating noise to make!

For the musicians, we found that the use of soft beaters meant that we had some leeway in case we were too vibrant with our playing. These beaters meant that we were able to control the dynamic range more easily in tune with the way each piece was moving. These beaters were of no use to many of the residents in Cote Lane due to their physical abilities and strength. We soon found that the best type of overall beaters were the plastic handled gong beaters with a medium rubber ball head. They had give in them which meant they were not jarring on the hand. It also took less effort to get a sound out of the instruments.

The use of differently pitched tongue drums at Cote Lane broke up the sound-scape and gave body to the pieces. People were intrigued by the instruments and they generated much curiosity. Residents got a lot of enjoyment out of playing these instruments especially the box type low registered ones. In fact they got territorial if you tried to move them around at points. The fluid rhythms that were generated in the improvisations suited these instruments really well. People were able to have confidence in hitting them very quickly and their tonality matched perfectly.

The tongue drums we had with us were pitched across a wide spectrum, from a very low sound to an upper mid-range. When placing them in the room it was better not to have too many grouped together as it became difficult for individuals to hear the pitch that they themselves were playing. Spreading them out across the room balanced the sound, enabling everyone to hear what was going on.

The use of single note chimes was invaluable. We were able to control the scale that was being used by simply only making those notes available to the group. We tried to make sure that the scales that were used contained some flat and sharp notes so as to create an interesting and beautiful sound-

scape. Easy to master and to hear, it meant that the residents could easily be involved in the piece quickly and also hear what they were adding to it.

Bells and some small shakers were already in the Green Gate percussion box and so there was something everyone could use. Wrist bells are a great resource – on a bad day, when someone is really tired, they can still attach bells to their wrists and gently move their arms/hands. These tinkling bells sometimes seemed like faery music and created a very peaceful atmosphere. We brought our own shaky eggs, as they are a good size and shape to hold. The wooden ones are much better than the plastic ones as they have no seam sticking out, which is pleasanter to have in the hand, and not distracting (some people will try to take the egg apart).

However, someone profoundly deaf will not be able to hear either bells or shakers. Wood blocks struck with wooden or hard plastic beaters are generally audible to those who are hard of hearing. Small light frame drums, especially with handles, are good. In Cote Lane, due to the larger room, we brought a large bass drum on two occasions.

Only one member in the Green Gates group uses a Zimmer frame, so she had the triangle attached to it: an average size triangle is too heavy and awkward for most people to hold. The cymbals are of the hand-held type, so more limited than if they could be suspended.

Each group will contain people with a range of physical abilities, so it is good to try and cover as many possibilities as possible. Generally, heavy instruments need to be suspended on a frame. Zimmer frames are perfect for this, as people have very mixed feelings about them, and it has the effect of de-institutionalising them.

## **Interaction and Engagement**

### **Cote Lane**

With the able bodied and residents with mild disabilities, interacting was just a simple case of remaining open and communicative. With the residents with severe physical or mental issues it was more complicated. With these residents it is a case of looking very carefully for the signs of them trying to communicate. We had to try and imagine ourselves in their shoes. You could easily come across as frightening at first, and we had to keep remembering that they may have been thrust into a situation that is totally alien to them. Simple things like not invading their personal space and being respectful if they wished us to leave them alone were a must. If they were chair bound we tried, if the space allowed, to come down to their level. It was important to keep contact with the person we were assisting so that they knew we were there for them at that moment. It was essential to keep ourselves in check; it is all too easy to come over as patronising and to treat the residents like children. We were informed that we had to be careful with loud noises when around persons with dementia. That too had a bearing on the room layout as we tried to make sure that the residents had no one behind them. That way no possible loud sound could happen without them being able to see where it had come from. The sessions became about trying to look for very small gestures, and eye contact was the only real way to assess how some residents were feeling.

It was important for the musicians playing along with the piece to stay alert. If they heard something that a resident was doing that was really adding to the piece they made eye contact and reacted to what that person was doing. It meant that the flow was being controlled by the residents and we were not just expecting them to play along with what we were doing.

It became apparent that the moments before the session, when the residents were being brought in, were a golden opportunity to break the ice. Striking up conversation, sharing a joke, took away any of the threat of the unknown, for us also. It was also a good way of getting to know names and find out a bit about some of their backgrounds. The whole aim of the sessions was to have us all working together and to break down the institutional attitudes of them – the residents - being there and us - musicians - merely providing a service.

## **Green Gates**

From the start, the group in Greengates has taken its own path and forged a distinct identity. The facilitators have tried to be as hands-off and non-prescriptive as possible, while at the same time providing a very loose structure. This has allowed the development of a gently anarchic, sometimes 'transgressive' atmosphere. People feel comfortable jousting with drumsticks, creating rhythms in pairs, experimenting vocally producing melismatic runs, yodels and whoops. Bearing in mind that most people will have spent a large part of their lives in the service of others, whether in a profession or taking care of children and family, this time of creative experimentation could be experienced as a liberation, when there is nothing to lose and no holds barred.

For the facilitators, it means stepping back as far as possible and simply going with the flow of the group. Their role has mainly been to try and make sure no one person dominates the group for too long, while also making sure there is room for everyone to express themselves. This includes being aware that if one person starts to sing a lot of songs that no-one else knows, it can get boring for the others. In this situation of course, having percussion is excellent because people can simply play along in time to the rhythm of the song. Even so, it is a delicate balancing process.

In a recent session a new person came along who loves singing, has an excellent voice, and used to sing in a choir. Inevitably, when there was a pause, this gentleman or his daughter would start suggesting songs to sing. So sometimes we delayed and threw in a bit of rhythm before relapsing into song, and this worked well. In the end we produced some wonderful harmonies on some old familiar tunes, and because they were interspersed with other instrumental sections and some round-singing, and less well-known pieces like Sumer is Icumen In (suggested by two residents who knew the song) everybody's attention was held for an hour and a half - which is a long time to concentrate.

Sometimes, towards the end of the session, if people were feeling tired they requested some listening music, and in fact usually ended up playing along on rhythm. Thus the facilitators were able to use their musicianship in varying ways as improvisers and performers. Each session has been different: it has been a process of exploration for everyone and we are all keen to carry on learning from each other.

## **Case Studies**

### **Cote Lane**

On a number of the sessions we took a large bass drum. This was quite popular with the residents. It had a feeling of anarchy that many of the residents found refreshing. The sound was big, even when hit softly, and vibrations could be felt easily by those with hearing difficulties.

The bass drum proved invaluable with a lady that had ceased to engage beyond the institutional

regime. The other residents around her informed us not to bother as she just didn't communicate. She had limited physical abilities and it was very hard from eye contact to glean any form of communication. Whilst the session progressed the bass drum was placed near her so that she could access it. She had been holding a soft beater for a while but not doing anything with it. At first there was no reaction, then the musician gently tapped the bass drum and she looked up at the drum. The musician reached the point of nearly giving up and moving on before this lady started to follow the outline of the drum with the beater. A few seconds later and she actually started to hit the drum. This might not sound like a lot, but in this instance, when someone has shut down from the world that is around them, it is a moment when they have decided to re-engage with their external environment, for even a short moment.

Another occasion proved the need for sensitivity. Approaching a lady who was in a wheelchair and also had severe issues with motor skills, it was obvious from her eye contact that she was scared by the whole situation. It was a case then of consulting with a carer to see if she was in distress, and if so for them to take her to a place where she would be more comfortable. When people find themselves in this position it is very important to seek guidance from the carers and to treat the situation sensitively. There is a danger to assume that it is OK to just wheel people in and push for them to get involved. We have found that the sessions are successful due to the level of mutual respect that is achieved. At times this involves accepting that some people really should not be in the session as it is very uncomfortable for them.

## **Green Gates**

Eileen in Green Gates generally has an afternoon rest and thus misses out on some activities so the fact that she has come to every session is significant. She is always enthusiastic and wants to know when we are next coming. She has an incredible repertoire that spans all styles and genres of music, and introduces new ones all the time. We plan to record her on her own so that we can choose some more songs that could be arranged for the group.

When, on another occasion, a singer turned up with a guitar to provide an afternoon's entertainment, we suggested getting out the percussion box and getting the residents to play along. This drew in Eileen, made the session much more participatory and pleasantly surprised the singer.

It is also worth noting that after each session, there are always three or four people who want to stay downstairs and carry on chatting or listening to more music. They are not ready for the group to break up and not in a hurry to go back to the isolation of their rooms. Sometimes because of physical needs, pain or tiredness, people genuinely need and want to go to their rooms. But sometimes it is simply because there is nothing else to do and no-one around to talk to. The activities co-ordinator has to leave soon after the end of a session as she has already worked a nine-hour day by then. But it is sad that the carers are so overworked that unless a resident has visitors, from about 4 - 4.30 onwards there is nothing really happening and no-one much to talk to.

## **Conclusions**

First and foremost, we are not music therapists and as a consequence we do not approach these sessions in a clinical manner. Each session focuses on what people can do, not what they are unable to do. We think that the success of the sessions depends on this. The aim is now, and not the future, so there is no possibility of failure. As stated in the report, we go to great lengths to minimise the risk of people feeling inadequate or nervous. We encourage residents to make demands on us, rather than us on them. We are happy to expose ourselves to possibly negative criticisms – for example at a session in Cote Lane we performed a short improvised piece on our own, and one lady

commented that 'Britain definitely didn't have talent' ! – but she became a regular and actually enjoyed every session.

We are fully aware that we are creating a unique situation that allows residents and musicians to express themselves. In this environment, people can communicate in whatever small way they can. This might even be picking up a beater without ever playing a note. It might mean leaving or withdrawing entirely from the session. Although that has been very rare, that is also a way for someone to take control of their own situation.

The aim of the sessions is to create a space where 'them' and 'us' ceases to exist – we are just people sharing a moment. In the best sessions, everyone feels this: musicians, carers, volunteers, and visiting friends or family members.

All members of society have the right to and need for cultural and creative activities; this does not end if someone moves to a care home. If anything, the need is greater, as days can be long and people are often in pain or struggling with isolation, loss of identity, etc. They may also just be plain bored. Gradually this need is being acknowledged, to the extent that most care homes now have a member of staff whose role is to organise activities.

Thankfully there is much more interest and awareness of the need for music in care homes. However, none of the people we work with have a budget large enough to cover the provision of fulfilling activities seven days a week; in fact their budgets are pathetically small. Nor do care workers have time to do activities in addition to their job of physical care. Sometimes people may come in on a voluntary basis, but this is patchy, unreliable, and not always of sure quality.

Additionally, many of the musical activities that are provided on a regular basis are more entertainment and nostalgia-oriented. There is an assumption that all people over a certain age are interested in the same music, whereas, for example, some elderly people have a far more varied taste than is catered for. There are more participatory activities now on offer, but very few that we know of that approach music making as a means of two way communication.

In an ideal world, a dedicated space, with musical instruments hanging on a frame that is easily accessible, could be available for residents to use when they felt like it. Residents would have the possibility of engaging in different activities at a time that suited them. Currently, life in the care home has to be regimented in order to function: serving meals, observing medication regimes etc. Only at Christmas, for example, are there activities in the evenings. This is understandable, and suits many people, but not all - some elderly people are more lively at night, or might have visits in the afternoon or go out.

There are some fairly cost-effective, simple ways of providing activities from the local community. In general, the generation gap is getting wider. Very few young people will enter a care home unless they visit an elderly relative or friend. But old people love to see young ones, and many music students could easily make performing in a care home, on a regular basis, part of their training. They will have an extremely appreciative audience and usually plenty of useful feedback, as well as a welcoming atmosphere and cups of tea.

It is understood that residents are vulnerable, and therefore need the protections that are already in place. Not just anyone can walk into a care home. Professional musicians should regard a DSB check as a standard part of their practice, like being a member of the Musicians' Union. Then, for example, they might, in consultation with managers, be able to use empty sitting rooms for rehearsals, and residents could come and listen.

Everyone, no matter how old, has a unique contribution to make. It is true that most care home residents are very near the ends of their lives. They may have had debilitating strokes or be suffering a terminal disease. Some may not be able to speak or even hear much. But that does not mean they are insensitive to their surroundings, or the quality of their interactions with other people. Older people need music and musical activities just as much as children and young people. Deaf people are sensitive to vibrations even if they do not 'hear' with their ears. Increasing musical provision in care homes is part of a process of cultural change that extends beyond the residential setting, that benefits all of us. Society has a lot to learn from its more vulnerable members, including the elderly. They teach us that life is not all about acquisition, productivity, or predefined notions of success.

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Charlie Beresford  
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