



OPEN LECTURES & DISCUSSIONS VOL. 3

Interactive Music Making for People Living with Dementia: Manchester Camerata's *Music in Mind*

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Tokyo Bunka Kaikan Workshop Workshop! Convivial Project
Open Lectures & Discussions Vol. 3

Interactive Music Making for People Living with Dementia:

Manchester Camerata's *Music in Mind*

REPORT

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Outline

Dementia has now become a familiar presence in many of our lives. After they receive a diagnosis, life goes on for individuals and their families. Studies have shown that music can be beneficial for people with dementia as well as for their families, friends, and carers, giving them all a better chance to live as fulfilling lives as possible.

This public lecture and discussion welcomed Manchester Camerata from the UK to share its learning from Music in Mind, its internationally acclaimed music-making project for people living with dementia.

Date & Time

Monday, August 15, 2022

Japan 6:00–8:30 p.m. (UTC+9)

UK 10:00 a.m.–12:30 p.m. (UTC+1)

Venue

Online (Zoom Webinar)

Content

There is a growing need for and increasing attention on activities that spotlight the diversity in the arts in recent years, leading to legislation for promoting art activities among people with disabilities.

Tokyo Bunka Kaikan's goal is to contribute to shaping a diverse and convivial society by offering better art activities and examining key issues. We organize this series of public lectures and discussions with relevant experts and specialists on certain themes. In so doing, we endeavor to explore the current circumstances and challenges in the field, and suggest ways that people in the cultural sector can confront these issues, and how we can improve the quality of the art activities we undertake.

For this year's event, we welcomed Manchester Camerata, a British chamber orchestra that has been delivering unique and cutting-edge

music-making projects with communities across the UK. Its acclaimed work involves young people in schools and adults in the community, especially people living with dementia and their carers.

【Agenda】

- Introduction to Manchester Camerata and Music in Mind
- Benefits of music for people living with dementia and their primary carers
- Music in Mind's person-centered approach to interactive music making
- Techniques used in Music in Mind
- Learnings so far (case studies from a musician, carer, and person living with dementia)

【Panelists】

Lizzie HOSKIN (Head of Community, Manchester Camerata)

Helena BULL (Senior Project Manager, Manchester Camerata)

Amina HUSSAIN (Principal flute, music therapist, and Music in Mind musician, Manchester Camerata)

Naomi ATHERTON (Principal french horn and Music in Mind musician, Manchester Camerata)

Moderator: **KAKITSUKA Takuma** (Manager, Music Performance Division, Kobe Cultural Foundation)

【Accessibility】

Japanese-English consecutive interpretation, sign language interpretation (Japanese-Japanese sign language), Japanese transcription

Capacity / Registration

Capacity: approx. 70 (advance registration on a first-come, first-served basis)

Free registration

Registration: Thursday, June 23–Monday, August 15, 2022

Target participants:

- People in the fields of music, education, and social well-being
- Artists

- Municipality and cultural administration personnel
- Students
- Researchers etc.

Produced by:

Tokyo Bunka Kaikan (Production Section, Yukiyo SUGIYAMA)

Organizers:

Tokyo Metropolitan Government, Tokyo Bunka Kaikan (Tokyo Metropolitan Foundation for History and Culture)

In cooperation with:

Toyonaka Performing Arts Center

Supported by:

Agency for Cultural Affairs, Government of Japan; British Council

Welcome to Tokyo Bunka Kaikan

■ Tokyo Bunka Kaikan:

A Place for Everyone, from Infants to Adults

Commemorating its sixtieth anniversary in 2021, Tokyo Bunka Kaikan opened in 1961 as a venue for classical music, opera, ballet, and performing arts. Among halls in Japan, it has one of the longest histories of hosting classical music and ballet. Designed by Maekawa Kunio, a disciple of Le Corbusier, the hall is an internationally renowned example of Japanese modernist architecture.

Tokyo Bunka Kaikan's programming is organized around three pillars—creativity and dissemination, professional development, and promoting music education and social inclusion—in accordance with Japanese cultural policy. Its original music programming caters to audiences and participants at all stages of their life, from very young children through to adults.

Tokyo Bunka Kaikan's Convivial Project: Aspiring for a Society That Is Enriching for All

In 2017, Tokyo Bunka Kaikan started programming with a focus on social inclusion, and then launched the Convivial Project in 2021.

Through this project, Tokyo Bunka Kaikan aspires to contribute to realizing an inclusive society where everyone can lead full and enriched lives in an era in which people live up to one hundred. To this end, Tokyo Bunka Kaikan engages in providing experiences where anyone can equally share in the joy and the things that make life worthwhile through art, and in reforming infrastructures and environments so that we can interact with cultural creativity and exchange in ways that go beyond ability or disability, or social background.

Examples of this include holding workshops and concerts at special-needs schools and social welfare organizations, and workshops with sign language or in English. In addition, Tokyo Bunka Kaikan offers training, barrier-free staff instruction, and lectures based on pioneering case studies from home and abroad.

The Tokyo Bunka Kaikan Relaxed Performance program launched in 2020 is a representative example of the efforts undertaken as part of the Convivial Project. The program is designed so that different kinds of audiences can enjoy concerts with their friends and family, such as those with post-lingual deafness or hearing difficulties, or those with autism or developmental disorders, and who may find it hard to listen quietly.

In addition, Tokyo Bunka Kaikan partners with various other organizations including universities and nonprofits, and organizes opportunities for dialogue and testing. In 2020, it published Guidebook to the Art Activities Leading to Social Inclusion in Japanese and English, and made it available on the Tokyo Bunka Kaikan website.

For further information about the project, please see the Tokyo Bunka Kaikan website.

What is “conviviality”?

Conviviality, or *convivialism*, is a concept proposed by philosopher Ivan Illich related to living autonomously alongside others.

Illich saw corporations, governments, healthcare, education, transportation, communications, laws, and so on as the societal “tools” that surround us. Though originally created to help us, they now operate on their own, and function within capitalism as means to control our lives or even enslave us. This is why, Illich believed, it is vital to have situations and environments in which individuals can interact autonomously and creatively with others in ways that are independent of organizations or systems, and which transcend differences of age, gender, social status, location, race, ability, and other forms of social background. In this sense, conviviality is not the same as inclusion, which attempts to integrate one thing into something else.

Why Music and Dementia?

■ Music and Dementia

Dementia is a significant social issue facing countries all over the world. Nonetheless, life doesn't simply stop for people after they receive a diagnosis of dementia. Moreover, the challenges that dementia entails affect not only the actual individuals with dementia but also their families and those around them.

Known as a “long goodbye,” families and friends have to live through an extended period of care for their loved ones, and cope with the sadness and frustration of witnessing them progressively deteriorate. What kinds of things can we do so that those living with dementia, their families, and their friends can continue to lead meaningful lives together in the ways that are true to them?

■ Partnerships for Tackling the Challenges: Art, Healthcare and Social Welfare, Intermediate Support, Government

There has been a recent surge in outreach and music activities by cultural institutions and arts organizations. Many, however, find it difficult to work with care facilities for senior citizens and social welfare bodies.

In order to develop fulfilling activities, there are things we should learn and understand before arts organizations and artists enter clinics and care facilities. It is important that arts organizations work in partnership with other sectors, such as social welfare and healthcare, organizations offering intermediate support, and local governments.

■ Living with Dementia in a Way That's True to You

It goes without saying that dementia is a major issue for society. By people from different sectors gradually offering better activities, it has now become possible to support individuals living with dementia and their

loved ones.

Art cannot cure dementia. But we can do something so that those living with dementia and their families lead better lives and in ways that remain true to who they are. What can arts organizations offer society? Can specialists from different fields transcend their respective areas and form interdisciplinary partnerships to offer support for people in a broader sense? These questions go beyond national and social institutional differences to evoke our individual agency and creativity.

Manchester Camerata's Vision and Programming

Lizzie HOSKIN

Head of Community, Manchester Camerata

Manchester Camerata is an orchestra and registered charity based in Manchester in the northwest of England, UK. Marking its fiftieth anniversary this year, Manchester Camerata's mission is music for change.

Its work is striking for its great variety and inventiveness, performed in traditional concert halls as well as non-traditional venues and spaces. It might perform Mozart and opera one day, and then work with a gospel choir or bands like Joy Division the next. Its award-nominated film series Untold, made during the pandemic, took a radical departure from the online concert format to focus on individual storytelling, be it a successful conductor or someone from the community living with young onset dementia.

Camerata's vision is that by 2030, every person with dementia and every young person in Greater Manchester will have access to its world-class music making.

Working with children both in and out of schools, Camerata places young people at the center of the creative process. It works with teachers to formulate a topic, like Vikings or the planets, and then helps children learn more about that topic through music. A music project is something transformative: it gives children a role, the chance to lead and contribute. Make a disruptive child a conductor and see the difference it brings to how they behave.

In addition to its work with children, another major part of Camerata's programming involves people with dementia. Just as it is for young people, music is a transformative force for those living with dementia, able to calm and relax people in their distress.

Camerata has been delivering its award-winning Music in Mind program for people with dementia and their carers since 2012. The program includes the Music Café project run in the Gorton Monastery for people at various stages of dementia. These efforts aim to enable communication between people and their loved ones. The program also trains care workers on the frontline, giving them confidence and the tool of music to help in their work, and also allowing them to escape some of the difficulties of working in a care home, which was especially hard during the pandemic.

Aimed at people dealing with various stages of dementia, Music in Mind employs music making as therapy: playing together, improvising, finding a state of flow, being in the moment, and communicating through playing instruments as opposed to through words. It doesn't matter what level participants are; the point about the project is to give people a voice through playing instruments. The extent of their engagement in the activities might vary greatly, but the music is an infectious and positive force that helps bring people out of their dementia, and show sides to themselves that their carers or others around them may have never seen.

The other side of the program is songwriting. The Camerata team talks to people about certain objects and from these discussions they create song lyrics, followed by melodies. The team and participants then play and sing these together.

Camerata's efforts are backed by research at the University of Manchester, and it works with scholars examining the effects of music making on the health and wellbeing of carers for people with dementia. To further extend its reach and potential, it also partners with other organizations like Music for Dementia as well as local and national governments.

Manchester Camerata's Music in Mind Program

Helena BULL

Senior Project Manager, Manchester Camerata

Manchester Camerata's music-making program for people living with dementia and their carers is carried out in partnership with music therapists, orchestra musicians, and external research and evaluation partners. As part of the development of the program, Helena Bull undertook an industrial fellowship with the University of Manchester, recapping, assessing, and evaluating Camerata's work within dementia over the last ten years, and exploring if there were any differences between its approach to working with younger people with dementia and its approach to working with older people who have been diagnosed with dementia.

Although Bull has a classical music background, she never had aspirations to perform. Instead, her experience with music has always been about sharing something, whether that's sharing an experience with people, sharing a feeling, or sharing a memory. Music offers the perfect opportunity to get to know people as well. It's a language that everyone can speak in their own way.

Manchester Camerata's Music in Mind program was originally designed to support group music making for people living with dementia and their carers in the community (i.e., outside care homes) but since has developed into a new program where Camerata works also with people in residential care homes and assisted living settings. This all fits within Manchester Camerata's learning and participation work, which is known as its community work, since the aim always related to the process of being part of something like a community.

The roots of the Music in Mind project go back to Manchester's designation in 2011 as one of the UK's first age-friendly cities. When the World Health Organization gave Manchester this title, there were various other projects happening within cultural organizations as well as a lot of research and practice policy formulated to benefit the older population. Music in Mind has been developed through Camerata's long-term

relationship with the University of Manchester and was originally devised by music therapist Dr. John Habron and then-head of Camerata community team Nick Ponsillo. Dr. Habron also conducted the first evaluation of this project.

The project is undertaken by orchestra musicians and resident music therapists. This is a quite distinct combination of skills and backgrounds: bringing together qualified music therapists with a more clinical approach with musicians who have experience of performing onstage. This is quite different from anything within traditional music therapy and allows the program to connect with people living with dementia and their carers in a really unique way.

Music in Mind is delivered across Manchester in the northwest of England and in other parts of the UK. Online too, it has developed online training projects with an orchestra in Taiwan, and this will soon be extended to musicians, artists, and practitioners in Japan.

In Music in Mind, the emphasis lies on process as opposed to product; it isn't working toward a final performance or particular end result. What's important is the experience that people have during the time they are together as a group.

A session uses musical improvisation to encourage people living with dementia to express themselves and communicate with others through music. The team takes cues from participants in terms how much or how little they wish to say through music. They are the ones creating the musical dialogue and content. The facilitators of a session respond to that and help to further and develop those conversations.

A typical session involves around ten to fifteen participants who sit in a circle. Everyone's on the same level and there to experience something together. There's no distinction between the musicians and the non-musician participants. A session begins with a hello song to welcome people to the space, which uses participants' names, and then ends with a goodbye song. What happens in between is up to the participants: the music and sounds are created and initiated by those living with dementia

themselves. The role of the music therapist in a session is to weave together all of the separate strands of a tapestry so each thread is a different idea or contribution from an individual that feeds into a bigger piece of art.

The instruments are handheld percussion instruments, because they are easier to operate and less intimidating for people with, for instance, cognitive impairments. Using these accessible instruments, everyone can explore the shape, sounds, and feel of something.

People living in a residential care home have quite a regimented schedule. Mealtimes and care time is set, leaving relatively little opportunity for people to deviate. But in the Music in Mind sessions, participants are reminded that contribution is a choice. The idea is that the session forms a chance for people to take control of their lives and decide for themselves how they want to contribute to the music making.

When it comes to evaluating the impact of this program, the focus is not biochemical, but on the social and emotional effects, such as about participant creativity and the confidence to express themselves musically.

In a twenty-week Music in Mind program in a residential care home, the key changes happen in the fourth and seventh weeks. In the fourth week, the level of familiarity develops and this improves interaction, expressiveness, and musical responsiveness in participants. In the seventh week, people living with dementia begin to change: they experience calm and alert moods with joy and energetic interaction. Displays of anxiety also seem to decline. After ten-plus weeks, participants are happier and more relaxed throughout the week. Participants participate more in other activities outside of Music in Mind. Individuals start listening to music in their own rooms and enjoy an improvement in mood that lasts for up to four days after the session.

The pandemic in 2020 gave Camerata an unexpected opportunity to accelerate its plans to deliver online music therapy-based training program for professional carers, family carers, and musicians. In partnership with the University of Manchester's Innovation Factory and

funded by UK Research and Innovation, it developed Music in Mind Remote: an online platform that housed training videos, written information, and activity resources so people could continue to make music and learn about music making throughout lockdown.

Many carers felt isolated and cut off from any support systems throughout the pandemic. The Music in Mind program allowed Camerata to offer a sense of consistency with the creative activities it delivered pre-pandemic while providing genuine support for those on the frontline of the Covid emergency. The one-to-one or group training sessions gave the carers not only an opportunity to focus on themselves but also to share their experiences with other carers in a similar situation. Many people living with dementia in care homes were in self-isolation for weeks. The sessions meant their carers could continue delivering one-to-one music-making activities during this time. And for musicians and music therapists, the remote program also provided paid work during the pandemic, when arts and culture activities were almost completely decimated.

Discussion

Naomi ATHERTON (Principal french horn and Music in Mind musician, Manchester Camerata)

Helena BULL (Senior Project Manager, Manchester Camerata)

Lizzie HOSKIN (Head of Community, Manchester Camerata)

Amina HUSSAIN (Principal flute, music therapist, and Music in Mind musician, Manchester Camerata)

Moderator: KAKITSUKA Takuma (Manager, Music Performance Division, Kobe Cultural Foundation)

KAKITSUKA Takuma: Music in Mind is very different from the usual way in which a musician in an orchestra works. There's a lot of improvisation. It's about gathering ideas and creating songs and music together. I would like to hear from the musicians about their motivations for doing the program. But first, from the programming team at Manchester Camerata, how do you provide training for your musicians?

Helena BULL: From Manchester Camerata's perspective, our interest in how we support musicians goes right back to the beginning of the program, because it was very different from our work with schools or anything else that we were delivering at that time. We really had to invest time in finding ways to best prepare and support the musicians who would be part of this. One of the first things for us to find out was people's motivation for being part of this work. What made them interested in it and why did they want to become so involved in a music-making program like this? For us as well, that's an opportunity to find out about skills or even untapped potential within our musicians that we don't recognize in day-to-day life or that perhaps don't see on the concert platform.

In terms of preparation and support, in the past we've had dementia specialists, nurses, and healthcare professionals come along to some of our introductory training sessions to ensure that musicians felt well

prepared and equipped to work within dementia settings, whether that was on a hospital ward, in a residential care setting, or with people living with dementia in the community. In more recent years, we've invited dementia specialists and dementia-friendly organizations to be part of some of our training sessions to give musicians reminders or helpful strategies and ideas for working with people living with dementia.

There can obviously be an emotional burden or emotional attachment when it comes to doing this sort of work, whether that is through personal experience, your own lived experience, or just through working so in depth and closely with people for a long period of time. We've offered musicians therapy or other forms of support so that they can explore any emotional challenges that they are going through. Camerata is training a mental health first-aider who will act as a point of contact for any musicians experiencing any emotional difficulty or worries, perhaps as a result of being part of this work.

Some of the challenging things we've found are the different roles that a musician or music therapist embody within these sessions: listening, supporting, explaining, being aware, facilitating, and of course the musical roles like providing a bassline, harmonic support, melodic support, or physical support in terms of actually holding instruments.

Naomi ATHERTON: My father had dementia and I found that music gave him so much during that time. He used to get quite distressed. But when we played music on a CD player, it would give him a sense of home. Later on, he went into a care home and the carers had some music that they knew he knew very well and loved, and which they could play to calm him down. I've been doing Camerata community work for many years, and my motivation for that is that I love playing the horn on concert platforms, but I think music is something to be shared. I think that Music in Mind is the most important work I do, even including performing on a stage to thousands of people.

Amina HUSSAIN: I actually don't have any personal direct experience of dementia at all with anybody that I know in my family or friends. When I was first considered doing this work ten years ago, my thinking was: "Why

not?” I’d never really worked with older people, especially older people who live with particular conditions. It seemed such an interesting idea for me to be around a musical situation that also had clinical input, like information about someone’s medical history or the challenges that they face. Living with a brother with severe disabilities who is nonverbal has absolutely informed the path that I’ve taken as a musician. I have a particular interest in people who are essentially voiceless and it really frustrates me when people don’t have outlets for expression.

Music in Mind is one of the most joyous and incredible experiences I’ve had in terms of working in music. The stimulation I get as a musician from the in-the-moment experience is just enormous. You don’t have that opportunity in the same way when you’re performing traditional concerts. As wonderful as they are, this program is very much an extension of that where you can improvise and have more of a say in what you do as a musician. Our role as facilitators is slightly different because we want to enhance the experience of the people taking part, so we’re not the important ones. It’s them; they are the influencers. And I really love that relationship. I think it’s incredibly valuable.

BULL: How do you prepare for Music in Mind sessions in terms of the roles that you embody?

HUSSAIN: As well as being principal flute of the orchestra, I am also a music therapist. My role within the Music in Mind project is really to facilitate whoever is in the room: the participants are the primary people, but there’s also their carers, family members if they’re there, anybody else that walks into that space, and the musicians. A music therapist typically works solo but in Music in Mind all the musicians work together, which gives me great support. My preparation is really about just being open and seeing what happens, and actively listening the whole time, just to be sure that whatever comes up organically in the session is acknowledged and highlighted.

ATHERTON: If we’re doing a twenty-week project or a ten-week project, it means that we can go into the next session with some knowledge that can be really useful to helping people develop what they’re doing and

expanding their voice. As a musician, I see my role as supporting the music therapists. This is very collaborative. Eye contact is incredibly important. I look at them across the room and we'll note what idea, what thread someone has given us, and then we can react to that.

My instrument has quite a deep, resonant sound. I've found that if I play, sometimes I can get an extraordinary reaction from someone who might otherwise be very quiet. If you have, say, a violin, that's a very physical instrument, so you can get people copying the gestures, which is great for their movement, and it's a higher pitch, and that can resonate with a different person.

KAKITSUKA: In terms of Manchester Camerata, how many musicians are participating in Music in Mind per month?

BULL: Manchester Camerata is a chamber orchestra. We have thirty-three members. Probably at least two-thirds of those are involved in our community work. And then within that, maybe a third are involved within Music in Mind in some capacity.

KAKITSUKA: I would like to get a better idea of what the profit and loss looks like. How much money comes in? How are you managing to balance your funds to be able to do Music in Mind?

BULL: The UK may seem like a wealthy country that is investing lots in arts and culture. To a large extent, that is true but it differs greatly depending on where you are in the country. Funding is an ongoing battle and factor within our work to ensure that we have adequate advocacy around our work.

KAKITSUKA: Manchester has been designated an age-friendly city, a program started by the World Health Organization in 2010. This is about building the city to be friendly to the elderly population across almost all areas, whether that's transportation, housing, or social participation. These are areas outside of caregiving. How have you designed your city? What are you doing with your city?

BULL: Manchester was designated the UK's first designated age-friendly city in 2011. Camerata's been involved in that since the very beginning. We actually presented at the age-friendly Manchester launch event. I guess something that Manchester does very well is actually listening to the people who live here. We have age-friendly cultural working groups for older people living in Manchester to tell policymakers, politicians, and local councilors about their experiences. That has informed a lot of different initiatives within Manchester to better support that population as well. I'd also say that the cultural sector within Manchester are very active in involving older people in co-production. There are a number of organizations around Greater Manchester that pride themselves and base their own practice on co-producing work with the older population.

KAKITSUKA: We should also discuss social prescribing. This is where doctors, instead of prescribing medicine to a patient, will prescribe a way to interact with the community. Social participation is treated almost like medical treatment. It means thinking not just in terms of physical health but about happiness and leading an enriched life.

HOSKIN: For an organization such as Manchester Camerata, which is a charity, social prescribing is both a good and bad thing. We have a lot of doctors prescribing visits to Music Café to help someone communicate with their family member who has dementia, for example. But the National Health Service does not fund us. We want to give a free service to our citizens, but we need funding. The benefits of what we do can be long term but many funders in the UK can only commit to a short-term investment. It requires a lot of efforts on our part to keep the program going, convincing partners that long-term funding is the way forward. We are working with the councils, NHS, schools, and music hubs in Greater Manchester to provide long-term strategic funding so that we can continue to give the benefits of music, instead of just parachuting into an area, doing a music project, and then leaving. We embed ourselves in each of the boroughs to bring people together and reduce isolation within communities.

HUSSAIN: I work with a different organization where all of our client base is actually predominantly through social prescription referral. One of the

things that we discovered very quickly during the pandemic was that there were lots of older isolated people in the area who were struggling and desperately trying to access doctors' appointments for all sorts of complex reasons, which would fundamentally end up being about social isolation. We're in contact with four or five specific link workers, who are the people that manage social prescription between a general practitioner and a person in the community. Through those link workers, we have access to five main health centers that cover a number of GP practices. A six-week program will be offered to somebody in the community who needs non-medical intervention. This could be anything from gardening to making music to a cooking class, running club, or learning how to cycle. These activities are simply an anchor for getting somebody to reintegrate back into society in some way.

The benefit of social prescription is that it focuses on building resilience from the ground up: gaining strength and social connection within the community, while still living in your own home and maintaining your own dependence, and not requiring medical intervention that would potentially advance your degeneration further down the line. One of the many strengths about Music in Mind is that it's practiced in care settings as well as in a community café. I am very motivated about doing music therapy in the community as opposed to a clinical setting is that it helps build resilience and functions as a preventative measure.

KAKITSUKA: What are the kinds of changes we can see in carers, participants, and their families through participating in Music in Mind?

BULL: We have focused on the social impact that Music in Mind has had on individuals as well in terms of being able to communicate, integrate, and build relationships with others. One person who took part in Music in Mind was visually impaired, and this caused her a lot of frustration. But since music is a language that doesn't need to be written, she can hear what other people are communicating and how they are expressing themselves. Being involved helped with her sense of wellbeing and inclusion within a group.

A care worker from a Music in Mind project commented on involving verbal

and nonverbal participants, and alluded to the fact that without music as a means of communication, individuals often felt excluded. This shared language of music takes away the barriers that people may have otherwise have to engaging with peers or others. The carer said, “It’s interesting to see the communication within the group and it’s not all about verbal communication. You’ve got a group of people now working together and are looking around to see what each other is doing, and supporting one another to keep going.” Music therapy brings people together in a sense of togetherness by sharing something.

HOSKIN: Providing care workers with the same sort of skills that our musicians have also gives them a voice. Traditionally in the UK, the people who work in care homes don’t have much of a voice. The managers of the care homes have the voice in a lot of cases. We’re giving a voice to carers so that they can come together to help their residents in a way that is less clinical and less about everyday personal care. It helps to give carers the chance to work with music in a way that a lot of them didn’t think was possible.

BULL: Through Music in Mind, carers can find ways to use creative methods instead of medication, it can help with personal routines and care duties on an everyday basis. There is also the benefit from creating a group dynamic among the people in a Music in Mind session. One carer told us that they like the community feel of it. The activities are shared, and this involves the carers too. Carers have told us how they’ve been able to deepen or develop new relationships with people that they care for by sharing a new experience together. It’s really important that people can continue to learn and experience new things together at a time in life for people living with dementia where things otherwise seem to be declining and opportunities lessening.

ATHERTON: When we train carers, we give them the musical confidence to take everything that they’ve observed us do and then use it in their care homes in a way that they need, because every care home is different. It’s the carers who really know their residents and what they need. I too have learned things from the carers because they’ve been so creative with the material that we’ve given them. They’ve transformed it, in some instances

making whole programs of activities for the residents.

HUSSAIN: Just as much as the orchestral musicians and music therapists collaborate together, we like to think that we are collaborating with the care staff or carers, and whoever's taking part in that session. If they're in that room, we are actually all collaborating together. We can get so much information and useful tips from carers about the people that we are working with. And they, in turn, get to see us do our thing, where we make no assumptions because we don't know anything about the people. In essence, the sessions shift the dynamics of some of the relationships and have a really positive influence all around the circle in terms of the many things that might be quite challenging for people living with dementia.

Perhaps some behaviors get addressed as a kind of fortunate bonus of the work that we do, but we're not necessarily aiming to remove or change things. The natural progression of using music and actively listening to someone and hearing their contributions to the group differently to what they typically get on a day-to-day basis is the crucial aspect of what we do. The impact of that is very wide-reaching and the ripple effect very strong.

BULL: I'll just reinforce again: for us, it's all about the process, not the product.

KAKITSUKA: Before we head into the Q&A, I wanted to give an example from Japan, because one of the questions we received from the audience was about similar programs to Music in Mind: Is there any way to learn the same methodology here in Japan? Well, Tokyo Bunka Kaikan and Toyonaka City have done this kind of training, some of which is public and some of which is closed. We work with Japanese musicians and care homes for the elderly. And next we are planning to have training sessions between British and Japanese musicians. And I hope that further opportunities will appear soon.

Let's take a look at some of the questions from the audience. Music therapists use music as therapy. Musicians use music as a musical activity. Is there a conflict or discrepancy between the two? What is the musician's

approach to that gap?

HOSKIN: I am a musician but not a professional musician. One of the things to point out is that there is a lot of assumption in the classical music world that music for dementia means playing at people. In other words, it's taking a quartet, playing Elvis songs or Mozart to a group of people. Right from the start, we have to convince musicians that it's not about playing at people. We are just the facilitators. The people with dementia are leading the sessions.

HUSSAIN: The potential for conflict between music therapy practice and community musician practice is what we're talking about here. At Music in Mind, we operate a person-centered, music-centered approach, so conflict isn't really a thing that we worry about at any point in terms of our approaches. There are also many organizations out there who are purely community musicians and not therapeutically led, but who are doing amazing work. There are indeed music therapy practices with a specifically different approach that might cause conflict, but this is not an issue for us at Music in Mind. I am still a performer in the orchestra and have been classically trained all my life. Moving into music therapy has come about as a result of Music in Mind and my experiences on that program. The approaches that are already in place completely aligned with everything that I found to be very inspiring and motivational about doing that kind of work, and also falls in line with the music therapy practices that I took on in terms of my training.

ATHERTON: I've had to learn some new technique. The key one was the idea that I don't perform anymore. I've had to learn to play with, and it does take practice. But I now believe it's made me a much better musician. I was always very scared of improvising before. Now I feel very free and very able to do that. Moreover, it's also given me more empathy when I am playing my music on the stage. In the Music in Mind sessions, I always feel very supported because there is a music therapist with us. I feel I can bring my expertise. I can be an extra pair of eyes and ears for the music therapist. But I also feel that what I'm doing, I'm doing it with integrity because I know that the music therapist is guiding me to do the best I can possibly do for the people that we're working with.

KAKITSUKA: To wrap things, I will give some responses to a few of the other kinds of questions we have received from the audience. The Music in Mind sessions focus on improvisation. It is rare that the participants play something that is already created. The facilitators don't issue specific verbal instructions like "Please do this" or "Please do that." With a long program that extends for three months, it can be hard to understand what is happening in the initial weeks. You may even question if it is really making an impact or whether the sessions are really making what we might consider music. I also had this feeling when I saw this kind of music therapy in practice in the UK and Japan. But giving participants the freedom to choose their own instruments and contribute to the creativity is very important. It's not about asking people to do a certain performance with their instrument. And because there are no formal instructions, the results come out more slowly. But that process, that interaction and opportunity for them to choose themselves, that's what's important.

While this may be very different from our image of an orchestra musician, what about a music therapist? Is there a gap between this kind of role and a regular music therapist? This is something that came up in our discussion, and it seems there is little discrepancy. Music in Mind brings out the qualities of both a musician and music therapist. And as we saw, the program is interesting and fulfilling for musicians too, not just those living with dementia and their carers. The program really benefits all parties.

There are a lot more things that we want to talk about and we have many more questions, but unfortunately our time is coming to an end. I would like to summarize and review the main points to take away with us today. As a system or framework for these kinds of activities, we first need to have the support of local governments. It's not that organizations like Manchester Camerata can do their work all on their own. It's important to have partnerships and to work in collaboration with people from other sectors. Each situation throws up a challenge that we have to surmount to find a better approach, and the tactics that Manchester Camerata has employed offer lessons for us all. During the pandemic, for instance, your work was restricted in that you could not physically visit care homes, and online tools were utilized so that you could stay connected with care

workers. To reiterate what you said, it is about the process of listening to the voices of the participants, to give space for participants to make their own choices about the music and instruments, and then to create the music together. This is something that I truly love about this program. Thank you to everyone from Manchester Camerata and those in the audience who contributed to the discussion with your questions.

Your *Music in Mind* Questions Answered!

Who answered...

MANCHESTER CAMERATA

[AH] – Amina Hussain, Music in Mind lead music therapist, principal flautist

[LH] – Lizzie Hoskin, Head of Community department

[NA] – Naomi Atherton, Music in Mind lead musician, principal horn

If only musically simple elements come from the older person, or if spontaneous performances do not emerge, are the musicians encouraged to do so? If so, how would they do this?

[AH] Musically simple elements are all we need to start musical dialogue within a group. As musicians we look for starting points to build music around, and it's fairly rare for there to be complete silence. It's important to remember that people at different stages of dementia participate in different ways and not everyone wants or is able to play an instrument. Musicians can definitely model some music but it must support the sounds or movements being made, and not take over.

[NA] If nothing is initially forthcoming from the participants, the musician can gently start playing some music which will encourage the older person to join in. Once everyone is playing along, the musician can change the texture of their music so that the older people can hear themselves. The musician can then swap their role so that they are now supporting the music rather than leading.

Are there older people who do not want to participate because they feel that simple percussion playing is too childish, i.e. that they are being treated like children? If so, how do you respond to them?

[LH] There is no right or wrong to this music. If someone thinks it's not right for them, that's ok! Usually as everyone (carers, people with

dementia, musicians, family members) are all part of the circle and joining in, it encourages the more reluctant people to join in or just watch.

[AH] Yes! The pretty colours of the bells or the egg shakers can be seen as something childish by some, particularly some of the gentlemen. What's really important here is the musical intention behind the instrument. If we played nursery rhymes with all the 'child-like' instruments then I can understand why people might be reluctant to join in! But if you are being true to the improvised music that is happening in the room (as in, really responding to the participants music), the impact of a well placed sound changes the context, regardless of which instrument that is. It's up to us as musicians to frame the musical experience in a way that has integrity. We are trying to build trust here too!

Do older people themselves make the choice of musical instruments? Do the musicians provide them with the appropriate ones?

[LH] Yes, where possible (unless mobility is an issue) the older people select their own instruments. Otherwise carers select the instruments for them and work out eventually which instrument they enjoy playing more.

[AH] Yes the elders choose their own instruments where possible. Sometimes participants choose an instrument that really appeals to them but the action of making it work can seem too challenging at first. It's really important to spend time observing how people interact with their chosen instrument and for us to support any difficulties that might experience. For example if someone chooses an instrument that requires more advanced cognitive processing - a drum and a beater - it might be hard for them to process two hands doing independent things and become frustrated. Rather than remove that choice, we can share that responsibility with them by holding the drum for them so that they can focus on one element of just using the beater. We always do what we can to support active choices. If an instrument is clearly causing more upset than joy, we can consider what other instrument would be similar in appeal, but simpler to execute. Hopefully then you might be able to build up to the original choice instrument after some time.

Do the older people get confused as many sounds are made at the same time in a group session? If so, how would you handle this?

[LH] Many sounds *are* indeed made at the same time, but it is the role of the musician and therapist team to observe the group and bring everyone together in sound using observational techniques. It's a bit like free jazz! It ends up being an ensemble joined together.

[AH] Yes absolutely! That's why it is so important for the musicians to help make sense of the sounds being contributed by the participants. You do this by listening to the character of the music already being made and then enhance and support that sound world by weaving together the different elements into a kind of flow.

We know that older people with different cognitive functions, physical fitness and hearing abilities will participate, how do you take each of these into account/respond to each of them?

[LH] Evaluations (HKD Research, 2019) demonstrate consistent impacts and results for people with dementia who participate in Music in Mind sessions:

- increased social interaction with other residents (100%)
- increased activity levels outside Music in Mind sessions (77%)
- a greater sense of wellbeing (100%)
- increased musical interaction and confidence to express oneself musically (88%).

[AH] Music in Mind has an entirely inclusive approach. Music itself accommodates multiple roles/layers within it. People are the same. We focus on what people CAN do and we make sense of their musical role. But we also make sure that we pace a session well, with musical contrast and room for rest within the active music-making, with silence and space to allow for processing and musical clarity and to reflect a more natural way of being - up and down!

To what extent is there musical interaction between older people?

[AH] The extent is impossible to answer, but there is lots of interaction between people.

[NA] Sometimes there is a lot of interaction between older people. Sometime there is much less or none. Some people have never been particularly sociable during their lives or sometimes it becomes difficult to be aware of other people because of the dementia. We hope that through programme, our participants make music 'in the moment' rather living in the past and that they become aware of their surroundings and the other people around them.

Are there any signs or rules to follow when improvising with older people?

[AH] The 'rules' are that the older people are the important ones in the group, they always have the biggest voices and they always decide what happens next in the music making. They are the ones who shape and influence how we musicians respond in the improvisation.

[NA] The main thing to remember is that you are not performing at/to the older people, you are supporting their music and playing with them. Leave spaces so that the older people have time to think how they want to play and it also helps them to hear themselves.

I would like to know the average basic set-up of the programme. Number of programmes implemented (frequency). Number of sessions per programme. Duration. Number of participants. Number of musicians. Number of carers.

[LH] For Music in Mind sessions in a care home, we usually do a minimum of 15-20 weekly sessions (15-20 sessions per programme), which last approximately 60-90 minutes each. We usually recommend a group of 10-

15 residents/participants, with one music therapist and one musician, both trained in the fundamentals of Music in Mind. We also ask at least 1 or 2 care home carers to attend, not only for duty of care but also to upskill them in how to run a session or to show them how musical improvisation and 'conversations' can help throughout everyday care home life (as per the benefits previously mentioned).

Who will be responsible for securing financial resources for the implementation of the programme? Who will pay for the musicians' fees, instruments and other preparation costs? If possible, could you tell us how much a musician fee is to be paid?

[LH] It's usually me, as head of Community. As Manchester Camerata is a registered UK charity, I help fundraise by applying to Trusts and Foundations and also local government/council funds in order to raise monies to cover the cost of a 6-month Music café (for example). These costs include venue hire, refreshments, materials for song writing, percussion instruments, music therapists' fees, musicians' fees, song writer and arranger fees, as well as core staffing costs from the central team (project managers) and on-costs. All musician fees align with Manchester Camerata's contract with the Musicians' Union and also include workshop planning fees, workshop fees plus travel and instrument portage.

I assume that the activities go to the facilities where older people live, but are there also programmes for older people 'at home'? If so, are there cases where social prescriptions can be used? Is the Music Café a programme for people in their own homes?

[LH] We run the Music Café for the general public, it's free admission and held for people and carers at home. The Music café is run on the same principles of Music in Mind but with a song writing element so that families and at-home carers can have some input too!. and it also serves a social purpose, to help people in similar situations to connect with one another, to help reduce loneliness for those who have to care exclusively at home

with no social groups etc. We have a few people who are referred by local link workers and doctors (social prescribing) and a few dementia activity groups who attend too.

When evaluating a project, do you consult with the funders to determine the evaluation method and content?

[LH] We go by the funders' guidelines, but what we're evaluating is what's in line with the actual project itself.

Has the framework and content of the project evaluation changed from the start of the project until now?

[AH] Yes, I think it has been under continuous review and modified according to the outcomes and learning from project to project.

The programme seems to bring changes to the musicians as well as to the older people. Are there any actual changes in that regard?

[AH] Yes, I would say that I'm a much better musician now for being involved in Music in Mind. I have a much better understanding of how music works, I can improvise, I can play more instruments, understand compositional techniques more, I understand personhood more, I understand the pathology of dementia much more and I became a music therapist because of being part of this programme. Quite a lot of changes here!

[NA] I can only speak about my personal experience. I feel that I have learnt so many things, not just when working with older people, but when I am playing in the orchestra or playing chamber music.

I have a much greater knowledge of dementia and feel very lucky to have met so many people and to have learnt a little about their lives. This gives me a lot of satisfaction and is good for my confidence and sense of well-being. I am more more confident at improvising. I listen better. I am much

more aware of the contributions that my fellow musicians make to the music.

How do orchestra members perceive Camerata in Community? What does it mean to the orchestra members?

[AH] I feel that the musicians who participate in this work really love it. For me it means being able to engage in music in a totally different, much more creative way. I think it is crucial for your professional development to be involved in a wide variety of music making.

[NA] They often ask questions about it and seem to think it's a great thing to be involved in.

Do the orchestra members who participate in the programme do so at their own wish?

[LH] Yes! It's entirely voluntary and we offer regular opportunities to orchestra members to come along to training as well.

[AH] Yes!

Amina told us that she studied as a professional music therapist. Has your approach to and feelings about Music in Mind changed before and after your studies?

[AH] That's an interesting question. I became a music therapist specifically because of the Music in Mind programme. (Some of the other musicians have considered the possibility of training too for the same/similar reasons, but understandably it's a big leap to take!) If anything, my feelings for Music in Mind have been reinforced since training as an MT, demonstrating that it always had person and music centred integrity and remains a forward thinking programme open to refinement and development to meet the needs of the community it serves.

I would like to see footage of the actual Music in Mind programme in Manchester, if available. What kind of sound is it? I would like to see how they interact with older people and how sound works with the older people.

[LH] You can find all our news here:

<https://manchestercamerata.co.uk/community/music-in-mind/>

There are lots of videos – this contains music made by the people with dementia at our music café:

<https://manchestercamerata.co.uk/music-cafe-at-the-monastery/>

Also another one here: Keith's Interview

https://drive.google.com/file/d/14beveM44dPVbjLX3jB89_apcx7yPpCRC/view

You might like to watch this short film series, *Untold*. Keith tells the story of his dementia diagnosis and experience from a first-person point of view:

<https://manchestercamerata.co.uk/performance/untold/>

Any questions, please email Lizzie

lhoskin@manchestercamerata.com

Participants Background

Advance registrations: 409

Total participants: 507

Participant Background

<Specialist or Preferred Artistic Field>

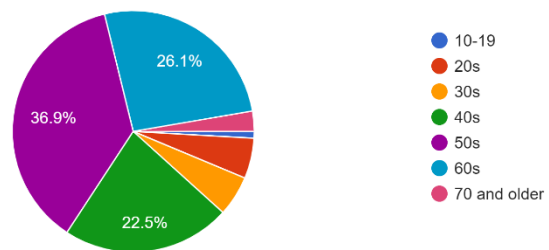
- Classical music (incl. contemporary music and opera) 37%
- Other music field (pop, jazz, etc.) 19%
- Visual art (incl. contemporary art) 16%
- Ballet and dance (including contemporary and traditional dance) 6%
- Theater 6%
- Traditional and folk performance 6%
- Architecture, photography, film/moving image 3%
- Literature 1%
- Other 6%

<Affiliation>

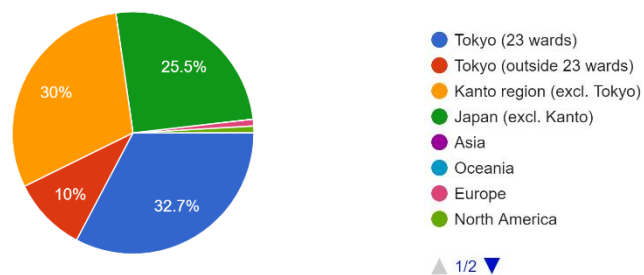
- Student, educational or research institution (incl. music college teacher) 19%
- Musician, artist, workshop facilitator 18%
- Freelance or self-employed 12%
- Medical or healthcare facility 9%
- Social welfare or support organization 8%
- Theater, music hall, concert hall 6%
- Other art-related group 5%
- Museum 4%
- Orchestra or performance group 2%
- Municipality or local government, government organization, national government body 2%
- Other 15%

Survey Results

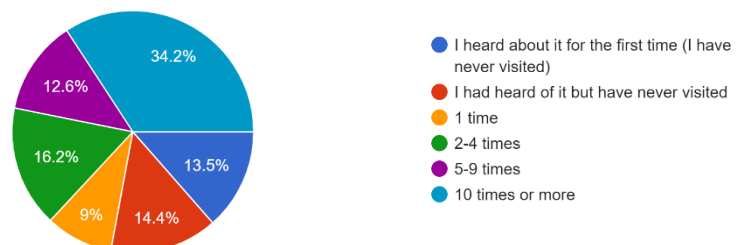
[Q1] Age



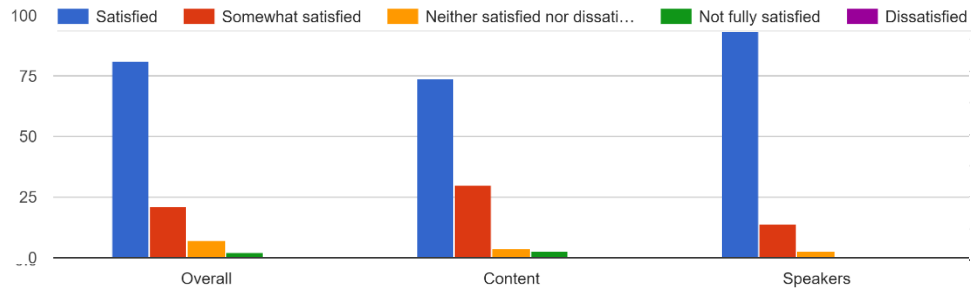
[Q2] Location



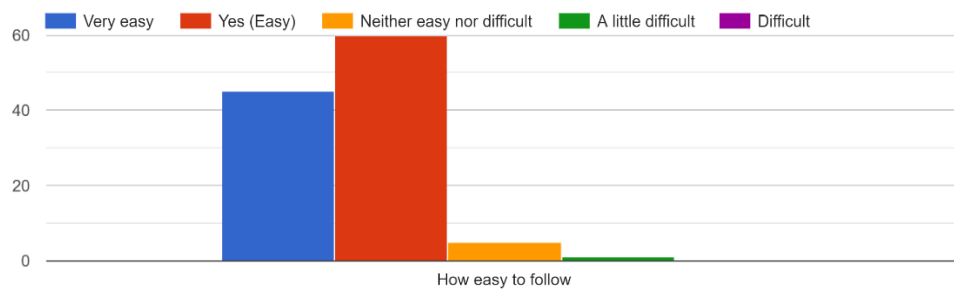
[Q3] Have you previously visited Tokyo Bunka Kaikan?



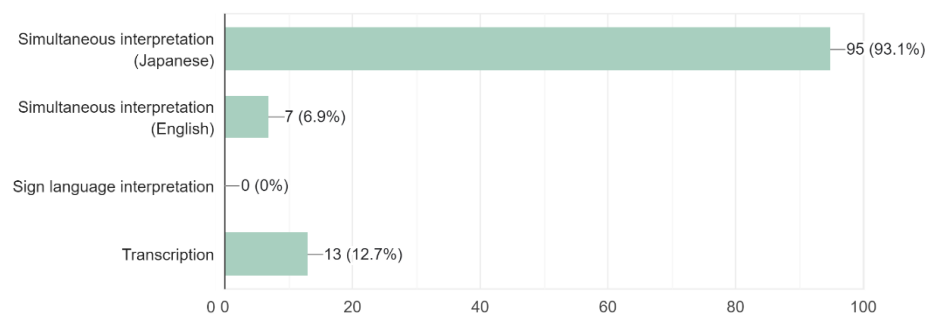
[Q4] How would you rate your level of satisfaction with today's event?



[Q5-] Was the event easy to understand and follow?



[Q5-2] Which accessibility services did you use? (Multiple answers allowed.)



Tokyo Bunka Kaikan Music Program TOKYO

Workshop Workshop! Convivial Project

Lectures and Training for the Art Activities leading to Social Inclusion

Open Lectures & Discussions Vol.3

**Interactive music making for people living with dementia—Manchester
Camerata's "Music in Mind"**

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