Intergenerational Jamboree
A step-by-step guide to intergenerational music therapy in senior living
What is The Jamboree?

The Jamboree is an intergenerational music therapy program in which young children, typically between the age of 0-4, and their accompanying adults (e.g., parent, grandparent, guardian) take part in weekly music therapy sessions along with residents living in retirement or LTC. During each session, a certified music therapist leads the group in singing songs, moving to music, using instruments and props (e.g., drums, scarves, bubbles) and gently facilitates interaction between participants. Additional care providers (e.g., recreation team members) observe, support and can participate in the program alongside the residents.

The Jamboree provides opportunities to connect through music and promotes intergenerational relationships between participants of all ages.
Introduction

This guide is designed for music therapists and recreation and leisure/activity team members who support individuals living in retirement and long-term care (LTC) homes and wish to provide intergenerational music therapy experiences to their residents.

The creation of the Jamboree was a collaborative process between the music therapist and the director of recreation at the Village of Riverside Glen LTC home in Guelph, Canada. Drawing upon learnings from existing programs such as Kindermusik® and knowing that creating intergenerational opportunities can benefit the health and well-being of both younger and older individuals, the team decided to bring the Jamboree to life.

What is Music Therapy?

Music therapy uses music within therapeutic relationships to support development of musical skills, health and well-being. Music therapy is practiced by credentialed professionals (e.g., Music Therapist Accredited; MTA).

While many music-based and intergenerational programs have been shown to benefit older adults, a unique feature of the Jamboree is that it is an intergenerational music therapy program. Music therapy is a clinical service that is highly structured, goal-oriented and evidence-based. In some cases, music therapy has been shown to offer increased benefits for participants compared to other types of non-clinical music-based programs.

Note about modifications to the Jamboree during COVID-19 pandemic.

The COVID-19 pandemic has made it impossible for children to come into retirement and LTC homes. The Jamboree team realized that physical distancing and visitor restrictions to homes would mean that the Jamboree is even more necessary and valued than ever before. This guide includes information about hosting a virtual Jamboree starting on page 10.

Potential Benefits of Music Therapy

For older adults:
- Improved mood
- Decreased feelings of loneliness
- Positive communication
- Increased quality of life

For care partners and team members:
- Direct benefits related to provision of/observation of music therapy sessions
- Indirect benefits related to increased enjoyment of their care experience and observing benefits of music therapy for their care recipients

For the broader community:
- Reduced ageism and ageist stereotypes about older adults in both children and their accompanying adults
Getting Started

Bringing Your Team On-Board

It’s crucial to get buy-in from your team before starting a Jamboree program in your home. It can be helpful to talk to leadership and other team members about the need for intergenerational or music-based activities in your home and how Jamboree can be the solution.

What to consider when talking about need:

- Are the residents in need of new ways to be engaged?
- Are there other music-making opportunities in your home?
- Are the residents getting social connection with individuals across the lifespan?

Presenting the Jamboree as the solution:

- How will an intergenerational music therapy program in your home meet these needs and benefit residents and team members?
- Does the program seem possible in your organization (e.g., do you currently have access to a music therapist?)
- Does the leadership team from your organization support this program?

If you would like to learn more about assessing your organization’s readiness to begin this program, please contact us at info@the-ria.ca
It is important that you have the cooperation of leadership and team members, even those who may not be directly involved in facilitating the Jamboree. Meet with team members who work in the area where the Jamboree will take place a few weeks prior to the first session. Explain what the Jamboree is, the purpose behind it and potential benefits for residents and team members, and how they as team members can support and also enjoy/benefit from the experience.

HELPFUL TIPS:

• Engage residents before and after the sessions by asking them to help with set-up and/or clean up. The Jamboree music therapists have found that asking residents to disinfect instruments after the session facilitated reminiscence about their time with the children that day, and provided residents living with dementia with a sense of normalcy and contribution.

• When scheduling Jamboree sessions in post-pandemic times, try to avoid busy seasons such as holidays or times when outbreaks are common (e.g., winter months) to avoid too much disruption.

• Accompanying adults caring for siblings may inquire about having multiple children participate. Take caution when allowing this to ensure there will be enough adults in the room to support the children’s engagement. All children should meet the age criteria you set for your location.

• Try offering one 12-week Jamboree session in each home area/neighborhood so different residents get the opportunity to participate.
Participant Recruitment

In order for the program to have the most impact on participants, no more than ten residents and ten children should be invited to actively participate in each session. You may have ten adults who are accompanying the children as well.

Recruitment of resident participants

Residents selected to participate in the Jamboree are typically referred to the music therapist by another team member in the home, and then formally assessed by the music therapist. Residents may benefit the most from the program if they: (a) have recently transitioned to living in the home; (b) have been involved in music in the past; (c) appear to be/are socially isolated; (d) are in need of cognitive stimulation; or (e) are at risk of depression or boredom.

Prior to each Jamboree session, participants can be individually invited to attend the program by the music therapist or another team member, and their right to decline is always respected. Other residents are often welcomed to observe the program as well; however, only those who have been assessed by the music therapist should be directly included as participants. By limiting the number of participants, sessions can be customized based on the results of the assessment described above, and a small and consistent group size allows for relationships to be built over time.

Recruitment of child participants and their accompanying adults

The person responsible for recruitment of child participants and their accompanying adults should be a team member who is an organizer of the Jamboree program and is able to reach out to the surrounding community.

This person should also be responsible for advertising, recruitment, and ongoing communication with community members to ensure one consistent contact for all participants coming into the home for Jamboree sessions. Information about the Jamboree can be shared through flyers posted to community locations such as library bulletin boards, and social media platforms such as local Facebook parenting groups. Although promotion of the Jamboree and participant recruitment may initially take a considerable amount of time while the program is starting up at your location, in previous Jamboree programs, information spread quickly through word-of-mouth once community connections were made.

One strategy to encourage continued participation may be to ask participants to provide a $20 deposit, refundable at the end of the 12-week program, to reserve their spot.
Expectations for children and accompanying adults

It should be made clear to the accompanying adults that there is no pressure for them or the child in their care to “perform”. The child should participate to the extent that they are comfortable on any given day.

Children and their accompanying adults are discouraged from thinking of the Jamboree as a “drop-in” program and should attempt to attend as many of the sessions as possible, whether in-person or virtual. There is a shared understanding that scheduling conflicts may arise; however, participants are expected to commit to attending all sessions that they are able to in order to promote building meaningful relationships. It is important for the organizer of the program to maintain ongoing communication with community members (e.g., by email) regarding the Jamboree sessions.

It is important to communicate gratitude to the accompanying adults for sharing their time and the child in their care with the group. It is also important to explain the many benefits that the child’s participation may bring to the residents’ health and well-being (e.g., cognitive stimulation, socializing, positive mood).

If offering the Jamboree program in-person, it should be made clear to accompanying adults that they must stay home if they or a child in their care are feeling unwell. Likewise, resident participants who are feeling unwell will be asked to skip the Jamboree session that week. Accompanying adults should be made aware that they will be appropriately notified in the event of any outbreak at the home. A benefit of offering the Jamboree program virtually is that many of these instances can be avoided; for example, if a child is unwell, or if there is an outbreak, children can still participate from the safety of their homes rather than having to cancel the session (see page 10 about offering the program virtually).

All participants should be reassured that any instruments and props used will be disinfected after each session.

HELPFUL TIP:
The music therapist should make an effort to be a knowledgeable source of information about child development, as all participants should benefit from the session, and accompanying adults may be choosing this program over another in the community.
Organizing an In-Person Jamboree Session

Personnel

It is recommended that, in addition to the music therapist, at least one team member be present to help facilitate the Jamboree sessions. This allows the music therapist to focus on leading the participants in music-making, while the other team member(s) can help with room set up, welcoming and engaging participants, and coordinating logistics during the session. Having extra team members present to engage with residents and prompt interactions is also beneficial, especially to assist those living with dementia. Children must be accompanied by a parent or guardian to support them in participating in the Jamboree program.

Supplies

• Floor mats and seating (sturdy armchairs preferred for residents)
• Name tags for all participants: children, accompanying adults, and residents
• Instruments: The use of instruments allows for music-making and emotional expression that is accessible, immersive, and engages multiple senses. Choose instruments that are widely available and easy to hold, manipulate, and disinfect, such as shakers, tambourines and small drums.
• Props: The use of props in Jamboree sessions can promote sensory engagement and help keep the participants engaged. Beach balls, bubbles, and scarves have been successful in past Jamboree sessions.
• Disinfectant supplies: Ensure all instruments and props are easy to disinfect and are cleaned before and after each session. All infection control protocols should be followed whenever residents are participating, be it with the children virtually or in-person.

Optional: Post-session snacks. While these are optional and will depend on factors such as team member capacity and budget, the creators of the Jamboree have found that offering snacks (such as crackers, cookies, juice boxes, and tea) for residents and children after the session gives the participants further opportunities to socialize and build on connections fostered during the session.

HELPFUL TIP:
Take any opportunity to facilitate interaction during the session, such as passing or putting away props. Children are often excited to be “helpers” and will be distracted from having to part with a prop or instrument that they like to play with.
Room Setup

It is recommended that the room be setup with foam floor mats in the middle of the room (the more colourful the better to attract the attention of the children), and a circle of seating around the mats for the resident participants (including space for wheelchairs if needed). This type of setup makes it easy for all participants to see one another and the facilitator, and helps to keep attention focused on the session. The accompanying adults and music therapist are encouraged to join the children on the mats in the center; however, chairs with sturdy backs/arms should also be available for accompanying adults who may need them.

Other residents, informal care partners, and team members who are not participating in the session may enjoy sitting nearby to observe the Jamboree sessions. While they are welcome to do so, it is important to clearly define who is participating. This can be done using furniture; for example, by arranging the participants in a circle and having others observing sit behind this circle (e.g., an inner- and outer-circle format).

Program and Session Length

The recommended length of the Jamboree Program is twelve weeks. A three-month commitment is a reasonable expectation while allowing for relationship building. Sessions typically last between 45 and 60 minutes and session length may depend on the energy and attention-span of the participants on any given day. It is always best to end the Jamboree session while everyone is still having fun, even if that means ending early. An outline for a sample session can be found in Appendix A.

HELPFUL TIP:
Children may feel more comfortable in the space and drawn to the session if there are toys sitting out as they come in. For example, they could roll beach balls back and forth with a resident while waiting for the session to begin.
Organizing a Virtual Jamboree Session

Personnel
The music therapist can facilitate the sessions in-person or virtually. In order to run the Jamboree program virtually, the music therapist who is facilitating should be supported by at least one team member who is present with the residents in-person. This team member will be responsible for equipment and technology set-up, gathering the group, and supporting the residents in participating and engaging during the session.

Virtual Setup
Using the video-conferencing platform, set up a meeting to create a web link for the session (ideally the same one for every week) and send it out to each of the accompanying adults, the music therapist, and the home. If possible, it is recommended to have an additional team member sign into the session as “co-host” in order to provide technical support.

Supplies
When offering the program virtually, it is important that residents and children have access to the same supplies.

- In previous programs when children were participating virtually from home, team members sent them kits with the necessary props so they could participate fully.
- In order to offer the program virtually, the following technology is required:
  - Access to a video-conferencing platform (e.g., Zoom)
  - A strong and stable internet connection,
  - A computer (or, for the children and accompanying adults, a tablet/smart phone)
  - A large screen to display the session,
  - A webcam that allows for all resident participants to be seen
  - Cables (one to connect the computer to the screen, another to connect the computer to the webcam if needed)
  - A speaker which can be connected to the computer either with a cord or via Bluetooth, and a microphone, ideally wireless that can be moved around the space to pick up on the verbal responses of the different participants.
Tips for Running Jamboree Virtually

Once all participants have joined the virtual session, it is very important for everyone connecting virtually to identify themselves and for anyone who is turning off their camera during the session to remind residents they are still present and listening. If a camera is turned off during the session and then that person rejoins with their camera on, it is important to remind residents of their name.

The following are some tips for offering the Jamboree virtually:

• Virtual participants are encouraged to keep their video screens on
• Accompanying adults can change their display names to those of the child(ren) attending the Jamboree sessions, which will ease communication between participants and make it easier for the music therapist to refer to the children by name and create those personal connections
• Accompanying adults can use the “gallery view” to enable them to see the residents, music therapist, and other children
• If an additional person is available to assist with tech support, they can “spotlight” certain screens
• Accompanying adults may keep their microphones on unless there is too much noise at their location (they can mute their microphone temporarily)

While varying the activities can keep the sessions interesting and exciting, it is important to maintain some consistency so that participants can develop a sense of routine and connection with one another, for example, using the same/similar greeting and activities at each weekly session. An outline for a sample session can be found in Appendix A.

HELPFUL TIP:
Invite accompanying adults to share about the child in their care as this helps the residents to get to know the children and facilitates relationships within the group. Celebrate milestones as a group that you will witness in the twelve weeks (such as crawling, sitting, first words and birthdays).
## Appendix A:
### Sample Outline of a Session

### Sample Session

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<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Repertoire Ideas</th>
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</table>
| Creating an engaging atmosphere before the children arrive | Have residents gather early and sing a few songs together to orient everyone to the session and to create anticipation of the children’s arrival.                                                             | “Que Sera Sera” (Jay Livingston, 1956)  
“It’s a Lovely Day Today” (Irving Berlin, 1950, “Call Me Madam”)  
“Getting to Know You” (Rogers & Hammerstein, 1951, “The King and I”) |
| **HELPFUL TIP:** | It is important to leave ample time both at the beginning and end of each session to begin and close each meeting with connection between the participants.      |                                                                                                   |
| Greeting Song                                  | This activity introduces the group to one another. The music therapist leads the group in singing a simple “Hello” song.                                                                                       | “Here We Are Together Again” (Kathy Lepp)  
“The More We get Together” (Campbell & Connelly, 1926)  
“I’m in the Mood for Music” (Raffi, 1982, “Rise and Shine”) |
| **HELPFUL TIP:** | You may want to choose a greeting song that inserts each participant’s name into the lyrics to help introduce participants to one another/remind participants of each other’s names. |                                                                                                   |
| Connection Time                                | In person, the music therapist sings a song while accompanying adults walk with or carry children around the room, visiting each resident (sometimes shaking hands or high-fiving if comfortable). Virtually, participants may follow the actions of the song if applicable, or wave to the screen. | “If You’re Happy and You Know It” (Origins unknown)  
“Here we go ‘Round the Music Circle” (Kathy Lepp)  
“Irish Washerwoman Jig” (Origins unknown) |
| Warm Up / Getting Active                       | Songs with actions are great to get the group moving and promote interaction between Jamboree participants.                                                                                                  | “If You’re Happy and You Know It”  
“Skinnamarink” (Feist & Piantadosi, 1910)  
“Peas Porridge Hot” (Origins unknown) |
<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
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<tbody>
<tr>
<td>*Using Instruments</td>
<td><strong>Example 1: Shakers</strong></td>
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<td></td>
<td>Invite participants to shake their instruments to the rhythm of the song. <strong>Repertoire Ideas:</strong>  • “I’m in the Mood for Music” (Raffi, 1982, “Rise and Shine”)  • “If I Knew you Were Coming I’d a Baked a Cake” (Hoffman, Merrill &amp; Watts, 1950)  • “Sugartime” (Echols &amp; Phillips, 1957)  • “This Old Man He Played One (Knick Knack, Paddy Wack)” (Origins unknown) Resident-focused song - selected based on their musical/personal history (as determined in the initial assessment)</td>
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<tr>
<td>*Using Instruments</td>
<td><strong>Example 2: Drums</strong></td>
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<td>In person, have each resident hold a drum and invite children to find a drum and tap on it, and then switch to find a new partner. Depending on availability of instruments, you could also pass a drum around the circle. Virtually, give each participant a chance to play their drum individually while the rest of the group listens. <strong>Repertoire Ideas:</strong>  • “Let’s Play the Drum” (Kathy Lepp)  • “Music, Music, Music” (Weiss &amp; Baum, 1949)  • Nursery Rhymes (“Jack and Jill”, “Humpty Dumpty”, “Little Miss Muffett”) (Origins unknown) Resident-focused song - selected based on their musical/personal history (as determined in the initial assessment)</td>
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<tr>
<td>*Using Props</td>
<td><strong>Example 1: Bubbles</strong></td>
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<td>In person, have residents take turns blowing bubbles if they are able and encourage children to pop them. <strong>Repertoire Ideas:</strong>  • “One Little, Two Little, Three Little Bubbles” (adapted by Kathy Lepp)</td>
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<tr>
<td>*Using Props</td>
<td><strong>Example 2: Scarves</strong></td>
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<td>Invite participants to wave their scarves in the air to the rhythm of the song. <strong>Repertoire Ideas:</strong>  • “Oh What a Beautiful Morning” (Rodgers &amp; Hammerstein, 1943, “Oklahoma!”)  • “Edelweiss” (Rodgers &amp; Hammerstein, 1959, “The Sound of Music”)</td>
</tr>
<tr>
<td>*Using Props</td>
<td><strong>Example 3: Parachute</strong></td>
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<td>In person, expand the parachute so residents and children can hold on to it. Slowly lift up and down as you sing songs. You may also allow children to crawl underneath the parachute or place balls on top and watch them roll off. <strong>Repertoire Ideas:</strong> Resident-focused song - selected based on their musical/personal history (as determined in the initial assessment)</td>
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<td>Activity</td>
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<tr>
<td>Lap Bounces</td>
<td>Have children sit on their accompanying adult’s lap. Adults can bounce the children up and down/to follow the actions of the song while residents sing along with the music therapist.</td>
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</table>
|                      | **Repertoire Ideas:**  
|                      | • “The Grand Old Duke of York” (Origins unknown)  
|                      | • “Giddy Up Horsie” (Origins unknown)  
|                      | • “Bumping Up and Down in My Little Red Wagon” (Raffi, 1976)  
|                      | **HELPFUL TIP:** Avoid participants (residents, children, and accompanying adults) having beverages and snacks during the session where possible, as this may be a distraction for all and reduces active participation. This is especially important for children and residents as it could increase risk of spills and choking. |
|                      | Similar to the start of the session, the music therapist sings a song while accompanying adults walk with or carry children around the room, visiting each resident in turn. Virtually, participants may choose to wave to the screen if they are comfortable or follow the actions of the song if applicable. |
|                      | **Repertoire Ideas:**  
|                      | • “We’ve Had Some Fun” (Kathy Lepp)  
|                      | The music therapist utilizes music that is familiar and known to each individual resident; these song selections are woven in between sections of the session within each “activity” section  
|                      | e.g., during drumming section a song is selected for a particular resident by the music therapist that is known and familiar to them based on their assessment. |

*Notes:*  
• Time may not permit the use of all of these props in one session.  
• The Music Therapist may adapt a version of a well-known song to include the names of residents/children participants, and/or make the song more relevant to the participants.
Appendix B: Music Therapy Assessment

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<thead>
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<th>Name</th>
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<tr>
<th>Neighbourhood</th>
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<table>
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<tr>
<th>Referral &amp; Psychosocial Information</th>
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**Socialization**

<table>
<thead>
<tr>
<th>Attention Span</th>
<th>Eye Contact</th>
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<tbody>
<tr>
<td>Focused</td>
<td>Direct</td>
</tr>
<tr>
<td>Brief</td>
<td>Brief</td>
</tr>
</tbody>
</table>

**Interaction (select all that apply)**

- Hears verbal interaction and music clearly
- Moderate hearing impairment
- Significant hearing impairment

**Sound/Hearing (select all that apply)**

- Hears verbal interaction and music clearly
- Moderate hearing impairment
- Significant hearing impairment
- Wears hearing aid(s)
- Uses amplification device (e.g. Pocket Talker)
- Sensitive to Sound

**Personal Expressions/Observations**

**Cultural Considerations**

**Cognitive (select all that apply)**

- Generally oriented to sessions
- Generally disoriented to sessions
- Able to make open ended choices
- Able to make choices between 2-3 options
- Difficulty making choices
- Able to follow instructions
- Difficulty following instructions
- Accesses Short Term Memory
- Accesses Long Term Memory

**Coordination/Mobility**

<table>
<thead>
<tr>
<th>Fine Motor</th>
<th>Eye Contact</th>
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<tbody>
<tr>
<td>Strong</td>
<td>Strong</td>
</tr>
<tr>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Weak</td>
<td>Weak</td>
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</table>
### Communication

**Receptive**
- Understands typical verbal interaction
- Understands simple verbal interaction
- Difficulty understanding verbal interaction

**Expressive**
- Initiates
- Verbal
- Gestures
- Facial expressions

### Musical Observations

**Vocal**
- Not assessed
- Sings melodies on-pitch
- Sings most words/phrases of songs
- Sings some words/phrases of songs
- Vocalizes
- Does not sing/vocalize
- Vocalizes non-pitched sounds

**Pitched Instrumental**
- Not assessed
- Plays rigid patterns
- Plays creatively/melodically

**Non-Pitched Instrumental**
- Not assessed
- Maintains basic beat
- Plays perseveratively
- Imitates rhythms
- Initiates rhythms
- Follows style/tempo changes

**Movement to Music**
- Natural movement to music (e.g. tapping foot, swaying)
- Participates in social dancing
- Does not move to music

### Participation (select all that apply)

- Active
- Receptive
- Spontaneous
- With Encouragement
- With Personal Expressions
- Most Activities
- Some Activities
- Few Activities

### Emotional State

**Expresses Emotions**
- Verbally
- Musically
- Facial Expressions

**Emotional Presentation**
- Withdrawn/Guarded
- Pleasant/Guarded
- Anxious
- Confused
- Sad

### Comments/Recommendations

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**Music Therapist**

Date

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