Evaluation Report

The Music Therapy Service at Prince of Wales Primary School, Enfield

September 2013 – June 2014

11th July 2014
A report by compiled by the music therapy tree
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Evaluation Report

Background and Context

The music therapy service at Prince of Wales Primary School began in September 2013 and is provided by the music therapy tree, an organization that provides music therapy for vulnerable children in mainstream education. The service was first delivered by music therapist Eleanor Walker and since March 2014 has been delivered by music therapist Dejan Cacija, who attends Prince of Wales one day per week in school term time. The music therapist currently offers up to seven one-to-one sessions per day, in normal school hours. He also makes time to meet with teachers and LSAs informally in order to give feedback on the pupils’ progress and has presented his work more formally to teachers. Individual sessions take place in the school Music Room where a wide selection of instruments are provided by the school.

Evaluation Framework

Aims

This evaluation aims to assess the impact of music therapy at Prince of Wales on the pupils who have accessed the service. This is the first evaluation of the service so the outcomes will help to develop an evidence base for the effectiveness of the music therapy service, as well as identify potential areas for further development.

Timetable

<table>
<thead>
<tr>
<th>Planning</th>
<th>April 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection</td>
<td>13th June to 20th June 2014</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>28th June to 4th July 2014</td>
</tr>
<tr>
<td>Evaluation Report</td>
<td>11th July 2014</td>
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</tbody>
</table>

Data Collection Methods

A range of evaluation collection tools were developed by the Music Therapy Tree in consultation with the music therapist at Prince of Wales; these included questionnaires for staff, questionnaires for pupils and a questionnaire/log sheet for the music therapist(s). Questionnaires incorporated both open and closed questions and checklist options. The current music therapist also contributed data from his clinical notes. The collected data was analysed thematically and numerically.
Outcomes

Profile of Evaluation Participants

A total of 14 people responded to the questionnaires:
- 6 pupils attending music therapy (35%)
- 9 staff members (53%)
- 2 music therapists (12%)

Staff participants represent different positions within the school, from LSAs and teachers to the school Inclusion Manager and Music Teacher. Most staff have not attended music therapy sessions, however all of them have some knowledge of music therapy through regular verbal feedback from the music therapist, attendance of music therapy presentations, staff meetings and from informal conversations around the school. Most staff hear about music therapy directly from the child or informally observe music therapy from outside the room.

All the pupils who answered the questionnaire have attended one academic term or more of music therapy sessions. All of the children are still having music therapy currently.

Reasons for referral to music therapy and attendance

Pupils are referred to music therapy for support for a variety of conditions and circumstances including:
- Emotional and Behavioral Difficulties (EBD)
- Learning disabilities
- Selective mutism
- Autistic Spectrum Disorders (ASD)
- Attention Deficit Hyperactivity Disorders (ADHD)
- Complex home life
- Anger management issues

From September 2014 to June 2014, the music therapists have worked with a total of 11 children and have together delivered a total of 192 sessions of individual music therapy over the course of just under 3 academic school terms. All of these children have attended music therapy for a substantial course of sessions lasting for one term or more.

192 sessions
11 children
32 days
Benefits of music therapy for pupils

Responses from the children, staff and music therapist indicated that there were a range of benefits for the children attending music therapy. All staff who responded feel that music therapy supports the children’s confidence and provides them with a sense of achievement. The majority of staff also feel that music therapy supports social skills, helps self expression, provides relaxation, provides enjoyment and helps children to learn new musical skills. Some staff feel that for some children music therapy reduces aggression, while no staff members feel that music therapy get children over excited or has no impact.

Several themes emerged from the staff and children’s responses to open-ended questions, which have been categorized into themes below.
Theme 1: Confidence and Self-esteem

Music therapy sessions are provided in order to facilitate emotional expression and creativity which can lead to greater self confidence and self esteem. Pupils are encouraged to explore and express themselves on a range of instruments within a safe therapeutic environment, supported by the music therapist, in order that children experience themselves as capable and creative. In support of this aim, every staff member and child mentioned that music therapy boosts children’s self confidence. 100% of staff feel that music therapy improved pupils’ confidence, 100% feel it helps the children to have a sense of achievement and 67% feel that it helps the children’s emotional expression.

All of the children in music therapy agree that music therapy helps their wellbeing at school. One child specifically mentions that her experience in music therapy makes her feel better when she is feeling sad. Another child says that Friday is her favourite day because of music therapy.

“Because when I feel sad I think of what I do in music and it makes me feel good again. . . . Miss [name] said I sound more confident!”
- Pupil

“A child with low self esteem has found a creative outlet to develop her self worth and aesthetic qualities.”
- Teacher

“I like it. [Music therapy] helps me on Fridays . . . for all the day.”
- Pupil (selective mute)

“The child in my class says she doesn’t enjoy going, however I think it’s beneficial for her. Her self confidence in improving.”
- Teacher

“I feel confident doing music – that’s what I like!”
- Pupil

“A child with low self esteem has found a creative outlet to develop her self worth and aesthetic qualities.”
- Teacher

“I like it. [Music therapy] helps me on Fridays . . . for all the day.”
- Pupil (selective mute)

“The child in my class says she doesn’t enjoy going, however I think it’s beneficial for her. Her self confidence in improving.”
- Teacher
According to children’s and teacher’s comments, music therapy has made children more able to communicate verbally and initiate speech. Most staff (67%) indicated that they felt music therapy provides help children learn social skills – particularly those children with traits of ASD or mild learning disabilities.

One child was referred to music therapy to help with a lack of awareness of others, however this child commented specifically on the fact that he hopes people outside the music therapy room feel better when they hear the music he is making (see first comment to right). This comment shows an awareness of his impact on others. In addition the music therapist comments that “[name] is very sensitive and aware musically. He is now able to spontaneously adapt to changes that I make in tempo and volume without verbal instruction. His interpersonal awareness has grown a lot through increasing his musical sensitivity in improvisation.”

Another child was referred for emotional support with her selective mutism. Over time, this child has grown in confidence and trust of others and is able to have short conversations with others when prompted (see vignette on page 8).
Isil was referred to music therapy for emotional support due to her selective mutism – she chooses not to speak in certain places. When she first started music therapy with me she barely said a word, and if she did it was whispered and only one or two words at a time. Musically, Isil seemed timid and hesitant in all our improvisations, yet very keen to play the instruments.

Over time we developed a trusting relationship where Isil became comfortable to talk to me about her interests and her family. However the real turning point was when Isil began to play with the large red dragon in the music room; she named him Leon. Leon the Dragon became the vessel through which Isil was free to speak. She can easily verbalise how he is feeling and what he wants to do. Most of our musical activities are centred around Leon, and it is through this role play that Isil is given the confidence to communicate.

Isil is a very creative child and also expresses herself through dance. When I play music that evokes music from her Turkish background, she begins to dance freely around the room in circles. She is extremely expressive. In music therapy, Isil has found her voice and an ability to express her obvious creativity and sensitivity towards others.

Dejan Cacija
Music Therapist

Leon the Dragon
All staff feel that music therapy provides an enjoyable, positive experience for the children (89%) and gives them a sense of achievement (100%). The pupils were asked what they enjoyed most about sessions; their comments included, “Playing music with Dejan and using different instruments and making amazing sounds!” and “playing together with Dejan makes me happy.”

On the evaluation sheets, all children said that they enjoy coming to music therapy, although one child has said in the past that she does not want to attend music therapy. Her teacher commented that this might be because she is pushed out of her comfort zone, which is beneficial for her; the teacher also comments that she has noticed growth in the child’s self confidence since beginning music therapy.

Theme 3: Positive experience

“How does music therapy make you feel?”

“Exciting, cool, epic. It is simply awesome being with Dejan in music.”
- Pupil

“I like the way we play music – it makes me feel like I want to play along with the happiness!”
- Pupil

“Music makes me happy and cheerful. . . .I look forward to the fun we have here.”
- Pupil

“[Name] enjoys his sessions and keeps asking when he can go again.”
- Teacher
Staff feel that music therapy helps children learn new musical skills that they might not discover in other circumstances (89%). The children engage in a variety of activities in music therapy sessions ranging from playing the guitar, piano and tuned percussion instruments, through to song writing projects where they write their own song or rap and produce a recording. Some children mention other activities they engage in; these include “sing and rap” and “dance”.

Interestingly, the children’s development in music therapy and the goals listed in the *National Curriculum for Primary Music*, September 2014 have much overlap. As well as making progress against their non-musical referral criteria, the music therapist comments that children have made progress against the criteria listed in the six outcomes of the National Curriculum music programmes of study:

- Playing musical instruments with increasing accuracy, fluency, control and expression
- Improvising and composing music
- Using the inter-related dimensions of music
- Listening with attention to detail

"It feels like real music because it’s good to learn how to play music"
- Pupil

Apart from discovering her musical talent, it has led to a growth of her self esteem and confidence. She smiles more!
- Teacher

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**What activities do you do in Music Therapy?**

![Bar chart showing activities in music therapy](image)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Played Glockenspel</td>
<td>6</td>
</tr>
<tr>
<td>Played the drums</td>
<td>6</td>
</tr>
<tr>
<td>Played the Cymbal</td>
<td>6</td>
</tr>
<tr>
<td>Played the keyboard</td>
<td>6</td>
</tr>
<tr>
<td>Singing</td>
<td>6</td>
</tr>
<tr>
<td>Played guitar</td>
<td>5</td>
</tr>
<tr>
<td>Played xylophone</td>
<td>4</td>
</tr>
<tr>
<td>Played tambourine</td>
<td>4</td>
</tr>
<tr>
<td>Rapping</td>
<td>1</td>
</tr>
<tr>
<td>Dancing</td>
<td>1</td>
</tr>
</tbody>
</table>
Benefits for the school environment

The Music Therapist observed that there has also been an awareness of the service amongst children and staff members who are not directly connected to the children who have been referred. Teaching and support staff have come into the room during lunch breaks to discuss the children as well as their own experiences of playing music and occasionally start to play some of the instruments. One staff member even had their own 5-minute music therapy session when she was feeling stressed. Children have also asked to refer themselves to music therapy on occasion. The fact the music therapy is becoming a recognised part of school provision is a step towards integrating the service into the fabric of the school support network.

“The music therapy presentation was excellent and clearly all children have benefitted from the therapy under the direction of a very skilful therapist.”

- Deputy Head

“At Prince of Wales, I feel that Music Therapy has become greatly valued by staff and I feel that this support provides the opportunity for vulnerable children to access music therapy and therefore experience themselves in new ways in and outside of the school environment.”

- Music Therapist

“I would like to thank all Prince of Wales staff for their support in this evaluation and for their support of music therapy in general. I believe it is a sign of the schools’ commitment to providing high quality support and education for their children that funding is provided for additional interventions like music therapy for any children who need it.”

- Dejan Cacija, Music Therapist
Conclusions and suggestions

All staff and all children feel that music therapy helps them engage better within a school environment through:

- Confidence and self-esteem
- Communication and social awareness
- Positive experience
- Learning new musical skills

100% of staff would like the music therapy service at Prince of Wales to continue but would like the service to develop further. All staff and the music therapist were asked in what ways the service could develop and grow. The suggestions for future development are outlined in the table below:

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>When children are absent from school, the therapist doesn't know about the absence until their session time is due. This results in a gap until the next child's session.</td>
<td>MT could phone into each class at the start of the day to check that all children are present. If a child is absent, MT can move session times accordingly or use this time to arrange class observations of new referrals, if relevant.</td>
</tr>
<tr>
<td>More children in need of MT than can be seen in the school day.</td>
<td>More children to have access to music therapy (78% of staff agree) through introducing a music therapy group</td>
</tr>
<tr>
<td>If group music therapy is be implemented, the music therapist will need an assistant.</td>
<td>Music Therapy Tree to provide training to school SLAs in order to support children in the group music therapy sessions (55% of staff agree)</td>
</tr>
<tr>
<td>MT mentionned that between session time can look like nothing is going on, but this time is necessary for clinical note writing and preparing for the next session.</td>
<td>Time in between sessions is used for MTs clinical not writing, resetting the room and saving the audio files on the recording device.</td>
</tr>
<tr>
<td>Due to the large staff body the MT is not always recognised by staff. Sometimes there can be confusion over who he is.</td>
<td>Music Therapy at Prince of Wales poster to be put in staff room and/or music room and/or entrance hall.</td>
</tr>
<tr>
<td>Communication with class teachers is not always possible each week, so feedback time can be irregular.</td>
<td>Presentation of music therapy work to all staff annually (or as required) in addition to regular verbal feedback.</td>
</tr>
</tbody>
</table>
Biographies of Music Therapists

Dejan Cacija
Current Music Therapist, Music Therapy Tree / Prince of Wales
Dejan began his music career as conductor at the National Opera Theatre in Croatia, where he also led community music projects for children affected by war trauma. Dejan trained as a music therapist at Nordoff Robbins and has since worked with people of all ages and conditions including those with neurological impairments, mental health conditions and emotional behavioural disorders. Dejan lectures internationally at conferences and offers workshops in music therapy in addition to his practical work. He is currently introducing a module in music therapy to the Academy of Arts, University of Osijek, Croatia. Dejan is also an accomplished musician and composes for short films, documentaries and performs as a solo jazz pianist around London.

Ellie Walker
Previous Music Therapist, Music Therapy Tree / Prince of Wales
Ellie plays the flute, piano and saxophone, and studied voice at University. After graduating, Ellie spent a brief period working in the music industry. She then worked as a teaching assistant with children with Special Educational Needs in schools before deciding to re-train as a music therapist at Nordoff Robbins. As a music therapist, Ellie has worked in a variety of settings, including hospitals, schools and activity centres and has worked with a wide range of client groups, including children with physical and emotional difficulties, adults with heart and lung conditions and young people with mental health issues. She currently works with a range of client groups at the Nordoff Robbins Music Therapy centres in North West and South London. Ellie is also a singer/songwriter, sings and plays keyboard in a band and is a member of various choirs around London.

Camilla Farrant
Head Music Therapist, Music Therapy Tree
Camilla has worked with people with autism, learning disabilities and emotional disorders since 2007 and began her music therapy work in the mainstream education sector four years ago. She studied the cello and piano at the Royal Academy of Music and read Music at Christ’s College, Cambridge University before training as a music therapist on the Master of Music Therapy (MMT) course at Nordoff Robbins London Centre, where she now works in the Research Department and lectures part time. She has co-authored articles and research papers on music therapy, as well as two specialist books. As Head Music Therapist of the music therapy tree, Camilla manages therapists and liaises with schools as well as working as a music therapist and choral leader for schools and day services in North London. Contact Camilla at camilla@musictherapytree.org.uk