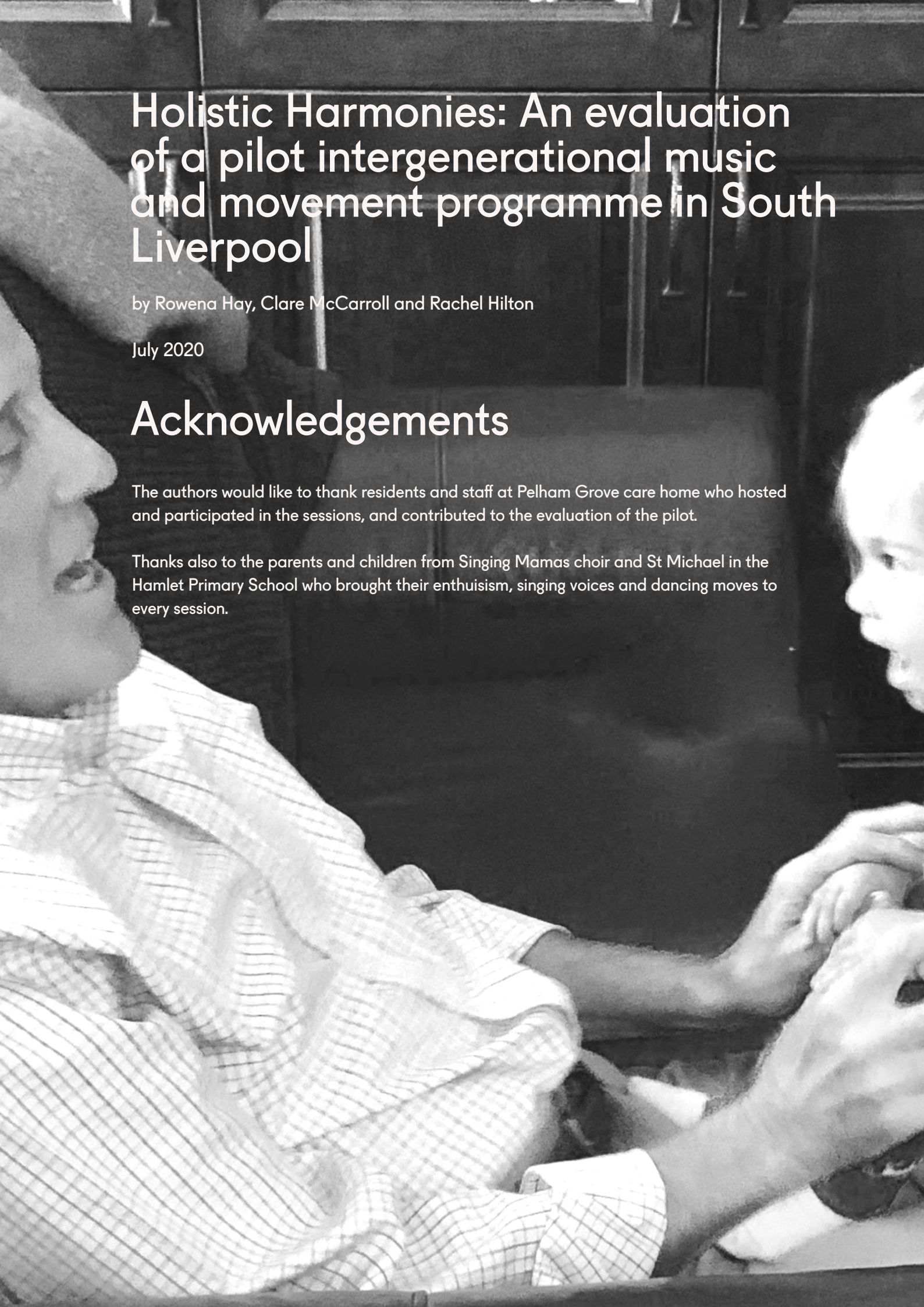


Holistic Harmonies

An evaluation of a pilot
intergenerational
music and movement
programme in South
Liverpool



shortwork



Holistic Harmonies: An evaluation of a pilot intergenerational music and movement programme in South Liverpool

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Executive Summary

During the summer of 2019, Holistic Harmonies worked with an older person's specialist physiotherapist, to run a programme of intergenerational music and movement sessions in a nursing home in Liverpool. The programme engaged residents, alongside local parents and their pre-school children in six free one hour-long sessions incorporating familiar songs and accessible dance movements. The intention of the programme was to bring benefits to the residents who are often isolated, to encourage movement, positive feelings, and to provide an opportunity to allow for social connections to occur between generations.

In order to understand the impact of the programme on participants, Holistic Harmonies worked with Shortwork to gather qualitative findings of the benefits of involvement from the prospective residents, parents, children, session leaders and nursing home staff, as well as the challenges encountered along the way.

The evaluation supports previous studies highlighting the benefits of involvement in intergenerational sessions for young children and older adults. These include fun and enjoyment, increased activity and movement, life enhancing social interactions, and a sense of purpose and of making a positive contribution to others.

In contrast to previous studies, the evaluation also shows that the benefits of singing and dancing together are also shared by the middle generation of parents and particularly mothers. These benefits include a sense of giving back and contributing; meeting new people and feeling connected to others; and the positivity generated by engaging in a shared arts-based activity, including a feeling of joy, being active, being in the moment and letting go.

A key finding from the evaluation is that these positive aspects are not automatic, but are actively promoted by the structure and ethos of the music and movement sessions. These include a mixture of songs that appeal to the young and old; repetition so that participants learn and become familiar with songs and movements and know what to expect from week to week; space between songs to encourage informal interactions between participants; and making a conscious effort to acknowledge everyone in the room and show their contribution is valued.

The evaluation also highlights a number of barriers to participation that need to be overcome. These include finding the right environment and timing for the sessions that suits all participants, and problems with continuity due to a lack of funding, and changes in staff in the care home-environment.

These findings point to the negative effect of the separation of the young, middle aged and older people in our communities, and lend force to the need to support intergenerational programmes that bring together the generations.

Background

Much has been written about intergenerational segregation in the UK and other nations across the developed world. The separation of generations, with age specific activities dividing communities from birth (baby, toddler, pre-school, school aged groups), to older adults becoming institutionalised or housebound (Galbraith et al, 2015), has resulted in a lack of meaningful interactions between the generations (Winkler, 2013). This segregation, further compounded by negative media representations, can lead to stigma, discrimination and exclusion of older people who often lack opportunities to participate in meaningful activities in their communities (Galbraith et al, 2015). Individuals living in nursing homes, and particularly those with dementia, are often viewed negatively. Their complex health and care needs, which present a range of functional, communication and cognitive challenges bolster perceptions of difference and disability, leading to further segregation and isolation from family and community (Canning et al, 2020).

In 2019, 11.9 million people in the UK were estimated to be over the age of 65, with 3.2 million aged 80 or above, and 1.6 million over 85 years of age (Centre for Ageing Better, 2019). This presents numerous challenges in terms of the resources needed to maintain the health and well-being of an increasingly ageing population (Price & Tinker, 2014). This is compounded by the fact that loneliness and physical inactivity increase with age (Health Foundation, 2019, Public Health England, 2016). Research shows that loneliness can be as detrimental to people's health as smoking 15 cigarettes a day, and can have a more harmful effect than obesity on overall health (Holt-Lunstad et al, 2010). Similarly, low levels of physical activity increases the risk of cardiovascular disease, diabetes and dementia (Public Health England, 2016), and individuals with these diseases are more likely to be lonely (Valtorta et al, 2016, James et al, 2011, Cacioppo et al, 2006, Health Foundation, 2019). The relationship between health and loneliness is thought to be 'bi-directional', where loneliness may impact on physical, functional and biological aspects of health and these aspects of poor health may result in loneliness (Health Foundation, 2019).

Evidence suggests that these health issues are not isolated to the older generations. Indeed, 'life transitions', poor health, high levels of deprivation and being female are all factors that increase the risks of health problems amongst all age groups (Health Foundation, 2019, Davidson and Rossall, 2015, Public Health England, 2020). For example, the problems associated with inactivity affect the very young, with 18 percent of children and young people not meeting the recommended physical activity guidelines (NHS Digital, 2019). In addition, research has shown that young people also experience loneliness and a 'crisis in confidence' due to the fragmented nature of families, and cuts to services (United for all Ages, 2019).

In this context there has been a growing interest in the potential role that intergenerational programmes can play in addressing problems of inactivity and loneliness. A rich portfolio of intergenerational sessions have sprung up across the UK and abroad in recent years (BBC, 2018; Age UK; The Guardian, 2019). Studies of the impact of international programmes highlight

a number of benefits for younger and older participants. Older people have benefited from improved self-esteem due to feeling valued, included and appreciated (Galbraith et al., 2015, Ronzi et al., 2018, Harris and Caporella, 2019, Varvarigou et al., 2011). Limited evidence also points to increased activity levels and balance as a result of participation (Detmer et al., 2019). Children have been shown to develop positive perceptions of disability, age and of those with dementia as a result of participation (Canning et al, 2020, Belgrave, 2011), as well as life skills such as patience, respect, empathy, social awareness and problem solving (Galbraith et al, 2015). Studies have also highlighted the mutual benefit of participation in creative intergenerational sessions for both young and old, and in particular the power of music and dance in bringing communities together (Harris and Caporella, 2019). These include shared enjoyment (Schroeder et al., 2017), increased emotional, physical and social wellbeing (Murcia et al, 2009).

However, perhaps due to the lack of participation of the middle-generation as part of these programmes, there is a lack of studies exploring the impact of intergenerational sessions on parents, and particularly new mothers who also suffer from loneliness when they move into a caring role (Lee et al. 2019).

Building on what is already known about the benefits of intergenerational music and movement sessions, the Holistic Harmonies programme, and this evaluation, takes a broader view by exploring barriers to participation and impacts of involvement from the perspectives of all generations.



The Sessions

In the Summer of 2019, Holistic Harmonies, an organisation that runs community choirs for pre-school children and new parents, and a physiotherapist who specialises in caring for older people with dementia, came together to run a six week pilot intergenerational music and movement session in a nursing home in South Liverpool. Residents living in the home were invited to attend the sessions, alongside families who were recruited via local toddler groups and baby classes. A total of ten families agreed to take part, including nine mothers, one father, and fifteen preschool and KS1 children. Fifteen residents took part in the sessions, including thirteen women and two men. Not all participants attended every session, due to illness or other commitments, but there was a core of seven families and twelve residents who attended regularly. Most children were pre-school aged (9 months - 3 years), with some older children (4-6 years) attending alongside their young siblings. Their parents ranged from 32 to 42 years old. The residents' ages spanned from 54 to 104 years old.

The sessions were designed to include elements that would appeal to everyone involved. These included songs accompanied by a guitar that would be immediately recognisable to everyone, including nursery rhymes, as well as old-time classics that would be familiar to parents and residents. Other songs were also selected on the basis that they could easily be accompanied by a 'dance' routine, led by the physiotherapist, that would be fun and accessible to everyone in the room. Props such as maracas, colourful scarfs, and a giant 'scrunchie' were also included in the routines to provide sensory stimulation, encourage movement, particularly amongst older people, and to add an element of fun for all those involved. The session structure was repeated over the six weeks, so that week-by-week all participants became familiar with the content, and were able to learn the songs and movements. A number of devices were also used to ensure that everyone felt welcome and part of the group. These included a 'hello' song at the beginning of the session, which acknowledged everyone in the room by name; space between transitions from one song to the next to allow for serendipitous interactions; and time at the beginning and end of the sessions for informal conversations. The full set list and facilitation instructions can be found in Box 1 below.

The overall aim of the pilot was to:

1. **Encourage interactions and connections between the generations, and develop a sense of group cohesion through communal singing and dance.**
2. **Provide an opportunity for younger, older and middle aged participants to learn something new.**
3. **Motivate everyone to move their bodies and be more active.**

Box 1: Set list and facilitation guide

Arrive in the room at 15 minutes before start.	Maracas – hand out slowly and purposefully. Say the person’s name as you pass them. Let the children help.
Acknowledge whoever is already in the room.	
Set up instruments and props.	When everyone has maracas say ‘aaaaaaaand STOP’ to get attention.
Begin to write name stickers and move around the room saying hello while giving them out. If any children want to help, let them.	Start slowly shaking maracas and then stop. Increase speed and pitch with each phrase.
Direct participants to sit amongst each other, making sure everyone is comfortable and can see the facilitators easily. Introduce parents, residents and children to each other, start conversations.	Can You Shake You Shakers – say very clearly ‘Copy my actions’
Play the wah wah sound to catch everyone’s attention. Move around the room so that each person has the chance to see and hear it up close.	Jump In The Line by Harry Belafonte – Demonstrate the dance moves slowly in sitting and standing position.
Hello Song – play it twice.	Collect maracas. Thank each person as they go back in the bag. Maintain eye contact. Let the children help.
Warm Up – rub hands together and build to a crescendo of loud clapping, then say ‘aaaaaaaaaand STOP!’ – repeat.	Twist and Shout by The Beatles – Demonstrate the dance moves slowly. Invite any participants who are able to to stand up. Move around the room while dancing.
Sirens – make sirens with all 5 vowel sounds raising hands up and down with the pitch.	Parachute - Ask all participants to hold on to the edges. Shake the parachute up and down directing people to look underneath and say hello to each other. Allow children to free play underneath.
Wind The Bobbin Up – Demonstrate the actions slowly and ask everyone to copy. Sing slowly with the guitar, repeat faster.	Hand out the scarves. Allow children to help. Again, always use names and eye contact.
Daisy, Daisy – Walk around the room while singing and sway from side to side. Praise everyone for singing so well and repeat even louder.	Catch A Falling Star by Perry Como – Demonstrate movements. Move around the room while dancing, praising and interacting.
Get the scrunchie out and ask the children to help pull it towards the adults. Ask everyone to hold on.	Collect the scarves in purposefully. Allow children to help.
Row Row Your Boat – moving forwards and back, sing twice.	Goodbye Song – Ask the children to sit down and sing the goodbye song together with the actions.
Que Sera Sera by Doris Day - Ask everyone to keep hold of the scrunchie and sway side to side. Sing verse 1 and chorus twice.	Hand out water and biscuits to all participants. Help to instigate conversations. Facilitate the movement of any babies around the room so that residents can say hello.
Collect the scrunchie saying thank you for all help.	Make sure to say goodbye to each person as they leave.

The Evaluation

The evaluation was designed to address four main questions, that relate to the overall aims of the pilot:

- 1. How is intergenerational segregation perceived and experienced by participants?**
- 2. Do the sessions promote a feeling of togetherness and group cohesion amongst all those involved?**
- 3. Do the sessions motivate participants to be more active, both physically and mentally?**
- 4. What are the challenges and barriers faced to participation?**

These questions are concerned with how participants felt about the sessions, their perspectives, motivations and opinions. As a result a qualitative approach to evaluation was adopted, based on participatory research sessions, structured and semi-structured interviews. The evaluation did not seek to measure quantifiable improvements, either clinically through for example measures of increased movement amongst older people, or through surveys of satisfaction. However, respondents did reflect upon these issues, including the impact of participation on physical health and mental wellbeing.

In order to engage young children and residents in the evaluation, a participatory evaluation workshop was held at the end of the last session, facilitated using two paper-based visual tools. The group split into small teams, each with a mixture of parents, children, residents and care home staff. Using the tools the teams were asked to think about positive and negative aspects of the sessions, what they had learnt, what they would change, and any magic moments. The purpose of the workshop was to facilitate conversation about the benefits and downsides of the music and movement sessions collaboratively. The conversations were noted on post-it notes that were placed on the tools. Notes and observations were also taken by the evaluator.

The participatory research session was supplemented by structured and semi-structured interviews with key stakeholders involved in the project. These included the care home staff, session leaders, and parents who attended the sessions. The purpose of these interviews was to delve into the issues highlighted through the participatory research session in more detail. Some of these interviews were recorded, with permission from interviewees, others were answered in written form, or recorded by participants, and sent to the evaluator.

All contributions are reported anonymously as part of this evaluation.

All the research data collected were transcribed, and analysed using qualitative research software, Hyper-research, which involved the thematic coding of participant responses, cross-checking, and drawing out of key themes and findings. These findings form the structure of the remainder of the report below.

“Going along to the sessions has made me feel a little more connected to my community. Going into the care home, and getting to know some of the residents, as well as staff there who run the activities, has added to that sense of rootedness for me.”

Sophie, parent

“It is important that [children] mix with people of all ages, and the concepts of ageing, quality of life, receiving care, and caregiving as a vocation, are introduced to them. Nobody in my family is in care, so the sessions taught me what care conditions can be like, and the wider issues about care that are being talked about in the political realm.”

Mike, parent

“I think sometimes we are fearful of the unknown .. adults and children. We are fearful of people with special needs and older people as well. If it is something that we are not used to being around, then it is something that is unknown to us, and we become fearful.”

Susie, facilitator / staff member

“There was a gentleman whose verbal communication was limited, but one of the two boys made friends with him and they had great interactions. Both parties entered into each other's worlds without necessarily fully understanding what they were saying, but knowing that they were enjoying the interaction.”

Sinead, facilitator / staff member

“Singing along with residents to old timey songs was great - so lovely to catch someone's eye and share a smile.”

Daisy, parent

Findings

Breaking down barriers and reconnecting with community

- According to care home staff, many of the older people living in the nursing home suffer from loneliness, do not go out, and do not receive many visitors. The opportunity to engage in social interaction beyond their carers is highly valued in this context. This includes people of all ages, but particularly young children who are rarely seen in the care home environment.
- For parents, participation in the music and movement sessions was seen as a way to build connections in the local community that are not based on age, or a particular stage in life.
- Contact with frail and older people was seen by parents to be beneficial to themselves and their children, creating a sense of curiosity and inquisitiveness about other people, considering those who are less fortunate, tackling the fear of the unknown, and providing opportunities to broaden life experience and knowledge.

Promoting togetherness

- The sessions were designed to encourage everyone to feel part of the group, by creating a friendly and non-threatening environment and the opportunity to participate in a shared activity.
- The facilitators were key to creating the right atmosphere by delivering content with positivity, maintaining eye contact, and making the effort to get to know all of the participants
- The 'hello song' which marked the start of each session was particularly popular, providing space to welcome everybody by name, putting them at ease, and placing everyone on the same level.
- The inclusion of well-known tunes for adults, alongside nursery-rhymes, was also important so that the sessions appealed to everyone, not just the children.
- Singing together enabled a sense of togetherness and group cohesion, as well as affording connections between individuals.
- The introduction of accessible structured movements using props were also important to promoting interactions.
- The spaces between songs, including the handing out of props and instruments, were as important as the formal aspects of the sessions in enabling participants to interact.
- All participants valued the small but meaningful moments that the sessions allowed. The simple act of singing together, listening and watching. Sharing a smile or laughter, or catching someone's eye. The non-verbal interaction between older residents and young children.
- Running multiple sessions at a regular time each week allowed participants to get to know each other and build relationships.

“ I don't feel pressure to do the actions, I do what I can. I like the repetitive moves, so I can get the hang of it. ”

Meg, resident

“ [They] have been mothers and grandmothers but they have lost that. They have still got that motherly instinct inside them. Something kicks in, it makes them feel a little bit useful, that's the way I see it. ”

Carol, facilitator / staff member

“ The kids seem to get a feeling of importance as they are centre stage, participating in the songs and dances as well as having a role in props. It built confidence in them. ”

Chloe, parent

“ At the beginning everyone was in their seats, [by] the third week residents were standing and moving. From my perspective they are challenging their muscles, dynamic balance and coordination of movements. These are the things that tend to decline with age due to inactivity, especially in nursing home residents. ”

Sinead, facilitator / staff member

“ I loved doing it all! I liked doing the exercises - arms up and arms down. ”

Millie, resident

“ I met [a resident] in the corridor crying, agitated and upset. [The carer] came and said let's go in, I think you would like to see the children. Within ten minutes it was like it hadn't happened and by the end she was laughing and joking. I don't know if it was the session but my feeling was [that] being distracted and having other people to watch was really beneficial. ”

Susie, facilitator / staff member

“ So for me as a parent I have enjoyed it for me. You never get a chance to just get up and dance - it sort of feels freeing. ”

Chloe, parent

Supporting passive and active participation

- The sessions provided opportunities to engage in a passive (sitting and listening) and more active (moving, dancing, singing and talking) way.
- Having a choice about level of involvement was important to put everyone at ease.
- Some residents simply enjoyed listening to the high quality life music, watching the children dancing and interacting with their families.
- The repetition of songs and accompanying dance movements allowed participants to become familiar with the content and more confidence in taking part.
- Giving participants a role in the session was key to encouraging participation. For example, asking children to hand out instruments and props was valuable. As was the role that older people took in teaching younger children songs.
- Fun and enjoyment was a great motivator for all.
- An interesting finding from the evaluation was the caring role that older women took on - keeping a watchful eye on young children as they danced and crawled around the room.

Impacting positively on body and mind

- Carers and course facilitators observed an increase in older participants movements as the weeks progressed.
- Importantly movement and exercise appeared to be enjoyable to older people rather than a chore.
- For some older people the distraction provided by the sessions appeared to provide temporary relief from physical and psychological pain.
- Facilitators also saw a change in parents and children who became more active in participation week after week.
- Parents found the sessions enjoyable, fun and freeing.
- Children built up their confidence as the weeks progressed, and enjoyed being at the centre of things
- For older people, the music and dance combined with the children and family interactions they observed provided an opportunity to positively reminisce about their own family lives.
- Building up friendships with particular children and parents was also positive for older people.

“The timing was tricky. 3pm was OK but school age children couldn't come and when you have a child of 2 years old they can get grizzly. We started another class at 4pm and had older children, which was great, but by 4.45 people are starting to get hungry, residents want to leave, and the childrens energy is high.”

Susie, facilitator / staff member

“The venue, a residents lounge, was a little cramped. We were climbing over each other at one stage.”

Mike, parent

“I would love to attend future sessions. I think they are invaluable for teaching our children about the world, and enjoying each others space and time and company.”

Daisy, parent

“It is a connection that I would like to continue if possible.”

Sophie, parent

“It is just a shame that everything is budgeted. I only have a small allowance.”

Carol, facilitator / staff member

Challenges and barriers

- It was difficult to find a time that was right for everyone to attend the session.
- The venue, a lounge in the care home, was cramped and hot.
- Some older people struggled to hear in a room that was full of activity and noise.
- There is a clear appetite for more sessions but a lack of funding is a key barrier. The care home has a very small budget allocated for entertainment and are unable to cover the cost of running the sessions. Some parents are happy to pay a small contribution. Others felt that paying for sessions would change the dynamic, and general good will in the room.
- Participants suggested that the sessions could be supported by organisations coming together, for example a local nursery could bring children into the care home. Staff reported that this sort of arrangement had been difficult for the care home / nursery to organise and resource. Staff felt facilitated sessions had more impact on residents than drop-in play sessions. This would also cut out the parents who also benefit from attending.
- Changes in staff in the care home meant that key point of contact was lost.



Key learning and next steps

The findings of this evaluation support the existing body of research that shows the benefits of bringing people of all generations together to participate in music and movement sessions. What is unique about this pilot is the engagement of parents, and particularly mothers, as key facilitators and beneficiaries. The findings of this study show that all participants benefit in a vicarious and virtuous circle of support and togetherness. The community led approach is central to this, leading to the engagement of local parents, children and older people in a particular community of South Liverpool, and creating a non-clinical feel to the sessions where everyone is equal and free to participate in any way they feel comfortable. This feeling of group cohesion is not automatic, but is supported by particular aspects of the structure and ethos of the programme. These include:

- being acknowledged by name and with a smile;
- high quality live music;
- dance moves and props that are appealing and fun;
- giving participants an active role; and
- making time for transitions between songs and space for interactions.

Participants saw the value of small acts of connection - from watching a mother and child interact, to catching an older person's eye during a song, to developing a rapport over the weeks through conversation.

As the weeks progressed participation increased. Staff and facilitators observed an increased level of movement and activity amongst all participants, including nursing home residents. Participants themselves also reported a heightened mood and a feeling of being in the moment during the sessions.

There are obvious limitations to this short pilot project and evaluation. This study was focused on exploring how participants felt about the sessions, their motivations and perceived benefits. Older people and young children were engaged through the participatory research sessions, but not through in-depth interviewing due to problems of access and resourcing. Future studies would be enriched by paying greater attention to the voices of these key groups. More work could also be done to measure the clinical improvement seen in movement levels and mood, particularly amongst older people, rather than relying on self-reporting and facilitator observations. There is also a gap in developing a more thorough understanding of the role of fun and enjoyment in motivating people to stay active at all ages but particularly in later life.

Funding is a huge barrier to this work continuing. The pilot has depended on the enthusiasm and pro-bono contribution of facilitators and care home staff. This points to the overall lack of resourcing of the social care sector, and the relatively small budgets put aside for 'activities' in care homes. In our view maintaining enjoyment and interest is what makes life worth living. Intergenerational music and movement sessions of this type could be a way of promoting

residents physical, psychological and emotional health whilst offering them the opportunity to participate in recreational activities. They also have the potential to address the need to support 'domestic, family and personal relationships' as embedded within care homes well-being policies (The Care Act, 2014).

This pilot was completed before the Coronavirus (COVID-19) outbreak shut down care homes to visitors, and forced an even greater divide between the oldest old and younger generation. Whilst COVID-19 is still circulating in our communities intergenerational sessions can not happen in care homes. However, the problems of loneliness have not gone away but have been exposed and worsened in a context where older people are disproportionately at risk from COVID-19 and the impact of social distancing (Brook and Jackson, 2020). This crisis offers many challenges, but the need for intergenerational interaction is all the more urgent in these times. As the lockdown eases, community organisations, including Holistic Harmonies, are seeking new ways to engage older people in a safe way using a mixture of online and outdoor approaches. There is work to be done to find new approaches to delivery, whilst also rethinking what is possible - we need to build back better.



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