

Introduction

There are an increasing number of people with a learning disability who are living longer into old age (Mathieson, 2004); in conjunction with this has been an increase in the number of people with a learning disability who also develop a form of dementia (Llewellyn, 2011). In particular, prevalence rates amongst those with Down's syndrome are markedly high (Cooper, 1997; Coppus et al., 2006; Department of Health [DoH], 2013), it is estimated 55% of those aged over 60 having a form of dementia (Mathieson, 2004; Livingston & Strydom, 2012), while Coppus et al. (2006) suggest the prevalence rate of dementia amongst older people with Down syndrome is about 25%. The prevalence of dementia amongst people with a learning disability is much higher than amongst the general population (Cooper, 1997; Strydom, Chan, King & Hassiotis, 2012) and a recent DoH (2013) report states those with a learning disability are five times more likely to develop dementia than those who do not have a learning disability. Diagnosis can be very complex (The British Psychological Society, 2009) as people may have a number of disabilities, have difficulties with communication and a comorbidity of other illnesses (Llewellyn, 2011; RCN, 2013) often resulting in a lack of timely diagnosis. Further to this, a lack of knowledge and lack of useful and consistent diagnostic tools impact on the rates of diagnosis (Strydom, Livingston, King & Hassiotis, 2007; Llewellyn, 2011). Deb, Hare and Prior (2007) argue that diagnosis is complicated further by the different presentation of symptoms in those with a learning disability. While Deb et al. (2007) report of common early symptoms, a 'slowness' of activity and communication, loss of interest in activities and greater emotional and behavioural problems were key early signs of dementia. Ball et al. (2006) similarly report that the symptoms likely to be experienced, with participants in their study, showed greater changes in personality and behaviour, akin to those seen in Frontal Temporal Dementia in a non-intellectually disabled population. In fact, Huxley, Van-Schaik and Witts (2005) found that increased incidents of challenging behaviour amongst those with Down's syndrome was more likely to be related to the early stages of dementia than being a normal part of ageing.

The social and care needs for this group can therefore be very complex; a higher proportion can be placed into residential care compared to those who have a diagnosis of dementia alone (Llewellyn, 2011). However, training for carers and access to appropriate community services can support people who have a learning disability and a form of dementia to live at home for longer (Llewellyn, 2011) and improve the quality of care provision, leading to improved health and wellbeing (Joseph Rowntree Foundation, 2004). The Alzheimer's Society (2013) advocate a number of interventions and techniques which can support people with a learning disability and a form of dementia, one of which is the use of music and singing/humming a well-known tune. The British Psychological Society (2009) similarly identifies music therapy as one of the interventions which may help to improve care for these individuals.

Singing for the Brain (SftB) is a service provided by the Alzheimer's Society, which uses singing as a way to create a stimulating, fun activity within a social context (Alzheimer's Society, 2012). Sessions are run by a trained leader (Montgomery-Smith, 2006) and the Alzheimer's Society (2012) state that 'the SftB sessions are planned to incorporate social interaction, peer support, engagement and active participation' (p.5). First established in 2003, the SftB sessions have grown and are now run nationwide, with over 100 sessions being delivered (2011 figures) (Alzheimer's Society, 2012). The sessions run to a defined model, which start with a vocal warm up, discussion and song requests and singing a range of different songs (Alzheimer's Society, 2012). Sessions are run regularly and provide people with dementia and their carers access to engagement in musical and minor physical activity. The sessions can help with communication, develop existing skills, build confidence, evoke memories, share emotions, improve quality of life and can develop the bonds between the carer and looked after person as well as help to develop new friendships within the group (Montgomery-Smith, 2006; Alzheimer's Society, 2012). A recent evaluation of the SftB sessions found participants reported an increase in confidence and development in communication as well as seeing the sessions as a social event (Alzheimer's Society, 2012). While this evaluation identified a number of positive

outcomes for the provision of SftB, one of the proposed recommendations was to develop the delivery of the sessions for a wider audience and 'more diverse communities', alongside working with other organisations and partnerships to reach this audience.

In response to these findings, Alzheimer's Society Northamptonshire bid for, and won, funding (from Alzheimer's Society UK) to run a pilot scheme of SftB sessions with local learning disability partners to provide sessions for people who have a learning disability and a dementia or have problems with memory. The programme was run from October 2013 to April 2014, at two sites within the county. Sessions were delivered on a fortnightly basis at day centres for people with a learning disability. Sessions times ran in the morning for one hour and were supported by one facilitator and two or three members of the day care centre staff. This paper provides the findings of an evaluation of this pilot scheme with feedback collected from the participants, day care centre staff and stakeholders involved in setting up the scheme.

Method

A mixed method approach was chosen to understand the way the SftB sessions were run, their impact on participants and the day care centre staff.

Service user questionnaire

A questionnaire, to be completed by the SftB participants, was developed in consultation with Alzheimer's Society Northamptonshire and the two day care centres. This explored views and experiences of those using the SftB service. Following feedback from one day care centre, the questionnaire was amended to facilitate completion by the participants. As a result, four questions were removed, which were deemed too complex and two questions with pictorial images (a smiley face) were re-designed so that each element of the question included the image. The questionnaire included a combination of open-ended questions and tick box responses, including demographic and geographical

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location questions. The questionnaire sought to understand what participants thought of the sessions including their expectations, experiences of the service, and perceived personal benefits. Consideration was given to the language used to frame the questions and pictorial images were included to make the questionnaire more accessible.

The questionnaire was distributed by the day care centres to all participants attending the SftB sessions and staff supported participants in its completion. A total of 15 completed questionnaires were returned and included in the analysis. While it is not known precisely how many participants attended the SftB sessions (the number of attendees was not recorded by the pilot sites), approximately 11-12 participants were thought to have attended the sessions at each site, with the same participants attending all sessions. Given these estimated attendance figures, this would represent an approximate 63%-68% response rate.

Staff and stakeholder interviews

Six semi-structured face-to-face/telephone interviews were undertaken with staff from the two day care centres and four semi-structured face-to-face/telephone interviews were undertaken with representatives from stakeholder organisations (the two day care centres and Alzheimer's Society Northamptonshire) who were involved in the development/running of the pilot. These interviews were designed to ascertain the views and experiences of those attending and delivering the service, as well as exploring the purpose of the pilot, the benefits and challenges of running the scheme and identifying any recommendations for the future delivery of the service.

Service observations

Three participant observation sessions were undertaken by the evaluation team, one at each day care centre site and at one of the regular SftB sessions for people with dementia. Observations were conducted by the evaluation team in order to understand the facilitator's interactions with the day centre staff and participants. Particular

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attention was given to the introductions, activity, engagement of the client group and suitability of the environment. Detailed observation notes were taken and these were written into an observation report after each session.

Data analysis

Interviews were recorded and fully transcribed for interpretation and clarification, and thematic analysis undertaken, using Braun & Clarke's (2006) thematic framework. Anonymous verbatim quotes are included in this paper to inform the discussion and maximise the voices of the participants. Quantitative data from the questionnaires was input into the statistical software package, SPSS v20, for descriptive statistical analysis.

This project was subject to ethical scrutiny and approval from the University of Northampton's School of Health Research Ethics Committee.

Results

Respondent profile

Of those responding to the paper questionnaire, 21% were male and 79% were female, 87% described themselves as an adult with learning disability, while 27% were aged under 45 years of age and a further 27% were aged between 45-55 years (Table 1 for respondent profile).

[Insert table 1 here]

The two day care centres were local services, situated at two different locations, north and south of the county. Both were run by the same parent organisation, who provide specialist day care services to support people with a learning or physical disability and people with dementia.

Session implementation

The set up and running of the SftB sessions was thought to have been effectively delivered, both sites reported strong levels of satisfaction with the timing of the sessions, the content and the facilitation. The size of the group, with 11-12 participants and two or three support staff was thought to be appropriate in enabling and involving participants without being overwhelming. One staff member reported, *'I think that probably any less, it wouldn't be as fun really'*. Additionally, it was observed and reported that the session facilitator was able to have greater interaction with each individual, ensuring their needs were being met, that nobody was left out and that the sessions were not *'daunting'* for participants.

The delivery of the one hour sessions in the morning was appreciated by the staff, who reported that this helped to lift people's energy and mood, which was observed by staff to have a lasting impact into the afternoon. One staff member reported that some participants had been found to take a nap in the afternoon following the session but that on the whole, the singing *'seems to refresh them ... it seems to energise them'*, or as another staff member noted, *'... it peps everyone up for the day.'*

It was also commented, that it can be difficult for people with early onset dementia to concentrate on activities for a length of time but the singing sessions were enjoyed and participants wanted these to carry on: *'Which on its own is merit to the session because ... with this early onset dementia, it's very short-lived activities. But they can go on and on and on with the singing'*.

However, some problems had been experienced, namely, with a lack of cover for the session facilitators, who had been unable to deliver some of the sessions due to illness. As a result of this a planned third site was not able to be established. Considerations also had to be made by the commissioners to ensure that the pilot sessions could be positioned into an already busy SftB schedule and still ensure the health and wellbeing of

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the facilitators. Discussions with one of the session facilitators highlighted the need for improved support from within the SftB facilitator's community. Little, if any, connection is made between facilitators across geographical regions and there is not network contact for guidance, to discuss ideas or to identify potential cover for sickness or holiday.

It was observed that the pilot sessions were run in a similar way to the normal SftB sessions, and according to the practice model identified by Alzheimer's Society. The sessions started with greetings and general conversation (including asking about birthdays), everyone sang a hello to each individual group member and there was a physical and vocal warm up which included simple movements and vocal exercises. This was then followed by singing a range of songs, some with movements, song sheets, instruments and other props (e.g. ribbons) and finally the session ended with a rendition of Abba's 'Thank you for the Music'. There were, however, a couple of significant differences to the regular session, most notably: the size of the group for the pilot was smaller, the informal carers were not part of the sessions, the length of the session was shorter (by 30 minutes of tea and coffee) and the range of songs varied, with more modern songs being sung.

Singing sessions

There was a positive response to the choice of songs and music played during the SftB sessions. Those interviewed agreed that sessions were aimed at an appropriate level for the participants and that the use of instruments and song sheets were positive additions. The opportunity to choose songs and have an input into the sessions was also well received, by staff and participants, with 80% of participants responding to the questionnaire strongly agreeing that they had a choice in the songs they sung.

'And they were able to make requests as well, they were given the opportunity, you know, the option to putting their requests in and, you know, and the,

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whoever would be doing the session would endeavour to ... try and get the words for people to sing along to.'

A range of songs were sung during the sessions, both older and more modern songs, some of those noted during the two pilot participant observations included:

- The hokey cokey
- Heads, shoulders, knees and toes
- Moonriver
- Frère Jacques
- Yellow Submarine
- Summer Loving – Greece
- Happy Talking
- If you're happy and you know it...
- Rocking all over the world

When responding to the questions about song choice, 100% of participants responding to the questionnaire strongly agreed they songs were enjoyable and they liked to sing the songs. Not everyone felt as strongly about how well they knew the songs, with just under three quarters (73%) agreeing strongly to this question, however, no one disagreed and only one individual was unsure. All the respondents (100%) strongly agreed that the songs were easy to sing (see Chart 1 for full responses). While staff also reported that the song choices had been appropriate and provided a *'good range, from quite old songs to modern, there was, like Michael Jackson last time I was here...'*. The participants also commented about the song choices, saying *'I can sing the Seekers'*, or *'I know most of the songs'* and *'I get to choose the songs we sing'*.

[insert Chart 1 here]

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The song choices for the singing sessions with the day care centres differed in some respects to the songs sung during the regular SftB sessions, with more modern songs incorporated into the session, however, there was significant cross over, particularly with the songs which incorporated movements and with the songs sung at the start and end of each sessions. Additionally, it was observed that movements used during the pilot sessions were simpler to those used during the regular SftB sessions.

The level of participation with each song was observed by the evaluation team to vary, depending on participant's knowledge of the song or their enjoyment of the song. A variety of the songs incorporated into the sessions is therefore an important consideration, as it provides greater opportunity for all group members to engage in the session. Additionally, it was noted that participant's energy or enthusiasm for songs could be quite high at the start of a song but that by the end of the song few of the participants were still singing. This was not perceived to be problematic but it was interesting to note that participants seemed to be more fully engaged at the start of each song than the end, but were keen to carry on and sing a new song. As one of the session facilitators reported, participants wanted to know what the next song would be: *'I generally find people are into music and they're waiting for the next song, you know, "What are we doing next, what are we doing?"...'*

Use of instruments and song sheets

Song sheets were used to support the singing of one or two songs, usually those where the lyrics were less familiar to participants, or a new song was being introduced. Generally these were thought to be useful, particularly for the staff, who reported to enjoy using the song sheets as they did not always know the words and it helped them to support the other participants. Some even joked that they had *'discovered verses of songs that I never knew existed!'*

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Day care staff also commented that the song sheets were not always necessary for the participants as many were not able to read. However, there was agreement that participants were thought to enjoy holding the song sheets and being a part of that element of the session.

'I don't think a lot of them could really read it, but it was nice to have them because it's nice to involve... Like they feel like they're reading it and, if that makes sense...'

One member of staff reported that while the song sheets had been useful, it was not an issue when song sheets were not used as it did not matter if people knew the words or not, people were able to join in as they wanted or as they felt able. The session facilitators often fed lines to the group as the song was being sung, therefore making the use of song sheets unnecessary.

Percussion instruments were included towards the end of the sessions, as the facilitator reported this was a strategic decision because *'... sometimes they can be a little bit loud, 'cause it's not we're teaching them to play instruments... we just want people to feel, wow, yeah, I can play this and I can sing along and play and it's great, it really is...'*

Participants were given a choice of which instrument they wanted to use and were invited to join in with the songs. During the observations and from the interviews, it was evident that this aspect of the sessions was greatly enjoyed by the participants.

'And the musical instruments bit, they all enjoyed that, like making the noise and joining in a part of it...'

Movement

A number of the songs included movements, such as 'Heads, shoulders, knees and toes' or the 'Pizza Hut' song. These movements were reported to be easy to follow for

participants and some staff described how they 'encouraged' participation in the movements rather than directly helping people to do the movements. During the two observations of the pilot sessions, participants seemed to enjoy doing the movements to the songs and only a couple were seen not to participate. One staff member reported that it was not important what level of engagement in the movement that was made by participants or if they got the movements right but rather being able to support participants to take part was the important thing.

'I tend to sit with [participant name] and he doesn't know all the movements but we're not too particular over whether he's getting the right movements at the right time, it's just as long as he's doing a movement at the same time that we're all doing the other movements... And he's not particularly bothered that he's not, you know, keeping up, it's just, I think, the fact that he's trying to do them...'

This encouragement was seen during the observation sessions, where staff were observed to hold a person's hand during the movements or support the use of an instrument. The level of support was observed to vary between the two sites (only one observation was undertaken at each site therefore reflections are based on these observations only). In one site, staff were observed to have greater integration with the participants during the session, they were sat dispersed amongst the participants and were fully engaged in the session from the start. While at the other site, staff were seen to sit very close together and took longer to engage fully with the session.

While some participants were supported to engage in the movements, others were observed to join in to the limit of their abilities. One female participant had very limited mobility but was seen during the singing of one song to be smiling and nodding her head. While another participant, it was observed, did not sing with the group, but was observed to be gently tapping a tambourine with one finger and making almost

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imperceptible movements to songs. This participant was engaging with the session in their own way.

Impact of the singing sessions

The SftB sessions were reported to have a number of observed benefits for the participants. In general terms, the staff interviewed talked about the way participants had enjoyed the sessions, even asking when the next session would be, and it was thought they had *'got a lot out of it'* and found it exciting and energising.

'Everybody really enjoyed it and you could... see that everybody was sort of getting quite into it and really enjoying the whole social aspect and the music as well...'

'...they are just simply energised and active and ready to go...'

The participants themselves reported that they had enjoyed taking part, saying the sessions had made them *'feel happy and I can join in when I like'*, while another said *'I enjoy it'* and that the music had made them feel *'good'*.

All the participants (100%), from both sites, reported that attending the singing sessions was important to them. Reasons given for this were that they liked the sessions. One individual enjoyed being able to sing (*'Helps me sing songs'*), while one respondent thought that it helped to keep them *'alert'* and two participants stated that it supported their memory - *'It helps me remember'*. Several of the participants also commented that they wished the sessions were run every week and that the sessions should be longer.

Choice was seen to be a key part of participation in the singing sessions. Firstly participants were given the choice to participate, this was identified on a number of occasions during the participant observations: at the start of one session a staff member

informed the session lead that an individual had chosen to stay in a concurrently running sports session; a female participant in another of sessions chose to leave the room on several occasions to attend the bathroom, returning on each occasion, and participants were given the choice of whether to participate in the singing/movements or whether to observe and join if and when they were happy or able to.

Staff commented positively about the way participants were invited to suggest songs for the group to sing, and when these were not known to the facilitator she went away and learnt the song for the next session. As one staff member commented: *'The guys were able to request songs any time they liked and if she didn't have the words for it, she'd come back the following fortnight with the words...'*

The social engagement of the sessions was thought to be a positive aspect of the sessions. At one of the centres, two groups were brought together for the singing sessions. One group were older people with a learning disability and one group also had some problems with memory or dementia. Both groups joined together in one room for the singing sessions. One staff member discussed that this potentially could have been quite difficult as the two groups do not normally share the same session or room but that after the first session, they were happy to meet together, even being seen to help set up the room in readiness for the other group to join in.

'... they've accepted these guys are coming in to do the singing with us and they all move the chairs and they all help each other, it's a real, yeah, it really is a social gathering for them.'

Another staff member discussed the way some participants can be quite cliquey and form their own groups but that through the music they were able to *'come together'* and the sessions were seen as a way to *'bond'*.

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The sessions were also reported by one staff member to have brought the staff and participants together in a social group. What was key for this individual was the ability to enjoy being part of the singing sessions, as an active member not just as a supportive staff member.

'It was good actually because you could get involved yourself, you're not just sort of sitting watching and everybody was sort of really capable of just getting on with it themselves and stuff so, and actually it's really good to get involved with them and sort of just do it as a big social group so, yeah, it was fun, definitely.'

As well as the social engagement, staff members also discussed emotional engagement. The singing sessions were perceived to elevate participant's emotions, encouraging them to be more active, put people in a positive frame of mind and to bring those who may be shy or naturally quite to *'bring people out of their shells'*.

'it's just getting people excited... Because there is a tendency for some of our customers definitely to sort of sit very quietly and not have much interaction but actually this sort of, it does help bring people out of their shells and stuff like ... There was a, yeah, improvement in mood and everything, it sort of just lifted the whole group...'

Additionally, the way the session could elevate participant's mood for longer than the session itself, was reported by a number of the staff interviewed. One individual commented that the sessions could help to get people *'a little bit more engaged, pepped up'* and that the effects were observed to last into the afternoon on occasions. Conversely, as well as being seen to elevate participant's moods the sessions were also discussed by one interviewee as a way to calm those participants who may be more agitated or loud. The session was described as a way to bring participants onto an equal level, encouraging those who may be quite to be more active and vice versa.

'Yeah, you see the positives of the quiet ones coming out their shells, you see a different side to them, but also the other ones on the other end of the spectrum that are quite, can get agitated or can get quite loud, they're not, they're completely calm.'

One of the staff members talked about seeing a change in the way they have supported participants to take part in the session, at the start they described needing to 'gee' participants up and be quite active and positive in the singing sessions but that as the weeks progressed, the need to do this diminished as the participants are able to take part fully from the start of each session.

'... we sort of try and encourage them, gee them up so to speak, you know. But it's, as the weeks have gone on, there isn't need for us to do that 'cause they'll go straight from the off now.'

Staff also discussed the way the singing had supported some participants with their communication. The act of singing the songs and using language to sing has been very important for some staff members to witness, with one participant who has difficulties with speaking being observed to have joined in with the singing.

'Everybody's joining in, they are singing along, even people who are having a great deal of problems say, with language, are singing along.'

'And then when we start singing, we actually have a lady who doesn't really speak much at all, but on one particular occasion, she must have heard the song and she joined in a lot of the words...'

Furthermore, one interviewee commented that some participants can be quite 'chatty' following a singing session and more talkative.

During the two observations made of the pilot sessions, it was noted that discussions were held with participants about the songs being sung, with the facilitator asking if participants remembered who sang the song, if they liked the songs etc. This seemed to be appreciated by participants, some of whom talked enthusiastically about the songs and recalled who the singer or band had been. This discussion, as well as the singing in general, was reported by those staff members interviewed to be a way to support participant's memories of the songs and enabled individual reminiscence.

'Yeah, a lot of our customers haven't got very good memories and SftB helps them to, they join in and some of them even recollect some of the songs that [the facilitators] sing and they actually started to get involved so it's good for their memories.'

'...and it's amazing, they'd start singing and you wouldn't realise that they actually knew that song and all the words would come out.'

The learning process which had taken place during the running of the SftB sessions was also commented on. It was perceived that during the early stages of the sessions, some songs had been new to participants but as the sessions progressed they had started to learn the songs and remember the lyrics.

This learning was thought to be helped by the use of the instruments and movements incorporated into the singing sessions. One interviewee talked about the way the movements in songs, such as the Pizza Hut song, supported the learning process and helped to engage participants in the session:

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'... the Pizza Hut and those sort of ones... they're good as well because people do enjoy doing them and it's something else for people to try, you know, as they're doing them. So I think they all helped, anything that you've got to try and remember for the following week.'

Impact on staff

Alongside the potential benefits of the singing sessions for the participants, staff also reported to have enjoyed taking part, enjoying the opportunity to sing, to *'enjoy music with each other'*, and to enjoy being in each other's company. This was thought to make the job more engaging:

'I love to sing myself and it's just watching everybody enjoying themselves, you know, is, well, you can't get a better job really.'

'... and to see the response from people and when staff say to me, "Oh, this is the highlight of the week," you know, it just is fantastic...'

Although most of the staff agreed that they had enjoyed taking part in the singing sessions, some were more conscious of their ability to sing and did not like to hear themselves singing. This did not prevent staff from taking part or enjoying the singing but it was an aspect of the sessions which they did not all welcome.

Discussion

The aim of this study was to understand the way the SftB sessions were run for people with a learning disability and memory problems or a dementia. This study found that singing sessions can be successfully run for this group and that they enjoy participating, finding it a fun and engaging process. These findings are in line with that of research conducted with people with dementia attending SftB sessions, where *'inhibitions'* can be lost in the process of participation (Bannan, 2008).

The staff clearly verbalised the short-term benefits to participants of engaging positively in SftB, in terms of pleasure and enjoyment; however, they felt it was less certain, if there would be any longer-term benefits from participating in the activity. Osman, Tischler and Schneider's (2014) study of SftB sessions for people with dementia found a positive impact on memory, people's mood and socialisation, while Särkämö et al. (2013) similarly found music and singing sessions with people with dementia elevated mood. The impact of music has also been evidenced by Gold (2014) whose audit on the impact of music therapy on people with advanced dementia found that on music therapy days, participants showed fewer instances of challenging behaviour and were thought to be more positive compared to non-music therapy days. A number of participants in this evaluation discussed the way the sessions were thought to support people's memory, this was regardless of age or diagnosis. A learning process of the songs and movements had been experienced for some participants, while others were able to reminisce about songs, their links to family stories and also remember details about the artist. Song discussions and the singing itself were both thought to have helped in this process of reminiscence. Owens (2014) writes of music's transformative properties that music is not aligned to either the left or right hand side of the brain, but rather is present across the brain. Therefore enabling engagement with music even for those with neurological disease, while Särkämö et al. (2013) found improvements in short term and working memory. Such studies (Särkämö et al., 2013; Gold, 2014; Osman et al., 2014) and the staff reports discussed in this paper suggest that music can have a positive impact on mood, behaviour and memory for people with dementia, however, further evidence is required to understand the influence of singing on people with dementia and a learning disability and the potential longer-term effects. This cohort were predominantly aged under 55 years of age and were female, and while this study did not identify any significant differences of opinion or benefit across the demographic profile, such an examination would be interesting to undertake to understand whether a more tailored service could provide improved benefit, for example through song choice.

Other potential benefits to singing, which were indicated from the discussions with staff members, were on communication and social engagement. Staff reported seeing participants who struggled with normal conversation, being able to sing along with the rest of the group. Additionally, the social aspect of the sessions may well have helped to support communication. New groups were brought together to attend the sessions, providing greater opportunities for new people to mix together after sessions. However, most of the participants already knew each other well and so this may not have had an impact for everyone. Hara (2011) describes singing as a 'catalyst' for the development of relationships, providing a shared experience and shared reminiscence, in this context the SftB pilot could be seen as such a catalyst for the relationships peer to peer and peer to carer. The use of singing provides access to a form of communication, different to that of the spoken word and one which can transcend physical and neurological disorders (Bannan, 2008). Singing is a form of social engagement, particularly in the format of a group session, and communicates on multiple levels through physicality, emotions and language (Bannan, 2008). It is suggested that singing can have a positive impact on not only language, but additionally understanding and speech (Tollinger, 2010), evidence from this study does not corroborate this level of impact, but suggests further positive outcomes for engagement in singing.

One of the key findings of this study has been the way in which the sessions provided participants with different levels of choice, in terms of engagement with the sessions and content of the sessions. The concept of choice is regarded as an individual's everyday right (Antarki, Walton & Finlay, 2007) and compliments the shift in care from the medical model to a more social, holistic model with the focus on integrated care, choice and independence (Royal College of Nursing, 2013). This evaluation was not able to identify whether this level of choice differs from other sessions run at the day centres or in other aspects of the participant's lives, so it may not be unique. However, it was

experienced as a positive element of the SftB sessions and one which should be encouraged in future activities.

In conjunction with considering the effect of the singing sessions on participants and staff, this evaluation has identified possible gaps in the level of support for the SftB facilitators during the pilot and lack of cover for periods of absence. The future development of this service should consider ways in which the facilitators can be better supported, either through the use of volunteers at the day centre sites or through additional resources. One of the ways in which this could be facilitated could be through the development of a SftB facilitator network, linking the facilitators across the region. This could provide an opportunity to share ideas and examples of best practice but could also be a way in which additional staff cover could be resourced. Consideration could also be given to the training of one or two members of staff at the day centre sites or with volunteers who could attend the sessions to support the facilitators with the set up and running of the sessions. This could be done in a similar way to the volunteer support for the regular SftB sessions and could provide the facilitators with additional resources to run the sessions.

A final outcome of this evaluation has been to understand the way the pilot sessions were run in comparison to the regular SftB sessions. While the overall implementation of the pilot sessions was found to run in a very similar way to the regular sessions, some key differences were identified with regard to length of session, attendees, content and support. These differences were, on the whole, appropriate for the running of the pilot. Both participants and stakeholders/staff regarded the one hour session time to be suitable for this client group. Similarly the number of attendees worked well, with sufficient people to make the session fun but not too loud or overwhelming and enabling the facilitator to provide a very person centred approach to leading the sessions. Given that the participants attend the day centres regularly and that their cares do not

participate in any of the other sessions run at the centres their lack of involvement was not problematic and in fact the attendance of the day centre staff was very appropriate.

Conclusions

This study has identified that SftB can be run for people with a learning disability and a form of dementia or memory problem. Although some modification of the session format and content were required, the changes to the sessions were not significant and were in line with the Alzheimer's Society's recognised format. Positive benefits were reported in enjoyment, sociability and giving choice to participants. The reports of elevated moods sustained after the singing sessions were made by staff within the day centres. However, this evaluation was not able to corroborate these reports and further research would be required to investigate the longer term impact of SftB on wellbeing, mood and memory with people with a learning disability and form of dementia.

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