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**

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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.