**The benefits of running a multicultural singing project among older adults in a naturalistic residential environment: case studies of four residential care homes in England.**

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**Abstract**

A multicultural choir formed of young people, adults and children from a local community completed a two-year ‘visit and sing’ intervention with older adults in four different care homes in England. Songs were suggested by the residents, and singing sessions were run in communal areas. Attendance, involvement, and engagement with group singing sessions were recorded to descriptively evaluate the singing project.

Group singing appears to be a beneficial intervention for older adults in care homes, and could be implemented to reduce loneliness and improve wellbeing. Voluntary organisations should be encouraged to work together with care settings to support older adults and improve social connections.

**Keywords:** group singing, multicultural choir, care homes, older adults, loneliness, wellbeing.

**Introduction**

Loneliness is a significant problem in older adult care homes, in part because of budget cuts and related staff pressures (Knapp, Iemmi, & Romeo, 2013). Physical care is often prioritised, with limited time for staff and residents to genuinely connect (Heap & Wolverson, 2020). However, participation in group music and singing can both improve older people’s wellbeing (Hallam & Creech, 2016), and create a positive social environment for care home residents and staff (Galinha, Fernandes, Lima, & Palmeira, 2021). This could be one way to address loneliness (subjective sense of isolation).

Little is currently known about care home residents’ personal experiences of participation in music and singing (Krause & Davidson, 2021). There is also a lack of guidance on how to implement singing interventions for older adults (Skingley, Martin, & Clift, 2016). As such, a recent systematic review (Mileski et al., 2019) found that music and singing are not a standard part of care home practice. The under-reporting of ethnicity in existing research also makes it difficult to assess how singing is experienced by people of different cultural backgrounds.

The current case study aims to address this gap. Firstly, to document the practicalities and feasibility of a community choir visiting local care homes. Secondly, to explore the acceptability of a multicultural choir formed of African refugees/immigrants in a predominantly White British care home environment. Thirdly, to obtain initial descriptive evidence of running a naturalistic, multicultural singing project with older adults (aged 65+) who live in care homes.

The research question is: Can a group singing intervention, led by a multicultural choir, be beneficial to residents in four different types of older adult care homes?

**Methods**

Study setting

Four residential care homes in Bolton (North England) participated in the group singing project. All four care settings offered accommodation and personal care. Care Home 1 offered rehabilitation prior to returning home in the community, Care Home 2 provided short- and long-term accommodation for residents with greater care needs, Care Home 3 was a private long-term home for people with dementia, and Care Home 4 was a hospital for older adults with mental health conditions and/or dementia. The singing project began in Care Home 1 and was expanded to other care homes.

Recruitment

All care home residents were eligible for inclusion. One month before the first singing session, staff gave an announcement to residents to invite them to take part. Residents were free to come and watch the choir and/or join the singing at any time. Visiting choir members (6-8 people) were recruited from a local church community (with parents consenting to children’s participation in the choir).

Training

A brief training for choir members included: the singing intervention; the impact of loneliness on health; how singing can improve older people’s wellbeing; how to support people with memory problems; learning traditional hymns; and essential skills (introducing yourself and active listening).

Ethical considerations

Participants gave verbal informed consent to join the study. This included confidentiality (excepting risk of harm) and the ability to withdraw at any time. Staff assessed the consent of residents who did not have cognitive capacity (e.g. monitoring levels of enjoyment or distress). All care home residents were informed that a choir would be visiting, so they could move to a different area if they didn’t wish to participate. Staff were responsible for checking residents’ willingness to join each session. Each care home conducted its own risk assessments (e.g. distance between musicians and residents).

Running of the singing project

This singing project ran from October 2016 until November 2019. Choir members came from the same local church community, and attended the care homes using private and public transport. They arrived at 5:30 pm as a group. Staff at the care home welcomed the choir and guided them to the room allocated. All care homes used communal dining areas except Care Home 2, which used different locations to serve their residents due to wards being separated by gender.

After setting up the keyboard and guitar, the choir leader asked each member of the choir to introduce themselves by giving their name, education or hobby. The choir leader introduced the song and encouraged older adults to join and sing with the choir. Song lyrics were distributed to each choir member, and residents who wanted to read along whilst singing. Residents were encouraged to suggest their preferred songs, so the choir could include them in their next performance.

Five to six songs were performed at each visit. Singers also danced and encouraged residents to join the dance. After each song, the choir leader asked residents to share their experiences around the song, for example why they loved the song. This helped residents to express themselves, and share their music-related life experiences. For example, “I used to sing this song when I was in primary school”.

**Results**

Outcomes of the singing project (see Table 1)

Attendance, involvement (taking part in singing) and engagement (enjoyment) were recorded after each session to evaluate the singing project. The average attendance was 10 residents per session, and informal subjective responses from care home staff and residents can be found in Table 1. This feedback was written and obtained after the session. Staff supported residents to answer “How was today’s session?” and “Do you have any songs or ideas to suggest for our next session?”. Loneliness was not directly measured, however statements about ‘joining in’ and enjoying being with others suggests that the choir may help to decrease loneliness in older adults.

Community building and mutual benefit

This singing project built community cohesion in four residential care homes in Bolton. Preliminary data suggests it supported residents to enjoy a group activity, socialise, reminisce, and become at ease with each other and ‘outsiders’ (an African choir). Verbal feedback suggested that the project helped to break down psychological barriers between younger choir members and care home residents, and on the other hand, barriers between African refugees and a largely White British community. Moreover, in line with previous studies, both care home residents and staff reported personal benefits from the singing project (Allison et al., 2020). Research suggests that acts of giving and kindness can help improve mental wellbeing (Mackay, Egli, Booker, & Prendergast, 2019), and therefore choir members themselves reported positive emotional impact from the project.

Feasibility and acceptability

All four care home managers welcomed the idea of a visiting choir. Likewise, the multi-cultural aspect of the choir was received positively by care home staff and residents. The project included people with and without a diagnosis of dementia, to be fully inclusive. No increased distress was noted as a result of the choir, perhaps due to the emphasis of choice to attend.

The project was feasible in all four care home settings. The choir already had a strong base in the local community. The project setup required multiple conversations between the choir leader and care home managers, e.g. about expectations and responsibilities (choir members will be on time, the care home will facilitate the space). Several staff members were needed to support the choir and ensure residents were comfortable, however no extra care home resources were required as the singing was a group activity.

**Conclusion**

This project suggests that a visiting multi-cultural community choir was beneficial to older adults in care homes, and such activities may help to address loneliness and improve wellbeing. Voluntary organisations, including religious groups which encourage acts of kindness in care homes, should be encouraged to work together with care settings to support older adults. Importantly, the choices and interests of the older adults themselves should be central to any care home based singing project.

As the current study focused on subjective experiences, and the feasibility and acceptability of the project, standardised outcome measures were not used. Future research could use validated questionnaires to explore the specific impact of such an intervention on loneliness, wellbeing (in staff, choir members and care home residents) and community cohesion. Observational measures may also be useful to explore patterns of engagement and participation over time.

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