TOOLKIT FOR

Programme Commissioners and Programme Stakeholders delivering a **Music Therapy-based Programme** for People living with **Dementia**

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The toolkit was commissioned by Manchester Camerata which is now the Centre of Excellence for Music & Dementia.
https://manchestercamerata.co.uk/centre-of-excellence-for-music-and-dementia/

Anyone interested in joining the Learning Network of Manchester Camerata and the Centre of Excellence for Music & Dementia can contact Bev Taylor at BTaylor@manchestercamerata.com

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Purpose of the Toolkit

The primary purpose of this toolkit is to support both commissioners in the NHS and local authorities in securing funding for music-based dementia interventions, as well as music therapy-based providers who are looking to have their services commissioned. It serves as a resource to help commissioners build a robust business case that demonstrates the clinical, social, and economic benefits of music therapy-based programmes for people living with dementia. Additionally, it provides practical guidance for providers on aligning their services with commissioning priorities, ensuring they effectively present their programme's impact and cost-effectiveness to funders.

Intended Audience

This toolkit is designed for two key audiences.

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Public service commissioners
particularly NHS and local authority commissioners who recognize the value of non-clinical, community-based interventions but require evidence and a structured business case to justify investment.

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Music therapy-based programme providers and dementia care organizations
including charities, social enterprises, and private providers looking to have their interventions commissioned. The toolkit offers guidance on how to present their service effectively to commissioners, align with strategic health and social care priorities, and demonstrate measurable outcomes that support funding decisions.

By addressing both commissioners and service providers, the toolkit aims to bridge the gap between innovative, evidence-based dementia care interventions and sustainable funding mechanisms, ensuring wider access to music therapy for people living with dementia.

Principles of Music for People Living with Dementia

Dementia care has evolved significantly in recent years, moving beyond traditional medical models to embrace holistic, person-centred, and community-based approaches. Among these, music therapy-based programme has emerged as a powerful non-pharmacological intervention, enhancing the emotional, social, and cognitive well-being of people living with dementia (PLWD). This foundational philosophy underscores the belief that dementia care should not only address physical symptoms but also the emotional and social needs of individuals and the communities they are part of.

Person-Centred Interventions

At the heart of dementia care lies the person-centred approach, which focuses on treating each individual as a unique person with their own history, preferences, and capabilities. Unlike more clinical or generalised care strategies, person-centred interventions prioritise the individual's lived experiences, personality, and autonomy.

Music, in particular, plays a critical role in this context. For people living with dementia, music often taps into long-term memories and emotions, which can remain intact even as other cognitive functions decline. A song from childhood or a familiar melody can evoke a powerful emotional response, rekindling a sense of identity and offering moments of joy and connection. This ability to reach and engage individuals where words or other forms of communication may fail is a cornerstone of the person-centred approach in dementia care.

Person-centred music therapy-based programme allows PLWD to engage on their own terms. Sessions are designed to accommodate individual preferences, moods, and capabilities, giving participants control over how they experience and respond to the music. This not only improves emotional well-being but also fosters a sense of agency and dignity, which is often diminished in clinical settings.

Approaches in Social Prescribing

The growing recognition of non-medical social prescribing as a valuable component of dementia care reflects a shift toward holistic, multi-dimensional interventions. Social prescribing focuses on addressing social, emotional, and practical needs alongside medical care, recognizing that well-being is influenced by a wide range of factors beyond clinical treatment.

For people living with dementia, social prescribing offers opportunities for engagement, creativity, and mental stimulation. Music therapy-based programme is an exemplary form of social prescribing because it directly addresses emotional well-being, alleviates agitation, and promotes social inclusion without the need for medication. By integrating music therapy-based programme into social prescribing frameworks, dementia care moves away from a purely symptom-management approach, toward a model that embraces the full spectrum of human experience—emotionally, socially, and cognitively.

In this context, music therapy-based programme becomes a tool for promoting health and happiness in a more sustainable, non-invasive manner. It reduces the need for medication, decreases hospital visits, and provides a fulfilling, life-enhancing experience that resonates with PLWD, their families, and caregivers. Additionally, this form of non-medical intervention aligns with modern healthcare's emphasis on improving quality of life while reducing strain on overstretched healthcare systems.

In summary, the philosophy of music therapy-based programme for people living with dementia is rooted in person-centred and community-centred care, with a focus on non-medical interventions through social prescribing. Music therapy-based programme not only enhances emotional and social well-being but also provides a sustainable, meaningful, and humanizing way to improve the lives of those affected by dementia, while supporting their caregivers and communities.

Structure of tool kit

This toolkit is designed to assist funders in understanding, commissioning, and supporting music therapy-based programmes aimed at improving the well-being of people living with dementia (PLWD). It comprises 6 separate sections: ① the existing research evidence; ② guidelines on how to commission a programme in this field, ③ instructions on how to create a Logic Model for the programme, ④ suggestions for scaling up and achieving sustainability of a programme, ⑤ practical steps for programme implementation, and ⑥ an appendix setting out a template for a Business Case for this type of programme.

The Case for Music Therapy-based programme in Dementia Care – The Evidence

Summary

There is emerging evidence that music has a positive effect on people living with dementia. In the section to follow we summarise existing scientific evidence in this field. We distinguish between studies providing evidence of the impact of music on people living with dementia and studies which investigate the wider impact of dementia programmes on health and social care use. The latter comprises cost effectiveness analyses of dementia programmes utilising music therapy-based programme approaches.

Impact of Music on Dementia

Research into the impact of music on dementia has expanded significantly, highlighting the role of music-based interventions in improving emotional well-being, fostering connection, and managing behavioural symptoms. Recent studies, including focused analyses of the Music in Mind programme, underscore the potential of improvisational music-making and group participation to create meaningful, in-the-moment experiences for individuals with dementia. These findings integrate with broader evidence that music can reduce depressive symptoms and anxiety, improve quality of life, and promote social engagement, though cognitive effects and long-term outcomes remain inconsistent. The insights below summarise key findings aligned with emerging evidence for ease of reference.

Key Insights

Reduction in Depressive Symptoms
Music-based interventions, including improvisational music-making, have shown promise in reducing depressive symptoms in people with dementia, creating a space for self-expression and emotional release (4,5,1).

Improvement in Emotional Well-being and Quality of Life
Music therapy-based programmes like Music in Mind improve emotional well-being by fostering sensory and relational engagement. Participants have reported feeling connected, valued, and creatively fulfilled during music sessions, contributing to enhanced quality of life despite low overall evidence quality (4,6).

Reduction in Anxiety
Group music interventions reduce anxiety, as the structured yet creative environment provides comfort and a sense of security. Observations from Music in Mind sessions affirm that participants experience calm and joy in the moment (4,5,7).

Limited Impact on Cognitive Function
While the impact on cognitive function is minimal, some studies note that music-based activities enhance attention and memory recall in specific scenarios. However, the primary focus remains on emotional and relational outcomes (4,5,8).

Behavioural and Psychological Symptoms
Evidence supports the use of music interventions to manage behavioural and psychological symptoms of dementia (BPSD). Music in Mind demonstrated reductions in agitation and enhanced positive interactions through embodied and sensory engagement (4,7,9,2).

Social Engagement and Positive Emotions
Music programmes, particularly those centred on improvisation and group participation, significantly enhance social connection and positive emotions. Participants in Music in Mind were observed to synchronise movements and share joyful moments, fostering a sense of community (10,3).

Long-term Effects
While the immediate benefits of music therapy-based programmes are well-documented, the long-term effects remain uncertain. Findings from Music in Mind highlight the lasting emotional and relational impressions participants retain from sessions, even if cognitive improvements do not persist beyond the intervention (4,6,3).

Conclusion

Music-based interventions offer several benefits for individuals with dementia, particularly in reducing depressive symptoms, anxiety, and some behavioural issues. While the impact on cognitive function is limited, music therapy-based programme can enhance emotional well-being and social engagement. However, the long-term effects remain uncertain, and further research with larger sample sizes and standardised protocols is needed to better understand the full potential of music therapy-based programme in dementia care.

Impact on Health and Social Care Costs

Dementia is a progressive neurological condition characterised by a decline in cognitive, behavioural, social, and emotional functions. Traditional pharmacological treatments have limited efficacy, prompting interest in non-pharmacological interventions such as music therapy-based programme. This summary lists the published evidence on whether music-based interventions can reduce health and social care costs for people living with dementia by improving their well-being and reducing symptoms.

Key Insights

Reduction in Depressive Symptoms and Behavioural Problems
Music-based interventions likely reduce depressive symptoms and overall behavioural problems in people with dementia (4,5). This could potentially lower the need for pharmacological treatments and associated healthcare costs.

Improvement in Emotional Well-being and Quality of Life
There is some evidence that music therapy-based programme may improve emotional well-being and quality of life, although the quality of evidence is low (4,6).   However, enhanced well-being could reduce the burden on caregivers and social care services.

Reduction in Anxiety
Music interventions may reduce anxiety in people with dementia, which can contribute to a more stable and less resource-intensive care environment ④.

Enhanced Social Engagement
Music therapy-based programme has been shown to improve social engagement and positive emotions, particularly in those with moderate dementia ⑦. Better social engagement can lead to improved mental health and potentially lower social care costs.

Mixed Effects on Cognitive Function
The impact of music therapy-based programme on cognitive function is uncertain, with some studies showing little to no effect (4,6). This suggests that while music therapy-based programme may not significantly alter cognitive decline, its other benefits could still justify its use.

Positive Effects on Sleep
Music interventions have been found to improve sleep quality and reduce nighttime disturbances in people with dementia ⑧. Better sleep can lead to improved overall health and reduced need for medical interventions.

Conclusion

Music-based interventions for people with dementia show promise in reducing depressive symptoms, behavioural problems, anxiety, and improving emotional well-being, social engagement, and sleep quality. These benefits can potentially lower health and social care costs by reducing the need for pharmacological treatments, decreasing caregiver burden, and improving the overall quality of life for individuals with dementia. However, more high-quality research is needed to fully understand the long-term effects and optimise intervention strategies.

Cost effectiveness

There are some studies which suggest that music therapy-based programme for people living with dementia is generally cost-effective, improving depressive symptoms, anxiety, and disruptive behaviours, though it has limited or no effect on cognitive function, agitation, and long-term quality of life. The summary below outlines the existing evidence on the cost-effectiveness and overall impact of music therapy-based programme on people living with dementia.

Key Insights

Effectiveness on Cognitive Function and Quality of Life
- Music therapy-based programme shows potential in improving cognitive function and quality of life in people with dementia, although the evidence is mixed and sometimes of low quality (4,9).
- Some studies indicate that music therapy-based programme can improve cognitive function and quality of life immediately after the intervention, but these effects may not be sustained long-term (4,6).

Impact on Depressive Symptoms
- Music therapy-based programme has been found to reduce depressive symptoms in people with dementia, with moderate-quality evidence supporting this effect (4,6,9).
- Long-term effects on depression are less clear, with some studies showing benefits while others do not (4,6).

Behavioural and Psychological Symptoms
- Music therapy-based programme can reduce disruptive behaviours and anxiety levels in people with dementia, with moderate to large effect sizes reported (9,10).
- Receptive music therapy-based programme, in particular, has been shown to be more effective than interactive music therapy-based programme in reducing agitation and behavioural problems (10).

Cost-Effectiveness
- Music therapy-based programme is considered a cost-effective, enjoyable, and non-invasive intervention that can be easily implemented in clinical settings (8,9,11,12).
- The cost-effectiveness is enhanced by its ability to improve social engagement and reduce the need for pharmacological treatments (11,12).

Implementation and Practicality
- Individualised music interventions tailored to the preferences of people with dementia can improve their quality of life and social participation (13).
- Group music therapy-based programme and recreational choir singing have also shown promising effects, particularly in reducing depressive symptoms and enhancing social interaction (14).

Conclusion

Music therapy-based programme is a promising, cost-effective intervention for people living with dementia. It can improve cognitive function, reduce depressive symptoms, and alleviate behavioural and psychological issues. While the long-term benefits and optimal implementation strategies require further research, current evidence supports the integration of music therapy-based programme into dementia care to enhance the quality of life and social engagement of affected individuals.

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How to commission a music therapy-based programme

We provide below step-by-step guidance on how to commission and fund music therapy-based programmes, tailored for dementia care. This guidance is designed to be clear and accessible rather than comprehensive. It aims to help commissioners and stakeholder organisations to understand the process of funding and implementing a music therapy-based programme tailored to dementia care, ensuring it is both impactful and sustainable.

1. Understand the Need

Assess the Local Context
- Identify the population of people living with dementia (PLWD) in your region or facility. What are the key challenges they face (e.g., agitation, isolation, mood disorders)?

Evidence the Need
- Use data and qualitative feedback from care homes, healthcare facilities, or family members to highlight the gaps in emotional and social care for PLWD.
- Review existing evidence showing the effectiveness of music therapy-based programme in improving mood, reducing agitation, and fostering social connections (e.g., findings from the Music in Mind programme).

2. Identify Key Stakeholders

Internal Stakeholders
- Work with care home managers, dementia care units, and community care organizations to understand the operational needs.
- Consult with healthcare providers, such as GPs, NHS commissioners, and social care professionals who are involved in dementia care.

External Stakeholders
- Engage with music therapists, local arts organizations, and potential music therapy-based programme providers. Establish partnerships with experienced musicians or therapy-based programme groups familiar with working with dementia patients.
- Engage with the Community
- Include family members of PLWD and dementia advocacy groups in discussions.
- They can provide personal insights into the impact music therapy-based programme could have on quality of life.

3. Define the Programme's Scope and Goals

Target Population
○ Determine the population you intend to serve. Will the programme target care
○ homes, community centres, or at-home dementia care settings?

Programme Duration
○ Establish whether the music therapy-based programme sessions will be a short-term pilot or a long-term programme. A typical programme might last 10–20 weeks with weekly sessions

Key Outcomes
Set measurable goals for the programme. For example,
○ Improve mood and well-being in PLWD.
○ Reduce agitation and improve social engagement
○ Train caregivers or volunteers to sustain the programme long-term.

4. Develop a Business Case

Cost-Benefit Analysis
○ Highlight how music therapy-based programme can reduce costs in dementia care, such as reduced reliance on medication, fewer GP or emergency visits, and lower staff stress.
Include published evidence and local case studies showing the effectiveness of music-based interventions for dementia care

Funding Sources
○ Explore multiple funding streams, such as local NHS commissioning groups, philanthropic grants, social care budgets, or local council funds. Be aware that funding may require local match contributions

Demonstrate Cost-Effectiveness
○ Provide examples of how similar programmes have achieved cost savings or deflected demand from healthcare services (e.g., reduced hospital admissions or delayed disease progression)

Funding Model
○ Set a budget that covers the costs of professional music therapists, training of staff, and programme delivery. Ensure transparency and break down costs into categories such as staff, equipment, and facilities.

5. Identify and Select Music Therapy-based programme Providers

Identify and Assess Qualified Providers
- Ensure the therapists or musicians you engage have relevant experience working with PLWD and are certified or qualified in music therapy-based programme.
- Check for providers who offer flexibility in delivering sessions in both care homes and community settings

Engage Local Arts and Health Collaborations
- Where possible, work with local arts organizations or music therapy-based programme groups that have experience in health-based interventions. This can help strengthen local buy-in.

6. Implement the Programme

Secure Consent and Participant Recruitment
- Ensure that you obtain informed consent from families or guardians of PLWD. It's important to ensure confidentiality and follow data governance standards for health-related
- Recruit participants based on the needs of the local population—both in care homes and community settings.

Provide Training
- Develop a training programme for caregivers, volunteers, or staff (Music Champions) to sustain the music therapy-based programme sessions over the long term. The training should cover how to deliver sessions and how to handle dementia-related behaviours

Establish Programme Logistics
- Organise logistics such as the location of sessions, scheduling, and ensuring access to musical instruments or equipment.
- Ensure both care home settings and community venues are accessible and conducive to the needs of PLWD

7. Monitor and Evaluate

Set up Data Collection Infrastructure
- Use standardised observation logs and emotion capture forms to assess participants' mood, social interaction, and engagement during and after sessions
- Collect both quantitative data (e.g., interaction and participation scores) and qualitative feedback (e.g., family testimonials, staff observations)

Establish an Evaluation Plan
- At the mid-point and end of the programme, evaluate its impact on participants, caregivers, and the healthcare system. Did the programme achieve the set goals?
- What were the specific benefits to PLWD (e.g., reduced agitation, improved mood)?
- Provide a final report to funders and stakeholders that includes both statistical analysis and personal stories of success

8. Scale and Sustain

Share Best Practices and Learning
- Compile lessons learned, including successful training models, to encourage scaling the programme to other boroughs or settings. Consider creating a community of practice for Music Champions

Secure Long-Term Funding
- Seek out long-term or repeat funding opportunities by demonstrating the programme's success. Make a case for integrating the programme into regular dementia care budgets.
- Consider engaging local councils or regional health authorities for sustained investment
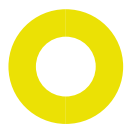
9. Continue Innovation

Feedback Loop
- Continue to gather feedback from participants, family members, and staff. Adjust the programme to meet the changing needs of participants or new challenges that arise.

Explore New Opportunities
- Look into expanding the scope of the programme by including other non-pharmacological interventions such as art or movement therapy-based programme.

Developing a Logic Model

A logic model is a visual representation that outlines the key components of your programme and shows how these elements work together to achieve your desired outcomes. It helps funders, stakeholders, and programme managers understand the steps involved and the intended impact of the programme.

Here's a step-by-step guide to developing a logic model specifically for a music therapy-based programme for people living with dementia (PLWD). By following these steps, organisations have a clear, structured logic model that shows how their music therapy-based programme for people living with dementia will achieve its intended outcomes and impact. A well-developed logic model helps ensure clarity, focus, and alignment among all stakeholders.
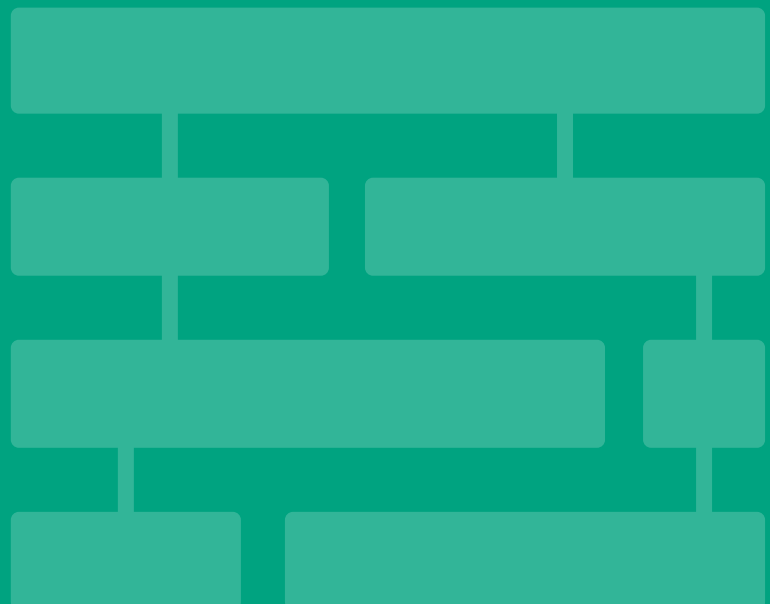
1. Identify the Core Components of the Programme

Start by breaking down the key elements of your music therapy-based programme into inputs, activities, outputs, outcomes, and impact. These components show the flow of the programme, from the resources required to the long-term effects you aim to achieve.

Key Components of a Logic Model

Each logic model comprises key components which need to be identified when mapping out the programme. These components are inputs, activities, outputs, outcomes and impact. A short definition of each component is provided below.

Inputs
The resources and investments required to run the programme.

Activities
The actions or services provided by the programme (e.g., music therapy-based programme sessions).

Outputs
The direct, measurable results of the activities (e.g., number of sessions delivered).

Outcomes
The short- and medium-term changes or benefits for participants (e.g., improved mood, reduced agitation).

Impact
The long-term changes or broader goals of the programme (e.g., improved quality of life for PLWD, reduced healthcare costs).

2. Define the Inputs

Inputs are the resources and tools you need to implement the programme. For a music therapy-based programme for dementia, typical inputs might include

- **Funding or financial resources**
- **Professional music therapists**
- **Training for caregivers and volunteers (Music Champions)**
- **Musical instruments and equipment**
- **Venues (care homes, community centres)**
- **Data collection tools (e.g., observation logs, feedback forms)**

These inputs are the foundation of your programme. Be specific about what resources are required to ensure the successful delivery of the activities.
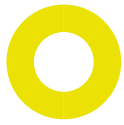
3. Outline the Key Activities

The activities section describes what the programme will do with the inputs to achieve its goals. In a music therapy-based programme for dementia, activities might include

- Delivering weekly music therapy-based programme sessions for PLWD
- Providing training sessions for Music Champions (caregivers, volunteers, staff)
- Organizing community or care home music events
- Collecting data and feedback from participants, staff, and family members
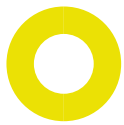- Running peer support groups for Music Champions to share their experiences and improve skills

Make sure the activities are aligned with the programme's objectives and directly relate to the outcomes you want to achieve.

4. List the Outputs

Outputs are the immediate, measurable results of your activities. These are quantifiable and demonstrate that the programme is being implemented as planned. Examples of outputs for your music therapy-based programme could be

- Number of music therapy-based programme sessions delivered (e.g., 10 sessions per site over 10 weeks)
- Number of PLWD participating in the programme
- Number of Music Champions trained and actively leading sessions
- Number of observation logs and feedback forms collected

These outputs show how much work is being done and can help demonstrate the programme's reach and scope to funders and stakeholders.

5. Identify the Short- and Medium-Term Outcomes

Outcomes are the specific benefits or changes that result from the programme. These can be divided into short-term and medium-term outcomes. For a music therapy-based programme for dementia, outcomes might include

Short-Term Outcomes

- PLWD show improved mood and reduced agitation during and after music therapy-based programme sessions.
- Participants engage more with caregivers and fellow residents, showing signs of increased social interaction.
- Caregivers and volunteers (Music Champions) feel more confident in delivering music therapy-based programme sessions independently.

Medium-Term Outcomes

- Sustained reduction in the use of medication for agitation or anxiety among participants.
- PLWD demonstrate continued participation and engagement in music therapy-based programme sessions.
- Family members and caregivers report improved emotional well-being for PLWD.

Outcomes focus on the changes in behaviour, emotions, or conditions for PLWD and caregivers, and they serve as the proof that your activities are working.

6. Highlight the Long-Term Impact

The impact is the broader, long-term change or benefit that your programme aims to achieve. For a music therapy-based programme for dementia care, impacts might include

- Improved overall quality of life for people living with dementia, as they experience sustained emotional and social well-being.
- Reduced reliance on health and social care services due to the therapeutic benefits of music therapy-based programme (e.g., fewer GP visits, reduced use of antipsychotic medications).
- Establishing music therapy-based programme as an integral part of dementia care practices across care homes and community centres.

Please note that the impact may take time to manifest, but it is the ultimate goal of the programme.

7. Map It Out Visually

Once you have identified all the components, you may create a visual representation of your logic model. You can use a simple table or diagram to show how inputs lead to activities, which result in outputs, and then generate outcomes and impact. Here's an example

Inputs	Activities	Outputs	Outcomes	Impact
Funding, music therapists, training materials, instruments, venues	Weekly music therapy-based programme sessions for PLWD, Training Music Champions	Number of sessions, of participants, of Music Champions trained	Improved mood, increased social interaction, confidence in delivering sessions	Improved quality of life for PLWD, Reduced healthcare costs

8. Review and Refine

Finally, regularly review and refine your logic model to ensure it reflects the realities of your programme. As the programme evolves, your logic model may need updates to align with new goals, feedback, or changes in resources.

How to scale up and ensure sustainability

This framework focuses on expanding reach while maintaining programme quality and ensuring long-term sustainability. By following this scaling framework, any programme in this field can expand its reach while maintaining high-quality service delivery. Building capacity through training, ensuring programme fidelity, securing long-term funding, and measuring impact will create a sustainable model that can be adapted to serve more people living with dementia across various settings.

Training Capacity

Scaling up a music therapy-based programme like Music in Mind requires careful planning to maintain its quality and effectiveness while expanding its reach to new settings or regions. Ensuring sustainability hinges on building capacity through robust training and empowering local caregivers, staff, and volunteers to deliver high-quality music therapy-based programme sessions. Here, we use a scaling up framework specifically adapted for social prescribing programmes like Music in Mind, focusing on three key elements building capacity, securing long-term funding, and maintaining programme fidelity.

1. Building Capacity Through Training and Workforce Development

Scaling a programme effectively begins with expanding the training capacity of your workforce. To ensure high-quality, consistent delivery across multiple locations, the programme must develop local champions and invest in staff and volunteer training.

a. Train-the-Trainer Model

- Develop Local Trainers Start by identifying and training a core group of skilled music therapists and caregivers to become trainers for future Music Champions. This core group should undergo in-depth, advanced training on how to deliver both the therapy-based programme sessions and training programmes.

- Standardised Training Materials Create a set of standardised training materials, including manuals, videos, and workshops that can be easily adapted for different care settings (e.g., care homes, community centres). Ensure the training covers how to handle various dementia-related behaviours and how to adjust sessions based on the needs of participants.

- Ongoing Professional Development Offer continuous development opportunities for trainers to ensure they stay current with best practices in music therapy-based programme for dementia care.

b. Local Capacity Building

- Empower Local Staff and Volunteers Focus on training local caregivers, family members, and volunteers (Music Champions) in the core principles of music therapy-based programme. By building local capacity, you enable the programme to reach more people while keeping operational costs manageable.

- Flexible Learning Options Provide a mix of in-person and online training modules to make learning accessible to diverse groups, especially in remote areas. Flexibility in how and when training is delivered can support more people to become Music Champions.

- Peer Support Networks Establish peer support groups where trained Music Champions can share experiences, troubleshoot issues, and offer mutual support. These networks help maintain enthusiasm and ensure ongoing quality in session delivery.

2.
Ensuring Programme Fidelity During Scaling

As the programme scales, ensuring fidelity to the original Music in Mind model is critical to maintaining its effectiveness. Programme fidelity means that the core components of the intervention—such as the type of music, the frequency of sessions, and the therapeutic approach—are consistently delivered across different sites.

a. Core Components to Maintain

- Session Structure Ensure that each music therapy-based programme session follows the established format, including warm-up exercises, participatory music-making (singing, playing instruments), and reflective time. These components should be non-negotiable to maintain the therapeutic benefits of the sessions.

- Quality Assurance Develop a quality assurance framework that sets benchmarks for how sessions should be delivered. Regular monitoring, observation, and feedback loops should be built into the programme to ensure consistency across all locations.

b. Adaptation Without Compromising Quality

- Local Adaptation While maintaining core components, allow for some flexibility to adapt the sessions to the cultural preferences or specific needs of participants in different regions. For example, music choices can be tailored to the cultural background of the group while still adhering to the therapeutic principles.

- Feedback Mechanisms Implement mechanisms for real-time feedback from Music Champions, caregivers, and participants. Continuous improvement processes ensure that any issues with programme delivery are addressed quickly, and adjustments are made without compromising overall quality.

c. Training for Programme Fidelity

- Certification and Refresher Courses: Develop a certification process for Music Champions and therapists to ensure they meet the required competencies before leading sessions independently. Regular refresher courses should be offered to maintain high standards of delivery as the programme scales.

3.
Securing Long-Term Sustainability and Funding
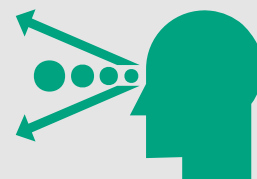
Sustainability of the programme involves not just expanding the number of participants but ensuring that it can be sustained over the long term—both financially and operationally.

a. Multi-Tiered Funding Model

○ Blend of Public and Private Funding Develop a funding strategy that incorporates multiple funding streams, such as local NHS commissioners, social care budgets, charitable foundations, and community fundraising. Having a diverse funding base ensures stability and reduces the risk of relying on one single funding source.

○ Outcome-Based Funding Where possible, move towards outcome-based funding models where funders pay based on the measurable benefits the programme delivers (e.g., reduced medication use, reduced agitation, fewer GP visits). This can be linked to data collection that proves the programme's cost-effectiveness.

○ Partnerships with Local Authorities Build partnerships with local councils, NHS trusts, and health boards to embed music therapy-based programme into long-term care strategies. Securing formal commissioning from these bodies can ensure ongoing funding.

b. Long-Term Sustainability Through Local Ownership

○ Embedding in Existing Services Work with care homes and community organizations to integrate music therapy-based programme into their regular care routines. By embedding the programme within the daily care of PLWD, it becomes a core service rather than a stand-alone intervention, increasing its sustainability.

○ Transfer of Knowledge Ensure that as you scale, knowledge transfer happens at each level. Trained local Music Champions can eventually take on leadership roles, reducing the need for external trainers or facilitators and fostering local ownership of the programme.

4. Measuring and Communicating Impact

Scaling up requires not only careful planning but also demonstrating success to secure future funding and stakeholder buy-in.

a. Measure Impact Consistently

○ Develop a standardised evaluation framework to track key performance indicators (KPIs) such as participants' emotional well-being, social interaction, and reduction in medication use. These metrics should be consistently tracked across all sites.

○ Use both qualitative (e.g., testimonials from caregivers and family members) and quantitative data (e.g., observation logs, emotion capture forms) to assess programme impact.

b. Share Success Stories

○ Regularly share success stories with stakeholders, funders, and the community. Use video testimonials, case studies, and data reports to communicate the positive outcomes of the programme.

○ Build a communication strategy that keeps stakeholders engaged, highlighting both the emotional and financial benefits of the programme as it scales.

5. Scale Responsibly and Gradually

Finally, scaling up should be a phased process that allows for evaluation and adjustments along the way.

a. Pilot New Sites Before Full Rollout

○ Start by piloting the programme in a few new locations before expanding further. Use these pilots to refine the training and delivery models, ensuring they work well in different settings.

b. Use Phased Rollout Strategy

○ Implement a phased rollout that allows time to assess the success of each phase before moving to the next. This approach reduces risks and ensures that the programme doesn't outgrow its resources or compromise quality.

Practical Steps for Programme Implementation

As music therapy-based programmes like Music in Mind expand into care homes and community settings, several key challenges and opportunities arise that must be addressed to ensure the programme's success and sustainability. This section provides guidelines for integrating the programme into various settings, ensuring consistency across locations, addressing confidentiality and data governance concerns, and establishing shared learning mechanisms.

Additionally, we outline best practices for measuring and monitoring the progress of the programme over time. By addressing these emerging issues, programmes can be successfully integrated into diverse care settings, ensure consistent delivery across different boroughs, and continuously monitor its progress. These guidelines also ensure that data governance is maintained, and shared learning is promoted, leading to long-term sustainability and success.

1.
Integrating into Care
Homes and Community Settings
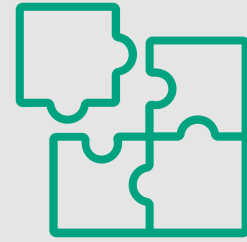
To maximise the impact of the music therapy-based programme, it is crucial to integrate it into the day-to-day care practices of care homes and community settings. This not only improves the experience for people living with dementia (PLWD), but also helps staff and caregivers embed the programme sustainably.

Align with Existing Care Practices

- Collaborate with Care Staff: Work closely with care staff (nurses, activity coordinators, and carers) to ensure that music therapy-based programme is integrated into the daily schedule. Align the sessions with established routines, such as after mealtimes or during scheduled activity hours, to avoid disruption.

- Embed Music Therapy-based programme into Regular Care: Integrate music therapy-based programme as a complement to other therapeutic practices, such as physical exercise or reminiscence therapy-based programme. This makes the sessions feel like a natural part of the care plan rather than a stand-alone activity.

- Adapt to Different Settings: Recognise the differences between care homes and community settings. In care homes, sessions may need to be adapted to the medical and physical needs of residents, while in community settings, there may be more flexibility for group-based activities. Ensure that session formats are flexible and sensitive to the unique challenges of each setting.

Engage with All Stakeholders

- Involve Family Members: Regularly engage with family members to get their feedback and involve them in the music therapy-based programme process where appropriate. Their involvement can reinforce the benefits of the sessions and encourage ongoing participation.

- Train Local Champions: Equip caregivers and volunteers with the skills to lead music therapy-based programme sessions independently. This helps ensure sustainability by empowering local stakeholders to continue the programme without constant external support.

2.
Ensure Consistency Across Boroughs and Settings

When scaling a programme like Music in Mind across different boroughs and care settings, maintaining consistency is vital to ensure that all participants benefit equally, regardless of location.

Standardise Core Elements

○ Develop Uniform Guidelines: Ensure that all boroughs and settings use the same core framework for delivering music therapy-based programme sessions. This includes standardised session structures, training materials, and monitoring tools.

○ Maintain Programme Fidelity: While local settings can adapt aspects of the programme to fit specific needs (e.g., cultural preferences or group sizes), core elements—such as session frequency, content delivery, and therapeutic approaches—should remain consistent across all locations. Regular quality assurance checks should be conducted to ensure fidelity to the original programme design.

Share Resources Across Boroughs

○ Centralised Support: Create a centralised resource hub where boroughs can access training materials, templates, and guidance. This promotes consistency and ensures that all locations have access to the same high-quality resources, regardless of their specific operational context.

○ Regular Communication: Establish regular communication channels (e.g., monthly calls or virtual meetings) between boroughs to share progress, challenges, and best practices. This can foster a sense of community and ensure shared learning across locations.

3.
Addressing Confidentiality and Data Governance Issues

When dealing with a vulnerable population such as PLWD, it is crucial to handle personal data with care, ensuring compliance with legal requirements and protecting participant confidentiality.

Ensure Compliance with Data Protection Laws

- Informed Consent: Ensure that all participants or their legal guardians give informed consent before collecting any personal data. Explain how the data will be used, stored, and shared in clear, accessible language.

- Data Anonymisation: Whenever possible, anonymise data to protect the identities of participants. This is especially important when sharing data for research, evaluation, or shared learning purposes.

- Secure Data Storage: Implement secure data storage solutions that comply with data protection regulations, such as GDPR. Ensure that only authorised personnel have access to sensitive participant information.

Develop a Data Governance Framework

- Clear Data Handling Procedures: Establish clear protocols for handling, storing, and sharing data across different locations. These should include procedures for data entry, access control, and regular audits to ensure compliance.

- Transparency and Accountability: Ensure that staff and volunteers involved in data collection understand their responsibilities regarding confidentiality and data security. Regular training on data governance should be a part of the programme.

4. Guidelines for Measuring and Monitoring Progress

To ensure the long-term success of the programme and demonstrate its impact to funders and stakeholders, it is essential to measure and monitor its progress regularly. Consistent and accurate data collection is key to understanding the outcomes of the programme.

Use Standardised Measurement Tools

- Observation Logs and Emotion Capture Forms: Use standardised tools such as observation logs and emotion capture forms to assess participant engagement, mood, and interaction during sessions. These tools should be easy to use and consistent across all locations to enable meaningful comparisons.

- Qualitative Feedback: In addition to quantitative data, collect qualitative feedback from participants, caregivers, and family members. This feedback can provide valuable insights into the emotional and social benefits of the programme.

Track Short-Term and Long-Term Outcomes

- Short-Term Indicators: Track immediate changes in participants' emotional well-being, such as reductions in agitation, improvements in mood, and increased social interaction. These short-term outcomes help assess the immediate effectiveness of the programme.

- Long-Term Monitoring: Establish systems to track the long-term impact of the programme, such as sustained reductions in medication use or ongoing improvements in quality of life. Regularly review these outcomes to assess the programme's ongoing relevance and impact.

Continuous Monitoring and Evaluation

- Regular Data Review: Set up a schedule for regular data reviews—monthly or quarterly—to assess the programme's progress. Use this data to inform decision-making, adjust strategies, and improve the overall programme design.

- Independent Evaluation: Consider commissioning independent evaluations of the programme to validate the findings and provide an objective assessment of its success.

5. Establishing Shared Learning Mechanisms

Creating opportunities for shared learning helps scale the programme effectively, ensure continuous improvement, and foster innovation across different care settings.

Create Knowledge Sharing Platforms

- Online Communities of Practice: Establish an online platform where Music Champions, caregivers, and programme facilitators can exchange ideas, share best practices, and troubleshoot challenges. This network will ensure that all stakeholders benefit from shared knowledge and experiences.
- Regular Learning Sessions: Organise regular learning sessions or workshops where staff from different boroughs and settings can come together to share what's working well and what can be improved. Encourage open discussions on challenges and emerging trends.

Document and Share Case Studies

- Case Studies: Create case studies that document success stories and innovative practices from different care homes and community centres. Share these case studies with all programme locations to inspire new ideas and approaches.
- Best Practice Guidelines: As the programme evolves, consolidate lessons learned into best practice guidelines that can be disseminated to new locations as the programme scales. This ensures that all settings benefit from accumulated knowledge.

Business Case template

This business case template provides a structured way to present the rationale, costs, and expected outcomes for a music therapy-based programme for people living with dementia. It ensures that decision-makers understand the potential impact and value of the programme while offering clear, measurable evidence to support funding decisions.

Title: Business Case Template for a Music Therapy-based programme for Dementia Care

1. Executive Summary

Programme Name
(e.g., Music in Mind)

Organisation
[Insert your organisation's name]

Objective
To improve the quality of life of people living with dementia (PLWD) through regular music therapy-based programme sessions. The programme seeks to reduce agitation, improve mood, and increase social engagement.

Total Cost
[Provide an estimated budget or range]

Key Benefits
• Improved emotional well-being for PLWD (e.g., reduced anxiety and agitation)
• Reduced reliance on medication and healthcare services
• Empowerment of caregivers and staff through training
• Enhanced social interaction and engagement for PLWD

Decision Required
[What do you need from the decision-maker? E.g., approval of funding, partnership support, or resource allocation.]

2. Background and Context

Why Music Therapy-based programme?

○ Music therapy-based programme is a non-pharmacological intervention proven to benefit people with dementia by improving mood, reducing agitation, and increasing social interaction.
There is growing evidence that social prescribing, such as music therapy-based programme, can improve patient well-being while reducing strain on traditional healthcare services.

What is the Current Need?

○ Dementia affects [X] people in our region, with many experiencing high levels of anxiety, isolation, and agitation. Existing care often overlooks these emotional and social challenges.

○ Many local care homes and community settings are looking for innovative, sustainable ways to address these unmet needs without over-relying on medical interventions.

3. What are the Programme's Objectives?

Primary Objective

○ To provide a high-quality, structured music therapy-based programme for PLWD that improves their emotional and social well-being.

Secondary Objectives

○ Train and empower caregivers and volunteers (Music Champions) to deliver music therapy-based programme sessions independently.

○ Reduce the use of medication for agitation and anxiety among PLWD.

○ Promote social inclusion and improve relationships between PLWD, their families, and staff.

4. Programme Description

How we will deliver the Programme

Weekly music therapy-based programme sessions for PLWD in [X] care homes and [X] community settings.
Sessions will be led by professional music therapists and eventually by trained Music Champions (caregivers, volunteers).
Each session lasts [X hours] and includes participatory activities such as singing, instrument playing, and group reflection.

Programme Duration

Initial pilot for [e.g., 12 months] with the option to extend based on outcomes.

Target Population

People living with dementia in care homes, community centres, or attending day services.
Caregivers, volunteers, and family members will be trained to sustain the programme.

5. How we will evidence its effectiveness

Supporting Research

- Music therapy-based programme has been shown to reduce agitation and improve mood among PLWD (e.g., [mention key studies or evaluations]).
- Similar programmes have resulted in a reduction in the use of medication, improved well-being, and enhanced social interaction for participants.

Local and Programme Service Data

- Where possible, include relevant local or programme-specific data, such as Feedback from previous music therapy-based programme sessions.
- Case studies or testimonials from families and caregivers.
- Pilot data showing the impact of music therapy-based programme on participants' emotional and social well-being.

Service Outcomes

- Improvement in mood X% of participants reported reduced agitation within [X time].
- Increase in social interaction X% of participants showed improved engagement with staff and other residents.
- Reduction in medication use X% reduction in the use of antipsychotics or anxiety medications.

6. Cost Analysis

The Total Estimated Cost

[Provide a breakdown of costs over the programme's duration, e.g., 12 months]

Cost Breakdown

Staffing [Cost for professional music therapists, trainers, and administration.]
Training [Cost for training caregivers, volunteers, and Music Champions.]
Materials [Musical instruments, equipment, session materials.]
Venue and Logistics [Costs associated with delivering sessions in care homes or community settings.]
Monitoring and Evaluation [Costs for data collection, programme evaluation, and reporting.]

Cost-Effectiveness

Savings to the healthcare system Evidence suggests that music therapy-based programme can lead to Fewer GP visits and hospital admissions due to reduced agitation and behavioural disturbances.
Reduced reliance on medications, leading to lower pharmaceutical costs.
Long-Term Sustainability By training caregivers and volunteers to deliver sessions, the programme can continue with minimal ongoing costs after initial implementation.

7. Risks and Mitigations

Risk 1 Low Engagement from Participants

Mitigation Tailor music therapy-based programme sessions to the preferences and needs of participants; ensure trained facilitators adapt sessions to individual behaviours and responses.

Risk 2 Difficulty in Data Collection

Mitigation Use simplified observation logs and emotion capture forms that caregivers and staff can easily complete after each session.

Risk 3 Funding Uncertainty

Mitigation Establish partnerships with multiple funding sources (local authorities, health commissioners, charitable foundations) and demonstrate early successes to secure ongoing support.

8. Monitoring and Evaluation

Measurable Outcomes

Emotional well-being Changes in participants' mood and agitation levels, measured using standardised tools (e.g., emotion capture forms).
Social interaction Increase in engagement with staff and other residents, measured through observational data and qualitative feedback.
Reduction in medication use Track changes in the use of antipsychotics or anxiety medications before and after the programme.

Evaluation Plan

Ongoing monitoring with monthly data collection.
Final evaluation after [12 months], including both qualitative feedback from families and quantitative data on participants' well-being.

9. Conclusion and Recommendation

The [title] programme presents a cost-effective, evidence-based approach to improving the quality of life for people living with dementia. By investing in this programme, commissioners and funders can help reduce healthcare costs, empower caregivers, and promote the well-being of some of the most vulnerable members of our community.

Recommendation

Approve funding of £[X] for the initial [12 months] of the programme to pilot music t herapy-based programme sessions in [X] care homes and [X] community centres, with an option to extend based on successful outcomes.

Suggestions for Appendices

Appendix 1 Detailed Budget
Appendix 2 Example Testimonials from Families and Staff
Appendix 3 Research Summary on the Benefits of Music Therapy-based programme for Dementia Care