Music in Clinical Settings
by Conni Rosewarne

Entering Clinical Spaces

Entering and being within the clinical space can bring on a certain 'imposter syndrome', which in clinical settings can risk looking a little unclear as to why you're there and thus feel quite invasive. A bay, room or even a communal play room is a sensitive place for any patient, especially for children as they will be less aware of what's going on and less able or empowered to say when something isn't ok. Too many adults in one space can be overwhelming and alarming to a child, especially as patients may have a lack of privacy (i.e. in a shared space), or be in isolation, likely receiving painful and frightening procedures. Personal space becomes precious in hospitals and as a professional its vital to remember that, with a realisation that you don't have the right to just enter that space just because you are staff – that trust needs to be earned.

Once we're in the space, it's key to make it clear what everyone is there to do and to keep the atmosphere light and friendly, being reactive to how participants respond to the session. Something I have found tricky is how to appear and explain what I am doing in the space as I am not there to teach music, nor am I a musician. It can feel quite daunting to watch a child's eyes wander from the ukulele-playing singers to much less fun me. I've had to think about how I approach that situation and will try to say things like "I'm Conni and I'm here to help out!", as well as simply asking "is it ok to have this many people in the room? I can leave if it's too much". Following this, I get very aware of being an adult in the room taking notes on a clip-board, and whilst it feels important to record your observations in the moment, it's just as important join in and be part of the moment.

Noticing and Capturing Nuances

So far, we have been using the arts observation technique which involves scoring participant's happiness and distraction levels at the start and at the end of each session, along with recording positive or negative comments and anecdotes. The form is then accompanied by a comments slip completed by the participating child or parent. This technique was beneficial in that it allows for a lot of freedom in what to record. We followed the Sounds of Intent Framework as a way of seeking out nuances in participant's responses to the session and the ripple effect this may have. This helped us to develop great case studies, e.g. a non-verbal participant under 5 who slowly but surely began to communicate through the nursery rhymes sung every week.

The downsides to the arts observations was that as they were so open to interpretation, we ended up with a huge amount of data that was difficult to organise or categorise, with quantitative elements of the technique revealing very little. Carrying around a huge folder of paperwork was also noticeably off-putting for participants and did not feel easy to use. In January 2018, we made the decision to

move away from the arts observation technique in favour of something more streamlined. We have invested in two iPads and made use of the Youth Music musical assessment scales which we have adapted onto SurveyMonkey. We have recreated the scales on the survey and included comment boxes to expand the entrant's profile. The benefit of doing this is that we can monitor the project in real time, i.e. imbalances in age, gender, etc., and make changes quickly and more effectively.

Commitments to Funders and Patient Sensitivity

A difficulty that comes with making an arts organisation-style model work in clinical spaces is matching up the funder's needs in terms of reporting with what's appropriate in face-to-face encounters. Whereas a more structured setting such as a weekly workshop might have a standard setup in asking for participant's statistics, it is not always possible to achieve this on the wards. Handing a form to a parent asking for details on their child's ethnicity can feel insensitive in a hospital environment, especially when musical interventions are sought after for respite and comfort during difficult admissions.

We have chosen to be quite upfront with our grant officer about this and raised the issue at the Early Years Music Conference in February this year. It was agreed all round that placing more paperwork in an already distressing environment can be counterproductive to the intervention and must be approached with caution. We have attempted to work round this by having open-ended questions regarding statistics on our comments slips which are A5 size and thus not too daunting to complete. Completion of the statistical questions are optional and we have accepted that we simply will only attempt to gather this information where it feels appropriate and non-invasive.

Relationship Building and Creative Thinking

A key part of managing our project relies on collaboration and positive working dynamics across the hospital. A crucial partner in our work on Vocal Beats is the Play Services Team who act as a gateway to the patients, providing a personal hand over to the musicians at the beginning of every session indicating which patients would like to take part and highlighting any issues that may arise. The Play Team are also able to make suggestions for things to do with potential participants which might be of benefit to their overall health and wellbeing, e.g. encouraging a young girl whose condition has caused her to lose use of her arm to play with maracas, or encourage a teenage boy whose mood is visibly low to listen to, and try out, some beatboxing. As the musicians and myself are inducted at the Trust with full DBS checks and confidentiality agreements, we are privy to knowledge of patient's conditions. This means we can tailor sessions around participant and family needs on a much more personalised level, and can work with them to deliver sessions they will benefit from and enjoy.

As part of this personalisation, we have looked for alternative ways to engage participants to bring music-making to their level and perspective, for example, making use of 64 Million Artist's January Creative Challenge (small creative

challenges sent to your inbox every day). We formed a good relationship with a 9-year-old cystic fibrosis (CF) patient staying long term in the high dependency unit of paediatric intensive care. He clearly enjoyed music and would find songs on YouTube for Stac to sing to him, as well as learning chords on ukulele. Whilst we could tell the sessions meant to a great deal to him, he would lose concentration very quickly, especially because he was so bored at the hospital and due to his immobilising condition and isolated bay, there were limited opportunities for him to interact with other children. We used the January Challenge to give him creative tasks that he could focus on (such as building a castle out of found materials) whilst the music sessions were taking place so that could join in or just sit and listen as and when he wanted to. We extended this by liaising with the Play Team to arrange suitable times for him to be brought to the play room where he could have one-to-one sessions or have other children join in. Through working in this way, we could turn a poetry challenge into a song-writing session, resulting in him recording his own song with another patient on the ward who had shown a flair for beatboxing. This became a project that both patients were extremely proud of and that noticeably built their confidence in music-making.

Achieving Longer Term Goals and the Challenges Within That

Something we are still working through is achieving formal qualifications through our work with long-term inpatients. Myself and colleague Stac - the lead musician for the project – have been trained in delivering Arts Award at Discover & Explore level including children with special educational needs. The Arts Award theoretically would work well with our programme, in that it is portfolio based and child-centred, i.e. open brief (within set parameters required by the examining board) and led by the participant's creative interests.

However, finding time and structure to get this work done has been a challenge. Whilst patients do come in for long periods of time, most participants of the appropriate age group for Arts Award (ages 4+) will only stay for two weeks as part of treatment for CF*. Within this time frame, we may only get to spend half an hour at most with the participant around their treatments, appointments, physiotherapy and school lessons. Scheduling in time slots for our sessions is often precarious, especially as we are only on the wards for 8 hours a week. It's not like we can just jump into starting the Arts Award process either, as lots of young people will need initial encouragement to take part and are nervous at the prospect of trying something new. Placing young people under pressure is obviously something we do not want to do, so the recruitment process needs to be gentle and gradual.

As time goes on, it may be that we can plan to approach patients who we have met several times over the project and encourage their parents to contact us ahead of their next admission, so that we can plan a short Arts Award programme for them. This approach is helped hugely by our relationship with the UK Ukulele Kids Club who donate ukuleles to hospitalised children. We have seen many children bring their ukuleles in for return admissions so that they can have lessons during their stay in care; perhaps Arts Award or other qualifications can take place in a similar format.

One way or another, I'm confident that this project will continue to grow positively

and organically, through a practice of patience, persistence and empathy.

*CF patients will spend two weeks at a time, 2-3 times a year in hospital receiving intravenous treatments such as anti-biotics or anti-inflammatories to help manage their conditions.

Royal Brompton & Harefield NHS Foundation Trust is the UK's largest specialist centre for the treatment of heart and lung disease. Working from two sites, Royal Brompton Hospital in Chelsea, West London, and Harefield Hospital, near Uxbridge, the Trust has an international reputation for the expertise of its staff, high standard of care and research success. Experts at the Trust help patients from all age groups who have heart and lung problems and provide some of the most complex surgery and sophisticated treatments available anywhere in the world.

rb&hArts is delivered through Royal Brompton & Harefield Hospitals Charity. It is charitably funded to bring the benefits of the arts to support in and outpatients. They aim to increase levels of wellbeing, enhance the patient experience and improve the healthcare estate through the arts. It first began in 2002 and now, in a typical year, they run 250 workshops with over 5,000 people taking part.

Vocal Beats is a three-year music project for young people in hospital which aims to provide early-years singing and music activities for babies and their parents; creative music-making for people of all ages; beatboxing and 1-2-1 vocal coaching for young people living with breathlessness. It promotes wellbeing, builds confidence and teaches new music skills to young people. It is generously supported by BBC Children in Need, Brompton Fountain and Youth Music

Written by Conni Rosewarne, Project Assistant to Vocal Beats, rb&hArts For more information or to discuss contact c.rosewarne@rbht.nhs.uk or 0330 128 8121 x 84087