completed at baseline and 12 weeks. Goal Attainment Scaling (GAS) captured the difficulty and importance of participants' goals and the extent to which they were achieved. Mean PDQ-39 and GAS T-scores were compared using a paired sample t-test. Many participants volunteered qualitative feedback and gave permission for their (anonymised) quotes to be included in the evaluation.

Results Of the initial 10 participants, seven completed the evaluation (one died and two had prolonged hospital admissions). 6/7 participants had a positive change in their GAS T-scores. Mean change in GAS T-scores was 22.3 ($p=0.01$). The mean PDQ-39 Summary Index reduced between baseline and 12 weeks but this was not significant ($p=0.541$). Informal qualitative feedback was positive (e.g., '[I feel] terrific. Supported and less isolated. Mentally and physically better').

Conclusions Although we did not demonstrate a significant improvement in quality of life of participants (possibly due to small sample size), they did appear to achieve their individual goals from the dance programme and informal feedback was positive. Our experience is that it is feasible to run a Parkinson's dance programme in a hospice and it served as a gentle introduction to hospice services for some participants. Dance programmes for people with Parkinson's disease may fit well with the idea of enabling people to live well until they die, a core part of palliative care.

P-65

'FEEL GOOD SINGING': A COLLABORATIVE INITIATIVE FOR EARLY COMMUNITY ENGAGEMENT WITH HOSPICE SERVICE

¹Paula Bavetta, ²Jill Dean. ¹Isabel Hospice, Welwyn Garden City, UK; ²Hertfordshire Music Service, Hatfield, UK

10.1136/bmjspcare-2017-hospice.92

Background Group singing has been shown to improve a sense of wellbeing and affect lung function in chronic respiratory disease (Lord et al., 2010).

Aims As we sought to widen our supportive day services to increase options for early engagement and encourage a wider cohort of patients with chronic respiratory and cardiac conditions, singing appeared to provide a non-threatening introduction to services.

Method The opportunity arose for our Living Well service to collaborate with the local council 'Music Support Service', who were tasked with widening their community engagement. Together we ran a trial offering group singing to patients and their carers with long term lung conditions. We ran an initial eight week trial of weekly sessions, recruiting from our own patients (mixed conditions), as well as local Respiratory CNS teams and Pulmonary Rehab groups, carers and self-referrals were also welcomed. The group was led by the music service facilitator (funded by the music service) supported by a member of the hospice team and volunteers, and administered by the hospice. It was hosted at our Day Hospice building.

Results Great fun was had by all including harmonica recitals whilst wearing nasal O2 cannulas! Review of the trial using patient survey and OACC 'Views on Care' showed that patient attendees reported overall quality of life and main concerns had improved after the course and that 100% ($n=8$) of attendees felt a benefit from attending. Over 50% of attendees were not previously known to the hospice, and of those 80% had a non-cancer diagnosis. We have used the

opportunity of attendance to monitor OACC measures when required, and discuss ACP with an attendee who had declined other options for engagement.

Conclusion Following this initial trial the group has become a permanent component of our supportive services, and continues with the facilitator funded for the coming year.

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HOSPICES IN HARMONY: THE COMMUNITY CHOIR PHENOMENON

^{1,2,3}Fraser Simpson, ³Ana Ambrose. ¹Earl Mountbatten Hospice, Isle of Wight, UK; ²Nordoff Robbins Music Therapy, London, UK; ³University of Southampton, Southampton, UK

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Background The benefits of singing have been well documented in recent years and include physical, psychological, cognitive and social benefits (Clift et al., 2008). Many hospices today offer singing activities of various kinds and this has become something of a phenomenon in contemporary hospice services. However, there is little or no research to date about why hospice singing has taken off around the country with such resounding success. The Earl Mountbatten Hospice (EMH) Community Choir (Isle of Wight) launched in January 2017, directed by the hospice's music therapist. Meeting weekly on a weekday evening, it had immediate impact, drawing in patients, relatives, staff and volunteers from the hospice community in large numbers.

Aims A qualitative research project is currently underway which aims to explore the subjective experiences of choir participants in order to understand better the hospice choir phenomenon.

Methods The project comprises a series of focus groups that are being recorded, transcribed and analysed in an effort to find out:

- What are the specific benefits for members of the hospice community of singing in the choir?
- What is the particular experience for choir members of being part of a mixed choir representing different 'groups' from the hospice community (patients, staff etc)?

Results The project aims to highlight the social and relational factors that improve participants' perceptions of the hospice environment and increase a sense of community.

Conclusion This illustrated presentation will profile the EMH Community Choir, and will outline the completed research conclusions. The implications for hospices which run (or are considering running) choirs will be explored; this will also include reflections on how the choir has impacted on the life of the organisation, and an examination of the skills needed to run a successful hospice choir.

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ROOM TO ROOM: A MUSIC CARE PROGRAM IN CANADIAN HOSPICE PALLIATIVE CARE

Bev Foster. Room 217 Care through Music, Toronto, Canada

10.1136/bmjspcare-2017-hospice.94

Background Music is a means of improving quality of life and care for persons who are dying. In Canada, there are less than 30 dedicated palliative music therapists in a population of 35 million. Room to Room (R2R) is a music care program

that allows care professionals, volunteers and family carers to use music designed specifically for end of life care.

Aim To extend delivery and accessibility of benefit-designed music resources into residential and community hospice palliative care (HPC) sites across Canada; to gather information on how designed music resources impact quality of life and care in HPC.

Methods Recruited 84 HPC sites across Canada; pre-test survey; provision of music care kits with instruction, education and support to point person in each HPC; four month implementation and evaluation with support, post-test questionnaire and telephone interview; one-year follow up online survey, qualitative coding analysis.

Results

- predictors for developing music care programs in a Canadian HPC site
- five impact themes including improved quality of life, assisted relationship completion, decreased feelings of fear and isolation, helped to meet psychosocial and spiritual needs, and provided distraction
- production of a controlled delivery and support process for music care
- caregiver feedback
- 'having the music playing in the room was a wonderful distraction and reduced his calling out and restlessness.'
- 'When we gave him the music, it was the first time he slept in the 36 hours.'
- 'When we used the music, the patient closed her eyes and immediately was calmer.'

Conclusions R2R created opportunities for Canadian HPC sites to offer music care to families without the need of a music therapist, facilitated by the provision of designed resources at no cost to R2R participants. Results show that music care improved the experience of patient, loved ones and care providers at end of life.

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SINGING TO A DEAD INFANT: HOW MUSIC THERAPY PROMOTED AND VALUED CULTURAL DIFFERENCE

Victoria Swan. *Demelza, Hospice Care for Children, Sittingbourne, UK*

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Background It has long been acknowledged that death is beyond a biological phenomenon but a social and cultural one, which is understood within complex cultural meanings. This presentation outlines music therapy support, delivered to a Yoruba infant and his mother, through end of life care and post death.

Methods In the Yoruba culture, death is not perceived as the end of life, but a transition through existence. Therefore it was a priority and responsibility to respect and adapt to the mother's emotional, spiritual and cultural beliefs. This presentation will discuss how a Music Therapist valued and responded to the cultural beliefs of a Yoruba mother through end of life care for her baby, and subsequently by singing to her deceased baby, providing the mother with reassurance through feedback. The issues encountered as a practitioner around culture will be explored during the presentation.

Results This grieving mother desperately wanted her child's next life to be a healthy one. In her belief, the music therapy

made this happen. The mother's response to this intervention was 'You don't know what this means to me.' Although cultural knowledge is a key component to culturally competent intervention, skills of communication rather than mastery of cultural traits, underpinned the therapeutic support. A recommendation for professionals working in palliative care will be made to take a broader view around cultural elements of death, with the emphasis being on skills such as communication.

Conclusions The playing of music was viewed as vital to guide the baby's soul to find his next life. This work challenges the notion of cultural competency in therapeutic intervention within palliative care. Skilful and compassionate communication with the family enabled the Music Therapist to value, promote and support cultural difference.

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MUSIC CARE TRAINING PROGRAM: INTEGRATING MUSIC INTO REGULAR CARE PRACTICE

Bev Foster. *Room 217 Care through Music, Toronto, Canada*

10.1136/bmjspcare-2017-hospice.96

Background In Canada, music is identified as a non-pharmacological, cost-effective and person-centred approach across the care spectrum, including palliative care. Caregiver confidence and music medicine knowledge translation are barriers to its use. Music Care Training (MCT) is an education program assisting care partners in the effective and responsible use of music in care.

Aim Provide musical tools and theoretical context to enrich care practice; Develop understanding of music care approach, musical elements and evidence base for using music in care; creating music care initiative for care context.

Methods Hold music care trainings in identified Canadian city-centres; pre-test questionnaire, training in on-site classes of maximum 30, post-test questionnaire, three month online follow up, measure social return on investment (SROI).

Results

- 800 care partners trained in 36 months, 19% hospice palliative care context, 56% long term care context (advanced dementia care).
- Level 1 – caregiver confidence increased in ability to use music care kit, design music care plan and explain music as an approach to care.
- Level 2 – caregiver confidence increased to describe music's effects on whole person care, including neuroplasticity, pain management, mood, memory and meaning-making.
- Level 3 – demonstrated music care initiative implemented in 86% of participants.
- 95.51% student satisfaction level.
- Key performance indicators developed to measure SROI.

Caregivers Stories 'I have used the training several times. One resident came out of a showering experience sobbing, shivering, rocking, crying and moaning shock. I was able to use the call and response, the humming, the singing and the breathing to calm her and lull her to sleep. Without your training I may have been at a loss as I have never seen this resident so upset.'

Conclusions Music Care Training is giving care partners in Canada the knowledge and confidence needed to use music care. It is a replicable model for the UK.