

Consolidating *Music as Medicine*: a summary of Youth Music funded training programmes for musicians at Alder Hey Children's Hospital

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Introduction

This report summarises learning from a musician training programme developed by Alder Hey Arts and Live Music Now, funded by Youth Music over the period 2016-2021. During this period 11 musicians participated in the Music as Medicine programme. Over a series of progressive learning residencies, the musicians developed their skills as practitioners and mentors through ward-based music making opportunities, building skills in co-creative music making with children and young people in hospital. The musicians' journeys have received the support of professional staff within the hospital community. Teachers, play specialists, music therapists and a specialist hospital musician have all played their part in enabling the team of musicians to grow in their practice as healthcare musicians. Feedback from children and parents shaped the development of the *Music as Medicine* programme; during the initial phase of the programme in 2016 interviews with children and families concluded that interacting with music/musicians offered :

- Relief from boredom, isolation, distraction from ongoing procedures or a label/current focus of illness
- Opportunities for reciprocal interaction, and to develop relaxed interaction with peers, stimulation, a much-needed filler for gaps emerging whilst missing school, nursery or regular music therapy sessions due to hospitalisation
- Motivational activity, promoting interest and engagement, bringing normality to the experience of hospitalisation
- Bedside interaction for children who cannot go to other areas of the ward or leave the ward for change of environment, giving additional input, tailored to a child's needs

The musicians also gained significantly through learning from each other through participating in a tiered structure of training, mentoring, applied practice, peer to peer support and buddying partnerships throughout the programme.

This report highlights the key areas of learning from the programme and concludes with a series of musician testimonials from their experiences of working with children at Alder Hey during the last year.

Working in Partnership

For the two organisations, collaborating on the programme has created an invaluable opportunity to combine specific skills and knowledge sets. Vicky Charnock, Arts Co-ordinator at Alder Hey, and Karen Irwin Live Music Now's Strategic Director (Children and Young People) lead on the project for their respective organisations. Having a shared vision for music in healthcare has helped them in building a strong relationship, which in turn has allowed the programme to flourish creatively and developmentally. The length of the partnership has enabled a rich and sustained programme of hospital music making activity to take place around the hospital, in ward spaces, bedrooms, specialist units and public areas. This activity has benefited child patients, families, staff and musicians, and allowed knowledge to be shared between organisations. Culturally, the musicians have brought a wide range of creative skills and artistic approaches to life within the hospital

community and represent a diverse blend of instrumental performance and musical genres (classical, contemporary music, jazz, folk and improvisation) within their work with patients. Many children and young people had not experienced instrumental playing 'live' before their interaction with the musicians. Vicky notes that:

'The partnership has been excellent, as we have been able to share knowledge, experiences and expertise. I'm not a professional musician (I have a history of art background) and have learnt so much about music delivery and research from the partnership with Live Music Now, how musicians develop their professional practice and shape their delivery, and the unique input they bring to a healthcare environment. The partnership has also introduced us to a wider range of professional musicians covering different musical instruments, genres and styles. This diversity has brought numerous benefits to Alder Hey, from delivery on the wards to live performances in our atrium.'

The programme's focus on training and mentoring opportunities for musicians at initial stages of their careers is a key strength of the collaboration. Vicky also notes that there is potential to apply learning from the model they have created in Music as Medicine to other arts in healthcare strands:

'The importance of professional development training and mentoring to be able to work successfully in a healthcare environment. I'm inspired by the range of training opportunities that Live Music Now offer their musicians, and it has made me think about this in other areas of the arts for health programme.'

Working in partnership has meant a slight administrative adjustment for the Alder Hey Arts programme in terms of how the musicians are contracted and governed, but this has not impacted on being able to deliver the programme successfully within a healthcare structure. The partnership has also provided a mutual support in terms of problem solving, managing the musicians, understanding the hospital environment and needs of patients, and in developing ideas for funding bids, which add value and reach to both organisations' activities. For Live Music Now, the benefit of this successful partnership is clear. Karen states:

'Our partnership with the Arts and Health Programme at Alder Hey Children's Hospital is one of the most valued and impactful relationships across all our work with children and young people. Not only has the partnership generated positive outcomes for hundreds of long-term patients in the hospital; it has also had a significant impact on the career development of the Live Music Now musicians who have participated in the programme, many of whom say it is the most important work they have done to date.'

We have shared learning from the partnership work at Alder Hey with other Live Music Now branches and hospitals across the UK. For example, supporting the development of programmes in Newcastle and Cardiff. This in turn has opened up new employment opportunities for the musicians and strengthened the workforce of professional musicians available to work within the growing area of creative health.'

The training and experience gained from working in Alder Hey has also influenced the musicians' Live Music Now work outside of the hospital, in particular, building confidence to take a child-led approach in music sessions, with a focus on flexibility and co-creation of music with young people. This has enriched their delivery of music programmes in special school settings and online with families experiencing social isolation.'

Buddying Up: Mentors, mentees and reflective practice

In responding to findings from the evaluation of the initial funded phase of the programme in 2016, a buddying model was developed and became central to the programme's structure. The buddying model enabled new or less experienced hospital musicians to partner with musicians who had established their practice at Alder Hey at a previous stage in the project, and who had received mentoring at these earlier stages from a more experienced musician. This model had developed out

of the project's initial musician mentor model which used the skills of Alder Hey's Musician in Residence Georgina Aasgaard, a long-term experienced hospital musician and a Live Music Now Alumna. Group training sessions at the start of new phases of the programme were overseen by her, and as part of her mentor role, she guided each project musician as their practice evolved during progressive stages of the project. As the programme developed so did natural opportunities for musicians to become mentors themselves, and thus build new skills to support less experienced colleagues. Similarly, opportunities were developed so that each year new musicians moved from being mentored and 'buddying up' with more experienced musicians, to working independently in hospital wards.

The buddying model and project structure was reviewed each year as part of ongoing evaluation, which included musicians' feedback collected from interviews and questionnaires. The model was refined each year; by the final year the buddying model had become a clearly structured model combining stages of training-observation-pair working- progression to independent practice. During evaluation interviews musicians described how the buddying structure enabled two key learning processes:

1. learning from observing other musicians during music-making activity with patients
2. learning from co- working with musicians in music sessions in hospital spaces

These complementary experiences built musicians' confidence and gave time for careful observation and hands-on experimentation. Both mentees and mentors in buddying pairs expressed how they learned from collaborating with another musician. Rather than imposing a prescriptive model of practice style, from the outset of the programme each musician's individual approach was encouraged, meaning that a range of delivery styles were celebrated within the project. As a result, there would be a strong possibility that a more experienced hospital musician in a mentoring role could learn from a less experienced hospital musician with a contrasting approach or who used a contrasting toolkit of musical strengths. These experiences, as part of structured learning, also built skills in reflective practice across musicians of all experience levels.

'I was also grateful for another opportunity to practice working effectively with a new colleague. As I was listening and being open to the patients, working with my mentor also helped me to listen to my self – to acknowledge (and communicate) where I could step in and be more prominent, where I needed more space to lead, when it was time to step back etc. This all really helped to build my confidence.'

Skills Development

Throughout the evaluation stages musicians referred to their development of key skills sets from four practice skills areas:

- Observation
- Reflection
- Self-creativity
- Co-creativity

Observation and Reflection: Opportunities to both observe and participate alongside other musicians were key to developing confidence and abilities of the musicians in directly engaging in musical activity with children and families at their bedsides. Musicians learned to observe the responses of children during activities from watching how a more experienced peer facilitated a musical interaction. These experiences contributed to the musicians' ongoing development of skills in reflective practice.

Self - creativity skills identified by the musicians included developing abilities to improvise on main/first study instruments; learning new instruments to use in sessions which provided a complementary musical/harmonic addition (ukulele, keyboard, percussion techniques, vocal skills); learning to arrange/compose/improvise material with a buddy; and exploring the potential of sound worlds/ sonorities/styles/instrumental capabilities together with a buddy during sessions.

Co - creativity skills identified by the musicians included learning how to wait and leave silence for children to respond within an activity; learning appropriate pacing of activities (knowing when to move on/slow down/change direction in response to a child's engagement in an activity); being able to teach/share/create simple rhythmic or harmonic patterns for children/young people to join in with during an improvisation; and creating spaces for child directed instruction (e.g. to play louder/faster slower/quieter).

'Going from delivering sessions in a pair, able to share leading and playing together and have the flexibility for songs to have more than one part, to being on my own was a challenge. I had to completely rethink how to use the music, to not have it feel too disjointed or broken up, whilst still talking and interacting with the children. However, it taught me a lot about leading sessions and helped me create new ways in which to do so. On my ward especially, the ages, ability and needs of the children were extremely varied so adapting to those at first could be seen as a challenge but it was something that I really enjoyed, and I believe helped me to have a more flexible and child-led approach to my interactions.'

Emotional Impact

Musicians also identified an emotional component to their work, specific to hospital music making, where, alongside learning how to make music with children in hospital musicians are often faced with new, challenging or unexpected emotional situations common to hospital life . These ranged from visually witnessing either the effects of treatment or recent surgery, experiencing treatments and side effects relating to a specific medical condition or hospital ward focus for the first time, or engaging in situations with an increased emotional intensity such as engaging with a patient in palliative care. Musicians felt confident to report back on situations where instances arose and were of emotional significance. The structure of the evaluation provided a safety net for identifying any points raised or areas of emotional focus needing to be addressed. Adaptations were made to the Music as Medicine programme to support debriefing opportunities where needed. The programme also took time to consider a range of support mechanisms, considering that musicians may have or need alternative ways to process and debrief their experiences (i.e., individually or with a buddy, group discussions, closed practitioner conversation groups).

'The nature of the hospital, [and because of the medical needs specific to our ward], meant that emotional situations came up. Sometimes we'd find out distressing news about a patient or a family member would offload some of their personal worries to us. I found that in these situations, having someone else to talk to was important.'

Covid-19: adaptations

The pandemic brought challenges to the implementation of the *Music as Medicine* programme, and the reflections of the musicians captured through evaluation/feedback opportunities enabled musicians' concerns to be addressed. Adaptations were made to the programme to maintain contact between musicians and patients. These included making recorded concerts for patients and delivering remote musicmaking sessions where practical, until musicians were finally able to securely return to in-person working. The main challenge this raised for musicians was in the break in delivering sessions, and musicians' feelings of being out of practice or unfamiliar with the hospital landscape. Interviews with all the musicians were conducted during the first lockdown to support

musicians' wellbeing and give a space if needed for private conversations to take place where musicians could address any fears, anxieties or concerns.

'Covid-19 meant a lot of my work stopped abruptly before some online alternatives started up. I felt fully supported by LMN and Alder Hey throughout this process, and very much appreciated that they continued to give us work when able and worked tirelessly to get us back into the hospital.'

Resuming sessions in the hospital was exciting and challenging simultaneously. There was a lot to think about with PPE and social distancing, and after a pause in playing (and coming back on keyboard rather than clarinet) there was a feeling of imposter syndrome to begin with. However, I found my flow again and felt supported by my mentor during this process.'

Impact 1: professional development and personal growth – case study.

The programme enabled musicians at all stages to develop their skills as creative leaders and reflective practitioners. A member of the first cohort of musicians involved in the project, percussionist Delia Stevens, was interviewed for this report. Delia took part in the first sessions as a novice hospital musician and through the project developed her skills as a mentor of other musicians. She also gained considerable experience in working in paediatric oncology. Here she describes how her experiences have developed her personally and professionally:

'[Musical Mentoring] was incredibly meaningful to me - in the end I had to press "pause" because it was exhausting and I had too much going on as a freelancer, but it is probably my favourite outreach project that I have done, particularly when I worked on oncology.'

As a musician and practitioner, it made me really have to up my game in terms of flexibility, improvisation and being able to switch ideas incredibly quickly - I now rely a lot less on plans and trust my skills to think on the spot which ultimately make my sessions better because they are more reactive and bespoke.

[My key learning has been in] being able to totally think on the spot and cater for multiple generations/types of participants in one session simultaneously, and mentorship skills -the first time I have been in that role. My confidence has developed - I am secretly quite shy and this just made me have to talk to people, read the room sensitively, bring positivity and be the instigator of conversation in the room all the time which is a great life skill.'

Impact 2: Musician testimonials from the Music as Medicine Programme 2020/21

Despite the challenges of the last 12 months, musical activity found a way to continue at Alder Hey. The musicians were asked to reflect on these experiences as part of their final evaluation. Alongside more detailed case studies, musicians noted the following examples from their experiences of music making during the programme. Their accounts richly demonstrate the impact of the music making experiences in the Music as Medicine programme on child patients and families facing a wide range of challenges and give insight into the impact on the musicians themselves. It seems fitting to conclude with their stories, which celebrate the value of music making to children and young people in hospital:

'There was a young girl who was desperately shy and cried when she first saw us. We slowly built up her trust and confidence by playing gentle songs, introducing her to the instruments and showing her some games. She began to enjoy playing the chime bars, learning songs, and eventually was leading the sessions herself. She would direct her mother, and us, by telling us which instrument to play, how fast and loudly we should be playing and when we should each perform a solo.'

'A very poorly young girl was so enthused and uplifted by the music that she wanted to write her own song. With some facilitation from me, she created a groove, came up with an arrangement (involving mum on shaker too!), decided on an intro and outro, gave the piece a title – and the three of us performed it at the end of the session.'

'For the most part I only saw patients for one session. However, it was often incredible to see their progression during just a short visit. Every week I'd see children who were initially upset or withdrawn. More often than not, by the end of the session their moods had completely transformed, and they were smiling, making music and taking creative decisions.'

'On my very last session I had a beautiful moment with a baby with Down's Syndrome and his mum. He showed so many emotions whilst looking from his mum to me on keyboard and reacted to all the different changes in music. I felt like he was truly immersed, and I could have played to him all day.'

'We worked with a young boy who at first was very shy and didn't interact much but gradually came out of his shell, wanting to play guitar/ukulele/chime bars. After several sessions we had made compositions with him, all about the different teddies in his room.'

'An interesting progression was a baby on neo we met three times. He changed a lot over three weeks, his awareness of sound, moving more to the music and staying calm during the music.'

'One teenager who I saw for seven of my eight solo sessions. His progression, not only musically but in his enthusiasm and confidence, was amazing. From his first session where he wasn't too interested in music to even the end of that session where he had become much more enthusiastic, to then 7 weeks later where I was told that he always looked forward to the music sessions, told me that it made him happy, and he wanted to do more. Over the weeks he had explored different instruments, created his own songs on the iPad, used samples and MIDI instruments, learnt how to edit and create songs using GarageBand and learnt chords on the keyboard and ukulele. It was extremely rewarding and inspiring to see his progression and the impact of the sessions on his mood.'

'The personal highlight for me were the sessions we delivered with a young girl and her family. They were the most difficult circumstances I have worked in as she was in palliative care. The sessions we delivered together with the girl and her parents will stay with me forever. It was an uber privilege to be invited into that space, and the girl consistently showed her brilliant personality, determination and love of music. Her parents inspired me so much, in the way that they supported her and engaged with the session during such an emotional experience. There were tears but also so much laughter and it was an incredible example of the power that music holds to transcend so many barriers.'