

Evaluation of Drumming for Dementia online course

Report to funder



Contents of report

List of Figures and Tables.....	4
Acknowledgments	5
Funding	5
Executive summary	6
1. Background	10
1.1 Study rationale	11
1.2 Study aims and objectives.....	12
2. What we did.....	13
2.1 Online Drumming for Dementia course.....	13
2.2 Evaluation approach	17
2.3 Data collection	17
2.4 Data analysis	20
2.5 Ethical considerations.....	20
3. What we found	22
3.1 Course participants' engagement with evaluation study	22
3.2 Reaction.....	30
3.3 Learning.....	38
3.4 Behaviour	40
3.5 Outcomes.....	46
4. Discussion.....	50
4.1 Value in current approach	50
4.2 Positive impact on course participants and people with dementia	51
4.3 Future development that will enable wider use in practice.....	52
4.4 Study strengths and limitations.....	53
4.5 Implications for practice and opportunities for further research	54
5. Conclusions.....	56
6. Recommendations	57
References.....	59
Appendices.....	63

List of Figures and Tables

Figures

Figure 1: Sample of the drumming for dementia level one course webpage	14
Figure 2: Sample of the drumming for dementia six short videos section of the webpage	14
Figure 3: Screenshot of the Facebook support group front page	16
Figure 4: The percentage of participants completing each stage of the pre, post, and follow-up surveys.....	24
Figure 5: The percentage of participants attending each pre, post, and follow-up focus groups	27

Tables

Table 1: Content of the six drumming for dementia course videos.....	15
Table 2: Course participants contribution to evaluation (n=20)	23
Table 3: Survey respondents' demographic information (n= 20)	26
Table 4: Focus group participants demographic information.....	29
Table 5: Participants' satisfaction with the course.....	32
Table 6: Use of drumming by participants after the course based on follow up survey data.....	42
Table 7: Reasons impacting ability to use drumming with people with dementia	46

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Executive summary

Background

Nature Therapy CIC developed the level one Drumming for Dementia online course to support family carers and care staff in health and social care settings to use drumming with people with dementia. Based on their previous work they felt that drumming could soothe agitation in people with dementia, and so they commissioned Bournemouth University (BU) to undertake an independent evaluation of the level one Drumming for Dementia online course. The aim of the study was to evaluate the online approach used to deliver the Drumming for Dementia course and the resulting implementation and impact on practice in care and home environments. Data collection and analysis was informed by the Kirkpatrick (1959) model for evaluating effectiveness of training (reaction, learning, behaviour, results).

The research objectives were to examine:

1. **Reaction** - What is working on the course and what might be improved, the training approach (drumming sense box, online course, Facebook group), and staff and family carer satisfaction with the course.
2. **Learning** – Staff and family carer knowledge and confidence to deliver drumming in their own workplace or home.
3. **Behaviour** - Spread of implementation and enablers and barriers to implementing within own workplace or home.
4. **Results** - Perceived effect on care environment or home including: impact on staff/family carers and their care practice following implementation; staff/family carer perceptions of impact on residents/person with dementia (i.e., changes in agitation and sleep (one to one drumming), energy/mood (group drumming), and staff/family carers perception of wider impact on organisation/own home.

What we did

The evaluation was a mixed methods study collecting quantitative and qualitative data between October 2021 and November 2022 using three methods (i) surveys to course participants (ii) focus groups with course participants (iii) interviews with course developers/convenors. Lessons learned were just as important as the research findings and so the evaluation approach was based on Participatory and Appreciative Action and Reflection

(PAAR) approach (Ghaye et al., 2008) to ensure that we captured both positive and negative experiences of the drumming intervention. This improvement-oriented methodology requires all involved to be reflective and feel empowered to contribute to discussions (Magnusson & Hanson, 2003).

What we found

Twenty course participants contributed to the questionnaire survey, eight to the focus groups and one to an interview. Our findings demonstrate that the level one drumming for dementia online course did provide course participants with what they needed to be able to use drumming with people with dementia. Course participants liked that the course was short and felt that it was accessible as they could dip in and out of it and fit it around existing commitments.

This evaluation was carried out during the Covid-19 pandemic, and this affected the opportunity for course participants to enter care homes and other health services. This limited our ability to further understand enablers and barriers to implementing drumming within the workplace and further work is needed in the future.

Course participants reported instances where drumming was successful in reducing agitation in people living with dementia when used on a one-to-one basis and increased engagement and sense of connection when used in group settings which was remarked upon by care staff as a novel welcomed and valued experience.

Recommendations

Nature Therapy CIC may wish to consider the following aspects to improve the course and move this body of work forwards:

1. **Include videos of examples of different drumbeats** This was felt particularly useful for those new or less experienced in using drumming themselves but would also be a helpful to anyone taking the course to check they are using the right drumbeat.
2. **Add academic references to course** Adding access to academic references to existing research related to the videos will add credibility and allow those interested in finding out more to follow up for themselves.

3. **Automate course administration** Look into automating aspects of course administration including generating certificates automatically to participants who complete the course and answer some multiple-choice questions correctly.
4. **Disseminate Facebook support group information** To promote the Facebook support group, add a link or information about it on the Nature Therapy CIC drumming for dementia webpage.
5. **Develop a community of practice for drumming facilitators to meet regularly** Nature Therapy CIC could provide regular opportunities for drumming facilitators to catch up. This could be in the form of an online session held on Teams or Zoom, and timings could be varied to allow for overseas engagement. If this was facilitated by Nature Therapy CIC it would enable them to respond directly to participants questions and help them to feel confident about using drumming at home or work. This would help with ongoing support in terms of people being able to share experiences and learning, get feedback on what they are doing and identify new/different approaches that have worked for others.
6. **Seek further funding to develop and evaluate the Nature Therapy CIC drumming model** Nature Therapy CIC should explore opportunities to market the level one drumming for dementia course to wider dementia networks. Nature Therapy CIC wish to develop a drumming model and so it would be useful to create an outline of this in the first instance. Possibly the course could focus on drumming with other groups (such as people with mental health issues) as well as people with dementia. If so, there may be a need for specific videos that unpack how to use drumming with each group and any specific challenges that might arise. There may be opportunities to liaise with other organisations to support this and Nature Therapy CIC could seek funding to support the development and evaluation of this drumming model. For example, Bournemouth University maybe able to offer part of this as a project for a student to focus on.

Conclusions

From the literature review it is seen that academic understanding and providing evidence to support practice development specifically for drumming with people with dementia is in its infancy. This evaluation has shown that it is possible to gain confidence to practice drumming with people with dementia through the level one course provided by Nature Therapy CIC. These have led to positive impacts in terms of reduced agitation and greater engagement for those

living with dementia. This evaluation makes a contribution to the small evidence base, and more work is needed in the future.

1. Background

The number of people living with dementia is estimated to be approximately 944,000 and increasing (Alzheimer's Research UK, 2022). People living with dementia may experience difficulties with language and communication, as their symptoms develop and this can be challenging for the person but also for those who are caring for them, especially in the later stages of dementia (Banovic et al., 2018).

There is increasing recognition of the benefit of the arts to enhance health and wellbeing in society as highlighted in a recent WHO report (Fancourt & Finn, 2019). This includes the use of music for older people with dementia (Baker et al, 2022; Lee et al, 2022; Gulliver et al, 2021; Ekra & Dale, 2020; Ray & Götell, 2018, Dowlen et al, 2018). This is because, as Waters et al (2022) state, as the brain areas associated with memory and language deteriorate the areas associated with music appear to remain intact (Brotons & Koger, 2000; Jacobsen et al., 2015). Although music practice with people living with dementia is promoted through organisations such as Music and Memory (2018) in the USA and Music for Dementia (2020) in the UK, it is still early days for music to be routinely used in practice in dementia services. Further evidence is needed to support practice and policy development (Bamford & Bowell, 2018).

There has been very little published about music making specially using drums with people living with dementia. There has been a small study reporting improvement in mood after African drumming with people living with dementia and their caregivers in Hong Kong (Roy et al, 2019). Research shows that rhythmic activities such as drumming are preferred by people in the later stages of dementia, when it is more difficult to participate in other music activities such as singing (Clair & Bernstein, 1990a, 1990b; Clair, 1991, and Clair, Tebb, & Bernstein, 1993). People with dementia in the UK tend to move into nursing or residential care homes in the latter stages of dementia (Crowther et al, 2022).

Drumming has been used with residents with dementia in care homes environments and to date published studies focus on drum therapy delivered by therapists (Clair et al., 1995) or

trained instructors (Wong et al., 2018). Also, there is a programme of research looking at how drumming can aid physical and mental exercise for people living with dementia in nursing homes with early studies being carried out by Mathews and colleagues (2001) and a more recent positive evaluation of a drumming programme on the cognitive and physical function in older adults living with dementia in a nursing home in Japan (Miyazaki et al 2020). To the authors' knowledge very little has been written specifically about the use of drumming to encourage engagement, communication, and social inclusion of people with dementia.

1.1 Study rationale

Nature Therapy Community Interest Company (CIC) work with people to build sensory resilience through unique experiences in nature. They are specialists in engaging and fun multi-sensory learning across the age span. They deliver projects for those that sense the world in an alternative way. This may be through trauma, medical conditions (such as dementia, mental health issues, Parkinson's, autism etc.) or just their own way of being. More recently they have been focusing on developing a programme of participatory drumming that offers differing sessions according to the stage of dementia an individual is experiencing. High energy drumming is used to negate low mood, depression, and agitation; and improve emotional wellbeing and facilitate social connection. More therapeutic one to one drumming is ideal for those in a high state of agitation or distress.

Nature Therapy CIC have designed and developed the online Drumming for Dementia course. Level one training involves one to one drumming to soothe agitation. The idea for the online course came from a much larger project that Nature Therapy CIC were doing around sensory enrichment for people with dementia. Nature Therapy CIC were cocreating alongside people with dementia, the facilitators, and the volunteers, and they found that drumming was the most accessible and popular sensory activity. Nature therapy CIC wanted to spread the Drumming for Dementia practice beyond their immediate settings to provide wider support for people living with dementia and their families and felt that a free online course would be a potential route for this to happen. They felt that a free online course would offer the opportunity to expand the drumming experience further without having to take on the liability of expanding too much and perhaps employing people which is very risky for a small organisation. They also wanted to

be able to offer the training free to anybody who would find it helpful and provide a therapeutic tool which created opportunity to improve the quality of life for others. The purpose of the level one Drumming for Dementia online course is the first step in developing a model of drumming that can be delivered by staff in care environments as well as family carers, without the need for a therapist or instructor to be present. Such a model has cost savings that enable wider implementation across health and social care settings.

Nature Therapy CIC commissioned the Bournemouth University (BU) research team (MH, LB, CEH) to undertake an independent evaluation of the level one Drumming for Dementia online course.

1.2 Study aims and objectives

The aim of this evaluation study is to evaluate the online approach used to deliver the level one Drumming for Dementia online course and the resulting implementation and impact on practice in care and home environments. Data collection and analysis is informed by the Kirkpatrick (1959) model for evaluating effectiveness of training (reaction, learning, behaviour, results).

The research objectives are to examine:

1. **Reaction** - What is working on the course and what might be improved, the training approach (drumming sense box, online course, Facebook group), and staff and family carer satisfaction with the course.
2. **Learning** – Staff and family carer knowledge and confidence to deliver drumming in their own workplace or home.
3. **Behaviour** - Spread of implementation and enablers and barriers to implementing within own workplace or home.
4. **Results** - Perceived effect on care environment or home including: impact on staff/family carers and their care practice following implementation; staff/family carer perceptions of impact on residents/person with dementia (i.e., changes in agitation and sleep (one to one drumming), energy/mood (group drumming), and physical activity (cardio drumming); and staff/family carers perception of wider impact on organisation/own home.

2. What we did

This section provides a description of the course and the evaluation approach. This includes details of how evaluation data were collected and analysed, and a discussion of the ethical issues considered prior to and during this study.

2.1 Online Drumming for Dementia course

Before the evaluation study started Nature Therapy CIC designed and developed course materials for the Drumming for Dementia course. The course was advertised to potential participants through Nature Therapy CIC social media accounts, and anyone interested in taking part contacted Nature Therapy CIC directly to register for the course. The course was free and open to people working in health and social care settings, as well as family carers of people with dementia. Once registered course participants could access the materials through a password protected section of the Nature Therapy CIC website

<https://www.naturetherapyonline.com/> (Figure 1). On this page it explains that:

- a) The course is designed to be taken by people interested in using drumming as a therapeutic tool for older people and those with a dementia
- b) There are six sessions in the course
- c) Course participants will receive a Nature Therapy CIC Drumming for Dementia Level One Practitioner Accreditation Certificate once they have completed these three tasks:
 - 1. finished watching the six short videos
 - 2. answered the questions about the course
 - 3. submitted three case study examples of using drumming after the course

2.1.1 Six short videos

The course contains six short videos each appropriately five minutes in length (Figure 2). The language used to describe the content is non-technical, which appeals to those with no experience. The videos contain continuous imagery, background music, and short statements as text on the screen that change as the video plays through. This creates an embodied way of learning which aligns with the drumming therapy itself. There are different drums for different beats, so these videos focus on using shamanic or hoop drum (simple drum – hoop covered in

hide or drum material - drummed by hand or soft beater). Topics included introduction to sensory perception; creating playlist to calm people; changing taste in music; health benefits; tips for creating dementia friendly sound environments; and overview of a guidance manual to support use of drumming with people with dementia (Table 1).

Figure 1: Sample of the drumming for dementia level one course webpage

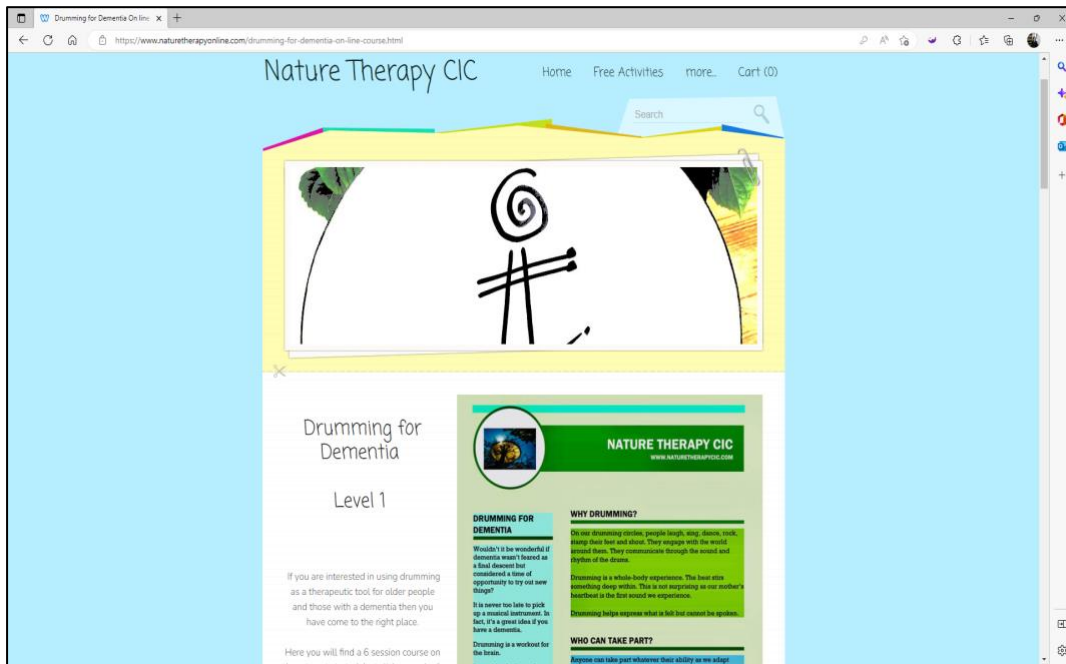


Figure 2: Sample of the drumming for dementia six short videos section of the webpage

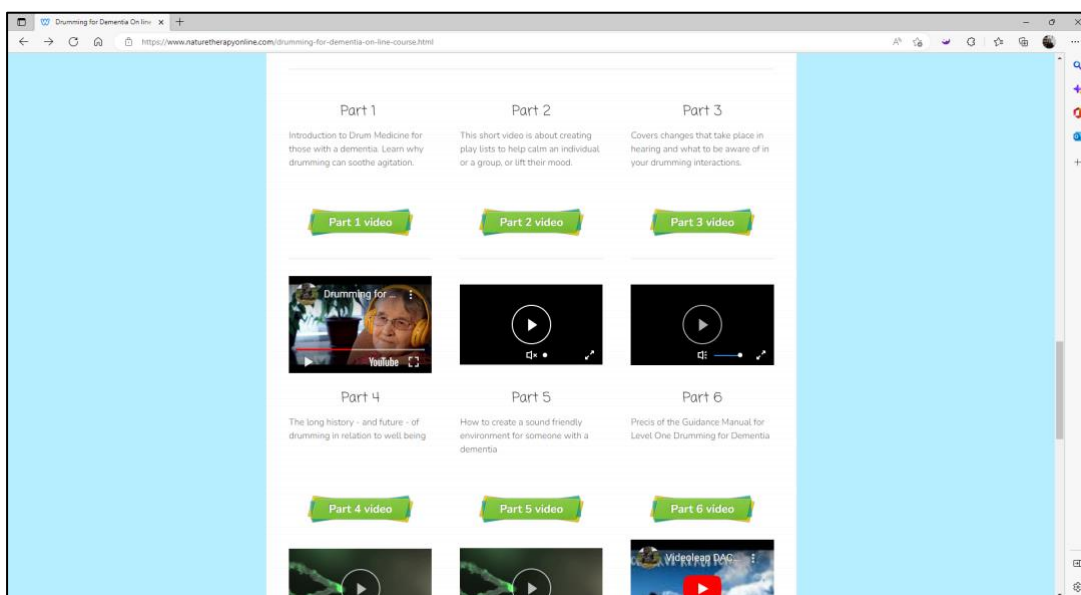


Table 1: Content of the six drumming for dementia course videos

Video	Overview of content
Part one	<p>Introduction to Drum Medicine for those with a dementia. Learn why drumming can soothe agitation:</p> <ul style="list-style-type: none"> • Introduces sensory perception • Feeling the heartbeat • Atonement and calming
Part two	<p>This video is about creating play lists to help calm an individual or a group or lift their mood:</p> <ul style="list-style-type: none"> • Creating a playlist to calm people • Heartbeats are gentle and calming • Lighter drumbeats lift the mood
Part three	<p>This video covers changes that take place in hearing and what to be aware of in your drumming interactions:</p> <ul style="list-style-type: none"> • Changes in the brain effect how individuals process sound. • Experiencing tinnitus. • Changing tastes in music.
Part four	<p>The long history - and future - of drumming in relation to wellbeing:</p> <ul style="list-style-type: none"> • Drumming part of human culture for millennia • Recent research shows how drumming can help reduce blood pressure, calms brain waves. • Health benefits.
Part five	<p>How to create a sound friendly environment for someone with a dementia:</p> <ul style="list-style-type: none"> • Tips for creating dementia friendly sound environments.
Part six	<p>Precis of the Guidance Manual for Level One Drumming for Dementia</p> <ul style="list-style-type: none"> • Link to guidance manual. • Tips for using drumming with people with dementia. • Thank you for taking part in the course.

2.1.2 Guidance manual

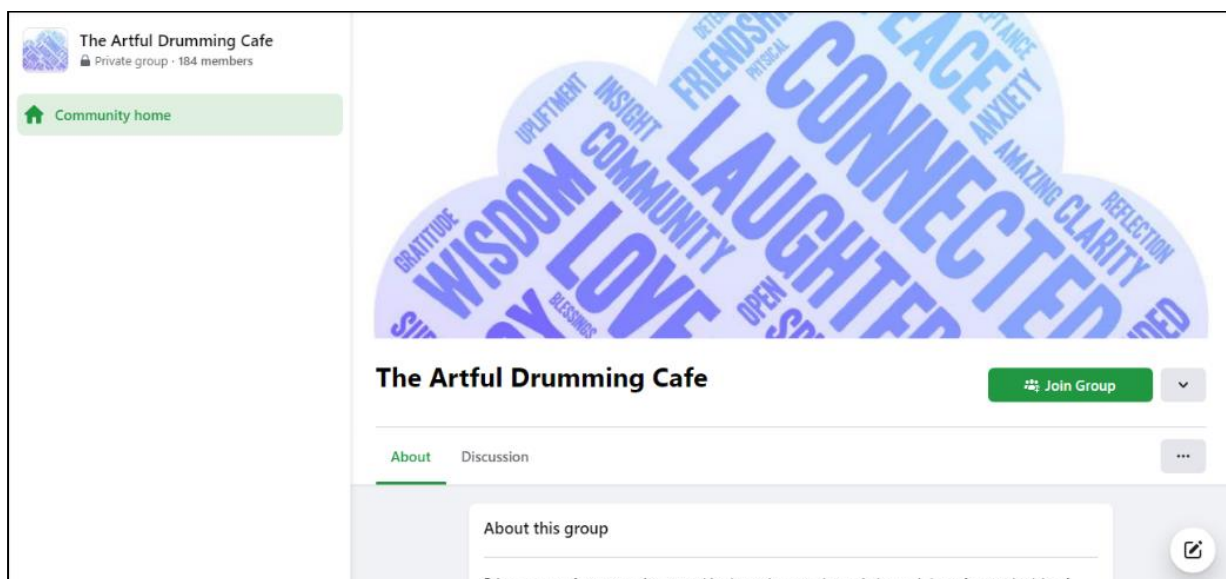
The guidance manual is ten pages long and contains clear practical guidance for how to:

- a) Use drumming with people with dementia.
- b) Conduct reflective case studies about using drumming with people with dementia.
- c) Structure a document that captures the case studies in writing, including questions to consider.

2.1.3 Facebook support group

Course participants also had access to a private Facebook group (<https://www.facebook.com/groups/446204949257485>) to share ideas and enhance peer support (Figure 3). During the course evaluation this was called Nature Therapy Drumming, but in December 2022 changed its name to The Artful Drumming Café. It was advertised as a ‘private group for anyone interested in drum therapy, drum circles and drum fun’. Nature Therapy CIC shared information about the group with course participants and participation was optional. Participants had to be a member of Facebook to be able to request to join it.

Figure 3: Screenshot of the Facebook support group front page



2.2 Evaluation approach

This was a mixed method study collecting quantitative and qualitative data between October 2021 and November 2022 using three methods (i) surveys to course participants (ii) focus groups with course participants (iii) interviews with course developers/convenors. Lessons learned were just as important as the research findings and so the evaluation approach was based on Participatory and Appreciative Action and Reflection (PAAR) approach (Ghaye et al., 2008) to ensure that we captured both positive and negative experiences of the drumming intervention. This improvement-oriented methodology requires all involved to be reflective and feel empowered to contribute to discussions (Magnusson & Hanson, 2003).

2.3 Data collection

As the course provider, Nature Therapy CIC acted as gatekeeper giving the course participants information about the study by email and/or telephone. Course participants who expressed an interest in taking part in the study were referred to the BU research team by Nature Therapy CIC. The BU research team responded to referrals by email and provided those interested with more information about the study, and opportunity to clarify any questions. Data collection was designed to capture course participants views at three time points (i) baseline (pre course) (ii) completion (post course) (iii) follow up (three-six months after course). There was no predetermined time scale to complete the course. Course participants were able to sign up and complete in their own time, meaning it might take someone a few days or a few weeks or longer to complete. This course was therefore not of a cohort nature and data collection mirrored this to enable course participants to contribute at their stage. Data were collected from course participants through online surveys and focus groups as described below.

2.3.1 Online Surveys

Survey data was collected between October 2021 and June 2022 using the Online Survey tool (<https://www.onlinesurveys.ac.uk/>). There were three surveys (Appendix A, B, C) with a mix of open and closed ended questions: (i) baseline (pre course) (ii) completion (post course) (iii) follow up (three-six months after course). All registered course participants (n=100) were eligible to complete the surveys. One member of the BU research team (LB) managed course

participant data using a password-encrypted Microsoft Excel database and invited course participants to access each survey appropriate to their stage in the course. Links to the surveys were sent to course participants by email along with an Information Sheet with further details about the study (Appendix D). Consent to take part was taken as a question at the beginning of each of the surveys. Course participants were sent up to three follow up reminder emails to encourage them to complete the survey. The surveys were split into sections to capture:

a) **demographic information** - including age, gender ethnicity, location and the relationship held with the person living with (such as professional or personal)

b) **training specific information** – prior training, expectations (pre-course) satisfaction, suggestions for improvement

c) **Impact** - feelings about delivering drumming in own organisation/or at home, if/how they have adopted/adapted drumming in their own organisation/at home, barriers, and enablers to using drumming in own organisation/at home, changes to care practice as a result of attending training, self-reported impact on people with dementia, other staff and the organisation more widely.

c) **validated scales** - i) dementia attitudes scale (O'Connor and McFadden, 2010) – to explore how attitudes may have been affected by drumming ii) dementia confidence scale (Elvish et al., 2014) to explore if course participants felt more confident with working with people with dementia after drumming. Unfortunately, the questionnaire respondent numbers were not high enough to provide any useful information in relation to these scales and so these scales will not be presented in the report.

2.3.2 Focus groups

Course participants who took part in a survey(s) were emailed by the research team (LB) about the opportunity to take part in focus groups, with up to three follow-up emails being sent. Once a person agreed to take part in a focus group, they were allocated to the next suitable one (i.e., pre-course, post-course, and follow-up). Five focus groups took place between March and June 2022. The first focus group in March 2022 was made up of a group of follow-up participants who had completed the follow-up survey. The later groups were made up of people who were pre-course or had just completed the course.

Each focus group was facilitated online through Zoom (version 2022) by the BU research team (CEH and LB). Course participants were provided with an Information Sheet (Appendix E) and emailed their written consent inline with the points on the agreement form (Appendix F) to take part to the research team. With participants' permission, each session was recorded in Zoom and on a backup handheld device.

During the focus groups course participants were welcomed with introductions, the study was summarised, and a further opportunity was offered for questioning. A topic guide (Appendix G) was used to facilitate all focus group discussions and included a) how they found out about the course, why they signed up and what they expected; b) the experience of using the online course itself what worked and what needs to be developed c) their experience of using their learning practice – what worked and any barriers d) the impact on, the person living with dementia, themselves and the organisation e) anything else they wanted to share. Questions were phrased to take account of the stage of the course participants. Course participants were also encouraged to share with the researchers any relevant discussions or examples from the private Facebook group, and their own observations of using drumming with people with dementia. Templates for observations and validated scales (including the Aggression and Agitation scale or Manion Agitation Scale) were provided to course participants by Nature Therapy CIC. However, none of the participants reported back on any of these to the research team during the focus groups and so we are unable to comment on these in this report. At the end of the focus groups people were thanked for their time, invited to the next focus group (if relevant), and offered to be emailed a short summary of the key findings from the focus groups once data collection was complete.

Taking part in the Facebook group and completing case studies were optional for course participants. However, they could not receive a course completion certificate unless they had submitted their case studies to Nature Therapy CIC for review.

2.3.3 Course developer/convenor interviews

Course developers/convenors were identified to the BU research team by Nature Therapy CIC and were emailed an Information Sheet (Appendix E) and given an opportunity to ask any questions about the study and asked to email their consent in the same way as course

participants for the focus groups (Appendix F). The BU research team then liaised directly with those who wished to take part to arrange suitable interview dates and times. Interviews with course developers/convenors were held in November 2022 to share experiences of developing the course, challenges, and successes of changing this course from face to face to virtual delivery and any wider feedback about the course more generally. Course developers/convenors were encouraged to share with the researchers any relevant discussions or examples from the private Facebook group and any observation notes, case studies, and/or validated scales completed by course participants in these sessions. Interviews were held over Zoom and recorded with course developer/convenor permission. Questions explored how the course was developed, what was working well/less well and any barriers to using drumming (Appendix H).

2.4 Data analysis

The survey data and focus group data were analysed separately before they were reviewed together (triangulation). Survey data was entered into an Excel spreadsheet for analysis. Survey responses were analysed using descriptive statistics (i.e., frequencies, means, and percentages). Audio recordings of focus groups and interviews were transcribed and reviewed for accuracy, and any identifying information was changed or deleted. Focus groups and interview transcripts were analysed using a thematic analysis approach (Braun and Clarke, 2006). The analysis was deductive and informed by the Kirkpatrick model (1959) for evaluating training effectiveness. Initial themes were identified by one team member (CEH) and then discussed and shaped with the rest of the team (MH, LB) until consensus was reached. Findings from both data sets were then triangulated (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). Triangulation of the data allowed for a deeper, more comprehensive understanding of the impact (Denzin, 1978). During triangulation we explored how the findings from both data sets linked to each other and where the quantitative results concurred with or challenged the themes uncovered in the focus groups and interviews.

2.5 Ethical considerations

Bournemouth University Ethics Committee granted ethical approval for this study (ID no: 38970). Principles of informed consent, voluntary participation, the right to withdraw, confidentiality and anonymity were adopted. Due to this study operating during the Covid_19

pandemic particular consideration was given to the study design and the use of online data collection methods such as online surveys and focus groups. Informed consent was obtained from focus group and interview participants by email. Participants were provided with an information sheet about the study and debriefed, along with the opportunity to leave at any point. To maintain confidentiality and data protection the personal data was securely held on a password-encrypted Microsoft Excel database. The survey responses were anonymously allocated a unique identification number and pseudonyms were given to focus group and course convenor participants.

3. What we found

This section outlines the participant characteristics and the key themes that arose from our interpretation of the data. The key themes presented here cut across the data and are taken from comparing all the information from the surveys, focus groups, and interviews. Firstly, we provide an overview of the course participants engagement with the evaluation study.

3.1 Course participants' engagement with evaluation study

Between October 2021 and February 2022, Nature Therapy CIC provided the research team (LB) with the names and email addresses of all registered course participants (n=100). All met our inclusion criteria (Appendix I) and were invited to take part in the evaluation study. Twenty course participants engaged with our evaluation study. All twenty completed one or more of the surveys and eight also took part in one or more focus group (Table 2). Despite several attempts to make contact by email, we were unable to engage the other course participants (n=80) in our evaluation study for the following reasons: no response (n=50); email address not recognised (n=13), unwilling to consent to take part in the study (n=11); and gave consent but did not complete the study (n=6).

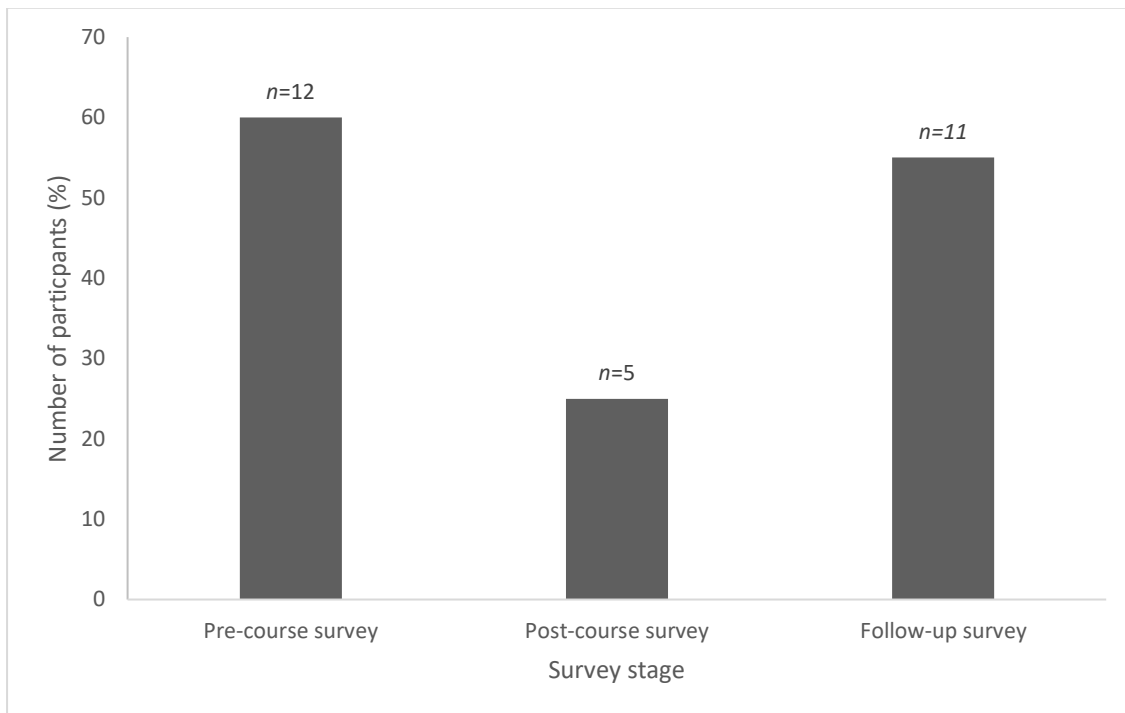
3.1.1 Survey respondents

The majority of the course participants completed the pre-course survey (n=12 or 60%). Out of these 25% (n=5) additionally completed the post-course survey, and from these 15% (n=3) also completed the follow-up survey. However, 40% (n=8) of the course participants had already finished the course so only completed the follow-up survey (Figure 4).

Table 2: Course participants contribution to evaluation (n=20)

Participant	Survey			Focus Group		
	Pre	Post	Follow-up	Pre	Post	Follow-up
1	X					
2	X					
3	X	X	X	X	X	
4	X					
5	X					
6	X				X	
7	X					
8	X	X	X	X	X	
9	X	X		X		
10	X	X	X	X	X	
11	X					
12	X	X				
13			X			
14			X			
15			X			X
16			X			X
17			X			X
18			X			
19			X			
20			X			
TOTAL	12	5	11	4	4	3

Figure 4: The percentage of course participants completing each stage of the pre, post, and follow-up surveys



Survey respondents mainly identified as female (n=14 or 70%) which was followed by 10% (n=2) as male and 20% (n=4) as none/other. Age of respondents varied widely from 16-25 years (n=1) to 66-75years (n=3) (median age = 46-55 years). Most of the course participants (n=9 or 45%) identified ethnicity as White British which was followed by 30% (n=6) preferring not to say, 10% (n=2) as White, and 5% (n=1) as either Australian, Aboriginal, or Caucasian. Many of the course participants (n=8 or 40%) reported their location of residence as England Southeast. This was followed by 25% as other which included Australia (n=4) and Southern Ireland (n=1), 15% (n=3) as England Southwest or preferring not to say, and 5% (n=1) as England Northwest (Table 3)

When asked about the relationship they had with a person with dementia the majority of 65% (n=13) were Health or Social Care professionals, 20% (n=4) preferring not to say, and 15% (n=3) as a carer of a person with dementia. From this most of the course participants (n=7 or 35%) preferred not to declare their working environment. This was followed by 30% (n=6) based in the community, 15% (n=3) in other environments, and 10% (n=2) in both hospitals and care

home settings. The respondents who were employed in other environments highlighted these included warehouse work (n=1 or 5%), private yoga instructing (n=1 or 5%), and a therapeutic horsemanship centre (n=1 or 5%). Most of the course participants (n=7 or 35%) chose not to say how long they had been employed in their work setting whereas 30% (n=6) had been employed for 1-4 years, 20% (n=4) had been in the same setting for over 10 years, 10% (n=2) for less than 1 year, and 5% (n=1) between 5 to 9 years (Table 3).

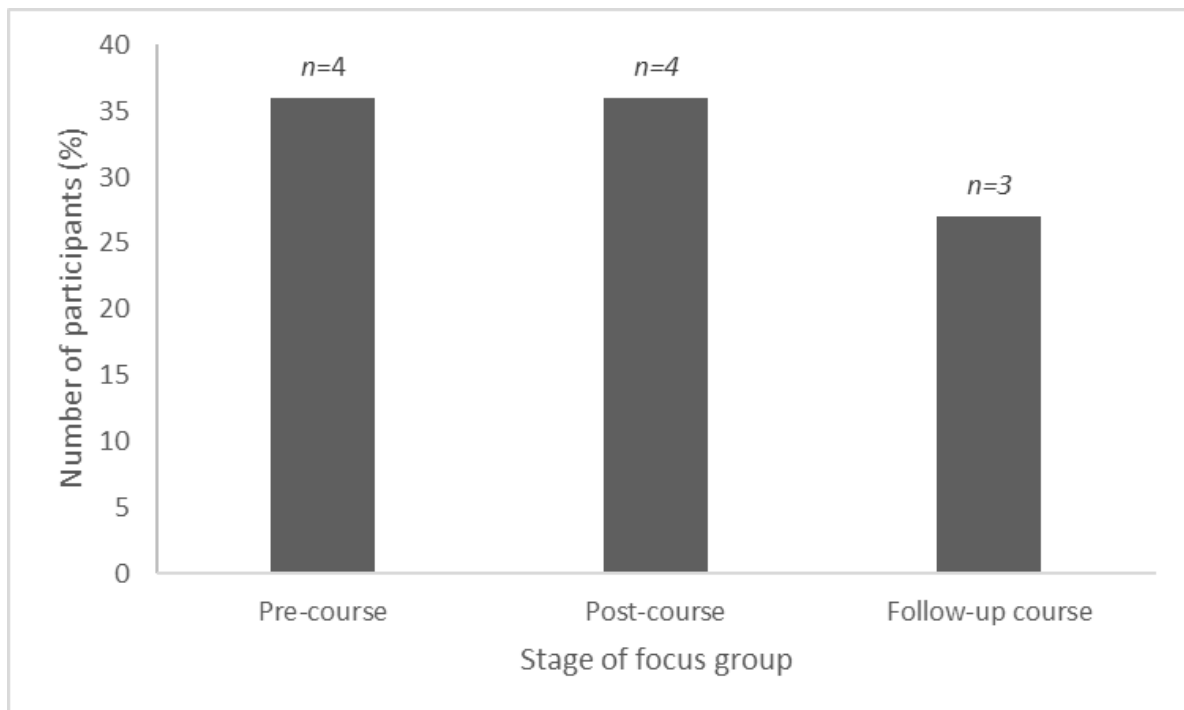
Table 3: Survey respondents' demographic information (n= 20)

Variable	Number of responses n (%)
Gender	
Male	2 (10)
Female	14 (70)
None/other	4 (20)
Age group (years)	
16-25	1 (5)
26-35	0
36-45	6 (30)
46-55	3 (15)
56-65	4 (20)
66-75	3 (15)
Prefer not to say	3 (15)
Ethnicity	
White British	9 (45)
White	2 (10)
Australian	1 (5)
Caucasian	1 (5)
Aboriginal	1 (5)
Prefer not to say	6 (30)
Location	
England – Northwest	1 (5)
England – Southeast	8 (40)
England – Southwest	3 (15)
Other - Australia	4 (20)
Other – Southern Ireland	1(5)
Prefer not to say	3 (15)
Relationship with a person with dementia	
Carer of a person with dementia	3 (15)
Health or Social Care Professional	13 (35)
Prefer not to say	4 (20)
Work setting	
Hospital	2 (10)
Care Home	2 (10)
Community-based	6 (30)
Other	3 (15)
Prefer not to say	7 (35)
Time employed in the work setting	
Less than 1 year	2 (10)
1-4 years	6 (30)
5-9 years	1 (5)
10 years or more	4 (20)
Prefer not to say	7 (35)

3.1.2 Focus Group participants

Eight course participants attended focus groups. Six course participants attended one focus group each and two more than one (two each) focus groups. The majority of these course participants attended the pre-course or post-course focus groups (36%) with three of these course participants completing both. Additionally, 7% of the individuals solely participated in the follow-up focus group (Figure 5).

Figure 5: The percentage of course participants attending each pre, post, and follow-up focus groups



Seven focus group participants identified as female, and one as male (Table 4). They ranged in age from 36-45 years to 66-75 years (median age 56-65 years). Five people lived in the UK, and three people lived in Australia. Four people identified as White British; one as White, one as Australian and two preferred not to say. Seven course participants had previous experience of delivering therapeutic interventions, one did not. Three worked in a healthcare setting, three in social care setting, two preferred not to say. Six of the eight course participants had previous experience of using drums either personally or with community groups, and two did not. When asked about the relationship they had with a person with dementia, six were working with people

with dementia as part of their employment, and two were family carers of a person with dementia. Four course participants had been employed in their work setting for over 10 years, two had been employed for between one to four years and two preferring not to say.

3.1.3 Course developer/convenor interviews

We held one interview with a course developer/convenor in November 2022. Other course developer/convenors were unavailable to take part at this time.

Table 4: Focus group participants demographic information

Pseudonym	Resides	Age group	Ethnicity	Family Carer	Health or social care professional	Work setting	Time employed	Previous therapeutic experience	Previous drumming experience	Previous dementia experience	Previously knew Nature Therapy	No of focus groups took part in
Davina	UK	36-45	White	No	Yes	Health care	1-4 years	Yes	Yes	Yes	Yes	1
David	Australia	66-75	Prefer not to say	Yes	No	Prefer not to say	Prefer not to say	Yes	Yes	Yes	No	1
Clare	UK	56-65	White British	No	Yes	Social Care	10 years or more	Yes	Yes	No	Yes	1
Deidre	Australia	56-65	Australian	No	Yes	Social Care	10 years or more	Yes	No	Yes	No	2
Charlotte	Australia	36-45	Prefer not to say	No	Yes	Social care	1-4 years	Yes	Yes	No	No	1
Jenny	UK	56-65	White British	No	Yes	Healthcare	10 years or more	Yes	Yes	Yes	No	1
Sarah	UK	66-75	White British	No	Yes	Healthcare	10 years or more	Yes	Yes	Yes	No	2
Lilly	UK	46-55	White British	Yes	No	Prefer not to say	Prefer not to say	No	No	Yes	No	1

3.2 Reaction

In this section we share course participants reasons for taking the course, how they accessed the course, and what they thought is working well and might be improved.

3.2.1 Reasons for taking the course

Course participants described different reasons for deciding to take the course. Some wanted to learn more about using drumming with people with dementia:

'I just really wanted to learn more about drumming with dementia, because that was kind of hinted that it was kind of for people similar to people living with dementia and because that's a key focus of mine, I wanted to learn more about it.' (91-93) David (Focus Group 1)

Others suggested it was to develop their confidence to use drumming in group settings, but not necessarily just with people with dementia:

'And when I saw that this was online I thought well that's a brilliant opportunity what drew me to it was the fact that I'd got into drumming And I felt a bit lacking in confidence of bringing that into my sessions with clients so for me it wasn't, I was interested in the dementia angle, because we have worked with people with dementia, but it was more on a general angle, as well as how how really to take drumming and to bring it to a more formal setting with clients, had no preconceived ideas..... Happy to kind of go with the flow and see what it was.' (64-72) Davina (Focus Group 1)

One participant suggested they had chosen this course over others available because they felt it was more appropriate for use with people with dementia in residential care settings:

'I chose this course over others because given the target groups that I think I'd be working with a lot of the programmes might have had more of a Community focus not so much a residential aged care focus ... different levels of ability and whatnot so yay yeah I was looking for something that's what it ticks more of the boxes closer to what I was hoping to achieve.' (96-100) Deidre (Focus Group 2)

3.2.2 Accessing the course

Course participants found out about the course in different ways. In the focus groups we found out that three course participants had an interest in drumming and saw information on the Nature Therapy CIC Facebook page, two course participants already had a connection with Nature Therapy CIC, one participant had been given the details by their manager (who had received an email about the course from Nature Therapy CIC directly), one person did a google search, and one participant was told about the course by a friend. Only two course participants had a connection with Nature Therapy CIC prior to undertaking the course. The course was not necessarily easy to find as Deidre said:

‘I was interested in therapeutic drumming and did a bit of Google searching and it wasn't until I actually typed in drumming for dementia, that this whole program and research came up (16-18).’ Deidre (Focus Group 2)

3.2.3 What was working well with the course

It was accessible

In the post course survey, course participants were asked to rate how satisfied they were with the course overall and the individual modules (Table 5). Eighty percent (n=4) of course participants were very satisfied or satisfied with the course overall, with 20% (n=1) neutral. Course participants were similarly satisfied with each of the individual modules (80% (n=4) very satisfied or satisfied and 20% (n=1) neutral), except for the precis of the guidance manual where 80% (n=4) were very satisfied or satisfied and 20% (n=1) were dissatisfied.

Table 5: Course participants' satisfaction with the course

How satisfied were you with: n=5 (%)	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
a. Course overall	1 (20)	3 (60)	1 (20)	0	0
b. Introduction to drum medicine	2 (40)	2 (40)	1 (20)	0	0
c. Creating playlists	2 (40)	2 (40)	1 (20)	0	0
d. Cover changes and drumming interactions	1 (20)	3 (60)	1 (20)	0	0
e. Drumming and wellbeing	2 (40)	2 (40)	1 (20)	0	0
f. Creating a sound friendly environment	2 (40)	2 (40)	1 (20)	0	0
g. Precip of the guidance manual	1 (20)	3 (60)	0	1 (20)	0

Course participants explained this further in the focus groups stating that the course structure was user friendly and laid out step by step which was easy to follow and made it accessible for anyone, as Clare explains:

'I think the course and how its structured is really user friendly for someone who's never done any drumming before. let alone shamanic drumming or any kind of drumming made it made it really simple and easy to follow that. Anyone anywhere can just pick up and just learned a few things and help their loved ones what we get step further into understanding sort of how much it helps it was a great intro I think. training for anyone who hasn't had any experience.(125-129) ... the layout was really simple you know the parts, for example, that you go to, and it was. It was short, so it grabbed your attention long enough to give you bite size pieces I kind of felt myself wanting more because I wanted to get deeper into it, a bit more. But that's also something to come, I think that was. That was great it wasn't I don't think anyone would find that intimidating will be put off if they were going to see it's actually very it's been made very simple so anyone can do it, I think that was one of the aim - make accessible to everybody.' (133-138) Clare (Focus Group 1)

With regards to whether course participants felt that the course should be delivered online or face to face in the future 40% (n=2) of the questionnaire respondents felt it should be online only and 60% (n=3) felt it should be a blend of online and face to face.

It was flexible

In the focus groups course participants shared how they appreciated the course being flexible and quick to complete. Many of the course participants suggested they were very busy with many different projects and so the fact they could fit this around their already busy schedules was helpful. They were able to complete it in their own time and they could revisit it as appropriate, as these course participants describe:

'I thought it's flexible so I can just jump on it, and it was it was you know, there was no deadline so. It was great to join in and do that and I didn't actually complete it till months later, so I signed up to do it, I left for quite a few months for contract I was working away and very busy, and then I said to Ellen can I still do it yeah of course it's there so jump back on it say ... The flexibility aspect was brilliant yeah.' (84-90) Clare (Focus Group 1)

'... initially it took me a little while to get started, just because I've got my fingers in many pies yeah little projects happening at the moment, so. But I've since gone through it a couple of times at all, no doubt, I'll go through it, a few more times as well. yeah and I printed out the handbook that goes with it ... Oh yeah that's the way I fly yeah, as I said, many projects, but no fixed time frame (146-153) Deidre (FG2)

"I was surprised how I thought I was going to be quite a few weeks trawling through lots of Information more detailed information, but then practically I found for me it worked amazingly as in I work in the NHS it's full on. We don't have much time, so I could squeeze in in my lunch hours checking out the videos. I appreciate when a course is.: pick out put down, well facilitated and it's got all the info [information] in it. (273-278) Jenny (FG2)

Others liked the fact the course was made up of videos. They felt the videos were informative and the 'bite size' approach meant they could fit it around existing commitments more easily:

'[The videos were] very good very good I like the one getting across that part of not been too loud I thought yes that is a bit loud I thoroughly enjoyed them my thought they were very informative yeah.' (87-88) Sarah (Focus Group 3)

'I liked the short videos as well.: Because I was kind of thinking, am I going to be able to fit this in to do this course, and I was really quite relieved to find the bite sized chunks that you could go to and then also it was really easy to refresh.' (140-142) Davina (Focus Group 1)

It was a new approach leaving you wanting to know more

Course participants also suggested that they enjoyed being introduced to new approach to use with people with dementia, that the course was inspiring and left them wanting to continue to learn more about drumming:

David: It was something new and refreshing it was something different. I think anything that you know we can do to work with people and help support people in that area [dementia] it's got to be a good thing.

Davina: Yeah, yeah and yeah. I think just this was just an introduction course this was Level one. yeah so I guess what I'm kind of thinking is oh yeah I'm quite inspired by this, I would like to go on, and do more. (460-465) (Focus Group 1).

Lilly who is already a piano teacher and singer also emphasised how the course had shown her the value of the simple beat running through the music:

'I liked the stuff about you know the evolution of the brain. I found that very interesting, you know why we have this innate to link to rhythm, I thought that was interesting and, and then just the, you know just to coordinate, you know, the people and the simplicity of it. I didn't quite understand how important it was to have this primal beat running through the music.' (87-90) Lilly (FG5)

3.2.4 What might be improved about the course

Course participants did make suggestions for improving the course.

Video of different drumbeats

Those with less previous experience of drumming felt it would be helpful to include a video to demonstrate the different drumbeats:

'I guess having no real drumming experience, perhaps a little bit more of drumming beat yay And an experiential component yeah would probably have been nice, I know that that's not easy to incorporate in an online Program. But yeah I think I would have benefited from that.' (371-373) Diedre (Focus Group 2)

'... what I would have liked that isn't there is on the main page, is a video. That you, you know, an interactive video, so I can see the drums in front of me. It would be great to click on there and then to hear the drums.' (140-142) Lilly (Focus Group 5)

More responsive feedback on their case studies

Some respondents described a sense of frustration at not receiving feedback after sending in their case studies, suggesting it may be helpful to receive ongoing feedback on their case studies:

'One of the frustrating things for me was not always hearing back, because I, you know I sent the information in, for example, and never heard back, still haven't heard back so I don't know what happened to it, you know. So in terms of feedback I guess that's where I was kind of a little disappointed in terms of, I just didn't, I didn't follow that up.' (164-168) David (Focus Group 1)

Jenny: 'I have been sending in like feedback on the session, maybe just a little bit feedback back, no, we were looking more for this, or can you include this or whatever some kind of yeah that but that's that's all really.'

Researcher : have ongoing feedback on your case studies

Jenny : yeah yeah yeah yeah.yeah yeah.' (397-402) Jenny (Focus Group 2)

We note that the main course convenor had an accident that left her hospitalised and unable to work for several months during the evaluation. This did have an impact on her ability to respond to emails from course participants, which may have unintentionally heightened course participants frustrations.

Academic references

One person, who was studying at university, felt it would be beneficial to provide links to the academic research that underpins the approach within the course materials:

I didn't feel the content was very depth full, I think it covered a lot of topics, but I didn't have a sense that it was giving me the information behind those statements.' (229-231) ...
And I don't feel like it was course I feel like a nice set of information that was very inspiring But to constitute a course no this doesn't for me constitute a course for me.
(250-256) Charlotte (Focus Group 2)

Need to develop support group

Not all course participants were aware of the Facebook support group and even for those that were aware of it the link to the course was not explicitly clear for them:

'No, so I didn't see that [Facebook page] , on the site sign-in information and I've missed that somehow.' (387-388) Charlotte (Focus Group 2)

'Yes, I have I've seen it and I've used it and make comments about it as well yeah on it okay. I didn't get the impression that it was linked to the course necessarily that I thought it was more kind of a general Facebook page about that you know that style of drumming more than anything, yeah.' (228-230) David (Focus Group 1)

Many suggested that they would have valued an opportunity to connect with other people taking the course to share experiences and that this could take place online:

'I think what we're doing now [Focus group] is so important, when you're learning something and that's like the get together and the chatting about things as around. And I think you know with any kind of learning platform that's online where you don't have that interaction with the group I think that's also really important aspect ... Because I think link up and talk about you know, where you want to take it, how you can take it there as well, and some people in the group might have some brilliant ideas that will help you as well.' (216-223) Clare (Focus Group 1)

' ... potentially for maybe a facilitated course where you'd have discussions with other people be sharing experiences and looking at the case studies together (232-233) ... I think the value of having discussions with other people to share and solidify your experiences is just infinite, they're the type of things that you take away take away a felt sense you take your subconscious connections with others it's inspiring stuff that really gives you fuel to keep doing this kind of work (379-382) Charlotte (Focus Group 2)

Others discussed how they felt it was also important for someone with experience of drumming to also attend:

Davina: I wouldn't say it's as good as being there at group but it's Okay, like. I wonder if that's, something that would be good actually for this online course at some point for Ellen or whoever to lead some kind of session online.

David: So I think that would be brilliant. That's a great idea I'd like to see that I'd like to see her demonstrating what she does yeah (406-410) ...

Davina: ... we could have, like we're having a chat today about different things. Because I think, I think that one of the things that people are going to struggle with a lot of people is taking it to groups, either because they're not working with groups at the moment, or because of confidence issues or whatever, so I think it's probably would be a nice thing for people to be able to say, well, I tried this and it didn't seem to work or this really worked well, that could be a nice thing to do yeah.(411-416) Focus Group 1

3.3 Learning

In this section we explore course participants learning from the course, including confidence to use drumming with people with dementia and insight into living with dementia and other conditions.

3.3.1. Confidence to use drumming with people with dementia

The course developer/convenor explained that before developing this course they had delivered drumming to a whole cohort of student nurses and found that it had made them feel working with people with dementia was more appealing:

‘... because we trained a whole cohort of student nurses [Southampton University] which was fantastic, because, um, it would have been an online program. It meant that those student nurses, one of them said, I didn't know working in dementia could be such fun. Oh, that's a big thing, because that means, because when I trained as a nurse, you know, that was the sort of bottom end of the so-called hierarchy power scale of where you were in nursing.’ Course developer/convenor (Interview 1)

This had shaped the development of the course which had a core aim to build course participants' confidence to use drumming with people with dementia, either at home or in a work setting:

‘It's just a series of punchy videos that would actually make an impact hopefully, uh, get a short message across, and then give people the confidence to actually do it.’ Course developer/convenor (Interview 1)

Many course participants described an increased level of confidence to use drumming after taking part in the course.

.... checking out the videos yeah and then I did feel, first of all, is this right, am I doing this right, but then I did get positive reactions from the patients. (273-277) Jenny (Focus Group 2)

One participant with a musical background suggested that it had given her the confidence to change what she was already doing to ensure it was more inclusive for people with dementia:

'Yeah, I think, I think the more, the more, the more information, you get the better definitely. Yeah, it does give you more [confidence].'(199-201) ... I liked it, but I can't, I can't say particularly what I liked. I quite like the size of the, I liked how, how important it was for the brain, and it really helped me to sort of step away from the way I deliver music.. try and make it. a sort of a more simplified more connected more rhythmic. So, it's really helped me actually.' (102-107) Lilly (Focus Group 5)

However, the course did not give all course participants confidence to use drumming with people with dementia. Two course participants (one still drumming and the other not) in the follow-up survey said they did not carry out drumming with people due to a lack of confidence. Unfortunately, due to the nature of the survey, it was not possible to understand what they did not have confidence in.

In the post course survey respondents had learnt:

- 'To allow the patients to sometimes take the lead and to enjoy the sessions as much as they do.' Respondent 8
- 'To engage and hopefully encourage engagement from the group.' Respondent 10
- 'The basics, some revision of dementia and the benefits of drumming for wellbeing and anxiety reduction' Respondent 3
- 'The value of drumbeat as a grounding tool centred on the heartbeat' Respondent 9.

As Deidre explains, taking part in the course enabled her to feel prepared and gave her the confidence to join a local drumming circle:

'I'm feeling better prepared for it now that I've actually joined a local drumming circle yeah and I guess, I would have liked, perhaps a little bit more practical drumming involved in the online course but um yeah but I mean as a basic level course, you know it was good and even had I not joined a local drumming circle, I was still confident enough to go ahead and do it once the facility sort of approved.' (198-202) Deidre (Focus Group 4)

3.3.2 Insight into living with dementia and other conditions

For those course participants with less personal experience of dementia, the course allowed them to consider what it might be like for the person living with dementia:

'It's made me look more through the eyes of somebody who's got dementia really because I didn't really come from that background. Whereas XXXX came from a background, working with people with dementia. I've come from a background of music that I've just gone and spoken to people in people's homes, and we've just had this lovely reciprocal thing and I sang along and joined in. Rather than coming from a sort of a health background, I come from a creative background so sort of helped me to fill in the blanks, no pun intended.' (193-198) Lilly (Focus Group 5)

Course participants felt that the learning from this course may be appropriate for other groups and not just people with dementia. This included people with mental health issues and learning disabilities:

'I would like to see either this course or another course where it's, not just for dementia. And that's because I worked with you know a lot of people with mental health problems and learning disabilities and so I'm kind of taking, What I'm learning on this course and thinking how I can apply it to different groups, because it is very much I think you know what people get out of it depends a lot on. What they need to get out of it as well, so it's kind of almost like reading the room sometimes.' (435-44) Davina (Focus Group 1)

3.4 Behaviour

In this section we discuss whether and how course participants were using drumming with people with dementia after the course, and for those who had not yet used drumming what was stopping them from using it.

3.4.1 Use of drumming by participants after the course

We measured prior experience of drumming in the pre-course survey and so are only aware that the 12 course participants who completed the pre-course survey (100%) had not previously received training in drumming, we are unable to report on whether the other 8 course participants had previous experience or not. Four post course survey respondents reported using drumming with people with dementia after the course. Course participants were asked when they intended using drumming at work or home, 60% (n=3/5) said they were already using it, 20% (n=1/5) said in the next month and 20% (n=1/5) unsure. Two course participants were still using drumming at follow up, one was no longer, and one had started to use since completing the post course survey (Table 6). Of the three course participants using drumming at follow up, one used group sessions, one delivered one to one and the other a mix of group and one to one. Each of them reported delivering more than ten drumming sessions since completing the course and had involved between three and 20 people with dementia.

In the overall follow up survey course participants were asked if they are using drumming at work or home with people with dementia, 27% (n=3/11) said they were, whilst 73% (n=8/11) were not.

Table 6: Use of drumming by participants after the course based on follow up survey data

a. Are you already using drumming at work or home with a person or people with dementia?	Yes	No	
	3 (27)	8 (73)	
b. What type of drumming are you using?	Group and Cardio balls	Group	One to One
	1 (9)	1 (9)	1 (9)
c. Approximately how many sessions have you delivered?	More than 10 sessions		
	3 (27)		
d. Approximately how many people with dementia have you been involving in drumming sessions?	3 to 5 people	6 to 10 people	11 to 20 people
	1(9)	1(9)	1(9)

3.4.2 Reasons for not currently using drumming

There were several reasons for not currently using drumming with people with dementia, as described in more detail below

No current contact with people with dementia

The course developer/convenor suggested that they were aware that not all participants taking the course were able to use drumming immediately and that they had agreed to participants taking the course on this basis as they hoped it was something they would use at a time in the future:

‘Well, mostly because they didn't have access to people with dementia. They might have done it originally, because they had a relative who passed on, and they didn't have

anyone, you know, or they might be doing it from a career point of view, and then they changed career. There was a whole variety of reasons why they dropped out or didn't have, mostly because they didn't have access to people with dementia. And quite often they would ask me if they could do it as they didn't have access to anyone with dementia And I was happy to say, Yeah, do the course, because who knows what might happen in the future to a family member, or you might want to take that career path.' Course developer/convenor (Interview 1)

This was true for some of the course participants:

'Not something that I'm working with a moment I'm not working for having in my life interaction with anyone with dementia, but I am very interested in sound healing and what it can do for you.' (74-75) Clare (Focus Group 1)

'I don't have access to that kind of population and I'm not really in a position to do volunteer work at the minute.' (349-250) Charlotte (Focus Group 2)

COVID-19 restrictions

Many course participants reported not being able to use drumming because of the ongoing COVID-19 restrictions in place:

'Yeah I think so at the moment because we're quite a small team, because we have obviously as a Covid our numbers are limited so we only having eight patients at a time and they're in little bubbles only certain days so really there's not enough kind of space, but I plenty people i've been talking to about it say wow that sounds pretty good for dementia yeah.' (405-410) Jenny (Focus Group 2)

'And I'm back in there, this Friday so fingers crossed I will have a little bit more information on where to go [in gaining access] , but I think they've been a bit overwhelmed with, with covid, with staff shortages and I believe the manager's being pulled in all sorts of directions,(121-123) ... I think I'm just going to be patient at the moment and and I didn't want to go chasing up other avenues, because if I went into another facility with covid and

everything, not all facilities are happy for visitors of other facilities.’ (134-136). Deidre (Focus Group 4)

Gatekeepers

Others described how they were waiting for approval from the workplace before they were able to use drumming. This was probably related to the ongoing Covid-19 conditions but this was not necessarily true in all cases:

‘I have put in a written request to the aged care facilities management to consider and I’m still waiting for a response so that’s where we’re at.’ (20-21) Deidre (Focus Group 2)

‘If that’s right it’s been a long and drawn-out process, I’m keen to sort of get a couple of case studies done. But I probably sent my first email to the manager of the HQ facility, and I already do TAI Chi classes for the residence at this facility so I’ve got my foot in the door. I’ve got all my police checks done etcetera had all my covid vaccinations, etc. So I’m ready to go I’m.: just waiting for the consent and the approval yeah Um so I sent my introductory email early in March and I’ve got no response and I’ve been working on a few other projects as well, so I didn’t chase it up in a hurry yeah I been probably, early in May I followed up with a hard copy of the original email and the information on the drumming dementia program Again I got no response Well, I was in there, doing my TAI Chi class on this Friday just gone. Now, I flagged down the recreation officer and sat down with her, and I said look I’m not complaining but ...This is where we’re at So I’ve now got her email address during yeah I forwarded what I’ve originally sent to her and she was going to follow up on it for me.’ (104-119) Deidre (Focus Group 4)

One participant outlined how she had not always been made to feel welcome by other staff members:

‘... unfortunately, there was, what should we say rivalry between them [staff]. She warned me that, before I go into the building, the other lady is not aware that I’m coming; so when she discovers that I am coming she will try to, not sabotage but, make a fuss or who am I what am I doing here all this sort of stuff. Oh, my goodness do I really need this ? .(14-19) ... mean the coordinator obviously wanted me to go back, but they haven’t invited me back. I said okay I’ll wait for you I’m not going to push, contact me, you know my telephone

number, so, if you would like that and I think possibly what she's done is bought some drums.(80-83) Sarah (FG4)

Not enough people to lead drumming

One participant who had been drumming for a while described a need for more people to deliver drumming sessions in residential care settings:

If I could divide myself into more places I'd have more nursing homes, where I could go because just about every residential care centre around, once they hear about us, they say 'Oh, can you come and do that at our place'. (382-384) David (FG1)

In the follow up survey, course participants also gave reasons impacting ability to use drumming with people with dementia after the course (Table 7). Some of these reasons had also been mentioned in the focus groups, although new aspects mentioned were the difficulty of finding time with other work commitments (n=4 or 36%), the lack of confidence to use drumming (n=2 or 18%), or lack of interest in drumming (n=1 or 9%). Out of the 11, 1 person had stopped drumming and 1 person was still drumming. Both reported confidence as an issue.

Table 7: Reasons impacting ability to use drumming with people with dementia

What have you found has been difficult or has stopped you from using drumming at work or home?		
Difficult to find time with work or other commitments	4 (36)	
Lack of confidence to deliver the drumming	2 (18)	
Lack of interest in the drumming	1 (9)	
Difficult due to COVID-19 restrictions	2 (18)	
No current contact with people with dementia	1 (9)	Our organisation works with people from many different backgrounds, and we are not currently working with people with dementia. I have used what I have learnt in these sessions to drum with people with mental health problems.' Survey respondent 16
Waiting for approval from workplace	1 (9)	Gaining approval from head office of the aged care facility to complete case studies has been time consuming and difficult. I am still waiting.' Survey respondent 3

3.5 Outcomes

In this section we focus on the impact of drumming on the course participants, the people with dementia they had used it with and wider impacts. The main outcome was to be able to gain a sense of connection with people living with dementia which had not been possible previously and also providing a calming effect for people living with dementia who were agitated. Course participants in the focus groups spoke mainly about their own experiences of visiting residential homes and at times touched on wider institutional changes

3.5.1 Connection with people with dementia

During the interview with a course developer/convenor they described drumming as providing an opportunity for:

'Human connection beyond words, particularly helpful when people with dementia have lost the use of words to communicate ... It's that connection through sound and frequency and vibration. That is absolutely the imperative part of why it works yeah, or even how it works. I don't know. Yeah, that sense of connection is lost with dementia'
(Course developer/convenor, Interview 1)

They gave several examples demonstrating this from their previous work in this area (Appendix J). During the focus groups, this sense of connection and engagement came across strongly amongst those who had used drumming with people with dementia when they recalled some of their experiences. David, who runs a weekly drumming session in care home, suggested that they had noticed people with dementia connecting and engaging, even those who were not talking:

'One of the benefits that I have seen with the groups that we've been running is I've actually seen people [with dementia] who have not been communicative, they haven't been talking at all, suddenly start talking in the group. And you know engaging with other people as well, so that's been one really great thing. So I think the groups that we've been running I think there's always. The day that I go in to do the drumming I usually do it one day a week, there's usually great excitement on the day that happens, so all those people who come are all quite ready you know waiting, you know for the drumming with all the drums. (329-335) David (Focus Group 1)

He went on to discuss his conversations with staff in the care home and how they had noticed residents were engaging more following the drumming:

David (Focus Group 1) they (residential care staff) will say that you know people are more engaging with them, you know. As I say, there was a one chap who hadn't spoken at all for quite a long time and then suddenly in the group he just started to speak again, which was quite amazing as well, so yeah, we've had good feedback from the staff and the staff love us coming back (378- 381)

This was echoed by staff in another care home where Sarah had used drumming with residents:

Some of them didn't want a drum. And that's fair enough, so I just sort of started off with a beat just to sort of give them my rhythm and they eventually then started coming in (25-32) ... She [home co-ordinator] was quite moved for us to how they interacted because she was quite keen to them to engage in something, and I think she was impressed with the way that they engaged, and she hadn't seen that side of them before (91-93) Sarah (Focus Group 5)

Another important aspect was a sense of giving people living with dementia a voice as discussed by Clare:

that's the nail on the head, that you have a voice, because, even if you can't communicate verbally, you can communicate all emotions on a drum. You want to whether it is anger frustration, and you need that tool to be able to vent things as well from inside. (301-303) Clare Focus Group 1)

3.5.2 A calming effect for people who were agitated

Jenny who worked in a day hospital described the calming effect of drumming which was reiterated by several course participants

“So there's a lady who is totally blind and quite severely demented and she will come in and sometimes just be really angry with everything shouting kicking screaming you know the full on lot. And she was one of the first ladies that we have a little, This is our little quiet room and so forth brought her into the quiet room, .sat her down cup of tea, you know the usual things we do when they first come in and then I just gently started playing the drum and she saw what's that noise and I was like Well, this is the drum are you happy to sit and listen with us. yeah and there was a total difference, and I said to her, would you would you like to put your hand on it, you know when i'm playing it feel the vibration, because I thought yeah yeah she did that and I said how about you have a girl so she got the beater and had to go herself, and it was like a total different lady because usually the behaviour she would show would carry on throughout the whole of the day yeah and after the session she came back into the other room join the other

people and was really just peaceful and serene and you know even you know people was able she's never like that to. Never peaceful and serene. And it was so beautiful to see somebody who was so angry and had all this, you know, because not only is she severely demented but she's blind as well yeah and to see that transformation with her was really good." (316-330) Jenny Focus Group 2

Jenny went on to discuss the value in being able to adapt drumming to suit the mood of the person she was working with at the time, sometimes a slow drumbeat would work and other times the people she was working with would want a quick more intense beat. She went on to purchase a second drum so that they could both have one:

"It was quite funny because some patients were Okay, with just the heartbeat and others were like no, I want to bang that drum to get rid of frustration so, then the patient started leading with you know with real banging a huge smile on their face they're obviously getting something out of that yeah yes say so it was yes, I had that basic there which I looked at, but then I was very much patient lead. yeah yeah.(289-293) Jenny (FG2): To begin with I just used my drum. And then they really wanted to interact you know they're like, I want that you know, taking the drum off me.. Yes, so that was when I said to my boss, we really need another drum yeah we've got one which is amazing. (298-300) ... if we've got a patient who is showing signs of anger frustration distress any of those signs, then I will try and say come and sit with me and let's have a go at this. And that to me has really, really worked with the patients that we've got So now its more of. We sit down, we have our handover and you know such and such has been really upset just slightly, do you think that you could take them and try, on the one to one and that's what the way that we've been working with it." 308-313 Jenny (Focus Group 2)

4. Discussion

This section provides a discussion of the findings. The aim of this study is to evaluate the online approach used to deliver the level one Drumming for Dementia course and the resulting implementation and impact on practice in care and home environments. Our findings demonstrate that the course did provide most course participants with what they needed to be able to use drumming with people with dementia at home and at work. Whilst this course could be seen as a taster course, it did also appear effective in its own right.

4.1 Value in current approach

The online nature of the course made it accessible to many potential course participants in terms of time and ease of access. Most course participants felt that the short, embodied style was a benefit. They were able to pick up and put down the course as and when they were able to and that this suited their busy lifestyles. This concurred with how the convenor described the course as short and snappy. The embodied nature of the course – watching videos rather than reading a lot of text was very attractive to course participants, although one person who was studying for a higher degree felt that the course would be strengthened by adding academic references for interested course participants to follow-up. This may also be of value to enhance the credibility of the course for future course participants.

In terms of geographical reach, the online course attracted participants from across the globe and evaluation participants included those from the UK and Australia. The online nature of the course allowed a wide diversity of participants to take part and the effect of bring people together from across the globe for learning opportunities could be further enhanced as highlighted in section 4.3. Some of course participants were already drum practitioners or had drums for their own use and were looking for dementia specific training which is probably why the course worked so well for them. A few course participants were new to drumming and while perhaps being knowledgeable about health and/or dementia care they felt that they would value more guidance on how to use the drums specifically. This they could get through

viewing videos online or through group learning; either online (as highlighted in section 4.3) or by joining a local drumming circle.

Whilst the online approach was well received by course participants, the course convenor did reflect that it was not a substitute for drumming together in person. The convenor and participants highlighted that it is very difficult to drum together online and keep a rhythm due to the varying internet speeds of different computers. This course enabled a wide reach and allowed a wide range of interested course participants to start working in this area.

A key strength of the course is that Nature Therapy CIC did not charge a fee, so it is free to take and open to anyone. When developing the next levels in the drumming course model Nature Therapy CIC may benefit from keeping this level one taster course fee free but consider charging to generate an income to support the administration of further levels according to content and intended audience. Professional carers may require more intensive training to support using drumming in group settings for example.

4.2 Positive impact on course participants and people with dementia

Some course participants reported feeling confident to use drumming with people with dementia after taking the course, and some even changed their approach to be more inclusive of the individual needs of people with dementia. Others felt less confident and so Nature Therapy CIC may wish to consider how they follow up with course participants once they have completed the course (some ideas are outlined below in section 4.3).

The case studies shared by course participants and the course convenor demonstrate that drumming is powerful in supporting family carers and care staff to engage with people with dementia in the latter stages, as has been shown in previous studies (Clair & Bernstein, 1990a, 1990b; Clair, 1991; Clair, Tebb & Bernstein 1993). Some course participants reflected that people with dementia who were usually non-verbal, started to verbalise words and even sing in

response to the drumming. Incorporating music and personalised playlists also seemed to be beneficial.

4.3 Future development that will enable wider use in practice

Course participants did make several suggestions to improve the course going forwards, including adding videos that demonstrate different drumbeats, academic references to support the information being given in the existing videos, and including information about the Facebook support group on the course webpage. The course convenor acknowledged that the course videos could be tidied together more effectively if one person was fronting them and providing an overview of content at the start of each one.

Whilst the course was aimed at using drumming with people with dementia, there was discussion that the remit could be broader to include other vulnerable groups, including people with mental health issues or learning disabilities. It may be helpful to include videos about how to use drumming with each specific group and relevant factors to consider if so.

One aspect that course participants did find problematic was the lack of communication between the course convenor and themselves. This was raised in terms of not getting case study feedback or receiving course certificates in a timely manner. The course convenor also acknowledged there had been some delays with administration due to the limited staff available to convene the course, particularly after the main convenor had had an accident that left her hospitalised and unable to work for several months during the evaluation. Moving forwards, Nature Therapy CIC could seek out opportunities to reduce the administrative burden of the course, for example automatic generation of certificates once course participants complete the video as and answer some multiple-choice questions.

Another aspect that course participants reflected on was the difficulty some had in being able to use drumming in the organisation they were working or volunteering in, due to needing permission from certain 'gatekeepers' which proved a difficult and lengthy process for some,

particularly in care homes. Nature Therapy CIC could work with future course participants directly to help overcome the barriers to using drumming in such organisations. It may also be helpful to share information about the benefits of drumming for people with dementia including the data from this evaluation with future course participants (as part of the course) as well as more widely with such organisations.

One idea that course participants felt would enhance the support offered by Nature Therapy CIC was to schedule regular opportunities (monthly/bi-monthly) for drumming facilitators to catch up with the course convenor and each other. This could be a first step in developing a community of practice of drumming facilitators (Wenger, 1996). Not all the course participants were aware of the Facebook support group and so this could be developed as a standalone or to work in unison with the Facebook support group. Course participants felt this could be held over Teams or Zoom and would provide opportunities for them to share their experiences and learning and ask any questions or get feedback from the course convenor and other drumming facilitators. The data shows a slight reduction in people using drumming as data collection progressed following the course, and so this regular contact might help to ensure course participants felt confident to use drumming and were supported through any difficulties they faced at work or at home to enable them to continue drumming.

4.4 Study strengths and limitations

This study draws upon the experiences of those who took the drumming for dementia course globally. The mixed method approach means that course participants were able to share their experiences and feedback to help improve the course in the future. We acknowledge that our findings may not be representative of all course participants who took part, as the response rate to the survey was only 20% (n=20/100) and it is important to acknowledge that people who took part in the focus groups may well have found the course useful and less likely to feedback on the barriers. That said we believe we did hear a range of experiences with good geographical spread and variation in participant backgrounds. In terms of recruitment, we relied on email to approach potential participants about the study, which given that this was an online course we felt was appropriate. We also asked Nature Therapy CIC to ensure that course

participants were aware of the study and made several attempts to contact potential participants.

The evaluation took place during the Covid-19 pandemic which severely affected the ability of course participants to enter care homes and health services across the globe. We used self-reported measures of perceived impact of drumming on the course participants, the people with dementia they had used it with and wider impacts. Not all course participants were able to carry out planned interventions or were able to undertake work due to their own circumstances and so the information we were able to gain about impact, particularly about wider impacts within settings is more limited than we had initially planned.

4.5 Implications for practice and opportunities for further research

Our findings demonstrate that the act of people with dementia, family carers and care staff drumming together promotes positive engagement and interaction between them. Drumming appears to be a useful tool for family carers and care staff to add to their toolbox of approaches to support people with dementia. There is a need to increase awareness amongst individuals and organisations across the health and social care sector supporting people with dementia to ensure that they understand the value of drumming and are aware of the course if they wish to pursue it.

In the first instance, more research is needed to support the development and evaluation of the Nature Therapy CIC drumming model, including materials to support facilitators using drumming in group settings. Involving people with dementia, family carers and professionals to co-produce further drumming course materials would be good practice.

Once the drumming model is ready, a future study with a large participant sample may also warrant use of validated scales to measure changes in staff and/or family carers confidence, knowledge, and attitudes towards dementia, and this could include those that we were unable to report back on in this study (Elvish et al, 2014; O'Connor and McFadden, 2010) due to a

lower than anticipated response rate. Further research is also needed to determine care improvements for people with dementia, family carers and care staff using drumming. This could include mixed method studies that measures outcomes (such as well-being, agitation, mood, cognition etc.), and collects qualitative data. This could include the Aggression and Agitation scale or Manion Agitation Scale, which Nature Therapy CIC were keen to use in this study, as we did not receive any feedback from any course participants that were able to use it. There is also potential to explore the impact of developing personalised playlists to support drumming with people with dementia.

5. Conclusions

Academic understanding and providing evidence to support practice development specifically for drumming with people living with dementia is in its infancy. This evaluation has shown that it is possible to gain confidence to practice drumming with people with dementia through the level one course provided by Nature Therapy CIC. The free, online course has shown to be easily accessible and course participants reported a high level of satisfaction. Due to the online nature of the course, it has great potential to act as an introduction for those who want to use drumming at home or work with people with dementia with ease of access and global reach identified strengths.

Although there is growing research into music generally, there is very little research specifically into drumming, with people living with dementia. This small evaluation has contributed to the evidence base; course participants have reported examples of reduced agitation and greater engagement for those living with dementia, from their practice. Further work is needed to a) support the development of this and new levels of the Nature Therapy CIC drumming course, b) deepen our understanding of the unique role of drumming as a way to create human contact and embodied connections with people who are living with dementia especially in the later stages of their condition when other ways of communicating are very limited and c) provide robust evidence of the impact for the person living with dementia and their home settings. This will create wider awareness to encourage the uptake and implementation of this potentially powerful intervention.

6. Recommendations

The project recommendations drawn from the findings are as follows:

1. **Include videos of examples of different drumbeats** This was felt particularly useful for those new or less experienced in using drumming themselves but would also be a helpful to anyone taking the course to check they are using the right drumbeat.
2. **Add academic references to course** Adding access to academic references to existing research related to the videos will add credibility and allow those interested in finding out more to follow up for themselves.
3. **Automate course administration** Look into automating aspects of course administration including generating certificates automatically to course participants who complete the course and answer some multiple-choice questions correctly.
4. **Disseminate Facebook support group information** To promote the Facebook support group, add a link or information about it on the Nature Therapy CIC drumming for dementia webpage.
5. **Develop a community of practice for drumming facilitators to meet regularly** Nature Therapy CIC could provide regular opportunities for drumming facilitators to catch up. This could be in the form of an online session held on Teams or Zoom, and timings could be varied to allow for overseas engagement. If this was facilitated by Nature Therapy CIC it would enable them to respond directly to course participants questions and help them to feel confident about using drumming at home or work. This would help with ongoing support in terms of people being able to share experiences and learning, get feedback on what they are doing and identify new/different approaches that have worked for others.
6. **Seek further funding to develop and evaluate the Nature Therapy CIC drumming model** Nature Therapy CIC should explore opportunities to market the level one drumming for dementia course to wider dementia networks. Nature Therapy CIC wish to develop a

drumming model and so it would be useful to create an outline of this in the first instance. Possibly the course could focus on drumming with other groups (such as people with mental health issues and learning disabilities) as well as people with dementia. If so, there may be a need for specific videos that unpack how to use drumming with each group and any specific challenges that might arise. There may be opportunities to liaise with other organisations to support this and Nature Therapy CIC could seek funding to support the development and evaluation of this drumming model. For example, Bournemouth University maybe able to offer part of this as a project for a student to focus on.

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Appendices

Appendix A: Pre-course survey



Drumming 4 dementia - Version 1.1
Ethics ID: 38970 – 7th October 2021

Evaluation of Drumming for Dementia course Staff pre course online survey (before course)

Section 1 – Purpose of the study

The purpose of this study is to explore your expectations of the online Drumming for Dementia course. You have been chosen as you are attending this course. It is up to you to decide whether to take part. If you do decide to take part, you will have access to an information sheet to read. You can withdraw from participation at any time and without giving a reason, simply by closing the browser page. Please note that once you have completed the survey you will need to click finish to submit your responses. Once you have submitted your responses, we are unable to remove your anonymised responses from the study. Deciding to take part or not will not impact upon you, you're training or employment. It should take you 5-10 minutes to complete the survey.

You will be asked several questions about yourself and your expectations. There will be a mix of multiple-choice questions, free text boxes to type a response, and scales to rate your view.

Your participation in the evaluation is voluntary. There are no right or wrong answers; the purpose of this survey is to obtain honest feedback about your expectations and your responses will remain confidential.

Contact for further information

If you have any questions or would like a copy of the information sheet outlining details of the study, please contact Caroline Ellis-Hill cehill@bournemouth.ac.uk

1. I confirm that I have read and understood the information provided and I agree to take part in the study (this is the only compulsory question)

Yes

Section 2 – About you

2. Are you a:

- Carer of a person with dementia (if yes go to question 3)
- Health or social care professional (if yes go to question 4)

3. How long have you been a carer of a person with dementia?

- Less than one year
- 1-4 years
- 5-9 years
- 10 years or more

4. Do you work in:

- Health care field
- Social care field

5. What is your role at work?

6. Do you work in?

- Hospital
- Care Home
- Community based
- Other, please specify

7. How long have you been working in this field?

- Less than one year
- 1-4 years
- 5-9 years
- 10 years or more

8. With what gender do you identify? (please specify)

9. With what ethnic origin do you identify? (please specify)

10. Which age category do you fit into?

- 16-25 years
- 26-35 years
- 36-45 years
- 46-55 years
- 56-65 years
- 66-75 years
- 76-85 years
- 86-95 years
- 96-105 years
- 106 years or more
- Prefer not to say

11. Geographically, where do you live or work?

- England - Midlands
- England - North East
- England - North West
- England – South East
- England – South West
- Northern Ireland
- Scotland
- Wales
- Other, please specify including other countries

Section 3 – Previous drumming experience and expectations of course

12. Have you completed any other drumming for dementia training prior to this course?

- Yes, if so please specify what the training was and how it was delivered....
- No
- Unsure

13. Have you completed any other online courses in the last 12 months? (Please briefly describe what the course(s) were and how they were delivered)

14. What are your expectations of the online Drumming for Dementia course?

Section 4 – Dementia Attitudes Scale (O'Connor and McFadden, 2010)

- 15. Please rate each statement according to how much you agree or disagree with it. Circle 1, 2, 3, 4, 5, 6, or 7 according to how you feel in each case. Please be honest. There are no right or wrong answers. The acronym "ADRD" in each question stands for "Alzheimer's disease and related dementias.":**

	1. Strongly disagree	2. Disagree	3. Slightly disagree	4. Neutral	5. Slightly agree	6. Agree	7. Strongly agree
1. It is rewarding to work with people who have ADRD.							
2. I am afraid of people with ADRD.							
3. People with ADRD can be creative.							
4. I feel confident around people with ADRD.							
5. I am comfortable touching people with ADRD.							
6. I feel uncomfortable being around people with ADRD.							
7. Every person with ADRD has different needs.							
8. I am not very familiar with ADRD.							
9. I would avoid an agitated person with ADRD.							
10. People with ADRD like having familiar things nearby.							

11. It is important to know the past history of people with ADRD.							
12. It is possible to enjoy interacting with people with ADRD.							
13. I feel relaxed around people with ADRD.							
14. People with ADRD can enjoy life							
15. People with ADRD can feel when others are kind to them.							
16. I feel frustrated because I do not know how to help people with ADRD.							
17. I cannot imagine caring for someone with ADRD.							
18. I admire the coping skills of people with ADRD.							
19. We can do a lot now to improve the lives of people with ADRD.							
20. Difficult behaviours may be a form of communication for people with ADRD.							

Section 5 – Confidence in Dementia Scale

20. Please rank the following statements, on a scale of 1-5 where 1 is not able and 5 is very able.

	1	2	3	4	5
1. I feel able to understand the needs of a person with dementia when they cannot communicate well verbally					
2. I feel able to interact with a person with dementia when they cannot communicate well verbally					
3. I feel able to manage situations when a person with dementia becomes agitated					
4. I feel able to identify when a person may have a dementia					
5. I feel able to gather relevant information to understand the needs of a person with dementia					
6. I feel able to help a person with dementia feel safe during their stay/ at home					
7. I feel able to work with people who have a diagnosis of dementia					
8. I feel able to understand the needs of a person with dementia when they can communicate well verbally					
9. I feel able to interact with a person with dementia when they can communicate well verbally					

Section 6 – Further comments

21. Do you have any further comments about the drumming course?

Final page

Thank you for completing the pre course evaluation survey, your thoughts and experiences are welcome and will be used to develop the training package. If you have any further feedback, please do email Caroline.cehill@bournemouth.ac.uk

Appendix B: Post course survey



Drumming 4 dementia - Version 1.1
Ethics ID: 38970 – 7th October 2021

Evaluation of Drumming for Dementia course Post course online survey (immediately after course)

Section 1 – Purpose of the study

The purpose of this study is to explore your experience of the online Drumming for Dementia course. You have been chosen as you are attending this course. It is up to you to decide whether to take part. If you do decide to take part, you will have access to an information sheet to read. You can withdraw from participation at any time and without giving a reason, simply by closing the browser page. Please note that **once you have completed the survey you will need to click finish to submit your responses**. Once you have submitted your responses, we are unable to remove your anonymised responses from the study. Deciding to take part or not will not impact upon you, your training or employment. It should take you 5-10 minutes to complete the survey.

You will be asked several questions about yourself and your experiences. There will be a mix of multiple-choice questions, free text boxes to type a response, and scales to rate your view.

Your participation in the evaluation is voluntary. There are no right or wrong answers; the purpose of this survey is to obtain honest feedback about your expectations and your responses will remain confidential.

Contact for further information

If you have any questions or would like a copy of the information sheet outlining details of the study, please contact Caroline Ellis-Hill cehill@bournemouth.ac.uk

1. I confirm that I agree to take part in the study (*this is the only compulsory question*)

Yes

Section 1a

2. Have you already completed the pre-course survey?

Yes (if yes, go to section 2)

No (if no, section 2 questions asked from the pre-course survey)

Section 2 – Satisfaction with the course

3. How satisfied were you with the following:

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	n/a
Course over all						

Introduction to drum medicine						
Creating playlists						
Cover changes and drumming interactions						
Drumming and wellbeing						
Creating a sound friendly environment						
Precis of the guidance manual						

Section 3 – Impact of the course

4. What are the most important things that you have learnt from the course?

5. When do you intend to start using drumming at work or home?

- I have already started
- In the next month
- In the next 3 months
- Unsure
- Other, please specify....

6. How do you feel about using drumming at work or home?

7. Approximately how many people with dementia do you expect to be able to do drumming within the next 6 months?

- 1-2
- 3-5

- 5-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51 or more

8. How do you feel the person or people with dementia may respond to the drumming at work or home, both as you do it and afterwards? Do you think it will make any difference to them or change their behaviour in any way?

9. Has drumming made a difference to agitation or aggression in the person or people with dementia you have used it with?

10. What do you think you might do differently at work or home because of this training?

11. Do you anticipate any difficulties or obstacles in using drumming at work or home?

Section 4 – Dementia Attitudes Scale (O'Connor and McFadden, 2010)

12. Please rate each statement according to how much you agree or disagree with it. Circle 1, 2, 3, 4, 5, 6, or 7 according to how you feel in each case. Please be honest. There are no right or wrong answers. The acronym "ADRD" in each question stands for "Alzheimer's disease and related dementias.":

	1. Strongly disagree	2. Disagree	3. Slightly disagree	4. Neutral	5. Slightly agree	6. Agree	7. Strongly agree
1. It is rewarding to work with people who have ADRD.							
2. I am afraid of people with ADRD.							
3. People with ADRD can be creative.							
4. I feel confident around people with ADRD.							
5. I am comfortable touching people with ADRD.							
6. I feel uncomfortable being around people with ADRD.							
7. Every person with ADRD has different needs.							
8. I am not very familiar with ADRD.							
9. I would avoid an agitated person with ADRD.							
10. People with ADRD like having							

familiar things nearby.							
11. It is important to know the past history of people with ADRD.							
12. It is possible to enjoy interacting with people with ADRD.							
13. I feel relaxed around people with ADRD.							
14. People with ADRD can enjoy life							
15. People with ADRD can feel when others are kind to them.							
16. I feel frustrated because I do not know how to help people with ADRD.							
17. I cannot imagine caring for someone with ADRD.							
18. I admire the coping skills of people with ADRD.							
19. We can do a lot now to improve the lives of people with ADRD.							
20. Difficult behaviours may be a form of communicatio							



n for people with ADRD.							
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Section 5 – Confidence in Dementia Scale

8. Please rank the following statements, on a scale of 1-5 where 1 is not able and 5 is very able.

	1	2	3	4	5
1. I feel able to understand the needs of a person with dementia when they cannot communicate well verbally					
2. I feel able to interact with a person with dementia when they cannot communicate well verbally					
3. I feel able to manage situations when a person with dementia becomes agitated					
4. I feel able to identify when a person may have a dementia					
5. I feel able to gather relevant information to understand the needs of a person with dementia					
6. I feel able to help a person with dementia feel safe during their stay/ at home					
7. I feel able to work with people who have a diagnosis of dementia					
8. I feel able to understand the needs of a person with dementia when they can communicate well verbally					
9. I feel able to interact with a person with dementia when they can communicate well verbally					

Section 6 – Suggestions for improving the course

9. How did you find the online course materials? (Please feedback on how you found them to use and navigate)

--

10. If you had a choice of online or face to face delivery of this course in the future which would you prefer?

- Online only
- Blended approach of online and face to face
- Face to face only

Other, please

11. Do you have any further suggestions to improve the course?

Final page

Thank you for completing the post course evaluation survey, your thoughts and experiences are welcome and will be used to develop the training package. If you have any further feedback, please do email Caroline.cehill@bournemouth.ac.uk

Appendix C: Follow up course survey



Drumming 4 dementia - Version 1.1
Ethics ID: 38970 – 7th October 2021

Evaluation of online Drumming for Dementia course Follow up online survey (3-6 months after course)

Section 1 – Purpose of the study

The purpose of this study is to explore the impact of the online Drumming for Dementia course on you or your practice. You have been chosen as you are attending this course. It is up to you to decide whether to take part. If you do decide to take part, you will have access to an information sheet to read. You can withdraw from participation at any time and without giving a reason, simply by closing the browser page. Please note that once you have completed the survey you will need to click finish to submit your responses. Once you have submitted your responses, we are unable to remove your anonymised responses from the study. Deciding to take part or not will not impact upon you, your training or employment. It should take you 5-10 minutes to complete the survey.

You will be asked several questions about yourself and your practice. There will be a mix of multiple-choice questions, free text boxes to type a response, and scales to rate your view.

Your participation in the evaluation is voluntary. There are no right or wrong answers; the purpose of this survey is to obtain honest feedback about your expectations and your responses will remain confidential.

Contact for further information

If you have any questions or would like a copy of the information sheet outlining details of the study, please contact Caroline Ellis-Hill cehill@bournemouth.ac.uk

1. I confirm that I agree to take part in the study (*this is the only compulsory question*)
 Yes

Section 1a

1. Have you already completed the pre- or post-course survey?
 Yes (if yes, go to section 2)
 No (if no, section 2 questions asked from the pre-course survey)

Section 2 - Impact of the course

2. Are you already using drumming at work or home with a person or people with dementia?
 Yes (if yes go to question 3)

No (if no go to question 11)

3. What type of drumming are you using? (tick all that apply)

- One to one
- Group
- Cardio balls
- Other, please specify....

4. Approximately how many sessions have you delivered?

- 1-2
- 3-5
- 5-10
- More than 10

5. Approximately how many people with dementia have you involved in drumming sessions?

- 1-2
- 3-5
- 5-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51 or more

6. What has helped you to deliver drumming at work or home?

7. What have you found difficult about using drumming at work or home?

8. Are you involving other people (i.e. friends, family, or work colleagues) in the drumming sessions and if yes how are they responding (provide specific examples if appropriate)?

--

9. What changes have you noticed, or been informed of by others, following the introduction of the drumming at work or home?

Please provide some examples to illustrate your answer	Response/examples (provide specific examples if appropriate and describe both positive and negative experiences, if appropriate)
a. Changes in yourself, (i.e. own performance/ practice or confidence)	
b. Changes in a person or people with dementia	
c. Changes in other people (i.e. friends, family, or work colleagues' performance/ practice)	
d. Changes in the workplace or at home widely	

10. Do you plan to continue using drumming sessions at work or home?

- Yes for at least the next six months
- Yes for at least the next 12 months
- Yes, for the foreseeable future
- No, my organisation is not supportive
- No due to other work commitments
- No, I'm not confident enough to continue
- No for other reasons, please specify.....
- Unsure

11. When are you planning on using drumming at work or home?

- In the next month

- In the next 3 months
- Unsure
- Other, please

12. What have you found has been difficult/stopped you from using drumming at work or home?

- Difficult to find time with work or other commitments
- My organisation is not supportive
- Difficulty finding a suitable room
- Lack of interest in the drumming
- Lack of confidence to deliver the drumming
- None of the above
- Other (please specify)

13. What might help you to use drumming at work or home in the future?

14. Is there any further support or information from Nature Therapy CIC that would help you to use drumming at work or home?

Section 3 – Dementia Attitudes Scale (O'Connor and McFadden, 2010)

15. Please rate each statement according to how much you agree or disagree with it. Circle 1, 2, 3, 4, 5, 6, or 7 according to how you feel in each case. Please be honest. There are no right or wrong answers. The acronym "ADRD" in each question stands for "Alzheimer's disease and related dementias.":

	1. Strongly disagree	2. Disagree	3. Slightly disagree	4. Neutral	5. Slightly agree	6. Agree	7. Strongly agree
1. It is rewarding to work with people who have ADRD.							
2. I am afraid of people with ADRD.							
3. People with ADRD can be creative.							
4. I feel confident around people with ADRD.							
5. I am comfortable touching people with ADRD.							
6. I feel uncomfortable being around people with ADRD.							
7. Every person with ADRD has different needs.							
8. I am not very familiar with ADRD.							
9. I would avoid an agitated person with ADRD.							
10. People with ADRD like having familiar things nearby.							

11. It is important to know the past history of people with ADRD.							
12. It is possible to enjoy interacting with people with ADRD.							
13. I feel relaxed around people with ADRD.							
14. People with ADRD can enjoy life							
15. People with ADRD can feel when others are kind to them.							
16. I feel frustrated because I do not know how to help people with ADRD.							
17. I cannot imagine caring for someone with ADRD.							
18. I admire the coping skills of people with ADRD.							
19. We can do a lot now to improve the lives of people with ADRD.							
20. Difficult behaviours may be a form of communication for people with ADRD.							



Section 4 – Confidence in Dementia Scale

16. Please rank the following statements, on a scale of 1-5 where 1 is not able and 5 is very able.

	1	2	3	4	5
1. I feel able to understand the needs of a person with dementia when they cannot communicate well verbally					
2. I feel able to interact with a person with dementia when they cannot communicate well verbally					
3. I feel able to manage situations when a person with dementia becomes agitated					
4. I feel able to identify when a person may have a dementia					
5. I feel able to gather relevant information to understand the needs of a person with dementia					
6. I feel able to help a person with dementia feel safe during their stay/ at home					
7. I feel able to work with people who have a diagnosis of dementia					
8. I feel able to understand the needs of a person with dementia when they can communicate well verbally					
9. I feel able to interact with a person with dementia when they can communicate well verbally					

Section 5 – Further comments

10. Do you have any further comments about the drumming course?

Final page

Thank you for completing the follow up evaluation survey, your thoughts and experiences are welcome and will be used to develop the training package. If you have any further feedback, please do email Caroline.cehill@bournemouth.ac.uk

Appendix D: Participant Information Sheet – Online Survey



Drumming 4 dementia - Version 1.0
Ethics ID: 38970 – 6th September 2021

Participant Information Sheet (Online Survey)

The title of the research project

Evaluation of online Drumming for Dementia course.

What is the purpose of the research/questionnaire?

Nature Therapy Community Interest Company (CIC) work with people to build sensory resilience through unique experiences in nature. They have recently developed an online Drumming for Dementia course. The purpose of this project is to provide an independent evaluation of the Drumming for Dementia Course. The project will last for one year starting in October 2021 and finishing in September 2022.

Why have I been chosen?

You have been invited to participate in this study as you have taken part in the online Drumming for Dementia course.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will have access to this information sheet to read. You can withdraw from participation at any time and without giving a reason, simply by closing the browser page. Please note that once you have completed and submitted your survey responses, we are unable to remove your anonymised responses from the study. Deciding to take part or not will not impact upon you or your participation in the drumming for dementia course.

How long will the questionnaire/online survey take to complete?

It should take you between 10 and 20 minutes to complete each of the three questionnaires, depending on how detailed you decide to answer some questions.

What are the advantages and possible disadvantages or risks of taking part?

Whilst there are no immediate benefits to you participating in the project, it is hoped that this work will identify what is working well and less well about the Drumming for Dementia course to improve it for those attending in the future. This will be beneficial for those caring for people with dementia and working in the dementia field.

Whilst we do not anticipate any risks to you in taking part in this study. You may experience mixed reactions from others about the drumming, if you find this difficult you should seek guidance from Nature Therapy CIC.

What type of information will be sought from me and why is the collection of this information relevant for achieving the research project's objectives?

We are interested in hearing about your experiences, thoughts, and fears about using drumming at work or home. We will collect responses to fixed (yes/no and questions with scales i.e. from 1-5) and open questions where you can write more details. There are no right or wrong answers, it is important that you are honest with us about your experiences.

Use of my information

Participation in this study is on the basis of consent: you do not have to complete the survey, and you can change your mind at any point before submitting the survey responses. Once we receive your survey response, your personal information is processed in compliance with the data protection legislation. We will use your data on the basis that it is necessary for the conduct of research, which is an activity in the public interest.

Bournemouth University (BU) is a Data Controller of your information which means that we are responsible for looking after your information and using it appropriately. BU's Research Participant Privacy Notice sets out more information about how we fulfil our responsibilities as a data controller and about your rights as an individual under the data protection legislation. We ask you to read this Notice so that you can fully understand the basis on which we will process your information.

Once you have submitted your survey response it may not be possible for us to remove it from the study analysis, as this might affect our ability to complete the research appropriately or the accuracy and reliability of the research findings.

Sharing and further use of your personal information

As well as BU staff and the BU student working on the research project, we may also need to share personal information in non-anonymised form with the transcription service provider and Nature Therapy CIC.

The information collected about you may be used in an anonymous form to support other research projects in the future and access to it in this form will not be restricted. It will not be possible for you to be identified from this data. Anonymised data will be added to BU's [Data Repository](#) (a central location where data is stored) and which will be publicly available.

Retention of your data

All personal data collected for the purposes of this study will be held for 5 years from the date of publication of the research or presentation of the results to the sponsor, whichever is later. Although published research outputs are anonymised, we need to retain underlying data collected for the study in a non-anonymised form for a certain period to enable the research to be audited and/or to enable the research findings to be verified.

Contact for further information

If you have any questions or would like further information, please contact Dr Caroline Ellis-Hill cehill@bournemouth.ac.uk or Dr Michelle Heward mheward@bournemouth.ac.uk

In case of complaints

Any concerns about the study should be directed to Prof Vanora Hundley, Deputy Dean for Research & Professional Practice, Faculty of Health and Social Science, Bournemouth University by email to researchgovernance@bournemouth.ac.uk.

Thank you for considering taking part in this research project.

Appendix E: Participant Information Sheet - Focus groups and interviews



Drumming 4 dementia - Version 1.1
Ethics ID: 38970 – 07th October 2021

Participant Information Sheet

The title of the research project

Evaluation of online Drumming for Dementia course.

Invitation to take part

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part.

Who is organising/funding the research?

The research is being conducted by Dr Michelle Heward and Dr Caroline Ellis-Hill who work at Bournemouth University. The project has been funded by Nature Therapy Community Interest Company (CIC) with funding received from the Burdett Trust.

What is the purpose of the project?

Nature Therapy Community Interest Company (CIC) work with people to build sensory resilience through unique experiences in nature. They have recently developed an online Drumming for Dementia course. The purpose of this project is to provide an independent evaluation of the Drumming for Dementia Course. The project will last for one year starting in October 2021 and finishing in September 2022.

Why have I been chosen?

You have been invited to participate in this study as you have taken part in the online Drumming for Dementia course, or have developed or convened the course.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a participant agreement form. We want you to understand what participation involves, before you make a decision on whether to participate.

If you or any family member have an on-going relationship with BU or the research team, e.g. as a member of staff, as student or other service user, your decision on whether to take part (or continue to take part) will not affect this relationship in any way.

Can I change my mind about taking part?

Yes, you can stop participating in study activities at any time and without giving a reason.

If I change my mind, what happens to my information?

After you decide to withdraw from the study, we will not collect any further information from or about you. As regards information we have already collected before this point, your rights to access, change or move that information are limited. This is because we need to manage your information in specific ways in order for the research to be reliable and accurate. Further explanation about this is in the Personal Information section below.

What would taking part involve?

If you decide to take part and you are a course participant, you will be invited to:

- (i) Complete three online surveys (before course, after course, and a follow up three-six months after course);
- (ii) Take part in three Zoom group meetings to share your experiences, feelings, and fears about using drumming at work or home.

If you decide to take part and you have been involved in developing/convening the course, you will be invited to:

- (i) Take part in one Zoom interview to share your experiences of developing this course, including what you perceive have been the challenges and benefits of online course delivery.

Will I be reimbursed for taking part?

You will not be reimbursed for taking part in this study it is purely voluntary.

What are the advantages and possible disadvantages or risks of taking part?

Whilst there are no immediate benefits to you participating in the project, it is hoped that this work will identify what is working well and less well about the Drumming for Dementia course

to improve it for those attending in the future. This will be beneficial for those caring for people with dementia and working in the dementia field. Whilst we do not anticipate any risks to you in taking part in this study, you may not always get a positive reaction about the drumming techniques and should seek guidance from Nature Therapy CIC if you find this difficult.

What type of information will be sought from me and why is the collection of this information relevant for achieving the research project's objectives?

We are interested in hearing about your experiences, thoughts, and fears about using drumming at work or home. We will collect responses to fixed and open questions and talk to you directly. There are no right or wrong answers, it is important that you are honest with us about your experiences.

Will I be recorded, and how will the recorded media be used?

The Zoom meetings will be recorded. You can choose to have your camera switched on or off during Zoom meetings. The video recordings of your activities made during this research will be used only for analysis and the transcription of the recording(s) for illustration in conference presentations and lectures. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings.

How will my information be managed?

Bournemouth University (BU) is the organisation with overall responsibility for this study and the Data Controller of your personal information, which means that we are responsible for looking after your information and using it appropriately. Research is a task that we perform in the public interest, as part of our core function as a university.

Undertaking this research study involves collecting and/or generating information about you. We manage research data strictly in accordance with:

- Ethical requirements; and
- Current data protection laws. These control use of information about identifiable individuals, but do not apply to anonymous research data: "anonymous" means that we have either removed or not collected any pieces of data or links to other data which identify a specific person as the subject or source of a research result.

BU's Research Participant Privacy Notice sets out more information about how we fulfil our responsibilities as a data controller and about your rights as an individual under the data protection legislation. We ask you to read this Notice so that you can fully understand the basis on which we will process your personal information.

Research data will be used only for the purposes of the study or related uses identified in the Privacy Notice or this Information Sheet. To safeguard your rights in relation to your personal information, we will use the minimum personally-identifiable information possible and control access to that data as described below.

Publication

You will not be able to be identified in any external reports or publications about the research without your specific consent. Otherwise your information will only be included in these materials in an anonymous form, i.e. you will not be identifiable. Research results will be published in a report to the funder, journal publications and conference presentations.

Security and access controls

BU will hold the information we collect about you in hard copy in a secure location and on a BU password protected secure network where held electronically.

Personal information which has not been anonymised will be accessed and used only by appropriate, authorised individuals and when this is necessary for the purposes of the research or another purpose identified in the Privacy Notice. This may include giving access to BU staff or others responsible for monitoring and/or audit of the study, who need to ensure that the research is complying with applicable regulations.

Sharing your personal information with third parties

As well as BU staff and the BU student working on the research project, we may also need to share personal information in non-anonymised form with the transcription service provider and Nature Therapy CIC.

Further use of your information

The information collected about you may be used in an anonymous form to support other research projects in the future and access to it in this form will not be restricted. It will not be possible for you to be identified from this data. To enable this use, anonymised data will be added to BU's online Research Data Repository: this is a central location where data is stored, which is accessible to the public.

Keeping your information if you withdraw from the study

If you withdraw from active participation in the study we will keep information which we have already collected from or about you, if this has on-going relevance or value to the study. This may include your personal identifiable information. As explained above, your legal rights to access, change, delete or move this information are limited as we need to manage your information in specific ways in order for the research to be reliable and accurate. However, if you have concerns about how this will affect you personally, you can raise these with the research team when you withdraw from the study.

You can find out more about your rights in relation to your data and how to raise queries or complaints in our Privacy Notice.

Retention of research data

Project governance documentation, including copies of signed participant agreements: we keep this documentation for a long period after completion of the research, so that we have records of how we conducted the research and who took part. The only personal information in this documentation will be your name and signature, and we will not be able to link this to any anonymised research results.

Research results:

We will keep your personal information in identifiable form for a period of 5 years after completion of the research study. Although published research outputs are anonymised, we need to retain underlying data collected for the study in a non-anonymised form to enable the research to be audited and/or to enable the research findings to be verified.

You can find more specific information about retention periods for personal information in our Privacy Notice.

We keep anonymised research data indefinitely, so that it can be used for other research as described above.

Contact for further information

If you have any questions or would like further information, please contact Dr Caroline Ellis-Hill cehill@bournemouth.ac.uk or Dr Michelle Heward mheward@bournemouth.ac.uk

In case of complaints

Any concerns about the study should be directed to Prof Vanora Hundley, Deputy Dean for Research & Professional Practice, Faculty of Health and Social Science, Bournemouth University by email to researchgovernance@bournemouth.ac.uk.

Finally

If you decide to take part, you will be given a copy of the information sheet and a signed participant agreement form to keep.

Thank you for considering taking part in this research project.

Appendix F: Participant Agreement Form

Drumming 4 dementia - Version 1.0
Ethics ID: 38970 – 24th August 2021



Participant Agreement Form

Full title of project: Evaluation of online Drumming for Dementia course.

Name, position and contact details of researcher: Dr Michelle Heward, Post-Doctoral Research Fellow,
mheward@bournemouth.ac.uk

To be completed prior to data collection activity

Section A: Agreement to participate in the study

You should only agree to participate in the study if you agree with all of the statements in this table and accept that participating will involve the listed activities. |

I have read and understood the Participant Information Sheet 'Drumming 4 dementia - Version 1.0' and have been given access to the BU Research Participant Privacy Notice which sets out how we collect and use personal information (https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy).	
I have had an opportunity to ask questions.	
I understand that my participation is voluntary. I can stop participating in research activities at any time without giving a reason and I am free to decline to answer any particular question(s).	
I understand that taking part in the research will include the following activity/activities as part of the research:	
<ul style="list-style-type: none">• being video recorded during the project Zoom meetings, although I can turn my camera off if I wish	
<ul style="list-style-type: none">• my words may be quoted in publications, reports, web pages and other research outputs without using my real name.	
I understand that, if I withdraw from the study, I will also be able to withdraw my data from further use in the study except where my data has been anonymised (as I cannot be identified) or it will be harmful to the project to have my data removed.	
I understand that my data may be included in an anonymised form within a dataset to be archived at BU's Online Research Data Repository.	
I understand that my data may be used in an anonymised form by the research team to support other research projects in the future, including future publications, reports or presentations.	
	Initial box to agree
I consent to take part in the project on the basis set out above (Section A)	

Please turn over to sign the form.

_____ Name of participant (BLOCK CAPITALS)	_____ Date (dd/mm/yyyy)	_____ Signature
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_____ Name of researcher (BLOCK CAPITALS)	_____ Date (dd/mm/yyyy)	_____ Signature
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Once a Participant has signed, **please sign 1 copy**, and take 2 photocopies:

- Original kept in the local investigator's file
- 1 copy to be kept by the participant (including a copy of PI Sheet)

Appendix G: Focus group topic guide



Evaluation of online Drumming for Dementia course

Guidance for Zoom meetings

Length of time (45-60 minutes per session maximum)

N.B., we anticipate running three Zoom meetings during the project (one at the start before participants complete the course, one after they complete the course and one between two-three months after course completion). Due to the nature of the Participatory and Appreciative Action and Reflection (PAAR) approach this guide is subject to change depending on the group and the discussions they have.

1.	Welcome and introductions of research team and course participants	
2.	Purpose of the research study and Zoom meetings	
3.	Establishing/reiterating ground rules and confidentiality	
4.	Getting to know the group – introductions (name, role, and experience), expectations/experiences of the course and these Zoom meetings. <i>This might include some icebreaker activities to develop rapport between the group</i>	
5.	Broad discussion on how the course is going (what they like/feel could be improved etc.) and if/how they have started to use drumming in their organisation or at home (barriers and enablers experienced), impact on them, people with dementia, their organisation and/or own home. <i>We envisage that this discussion will evolve overtime as they undertake more of the course and start to use the drumming themselves. Course participants will be encouraged to share with the researchers any relevant discussions or examples from the private Facebook group or observation notes and/or validated scales in this part of the session. Depending on the group size breakout rooms may be used as well</i>	
6.	Concluding comments and final thoughts	

Appendix H: Course developer/conveyor semi-structured interview topic guide



Drumming 4 dementia - Version 1.1
Ethics ID: 38970 – 7th October 2021

Evaluation of online Drumming for Dementia course Course developer/convenor semi-structured interview topic guide

It is expected that the following topics will be covered in the discussion:

- Information to describe the interviewee - how long have you been involved, what has your role been?
- How do you feel the Drumming for Dementia course has gone? What do you feel has worked well/less well?
- How do you feel the Drumming for Dementia course could be improved?
- Do you know of anything that stopped participants accessing the course or using drumming themselves?
- What challenges and/or benefits do you feel changing the course to online delivery has had for you and/or participants?
- Can you share any examples of the course making a difference to people with dementia/family carers/staff in care environments etc.?
- Is there any thing else that you feel it is important for us to know?

Appendix I: Inclusion and exclusion criteria

Inclusion	Exclusion
Enrolled on/developed/convened online Drumming for Dementia course	Not able or willing to attend and contribute to Zoom catch-up meetings
Care staff/practitioner/family carer/course developer or convenor	Not able or willing to undertake online surveys
Able and willing to give informed consent	Not people with dementia
Willing to consider joining and contributing to the private Facebook group	

Appendix J: Case studies

Case study 1

Jim (pseudonym) is seventy-eight, he had six sessions doing the drumming. We found Jim to have been less agitated and happier since doing the sessions. His nurses and family members learn the importance of using music before the onset of agitation to create a calming environment and reduce his feelings and confusion of anxiety. Jim's wife commented on the considerable differences she saw in her husband's demeanour and said that she and her two adult children felt less stressed and worried after seeing his positive responses to drumming. She also expressed that she felt a sense of relief, knowing that she would be able to use music, to help bring a sense of calm to Jim. Another case study, staff noted that Mary had a more positive effect since beginning this drumming therapy on the weekend. She would often ask when the drumming lady was coming in again. One day Mary wheeled herself halfway across the building into the auditorium looking for the drumming lady. This is quite a positive change in behaviour. (Course developer/convenor interview 1)

Case study 2

I went to do a group drumming session in a care home, and one lady was extremely agitated. She was screaming that they were keeping her there against her will which is quite common. That's um, she wasn't allowed out when her family, and she was getting herself really very distressed. So, we sat down beside her in a chair and just started drumming, talking to her, soothing her while drumming, and then, uh, passed her the drum and she just carried on drumming the heartbeat and then eventually she went to sleep holding the drum, her face up against it sleeping. (Course developer/convenor interview 1)

Case study 3

On another occasion, gentleman with dementia um, and then it's, I don't think you need to know the types of the dementia, uh was extremely restless, agitated early on set dementia in a care home, specialized unit. Constantly, constantly walking, rarely even slept briefly for a few minutes, and then maybe walking and walking again to the point where it exhausted himself.

Just sleep a few minutes and off again. He came to the drumming session, sat down, and drummed for about ten-minutes. The staff were amazed as had never seen him sit for that length of time, and then went to his room and slept for an hour. (Course developer/convenor interview 1)

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