Impact Evaluation of Playlist for Life Training

Final Report for Playlist for Life


Social Research


Service Design & Innovation


Strategy & Collaboration


Evaluation Support


Social Impact Measurement

October 2022

Social Value Lab

Index/

1: Introduction

This document presents findings of an impact evaluation of Playlist for Life's training programme.

About Playlist for Life

Playlist for Life is a music and dementia charity that provides vital support to families living with dementia by using music to improve their quality of life.

Research shows that music can improve the symptoms of dementia, support the recall of some memories and improve communication; and helps people to reconnect to loved ones and to their own pasts. The most powerful music is music that has strong personal associations.

The aim of the charity is to promote and develop a unique personalised playlist for every person living with dementia. Playlist for Life provide four key activities:

- **A growing network of partnerships and local community Help Points across the UK**: providing local organisations already working with people with dementia and their families with free training and materials to help make playlists and raise awareness locally.
- **Training for health and care professionals**: providing packages of training to health and care professionals to help them embed playlists into dementia care; offering training to future generations of healthcare professionals through the 'Playlist for Students' course.
- **Raising awareness of the power of music:** through national campaigns, mainstream and social media and the growing Help Point network spreading the word in local communities.
- **Driving change through influencing practice and policy:** working with families, carers and stakeholders to find creative solutions for barriers to the use of playlists, which are passed on to Playlist for Life's networks and partners; lobbying for system change from policy and decision makers in industry, government and the health and care sectors.

Evaluation requirement

Playlist for Life required an evaluation of their training programme, looking at effectiveness and impact alongside a more detailed picture of the benefits of playlists for different groups of people. The detailed objectives are as follows:

- Review the training programme in terms of relevance, quality and effectiveness.
- Gather evidence of the benefits for care homes, hospitals, health and social care staff and families.
- Further explore the impacts of playlists for people living with dementia.
- Assess the case for mainstreaming playlists in health and social care settings.
- Make recommendations to inform the future development of the training programme.

Contents

The report contains the following chapters:

2: Approach to the Evaluation

This chapter describes the approach taken to the evaluation work, including key research tasks, challenges and the impact of Covid-19.

Playlist for Life Training

Playlist for Life deliver a range of courses designed to inspire people using real-life stories that show the powerful benefits music can bring. The courses give people the knowledge and skills needed to use music in their work or while caring for people living with dementia.

Playlist for Students is a free eLearning course showcasing the power of personal playlists in dementia care. It is a two-hour online course that universities and colleges can offer to groups of healthcare and social care students.

Introduction to Playlists is a two-hour eLearning course for people caring for a person with dementia which shows them how to get started with personalised music.

Playlist for Professionals is aimed at individuals working in healthcare and social care. It includes webinars and interactive learning modules that explain the benefits of using personalised playlists and help participants build and integrate playlists into their work.

The Certified Course is for care homes and NHS dementia units who wish to embed personalised music into the care they provide. This is built around a combined package of training and longer term support for organisations (including inspections and publicity).

Train the Trainer is tailored to the needs of larger organisations; it includes personalised webinars, accreditation of a Playlist for Life certified trainer, ongoing support, and access to all printed and online resources.

Between 2015 and 2021 5,803 students and 2,476 professionals completed a Playlist for Life training course[1].

Background

Playlist for Life offer a comprehensive training programme, with different kinds of interventions for people and organisations at different stages of their journey with personalised playlists.

The introductory courses focus on inspiring people and developing their awareness and understanding of music as a person-centred intervention for people with dementia.

The courses for established professionals and organisations in the healthcare and social care sectors seek to embed the use of personalised playlists, focussing on the potential benefits of improved care and addressing common barriers to greater use of playlists.

Challenges

Playlist for Life have good quality feedback for their courses, but less detailed information of the impact of their work. This evaluation seeks to build a better picture of what people who have done the training go on to do and how it supports their work with people living with dementia, their carers and families.

Playlist for Life are not only concerned with delivering good quality training, but also advocating for and supporting the use of personalised playlists across healthcare and social care.

There are lots of examples of positive benefits for individuals but less understanding of the scale of impacts. We have sought to develop a picture of the benefits for organisations and wider society, otherwise understood as the social value generated by Playlist for Life.

[1] Playlist for Life data (January 2022)

Evaluation tasks

This study is not an evaluation of playlists as a specific intervention but focuses more on the impact of the training for participants, and what the training allows them to achieve.

It does however have potential to add to our understanding of the benefits of personalised playlists for organisations providing healthcare and social care, as well as people living with dementia, their carers, families and friends.

There is an emerging body of evidence about the benefits of personalised music for people living with dementia, their family and carers, and organisations providing healthcare and social care.

Our approach began with identifying some of the main findings from recent research and evaluations. Alongside a set of scoping interviews with training participants and stakeholders, this has helped to inform the subsequent data collection and analysis tasks.

The following tasks have been carried out:

- Desk research and review of literature (e.g. academic and practice documents, feedback forms, local evaluations and case studies)
- Interviews with training participants and stakeholders
- Online survey of training participants
- Deep dives into organisations receiving training (data, interviews and comments cards)
- Social Return on Investment (SROI) measures

Rather than take each research task in turn, this report is organised thematically. All sections are informed by the results of several individual research tasks with sourcing information provided in text, captions and footnotes.

Context and methodology

Covid-19 had a serious impact on healthcare and social care, putting organisations and individuals under extreme pressure. It has affected many aspects of care provision including the use of playlists and other wellbeing activities.

Playlist for Life have also expanded their use of videoconferencing tools such as webinars for training delivery. Online delivery will have a different set of advantages and disadvantages compared to face-to-face training and these are discussed in the report.

This evaluation depends on often extremely busy professionals sharing their thoughts and feedback and we are grateful to everyone who has taken the time to contribute[2].

As always is it extremely difficult to link changes in complex areas such as health and wellbeing to a single intervention when multiple other factors are likely to play a role. This requires us to **focus on what can reasonably be assumed to be the direct result of Playlist for Life's work** and take a cautious approach to claiming wider benefits and impacts.

[2] See Annex 3

3: Views of the Training

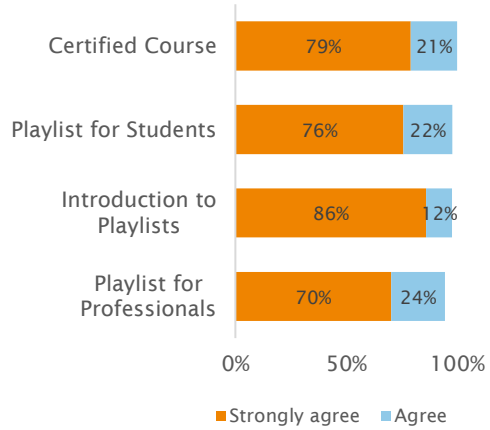
This chapter provides a detailed description of feedback on the training, particularly quality and relevance, followed by some emerging information on effectiveness and impacts.

Feedback analysis

Playlist for Life collect feedback from training participants via their online platform. The following analysis is based on the responses of 1,642 people who completed a training course up to January 2022. There are high levels of satisfaction with the key elements of the training, with almost all participants selecting 'strongly agree' or 'agree'.

98% of training participants found the courses enjoyable, broken down by type of course below:

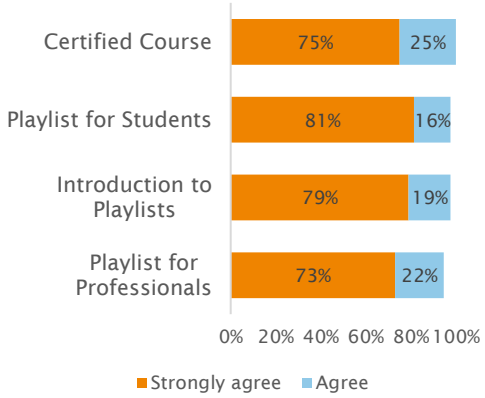
FIGURE 3.1 ENJOYABLE



Source: Training feedback (1,522 – other/non-specified removed)

98% of participants found the web site easy to use:

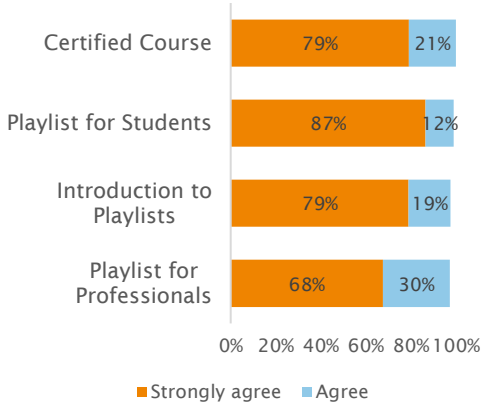
FIGURE 3.2 EASE OF USE



Source: Training feedback (1,522)

99% felt that the course had increased their awareness of the benefits of personalised music for people with dementia:

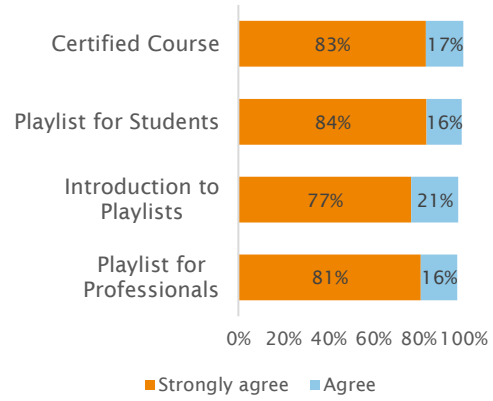
FIGURE 3.3 INCREASED AWARENESS



Source: Training feedback (1,522)

99% felt that they now understood how to use a playlist to support someone living with dementia:

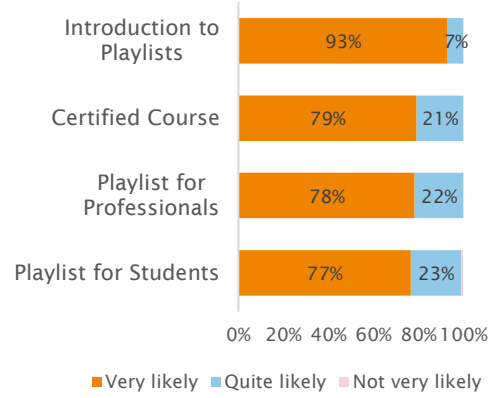
FIGURE 3.3 IMPACT ON UNDERSTANDING



Source: Training feedback (1,522)

77% were very likely to recommend this course to someone else, including 93% of people on the Introduction to Playlists course.

FIGURE 3.4 RECOMMENDING PLAYLIST FOR LIFE



Source: Training feedback (1,522)

While most were extremely complementary about the training, there were some recurring themes among the suggestions for improvement.

- Many would have welcomed even more real-life examples of impact, or a more diverse set of case studies
- While videos were generally seen as powerful, some felt there could have been fewer, or perhaps shorter clips
- Some requested more accessible materials including closed captions or transcripts (e.g. for hearing impaired or neurodiverse participants)
- A small number asked for more interactive elements, while some felt that the quiz format was confusing (or questions too simple)
- While most felt that the modules were easy to follow, others struggled with navigating the site or tracking their progress through the module

Impact survey

The online survey of training participants is our main source of information on the impact of training.

This survey provides more opportunity for reflection on longer-term impacts as many respondents will have completed the training some time ago. Some have direct experience of implementing (or trying to implement) playlists in healthcare and social care settings.

This used a list of potential outcomes identified in the review of materials and scoping interviews, alongside spaces for open comment.

An online survey link was shared to 1,800 people who had completed training, with a free prize draw to boost responses, particularly amongst students. The survey was live between May 24th and June 20th and was completed by 127 respondents.

TABLE 3.1 - RESPONDENTS BY TYPE OF TRAINING

Training Programme	Responses	%
Playlist for Students	66	52%
Introduction to Playlists	42	33%
Playlist for Professionals	28	22%
Certified Course (NHS units and care homes)	15	12%
Train the Trainer	5	4%

Source: Impact survey (127) some attended more than one course

This gives us a reliable basis for the overall analysis, though perhaps insufficient numbers of responses for further breakdowns by type of course or participant.

Most respondents completed student modules or the introductory course, which focus more on building awareness and understanding than providing detailed information on implementing playlists.

However, the survey does include a reliable sample of people (48) who had attended the more advanced courses for professionals. Several attended more than one type of course and their feedback will reflect different aspects of Playlist for Life's training offer.

This information has been compared to available data on the overall profile of people completing Playlist for Life training. The following chart uses information from the Playlist for Life training platform:

TABLE 3.2 -TOTAL COMPLETING TRAINING

Training Programme	Responses	%
Playlist for Students	1,544	82%
Introduction to Playlists	84	4%
Playlist for Professionals	94	5%
Certified Course (NHS units and care homes)	153	8%
Train the Trainer	7	0.4%

Source: Playlist for Life training platform

The survey sample contains a smaller proportion of students than Playlist for Life's overall audience. Professionals are much better represented, with large numbers of survey respondents having taken the Introduction to Playlists modules and the Playlist for Professionals course.

This may have an impact on the survey results, with more respondents having taken the courses targeted at professionals, including more intensive options with ongoing support (Playlist for Professionals, the Certified Course and Train the Trainer).

As well as the course they attended, respondents to the online survey were asked about the reason for their interest in Playlist for Life and how their course was delivered.

More than half of all respondents took the training as part of their Higher Education studies (e.g. nursing degree).

TABLE 3.3 -REASONS FOR ATTENDANCE

Training Programme	Responses	%
Studying healthcare or social care	61	49%
Working in the health service	23	18%
Working in the social care sector	8	6%
Supporting a person living with dementia	6	5%
Supporting a person with another health condition	3	2%

Source: Impact survey (127)

In line with the results in table 3.1, around half of respondents were studying healthcare or social care (e.g. nursing, adult nursing or mental health nursing). Other roles included:

- Staff and volunteers of third sector organisations including trade unions, charities, community and church groups (7)
- Community music students (2)

TABLE 3.4 -DELIVERY FORMAT

Format	Responses	%
E-learning modules	81	64%
Videoconference (Zoom, Teams etc)	34	27%
Face to face	15	12%

Source: Impact survey (127)

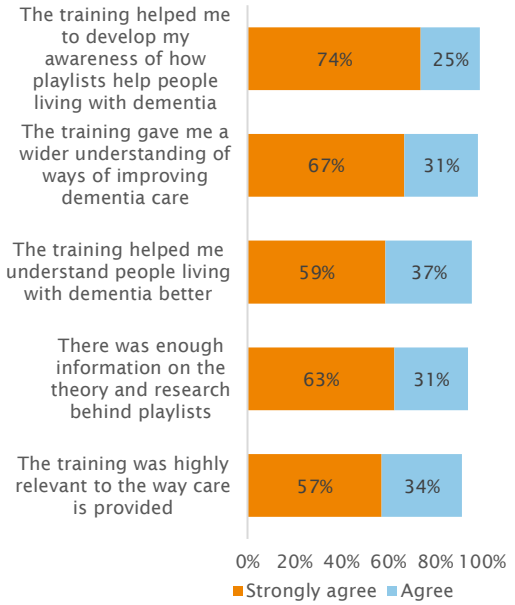
Most had completed e-learning modules, with the more advanced courses for professionals delivered either via videoconferencing or face to face.

The following sections present further analysis from the online survey, complemented by qualitative information from interviews and the comments received from staff, families and carers.

Relevance and quality

In line with the more general feedback on the training presented above, survey respondents were extremely positive about the relevance and quality of Playlist for Life's training offer.

FIGURE 3.5 RELEVANCE



Source: Impact survey (119)

Respondents most strongly agreed that the training had helped to develop their awareness of how playlists can help, and had given them wider understanding of ways of improving care. Encouragingly, 96% of respondents felt that the training had helped them better understand people living with dementia.

"Occupational therapy is all about using meaningful activity to promote participation, health and wellbeing. Playlist for Life is that person-centred meaningful activity of listening to music. So it's very relevant to our professional role and what students should be doing on placement."

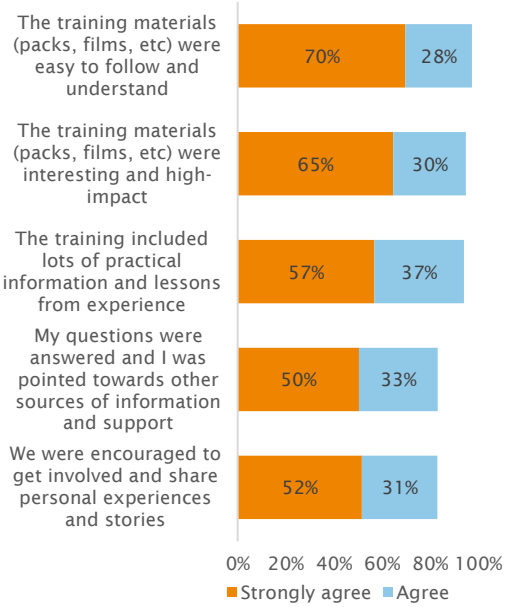
Almost all felt that there was enough detail on the theory and research underpinning playlists and was delivered in a way that was relevant to the way care is provided.

"What's good about the training is that it links to an evidence base. It isn't listening to music for a nice thing to do, it's an evidence-based intervention, it explains what dementia is and how music has an effect on the brain."

"One thing I hadn't come across before was [...] the benefit of scheduling playlists prior to mealtimes for patients struggling to eat."

Respondents rated the quality of courses extremely highly, particularly the training materials (in terms of accessibility and impact) but also the amount of practical and practice-based information provided.

FIGURE 3.6 QUALITY



Source: Impact survey (119)

"It was well-structured and things were quite colourful. Everyone got a booklet with all the information as well, so for people that are visual learners, they've also got that written down that they can take home and read."

"It's not theory heavy, when we're talking about how music affects the brain it's really visual so that definitely caters to different learning styles."

The statements about answering questions, other sources of support and sharing personal experiences received less strong support, but many of the respondents completed eLearning modules where this kind of interaction is not possible.

"I don't feel there were gaps, but I also think that if I did, if there was something subsequently, I'd have no issue at all going back to [trainer] and asking her – and I have done that."

"As a student 'of the pandemic' who's had their fair share of e-learning modules by this point, this was one of the most engaging and interesting e-learning modules I have completed during my masters."

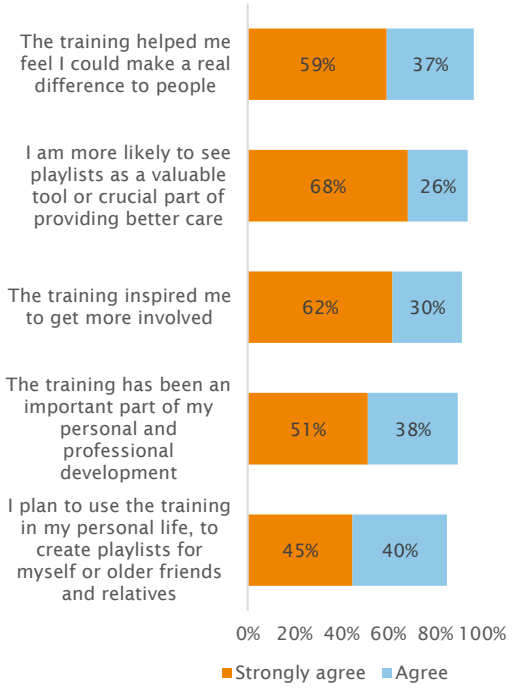
"We've had a couple of students that got involved with Playlist for Life and wanted to do a promotional video. I think that is a testimony to how much they value it."

Effectiveness and impacts

Many respondents reported feeling inspired by the training; almost all agreed that it helped them feel they could make a real difference to people using personalised music. They were also much more likely to see playlists as an important element of providing better care.

"I think what it does is it translates the theory that we teach them on the occupational therapy course into a practical strategy, into something tangible and usable."

Fig 3.7 INSPIRATION



Source: Impact survey (118)

Many participants had emotional reactions to the materials, suggesting that the videos and real-life examples are key to the training's effectiveness.

"I teared up so much watching it, honestly I can relate to all the emotions and love that have been put into this website and work."

"I think watching those videos and seeing what a difference it can make means the students will retain it, and actually really seek out opportunities to use it."

"I think it was really hard-hitting when you see videos of the difference it makes to people. When staff watch those, I think it creates quite an emotional response in people."

Most felt that the training had been an important part of their professional development and would inspire future engagement. 85% of respondents (including many professionals) planned to use playlists in their personal lives, which is a powerful endorsement of the value of personalised music.

"The training gives me the opportunity to reflect on the value of music, and how meaningful it is to everyone throughout their life, whether we are aware of it or not. I have a family member with early stage dementia and I have started noting down favourite songs and tunes."

In line with the results from feedback forms (above), there were a small number of suggestions for further improvement. These included hearing more on what dementia can be like from people living with the condition, or more from families on the difference personalised playlist had made to their loved ones and their own lives.

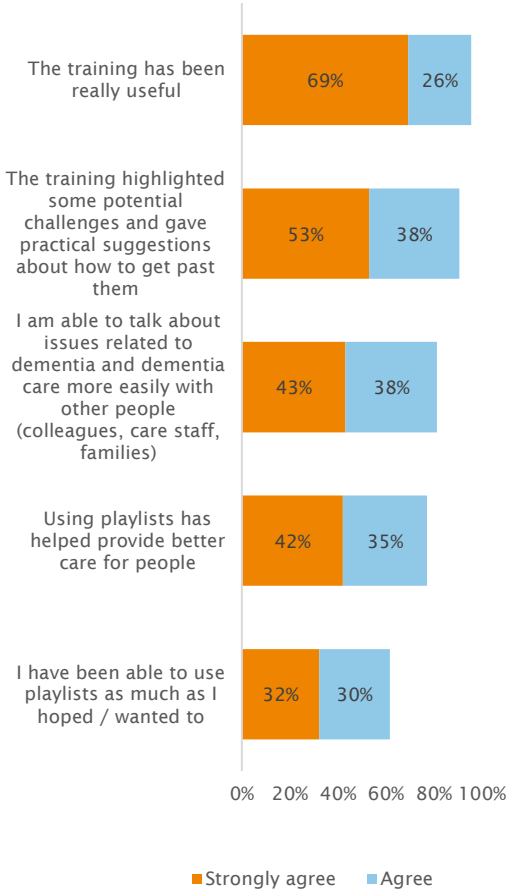
4: Supporting Implementation

This chapter looks at how Playlist for Life support longer term outcomes, addresses common challenges in implementation and identifies some potential solutions.

Towards longer-term outcomes

Encouragingly, almost all respondents felt that the training had already been really useful, for example by highlighting some practical challenges and potential solutions.

Fig 4.1 IMPACTS (SO FAR)



Source: Impact survey (115)

While 77% agreed that using playlists had helped provide better care for people, a smaller proportion (62%) had been able to use playlists as much as they hoped or wanted to. There are different reasons for this, dealt with in more detail in subsequent sections.

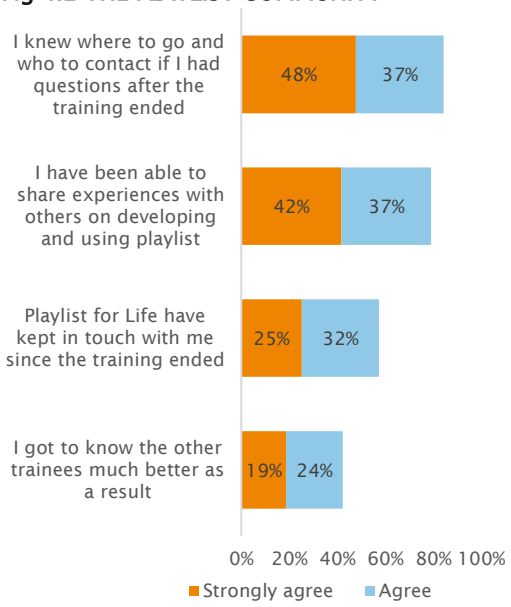
A clear majority felt that they were more able to talk about dementia-related issues as a result of the training, which can only help to explain the use of music to others and demonstrate effectiveness more widely.

"It really inspired people, it got a lot of discussion going in the room. People talked about their own personal experiences, shared their experiences with other people."

"We were able to discuss with the other people in the group and bounce off each other and talk about memories. And that gives everyone an idea of how the patient might respond to it as well, and how the discussion might go with the patient [around finding music related to memories]."

Another way to encourage ongoing implementation of personalised music is the development of and support for a wider 'Playlist Community'. The following chart lists some of the core elements of this approach, alongside the level of support amongst respondents.

Fig 4.2 THE PLAYLIST COMMUNITY



Source: Impact survey (115)

Respondents were very complimentary about the support from Playlist for Life, particularly the ability to ask questions after the training.

"We're still early on in the journey, but there's a lot of enthusiasm and lot of ideas about how we might take it forward, and we're really well supported by Playlist for Life to do that."

The survey results suggest that there is some scope to encourage more interaction between and amongst the trainees, and potentially to keep in touch after training (though this will be more difficult for the student courses, eLearning modules and other forms of online delivery).

"If there was an online forum that people could attend or a little refresher presentation, some way of just keeping the momentum going and being able to check in with someone."

79% have shared experiences with others on developing and using playlists, suggesting that trainees are very keen to continue sharing their learning and pick up lessons from others.

"People from the session were inspired to keep in touch and get together again to talk about how they were going to keep it going."

It is also apparent that there is a trade-off between online and face-to-face delivery. Respondents talked about participation in online courses and eLearning modules being easier to organise, allowing more flexible or personal approaches to learning and having fewer cost and resource implications. Face-to-face delivery can make it easier to work as a group and learn from others' experiences as well as develop contacts and friendships for the future.

"I don't think we would have got it through if we were all travelling away for training or paying someone to come here. So it was far more effective and practical doing it online."

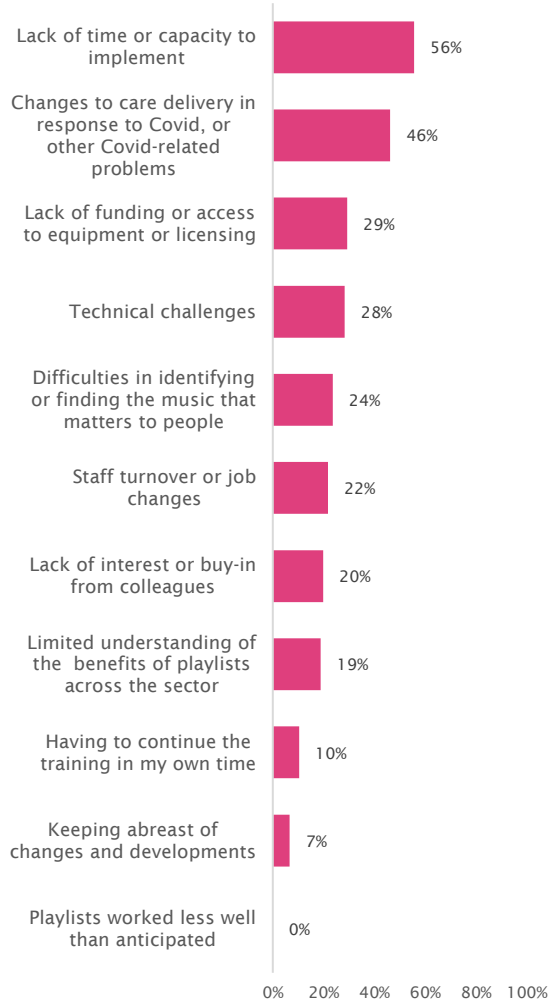
Barriers and challenges

The following chart displays the main challenges for implementing playlists identified by training participants.

Lack of time and capacity is the main issue identified by more than half of the respondents. This will include the need to invest time in identifying the music that matters to people.

Covid-related changes to care delivery are likely to have made this issue worse in recent times.

Fig 4.3 BARRIERS



Source: Impact survey (106)

High levels of staff turnover and job changes in the health and social care sectors further complicate implementation.

"We're still at the point of putting it in place and really getting ourselves going, because of other work, delivering other projects and everything else."

"There are a lot of challenges in social care at the moment. Good people are leaving. We need to push personalised playlists as an essential for every person who could benefit."

"[It hasn't helped] being pulled away from my main role."

There is also the issue of patients being moved around making it difficult for playlists and equipment to follow them to new wards, care homes (or home).

A range of additional issues were reported, for example access to equipment and licensing or technical challenges. More rural locations can have issues with wi-fi connections.

"Amazon don't accept payment via vouchers unless you add a credit/bank card."

"Colleagues aren't sharing information on equipment."

Some, particularly the students and others learning about playlists for the first time had not had suitable opportunities to try playlists, despite being keen to do so.

"I only do nursing placements for weeks at a time and therefore have not been in the appropriate environment yet."

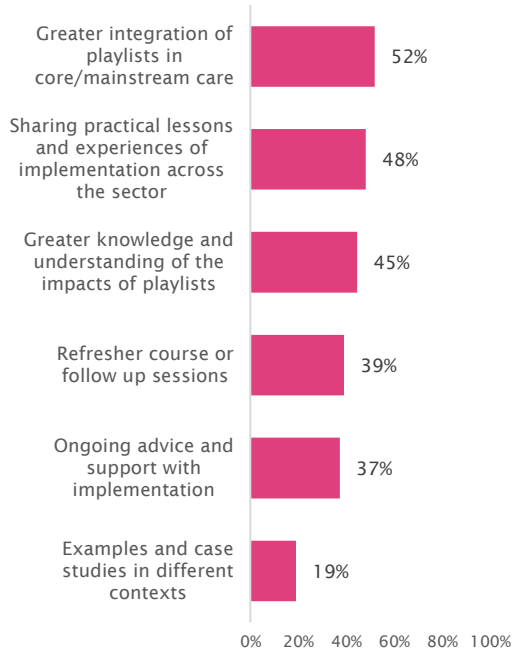
"Lack of wider interest or limited understanding of the benefits of playlists are perhaps not the most prominent challenges for many, though anything that can be done to make the healthcare and social care sectors (and key staff) more receptive to the use of music is likely to have a positive impact on take-up."

Encouragingly, no respondents felt their experience of using playlists had been less effective than they anticipated.

Improving take-up

A number of the suggestions for improving take-up were supported by respondents, for example working towards greater integration of playlists in mainstream care.

Fig 4.4 IMPROVING TAKE-UP



Source: Impact survey (110)

"I would really like to see it being more integrated into people's care plans, almost like having a prescription. At the moment, it's up to the nurses whether they use it with someone or not, and if they're busy, if they're short staffed, it can feel like a luxury to sit with someone for half an hour listening to their playlist with them."

Many respondents agreed there was a need for practical lessons to be shared more widely, for example via refresher courses and follow-up sessions as well as ongoing support with implementation (such as an enquiry line).

"When we started using it with patients it was really helpful to hear how other places had used it, what had been some of the challenges and pitfalls and how they would be overcome in other places so that we could learn from that."

"Access to donated devices for people that cannot afford to purchase them. It would be a great way to recycle used/unwanted smart devices."

This would include practical information on times of day or routines where music can help, for example before personal care sessions.

"I would love it if more nursing staff were involved in using it because I think then they can target the time of day when it's needed."

There were some concerns among trainees (and reportedly among family members) about the possibility of negative reactions to the music and any memories stirred up. This is likely to be an issue of awareness and understanding, explaining what highly emotional reactions can mean and how to deal with them.

Some of the ways of maintaining the use of playlists are linked to important issues around continuity of care and communication between staff.

"Each resident had an 'About Me' form, that tells you a little bit about their history, how they like their cup of tea, all the rest of it. And now they also have their five favourite songs on it."

"Sometimes our patients move from one ward to another, and the playlist can move with them."

"So that things don't go missing we have a little Tupperware box for each resident with their important items, including their playlist and musical equipment."

In line with the responses above, there was support for broadening interest in playlists and increasing understanding of their potential benefits more widely across the sector(s). Many of the people consulted talked about the value and importance of communicating the benefits of personalised playlists across the UK (and further afield!).

"More awareness on how brilliant this resource is. Many people still do not know about it."

"I'm looking into how to incorporate this into care homes in Ireland, but it's more than one individual can do."

Some talked about the potential value of playlists for people without a dementia diagnosis or those living with other conditions.

"In the admissions ward, lots of patients haven't yet been diagnosed with dementia, so giving the families an information pack that has dementia written all over it is an absolute disaster. But there's no reason why a patient with schizophrenia or a patient with bipolar or low mood can't still recreate those memories and benefit from it."

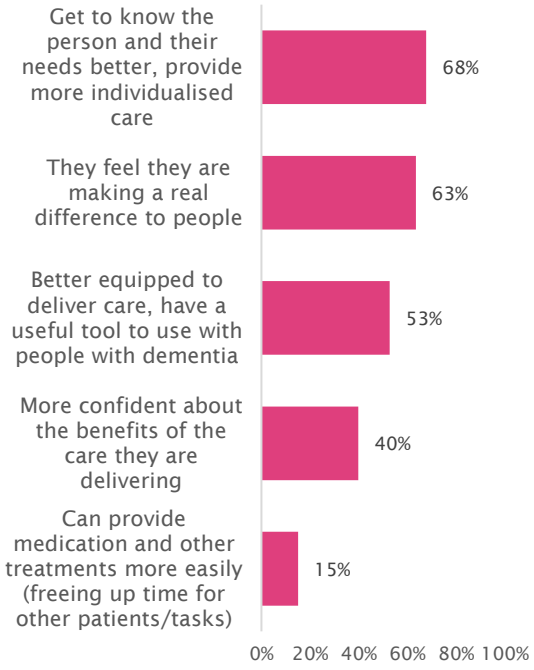
5: Benefits and impacts

This chapter describes the main benefits of the training for the main stakeholder groups: carers and professionals; people living with dementia; and their families and friends.

Carers and professionals

The following chart shows the reported impacts of using playlists for carers and professionals.

FIGURE 5.1 CARERS AND PROFESSIONALS



Base: 93 respondents

Two-thirds of respondents report that playlists help them to get to know the people they care for better. Music is an important way to better understand the person receiving care, helping staff get to know their life stories and interests[3].

Importantly it also helps most professionals to feel that they are making a real difference to people, with others feeling more confident about the quality of care provided. This can help to protect staff morale and support team building, as making a positive difference to people through high-quality care is often the reason that people get into health or social care in the first place.

"Going home thinking you've made a difference to someone who can't speak is a good feeling."

"It can be incredible, even a tiny change of somebody who doesn't usually move very much or doesn't talk. That tiny little opening of the eyes, or that tapping of a foot makes an extraordinary difference to the person providing care, it's incredibly rewarding."

"In the challenging times we have faced, using playlists has enabled us to relax, lifted the tension while working and [helped us give] the best of ourselves to patient-centred care."

"[It helps] just knowing that there are other interventions that exist that aren't medication."

Fewer respondents to the online survey agreed that using playlists freed up time for other tasks or treatments, but this was a common theme in the interviews and comments from staff.

"As residents are less agitated, the relationships are good and staff can help more people."

As mentioned in previous sections there was an appreciation of the value of music at specific times when people might get more distressed, such as immediately before personal care.

[3] See example in Annex 1

"A lot of people get very distressed during personal care, and sometimes need maybe three or even four people to assist with that. If their distress can be reduced by using the playlist either before personal care or during, then they might just need a couple of staff to help them. So that's hugely beneficial to the person, but it's also beneficial to the ward if we're short staffed."

"It's a much more pleasant experience for the staff, as well, dealing with someone who is more relaxed during their personal care rather than very agitated and aggressive sometimes."

"In the admissions ward it's seen as a nice thing to do, to listen to music; but on the specialist dementia ward, it's very much scheduled at the time where a patient might be or become distressed, the playlist is used as a non-pharmacological intervention."

There were also comments about how the training had helped with the development of more general or transferable skills, for example understanding patients and their reactions, confidence building, communication, and the development of contacts.

"Thoroughly enjoyed the training. I work with people with learning disabilities and feel the skills and knowledge are transferable to this area."

"With Covid, a lot of students came to university but hadn't met other students ...I've had some really positive feedback from students who felt that it's enhanced their experience meeting other like-minded people and forming friendships."

"It helps them to mix and meet and learn from other students, and kind of mentor one another."

The use of playlists was generally seen as a route to improving care for people. This includes demonstrating a commitment to person-centred care to funders, regulators or families. Organisations valued the support provided by Playlist for Life in terms of accreditation and promotion (e.g. plaques or posters).

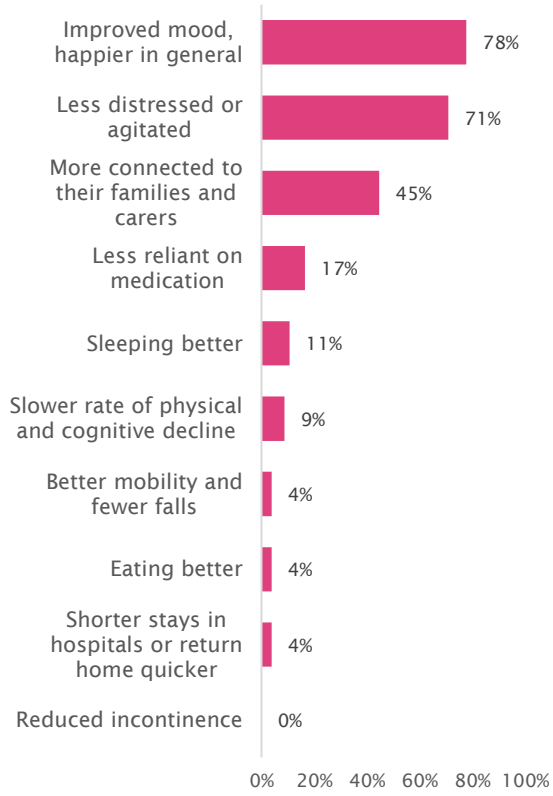
"It's not just a pink and fluffy extra or something to put on promotional materials, but it's actually a core part of the care that you provide for people."

"Covid has had an impact, care providers have probably gone back about 10 years because of the number of team members that were unavailable and others that were in quite an emotional state because of the things they were facing. People have reverted to task and it's time to reset and try and recapture a lot of a lot of what was lost in terms of person- and relationship-centred care."

People living with dementia

The following chart lists the main benefits that respondents to the online survey had observed among people living with dementia and other conditions.

FIGURE 5.2 PEOPLE LIVING WITH DEMENTIA



Base: 103 respondents

Two-thirds of all those who had observed benefits for people reported that people living with dementia had improved mood and seemed happier in general. A similar proportion felt that distress and anxiety were reduced as a result of the use of personalised playlists.

"They just enjoy the experience."

"You could see they were happy and enjoyed the music by tapping their foot or hand, nodding their head, or even saying words. They were more alert and smiling. Some of them were limited in speech but could sing most of the words to the songs."

Evidence is less clear cut for some of the other potential outcomes around medication use, sleeping, mobility and diet, as well as slowing the rate of physical or cognitive decline.

This is perhaps to be expected as these things will not be as immediately evident to observers. It may be that these are less direct or longer-term impacts, where patients have improved mood or feel less distressed it is likely to lead to some of these knock-on effects.

It is also clear that playlists can improve connections to families and carers, with benefits experienced on all sides. A core element of this is the impact on communication and self-expression with several respondents reporting improvements in language skills as a direct result of the music.

"Where words fail, music speaks."

"People who wouldn't be able to communicate can for a while after listening to their favourite music."

"It seems to have worked amazingly on my uncle who suffers with undiagnosed dementia and has recently suffered a stroke. He was admitted to hospital in a room with no stimulation …. we introduced some music to him and he was back to his chatty self in no time at all!"

"We had one patient who could speak, but the sentences wouldn't make sense. So she would put one headphone on and one just behind her ear with the music turned down, and we realised that through the music keeping her brain focused, she was able to have a conversation with you."

We have also collected and analysed patient and resident data from a sample of organisations receiving Playlist for Life training and going on to implement personalised music for patients and residents. The following table shows data for two-week periods before and after implementation collected from two care homes in Wales.

TABLE 5.1 –CARE HOME EXAMPLE

Indicator	Pre	Post	Difference
Residents	13	13	0
Falls	3	2	-1
Professional contacts	37	20	-17
Behaviour charts	34	13	-21

Source: Hallmark Care[4]

This shows a substantial decrease in the number of behaviour charts completed and professional contacts required. This pattern is not uniform as one of the care homes saw a big reduction in professional visits, while most of the reduction in behaviour charts is due to one resident in the other care home.

The next table presents data collected from a 20-bed consultant-led ward caring for adults who require rehabilitation and complex discharge planning. This includes many patients with dementia and confusion.

In this case information on more general health and wellbeing (either in terms of professional visits or behavioural records) was not available, while the falls data starts from a very low base and is again inconclusive.

[4] Data was provided for two-week periods before and after the introduction of personalised music.

TABLE 5.2 –HOSPITAL EXAMPLE

Indicator	Pre	Post	Difference
Residents	20	20	0
Falls involving dementia/confusion	3	5	+2
Violent/aggressive incidents involving medical condition	1	1	0

Source: NHS Fife[5]

While we might hope for more consistent improvements across the board, it appears that personalised playlists are able to make a clear difference in terms of health and wellbeing including for very distressed individuals.

If this data were extrapolated more widely we could assume that setting up playlists might lead to **at least 2 fewer professional contacts per resident per month and 3 fewer behaviour incidents per resident per month**. Linking any substantive change in resident wellbeing or quality of life to one intervention (when multiple variables will play a role) is however extremely problematic.

A small number of the interviewees felt that playlists were already making a difference in terms of maintaining care placements or helping patients get ready to leave hospital.

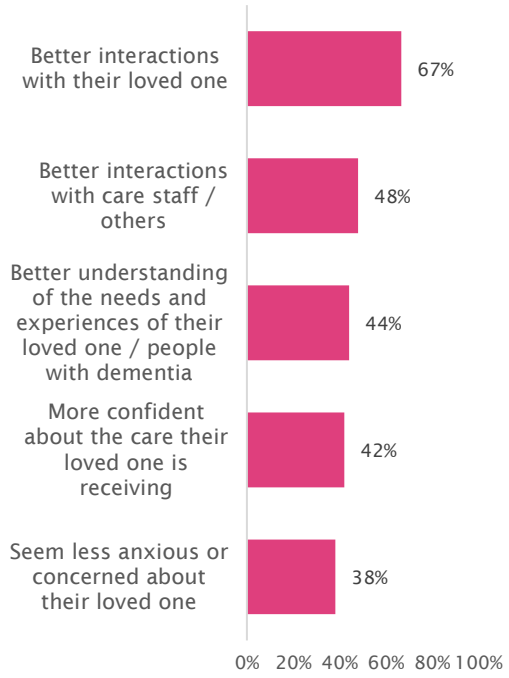
"Following the implementation of J's personalised music playlist, he was more settled, spending more time in communal areas and having better family visits as they would listen to his music together. J was less physically aggressive towards others and began to engage positively and more frequently with care staff. By implementing this intervention, J was able to maintain his current placement."

"If we can reduce someone's distress, hopefully then they're able to move on to a care home setting rather than staying in hospital, so it can be used as quite a powerful tool actually – that is a huge outcome for someone to be able to move to care home or even possibly go back home again if we can reduce that level of distress and agitation."

Family members and friends

In line with the results above, respondents feel that the use of personalised playlists has helped to improve interactions with family members as well as with care professionals.

FIGURE 5.3 FAMILY AND FRIENDS



Base: 102 respondents

It can also increase understanding of patients' needs and experiences, helping families feel more confident about the care their loved ones are receiving, and less anxious about their condition or situation.

"I have started to use Playlist for Life with patients in hospital but involving family makes it so much better.

[5] Data was provided for three-month periods before and after the introduction of personalised music.

Several professionals talked about how involving families in playlists gives them a practical way of helping their loved one and helps them to feel that their visits are making a difference.

"For relatives it's really difficult because sometimes they feel a bit useless and that they really can't help. But we can show them through helping to make a playlist and that can involve the whole family. It's bit like making a scrapbook. And if people can start to see what difference it makes to that person when they visit, it's something that they can use again because visits can be hard for relatives. It's very upsetting and having something to focus on or something practical that they could do is really supportive."

"When a person is in moderate to advanced stages of dementia, they're not able to sit and have a conversation anymore, so the visitor is sitting there for half an hour, an hour, in silence. So it's a nice thing for them to be able to listen to the playlist together."

Other benefits for families include the fact that having a playlist can help at very traumatic moments, for example helping them to select music for a funeral service. It was also mentioned that playlists can help families reconnect with loved ones after the Covid-19 pandemic.

"If you haven't seen your relative for a long time it's kind of hard to cross that bridge again, particularly if they're living with dementia, how do you reconnect? It's a good time now to introduce Playlist for Life and personally meaningful music to help us reset and for relatives to regain some of that connection."

Families and carers visiting a loved one in two care homes that use Playlist for Life were asked to provide comments about the impact the playlists were having in the home and for their relative. Responses were overwhelmingly positive, with almost all indicating that the playlists were making a visible positive difference.

Visitors mentioned the ways they could tell their relative was happier and enjoying the music, by singing along, tapping their feet or dancing to the music. Some commented on their relative being more talkative in general since they started using their playlist, and in residents who mostly communicate non-verbally, carers noticed more eye-contact and smiles when they had been listening to their playlist.

"C. doesn't usually speak to anyone; when she heard her playlist she looked right at me and smiled."

"Can't believe the difference when S. uses her playlist – tapping her feet, smiling, laughing and even dancing."

Families and carers also commented on their loved one remembering lyrics, tunes, and associated memories thanks to the music that had been selected for them. Some were able to discuss these memories with their relative. This, combined with the activity of listening to the music together and sharing the experience, made visits a more positive and enjoyable experience for everyone.

Improvements to the residents' mood and happiness was mentioned frequently, particularly around personal care. Carers found that residents were more relaxed and less distressed when they had been listening to their music, which made care routines like showering and shaving easier. Visitors also credited the use of Playlists for Life with a better atmosphere in the care home in general, with one person commenting that they could hear people listening to their music, laughing, and discussing their memories when they come to visit.

"He listens to his playlist every morning while he's having a shave, just like he used to. Said he remembers the songs and it reminds him of the good old days."

"J.'s general mood has improved, the team have found using the playlist in the morning ensures she is happy prior to personal care."

"Lovely to visit, playlists can be heard, people talking about the music, the memories and how they have enjoyed it."

6: Outcomes and SROI measures

This chapter discusses the application of social value measures to Playlist for Life's work.

About Social Value

Every day our actions and activities create and destroy value; they change the world around us. Although the value we create goes far beyond what can be captured in financial terms, this is, for the most part, the only type of value that is measured and accounted for.

Social Return on Investment (SROI) is a framework for measuring and accounting for the full social, economic and environmental impact of activities, including ones with no direct monetary value.

The key principle of SROI is that it measures change in a way that is relevant to the people experiencing it. The main difference from other methods of social impact measurement is that it puts a monetary value on these impacts and can be used to calculate a ratio of return for those organisations that are contributing to create the change.

Social Value UK has developed and published the 'Guide to Social Return on Investment'[6] that is now widely accepted as the standard for SROI work. In conducting this SROI analysis, we have followed the principles of this guide. These are:

- Involvement of stakeholders
- A focus on understanding what changes
- Value the things that matter
- Only include things that are material
- Avoid over-claiming
- Transparency
- Verification of the result

Financial Proxies

SROI analysis uses financial proxies to establish a monetary value for intangible outcomes. A financial proxy is an approximation of the value that can be attached to the outcome. When applicable, price is used as a measure of value when there is an associated market. For intangible outcomes there are no markets, and we have used financial proxies to determine the value.

There are several techniques, developed in economic cost-benefit analysis, to determine financial proxies for intangible outcomes. For this forecast we have used:

Revealed Preference - a price-based technique that looks at people's behaviour in related markets and takes the value from the price of related market-traded goods.

Wellbeing Valuation - a relatively new technique that looks at determinants of people's wellbeing (e.g., life satisfaction or quality of life), with income one of the main determinants.

Cost Saving - a direct cost-saving for stakeholders. For public spending this is in most cases not a 'cashable saving' and should be considered a resource re-allocation.

It is critical to avoid over-claiming and to present a truthful and credible impact forecast.

Duration

Some outcomes have the potential to last a long time, potentially for the rest of stakeholder's life, while others will only last for the duration of the intervention.

We now look at the estimated social values for each of Playlist for Life's main stakeholder groups. These are currently expressed as unit or per person costs.

[6] http://socialvalueuk.org/what-is-sroi/the-sroi-guide

Stakeholders

Healthcare and social care professionals benefit from access to good quality training provision, which will bring improvements in specialist knowledge and transferable skills. There is also evidence of increases in professional satisfaction and potential for savings in staff time (linked to lower levels of distressed behaviour).

TABLE 5.1. - SOCIAL VALUES – STAFF AND PROVIDERS

Outcomes	Proxy	Value
Staff with new knowledge and skills (average of 98%)	Dementia awareness online course (Revealed Preference)[7]	£24 x 12 modules
Staff with increased confidence and transferable skills	Employment training (Wellbeing Valuation)[8]	£674
Staff with increased professional satisfaction (average of 56%)	Value of job satisfaction (Wellbeing Valuation)[9]	£9 per person per hour

There are a range of additional benefits that are much more difficult to quantify, such as the reputational and commercial value for organisations being seen as providers of high quality person-centred care, or the value of a happier working and living environment.

For **people living with dementia** the clearest impacts are around improvements in mood, reduced levels of stress and anxiety and better interactions with family. A smaller proportion (17%) felt that playlists helped to reduce dependence on medication and there was a more mixed picture for sleep patterns, diet and mobility.

TABLE 5.2. - SOCIAL VALUES – PEOPLE WITH DEMENTIA, CARERS AND FAMILIES

Outcomes	Proxy	Value
People with improved mood (78%) and/or reduced stress and anxiety (71%)	Value of feeling relaxed 'rarely' to 'some of the time (Wellbeing Valuation)[10]	£3,294 per person per year
Family members enjoy interactions and visits (average 58%)	Value of feeling close to other people 'some of the time' to 'often' (Wellbeing Valuation)[11]	£3,294 per person per year

A further element of the social value generated is in savings to the **public purse.** This is most likely to take the form of reduced demand for medical interventions and staff time.

[7] https://www.alzheimers.org.uk/dementia-professionals/external-training/alzheimers-society-learning-hub

[8] HACT Value Calculator

[9] https://impacttoolkit.thegiin.org/global-value-exchange-gve-2-0/

[10] HACT Mental Health Social Value Calculator

[11] HACT Mental Health Social Value Calculator

TABLE 5.3 - SOCIAL VALUES – PUBLIC PURSE

Outcomes	Proxy	Value
Reduction in professional contacts	GP visits (Cost Saving) [12]	£137 per hour
	Prescription costs (Cost Saving) [13]	£36 per consult.
	A&E attendance (Cost Saving) [14]	£183
	Ambulance callout (Cost Saving) [15]	£266
	In-patient admission (Cost Saving [16]	£2,127 per episode
Staff time savings (15% of respondents)	Average cost of service provision for mental health including dementia (Cost Saving)[17]	£2,438 per person per year
	Average cost of supporting older people with memory and cognition needs in residential care (Cost Saving)[18]	£635 per person per week

Other outcomes might include the value of maintaining care placements, or helping patients to leave hospital (e.g. reducing 'bed blocking').

Inputs

A formal Social Return on Investment (SROI) study requires a detailed description and valuation of the inputs of various stakeholders, so that this can be compared to the values generated. This would incorporate all stakeholder contributions, including the cost of training, staff time and contributions.

A full SROI would also require an assessment of the following:

- Attribution - the impact of others' work, or where outcomes happen as a result of more than one intervention or activity
- Deadweight - the outcomes that are likely to happen anyway, even if planned activities do not take place
- Drop Off - the effect of declining values over time (only relevant for longer-term studies)
- Materiality of Impact - checking that impacts are all relevant and material to the success of the activity
- Sensitivity Analysis - testing assumptions and variables to identify areas where imperfect evidence would have a major impact on the findings

A logical next step might be to work with providers to develop a more complete SROI assessment of the costs and benefits of personalised playlists. These values could be applied to individual patients or residents, hospital wards or care institutions.

[12] GMCA unit cost database
[13] GMCA unit cost database
[14] GMCA unit cost database
[15] GMCA unit cost database
[16] GMCA unit cost database
[17] GMCA unit cost database only includes GP nurse costs and hospital nursing team leader costs
[18] GMCA unit cost database

7: Conclusions

This chapter sets out the main evaluation findings and makes some recommendations for future development.

Main findings

Playlist for Life's training offer is seen as high quality, with high impact delivery and training materials. Participants describe it as relevant to the way care is provided. The training helps to develop awareness and understanding in some key areas: awareness of the value of personalised playlists for people with dementia; understanding of dementia and its effects; but also helping to understand the needs of people living with dementia.

The training often created an emotional or personal reaction among participants, even among professionals who often made connections to their own lives and family situations. This provides motivation to get involved with playlists and helps staff to feel like they will be able to make a real difference to people in their care.

Many of the recent training participants had already begun working with personalised music, and valued being able to share knowledge with other staff who have relevant experience. Implementing playlists can have a positive impact on staff morale and team spirit, helping to make care homes and hospital wards more pleasant places to be and work.

This research reiterates some of the common barriers or challenges for wider implementation of playlists. These include:

- Lack of time or capacity and a shortage of opportunities to experiment
- Frequent turnover of staff and patients
- Technical issues, connectivity and licensing
- Wider appreciation and understanding (among other staff and management)

Interviewees often talked about the need for greater communication and wider understanding of the benefits of playlists, including making sure that wellbeing interventions in general, including personalised music, are integrated in people's formal care plans.

Recommendations / looking forward

A small number of practical suggestions were made about training delivery. This includes more diverse examples and improving accessibility of materials through shorter videos, closed captions or transcripts.

There was support for different ways of boosting interaction between training participants wherever possible, by maintaining contact, running short refresher courses or supporting the development of a 'Playlist community'.

As well as collecting feedback on the impact of participation, it might also be useful to gather benchmark information at the beginning of courses. This could ask participants to rate their awareness, understanding and experiences of playlists before the training. This will help to develop a more nuanced understanding of the impact of training for individual participants, but might also support a better picture of how practice is changing more widely.

There was broad support for efforts to 'mainstream' playlists as a key wellbeing intervention for people with dementia (and potentially a range of other conditions). While useful as a group activity in busier wards with a range of people, many talked about the value of including playlists in the personalised care plans of people with more advanced dementia or more complex needs.

Some felt that the use of personalised music with dementia was not as widely-known or understood as it perhaps could be, calling for greater awareness of the concrete impacts that personalised playlists can bring.

This should prioritise understanding of the contribution to improved care for people, such as the fact that personalised playlists are one way to translate concepts such as person-centred care into meaningful activity. They also support many of the strategic priorities for the healthcare and social care sectors, including cost-effectiveness of interventions, staff retention and capacity building, reducing pressure on primary care, and supporting reconnection and wider wellbeing post-Covid.

Social value indicators can play a role in this but it might be helpful to develop a set of case studies exploring the impact of playlists from the point of view of specific groups of people. This would of course include people living with dementia, as well as carers or family members, individual care professionals and management of care providers such as NHS units and care homes.

Annex 1: Case study example

We had a lady that I went to see a couple of weeks ago who just moved into a care home, and just before Christmas she'd never been apart from her husband and she and her mood was much lower and she was really struggling to adjust to being in that care home and being without her husband. She has a lot of worries about her health and her husband's health.

With somebody who's got 'moderate' dementia they benefit less from a talking therapy approach because they won't remember what's talked about.

And because of her memory problems, she was very repetitive. she kept talking about how fed up she was, how she didn't want to be in the care home, how she wanted to go home, how she missed her husband.

But she told me her favourite artist. So I put the music on my phone and soon as the music came on, she started clicking her fingers. She started jiggling about, like moving from side to side. And then she was saying that she used to go dancing, her and her husband used to dance to this song and they were great rock and roll dancers!

What we could do is get her to reminisce about a very positive memory for her. She remembered going out dancing with her husband, dancing to these songs. And for this lady was it was also about her self-esteem. She was really proud of the fact she was a good dancer. So it enabled her to talk about how she was a good dancer and her husband was a good dancer.

It's a way of engaging somebody in the moment and also reminiscing about some very positive happy memories and that also made her feel closer to her husband went when he wasn't there.

What we're hoping to do is use that playlist as a way to structure their visits. Rather than spending time talking about the fact that she doesn't want to be in the care home and that she's missing her husband. What we want to do is then put the playlist on for them to listen to together.

(NHS TEES)

Annex 2: Survey and Comment Cards

Survey Questions:

Q1: Which Playlist for Life training programme(s) have you taken part in?(Please select all that apply)

Answered: 127 Skipped: 0

ANSWER CHOICES	RESPONSES	
Playlist for Students	51.97%	66
Introduction to Playlists	33.07%	42
Playlist for Professionals	22.05%	28
Certified Course for care homes and NHS dementia units	11.81%	15
Train the Trainer	3.94%	5
TOTAL		156

Q2: How was the training delivered?

Answered: 127 Skipped: 0

ANSWER CHOICES	RESPONSES	
E-learning modules	63.78%	81
Videoconference (Zoom, Teams etc)	26.77%	34
Face to face	11.81%	15
TOTAL		130

Q3: What was your original interest in Playlist for Life?(Please select the main reason you took part in the training)

Answered: 125 Skipped: 2

ANSWER CHOICES	RESPONSES	
I was studying healthcare or social care	48.80%	61
Other (please specify)	19.20%	24
I was working in the health service	18.40%	23
I was working in the social care sector	6.40%	8
I was supporting or caring for a person living with (a form of) dementia	4.80%	6
I was supporting or caring for a person living with another health condition	2.40%	3
TOTAL		125

Q4: To what extent do you agree with each of the following statements?

Answered: 119 Skipped: 8

	STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE	TOTAL
The training helped me to develop my awareness of how playlists help people living with dementia	73.95% 88	25.21% 30	0% 0	0% 0	0.84% 1	119
The training materials (packs, films, etc) were easy to follow and understand	69.75% 83	27.73% 33	1.68% 2	0% 0	0.84% 1	119
The training gave me a wider understanding of ways of improving dementia care	66.95% 79	31.36% 37	0.85% 1	0% 0	0.85% 1	118
The training materials (packs, films, etc) were interesting and high-impact	64.71% 77	30.25% 36	3.36% 4	0.84% 1	0.84% 1	119
There was enough information on the theory and research behind playlists	62.71% 74	31.36% 37	5.08% 6	0% 0	0.85% 1	118
The training helped me understand people living with dementia better	58.82% 70	36.97% 44	3.36% 4	0% 0	0.84% 1	119
The training was highly relevant to the way care is provided	57.26% 67	34.19% 40	6.84% 8	0.85% 1	0.85% 1	117
The training included lots of practical information and lessons from experience	56.78% 67	37.29% 44	3.39% 4	1.69% 2	0.85% 1	118
We were encouraged to get involved and share personal experiences and stories	51.69% 61	31.36% 37	12.71% 15	3.39% 4	0.85% 1	118
My questions were answered and I was pointed towards other sources of information and support	50.42% 60	32.77% 39	15.13% 18	0.84% 1	0.84% 1	119

Q5: To what extent do you agree with the following statements?

Answered: 118 Skipped: 9

	STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE	TOTAL
I am more likely to see playlists as a valuable tool or crucial part of providing better care	68.38% 80	25.64% 30	4.27% 5	0.85% 1	0.85% 1	117
The training inspired me to get more involved	61.86% 73	29.66% 35	5.93% 7	1.69% 2	0.85% 1	118
The training helped me feel I could make a real difference to people	59.32% 70	37.29% 44	2.54% 3	0% 0	0.85% 1	118
The training highlighted some potential challenges and gave practical suggestions about how to get past them	52.99% 62	37.61% 44	7.69% 9	0.85% 1	0.85% 1	117
The training has been an important part of my personal and professional development	51.28% 60	38.46% 45	6.84% 8	2.56% 3	0.85% 1	117
I am able to talk about issues related to dementia and dementia care more easily with other people (colleagues, care staff, families)	43.22% 51	38.14% 45	16.10% 19	0.85% 1	1.69% 2	118
I got to know the other trainees much better as a result	18.64% 22	23.73% 28	38.98% 46	13.56% 16	5.08% 6	118

Q6: To what extent do you agree with the following statements?

Answered: 115 Skipped: 12

	STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE	TOTAL
The training has been really useful	69.30% 79	26.32% 30	2.63% 3	0% 0	1.75% 2	114
I knew where to go and who to contact if I had questions after the training ended	47.83% 55	36.52% 42	6.96% 8	6.96% 8	1.74% 2	115
I plan to use the training in my personal life, to create playlists for myself or older friends and relatives	44.74% 51	40.35% 46	7.02% 8	7.02% 8	0.88% 1	114
Using playlists has helped provide better care for people	42.11% 48	35.09% 40	20.18% 23	1.75% 2	0.88% 1	114
I have been able to share experiences with others on developing and using playlist	41.74% 48	37.39% 43	13.91% 16	4.35% 5	2.61% 3	115
I have been able to use playlists as much as I hoped / wanted to	32.17% 37	29.57% 34	19.13% 22	15.65% 18	3.48% 4	115
Playlist for Life have kept in touch with me since the training ended	25.22% 29	32.17% 37	25.22% 29	15.65% 18	1.74% 2	115

Q7: What, if any, have been the main barriers or challenges to using playlists?(Please select up to 3 options)

Answered: 106 Skipped: 21

ANSWER CHOICES	RESPONSES	
Lack of time or capacity to implement	55.66%	59
Changes to care delivery in response to Covid, or other problems caused by the pandemic	46.23%	49
Lack of funding or access to equipment or licensing	29.25%	31
Technical challenges	28.30%	30
Difficulties in identifying or finding the music that matters to people	23.58%	25
Staff turnover or job changes	21.70%	23
Lack of interest or buy-in from colleagues	19.81%	21
Limited understanding of the potential benefits of playlist across the sector	18.87%	20
Having to continue the training or complete modules in my own time	10.38%	11
Other (please specify)	10.38%	11
Keeping abreast of changes and developments	6.60%	7
Playlists worked less well than anticipated	0%	0
TOTAL		287

Q8: What might help greater take-up or use of playlists? (Please select up to 3 options)

Answered: 110 Skipped: 17

ANSWER CHOICES	RESPONSES	
Greater integration of playlists in core/mainstream care	51.82%	57
Sharing practical lessons and experiences of implementation across the sector	48.18%	53
Greater knowledge and understanding of the impacts of playlists	44.55%	49
Refresher course or follow up sessions	39.09%	43
Ongoing advice and support with implementation	37.27%	41
Examples and case studies in different contexts	19.09%	21
Other (please specify)	9.09%	10
TOTAL		274

Q9: Where playlists have been used, what are the main impacts you have observed for people living with dementia and other conditions? (Please select up to 3 options)

Answered: 103 Skipped: 24

ANSWER CHOICES	RESPONSES	
Their mood has improved and they seem happier in general	77.67%	80
They seem less distressed or agitated	70.87%	73
They are more connected to their families and carers	44.66%	46
They are less reliant on medication	16.50%	17
Other (please specify)	12.62%	13
They are sleeping better	10.68%	11
They have a slower rate of physical and cognitive decline	8.74%	9
They have shorter stays in hospitals or return home quicker	3.88%	4
They are eating better	3.88%	4
They have better mobility and fewer falls	3.88%	4
They have reduced incontinence	0%	0
TOTAL		261

Q10: Where playlists have been used, what are the main impacts you have observed for family members or friends? (Please select up to 3 options)

Answered: 102 Skipped: 25

ANSWER CHOICES	RESPONSES	
They have better interactions with their loved one	66.67%	68
They have better interactions with care staff / others	48.04%	49
They have a better understanding of the needs and experiences of their loved one / people with dementia	44.12%	45
They are more confident about the care their loved one is receiving	42.16%	43
They seem less anxious or concerned about their loved one	38.24%	39
Other (please specify)	9.80%	10
TOTAL		254

Q11: Where playlists have been used, what are the main impacts you have observed for carers and care staff? (Please select up to 3 options)

Answered: 93 Skipped: 34

ANSWER CHOICES	RESPONSES	
They are able to get to know the person and their needs better, and provide more individualised care	67.74%	63
They feel they are making a real difference to people	63.44%	59
They are better equipped to deliver care and have another useful tool they can use with people living with dementia	52.69%	49
They are more confident about the benefits of the care they are delivering	39.78%	37
They can provide medication and other treatments more easily (freeing up time for other patients/tasks)	15.05%	14
Other (please specify)	8.60%	8
TOTAL		230

Comment Cards:

Your Comments

Playlist for Life have trained staff here to create personal playlists and help people listen to the music that means most to them.

1. What difference is the music making? Please tick ✓

Negative impact	No real impact	Unsure	Some benefits	Positive difference
○	○	○	○	○

2. Why is this? What changes have you noticed since people have been listening to their music?

Any comments you provide will help to evaluate the work of Playlist for Life and share the benefits of music for people living with dementia and other health conditions.

Thank you!

Playlist for Life

Annex 3: Acknowledgements

Social Value Lab would like to thank everybody who contributed to this study, either by completing the online survey or sharing their thoughts via comments cards. Several external partners either shared data that was relevant to the evaluation or took part in discussions with the research team:

- Aileen Beatty, Akari Care
- Martin Holmes, Akari Care
- Leona McQuaid, Glasgow Caledonian University
- Catherine Jordan, Global Brain Health Institute
- April Dobson, Hallmark Care
- Isabelle Latham, Hallmark Care
- Helen Skinner, NHS Fife
- Danielle Law, NHS Fife
- Kirsten Crawford, NHS Fife
- Dr Tom Russ, NHS Lothian and Edinburgh University
- Morna Russell, NHS Lothian and Royal Edinburgh Hospital
- Joanna Marshall, NHS Teesside
- Megan Holden, NHS Teesside
- Sue Long, NHS Western Isles and mPower
- Richard Wilson, Pacific Care
- Dean McShane, University of Chester

Find out more
www.socialvaluelab.org.uk

info@socialvaluelab.org.uk

Call us on **0141 530 1479**

Social Value Lab

Studio 222, South Block,
60 Osborne Street, Glasgow, G1 5QH.