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SOUNDING OUT & TUNING IN

AN INTERNATIONAL STUDY OF OUTDOOR MUSICAL INSTRUMENTS IN CARE HOMES

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PRESENTED TO:
PERCUSSION PLAY LTD

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Executive Summary

Headlines

The four main themes of this Outdoor Musical Instrument (OMI) study were:

1. **Motivation to Go Outdoors**
2. **Intergenerational Experience**
3. **Creating Connections**
4. **Impact on the Care Community**

Snapshot Headlines

93% of all respondents say the OMIs make going outdoors more appealing

94% of all respondents say they enjoy the OMIs because they are out in nature

90% of residents say the OMIs can help with family time

93% of all respondents say the OMIs motivate them to be playful with music

93% of all respondents say the OMIs change the atmosphere of the community

100% of staff feel confident about residents using OMIs

100% of staff feel it is worthwhile to make time for residents to use OMIs

Deep Dive Headlines

One partner has committed to providing instruments as standard for all homes

On one-year follow up, the instruments retain use, appeal and value

Findings of pilot and main study are endorsed by clinical and care experts

Findings relating to four main themes are endorsed by clinical and care experts

The OMIs support ‘play’, ‘wellbeing’, ‘spirituality’, and ‘therapy’ simultaneously

The OMIs offer an effective incentive to change care behaviour

Background

Sounding Out 2026 is an international study covering three countries (UK, USA and Denmark) and three care settings (each providing Supported Living and Dementia Care). It presents professional, family, friend and resident perspectives on the experience of having Outdoor Musical Instruments (OMIs) in their grounds. Professional participants and respondents included nurses, care workers, activity organisers, music therapists, horticulture practitioner, and senior managers. Family and friend respondents were connected to residents both living with dementia and also in Supported Living settings. Resident respondents were all people in Supported Living settings.

A UK based pilot project in 2025 led to a feasibility paper in the Journal of Nursing Older People[1] providing validation for Sounding Out 2026. Its author, and the lead researcher for Sounding Out 2026, is Stuart Wood MBE PhD, an Independent Scholar and Research Consultant. For the duration of this project he was a Visiting Research Fellow at Bath Spa University, School of Music and Performing Arts.

Research Context

It is widely acknowledged that music has a potential role in nursing care relating to dementia and older age. Research suggests that music can enrich the quality of life of older patients or residents living with dementia, improve food intake when played at mealtimes in dementia care environments, reduce anxiety, agitation, apathy, depression and overall behaviour that can challenge others, and increase mobility in people with co-morbid dementia relating to Parkinson's disease[2]. Since the Sounding Out Pilot 2025[3] it is accepted as a valid direction for further research to explore whether and how music's care effects transfer to the outdoors, whether they maintain their impact on connection and communication, and how they create an alternate sense of place that informs the soundscape of care environments[4]. Sounding Out 2026 begins with some clear, research-driven questions:

1. Do the benefits of music-making for Older People translate to the outdoors?
2. Do OMIs encourage people to go outdoors for music-making?
3. How do OMIs promote meaningful connections and communication?
4. How do OMIs impact on care behaviours and environments?

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[1] Wood 2026

[2] McDermott et al 2013, van der Steen et al 2018, Moreno-Morales et al 2020, Schneider et al 2024

[3] Wood 2026

[4] Moss and O'Neill 2014

Project Information

The Sounding Out 2026 project involved a month-long data gathering phase, a three month Access and Induction period, and two months of Analysis and Writing-up.

The Access and Induction stage included ethics processes with Bath Spa University; online meetings with potential research sites to align values, inclusion and reporting procedures; confirmation of data security; a Consent framework; production of six video modules for participants on aspects of care-based musical play; iterative Questionnaire development including independent specialist input; and provision of musical support materials such as song lists.

The data gathering phase was facilitated in collaboration between a UK based Project Manager and local liaison management figures in each site. It used paper Questionnaires alongside digital versions via QR code in two languages; and four follow-up interviews with care and management professionals who had been involved with the study. In this report, ‘First Impressions’ are selected from a free-text box in the Questionnaire. Deep Dive quotes are extracts from the follow-up interviews.

The Analysis and Writing-up stage involved Descriptive Statistics synthesising the paper and digital Questionnaire responses; narrative analysis of individual interview transcripts; and a data workshop with the UK based Project Manager. For more information on the instruments or Project Methods, see Appendix 1.

Questionnaires

Residents: 46
Family/Friend: 12
Nurse/carer: 8
Affiliate/Therapy Staff: 8
Management: 7
Total: 81

Interviews

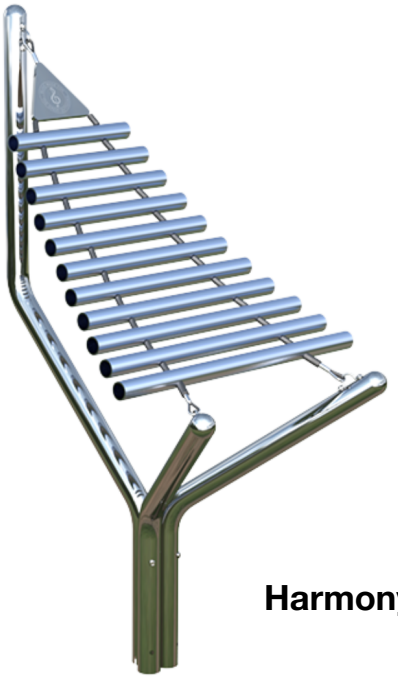
Individual follow-up interviews with professionals involved in the project took place securely online. Quotes in this report are derived directly from the interviews with editing for clarity only. Locations and names have been removed.

Instrument Kit

Each research site was provided with an outdoor selection of three large scale instruments:

Rainbow Chimes





Harmony



Duo

Call to Action

The Sounding Out 2026 Report calls for:

1. Increased development of outdoor spaces for care-based musical activities

2. Further policy consideration for musicality in health and social care practice

3. Wider access to Outdoor Musical Instruments in health and social care settings

4. Further research into use of Outdoor Musical Instruments in the Intergenerational sector.

Theme 1: Motivation to Go Outdoors

First Impressions

“Gives you incentive to go outside. I was inspired to go out and play”

“They were a colourful assortment that invited one to try one of the instruments”

“The colors were the first thing I noticed”

“These are ones I want to play”

Snapshot

93% respondents say the instruments made the outdoors more appealing

94% respondents say the OMIs are enjoyable because they are outside

100% professionals feel confident in residents going outdoors to play OMIs

Deep Dive

Making outdoor music accessible

93% of respondents said the OMIs made the outdoors more appealing, and 90% said the instruments made them “more interested to go outside”. This translates the visual and conceptual appeal of the instruments into a tangible desire to change behaviour and challenge the effects of institutionalisation.

Professionals describe in more detail the impact of making the outdoors more accessible. First, the idea and proposition of playing music outside is an innovation. It changes minds:

> “Being able to do music outdoors really wasn’t something that existed before we had these instruments…They would have maybe an entertainer if they had an outside evening event, but it was never something that was just accessible all the time and for anybody to do.”

Positioning the instruments within eye-shot provides valuable motivation and facilitation to then act on the new invitation to go outdoors for music:

> “I think [motivation] is certainly true when residents can actually see them from their rooms. We also have had people wanting to go outside and have a look if they have been introduced to them by staff when their family comes…And then where a staff member suggests to a resident that they go outside and play one of the instruments.”

This change in behaviour and care thinking occurs across the care community, presenting new ways of working for staff members too:

> “…I saw a staff member going to the lounge.They already had some music on, and there were a few residents, just some residents were dancing and singing…they were in the lounge that links to the outside courtyard where the instruments are, and one of the staff members said to one of our residents, ‘would you like to go outside and play some music with me?’. And then, she's non-verbal, but she sort of indicated that that would like that, and so she stood up, and they both went outside, and they were playing the Duo either side, and a first staff member was helping her to one side, and then she was…using the beater and then she was making a sound, and the staff member was then joined her the other side once she kind of started, and then they just had a moment doing that.”

In other words, the overall conditions for making music work outdoors involve visibility, ease, motivation, curiosity, and convenience:

> “People either go outside onto the terrace to sit, so therefore they're there, or they walk past them. I think it has added to that ease of being able to use them. So the motivation and the curiosity balance also against convenience, and it's just being right in front of you. I think that has really been quite key for us.
>
> I think it's more motivating because I think it's that, you know, small steps…the motivation comes from the fact it's not a giant effort to go across the estate as it were. It's actually just getting outside…And that doesn't feel as daunting. I think a lot of the residents would feel like going out onto the estate was quite a big thing…Whereas actually stepping outside from their room is something that they control.
>
> I’ve definitely noticed more motivation from the residents because they don't need as much help if any help to actually go outside, or they can have help from their family members, and it's less of a big thing. They can just step outside. They can do that themselves. Some of them, lots of them. They can do it with their families. They can do it just with staff nearby, or with a staff member, because the staff member is not going to be away for an hour. They're just going to be for five, ten minutes, because it's not like a massive thing.
>
> So I think it's, it's, it's been, so that, so that feeling of, like, it's, it can come from them. They can say, like, oh, I might just hop outside for some air. And a lot of them have chosen us because they like the idea that their room has a garden, or is onto the terrace, so that they can step outside for air when they choose to. So adding those instruments in, you know, just, just adds to it, really.”

Visual and Auditory Appeal

86% of respondents say that they enjoy the instruments “because they look and feel good”. This obvious appeal balances alongside the 93% who say the instruments make the outdoors feel more appealing. Notably, first impression comments focus predominantly on the visual appeal of the instruments: their colour, size, scale and character.

Crucially, the appeal is visual, but not only. Auditory appeal is also part of the package:

> “If the object itself is appealing, I think maybe that's something about the look and the feel and the stature of the objects that the instruments that you have, which creates a reason to go towards them and reason to trust them, but something I do think it helps make it

more inviting, especially for those that don't have that background, I think that is an element to being drawn to it outside, but I think also the auditory aspect. So even without maybe seeing what we were playing, you know, individuals are hearing that and peeking outside, wondering what's going on and being drawn to it and then seeing what's happening and kind of feeling comfortable jumping in."

Novelty

A question remained from the 2025 pilot as to whether the appeal of the instruments was down to the novelty of either the instruments themselves, or of the research event format. Sounding Out 2026 has shown that this is not purely an impact of novelty, and that familiarity also has value:

> Q: How long do the instruments remain a novelty?
>
> "I think for some, it returns because they may not be spending their whole day outside. They're passing through sometimes and it's that reminder, 'oh, this is here', and then they go up to it and it's fun, even though it's the same instrument they've passed before. I think for some, that novelty remains…And then I think for others, I wouldn't say there's a decrease in novelty, but more like an increase in familiarity."

Key Takeaways

1. The OMIs make the outdoors more appealing, and this appeal is translated into changes in behaviour.
2. The attraction of the OMIs is visual and auditory, so positioning and awareness are important parts of facilitating this change in care behaviour.
3. The wider context of success with OMIs relies on visibility, ease, motivation, curiosity, and convenience.
4. The novelty of the OMIs either does not wear off, or translates into positive familiarity.

Theme 2: Intergenerational Experience

First Impressions

“I think it’s an excellent opportunity to bridge seniors with young children”

“Fun! Brought back memories! Two daughters and my husband tried them all and had so much fun!”

“Fun for me and mom”

“I think that they are a good addition to the home because they look nice and they can be played when children come to visit. They are fun”

“I like the way they look. The height is nice for everyone”

Snapshot

90% respondents feel the OMIs make spending time with family more possible

93% respondents feel able to be more playful using the OMIs

97% professionals would recommend the OMIs for stimulation

Deep Dive

Equality

To promote Intergenerational Experience, there must be a sense of confidence that the activity can be accessed equally across children and Older People. A convincing 79% of residents say that they felt “confident I can play the instruments without any assistance”. This is a highly valuable asset among Older People generally, and particularly when there is an attempt to foster parity between them and children or young people. Again, professional observations went on to report that more participants discovered they were able to play on an equal footing in a brief time. From a professional perspective, 100% agree that they would be confident in residents accessing the instruments without additional support.

This is perhaps also meaningful because 83% of respondents say that spending time with family is of high value to them. For that family time to be successful, it is helpful for everyone involved to feel they are able to contribute, and to play as equals.

Professionals from the field of Music Therapy offer specialist perspectives on the detailed micro-interactions that produce parity between children and Older People when playing the OMIs. First, an observation that the instruments elicit tacit knowledge between children and Older People in how to play.

In other words, it produces natural relationships:

> “It was interesting to even see from a personal perspective with my own child how that kind of just came naturally for him and there was no fear or uncertainty there. He knew it was meant to be played and so now every time he's here, he asks to go to that space.”

> “…they kind of knew turn taking, or they figured it out amongst themselves, and it was interesting to see as well when they partnered with the grand friends, our residents, how they naturally interact and meld together without anyone saying, 'Okay, you do this and you do this’. They would start to interact on their own and ask each other questions or say, ‘You play there or copy what I do.’”

The setting of OMIs in garden spaces produces a facilitating environment. The OMIs mark out a territory where there is freedom but also safety:

> “So there was mimicking and imitation happening, or the children themselves would kind of bounce around from place to place but it all still felt very secure. Like they had this freedom but within a safe space.”

From a practical perspective, this facilitative play environment offers flexibility for either spontaneity or planned activity, depending on the strengths and needs of specific communities:

> “We had the daycare kids come up with some of our residents from memory support…And typically they require much more structure. So I'll say that just from prior knowledge of when the kids visit, typically the teachers and the staff here have to kind of create a plan for keeping everyone engaged throughout their half an hour, let's say, but during this past month, they didn't have to have an exact plan put in place to engage both generations.
>
> They both knew what to do in that space, even if they weren't musically inclined."

This sense of musical and social equality appears to span both residents in Supported Living and also in Dementia Care settings:

> “And so what I love to see was, you know, our residents in memory support, we were in a different space than their own courtyard. And so it was unfamiliar, but they were able to jump right in with the kids. And, you know, sometimes there might be a little bit of hesitating, and not knowing the kids, not knowing what to say. I think the residents are excited to see children and that brightens them up a lot and opens them up.”

The physical accessibility contributes to this parity of engagement:

> “But it's probably been a while since they've played with kids this young and there's not a lot of play that may be happening if things are less accessible to seniors. You know, they're not playing on the floor with toys. But this is something that I love to see, you know, our residents were able to move around that space and have enough room for them, and everything was at their level to where, whether they were standing or in a wheelchair or we moved a chair over, everyone, including the kids, it was the right height for them. So everyone was coming together.”

The situation also draws out levels of initiative, agency, experimentation and exchange between diverse people:

> “And I saw the residents asking the kids questions. And even if they weren't directing them or they weren't directing them from a place of like trying to play a specific, you know, tune or something they were saying, ‘you hit there and I'll do this and we'll see what that sounds like’.”

Consequently, the OMI context reduces fear of engagement, and minimises the potential effects of different forms of expression:

> “I love to see that because previously, you know, the kids tend to visit with other residents who may be alert in different ways. And previously there has been a little bit of separation where they don't go and visit the residents living with dementia because we have to overly structure and make sure everyone's comfortable; or what if a different expression happens that the kids don't know how to react. And so, you know, this was a really great opportunity to help others realize that we don't have to have that fear: that they can come together and interact naturally in this space."

Over time, the relationships that form in Intergenerational OMI play can deepen, within a joyful play context:

> “Another really great experience I had was with the intergenerational groups. We had a daycare class of about 28 kids. It was a lot of kids. And then we had each time about 10 residents. And so during those days, it was clearly a lot of running around and the kids were excited. And at one point we had scarves and we were doing body movements. And they threw them up in the air and they caught in the wind and were blowing around. And it was a lot. But it was really interesting to see how my residents from the first week to the last week, how they felt more comfortable with the kids, how they were not remembering names, but recognizing faces. The kids were getting more comfortable with our residents because I think because of the interventions that utilized the instruments where they're able to play together. We had ladies try to pull kids up onto their lap and bounce them around and everything. It was really sweet.”

The forms of relating that occur in this Intergenerational form of play do not rely on words or pre-knowledge. In some situations they do require careful planning, so that there is a safe frame for spontaneity and trust to occur:

> “…I’m experiencing lots of communication via the instruments. There's no need for words necessarily, just two people young and old coming together to play something, and they don't necessarily need to have had a conversation beforehand to join in with each other, which is really nice. And it's like a real ice breaker. And it's the perfect thing really to do together because, you know, they do lots of other things together, but it's an activity that they can share and talk about. And oddly enough, you do have to plan that. So that's not a moment which is happening spontaneously. There's a lot of planning that goes into bringing young people and older people together…But yes, it's not as spontaneous as the residents are stepping outside and using the instruments.”

Cognitive challenge

97% of professionals would recommend the OPIs for stimulation. This can also be paired with the 97% who recommend them for relaxation. In other words, the OMIs offer a versatile experience that can re-balance people either towards greater active stimulation, or towards a letting go into peaceful moments.

In the context of Intergenerational Experience, this means that shared musical moments do not have to have one type of character or atmosphere. They can be stimulating, or alternatively they can be quiet and relaxing. The important element is that they meet people where they are at. For Older People in Supported Living situations, this often implies levels of Cognitive Challenge which might not necessarily have been expected.

Professionals in the care settings observe an important aspect of Cognitive Challenge for Older People when playing OMIs:

> “With our Independent Living residents who are passing through that space a little bit more I have recognized a trend, which is that the Independent Living population is looking for a cognitive challenge. So some of them will come back to the instruments trying to play a tune by ear, and that's something that I recognize more with that specific group…So I think for some of them who had a musical background who didn't go into it knowing that it was pentatonic, they were looking for something. So they would come back and kind of be looking to keep trying at something they had started and to try to figure out a tune.”

This is a significant observation, and one which adds nuance to the overall aura of celebratory play which the OMIs might naturally offer. In the context of Older People’s care, what was described in the 2025 pilot as ‘the need to show that I know’ remains a priority. This could offer valuable pathways for future development across the OMI offer.

Permission to Play

90% of family and friends report that the OMIs make family time feel more possible. This is not simply a practical observation. It denotes an embrace of alternative values related to play and personhood, which perhaps might be unfamiliar to some, and even uncomfortable to others.

93% of participants report that they feel motivated to be more playful with the OMIs. This has intergenerational consequences not only between Older People and young children but also - crucially - between them and their own adult children or care staff. In Older People’s services, and in Dementia care especially, the potential of play as a way in to meaningful moments becomes increasingly important. In addition, it is interesting to note that in this question nobody in fact

disagreed with the basic proposition. A small number of people remained ‘neutral’, but no respondent disagreed.

As professionals observe:

> “Families want that connection with their loved one, but they also struggle for things to talk about. The talking is quite a big pressure to keep it up for a whole visit. Some families I think feel a bit inhibited, like we all are, so I probably like the idea that they wouldn't, as adults, go and play, because that's not what we're conditioned to do. I think that's part of the social context. When things are framed slightly more in a healthcare way, it somehow gives you permission to do things that you wouldn't do just socially.”

In other words, the OMIs somehow create an alternative set of rules around how to relate within a care environment. The resultant message of the instruments is that they give permission to play:

> **“**I think that's what we need. I think that would be my next step, to give people more permission to play, to come and have a go.”

There is a musical element to this impulse, which is that the scale forms and the resonance of the instruments make any play sound good. Professionals note however that there is a fundamental challenge to adult social coding that is implicit in this simple invitation to play:

> “I think that somehow develops when you’re a grown-up. I feel like that has somehow become embedded…I think that's the risk. I think that's kind of a next step…I would like to encourage more of our relatives to have some more fun…they don't always know that it's going to sound fine. So, we tell them: ‘It's going to sound fine, don't worry.’”

Key Takeaways

1. The OMIs promote equality of access, interaction, experimentation, exchange, and growth within Intergenerational Experience.
2. For Older People the OMIs offer a specific mode of Cognitive Challenge through scale forms and cultural references.
3. The Permission to Play implicit in the OMIs is a significant intervention in care culture.

Theme 3: Creating Connections

First Impressions

“Easy to play with others”

“Curiosity!”

“The residents really enjoyed playing with the instruments together”

“The instruments are good for our residents with dementia as even the ones who are unable to speak can smile and enjoy some music. Music is a good tool for helping us engage with residents who have dementia.”

Snapshot

83% respondents feel able to try playing immediately

86% respondents feel more connected to people when playing OMIs

97% professionals would recommend playing the OMIs for relaxation

Deep Dive

Opening up

While 83% of respondents said they felt immediately able to try, more were observed to discover quickly that they were indeed able to play, and enjoy the OMIs over a short time. This represents a fairly rapid change in self-image and a safe level of opening up to new skills and possibilities. This ‘opening up’ can bring people together, despite perhaps being a new experience for some:

> “…it’s a space where they are smiling and laughing and connecting with others without that fear of ‘opening up too much’”… many feel comfortable connecting and opening up there and being playful as they don't have as many opportunities for that.”

In other words, the OMIs create a space where the ‘opening up’ required for connection feels natural, avoids confrontation, allays fear, and might be a welcome new experience.

Creating community

In addition to the opening up that occurs in individuals, OMIs gather people in transient community. A common feature of the OMIs is how they create places for people to congregate naturally, and spontaneously. In this extended encounter recalled by a Music Therapist, four people (residents and care workers) eventually form a group in passing, producing a celebratory moment together:

> “So there were a couple of residents that I interacted with where I could just invite them. I didn't know their background, but I knew that this could be a good opportunity to work one-on-one with them, and so I didn't have to have any knowledge much of them individually other than they're another person who might enjoy music. So I invited them out and they were willing to join me and we were able to, since they’re living with dementia sometimes we have a little bit more challenge with conversation there.
>
> But there's a woman and a man that I interacted with out there. And she and I were mimicking patterns and playing opposite each other. And she wasn't one much for conversation but you could see the brightened affect and the smiles with me. So we were able to connect, not really being familiar with each other. So it was really powerful for me knowing, ‘oh I can go and I can still relate in a way, you know, that I think music connects us all.’
>
> And so we can feel young and playful and childish and be silly and play together without that as well. And then the gentleman enjoyed kind of hearing the songs and recognizing

the tunes…I think he noticed, maybe there were people outdoors and I think he heard, I think he heard the music because he came up and he was clapping and celebrating what we had been playing.

And then another team member also joined us and they were able to connect, and they were familiar with each other, but I think it gave them another opportunity to interact in a different way. The team member was really proud of herself because she was able to figure out how to play a tune and that he was able to recognize that. The team member was a healthcare worker, a nurse…she's lifestyle enrichment and clinical. So she does a little bit of activities and then sometimes some clinical work as well.

Q: So by the end of that scene, there were four people?

There were four of us out there…so the gentleman being more verbal and able to kind of interact in that way with us and having some commentary on the music or just be expressing appreciation or applauding and enjoying listening, and the woman maybe being a little less verbally interactive, but seeing the visual change in her affect, right, the smiling and the physical interaction as well as she felt comfortable even me being a stranger, you know, laughing and patting my shoulder and then this team member coming out and seeing what we're doing and interacting and being proud that she could play music. So it was an interesting mesh of different individuals all together."

Creating inner & outward connections

On first experience, 86% of participants already say that they feel more connected to others when playing OMIs. This outward facing form of connection denotes a set of inner connections which have already taken place: the translation of curiosity into ability, a change in self image, engagement of past skills or interests into the present day, and the exercise of physical coordination or initiation that may not always be accessed.

One consequence of this inner and outward connection is that more relaxation can be created between people. Perhaps this is why 97% of professionals would recommend playing the OMIs for relaxation purposes. This level of connection both within and outwards among others is often valued, both in Supported Living and in Dementia care.

A care manager recalls how this connection can be almost incidental, and perhaps not even always framed as a specifically 'musical' activity:

"…I actually almost don't even think of it as, you know, a musical event…I think of it more as like just a moment of connection. So I was walking with two residents actually up the

> terrace we were doing something totally different, and one of them like leant out their hand and they just like ran their fingers along the xylophone and then we both had a little giggle about it and that was it…but do you know what, that was a moment of connection where we both had a laugh she couldn't resist to do that…i just thought ‘that's really nice, you’re free to be yourself’…you’re at that age where like the social norm is not restricting you.”

OMIs offer layers and levels of community connection which appear to transcend the limiting effects of social and care norms.

Key Takeaways

1. The OMIs invite participants to ‘open up’, which in care contexts can be both an inner and outward process.
2. The varied situations in which OMIs are used create different types of community.
3. These connections and communities can make any care situation more musical.

Theme 4: Impact on the Care Community

First Impressions

"*The instruments are a beautiful addition to our garden area"*

"I think that they are a good addition to the home because they look nice and the can be played when children come to visit"

"I like that there is something musical, as music has been very important to my family"

"Both the staff and the residents enjoy the music. It would be good if there were more instruments outside in the grounds"

Snapshot

100% professionals feel it is worthwhile making time for residents to play OMIs

93% respondents feel the OMIs change the atmosphere of the care community

Deep Dive

Standard care kit

All settings report a desire to have more instruments, or to make them more permanent fixtures in varied parts of their grounds. One site reported that their senior management had committed to making OMIs standard across all their sites:

> “The instruments are vibrant and they're new. It's not something we see a lot in this type of setting, but I think it's going to be picking up a little bit more, especially within our organization. They've heard positive feedback about our instruments and they're wanting to make that a standard across the board and our organization.”

One lesson from the 2025 Pilot was that a portable set of smaller ‘trial’ sizes of the outdoor instruments added a motivational element to the musical toolkit.

Multiple disciplines: care, wellbeing, spirituality, therapy

Of the 94% of respondents who enjoy the instruments “because they are out in nature”, it would be interesting to wonder what being in ‘nature’ offers across the range of care disciplines. In other words, the unique situation of the OMIs brings out potential not only for activity and wellness disciplines, but also for nursing, therapy, and spirituality professions.

Professional perspectives suggest that there is something significant beyond the pure physical sensations of being outdoors. Possibly the OMIs offer not only intergenerational but also interdisciplinary impact around aspects like spirituality and psychological therapies, arising from the proximity to natural settings.

One Music Therapist describes how she incorporates the OMIs into her existing meditation activities in her care home practice:

> “I've actually in the past used the outdoor instruments for things like outdoor meditations. But being able to have these instruments has helped me expand upon it. And instead of just me and my guitar, it's me and these instruments and inviting the residents to play on their own.
>
> So every year I do two outdoor meditations. In the past, I have used the Rainbow Chimes as part of a shavasana, like being able to rest and be at peace. Usually that's a silent practice, but because I'm a Music Therapist, I like to put a little bit of music to it. And so I would play those Rainbow Chimes. And I afterwards always get tons of compliments

about how the sound is, how the timbre of the instruments is so nice and how the notes ring or sound angelic…And so when I got those compliments, I was like, well, this sounds perfect for meditation. I feel like that'll help the residents have something that their ears can listen to, but their mind can be blank while they're practicing. And yeah, it has worked out pretty well for us. It's typically a 30-minute speech meditation, and then I'll play the instruments for two minutes while everybody has their eyes closed and they're deep breathing. And then I softly take them out of the meditation by voice or by speaking to them.

That spirituality side of things really comes with the connection to nature. We have this really nice shaded area that has these huge trees and tons of birds and squirrels. And there's a walking path that sometimes people walk their dogs on. And so my residents were able to just sit and be content in the space and also hear the sounds and see all the animals and all that kind of stuff. I think that that nature side of things definitely helps."

In other situations, the OMIs can have profound impact in psychological therapeutic ways:

"Within my own position as the Music Therapist, I took residents out to the instruments for one-on-one purposes, where I worked on specific goals with them.

One of the first one-on-ones that I brought out there was a woman who I had just done the assessment for. So I just figured out what goals we wanted to work on together in our music therapy one-on-one sessions. And after bringing her out there and being able to connect with the Duo and I think also the Rainbow Chimes, we played that first time.

She opened up to me about how much she loved being outdoors and how her psychiatrist had actually recommended that she starts waking up earlier in the morning and also getting outside more. And so I was able to, over the month, utilize these instruments with her in the morning time when it was cooler and also letting her be out in the open. She every day had a smile on her face when I went to greet her and she would point out all the birds or the squirrels or whatever.

And whenever I wasn't here to take her out, her other caregivers here would be able to take her out as well. And so I know that for her, it's a meaningful time where she gets to be outside of her mind and outside of her doubts and fears that she was feeling. That's at least what she communicated to me. And so that was a very meaningful time and I'm going to continue obviously bringing her out to those because it really works for her.

With this resident, there's definitely some thought patterns that we're trying to interrupt, and being outdoors has just been a great way to interrupt those thought patterns and help her be present in her own body and her own mind as well. So I think that being outside,

> and then in addition the instruments, and being able to have that physical sound, and the playing, it was all helpful for her."

Changing the care environment

It is telling that 100% of professionals say that it is worthwhile making time for residents to play OMIs. The preparation and engagement required to enable this as a part of the care environment marks a considerable change in care behaviour. Having musical instruments outdoors offers an impactful intervention in the care environment. One possible reason behind this could be that the outdoors is inevitably less clinical in feeling.

As one therapy professional reports:

> "It was easier to ask residents what goals they wanted when they were outdoors…I think that the residents were able to view themselves differently when they were outdoors than indoors. I don't know if that's because of the space, if it's because indoors feels clinical..?"

Another related perspective is that the OMIs are essentially located in people's homes. They offer accessible experiences which feel domestic, horticultural, age-appropriate, and inspiring:

> "I think they add something that is kind of uplifting. I think it's really, really important to remember that these things are in people's homes. It does look like it belongs in a kind of garden of sounds, you know, it's not a toy."

Key Takeaways

1. OMIs might in future be considered to be standard kit in care settings.
2. The incorporation of 'nature' in outdoor music-making offers interdisciplinary potential.
3. Ultimately, OMIs can impact meaningfully in care behaviour and the care environment.

Appendix 1: Research Protocol for Sounding Out 2026

Connections and Communication

Music can help to sustain interpersonal connections in care by empowering nurses and carers to use their natural musicality, even when this is not part of their background or professional identity. This can happen via skill-sharing formats such as musicality training sessions for example that build on carers' knowledge and awareness (McDermott et al 2014, 2018, 2019). Further studies (Hsu et al 2015, Lee et al 2025) rooted primarily in music therapy have demonstrated the value of a programme that blends individual sessions with input that facilitates carer communication.

Little work has been done to advance what is becoming known as 'post-verbal' communication, referring to the stage in which people living with dementia often experience the loss of speech or language abilities, yet retain the drive and ability to communicate (Wood 2020). Literature has consistently identified that the loss of verbal communication often leads to anxiety or alienation both on the part of the person with dementia and those caring for them (Eggenberger et al 2013). One reason for this is the trauma inherent in the loss of verbal communication as a mode of carrying meaning. Research has identified non-verbal communication to be a helpful means of alleviating that trauma (Banovic et al 2018, Caris-Verhallen et al 1999). Music is a natural means of grounding post-verbal communication, because dementia care communication is often based on non-verbal elements such as rhythm and pitch matching in vocalisation, voiced signs of empathy, expressive movements, and the use of preferred songs (Miell et al 2005). Emotional tone is an important factor in influencing resistance to care in dementia care settings, communicated via musical elements such as loud/quiet, hard/soft timbre, speed, pacing, pausing or pitch (Williams and Herman 2011, Clare et al 2020).

Music and the Care Environment

A significant field related to the use of music in dementia care is 'music-therapeutic caregiving'. Brown et al (2001) argued for music-making as part of clinical communication. There is literature on the impact of caregivers' singing in relation to a range of everyday dementia care activities, including the use of background music in social situations (Götell et al 2002), use of voice to help with personal transfers (Götell et al 2012) and singing during morning care (Hammar et al 2011). Moreover, it has been identified that music making and therapy can impact on language function in dementia care. For example music therapy can improve performance in both the content and fluency of spontaneous speech (Brotons and Koger 2000) and modify staff attitudes towards people living with dementia (Sung et al 2011). Music has also been shown to reduce burnout in nurses (Iyendo 2016) and positively impact the nursing environment (Moss and O'Neill 2014).

Music and the Outdoors

In health terms, the role of the outdoors is increasingly harnessed for numerous benefits; for example, enhancing mindfulness, motivation, expressing creativity, interconnection and sense of self (Pfeifer 2017). However, there is little dementia care literature specifically on outdoor music-making. In education, studies suggest that outdoor music-making promotes greater experimentation and expressiveness (Adams and Beauchamp 2021). It has also been suggested (Wood 2026) that outdoor music-making can promote access and inclusion. Properly designed and located outdoor instruments can make music-making physically and socially accessible to people living with disability or life-limiting conditions. Additionally, the social context of outdoor play offers a mode of sociality that is naturally less hierarchical, evoking a play modality rather than formal education or treatment. Typically, outdoor instruments are designed using musical scales that provide for experiences that are lower risk of failure, due to the lack of dissonant harmonies (Ashfield 2022, 2024).

Study History

A feasibility study was carried out in July 2025 to establish the lines of evaluation that were most strongly indicated by the literature. The feasibility study offered insight into the impact of OMIs on

communication and engagement in care home settings, and served to establish the feasibility of research in this area. The OMIs offered new insights into how music can help residents, families, nurses, and carers in nursing care settings. Creating a curiosity for the outdoors offered a 'ripple effect' of meaningful activity across the care community, and also opened up new potential for staff development and the use of musical awareness in nursing practice. The strongest lines of OMIs' potential impact on nursing care emerged as facilitating intergenerational interaction, encouraging meaningful activity, enhancing motivation and mood, and improving cognitive stimulation. This project was subsequently validated as a feasibility paper by the Journal of Nursing Older People (Wood 2026).

Research Team

The core team included three team members from the OMI makers: the organisation's Older Age sector specialist, a founder, and the PR & Comms Project Manager. It also included as Lead Researcher a Music and Health research specialist with a background in evaluation and care settings.

Stage 1: Access

The instrument maker reached out to three care settings which have an existing relationship with their local agents. Through those agents and trusted liaison figures, they offered a donation of three instruments to each of the three separate care settings. These would be positioned at a location of the care setting's choice, depending on safety, convenience, functionality, and aesthetics.

A draft Questionnaire was designed, addressing the areas indicated by the feasibility study. Those areas were: intergenerational interaction, meaningful activity, motivation and mood, and cognitive stimulation. At an agreed date, the Questionnaire would be sent to each location to request feedback from people with Full Informed Consent on how the instruments impact in each environment. Responses would be collated and would form the basis for a report by the Lead Researcher, to be shared with the sector. The Questionnaire would be made available for a specified period during the summer in each location, to ensure optimum take-up and to form a structured basis for synthesising the findings.

In preparation for the data gathering phase, the research team made a collection of short videos to share suggestions with staff on how they play music on them. These covered ideas about improvisation, use of voice, how the instruments are structured musically, and also about the purpose of the evaluation project. A protocol around consent, safeguarding, data flow and lines of communication was agreed over a period of three months leading up to the delivery of the OMIs. An information pack was also sent to each location outlining the process for filling in the Questionnaire (either on paper or via QR code), introducing the research team, and also setting out the security and GDPR measures.

The Questionnaire uses the Qualtrics platform. It is structured mainly in Lickert-type questions, with five options for most questions. The Questionnaire has a logic flow built in to make a modified set of questions available for each type of respondent. It asks for respondent perspectives on the experience of playing the instruments. An expert on music therapy Questionnaires from the UK was consulted for ethics and research design purposes.

Stage 2: Data Gathering Period

During the specified period, in each location, stakeholders and members of each care community have the opportunity to provide feedback on their experience of the OMIs. When they have played the instruments, they are invited to fill in the Questionnaire. Respondents should only fill in one Questionnaire each. They are instructed that they can find the Questionnaire via a QR code, or use a paper copy available at their reception, with key staff, or at a nurses' area. This can be done whether they are a resident (with full capacity and informed consent), family member, care staff, friend or general staff in the home.

Ethics and Consent

While this is only an evaluation survey with people who have full capacity, and there is no additional intervention other than an invitation to complete an optional Questionnaire, it is still important to have considered the ethical and safeguarding implications. The evaluation operates on a full informed consent basis, drawing on the Thistledown Project (MacLaren et al 2018) and peer reviewed papers such as Dewing's advice regarding Process Consent (Dewing 2007). The project also had an internal accountability structure between its collaborative and steering partners, around access, contact with community members, anonymity and GDPR. Risk assessments were put in place in each location, and there was *in situ* ongoing assessment of consent in each care settings. The responses are anonymous, and come to the Research Team in the UK. GDPR authority is in place at the research team offices in the UK. The team has access to the responses, synthesising them with two other homes across Europe and the USA.

The Questionnaire also asks if respondents have any special stories they would like to share, and whether one of the team could get in touch to speak individually about their experiences. This would be private, and will feed in to our report as anonymous feedback. For more information, or to manage specific queries, respondents are invited to contact the nursing manager of your home in the first instance, who will refer to the UK Research Team directly.

Stage 3: Analysis & Writing up

The paper responses are stored in a secure environment in each care setting, and at the end of June, sent via secure mail to the research team offices. The QR code responses are sent to the research team directly. The findings of the Questionnaire are collated for both Descriptive Statistics and Thematic Analysis. Respondents who have indicated that they are happy to be contacted for a conversation about their experiences will be offered a 20 minute session with either the research team or a local agent. The purpose of this conversation is to elicit a narrative about their direct experience of the instruments. The resulting narratives are analysed using a narrative method, so as to keep the account as intact as possible. Thematic Analysis is not used on these accounts. The purpose of this evaluation study is to produce a report for the OMI makers, who wish to inform their own development, and also contribute to the sector in future through a sector-specific round table event and engagement with Government Intergenerational policy calls.

Appendix 2: References

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