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“Everything from sadness...to absolute delirium”: Exploring the perspectives and experiences of key professional groups supporting live music services in UK care homes

By:

Jessica Crich BMus (Hons), MA, AFHEA, Dip. ABRSM

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Department of Music
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Abstract

Within UK care homes, live music programmes are promoted for the care and wellbeing of residents with dementia. These programmes are delivered via charitable music organisations and established orchestra outreach departments that specialise in providing live music sessions within this setting. However, the perspectives and experiences of key professional groups involved in the provision of these live music services are underrepresented within research. Namely, performing musicians, care assistants, activity coordinators and care home managers. To supplement this gap in research, this thesis aimed to explore the perspectives and experiences of these professional groups, with a focus on their views of the occupational factors, collaborative working and training of their work with care home live music programmes. These perspectives were explored through a series of nine ethnographic observations of live music programmes in UK care homes and in-depth semi-structured interviews with a total of 30 performing musicians and 44 care home staff. These data sets were subject to thematic analysis. The main thematic findings revealed a need for enhanced organisational approaches to live music programme delivery supplemented by a more extensive research evidence base and showed promise for approaching live music services as a multi-professional collaborative practice that is actively developed and realised from within the context of care homes and promotes shared learning of music and care-based occupations across these professional groups.

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Chapter 1

Exploring the perspectives and experiences of key professional groups supporting live music services in UK care homes: an introduction

1.1 Thesis Rationale

Within UK care homes, live music services are provided by a range of professional groups. These professional groups can include, but are not limited to, care staff roles within care homes, such as care assistants and activity coordinators (e.g., Reynish & Greasley-Adams, 2015), visiting professional live bands, performing musicians and singers working as self-employed local entertainers (ACE Music Booking Agency, n.d.), performing musicians working for live music programmes (e.g., Shibasaki & Marshall, 2016) and music therapists (Pavlicevic et al., 2015). In the UK music therapists are defined as trained allied health professionals registered with the Health and Care Professionals Council that have a master's degree in music therapy and possess high levels of musicianship (British Association for Music Therapy, 2017a; 2017b). There are approximately 800 registered music therapists currently working within the UK who "use music to help their clients achieve therapeutic goals through the development of the musical and therapeutic relationship" (BAMT, 2017b para 5). Music therapists can work in a range of community, educational, health and social care settings, such as prisons, hospices and care homes, and often form part of a multidisciplinary team alongside other professional therapists, clinicians and social workers (BAMT, 2017b).

From the outset of this thesis it should be noted that none of the care home music services investigated within this thesis was provided by individuals with professional qualifications in music therapy, as required by this definition. This decision was made for the sake of brevity, as the practices of music therapists are a distinct and varied category of music services in and of themselves (BAMT, 2017b) that deserve a level of focus and understanding that could not be supported by the scope of investigation within this thesis.

The sole focus of investigation within this thesis was care home live music programmes, which are defined here as; live music sessions in care homes that are delivered by professional musicians working as performers as part of their membership to

charitable organisations or established orchestra outreach departments specialising in providing live music services within this setting (e.g., Smilde, Page & Alheit, 2014). The design, content and delivery of the live music sessions provided by these programmes are somewhat varied, which appears to reflect a programme's own views on the accessibility of live music across different populations, alongside specific aims and outcomes of their live music projects, for example, promoting musicians in residence within care homes (e.g., Live Music Now, 2019a).

Within UK care homes, these live music programmes are promoted as part of the care of residents with dementia (Social Care Institute for Excellence, n.d. [SCIE]). These programmes have a largely beneficial impact on this resident population concerning their wellbeing, quality of life and the delivery and receipt of daily care (Shibazaki & Marshall, 2016). Encouragingly, the provision of these live music programmes shows the expanding professionalisation of UK musicians to working in care homes and increasing engagement with live music amongst care home staff to supplement resident care (e.g., Tapson, Noble, Daykin & Walters, 2018).

Building on this promising professional involvement, there remains considerable scope within academic research to explore the perspectives and experiences of key professional groups involved with these particular programmes. Namely, musicians, care assistants, activity coordinators and care home managers, with a particular focus on the occupational factors, collaborative working and training of their provision of live music programmes in UK care homes (Shibazaki & Marshall, 2016; McDermott, Orrell & Ridder, 2014; Cameron & Sosinowicz, 2013). Exploring these dimensions of musicians' and care staff's involvement with these programmes affords obtaining more detailed insights on how these key professional groups view and support these programmes. These detailed insights present a basis for creating evidence-based recommendations and guidelines tailored to meet their role demands and thus promote the widespread awareness, education and training of key professional groups that support live music service provision in UK care homes.

Therefore, to inform this gap in research, this thesis explores the perspectives and experiences of musicians and care staff supporting live music service provision in UK care

homes, with a focus on the occupational factors, collaborative working and training of their work with live music programmes within this context.

1.2 Introduction Overview

This first chapter introduces the research topic of this thesis: live music programmes in UK care homes and key professional groups who support these programmes. Namely, professional musicians, care assistants, activity coordinators and care home managers. This introduction is divided into three main research areas that informed the contextual background of this study. Firstly, the societal, financial and professional demands of the care home sector that influence live music service provision will be discussed. Secondly, the research background on live music services within UK care homes will be detailed. Lastly, the expanding professionalisation of performing musicians who work in care homes to deliver live music services via live music programmes will be described. Overall, studies reveal a changing public landscape surrounding live music service provision in UK care homes, which casts uncertainty on the viability of these programmes now and in the near future.

1.3 The Care Home Sector: Projections, Problems & Prospects

1.3.1 Projections

At present, there are approximately 18,491 care homes within the UK ("Carehome.co.uk, March 2019", 2019), with 11,300 of these facilities providing social care for the elderly (Competition & Markets Authority, 2017 [CMA]). The UK social care sector comprises of public and private companies that assist people to live more secure lives, particularly for people who may require an additional degree of support with daily living tasks across different stages of the life course (Cambridge University Press, 2019). Broadly, care homes are sub-divided into two categories of service: residential care and nursing home care. Residential care homes provide residents with help for personal care needs, such as washing, dressing, toileting, and taking medication. Nursing homes also offer personal care, with the addition of at least one qualified nurse on duty to provide more

intensive nursing care to residents with complex health needs (National Health Service, 2019 [NHS]), for example, the need to receive sustenance via artificial tubing (NHS, 2019).

Residential and nursing care homes, commonly referred to in the UK as “care homes” (Oliver, 2018, p. 1), are managed across three sectors of business. Namely, the public sector through local town or city council authorities (hereafter ‘local authorities’) and the National Health Service (hereafter ‘NHS’), the private sector via privately owned care companies, and the voluntary sector by non-profit and non-governmental organisations (NHS, 2019). Typically, if a person possesses assets totalling over £23,250, the cost of a care home place is paid for through their personal or family finances (Thorlby, Starling, Broadbent, & Watt, 2018). If a persons’ assets are below this level, the partial contribution of personal funds is still required up to the total asset cost of £14,250 (Thorlby et al., 2018), with remaining costs subsidised through financial help available from local authorities or charitable organisations (NHS, 2019).

Within recent years, market research has shown that the care home sector is worth in the region of £15.9 billion to the UK economy, which highlights the clear financial value of these services (CMA, 2017, p. 7). At present, there are approximately 5,500 different providers of care homes within the UK, with 95% of care home places provided by private for-profit companies or non-profit organisations (CMA, 2017, p. 7). Local authorities and the NHS are estimated to own 3% of UK care homes (Thorlby et al., 2018), with the remaining body of care homes commissioned by local authorities from independent care providers (CMA, 2017, p. 7).

Concerning resident populations, it is estimated that there are currently 421,000 residents living in care homes across the UK (LaingBuisson, 2016-2017). This figure accounts for approximately 4% of the present population aged 65 years and over, and 16% aged 85 years or more (National Institute for Health Research, 2019, [NIHR]a). Unfortunately, the reported health status amongst care home residents is largely adverse, with residents requiring significant levels of professional care support (NIHR, 2019a). This substantial need for professional care support is mainly due to the high prevalence of cognitive impairment amongst residents, residents living with multiple illnesses (NIHR, 2019a), for example, dementia and cancer (Alzheimer’s Society, 2019a), and residents taking several prescription-based medications (NIHR, 2019a). Common health conditions that are found to affect

residents include dementia, musculoskeletal problems, stroke and Parkinson's disease (NIHR, 2019a). Also, 21.8% of deaths within the UK currently occur in care homes, with the leading three causes of UK deaths being cancer and circulatory or respiratory disease (Public Health England, 2018).

Building on the adverse health status of care home residents, recent research indicates a timely need for care homes within the coming years. As the population is expected to continue ageing and living longer, projections forecast that within the next 50 years, there will be an additional 8.6 million people aged 65 years and over and a further 5.1 million people aged 85 years and over living in the UK (Office for National Statistics, 2018). These growing demographics are also expected to be living with increasingly complex health needs, such as managing multiple long-term medical conditions that require specialised support from health and social care services (Kingston, Comas-Herrera, & Jagger 2018).

As a result of these predictions, which highlight a growing dependency on the population's need for care services at advanced life stages (Kingston et al., 2018), it is projected that the demand for care home places will double within the next twenty years, with approximately 190,000 more people aged 65 years and over needing professional care by 2035 (Bulman, 2017b). Overall, these projections highlight the essential and immediate need for care homes to support the increasingly complex health and social care needs of aged populations within UK society today and in the coming years.

1.3.2 Problems: Financing

Notwithstanding the anticipated importance of care homes for the elderly in the near future, the social care sector is currently encountering two key challenges that can be seen to compromise the sustainability of the UK care home sector: sufficient finances and workforce availability. With increasing reductions in annual government funding allowances since 2010, budget restrictions have led to local authorities decreasing the fees they pay to support residents who cannot personally fund the entire cost of their care home places (Thorlby et al., 2018).

This decrease in financial support has shown apparent differences in the average weekly cost of care home fees paid for by self-funded individuals and individuals further

subsidised by local authorities (Thorlby et al., 2018). The most recent figures from care home market research estimated that the average cost of a self-funded care home place was £846 per week and £621 per week for local authority funded places (CMA, 2017, p. 7). However, the subsidy of care home places via local authorities has experienced “severe financial strain” in recent years (Care Quality Commission, 2016, p. 43, [CQC] as cited in CMA, 2017, p. 30), primarily due to local authorities “holding a legal duty to meet people’s ‘eligible needs’ subject to their financial circumstances” (CMA, 2017 p. 7), and consequently having to subsidise resident care home fees through increasingly smaller budgets (CMA, 2017, p. 7).

Alongside local authorities struggling to cope with decreasing budgets to subsidise resident care home places, private care home providers have also shown increasing financial problems, which is a topic that has received increasing media coverage in recent years (Davis, 2018). These financial problems centre on private care home providers borrowing high levels of money against their assets, which stands at an average borrowing rate of 75%. This high level of borrowing, known as “gearing” (The Stationery Office, 2014, para 5 [TSO]) is reported to make private care providers vulnerable to paying unbudgeted rises in interest rates (TSO, 2014). Financial concerns also surround the considerable number of private care home companies who hold substantial debts of higher financial value than their assets and show little indication of these debts clearing in the near future (TSO, 2014).

The reportedly high level of financial strain experienced by care home providers is viewed to present an unsustainable basis for the continued long-term provision of care home services and highlights a need for further public funding and “significant reforms” within this sector (CMA, 2017, p. 6), particularly if the demand for professional care needs is expected to rise in the coming years (CMA, 2017, p. 6), as detailed in the preceding section. However, the annual autumn budget of the British government for 2018 included allocating a further £650 million to the social care sector (HM Treasury, 2018). However, this increased subsidy was criticised as a temporary measure that failed to address the long-term sustainability and reform of elderly care services (Matthews-King, 2018).

Alongside this questionable financial support, during March 2017, the British government stated that it would publish a Green Paper on social care (Jarrett, 2018). Green Papers are consultative government documents intended to generate discussion and

feedback on state policy and legislative proposals amongst people within and external to the government (“Green Papers”, n.d.). However, subsequent announcements from government in 2018 declared that this social care Green Paper publication had been further delayed and would be published “at the first opportunity in 2019” (Jarrett, 2018, para 1). This postponement evoked further criticism surrounding the extent to which social care is considered a priority for the current government (Pym, 2019).

Furthermore, in March 2019, the government released its annual economic Spring Statement (HM Treasury, 2019). However, this statement indicated that NHS and social care services would be considered as part of the summer government public Spending Review, with the matter of producing a Green Paper on social care remaining unvoiced (HM Treasury, 2019). Once again, this action prompted general criticism on the further delay of a social care Green Paper (Gilbert, 2019). The general lack of commentary on social care financing within the Spring Statement led local authorities to express an urgent need for further government funds for these services, which are currently experiencing severe financial strain (Burns, 2019), as highlighted earlier within this discussion. Overall, the financial problems within the care home sector, which show no sign of resolution, show apparent instability surrounding the continued subsidy of these services as a sustainable model of long-term care for the aged UK population within the near future.

1.3.3 Problems: Workforce

The adult social care workforce is also experiencing challenging circumstances at present. The adult social care sector is encountering high levels of staff turnover, at a current rate of 30.7%, which equates to approximately 390,000 people leaving their roles each year. However, 67% of this figure does account for staff movement within the sector to different social care roles (Skills for Care, 2018a [SfC]). Further figures highlight high vacancy levels within this sector, at a rate of 8% and equivalent to 110,000 roles, with the majority of these vacant roles for care workers, at 760,000 positions (SfC, 2018a). The slow rise in vacancy rates in recent years of 2.5% between 2012-2013 and 2017-2018 is considered to be suggestive of the sector’s struggle to match the demands of the ageing population (SfC, 2018a).

Projections forecast that if the aged population over 65 years continues to rise from 10 million to 14.5 million between 2017 and 2035, 650,000 new jobs will be needed to support those aged 65 years and over and 950,000 new sector jobs will be required to support people aged 75 years and over (SfC, 2018a). Such workforce problems are equally apparent in care homes, particularly concerning the role of care assistants. UK care homes employ approximately 670,000 people, with 305,000 employees working in nursing care homes (ILC-UK, 2017). The annual staff turnover rate for residential care homes is estimated at 27.4% (SfC 2018b) and 29.9% for nursing care homes (SfC, 2018c). The role of care assistants holds the highest annual staff turnover rate of all care home staff (hereafter 'care staff') positions at approximately 33% (SfC 2018b).

Alongside these problems of staff turnover, retention and recruitment in care homes, recent government research found that up to 220,000 care assistants in England are being paid below the national minimum wage (House of Commons Communities and Local Government Committee, 2017 [HC CLG]). Also, 27% of care assistants were reported to lack the necessary training to work with residents with specialised conditions, namely dementia, and 24% of care assistants delivered medication to residents despite being untrained to do so (HC CLG, 2017).

Furthermore, the adult social care workforce is an aged demographic. Approximately one-fifth of the sectors' workers is aged over 55 years (SfC, 2018a), with the average age of care home workers estimated at 43 years (SfC 2018b; SfC, 2018c). The sector has experienced difficulties retaining younger staff for long periods of service due to the often low skilled and low paid nature of younger staff care roles and their wants for professional advancement (SfC 2018d). The figures surrounding the low paid, under-trained and aged nature of working in care homes have contributed to a somewhat negative public presentation of working in this sector, which have led to calls for significant financial and occupational service reform to support care home workers' needs for better pay, training and staffing (Bulman, 2017a), particularly if the aforementioned projections surrounding the aged population increases the potential demand for greater professional care needs amongst older people in the UK (Bulman, 2017a).

Taken together, these figures highlight a timely and urgent need for greater professional engagement across the adult social care sector, especially within care homes.

Concerning addressing current adult social care workforce issues, the new national recruitment campaign launched by the government in February 2019, “Every Day Is Different” intends to help fill the current 110,000 vacancies within adult social care (Department of Health and Social Care & Sfc, 2019, title).

Primarily, the campaign aims to highlight the range of professional roles within social care and promote care work as a rewarding vocation, with a particular focus on care workers, which are in most demand (Department of Health and Social Care, 2019). The campaign also seeks to attract younger demographics to work in this sector. Specifically, people aged between 20 and 39 years, who are anticipated to consider a role within social care over the next year (Department of Health and Social Care, 2019). The campaign was initially well received by care worker employers, though, concerns were voiced on the outstanding need to address other issues for adult social care workers, such as improving their reportedly low pay (Young, 2019).

Larger government initiatives are currently focusing on creating new models of care services. As part of their NHS Five Year Forward View initiated in 2014, the government aimed to make care services more integrated (NHS, 2014). This idea centres on NHS services forming partnerships with local authorities, community organisations and other professional care bodies to facilitate a combined system of more personalised and knowingly informed form of health and social care provision across multiple services by April 2021 (NHS, n.d.). Integrated care models can improve patient care satisfaction and perceptions of care quality and aid service access (Baxter et al., 2018). However, implementing these models is considered to be better aimed towards the care of specialised patient groups “rather than being seen as a panacea for all” (Baxter et al., 2018, p. 9), which casts doubt on whether an integrated model of care can be effectively realised across the entirety of UK health and social care sector.

Notwithstanding government strategies aiming to address the occupational and financial issues of the social care sector, the UK’s approaching withdrawal from the European Union (hereafter ‘EU’), known as “Brexit” (Bernstein, 2018, p. 428), has created mainly negative conjectures on the impact of this national movement on the country’s social care sector. Regarding the social care workforce, the UK has a strong reliance on non-EU and EU national workers, which comprise of approximately 17% of this sector workforce

overall (SfC, 2018d). Following possible EU withdrawal, the UK is expected to experience a substantial shortfall in social care workers, including within care homes (Peart, 2018). This expectation is primarily due to ongoing uncertainties on non-EU and EU workers' ability to move to the UK and obtain long-term employment ('Brexit and its impact on the care home sector', 2018).

Financial concerns following the UK's possible EU withdrawal also focus on reductions in the social care workforce, which is expected to lead to increasing pay rates as a means to incentivise EU and non-EU social care workers to continue working within the UK (Costa-Font, 2017). These potential pay increases are expected to add further monetary pressures to local authority and private care providers that are already financially strained (Read & Fenge, 2018). Furthermore, the NHS is set to receive a five-year funding settlement of £20.5 billion per year from 2018 (Department of Health and Social Care & HM Treasury, 2018). These funds indicate some degree of financial certainty surrounding the continued provision of NHS services following possible EU withdrawal (Baird & McKenna, 2019) though, they do not include funds for social care services, which has prompted implications of increased costs of goods and amenities for social care alongside wider NHS services if the UK withdraws from the EU (Baird & McKenna, 2019).

Overall, this first section of this introduction highlights the timely need of care homes to support the increasingly complex needs of a progressively aged population. However, despite the substantial contribution of care home services to the UK economy, the long-term sustainability of these services is currently undermined due to adverse financial and labour circumstances. Primarily, budgetary constraints and outstanding debt, alongside workforce shortfalls, which may be further compounded by the UK's potential withdrawal from the EU. National measures have aimed to address the financial and occupational demands of the social care sector and promote a more unified provision of health and social care services, though, the beneficial impact of such measures on care homes remains unseen or wholly unaddressed. This final preceding point casts uncertainty on the future viability of these services within the UK and further highlights the challenging contextual backdrop of this research study on live music services in UK care homes at societal and national levels.

1.4 The Care Home Sector and Live Music Services

To serve as a reminder, the second section of this introduction now turns to detail the research on live music services within UK care homes. Firstly, a brief background of the studies on music use within health and social care settings will be outlined. Secondly, the evidence-based support for live music services in care homes will be detailed. Finally, challenges surrounding the continued provision of care home live music services will be discussed.

1.4.1 Research Background

Since antiquity, music has supported human health and wellbeing (Garrido & Davidson, 2013). In modern research, a wide-ranging body of evidence has investigated the use of music across a varied array of health and social care settings. For example, organ transplant units (Haack & Silverman, 2017), prisons (Caulfield, Wilkinson & Wilson, 2016), youth justice settings (Daykin, De Vigianni, Pilkington, & Moriarty, 2012), cancer care centres (O’Callaghan & Magill, 2009; Daykin, Bunt & McLean, 2006) and clinical waiting rooms (Silverman & Hallberg, 2015) hospices (Foster et al., 2018) and care homes (Garabedian, 2014).

Also, modern research has primarily explored the outcomes of music use across multiple levels of health and social care settings, from individuals through to entire care-based populations. Research with this outcome centred focus on music use has been conducted across a range of music and care-based disciplines that use music as part of their work in health and social care settings, for example, nursing (e.g., Pinar & Tel, 2018) and music therapy delivered by certified music therapists (e.g., Pavlicevic et al., 2015; Staab & Dvorak, 2018; Gosine & Travasso, 2018). In general, this documented impact has mainly highlighted the beneficial and often salutary effects of music use in health and social care. For example, decreasing hospital patients’ perceptions of pain (Chiasson, Baldwin, McLaughlin Cook, & Sethi, 2013), reducing stress levels of parents with neonates in neonatal intensive care units (Kharat, Hiremath, & Choudhari, 2017), improving working environments for hospital staff (O’Callaghan & Magill, 2009) and facilitating delivery and

receipt of care in residents with specialised conditions living in care homes, namely dementia (Hammar, Emami, Engström, & Götell, 2010).

Alongside these benefits, research has shown that practical applications of music in health and social care are highly varied in presentation. The use of music within these settings is presented across different forms of live and recorded music “modalities” (Sherratt, Thornton & Hatton, 2004a, p. 10). For instance, personalised music playlists accessed via portable music playing devices (Kulibert, Ebert, Preman & McFadden, 2018), therapeutic music interventions delivered through tablet technologies (Silveira, Tamplin, Dorsch & Barlow, 2018) and music-making enabled by the use of percussion instruments, such as drums (Perkins, Ascenso, Atkins, Fancourt & Williamon, 2016).

Furthermore, a wide range of music and health and social care professionals provide music in health and social care settings. Music professionals can include clinical music therapists (Beer, 2017) as well as music performers (McCabe, Greasley-Adams, & Goodson, 2015), composers (Kirke, Dixon & Miranda, 2015), music students (Silverman & Hallberg, 2015) and music healing practitioners (Mogos, Angard, Goldstein, & Beckstead, 2013). The music involvement of health and social care workers comprises of a range of professional and unpaid caregiving roles, for instance, occupational therapists (Radzińska, Podhorecka, Zukow, & Kędziora-Kornatowska, 2018), hospice staff (Gallagher, 2011) doctors (O’Callaghan & Magill, 2009), neonatal nurses (Pölkki, Korhonen, & Laukkala, 2012), care assistants (Hammar, Emami, Götell & Engström, 2011) and family caregivers (Anderson & Sheets, 2017).

Taken together, these findings highlight a promising basis for promoting the comprehensive application of music as a multi-modal and multi-professional practice across different dimensions of health and social care settings, including care homes. However, how music is reported in studies on the use of music within health and social care is problematic. Initially, providing complete descriptions of music use within this setting is viewed as a difficult task (Robb et al., 2018). This is due to the range of potentially unique aspects of different forms of music use, such as, the complexity of music stimuli across facets such as rhythm, pitch and tempo and the variety of possible music experiences to be engaged in, for instance, music listening or music-making (Robb et al., 2018).

Additionally, the use of the term “music therapy” has received critique for often being used interchangeably with other terms to describe applications of music in health and social care (Robb et al., 2018). The use of this term is considered to lead to possible confusion, as it refers to a specially trained, qualified and skilled professional group that provides music “rather than providing information about the specific intervention.” (Robb et al., 2018, p. 25). Furthermore, the degree of reporting provided on the presentation, purpose and professional groups involved in studies on music within health and social care remains varied (Besha, 2015), appearing subject primarily to the discretion of individual investigations (e.g., Arnon et al., 2006; Van de Winckel, Feys, De Weerd, & Dom, 2004). Equally, the term “music intervention” is frequently used to describe the presentation of music studies investigating music use within these settings (e.g., Olcoñ & Beno, 2016, p. 130). However, definitions of this term are scant (e.g., Lai & Good, 2002, cited in Ho et al., 2011) or wholly unelaborated on within studies (e.g., Lin et al., 2011).

Overall, the research on music in health and social care presented here highlights the heterogeneous application of music in health and social care settings across multiple professional groups, contexts and music formats, which is chiefly associated with largely beneficial outcomes across varied dimensions of these settings, including care homes. This widespread presentation shows potential for the continued mapping of music as an adjunctive aid in health and social care. However, methodological insights from this area arguably highlight a need to carefully consider the degree to which these applications of music are reported to accurately represent the nature of different forms of music use in health and social care settings across individual studies if a comprehensive understanding of the precise nature of these services is to be achieved.

1.4.2 Music Services in Care Homes: Key Examples and Working Definitions

To give brief contextualisation, music is chiefly conceptualised as an activity in care homes (Johnson, Rolph, & Smith, 2010) intended to positively impact on residents’ quality of life (Sixsmith & Gibson, 2007), though, music can have a beneficial application across other dimensions of care home living. For instance, music can enhance the general atmosphere and social milieu of care homes (McDermott et al., 2014) and promote effectual delivery and receipt of daily care practices (Hammar et al., 2010). The body of

research on music in care homes will be detailed further in the literature review of this thesis in Chapter 2, with particular focus given to the use of music in the care of resident populations with specialised conditions, namely those with dementia.

The use of music in care homes can take many forms across different recorded and live modalities that are provided by a range of professional groups as part of resident care. Hence, it is reasonable to broadly describe the use of music within this particular context as the provision of care home ‘music services’, which may be further sub-categorised by music modality and referred to as recorded music services and live music services. Table 1 below presents key examples of care home music services, an outline of the nature of these services and the professional groups involved, as documented within the literature on music use in care homes.

Table 1: Key examples of music services provided in care homes and involved professional groups, as documented within the literature on music in care homes.

Music Service	Description	Reference
Radios, records, cassette tapes and CDs	Music-based listening activities for care home residents. Access to these recorded music services is facilitated by care staff.	(Sixsmith & Gibson, 2007)
Tablet Devices	Portable recorded music listening and playing devices provided for residents by care staff.	(Reynish & Greasley-Adams, 2015)
Karaoke/singalong sessions	Informal singing sessions for care home residents arranged by activity coordinators and other care staff.	(Reynish & Greasley-Adams, 2015)
Participatory Group Music Events	Communal live music-making (e.g., playing percussion instruments, singing) for residents led by care staff.	(Götell, Brown, Ekman, 2000)

Entertainers/Self-employed professional musicians	Professional live bands, performing musicians and singers available to provide entertainment for care home residents and arranged by care staff.	(ACE Music Booking Agency. (n.d.))
Live Music Programmes	Professional performing musicians working for charitable organisations or outreach organisations that provide interactive live music sessions to care home residents	(Van der Vleuten, Visser & Meeuwesen 2012; Shibazaki & Marshall, 2016)
Music Therapy	Professional music therapists that deliver music therapy sessions and use music for therapeutic purposes with residents and care staff	(Pavlicevic et al., 2015; BAMT 2017b)

More specifically, with regard to live music programmes as detailed in Table 1 above (see also section 1.1 above), within recent years, research has documented the emergence of these programmes in UK care homes, which highlights the extension of musicians' professional occupation to work within this setting through these programmes (Smilde et al., 2014). Research on the role of musicians and care staff concerning the provision of these live music programmes will be discussed at length within Chapter 2 of this thesis. Additionally, a developing body of evidence-based support surrounds the impact of the work of these programmes in care homes (e.g., Habron, 2013), which primarily takes the form of collaborative research endeavours between live music programmes and research institutions that are realised in the creation of evaluative evidence-based reports highlighting the effects of a programmes' care home work (e.g., Tapson et al., 2018). The largely favourable findings reported about these programmes, such as live music becoming a commonplace part of daily care home life (Tapson et al., 2018), is at times, further supplemented by positive media coverage promoting the important need of live music in

care homes in view of the reported beneficial impact of a care home programme (Knott, 2018).

Alongside this growing evidence-base, UK care support agencies are also promoting the work of care home live music programmes. Notably, the Social Care Institute for Excellence (SCIE), in association with the National Activity Providers Association (NAPA), present web-based recommendations for care homes to connect with live music programmes to encourage residents to engage with the arts as a way to foster their creativity. These recommendations are further supplemented by a selective list of live music programmes detailed as “examples of good practice” within their online guidance to engage residents with the arts (SCIE, n.d., para 3).

However, such detailed recommendations have yet to be comprehensively applied across other national, social care guidance frameworks for care homes. For example, the National Institute for Health and Care Excellence (NICE) suggest the “arts”, “singing” and involvement with the “wider community” as forms of “meaningful activity” for the mental wellbeing of older people in care homes, with no further elaborations on the specific use of live music programmes (National Institute for Health and Care Excellence, 2019a, para 9). Similarly, the promotion of care home live music services across other industry resources, such as care home databases, focuses on listing more localised services. Namely, “entertainment & entertainers for care homes & nursing homes” (Carehome.co.uk, 2019, title), with the work of live music programmes only highlighted within internal news reports on these databases (McAlees, 2018). Yet, it is worth highlighting that in recent months, NICE have included guidelines that recommend music therapy as part of the care of people with dementia to help promote their wellbeing, including amongst individuals with this condition living in care homes (NICE, 2019b). Arguably, this recommendation shows promise for creating further, national care-based guidelines specific to the different types of live music services currently happening within care homes, including those services delivered by live music programmes. Further aspects of the work of live music programmes in UK care homes will be examined within Chapter 2 of this thesis, with a focus on the occupational factors, collaborative working and training that supplement musicians’ and care staff’s delivery of these programmes.

Overall, the research on music in care homes presented here details the provision of music services within this setting and the emergence of a particular form of live music service provision available to UK care homes that has a largely beneficial impact on care home life, namely live music programmes (e.g., Tapson et al., 2018). However, the evidence-based support of these programmes often reflects the work of a single programme (e.g., Habron, 2013) and the degree to which live music programmes are recognised by care sector authorities remains varied (e.g., SCIE, n.d.). This somewhat individualised and mixed support for these programmes creates a lack of clarity on the different types and number of care home live music programmes that are currently working across the UK, which presents scope to enhance the evidence-based mapping of these programmes across research and practice.

1.4.3 Financial Challenges

The preceding section of this introduction presented promising areas for further exploration to aid the development of care home live music programmes. However, current financial challenges within the arts and healthcare sector may be seen to impact on the continued provision of care home live music programmes. Within the UK, care home live music programmes are primarily subsidised by partnerships, donations and grants secured from charitable bodies who choose to support arts programmes, as well as local and national authorities and councils (e.g., Live Music Now, 2019b). However, public spending on the arts has seen an increasing reduction since the global financial crisis of 2007-2008 and the UK 2010 Spending Review (Harvey, 2016), which saw the government decrease the UK's Arts Council budget by 30% ("Arts Council's budget cut by 30%", 2010).

This reduction in public arts spending is particularly evident at local government and community levels, with the availability of further funds for regional arts services becoming limited and under strain (Harvey, 2016). Unfortunately, in these times of recent austerity, the allocation of national funds available from the UK's Arts Council for arts and cultural experiences (Arts Council England, n.d. [ACE]) has produced unfavourable public criticism from other arts organisations and professionals. In particular, an apparent overshadowing of the work of local community artists in favour of venue-based organisations, such as theatres and galleries (Adams, 2015).

Additionally, it should be noted that the UK currently receives funding from the EU that subsidises a variety of UK arts programmes, with estimated programme EU funds ranging from €5,000 to €2.4 million throughout 2012-2015 (Arts Council England, 2016 [ACE]). However, the UK's potential forthcoming withdrawal from the EU has raised concerns amongst arts services who currently receive some form of council or local authority arts organisation funding (ACE, 2016) concerning access to these EU funds will potentially be lost if the UK withdraws from the EU and the sustainability of arts services will be compromised (ACE, 2016).

Concerns of more indirect impacts following a possible EU withdrawal have also been raised by arts services on other areas of UK arts practices that are also subsidised by EU funding, including; the sustainability of their research-based partnerships with higher education institutions, their accessibility to internationally funded networks and events, and profitability from local economic growth, particularly in regional areas suffering from financial strain (ACE, 2016). Given that care home live music programmes are subsidised by UK arts organisation funding as outlined at the start of this section (e.g., Live Music Now, 2019b), the current national and international financial demands surrounding the subsidy of the work of the UK's art sector casts uncertainty on the financial sustainability of live music programmes within UK care homes the near future.

Furthermore, a report commissioned by The Rayne Foundation and National Alliance for Arts, Health and Wellbeing have shown that within the UK there is currently "no clear pathway" for funding the arts in health and social care (Cameron & Sosinowicz, 2013, p. 21). Funding streams for arts in health and social care were also described to be primarily concerned with supporting new projects, which creates difficulty for arts organisations and professionals to expand on previous funding success (Cameron & Sosinowicz, 2013). Arguably, these funding difficulties also undermine the continued, long-term development of arts practices across all health and social care settings, including live music programme provision within care homes.

In the absence of suggesting how a clear funding pathway for arts in health and social care could be developed, the report provided guidance to help arts providers obtain funds within the current funding system. This included approaching funding bodies most relevant to their project or programme and aiming to "speak the language of

commissioners” (Cameron & Sosinowicz, 2013, p. 21), through addressing specific project dimensions in funding proposals, such as, having a strong evidence-base, reliable health economics and holding reputable standing as an arts and health provider (Cameron & Sosinowicz, 2013, p. 22).

More broadly, notwithstanding their aforementioned ongoing financial strains (Harvey, 2016), ACE highlights the development of three main ways in which councils and local authorities are securing further funding for arts services (Harvey, 2016). Namely, new delivery models in which councils develop internal structures to help them obtain funding, new income streams where councils help arts organisations to develop their commercial activities to generate more revenue or integrate arts organisations into their plans for economic growth, and new partnerships between arts organisations and councils to promote joint development of services (Harvey, 2016, p. 16-17).

Taken together, these funding recommendations arguably serve as promising initial steps in promoting the role of authoritative bodies to help finance arts programmes across all areas of UK society, including live music programmes in care homes. However, with such support set against the backdrop of increasingly challenging and potentially changing financial circumstances within the UK, the continued financing of care home live music programmes may become subject to further uncertainty within the near future.

Overall, this second section of this introduction highlights music in care homes as one of many largely beneficial applications of music use across a range of health and social care settings. More specifically, research has highlighted the emergence of live music programmes as a form of music provision within UK care homes, which hold promising evidence-based and public support regarding their beneficial use in care homes, particularly in aiding resident care. However, insights on the overall number of these programmes currently working within UK care homes remain unclear and highlights a need for further mapping of care home live music programmes across the UK. Furthermore, broader economic and societal challenges surrounding the national subsidy of arts programmes in the UK may be seen to have a bearing on the provision of care home live music programmes and indicates general uncertainties on the continued sustainability of these programmes within the near future.

1.5 The Care Home Sector and Musicians

As briefly stated at the start of the second section of this introduction musicians within the UK are expanding their professional occupations to provide live music sessions in care homes through live music programmes (Smilde et al., 2014). This final section of this introduction outlines the emergent nature of their care home work given changing circumstances surrounding their profession.

1.5.1 Professional Challenges

Within the UK, a central occupation for musicians includes working as performing artists (Graduate Prospects Ltd, 2019). Performing musicians can work as solo freelance artists or in collaboration with other musicians and typically perform live to audiences at festivals, theatres, concert halls or in other music venues, such as outdoor performance spaces or music recording sessions (Graduate Prospects Ltd, 2019). Many musicians work as self-employed professionals, with salaried positions available for individuals and groups who become members of paying orchestras, bands, choirs, opera companies and theatre ensembles (Graduate Prospects Ltd, 2019).

However, recent economic changes in the UK music sector have led to increasing reductions in the availability of sufficient finances to support musicians' work and highlight that working as a performing musician is no longer a lifetime occupation (Savage, 2018). Current figures detail the unfortunate financial circumstances amongst UK musicians. A 2018 survey conducted by the entertainment recruitment firm The Mandy Network showed that 63% of UK entertainment professionals, which included musicians, earned £5,000 from their primary arts-based occupation (The Mandy Network, 2018). Of the 3,000 members of The Mandy Network that took part in the survey, over half stated that they undertook unpaid roles each year, with 60% needing to take on jobs outside the entertainment sector "in order to survive" (The Mandy Network, 2018, para 1).

Similar economic reports have also been explicitly detailed amongst musicians. Research of 2,000 UK musicians commissioned by the Musicians' Union in 2012 revealed that 60% of the musicians surveyed worked unpaid each year, with 1 in 5 earning less than £10,000 annually from working as a musician (Van der Mass, Hallam, & Harris, 2012). More

recent figures from the Musicians Union have shown that 44% of surveyed classical orchestral musicians “struggled to make ends meet” due to company funding cuts that have led to their pay rates remaining unchanged or reduced (Savage, 2018, para 3). Broadly, these figures raise questions on the perceived financial and occupational value of musicians within UK society. The aforementioned Musicians’ Union survey reasoned an apparently shared belief amongst musicians’ employers that was reported to further negatively impacted on musicians’ already low pay, stating, “there is a common expectation from those engaging musicians, including public agencies, that musicians can work for free or below agreed rates of pay” (Van der Mass et al., 2012, p. 17).

The arguably questionable expectation from employers that musicians should work unpaid or for a reduced fee contrasts from the views of the surveyed musicians who consider unpaid or reduced paid work as an opportunity that could lead to “paid work and better future working prospects” (Van der Mass et al., 2012, p. 17). Contrastingly, other bodies of surveyed professional musicians have perceived unpaid work as having no benefits to their career (Webster, Brennan, Behr, Cloonan, & Ansell, 2018). These mixed opinions from musicians on their unpaid work suggest a possible need for musicians to better assert their need for remuneration as part of their work.

Unpaid approaches to the work of musicians in health and social care have also been described in other countries, for instance, professional musicians visiting hospitals in the United States of America as “volunteer artists” (Wikoff, 2004, p. 8). However, this voluntary form of service provision was not reported as problematic or negative concerning the musicians’ careers (Wikoff, 2004). Still, it should be noted that evidence-based studies exploring the cultural and societal origins that may influence unpaid expectations that surround the professional work of musicians in modern society are scant (e.g., Faggian, Communian, Jewell, & Kelly, 2013).

In closing, research surrounding the professional challenges of musicians highlights the largely negative financial dimension that currently surrounds the work of this professional group today, which arguably presents a challenging economic basis for musicians wanting to undertake work within care homes. Furthermore, it is noticeable that potential solutions or recommendations for how to address the reduced or absent

remuneration of UK musicians are currently unrecognised, which presents unfortunate ongoing financial circumstances for musicians as a professional group.

1.5.2 Professional Changes

The adverse economic changes in the professional landscape of musicians, has led to an increasing number of freelance musicians and salaried ensemble musicians adopting a portfolio-based career (Wakin, 2010), which comprises of simultaneous or successive employment within different areas of the music profession, such as working as a performer and teacher or composer and director (Smilde, 2007). Additional figures detailed within the aforementioned Musicians' Union 2012 survey indicated that within modern society "there is no such thing as a typical musician" (Van der Mass et al., 2012, p. 11), in view of the breadth of roles musicians were found to undertake as part of their portfolio careers. For example, music arranger, producer, copyist, editor and writer (Van der Mass et al., 2012).

As part of their portfolio careers, musicians are increasingly being employed by live music programmes to provide live music sessions to a variety of "non-traditional" audiences, including performing to populations within a range of health and social care settings, such as prison inmates, hospital patients, and elderly people living with dementia (Smilde, 2012b, p. 13). The increase in musicians working in health and social care settings primarily reflects a rise in the development of community and health-based music programmes across the UK and Europe in recent years (Preti & Welch, 2013), which seek to promote positive health and wellbeing through music engagement (Ruud, 2012). The emergence of these music programmes can therefore be seen to expand the professional occupation of musicians and supplement the roles of musicians working as performers (Smilde, 2007).

The expanding occupation of UK musicians to health and social care settings also includes care homes (e.g., Shibasaki & Marshall, 2016). However, there is a noticeable absence of in-depth, evidence-based research on this professional demographic. Insights on this group of musicians do not currently appear to extend beyond the identification of their role as one of the primary facilitators of live music services in care homes (e.g., Clements-Cortés, 2017), their employment in care homes arising through membership to live music

programmes providing live music services within this setting (e.g., Smilde et al., 2014), and the reported impact of their work within evaluative research reports and mission statements of individual programmes (e.g., Tapson et al., 2018; Live Music Now 2017). Furthermore, there remains little quantitative evidence on the number of musicians working in care homes beyond individual programme membership (e.g., Live Music Now, 2019c), alongside other aspects of their work, such as pay and duration of employment.

The apparent absence of evidence-based research on the demographics of musicians working in care homes may highlight the emergent nature of this professional group. It should be noted that it is only within recent years that the work of musicians in hospitals has received detailed academic investigation (Preti & Welch, 2011; Preti & Welch, 2012b), with recommendations for further research to help determine whether musicians in hospitals should become “a publicly accepted and formally defined profession” (Preti & Welch, 2013, p. 372) in the near future.

Arguably, given the expanding professionalisation of musicians in different health and social settings presented within this discussion, the growing body of research on musicians in hospitals should aim to be developed for all musicians working within different health and social care settings, including care homes. Developing such an evidence base may serve as an effective means to strengthen the potential for establishing a range of recognised occupations for musicians across distinct health and social care settings, such as care homes, hospitals, hospices, prisons and medical clinics (CQC, 2019). The professionalisation of musicians in care homes will be further discussed in Chapter 2 of this thesis, with details on how their perspectives on their work within this setting have been documented in research.

Overall, the research presented here surrounding the changing professional landscape of musicians’ careers highlights a need for research to continue documenting the work of musicians in care homes alongside the roles and experiences of musicians working in other health and social care settings, such as hospitals. This continued documentation would help to further supplement the body of evidence on this emerging professional group and better establish an in-depth understanding of their professional practice within care homes.

1.6 Summary

To summarise, this introduction detailed the timely and essential need of care homes within the UK to support the care of a progressively aged population with increasingly complex health needs in advanced and end stages of the life course. However, the unstable economic climate of the care home sector coupled with an understaffed, underpaid and undertrained workforce, casts reservations on whether care homes will still be able to provide the appropriate care required to elderly populations within the coming years. Furthermore, the absence of clear government assistance alongside the envisioned adverse impact of the UK's possible withdrawal from the EU on the social care sector only serves to enhance concerns surrounding the future sustainability of care home services within the UK.

The challenging financial and occupational status of the care home sector arguably presents a discouraging basis for promoting the continued provision of music use in care homes, despite promising evidence showing the beneficial applications of music across multiple dimensions of care home life. Additionally, research reports have begun to document the work of care home live music sessions delivered by live music programmes, though, the degree of widespread evidence-based enquiry on these programmes and recognition of these services within the care home sector remains limited.

Moreover, the ongoing financial strain experienced by arts sector organisations and the problematic funding pathways for the subsidy of arts programmes in health and social care, together with the anticipated negative financial impact of the UK's possible EU withdrawal on arts sector services casts doubt on the degree of funds currently available to finance UK care home live music programmes. Notwithstanding the emergence of initial recommendations for assistive proposals and frameworks to potentially supplement greater subsidy for arts sector programmes, these largely unfavourable financial circumstances also question whether care home live music programmes will be able to continue to obtain sufficient funds to carry on providing their services within the near future.

Lastly, this introduction revealed the expanding professionalisation of musicians to health and social care settings, including care homes. However, the reportedly low pay and questionable financial expectations musicians have experienced in their work arguably presents a challenging standpoint from which to consider how to approach the

remuneration of musicians working in care homes and the professional value attributable to their work within this setting. This point also suggests a potential need to quantitatively map the role duties and experiences of musicians sufficient to the rates of pay they receive for their care home work. Also, the small-scale evidence-based documentation of musicians working in care homes presents scope to continue exploring their work within this context, with a view to promoting this practice as a recognised occupation for musicians wanting to extend their professional portfolio to work within this setting, as well as in other health and social care contexts.

Overall, the provision of care home live music programmes presents a promising area for development in research and practice, with potential uncertainties surrounding these services arising from financial and occupational issues at the levels of service industry, society and culture. Following on from this contextual overview on live music programmes in UK care homes and the key professional groups who support these programmes, the next chapter of this thesis will move on to provide a critical review of the research literature on this topic.

1.7 Supplemental Material: Thesis Timeline

Before continuing with the presentation of the main findings from this doctoral research investigation, it is important to detail the timeline of research activity that was conducted by the thesis author that resulted in the creation of this thesis. Table 2 below outlines the periods for each of the six main phases of work that were carried out by the thesis author and the thesis author's role within each of these main phases.

Table 2: The timeline of the research activity carried out by this thesis author that contributed to the overall creation of this doctoral thesis that explored the perspectives and experiences of key professional groups supporting live music services in UK care homes.

Period of activity	Description of the phase of activity	Thesis author's role within phase of activity
May 2015 – July 2015	Phase 1: Data collection for the care home live music session observation project (see Chapter 3).	Research assistant for this project. Role duties included: gathering data that comprised of video-recorded observations, researcher observation notes and semi-structured interviews. The research assistant also conducted informal reading on music in care homes in their leisure time to gain a general familiarity with the topic of music in care homes.
October 2015 – November 2015	Phase 2: Data analysis for the care home live music session	The principal investigator for their PhD thesis and this data analysis. The data

	observation project (see Chapter 3).	collected from the care home live music session observation project (see Phase 1 above) was analysed at the beginning of this thesis study in order to gain prime insights related to the thesis author's area of interest: key professional groups who support the provision of live music services within UK care homes.
November 2015-September 2016	Phase 3: Literature review for PhD thesis (see Chapter 2).	The principal investigator for their PhD thesis and this literature review. Role duties included: conducting a critical review of existing literature on music in care homes and writing up main findings.
October 2016 – September 2017	Phase 4: Qualitative investigation of the perspectives and experiences of musicians supporting live music services in UK care homes (see Chapter 4).	The principal investigator for their PhD thesis and this empirical study. Role duties included: forming relationships with collaboratory partners, designing investigation materials, completing an ethics application, gathering

		data, analysing data, writing up main findings.
October 2017 – September 2018	Phase 5: Qualitative investigation of the perspectives and experiences of care staff supporting live music services in UK care homes. (see Chapter 5).	The principal investigator for their PhD thesis and this empirical study. Role duties included: forming relationships with collaboratory partners, designing investigation materials, completing an ethics application, gathering data, analysing data, writing up main findings.
October 2018 – May 2019	Phase 6: Thesis document writing up period	The principal investigator for their PhD thesis. Role duties included: creating, drafting and writing the thesis document for submission on the research conducted throughout their own doctoral investigation.

Chapter 2

Exploring the perspectives and experiences of key professional groups supporting live music services in UK care homes: a literature review

2.1 Literature Review Approach

This second chapter of this thesis presents a critical review of the research literature on live music services in UK care homes. Before presenting the main findings from this literature review, it is important to outline how this literature review was conducted. Table 3 below details the three main phases of the literature review process undertaken as part of the work of this thesis, which was conducted throughout November 2015 – September 2016.

Table 3: The three main phases of the literature review process that were carried out as part of the critical review of the research literature on live music services in UK care homes.

Phase of activity	Description of the phase of activity
Phase 1: Gathering Literature	<p>A literature search was conducted through the following search engines and databases: Google, Google Scholar, University of Sheffield StarPlus Library Catalogue, ProQuest, JSTOR, WorldCat, Web of Science, and Society for Education, Music and Psychology Research (SEMPRE).</p> <p>The following key words and phrases were searched for in the literature search: care homes, nursing homes, residential care homes, care homes dementia, nursing homes dementia, residential care homes dementia, music care homes, music nursing homes, music residential care, live music care homes, live music care settings, live music performance care, music therapy, music dementia, music dementia care, live music dementia, live music dementia care, musicians care, care staff music, musicians jobs, care staff roles,</p>

	collaborative working, collaborative working care, and care staff music training.
Phase 2: Following Literature	<p>A selection of electronic database notifications was created to keep informed of current insights surrounding the literature review topic throughout the literature review period. These notifications were as follows:</p> <p>Google Scholar Alerts (twice a week): Notifications for new scholarly articles surrounding the literature review topic using the following terms: music care, music care homes, music dementia care, music nursing, live music care, live music care homes.</p> <p>E-Newsletters (once a week) from the following public organisations related to the literature review topic: Alzheimer’s Society, Dementia Friends, Dementia Services Development Centre, and Carehome.co.uk, and University of Nottingham Continuing Professional Development Services.</p> <p>Additionally, the following webpages were manually checked once a week to keep informed of any academic conferences or public research events related to the literature review topic; Golden Pages for Musicologists, SEMPRES Conferences.</p>
Phase 3: Critical Reading and Review of Literature	<p>The literature sourced from Phase 1 of the literature review process (see above) was scanned and prioritised for critical reading and review by most recent date of publication and degree of relevance to the literature review topic, e.g., literature on music in care homes was deemed more central to the literature review topic than literature on music in community services and therefore read first.</p> <p>Critical reading and review of literature involved; highlighting the most relevant topical information within each research study, evaluating the main strengths and weaknesses of each investigation, writing a brief analytical summary of each research study and the</p>

	<p>thesis author's reflections on the study in relation to the thesis research topic.</p> <p>Additionally, the list of references within each article obtained from Phase 1 of the literature review process (see above) was explored for further research studies relevant to the thesis research topic. Further referenced literature was sourced through database searches (as listed in Phase 1 above) and subject to critical reading and review. A bibliography reference record was created as a means to document all sources that were read and reviewed as part of the literature review process.</p> <p>Phase 3 of the literature review process culminated in identification of the central topical research areas relating to live music services in UK care homes, namely; music activities in care homes, music and dementia care, and the roles of performing musicians and care staff in care homes with regard to their occupations, collaborative working and training for live music provision. These areas informed the writing of the final literature review and subsequent empirical work of this thesis.</p>
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2.2 Introduction Overview

The literature review of this thesis is divided into the three main research areas that informed knowledge and understanding of this topic: music activity provision in care homes, music, dementia and dementia care and live music service provision in UK care homes. This final section focuses on the perspectives of key professional groups that support care home live music service provision: musicians, care assistants, activity coordinators and care home managers. Notably, there remains a lack of insight into the working practices, opinions and reactions of these professional groups and a limited understanding of the professional approaches to collaboration and training that accompany their provision of live music services (McDermott et al., 2014; Cameron & Sosinowicz, 2013). Each discussion of these three research areas will detail the research background and evidence-based insights most relevant to live music services in UK care homes and the aforementioned key professional groups that support these services.

2.3 Music Activities in Care Homes: Introduction Overview

This first section of this literature review explores music activity provision in care homes. Firstly, a background of the main features of care home music activities will be described. Secondly, research on the demands of providing care home activities that are similarly apparent concerning music activity provision within this setting will be detailed. Overall, this first discussion shows the absence of a comprehensive body of research exploring music activity provision in UK care homes, set against research that primarily highlights the largely challenging nature of providing activities as part of resident care, which holds implications for music activity provision within this setting.

2.3.1 Practice Overview

Within UK care homes, activity provision is an increasingly important part of resident care (NICE-SCIE, 2007; National Activity Providers Association, 2016 [NAPA]). Activity provision is considered an indicator of high-quality care within this setting (Andrews, 2015), affording residents opportunities to engage in a range of meaningful and varied occupations as a way to enhance quality of life (Harmer & Orrell, 2008). For clarification, the nature of

meaningful activity for care home residents is defined as follows, in comparison to nonmeaningful activity, respectively.

Meaningful activities can be defined as enjoyable activities that engage the nursing home resident to an extent that they improve either their emotional wellbeing, cognitive status, physical function, or reduce problematic behaviours. The classical example of a nonmeaningful activity is a group of nursing home residents watching television or a movie and falling asleep while watching (Morley, Philpot, Gill, & Berg-Weger, 2014, p. 79).

Examples of meaningful activities for residents include participating in routine activities of daily living, such as homemaking, leisure pursuits of quizzes, craftwork or art classes, and therapeutic activities, for instance, aromatherapy (Johnson et al., 2010). Such activities typically form part of organised programmes of group activity devised and delivered by care staff within communal areas of care homes (Johnson et al., 2010) that are part of the broader care routine within care homes (Johnson et al., 2010), alongside the daily provision of personal care, nourishment and medical assistance (Andrews, 2015). Engagement in meaningful activities can promote a range of positive effects for residents in care homes. These positive effects highlight a clear beneficial value to activity provision within this context, such as, residents experiencing feelings of dignity through actively participating in group activities within care home social environments and continuing to engage in activities they had previously experienced within their life course (Slettebø et al., 2016).

Music is primarily conceptualised as an activity within care homes (Johnson et al., 2010). In keeping with the general nature of care home activity provision outlined above, music activities in care homes are usually group-based (Johnson et al., 2010) and are designed to positively impact on residents' quality of life (Sixsmith & Gibson, 2007). Music activities are structured and timed occasions that form part of the organised activity programme and take place within communal areas of care homes (Innes, Kelly, & Dinscarslan, 2011).

Broadly, typical forms of group music activity can be divided into two categories of music provision: internal and external. Internal group music activities are those mainly facilitated by care staff or carried out by residents themselves, such as, recorded music listening via music-player devices such as radios (Sixsmith & Gibson, 2007) alongside various forms of live music such as communal karaoke, sing-along sessions (Reynish & Grealsey-Adams, 2015), music quizzes (Carr, 2018) and care staff and resident participatory music events (Götell et al., 2000). External music activities generally comprise of live music performances from non-specialist music groups, professional entertainers, or musicians from live music programmes working to provide their music services within care homes (Pitts, 2018; Shibazaki & Marshall, 2016, carehome.co.uk, 2019).

Overall, this discussion details key features of music use in care homes that include the primary conceptualisation of music as a group activity as part of resident care that can afford a positive means of engagement within their lives. Given the central approach to music as a resident activity in care homes and the overall importance of activity provision as part of resident care, the main research insights that inform current understanding of these practices should be considered, which is where the next section of this first discussion now turns.

2.3.2 Research Overview

Notwithstanding the customary practice of care home music activity provision detailed in the preceding section, it is noticeable that there is a lack of in-depth contextualised research investigating the music activities that are currently taking place, particularly within UK care homes. Real-world investigations of the processes, perspectives and impact of each of the aforementioned typical forms of internal and external music activity provision in care homes remain scant. Studies of music activity provision in care homes appear generalised within investigations on the nature of activity provision in care homes (e.g., Harmer & Orrell, 2008), or focused on music activities in the care of specific resident populations, namely those with dementia (McDermott et al., 2014).

Arguably, the limited insight into the various forms of music activity provision in care homes presents an incomplete basis on which to substantiate current evidence-based

knowledge and inform theoretical understanding of these music practices as an established part of resident care within this setting (Johnson et al., 2010). Therefore, there remains significant scope for more extensive investigations on these practices to develop comprehensive research insights on music activity provision in UK care homes.

2.3.3 Activity Provision

Despite the absence of an established body of research on care home music activities, studies have highlighted the challenging nature of care home activity provision, with similar challenges also evident in the provision of music activities within this context. The planning and delivery of resident activity provision is a complex task (Smit, de Lange, Willemse, Twisk, & Pot, 2016). The complexity of activity provision is particularly apparent amongst residents with specialised conditions, notably dementia (Smit et al., 2016). This is due to a need to adapt activities to varying levels of disease severity across early, middle and advanced stages of the condition, alongside the declining mental and physical capacity for activity experienced amongst residents with dementia and accommodating individual preferences for activity engagement amongst residents with this condition (Smit et al., 2016).

Adding to this aforementioned final challenge of resident activity provision, though group activity provision is a commonplace practice within care homes (Robertson & Fitzgerald, 2010), group-based activities are often generalised to promote all-inclusive resident engagement (Johnson et al., 2010). Hence, there is a recognised need for group-based activities to be balanced against a desire for care homes to provide personalised activities reflecting residents' individualised needs, interests and preferences across their life course (Train, Nurock, Kitchen, Manela, & Livingston, 2005).

However, organisational challenges within care homes appear to impact negatively on providing more individualised activities for residents. Care staff recognise the importance of identifying individual preferences, skills and capabilities to promote greater activity engagement amongst residents (Harmer & Orrell, 2008), though, care homes reportedly lack sufficient staffing levels to help residents engage in activities (Harmer & Orrell, 2008). Similarly, insufficient staffing levels and limited funds within care homes have led to care

staff prioritising attending to residents' basic care needs, as they feel "over-stretched" and "under-resourced" to meet residents' "higher-order" needs alongside performing personal care duties, such as activity provision (Smith, Towers, Palmer, Beecham & Welch, 2018, p. 2232).

Moreover, care staff and residents are documented to express varying views on the nature of meaningful activity engagement. For example, care staff have been found to talk about organised social events within their care home, such as themed parties, as meaningful activities for residents (Harmer & Orrell, 2008). However, such activities were uncommented on by residents, in favour of describing individual activities as meaningful, such as reading, going for walks or time alone (Harmer & Orrell, 2008). Equally, residents have voiced preferences on engaging in activities they initiate themselves and consider more personally meaningful than those activities organised by care staff (Palacio-Ceña et al., 2016). Residents have also expressed criticism on organised group activities as oversimplified or designed for residents that are more reliant on direct support from care staff in their daily living (Palacio-Ceña et al., 2016).

In further contrast to these varying views, studies have observed a complete absence of activity engagement amongst residents, with residents spending their day largely inactive (Den Ouden et al., 2015). This lack of activity has led to recommendations of a need for more activities to be provided for residents living in care homes (Den Ouden et al., 2015). Taken together, these findings on care staff and resident perspectives of activity provision highlight a potential underlying dissociation in their perspectives of these care home services, alongside a possible absence of shared communication between care staff and residents on preferred activities, particularly at individual levels.

Considering the final preceding point, additional limitations to care staff providing more individualised resident care include a perceived inadequacy and inaccessibility to written channels of communication and documentation for information on individual residents, together with a lack of routine sharing of information about resident preferences amongst care staff (Kolanowski, Van Haitsma, Penrod, Hill, & Yevchak, 2015). Furthermore, care staff have identified a range of behavioural, emotional, personal, and aged health factors amongst residents that are viewed to impact negatively on their provision of more individualised activities, such as a lack of shared or similar activity-based interests amongst

residents and residents' mental or physical decline restricting preferred activity participation (Abbott, Heid, & Van Haitsma, 2016).

Overall, these findings present a range of organisational demands surrounding care home activity provision. Including; care homes reportedly being under-funded and under-resourced, differences in care staff and resident views on activity provision, methods of communication and review of residents' activity engagement and preferences that are perceived to be ineffectual, and the need for activities to be flexible and adaptable to residents' individual preferences and capacity for engagement, particularly amongst populations with specialised conditions, such as dementia.

2.3.4 Music Activity Provision

Care staff have reported providing more personalised music listening activities for residents as problematic (Garrido, Dunne, Perz, Chang & Stevens, 2018) due to difficulties they encountered in obtaining information on individual residents' preferred music choices (Garrido et al., 2018). Providing more personalised music listening activities for residents was further problematised by factors of health decline in ageing limiting some residents' ability to recollect particular music songs or artists that they enjoyed (Garrido et al., 2018). These findings show similarity to the retrieval of information issues care staff have encountered with general activity provision (Kolanowski et al., 2015) and the difficulties residents experience participating in activities as a result of a decline in mental and physical health (Abbott et al., 2016) detailed in the preceding section on general activity provision.

More broadly, efforts to provide more individualised music activities in care homes chiefly reflect a key focus of care practices across multiple health and social care settings within the UK and USA. Specifically, the aim to provide people in receipt of care services with care that is "person-centred" (Mitchell & Agnelli, 2015, p. 46; Hebert, Hancock, & McConnell, 2018). The origins of person-centred care are conceived to arise from client-centred practices in psychotherapy, with this idea notably embraced in the development of more human approaches to dementia care theory that are distinguished from care approaches focusing on managing the condition through modifying behaviour or medical treatments (Rogers, 1961; Kitwood, 1988; 1997, cited in Brooker, 2004, p. 215).

The ethos of this concept centres on placing an individual at the core of their own care and ensuring that they are “supported, facilitated and enabled to contribute to their care through shared decision making, equality of communication and mutual respect” and experience a form of care that is personal to their needs (Mitchell & Agnelli, 2015, p. 46). This model of care has been applied across a range of care practices within different care contexts, including care homes (e.g., Cooney & O’Shea, 2018). The provision of music specific to the lives of individual residents is considered one of many ways to promote care that is person-centred within UK care homes (SCIE, 2010).

Concerning research on individualised applications of music amongst care home resident populations, namely those with dementia, studies have documented the beneficial effects of this form of music provision as part of their care. For example, individualised music can produce a reduction in the behavioural and psychological symptoms of this condition and improve emotional state (Sakamoto, Ando, & Tsutou, 2013). However, there is an absence of contextualised studies exploring associations between person centred care practices and providing individualised music within care homes as part of real-world resident care (Argyle & Kelly, 2015). Studies on individualised music provision in care homes mainly take the form of researcher-designed experimental models of investigation, such as, randomised controlled trials or music intervention protocols applied within this care setting (e.g., Kwak, Anderson, O’Connell Valuch, 2018; Gerdner, 2012), or employ person-centred care theories as a framework to evidence research-based models of individualised music provision (e.g., Sherratt, Thornton, Hatton, 2004a).

It is noticeable that despite the aforementioned focus on person-centred care in care practices, (Mitchell & Agnelli, 2015, p. 46; Hebert et al., 2018) there are few insights into how this care model influences the processes, experiences and effects that supplement individualised forms of music activity provision in care homes (e.g., Garrido et al., 2018). However, it should be further highlighted that realising person-centred care approaches in care homes in practice is, at times, problematic, due to the need to consider various contextual factors needed to facilitate this care approach. For example, the availability of sufficient resources, such as care staff to deliver person-centred care (Argyle, 2012). This apparent dissociation between theoretical models of care and the practical realisation of these concepts may further evidence the above-mentioned nature of providing more

individualised music activities for care home residents as a largely challenging task (e.g., Garrido et al., 2018).

In closing, the two discussions presented here on activity provision and music activity provision describe the organisational difficulties associated with general care home activity provision and providing music activities, including; limited resources, adapting activities to residents' conditions and capabilities, and realising more individualised approaches to providing music activities. However, the lack of in-depth contextualised investigation on music activity provision in UK care homes presents a limited basis on which to demonstrate evidence-based insights on music activities within this context. For example, the extent to which potential challenges surrounding general activity provision may also be apparent in delivering music activities as part of resident care.

2.3.5 Summary

Overall this first section of the literature review details the typical presentation of music activities as part of general care home activity provision, which comprises of a range of internal and external music practices across live and recorded modalities that are largely group based. However, there remains an absence of research investigations documenting the processes, perspectives and impact of the various forms of music activities currently taking place in UK care homes, alongside limited insights on organisational factors associated with care home activity provision that may also influence the provision of music activities. Such limitations present a somewhat incomplete picture of care home music activity provision, though, they also highlight the considerable scope for future investigations to establish a comprehensive body of research on music activities across varied dimensions of these services that influence how they are provided and experienced within UK care homes, such as organisational challenges.

2.4 Music in Dementia Care: Introduction Overview

This second section of this literature review discusses the research on music in dementia care. A substantial body of research explores music use in the care of people with dementia, including people with this condition living in care homes (Götell, Brown, & Ekman, 2002). Given this apparent area of research focus, the discussion below details an understanding of dementia and the presentation of the research surrounding this condition, the notable associations between music, dementia and dementia care, and live music services concerning with dementia living in care homes. Overall, this second discussion gives reason to the marked research focus on music as part of dementia care, with a view to expanding investigations of care home music services to the care of resident populations with other health conditions alongside those with dementia.

2.4.1 Research Background

To provide a brief background on dementia and dementia care, dementia is a broad term used to describe a group of degenerative syndromes that cause progressive cognitive impairment and decline in a range of human skills, functions, and behaviours (Zeilig, Killick, & Fox, 2014; Cox, Nowak, & Buettner, 2014; Knopman et al., 2001). Concerning patterns of development associated with dementia across the life course, the prevalence of this condition increases exponentially with age, with 95% of all dementia cases in the UK occurring in people aged 65 years and over (Prince et al., 2014). Although cases of this condition increase rapidly with age, dementia is not a natural part of the progression of ageing (Mitchell, Lucas, Norton & Phipps, 2016). Atypical forms of dementia, commonly termed early-onset dementias, affect individuals under the age of 65 years, and account for the remaining 5% of dementia cases in the UK (Prince et al., 2014).

A range of over 100 disease subtypes forms part of the dementia condition. Alzheimer's Disease is the most commonly identified form of dementia and is characterised by a loss of brain tissue leading to lapses in memory, communication, reasoning and orientation (Alzheimer's Society, 2019b). Three other main subtypes of dementia include; vascular dementia, caused by an impaired brain blood supply that results in cognitive problems such as concentration difficulties, dementia with Lewy bodies, which reflects a

loss of nerve cell connections that leads to perceptual difficulties and hallucinations, and frontotemporal dementia, which causes damage to the temporal lobes of the brain and produces behavioural changes and decline in linguistic ability (Alzheimer's Society, 2019c).

Regardless of the age of onset, the degenerative nature of dementia causes irreversible mental and physical impairment over time and leads to the eventual need for long-term care (Innes, 2009), which often takes place within the context of care homes (Andrews, 2015). More specifically, there is an increased need for care for people with this condition as the disease trajectory progresses through multiple stages broadly conceived as early, middle and late stage dementia (Alzheimer's Society, 2019b), with varying degrees of severity that range from moderate through to mild and severe (Kitwood, 1997). The course of dementia care extends from minimal assistance with small tasks of independent living in early and moderate stages through to continual help and support in all aspects of daily life at later and severe stages of dementia (Kitwood, 1997).

Worldwide, it is estimated that there are currently 50 million people living with dementia (World Health Organization, 2017), with this figure projected to double every 20 years, to approximately 75 million in 2030 and 131.5 million in 2050 (Alzheimer's Disease International, n.d.). In the UK, there are currently 850,000 people with dementia, with this number forecasted to increase to over 1 million by 2025 and over 2 million by 2051 (Prince et al., 2014). The societal, economic costs of dementia are projected at £26.3 billion within the UK, averaging costs of £32,250 annually per person, respectively (Prince et al., 2014).

There is also a high prevalence of dementia in UK care homes. Research reports state that there are currently 311,730 people with dementia, with 57.9% living in residential care homes and 42.1% in nursing care homes (Prince et al., 2014). Nationally, the societal economic costs of dementia care in care homes is currently averaged at £25,600 per person (Prince et al., 2014). Taken together, these estimates serve to map the current global and national presentation of dementia (Prince et al, 2014), and show that "dementia is not just a disease, but also a lived experience" (Gold, 2014, p. 263), affecting individuals on a daily basis in the here and now. These broad societal and economic actualities further indicate a timely need to address how dementia is understood and treated within the UK (Wortman, 2012).

2.4.2 Research Support

In recent years a number of countries across the world have allocated substantial intellectual and financial resources to discovering curative measures for dementia (Prince, Prina, & Guerchet, 2013), with a small number of scientific studies showing promise towards creating curative dementia treatments (Chia et al., 2018; Kan et al., 2015). Despite such financial and scholarly initiatives, advancements in dementia treatments are slow (Mendes, 2015) with a cure still absent at present (Kenigsberg et al., 2016). The absence of curative remedies chiefly reflects a lack of knowledge on the exact disease mechanisms and the biological characteristics that may influence the condition (Simonson, 2015). This gradual progression of treatments precluded by limited clinical understanding serves to underpin the dementia research process as a lengthy and complex endeavour (Larner, 2014).

However, criticism also surrounds the use of the term “cure” in publicised dementia research reports. Such criticisms are reasoned on the fact that given the severe neurological damage dementia can cause to neurological connections, and that these connections are formed as a “result of a lifetime of development and experience” (Burnett, 2018, para 10), the human brain may not be able to fully repair and restore all neurological connections to complete working order as before dementia onset, particularly in affected populations that are advanced in age (Burnett, 2018). This reasoning casts reservations on whether finding a cure for dementia may be less remedial than initially considered, and further questions conceptions of a cure as part of dementia research and the need for studies to remain clear on the specified outcomes of curative measures publicised for this condition (Fuller, 2018).

At present, the UK is continuing to increase financial support for dementia research across governmental, charitable, industrial and higher education sectors (e.g., Alzheimer’s Research UK, 2018). Notably, in 2018, one of the UK’s leading institutions for dementia research, namely, the Dementia Research Institute (DRI), received a further £40 million in government funds to subsidise an increase in the number of dementia researchers working within the UK “to unlock our understanding of dementia and how to conquer it” (Alzheimer’s Research UK, 2018, para 2).

Notwithstanding this clear financial and scholarly support for dementia research within the UK, the degree of financial support for research on dementia care is less clear, particularly concerning the subsidy of dementia research specific to UK care homes. In 2018,

the government also announced a £300 million investment on its Ageing Society Grand Challenge alongside the aforementioned funds for the DRI (Alzheimer's Research UK, 2018). However, the two main research areas reported to receive these funds centred on improving dementia diagnosis, new medical treatments and technologies for dementia and developing new products and services to help people with the condition living in the community live more independently for longer with increased socialisation and wellbeing (Alzheimer's Research UK, 2018). Allocation of these funds was not detailed to include research to support people with dementia currently living in UK care homes (Alzheimer's Research UK, 2018).

Adding to this final preceding point, figures on the current UK financial research support for social care-based dementia research in UK care homes are unspecified. However, expressed public support for dementia care research in care homes was detailed in the Prime Minister's Challenge on Dementia 2020. This government initiative stated an aim to see "more research being conducted in, and disseminated through, care homes, and a majority of care homes signed up to the NIHR ENRICH 'Research Ready Care Home Network'" (Department of Health, 2015, p. 19).

The Enabling Research in Care Homes (ENRICH) initiative and the Research Ready Care Home Network aims to help improve the lives and health of older people living in care homes and develop support for care home research outside NHS services (NIHR, 2019b). Since its launch in 2012 (LG Personal Development, 2015-2018), the ENRICH initiative has developed a range of online resources to aid greater collaboration on care home research studies between researchers, care home staff, residents and their family members and members of the public, and now lists a substantial body of care homes across the UK as members of the Research Ready Care Home Network (NIHR, 2019b).

In contrast to this projected public support for care home research, an absence of research-based support has been identified in the private UK care home sector in recent years. Private care home providers have been found to lack internal research departments because they are "often considered too costly" to finance (Cousins, Burrows, Cousins, Dunlop, & Mitchell, 2016, p. 2). The unrealised nature of these departments is further viewed as a "barrier" to developing the most optimal delivery of care services available within care homes (Cousins et al., 2016, p. 2).

Notwithstanding this mixed picture of support for UK care home research, public support for music and dementia research within the UK is keen. Launched at the start of 2019, Music and Dementia 2020 is a national campaign that wants to make music available for every person living with dementia in the UK by 2020 (The Utley Foundation, 2019a). The campaign aims to gather the support of stakeholders across music, health, social and care sectors to help make music readily accessible and available to all people with dementia, and advance societal understanding on the essential need of music in the lives of people with this condition by 2020 (The Utley Foundation, 2019a). The campaign's website highlights the growing body of research evidence that shows the promising range of benefits music can have for people with dementia and allows researchers to add their studies on this topic to the campaign's research webpage (The Utley Foundation, 2019b). However, as a final note within this section, figures on the current degree financial research support allocated to music in dementia care research within the UK are unapparent, particularly concerning research exploring the use of music in the care of people with dementia currently living in care homes.

Overall, these discussions on the research background and support for dementia research emphasise the timely need to continue to advance research on dementia and dementia care within the UK. Despite the ongoing financial and societal promotion for dementia research, there remains a lack of nuanced insight on the degree of established financial and service-based support for research on people with dementia living in care homes, and more specifically, music for people with dementia living in care homes at this present time. Still, the formation of national initiatives, such as Music and Dementia 2020 (The Utley Foundation, 2019a) and ENRICH (NIHR, 2019b), can arguably be seen help to advance the long-term sponsorship of music and dementia care research for this population living in care homes, particularly for individuals living with dementia in this setting in the here and now.

2.4.3 Intrinsic Associations

Within neurological research, marked associations have been highlighted between music and dementia. Music processing abilities have been shown to remain relatively preserved in people with dementia, particularly those with Alzheimer's disease. Notably, processing basic elements of music, such as pitch, playing a musical instrument and judging the familiarity of music melodies (Johnson & Chow, 2015). These retained abilities primarily reflect the fact that the music memory processing regions of the brain are relatively spared in Alzheimer's disease, even amongst those in advanced stages of the condition (Jacobsen et al., 2015).

The retention of music processing abilities in people with dementia is also subject to profound public commentary, as they are often perceived to signify preservation of the individual self despite the onset of this otherwise degenerative condition (e.g., Hogenboom, 2017). Additionally, the maintained music processing abilities of people with Alzheimer's disease have led to recommendations for investigations of music processing to serve as a basis for re-examining the neurological workings of dementia as a means to potentially provide a better understanding of the internal presentation of the condition (Clark & Warren, 2015).

Furthermore, while music may not have been highlighted as a curative measure for dementia, a recent report from the Commission on Dementia and Music (Bowell & Bamford, 2018) reviewed promising research evidence on the preventive role of music for dementia. Specifically, that playing a musical instrument may potentially help to delay the onset of dementia symptoms in older adults (Balbag, Pedersen & Gatz, 2014, cited in Bowell & Bamford, 2018). Arguably, this finding adds further evidence to the marked associations identified between music and dementia in neurological research, with the overall discussion of the evidence presented within this section indicating a somewhat novel significance in the connections between music and dementia at the level of internal human functioning.

2.4.4 Extrinsic Associations

Moving on to consider the presence of marked associations of music in dementia care, it can be argued that music has a natural readiness for adaptable engagement in dementia care, particularly within the context of care homes. This idea largely reflects the fact that music has a highly flexible presentation in care homes across different live and recorded modalities (Sherratt, Thornton, & Hatton, 2004b), with different music modalities allowing residents to engage with music to the degree to which they so choose. For example, residents with dementia participating in live music services engaging in attentive music listening through to active music-making (Shibazaki & Marshall, 2016). Their chosen degree of participation can be further seen to complement the capacity for engagement amongst this population of residents depending on the current stage of their condition and degree of mental and physical degeneration. (e.g., Shibazaki & Marshall, 2016; Garabedian, 2019). For instance, the use of music playing devices to promote communication in people with dementia who have experienced a decline in functional verbal capacity (Dahms et al., 2018).

As a result of this natural readiness for adaptable engagement, the use of music in dementia care can be easily tailored to facilitate the engagement of people with dementia across all phases of the condition, particularly at more advanced stages, when mental, physical, communicative and sense-based functioning may be severely impaired (Alzheimer's Society, 2019b). For example, residents with advanced dementia listening to personalised recorded music playlists at mealtimes to improve swallowing abilities (Cohen, Post, Lo, Lombardo, & Pfeffer, 2018).

Following on from this final preceding point, when compared to the use of other arts practices in dementia care that also require physical and mental engagement of people with this condition, such as painting, colouring and craft-making (Cousins, Tischler, Garabedian, & Dening, 2019), music appears to hold an advanced degree of natural inclusive facilitation. Notably, it is only within recent years that such aforementioned arts practices have been evidenced in the care of people with advanced dementia (Guseva, 2018). However, such arts practices have required artificial modification in order to promote greater engagement from people in this stage of the condition who have markedly reduced mental and physical capacity (Guseva, 2018).

Additionally, the modality of live music is given notable significance as part of dementia care in care homes. When compared to recorded music, live music shows greater efficacy in the treatment of dementia symptoms such as apathy (Holmes, Knights, Dean, Hodkinson, & Hopkins, 2006) and promotes extended engagement in meaningful activity amongst individuals with dementia (Sherratt et al., 2004a). These marked effects are chiefly thought to reflect the additional social dimension (Sherratt et al., 2004a) and “stronger sense of reality” that live music affords residents with this condition (Vasionyté & Madison, 2013, p. 1203), as well as giving residents with dementia the opportunity to interact with populations involved in the delivery of live music provision (Vasionyté & Madison, 2013), such as, care assistants (Götell et al., 2000), family caregivers (McDermott et al., 2014), and professional musicians (Cox et al., 2014).

Furthermore, the aforementioned promising associations regarding the use of music in dementia care present a general contrast to the reported effects associated with pharmacological treatments for dementia. Pharmacological treatments can help to manage psychological symptoms of dementia such as cognitive decline (Meguro et al., 2008) and “problematic” (De Medeiros & Basting, 2014, p. 348) behaviours associated with dementia such as aggression, agitation and hallucinations (Sink, Holden, & Yaffe, 2005). However, these treatments often produce only moderate outcomes with adverse secondary health effects in populations with dementia (Devanand & Schultz, 2011).

Pharmacological treatments also have greater reported adverse effects than “nonpharmacological” treatments (Dyer, Harrison, Lover, Whitehead & Crotty, 2018, p. 296), which “span a very wide range of actual interventions” that are non-drug based and can include the use of music (Cohen-Mansfield, 2018 p. 281). Furthermore, the duration of pharmacological treatments for UK care home residents with dementia has been reported as immoderate and to contain the use of older pharmacological treatments, which are considered to be less safe than more recent models of these treatments available for this condition (Szczepura et al., 2016). These findings suggest an apparent overprescribing and somewhat outdated reliance on this form of treatment in the care of residents with dementia that adds to the largely negative research presentation of these treatments.

Overall, this discussion reasons a notable significance in the use of music as part of dementia care, particularly within care homes. This significance centres on the natural

adaptive readiness for engagement music affords residents with dementia, particularly when considered against other arts practices and the contrasting research insights on pharmacological treatments, alongside the pronounced effects of live music modalities as compared to recorded music in the care of people with this condition. Taken together, the evidence presented in the preceding sections on the intrinsic and extrinsic associations of music and dementia highlights the unique relations between music and dementia and the marked significance of music in the care of people with this condition.

2.4.5 Live Music Services and Dementia Care

This final discussion within this second section of this literature review details the promotion of live music services for care home residents with dementia. To provide an outline of these services, within the UK and Europe, live music services for care home residents are delivered by one or more professional musicians employed by charitable organisations or outreach orchestral programmes who specialise in providing live music for care homes (e.g., Live Music Now, 2019c).

The presentation and content of these live music services can vary across different programmes depending on a programme's specified overarching approach to their live music service delivery (e.g., Live Music Now, 2019c). However, these services are generally conceptualised to take the form of "interactive concert performances" (Preti & Welch, 2013, p. 4). These performances encourage positive interaction with residents with dementia through eye contact, slight physical touch, conversation, and the use of percussion instruments and additional arts-based stimuli (Van der Vleuten et al., 2012; Shibazaki & Marshall, 2016). The sessions are approximately fifty minutes to one hour in duration (Shibazaki & Marshall, 2016) and are delivered on an estimated monthly basis as part of the designated activity programme across individual care homes (Shibazaki & Marshall, 2016).

As alluded to in the opening of this discussion, these professional music services are largely promoted for resident populations with dementia (e.g., Live Music Now, 2017), with research studies and evaluative reports primarily highlighting the beneficial outcomes of these services for the wellbeing, quality of life and care of this resident population (e.g.,

Shibazaki & Marshall, 2016; Tapson et al., 2018), for example, encouraging opportunities for physical, communal and musical engagement amongst residents with this condition (Van der Vleuten et al., 2012; Shibazaki & Marshall, 2016). Moreover, the beneficial outcomes associated with music in the care of people with dementia often receive positive public presentation surrounding generalised notions of “the power of music” in the lives of people with this condition, which reportedly includes helping individuals with dementia to communicate and connect with relatives, friends, memories and enhance their brain activity (Bayshore, 2017, para 1).

Regarding the beneficial outcomes of music in dementia care, it is also worth noting that studies have reported significant effects of live music for people living with dementia in care homes. When compared to recorded music modalities and non-music-based occupations, live music shows greater efficacy in treating dementia symptoms, such as apathy (Holmes et al., 2006), anxiety (Sung, Lee, Tzai-li, & Watson, 2012) and stress (Sakamoto et al., 2013). These effects are chiefly thought to reflect the additional opportunities for social interaction that live music affords residents with dementia (Sherratt et al., 2004a). Studies have also revealed the varied functions of this music modality as part of dementia care in care homes. For example, live music in care homes has been used as a communicative tool designed to enhance the formal caregiving process of residents with dementia (Hammar et al., 2011) and as a non-invasive means for care staff to assess the rehabilitation of residents’ health conditions (Shibazaki & Marshall, 2016).

The aforementioned reported research impacts of live music services in the care of residents with dementia largely centre on highlighting the role of these services as an adjunctive aid in the daily care of residents with this condition and enhancing their overall quality of life. For example, Shibazaki and Marshall (2016) reported that the engagement of care home residents with dementia in live music services served as a non-invasive tool for care assistants to assess the rehabilitation of their medical conditions, such as, care assistants documenting the progression of a resident’s recovery from a forearm injury through the resident’s ability to beat time with the music provided within live music sessions provided by live music services.

These live music services were also observed to help facilitate a “cycle of improved care” (Shibazaki & Marshall, 2016, p. 5) amongst residents with dementia, whereby the

enhanced feelings of wellbeing residents experienced through partaking in the sessions promoted a greater mutuality with which their care was received and provided (Shibazaki & Marshall, 2016). Equally, these live music services are also an effective form of “complimentary care” as part of the care of residents with dementia, given the positive effects the sessions produce on the general wellbeing of residents with this condition (Van der Vleuten et al., 2012, p. 487).

The body of research on the beneficial outcomes of live music in care homes, particularly amongst residents with dementia, presents a promising basis for further investigation of live music services in care homes. However, despite such promising findings on the impact of live music services in care homes for residents with dementia, it is noticeable that the current body of research on live music services in UK care homes appears largely emergent and therefore remains generally small-scale, limited to the few studies detailed above (Shibazaki & Marshall, 2016; 2017, Van der Vleuten et al., 2012). The small-scale scope of this research area also highlights an absence of strong theoretical grounding to substantiate research investigations on live music services and provide evidence-based frameworks to support the practical delivery of these services within UK care homes (Shibazaki & Marshall, 2016; 2017).

Considering the continued investigation of live music services within UK care homes, it is worth highlighting the developing body of research on the delivery of live music services in hospitals within the UK and Europe provided by charitable organisations and outreach live music programmes (e.g., Moss, Nolan & O’Neill, 2007; Stegemann, Geretsegger, Quoc, Riedl & Smetana, 2019). Notably, studies conducted by Preti and Welch have helped to advance in-depth research insights across multiple aspects of these services. Including, mapping the different types and general characteristics of live music services occurring in hospitals (Preti, 2009), with focused investigation on the impact of these services specific to patients and staff on paediatric wards (Preti & Welch, 2004; Preti & Welch 2012a), alongside the expanding professional profile and experiences of musicians working within this hospital setting (Preti & Welch, 2012b; Preti & Welch, 2013). Therefore, this developing body of research may be seen to present a model approach to guide the continued investigation of live music services in UK care homes.

Arguably, the aforementioned studies on live music services highlights a clear positive value and effectiveness of this form of live music provision as part of daily care home practices given the salutary outcomes of these services on residents' quality of life (e.g., Shibazaki & Marshall, 2017). Building on these findings, there remains significant scope to provide further research insights on the factors that surround the process of providing these services. In particular, the professional groups involved, their collaborative working and training to support the delivery of care home live music services, which remain largely unexplored, and will be discussed further in the final section of this literature review.

2.4.6 Live Music Services Beyond Dementia Care

As a final point to consider within this second section of this literature review, it is important to state that people with dementia are not the only care home resident population living with specialised health conditions. Within UK care homes, there is a high prevalence of dementia, which currently stands at an average of 69% amongst residents living within this setting (Prince et al., 2014). However, residents can be living with any one or more health conditions at any given time (Gordon et al., 2014). Most commonly alongside dementia, these conditions include, hypertension, osteoarthritis, stroke, osteoporosis, kidney disease, diabetes, depression, abnormal heart rhythms and heart disease (Gordon et al., 2014), as well as Parkinson's disease and resident deaths as a result of cancers, end of life stage organ failure and neurodegenerative diseases (NIHR, 2019a).

Still, there is a notable absence of a substantial body of research literature and professional music services dedicated to exploring the possible relations between music and each of these other specific conditions amongst care home populations alongside dementia. There is also a lack of research investigating how music can form part of the specialised care of people currently living with these other health conditions in care homes. Studies exploring relations between music and these other conditions, such as stroke and end of life care, appear to be mainly conducted within the discipline of music therapy and take place across different health and social care settings (e.g., Orantin et al., 2018; Graham-Wisener et al., 2018).

Furthermore, it is once again worth drawing attention to the fact that dementia is a condition with distinct subtypes that differ in origin, clinical presentation and associated disorders (Mercadal-Brotons & Alcântara-Silva, 2019, p. 1). A recent review of the research on music and music therapy for non-Alzheimer's dementias was unable to make recommendations for the use of music for the care of people living with these forms of dementia due to a lack of research on music and these other dementia subtypes (Mercadal-Brotons & Alcântara-Silva, 2019, p. 1), namely frontotemporal, vascular, Lewy bodies, and mixed dementia. This finding led to further proposals for future studies to “contemplate and highlight the diversity of symptoms and course of the disease of the different type of dementia” as a means to better identify and understand the most appropriate applications of music and music therapy to each of these condition subtypes (Mercadal-Brotons & Alcântara-Silva, 2019, p. 1).

Arguably, these findings illustrate a need for research to continue to map the specific relations between music and people with different health conditions and particular disease pathologies, including amongst care home resident populations. In turn, such a specific research focus could serve to inform the evidence-based provision of more tailored care home live music services, specialising in the care of resident populations concerning different health conditions and disease pathologies within and beyond dementia.

2.4.7 Summary

Overall, this second section of this literature review highlights a timely need to continue research to support the care of people with dementia currently living in care homes. The marked associations detailed between music and dementia concerning internal human functioning and care practices suggests a novel significance to music as an adjunctive care aid to people living with this condition, particularly within care homes. Lastly, the provision of live music services within UK care homes for residents with dementia presents a promising basis for the continued development of these music services within this context, intending to further the tailored expansion of live music services to the care of residents with a range of different health conditions alongside dementia.

2.5 Live Music Services in UK Care Homes: Introduction Overview

This third and final section of this literature review explores the research on key professional groups that supplement live music services in UK care homes. Namely, musicians, care assistants, activity coordinators and care home managers. Firstly, the role of each of these professional groups concerning live music services will be detailed. This will be followed by two discussions concerning the collaborative working and training of these professional groups to support their work with UK care home live music services. Overall, this final section of this literature review shows a clear need for research to document the perspectives of these aforementioned professional groups, with a focus on the occupational factors, collaborative working and training experienced by these groups in supporting the provision of UK care home live music services.

2.5.1 Professional Groups: Musicians

It is reasonable to conceive musicians as the primary facilitators of care home live music services (Clements-Cortés, 2017) given the expanding professionalisation of this professional group to include working in care homes to provide live music services via live music programmes, as discussed at length in Chapter 1 (e.g., Shibasaki & Marshall, 2016). Studies have identified professional musicians as the main providers of live music sessions in dementia care in care homes (Cooke, Moyle, Shum, Harrison & Murfield, 2010), which reflects in part the rise of community-based music programmes focused on health and wellbeing (Ruud, 2012), and the increasing proportion of musicians working in “non-traditional” performance contexts such as prisons, elderly care facilities and hospitals (Smilde, 2012a, p. 313; Moss et al., 2007). Similarly, studies have documented the emergence of live music services within UK care homes delivered by professional musicians employed by live music programmes, who specialise in providing live music within these settings (Smilde et al., 2014)

It is also worth noting that studies have highlighted the emergence of musicians working across a range of health and social care settings, such as special care units (Götell et al., 2000) and medical clinics (Silverman & Hallberg, 2015). Preti & Welch (2004; 2011) and Preti & Schubert (2009), present an in-depth, observational and qualitative enquiry of

musicians in hospitals that informs understanding of the general features and impact of their work. This includes the emergence of this professional group of musicians (Preti & Welch, 2012b; 2013), the beneficial effects of their work on the delivery and receipt of patient care on a paediatric oncology ward alongside their caregivers (Preti & Welch, 2004; 2011), the positive and negative influence of their live music sessions on the work of hospital staff (Preti & Welch, 2012a) and the emotional characteristics of their performance practice (Preti & Schubert, 2009).

Arguably, these studies present a strong foundation for the continued, first-hand exploration of musicians' working across health and social care settings. Within this area, studies have documented live music services provided by musicians in care homes (Van der Vleuten et al., 2012), though, such studies are isolated and largely evidence the impact of live music sessions on those who live, work and visit care homes (Shibazaki & Marshall, 2016; 2017), as opposed to the musicians themselves. Also, studies are often reported from the standpoint of the investigators who designed and delivered live music interventions to care home residents (Cox et al., 2011; 2014).

Similarly, and somewhat paradoxically, there remains scant research exploring the perspectives, experiences and role factors of musicians providing these services beyond individual programme evaluation reports highlighting the overall effects of their services within care homes (Tapson et al., 2018). Studies that detail the perspectives and experiences of musicians working in care homes as an emergent professional group are underreported (Clements-Cortés, 2017), with considerations of the occupational factors, collaborative working and training they encounter while providing live music in care homes remaining minimally explored, particularly within the UK (Smilde et al., 2014). More broadly, the occupations of musicians who work as performers across different health and social care settings are generally "reported to be under-researched and under-theorized" (Dileo & Bradt, 2009, cited in Preti & Welch, 2012b, p. 649). Arguably, these research gaps present an immediate need to expand this knowledge base, due to the growing numbers of musicians working in this area and their need for training, support and guidance on the particular demands of this role and environment.

However, public reports on the impact of music in dementia care have emphasised a range of potential benefits that help to inform musicians' performance, practice and

continued professional development when delivering live music services to this population of care home residents. For instance, musicians' improved proficiency in the planning and delivery of a broad range of music repertoire, enhanced communication skills through the use of body language to connect with individuals with dementia, and the continued evolution of a reflective approach to the creative process of music performance as part of dementia care within this setting (Cameron & Sosinowicz, 2013). Collectively, these benefits highlight working in care homes as a potentially worthwhile occupation for musicians that advance varied dimensions of their professional practice as music performers.

Despite such reported professional advantages for musicians working in care homes, their perspectives in the research literature on live music provision in care homes appear limited and largely ad hoc. Musicians' documented experiences of care home work primarily include; their participation in, and evaluation of, randomised control trial investigations (Harrison, Cooke, Moyle, Shum, & Murfield, 2010), reports of the observed beneficial effects experienced by residents also being apparent amongst musicians, such as forming social connections with others (Clements-Cortés, 2017), and researchers who are musicians delivering experimental live music services to care home residents (Cox, Nowak, & Buettner, 2011).

The principal role of musicians in care home live music services given their expanding professionalisation to work within this context indicates a timely need for research to begin to establish the professional profile of this group of musicians (Smilde et al., 2014). Arguably, creating such a research focus will help to provide insights on the contextual demands and challenges, occupational factors and required skillset that could inform the professional development of musicians providing this particular form of live music provision, akin to the emergent body of research on musicians working in other health and social care settings, namely hospitals (Preti & Welch 2012b; Preti & Welch, 2013). This thesis will explore the perspectives of musicians that provide live music services in care homes via live music programmes, with emphasis given to their experiences of occupational factors, collaborative working and training surrounding their delivery of these services.

2.5.2 Professional Groups: Care Assistants

To once again draw upon the work of Shibazaki & Marshall (2016), these researchers highlighted the beneficial impact of live music services as an adjunctive aid to dementia care within care homes. Their findings were evidenced through a series of ethnographic observations of live music sessions in care homes within the UK and Japan, and a total of 53 individual participant semi-structured interviews divided across 27 residents with dementia, 13 family members and 9 members of nursing and volunteer staff and 4 care managers (Shibazaki & Marshall, 2016). Findings showed that the live music sessions afforded care staff an effective tool to observe and monitor the progress of resident conditions, an alternative means to the use of pharmacological treatments, deliver daily care with greater facility and provide more inclusive opportunities for activity engagement amongst residents with multiple health conditions, such as dementia and physical impairment (Shibazaki & Marshall, 2016).

This study provides a significant basis for the continued investigation of the range of beneficial outcomes as well as an adaptive occupational potential of live music service provision in care homes across multiple care-based professional groups. Nevertheless, the focus of this study did not extend to the process of providing live music services within care homes that led to the aforementioned effects, as viewed and experienced by a key professional group involved in care home live music service provision, namely, care staff. Within existing literature, a body of studies has begun to document care staff's perspectives on live music provision within care homes (Hammar et al., 2011). However, studies of these roles concerning the occupational factors (Cameron & Sosinowicz, 2013), collaborative working (Melhuish et al., 2015) and music training (McAlees, 2018) surrounding live music use in care homes remain secondary areas of enquiry.

Within the context of care homes, care assistants are central to the provision of daily support for residents, which includes assistance with personal care, subsistence, and engagement in activities (Zimmerman et al., 2005). Regarding music provision, the provision of a range of live and recorded music-based sessions in care homes serves as a means to assist interaction, communication and conversation between care assistants and residents, and offers care assistants encouragement to devise further engagement with live music amongst residents (Haake, 2014). Additionally, music provision in care homes promotes

awareness amongst care assistants of the beneficial effects of music on specialised resident populations, namely, those with dementia, such as improved mood, socialisation, communication and physical stimulation (McDermott et al., 2014; Harmer and Orrell, 2008). Taken together, these findings suggest that amongst care assistants, the provision of music as part of resident care acts as a supportive mechanism that fosters enhanced care practices and greater connectedness with resident populations (Cameron and Sosinowicz, 2013).

Care home music provision appears to hold various benefits to the professional practice of care assistants, though, the perspectives of care assistants involved with live music services delivered via live music programmes remain largely underrepresented. Studies exploring the impact of these live music services on care assistants' roles are noticeably scant (Shibazaki & Marshall, 2016; 2017), with their perspectives chiefly sought to provide insights into the effects of live music on residents' conditions, such as dementia (Haake, 2014). Not too dissimilarly, within dementia care research, investigations of care assistants mainly focus on the quality of care people with dementia receive and the impact of daily care on their quality of life (Innes, 2009). It is only within recent years that research has begun to document the professional experiences of care assistants that provide care to this resident population in care homes (Talbot & Brewer, 2015).

The lack of research into the role of care assistants as part of live music services is somewhat surprising considering that this professional group are the primary providers of multiple aspects of resident care (Zimmerman et al., 2005) and have been observed to partake in this form of music provision within their care homes (e.g., Shibazaki & Marshall, 2017). This thesis will explore the perspectives of care assistants involved with live music services with emphasis given to their experiences of occupational factors, collaborative working and training surrounding their support of these services.

2.5.3 Professional Groups: Activity Coordinators

Alongside the aforementioned perspectives of care assistants, the viewpoints of care home activity coordinators on live music services also remain largely overlooked. To contextualise this role, activity coordinators plan and implement leisure activity programmes designed to complement residents' interests alongside their current levels of

physical and mental capability and capacity for engagement (Corbett, 2013). Activity coordinators also actively participate in their designed activities alongside residents as a means to encourage their involvement in activities (Valios, 2010).

Despite the central importance of activity provision as part of the care of residents in care homes (NICE-SCIE, 2007; NAPA, 2016), there remains a need to formally establish this role within every care home across the UK (Corbett, 2013). Additionally, the role of care home activity coordinators is currently a largely unqualified and untrained position (Cameron & Sosinowicz, 2013). This position often forms part of the role of occupational therapists (Duellman Barris, Kielhofner, 1986) or is distributed amongst care assistants as part of their daily care duties (Train et al., 2005). It is only within recent years that training programmes for activity coordinators have been formalised (NAPA, 2016), though, this formalised implementation within care homes has been slow to progress (Learner, 2013).

Notwithstanding these insights suggesting a secondary and minor status surrounding the role of care home activity coordinators, their participation in care home activities has been documented as largely beneficial. Their involvement in residents' activities has been found to increase the occupation and social engagement of resident populations with specialised conditions, namely those with dementia (Morgan-Brown, Ormerod, Newton, Manley, & Fitzpatrick, 2011) and may promote positive perceptions of their role in the care of residents with dementia amongst colleagues (Train et al., 2005).

More negatively, the presence of activity coordinators has also been reported to create a reliance on their role amongst other care staff occupations, as the only role inferred to have the appropriate knowledge and general expectation to provide residents with activities in care homes (Lawrence, Fossey, Ballard, Ferreira & Murray, 2016). Such implied expectations towards the role of activity coordinators have led to recommendations for activity provision training to be approached as a collaborative endeavour amongst all care staff roles to ensure the continued provision of activities in care homes as part of resident daily care (Lawrence et al., 2016).

Despite this mixed presentation of the role of care home activity coordinators, the aforementioned oversight of their perspectives concerning live music services appears questionable since as part of live music services, activity coordinators help to facilitate interactions between musicians and care staff and ensure the availability of staff support

during the initial visits of musicians to deliver their sessions (Haake, 2014). Notably, research studies often fail to provide a clear distinction between the role of care assistants and activity coordinators in care homes (Stanyon et al., 2016; Shibazaki & Marshall, 2017), which may also account for the lack of nuanced documentation of their role perspectives and experiences of live music services.

The limited exploration of care home activity coordinators concerning live music services is further surprising given that these services form part of the organised activity programme as part of resident care, which is chiefly facilitated by activity coordinators (Shibazaki & Marshall, 2016). This thesis will be the first to explore the perspectives of activity coordinators that help to facilitate care home live music services with emphasis given to their experiences of occupational factors, collaborative working and training surrounding their support of these services.

2.5.4 Professional Groups: Care Home Managers

A final staff perspective that is also underrepresented concerning live music services is that of care home managers. Care home managers oversee the daily organisation of care homes and are responsible for the quality of care services provided to residents (National Careers Service, n.d.). This role is highly demanding and often involves the independent management of multiple dimensions of the care home. Including, administration, formal legislation procedures, overseeing the health and social care needs of all residents, building maintenance, and financial support (Johnson et al., 2010). As a consequence of such high professional demands, care home managers experience high levels of stress and feelings of disappointment at the limited time available to interact with residents due to managerial responsibilities (Johnson et al., 2010).

Additionally, care home managers maintain a high level of authority within their care home, often holding strong ideas surrounding how a care home should be organised, and influence the ethos, practice and delivery of care, staff attitudes towards care, the daily care routine, and aesthetics of the care home environment (Johnson et al., 2010). They also supervise the choice of programmed activities provided for residents (National Careers

Service, n.d.), often in consultation with the care home activity coordinator (Harmer & Orrell, 2008).

From this characterisation of the role of care home managers, it can be postulated that this role may be highly influential in shaping the nature of music provision as part of resident care, for instance; in selecting the type of music provided, overseeing the level of care staff involvement with music, and shaping general attitudes towards music within their care home. However, at present, virtually no research has explored the perspectives of care home managers on live music services, with their viewpoints largely generalised to inform the collective body of perspectives from care home staff on these services (Shibazaki & Marshall, 2016).

Notwithstanding this absence of care home manager perspectives on live music services, anecdotal comments have highlighted the supportive role of care home managers in the provision of music therapy programs for care home residents with dementia. Through direct experience working alongside music therapists, care home managers have recognised the beneficial impact of music provision on the development of care assistant skills in how to interact with residents with dementia (Melhuish et al., 2015), which suggests a promising basis for the continued investigation of their perspectives on live music services. Therefore, this thesis will explore the perspectives of care home managers on live music services, with emphasis given to their experiences of occupational factors, collaborative working and training surrounding their support of these services.

Overall, this discussion details four professional groups central to care home live music session provision. Namely, musicians, care assistants, activity coordinators and care home managers. Arguably, the involvement of these different occupations which spans a range of music and care-based professional roles serves to highlight care home live music services as a multi-professional practice. The presence of multiple professional groups within live music services raises questions on the degree of cross-professional communication and collaborative involvement that may supplement the provision of live music services in care homes, which is where the next section of this literature review now turns.

2.5.5 Professional Interaction: Collaboration

Studies on music in dementia care have shown that a range of music and care professionals have worked together to provide various forms of live music as part of the care of people with this condition. For example, McCabe et al., (2015) documented the experiences of people with early-stage dementia living in the community and their family caregivers that participated in a creative musical opera project with professional musicians and staff employed by a national opera organisation. The people with dementia and family caregivers participating in the project stated that they valued the opportunity to learn about opera and singing from professional singers and musicians, and, conversely, the musicians and staff reported that they had learnt more about dementia through the project (McCabe et al., 2015).

Additionally, Melhuish et al., (2015) found that nurses and healthcare assistants who observed how a music therapist interacted with people with dementia living in care homes as part of a six-week music therapy intervention study enhanced their daily interactions with residents with dementia. Nurses and healthcare assistants mirrored the interactive approach adopted by the music therapist, which served to elicit positive responses from residents with dementia (Melhuish et al., 2015). Similarly, the use of collaborative individualised music therapy carried out between a music therapist and care assistants for people with advanced stages of Huntington's disease has been observed to improve the overall quality of care that patients received (Lagesen, 2014).

Furthermore, Garabedian (2019), described their role as a certified music practitioner specialising in playing to people who are nearing the end of life and working alongside care home managers, care assistants and doctors to deliver an emergency music intervention for a highly agitated resident with advanced dementia. Their intervention reportedly served to encourage a developing relationship amongst these professional groups in supporting the use of music as part of resident care (Garabedian, 2019). Equally, studies focusing on developing live music-based protocols for care home residents with dementia have also taken a collaborative approach to design these scientific models of music investigation. For instance, drawing on the perspectives of family caregivers, care home staff and professional musicians who have worked with music with this population to

inform both the music-based content and evaluation framework of such protocols when implemented in practice (Coon, McCarthy, O'Toole, Rio, & Bontrager, 2015).

Taken together, these findings highlight that collaboration between music and care professionals on the use of music as part of dementia care has the potential to promote learning across different domains of professional knowledge on music and dementia care practices (e.g., McCabe et al., 2015). This professional collaboration also fosters the creation of shared professional approaches to working on the provision of music in the care of aged and specialised populations to improve professional practices, such as the provision of daily care, and inform tools for research on music in care (e.g., Garabedian, 2019; Coon et al., 2015). Despite these favourable findings on collaborative working between music and care professionals, other research studies have also shown that there remains a need for greater “connectedness” and communication between professional groups in order to promote a more unified and collaborative approach to the provision of live music as part of the care of care home resident populations, namely those with dementia (McDermott et al., 2014, p. 715).

McDermott et al. (2014) found that the occupational demands of different professional roles caused conflict and tension surrounding the provision of live music as part of dementia care in care homes. Specifically, music therapists that preferred working alongside care staff in the provision of live music therapy programs for residents with dementia reported that the demands of the daily care home routine restricted their available time to build professional relationships with care staff (McDermott et al., 2014). Furthermore, the music therapists conveyed that the timed constraints of the care home routine limited the extent to which they could effectively feedback and communicate with care staff on the progress of residents with dementia participating in their music therapy sessions (McDermott et al., 2014). Also, mixed views surrounded the practice of music therapy between these two professional groups. Music therapists perceived a limited interest in their practice from care staff, while care staff viewed music therapy as a somewhat guarded and vague practice (McDermott et al., 2014).

Collectively, these less favourable findings suggest a need to improve channels of communication and supplement greater awareness of the nature of individual roles between different music and care professions, particularly within care homes. However,

it is also worth questioning whether the different professional groups involved hold shared motivations and goals towards live music provision as part of resident care within this setting; given that the aims of professional collaboration are broadly conceived as multiple professional groups working together towards common goals or to explore a particular phenomenon (Lai, Lai, Ho, Wong & Cheung, 2016), alongside the aforementioned multiple professional roles that may come together to provide live music in care homes.

Notably, Chatterton, Baker, & Morgan (2010) found that singing as part of dementia care amongst different professional groups chiefly reflected the individual nature of the involved occupational roles. For example, music therapists addressed specific rehabilitative goals when singing with people with dementia, such as aiming to improve cognitive, behavioural, and social functioning, while care assistants focused on the development of relationships and improvement in caregiving experiences for people with dementia through singing (Chatterton et al., 2010).

In line with these diverse professional approaches, Lai et al., (2016) observed that music and social care professionals implementing a music-with-movement intervention for people with dementia living in the community held different expectations surrounding what was to be achieved through this intervention. For example, social workers were reportedly concerned with people with dementia's enjoyment of the intervention, while occupational therapists focused on the physical benefits this population could potentially gain from participating in the intervention (Lai et al., 2016). This finding further highlighted a need for "frequent and open communication" between the different professional groups involved to successfully facilitate the intervention (Lai et al., 2016, p. 83). These findings suggest that there is not only a need to explore the different professional roles involved in live music provision in aged care, but also a requirement to acknowledge the various professional views, intentions, and expectations that may surround the provision of live music across different care settings, including care homes.

With this final preceding point in mind, it is noticeable that there is virtually no research exploring professional collaboration concerning live music services in UK care homes. This absence of research appears somewhat questionable when considering live music services can be viewed as a multi-professional practice, as highlighted above in the discussion of the professional groups involved (see section 2.5.1-2.5.4 above). However, as

part of a set of pilot research project workshops designed to promote collaborative expertise between musicians and hospital staff involved in the delivery of live music services on a dementia hospital ward, Overy and Forde (2014) provided musicians with training about dementia from an occupational therapist within the hospital, and gave hospital staff the opportunity to attend music training workshops led by the musicians.

Additionally, musicians were allowed to spend time meeting hospital ward staff and patients before the delivery of the live music services, both musicians and hospital staff provided reflective reports after each session (Overy & Forde, 2014). The musicians were reported to perceive their dementia training as helpful to the overall delivery of the live music services, while hospital staff viewed their music training and subsequent involvement in the live music services as effective in encouraging interactions with patients with dementia (Overy & Forde, 2014). Furthermore, the written reflections from both musicians and hospital staff encouraged thoughtful discussion between musicians after each live music session and served to inform the content and delivery of successive live music services (Overy & Forde, 2014).

This study shows how research is beginning to outline the various ways in which professional collaboration as part of live music services in aged care settings may be supplemented. Namely, through professional training in converse domains of knowledge, and written reflections about live music services as part of dementia care provided by both musicians and care staff. Still, there remains an absence of research on the collaboration of the professional groups involved in live music services and evidence-based recommendations for methods of collaborative working for these services within care homes.

Therefore, this thesis will explore the perspectives and experiences of musicians, care assistants, activity coordinators and care home managers on working with one another to enhance future collaborative dynamics between these professional groups to support the multi-professional provision of these services. The next section of this discussion considers the role of training to support the musicians and care staff that provide live music services, as briefly highlighted within this section concerning the collaborative practices of musicians and care staff involved in live music services (Overy & Forde, 2014).

2.5.6 Professional Education: Musicians' Training

Initially, it should be emphasised that professional musicians hold an understanding of live music performance and the practice of delivering live music in a variety of contexts (Creech et al., 2008) and the multiple care professionals within care homes possess experience of working in the care of residents with specialised conditions, such as dementia (Bowers, 2014). Therefore, the provision of training in contrasting domains of professional knowledge is arguably an effective means to promote awareness and understanding amongst musicians and care staff of one another's professional practice. Whether this takes the form of training for musicians on the specialised conditions of resident populations, such as dementia, or training for care staff on music use as part of their roles (e.g., Overy & Forde, 2014)

However, there remains little research insight on the current training methods for musicians providing care home live music services or their perspectives on their care home training experiences, beyond the approaches outlined by particular live music programmes. For example, musicians may undergo an audition with their chosen programmes, which hold specific criteria for selection that includes high levels of musicianship, a varied and appropriate choice of repertoire, good presentation skills, and the ability to establish rapport with an audience (e.g., Live Music Now, 2019c).

Once selected for their programme, musicians' training can comprise of a programme of continued professional development (e.g., Live Music Now, 2019d). This programme involves induction sessions designed to introduce musicians to the settings they will be working in, including care homes, followed by mentored performances alongside more experienced musicians from their programme in the early stages of their programme membership to help develop their session approach, and subsequent training opportunities to engage in peer support and skill-sharing sessions with fellow musicians on their programme throughout the remainder of their membership (Live Music Now, 2019d).

Hence, access to formalised training for musicians working in care homes appears largely contingent on musicians' membership to live music programmes that undertake work within this setting. Such exclusive accessibility to training for care home work may further be seen to preclude musicians currently working as independent performers in care homes also accessing such opportunities to develop their work within this context (e.g., ACE

Music Booking Agency, n.d.). Still, the lack of established and comprehensive specialised training for musicians working in UK care homes may reflect the emergent nature of this professional group (Smilde et al., 2014). Notably, it is only within the last decade that further education institutions in Europe have begun to create curriculums to support the formal professional preparation of musicians in hospitals (e.g., Musique & Santé, 2011, cited in Preti, 2009), which suggests an underlying need to explore further avenues of music education to supplement formalised training of musicians working in care homes.

Within the UK, universities have created postgraduate master's level programmes in community music, which can cover "work in schools, prisons or hospitals, the development of music in under-resourced areas and with disadvantaged people" (University of York, 2019). Alongside master's programmes in music and wellbeing that are designed to learn musicians "skills directly related to careers in areas including arts therapies, education outreach/music education, community music" (University of Leeds, 2019). However, such programmes may be seen to be somewhat generalised and lack a degree of professional focus to support the specialised education of musicians distinct to care homes, as it is reasonable to suggest that musicians' work within this context requires a particular set of contextualised skills. For instance, how to work with music with residents with specialised conditions, such as dementia (e.g., Shibasaki & Marshall, 2017), and knowledge of individual care staff roles and their degree involvement with music in care homes (Haake, 2014).

Furthermore, on average, the cost of UK master's programmes is currently within the region of £7,392 (FindAMasters, 2019a), with financial support for these programmes contingent on an individual's personal finances and their ability to secure funds from select sources, such as scholarships, charities and government loans, which is not always guaranteed (FindAMasters, 2019b). However, the financial accessibility of such master's programmes to potentially support the training of musicians in care homes is questionable, particularly when these costs are considered in view of the adverse financial status of many UK musicians (Savage, 2018); with figures detailed within Chapter 1 of this thesis highlighting the small-scale annual earnings of between £5,000 to £10,000 for this professional group (The Mandy Network, 2018; Van der Mass et al., 2012).

Overall, these insights on current training methods for musicians working in UK care homes presents an unclear picture of how their training could be most effectively realised

to promote comprehensive accessibility across this emergent professional group. This thesis will detail musicians' perspectives on training methods to supplement the provision of live music services within UK care homes.

2.5.7 Professional Education: Care Staff Training

The current presentation of care staff training for care home live music services shows similarity to the aforementioned training approaches associated with musicians in care homes (see section 2.5.6 above). There remains virtually no research-based insights on current training methods provided for care staff, or their perspectives and experiences of such training beyond specified approaches detailed in association with individual live music programmes (e.g., Wigmore Hall, 2019). Such approaches once again highlighting a contingency of care homes' associations with live music programmes to access live-music based training, as seen with musicians' training detailed in the preceding section (e.g., Live Music Now, 2019d).

For example, care homes affiliated with live music programmes' Musicians' in Residence projects include a select group of musicians working with care staff over several months primarily to help develop care staff's awareness, confidence and knowledge of how they can use live music as part of resident care. Alongside showing care staff how to most effectively support musicians' delivery of their sessions and promote relationships between these two professional groups (Live Music Now, 2019e). Similarly, studies exploring care staff's experiences of music training are generally ad hoc, documenting the implementation of specific music-based protocols (e.g., Gerdner, 2005; Gallagher, 2011) or the taught application of particular music interventions as part of daily resident care practices to support research studies (Hammar et al., 2011). Once again, as seen within the preceding discussion of musicians' training, such distinctive training approaches question how music training for care staff can be realised to promote the comprehensive and informed use of music across UK care homes, particularly amongst the aforementioned roles central to supporting to the provision of live music services (see section 2.5.1 – 2.5.4 above)

However, following on from this final preceding point, there are currently no national standards for care staff training within the UK (Andrews, 2015), with training

primarily the responsibility of individual care home providers (Carter, 2015). This largely individualised approach to training has highlighted substantial inadequacies in the training care staff receive within UK care homes (Carter, 2015). Care staff have been found to lack sufficient training for their care home work, particularly concerning caring for specialised resident populations, namely, those with dementia, alongside training for safeguarding and legislative procedures (Carter, 2015). These training inadequacies are chiefly thought to reflect views of training amongst care home providers as an inferior priority (Carter, 2015), alongside insufficient human resources that leave care homes unable to release staff to attend training and financial pressures that lead to care homes being unable to subsidise training costs (Carter, 2015). Arguably, these broader concerns about the high variability of care staff training undermine the potential for music training approaches to be comprehensively promoted and realised within care homes across the UK.

As a final point within this discussion, to contrast from considerations of the aforementioned formalised music training approaches for care staff, it is once again worth drawing attention to above-mentioned research findings. Namely, those of Shibasaki & Marshall (2016), in which live music services were observed to enable care assistants to document the rate of recovery from a physical injury in residents with dementia, as well as provide daily care to residents with this condition with a greater overall facility (Shibasaki & Marshall, 2016). These findings suggest that through their active participation in live music services, care staff are able to learn how to compliment resident care practices through partaking in live music services on an experiential basis, which queries the applicability of formalised training approaches to support care staff music training, such as long-term collaborative workshops with musicians (Live Music Now, 2019a). This thesis will detail care staff's perspectives and experiences of training methods to supplement the provision of live music services within UK care homes.

2.5.8 Summary

Overall, this final section of this literature review highlights four key professional groups that support the provision of live music services in UK care homes: musicians, care assistants, activity coordinators and care home managers. Despite the central involvement of these professional groups with care home live music services, their perspectives and experiences of these services are currently underrepresented in research, with little insight into how the occupational factors of their roles impact on live music service provision.

The involvement of these different professional groups highlights live music services as a multi-professional practice, though, there remains limited understanding of how these groups work together to provide these services in care homes. Additionally, details on the methods of training as experienced by these professional groups to support their provision of live music services are absent from research. Taken together, these gaps in the research on live music services present considerable scope to explore the perspectives and experiences of these key professional groups concerning the occupational factors, collaborative working and training that support their provision of these live music services in UK care homes.

2.6 Literature Review Closing

In closing, the provision of music activities is a commonplace part of resident care in UK care homes. However, there remains an absence of a comprehensive body of research investigation on the processes, perspectives and impact of the various forms of music activities that are currently provided in care homes, alongside modest insight on the organisational factors that may adversely affect music activity provision as clearly demonstrated with regard to the research on general care home activity provision. Arguably, the lack of detailed research investigation on care home music activities presents an incomplete basis on which to substantiate theoretical and empirical understanding of care home live music services. Such minimal insight appears questionable since these services form part of the general activity programme of resident care (Shibazaki & Marshall, 2016). Therefore, this gap in current research presents considerable scope for further

investigation to inform research understanding of music activity practices, inclusive of live music service provision.

Research reports indicating the rising prevalence of dementia within the UK places a timely emphasis on attributing greater prominence to the role of care homes in the lives of people with this condition. Notwithstanding this timely emphasis, there appears a lack of clarity on the degree of research to support people living with dementia in care homes at this present time, particularly concerning the role of music in their daily care. However, national initiatives have emphasised the evident public support for research on dementia and, more specifically, music in dementia care within the UK.

This clear public support considered alongside the substantial body of research studies highlighting the marked associations and largely beneficial impact of music in the care of people with dementia gives prominence to the importance of music as an adjunctive aid to dementia care, particularly for people with this condition living in care homes. However, the range of health conditions amongst care home residents alongside those with dementia should not be overlooked, as there remains a promising opportunity for research to explore the role of music tailored to the care of these other resident health conditions, particularly concerning promoting the more specialised provision of live music services.

Lastly, research studies and public reports have begun to detail the emergence of a specific form of live music-based activity as part of dementia care within UK care homes. Namely, live music services delivered by live music programmes specifically designed to provide interactive live music sessions in care homes delivered by professional performing musicians. Alongside musicians, a range of care home roles are involved in the provision of these services: care assistants, activity coordinators, and care home managers. However, there remains a lack of research exploring these live music services, particularly concerning the perspectives and experiences of these aforementioned professional groups involved with live music service provision in care homes.

These perspectives remain underrepresented even though live music sessions afford musicians the opportunity to expand their professional occupation as music performers and directly complement the specific role demands of care assistants, activity coordinators and care home managers. Also, there is virtually no research that explores how these professional groups work together as part of the provision of live music services, alongside

little insight on their perspectives and experiences of professional training to support their involvement with these services.

2.7 Emerging Themes for Empirical Work

Following on from the findings of this literature review presented above, three main themes emerged from this literature review that was deemed as the most interesting by the thesis author to explore through empirical investigation. This marked degree of interest arose through the currently minimal research investigation on these themes that were highlighted in the main literature review findings (see section 2.5 above), and the thesis author's professional want to explore these three main themes first-hand and contribute new insights on these underexplored topical areas of investigation. The three main themes are as follows; firstly, the occupational factors perceived and experienced by musicians and care staff throughout their professional work in care homes with live music services, secondly, how musicians and care staff work collaboratively to facilitate care home live music services, and finally, musicians' and care staff's perspectives and experiences on training to supplement their work with live music services in care homes. Therefore, in light of these thematic gaps in the current research literature, this thesis will seek to answer the following questions on these three themes:

1. What are the occupational factors perceived and experienced by key professional groups involved in the provision of live music services in UK care homes?
2. In what ways do key professional groups involved in the provision of live music services in UK care homes work together to facilitate these services?
3. What methods of training are available to supplement key professional groups involved with the provision of live music services in UK care homes? How do these groups view the role of training as part of their involvement with live music services in UK care homes?

The next three chapters of this thesis each present an empirical study that explores the provision of live music services in UK care homes as perceived and experienced by the key professional groups who support these services, as outlined above: musicians, care assistants, activity coordinators and care home managers.

Chapter 3

Exploring the perspectives and experiences of key professional groups supporting live music services in UK care homes: an observation

3.1 Declaration

The care home live music session observation project detailed within this chapter had two phases, data collection and data analysis. Data collection was conducted from May 2015 – July 2015, before this thesis began (October 2015). The data collection phase will be outlined in this chapter in order to frame the data analysis process which formed the first activities of this thesis; however, this phase is not to be considered part of this thesis study.

As the research assistant during the data collection phase, this thesis author had an equal role alongside the two project investigators. Two members of the core research team (two investigators and this thesis author) carried out data collection at each care home depending on their availability during the scheduled visits. This thesis author attended seven of the nine care home visits. Data collection during the visits comprised of video-recorded observations, researcher observation notes and semi-structured interviews. At the seven sessions this thesis author attended, their role was to record observation notes and conduct interviews. This thesis author carried out interviews alone and conducted an equal number of interviews to the two investigators attending each observation.

The data analysis phase of this project commenced at the start of this author's PhD thesis (October 2015) and formed the initial insights of live music programmes as part of care home life that drove the development of later studies. Hence, the description of data analysis and conclusions drawn from the observation project are entirely the work of this thesis author.

3.2 Introduction Overview

With the research interests of this thesis are firmly established in investigating live music programmes within the context of care homes as put forth in chapters 1 and 2, the next logical step in the research process is to gain experience of the live music programmes provided within this environment. This experience will allow the author to obtain both personal insights relating to this unique environment and ensure that planned research studies of professional groups balance well the demands of ecological validity and practical understanding of the situation. Empirical observation of care homes, and the live music programmes they provide present a model standpoint from which to fully interpret this area of research and plan further qualitative enquiry that employs a semi-structured interview approach tailored to the key professional groups involved in this service provision: musicians and care staff. Thus, what follows in this chapter details the research process and observational outcomes that directly informed the studies of this thesis, which are reported in Chapters 4 and 5.

3.3 Observing Live Music Programmes in UK Care Homes

To serve as a reminder, the work of the study described within this chapter was part of a University of Sheffield collaborative research project, with data collection carried out throughout March to August 2015 before this thesis began (October 2015). Hence, it is inappropriate to discuss all of this project as if it were a normal study within this thesis. Instead, the data collection phase of the project is presented briefly first in order to establish the development of ideas and experience relevant to this PhD work, which was formalised by the process of data analysis undertaken on the data. This approach of utilising secondary data to explore research areas from an alternative stance or as a collective body of evidence on a particular topic is often carried out in music and care research (Song et al., 2018; Bro et al., 2018).

Initially, a brief section reports the three main areas of the data collection phase. This description is essential to framing the data analysis phase that follows. Firstly, the study background will be described, followed by details of the participants, and finally, the approach to data collection.

3.3.1 Background

As outlined in Chapter 2, there is an extensive body of research examining the effects of music in the care of people with dementia (Götell et al., 2002). However, the roles, perspectives and experiences of key professional groups supporting live music service provision as part of dementia care in care homes remain underrepresented in research; in particular, professional musicians and care staff. Therefore, to supplement this research gap, the project had two overarching aims:

1. To develop an understanding of how live music provision in dementia care is conceptualised by musicians and care staff who support live music session provision as part of dementia care in care homes.
2. To explore the experiences, reactions and hopes of musicians and care staff who support live music session provision as part of dementia care in care homes.

3.3.2 Visiting Care Homes

The collaborative research project comprised of an interdisciplinary team of researchers from the University of Sheffield whose fields of research were appropriate to the three key topical areas of the project: a music psychologist (Principal Investigator), a dementia specialist (Second Research Investigator), an expert in health support for older people (Project Advisor) and a taught postgraduate level music psychology researcher (Research Assistant and author of this thesis).

3.3.3 Care homes and Care Staff

The project involved visiting nine care homes based in South Yorkshire that provided live music programmes. Table 4 below details the care home pseudonyms, the types of care homes and care provided at each home, and the approximate number of care staff that attended the live music sessions. Variations in care staff session attendance chiefly reflected the organisational factors of the care homes: care homes' staff rotas, the number of care

staff working at the time of the session and their role duties. These care homes comprised of a range of private, public and voluntary care homes and one public day centre.

Table 4: The care home pseudonyms, types of care homes and care provided and approximate average number of care staff in attendance at each of the nine care home visits as part of the project, with the pseudonym abbreviations of CH (care home) followed by a number designating the chronological order of care home visits in the project.

Care home pseudonym	Care home type	Types of care provided	Approximate average number of care assistants
CH1	Private	Old Age Dementia	<i>M=3</i>
CH2	Private	Old Age Dementia	<i>M=2</i>
CH3	Voluntary	Old Age Dementia Sensory Impairment	<i>M=1</i>
CH4	Private	Old Age Dementia	<i>M=4</i>
CH5	Private	Old Age Dementia	<i>M=2</i>
CH6	Private	Old Age	<i>M=2</i>

		Dementia	
CH7	Voluntary	Dementia	M=2
CH8	Voluntary	Dementia	M=4
CH9	Public	Old Age Dementia	M=4

Note. The approximations of care staff in attendance at each session were generated through quantitative analysis, with the mean of each data set calculated for all the video-recorded observations of the nine live music sessions.

3.3.4 Live Music Sessions and Musicians

The live music sessions were provided by a registered UK music charity that provides such services to people with dementia living in care homes and hospitals across the UK. The charity's live music sessions are delivered in duo format by two professional musicians highly skilled in music performance and are approximately fifty minutes to one hour in length. These live music sessions are delivered to care homes on an approximately monthly basis and form part of each visited care home's organised activity schedule for residents with dementia. The live music sessions are designed to be interactive, with features that include; professional musicians playing instruments and/or singing live, the use of live music-based games and percussion instruments to promote shared interaction between musicians and audience members and gentle physical touch facilitated by musicians to foster mindful engagement.

To outline the general characteristics of the musicians and the live music sessions they delivered, two professional musicians employed by the charity delivered the nine live music sessions observed in the project, with each session provided by a different duo ($N = 18$). Adding to these general characteristics, Table 5 below outlines the musicians' pseudonyms, instrumental format and approximate average audience size of each live music session. The most common musician instrument duo format was voice and piano ($N=6$) with other instruments including flute, harp, cello and violin. Concerning the

musicians' audience, the average audience size fluctuated at each care home, ranging from approximately 6 to 22 residents. These variations in audience size reflected residents leaving during sessions for personal care needs, family visits or residents arriving after the sessions began.

Table 5: The musicians' pseudonyms, instruments and approximate average audience size at each of the nine care home visits as part of the project, with the pseudonym abbreviations of D (duo) followed by a number designating the chronological order of care home visits and M (musician) followed by a number designating the chronological meeting of musicians in the project.

Musician duo pseudonyms	Musician duo instruments	Approximate average audience size
D1: M1 & M2	M1: Voice M2: Piano	<i>M</i> =22
D2: M3 & M4	M3: Voice M4: Piano	<i>M</i> =10
D3: M5 & M6	M5: Voice M6: Piano	<i>M</i> =6
D4: M7 & M8	M7: Flute M8: Piano	<i>M</i> =24
D5: M9 & M10	M9: Voice M10: Piano	<i>M</i> =14
D6: M11 & M12	M11: Voice M12: Harp	<i>M</i> =12

D7: M13 & M14	M13: Cello M14: Violin	M=14
D8: M15 & M16	M15: Voice M16: Piano	M=6
D9: M17 & M18	M17: Voice M18: Piano	M=18

Note. The approximations of the average audience size at each session was generated through quantitative analysis, with the mean of each data set calculated for all the video-recorded observations of the nine live music sessions.

3.3.5 Methodological Approach

The project adopted a qualitative research approach. Qualitative research is an inductive, exploratory process that seeks to understand the experiences, motivations, opinions and realities of individuals concerning a particular phenomenon of study (Epstein 1988, cited in Johnsen, Biegel, & Shafran, 2000). This approach is a typical method of investigation used in studies to explore various aspects of care home contexts, such as organisational culture and resident quality of life (Robertson & Fitzgerald 2010; Cahill & Diaz-Ponce, 2011). A qualitative approach is also an effective method of enquiry to afford direct engagement with musicians working in non-traditional performance settings, such as medical clinics, and provide a greater understanding of their professional experiences within these new occupational settings (Silverman & Hallberg, 2015).

At least two members of the research team attended each of the nine live music sessions. A data collection triangulation process was adopted, whereby multiple methods of qualitative data collection were employed (Denzin 1998, cited in Robson, 2011). Data collection triangulation strengthens the representation of findings by obtaining data from multiple standpoints (Denzin 1998, cited in Robson, 2011).

Video recordings were employed to document all of the live music sessions. Video-based fieldwork is an established research practice for capturing phenomena occurring in natural settings (Jewitt, 2012), and has been used to investigate live music sessions in care facilities (Preti & Welch, 2004; Götell, Brown, & Ekman, 2003). To reduce observer bias, observation notes were made by the two or three members of the research team present at each live music session (Shibazaki & Marshall, 2016; Denzin 1998, cited in Robson, 2011). These observation notes comprised of basic features of the sessions that the researchers were free to document in a variety of forms including; drawings, a narrative of events, opinions, reactions, questions and positive and negative descriptions and insights.

In-person semi-structured interviews were conducted with eight of the nine musician duos, with one musician duo being unable to provide an interview due to time constraints of their professional schedule. In-person individual semi-structured interviews were also conducted with sixteen care home staff personnel across the nine care homes with the number of reported roles interviewed detailed in Table 6 below. Studies have used semi-structured interviews when exploring the professional experiences of musicians working in healthcare settings, such as hospitals (Preti & Schubert, 2011) and dementia care assistants (Talbot & Brewer, 2015).

Table 6: The care home pseudonyms and the number of individual care staff roles that took part in in-person one-to-one semi-structured interviews in the project, with the pseudonym abbreviations of CH (care home) followed by a number designating the chronological order of care home visits in the project.

Care Home Pseudonym	Number of Care Staff Roles Interviewed
CH1	Care Assistant (<i>N</i> =1)
CH2	Care Assistant (<i>N</i> =3)
CH3	Care Assistant (<i>N</i> =3)
CH4	Activity Coordinator (<i>N</i> =1)
CH5	Care Assistant (<i>N</i> =2) Administrator (<i>N</i> =1)
CH6	Activity Coordinator (<i>N</i> =1)
CH7	Activity Support Worker (<i>N</i> =1) Locksmith (<i>N</i> =1)
CH8	Care Assistant (<i>N</i> =1)
CH9	Activity Coordinator (<i>N</i> =1)

An interview schedule for both the musician duo and care staff was designed by the principal investigator in consultation with the second investigator and this thesis author. The same three overarching questions were used for interviews with both groups as a means to gain a concurrent understanding of key aspects of live music sessions across these different professional groups. These three questions centred on perceived session effects amongst residents, the personal impact of sessions on musicians and care staff, and their

ideas for future session development. A fourth supplementary question was included that allowed musicians and care staff the opportunity to voice any further comments about live music sessions. This question was asked in six of the musician duo interviews and eleven of the care staff interviews. Prompts for more detailed aspects of each question were also included within the interview schedule, to be used if the flow of conversation from the overarching questions was limited. Example prompts for musician duo interviews included, “how do your experiences impact on your musical development?” and “would you have any recommendations for fellow musicians on how to approach preparation?”. Example prompts for care staff interviews included, “have you observed any consistent patterns about how people with different types of dementia react to the music?” and “have these sessions changed your ideas about dementia?” (see Appendices 1 and 2 for the full care home live music session observation project interview schedules).

All interviews were conducted on-site at each care home within a private, public space, such as unoccupied residents’ rooms or vacant communal spaces. All interviews were audio-recorded. A total of 24 interviews were conducted across the two professional groups. Practical circumstances surrounding the sessions, such as musician duos’ arrival times and care staff shift patterns and role duties ultimately dictated the timings of each interview, which were either conducted shortly before or immediately after each live music session. On average, musician duo interviews lasted approximately 35 minutes in length and the longest approximately 1 hour and 20 minutes. On average care staff interviews lasted approximately 14 minutes in length and the longest approximately 28 minutes.

Ethical approval was obtained from the University of Sheffield Department of Music Ethics Committee. Consent forms were completed and signed by all participants that informed them of the voluntary nature of their participation, anonymisation of their responses, the confidential storage of their data and their right to withdraw at any time during the study. All data was stored on a university server with all data files anonymised for data storage.

3.3.6 Data Analysis Process

This section describes how the data collected by the methods outlined in section 3.3.5 above were analysed at the beginning of this thesis study in order to gain prime insights related to the thesis author's area of interest: key professional groups who support the provision of live music services within UK care homes. Firstly, the thesis author's data analysis process will be defined. Secondly, key observations will be reported.

In October 2015, at the start of this PhD, this thesis author carried out data analysis defined here as "the process of bringing order, structure and interpretation to a mass of collected data". Data analysis in qualitative studies searches for general expressions of the relationships to emerge from analysed data that are true to participants' realities (Marshall & Rossman, 1999, p. 150).

Firstly, this thesis author carried out a video review of each video-recorded session. This video review process involved watching each video-recorded session in its entirety at least twice. This process provided a holistic viewing experience of the live music sessions, which offered a comprehensive understanding of the active delivery and content of the sessions as carried out by musicians and care staff. The thesis author then listened to all audio recorded interviews and read all session observation notes at least twice. This thesis author also wrote down what they considered to be notable observations that enhanced their knowledge and understanding of care home live music sessions, with particular regard given to observing the musicians and care staff, their working environment and the relations between them. These written notes took the form of direct quotes from each of the three data sets alongside this thesis author's descriptions of visual material from the video-recorded sessions and their conceptual ideas as discerned from the data (see Appendix 3 for an example of this thesis author's observation notes from the care home live music session observation project).

Secondly, this thesis author read their written notes at least twice. This reading was followed by collating these notes into what they chose to term topical conceptual observations, for example, observations on the concept of music programme delivery, music programme content and interactions between residents and staff during sessions. This topical grouping was inspired by how observational studies on care practices within care homes chose to conceptualise aspects of care being observed, such as "quality of care"

(Van Beek & Geeritsen, 2010, p. 1278). The choice of the most substantial conceptual insights to inform further thesis work was made at the discretion of this thesis author. The criteria that this thesis author used to discern their choice of the most substantial conceptual insights to result from analysis focused on three main areas. Firstly, the centrality of the subject matter of the conceptual observations to their area of interest, namely, key professional groups that support live music services in UK care homes. For example, a central conceptual observation topic was deemed to be the positive role outcomes of care home live music services reported by both musicians and care staff as key professional groups involved in the provision of these services. Secondly, the degree of subject diversity across the conceptual observations. For instance, through collating the conceptual observations, it was noted that the observations revealed insights on different temporal dimensions of musicians' and care staff's experiences with live music service provision; their active role involvement within individual sessions and their general perceptions of working with care home live music services as part of their roles. Thirdly, the overall quantity of the thesis author's gathered written notes on each conceptual observation to afford more detailed knowledge on musicians' and care staff's professional experiences of care home live music service provision.

This thesis author then considered how their main conceptual insights could be utilised to advance abstract and practical aspects of their further thesis work, which ultimately led to the creation of the studies reported in full in Chapters 4 and 5 of this thesis. A selection of key observations to result from this data review process are presented below and evidenced through this thesis author's reflective critical insights of these observations and direct quotes from the three data sets where appropriate.

3.4 Key Observations and Actions Going Forward

This next section reports four main observations that resulted from the data analysis described in section 3.3.6 above and how these observations led to multiple research intentions carried out in Chapters 4 and 5 of this thesis. Each observation will be detailed and complimented by selected evidence from the interview data and this thesis author's observation notes, followed by descriptions of how all of the key observations informed various research intentions of Chapters 4 and 5.

3.4.1 Key Observations

3.4.2 The Occupational Benefits of Live Music Sessions in Care Homes

This first observation details the occupational benefits musicians and care staff perceived through their work with live music sessions in care homes. In their interviews, musicians and care staff spoke at length about the beneficial influence of live music sessions on their professional roles and the holistic impact of sessions on care home environments and residents' state. Musicians described varied ways in which their live music sessions benefited their continued professional development as performing musicians. For the sake of brevity, two of these noteworthy examples will be detailed.

Firstly, musicians reported feeling a sense of freedom surrounding their care home live music session performances as compared to their performances in other settings, namely, concert halls. This notion of freedom reportedly centred on musicians feeling as though their care home live music sessions afforded them opportunities to give less mannered performances than is expected of them in concert halls. As a result of this sensed professional freedom, musicians reasoned that they could focus on more individual and creative aspects of their performance practice in care homes, such as trying new repertoire, presenting personal interpretations of pieces of music and being less preoccupied with mistakes and performance anxiety.

“It frees you up to do what you want without the pressure of people scrutinising what you are doing...if you're doing a concert for the discerning public...here it's just kind of nice to think...you can interpret things the way you want and you can add things the way you want and you are not going to get...shot down if you do it wrong.” [M4, CH2]

Secondly, musicians highlighted how the close visual proximity of their care home audiences, which allowed them to talk to residents and visibly discern their degree of enjoyment and involvement, enhanced their abilities to communicate with concert hall audiences. For instance, this may be verbally, when introducing individual music pieces in

their programme within concert hall settings, or tacitly, in understanding the emotive reactions that different songs they performed elicited amongst concert hall audiences, despite reportedly limited visibility.

“It’s allowed me to understand maybe more about what actually touches an audience, which parts of different songs...with this audience...you are right in people’s faces...if you can bring some of that feeling into what you do no stage it actually communicates a damn sight better than if you think...oh there is a fourth wall between you and an audience.” [M18]

Care staff described beneficial occupational-related outcomes associated with the influence of musicians’ live music sessions in two main areas: further music use and professional satisfaction and wellbeing. They described how live music sessions provided by the musicians informed their use of music in the daily care of residents, particularly those with dementia. For example, certain songs musicians performed during sessions served as a means to elevate residents’ mood and facilitate care delivery, bring residents with dementia into the present moment to engage with other residents and staff, and provide care staff with greater insight into residents’ past lives and experiences connected to pieces of music.

“It gives you ideas about what to do with them when they are not here...if you have got someone at night and they are a bit down you can put a bit of music on that the musicians will play and it gets them going and they will talk to you and it does help a lot in my job.” [Activity Support Worker, CH7]

Care staff also reported a clear degree of altruistic satisfaction as a result of witnessing the pleasure residents expressed through being part of the musicians’ live music sessions. Alongside this sense of professional gratification, care staff were also aware of their positive anticipation of musicians’ sessions because they were knowingly enjoyed amongst residents. Furthermore, immediately following a session, care staff described

feeling a continued sense of excitement that was concurrently experienced by residents and derived from their joint session involvement and enjoyment.

“I love to work when the musicians are here, I always try to work on that day because it makes me happy to see that my residents are happy...it does make me feel happier knowing that the musicians are coming and that they are going to cheer them up on that day.” [Activity Support Worker, CH7]

Lastly within this observation, both musicians' and care staff's comments were imbued with transformative rhetoric regarding the impact of these sessions on the care home environment and residents' state. For musicians, the influential nature of their sessions reflected a knowingly understood and experienced forcefulness of music, which was reasoned to be evidenced in care homes through distinct changes to the session milieu and the emotional release music could afford some residents.

“It's just so powerful...for instance today's concert...the transformation from a room that's quite disorganised and chaotic...to then begin quite still residents...falling asleep who've kind of distanced themselves from the room...to then all be singing together by the end of it and participating and engaging and smiling and having feedback and responses.” [M5, CH3]

For care staff, the beneficial effects of the sessions on residents centred on the fact that their involvement may be seen to present residents in a new light to care staff. For instance, the session participation of residents with dementia served as a reminder for care staff of the person who has lived a life full of experiences beyond their current reality of living with the condition of dementia. Residents also gave care staff brief insights into their younger lives as they reminisced about personal memories recalled by particular session songs and expressed a contrasting range of emotional states in sessions.

“A wide range of emotions...everything from sadness...to absolute delirium.”

[Activity Coordinator, CH4]

Overall, this first observation highlights varied ways in which live music sessions positively contribute to the occupations of two key professional groups involved in this service provision. For musicians, their care home live music sessions provided new opportunities for more personal music-based expression and also advanced their continued professional development as performers in traditional concert settings. For care staff, the benefits of musicians’ sessions centred on promoting feelings of professional satisfaction and pleasure that further highlighted their altruistic nature towards caring for residents. Musicians’ sessions also gave care staff ideas of how they could incorporate music into residents’ daily care and obtain greater insights into residents’ own lifeworlds. Conceivably, this positive degree of occupational value afforded by live music sessions presents a promising basis for the continued, and potentially rewarding, engagement of multiple professional groups that may want to be involved with care home live music sessions.

3.4.3 Musicians’ Performance Approach

This second observation highlights that musicians detailed varied insights on how they approached their session performances. For the sake of brevity, three of these performance features will now be exemplified: music programme, resident involvement and session challenges.

Musicians reported three main ways in which they approached devising the structure and content of a session music programme. Firstly, they described remaining flexible and responsive to how residents responded to songs within their programme throughout a session. This approach led them to choose music programme content during individual sessions based on residents’ responses, as opposed to creating and adhering to a music programme they devised before a session, which was experienced as more problematic in facilitating residents’ preferred music choices.

“I think just having the ability to be flexible...maybe at the beginning we would plan out a programme...and then as soon as you do it you’re like OK this isn’t going to work with this audience...we’re talking to each other throughout concerts...let’s do this next kind of thing.” [M10, CH5]

Secondly, musicians stated that to help them select particular songs to perform in sessions, they gave mindful consideration to the overarching form of their programme. This mindful consideration centred on delivering a programme to residents that had a clearly defined beginning and ending songs with alternating sections containing fast and slower-paced songs or music-based interactions to afford fluctuations in residents’ energy, mood and degree of engagement.

“It is about getting...the right sort of shape...you introduce, you do a nice number that gets people settled.” [M1, CH1]

This type of overarching conceptual structure in musicians’ programmes was also discerned in the documented observations of their session programmes, as exemplified in the extract below.

“Programme themes summarised as follows in light of the programme detailed above of M5 & M6:

Opening Numbers – ‘get the session going’

Name that Tune – ‘interactive musical involvement’

Participatory Percussion Playing – ‘interactive musical involvement

Performers’ own numbers – ‘stock repertoire’

Resident Requests

Action songs – ‘interactive musical involvement’

More performers’ own numbers and resident requests

Penultimate number – resident request

‘Say goodbye’ number”

[M5 & M6, CH3 Observation Note]

Thirdly and lastly, musicians developed a large body of repertoire to draw upon within their sessions that were considered complementary to the generational music tastes of resident demographics, such as; learning songs from the war, famous songs from musicals produced in the nineteen-fifties and nineteen-sixties periods, and popular songs from the nineteen-thirties and nineteen-forties eras to incorporate within their programmes. A particularly noteworthy example of the musicians utilising their acquired body of repertoire was outlined by M13 who, with their duo partner M14, described devising themed music segments that they termed “pockets” to include within their care home music programmes.

“When we realised that The Sailor’s Hornpipe was working we found the Boston Fancy and then we found something else, then you can do little pockets...then go the pocket of opera, then go to the pocket of ballet.” [M13, CH7]

In turning to how musicians involved residents in their sessions, generally, delivering live music sessions was seen as a unique and unknowingly experienced practice. This expressed belief centred on the fact that musicians conveyed that they considered each care home they worked in was a completely different environment with distinct resident populations, each with their own preferred music choices and individual responses to music. Therefore, musicians described maintaining an overall openness towards working in care homes with residents.

“Expect the unexpected...anything can happen...here I think it is open door...let’s enjoy music.” [M9, CH5]

More specifically within each session, musicians detailed a varied range of non-verbal techniques that they used to promote resident engagement at individual and group levels, with two particularly notable examples outlined below. Firstly, the duo M1 & M2 described a non-verbal technique that they used to involve residents in sessions that centred on the notion of circling. M1 described moving around the session space as a means of looking to engage individual residents who outwardly seemed to be largely unresponsive.

“You almost make the beeline for the ones that are not responding...I feel like I am circling like a shark sometimes, like OK, right you.” [M1, CH1]

While M2 appeared to employ this same technique at a more holistic level to promote collective, spirited participation amongst all residents attending a session.

“You need to keep the energy and keep the sport of circling around like a shark and keeping everybody engaged really and making everybody feel that they are all part of it all the time.” [M2, CH1]

Secondly, musicians’ non-verbal techniques were underpinned by an apparent attentiveness in approaching resident session involvement through the cues they discerned to receive from them. Such as, residents declining to engage in introductory conversation with musicians as they walked over to greet them and musicians respecting this want, as well as musicians maintaining eye contact with residents as a means to promote an alternative pathway for communication, particularly amongst residents who lacked the verbal capacity to speak or musically vocalise. Similar non-verbal music-based cues were also highlighted in session observations as musicians were seen to actively mirror the various ways in which residents chose to outwardly engage with the songs they performed.

“Two particular female residents sitting next to each other directly in front of the musicians were particularly responsive to M11 and the songs, smiling, rocking,

clapping, clasping hands and swaying, conducting...This appeared to be encouraging for the musicians, especially M11, who actively took up their cues, joining in their actions and movements.” [M11 & M12, CH6 Observation Note]

Finally, within this observation, musicians stated that one of the main challenges that impacted on their session delivery was the type of session space available to them within care homes. During their interviews, musicians highlighted the problematic nature of the size and layout of various care home session spaces. These problems included, large spaces limiting the extent to which musicians could engage with residents individually while maintaining group involvement and small spaces causing distress amongst residents because of their marked proximity to musicians. Musicians also expressed problems with session audiences divided across two rooms, which was viewed to restrict musicians’ opportunities to become acquainted with residents, and residents seated in rows, which was reasoned to limit their potential for active session participation. Musicians considered that the most suitable type of session space was a semi-circular design with musicians situated in the centre of the space in easy approaching distance facing all residents.

“It’s not good if you come in and they’re in rows...because...then there is no way that they are going to get up and dance.” [M1, CH1]

In closing, this second observation reveals varied insights into how musicians approach their active session delivery across multiple aspects of their work, such as creating their programme and engaging audiences, as well as the main challenges they face in accommodating available session space. Arguably, these observations present an informed basis through which to continue the evidence-based mapping of the occupational practices of musicians to contribute to the overall professional profile of this key professional group involved in the provision of care home live music sessions.

3.4.4 Care Staff's Session Approach

This third observation details insights from care staff on their music session involvement. Within their interviews, care staff's reported music-based practices before, during and after sessions centred on encouraging and extending resident live music session involvement. Before sessions, care staff described promoting a sense of positive anticipation amongst residents through telling them that musicians would be coming later that day. Contrastingly, care staff also remarked that they had to persuade particular residents to attend sessions because of their prevailing negative mood that fostered a disinclination to attend, despite care staff apparently knowing that these residents had always enjoyed sessions on previous occasions.

"I hype them up, I say come on ladies and gents we've got an entertainer coming today." [Care Assistant, CH1]

Care staff said that they liked being part of musicians' sessions and encouraging residents to get involved. Care staff that participated in the sessions further described sitting with residents to foster their active participation by suggesting possible forms of physical engagement they could try.

"If you sit there and say come on shake your shoulders, move your hips and do a shimmy, they will do that...it goes like a Mexican wave, you get one doing it and you get another one doing it and it carries on like that." [Care Assistant, CH1]

Care staff also conveyed an attentive responsibility towards their role in supporting residents to feel at ease to actively participate in sessions. Care staff reasoned that through being well-known to residents and participating in the sessions themselves, they promoted a sense of assurance amongst residents to take part, such as through dancing or singing along with musicians' songs. Additionally, care staff appeared considerate and obliging

towards the extent to which residents wanted them to be part of the way they chose to engage in sessions.

“Some people do not want you to sit and talk to them, they want to listen, they want to join in, they want to do their own thing. With others they want you there, they want you to hold their hand and sing along with them and have a dance and be a bit silly.” [Care Assistant, CH2]

The supportive nature of care staff in promoting residents’ session participation was also evident in the observed sessions. As shown in the extract below, care staff commended individual residents for the degree to which they were able to actively participate in sessions relative to their known individual capacity for engagement. Equally, care staff also described being accessible to provide residents with emotional support in the event of musicians’ songs producing adverse reactions amongst residents, such as evoking negative memories or being present to assist with any personal care needs they required.

“Carers...extremely supportive of resident’s individual achievements brought about through musical engagement e.g., 92-year-old resident getting up and out of their wheelchair to have a dance with a carer during a song.” [CH1, Observation Note].

Furthermore, it is worth noting a markedly distinct example of care staff fostering resident live music involvement that was observed when visiting CH8. The musician duo providing a session at this day centre arrived late. Consequently, while waiting for the musicians to arrive, care staff began their own impromptu live music session similar to those provided by the charity’s musicians, as detailed at length in the observation note extract below.

“The musicians were late in arriving for the scheduled time for the session. Therefore, the attending carers took it upon themselves to start the music session...the persons with dementia were brought into and seated in the semi-circle area with all carers sat alongside them. The carer who appeared to take control of the session started singing...clapping her hands and tapping her feet...with PwD joining in....the lead carer...asked fellow carers what songs they had...remembered from musicians’ sessions...carers encouraged residents in their active participation with clapping and praise for remembering the words...The lead carer brought out percussion instruments, mainly focusing on the kazoo...this carer encouraged a few of the residents to have a go on the kazoo and other percussion instruments kept in the centre, such as maracas and tambourines. At one point...the...carers...appeared to start a musical conga, with the lead carer on the kazoo and another carer on the cymbals, walking around the semi-circle...in time to the musical pulse they played on the instruments.” [CH8, Observation Note]

Following sessions, care staff described how they continued to engage residents with music in various explicit and extemporaneous ways. Care staff were aware of their role in enabling residents’ continued post-session music engagement, which was primarily realised through care staff talking about sessions and singing session songs with residents, particularly amongst those with memory problems who may have been unable to recall their experience of the session they attended. Care staff also remarked that they facilitated residents’ request for more music-based activities in the evenings of session visits. Such as, listening to music on care home music playing devices in communal areas of the care home.

“If the carers do not talk about it after, with them having short-term memory loss, you have to jog their memory, did you enjoy the entertainer today?...We can remember those songs so we sing and they will sing with you.” [Care Assistant, CH1]

Lastly, care staff described instances of spontaneous behaviour immediately following sessions in which they found themselves recalling songs from musicians' sessions, which were concurrently continued by residents in their care.

“You get busy and you will find yourself singing the songs and the person you are looking after might join in with you and you can't help it it's one of those things.”
[Care Assistant, CH4]

Overall, this third observation reveals insights on care staff's music-based involvement with live music sessions in their care homes. Primarily, care staff aimed to champion residents' session engagement. This championing is evidenced through care staff reportedly creating an assured space in which they displayed their music participation, alongside engaging with and commending how residents chose to become involved with musicians' sessions. Care staff also appeared to want to promote memorable, extended live music session engagement amongst residents, which was mainly facilitated through care staff's post-session related discussions and behaviours. These generally assistive music-based actions highlight the arguably integral role of care staff in supporting active live music session involvement amongst residents.

3.4.5 Mixed Professional Perceptions and Questionable Communication

This fourth and final observation of the data analysis details the contrasting ways that musicians and care staff talked about one another's contribution to live music sessions, which highlights limited session-based communication between these two professional groups. Care staff's comments towards the musicians' sessions were positive and complementary and were perceived to be expressed in a noticeably emphatic manner in their interviews.

"To be honest there is no downside about it." [Care Assistant, CH3]

On further elaboration, the positive perceptions that care staff conveyed towards the musicians largely reflected the general nature of the music activity their sessions were considered to afford residents. Specifically, an interactive and often personalised form of music performance that was reasoned to surpass simplistic notions of the musicians being there solely to play their instruments and instead convey human communication through live music.

"They interact with everybody...people get a song to them, the number of times we've had elderly gentlemen falling in love with the singer, she sang to me...and I think it's that one to one, it's not just hearing music, they are part of it, it's not just listening, it's the whole experience thing, that holding of the hand, the smile, the touch of the knee, anything, and with the music it makes it so much better."

[Activity Coordinator, CH4]

Notwithstanding these largely positive views of musicians, a minority of care staff highlighted two main areas for development within the musicians' performance practice that they considered would further enhance their care home work. Firstly, care staff remarked that they would like to see musicians occasionally performing to residents across different parts of the care home during their visits, such as performing to those residents

who remained confined to particular care units due to a lack of capacity or a personal choice not to leave their unit. Implementing this practice was reasoned to afford apparent benefits to result from the sessions to a wider array of residents across care homes.

“It would be nice if they could go on to the units every now and again, so that the ones that do not want to go off the units that are comfortable in their environment...there are some residents that will not go off the units because either they can’t or they don’t want to, they don’t benefit from it and I think it would be really good for them all to benefit from it.” [Care Assistant, CH5]

Secondly, they wanted to see a progression in the genres of music musicians performed in keeping with the music tastes and preferences of younger generations of residents that were also living within their care homes alongside older age groups.

“I think sometimes we could do with sometimes a bit more modern stuff or a few more modern things in the mix...The music that they were listening to when they grew up was nineteen-fifty, nineteen-seventy...the generations are changing and we do have people in their eighties, so there is a place for older stuff as well but it is a mix...and like I was saying about that gentleman who is only sixty-one, he does not like Elvis, he does not like the Beatles he likes more modern stuff.” [Activity Coordinator, CH9]

It is worth noting that musicians tailoring their sessions to provide songs befitting to younger generations of residents were seen to be observed and documented as part of one of the session observations. However, the fact that only one musician duo was observed to tailor their session content to the music preferences of younger resident generations suggests inconsistency in musicians’ practices, with some duos being naturally more responsive in line with this particular care staff concern.

“The pianist accommodated to the musical tastes of one particular male resident who was much younger than the other residents and favoured music of the 70s. The pianist produced some songbooks of songs from the 70s and in discussion with the resident and his wife who was attending the session, settled on Massachusetts by the Bee Gees. The pianist, baritone...then performed the song, singing along, with the younger male resident joining in as he began to recognise the song.” [CH9, Observation Note]

In contrast to care staff’s primarily positive views of musicians, musicians conveyed more mixed perceptions regarding their experiences with care staff during sessions. In a favourable light, musicians described care staff’s approach to their sessions that they considered as most beneficial to supporting them in their session delivery. This care staff session approach centred on care staff utilising their informed knowledge of residents to promote tailored live music experiences actively assisted by care staff.

“Some homes that we visited, their carers are spot on...they greet us, they’re hands on, they’re encouraging and they know what particular residents like certain types of music so they can assist and help and inspire and to steer the concert in a way that they know is going to be really helpful for their residents.” [M4, CH3]

Related to this point, it is also worth highlighting that musicians expressed frustration at not always having care staff available at sessions to communicate music-based information about residents that may be useful for the musicians to foster greater involvement from particular residents, as outlined in the verbal exchange between M3 and M4 below.

“Sometimes it’s really frustrating that you get to the end of a session and somebody will say something... [M3, CH2]

Like there are ones that used to be opera singers [M4, CH2]

As we're going out of the door...and oh great, for some people they would join in."
[M3, CH2]

Conversely, musicians described what they had experienced as more negative and unhelpful session behaviours from care staff. For example, care staff doing little to promote resident session engagement beyond sitting with residents or failing to respect the session space while carrying out care duties.

"It's inevitable that certain things have to be done during...we understand that, but then to have two or three mattresses lifted through whilst you are doing it, food being brought through...a chair dragged across and then more conversations as well, yes from our point of view we can keep going but the residents aren't getting what they should from a concert...just sort of a bit of respect for the residents in the concert." [M17, CH9]

Also, musicians conveyed reservations towards care staff who chose to leave them to deliver their sessions in a room alone with residents. These care staff reportedly considered the arrival of musicians to work with residents as an opportunity to take an unscheduled break in their care duties. Musicians' concerns on this point primarily derived from the fact that they reasoned that unlike care staff, they lacked the necessary care-based skillset to effectively manage any adverse occurrences with residents that may occur in sessions and appropriately support their needs.

"There are still a minority of homes...it's an hour coffee break for them. [M2, CH1]
Yes, and also it is not safe...for us to be in there and it's not safe for the residents to be in there without support, because what the hell are we supposed to do if someone dies or falls over or bursts into tears or has a go, what are we supposed to do? We're...not qualified." [M1, CH1]

Despite these negative reports of care staff's session behaviour, musicians were not completely unmindful towards what they perceived to be the difficult role of care staff, which was primarily viewed to be hard-pressed with limited time available to carry out their role duties.

"Sometimes they just use it as an excuse for a break and they... just leave us to it and they're off. [M4, CH2]

Oh, I don't blame them if they are so busy. [M3, CH2]

Oh yes, it's a very hard job." [M4, CH2]

As a final point within this observation, it is worth considering that the varied perceptions amongst musicians and care staff on their involvement in live music sessions question the extent to which these two professional groups are communicating directly with one another about their session role intentions, requirements and expectations. Noticeably, the session observation notes provided few documented instances of direct communication between care staff and musicians and instead highlighted the strong focus on the interaction between these two professional groups with residents.

"Musicians greet residents asking each resident their name

Carers taking photos on iPad during session

Carers providing drinks for residents." [CH1, Observation]

To add to this point, it is worth noting that musicians experienced difficulties with their charity's advised pre-session channels of communication to convey messages to care staff at the care homes, which was described to reflect demands of the care home environment. By contrast, no communication problems were reported by care staff regarding musicians, with care staff's comments focusing on commendable aspects of

musicians' work and recommendations for practice development as detailed earlier within this observation.

“We are requested to phone the homes a week ahead of the concert, as a courtesy call to check that everything is OK, and you try and speak to the person who is in charge of activities. A lot of the time it's their day off when you come, that message has not got through, they are not expecting you. I mean there is a whole load of reasons why there is nobody around or they're busy.” [M3, CH2]

Therefore, in closing, this final observation presents a contrasting and somewhat unclear picture of how these two key professional groups involved in care home live music sessions view one another's roles and are aware of each other's professional aims, demands and duties in supporting live music session delivery. This potentially limited cross-professional communication and understanding casts uncertainty on the extent to which musicians and care staff may be able to effectively develop the collaborative delivery of live music sessions tailored to meet the particular needs of their respective roles within this setting.

3.5 Actions Going Forward

This section details how the above key observations in section 3.4 above informed this thesis author's knowledge and understanding of four particular aspects of care home live music sessions, which in consequence elicited ideas about topical areas for further empirical enquiry. This thesis author viewed these topical ideas at a purely abstract level and drew upon them as a rich and varied body of conceptual information to take forward and consider when developing their research studies on care home live music service provision that was ultimately realised in Chapters 4 and 5 of this thesis.

Firstly, at the broadest level, 'Musicians' Performance Approach and Care Staff's Session Approach' revealed insights into how these two professional groups experienced active session delivery and the care home environment immediately preceding and

following sessions. These observations of working session delivery led the author to consider adopting a more holistic standpoint from which to investigate musicians' and care staff's perspectives and experiences of live music sessions as part of the empirical stages of the project. Specifically, exploring their opinions of live music service provision throughout their entire professional career working in care homes as a means to gain more extensive evidence-based insights into this service delivery.

Secondly, the fact that the observation 'The Occupational Benefits of Live Music Sessions in Care Homes' exclusively detailed the positive outcomes of live music session delivery presented scope to explore what musicians and care staff consider to be challenging and adverse aspects surrounding care home live music session provision. This was further justified due to a minority of negative reports that were uncovered within 'Musicians Performance Approach' and 'Care Staff's Session Approach', typically associated with session delivery for these two professional groups: musicians negotiating session space and care staff supporting residents' adverse emotional reactions to the live music provided in sessions.

Thirdly, 'The Occupational Benefits of Live Music Sessions in Care Homes' and 'Care Staff's Session Approach' highlighted how musicians' sessions helped developed care staff's use of music as part of resident care. Such as using music to elevate resident mood and modelling their sessions on those delivered by musicians, as observed in the visit to CH8. This observation suggested a need to consider the general approach to music provision in care homes, including the extent to which care staff facilitate music provision outside live music sessions and for what purposes they choose to apply music as part of their care roles and daily life within care homes.

Finally, the largely contrasted views musicians and care staff expressed towards one another in 'Mixed Professional Perceptions and Questionable Communication' posed an intriguing basis for the continued, parallel investigation of musicians and care staff's views on live music service provision. Adopting such a dual investigative approach was posited as a way to add a valuable additional dimension to further research through affording an opportunity to explore any possible similarities and differences in the opinions of these two professional groups towards any features of their live music service provision that were

deemed appropriate to be investigated, such as role conceptualisations and their shared professional working approach.

3.6 Summary

The closing summary of this chapter is divided into two parts: Researcher Development and Research Development. Researcher Development details this thesis author's reflections on their professional learning regarding conducting qualitative research on live music service provision in care home settings. Research Development summaries how the key observations that resulted from this study detailed above in section 3.4 supplemented critical understanding of care home live music service provision that went on to highlight three main research considerations that informed the approach of the studies carried out in Chapters 4 and 5 of this thesis.

3.6.1 Researcher Development

This thesis author's professional reflections on conducting qualitative research on live music service provision in care home settings discerned one major aspect that was deemed important to consider when carrying out further qualitative research within this context: upholding a conscientious approach when doing this type of research and remaining respectful to the practical factors presented within each individual care home setting. To illustrate what is meant by this type of approach, three examples from this thesis author's project experience will now be detailed.

Firstly, the number of care staff interviews carried out at each care home was contingent on how many care staff were working at the time of the session, the duration of their shifts and their workloads while on duty. Therefore, this thesis author had to be continually flexible to conducting interviews with care staff when they considered they could be readily available to be interviewed over their shift or during their designated break times. Secondly, this thesis author had to be accepting of the potential need for care staff to return to their roles and support their colleagues in caring for the needs of residents at any point during their interviews. Finally, this thesis author had to remain attentive to the fact that the physical space they chose to occupy in the care home when conducting interviews

with care staff, assembling the video-recording equipment and documenting their observation notes needed not to obstruct the pathways of both care staff and residents as they undertook their daily practices within care home life.

Arguably, adopting this type of conscientious approach in further research on care home live music services would help to maintain the ecological validity of these studies in ensuring that research findings accurately reflected the real world lived experiences of the people, places and practices involved in this service provision (Wegener & Blankenship, 2007). Hence, this type of approach was taken forward and applied as part of this thesis author's general professional ethos towards the research studies they conducted across Chapters 4 and 5 of this thesis.

3.6.2 Research Development

Finally, this chapter closes with comments on how the key observations detailed in section 3.4 above impacted directly on decisions made regarding the empirical work of this thesis, in both design and realisation. The key observations contained critical insights on care home live music session provision that further highlighted three main research considerations that were deemed to be important to conducting research on care home live music services and therefore informed the approach to investigation taken in the studies presented in Chapters 4 and 5 of this thesis.

When viewed collectively, the four key observations of 'The Occupational Benefits of Live Music Sessions in Care Homes', 'Musicians' Performance Approach', 'Care Staff's Session Approach' and 'Mixed Professional Perceptions and Questionable Communication' helped to guide decisions on what may be an adequate number of participants that would need to be interviewed to surpass individual bias and reveal more general perceptions of live music service provision amongst these two professional groups. To balance this view, the length and richness of the interviews gathered within this project also indicated an adequate number of participants that may be needed to avoid excessive data immersion and hinder more general perceptions being discerned. Thus, in Chapters 4 and 5, the decision was made to aim for recruiting at least ten individuals to participate in the studies

from each professional group as a means to reduce the potential for individual bias amongst participants.

Secondly, 'The Occupational Benefits of Live Music Sessions in Care Homes' and 'Care Staff's Session Approach' presented perspectives from care staff that occupied distinct named roles within the care homes, such as care assistants, activity coordinators and activity support workers. Therefore, in Chapter 5, it was hoped that the study could aim to recruit participants from care homes that occupied a range of roles to supplement a more nuanced enquiry into the nature of the individual professional role involvement of members of care home staff teams associated with live music service provision.

Thirdly, the rich and varied body of conceptual information that resulted from the four key observations presented in section 3.4 above was deemed to highlight multiple topical areas of inquiry that could contribute to the design and content of the interview schedule material of the studies detailed in Chapters 4 and 5. For instance, once again, undertaking a parallel investigation of care staff's and musicians' perspectives on live music service provision. Alongside formulating questions framed around musicians' and care staff's collective professional experiences of live music service provision, the challenges they face surrounding provision of these services, and their approaches to shared professional working.

In closing, this project observation and secondary data analysis afforded a valuable empirical framework through which this thesis author could amass a varied array of insights on care home live music service provision across multiple levels of the research process. These included; surveying the research setting from a particular point of view, learning about participant demands surrounding research participation, designing interview material and understanding the lived experiences of live music session provision for musicians and care staff.

3.7 Emerging Themes for Further Empirical Work

As a supplemental point to end this Chapter, it should also be stated that the key observations to result from the data analysis process presented within this chapter strengthened the thesis author's decision to focus on the three main themes that emerged from the literature review to explore through empirical investigation, namely, occupational factors, collaborative working and training. This decision was made because the subject matter of these key observations fell squarely within the topical nature of the aforementioned three main themes of investigation that arose from the literature review (see Chapter 2, section 2.5), which augmented the thesis author's professional want to obtain more research-based insights on these areas of interest.

To further explain this point, firstly, 'The Occupational Benefits of Live Music Sessions in Care Homes' and 'Musicians' Performance Approach' complimented the theme of occupational factors, as these observations reported positive work-related factors that musicians and care staff perceived through supporting care home live music service provision and gave insights on musicians' professional role duties during active session delivery. Secondly, 'Mixed Professional Perceptions and Questionable Communication' revealed issues surrounding shared professional working that was directly relatable to the theme of collaborative working, such as, the degree of direct communication between key professional groups supporting care home live music services, particularly with regard to ideas for how the provision of these services could be developed. Lastly, 'Care Staff's Session Approach' shed light on care staff's music-based involvement in live music sessions to support residents' session engagement. These assistive music-based actions carried out by care staff were relevant to the theme of training, as they showed basic skills in practical musicianship that raised questions on how such skills may have been acquired.

Therefore, what follows within the next two chapters of thesis are two semi-structured interview studies, one with each of the professional groups of musicians and care staff, with the overall aim of advancing both the research literature review insights of Chapter 2 and applying the critical observational, evidence-based reflections detailed within this chapter on the themes of occupational factors, collaborative working and training.

Chapter 4

Exploring the perspectives and experiences of key professional groups supporting live music services in UK care homes: musicians

4.1 Introduction Overview

As explored at length within Chapter 2, studies have highlighted the emergence of musicians working across a range of health and social care settings, including care homes (Shibazaki & Marshall, 2016; 2017). Therefore, the aim of the first main study in this thesis was to expand this body of evidence-based research insights regarding the perspectives and experiences of musicians working in care homes. In particular, this study will be the first to provide in-depth insights direct from musicians working in care homes. The approach to this study was individual semi-structured interviews with said individuals, to answer the following research questions.

1. What are the occupational factors that form part of the work of musicians in care homes?
2. In what ways do musicians work together with care home staff to facilitate live music sessions?
3. What methods of training are available for musicians working in care homes? How do musicians view training as part of their care home work?

4.2 Analogous Methodological Approach for Chapters 4 and 5

Before presenting the remainder of the first of the two main studies of this thesis, it should be stated that the two main studies of this thesis (Chapters 4 and 5) use analogous methods. Analogous methods means that there was intentional overlap in the design and analysis of these two studies where possible, given the nature of the two different populations, to allow for appropriate comparison between the results. Therefore, it is necessary to outline the nature of the methodological similarities at this point in the thesis, noting the decisions made to facilitate parallel investigations of the two different populations.

Following an outline of the analogous elements of the methods, this chapter then continues with a description of the method detail that was specific to the first study, namely that of musicians.

4.2.1 Analogous rationale and design description

The main aim of the qualitative interview data collection was to document the perspectives and experiences of musicians and care staff – specifically, care assistants, activity coordinators and care home managers - who support live music services in care homes, with a focus on the occupational factors, collaborative working and training related to their care home work.

Concerning musicians, Preti & Welch's (2012b; 2013) studies on musicians in hospitals provide two of the only in-depth investigations on musicians' perspectives and experiences of their work in health and social care settings. Through individual semi-structured interviews with 17 musicians in hospitals across Italy and the UK, their findings highlighted the psychological and emotional challenges of their hospital work, such as improvising to engage paediatric patients in collaboration (Preti & Welch, 2012b); and also shed light on the professional identity traits of musicians working in hospitals. For example, their moral and religious motivations for pursuing hospital work, and their perceived need for proficient skills in social interaction, empathy and openness towards others when working in hospitals (Preti & Welch, 2013). However, their investigations of musicians in health and social care settings have yet to extend to explore musicians working in UK care homes.

Concerning care staff, studies that have conducted individual semi-structured interviews with multiple stakeholder groups on the beneficial impact of care home live music services have explored care staff's feelings, preferences and motivations towards live music sessions, alongside their perceived behavioural changes amongst residents with dementia at live music sessions (Shibazaki & Marshall, 2016; 2017). However, it should be noted that these interviews were reportedly conducted immediately following care staff's attendance at live music sessions and therefore participants were conjectured to be still "enjoying temporary increased levels of arousal" (Shibazaki & Marshall, 2017, p. 474). Additionally, these investigations presented small details of the general, topical nature of interview questions to participants (Shibazaki & Marshall, 2016; 2017).

Therefore, as a means to develop these existing methodological approaches to the work of musicians and care staff who support live music services in care homes, the two main studies of this thesis explore the perspectives and experiences of these two professional groups concerning their involvement with live music service provision in UK care homes. These studies utilise a semi-structured interview framework design to be replicable within future investigations of all music professionals involved with live music service provision in UK care homes.

4.2.2 Analogous materials and procedure and ethical approval

Individual semi-structured interviews were conducted with individuals from both professional population groups. All interviews were carried out in-person and audio recorded via an Olympus DM 650 Digital Voice Recorder. All interviews for musicians took place in a quiet public space that mutually convenient to both the researcher and each participant. Namely, coffee shops local to participants' geographic locations across South Yorkshire, northwest England, the West Midlands and London. All interviews for care staff took place on-site in a secluded public space within the participating care homes, such as side lounges and recreation rooms. On average, musicians' interviews lasted approximately 38 minutes in length and the longest approximately 1 hour and 15 minutes. On average, care staff interviews lasted approximately 28 minutes and the longest approximately 58 minutes.

The researcher devised interview schedule (inspired by questions presented by Preti & Welch, 2013) adopted a three-section interview design structure to elicit insights on the research questions for each of the two studies. This paralleled interview format aimed to document concurrent insights from the two main professional cohorts, namely, musicians and care staff, on the identified dimensions of live music service provision that have been highlighted as being largely unexplored within Chapter 2 of this thesis, specifically, occupational factors, collaborative working and training. The interviews began with a selection of demographic questions to collect data from musicians and care staff on their respective occupations, the duration of their work within their homes and their professional and personal engagement with music throughout their lives. For example, “how long (approx.) have you been working in care homes?”.

The first section of the interview schedule sought to elicit musicians’ and care staff’s opinions on the occupational factors of live music service provision. For example, “demands of working in care homes?” and “demands of music provision in your care home?”. The second section of the interview explored musicians’ collaborative working with care staff and care staff’s collaborative working with musicians. For example, “how do you communicate with care homes?” and “how do you communicate with musicians who visit your home?” Lastly, the third section of the interview focused on musicians’ and care staff’s opinions on music training. For example, “did you have training before you started working in care homes?” and “have you had any music training as part of your work in care homes?”.

Five supplementary questions were included within the interview schedule for musicians if additional time to continue interviewing was available. These questions covered a range of topics related to musicians’ care home work, specifically, their opinions on the use of live music for residents with dementia as compared to recorded music formats, their experiences of how music is viewed or used in care homes, reflections on their style of performance in care homes and non-music-based features of their performance practice, and their views on the impact of working individually as compared with other musicians in care homes. Any one or more of the five supplementary questions were used at the discretion of the researcher within each interview. Two supplementary questions were also included within the interview schedule for care staff if additional time to continue interviewing was available. These questions centred on care staff’s views on live music use

with specialised populations of residents, such as those with dementia, and their preferred use of music across different formats within their care home. The two supplementary questions were not used in any of the interviews due to limitations on the time care staff had available to be interviewed (see Appendices 7 and 15 for the full musician and care staff interview schedules).

The adopted interview manner within the two main studies of this thesis was formal and pleasant, intended to ensure all participants were comfortable with the research interview process. The researcher gave all participants ample time to respond to questions and used nonverbal gestures such as smiling and nodding of the head to affirm participants' responses. Immediately before beginning each interview, the researcher informed all participants that they could ask for clarification of questions and decline to answer questions posed within their interview. All musician and care staff participants were given pseudonyms as part of the data storage, analysis and report. Musicians' pseudonyms took the form a researcher assigned a false name and the initialised pseudonym of their respective live music programme. Care staff's pseudonyms comprised of each participant labelled as 'P' with their specific sequence number within the chronology of interviews, an initialism of their occupational role and the pseudonym created for their care home.

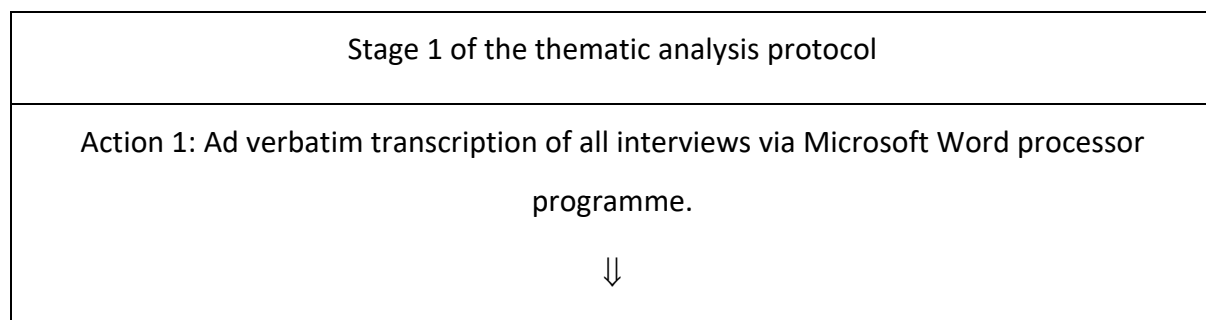
Ethical approval for the two main studies of this thesis was granted by the research ethics committee, Department of Music, University of Sheffield. All musician and care staff participants were given an information sheet to read at the outset of their interview (see Appendices 5 and 13), which informed participants of the voluntary nature of their participation, anonymisation of their responses, the confidential storage of their data and their right to withdraw at any time during the study. Once participants had read the information sheet and had the opportunity to ask the researcher any further questions and confirmed their wish to continue as part of the study, they were asked to sign a consent form (see Appendices 6 and 14).

4.2.3 Analogous data analysis approach & data analysis protocol

Data analysis of the two main studies of this thesis used a thematic analysis protocol based on Braun & Clarke (2006). This protocol affords a flexible tool for data analysis independent of theoretical approaches (Braun & Clarke 2006). The protocol may help to produce a richly detailed account of data guided by proposed study research questions and inductively driven by themes generated from chosen data sets (Braun & Clarke, 2006). Collectively this data analysis process facilitated the creation of an evidence-based theory (Williamson & Jilka, 2014) on live music service provision in UK care homes, directly informed by the occupational factors, collaborative working and music training reportedly experienced by musicians and care staff.

Figure 1 below presents a full description of the six stages of the thematic analysis protocol applied (Braun & Clarke, 2006) to data analysis in the two main studies of this thesis and the actions carried out within each stage. To aid further understanding of this application, Appendix 8 details a worked visual example of how a theme was created through the use of this data analysis protocol as part of the work of this thesis.

Figure 1: A complete description of the six stages of the thematic analysis protocol based on Braun & Clarke (2006) and the actions carried out within each of the six stages of the protocol, as applied to data analysis of musicians' perspectives and experiences of providing live music services in UK care homes. White downward directional arrows represent movement through each of the actions contained within each of the six stages of the protocol. Black downward direction arrows represent the movement through the overarching six stages of the protocol.



Action 2: All transcribed interviews were then verified against the original audio recordings for accuracy through simultaneously reading the transcripts while listening to the original audio recordings.



Action 3: All transcripts were read at least four times, with manual notes of initial ideas for meanings, patterns and coding to refer to throughout analysis via Microsoft Word.



Action 4: To ensure analysis remained central to the study research questions, all transcripts were then organised for coding through the three study research questions on musicians' perceived occupational factors, collaborative working and training of care home live music service provision using Microsoft Word. These organised transcripts were then uploaded to NVivo in preparation for coding.



Stage 2 of thematic analysis protocol

Action 1: Line by line coding across the three research question data sets via NVivo12 data analysis software. This coding generated a list of initial codes. These initial codes served as starting points for identifying repeated patterns in the data set that could potentially be realised as themes.



Action 2: Codes identified data content deemed interesting to the researcher in three main ways; topical nature of interview responses (e.g., role demands), the language participants used to convey their responses (i.e., adjectives, metaphors) and the length of participants' interview responses.



Stage 3 of thematic analysis protocol



Action 1: Trying out how codes could be grouped via NVivo12 codes exported as Microsoft Word files to form overarching themes and relationships between theme levels, termed main themes and sub-themes.



Action 2: The trying out of code groups resulting in a collection of initial main themes and sub-themes.

Stage 4 of thematic analysis protocol

Action 1: Reviewing and refining themes to check the coherency of the created thematic patterns through repeated reading of the data extracts within each theme at least four times. Any incoherent thematic patterns were reworked to create new themes or disregarded from the analysis.



Action 2: Creation of a handwritten thematic visual map to test the appropriateness of topical theme content.



Action 3: Recoding of any additional data previously overlooked.

Stage 5 of thematic analysis protocol

Action 1: Further definition and refinement of themes to be presented for the reported analysis. This was done by organising the data extracts within each theme into a logical and consistent narrative and identifying the nature of each theme and the features of the data expressed within each theme.



Action 2: A detailed written account of each theme was produced to ensure the following; no overlap between theme content, determine the narrative of each theme, the relationship between each theme, the overall narrative and the research questions.



Action 3: Trying out the creation of sub-themes to facilitate structure in larger and complex main themes and form a hierarchy of significance in each theme.



Action 4: All main themes and sub-themes were named for presentation within the written reported analysis created for written report drafting.



Stage 6 of thematic analysis protocol

Action 1: A written report of the main findings from the analysed data was produced. Main themes and sub-themes were evidenced by incorporating data extracts into this report to exemplify the narrative of the data reasoned against the study research questions.

4.2.4 Different participant groups

As a final point before presenting the remainder of the first of the two main studies of this thesis, it should be stated that the data collected across these two main studies were not collected from musicians and care staff working within the same care homes. This was due to practical limitations surrounding the thesis author's lack of professional experience collaborating with both live music programmes and care home companies and hence having virtually no insight into how these two types of organisations approach engaging with academic research. Therefore, when creating their thesis timeline of research, the thesis author decided to approach each professional group separately, which also facilitated their general handling and confidence in successfully working through the proposed timeframe of their thesis work (see Chapter 1, section, 1.7).

4.3 Musician Methods

4.3.1 Different interview schedule content

As detailed within section above, the paralleled interview format aimed to document concurrent insights from the two main professional cohorts, namely, musicians and care staff, on the identified dimensions of live music service provision. However, some of the designed interview questions included within each of the two interview schedules were only appropriate to ask the respective professional group being questioned, either musicians or care staff. For example, such individual questions for musicians included “areas of care home work for future professional development?” on their occupational factors, “do you interact with care home staff?” on their collaborative working and “was this training specifically for musicians working in care homes” their training, respectively.

4.3.2 Recruiting Musicians

Through the literature review process presented in Chapter 2, three music programmes that provided live music services to UK care homes were identified and chosen to approach for collaboration on this study (see Table 7 below for details of the three live music programmes that collaborated on this study).

Table 7: The anonyms, geographic locations and types of organisations of the three live music programmes that collaborated on this study, with the abbreviations of Pr1 (Programme 1), Pr2 (Programme 2), Pr3 (Programme 3), respectively.

Pseudonym	Location	Type of organisation
Programme 1 (Pr1)	UK, Ireland, Scotland, Wales	Registered charity
Programme 2 (Pr2)	Southeast London	Orchestra outreach programme
Programme 3 (Pr3)	Northwest England	Registered charity programme within an orchestra

To summarise the nature of these organisations, Pr1 is a charitable programme that trains solo or groups of up to five musicians, usually aged between 20 and 30 years, to deliver tailored live music programmes to people facing difficult life circumstances as a result of physical, mental, financial or social disadvantages, which includes people in care homes, hospitals and special educational needs and disability institutions. The programme aims to provide musicians with the essential musical skills and experience to continue outreach performance work after graduating from the programme. Within care homes, musicians either provide single live music sessions lasting approximately one-hour or weekly, longer-term live music project-based sessions for up to ten weeks to year-long residencies.

Pr2 is an established orchestra that delivers chamber music performances in care homes as part of the orchestra's internal programme of music projects designed to promote wellbeing through live music. Members of the Pr2 orchestra volunteer to deliver these performances alongside their regular orchestra concert work, and also receive additional training for their care home work to develop their skills in music-based interaction and communication with residents. The care home performances are delivered by ensembles comprising of approximately three to five Pr2 orchestra members and aim to provide groups of residents with opportunities for creative music-making and social engagement through a combination of classical repertoire and improvisation.

Lastly, Pr3 is also an established orchestra programme that aims to use live music to enhance social engagement amongst specialised groups, such as children with an autistic spectrum condition and older people with dementia. The programmes' work in care homes involves musicians from the orchestra joining this programme and working alongside

certified music therapists and using improvisation-based live music techniques to promote self-expression and communication amongst residents with dementia. These music sessions are carried out as weekly one-hour long live music sessions as part of larger music projects for five to fifteen weeks.

The participant recruitment process for the current study was conducted from November 2016 to April 2017. In November 2016, the researcher contacted the North-East Branch Director of Pr1 via email expressing an invitation to collaborate on the study. This e-invitation outlined the study background, aims, design, proposed collaborative involvement and anticipated outcomes to this programme manager. The researcher then designed an e-participant recruitment invitation (see Appendix 4) that was sent to seven Pr1 musicians via an email from the North East Branch Director to request their voluntary participation in the study and contact the researcher directly if they were interested. The North East Branch Director selected seven musicians to approach who they thought would be interested based on their involvement at the time in a Pr1 residency care home project, which was viewed to compliment the study topic.

Initially, responses to this e-participant recruitment invitation from the seven possible participants were slow in forthcoming, which was reasoned to reflect the portfolio structure of the musicians' careers, which necessitated the division of their professional commitments across multiple music and non-music-based occupations during a working week, such as performing and teaching. Therefore, the North East Branch Director re-circulated the e-participant recruitment invitation amongst these possible participants to renew potential interest in the study.

To generate further interest in the study from a wider array of Pr1 musicians, the e-participant recruitment invitation was also circulated to the Pr1 North West Branch director, South East Branch Director and Special Educational Needs Projects Coordinators. These programme managers also identified select groups of Pr1 musicians to approach whom they considered complementary to the study topic because of their current care home project work. A total of six Pr1 musicians expressed their want to participate in the study throughout January to March 2017.

In February 2017, a parallel approach to collaboration was also made to the Education Manager at Pr2. After accepting the initial e-invitation to collaborate, the Pr2 Education Manager circulated the aforementioned researcher designed e-participant

invitation to Pr2 musicians. A total of six Pr2 musicians communicated their want to participate in the study in March 2017. Lastly, a total of two Pr3 musicians conveyed their want to participant in the study over January to April 2017. The participation of one of these musicians was individually requested via the researcher designed e-participant recruitment invitation after their membership to the programme was made known to the researcher through recommendations from university tutors. Participation from the other musician was sought via the Pr3 Community Projects Manager at the recommendation of the above-mentioned Pr3 musician via the aforementioned collaborative approach outlined for Pr1 and Pr2.

4.3.3 Musician Participants

The interview schedule (see section 4.2.2 above) began with a selection of demographic questions. Namely, participants’ musical instrument, the approximate duration of employment at their current live music programme, the approximate duration of their professional experience working in care homes and any other previous or current music-based occupations. All participants’ responses to these questions are summarised in Tables 8, 9 and below.

Table 8: The anonyms and reported demographic information of each musician from Pr1.

Pseudonym	Instrument	Duration current programme	Duration care home work	Previous/current music-based work
Lydia	Voice	5 years	5 years	Instrumental teacher, performer
Isaac	Cajon	2 years	6 months	Instrumental teacher
Ursula	Voice	4 years	3 years	Instrumental teacher,

				performer, community musician, music director, music arranger
Alastair	Voice, banjo & guitar	7 years	6.5 years	Instrumental teacher, performer
Immanuel	Piano	3 years	3 years	Instrumental teacher, performer, accompanist, choir leader, sound engineer
Lucinda	Voice & fiddle	2.5 years	2.5 years	Instrumental teacher, performer, music administrator

Table 9: The anonyms and reported demographic information of each musician from Pr2.

Pseudonym	Instrument	Duration current programme	Duration care home work	Previous/current music-based work
Natasha	Violin	25 years	10 years	Performer
Angelica	Violin & viola	30 years	25 years	Performer, music education
Edward	Violin	31 years	5 sessions	Instrumental teacher, performer,

				community musician
Erica	Violin	5 years	2 sessions	Instrumental teacher, performer, music writer
Anita	Clarinet	3 years	3 years	Performer, music examiner
Terry	French Horn	30 years	10 years	Instrumental teacher, performer

Table 10: The anonyms and reported demographic information of each musician from Pr3.

Pseudonym	Instrument	Duration current programme	Duration care home work	Previous/current music-based work
Amanda	French Horn	20 years	4 years	Instrumental teacher, performer, community musician
Marissa	Flute	7 years	5 years	Performer, community musician

4.4 Results

4.4.1 Visual Map of Themes

As detailed within the data analysis process described above, one of the principle aims of thematic analysis is to represent the main concepts to emerge from data sets (Braun & Clarke, 2006). Figure 2 below presents the thematic visual representation of the main findings to be reported from the study analysis. To outline the reading of this map, the central rectangle details the study research topic. Main themes are represented by red ovals, sub-themes for each theme are represented by blue rectangles. A second level of sub-themes within three of the four main themes are presented in green rectangles. Solid lines represent the general grouping within each of the main thematic findings and show the hierarchical relationship between each main theme and its respective sets of first and second level sub-themes.

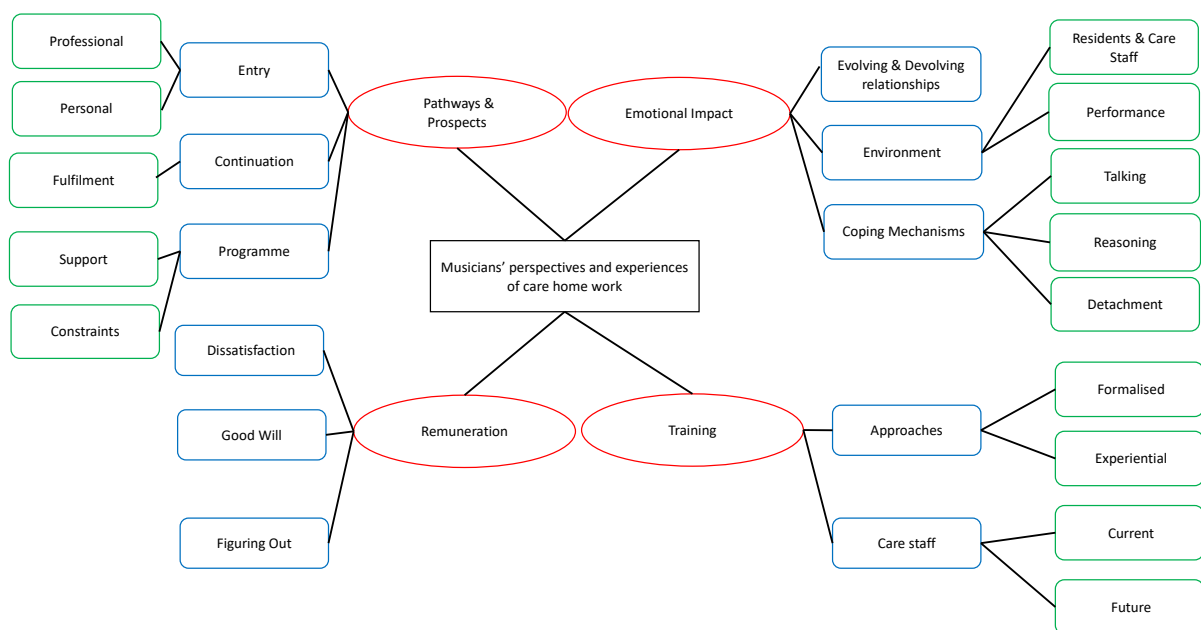


Figure 2: Visual map of the main thematic findings generated from data analysis of musicians' perspectives and experiences of live music service provision. Main themes are represented by red ovals, sub-themes for each theme are represented by blue rectangles. A second level of sub-themes within three of the four main themes are presented in green rectangles. Solid lines represent the general grouping within each of the thematic findings

and show the hierarchical relationship between each main theme and its respective sets of first and second level sub-themes.

In what follows each theme from the visual map is detailed in terms of the findings grouped under each concept. Evidence is provided for each theme in the form of quotations.

4.4.2 Pathways & Prospects

For a conceptual summary, Figure 3 below presents the structured visual depiction of this first main theme and its thematic relations, as shown in full within the visual map of the main thematic findings (see Figure 2 above).

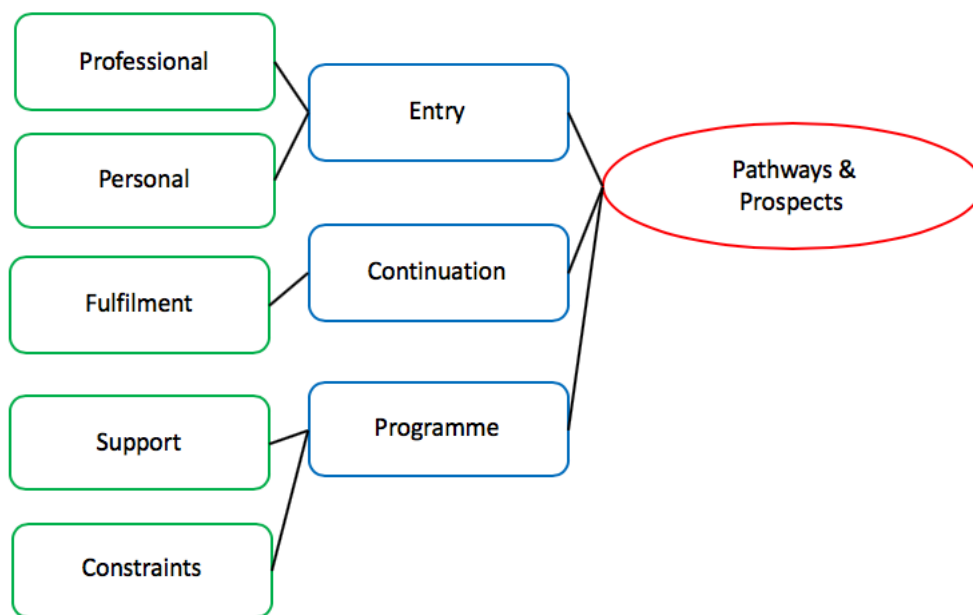


Figure 3: The structured visual depiction of the first main theme of Pathways & Prospects and its thematic relations.

This first main theme details musicians’ views on the directions, gratification and demands of their care home work. Overall, findings reveal varied routes through which musicians entered care home work, an expressed sense of occupational reward from this work, and the reportedly mixed role of programmes in facilitating their care home work.

The three sub-themes of this main theme are Entry, Continuation and Programme. Entry reports musicians' views on how they came to work in care homes. Continuation explores musicians' opinions on why they continue to work in care homes. Finally, Programme reveals musicians' considerations of live music programmes in assisting their care home work and care home work via programmes as compared to freelancing.

4.4.2.1 Entry

4.4.2.1.1 Professional

This sub-theme details musicians' comments on how they came to work in care homes through assorted professional factors, which highlighted care home work as a resultant rather than planned career choice. For the sake of brevity, three of these factors will now be exemplified. Firstly, musicians' care home work arose from opportune suggestions surrounding their expressed want to further their performance-based career prospects through obtaining programme membership.

"I wanted to be a performer, and someone suggested that I should audition for Pr1."
[Ursula, Pr1]

Secondly, musicians said that the nature of their respective programme work appealed to the positive expectations they had about their programme, which focused on exploring new and enjoyable areas of music performance. Such as programme work affording opportunities to explore diverse music applications and perform to new audience demographics.

"It was not deciding to work in care homes, I like doing as many different things, using music in as many different ways as possible." [Angelica, Pr2]

Thirdly, and somewhat paradoxically, musicians stated that their work in care homes arose from their decision to work for a programme, rather than as a result of intentionally seeking out care home work. Instead, musicians' described entry into care home work

highlighted an anticipated and accepted outlook towards taking part in this work once they were working within their programme.

“You are joining an orchestra that is particularly interested in outreach and education and hospitals and care homes...so I just knew that that was part of the package.” [Anita, Pr2]

Furthermore, it should also be noted that musicians’ reported entry into care home work as freelancers highlighted further pathways that led to them having opportunities to work in within this context. Musicians’ freelance care home work largely centred on opportunities arising from their professional associations with independent, community-based live music programmes and experienced music practitioners working in health and social care.

“I started going in actually with John Elton who is an amateur.” [Anita, Pr2]

Overall, Professional highlights the idea that care home work can emerge from affiliations with music performance programmes or as a result of professional relations. The emergence of this sub-theme questions the extent to which musicians are independently aware of key occupational factors: that care homes are possible areas for professional work, the need for musicians to have professional affiliations in order to be aware of, access and experience care home work and how care home work is currently signposted as an occupation for musicians throughout their career.

4.4.2.1.2 Personal

In contrast to Professional (above), this sub-theme presents musicians’ comments on personal experiences that informed their decision to work in care homes. For example, Amanda said that her familial experiences with dementia influenced her decision to work with care home residents with the same condition.

“My dad had dementia, so when there was an opportunity to do some work, that’s yes, something that I felt was really important to do.” [Amanda, Pr3].

Also, as a result of their expressed personal feelings towards their professional performing career, Marissa revealed that she chose to work in care homes because she was discontented with being an orchestral musician. As a consequence of these negative feelings, she described an intrinsic need to seek out new and more positive professional experiences, which were apparently afforded by working with residents with dementia.

“As my playing career progressed...I just got to a point where I think I just started to feel a bit undervalued as a performing musician...and then joining Pr3 and Pr3 has such a massive learning and participation department...and...I was open to any kind of new experience...the closeness of working in that environment and...dealing with vulnerable people was something that I really loved just right from the outset.”

[Marissa, Pr3]

At an equally intrinsic level, Erica reflected that she decided to work in care homes because she sensed it would be deeply rewarding and would allow her to explore her self-reflective considerations on her professional role as a musician.

“The sense of what is my purpose as a musician? You know is it, it is not purely to provide entertainment, is it purely to provide high art? I would argue for me personally not...I come to it with a broader point of view and broader desires and I think broader talents probably as well.” [Erica, Pr2]

Collectively, Personal represents a range of individual reasons that reportedly informed musicians’ decisions to pursue care home work. This sub-theme further highlights care home work as a means to afford musicians professional opportunities connected to significant personal life experiences as well as expand their practical and conceptual possibilities as professional musicians.

4.4.2.1.3 Continuation

This sub-theme presents musicians’ views on why they continue to work in care homes. These views were highly varied as they often reflected individual life circumstances

and personal feelings. For the sake of brevity, three of these prevailing views will now be reported. Firstly, musicians' expressed reasons for continuing care home work were imbued with therapeutic rhetoric connected to using music in a health-giving way. This notion was reasoned on the apparently worthwhile beneficial effects they perceived live music to afford residents and further highlighted an altruistic nature amongst musicians.

"I think...if you have got say cancer...an illness where you are going to die from it, you go to a hospice and get treated in a certain way, but when you do work with people who have dementia...it is a terminal disease and yet, if you have got cancer you get pain relief...but with dementia...if I can go in and I can give them relief for just a small amount of time, in the moment, then that for me is just the most rewarding think ever basically." [Amanda, Pr3]

Secondly, musicians conveyed public-spirited reasons for continuing care home work. These reasons reflected an expressed belief that residents should continue to have stimulating and fulfilling occurrences, such as live music, as experienced throughout their life course and unhindered by negative associations of institutionalised living or specialised conditions such as dementia.

"I think people with dementia...they still deserve to have normal life experiences and I think in a care home...they must personally often feel I think that they have been shut away from the world and...they are just older people...except something has changed and it means that they cannot look after themselves and that should not mean that their life becomes less rich." [Natasha, Pr2]

Thirdly, drawing a marked similarity to musicians' reasons for entering care home work reported in Personal (above), musicians also detailed that they continued care home work because of a sensed personal significance to care home resident populations. These expressed feelings centred on past and present family connections with aged care and cultural associations to particular resident demographics.

“It feels like the care home side is more relevant to me, with absolutely no disrespect to the schools...my grandparents, I only have one left now but...when I started...I had three left...so yes it is very relevant to me.” [Immanuel, Pr1]

Collectedly, the sub-theme of Continuation shows that care home work is an occupation that affords musicians a varying degree of personal satisfaction. This can be seen to reflect opportunities for realising altruistic motivations and personal connections to this context.

4.4.2.1.4 Fulfilment

This sub-theme shows how musicians’ comments on their experiences of working in care homes highlight this work as a worthwhile occupation. Musicians stated that the, often profound, ways in which they observed the effects of their live music sessions to impact on residents was one of the most rewarding features of their care home work and suggested a type of response unique to populations within this setting. These profound effects reportedly centred on visible positive alterations in residents’ state and changes to the care home milieu.

“From a musicians’ point of view the sense of reward, direct reward of seeing...change or seeing positive things happen directly as a result of music-making in that room, and you are all bonding in a really intimate way.” [Marissa, Pr3]

Musicians also conveyed that they experienced an intrinsic sense of reward when talking about a range of other ways in which they perceived a beneficial impact on their sessions. This included: bringing brief joyful experiences to residents set against the apparently downcast nature of their daily care home life, the pleasure musicians saw residents experience through music they provided that evoked particular recollections and promoted more direct engagement with musicians during sessions, and the potential to ameliorate resident discomfort and develop their degree of active session participation.

“If I can feel that for one small amount of time I can, if they have got troubles or worries...I can bring them into the moment, and they can feel better then that is good enough for me really.” [Amanda, Pr3]

Approximately half of the musicians reported a greater sense of fulfilment from their care home work as compared to their performances in traditional ensemble settings, such as concert halls. Musicians described how their close spatial proximity to residents afforded more immediate discernment and feedback of perceived enjoyment, enhanced engagement and direct acknowledgement of their performance from audience members than reportedly experienced in their usual performance contexts.

“If you feel like you have got through to somebody and lifted them or triggered something helpful, then that is great and sometimes you do not get that immediate feedback from playing in an orchestra...you go in and do your job and it might feel that you are not recognised necessarily.” [Erica, Pr2]

Overall, the sub-theme of Fulfilment shows that care home work is an occupation that affords musicians a clear sense of professional satisfaction that derived from distinct features of live music provision within care home settings, which musicians considered to be not as easily evident in traditional ensemble performance contexts. Specifically, the close, visible proximity of their audience afforded by the communal lounge spaces of care homes presented musicians with immediate discernment of audience members’ enhanced engagement and enjoyment of their performance. Furthermore, musicians’ awareness of the apparently helpful nature of their sessions and the explicit sense of reward this was reported to produce suggests the presence of shared altruistic traits amongst members of this professional group.

4.4.2.2 Programme

4.4.2.2.1 Support

This sub-theme shows how musicians’ comments revealed the assistive role of programme management in facilitating organisational and relational aspects of their care home work and their considerations of care home work via a programme as compared to

freelancing. Musicians reported that programme management arranged all of their care home work and passed on basic details of the care homes they were scheduled to perform. Such as session dates, times and locations, points of contact within care homes and descriptions of care home environments and service users.

“We will get sent the thing saying...contact is...Marina and the session goes from one thirty to two thirty and then you need to be there at three o’clock...twenty-seven service users, small space, very hot, six care staff, like upbeat music.” [Angelica, Pr2]

Musicians also briefly highlighted the relational involvement of programme management in their care home work. This relational involvement centred on facilitating successful session delivery and guiding musicians’ relations with care staff during their active provision of sessions and resolving session problems outside designated session time. This organisational and relational involvement of programme management was not reported as negative or problematic by musicians.

“We felt there were issues with communication between different members of staff at the care home...and as soon as we...figured out what was going on...we think this is happening...we needed management involved as well but it all got resolved fine.” [Immanuel, Pr1]

At this point, it should be noted that musicians’ opinions on working in care homes as freelancers compared to through a programme highlighted three main areas of professional capability that musicians conveyed reservations towards in obtaining the type of care home work they presently undertook via their programmes. Firstly, a vaguely expressed understanding of the organisational requirements of care home work as currently carried out by their programme management.

“I would really like to stay involved, it just means that I will have to organise it a bit more, whereas at the moment they just take care of it all and I just ring them a week before and turn up.” [Alastair, Pr1]

Secondly, a perceived absence of acquired entrepreneurial-based skills such as management, marketing, professional networking and communication to supplement care home work as a freelance occupation for musicians.

“You need someone who is good at management because you need someone who is going to sell the idea, who is going to sell I have an ensemble, we have these skills that will facilitate what you need...I think it is harder for us as musicians because we are only trained to be musicians” [Edward, Pr2]

Thirdly, a sensed lack of reputable professional status as freelance care home musicians as viewed by care homes. Such desired professional status was reasoned to be afforded by professional affiliation to live music programmes, such as orchestras, as well as accreditation to other established music professions associated with care home work, namely music therapy.

“I am thinking about how to do it because I do not want them just to think that I am...no good...it is very hard not seeming like the person off the street when you just write to them...I am not backed by any big organisation but...I see it as a great opportunity to go in there...but whether they are going to take me seriously is another matter altogether.” [Anita, Pr2]

Collectively, the sub-theme of Programme highlights the essential role of live music programmes in enabling and facilitating opportunities for musicians to expand their professional portfolio working in the context of care homes. However, musicians’ vague knowledge on arranging care home work and their perceived inadequacy of skills and status towards continuing care home work as freelancers questions the extent to which musicians may be reliant on established organisational frameworks in order to work in care homes and the degree to which programmes prepare musicians for independent care home work.

4.4.2.2 Constraints

In contrast to Support (above), this final sub-theme within Pathways & Prospects presents musicians' comments that highlighted how programme structure hindered their potential for impact within this context. Musicians negatively remarked on what was considered to be the short-term duration of their care home work, which ranged from single one-hour sessions through to weekly one-hour live music projects of five to fifteen weeks and above. Musicians expressed beliefs that this short-scale timeframe limited the insights they could gain on the extent to which their sessions impacted on residents, which was reported to show promising yet short-lived developments in their live music engagement.

“When you have a ten-week project...if a participant becomes engaged in week nine then you say goodbye in week ten it just seems such a shame not to have allowed...I would hope that that person had benefitted.” [Amanda, Pr3]

Such comments were also occasionally presented alongside statements from musicians that expressed a want for more regular session provision. Similarly, these views were reasoned on musicians' observed influence of their work with residents, which was said to promote session involvement, development of musical skill and opportunities for social non-music-based interaction.

“Every week I would say we need a volunteer for the piano...so I was like oh, Dot, would you like to play the piano?...but she could not remember she had done it...and so pleased that she had done it and she had gone through this learning the piano every session...and actually...listening back to recordings she got better...she started playing some phrases of music...she would interact with me on a more musical level ...and...I thought there was so much more to what we could do with her if we could come in more regularly.” [Ursula, Pr1]

Collectedly, the sub-theme of Programme reveals how musicians' care home work is determined by their programmes' prearranged organisation of session delivery, as either single sessions or weekly periodic projects. This overarching delivery structure, which none of the musicians reported to devise beyond indicating their dates of availability to

programme management, was viewed to hinder the extent of the professional contribution musicians sensed they could make to residents' lives. Arguably, this undermined professional agency musicians inadvertently experienced as a result of prescribed programme organisation presents a marked contrast to the empowered sense of reward they expressed when affording profound changes in residents' state as reported in the sub-theme of Fulfilment (above).

4.4.3 Remuneration

To outline this theme, Figure 4 below presents the structured visual depiction of this second main theme and its thematic relations, as shown in full within the visual map of the main thematic findings (see Figure 2 above).

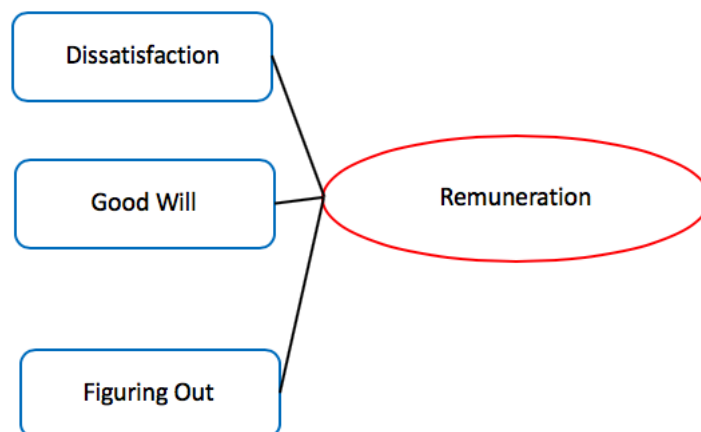


Figure 4: The structured visual depiction of the second main theme of Remuneration and its thematic relations.

This second main theme reports musicians' mixed perceptions regarding remuneration for their care home work. Findings present an unclear picture of how musicians should be remunerated as considered against their programme membership, occupational duties and overall service contribution to care homes. The three sub-themes within this theme are Dissatisfaction, Good Will and Figuring Out. Dissatisfaction presents musicians' negative views of their remuneration. Good Will details musicians' comments that show an amicability towards working in care homes for little or no remuneration.

Lastly, Figuring Out reports musicians' views on key financial considerations surrounding subsidy for their care home work.

4.4.3.1 Dissatisfaction

This sub-theme highlights a lack of satisfaction amongst musicians on their pay for care home work. This dissatisfaction centred on three main areas: rates of pay, the amount of unpaid work musicians do outside their pay rates and a perceived general financial undervaluing of musicians' care home work, which will now be presented in turn. Firstly, musicians reasoned that their hourly pay rates did not accurately reflect the extent of their time at work, which they conceived to include the time covered by pre and post-session commute.

“We are paid seventy-six pounds per session...each person...that is like really reasonable, for like an hours' work...but actually, it is not really an hour...if you have got to get to Nottingham, so we are doing this gig at eleven, so that means that I have to leave my house at like half past eight...gig at eleven until twelve...I get back about maybe three...so it is basically a day of work...so actually seventy-six pounds starts to feel a lot less good.” [Lucinda, Pr1]

Secondly, musicians expressed discouraged views towards the unpaid aspects of care home work carried out between sessions, which they reasoned should be more adequately remunerated to potentially promote further work on these areas. These unpaid aspects of their work included session administration duties, post-session reflection time, and practice time learning new pieces of music for sessions.

“If I am not being paid for preparation time, which I feel like I am not really, then it is hard to make time for it...so, I end up doing just a small amount of preparation for each gig...it would always be nice to be paid more and then feel like you could spend time...learning new material.” [Lucinda, Pr1]

Thirdly, musicians' reflections on their remuneration highlighted expressed beliefs of an overall financial undervaluing of the care home work of musicians as a professional

group. This view was largely conveyed through a reported awareness of the varying pay rates musicians receive for their care home work, either from other programmes or care home budgets, which was considered to be an unsustainable level of remuneration and undermine the professional status of musicians' services.

"It is a little bit concerning when you see rates that some charities offer and then...it becomes almost like you are almost offering a pro bono service, which can be great, it is just that you cannot commit to that." [Erica, Pr2]

Overall, this sub-theme highlights contested expectations amongst musicians towards their remuneration for care home work. Musicians' comments also present an unclear picture of how their remuneration is calculated as balanced against apparent occupational factors associated with their care home work, such as programme membership, travel, administration, active session delivery and commitment to continued professional development.

4.4.3.2 Good Will

In contrast to the sub-theme of Dissatisfaction (above), this sub-theme shows that musicians also expressed a willingness to work in care homes for minimal remuneration or voluntarily. This view was not reported as negative or problematic and instead highlighted a knowingly understood acceptance of tacit expectations to undertake unpaid care home work amongst musicians. Musicians conveyed their apparent public-spirited nature through reports of their remuneration for freelance care home work, which was further associated with their enjoyment of work within this context.

"The first couple were for nothing, and of course that is not sustainable but every so often it is a really nice thing to do." [Erica, Pr2]

Adding further distinction to musicians' views presented in Dissatisfaction (above), musicians did not express issues with their programme remuneration. Instead, they conveyed more gratuitous, untroubled and advantageous views of their programme pay for care home work.

“I have not actually given it that much thought...I am not...worrying about it, but it pays better than playing...not much but...that is win-win because I really love the work and it is slightly better paid.” [Marissa, Pr3]

However, once again, in comparison to the comments detailed in Dissatisfaction (above), other musicians conveyed more mixed opinions on the adequacy of their remuneration balanced against occupational factors of their programme care home work, such as; travel and preparation time, which was either considered to be accurately remunerated at professional rates or under remunerated as a consequence of musicians’ self-acknowledged professional outlook.

“I want to play at my best and it does not matter who it is you are playing to...I do more prep than lots of people, I do not mind that is my choice.” [Angelica, Pr2]

Overall, this sub-theme suggests the presence of both charitable and agreeable dispositions amongst musicians towards their care home pay, which appeared to be associated with an expressed enjoyment for this work. However, musicians’ willingness to work in care homes for little pay or voluntarily questions the need to establish their care home work as a community or professional service and train musicians to recognise and assert their earned financial value if working as paid professionals.

4.4.3.3 Figuring Out

This final sub-theme within Remuneration details musicians’ comments on key financial considerations perceived to surround their care home work: programme subsidy and remuneration. Initially, it should be noted that musicians outlined that their remuneration derived from external funding sourced by programme management for care home projects. None of the musicians reported direct involvement with programme fundraising and conveyed a vague awareness of the adverse impact of funding on their care home work, such as limiting session provision.

“It is very frustrating because actually I want to go in more for them...and they say to us well how can we get you again...it is funding, funding, funding, we do not know anything about that.” [Angelica, Pr2]

However, few musicians voiced recommendations for how to address apparent issues of programme subsidy beyond a need for more funds. Those who did describe simplistic notions of research-based resources as a means to substantiate the beneficial impact of live music in care homes reportedly observed by musicians, and subsequently generate further funding.

“People need to know...how invaluable it is...to make peoples’ lives better, so having kind of academic proof that people with the money could say like, oh yes, someone has researched this academically, it must be true, here is some money, that would be a positive thing.” [Immanuel, Pr1]

Comparably, musicians’ ideas for sourcing financial subsidy for their remuneration appeared vague and extemporised. At a basic level, musicians reasoned that they should be adequately paid for their care home work, which was largely contingent on the persons willing to subsidise their remuneration, though, such persons were currently unknown to them. Musicians conjectured recommendations on this matter centred on obtaining funds from care homes alongside available programme funds, with mindful consideration of the potential beneficial outcomes of musicians’ services.

“It is simply a question of finding the balance where an organisation or ensemble can say this is what we can do for you and the home saying we think we can afford to pay this amount of money towards that because it will improve a lot of our patients.” [Terry, Pr2]

Principally, this sub-theme highlights an ill-defined understanding of the financial considerations of care home work amongst musicians and also presents an unclear picture of who, and how musicians’ care home work should be financed to afford them a

programme of sufficient financial support to subsidise and remunerate their professional services.

4.4.5 Emotional Impact

For a thematic overview, Figure 5 below presents the structured visual depiction of this third main theme and its thematic relations, as shown in full within the visual map of the main thematic findings (see Figure 2 above).

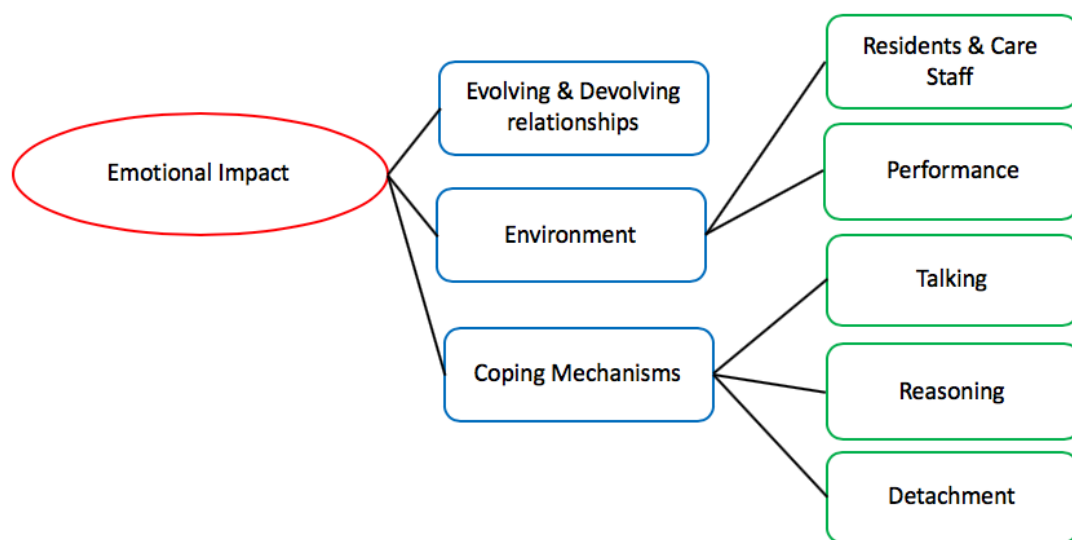


Figure 5: The structured visual depiction of the third main theme of Emotional Impact and its thematic relations.

This third main theme details how care home work has both positive and negative influences on musicians' emotional state, identifying the need for professional resources to help musicians working in care homes manage their occupational, emotional wellbeing. The three sub-themes are Evolving & Devolving Relationships, Environment and Coping Mechanisms. Evolving & Devolving Relationships reveals the positive and negative aspects of musicians forming relationships through care home work. Environment presents the largely adverse emotional impact musicians associated with care home work and the challenges of delivering live music sessions. Lastly, Coping Mechanisms details musicians' strategies to help them manage the emotional impact of care home work.

4.4.5.1 Evolving & Devolving Relationships

This first sub-theme highlights the mixed relational impact musicians reported when reflecting on the demands of care home work. Musicians viewed meeting and forming relationships with residents as one of the most enjoyable and rewarding aspects of care home work. Musicians further expressed a marked fondness for care home work as it afforded opportunities to meet a wide variety of people and hear about unique life experiences.

“For me the best thing...it is meeting all these amazing people and sharing their lives with us really. I think it is extraordinary...you have got so many characters and there is just so many stories and so many lives out there.” [Amanda, Pr2]

In unfortunate contrast, musicians described how the relationships they formed with residents negatively impacted on their emotional state. This adverse outcome reflected musicians’ awareness of care homes as settings where people were nearing the end of their life course and could die. Reported examples of such experiences included musicians performing to residents about to be transferred to palliative care and a breakdown and loss of relationships formed with residents during projects due to a decline in their health, which was emotionally described by musicians as sad, difficult and powerful.

“We did a project...we were in a community centre and it was people who had dementia with their partners...then we started this project and I walked into this care home and one of the ladies from that with dementia was in the care home, her partner had died...that sort of thing is just emotionally incredible...because I have got that connection I feel like I have known her quite a long time.” [Amanda, Pr2]

Lastly, musicians reported a negative emotional impact on their associations with residents as a result of the short-term duration and financing of programme care home work. Musicians described the prescribed closure of care home projects as emotionally difficult as they realised their relationships with care homes and residents would be curtailed. The limited nature of funding available to subsidise care home projects was also

viewed to impose an untimely closure to the connections musicians made through their work.

“It is all funded by sponsorship they all say oh we want you to stay...and obviously we say we cannot because of funding...that is another one of the downsides...you have invested...and then you are walking away without knowing the full story, where the story ends I suppose.” [Amanda, Pr2]

4.4.5.1.1 Residents & Care Staff

This sub-theme details the emotional demands musicians experienced that reflected contextual factors of care home life: residents' in states of ill-health and care staff's role demands. Musicians reported feeling affected by directly witnessing the anguish of other people as they saw the adverse symptoms and behaviours residents exhibited as a result of their health conditions. For example, residents with specialised conditions such as dementia displaying distressing reactions, as well as residents engaging in repetitive patterns of behaviour and screaming during live music sessions.

“I think you encounter some people who are quite frightened, especially if you go into their home, especially if they have dementia or something and they do not quite understand why you are there...it affects you because it is hard to see someone struggle.” [Alastair, Pr1]

Also, musicians expressed empathy towards the apparently difficult role demands and adverse situations of care staff. However, these perceived professional circumstances were not elaborated on in-depth beyond brief descriptions of care staff lacking time to complete their role duties and working in seemingly difficult conditions.

“You see a lot of people trying their best up against really hard circumstances...the staff who are working there...everyone is trying their best, but...it is really hard in a lot of situations.” [Immanuel, Pr1]

4.4.5.1.2 Performance

This sub-theme shows that musicians care home work reportedly presented specific emotional challenges during their live music session delivery, which centred on the degree of residents' engagement and the nature of their responses to live music. For example, musicians considered eliciting responses from residents in their sessions as an emotionally challenging aspect of their care home work, especially from residents who outwardly appeared withdrawn from their surroundings.

"I think it is emotionally demanding...because you are interacting with people that potentially are quite closed and sometimes it can be quite a hard environment to go into because everyone might be sat down very still and not responding to each other and it is hard work to...talk to people." [Isaac, Pr1]

Musicians also described how the, often marked, emotional impact that the music they performed was observed to arouse amongst residents elicited equally emotionally affective feelings within themselves. For instance, as a result of particular songs evoking memories of residents' former loved ones or live music performance as a means to access the apparently intrinsic emotional connectedness many people have to music, including residents.

"Emotionally, I would certainly say...poignant...in that...I have seen people cry because...maybe you have sung an Irish song and...their deceased husband, used to sing it...it is hard not to cry, it really is hard not to be moved by that." [Alastair, Pr1]

Taken together, the above sub-themes of Evolving & Devolving Relationships and Environment highlights that the emotional impact musicians experience through care home work largely reflects contextual factors beyond their immediate control or influence. Namely, a decline in residents' health or complete loss of life, the prescribed short-term duration of care home projects, allotted programme finances, adverse resident behaviours and residents' emotional responses to music.

The reportedly adverse feelings these, arguably ongoing, factors evoke amongst musicians questions the extent to which they are aware of these occupational demands

before beginning care home work. Additionally, the explicit emotional investment musicians reported as part of their care home work, particularly as a result of forming relationships and session performance, casts uncertainty on the extent to which musicians are trained to manage their emotional responses when working in care homes.

4.4.5.2 Coping Mechanisms

This sub-theme reveals three main strategies that musicians reported using to help them manage the emotional demands they experienced through care home work. Namely, talking to colleagues and family members, analytical thinking and adopting a sense of detachment.

4.4.5.2.1 Talking

This sub-theme highlights how musicians used talking as a means to manage the adverse emotional impact of care home work, which included them informally talking to fellow ensemble members or other music professional colleagues with care home work experience, and also family members. Musicians reasoned that this informal conversation afforded reflective discussion as a means to mitigate any negative emotive aspects encountered through their sessions.

“There is always someone in the car to...sound off against afterwards and just talk about it and reflect upon it straight away afterwards, so...any kind of mental trauma is minimised because of that I think.” [Immanuel, Pr1]

“I tend to...offload onto my family a bit, I tend to talk to them about it, I have a very good listening husband.” [Natasha, Pr2]

4.4.5.2.2 Reasoning

This sub-theme reveals how musicians rationalised the adverse emotional impact they experienced working in care homes. This process of rationalisation largely centred on musicians choosing to focus on the positive aspects of care home work, which apparently overshadowed the negative emotional factors they experienced when working within this context. For example, the fact that musicians encountered residents with unfortunate life circumstances or hostile behaviour from residents, which was considered to be surpassed by the favourable experiences of positive music engagement they observed amongst residents.

“If you are confronted with somebody who is in a situation that they would choose not to be in it can be very sad...but if people engage with the music, if you can manage to do that then that all seems to fade into the background.” [Erica, Pr2]

Additionally, two other particularly unique and noteworthy strategies of a broadly similar mental reasoning were described by Marissa and Terry. Firstly, Marissa chose to manage the emotional demands of her care home work through a process of self-reflective analysis. She considered this practice as an effective means to strengthen her expectations, awareness and resilience towards anticipating how to handle similar situations that may arise in her future care home work. Secondly, Terry described coping with the emotional impact he experienced, particularly as a result of seeing residents in states of ill-health, through considering that care homes are institutions purposefully designed to help care for older people in poor health.

“Going home and...being able to explain the depth of something that may of happened that day is really useful because if I can articulate it myself then I have got a better chance of understanding what happened and so I have got a better chance of...getting beyond it and coping with it and when next time...something crops up I can OK well that was a bit like that and deal with it.” [Marissa, Pr2]

4.4.5.2.3 Detachment

This final sub-theme within Emotional Impact highlights how musicians conveyed a sense of detachment towards managing the emotional demands of care home work. The sense of detachment musicians evoked was talked about concerning multiple aspects of their care home work. Such as, focusing on their literal, physical separation from care homes at the end of their sessions as a means to distance themselves from the emotional demands of their work and also, choosing to attach no personal significance to unfriendly interactions with residents, and instead maintain sensitivity to their ongoing daily needs.

Also, musicians reported explicit mindfulness of their conscious ability to emotionally detach from relational connections formed with residents during sessions. Instead of focusing on their social and felt relationships with residents as people, these musicians chose to focus on forming an explicit emotional, professional boundary to residents. This detachment was described to be achieved through how they consciously conceived their way of working within care homes, which prioritised live music delivery.

“I am very good at emotionally cutting off when I am working...but it does not mean to say that I am not feeling it, I am just able to sort of say right I am here I am doing this job and I am not going to explore emotionally what this, or...all the background of this while I am doing it.” [Anita, Pr2]

In closing this sub-theme, it should be noted that none of the musicians reported receiving formalised training on managing their occupational, emotional health and wellbeing when working in care homes. Therefore, musicians’ reported strategies for managing the emotional demands of care home work highlights potential opportunities for modes of training and professional support for these musicians. Arguably, such formal guidance would help musicians to become aware of the occupational, emotional impact of care home work from the outset of working within this context and educate them on how to manage the ongoing emotional effects that they could experience when providing live music sessions in care homes.

4.4.6 Training

To review this theme, Figure 6 below presents the structured visual depiction of this fourth main theme and its thematic relations, as shown in full within the visual map of the main thematic findings (see Figure 2 above).

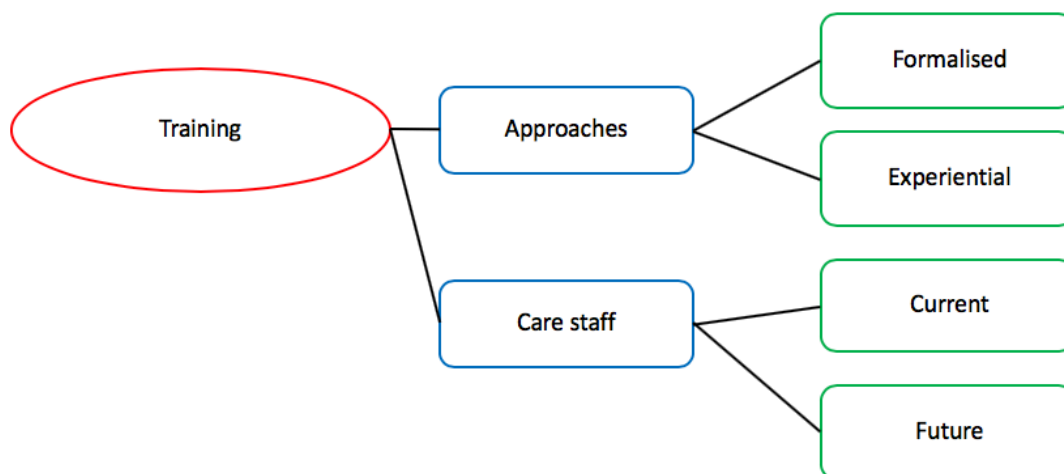


Figure 6: The structured visual depiction of the fourth main theme of Training and its thematic relations.

This final main theme details musicians' comments on training to support their care home work. Findings show varied views amongst musicians towards the desired approach for their training and current and future recommendations for care staff music training. The two sub-themes within this theme are Approaches and Care Staff. Approaches details opinions on the training received for programme care home work and areas for future training development. Care Staff reports musicians' views on emergent methods of music training for care staff within their programmes and ideas for further care staff training.

4.4.6.1 Approaches

4.4.6.1.1 Formalised

This sub-theme reports musicians' views on their programme training for care home work. Broadly, musicians briefly outlined a range of training experiences provided by their

programmes. This training mainly took the form of workshops, conducted over one or two days, delivered by specialist care home musicians, music practitioners and care specialists. These training days were designed to educate musicians on how to plan, approach and conduct their care home sessions and inform their knowledge of specialised health conditions amongst residents, such as dementia. Musicians further stated that these training days were conducted periodically, with musicians recommended to attend before beginning their care home work.

Musicians viewed their training positively, initially remarking that it was really good, fantastic and beneficial. Musicians considered their training days useful for their care home work, as they were deemed to afford opportunities to obtain constructive insights on how to approach working in care homes with residents musically and socially, direct from music and care professionals with first-hand care home expertise.

“I liked that he was so experienced, so he really knew what he was talking about...it was not theoretical it was just his actual experiences and problems he came across... he would give loads of case studies...of people he had worked with and ideas and activities that really worked and ideas that did not work...proper tried and tested.”
[Isaac, Pr1]

More critically, musicians highlighted areas where they sensed that their training could be improved. These improvements largely centred on musicians having more opportunities to share their views and experiences throughout their time working in care homes to further inform one another's' performance practice., such as; sharing ideas for activities, song choices, how to apply learned performance techniques in practice; for example, the use of movement, how to deal with certain problems or issues that may arise during sessions and how to actively engage with residents who exhibit particular symptoms as a result of certain health conditions, such as delusional behaviour.

“I would love to be able to...share that sort of good practice...with other people, and then they have some sort of resources...I mean you do not want every group to be doing the same thing...but it might be nice to just have some ideas, like, oh we have

done...this activity with percussion...and that has really worked and you might adapt it in this or that way.” [Lucinda, Pr1]

Lastly, the five musicians that reported no formalised programme training voiced ideas for care home training that showed a marked similarity to those expressed by musicians as detailed within this sub-theme as part of their current programme training approaches or future training recommendations, such as; training to inform musicians’ understanding of care home life, how to approach residents with various health conditions, popular song choices, appropriate warm-up activities, the use of music complimentary to residents’ health conditions, and how to develop their work across multiple sessions. With further similarity, the proposed delivery of these training ideas was largely described to take the form of sessions with music and care professionals, as well as the occasional suggestion for written resources.

“I mean we sort of see what works but actually to have somebody who actually knows about...the conditions and illnesses they have and just sort of say it is really important to go down this line with that and this is...really going to help with that and...maybe this type of instrument will work with that condition.” [Anita, Pr2]

Overall, this sub-theme highlights a potential framework for training delivery to support musicians care home work directly informed by their own training experiences. This potential framework can be seen to take the form of workshop-based training days delivered by specialist music and care professionals, further supplemented by periodic sessions that promote shared practice development of care home work amongst musicians.

4.4.6.1.2 Experiential

In contrast to musicians’ opinions on training presented in Formalised (above), musicians also revealed more experiential attitudes towards training for care home work. Further critical views from musicians of their programme training as detailed in Formalised (above), questioned the need for formalised training sessions for care home work. Rather, these musicians were of the opinion that though formalised training could highlight basic

aspects of session delivery, such as song choices, care home work could largely be learnt in practice, through musicians' ongoing responses to individual session circumstances.

"It is about...working out what approach works for you that you feel comfortable with that other people respond to because everyone is different and I think if you go in with a set view of how you are going to run a session it won't work, you just have to respond to the room and how people are feeling that day." [Ursula, Pr1]

Similarly, over half of the musicians reasoned that their professional and personal experiences external to their programme served as training for their care home work. This belief was voiced through a range of brief comments in which musicians referred to their care home work as freelancers, their work as community musicians, as well as private reading. A final noteworthy remark was expressed by Amanda, who revealed during her interview that her father had dementia, as detailed in Personal (above), and reflected that this personal experience with dementia aided her ability to work with people with the same condition.

"I feel that having had experience of it myself it has been helpful." [Amanda, Pr2]

Taken together, musicians' contrasting views on their desired approaches for learning how to work in care homes detailed here in Experiential and Formalised (above), presents a diverse and somewhat unclear picture of how their training could be most effectively approached in the future. Musicians' distinct approaches further suggest a need for flexibility surrounding proposed training frameworks to support their care home work.

4.4.6.2 Care Staff

4.4.6.2.1 Current

This sub-theme reports musicians' views on music training for care staff currently carried out within their programmes. Generally, musicians' reported programme music training for care staff centred on three areas: affording musicians and care staff opportunities to hear about one another's session experiences, care staff learning more about musicians' performative approach and musicians providing care staff with the

essential knowledge, skills and resources to deliver live music sessions in the absence of musicians. The design of these training areas reportedly took the form of workshops with musicians and care staff or other music performance specialists and written and audio resource packages.

Musicians' further reflections on participating in these care staff music training experiences primarily highlighted various issues surrounding care staff's training involvement. Such as apparent professional difficulties for care staff to attend training due to occupational constraints of time, financing, multiple role demands and perceived differences in care staff's degree of engagement and understanding of the beneficial impact of training sessions. Musicians' reflections also highlighted the need to consider the accessibility of music training formats for care staff, such as the provision of practical workshops as compared to online resources, and care staff's level of musical skill to develop their use of live music.

“Not that many people from homes came because they just couldn't find the time to be out on paid...and it felt like the homes where they really valued the difference, they made a massive effort to come along...and another home which felt it had been transformed by the music, they had three or four staff come...and then other homes, no one came.” [Ursula, Pr1]

In closing, this sub-theme shows that musicians' comments revealed emergent areas of music training for care staff alongside key occupational factors to consider for their potential training design, content and delivery.

4.4.6.2.2 Future

This final sub-theme of the analysis shows that musicians voiced a variety of recommendations for future care staff music training. These expressed ideas centred on two main areas not too dissimilar from those outlined in Current (above): developing care staff's continued live music use and building musicians' and care staff's relational working with live music, which will now be presented in turn.

Firstly, musicians' ideas for developing care staff's continued use of live music outside of their sessions were primarily based on their own professional experiences within

and external to their programmes. These ideas included musicians teaching care staff basic songs, musicians training care staff to deliver music-based games and activities akin to programme school staff live music training, and programmes designing live music projects intended to educate care staff to continue the work of musicians after they leave care homes, as carried out in schools.

“Myself and Isaac were asked to do a bit of a workshop with care home managers and care home staff so I took an Everly Brothers song called When Will I Be Loved?... And just taught them the song and then...for those capable of doing it, I also had a second part which was just like do-da-ba-do-da-ba-do-do...gave them that and said if you put those two things together they sound great...potentially you could have a room full of care home residents doing that and I think stuff like that basically.”

[Alastair, Pr1]

Secondly, musicians associated more relational ideas with care staff training that were reportedly intended to facilitate a closer and more mindful working relationship between these two professional groups and enable greater care staff involvement during their sessions. For example, programme management educating care staff on the range of benefits musicians apparently perceived their sessions had amongst residents, and care staff and musicians coming together before live music sessions to communicate the best ways in which they could help one another during sessions.

“The musicians and the staff are together, and we ask them to give us...five tips about how we could best come in, where we should position ourselves...is there somebody we should avoid, is there somebody who has got a particular passion for Gershwin.” [Angelic, Pr2]

Collectively, this sub-theme presents further ideas for programme led music training for care staff that suggest opportunities to promote greater relational, educational working between musicians and care staff.

4.5 Summary

In closing, the main themes that emerged from the interviews with musicians working in UK care homes via live music programmes evidences their views on the three research areas of investigation, namely occupational factors, collaborative working and training, The main thematic evidence for each of these three research areas will be summarised in turn below and outlined alongside considerations of the main implications to result from the findings of this study.

Concerning the occupational factors that musicians perceived and experienced through working in care homes, the main theme of Pathways & Prospects highlighted the emergence of a new demographic of professional musicians who are practising care home work (see sub-themes Entry and Continuation). Yet, somewhat paradoxically within this main theme, in the sub-theme of Professional musicians acknowledged precedence to join an established live music programme over actively seeking out professional opportunities for care home work. This finding arguably reveals an unfavourable occupational factor of musicians' care home work as it questions the general awareness and visibility of care home work as a possible occupation amongst this professional group. Notwithstanding musicians' somewhat secondary pursuit of care home work, in the sub-theme of Fulfilment within Pathways & Prospects, they described a more positive occupational factor of their care home work. Specifically, feeling an explicit sense of reward from working in care homes, which chiefly reflected the immediately apparent and profound responses observed amongst residents to their work, due to the proximity of their audience within care home spaces, and altruistic traits amongst musicians.

Additionally, concerning the occupational factors of musicians' care home work, the sub-theme of Programme in Pathways & Prospects identified an essential organisational role of their programme in securing the financial and practical arrangement of their care home work. However, within the sub-theme of Support in Pathways & Prospects, when musicians considered working in care homes via their programme against opportunities for working in care homes as freelancers, they expressed reservations towards their professional status, value and entrepreneurial skillset. Taken together, the findings from these two sub-themes casts uncertainty on the extent to which live music programmes prepare their musicians to work independently in care homes and questions their reliance

on established programmes of professional support. These occupational issues of dependency and professional skills and development, coupled with the fact that musicians reported durational limitations on their care home work connected to their programmes' financial subsidy in the sub-theme of Constraints within Pathways & Prospects, places musicians in a somewhat powerless position to expand the scope of their professional work in care homes. Overall, the main theme of Pathways & Prospects reveals mixed insights from musicians on the occupational factors they perceived and experienced through their care home work, which centred on issues of professional prominence, reliance and skill acquisition and development, alongside reported feelings of work-related gratification.

Findings from the main theme of Remuneration also revealed further occupational factors that musicians perceived and experienced through working in care homes. The sub-theme of Dissatisfaction within this main theme revealed contentions surrounding their pay rates balanced against their role duties, which suggests a need to accurately quantify the pay rates of musicians working in care homes. Considering this final preceding point, musicians' proffered solutions to their remuneration issues detailed in the sub-theme of Figuring Out within Remuneration were largely momentary and highlighted further areas for consideration surrounding financial sources for their remuneration, such as who pays them and how much these people are willing to pay. Notwithstanding these unresolved financial deliberations, musicians' comments on their remuneration within the sub-theme of Good Will in Remuneration, particularly in connection to their care home work as freelancers, conveyed a public-spirited nature. While positive, this expressed feeling raises an immediate need for musicians working in care homes to be trained to recognise and assert their professional financial value. Taken together, the findings from the main theme of Remuneration highlight musicians' pay as a somewhat unfavourable occupational factor surrounding their care home work concerning the amount they are paid and the source of their pay.

Furthermore, findings from the main theme of Emotional Impact reported musicians experiencing a largely adverse emotional impact from their care home work, which highlights a further unfavourable occupational factor concerning their work within this context. As detailed within the sub-themes of Evolving & Devolving Relationships Environment and Performance, musicians' reportedly adverse emotional impact was

connected to the relationships they formed with residents and care staff and the influence of contextual factors of care homes, such as seeing residents in states of ill-health and care staff's demanding role duties. Alongside these findings, the sub-theme of Coping Mechanisms detailed a range of strategies that musicians used to help manage the perceived emotional impact of their work, such as talking to colleagues, reasoning and employing a sense of professional detachment (see sub-themes of Talking, Reasoning and Detachment within the main theme of Emotional Impact). However, such strategies were not explicitly reported to be learnt through their programmes, which indicates a need to promote musicians' awareness and management of their occupational health and wellbeing from the outset of working in care homes.

As a final point concerning the main theme of Emotional Impact, the largely adverse emotional impact musicians reported through working in care homes raises questions as to whether this largely adverse occupational factor affected how musicians worked collaboratively with care homes in both positive and negative ways. Yet, musicians did not explicitly report how the emotional impact they perceived and experienced from their care home work influenced their collaborative working with care homes and care staff and instead focused on describing how this occupational factor affected them individually at a more personal level.

Findings from the main theme of Training revealed key insights concerning the research area of musicians' collaborative working with care homes and care staff for their care home work now and in the future. The sub-themes of Formalised and Future within this main theme showed how musicians' comments on their ideas for the approach and content of their current and future training for care home work presented clear opportunities for music and care professional knowledge exchange and collaboration, such as, musicians working with care professionals to learn more about the potential relationships between residents' conditions and using live music as part of their care, and care staff and musicians meeting one another for pre-session talks on how best to support one another professionally during sessions. Taken together, the findings from these two sub-themes question how musicians' ideas for collaborative working with care staff may be realised in practice, for example; through organisational support from their live music programme or exploring possibilities to train musicians working in care homes on how to

successfully collaborate with care staff, either via their programme membership or as freelancers.

Lastly, concerning the research area of training, the sub-theme of Approaches within the main theme of Training revealed contrasted opinions from musicians on the overarching approach to their training for care home work. While musicians spoke positively about their programme training experiences (see sub-theme of Formalised) they also detailed opinions that care home work could largely be learnt through practical experience working within this context and actively learning from their session circumstances and occurrences (see sub-theme of Experiential). Additionally, within the sub-theme of Current, musicians reported issues with the training they had experienced for care staff due to occupational constraints of time, financing and multiple duties surrounding their roles. Collectively, these findings suggest a need for more vocational approaches to music training in care homes that may simultaneously promote flexible ways of learning surrounding live music session delivery for musicians and are also considerate to care staff's ongoing role demands.

As a final general point of note concerning the main findings from this study, though musicians detailed varied lengths of professional experience working in care homes (see Tables 8, 9 and 10, section, this Chapter) data analysis did not reveal observable insights from musicians on how their degree of experience working in this setting reportedly impacted on the occupational factors, collaborative working and training surrounding their care home work. Arguably, the role of experience in informing musicians' work in care homes presents an interesting point of observation for future studies to consider if this pattern is consistent within a different sample of musicians working within this setting.

The methods used for this study had both advantages and limitations. Collaboration with established live music programmes provided an essential understanding of how to carry out evidence-based research with arts sector organisations. However, at times, the reliance of the voluntary participation of the live music programmes' musicians for the study proved problematic in light of the multiple demands of their freelance portfolio career status, which made responses slow in forthcoming. The interview context of private, public spaces in locations known to participants, such as local coffee shops, presented participants with a familiar and quiet space in which they could openly share their views. Also, the in-

person interview approach afforded the researcher an apparent range of non-verbal participant cues, such as facial expressions and overall richer experience of participants' care home work.

Although participants' involvement in the study depended on their readiness to participate, and hence presented a potential source of bias in the study, their comments did not reveal a predominantly positive presentation of their care home work. Noticeably, musicians highlighted multiple negative or adverse factors they associated with their care home work, such as their level of remuneration (Dissatisfaction), the limited duration of their care home work (Constraints) and the emotional influence of working in care homes (Emotional Impact). Nevertheless, findings could be improved in future studies by the inclusion of perspectives from musicians who no longer work in care homes. Given the gap identified in the sub-theme of Support between programme and freelance care home work, and the difficulty musicians perceived in bridging that gap, it would also be of interest to document the experiences of musicians currently working in care homes as freelancers.

The work of this chapter serves to advance the in-depth knowledge-base on the perspectives and experiences of musicians working in UK care homes as an emergent professional group. The methodology afforded a successful approach through which to assemble considerable evidence-based insights from this key professional group involved in care home live music service provision. Hence, it was deemed appropriate to apply this method to explore the perspective and experiences of another key professional group involved in the provision of live music services in care homes, namely, care home staff. To provide parallel multi-professional enquiry across these two studies, the study presented within the next chapter of this thesis also sought to explore care staff's insights on the occupational factors, collaborative working and training of live music service provision within their care homes.

Chapter 5

Exploring the perspectives and experiences of key professional groups supporting live music services in UK care homes: care staff

5.1 Introduction Overview

As discussed in depth within the literature review of Chapter 2, there remains minimal investigation on the perspectives and experiences of care staff roles involved with live music service provision in care homes, particular with regard to the occupational factors (Cameron & Sosinowicz, 2013), collaborative working (Melhuish et al., 2015) and music training (McAlees, 2018) surrounding their use of live music as part of their roles. Therefore, as a way to increase current evidence-based knowledge and inform the gap in existing literature on care staff's involvement and experiences throughout the process of supporting live music service provision in UK care homes, this study conducted individual semi-structured interviews with care staff roles and sought to answer the research questions below.

1. What are the key occupational factors that form part of care staff's work with live music service provision in care homes?
2. In what ways do care staff work together with musicians to facilitate live music sessions as part of live music service provision within their care homes?
3. What methods of training are available to care staff in relation to live music in care homes? How do care staff view music training as part of their care home work?

5.2 Analogous Methodological Approach Reminder

Before presenting the remainder of the second of the two main studies of this thesis, to provide a brief reminder, the study presented within this chapter uses methods analogous to the study detailed within Chapter 4 with regard to study rationale and design, materials, procedure and ethical approval and data analysis approach (see Chapter 4, section 4.2). Therefore, this chapter continues with a description of the method detail that was specific to this second study of care staff's perspectives and experiences of live music services, followed by the main findings of this study.

5.3 Care Staff Methods

5.3.1 Different interview schedule content

As detailed within Chapter 4 section, the paralleled interview format aimed to document concurrent insights from the two main professional cohorts, namely, musicians and care staff, on the identified dimensions of live music service provision. However, some of the designed interview questions included within each of the two interview schedules were only appropriate to ask the respective professional group being questioned, either musicians or care staff. For example, such individual questions for care staff included "do you have any thoughts on the use of music as compared to other activities in your care home?" on their occupational factors, "do you talk to your colleagues about music in your home?" on their collaborative working and "what training, if any, do you think would be appropriate for musicians to have on your work in care homes?" their training, respectively.

5.3.2 Recruiting Care Staff

On 13th September 2017, the researcher delivered a call for action as part of an oral presentation on their interim findings from Chapter 4 at an annual conference on health and safety in the care sector. This call expressed a need for access to UK care homes and their care staff to participate in this study and asked conference attendees to communicate this request amongst their colleagues, organisations and other professional associations whom they considered may be interested in collaborating on this study. The following day, the researcher was contacted via email by a staff member at a private care home company and introduced to their Research Projects Director.

The Research Projects Director facilitated an application process for collaborative working with their company. Initially, the researcher outlined the study background, aims, design, proposed collaborative involvement and anticipated outcomes to the Research Projects Director via email. The researcher was then asked to complete the company's written expression of interest for collaborative working proposal detailing these study criteria. This written proposal was then orally reviewed between the researcher and Research Projects Director and submitted for consideration to senior management at the company, with study collaboration approved on 17th October 2017.

The Research Projects Director conducted an internal operations process to generate interest in the study amongst their company's managing directors from three geographical regions proposed for participant sampling as part of the study. Namely, Yorkshire or North East England, North West England and South London. These areas were chosen to complement the locality of the three collaborating live music programmes of the care home musicians from the previous study (see Chapter 4). However, due to internal complications that were encountered surrounding the assignment of research assets within the company across multiple locations, an alternative strategy was adopted to generate study interest from one of the company's regional managing directors rather than multiple regions, namely, the North East Managing Director of the company's care homes across Lincolnshire, Humberside and Nottinghamshire.

The Research Projects Director chaired a conference call between the researcher and the North East Managing Director and their management colleagues to discuss the study further. Before this conference call, a researcher designed information sheet (see Appendix

9) outlining the study was sent to the North East Managing Director and two of their management colleagues. The conference call allowed the North East Managing Director and their colleagues to ask the researcher any further questions about the study and nominate six care homes within the northeast region that they considered would be interested in participating in the study.

The Research Projects Director then chaired six further conference calls between the researcher and each of the nominated care home managers. Similar to the above, these conference calls allowed the researcher to present the proposed study to the care home managers, answer their questions and confirm the participation of their care home. All nominated care homes confirmed their participation in the study over December 2017 to January 2018. Following these conference calls, the researcher emailed each care home manager a researcher designed participant recruitment poster (see Appendix 10) to advertise the study to their care staff. Each care home manager was given a period of two-weeks to publicise the study within their care home and generate interest in participating in the study amongst their care staff (see Table 11 below for details of each care home).

Table 11: The anonyms, geographic locations and types of care provided by each care home that participated in this study.

Pseudonym	Location	Types of care provided
Bluebell Patch	North Lincolnshire	Day Care Respite Care (Short-term Care) Residential Care Palliative and End of Life Care
Foxglove Grange	East Yorkshire	Younger Persons Respite Care (Short-term Care) Residential Care Nursing Care Palliative and End of Life Care
Poppy Field	East Yorkshire	Day Care Respite Care (Short-term Care)

		Residential Care
Cherry Blossom Grove	Nottinghamshire	Younger Persons Day care Respite Care (Short-term Care) Intermediate Care Residential Care Nursing Care Dementia Care Palliative and End of Life Care
Shamrock Bay	Nottinghamshire	Younger Persons Respite Care (Short-term Care) Residential Care Nursing Care Palliative and End of Life Care
Snowdrop Cove	Nottinghamshire	Younger Persons Day care Respite Care (Short-term Care) Intermediate Care Residential Care Nursing Care Dementia Care Palliative and End of Life Care

The researcher then arranged a telephone call with each care home manager to discuss the degree of interest in study participation amongst their care staff and subsequently arrange a date and time for an introductory visit to each care home. Introductory visits established a direct relationship and communication between the researcher and all care homes and allowed the researcher to become familiar with each care home environment and care staff teams. As part of these visits, the researcher had informal group or individual meetings with care staff from each care home who had expressed an interest to their care home manager to participate in the study. These

meetings afforded a relaxed space in which the researcher and prospective participants could meet one another, discuss the study background, describe participant involvement and ask questions about the study and their participation. Once all participants had confirmed that they were happy to continue to participate in the study, the researcher and care home manager of each care home arranged a mutually convenient date and time for the researcher to visit each care home and gather the required interview data on-site. Data collection was conducted on one or two visits to each care home, contingent on mutually convenient availability between the researcher and care staff role scheduling. The researcher provided the Research Projects Director with informal, interim data collection progress reports via email, and was available at any time through telephone or email to provide any further support the researcher required throughout their data collection.

When all data had been gathered from each care home, each participant received a researcher designed CPD certificate (see Appendix 11) to evidence their participation in the study. Each care home also received a researcher designed certificate of collaboration (see Appendix 12), which was issued to each care home manager as evidence of their care home's involvement in the study. The researcher informed the Research Projects Director and North East Branch Director via email when data collection from each care home was completed.

5.3.3 Care Staff Participants

The interview schedule (see Chapter 4, section 4.2.2) began with a selection of questions that collected demographic data from participants about their occupational role and personal engagement with music. Demographic data revealed varied care staff roles with varied lengths of role employment and care home service duration (see Tables 12-17 below).

Table 12: Bluebell Patch care home staff anonyms and reported occupational roles and period of professional service within care homes.

Pseudonym	Current role	Duration current role	Duration care home work	Other roles held
P19 CHM Bluebell Patch	Care home manager	2 years	20 years	Care assistant, senior care assistant, deputy unit manager, unit manager
P18 AM Bluebell Patch	Administrator	2 years	16 years	Kitchen staff, care assistant, senior care assistant, bank administrator
P27 AC Bluebell Patch	Activity coordinator	3 years	3 years	N/A
P16 CA Bluebell Patch	Care assistant	9.5 years	9.5 years	N/A
P17 CA Bluebell Patch	Care assistant	15 years	25 years	Senior care assistant
P28 CA Bluebell Patch	Care assistant	10 years	10 years	Senior care assistant

Table 13: Foxglove Grange care home staff anonyms and reported occupational roles and period of professional service within care homes.

Pseudonym	Current role	Duration current role	Duration care home work	Other roles held
P26 CHM Foxglove Grange	Care home manager	1 year	8 years	Nurse, unit manager, clinical lead
P24 AC Foxglove Grange	Activity coordinator	13 years	32 years	Senior care assistant
P25 CA Foxglove Grange	Care assistant	12 years	28 years	Senior care assistant
P23 DA Foxglove Grange	Domestic assistant	18 months	26 years	Care assistant, deputy manager

Table 14: Poppy Field care home staff anonyms and reported occupational roles and period of professional service within care homes.

Pseudonym	Current role	Duration current role	Duration care home work	Other roles held
P13 SM Poppy Field	Support manager	5 months	19 years	Care assistant, senior care assistant, deputy unit manager, unit manager

P1 DM Poppy Field	Deputy manager	5 years	21 years	Care assistant, senior care assistant
P2 AC Poppy Field	Activity coordinator	11 years	11 years	Kitchen staff, laundry staff
P3 CA Poppy Field	Care assistant	15 years	15 years	Senior care assistant
P14 CA Poppy Field	Care assistant	8 years	49 years	N/A

Table 15: Cherry Blossom Grove care home staff anonyms and reported occupational roles and period of professional service within care homes.

Pseudonym	Current role	Duration current role	Duration care home work	Other roles held
P4 CHM Cherry Blossom Grove	Care home manager	18 months	18 months	Nurse, deputy care home manager
P8 UM Cherry Blossom Grove	Unit manager	7 years	8 years	Care assistant, senior care assistant, unit manager
P5 AC Cherry Blossom Grove	Activity coordinator	5 weeks	5 weeks	N/A
P6 CA Cherry Blossom Grove	Care assistant	1 year	19 years	Senior care assistant
P7 CA Cherry Blossom Grove	Care assistant	9 months	9 months	N/A

Table 16: Shamrock Bay care home staff anonyms and reported occupational roles and period of professional service within care homes.

Pseudonym	Current role	Duration current role	Duration care home work	Other roles held
P9 CHM Shamrock Bay	Care home manager	2 years	19 years	Care assistant, senior care assistant, team leader, deputy care home manager
P10 AC Shamrock Bay	Activity coordinator	5 months	2 years	N/A
P12 CA Shamrock Bay	Care assistant	7 years	7 years	Activity coordinator
P11 HK Shamrock Bay	Housekeeper	3 years	3 years	N/A

Table 17: Snowdrop Cove care home staff anonyms and reported occupational roles and period of professional service within care homes.

Pseudonym	Current role	Duration current role	Duration care home work	Other roles held
P21 CHM Snowdrop Cove	Care home manager	6 years	20 years	Care assistant, nurse, deputy care home manager
P15 AM Snowdrop Cove	Administrator	1 year	6 years	Care assistant, senior care assistant
P22 AC Snowdrop Cove	Activity coordinator	1 year	19 years	Kitchen staff, care assistant
P20 HK Snowdrop Cove	Housekeeper	7 years	8 years	Care assistant

5.4 Results

5.4.1 Visual Map of Themes

A visual map was developed as part of the organisation of main themes and sub-themes, which is a typical way to holistically conceptualise data sets and the hierarchy occupied by main themes and sub-themes (Williamson et al., 2012). Figure 7 below presents the thematic visual map of the main findings of this study to be reported from the data analysis. To guide the reading of this visual map, the central rectangle describes the study research topic. Main themes are represented by red ovals, sub-themes for each theme are represented by blue rectangles. A second level of sub-themes apparent within all four of the main themes are presented in green rectangles. Solid lines represent the general grouping within each of the main thematic findings and show the hierarchical relationship between each main theme and its respective sets of first and second level sub-themes.

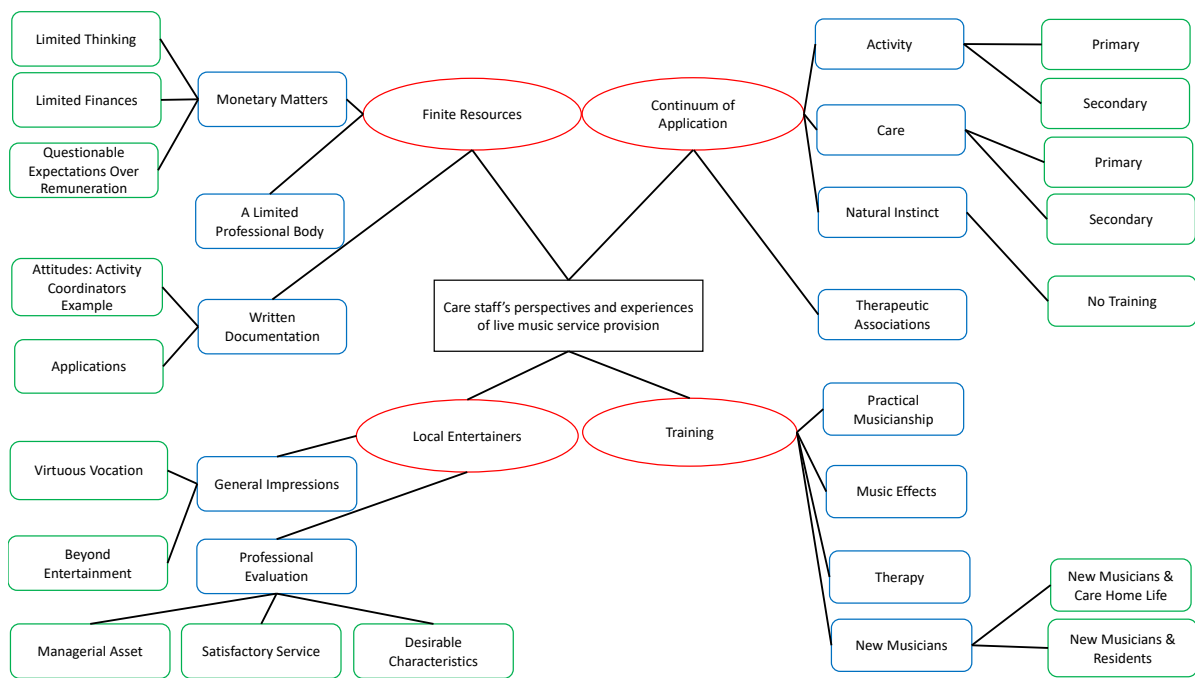


Figure 7: Visual map of the main thematic findings generated from data analysis of care staff's perspectives and experiences of live music service provision. Main themes are represented by red ovals, sub-themes for each theme are represented by blue rectangles. A second level of sub-themes within all four of the main themes are presented in green rectangles. Solid lines represent the general grouping within each of the main thematic findings and show the hierarchical relationship between each main theme and its respective sets of first and second level sub-themes.

The remainder of this chapter details each theme presented in the visual map with findings grouped under each concept. Evidence provided for each theme takes the form of quotations.

5.4.2 Finite Resources

To summarise thematically, Figure 8 below presents the structured visual depiction of this first main theme and its thematic relations, as shown in full within the visual map of the main thematic findings (see Figure 7 above).

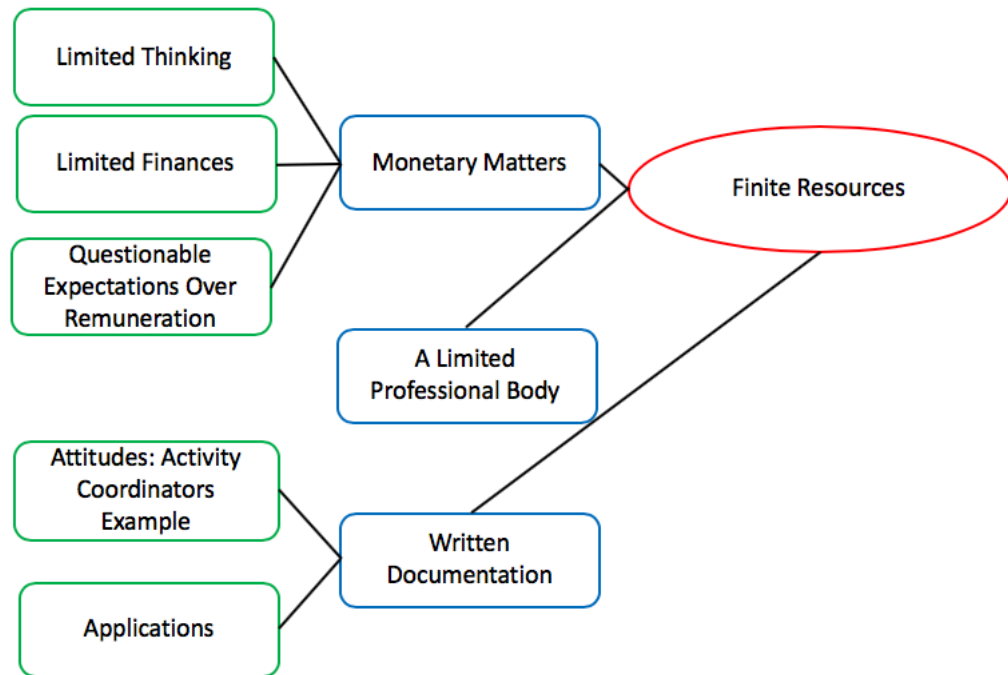


Figure 8: The structured visual depiction of the first main theme of Finite Resources and its thematic relations.

This first main theme details care staff’s perceptions on the resources that supplement live music service provision within their care homes. Overall findings show limited resources alongside conceptions of discouraging attitudes of live music service provision. The three sub-themes within this main theme are Monetary Matters, Limited Professional Body and Written Documentation. Monetary Matters explores care staff’s perceptions of the impact of financial restrictions surrounding live music service provision and their mixed views on the remuneration of musicians in care homes. Limited Professional Body highlights the localised nature of live music services and care staff’s want for greater professional engagement from musicians. Lastly, Written Documentation considers care staff’s reported organisational practices, attitudes and applications of the use of written documentation for music provision within their care homes.

5.4.2.1 Monetary Matters

5.4.2.1.1 Limited Finances

This sub-theme shows that care staff's comments broadly outlined the organisational process of subsidising live music service provision, which highlighted the limits to financing this activity. Firstly, each care home was allocated a company budget, referred to as the social allowance, social fund or residents' fund. This budget financed all resident social activities, which included live music service provision. To further subsidise their social allowance budget, each care home conducted a range of fundraising activities. Such as seasonal fares, raffles, tea and coffee mornings and sponsored charity days. Care homes also received monetary donations from deceased residents' relatives, which were bequeathed to provide additional contributions to the social allowance budget.

Secondly, care staff said that the social allowance budget was small and supplied a modicum of financial support that did not cover the costs of all residents' social activities. With the small-scale social allowance budget, care staff stated that the aforementioned fundraising activities were frequently carried out to supplement the apparent budgetary shortfall further. Fundraising activities occurred throughout the year and provided a continued source of additional funds to help pay for live music service provision alongside other social activities.

“We have to do a lot of fundraising during the year to try and build up a nice little social fund that we can actually pay for these entertainers to come in...we have fun days, we have summer fairs, we have Christmas fairs, we have raffles.” [P4 CHM Cherry Blossom Grove]

Lastly, all six activity coordinators said that fundraising was a requirement of their role. This fundraising included creating and facilitating fundraising activities and distributing their care home's available social allowance budget across the social activities they arranged. Although all care staff commented that they had either been involved in fundraising activities or were aware that they took place. Care home managers and administrators reported overseeing the social allowance budget and championing fundraising activities, and care assistants and housekeepers described occasional involvement in fundraising activities.

“All of the fundraising that I do is like raffles...and it just goes into the pot so we can use that money to pay for those sorts of things.” [P10 AC Shamrock Bay]

Fundraising was negatively remarked on by care staff in relation to two main areas: their role and the frequency of live music service provision. Care home managers considered fundraising a time consuming and financially demanding part of their role. Activity coordinators expressed that fundraising for live music services was a perpetual part of their role duties and struggled with distributing the social allowance funds across all activities. Care assistant’s comments remained largely generalised to being aware of the need to generate enough funds as a limitation on live music service provision, and that financing live music services was a problem within their care homes.

“You feel like you are constantly having to fundraise to provide these services for them.” [P2 AC Poppy Field]

Nevertheless, the combined procurement of the social allowance budget and additional fundraised subsidies was not sufficient to provide what care staff considered to be a satisfactory level of live music services. Broadly, the frequency of live music service provision reportedly ranged from approximately once a month, once every two months or once every three months. However, special events, which included public holidays, such as Valentines’ Day and Christmastime, as well as themed parties and celebrations of residents’ lives, were occasions where live music service provision was prioritised and anticipated to take place. Care staff viewed this degree of live music service provision as infrequent and contingent on generating adequate available funds, which was occasionally associated with the occurrence of fortuitous financial circumstances for the care homes.

“We do try and have it every month but...it comes down to the cost of it all, it is whether the residents have enough money in the residents’ fund...it just depends whether we have enough money in the building.” [P18 AM Bluebell Patch]

Overall, Limited Finances highlights the largely adverse impact of financing live music services on care staff roles and the frequency of this service provision, which casts uncertainty on the efficacy of current organisational processes that subsidise live music service provision within these care homes.

5.4.2.1.2 Limited Thinking

This sub-theme shows that the financial limitations outlined in Limited Financing (above) produced unattainable rhetoric in care staff's comments on live music service provision. Their reported awareness of ongoing social allowance budget constraints was often followed by remarks that were consistently undermined by their negative thinking towards multiple aspects of live music service provision. Firstly, more frequent live music provision was viewed as unaffordable at present.

"I would have one every week...but, it is something we cannot afford." [P24 AC Foxglove Grange]

Secondly, care staff's expressed ideas for the general development of music provision in their care homes were imbued with a sense of idealistic thinking because of the acknowledged social allowance budget constraints. For example, giving residents the opportunity to engage with a more varied array of live music services or having new forms of music provision within the care homes.

"I would...like to have a variety of different things for them...those steel bands, or a brass band, or maybe a choir...but that is funding yet again." [P3 CA Poppy Field]

Thirdly, financial restrictions also impacted on care staff's thinking towards internal live music provision. Care staff conveyed a mindful awareness of a perceived high cost and considerable fundraising efforts when voicing new ideas for music provision, which were once again subject to negative thinking surrounding ongoing financial limitations, such as; plans for staff-led live music sessions with musical instruments and music playing devices, as well as suggestions for care staff music training to develop their practical music skills to afford further opportunities for live music provision.

“I would like a karaoke machine, so that the residents can just sing along...got to do a lot of fundraising to get one of them.” [P4 CHM Cherry Blossom Grove]

Lastly, care staff’s recommendations for addressing the current social allowance budget limitations towards live music service provision centred on suggestions for a larger company budget. However, such ideas were cursory and showed contrasted assumptive attitudes and expectations of company circumstances for financing live music service provision. Despite indefinite knowledge of company finances, care staff reasoned that because their company owned many care homes, further subsidy for live music service provision would not be possible. Conversely, care staff were also of the opinion that their company should contribute to the payment of live music services across their care homes as opposed to care staff largely generating the required funds through fundraising.

“It is a shame...the company who owns it do not put in for people to have a singer but, they cannot afford it can they? They are not going to do three hundred homes.” [P27 AC Bluebell Patch]

Furthermore, it is worth noting that care staff conveyed a sense of feeling unsupported by their company when commenting on the financing of live music service provision. For example, fundraising for live music services was described as something care staff undertook independently devoid of company support, and recommendations for a larger company budget were conjectured to be opposed. Also, care staff conveyed that the small financing available from their company indicated an unshared experience and understanding of the beneficial value of live music services in residents’ lives, which was viewed to warrant further financial support from care home companies, and, more broadly, government.

“Perhaps if...the companies realised how effective music was...it should be valued by them.” [P9 CHM Shamrock Bay]

Collectively, Limited Thinking reveals care staff's largely negative commentary and dispirited thinking towards financing live music service provision, which casts doubt on their agency to improve their constrained cost-centred outlook regarding the provision of these services. Also, the perceived lack of company support amongst care staff questions the need to enhance the current economic infrastructure designed to support live music service provision within these care homes.

5.4.2.1.3 Questionable Expectations Over Remuneration

This sub-theme presents care staff's mixed views on the payment of musicians providing live music services to care homes. Broadly, the cost of local entertainers, most often singers, was reported to range from fifty pounds to one-hundred and fifty pounds for approximately forty-five minutes to one hour of live music provision. Care staff revealed assumed expectations towards the cost of local entertainers' services as reasoned against their session duration, as well as conjectural opinions on the charitable connotations of resident care and the professional vocation of local entertainers as a demographic of performing musicians.

Care staff were of the opinion that the cost of local entertainers should be a lesser amount based on their misjudged expectations of the duration of local entertainers' sessions, which were either reasoned to provide only a short period of entertainment for residents at approximately one hour in length or did not consider local entertainers' pre and post-session performance preparations.

"We have had people here, they have been here for forty-minutes and they have charged like one-hundred and fifty pounds...they will be here for an hour but there is like fifteen minutes setting up, and fifteen minutes taking everything down, so...in that hour and ten minutes slot, they are not actually performing the whole time...me personally would expect an hour, not half an hour singing and fifteen minutes either way to...set up and clear up." [P10 AC Shamrock Bay]

Other care staff who also queried the cost of local entertainers' sessions revealed a belief that they should not charge a fee, or at most, offer a reduced cost for their services to care homes. This unfounded opinion was reasoned on advantageous connotations towards

resident care and local entertainers' work in care homes. While initially expressed with qualifiers towards an acknowledged need for musicians to earn a living, care staff reasoned that musicians should be more public-spirited to the apparent need residents have for live music, which reflected care staff's observed experiences of the wide-ranging beneficial impact live music had on residents, such as affording relaxation, stimulation and mood regulation.

"I know that a lot of them do do it, it is a job, so it has to be paid for...I would possibly like to think that somebody would say, oh let us just come in as a one off and do it for nothing for them, or, because it is a care home, to maybe lower their prices a little bit." [P3 CA Poppy Filed]

Alongside this view, it should be noted that the concurrent provision of voluntary live music sessions delivered by local community musicians appeared to influence care staff's expectations towards the remuneration of local entertainers and further highlight their largely voluntary expectations of live music service provision., such as; care staff suggesting that local entertainers should offer their services voluntarily akin to other individuals within their local community who apparently entertain residents with live music free of charge. Care staff's ideas for future live music service provision also held an expected financial willingness towards these music groups working for less money or without pay, specifically, local music schools or established charitable organisations.

"I have even thought about The Helpful Aid charity...they are, very hearty aren't they? They work...for the love of it, that is what they do." [P10 AC Shamrock Bay]

Furthermore, as a way to capitalise on the cost of live music services, care staff reported haggling with local entertainers. This payment negotiation appeared commonplace, with care staff reportedly trying to get local entertainers to reduce their session prices or offer deals to care homes for multiple session bookings. However, some local entertainers apparently accepted lower pay rates put forward by care staff for reasons that showed a marked similarity to care staff's expectations of local entertainers'

remuneration, specifically, expressed associations on the charitable needs of resident care and enjoyment of care home work.

“Andy he loves to come here, at Christmas he says well I do it for a little bit less for you Edna, he says I will come and see you all...and he sings for maybe two hours...he only gets paid for an hour” [P2 AC Poppy Field]

In contrast to the body of care staff views presented above, care staff also viewed the cost of local entertainers’ sessions as somewhat reasonable and not overly expensive. Also, when compared against one another, the cost of some local entertainers’ services was considered to adequately reflect the performance content of their sessions. Noteworthy isolated opinions further highlighted a willingly given view towards paying local entertainers for their services, which was reasoned on an expressed belief that they were providing residents with an essential life need.

“I think that the rates that they charge are quite good to be honest, especially In Tune Entertainment, I have had people trying to charge two-hundred pound plus for two hours of singing...we normally get In Tune entertainers for about sixty to seventy for the hour, and they do fit quite a lot in, in the hour” [P15 Administrator Snowdrop Cove]

Finally, within this sub-theme, care staff suggested that local entertainers’ remuneration should be subsidised within the overall cost of residents’ care services as opposed to being paid for through independently fundraised care home finances. This view was perceived to be verbally expressed in a noticeably emphatic and lengthy manner in the interview of P21, the care home manager at Snowdrop Cove. P21 reasoned that residents are paying for a twenty-four-hour holistic care service that includes the care of their emotional health and wellbeing, which incorporates social activity provision. They justified this view in comparison to the essential nature of social activities in everyday life, which arguably included the daily lives of residents. Consequently, P21 viewed the absence of social activity provision as negligence in resident care.

“If they have not got some sort of activities...we are failing them...we feed them, we give them their dinner, but, you are more, if you did that on your own at home, you would get depressed quite quickly, because you have got nothing, you need something else in your life, so I do think there is a charge included in the fee that we should take into account for social events.” [P21 CHM Snowdrop Cove]

Collectedly, Questionable Expectations Over Remuneration reveals contrasted opinions amongst care staff on the pay of musicians in care homes. These mixed views present an unclear picture of how the remuneration of local entertainers should reflect the overall content and criteria of their service delivery. Also, care staff’s reported charitable expectations of local entertainers’ remuneration casts uncertainty on the professional regard care staff hold towards them and highlights an ambiguity surrounding how much care staff may be willing to pay local entertainers for their live music services.

5.4.2.2 Limited Professional Body

This sub-theme details who care staff expected to provide live music services, how such live music service provision was typically organised within their care homes and their views on arranging live music service provision. These insights revealed live music provision as a localised practice available from a small-scale group of music professionals. To summarise, all care staff conceptualised live music services as the provision of local entertainers, normally singers, or voluntary musicians from within their community, such as local schools or churches. These services were usually arranged by activity coordinators alongside care home managers. Broadly, arranging local entertainers was described as an internal, non-formal process, which suggested a somewhat individual approach to this task amongst care staff within each care home.

Generally, arranging local entertainers was reported to involve an initial internet search and email and telephone enquiries with prospective local entertainers on the suitability of their live music services for residents. Occasionally, care staff reported receiving posters, phone calls, emails and social media posts from local entertainers advertising their live music services. Recommendations for local entertainers were also sought through informal oral communications from other care homes, with care staff procuring a selection of entertainers to employ regularly at their care homes.

The process of arranging local entertainers was largely remarked on as a negative experience for activity coordinators. Sourcing local entertainers was viewed as a difficult task for this role that required substantial groundwork alongside careful consideration of multiple factors before arrangement, particularly loudness and song choices. Arranging local entertainers appeared to be further problematised by their location, which was often far away from care homes and depended on their willingness to travel.

“It is very difficult to find, I think you have got to put a lot of research into it, is what I have found, people were not easily accessible...when I did find people, they were quite a distance away, so it was whether they were willing to travel.” [P21 CHM Snowdrop Cove]

The reported difficulties in arranging local entertainers who were readily available to work in care homes led some activity coordinators to propose a need for an online, regional directory of professional musicians working exclusively in care homes. Activity Coordinators reasoned that this idea would facilitate better visibility and access to arrange musicians to provide sessions at their care homes.

“Why can there not be...a website that is made up for entertainers who only work in care...so that we can say...let’s go on...love to sing care dot com...and type it in, and there we are...and just click on your area and...here we have got a massive list.” [P10 AC Shamrock Bay].

Primarily, Limited Professional Body highlights the overall localised conceptualisation and approach to arranging live music service provision, which questions the widespread visibility of musicians working in care homes as a professional group. Also, care staff’s expressed difficulty concerning sourcing musicians casts uncertainty on their potential to expand their approach to accessing live music provision beyond immediately available services.

5.4.2.3 Written Documentation

This sub-theme details care staff's comments on the use of written documentation practices surrounding music provision. To summarise, care staff across the care homes reported that resident participation in any music activity was recorded as part of the prescribed, written documentation of all resident activity engagement within their care plans. However, activity coordinators and, occasionally, care assistants were usually responsible for recording residents' activity engagement, which included their involvement with live music service provision. All members of staff appeared to be expected to document any activity engagement they observed or were directly involved in with residents.

Collectively, care staff briefly described multiple forms of written documentation for each resident. This written documentation included references to residents; my journals, journals, residents' profiles, personal files, daily notes and daily notices within the main care plan. Care staff mentioned all of these forms of written documentation in relation to recording residents' engagement, thoughts and experiences of local entertainers. Care staff also described other forms of personal, written documentation associated with live music service provision. Namely, my choices booklets that detailed residents' preferred activity choices, an activity planner for activity coordinators to document residents' weekly activity engagement, and notepads for residents to record their favourite songs from local entertainers' live music performances to request at subsequent sessions.

5.3.2.3.1 Attitudes: Activity Coordinators Example

This sub-theme highlights care staff's attitudes towards written documentation for music provision as exemplified by the six care home activity coordinators. Across the care homes, activity coordinators were the primary care home roles associated with the written documentation of residents' music activity engagement. The activity coordinators provided a clear set of largely positive reflections on the efficacy of their written documentation for music provision, which incorporated local entertainers' sessions. However, at times, these reflections were generalised to reveal contrasted underlying occupational attitudes towards written documentation practices.

The activity coordinator at Bluebell Patch viewed documenting residents' engagement with local entertainers' sessions as a good practice to evidence resident

stimulation as part of daily care provision to care home sector authorities. Also, written documentation was deemed to be a valuable way to confirm resident engagement in activities, such as music.

“If it is not written down, it has not been done...and where music and activities are involved ABC like it to be all documented anyway.” [P18 AM Bluebell Patch]

The activity coordinator at Cherry Blossom Grove remarked that written documentation directly informed their role duties as it served as a reference for knowing residents’ preferred activities, particularly those who had recently entered their care home. Similarly, the activity coordinator at Shamrock Bay regarded written documentation as a means to provide insight on residents’ music choices that promoted positive and negative memories to preclude resident engagement with music that produced adverse recollections.

In stark contrast, the activity coordinator at Snowdrop Cove viewed written documentation as a required yet undesired practice that lessened the time available for care staff to spend with residents.

“Well I think most paperwork is not necessary, but, it is to prove that you have actually done it...because you are not having time with the residents then, it is more paperwork, and I think we are here for them, not to write on pieces of paper.” [P22 AC Snowdrop Cove]

Also, though the activity coordinator at Poppy Field articulated that written documentation was a prescribed part of their role, they reasoned that their lengthy experience as an activity coordinator gave them a secure mental knowledge of residents’ music preferences and degree of enjoyment, which negated their need to write down this information.

“When you have worked here ten years you know what each resident likes and does not like and...I can see whether that particular resident has enjoyed, so, I do not really need to write that down because...I have got it up here then.” [P2 AC Poppy Field]

Furthermore, the activity coordinator at Foxglove Grange preferred the visual documentation practices employed at their care home. This visual documentation took the form of photograph display boards, which were reportedly sent to internal marketing and head office teams to show residents' activity engagement, which included local entertainers' sessions. They viewed this visual documentation as a more vivid way to show residents' experiences to people coming into their care home than writing this information down.

"We do so they can see what happens, so people walking in the building, can see what we do, can see, rather than read on a piece of paper, oh, a singer came in."
[P24 AC Foxglove Grange]

Principally, Attitudes: Activity Coordinators Example reveals contrasted attitudes on the value of written documentation that questions the extent to which care staff's engagement with documentation as part of resident care is unified to reflect overall organisational approaches. Also, activity coordinators' reported use of written documentation specific to areas of music provision, such as monitoring residents' music preferences, suggests that opportunities to maximise the impact of music provision throughout these care homes are currently being overlooked.

5.3.2.3.2 Applications

This sub-theme details care staff's comments on their use of written documentation for resident involvement with music provision that revealed an awareness of how this reported information could be further applied across two main areas: preferred resident music provision and public relations. Care staff described varied ways in which written documentation served as an ongoing reference to: refresh their knowledge of residents' individual music preferences, observe any changes in their desire to attend music-based activities, gauge their degree of enjoyment of local entertainers' sessions to inform care staff's rebooking of particular live music services, and promote a salutary use of music in resident care as a way to alleviate distressed behaviour, particularly in residents with dementia, and elevate residents' mood.

“If it is documented we know if they are feeling a little bit low, we can maybe think right...we will go and have a little sing-song.” [P17 CA Bluebell Patch]

Despite care staff’s use of written documentation to inform more individualised music provision as outlined in the examples above, care staff made little explicit reference to the use of written documentation on the provision of residents’ preferred music choices. Rather, the idea of preferred resident music presented as a more experiential, though occasionally generalised, approach to tailored music provision evidenced through care staff detailing that residents shared similar generational tastes towards the music they provided, such as music from the forty’s era and war songs.

“I will put big band music, music from the forties, so we are not too modern.” [P5 AC Cherry Blossom Grove]

However, care staff were not unmindful that music provision for residents reflected personal choice, with care staff explicitly stating that they were aware of more varied generational music tastes across residents, as well as residents who preferred not to attend local entertainers’ sessions or did not want to listen to music whatsoever.

“Some of the residents like fifties, sixties, some like more seventies, some like forties, some like, just to, I do not want to listen to music, I would just rather sit and do some planting or colouring or play dominoes.” [P4 CHM Cherry Blossom Grove]

Further to this final point above, care staff described an attentive response to residents’ who had experienced adverse responses to music provision, such as negative memories, loudness or a general dislike for music activities. Their responses to these scenarios generally involved moving the resident to another room within the care home and providing them with other activities.

“There is just one lady who does not like it...and I say...if you do not like it, do you want to go into another room? Or if not, I will turn it down a little bit...so, come on,

let us go put you in a comfortable chair...and then you sit and watch the TV.”

[P27 AC Bluebell Patch]

Alongside care staff's reported awareness of personal choice as an important part of music provision, with the availability of written records of residents' music engagement to support their decisions, they also revealed a concurrent oral tradition of communication on aspects of residents' preferred music provision. For instance, passing reflective comments between care staff on residents' enjoyment of local entertainers' sessions, informal discussions with residents on their thoughts of local entertainers and supporting colleagues to facilitate residents' requests for music, such as CDs.

“It is documented all of the time, and then we will probably say in passing, oh Odette really enjoyed that singer the other day.” [P17 CA Bluebell Patch]

However, care staff's suggestions for future areas of professional training arguably question how exclusively current music provision is tailored to meet individual resident preferences, as well as the extent to which oral documentation practices are drawn upon by care staff to inform a tailored approach to music provision within the care homes. This individualised music provision was evidenced through such comments from care staff that proposed the idea of working more closely with colleagues to gain a deeper knowledge of residents' music choices and obtaining more knowledge of old-time music artists and genres preferred by the current generations of residents, which was conjectured to be particularly unknown amongst younger care staff.

“The younger carers...I think...because they listen to all this R&B, and dance, and club land...I think they should...listen to the older stuff a bit more, so they have got an experience of what music was like back in the day, so they can then take part and get to know some of the songs and why they are so meaningful to people.” [P8 UM Cherry Blossom Grove]

Lastly, in this sub-theme, care staff's elaborations on written documentation for music provision also centred on facilitating public and internal relations. This particular use

of written documentation highlighted well-intentioned applications of written resources on music provision that proved advantageous for care staff to cultivate a perceived need for more extensive, positive public associations with care homes, such as; publishing photographs of residents' engagement in live music sessions within their company's newsletter and occasionally, local newspapers, as a means to negate bad feedback about care homes. Also, written documentation was reasoned to serve as an evidence-based demonstration to residents' relatives and visiting professionals to dissuade negative stigmatisations of care homes as places devoid of enjoyable and stimulating experiences for residents.

“It gets you a good reputation...I think people need to know...what is going on in a care home, and what activities and sort of fun, people have, because obviously you do get a lot of bad feedback, where, a lot of it is good.” [P13 SM Poppy Filed]

Mainly, Applications highlights care staff's varied use of written documentation for music provision within resident care, which was more suggestive of independent ideas for application rather than a comprehensive implementation of formalised practices to promote a continued organisational record to help music provision as part of resident care across all care staff teams. Nonetheless, the prescribed written documentation of music as a recorded resident activity, which reportedly served as a basis for care staff to develop music provision as part of the daily care of individual residents, and promote positive public-facing relations, shows potential for distinct written documentation practices for music provision, independent to established records for general activity provision.

5.4.3 Continuum of Application

To review this second theme, Figure 9 below presents the structured visual depiction of this second main theme and its thematic relations, as shown in full within the visual map of the main thematic findings (see Figure 7 above).

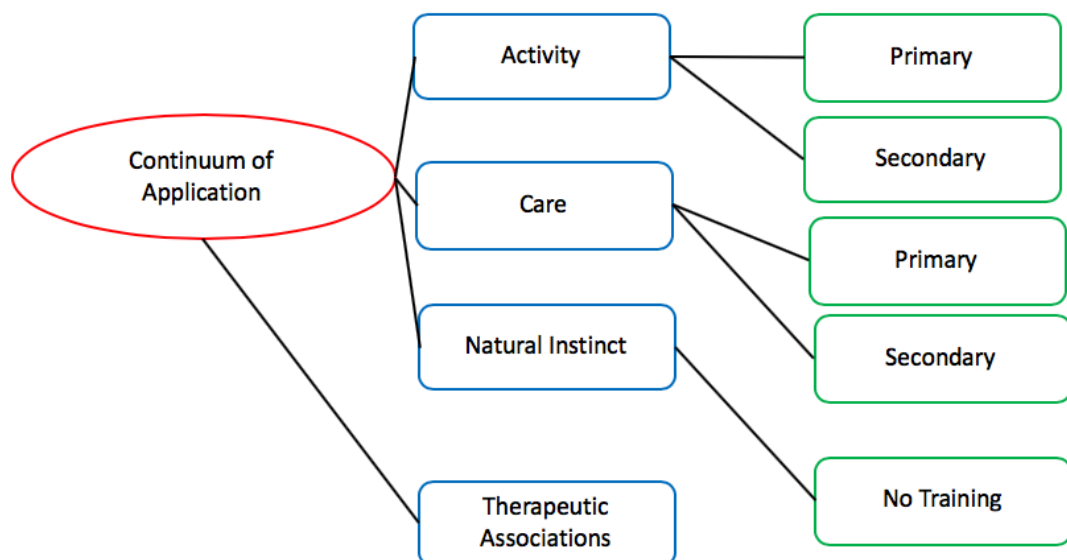


Figure 9: The structured visual depiction of the second main theme of Continuum of Application and its thematic relations.

This second main theme shows that care staff's comments revealed a mindful, widespread use of music within their care homes. The four sub-themes within this main theme are Activity, Care, Natural Instinct and Therapeutic Associations. Activity and Care report care staff's use of music within the background and foreground of resident activity provision and care practices. Natural Instinct presents care staff's views on the essential nature of music, which is considered to inform their aforementioned use of music in resident activity and care provision and negate the need for further music training. Lastly, Therapeutic Associations highlights care staff's views on the therapeutic impact of music provision within their care homes.

5.4.3.1 Activity

5.4.3.1.1 Primary

This sub-theme reports care staff's use of music as a resident activity. To summarise, care staff reported that music provision could function as a main activity for residents. This music provision included local entertainers' live music sessions, live music delivered by voluntary musicians within the local community, care staff and resident singing sessions, and music provision via radios, stereo systems and televisions. Non-music activities that were also mentioned alongside discussions of music included gardening, colouring, board games, bingo, quizzes, baking and crafts.

"Activities... it can range from baking, drawing, colouring, arts and crafts, it can be ball games, it can be just throwing a bean bag." [P19 CHM Bluebell Patch]

Care staff reported that music activities had marked popularity over non-music activities amongst residents and local entertainers' sessions were reasoned to afford more opportunities for stimulation and participation over non-music activities.

"I think they get more out of the music one...getting up and exercising when they are doing their dancing...they do get more out of it than say sat making a card for somebody at Christmas, they do do a lot of activities here, but I do think that they do enjoy the music the most." [P18 Administrator Bluebell Patch]

When compared to non-music activities, care staff considered music activities as more adaptable to residents' specialised conditions, such as dementia, and the varying levels of capacity of some residents, and were therefore viewed to facilitate a more noticeable array of resident activity engagement.

"I think out of all the activities we do, I think music brings out the most beneficial thing for a wider variety of residents...like your dementia clients that maybe could not join in...with bingo, but could sit and listen to music...there is a lot of clients on our nursing floor that cannot communicate with us anymore, but, they will come and listen to music, or join in and watch a musical on the TV and...you can see the

change of emotions in them, whereas maybe you would not see that in a game of bingo...that they would not be able to join in.” [P26 CHM Foxglove Grange]

Overall, Primary highlights music as a popular activity amongst residents that affords them a versatile degree of engagement that is flexible and adaptable to their current level of capacity.

5.4.3.1.2 Secondary

In contrast to the provision of music as a primary activity detailed in Primary (above), this sub-theme details care staff’s use of music alongside non-music based resident activities. Care staff reported that music was often played in the background when non-music activities were provided for residents, usually via radios or CDs. The use of music as an accompaniment to non-music activities was reasoned to offer an additional choice of activity for residents participating in group activities.

“When Edna is doing activities...like a game...then she will put music on in the background...the ones that do not want to participate in an activity...you can see them listening to that music instead.” [P13 SM Poppy Field]

Background music provision was also said to give residents a needed source of stimulation that was reportedly absent at times when residents were occupying their private care home spaces, and also offered a more dynamic means of involvement than other background activities.

“It is nice to have music...around the homes and I do think it is better than TV...because it can bring memories back, whereas if you are watching TV you are just sort of sat there...but if there is a song on, you can think to yourself God I have not heard this song since I was in my early twenties, God I remember dancing to this.” [P3 CA Poppy Field]

Principally, Secondary shows that background music provision serves as a supplementary, involving activity choice for residents alongside non-music activity provision.

5.4.3.2 Care

5.4.3.2.1 Primary

This sub-theme now turns to care staff's reported use of music as a main part of resident care practices. Care staff's comments revealed applications of music beyond activity provision, which centred on using music as a primary means of resident care. This approach was notably well exemplified by P9. They described how music use within their care home was an alternative way to manage agitated resident behaviour, as compared to the provision of what were considered to be potentially problematic pharmacological treatments.

“Some of the residents...it has been known, and to be used to help when giving medication, but also we find that sometimes you can do it without the medication...sometimes, their behaviour can be managed without giving them the medication, because then they would get sleepy, they go off their food and drink, so you encounter further problems, so if we can do it with music, get them to...come back down if they are on a really high, which does happen with music, it brings them from being high to a lot happier and more settled.” [P9 CHM Shamrock Bay]

P9 also described the role of music provision in alleviating symptoms associated with specialised conditions amongst residents, namely dementia. They stated that music was an effective means to calm residents with dementia when they became challenging at certain times during the day. Similar applications were also detailed by other care staff in the use of music as a positive diversion to reduce residents' adverse feelings and behaviours.

“I have done a one-to-one with a lady for like...and...I brought my iPad, and quite often...we would put Elvis on and she would sing away, and, it is really nice because she can be really repetitive...but if you put music on which she knows and... likes, it

distracts her... because while she is being repetitive, she is getting quite anxious.”

[P23 DA Foxglove Grange]

In closing, Primary reveals the largely salutary application of music as an adjunctive aid to resident care extended beyond activity provision.

5.4.3.2.2 Secondary

This sub-theme shows that care staff’s reported use of music within resident care also revealed applications of music as a regular, supplemental aid. For instance, the use of background music via electronic devices to promote positive resident care routines and music use as a helpful addition to the support provided for resident end of life care.

“When somebody is passing away, we put a radio in their room, soft music in the background, or we put the television on with the music just for background noise, ...and it is like a calming effect, and offer their favourite music.” [P19 CHM Bluebell Patch]

Care staff also detailed using background music to enhance the general care home atmosphere for residents, such as affording an effective means through which to regulate the emotional state of residents with specialised conditions and offer stimulation for residents with limited mobility. Alongside these descriptions, care staff remarked that this form of music provision as part of resident care placed no demands on their role and was instead conveyed as a characteristic and instinctive practice.

“It is an automatic thing to do...like, at lunchtime...they will always have some background music on...it just becomes part of your role...especially people on like this specific unit, a lot of them are in bed because it is the nursing unit, and...you do become aware...they are in that room twenty-four hours a day, so you try to do something that is going to... stimulate them throughout the day...I do not think it is demanding at all, I think it is just a natural thing to do.” [P23 DA Foxglove Grange]

Collectively, the sub-themes of Primary and Secondary (above) on music activity provision and Primary and Secondary (above) on music use in resident care highlights a

varied and mindful application of music amongst care staff within the foreground and background of resident care.

5.4.3.3 Natural Instinct

This sub-theme shows how care staff's reports of music activity provision and music use alongside non-music resident activities were often associated with views of an essential significance of music in everyday life. Care staff were conscious of the beneficial impact of music within their own lives, which was reported to be equally evident in the music experiences they observed amongst residents.

"I think music is important in everyone's life, it is important to me, it is important to you, music, it lifts your spirits, doesn't it?...Some of them, they like playing dominoes...but I do think they always like a good sing-song...and they like watching the musicals and stuff and nattering, and then they will start singing." [P17 CA Bluebell Patch]

Also, care staff reasoned that music activities were important to provide residents with continued music engagement across the life course, analogous to the personal significance of music within the lives of care staff themselves. Correspondingly, noteworthy individual reflections from care staff on how they used music in their own life appeared to inform their attitudes and practices towards resident music provision, for instance, care staff using background music during non-music resident activities akin to them having music on in the background when doing tasks at home.

"I think music would have been a big part of their lives and so, just because they have come into a care home...we have music at our house, at home, so why not have it here, this is their home...because...obviously if they have...got a song that makes them happy or it reminds them of something, then that makes them feel a better...so I do think music is important in care homes." [P6 CA Cherry Blossom Grove]

5.4.3.3.1 No Training

This sub-theme extends the findings of Natural Instinct (above) to reveal how care staff's views on the relationship between music provision and everyday life were also apparent concerning considerations of future professional music training. Care staff dismissed the need for music training to inform music provision within their care home based on an expressed belief of music as an experiential part of general life engagement and daily care home life.

"I think it is more life experience isn't it?...Because I think most people are involved with music one way or another, whether it is just listening to it or not, because you sing along in the shower... so, it is just basic life experience." [P4 CHM Cherry Blossom Grove]

Care staff also articulated views that music provision occurred naturally within their care homes and was underpinned by an intrinsic level of enjoyment and established participation towards music within resident care, as opposed to the development of specialist music performance skills.

"I think that music is something that just...happens...I do not really think I need any training...we just all get together and have fun, which music should be about really, whether it is perfect or not it is, if it makes the residents happy...it is not like we are going to perform any concerts." [P2 AC Poppy Field]

Care staff further expressed an informed experience with different music formats as part of their professional care roles, which was reasoned to make the need for further music training unnecessary. Similarly, they stated that additional music training was unneeded given the reportedly habitual use of music within their care homes coupled with their acquired knowledge of individual resident music preferences.

"No...it is on twenty-four-seven in this building, and everybody is different, and we know everybody has got their different music, everybody has got their different tastes, every piece of music means something different to every other person, and,

by knowing them, and knowing what they like, we know ourselves...that piece of music they love...somebody all upset and screaming, we know that a certain piece of music would calm them down and relax them.” [P24 AC Foxglove Grange]

Taken together, Natural Instinct and No Training (above) shows care staff’s perceptions of music provision as part of resident activities and care practices that reveal flexible applications of music that promote favoured, inclusive resident involvement. These reported applications were grounded in reflective associations on the essential, positive nature of music in everyday life, which care staff considered a habitual and assimilated part of their roles.

5.4.3.4 Therapeutic Associations

This sub-theme highlights that care staff’s elaborations on multiple forms of music provision were imbued with explicit therapeutic rhetoric. Care staff primarily associated the perceived therapeutic nature of music provision with the reported salutary nature of music in residents’ lives. One example occurred during a discussion of the use of background music, which was considered as a means to create a relaxed care home environment during resident mealtimes.

“We use it through dining room experience, so when it is mealtimes we put music on, we have it at a low level... it is something quite therapeutic and calming rather than upbeat.” [P21 CHM Snowdrop Cove]

Also, the provision of both recorded music and local entertainers’ sessions were viewed as therapeutic practices, as they were perceived to afford residents opportunities for stimulation across emotional and physical dimensions.

“I think it is all good therapy for them...they are not just sat in a chair, they will sit upright, and they will move their hands and their legs, and some of them, even though they cannot walk...they will move and dance a bit in a chair, whereas if we did not have the music on, they would just sit, they would not want to move.” [P3 CA Poppy Field]

Furthermore, care staff reasoned that the apparent greater importance of music activities as compared to non-music activities reflected intrinsic and profound therapeutic qualities of music.

“It does something different...in their age, music is important, it is more important than probably playing a game or throwing a ball...that is exercise, that is good for them, but with the music, it does something more, it is more therapeutic...where throwing a ball...is good for them because they are having an activity with somebody else, but when music is played...it can be their time.” [P9 CHM Shamrock Bay]

Collectively, Therapeutic Associations reveals views amongst care staff that show an acquired understanding of a perceived therapeutic potential surrounding music provision, which presents scope for further professional applications of music therapy practices within care homes.

5.4.4 Local Entertainers

To outline this third theme, Figure 10 below presents the structured visual depiction of this third main theme and its thematic relations, as shown in full within the visual map of the main thematic findings (see Figure 7 above)

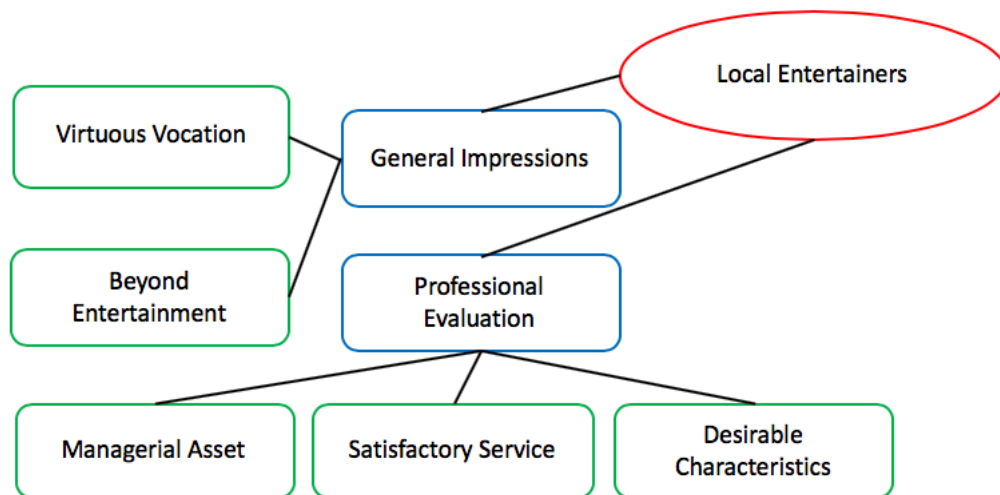


Figure 10: The structured visual depiction of the third main theme of Local Entertainers and its thematic relations.

This third main theme details care staff's opinions on the services provided by local entertainers within their care homes. Overall, findings reveal care staff's appreciation towards local entertainers' live music services and a merited acknowledgement of their perceived professional contribution within these care homes. The two sub-themes within this main theme are General Impressions and Professional Evaluation. General Impressions shows care staff's expressed positive regard for local entertainers and the pervasive salutary effects of their work with residents. Professional Evaluation describes how care staff perceived the beneficial nature of local entertainers' sessions and the befitting attributes of their live music services.

5.4.4.1 General Impressions

5.4.4.1.1 Virtuous Vocation

This sub-theme details care staff's reflections on the role of local entertainers, which revealed largely positive regard for their services. Care staff described local entertainers as a

pleasant and public-spirited professional group, thanks to their willingness to offer professional services to the elderly living in care homes, and their ability to work with specialised groups of residents, such as those with dementia.

“I think they are brilliant really...to give up their time...it is for dementia residents as well...sometimes they are not all that easy to please, but, as soon as you put music on...you see a different side to them all.” [P28 CA Bluebell Patch]

Care staff’s admiration highlighted a further significance to local entertainers’ care home work. This further significance included a view that their live music sessions afforded residents an adapted, continued generational engagement with live music as experienced across their life course.

“I think it is really important because especially like this era of service users, they would have gone out on a Friday night to a dance with live music...so I think it is just supporting what they would have done, so, it is just someone coming into their homes, whereas they would have gone out to do it.” [P23 DA Foxglove Grange]

Lastly, care staff also conveyed a view that local entertainers were imbued with a sense of altruism and possessed good-natured motivations. These qualities were reasoned to underpin their readiness to work in care homes and were considered analogous to traits care staff associated with other performing musician demographics.

“The fact that they are actually doing that for a living, they are actually taking time out to go into any care setting... to put enjoyment in people’s faces...it is like buskers when they are going in the street, I know they are doing it for themselves but they are also doing it to make people happy, make people crowd around.” [P1 DM Poppy Field]

Collectedly, Virtuous Vocation can be seen to highlight favourable professional traits associated with local entertainers as perceived by care staff, such as a public-spirited nature and largely altruistic motivations towards their work.

5.4.4.1.2 Beyond Entertainment

This sub-theme explores care staff's views on the performance practice of local entertainers. Alongside care staff's acknowledgement of local entertainers' primary role as a form of entertainment for residents, they expressed an awareness of a more varied and wide-ranging impact of local entertainers' services. Such as their sessions affording a distraction to alleviate resident discomfort and promote apparent changes in residents' states.

"They sing, entertain, and make a difference...they change the resident...a resident can be having a bad day...say, for example, pain, but as soon as somebody comes in and starts singing, it is like that pain goes, because they have got something to concentrate on and think about." [P8 UM Cherry Blossom Grove]

Also, the music local entertainers performed was reported to have an emotional influence on residents' memories. This emotional effect, whether positive or negative, appeared to be accepted by care staff as a means to provide residents with opportunities for intrinsic self-connection and expression of feeling.

"I think they are good to promote memories and feelings, they are not always good feelings...so, I think it can bring a range of emotions, not always for good, but...for a good reason...it can help them on their journeys." [P26 CHM Foxglove Grange]

More holistically, care staff conveyed that local entertainers' sessions were perceived to afford residents enjoyable experiences distinct from the patterns of everyday care home life and their daily care routine.

"It brightens some miserable days up...I mean, it is nice to see a different face." [P3 CA Poppy Field]

Overall, Beyond Entertainment reveals a reportedly widespread salutary impact of local entertainers' services within resident care beyond providing entertainment, which presents scope to explore local entertainers' perspectives on their perceived role and contribution to care homes comparable to the views held by care staff detailed here.

5.4.4.2 Professional Evaluation

5.4.4.2.1 Managerial Asset

This sub-theme details the perceived benefits of local entertainers' live music services reported amongst the care home managers. Care home managers' reflections on the role of local entertainers highlighted how their sessions were particularly helpful across various internal and public aspects of their post. Internally, local entertainers' services reportedly afforded care home managers a valued activity that directly supported the continued trajectory of residents' lifestyle choices within the care home environment.

"I appreciate them coming in, because, it is stimulation for the residents, and...my job is to look after the residents...because they have lived their life, and they want to continue, to live their life as normally as possible, and if I can help them with bringing music into it, I will." [P13 SM Poppy Filed]

Local entertainers' sessions were also described to help provide insights on changes in residents' preferred music tastes, and in particular, observe the music interaction of residents with dementia with poor verbal capacity and develop their general music engagement through session observation.

"It is great for the dementia ones because they can interact, even those with poor capacity that cannot tell you what they like, what they dislike, we will bring them out, sit them out there and we can watch and monitor how they are interacting and we can then move forward and say right she enjoyed that, so let us work on that and get them more involved." [P4 CHM Cherry Blossom Grove]

Lastly, regarding more public-facing considerations, other care home managers viewed employing local entertainers as an effective way to form favourable relationships with external professional groups and in turn, promote positive public relations and progressive associations with care home life amongst potential prospective clientele.

"I think it is really beneficial, because entertainers are a community service...I think if you build up a good rapport with that entertainer, then you get a lot of positive

feedback from the care home, so, if the entertainer comes and does something positive, and we give good feedback, and they have enjoyed it, they will go out in the public and mention the care home, so that gives us marketing, so...it works both ways, if we get marketing, we get more occupancy...so people want to come here.”

[P21 CHM Snowdrop Cove]

Collectively, Managerial Asset shows that local entertainers’ live music services are largely appreciated by care home managers as they reportedly supplement certain aspects of their role, such as enabling resident engagement in meaningful activity. However, the arguably distinct nature of this reported impact considered alongside the particularly salubrious findings on local entertainers’ services presented in Beyond Entertainment (above), suggests they afford these care homes a particularly heterogeneous live music service.

5.4.4.2 Satisfactory Service

This sub-theme presents care staff’s views on the overall service provided by local entertainers. Alongside care staff’s mainly favourable remarks on local entertainers’ services, their relationships with them were reported as largely satisfactory, with care staff initially describing their relationship with local entertainers as good, natural or normal. With elaboration, the positive nature of this relationship appeared to reflect a mutual application of professional courtesy between care staff and local entertainers that was reported to promote pleasing experiences.

“I think if you treat them with respect, and being polite, they do with you, and I have always had good experiences.” [P23 DA Foxglove Grange]

Care staff’s comments on their relationship with local entertainers also reflected a favourable view of their reportedly accommodating approach to their work. This accommodating approach included both regular and new local entertainers incorporating residents’ requests for songs within their music programme and showing consideration to the ongoing realities of residents’ lives in care homes throughout their sessions.

“I think that we have quite a good relationship with them all...if they have not been before I will say is it alright if we have a break in the middle for a little while and...they might need the toilet, or...we go around with drinks...and they are all usually quite happy to oblige.” [P2 AC Poppy Field]

Lastly, care staff alluded to a slightly transient nature in their perceived relationship with local entertainers given their brief interactions, though this was not explicitly commented on as either negative or problematic.

“When they come here they entertain the clients and then they go, they do not sort of, mingle after they have finished...and we obviously...inform them that the residents have enjoyed it and some of the staff enjoyed it as well.” [P25 CA Foxglove Grange]

Taken together, care staff’s mainly positive regard of local entertainers’ services highlighted here in Satisfactory Service, as well as Managerial Asset (above), Beyond Entertainment (above), and Virtuous Vocation (above), highlights the potential for a model approach to musicians’ care home work as outlined by care staff. However, care staff’s largely commendable comments about local entertainers present a noticeable contrast to their contentions over their remuneration detailed within Questionable Expectations Over Remuneration (above).

5.4.4.2.3 Desirable Characteristics

This sub-theme reports care staff’s views of features of local entertainers’ performance practice that they considered particularly noteworthy aspects of their work. These noteworthy aspects largely centred on local entertainers’ particularly individualised music and social interaction with residents in their sessions.

“When they start singing, and then they will go around each one, and they ask them questions about what music they like and what did they used to...so, it is not just singing with some of them...so that is good as well.” [P27 AC Bluebell Patch]

Similarly, care staff's more general opinions on their experiences of local entertainers' services highlighted further commendable attributes of their professional practice, such as an explicit conscientiousness to facilitate residents' preferred aspects of their music performance.

"They always ask them, maybe when they are setting up, is it OK, is it not too loud...they always go around and interact...they ask them if there are any particular songs that they would like them to sing...I think how they are with the residents, that is what makes it good." [P6 CA Cherry Blossom Grove]

Lastly, care staff spoke approvingly of local entertainers' apparent courteous nature towards residents and their reported skill in remaining aware and adaptable to the wide variety of residents with specialised conditions.

"The three that I have got that come on a regular basis, they are really, really nice...we have a dementia ward, we have a nursing ward, and we have a residential ward, and they know what to expect, they interact with the residents." [P24 AC Foxglove Grange]

Principally, Desirable Characteristics highlights what care staff consider to be appealing aspects of local entertainers' professional demeanour, which centres on an expressed attentiveness toward individual residents' music preferences, residents' lived experience of care homes and social engagement with residents. These findings further contribute to the potential for a model approach to musicians' care home work as suggested within Satisfactory Service (above), and alongside the findings presented in Managerial Asset (above), Beyond Entertainment (above), and Virtuous Vocation (above).

5.4.5 Training

To recapitulate this fourth theme, Figure 11 below presents the structured visual depiction of this fourth main theme and its thematic relations, as shown in full within the visual map of the main thematic findings (see Figure 7 above)

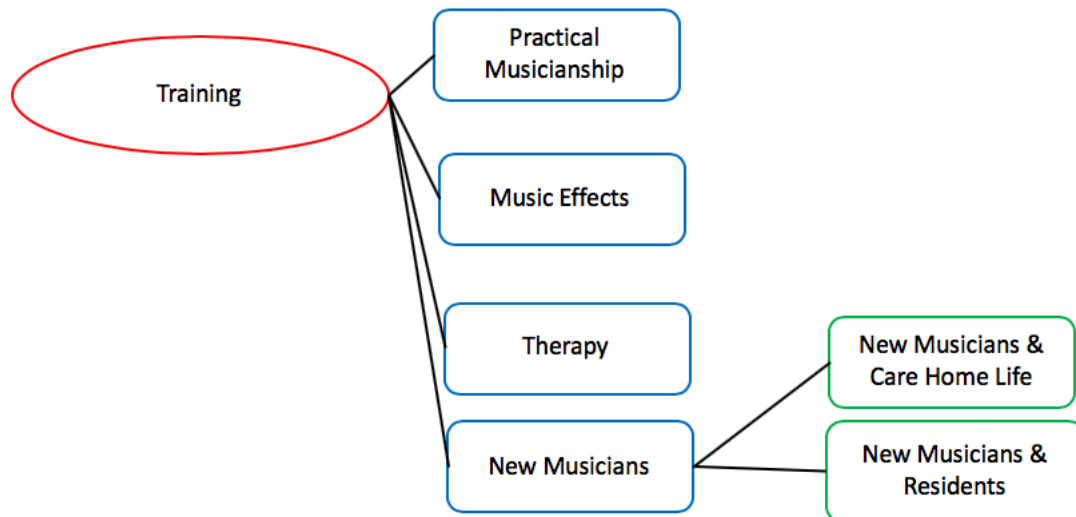


Figure 11: The structured visual depiction of the fourth main theme of Training and its thematic relations.

This final main theme within the analysis reports care staff's ideas for music training to support further music provision within their care homes. The four sub-themes as part of this main theme are Practical Musicianship, Music Effects, Therapy and New Musicians. Practical Musicianship, Music Effects and Therapy highlight care staff's expressed want to learn musical instruments, know more about how music may help residents and be trained in therapeutic music applications. Lastly, New Musicians details care staff's proposed areas of care-based training for musicians new to care home work, which describes them acquiring knowledge of care home environments and residents' capacity for engagement and specialised conditions, such as dementia.

5.4.5.1 Practical Musicianship

This sub-theme shows that care staff's considerations of music training revealed a want to learn to play a musical instrument and improve their practical music skills. This desire was reasoned to afford varied opportunities for live music engagement with residents. For instance, providing residents with more frequent stimulation when disinterested, delivering knowingly enjoy forms of entertainment, such as forming a staff choir, joint resident and staff live music-making sessions and care staff working with local entertainers to explore the use of live music resources as a way to communicate with residents that lacked verbal capacity.

"I can play the recorder... but it would be nice to learn a bit more so that we can get the residents learning a bit more...like maracas, and tambourines...it would be nice to get the residents playing them as well." [P7 CA Cherry Blossom Grove]

However, care staff expressed a perceived absence of confidence and ability in their live music performance skills to effectively engage with residents through music and viewed music training as a way to address their under confidence. For example, care staff engaging in music training to help them overcome their self-consciousness of singing in view of their colleagues when trying to engage residents in live music, and music training as a means to assure care staff in their approach to residents' live music involvement.

"I think it would be a good idea...because I am only, I call myself playing at it, I am trying my best, but I do not really know if I am doing right, or if I am doing wrong." [P22 AC Snowdrop Cove]

Furthermore, care staff's elaborations on the practical delivery of their music training ideas were largely uncertain beyond momentary suggestions of musically trained persons to provide their desired music training.

"Just to show us how to really interact with the music...with the residents...and just learn...somebody talk to us and listen." [P22 AC Snowdrop Cove]

5.4.5.2 Music Effects

This sub-theme shows that care staff's suggestions for music training centred on acquiring a learned understanding of how music may be beneficial to residents. Care staff outlined varied, topical areas for this proposed training. Such as having more evidence-based knowledge on how local entertainers' sessions could promote relaxation amongst residents and applying different types of music in the treatment of particular negative symptoms and conditions of care home residents, including using specific types of music for residents exhibiting anxious behaviour.

Further expressed ideas highlighted a want amongst care staff to develop their knowledge of the types of music pieces and instruments they could play to further support resident daily care and afford residents additional opportunities for stimulation. However, as noted in care staff's ideas for practical music training expressed in Practical Musicianship (above), their considerations towards the practical delivery of this knowledge-based training remained largely unvoiced beyond accessing evidence-based resources.

"If it was something like, is there specific music that may help somebody that is quite anxious, you know, has it sort of been proven that this does help them, that would be quite interesting." [P13 SM Poppy Field]

Taken together Practical Musicianship (above) and Music Effects reveal that care staff's recommendations for music training show a potential receptiveness towards the possible future development and application of music provision to further aid care staff in the care of residents. However, care staff's general uncertainty surrounding prospective professional bodies of music specialists to deliver their music training questions their awareness of different types of musicians that are potentially available to them, and the practical realisation of collaborative working for care home music provision between music and care professionals.

5.4.5.3 Therapy

This sub-theme reveals that care staff's opinions on the therapeutic nature of music provision, as detailed in Therapeutic Associations (above), also extended to specific ideas for formal music therapy training within their care homes. For instance, P23 reasoned that music training that featured insights into music therapy practices and impacts was essential to support a wider application that was a generally pleasant and effective addition to the daily lives of residents, beyond the place of basic activity provision.

"I think it should be used a lot more...because I think it is a really good therapy...I think it should be used not just as an activity... I think it should be used all day...because, if it something that makes them comfortable...and if it is something that they like...then yes, definitely." [P23 DA Foxglove Grange]

Further specialised music therapy-based training ideas were also described at length by other care staff. For example, P5 stated that they wanted to be trained to understand the use of music as part of movement to music practices with residents within this therapeutic approach. However, once again, in similarity to care staff's expressed training reported in Practical Musicianship and Music Effects (above), their ideas for the practical realisation of this training appeared unknown, and subject to momentary suggestions of ill-defined persons and places to receive their wanted training.

"I think it would be a good idea to train people in music therapy...how to relax...what is the best type...I was talking to someone about movement to music, exercise, in chairs...I have no experience of doing that, so I would want to be trained, obviously, music wise, you would pick something to suit...it could be in the home, if someone came to the home, or I suppose you would have to go somewhere." [P5 AC Cherry Blossom Grove]

Also, P25 said that care staff should be trained to provide music in therapeutic practices similar to those observed to be delivered by physiotherapists and enjoyed by residents. They reasoned that such training would afford more frequent provision of resident physiotherapy in the absence of trained physiotherapists, which at present was

reported to occur only twice per week. P25 further proposed that this training could be delivered to care staff by the trained physiotherapists that came to their care home.

“We used to have someone that came, and they gave them these pom-pom things...and they used to do exercises with these...with music, and that is good ...I think we could do things like that... I think it can be used as therapy and I think we should be able to use it as therapy, for physiotherapy.” [P25 CA Foxglove Grange]

In closing, Therapy shows broad-minded thinking and understanding amongst care staff towards the many scenarios, impacts and combinations that are possible as part of music provision within their care homes, which suggests the need for greater collaboration between care staff roles and trained music therapy professionals. However, care staff’s lack of explicit reference to professional music therapists to provide their desired training questions their awareness and access to these services of this particular professional body of musicians within their care homes.

5.4.5.4 New Musicians

This sub-theme presents care staff’s views on training for musicians working in care homes. Initially, it should be noted that their comments on this subject did not associate training for musicians with the local entertainers that they currently employed regularly, and instead centred on musicians new to care home work. Rather, care staff described their current local entertainers as an experienced professional group, attentive to residents needs and familiar with the behavioural symptoms exhibited as part of some residents’ conditions.

“The ladies that we have got all know that such and such might come up to you and take your coat because she might think it is hers.” [P15 Administrator Snowdrop Cove]

5.4.5.4.1 New Musicians and Care Home Life

This sub-theme reveals that care staff’s training recommendations for new care home musicians centred on them having a mindful awareness of varied aspects of care

home life. Such as the different levels of residents' capacity for music engagement, the diverse symptoms of residents' conditions that they could be seen to exhibit and the tailored approach of live music to residents. A selection of these training ideas will now be described in turn.

Care staff were of the opinion that musicians needed to understand the realities of care home life as places that are peoples' homes that have both happy and unhappy occurrences. Understanding the lived experience of care homes was reasoned to be achieved through musicians directly interacting with care staff and residents.

"Just come to a nursing home for a few hours and speak to the manager, or speak to the care staff, but most of all speak to the residents that live here." [P9 CHM Shamrock Bay]

Care staff also remarked that musicians coming to work in care homes should be aware that individual residents have different diagnoses and conditions and express varied symptoms, such as wandering behaviours and confusion. Conveying this awareness of resident demographics to new musicians was also conjectured to be achieved through musicians talking with care staff.

"I think they need to realise obviously that there is obviously different diagnoses for different people, so they have got to be quite aware of this, because obviously you have got some people walking about, obviously, that are quite confused, so they have...got to be aware that obviously, you do not get your general residential patients...I do not know how I would get that across, without obviously speaking directly." [P13 SM Poppy Field]

Care staff also stated that musicians should be thoughtful to the continued duties of care staff roles to attend to the different care needs of residents during musicians' live music sessions, for example, the need for care staff to take a resident out of a live music session who is voicing a need to go to the toilet. Once again, such areas of understanding were suggested to be communicated to new musicians via conversations with care staff before the provision of their live music sessions.

“We would have to tell them first...that there may be a chance that one of them wants to go to the toilet or one of them has an episode of illness that might happen, so we might have to get that person out.” [P25 CA Foxglove Grange]

5.4.5.4.2 New Musicians and Residents

This final sub-theme shows that care staff’s new musicians’ training suggestions were also considerate towards musicians’ possible lack of professional understanding of the potentially distinct nature of residents’ engagement in their live music sessions reflective of their ongoing health conditions. Such as residents expressing irritated behaviours as a result of their condition, rather than as a result of not enjoying what musicians are doing. Similar to the suggestions for new musicians’ training delivery expressed in New Musicians and Care Home Life (above), care staff once again offered their professional support to musicians to inform their knowledge of care home audiences.

“Maybe when the entertainer comes in...me or somebody could say...we have got a room full of people that we want you to sing to...but there might be a couple that are a little bit agitated, that is nothing to do with your music, but that is just the condition.” [P18 AM Bluebell Patch]

Care staff were also of the opinion that new musicians would benefit from more knowledge about how dementia, as a range of complex conditions with multiple presentations, can be exhibited across individual residents. Care staff reasoned that a better understanding of dementia would help musicians to manage residents with this condition and give them a greater degree of confidence when entering care homes and interacting with residents with this condition. Dementia training was also suggested to afford new musicians a better awareness of what to expect from care home environments regarding resident behaviours during a live music session.

“I know it is frustrating for an entertainer to see someone get up and walk around and things like that, but, I think they need to expect that in a care home environment.” [P26 CHM Foxglove Grange]

Care staff also conjectured that dementia training would help musicians to provide a more adaptive approach to live music provision within their sessions and connect more closely to residents through music that was responsive to residents' dementia-related symptoms and music-based reactions.

“Music with dementia I suppose...for them to know how to work with dementia, and how to react with dementia...some of them might not like the music, so, you would have to go onto a different type of music, and it is how to read them to know that.”
[P28 CA Bluebell Patch]

The realisation of this music and dementia-related training included the particular suggestion of new musicians visiting care homes outside of their arranged sessions to observe the apparent contrast in the degree of engagement in the absence of music provision amongst residents with dementia.

“See the dementia side of it and see what they are like when they are not listening to music, because some of them just sit there and do not do anything during the day, and when the music is on, they are a different person... it would be nice for them to see both sides really.” [P16 CA Bluebell Patch]

Lastly, care staff suggested other varied approaches to the delivery of dementia training for new musicians. This training delivery included musicians accessing existing dementia resources similar to those experienced by care staff in their work, such as evidence-based organisational structures for dementia care, as well as online resources directly recommended by care staff to musicians. These suggestions were contrasted with care staff who reasoned that dementia training was most appropriately conveyed through musicians' first-hand experience with residents with dementia via sample care home live music sessions.

“I think they would only be able to experience it by actually experiencing it themselves...by coming into a dementia environment, and maybe having a taster session of putting on an entertainment session.” [P26 CHM Foxglove Grange]

Overall, New Musicians and Care Home Life (above) and New Musicians and Residents reveal care staff's opinions on training for new care home musicians that described musicians having a more care home-centred knowledge base to inform their work, which shows potential for greater shared working practices between care staff and musicians. Care staff's proposed practical ideas for musicians' training delivery focused on their first-hand engagement with care homes and direct communication with care staff. This evidence provides ideas for further opportunities for introductory collaborative working between care homes, care staff and musicians.

5.5 Summary

In closing, the main themes that emerged from the interviews with care staff on live music service provision evidence their views on the three research areas of investigation, namely occupational factors, collaborative working and training. The main thematic evidence for each of these three research areas will be summarised in turn below and outlined alongside considerations of the main implications to result from the findings of this study.

Concerning the occupational factors care staff perceived and experienced as part of their involvement with live music service provision, the main theme of Finite Resources showed that care staff were largely aware of the demands and challenges they encountered with providing live music services across their roles. This included limited subsidies obtained through accepted yet discontented approaches to financing (see sub-theme of Limited Financing), dissociations between individual care homes and organisational bodies, restricted thinking towards financing further live music service provision (see sub-theme of Limited Thinking) and contentious expectations of the remuneration of local entertainers working in care homes (see sub-theme of Questionable Expectations Over Remuneration). Additionally, within the sub-theme of Limited Professional Body, care staff also conveyed that they had access to a small-scale, localised group of musicians for live music service

provision, and considered the potential for greater professional engagement from musicians towards care home work.

Collectively, these thematic findings highlight multiple occupational factors that are largely restrictive towards the provision of live music for care staff. Hence, these findings question the sufficiency of the financial and professional resources available to care staff to facilitate live music provision within their care homes. Furthermore, concerning occupational factors, care staff's comments within the sub-theme of Written Documentation highlighted varied attitudes and different degrees of engagement with written documentation procedures (see sub-themes of Attitudes: Activity Coordinators and Applications). This finding queries the efficacy of such organisational approaches designed to supplement music provision within these care homes.

Notwithstanding these professional limitations, findings within the main theme of Continuum of Application revealed more promising occupational factors surrounding care staff's involvement with music provision in their care homes. Care staff's reported internal approaches to music across activity, care and therapeutic practices (see sub-themes of Activity, Care and Therapeutic Associations) highlighted an experientially acquired and progressive outlook towards music provision as part of their roles. Arguably, this finding presents an encouraging basis for promoting the continued and expansive use of music amongst care staff across multiple dimensions of resident care as part of everyday life within care homes.

Concerning the research areas of both occupational factors and collaborative working, care staff's opinions on the live music services provided by local entertainers within the main theme of Local Entertainers afforded insights on the desired professional profile and working relationship with care staff of local entertainers that was perceived as complementary to resident care (see sub-themes of Virtuous Vocation, Desirable Characteristics, Managerial Asset, Satisfactory Service and Beyond Entertainment). Overall, the findings from this main theme sheds light on the perceived occupational factors wanted in professional groups of musicians working in care homes amongst care staff and how they like musicians to approach their work with care homes, resident and staff, which in turn

affords understanding of how musicians may facilitate successful collaborative working in care homes in the future.

Lastly, the main theme of Training provided multiple insights into the research areas of collaborative working and training concerning care staff and live music service provision. Firstly, care staff's ideas for further music training presented within the sub-themes of Practical Musicianship and Music Effects present areas for music-based skill development and learning that fall squarely within the professional skillset of musicians working in care homes, and therefore suggest music-based topics as a basis for further collaborative working and training between musicians and care staff. Secondly, and somewhat similarly, care staff's ideas for further music training presented within the sub-theme of Therapy shows potential for promoting music-therapy based training for care staff and thereby affording greater shared professional working with music therapists that work in care homes. Thirdly, the sub-theme of New Musicians detailed recommendations for training musicians new to care home work alongside an apparent willingness amongst care staff towards supporting new musicians to learn about care home life and residents and their conditions. Once again, this finding shows potential for further collaborative working between musicians and care staff, concerning care staff developing musicians' understanding of key dimensions of care home life, namely the environment and residents. Overall, the findings from this main theme can be seen to highlight somewhat vague boundaries between conceptions of collaborative working and training that are more suggestive of flexible training approaches grounded in cross-professional communication between music and care professionals than formalised programmes of training.

The methodological approach for this study had several advantages and limitations. Collaboration with a private care home company offered invaluable insights into the process of conducting evidence-based research with organisations in the UK social care sector. The use of in-person semi-structured interviews provided an in-depth exploration of topics surrounding care staff's role involvement with live music service provision that was underreported within literature, as detailed within Chapter 2 of this thesis. The context of the interviews on-site within care homes also afforded participants a familiar, private space in which to express their opinions and experiences openly. The in-person approach to

interviewing also gave the researcher a diverse set of non-verbal expressions through which to experience participants' perspectives, such as vocal intonation.

Given that the primary focus of this study was to explore music services for care home residents with dementia, another limitation of this study may be that only two of the six care homes from which data was collected provided dementia care (see Table 11, section 5.3.2 above). Therefore, such variations in sample selection arguably negate the extent to which findings from this study may be specifically relevant to music services as part of dementia care in care homes and limits the generalisability of the findings from this study to other research investigations. However, it is important to note that the care home sample for this study directly reflects the ecological validity of care homes as it encompasses the natural variety of care services that exist within these settings and how such settings engage with academic research in the UK (see section 5.3.2 above)

Similarly, though the main focus of this thesis was to investigate a particular type of live music service in UK care homes, namely, live music programmes (see Chapter 4, section 4.3.2), findings from care staff within this study highlighted a range of other live music services being provided in care homes. Specifically, professional musicians working as local entertainers in care homes and voluntary live music services, such as live music provided by local church groups and schools. Hence, such variations in the types of care home live music services across the two main studies of this thesis may be seen to limit comparison of the live music services reportedly provided within UK care homes. Yet, once again, such variations reflect the ecological validity of care homes concerning the real-world variety of live music service provision currently happening within these settings in the UK. Additionally, concerning data comparison across the two main studies, it is worth stating that the work of this thesis was not intended to study micro differences between musicians and care staff supporting live music services in care homes. Rather, the work of this thesis aimed to derive emergent themes from the natural presentation of live music services within UK care homes as perceived and experienced by the musicians and care staff supporting these services.

While interviews were designed to elicit responses from care staff on their perspectives and experiences of live music service provision throughout their professional work in care homes, the timeframe of the most recent or forthcoming experience of live

music service provision before being interviewed was not explicitly questioned. Therefore, in retrospection, it remains unclear of the extent to which participants may have been “enjoying temporary increased levels of arousal” (Shibizaki & Marshall, 2017, p. 474), which could have possibly influenced their interview responses.

However, though participants’ involvement in the study depended on their willingness to volunteer and desire to talk about live music provision in their care homes, findings did not present an overall positive bias towards live music service provision. Rather, care staff highlighted negative and adverse aspects of their live music service provision, such as financing these services (Monetary Matters), a dejected outlook towards the development of music within their care home (Limited Thinking) and access to a small-scale localised body of music professionals to deliver live music services (Limited Body of Professionals). However, findings could be developed in future studies with the inclusion of care staff’s perspectives that showed strong antipathy to live music service provision, which presents further demographics for investigation within future research on care staff’s roles as part of live music service provision within UK care homes.

The work of this chapter serves to develop the in-depth knowledge-base on the perspectives and experiences of key care staff roles that support the provision of live music services within UK care homes. The methodology paralleled to the study reported in Chapter 4 of this thesis once again provided an effective approach through which to amass substantial evidence-based insights from this other key professional group involved in care live music service provision within UK care homes. The next chapter now turns to the discussion and conclusion of the main findings and limitations to result from this thesis and future recommendations for research and practice.

Chapter 6

Exploring the perspectives and experiences of key professional groups supporting music services in UK care homes: discussion and conclusion

6.1 Discussion: Introduction Overview

This final chapter presents the discussion and conclusion of this thesis. The discussion is divided into two sections. Firstly, 'Strengths and Limitations' details the main strengths and limitations of the methods of the work of this thesis and the implications of each these strengths and limitations. 'A model for UK care home music services' discusses a research-centred model of music services in UK care homes considered alongside main findings from the work of this thesis and the potential for impact on the future provision of these services.

6.2 Strengths and Limitations

6.2.1 Strengths

The methodological approaches within this thesis have several strengths and limitations. Firstly, concerning strengths, at the broadest level concerning collaboration, the work of this thesis provided a detailed report of the research collaboration process unique to established live music programmes and a private care home company within the UK. This detailed process reports afforded an essential understanding of how to conduct evidence-based research with arts organisations and care homes. Therefore, these reports may provide useful insights for other researchers wanting to carry out empirical studies on care home music services on how to potentially approach working with these types of organisations.

Secondly, this thesis provides one of the first in-depth qualitative insights on the perspectives and experiences of musicians and care staff supporting music services in UK care homes. Overall, the use of individual semi-structured interviews with musicians and care staff helped to advance the detailed research knowledge base on the perspectives and experiences of these two professional groups involved with care home music services in the

UK. In general, insights revealed musicians as an emergent professional group working within care home settings and highlighted how key care staff roles within care homes perceived and experienced live music service provision. Hence, the use of individual semi-structured interviews may be considered an effective tool for researchers to explore previously under-reported areas of music service provision in care homes and obtain rich insights, namely the professional groups involved with these services.

Thirdly, despite both musicians' and care staff's involvement in the studies of this thesis depended on readiness to participate, and hence presented a potential source of bias in their responses, their comments did not reveal a predominantly positive presentation of their work with music services in care homes. Rather, musicians and care staff's responses revealed mixed perceptions and experiences on their professional involvement with music services, which included multiple negative role factors, for example; dissatisfaction surrounding the amount of remuneration musicians received for their care home work and the limited levels of financial subsidy available to care staff to pay for the provision of music services. Arguably, the mix of both positive and negative opinions from musicians and care staff presents insights that may be considered particularly true to life on care home music services for these two professional groups.

Lastly, collecting data from musicians and care staff not working within the same care homes had two main advantages and one main disadvantage. Firstly, advantages centred on care staff highlighting different conceptualisations of live music services within care homes, which for them denoted the professional group of musicians referred to as 'local entertainers', as opposed to musicians working in care homes via live music programmes. This insight holds promise or future research to consider carrying out more comprehensive investigations of how care home live music services may be perceived and approached within these settings. Secondly, collecting data from musicians and care staff who did not work within the same care homes, as oppose to those working within the same care homes, arguably decreased the potential for positive bias amongst these two professional groups in their reported perceptions and experiences of care home live music programmes. The main disadvantage of the aforementioned approach was the failure of this approach to provide an entirely corresponding investigation of how key professional groups perceived and experienced live music services concerning the same types of service,

namely live music programmes. Therefore, this overall dissimilar approach to the participant groups may lessen the degree to which the main findings from this thesis could be generalisable to all care home live music services happening within the UK.

6.2.2 Limitations

Concerning further methodological limitations, firstly, it is worth considering the implications for music services in dementia care surrounding the variations in participant samples across the main studies of this thesis. Specifically, that only two of the six care homes explored within Chapter 5 provided dementia care and that the findings of Chapter 5 also revealed a varied range of music services happening in UK care homes that were not being provided by live music programmes. Arguably, such sample variations undermine the potential to produce specific recommendations for how music services for dementia care in care homes should be approached in the near future, as both a topic of research investigation and as a practice-based care service.

However, identifying the varied nature of both the types of care and music services currently being provided in UK care homes presents a clear opportunity for greater collaboration between academic research and care home companies. Specifically, to explore how different types of music services already being provided within UK care homes may be tailored to the different types of care services offered within these settings, including dementia care. Furthermore, such investigations would arguably comprise of in-depth mixed-method studies that focus on exploring the process and outcomes of providing each of music services on the different types of care provided within UK care homes. Furthermore, it is worth reminding that the literature review findings from this thesis (see Chapter 2, sections 2.6 and 2.7) highlighted that though care home music services are primarily promoted for residents with dementia, there remains substantial scope for research to explore music services tailored to the care of residents with a range of other health conditions living within this setting.

Therefore, the main implications from music services for dementia care in care homes to result from the work of this thesis suggest the need for more comprehensively tailored approaches to research thinking and investigation of music services in care homes.

Specifically, research that acknowledges dementia care as one of several types of care services available within care homes, and dementia as one of many resident conditions within this setting, which could potentially be supplemented by more bespoke applications of the music services currently happening within care homes.

Secondly, whilst the initial focus of the work of this was the provision of music services for care home residents with dementia, Chapter 5 investigated the provision of music services across six care homes that provided more varied types of care; with only two of these six care homes stated to provide dementia care (see Chapter 5, Table 11 section 5.3.2 .). Hence, the nature of this participant sample can be seen to expand the scope of investigation within this thesis from music services for care home residents with dementia to a much more disparate group of residents in need of care. Consequently, this expanded scope of investigation arguably undermines the overall relevancy of the findings of this thesis to music services for care home residents with dementia and negates the potential for recommendations to inform the future provision of these services tailored to care home residents with this condition.

Equally, exploring the provision of care home music services across collectively more disparate forms of resident care questions the degree of applicability of findings to any one or more group of care home residents with a particular health conditions and limits possibilities for comparison across the studies within this thesis and previous research on music services for care home residents with specialised conditions, such as dementia. However, it is important to remember that the participant sample of Chapter 5 strongly reflects the natural ecological validity of these care home settings and the perspectives and experiences of the professional groups involved (see Chapter 5, section 5.3.2.), which suggests a need for more flexible approaches to research thinking, design and evolution of investigation that embrace the natural presentation of real-world settings and practices being explored, such as music service provision in care homes.

Furthermore, the fact that the care homes explored in Chapter 5 proved to provide care services to more diverse groups of residents highlights a noteworthy circumstance for future researchers to consider when investigating the provision of music services in care homes. Specifically, how to best approach investigating music services for particular care

home resident populations set against a backdrop of care services that appear to be offered for people with a varied range of health conditions that require particular types of care.

Thirdly, and also concerning participant sampling, the small number of participants interviewed within each study limits the generalisability of findings (Atieno, 2009) to reflect the perspectives and experiences of musicians and care staff involved with music services across UK care homes. Somewhat similar issues of generalisability have been stated by Preti (2009), concerning the work of musicians in hospitals within the UK, Europe and USA. Notably, the fact that musicians in hospitals “make up a fairly new occupational group” (p. 79) means that there is currently little research insight on their practice, which consequently limits the degree to which their hospital activities are generalisable to every musician working within this context (Preti, 2009).

Fourthly, the characteristics of the professional groups explored within this thesis are insufficient, as they failed to include the following range of sub-sets of musicians and care staff: musicians with no experience of working in care homes who would or would not consider working within this context, musicians who had previously worked in care homes and no longer do so, including the alumni and dropouts of live music programmes and freelancers, and musicians currently working in care homes external to live music programmes, namely, as freelancers and local entertainers. Care staff working in care homes that do not provide music services as part of resident care or prioritise other forms of music provision or non-music activities over live music, care staff within care homes who previously provided music services and no longer do so, and care staff who also identify as professional “musicians” (Creech et al., 2008, p. 215) and either do or do not provide their own music services as part of their care home work. Overall, the absence of exploring these further sub-sets of musicians and care staff lessens the degree of nuanced insight that could have been gained on these two professional groups and therefore undermines the general validity of the chosen participant sample size within this thesis (Leung, 2015).

Fifthly, as detailed in Chapter 2 (see section 2.4.5.), UK care home live music programmes are promoted for the care of residents with dementia (e.g., Shibasaki & Marshall, 2016; Tapson et al., 2018). Notably, researchers within the field of dementia studies have highlighted that it is only within recent years that the perspectives of people with dementia have begun to be documented in research (Innes, 2009). This absence of the

perspectives of people with this condition in research reflects misconceptions on the inability of people with dementia to speak about their experiences because of the degenerative nature of dementia on human physical, mental and emotional functioning, which can limit their ability to communicate, particularly at advanced stages of the condition (Katz, Holland & Peace, 2013). Also, ethical concerns, such as assessing mental capacity and obtaining consent are perceived as a “barrier” to including people with dementia in research (Sherratt, Soteriou & Evans, 2007; Preston, Marshall & Bucks, 2007, p. 141).

Lastly, In view of these research insights, it is possible to reason that though the primary focus of this thesis was the perspectives of key “service providers” (Bamford & Bruce, 2000; p. 566) involved in the delivery of live music programmes promoted for dementia care in care homes, the absence of exploring the perspectives of residents with dementia as the primary “service users” (Bamford & Bruce, 2000, p. 544) of these programmes may continue to perpetuate the aforementioned misconceptions and negative connotations of not including this population in dementia-related research. This consideration can be seen as an unfortunate and entirely unintentional limitation of this thesis at the broadest level of research investigation.

6.3 A model for UK care home music services

This second and final section of this discussion considers how the main findings from this thesis show potential to establish a long-term evidence-based approach to research collaboration and investigation that supports the creation, and continued development of a continuum-based approach to music service provision within UK care homes in practice.

Figure 12 below depicts a visual representation of the model that supplements the creation of this particular approach to care home music service provision. To facilitate the reading of this model, ‘Collaborative Evidence-based Research Approach’ outlines the general underlying approach to research investigation on music services in UK care homes. ‘Areas of Investigation’ details key areas of further research to be investigated through this underlying approach to help advance the future provision of care home music services, informed by the main findings of this thesis. ‘In Practice’ considers the possible practice-based approach to care home music services to result from ‘Areas of Research Investigation’

that ultimately promotes these services as a shared professional practise that provides a varied range of music provision and affords multiple applications to care provision within this setting. Downward directional arrows represent movement from one phase of the model to the next that signifies the building of this model from the research approach through to research investigation and the subsequent impact on practice.

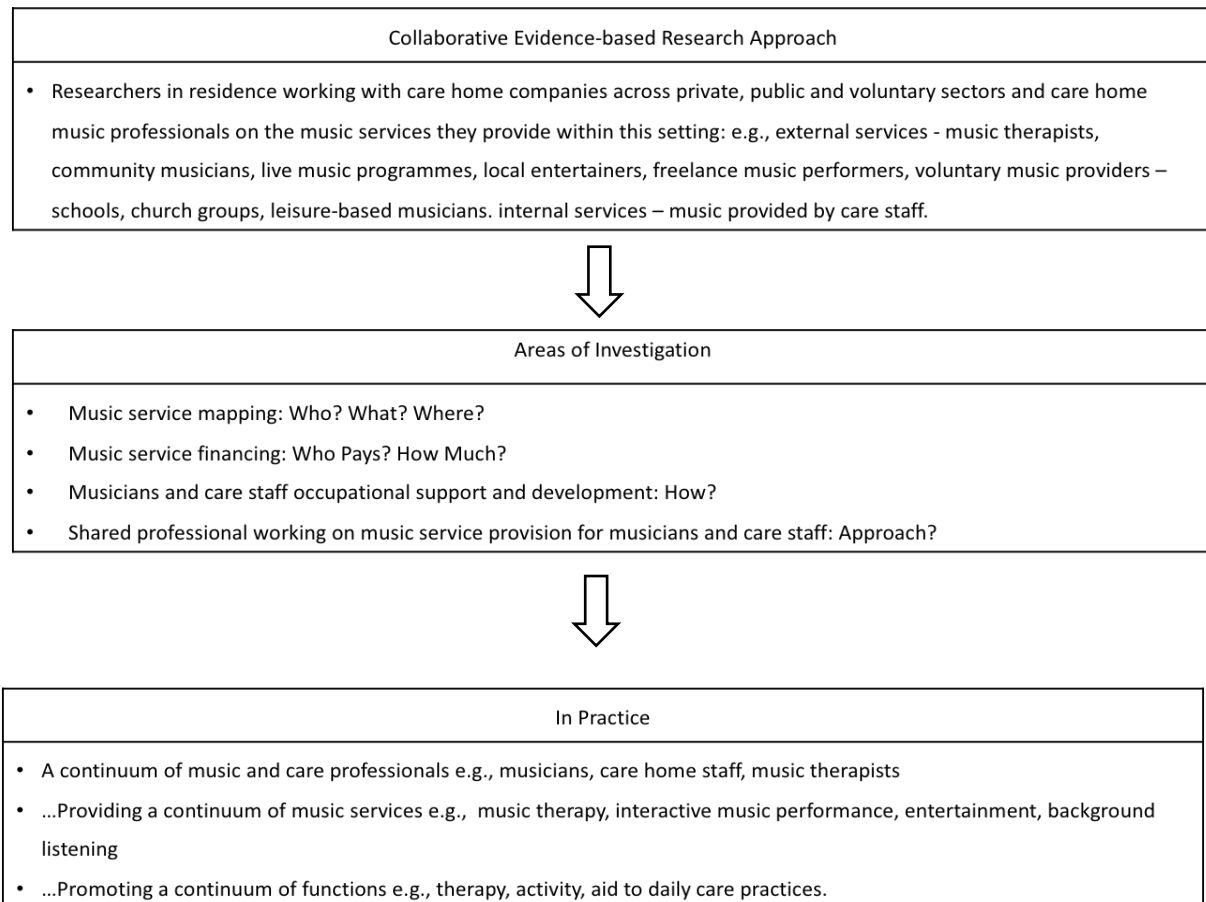


Figure 12: A visual representation of a continuum-based approach to music service provision in UK care homes established through collaborative, evidence-based research investigation. Downward directional arrows represent movement down the research process through to realisation in practice.

The remainder of this discussion explores each of the aforementioned three main phases of this model as presented in Figure 12 above in relation to the research methods and main findings of the work of this thesis.

6.3.1 A Basis in Research

For a conceptual summary, Figure 13 below presents the first part of the model of care home music services detailed in Figure 12 above, which will now be discussed in detail.

Collaborative Evidence-based Research Approach
<ul style="list-style-type: none">• Researchers in residence working with care home companies across private, public and voluntary sectors and care home music professionals on the music services they provide within this setting: e.g., external services - music therapists, community musicians, live music programmes, local entertainers, freelance music performers, voluntary music providers – schools, church groups, leisure-based musicians. internal services – music provided by care staff.

Figure 13: The first part of the visual representation of a continuum-based approach to music service provision in UK care homes established through collaborative evidence-based research investigation detailed in Figure 12 above.

At the broadest level, the evidence-based research conducted within this thesis presented a successful approach to research collaboration with care home live music programmes and a private care home company. Overall, this research collaboration produced new insights that advanced scholarly knowledge and understanding of how music services in care homes are perceived and experienced by key professional groups involved in the provision of these services. Hence, the effectiveness of this overarching research approach holds promise for promoting further collaborative working between researchers, care homes and UK care home music services to continue to develop the provision of these services.

Also, it is worth noting that the main findings this thesis revealed generally mixed insights on care home music service provision for involved professional groups. Such mixed findings highlighted aspects of these services to be celebrated, such as the heterogeneous range of music services and uses of music within care homes, and outstanding issues to be

addressed further, such as, financing music services for care homes and greater occupational support for musicians. Therefore, establishing care home music services with a basis in collaborative research arguably affords an effective evidence-based means through which to both advance the promotion of areas of care home music services to be celebrated and attend to more negative aspects of providing these services, and ultimately support the continued long-term development of music service provision in UK care homes.

However, concerning continuing this collaborative research approach, it is worth suggesting a need to reposition researchers as 'researchers in residence'. For clarification, researchers in residence are conceptualised here as researchers who are paid to work in care homes across the UK to explore music services through empirical research investigation with a view to developing the provision of these services within this setting in collaboration with executive care home company management, care home staff, residents and their family members and other visitors. The duration of their residencies is long-term, lasting a minimum of one year. These researchers either work in care homes as freelance researchers, hold research positions at research institutions, such as universities or work as a researcher within the care home sector or health and social care services more broadly. Their professional backgrounds can include, but are not limited to, researchers in the fields of elderly care services, gerontology, human geography, anthropology, psychology, music therapy, and psychology of music, as well as practitioners working in nursing, medicine, clinical psychology and social care.

It is possible to suggest that such researchers in residence would ensure that researchers become established as an internal part of care home life, as opposed to an external professional group seeking access to research within these settings, akin to the general approach this thesis author undertook to carry out the empirical work of this thesis. Arguably, having researchers in residence to investigate care home music services would afford a more comprehensive exploration of these services from within this setting that directly reflects the real-world experiences of all people involved with music in care homes and also encourages the continued, long-term development of these services in practice through the insights obtained from this type of evidence-based enquiry. Researchers in residence may also help to identify and develop methods of research investigation that are

most appropriate to exploring the natural presentation of care home music services and hold strong ecological validity within this setting.

However, such notions of creating researchers in residence as a means to better understand and develop care home music services across the UK are abstract at present and devoid of practical realisation. Yet, it is important to note that research in care homes is considered to be a relatively new and emergent field within the UK (NIHR, 2016-2019), which presents a promising basis for establishing music services as an area of research within this developing field in the near future. Still, considerations of how to finance the work and remuneration of researchers in residence for care home music services remain unexplored and somewhat doubtful given the adverse financial circumstances currently surrounding the arts and social care sector as explored at length in Chapter 1 (see Chapter 1, section 1.3). More notably, it is worth remembering that as detailed within the literature review of this thesis, private care home providers have been found to lack internal research departments because they are “often considered too costly” to finance (Cousins et al., 2016, p. 2). Such unfavourable financial perceptions cast uncertainty on the feasibility of realising researchers in residence for care home music services in practice in the near future and question how such views may be changed to afford greater engagement with research from the UK care home sector.

Notwithstanding these practical limitations, it is worth considering the focus of further research investigation if music service researchers that supplement further collaborative research investigation are to be realised as part of care home care services in the UK within the future. Therefore, the next section of this discussion explores the main findings from this thesis supplemented by previous research literature that highlights four further key areas of research investigation on care home music services that could be explored by future researchers in residence on these services.

6.3.2 Further Research

To aid conceptual summary, Figure 14 below presents the second part of the model of

care home music services detailed in Figure 12 above. This second part of this model presents areas of future investigation on care home music services that derived from the main findings of this thesis and are discussed in turn below.

Areas of Investigation
<ul style="list-style-type: none">• Music service mapping: Who? What? Where?• Music service financing: Who Pays? How Much?• Musicians and care staff occupational support and development: How?• Shared professional working on music service provision for musicians and care staff: Approach?

Figure 14: The second part of the visual representation of a continuum-based approach to music service provision in UK care homes established through collaborative evidence-based research investigation detailed in Figure 12 above.

6.3.2.1 Music service mapping: Who? What? Where?

This first area of further research investigation for care home music services centres on identifying and documenting the range of music services that are currently happening in care homes. Specifically; the people involved with the provision of these services, the features of these services and the locations of these services within care homes across the UK. Notably, comments from care staff within this thesis (Chapter 5) on their perceptions and experiences of music services revealed a variety of music services being provided in their care homes. Namely, professional musicians working as local entertainers, voluntary music services provided by local church groups and schools and music delivered by care staff as part of activities for residents or their daily care. Equally, concerning the work of UK live music programmes in care homes, it is worth remembering that Chapter 1 (see section p.) highlighted that these programmes are an emergent practice, which has only begun to be documented in research within recent years (e.g., Habron, 2013; Tapson, 2018; Shibazaki & Marshall, 2016). Additionally, there remains little evidence-based documentation on the

number and geographical locations of these programmes working across UK care homes and the profile of the music services they provide within this context.

Taken together, these findings question the need for more comprehensive documentation of the work of UK care home live music programmes and other music services that appear to be provided at more localised levels within and external to care homes. Ideally, further documentation of the locations, characteristics and professionals involved with music service provision in care homes throughout the UK would present a strong evidence base to create a directory of UK care home music services. Arguably, such a directory would afford care homes with a practice-based resource through which facilitate further provision of music services within their care homes in their local area and simultaneously give researchers more detailed insights on the current presentation of UK care home music services and potential populations to further investigate as part of the provision of these services.

6.3.2.2 Music service financing: Who Pays? How Much?

This second area of further research investigation concerns exploring how to finance care home music services specific to the funding sources available for care homes and the subsidy of musicians' remuneration.

6.3.2.2.1 Care Home Finances

Drawing on the most relevant findings from this thesis, care staff reported subsidising music services as an issue within their care homes due to a small-scale company budget prescribed to finance the cost of live music service provision alongside other activities. This small budget negatively impacted on care staff's roles as they described needing to undertake frequent fundraising activities to generate further finances to subsidise the cost of music services alongside other activities, with these fundraising activities perceived to be carried out devoid of company support. Care staff also expressed negative views on increasing the frequency of live music service provision and developing music provision more generally in their care homes as unattainable because of insufficient funds.

Overall, these findings suggest inefficiencies in current organisational resources and processes for financing music services within UK care home companies, which adversely affects the provision of these services and the professional groups involved, namely care staff. Garrido et al.'s (2018) research within Australia provides one of the only studies that explored care staff's perspectives and experiences of music provision within care homes. In similarity to the aforementioned findings from care staff within this thesis, care home staff within this study also reported that the main barrier to music use was the "high cost" of hiring musicians and "a lack of funding to do so" (Garrido et al., 2018, p. 9). This deficiency in available finances consequently meant that their care homes could only afford to hire musicians once or twice a month (Garrido et al., 2018). Taken together, these findings suggest that financing music in care homes is beginning to be highlighted as a main problem for care staff supporting music provision within this context.

Also, the above-mentioned findings from this thesis raise questions as to how internal care home company practices may be improved to supply greater subsidy for care home music services and afford more positive experiences for care staff supporting the practical provision of these services. Noticeably, the care staff interviewed within this thesis offered only vague and momentary solutions for their live music financing issues, which largely centred on their care home company providing more funds to subsidise these services. However, as detailed in Chapter 1, private care home companies within the UK are currently experiencing adverse financial circumstances. Notably, high levels of debt balanced against smaller value assets, with these financial problems showing no sign of resolution in the near future (TSO, 2014).

This negative financial outlook presents an unfeasible basis on which to consider sourcing greater subsidy for music services from within private care home companies. However, potential proposals for procuring further company finances for these services are unapparent in research, beyond conjecturing that the cost of music services could be added to the overall fee cost for care home services paid for by residents (CMA, 2017), which may ensure a more frequent and continued provision of music services as part of resident care in UK care homes.

Extending these considerations of sourcing further subsidy for UK care home music services, it is worth noting that recent research has highlighted the successful impact of

seven-figure financial, philanthropic contributions from established foundations to support national dementia care initiatives in Ireland to help people with this condition live well and independently within local communities (Carney & O'Shea, 2018). However, the long-term sustainability of this philanthropic model of financial support for dementia care services was questioned due to foundations subsequently retiring from subsidising such socially concerned initiatives (Carney & O'Shea, 2018). Notwithstanding these potential limitations, such public-spirited subsidy may highlight a potential future model for financing care services for aged populations within the UK (Cochrane, McGilloway, Furlong, & Donnelly, 2013), which could reasonably include music services for care home residents, and those services provided by live music programmes (e.g., Live Music Now, 2019e).

Still, the fact that care staff voiced only brief solutions for addressing financial problems of live music service provision suggests that financing these services may be an issue that they perceive to lie beyond their immediate control to influence and improve. This consideration indicates a need for research to investigate how financing music services are perceived and experienced at higher corporate levels within care homes, namely amongst company staff and management, which are currently absent in research. Arguably, exploring these perspectives would help to provide a complete picture of the organisational processes and demands of financing live music service provision within care home companies alongside the perspectives of care staff documented within this thesis.

In summary, care staff's perspectives on financing music services in their care homes highlights this factor as a key issue in their professional support for the provision of these services. These findings suggest a need for improvements in how music services are subsidised within UK care homes. However, there remains scant insight from research on how to address and resolve these financial problems. Care staff's expressed need for greater financial support from their company also identifies care home corporate staff and management as a further key professional group supporting the provision of music services in UK care homes. However, their views on providing care home music services are undocumented in research, which presents scope for further investigation to provide a more complete understanding of their work to support live music service provision in their care homes, particularly with regard to financing these services and the potential development of this aspect of care home music service provision.

6.3.2.2 Musicians' Pay

Once again, drawing on the most relevant findings from this thesis, musicians expressed mixed views on remuneration for their work in care homes. Their views expressed dissatisfaction with their programme rates of pay, which were perceived to not accurately reflect the extent of their time working in care homes and the amount of unpaid work they carried out as part of their programme work within this context, alongside a perceived general financial undervaluing of musicians' care home work. However, the solutions musicians described for obtaining greater funds to subsidise their pay were vague and did not extend beyond finding further unnamed sources who would be willing to finance their care home work. Contrastingly, musicians also described accepting the pay they received from their programme without issue and reported a willingness to undertake freelance care home work for minimal remuneration or voluntarily. Furthermore, concerning care staff's views on musicians' remuneration, they expressed questionable expectations that local entertainers should work in care homes for reduced pay rates or unpaid. These expectations reflected care staff's misjudged views on the duration of local entertainers' session performance and unfounded expressed beliefs that musicians should take a charitable approach to providing their services for care homes or prioritise working in care homes for their intrinsic enjoyment of music over pay. However, care staff did describe occasions where local entertainers readily provided their services at a reduced cost or voluntarily.

Collectively, these findings highlight musicians' remuneration for care home work as a largely negative aspect of live music service provision in care homes for both musicians and care staff. Arguably, the markedly mixed views amongst these two professional groups on how much musicians should be paid and what aspects of their services should be included within their rates of pay suggests a need for research to provide more standardised quantification of musicians' remuneration mapped against all of the role duties they undertake as part of their care home work; particularly those duties that are currently unpaid, such as pre and post-session preparation time and administration work.

At present, research has highlighted the cost-effectiveness of varied applications of music across different dimensions of aged care settings. For instance, the cost-effectiveness of music interventions as compared to the daily cost of care for people with dementia living

in care homes (Bellelli, Raglio, & Trabucchi, 2012), the beneficial economic impact of recreational music-making to reduce mental and physical stress and improve mood amongst care home staff (Bittman, Bruhn, Stevens, Westengard, & Umbach, 2003) and the cost benefits of music therapy programmes in hospice patient care assessed against standard care costs (Romo & Gifford, 2007). However, such studies remain isolated and focused on the cost-related outcomes of music concerning patient care, with minimal consideration given to how the remuneration of the professional groups involved in providing music in aged care is calculated and subsidised (e.g., Gallagher, 2011).

Arguably, research that helps to produce more standardised pay rates for musicians' care home work may serve as an evidence-based means for them to assert their professional financial value and dissuade inclinations to offer and accept reduced or no pay for their care home work. Alongside this conjectured possibility, it is worth noting that as detailed in Chapter 1, musicians' employers within the UK hold reported expectations that this professional group should work for free or reduced rates (Van der Mass et al., 2012), which was equally apparent in the expectations of care staff employing musicians in care homes evidenced within this thesis. Therefore, with considerations of how to address such dubious expectations amongst musicians' employers being wholly absent in research (Van der Mass et al., 2012), it is also worth postulating whether research to promote standardised pay rates for musicians working in care homes may help to negate care staff's aforementioned questionable expectations towards musicians' remuneration and establish perceptions of their services as professional rather than voluntary occupations within care homes.

Corresponding to musicians' dissatisfaction on the unpaid work they carried out as part of their programme care home work, Preti & Welch (2012b) reported that musicians working in hospitals in Italy viewed finding time to practice repertoire and build new percussion instruments for their sessions as problematic. This was due to the fact that this pre-session preparation time was not remunerated or explicitly expected by their programme's association, which consequently meant that musicians had to "find their own motivations, time and resources" to incorporate this aspect of working in hospitals into their professional schedule (Preti & Welch, 2012b, p. 659). These findings suggest a potential dissociation in perceived expectations of remuneration and occupational duties between

live music programme management and musicians, which questions the need for research to also explore the perspectives of live music programme staff and management to shed light on how musicians' remuneration is determined for their programme work in care homes.

Adding to this discussion, the fact that musicians within this thesis expressed a dissatisfaction with their programme rates of pay in relation to their care home work duties coupled with an expressed belief in the general financial undervaluing of musicians' care home work questions the need to increase the pay musicians receive from their programme for care home work. As detailed in Chapter 1, UK musicians are currently experiencing unfortunate financial circumstances due to reductions in available finances to support their work within the music sector (Savage, 2018), which include low annual earnings of less than £10,000 from their work as musicians (Van der Mass, 2012). Similarly, UK arts organisations are also experiencing financial strain owing to decreases in public arts spending (Harvey, 2016), with a lack of clarity surrounding access to available funding pathways for arts in health and social care projects within the UK (Cameron & Sosinowicz, 2013).

Consequently, realising research-based proposals to increase musicians' programme remuneration in practice appear unfeasible given the apparent absence of funds amongst UK arts organisations. Equally, the possibility of care homes contributing to subsidising increases in musicians' pay for care home work alongside live music programmes is arguably unworkable in view of the adverse financial circumstances of UK care home companies (TSO, 2014), the limited funds available within the UK social care sector as detailed in Chapter 1 (Burns, 2019), and the lack of funds care homes have available to finance live music service provision as reported by care staff within this thesis. Therefore, it is worth considering whether alternative means for musicians' remuneration should be sought. For example, applying the aforementioned models of philanthropic subsidy documented within aged care to musicians' pay for care home work (Carney & O'Shea, 2018). Notably, such an approach is not too far removed from current methods of funding for live music programmes via monetary contributions from charitable and public bodies who choose to support UK arts projects (e.g., Live Music Now, 2019b), as detailed in Chapter 1, and thereby holds promise as a way to generate further funds to increase musicians' remuneration for care home work.

In closing summary, musicians' mixed views on their rates of pay coupled with care staff's questionable expectations on how much they should be paid for their care home work suggests a need for further research to help quantify musicians' remuneration balanced against all role duties they carry out as part of their care home work and the funds available within live music programmes and care homes. However, the broader financial strains that currently surround both the UK arts and social care sector cast uncertainty on whether such standardised rates for musicians may be realised in practice within the near future.

6.3.2.3 Musicians and care staff occupational support and development: How?

This third area of research investigation discusses the potential for further research to explore how to provide more occupational support and development for musicians and care staff involved with care home music services considering main findings from this thesis.

6.3.2.3.1 Musicians

Concerning musicians, research-based occupational support and development arguably centres on effectively managing their emotional health and wellbeing when working in care homes. Musicians interviewed as part of the work of this thesis expressed a largely adverse emotional impact from working in care homes, which was reported to arise from the following three areas: a loss of relationships with residents due to their decline in health and death and prescribed project programme closure as result of short-term funding, witnessing residents' personal strain due to symptoms and behaviours of their health conditions and the perceived high demands of care staff's jobs within care homes. Taken together, these findings highlight care home work as an emotionally poignant occupation for musicians given contextual factors encountered in this setting alongside the short-term nature of their work within individual care homes. Hence, these findings raise questions as to how musicians can be best supported to look after their occupational health and wellbeing from the outset of working within care homes.

McCabe et al. (2015), cautions against the adverse emotional impact on people participating in short-term funded arts projects. They reported that people with dementia,

their carers, musicians and artists from a professional opera company who took part in a creative music project in the UK experienced stress and sadness when the project ended, due to the time-limited nature of the project and no time being made available “for reflection and closure” amongst the aforementioned participant groups following the culmination of their final creative music performance as part of the project (McCabe et al., 2015, p. 746). To mitigate participants experiencing such adverse emotions following short-term arts project closure, the authors recommended building supportive processes within early project stages that would aid participants to meet independently external to designated project sessions that could be sustained during and after the project (McCabe et al., 2015).

Arguably, such supportive models of professional practice could be readily applied as part of live music programmes providing projects in care homes to lessen the adverse emotional impact musicians experience as a result of relationships with residents coming to an untimely end due to short-term project funding, as revealed within the findings of this thesis. More specifically, such practices could serve as a means to help musicians form and maintain these relationships throughout a project and after a project has finished. To realise these practices, musicians and live music programmes could work with care home staff to facilitate available time and logistical support for musicians to continue visiting residents following specified project sessions.

In similarity to the contextual factors of care home residents’ ill health and death negatively impacting on musicians’ emotional state, Preti & Welch (2012b) reported similar reactions described by musicians working on paediatric hospital wards in Italy. One musician reported experiencing “shock” in response to witnessing a child on a ward die while they were playing to them (Preti & Welch, 2012b, p. 655). This musician further stated that they did not receive any support from their programme and only some degree of support from a fellow musician whom they met while working in the hospital following this experience (Preti & Welch, 2012b). Another musician from this study who experienced a similar event while working in the same context was forced “to have a break from the hospital for a few months as she should bring herself to play anymore” (Preti & Welch, 2012b, p. 655). This musician expressed further doubts about continuing her hospital work due to the experience being “emotionally very difficult for her” (Preti & Welch, 2012b, p. 655).

Taken together, these findings present both care homes and hospitals as emotionally challenging contexts for musicians to work in because they are working directly with people who are close to death or dying. Additionally, the fact that musicians within this thesis reported emotionally poignant feelings in response to seeing residents' struggles with their adverse health status and perceived care staff to do a job that was demanding highlights care homes as personally and occupationally pressured environments for musicians to work in (Preti & Welch, 2012b). Furthermore, the above findings from Preti & Welch (2012b) shed light on the immediate and long-term adverse occupational effects of musicians experiencing emotionally marked events when working in healthcare settings. Such as the onset of intense emotional states while working and the need to take a professional leave of absence. Lastly, these findings further reveal a lack of explicitly informed coping mechanisms and channels of professional support available to musicians to manage the emotional impact of their work from the outset of their employment in healthcare settings (Preti & Welch, 2012b).

Given these findings, it is worth highlighting that though care staff consider experiencing resident death as a usual part of working in care homes (Marcella & Kelly, 2015), these experiences also produce a negative emotional impact on members of this professional group (Marcella & Kelley, 2015). Specifically, care staff experience feelings of grief at the loss of relationships formed with residents who have died (Marcella & Kelley, 2015). However, within the UK, there is currently a lack of formalised training and practical support for care home staff who are emotionally affected by residents' deaths (Learner, 2016; Vandrevalla, n.d.), with their experiences of grief and loss remaining overlooked due to an apparent disregard of the emotional bonds care staff can form with residents as part of their professional working relationship (Learner, 2016).

The absence of professional support for UK care home staff within this area has led to care sector recommendations for care homes to allow staff time to reflect and deal with their feelings of bereavement and talk openly with colleagues about their emotions concerning residents' deaths (Learner, 2016). Arguably, this current lack of professional support for UK care home staff negates the potential for musicians to seek guidance from care home staff on how to manage similar negative emotions as a result of a loss of relationships due to residents' deaths. Furthermore, research on the occupational health of

performing musicians largely centres on exploring their physical health issues (Baadjou, Roussel, Verbunt, Smeets & De Bei, 2016), or broader factors associated with music performers' occupational stress, such as professional competition and criticism (Vervainioti & Alexopoulos, 2015). Therefore, this body of research also highlights a lack of evidence-based recommendations to consider how to address the emotional impact of care home work for performing musicians and their occupational health and wellbeing.

However, further relevant findings from musicians within this thesis revealed three coping mechanisms they adopted to manage their adverse emotional demands of care home work: talking to colleagues and family, reasoning their negative emotional experiences in care homes against those that were more positive, and emotionally and mentally detaching from the care home context during and immediately after sessions. In some similarity to these three coping mechanisms, the aforementioned study by Preti & Welch (2012b) reported musicians in hospitals talking to colleagues about their negative emotional experiences, albeit as a result of opportune encounters with one another, and focusing on more positive aspects of working in hospitals to overlook negative experiences, such as the intensity of the relationships they formed with patients (Preti & Welch, 2012b). Still, the authors concluded that the musicians did not appear to be "provided with any space to verbalize their experiences, neither by their professional association nor by the hospital and, ultimately nor by themselves" (Preti & Welch, 2012b, p. 658).

Correspondingly, the aforementioned strategies adopted by musicians in this thesis appeared self-devised and initiated at individual levels, as none of them reported carrying out these strategies as a result of formalised training from their programme or interactions with care staff on how to manage their occupational health and wellbeing when working in care homes. More concerningly, these findings question the extent to which live music programmes are aware of the adverse emotional impact musicians experience as part of their care home work, while simultaneously highlighting potential approaches to implement within these programmes that explicitly train musicians to manage their emotional responses to working in care homes.

Still, given that the musicians interviewed within this thesis did not explicitly report more long-term effects as a result of the adverse emotional impact of care home work, such as having to stop working within this context (Preti & Welch, 2012b), it is possible to

postulate that the coping mechanisms they adopted may be considered somewhat effective in managing the adverse emotional impact of their care home work. However, the fact that all musicians spoke at length about the largely adverse emotional impact of their care home work, alongside two musicians being visibly brought to tears in their interviews as a result of talking about the adverse emotional impact they experienced through working in care homes suggests a timely need for research to help address this ongoing issue for musicians before any longer-term occupational problems do become apparent (Preti & Welch, 2012b). For example, researchers holding focus groups with other music and care professionals working in care homes, such as music therapists and nurses, to explore any adverse emotional demands that they experience working within this setting and strategies for coping with these demands that they would recommend for musicians working in care homes.

In closing summary, musicians reportedly experience a largely adverse emotional impact through working in care homes, which mainly reflects organisational and contextual features of their work within this setting. This adverse emotional impact has also been documented amongst musicians working in hospitals, which suggests this occupational demand may be indicative of musicians working across different health and social care settings. However, there remain minimal research and practice-based recommendations to inform how musicians can be best supported to manage this adverse emotional impact from the outset of their care home work; with findings from this thesis highlighting a need for closer professional working between researchers, musicians and their programmes to promote greater awareness of this negative occupational demand and potentially develop broader realisations of musicians' self-devised coping mechanisms at organisational levels.

6.3.2.3.2 Care Staff

Concerning occupational support and development for care staff, findings from care staff interviewed within this thesis revealed a continuum of music application within their care homes, that reportedly ranged from care staff using music as part of resident activities and daily care practices. Also, they viewed this engagement with music to be a natural part of their role and considered the use of music in their care homes to hold general therapeutic benefits for residents. Taken together, these findings question the pervasiveness of music use by care staff in care homes across the UK and the varied ways in which they engage with music as part of the care services they provide for residents. Furthermore, awareness of such varied applications of music use as part of care staff roles in UK care homes remains unclear at broader levels of public visibility within and external to the care home sector.

Hence, such considerations show promise for further of in-depth ethnographic and interview-based investigation to document the, potentially varied, ways in which they use music as part of resident care services throughout UK care homes. Reasonably, this form of research enquiry could serve as an evidence-based means through which to promote greater knowledge of how music forms part of the care services provided by care homes at more general levels of society and also supplement the creation of recommendations for practice that promote the continued development of music use amongst care home staff across UK care homes.

6.3.2.4 Shared professional working on music service provision for musicians and care staff: Approach?

This fourth and final area of further research investigation concerns the potential to approach music service provision in care homes as a multi-professional trained and delivered collaborative practice that affords the continued professional development of involvement with care home music services for key professional groups involved. Collectively, the main findings from musicians and care staff within this thesis on their collaborative working and training for music provision in care homes present mixed considerations on how to approach the future provision of these services as a multi-

professional trained and delivered practice. Musicians' descriptions of their programme training revealed approaches that were primarily facilitated through attending workshops delivered by music practitioners specialising in care home work and care workers with professional knowledge of care home residents' health conditions, namely dementia. Such training approaches arguably highlight the essential nature of involving both music and care sector workers in musicians' care home training to inform their understanding of how to work within this context across the two central facets of this work: music and aged care.

However, musicians also stated that their training could be improved through more opportunities to share experiences of their care home performance practice with programme colleagues. This finding indicates an absence of established internal channels of communication and collaborative working for musicians' care home work within live music programmes, which queries the general degree of continued development surrounding the provision of musicians' services within these programmes. Moreover, the five musicians who reported no formalised programme training for their care home work expressed a want for training akin to the above-mentioned approaches provided by other musicians' programmes.

As noted in Chapter 2, this finding suggests a degree of exclusivity surrounding access to training for musicians in care homes contingent on their programme membership (e.g., Live Music Now, 2019d), and also questions whether musicians' training for care home work should be provided beyond the remit of individual programmes to afford greater accessibility to training amongst musicians working within this context. For example; periodically providing the aforementioned programme workshops with music and care specialists on a more independent basis situated within care homes and promoting the availability of these workshops at national levels to all UK musicians who want to work within this setting regardless of the professional memberships they hold.

Musicians' elaborations on their programmes' training for care staff centred on enabling them to continue providing live music sessions for their residents beyond those provided by musicians. This continuation was primarily facilitated through workshops with musicians to teach care staff how to maintain their session work and audio and visual resource packages devised by the live music programmes. This finding adds to the research detailed in Chapter 2 that is beginning to outline how professional collaboration as part of

live music services in aged care settings may be supplemented (Overy & Forde, 2014), with novel emphasis here on collaborative working between musicians and care staff to inform the long-term continuation of these services, as opposed to active session delivery (Overy & Forde, 2014).

However, this finding again highlights a degree of exclusivity surrounding live music service training for care staff contingent on their affiliation with live music programmes, as also noted in Chapter 2 (Wigmore Hall, 2019). Once more, it is worth bearing in mind that none of the care staff interviewed within Chapter 5 reported awareness of live music programmes as a form of live music service provision in care homes with no further mention of music training experiences with these programmes. Therefore, it is possible to suggest a need for live music service training for care staff to be promoted across the entire UK care home sector beyond the remit of live music programmes to supplement more widespread and inclusive engagement with live music training amongst care staff. However, as discussed in Chapter 2, the current lack of sufficient training for care home workers across UK care home providers questions the efficacy of realising more comprehensive live music training approaches for care home staff (Carter, 2015). Moreover, realising care staff live music service training may be further problematised given musicians' reporting apparent organisational issues for care staff to attend training provided by their programmes, such as time availability, financing and role demands.

Contrastingly, it is worth considering that musicians and care staff also negated the idea of formalised training for live music in care homes that were reasoned on expressed beliefs of music as an experientially learned practice. As described in Chapter 2, McCabe et al., (2015) reported that participation in a community-based creative musical opera project for people with dementia promoted experience-based learning about this condition amongst musicians and singers, and conversely a learned understanding of opera and singing amongst the people with dementia and family caregivers over the course of the project. Together, these findings cast uncertainty on the degree to which formalised training approaches may be required to support live music service provision in care homes.

Furthermore, viewing music as an experientially learned practice for musicians and care staff is entirely reasonable given that musicians perceive their development of professional skills and experiences as a "lifelong learning" process that is largely carried out

“on the job” throughout their careers, as oppose to concluding after attaining formalised qualifications or completing educational music programmes (Throsby & Zednki, 2010, p. 28; Smilde, 2008). Also, music has been documented to be a pervasive part of everyday human life (DeNora, 2000), and is something that people engage in and experience over the life course as a result of a variety of temporal and personal factors. For example, location, group membership, time of day (North, Hargreaves & Hargreaves, 2004), mood, relationships, identity (Hargreaves & North, 1999) and health status (Batt-Rawden, DeNora, & Ruud, 2009).

Collectively, the generally mixed findings surrounding approaches to care home music training for involved professional groups discussed above suggests a need for more focused research investigation to explore conceptualisations of training for care home music services amongst involved professional groups. Gathering these practitioner-based insights could inform trialled research studies that simulate these wanted training approaches and are subject to reflective interviews with involved professionals on their opinions and experiences of these devised training approaches. Accordingly, it is possible to conjecture that findings from such investigations would guide the creation of care home music training approaches tailored to the methods preferred by involved professionals given their occupational roles, demands and experiences.

However, considering further main findings from the work of this thesis, it is possible to suggest that training for musicians and care staff may be better conceived as collaborative working to realise collective professional wants and experiences relating to live music provision in care homes than the formal provision of training workshops. Notably, findings from this thesis also presented ideas from both musicians and care staff for future training on live music in care homes that expressed a clear want to develop care staff’s practical musicianship, such as learning songs and musical instruments. Furthermore, both musicians and care staff expressed a want to communicate with one another and for musicians to visit care homes to inform their expectations of care home life, residents’ conditions and their music engagement before working within this context. Together, these findings imply a willingness amongst musicians and care staff towards greater collaborative working to support the provision of live music services and live music more generally within care homes.

Primarily, this collaborative working appeared to be envisaged through basic communication between these professional groups and preparatory care home visits, which further suggests that more formalised approach to musicians' and care staff's training for music provision may be somewhat premature. Adding to this point, it is worth bearing in mind that observations from Chapter 3 highlighted a lack of communication between care staff and musicians when actively providing live music sessions, which casts uncertainty on the degree to which collaborative working is promoted by live music programmes as an explicit role duty of musicians' work in care homes. Furthermore, these findings present promising ideas through which to advance the need for greater "connectedness" and communication amongst professional groups involved with live music provision in care homes (McDermott et al., 2014, p. 715; Garabedian, 2019); and mitigate the potential for dissociated role approaches and expectations encountered as part of multi-professional live music provision within this setting, as discussed in Chapter 2 (Chatterton et al., 2010; Lai et al., 2016).

As a final point within this discussion, care staff's expressed want to better understand the beneficial impact of music use in resident care and receive training on how to delivery music therapy practices as part of resident care extends possibilities of multi-professional collaborative working as part of live music services in UK care homes to include the professional group of music therapists. Within the UK, music therapists are trained allied health professionals registered with the Health and Care Professionals Council that holds a master's degree in music therapy and possess high levels of musicianship (British Association for Music Therapy, 2017a). There are approximately 800 registered music therapists currently working within the UK who "use music to help their clients achieve therapeutic goals through the development of the musical and therapeutic relationship" (BAMT, 2017b para 5). Music therapists can work in a range of community, educational, health and social care settings, such as prisons, hospices and care homes, and often form part of a multidisciplinary team alongside other professional therapists, clinicians and social workers (BAMT, 2017b). As described in Chapter 2, research has already begun to document the beneficial impact of music therapists working with different health and social care professionals to improve care-based interactions and overall care quality of people receiving care services (Melhuish et al., 2015; Lagesen, 2014).

Therefore, the findings from musicians and care staff on their future ideas for live music training in care homes highlight promising areas of music and care-based learning through which to promote collaborative working amongst these two professional groups that is primarily facilitated through greater shared communication and further care home visits by musicians. Additionally, care staff's want for music therapy training extends possibilities for collaborative working on live music services in care homes to include music therapists and develop care staff's acquired understanding and delivery of their practices as part of resident care. Taken together, these findings present opportunities for further research studies to document strategies for potentially realising better communication, more frequent service provision and the involvement of more professional groups for care home music services through in direct partnership with care staff, musicians and music therapists working within this setting. Arguably, such practice-centred approaches to research investigation would help to advance care home music service provision as homes as a multi-professional collaborative practice that is learned, developed and realised from within this context.

6.4 Developing a Continuum of Practice

As a final conceptual summary, Figure 15 below presents the third part of the model of care home music services detailed in Figure 12 above.

In Practice
<ul style="list-style-type: none"> • A continuum of music and care professionals e.g., musicians, care home staff, music therapists • ...Providing a continuum of music services e.g., music therapy, interactive music performance, entertainment, background listening • ...Promoting a continuum of functions e.g., therapy, activity, aid to daily care practices.

Figure 15: The third part of the visual representation of a continuum-based approach to music service provision in UK care homes established through collaborative, evidence-based research investigation detailed in Figure 12 above.

Following on from the preceding theoretical discussion, it is worth postulating the potential for impact on care home music service provision practices that could hopefully result from evidence-based research investigation on the aforementioned topical areas. Firstly, developing the collaborative working of professional groups involved in care home music service provision may lead to more comprehensive engagement from music and care professionals that promotes a continuum of shared professional involvement with care home music services amongst all professional groups working within and visiting these settings. This continuum of professionals could range from; music therapists and professional musicians and voluntary musicians, through to all care home staff roles, such as care staff, administrators and domestic duty staff and visiting professionals such as general practitioners, dentists, hairdressers and gardeners. Secondly, this comprehensive degree of professional involvement with music in care homes would be seen to provide a continuum of music services that are varied in nature, ranging from the provision of clinical music therapy services provided by music therapists through to care home staff and visiting professionals putting music on via music playing devices for residents or engaging with them in informal music discussions and singalongs.

Lastly, this comprehensive and heterogeneous range of engagement with music service provision in care homes from a variety of professionals may afford a continuum of functions as part of care home life, analogous to the continuum of application revealed amongst care staff within the findings of this thesis. From the provision of music therapy through to music as an activity in the background and foreground of resident's daily lives, as well as the use of music services as an adjunctive aid to the staff role duties that form part of the daily provision of care for residents. Furthermore, such a continuum of music professionals, services and functions would ideally be supported by sufficient financial and occupational resources to supplement the regular provision, appropriate remuneration and professional development of all groups involved with this continuum, as discussed concerning musicians and care staff within the second part of this model presented above;

In closing, though the model for UK care home music services presented in this discussion remains entirely abstract, it is intended to outline a new framework to ultimately help to advance the provision of music services in UK care homes. This proposed framework places researchers and research at the centre of care home music provision, with the aim of

this evidence-based enquiry to promote effective music practices that are currently happening in UK care homes within and external to this setting and address issues of music service provision for all populations involved in the delivery and receipt of these services. While the model outlined above may be queried for lacking sufficient detail on specific methods of research investigation, and the practicalities of carrying out this approach to music service provision within UK care home settings, it is hoped that such considerations can serve as starting points for further research to begin work on practically realising this future model of music service provision for all UK care homes.

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Appendices

Appendix 1: Care home live music session observation project interview schedule for musician duos

Interview Schedule for Musician Duos

Thank you for agreeing to answer a few questions for me. I am part of the Music and Wellbeing group at the University of Sheffield, and we are researching the effects of live music in residential care environments. I am interested to hear your experiences – they will help us to find out how live music impacts on different people and how these kinds of services might be developed in the future. Finally, before we start – have I got your permission to audio record this interview? You will remain completely anonymous. I would like to record because then I can then listen to what you are saying instead of having to write everything down.

Thank you!

1) First, can you please describe to me some of the effects on residents you see during the music sessions?

- Behaviour?
- Orientation/ attention?
- Memory effects (reminiscence)?
- Small or big changes?
- How do things change moment to moment?
- How do the changes vary depending on what you play or how you interact?

2) How do the sessions impact on you personally?

- How do you feel before a session begins?
- How do you feel once a session is over?
- How do you feel about performing in a care home compared to your more typical performance settings?

- How do your experiences impact on your musical development? (e.g. performance skills?)
- Is there any effect on the kind of music you like to play in general?
- How does taking part influence your self-identity as a musician?

Our project is funded for at least 3 years. We are interested in looking at the future of music sessions in residential care. With this in mind...

3) In your opinion, what if any aspects of music sessions, or 'interventions', might be altered in the future?

- Frequency or length of sessions?
- Logistics of the sessions (e.g. how things are arranged and positioned)?
- Why?
- What makes for a good session in your opinion?
- How did you prepare for these sessions before starting?
- Would you have any recommendations for fellow musicians on how to approach preparation?

4) Is there anything you would like to add about the music sessions that you have not yet said?

- Issue of dealing with disruption?

Appendix 2: Care home live music session observation project interview schedule for care staff

Interview Schedule for Care Staff

Thank you for agreeing to answer a few questions for me. I am part of the Music and Wellbeing group at the University of Sheffield, and we are researching the effects of live music in residential care environments. I am interested to hear your experiences – they will help us to find out how live music impacts on different people and how these kinds of services might be developed in the future. Finally, before we start – have I got your permission to audio record this interview? You will remain completely anonymous. I would like to record because then I can then listen to what you are saying instead of having to write everything down.

Thank you!

1) First, can you please describe to me some of the effects on residents you see during the music sessions?

- Behaviour?
- Orientation/ attention?
- Memory effects (reminiscence)?
- Small or big changes?
- How do things change moment to moment?

- How do the changes compare to a person's demeanor before the session?
- How about afterwards? How long do changes persist?
- Have you observed any consistent patterns about how people with different types of dementia (dementia symptoms) react to the music?

2) How do the sessions impact on you personally?

- How do you feel before a session begins?
- How do you feel once a session is over?
- How do the music sessions impact on your interaction with the residents?
- Have these sessions changed your ideas about dementia?
- Have these sessions influenced your feelings about the use of live music in dementia care environments?

Our project is funded for at least 3 years. We are interested in looking at the future of music sessions in residential care. With this in mind...

3) In your opinion, what if any aspects of music sessions, 'interventions', might be altered in the future?

- Frequency or length of sessions?
- Logistics of the sessions (e.g. how things are arranged and positioned)?
- Why?

- What makes for a good session in your opinion?
- In what ways might training/ awareness about what to expect from music sessions in care homes be useful for staff in general?

4) Is there anything you would like to add about the music sessions that you have not yet said?

- Issue of dealing with disruption in the audience?

Appendix 3: An example of this thesis author's own observation notes from the care home live music session observation project

Session 1:

07/05/2015. 4pm-5pm. Musicians: Soprano and Pianist

Observations:

Pre-session – carers help residents into performance room/space, help them look forward to music session (anticipation/excitement of 'going to a concert'?)

Musicians greet residents asking each resident their name (engagement on an individual level)

Soprano – 360 degree flexible/informal performance space, no set boundaries/divide between residents and musicians, moves to residents and speaks to them individually through the music (moving through the audience reminiscent of jazz singers in the 1940s/50s? And promoting music engagement at an individual level)

Humor/jokes from musicians between songs, about the songs, about the musician's abilities, what the musicians are doing etc., (keep the atmosphere of the session light and enjoyable for residents?)

Resident continuum of music involvement (dependent on abilities?) i.e., from sat watching musicians and tapping through to getting up and dancing with musicians, carers, and SH volunteer

SH Volunteer – supportive partner in engaging residents musically ('an understudy musician')

Carers taking photos on iPad during session ('capturing the musical moments')

Carers providing drinks for residents (primary caring for residents needs during activity, but also reminiscent of concert interval/refreshments?)

Carers loading dishwasher/filling out paperwork during session (prevailing context is still a care environment)

Carers and musicians extremely supportive of resident's individual achievements brought about through musical engagement e.g., 92-year-old resident getting up and out of their wheelchair to have a dance with a carer during a song

Post-Session – Carers encourage individual resident to sing 'their song' to the musicians.

'Role switch' – 'resident as performer'. Reciprocal musical offerings i.e., residents show that they not only engage in music provided for them but can make music themselves.

Pianist takes up residents musical offering and provides spontaneous musical accompaniment to song (highlights high level of musical skill)

(This whole episode again individual achievement for a resident through musical engagement – singing a song to others)

Post-Session musical engagement, encouragement and recall ('did you enjoy that?', 'did you like those songs?') largely generated through carers. Carers want to 'keep the music going' for residents (Carers 'musical cheerleaders' pre, post, and during SH sessions)

Nature of songs included in performer's programme:

Songs from the shows: Do, Re, Mi ('Action Song' for residents), Favourite Things, Wouldn't it be Lovely?, I Could Have Danced All Night

Rhythmic Numbers: (with residents using percussion instruments): Hornpipe, What shall we do with a drunken sailor? She'll be coming 'round the mountain

Elvis Presley Songs (x2 – Falling in Love with You?)

Doris Day Songs (x2 – Que Sera Sera, ?)

Folk Songs (x2?)

Songs on the theme of 'smiling' (adaptation of resident's request in light of performers unable to perform the song they requested)

Alphabet Song

Cockles and Muscles

What a Wonderful World

A Nightingale Sang in Berkeley Square

N.B. Element of narrative (i.e., 'story within or behind') in some of the songs:

Performers introduce 'Favourite Things' after describing to the residents how they got to know each other – through learning about each other's 'favourite things'

Soprano connects songs from My Fair Lady (Wouldn't it be Lovely?, I Could Have Danced all Night) through providing the context surrounding the songs in the musical itself.

Pianist introduces Alphabet Song through link to popular culture residents will recognise – A famous Morcambe & Wise sketch with Angela Rippon ('never got past 'A(ye)')

Fluctuation/ebb and flow in the mood of the musical programme i.e., fast, slow, happy, sad, dance numbers etc., 'balanced programme for resident engagement'

Negative: Soprano asking residents to perform actions with the songs 'I want everyone to do this' (just a little strong? i.e., more careful thinking regarding respect for residents abilities....not all residents will be able to perform the actions suggested by musicians...small choice of words...may negatively affect residents... 'oh I can't do that?')

Appendix 4: A researcher designed e-participant recruitment invitation for musicians working in care homes

Dear Sir or Madam:

My name is Jessica Crich and I am a PhD student in the Department of Music at the University of Sheffield. My research explores the perspectives and experiences of key professional groups that help to provide live music in care homes, and I would really like your help.

My research has shown that very little is known about the particular demographic of professional musicians who work in care homes and their perspectives remain largely undocumented and underrepresented in existing research on music and healthcare.

Therefore, as part of my research I am keen to explore the work of musicians in care homes and gain insight into their professional practice.

So, when I spoke to your [Delete as appropriate - Manager/Branch Director/Organiser] earlier this month a selection of you were suggested as individuals who may have an interest in my project in light of your work in care homes, which is why I am contacting you now.

If you choose to take part in my study you will be invited to answer a series of questions based on your own perspectives and experiences of working in care homes. The interview should take around one hour. The interview will be audio recorded, but you personally will not be identified in any future reports or publications that may arise from the project and your data file will be anonymised for storage.

It is hoped that the information collected from this project will help to provide a deeper understanding of professional musicians who work in care homes and support future training and education.

If you are interested in taking part you can respond to me directly from this email at [insert email address] to discuss a date, time and mutually convenient public location at which your interview could take place with me.

Additionally, please do not hesitate to contact me if you have any questions about the project or your participation, I would be more than happy to answer them.

Thank you for taking the time to read this email and I hope to hear from you soon.

Kindest regards,

Jessica

Appendix 5: A researcher designed information sheet for musicians working in care homes



Music to one's care: exploring the work of performing musicians in care homes

Thank you for your interest in this project, which is researching the perspectives and experiences of musicians that work in care homes. It is hoped that the information collected from this project will help to provide a deeper understanding of professional musicians who work in care homes and support future training and education. The project is expected to run from December 2016 to June 2017.

When we spoke to the [Delete as appropriate - Manager/Branch Director/Organiser] in [Insert Date] you and around [Insert Number] other musicians were selected as individuals who may have an interest in this project in light of your work in care homes.

If you choose to take part you will be invited to answer a series of questions based on your own perspectives and experiences of working in care homes. The interview should take around one hour. The interview will be audio recorded, but you personally will not be identified in any future reports or publications that may arise from the project and your data file will be anonymised for storage. [Insert Programme Name] will be identified as our partner organisation. In publications we may quote from your interview to evidence our findings, but we will always preserve your anonymity.

You are free to withdraw from the study at any time without any consequence, and equally, should you wish to refrain from answering a particular question in the interview, you are free to do so. If you have any questions about the research, how your responses will be used, or anything else, please do not hesitate to ask. If you are happy with the information you have read, please read and sign the consent form overleaf. Thank you

[insert email] (Jessica Crich, Lead researcher) [insert email] (Dr Victoria Williamson,
Research Project Supervisor)

If at any point you have queries relating to the research that you prefer were directed
higher management, please contact Professor Stephanie Pitts (Head of the Department of
Music) at: [insert email] Date:

To be signed and dated in presence of the participant

Copies:

Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the letter/pre-written script/information sheet and any other written information provided to the participants. A copy of the signed and dated consent form should be placed in the project's main record (e.g. a site file), which must be kept in a secure location.

Appendix 7: A researcher designed interview schedule for musicians working in care homes

Interview schedule for musicians

Thank you for agreeing to answer a few questions for me. I am part of the Music and Wellbeing group at the University of Sheffield, and I am researching the perspectives of musicians that provide music in care homes. Therefore, I am interested to hear your experiences – they will help me to find out more about the group of professional musicians that work in the particular context of care homes. Finally, before we start – have I got your permission to audio record this interview? You will remain completely anonymous. I would like to record because then I can listen to what you are saying instead of having to write everything down.

Demographic questions

- What is your instrument?
- How long (approx.) have you been working at [enter organisation name]?
- How long (approx.) have you been working in care homes?
- Describe your occupational music background; what kind of music-based work have you done?

1) First, can you please share with me some of your thoughts and experiences of what it is like to work as a performing musician in care homes?

- Frequency of care home visits?
- Best and/or worst thing about working in care homes?
- Why decide to work in care homes?
- Why continue to work in care homes?
- Demands of working in care homes?...Physically and/or emotionally demanding job?
- Aims and/or outcomes of your work in care homes?
- Feedback on your work in care homes?

- Areas of care home work for future professional development?

2) As a performing musician in care homes, how do you find working with care homes and care home staff?

- How do you communicate with care homes?... Effective?...Information exchanged?...Point of contact?
- Do you interact with care home staff?...How/What ways?...About?...Music sessions?...Effective?
- Do you ever document your experiences with care homes/staff or talk about it with other musicians?...What ways?
- Do you encourage staff participation?... How/What ways?
- How would you describe your relationship with care homes/care home staff?
- In general, do you see any ways in which the relationships between musicians and care staff could be improved in the future? Is it necessary?

3) In your opinion, what sort of training should a musician have or be offered if they want to work in care homes?

- Did you have any training before you started working in care homes?
- Was this training specifically for musicians working in care homes?
- How was this training organised?
- What did you think of this training?
- In terms of the training that you think musicians should receive, do you have any opinions on how it could be best communicated/delivered?
- What training, if any, do you think would be appropriate for care homes and care home staff on your work in care homes?...How should this training be organised?

4) Is there anything you would like to add about your work as a musician working in care homes that you have not yet said?

- What are your thoughts on the use of live music in care homes, particularly for people with dementia, as compared to other forms of music such as radio or music playing devices?
- Based on your experiences, how would you describe the ways in which music is viewed or used in care homes?
- How would you describe your style of performance in care homes?
- When you are in a care home, do you feel as though you are doing something in addition to your playing?
- Working individually compared to with another musician? Affects on work/performance in care homes?

Appendix 8: A researcher designed visual example of how a theme was created as part of the application of the Braun & Clarke (2006) data analysis protocol to the empirical data collected as part of this thesis, namely, musicians' and care staff's perceived experiences of live music service provision in UK care homes.

Note for reading this appendix: This appendix presents a worked visual example of the creation of a theme following the thematic data analysis protocol based on Braun & Clarke (2006). This theme was reported as part of the main findings from Chapter 4 on musicians' perceived experiences of care home live music service provision, namely, the theme of Emotional Impact. This particular theme was selected by the thesis author to use as an example for this appendix simply because it was their personal favourite theme to emerge from the analysis of all empirical thesis data. In what follows, each action contained within each stage of the applied Braun & Clarke (2006) thematic data analysis protocol is stated in turn (as presented in Figure 1, see Chapter 4, p.) and evidenced through a described visual example of each action that led to the creation of this example theme. Where it was not deemed feasible to provide a visual example of a particular action, the action is stated and followed by a brief, reflective written description of the thesis author's own experiences of carrying out this action, which are presented in italicised font.

Stage 1 of thematic analysis protocol

Action 1: Ad verbatim transcription of all interviews via Microsoft Word processor programme.

Example: An excerpt from the written ad verbatim transcriptions of all audio recorded interviews with musicians.

"I think you encounter some people who are quite frightened, especially if you go into their home, especially if they have dementia or something and they do not quite understand why you are there that can be, it affects you because it is hard to see someone struggle I guess, and also like I say, when it does not move them positively that can also be very emotional."

[Alastair, Pr1]

Action 2: All transcribed interviews were then verified against the original audio recordings for accuracy through simultaneously reading the transcripts whilst listening to the original audio recordings.

Example: A brief, reflective written description of the thesis author's own experiences carrying out this action.

Verifying the accuracy of the ad verbatim interview transcriptions comprised of listening to the audio recordings of each interview via VLC media player software through headphones on the thesis author's own computer. The thesis author simultaneously listened to each audio recorded interview and read each word of the ad verbatim interview transcription (transcribed to a Microsoft Word document that contained all of the transcriptions) as it was being played back to them. Any errors in word usage, word order or spelling in the transcriptions were amended, with amended segments of the audio recordings replayed to ensure complete accuracy in transcription.

Action 3: All transcripts were read at least four times, with manual notes of initial ideas for meanings, patterns and coding to refer to throughout analysis via Microsoft Word.

Example: A brief, reflective description of the thesis author's transcript reading followed by an example of a written note identifying an initial idea from the musicians' transcripts.

Repeated reading of the interview transcripts involved the thesis author reading the entire Microsoft Word document which contained the transcripts from start to finish, thereby reading each transcript once, and then carrying out this reading process again from the start to the finish of the document and subsequently repeating this reading process at least twice more.

Bad things about working in care homes? - Emotional impact – ups and downs of relationships, walking away, closure...negative influence of provision one off sessions & projects.

Action 4: To ensure analysis remained central to the study research questions, all transcripts were then organised for coding through the three study research questions on musicians' perceived occupational factors, collaborative working and training of care home live music service provision using Microsoft Word. These organised transcripts were then uploaded to NVivo in preparation for coding.

Example: With regard to this example, it should be noted that for the sake of brevity, the following shorthand terms were used to refer to study research questions when organising the transcripts for coding.

1. What are the occupational factors that form part of the work of musicians in care homes?
Referred to as PERSPECTIVES
2. In what ways do musicians work together with care home staff to facilitate live music sessions? Referred to as DYNAMICS
3. What methods of training are available for musicians working in care homes? How do musicians view training as part of their care home work? Referred to as TRAINING

Therefore, an example of visual organisation of the musicians' interview transcripts through the study research questions for coding looked as follows:

INTERVIEW 2 PERSPECTIVES

"...We did a project, not this one but the last one I did we were not in care homes, but we were in a community centre and it was people who had dementia with their partners, and they would come in and that was a wonderful project. Then we started this project and I walked into this care home and one of the ladies from that with dementia was in the care home, her partner had died, and you know, that sort of thing is just emotionally incredible. And because I have got that connection I feel like I have known her quite a long time."

Stage 2 of thematic analysis protocol

Action 1: Line by line coding across the three research question data sets via NVivo12 data analysis software. This coding generated a list of initial codes. These initial codes served as

starting points for identifying repeated patterns in the data set that could potentially be realised as themes.

Example: A screen shot showing a list of initial codes generated from line by line coding via NVivo12, including the first emergence of coded data extracts relating to the emotional impact of care home work on musicians.

- ▶ ● Aims & Outcomes
- ▶ ● Awareness, access & provision
- ▶ ● Best Thing(s)
- ▶ ● Compared to schools
- ▶ ● Creating networks
- ▶ ● Funding & Research
- ▶ ● Live music
- ▶ ● Mental Demands
- ▶ ● Musician's Learning
- ▶ ● Other healthcare settings-organisations-freelance
- ▶ ● Performer(ance) Demands
- ▶ ● Physical Demands
- ▶ ● Physically & mentally & emotionally demanding - s
- ▶ ● Research
- ▶ ● Style of Performance

Action 2: Codes identified data content deemed interesting to the researcher in three main ways; topical nature of interview responses (e.g., role demands), the language participants used to convey their responses (i.e., adjectives, metaphors) and the length of participants' interview responses.

Example: A screen shot showing a coded data extract that was deemed interesting to the researcher because of the topical nature of the extract, namely, the emotional impact of care home work on musicians. The coded data extract shown below was particularly memorable to the thesis author as it candidly conveyed a musician's experiences on how

the emotional impact of working in care homes negatively impacted on how they felt, specifically, the death of residents.

Reference 8: 0.13% coverage

it is difficult when you lose somebody that you lose somebody during a fifteen week project and then suddenly they are not there that is really difficult as well.

Stage 3 of thematic analysis protocol

Action 1: Trying out how codes could be grouped via NVivo12 codes to form overarching themes and relationships between theme levels, termed main themes and sub-themes.

Example: A screen shot showing the trying out of code groups for the emotional impact of care home work for musicians collected in NVivo12.

- ▼ ● (Phase 3) Emotional Impact
 - Adverse reactions to-for musicians
 - ▼ ● Care home setting
 - Environment
 - Residents
 - Staff
 - ▼ ● Coping
 - Perceptions
 - Personal Investment (Positive and Neg)
 - Strategies & Mechanisms
 - ▼ ● Evolving and devolving relationships
 - Devolving Relationships (Negative)
 - Evolving Relationships (Negative)
 - Evolving Relationships (Positive)

Action 2: The trying out of code groups resulting in a collection of initial main themes and sub-themes.

Example: A screen shot of the initial main themes and sub-themes for the emotional impact of care home work for musicians collected in NVivo12.

- ▼ ● Emotional Impact
 - Coping
 - Environment, residents, staff
 - Evolving and devolving relationships

Stage 4 of thematic analysis protocol

Action 1: Reviewing and refining themes to check the coherency of the created thematic patterns through repeated reading of the data extracts within each theme at least four times. Any incoherent thematic patterns were reworked to create new themes or disregarded from the analysis.

Example: A brief, reflective description of the thesis author's experience of reviewing and refining themes followed by a screen shot of a reworked theme with written commentary.

Reviewing and refining themes to check the coherency for thematic patterns involved repeated reading of the coded data extracts contained within the theme and respective sub-themes of Emotional Impact at least four times within NVivo12.

The screen shot below presents a data extract that was originally coded as part of the theme of Emotional Impact but was then reworked as an idea for the creation of a potentially new theme during the data analysis process. This reworking was conducted because the content of this coded extract was not deemed to be coherent to the topical theme of Emotional Impact as it covered multiple dimensions where musicians perceived their care home work was professionally demanding, namely, their mental and physical facets. It should be further noted that this newly created theme was subsequently disregarded from the overall analysis as there was a lack of evidence on this topic to form a coherent thematic pattern

Mental & physical impact

Reference 10: 0.14% coverage

Gosh, I think you have to be strong in all three areas because you are expected to be giving for the entire time you are running the session there is no downtime. You are always on the outside, turned outwards trying to elicit things and trying to keep the energy up so that is the I think the physical and to some extent the mental demands of it.

Action 2: Creation of a handwritten thematic visual map to test the appropriateness of theme topical content.

Example: A scanned copy of a handwritten thematic visual map created on the theme of Emotional Impact

Evolving & Developing relationships

- ↳ Best thing - people enjoy meet, 'exciting', 'amazing reactions', like increasing people's scores, so many obstacles, getting to know people on a really personal level
- ↳ Sad seeing people pass away through projects
- ↳ Walking away at the end of projects not getting to see 'where the story ends'
- ↳ Hard not to end of session / project knowing you are not going back
- ↳ Developing relationships with people that are inevitably going to die
- ↳ Emotionally demanding 'not knowing what you are getting or get'
- residents' decline in conduct/compatibility

Emotional Impact

Environment, residents, staff

- Staff - one not seeing people not have enough time to do their jobs - difficult to see people trying their best in really difficult circumstances
- Residents - emotionally poignant seeing people moved by music & positively moved
- Not wanted about what they say, difficult seeing someone who might be struggling, confused, frustrated, difficult to empathise with what residents might be feeling, difficult for musicians when residents may not have enough, seeing people increasingly frustrated, want in unmet needs, behaviour - professional
- Emotional - demands for musicians - being open to engagement & response to people
- Environment - Musically - seeing bringing people who are scoring energy - challenging interaction with people who are quite closed - very still not responding, hard to make an impact - particularly after playing at warehouse - musically demanding experience - aware of an obstacle for developing / showcasing experiences
- Seeing if not used to environment, residents, scoring, the historical nature of where houses.

Coping

- ↳ Talking also frequently
- ↳ Take the colleagues (get 'inevitability of death') in work themes
- ↳ Talk to colleagues makes are too demanding
- ↳ Musicians can choose how 'open' they are to emotional demands - professional boundary 'of what to give and not to give'
- ↳ At the end of the day sweet ones really take
- ↳ Having a certain knowledge of what to expect of their capacity & understanding towards staff,
- ↳ Caring for people in a kind way as what these interactions are for
- ↳ Learn to not take anything too personally
- ↳ Respecting people's needs / levels of participation / have a great sensitivity to how people are
- ↳ Good at emotionally switching off - keeping emotions in check & plan on outside for residents
- ↳ Having an understanding of what to step away from in negative situations
- ↳ Self-reflection - knowing why you felt that way - best chance of coping next session
- ↳ Write things down
- ↳ No reflection & documenting of MT
- ↳ Best sessions look into the background other residents engage with music - forget themselves as responsibilities - see are people like the others
- ↳ Be bothered about cultural comments when thinking in comparison to other staff
- ↳ No reflection & documenting reflecting from cross-cultural projects - lots of rehearsal skills built into project but not had chance to write any of it down or conscious or formal documenting experiences

Action 3: Recoding of any additional data previously overlooked.

Example: A brief, reflective description of the thesis author's experiences of recoding with regard to the theme of emotional impact.

Recoding any additional data involved the thesis author returning to the organised interview transcripts uploaded to NVivo and reading these transcripts at least twice more. These transcripts were read to ensure no data within these transcripts had been overlooked to coding in relation to the themes that were emerging over the course of the data analysis process, including the emotional impact of musicians' care home work. No additional data on the theme of emotional impact was found to be overlooked and require recording in relation to this emerging theme.

Stage 5 of thematic analysis protocol

Action 1: Further definition and refinement of themes to be presented for the reported analysis. This was done through organising the data extracts within each theme into a logical and consistent narrative and identifying the nature of each theme and the features of the data expressed within each theme.

Example: Excerpt from the thesis author's data analysis process notes showing the organisation of data extracts within the theme of Emotional Impact that expressed musicians' building and losing relationships with residents.

Emotional Impact

Evidence for evolving relationships

"I think the best thing is probably the residents, the people you meet" [Lydia, Pr1]

...

Evidence for devolving relationships

"The worst thing is dealing with fact that you are going to develop relationships with these people and inevitably they are going to die and sometimes, you might be in a situation. Like, last month one of the most active people in our sessions, she is terminally ill and could not come to the session and I noticed she was not there and

we offered to play for her in her bedroom and she is probably going to be transferred to a hospice in like the next couple of weeks and it is just a bit weird having to deal with the fact that you both know that the person is going to die”
[Ursula, Pr1]

Action 2: A detailed written account of each theme was produced to ensure the following; no overlap between theme content, determine the narrative of each theme, the relationship between each theme, the overall narrative and the research questions.

Example: Excerpt from the thesis author’s data analysis process notes showing the emergence of the content and narrative for the theme of Emotional Impact.

The emotional impact stems from different dimensions of the care home ecology i.e., relationships...environment...music and is a mixture of ‘highs and lows’ and ‘good and bad’ for the musicians. This is something that musicians see as a central part of their work, for good or for bad, though the ways in which musicians address the emotional impact are varied...not always clear cut, wholly informal and kind of depicts musicians doing emotionally demanding work and muddling on through and coping as best they can because they have not been shown or are aware of how to do it any other way.

Action 3: Trying out the creation of sub-themes to facilitate structure in larger and complex main themes and form a hierarchy of significance in each theme.

Example: Excerpt from the thesis author’s data analysis process notes showing evidence for trying out the creation of a sub-theme on the adverse impact of the care home environment on musicians providing live music services within this context.

Care home milieu

Evidence for how the different dimensions of the care home context and environment emotionally impact on residents, including negative encounters with residents, residents’ negative or powerful responses to music, staff roles, the care home environment/life.

“It can be a little bit shocking sometimes if you are not used to the environment, going in to a care home and you might see someone who is having quite a bad time maybe in there, one example, we saw a lady and she kind of kept screaming

occasionally during the performance, which is quite shocking if you are not used to it” [Isaac, Pr1]

Action 4: All main themes and sub-themes were named for presentation within the written reported analysis created for the purposes of written report drafting.

Example: Excerpt from the written report of the findings from musicians’ perspectives and experiences of providing care home services evidencing the name of the theme Emotional Impact and its respective sub-themes through a brief overview.

This third main theme details how care home work has both positive and negative influences on musicians’ emotional state, identifying the need for professional resources to help musicians working in care homes manage their occupational emotional wellbeing. The three sub-themes are Evolving & Devolving Relationships, Environment and Coping Mechanisms. Evolving & Devolving Relationships reveals the positive and negative aspects of musicians forming relationships through care home work. Environment presents the largely adverse emotional impact musicians associated with care home work and the challenges of delivering live music sessions. Lastly, Coping Mechanisms details musicians’ strategies to help them manage the emotional impact of care home work.

Stage 6 of thematic analysis protocol

Action 1: A written report of the main findings from the analysed data was produced. Main themes and sub-themes were evidenced through incorporating data extracts into this report to exemplify the narrative of the data reasoned against the study research questions.

Example: Excerpt from the written report of the findings from musicians’ perspectives and experiences of providing care home services to evidence the theme of Emotional Impact and its respective sub-themes.

Emotional Impact

... Evolving & Devolving Relationships

This first sub-theme highlights the mixed relational impact musicians reported when reflecting on the demands of care home work. Musicians viewed meeting and forming

relationships with residents as one of the most enjoyable and rewarding aspects of care home work. Musicians further expressed a marked fondness for care home work as it afforded opportunities to meet a wide variety of people and hear about unique life experiences.

“For me the best thing...it is meeting all these amazing people and sharing their lives with us really. I think it is extraordinary...you have got so many characters and there is just so many stories and so many lives out there.” [Amanda, Pr2]

Appendix 9: A researcher designed information sheet for managing directors of a private care home company



Exploring the perspectives and experiences of care home managers, activity coordinators and care assistants on the provision of live music programmes in UK care homes



Thank you for your interest in this project. This qualitative project is the first of its kind and will take an in-depth exploration into the perspectives and experiences of care home staff members on the provision of live music programmes in care homes. It is hoped that findings will shed light on the occupational roles, collaborative working and methods of training and professional support of care home staff members that supplement the provision of live music programmes in care homes. These findings will form part of the foundation for an evidence-based framework that will offer recommendations to promote further awareness, education and training for key professional groups in the specialised application of live music in health and social care settings across the UK.

The project is expected to run from December 2017 to June 2018. The project will require the voluntary participation of care home managers, activity coordinators and care assistants from a selection of six care homes within your region. Prospective participants will be invited to answer a series of questions on their perspectives and experiences of live music in care homes. The interviews should take around one hour. The interviews will be audio recorded, but participants will not be identified in any future reports or publications that may arise from the project and all data files will be anonymised for storage. If they so choose, [insert company name] will be identified as our partner organisation. In publications, we may quote from interviews to evidence our findings, but participant anonymity will always be preserved. Participants are free to withdraw from the study at any time without any consequence, and equally, should they wish to refrain from answering a particular question in the interview, they are free to do so.

To evidence their participation in the project, staff members will be issued with a certificate of research participation, which can be used as part of their CPD training. The care homes taking part in the project will be issued with a certificate of research collaboration in recognition of their contribution to the project. At the end of the project all collaborating regional managers and care homes will have the opportunity to receive feedback on the project. This feedback may help to potentially form the basis to promote the future development of music practices within [insert care home company name] care homes as part of the provision of daily care and further research partnership with the Music and Wellbeing Research Unit at University of Sheffield.

For any further enquiries about the project please contact [insert email] (Jessica Crich, Lead researcher) [insert email] (Professor Stephanie Pitts, Research Project Supervisor)

Appendix 10: A researcher designed participant recruitment poster for care home staff [screenshot format]

VOLUNTEERS needed for participation on a research study on the use of MUSIC in care homes!!!

- ♪ Hello, my name is Jessica Crich and as part of my research in the Department of Music at the University of Sheffield I am seeking to speak to staff working in your Care Home about the use of **MUSIC** in care homes.
- ♪ To be eligible to take part in the project participants **MUST** currently occupy the role of:
 - ♪ **Home Manager**
 - ♪ **Activity Coordinator**
 - ♪ **Care Assistant**
- ♪ Participants are **NOT** required to have any previous professional or personal experience or knowledge on the use of music in care homes and must simply be willing to take part in this study.

What is this research study about?

- ♪ The project explores the perspectives and experiences of care home managers, activity coordinators and care assistants on the **provision of live music programmes in care homes** across the UK
- ♪ Very little is currently known about the professional groups that support music use in care homes and this research study aims to gain a deeper understanding of how care home staff use music as part of their work.

What do you have to do to take part?

- ♪ Participation in this project **only involves answering a series of questions** based on your own perspectives and experiences of the use of music in care homes.
- ♪ The **interview** will take around **one hour**. The interview will be audio recorded but **your anonymity will always be preserved in all data resulting from the study**.
- ♪ To evidence your participation in the project, you will **receive a certificate of research participation** issued by the University of Sheffield, which you can use as part of your CPD portfolio.
- ♪ If you would like to take part in the project or have any further queries about the project, please contact:
 - ♪ **Jessica Crich** at the University of Sheffield at [insert email] or on [insert mobile number] (please feel free to take a contact slip below)
 - ♪ **[Insert Name]** Managing Director England East at [insert email] or on [insert mobile number] or
 - ♪ **[Insert Name]** Head of Care Projects at [insert email] or on [insert mobile number]

Jessica Crich Mobile number Email address	Jessica Crich Mobile number Email address	Jessica Crich Mobile number Email address	Jessica Crich Mobile number Email address	Jessica Crich Mobile number Email address	Jessica Crich Mobile number Email address	Jessica Crich Mobile number Email address	Jessica Crich Mobile number Email address	Jessica Crich Mobile number Email address
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Appendix 11: A researcher designed CPD certificate for care home staff [screenshot format]



**Appendix 12: A researcher designed certificate of collaboration for care homes
[screenshot format]**



Appendix 13: A researcher designed individual participant information sheet for care home staff



Exploring the perspectives and experiences of care home managers, activity coordinators and care assistants on the provision of live music programmes in UK care homes

Thank you for your interest in this project, which is researching the perspectives and experiences of care home staff members on the provision of live music programmes in care homes. It is hoped that the information collected from this project will help to provide a deeper understanding of how care home staff use music as part of their work and support future training and education. The project is expected to run from December 2017 to June 2018.

When we spoke to the managing directors and regional managers at [insert company name] in [insert Date], your care home was nominated as an institution at which individual staff members may have an interest in the project in light of your work in care homes and potential professional and personal associations with music.

You will be invited to answer a series of questions based on your own perspectives and experiences of the use of music in care homes. The interview should take around one hour. The interview will be audio recorded, but you personally and the care home you currently work at will not be identified in any future reports or publications that may arise from the project and your data file will be anonymised for storage. If they so choose, [insert company name] will be identified as our partner organisation. In publications, we may quote from your interview to evidence our findings, but we will always preserve your anonymity.

To evidence your participation in the project, you have the opportunity to receive a certificate of research participation, which you can use as part of your CPD training if you so choose.

You are free to withdraw from the study at any time without any consequence, and equally, should you wish to refrain from answering a particular question in the interview, you are free to do so. If you have any questions about the research, how your responses will be used, or anything else, please do not hesitate to ask. If you are happy with the information you have read, please read and sign the consent form overleaf. Thank you!

[Insert email] (Jessica Crich, Lead researcher) [Insert email] (Professor Stephanie Pitts,
Research Project Supervisor)

If at any point you have queries relating to the research that you prefer were directed to higher management, please contact Professor Stephanie Pitts (Head of Department) at:
[Insert email]

Date:

Appendix 14: A researcher designed individual participant consent form for care home staff

Participant Consent Form

Title of Research Project: Exploring the perspectives and experiences of care home managers, activity coordinators and care assistants on the provision of live music programmes in UK care homes

Name of Lead Researcher: Jessica Crich

Participant Identification Number for this project:

Please initial box

1. I confirm that I have read and understand the information sheet dated..... explaining the above research project and I have had the opportunity to ask questions about the project.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. For any further enquiries about the project please contact: [insert email] (Lead researcher [insert email] (Research Project Supervisor)

3. I understand that my responses will be kept strictly confidential. I give permission for the lead researcher to audio record and have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or results that result from the research.

4. I agree for the data collected from me to be used in future research, publications and public presentations.

5. I agree to take part in the above research project.

_____	_____	_____
Name of Participant	Date	Signature
<i>(or legal representative)</i>		

_____	_____	_____
Name of person taking consent	Date	Signature

(if different from lead researcher)

To be signed and dated in presence of the participant

Lead Researcher

Date

Signature

To be signed and dated in presence of the participant

Copies:

Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the letter/pre-written script/information sheet and any other written information provided to the participants. A copy of the signed and dated consent form should be placed in the project's main record (e.g. a site file), which must be kept in a secure location.

Appendix 15: A researcher designed interview schedule for care home staff

Interview schedule for care home staff

Thank you for agreeing to answer a few questions for me. I am part of the Music and Wellbeing group at the University of Sheffield, and I am researching the perspectives of care home staff on the provision of music in care homes. Therefore, I am interested to hear your experiences – they will help me to find out more about the use of music within the particular context of care homes. Finally, before we start – have I got your permission to audio record this interview? You will remain completely anonymous. I would like to record because then I can listen to what you are saying instead of having to write everything down.

Demographic questions

- **Describe your role at [name of care home]**
- **How long (approx.) have you been working at [name of care home]?**
- **How long (approx.) have you been working in care homes?**
- **Have you always been a [name of role] in care homes?**
- **Have you held any other roles here or in any other care homes?**
- **Could you tell me a little about your own engagement with music in your life?**

1) First, can you please share with me some of your thoughts and experiences of what it is like to use music in your care home?

- Is music used in your care home?...In what ways?
- Frequency of music use in your care home?
- Is live music used in your care home?...In what ways? As part of your role? **IF YES**
->Why do use live music in your care home? **IF NO** -> Why do you not use live music in your care home?
- Demands of music provision in your care home?...Emotional? Mental? Physical? Occupational related to your role?
- Are there any limitations on the use of music in your care home?
- Do you have any thoughts on the use of music as compared to other activities in your care home?

- Have you ever witnessed or had any negative experiences involving music in care homes?

2) As a [name of role], how do you find working with musicians and live music programmes in your home?

- Experiences of working with live music programmes in your home?...Musicians more generally? Thoughts on those experiences?
- How do you communicate with musicians who visit your home?...Effective? Information exchanged? Point of contact?
- Do you interact with musicians in your home? **IF YES** -> How/what ways? Talk about? Music sessions? Effective? **IF NO** -> Why not? Something you would consider doing?
- Do you participate in music within your home? **IF YES** -> With live music programmes? How/what ways? Why? **IF NO** -> Why not?
- Do your colleagues participate with music in your home? **(YES/NO PROMPTS AS ABOVE)**
- Do you talk to your colleagues about music in your home? **IF YES** -> What about? **IF NO** -> Why not? Something you would consider doing? Is it necessary?
- Do you ever document your experiences of music in your home in any way? **IF YES** -> How/what ways? **IF NO** -> Why not? Something you would consider doing? Is it necessary?
- How would you describe your relationship with musicians/live music programmes?
- How would you describe the role of musicians in care homes?
- How do you think music provision and/or musicians should best be economically supported in care homes? Thoughts on the cost of music provision/paying musicians in care homes?
- In general, do you see any ways in which the relationship between musicians and care staff/care homes could be improved in the future? Is it necessary?

3) In your opinion, what sort of training should [name of role] have or be offered if they want to engage with music as part of their role? Or in care homes more generally?

- Have you had any music training as part of your work in care homes? **IF YES** -> Was this training specifically for staff working in care homes? How was this training organised? What did you think of this training? **IF NO** -> Would you like training in how to use music as part of your work? How could that training be best communicated/delivered? Is it necessary?
- Have you had any training in connection with any live music programmes? **IF YES** -> How was this training organised? What did you think of this training? **IF NO** -> Would you like live music programmes to offer music training to care home staff? How could that training be best communicated/delivered? Is it necessary?
- In terms of the training that you think [name of role] or other care home staff should receive about music more generally, do you have any opinions on how it could be best communicated/delivered?
- Areas where the use of music could develop in care home for your future professional development?
- What training, if any, do you think would be appropriate for musicians to have on your work in care homes? How should this training be organised?

4) Is there anything you would like to add about your work with music as a [name of role] in your care home that you have not yet said? Or music in care homes more generally?

- What are your thoughts on the use of live music, particularly for specialised populations such as people with dementia, as compared to other forms of music such as radio or music playing devices?
- Do you have any particular preference for how you use music in your home or more specifically in your work? **IF YES** -> What ways? (i.e., modality – live or recorded formats? Application – background through to hiring music professionals?) Why?