A CHOIR IN EVERY CARE HOME

ON QUALITY AND FRAMEWORKS

WORKING PAPER 3

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‘A Choir in Every Care Home’ is an initiative to explore how music and singing can feature regularly in care homes across the country. Funded and initiated by the **Baring Foundation,** it is a unique collaboration between 30 leading national organisations from adult social care, music and academic research. It is led by **Live Music Now**, **Sound Sense** and **Canterbury Christ Church University**.

The Baring Foundation

About *A choir in every care home*
This enquiry is an initiative of the *Baring Foundation* which since 2010 has focused its arts programme on older people, especially those in care homes. Following a roundtable discussion in October 2014 the Foundation decided as a first step to undertake a short-term investigation into singing in care homes which would:

- Collate the existing evidence for the benefits (for staff, family and friends, choir members as well as residents) of singing/choirs for older people/in care homes/links to the wider community.
- Map existing activity
- Explore different models of activity: benefits, challenges and ways forward
- Collate existing materials that support choirs in care homes and produce new materials where needed.
- Consider issues of quality of the artistic experience and art achieved, with special reference to dementia
- Describe what more can be done without extra resources and cost what more activity could be achieved with further resources.
- Launch and widely disseminate this work in a way that will encourage the greater use of choirs in care homes.

Following an open application process a consortium of three organisations, led by Live Music Now, was awarded funds to carry out the investigation.

Our working approach
The worlds of singing, arts and wellbeing, and care homes are all well understood by a wide range and large number of organisations working at both practical and policy levels. These organisations – nearly three dozen at the last count – not only know about the subject, the results of this enquiry matter deeply to them. No investigation could successfully research the issues – nor, crucially, be able to “disseminate the findings in ways that will encourage the greater use of choirs in care homes” – without genuine buy-in from these organisations.

Our working approach therefore invites these organisations to form not a steering group, but a *working* group that shares and learns from each other, that determines work that needs to be done – and that then is involved in carrying it out.

Compared with conventional practices of evidence-gathering and recommendation generating, our approach:

- involves the sector fully from the start – so they own the solutions
- makes full use of the knowledge, expertise and experiences in the sector – it is efficient
- creates a community of practice that is worthwhile in its own right – so leaves a legacy
- creates solutions already agreed by the sector – so are much more likely to be adopted.

About working papers
Our working papers distil the sharings and emerging learnings of both the working group and the consortium, to provoke further debate and discussion. They are subject to change as the initiative develops. Together, they form the evidence for our actions and recommendations for future work. A list of proposed working papers is on the outside back cover.

Cover image
Graduating in 2011 from Leeds College of Music, Beckie Morley’s Musical moments company now works with over 100 care homes

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0 Narrative summary

Just any old choir in a care home – even “every” care home – won’t do: the work has to be “of quality.” Our funders ask us to consider quality; we get hung up about whether certain activities in care homes are quality; and more (see section 1.1). And yet, we don’t know what quality is.

Or perhaps we know too much: there’s quality in the art (2.2); quality in the processes of working with participants (2.3); quality in the experience and other outcomes of the participants (2.4). There are serious flaws with each of these three. But – if we understand that the purpose of singing in care homes is ultimately about making change for the residents (2.4.2) – then an outcomes approach to quality is the only sensible route to adopt, and the stumbling blocks in the path can be moved. There are also pragmatic reasons for choosing this route, as it aligns with policy and strategy in the care sector (2.4.1).

First job is to select appropriate outcomes against which quality of work can be measured. There are multi-part pre-requisite questions to settle first, such as who is consulted on outcomes and who decides which should be adopted (3.1). A second job is to determine how those outcomes could be measured (3.2). All this entails debate and consultation and should result in a document that would:

- list desired outcomes for residents from singing activity
- explain what would count as high-quality in each of those outcomes
- describe how that quality could be measured.

In other words, a “quality framework” for (specifically) singing activity in care homes (4). But there are dozens of such frameworks (4.1): do we really need to add to them? A swift analysis of the major ones (4.2) suggests they are too specific in content or have shortcomings in structure to be usable directly for our purposes.

But they help us understand how to develop (4.3) such a framework; and the importance of aligning that with existing frameworks (4.3.1).

The final stage would be to develop and promulgate the *A choir in every care home* quality framework – but that, unfortunately, is outside the scope of this current work (4.3)

1 Starting points

1.1 Why are we interested in quality?

1.1.1 Because we should be.

1.1.2 Because singing has been shown to create impacts on people (working paper 6), to produce outcomes of varying sorts. In other words, to make change in people. Instigating singing is therefore an ethical act; and instigators have a duty of care to ensure that the singing produces “no harm” (perhaps the minimum baseline for quality).

1.1.3 Because our funders ask us to consider quality, both directly:

> “Assemble any existing materials that support choirs in care homes and produce new materials where needed. This should include considerations of quality of the artistic experience and art achieved.“ (Baring Foundation 2014 tender brief)

And indirectly:

> “Describe different models of activity, giving their benefits as well as the challenges.” “Describe what more can be done without extra resources and cost what more activity could be achieved with further resources.”

None of which can be properly tackled without reference to quality.

1.1.4 Because of what quality means for this care home:

> "one of our most sucsessfull activities is any animal or birds that we get to come in the home this is the most reactions than any other activity."

1.2 Defining terms

1.2.1 For this paper we have deconstructed the title of this investigation thus:

- *Choir* any form of singing (see below)
- *In* also includes *of*, and other prepositions. In other words, the singing activity might be imported, or it might be created within the home
- *Care home* usually meaning a residential home, but occasionally includes other forms of social care.

Which lead on to further definitions such as:

- *Singing* usually meaning a sound created by a person's vocal apparatus – but can include any form of noise-creation, including body-slapping, clapping, use of instruments, use of assistive technology.
- *Singing* to include all forms of music making. We found in our surveys that care homes mostly not only didn't distinguish a choir from other forms of singing, they also didn't distinguish singing from other musical activities.

1.2.2 Singing is usually instigated by someone – in one survey by the National Care Forum the vast majority of activities (74%) were led by staff. Artists led in 23% of cases, volunteers in 20%, others in 12% (Cutler et al 2011: 7). We usually call these people in this paper *musicians*.

Categories overlap: musicians may be volunteers or paid; volunteer musicians may have music as their profession or not; care workers can be musicians themselves. And so on.

1.2.3 Music in care homes occupies the spectrum from purely performative to actively participative. So the terms "participatory arts" and suchlike do not cover the breadth of the work. What is constant across the spectrum of practice is that it is all *purposive* – there is a reason for this type of music, in this setting, with these people. In this respect, the music making is identifiably an "active intervention between a music leader or facilitator and participants" (Higgins 2012: 3-4).

Interventions are designed to make change; and an "active" intervention would imply that the facilitator was aware of the power of the musical activity to make change; understood the reason for or purpose of that change; and tailored their musical approaches deliberately to improve the chances of the activity producing the desired outcomes (Deane et al 2011: 44-51). Such change-making may be applied to political, social, community, or personal issues.

And so this activity is, by one widely-accepted definition, *community music* (Music Australia, n.d.).

1.2.4 Finally, who is this work being done with, for, to? The focus of the musicians' work is usually the residents of the home, who are the beneficiaries of the singing. (Other beneficiaries include care workers, family and friends, musicians.) But "beneficiaries" sounds not only old-fashioned but (possibly unwilling) recipient. Given that the work is

actively involving (whether making or listening to music) the residents (or others) in generating musical performances, it seems reasonable to call them all *participants*.

2 Whose quality?

2.1 Where does "quality" reside? This issue has dogged community music for decades. There are perhaps three main domains for dwelling:

- in the "art achieved" – either or both of the technical executant skill of the participants; and any artistic creation achieved
- in the processes – musical, inter-personal, administrative, creative, performative – executed from the first initiation of a piece of singing activity to its conclusion
- in the effect of the activity on the beneficiary (resident, care worker, etc).

We look at each of these in turn.

2.2 Quality in the art

2.2.1 The landscape of artistic or aesthetic quality is so much quicksand. It is impossible to decide what "good art" is. John Carey (2005), for example, examines a range of arguments for the superiority of "high art" over "mass culture", and found them all flawed.

- Arthur C Danto distinguished between a blue necktie painted by Picasso from an identical paining by a small child by the circular argument that the child's painting was not art because the child didn't imbue it with "meaning." Which meaning would only be understandable by the "art-world" . . .who were people who understood that sort of meaning.

- John Tusa went further, declaring that there was "absolute quality" determinable in art works. According to Carey, what this meant "remain[ed] mysterious" though it appeared to be linked to difficultly, " 'opera is not like dipping into a box of chocolates. It is demanding, difficult'." (Tusa in Carey 2005: 56). Similar points were being made by culture secretary Tessa Jowell (2004) and later in the McMaster (2008) report.

- Difficulty as a proxy for artistic quality is puzzling. As Carey says, "There is no agreement about what The waste land as a whole is about. . . and for some sections no explanation . . .seems even remotely satisfactory." Is TS Eliot's poem , therefore, the highest of high art? Carey thinks otherwise: "Our normal word for things that cannot be understood is 'unintelligible'."

- In any case, difficulty is also seen in popular culture – Beatle's lyrics are often unintelligible. (At least, when Don McLean was asked what the inscrutable American Pie meant he had the wit to reply "It means I never have to work again.")

- But surely Carey's arguments break down when confronted with absolute, unvarying timeless artistic quality – of, say, Shakespeare? Well, no. Voltaire, Darwin, Tolstoy, Frederick the Great all queued up to denounce Shakespeare as "nauseating." Contemporary cultural commentators lauded Philip Sidney and never mentioned Shakespeare. That he could be regarded as a "semi-educated plagiarist" in his own time; as a popularist at best well over a century after his death; and only comparatively recently as a benchmark of artistic quality rather suggests that there is little or nothing that can be described as objective artistic quality.

2.2.2 Nor, despite what many claim as a “universal” language, are there unvarying truths even within music. The current styles of playing western art music of, say, the Classical period are unrecognisable from those of 20 or 30 years ago. A “good” heavy-metal guitarist is one who can pay lots of notes very fast; a good reggae player needs to be skilled in playing very few notes very slowly.

2.2.3 Given all that, it is hardly surprising that community arts is sometimes criticised for the quality of its output, the art created or re-created. While this may be understandable in terms of the technical skill level of some participants, it hardly warrants these dismissals of aesthetic quality witnessed during the course of the ArtWorks programme::

- a lecturer describing participatory arts as "not compatible with producing high quality arts work"
- research work in Scotland still finding “the perception that work in participatory settings is inferior or a less desirable career path than the production of high-quality art (or indeed that high-quality art cannot be produced in participatory settings)"
- another lecturer saw the question of quality answered by bringing in "high quality" work for people to enjoy
- an artist also misunderstanding the difference between standard and standardisation: “Quality in terms of the arts is a difficult subjective problem. . . It’s impossible to standardise creativity really. And, for some reason, the powers that be feel that they need to continue to attempt to do it, even though overbearing evidence would suggest it’s a ridiculous process”
- an Arts Council England-commissioned review of adult participatory arts notes “the tension between the notion of artistic excellence as classic and timeless and the more contemporary view that art has a social purpose and its values are relative”
- a Connected Communities participatory arts and wellbeing project (Billington et al: 6) asks how “the quality of arts and the integrity of artistic practice and process be sustained” within a framework that tends to perceive the arts as utilitarian.

(Schwarz 2014: pp various)

2.2.4 These examples all miss several points. First, people making music want to make the best music they can:

> Kathleen was a great musician and taught the group regardless of the fact that she was dealing with people with a progressive disease. She was aiming for the best standard that the group could do. And here lies the beauty of this work. When the group achieved singing in harmony or a beautiful melody, you could see the pride in their achievement. Music with its complicated mix of skills and emotions has such a pull so that it makes people with physical difficulties get out of the house every week. (Wydenbach 2015:7)

Second, to help participants make (or listen to) the best music they can requires highly-skilled musicians: fluent, adept on multiple instruments, responsive and good at improvisation. And singing. And with a huge learned repertoire. Approaches vary:

> There are no short cuts to this kind of preparation and Hedda, like the musicians who work for her, has simply put in the work: learning the tunes, chords and lyrics by heart. This ensures an interactive performance, moving around the space, guitar strummed and plucked in accompaniment and with plenty of face to face contact with the residents.
>
> But I, on the other hand, have always worked more with improvisation which requires far less of this type of close preparation of repertoire but works with a set

> of what we call "holding forms" – interactive musical games which promote creativity and turn into original pieces. (Paton 2015:7)

Third, there is no binary opposition between musical quality and personal development: good music-making allows of good personal development; poor quality music making is not conducive to any persona l development. This issue has been studied more in music making with young people than with older people, but the concept is still the same:

> Musical quality must address socio-personal issues as well as musical ones. It brings questions of judgement in both the individual areas of development as well as in the overall development of the young person. And, by the same token, addressing socio-personal issues requires musicians in particular to enable participants to be the best they can musically; both individually and collectively. Working in three domains (musical, personal, social) at the same time is a complex business and raises a number of issues. (Deane et al 2015: 80-81)

Fourth, to help participants address social, personal or other issues while making music, in and through the music, requires musicians with a whole range of other skills: empathy, interpersonal, reflective and reflexive, dementia aware, and much more besides. These are "de-luxe" musicians.

2.3 Quality in the processes

2.3.1 Community artists, beaten up over technical quality and unable to make their work appeal to the sort of people who thought they shouldn't like that sort of thing, shift the arguments to other grounds. The point of community art, they argued, was not the art but he means of getting to it; the battle-cry was "process not product".

2.3.2 Growingly attached to those processes were measurements: the bigger the measures of these processes, the higher the quality of the community art. Or so the thinking went: in practice there were and are several yawning gaps. Helix Arts found it impossible to identify consensus about even the broadest detail of quality: "Lowe found people responded in 'totally different ways' to the same question: 'Can you give some examples of excellent practice from within your organisation's activities? What is it about those examples that makes them excellent?'" (Schwarz 2014: 12).

There was, found Lowe, no shared sense of excellence – no framework for understanding what goes into making excellent practice – and this not only creates "an impediment to effective discussion and communication within the sector," but more importantly, "beyond the sector, it must harm the perception of the work if we're not able to articulate what separates good practice from that which is less good."

Why might this be? Dha, in a report for ArtWorks (of which the Lowe work quoted above was part) said:

> "Participatory work…engenders divergent expectations of desirable outcomes which are specific to individual project aims and which are therefore difficult to assimilate in a single standard of excellence. The gradation of what constitutes quality within participatory settings is partly explained by the broad spectrum of audiences and art forms…There is no single framework for understanding and introducing measures for quality; and despite the overwhelming aspiration to devise metrics – for performance management, for evaluation, for measurement on 'social returns on investment' and for advocacy purposes – there is also a lack of methodology and framework with rigour by which these valuations are conducted (Dha in Schwarz 2014: 7)."

In other words, trying to devise a single framework for measurement of community arts would be rather like trying to devise a single exam for "engineers" which would suit traffic-light programmers and bio-medical engineers alike – and even if you could devise such a thing the scoring and moderating of the resulting scripts would be so random as to be meaningless.

2.3.4 Some examples of the "lack of shared excellence" and the "broad spectrum" of the work include:

- "Dancers might be able to get their legs up high but they don't have a clue why they're doing what they're doing. Whereas I can bring in a bunch of sixth graders who are just learning and they'll know exactly why they're doing what they're doing and they will be 100% committed and the room will be totally transformed by their presence" (Lerman in Schwarz 2014: 20). This measure of process quality would be that people are 100% committed to what they're doing; they know why they're doing what they're doing; and "something is revealed" (Schwarz 2014:19). .

- For another practitioner, the process ingredients would be "arts experiences 'fit for purpose' and 'right first time'; provision relevant for the intended purpose and participants; based on principles and attributes associated with quality arts engagement; and taking full account of the perspective of the cultural constructors and players" (Bamford in Schwarz 2014: 21).

2.3.5 But these examples of process quality get us no further forward than artistic quality. They tend to be circular (arts experiences need to be based on principles of quality arts experiences) or vague in description and subjectively opinionated, not objectively defined: the first example would require agreement over what is meant by a "room" being "totally transformed".

The processes are also too variable and broad to admit of a useful single definitional base from which quality rules might hang. Nor do they appear to be useful proxies for any more meaningful measures that could not be measured more directly.

2.4 Quality in the outcomes

2.4.1 The future for older people

Why might we be concerned about arts generating outcomes for care home residents?

The *policy context* is the 2012 white paper *Caring for our future* which described three main principles:

- keeping older people independent and healthy as long as possible
- empowering them to be in control of their own care
- recognising that, if they have to go into care, they are still humans, with potential to fulfil.

The *strategy context* comes from a House of Lords select committee report which noted that an increasing percentage of the population will find themselves needing social care, as people live longer. And yet activity provision is just not very important: only 6% of adults would pick it as the most important factor in choosing a care home, even though only 44% of relatives reckoned activities provision in the home they were involved with was good (Alzheimer's Society 2013: 39).

The *quality context* is the Social Care Institute for Excellence (SCIE), which was commissioned by the Care Quality Commission (CQC) to develop a definition of

excellence for social care. SCIE described excellence in social care as “rooted in a whole-hearted commitment to human rights, and a continuous practical application of that commitment in the way that people who use services are supported. People who use services are demonstrably placed at the heart of everything that an excellent service does” (SCIE in Cutler et al 2011: 3).

SCIE identified “three essential elements of excellence, improvements in people’s lives as a result of using the service.” In other words change-making outcomes for residents:

- having choice and control over day-to-day and significant life decisions
- maintaining good relationships with family, partners, friends, staff and others
- spending time purposefully and enjoyably doing things that bring them pleasure and meaning.
- A fourth element looked at the organisational and service factors which would enable those outcomes to be achieved and sustained.

(Cutler et al 2011: 3)

2.4.2 Community music as an intervention

So it looks like there would be support at high level for arts activities that could show they were delivering high quality outcomes for care home residents. On the whole, community arts does just that, as these examples show:

- Consilium’s (2013 41 19 42) evidence review notes “considerable physical and psychological benefits of using arts with people in receipt of social care. When delivered effectively, art has the power to both facilitate social interaction as well as enabling those in receipt of social care to pursue creative interests. It can also deliver profound benefits for the social care workforce, in particular challenging preconceptions on the abilities and talents of people with a range of conditions or needs.” (Consilium 2013: 41, 19, 42)

- The Baring Foundation remarks that arts play a part in all three of SCIE’s essential elements touching on “so many attributes of excellent care and quality of life: the value of active ageing, choice and control, independence and interdependence, creativity, lifelong learning, identity, confidence, friendship, emotional stimulation, intellectual fulfilment, sensory pleasures. (Cutler et al 2011: 3)

- A survey by NCF of its members showed that arts activities were already overtly interventionist: 80% of activities had a social purpose, 75% were dementia-related; 65% about physical wellbeing; 31% as assisting learning (Cutler et al 2011: 7).

- Case study descriptions sometimes include outcomes. St Monica Trust focuses on singing, the activities coordinator having attended a course on Singing for the Brain. Outcomes of SftB sessions include "reframing a negative life viewpoint into a positive one". And Suffolk Artlink ran a training programme for care workers starting in 2003, and described three "benefits" (outcomes) arising from it: a decrease in requests to see a doctor; a more humanised relationship between care workers and older people and an increase among carers in confidence, job satisfaction and creative skills (Cutler et al 2011: 11, 19).

On the other hand:

- “The [Consilium] review has outlined variation in the quality and rigour of the impact evidence available.” And “Whilst the availability of guidance material, toolkits and practical resources has a role to play in supporting workforce development, it is difficult to ascertain to what extent these are being accessed and used ” – so there’s no development of the practice (Consilium 2013: 17, 33).
- Dha cites “inherent confusion about whether excellence and quality relate to the inputs of artistic practice or the outputs of projects and programmes (whether artistic, societal or in terms of personal experience)” and the problem that there is not “a shared understanding of what quality outcomes might be, and definitions for excellence remain elusive” (dha in Schwarz 2014: 11).

But these are not arguments against adopting a participant outcome approach, just for doing it properly. Consilium and dha are arguing for clarity of measurement, shared understandings of quality, and more effective communication of learning. All of which can be met by selecting an outcomes approach to measuring quality; sticking with it; and communicating that clearly.

3 Developing an outcomes approach to quality

3.1 Selecting outcomes

So the quality of interventionist singing activities in a care home is best measured in terms of the quality of outcomes for residents. That then raises a multi-part question, starting with:

- what are the outcomes desired for residents?
- who has decided those, how and why?
- has anybody asked residents?

This seems to be an under-researched area, but the following three examples point a way.

3.1.1 Examples from the care sector

There seems to be little from the care sector specifically on desired outcomes for residents from arts activity. Cutler et al (2011: 22) lists a number of conclusions to its investigation, including:

- the arts inspire
- arts provides links with the community.
- arts emphasises choices and options for residents
- arts provide multiple benefits
- arts provides motivational benefits for staff.

Described in terms of outcomes for residents, the first two bullets are about residents being stimulated, the third about agency and autonomy. The last two are maybe more operational, from which outcomes eventually derive. So, arts provide multiple benefits is about different benefits flowing from different activities (dance for physical wellbeing, singing for improved brain function), leading to better outcomes for residents as the activity is more closely targeted to their needs and wants.

The last is about arts activities for staff themselves, from which “staff can gain deeper understanding of those in their care by seeing beyond the basic care needs and appreciate their accomplishments and emotional lives as well. This will help with job satisfaction, performance and staff retention.” And in turn make for happier, more well cared-for, residents.

3.1.2 Examples from the arts sector

Youth Music has been an outcomes oriented funder for many years, as are other lottery funders. Youth Music is a particularly useful model for A choir in every care home because it operates in the three domains of music outcomes, personal outcomes and social outcomes. Its steers on personal and social outcomes are:

Personal outcomes are those relating to any aspect of personal development. Youth Music suggests these can be "extrinsic, like individual achievements and behaviours: language, problem solving." And "intrinsic outcomes like emotional and psychological capabilities: – communication, confidence, agency, self-efficacy, creativity, resilience, motivation, managing feelings, empathy, self-awareness" (Youth Music 2014: 19).

Social outcomes relate to changes (in a person, or community etc) that can have broader benefits for people and society beyond the individual. They "can be considered from the perspective of the individual or group in terms of developments in team working, relationships, group creativity, communication." And "from the perspective of the community or environment in terms of use of resources (eg health care), community cohesion, perceived value and reputation of young people." (Youth Music 2014: 21).

There are parameters here that would translate across to older people in care homes reasonably easily.

3.1.3 A choir in every care home surveys

Care homes and facilitators were surveyed in mid-2015 (Deane 2015) and identified four main groups of ways (and a number of sub-categories) in which they thought residents benefited from singing activities:

- Personal emotional
    - fun
- Memory
    - evoking memories
- Personal physical
- Socio-personal
    - engagement
    - valorisation
    - sociability
- Emotional regulation.

Typical expansions of some of these categories included:

- remembering the words and bringing back autobiographical memories associated with the music; they remember happier times and can share these with a group (evoking memories)
- they are engaging in an activity together giving a sense of community (engagement)
- increased sense of the self created possibly by hearing their own voice in relation to the facilitator/other residents (valorisation)
- singing together is a shared activity and can engage the residents (sociability)
- singing can divert attention away from distressing thoughts and lifts the resident's moods; staff have said the residents are more alert after the session (emotional regulation)

A range of benefits to staff were seen, of which these easily translate into resident outcomes:

- care staff build a different, equal relationship with residents (outcome for residents: better valued)
- staff develop skills and confidence in leading music themselves (more singing can take place, so singing outcomes multiplied)
- a change of atmosphere in the home (happier residents)
- care staff accrue specific in-work but personal benefits, eg emotional release and stress reduction (better cared-for residents).

3.2 Measuring outcomes

Section 3.1 provides a structure for developing and agreeing desirable outcomes for residents taking part in singing activity. This section looks briefly at issues of measuring such outcomes:

- how do we decide what would be quality in those outcomes, and can we grade that (execrable quality to outstanding quality)?
- can the outcomes actually be measured against that scale of quality?
- if not, are there proxies we can measure?

For ArtWorks London: "A big question arose around measuring the quality of participatory work: 'who decides?'. Participant recognition of their own progress was seen as a key marker in measuring the quality of process... It was argued that it is particularly 'hard to articulate transformation' which is [what] often follows much later" (Schwarz 2014: 15)

ArtWorks Cymru and ArtWorks London have carried out participant research. Their mostly self-determining volunteer participants (rather than institutionalised ones) wanted to work with skilled trustful participatory artists who treated them respectfully, allowed them ownership and control over content, and worked towards an artistic outcome (Schwarz 2014: 23).

There are however significant difficulties in measurement, given that there are considerable variations in approaches to using the arts, and there is no "agreement on what constitutes effective practice and how the quality of delivery can be measured and assured," (Consilium 2015: 5) – making it difficult to either compare the effectiveness of different approaches or make judgements relating to their quality. The report also calls for "greater consistency regarding the measurement tools used to assess the impact of the arts activity in participants and the practice of social care staff."

We asked respondents in our case studies survey (working paper 8) what outcomes for residents their work generated – and specifically how they knew. For most respondents the signs of change were personal: a responsiveness in a resident that they hadn't seen before. The measurement systems were almost always anecdotal ("For example, an activities coordinator tells of a resident who had never previously left his room for an activity not only did so but danced and sang as well") and were made by observation either by care staff or by the practitioner.

Care staff may be dispassionate observers, and able to compare singing with other activities that the home provided – but at least one study reported that there was little feedback from staff which would have made monitoring progress and benefit difficult (and might especially reduce the credibility of reports such as "beneficial for all abilities") Practitioners may be more professional in their observations – especially if they properly practise reflection (Deane et al 2015: 24-27) – but on the other hand they could be perceived as more prone to bias given their livelihoods depend on positive observations.

One case study reported using "an evaluation framework to capture outcomes based on a range of indicators that evidence when these benefits are happening." Such a structured assessment goes a long way to answering criticisms of bias and variable reporting. And, of course, if such assessments could be standardised across the sector, would address Consilium's call for greater consistency.

4 Towards a quality framework

To sum up:

- quality in music interventions in care homes resides in the outcomes for the participants
- identifying desired outcomes is possible – but must include the voice of the resident
- agreeing measurement systems for those outcomes is considerably challenging. But examples from working paper 8 suggest there could be a basis at least for discussion of such systems.

Structures that describe agreed measurement systems against agreed desired outcomes usually go by the name of *quality frameworks*. This section describes such frameworks and explains how one suitable for music in care homes might be developed..

4.1 Background

What do frameworks do? Mostly, set out a series of statements (in greater or lesser detail, with some, many or no explanatory notes) describing various elements of practice (inputs, outputs, processes, outcomes etc) and what would be considered of good quality for each.

There are perhaps some two or three dozen that are at least partly relevant to this work. Why so many? As Dha says: participatory work "engenders divergent expectations of desirable outcomes which are specific to individual project aims and which are therefore difficult to assimilate in a single standard of excellence." That divergence apparently can't be tamed: "If you have 27 frameworks for something and you try to tie them all together, all you end up with is 28 frameworks." (Unknown, 2013)

4.2 Selected frameworks

Arts Council England's research for its quality framework (see www.artscouncil.org.uk/quality-metrics/quality-principles) uncovered no fewer than 31 existing frameworks (Deane et al 2015: 35-36) – so the tally must be well over three dozen by now. Here is a small selection, each with a brief description, then a brief analysis of how well it could work for measuring outcomes for participants:

4.2.1 *ArtWorks Scotland's* 15-factor quality framework was derived from research on artists. So every one of the factors is about artists (almost half being focused directly on the artist), who have to be involved in the planning, be involved in the evaluation, have time off for reflection, have professional development opportunities, feel professionally valued etc (Schwarz 2014: 22).

There are no factors which are primarily participant-focused. It is difficult to see how some of the other factors (eg “there is a creative approach to evaluation”) would be helpful in defining quality of outcomes for participants.

4.2.2 *Mike White* developed a statement of professional practice and personal conduct for participatory arts in health work in the form of "‘quality principles’, supported by ‘keynote points’ which express ‘the essence of good practice.” The statement comprises five key factors for practitioners: putting participants first; a responsive approach; upholding values; feedback and evaluation; good management and governance (Schwarz 2014: 24).

The five key factors are of course important and relevant. But in this format they are too broad to be of help to singing in care homes, and could be met by organisations of very different quality.

4.2.3 *Helen Chambers* of National Children’s Bureau and Pat Petrie (n.d.) have developed ‘principles and values’ for ‘artist pedagogues’ working with looked after children (but applicable more broadly). These are: to aspire to provide the best; ensure safe boundaries; work with their head, hands and heart; aim high; work in partnership; keep children and workers safe; and reflect on their practice.
Chambers and Petrie’s work has a basis in social pedagogy, and so is particularly focused on that field’s interest in learning outcomes for participants, and the holistic nature of the work. These are all qualities that might be interesting for singing work in care homes

4.2.4 *Arts Council England*’s long-running work quality arts work with children and young people “defines the characteristics of high quality activities” as:

- “ideas that excite, inspire, challenge or affect young people
- an effective partnership between artist/arts organisation, host and children and young people
- promotion of equality, diversity and inclusion
- the work of professional artists
- artists who can communicate their art, knowledge or skills in an appropriate way for children and young people
- opportunities for children and young people to create their own art
- a supportive framework to develop and foster progression”

(Schwarz 2014: 25-26)

Following on in Providing the Best are seven core principles for organisations working with children and young people, each accompanied by unpacking “values” (edited here to highlight the most relevant issues for this analysis):

- Striving for excellence - Providing high quality experiences, to achieve the best possible outcomes for participants
- Being authentic - Offering meaningful artistic experiences to help participants develop artistic awareness
- Being exciting, inspiring and engaging - Providing opportunities that stretch, challenge and excite to enhance self-esteem
- Ensuring a positive and inclusive experience - Helping participants to develop as confident individuals
- Actively involving participants
- Providing a sense of personal progression - (differential learning, basically)
- Developing a sense of ownership and belonging - Encouraging choice, autonomy, decision-making and creative responses

(http://www.artscouncil.org.uk/quality-metrics/quality-principles)

There is also an acknowledgement that there “may be additional, or alternative, principles,” as well as alternative approaches to typologies, categorising principles by “context, content, process or product” or from the point of view of practitioners, organisations, other adults, or participants. So, not definitive then.

The ACE principles are helpful, and the framework is one of the few to attempt to relate artistic activity to participant ultimate outcome.

4.2.5 *Francois Matarasso* lists the processes involved in a participatory project, and for each notes the characteristics it would have in a “good quality” project:

- conception: change-making specifically articulated
- contracting: participants would have to be involved in defining success criteria
- working: the quality of the process would be “objective”
- creation: quality involves an independent validation of [participants’] effort, learning and creativity
- completion; quality “can influence the meaning and therefore the result of everything that has gone before.”

(Schwarz 2014: 20-21)

Thesis is a useful list. It starts with the practical, almost-inevitable, steps required in a participatory activity, and finds a characteristic of quality for each one – most of which are or are close to being outcome-orientated. There is good potential for the characteristics to be measurable, differentiable – and challenging.

4.2.6 *Youth Music*’s Do, Review, Improve... framework comprises the 23 criteria that evidence collected by Youth Music suggests are desirable for a high-quality music-making session. Half of them are specifically participant-focused, including:

- Music-making is placed within the wider context of the participant’s life
- Participants experience equality of engagement
- A participant’s needs for additional pastoral or other support are identified
- A participant’s views are integral to the session
- Activities are appropriate to the musical and other needs of the participant.

(Deane et al 2015: 37-38, 94-95)

Though the quality factors are largely fine (Deane et al's analysis showed there were some factors missing or incompletely covered) there does seem to be a step missing: how do the factors relate to desired participant outcomes?

4.3 Developing a quality framework

It is outside the scope of *A choir in every care home* to develop a quality framework for singing in care homes. But based on our findings in this desk research we can describe the steps that would be needed to create such a framework.

4.3.1 *Build on existing frameworks*

Because:

- even though it will be impossible not to add to the number of frameworks, at least a new framework need not stand alone
- artists and care workers may be used to working to one or more frameworks, so points of similarity could be useful

4.3.2 *Investigate further for any care-side quality frameworks*

For this limited exercise, and because most (though certainly not all) facilitators come from an arts background we have concentrated on participatory arts quality frameworks. It would be helpful to examine any relevant care-side frameworks, too.

4.3.3 *Set up a working sub-group*

Representation from the following fields would be most important:

- community musicians with (between them) wide interests in singing in care homes
- activities coordinators with (between them) wide interests in singing in care homes
- participatory arts policymaker
- care homes activities policy maker
- at least three participants, or family members of participants
- an arts-side and a care-side person with direct experience of building frameworks
- a person with experience of championing a framework into use.

4.3.4 *Decide on purpose statements*

Clear opening summaries of what the quality framework is and is not. The following three elements would seem to be fundamental; there may be others to be included:

- *Overall purpose* eg "This framework is designed to help the worlds of social care and singing have a common understanding and agreement about what constitutes quality in singing in care homes; and to ensure activities are always of quality"
- *Range of uses*, eg: "Care side can use this framework to:
  - provide evidence to CQC that it is providing arts activities of the quality CQC is demanding
  - ensure that all singing in its homes is of quality
  - ensure that any singing activity it commissions from artists is of suitable quality
  Arts side can use this framework to:
  - explain to care homes what quality means and why it is important
  - evidence the quality of their work to hirers"

Outcomes focused eg "This framework focuses specifically on outcomes for participants, as a direct response to the Social Care Institute for Excellence (SCIE) requirement that 'People who use services are demonstrably placed at the heart of everything that an excellent service does.. 'All aspects of this framework address participant outcomes either directly or indirectly and can be seen to do so."

4.3.5 *Decide on the quality statements*

These of course are the heart of the framework. They set the benchmark for what quality work looks like, eg " “Singing activity in a care home is of quality when:

- participants are spending time purposefully on singing that brings them meaning.
- participants are spending time enjoyably on singing that brings them pleasure
- it supports participants in maintaining good relationships with family, partners, friends, staff and others
- etc

4.3.6 *Generate supporting material*

Two types as examples:

Unpackings A typical presentation for frameworks is a series of high-level statements with sub-statements for each. Eg “Singing activity in a care home is of quality when it is purposeful" might have sub-statements "Purposeful slinging requires:

- participants to find meaning in their singing
- participants to exhibit increased agency
- family members to report positive behaviour changes in a participant
- care workers to be more motivated at their job."

Explanations Each statement or sub-statement carries explanatory text

4.3.7 *Ensure outcomes are measurable*

Outcomes require a change has been made. For each change specified in the quality statements and sub-statements, the framework needs to exemplify how that change might be measured, and whether any forms of measurement would not be acceptable.

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Youth Music: *see* National Foundation for Youth Music

Working on *A choir in every care home*
Leader Evan Dawson, executive director Live Music Now
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Lead consortium
Live Music Now was founded in 1977 by Yehudi Menuhin and Ian Stoutzker CBE to train the best young musicians to give workshops in a range of challenging settings. It now delivers over 2,500 sessions each year, in care homes, communities, special needs schools, hospitals and more.
LMN project manager: Douglas Noble, strategic director for wellbeing
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Sound Sense is the UK membership body and development agency for community music. It represents some 1,000 community musicians, promoting the value of the work and assisting in their professional development. Community musicians work in all areas of disadvantage, (health, social care criminal justice and more) almost a half of them with older people, largely through singing.
Sound Sense project manager: Kathryn Deane, director
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The Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University is one of the UK's leading research units in the growing field of arts, wellbeing and health, and is known internationally for its work on the role of singing in promoting health and wellbeing through its research and community projects
SDHRC project manager: Professor Stephen Clift, centre director
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Working group
The latest list of working group members is at W: www.achoirineverycarehome.co.uk

Arts sector
British Association of Music Therapists
Creative and Cultural Skills
Live Music Now
Making Music
Mindsong
Natural Voice Practitioners Network
Nordoff Robbins
Sing for Your Life
Sing Up
Sound Sense
Superact
Tenovus Choirs
Voluntary Arts
Welsh National Opera

Care sector
Abbeyfield
Age of Creativity
Age UK
Alzheimer's Society
Care England
Care Quality Commission
MHA
My Home Life
National Care Forum
National Activities Providers Association
Orders of St John Care Trust
Skills for Care
West Kent Dementia Action Alliance

Wellbeing
Arts and Health South West
University Winchester, Arts and Wellbeing
Creative and Credible
National Alliance for Arts Health Wellbeing
Mental Health Foundation
Sidney De Haan Research Centre
South East Arts and Health Partnership
Royal Society for Public Health

Working papers planned
This list is subject to change as the initiative develops

1	Jul 15	Gathering 1: preliminary learnings and later observations
2	Dec 15	Survey results: musicians in care home; care homes with music
2a	Dec 15	Surveys: raw data
3	Dec 15	On quality and frameworks
4	Jan 16	Trends in the care home sector
5	Dec 15	Gathering 2: learnings and observations
6	Mar 16	Research review
7	Feb 16	How to run a great campaign
8	Mar 16	Case studies; analysis
8a	Apr 16	Case studies of singing
10	Apr 16	Summary of findings
11	May 16	Music and the Care Quality Commission
12	Jun 16	Gathering 2: learnings and observations
13	Jun 16	A Choir in Every Care home: phase 1 final report

This working paper
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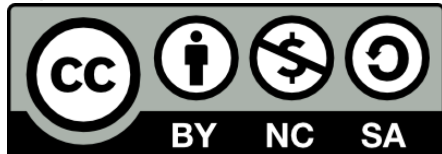

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