

An Evaluation of the



Northern Ireland Music Therapy Trust
(NIMTT)
ARIOSO Project in Special Schools in
Northern Ireland

over the 2004-2006 period

eti
The Education and Training Inspectorate -
Promoting Improvement

Providing Inspection Services for

Department of Education
Department for Employment and Learning
Department of Culture, Arts and Leisure



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1. INTRODUCTION

- 1.1 This report has been compiled by the Education and Training Inspectorate (Inspectorate), on behalf of the Department of Education. It seeks to inform the Department of Education, the Education and Library Boards (Boards), the Health and Social Services Boards and the Health and Social Services Trusts of the impact of music therapy in supporting the development, and meeting the social and communication needs, of pupils in special schools. The report makes recommendations in relation to how music therapy might be included in the curriculum of special schools as an allied health therapy to enhance the experiences, and engagement with learning, of pupils whose behaviour and conditions pose significant challenges to the staff.
- 1.2 The methodology adopted in gathering the information for this report involved observation of some 38 music therapy sessions, including the tracking of some children receiving music therapy over the 2004-2006 period. In addition, the Principals and the key members of staff of the 17 special schools involved were interviewed, either by telephone or in person, during the 2004-2006 period. A number of case study examples were requested and received from some of the schools. Account was also taken of findings of the NIMTT interim and final reports. Several meetings were also held with NIMTT senior staff and with the therapists during school visits.

2. BACKGROUND

- 2.1 The Northern Ireland Music Therapy Trust (NIMTT) was established in 1990 to make clinical music therapy available to children, young people and adults experiencing communication, social, emotional and behavioural difficulties, and to support the work of teachers and health clinicians. The NIMTT staff consists of eleven employees, managed by an Executive Director who reports to the NIMTT Management Board. Music therapy is an allied health profession supporting the development of the communication and social interaction of pupils across a wide range of disabilities, particularly in the preverbal phases of language development.
- 2.2 Music therapy aims to encourage self-expression and emotional development through musical activities designed to reflect individual needs. Individual assessment informs the working approach; careful and



systematic monitoring by the therapist enables changes and improvements to be made, as required. In practice, the therapist takes an active part in the sessions by playing, singing and listening. The pupil/s are encouraged to use percussion and instruments and to vocalise in a shared manner with the therapist as a basis for continued and purposeful communication and learning.

- 2.3 The Arioso project was funded by the Northern Ireland Executive Programme for Children (The Children's Fund) - Community and Voluntary Sector Component. It is a two-year programme of music therapy specifically targeted at 17 special schools¹ for children with severe and profound learning difficulties. The schools are of different sizes and are situated in rural and urban areas. The project aimed to provide a clinical and therapeutic environment where the pupils would be given opportunities to express themselves and interact with adults or other pupils, through musical improvisation, using a range of musical instruments. The project provided morning, full day or two-day sessions, depending on the size of the school. The pupils chosen included pupils with autistic spectrum disorders (ASD), emotional and behavioural difficulties, communication disorders and significant learning difficulties. In total, some 320 pupils were identified for inclusion in the project. Four music therapists were appointed to carry out the project, under the supervision and support of the Head Therapist and the Executive Director of the NIMTT. All of the therapists are post-graduate trained and have completed degrees in psychology or music. The therapists are registered with the Association of Professional Music Therapists (A.P.M.T.), a body which ensures professional and ethical standards.
- 2.4 The project focused on the following thematic objectives of the Northern Ireland Executive Programme for Children:

Objective 4

- ▶ To improve educational outcomes and access to creative opportunities for disadvantaged and vulnerable groups of children.

Objective 6

- ▶ To support families to care better for their children.

¹ See Appendix 1 for list of participating schools

Objective 7

- ▶ To improve the long-term health and well-being of our most vulnerable children and young people.

Objective 8

- ▶ To support vulnerable children and young people including, for example, children with a disability or other special need.

2.5 The NIMTT Head Therapist monitored the project and produced an interim and final project report, which was made available to the inspection team. The findings of the NIMTT's report indicated that the schools, in their responses to the self-evaluation questionnaire, reported positively on the impact of music therapy. In particular, the teachers and/or speech and language therapists completed evaluation forms, based on their observations of pupils immediately prior to music therapy sessions and during music therapy sessions, which suggest that the participating pupils made improvements in communication, emotional and cognitive development. The reports also highlighted examples of reduced stereotypical behaviours, particularly in pupils with ASD, and improved mood and increased relaxation among many of the pupils.

3. THE MAIN FINDINGS

- 3.1 Music therapy provides an important and valued addition to the curriculum of the special school. The outcomes for the pupils who participated in the sessions were positive and, for some, significantly so. From the work observed during the inspection, there is evidence that music therapy can help some pupils to develop their social interaction skills by engaging with music and responding to the therapeutic format in which it is presented.
- 3.2 In the music therapy sessions, the majority of the pupils settled readily and demonstrated a good level of participation and a sense of enjoyment. The quality of the music therapy sessions was often of a high standard; a majority of them were judged as having significant strengths. In the few instances, where the sessions were less effective, the pupils were difficult to motivate, restless and challenging. The therapists worked hard during all of the sessions and made every effort



to engage the pupils, using a variety of strategies. This was a notable strength of the therapy approach.

- 3.3 The therapists' assessment and planning for the music therapy sessions were well prepared and effective, and provided a good basis for the individual and group sessions. The therapists identified appropriate individual and group aims for the sessions; these were reflected in the realistic and realisable expectations of the pupils.
- 3.4 The therapists displayed high levels of expertise and a strong commitment to the participation and achievement of the pupils.
- 3.5 The pupils² learn by responding to the systematic and structured approach, which reflected the assessment observations of each pupil. The outcomes of the sessions, over time, revealed that the pupils, to varying degrees, made improvements across a range of areas such as:
 - ▶ initiation of contact, gesture and vocalisation;
 - ▶ socialisation and participation;
 - ▶ tolerance of change to different sounds;
 - ▶ emotional awareness and settling to task;
 - ▶ improved use of objects/musical instruments; and,
 - ▶ reduction in challenging behaviours.
- 3.6 In practice, the main strengths of the music therapy sessions were:
 - ▶ the strong sense of teamwork among the music therapists;
 - ▶ the good leadership of the Executive Director and the Head of Music;
 - ▶ the music therapists' knowledge and commitment to the pupils;
 - ▶ the good working relationships established with the schools;
 - ▶ the meticulous planning and recording;

2 See Appendix 2 for case study example tracked over 2004-5

- ▶ the interactive nature of the activities, which ensured that the pupils participated actively and at a level pertaining to their ability.

In summary, the music therapy sessions in the schools are well established. The commitment of the music therapists to the pupils is excellent and is a significant contributor to the development of individual pupil's communication and engagement with learning.

3.7 In their responses to the telephone and face-to-face interviews, the principals and staff members expressed their satisfaction with music therapy and highlighted a number of important outcomes for individual pupils³ including:

- ▶ increased vocalisation and use of language;
- ▶ improved concentration and eye contact;
- ▶ settled behaviour during sessions and back in class; and,
- ▶ musical enjoyment and anticipation.

All of the principals and staff members who were interviewed, expressed their desire for more music therapy sessions. The responses indicated that practice was best when the teacher and therapist had the opportunity and time to discuss the sessions and consider how best to incorporate the strategies into the routine of the class activities. There was agreement that sessions of a half-day duration were too short and tended to be less effective. The responses also indicated that many of the members of staff were initially sceptical of music therapy, although it was stressed that the opportunity to observe sessions and discuss the purposes of the music therapy approach did much to persuade staff of its benefits. Future music therapy provision should include a pre-briefing for the school staff, to ensure that they understand the rationale, objectives and potential benefits of the music therapy provision.

4. AREAS FOR IMPROVEMENT

4.1. Notwithstanding the hard work and meticulous planning for the music therapy sessions, the music therapists need to consider, more

³ See Appendix 3 for case study example report from one school



purposefully, their planning to take better account of the pupils' individual education plans and targets. In addition, the therapists should ensure that their written assessments are shared with teachers, jointly discussed and acted upon to enhance individual education planning and collaborative working between the teacher and the therapist.

4.2 The evidence from the sessions indicated that the half-day sessions were less effective when compared to the day and two-day sessions, which provided greater opportunity for the therapists and teachers to work together on planning and training.

4.3 The therapists require further training to improve their knowledge and awareness of the needs of pupils with significant difficulties and challenging conditions.

5. KEY PRIORITIES FOR DEVELOPMENT

5.1 The Department of Health and Social Services and Public Safety (DHSSPS), as core therapy providers, should collaborate with the Department of Education and the Education and Library Boards to:

- ▶ develop a policy guide for music therapy in special schools, which takes due account of the importance of music therapy in supporting the wider curriculum provision for pupils with learning difficulties;
- ▶ develop a strategic plan, including a framework of standards, for the inclusion of music therapy alongside other therapies as an integral part of the work of special schools.

5.2 For their part, schools and the Music Therapy Trust should work together to:-

- ▶ encourage the inclusion of music therapy in special schools;
- ▶ establish a forum to raise the awareness, and appreciation of the nature, aims and objectives of music therapy;
- ▶ monitor and evaluate the impact of music therapy, for individual pupils and groups of pupils, to inform and improve planning and provision; and,

- ▶ provide opportunities for teachers and therapists to share their working approaches and enhance their knowledge of the work of each profession and of the potential for collaborative working;

6. CONCLUSION

- 6.1 This survey has found, from the observation of music therapy sessions and from the discussions with staff in the participating schools, that there is a strong sense of appreciation for the work of the music therapists and an awareness of the positive impact of the Arioso project. The project has realised its objectives; the leadership and management of the music therapy provision are of high quality, as are the therapists' skills and commitment to their work. The findings indicate that music therapy makes an important positive contribution, as an allied health provision, to special schools and that it enhances the lives of some distressed young people in those schools.



LIST OF PARTICIPATING SCHOOLS

Arvalee

Elmbrook

Foyle View

Glasvey

Glenveagh

Hillcroft

Knockavoe

Knockevin

Lisanally

Loughan

Parkview

Rathore

Riverside

Roddensvale

Sandelford

Sperrinview

Torbank

Appendix 2

CASE STUDY EXAMPLE TRACKED 2004-5

Pupil A, at the assessment stage, displayed severe communication, emotional and behavioural difficulties. He had no speech and when distressed banged his head. The home situation is difficult and Pupil A often is placed into residential care. The music therapy aims focused on

- ▶ encouraging eye contact
- ▶ promoting interaction
- ▶ encouraging turn taking
- ▶ encouraging self-expression.

Pupil A was observed over a 3-4 month period and while he remains quite erratic in his responses, there were times when he was more settled and calmer, both during and after the music therapy sessions. In one session, for example, Pupil A was more receptive to learning and was observed turn taking and interacting happily with the music therapist. On return to class, Pupil A went straight to his desk, completed his tasks and remained settled for the remainder of the day. The learning support assistant reports that when Pupil A is very stressed, music therapy is the one activity most likely to settle him.



Appendix 3

CASE STUDY EXAMPLE REPORTED BY ONE SCHOOL

Pupil M, aged seven, has a diagnosis of autism, often presents with challenging behaviour and has no speech. He was initially assessed during 2004 and he began an individual half-hour session, once per week, attending the session with a classroom assistant. For the first four weeks, his behaviour was very erratic, showing little engagement with the therapist. He displayed a range of inappropriate behaviours, including biting, pinching, scratching and hitting. After some time, Pupil M began to engage more regularly with music played on the piano and with the therapist's singing. He has since begun to vocalise pre-verbal sounds. He imitates a range of sounds, and his mirroring and modelling activities have increased. His behaviour has improved dramatically and he looks forward to his sessions and will sit and engage with the therapist. Pupil M is now exploring his environment more, taking an interest in other instruments and initiating communication using gestures and sounds.

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