How can I use, develop and improve a collaborative music therapy practice to enhance the sense of community at a day programme for adults with learning disabilities?

by

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Abstract

Everyone needs to belong. People with disabilities often experience belonging to restricted communities of people who usually have similar needs. The purpose of this study is to investigate how music therapy could enhance the sense of community at a day program for adults with learning disabilities. The project focuses on exploring and improving my own collaborative music therapy practice in order to reach the goal of this research.

This action research follows three cycles of planning, acting and reflecting. The different cycles observe my own collaborative skills, moments of togetherness as an expression of a sense of community and relationship building with different communities of people. The data analysis involves a thematic analysis of my clinical and reflective notes taken during each cycle. I have used song composition for each cycle as a tool for integrating meaning and summarising my learning.

The process of this action research helped me understand that:

1) Effective collaboration with staff required working genuinely as a team, sharing goals and acknowledging individual skills.

2) A sense of community was about connecting with others but also about self-realisation in a group.

3) Building relationships between people, staff, wh nau, the local community and communities of musicians contributed to enhance the sense of community at the facility.

Collaboration is an essential skill for music therapists aiming at connecting people with their community and to expend connections to a wider horizon.

Keywords: collaboration, sense of community, relationship building, social connections, adults with learning disabilities, belonging, community music therapy

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Des pensées d'amour eternel à ma mère qui me manque.

Where there is life, there is music. The wind, the ocean, the rivers, the trees and every single living entity produces sound and vibrations. They create a natural beat that has immensurable dynamics, loudness and softness. And where there is a beat, music is created.

Introduction

This research developed from my placement in an inner city setting in 2018 with adults in a community environment, where I was student music therapist for 8 months. The research project forms a part of the second year of my Master of Music Therapy at Victoria University of Wellington.

At the start of this research I knew that a feeling of being part of a community had high value for wellbeing as a general human principle, and I wanted to explore with more depth how music therapy could be applied in a way that connected people with disabilities with their communities. My own experience of connectedness to other people through musical communities and fellowship was a strong driver in this inquiry. The place where this research project took place seemed to value community participation for wellbeing and it confirmed the choice of my research question. The following section presents the question.

1 Research question

How can I use, develop and improve a collaborative music therapy practice to enhance the sense of community at a day programme for adults with learning disabilities?

2 Background

2.1 Personal interest

Music has always fascinated me for the way it brings people together. As a fervent traveller, I have noticed that music goes beyond language barriers and can create intimate bonds between people, whatever the place, culture or social background. I believe that the relationship created between people in the shared music is unique and creates a sense of community, a feeling of belonging to a group.

These are essential factors for wellbeing and constitute a precious human right; which is the "right to participate in culture"(Human Rights Commission, 2018; Mills, 2011). My previous career as a Community Support Worker in Mental Health reinforced my belief in community participation as a way to support wellbeing and recovery. I also developed strong advocacy skills to honour people's rights and highly valued the concept of person-centred planning (PCP). The setting where this research took place (day program for adults with learning disabilities), gave a strong emphasis on community participation and it was important for me to work in accordance with this value. Hence, my approach orientated towards community music therapy.

On the side of training as a music therapist, I hold a passion for making music instruments. I see this as an opportunity for building up resources for my clinical practice. I have built a collection of travel cajons (wooden Peruvian drums) and used them to set up a drumming group for the people attending the service where this research took place (see pictures in appendix A). I also have personally experienced the benefits of participating in a community West African drumming group and I believe that drumming is relevant and accessible to people with learning disabilities. It has been shown that drumming and more generally group work in music therapy, has qualities for creating a sense of community within the session and beyond (Davies & Richards, 2002; Faulkner, 2017; Human Rights Commission, 2018; M Pavlicevic, O'Neil, Powell, Jones, & Sampathianaki, 2014; Mercedes Pavlicevic, 2003; Ramey, 2011).

More, I believe that community is the cradle of individuality and personal growth. This research aims at contributing to a broader knowledge on the importance of community for wellbeing, through examining my practice as a music therapy student.

2.2 Setting

The facility where this research took place is a day program for people with disabilities. It is located in the centre of the capital city of Aotearoa, New Zealand. It is a community service that has been running for decades and has a strong culture of advocacy. People attending the service have complex needs and are

aged from 21 years old to older adulthood. The service values the development of life-skills, independence and an active participation in the wider community. The spirit of the facility is very communal; people share meals, group activities and hold weekly meetings to discuss issues and improvements to be made to the service they receive.

The team includes a general manager, a service manager, a financial and administrative team, a volunteer coordinator, group facilitators, support workers, occasional volunteers, students in placement and a music therapy student. Music therapy is highly valued by the team and music therapy students have been regularly doing their clinical placement at the facility. There is a large room allocated to music therapy and it is equipped with a variety of quality instruments. Music is one of the favoured activities in the service and staff members also run music activities.

2.3 My role as music therapy student

I practiced music therapy three days a week at the facility. My role included times for individual sessions and music therapy groups. I facilitated a drumming group, a computer beat making and song writing group, attendance to concerts in the community and co-facilitated a karaoke group. I could use the music room to lead my sessions and this enabled me to maintain a certain level of privacy for the participants. My interventions also included participation at the staff meeting, volunteers meetings, the Tikanga[1] group and the house meeting.

I used one afternoon per week to complete administrative tasks. This enabled me to implement new recording systems for reporting on music therapy work. This contributed to share information with the team and will benefit future music therapy students working at the facility. I provided monthly music therapy reports for people who attended individual music therapy sessions and a final end of music therapy report that was also shared with people's wh nau.

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[1]Tikanga: "correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context" ("tikanga - M ori Dictionary," n.d.)

2.4 Structure of exegesis

This exegesis is divided into the following sections to document the research:

- Literature review
- Research methods and design
- Ethics
- Findings
- Music therapy vignette
- Discussion
- Conclusion

3 Literature review

3.1 Music therapy and adults with learning disabilities

3.1.1 Potentials of music therapy

Adults with learning disabilities are the most excluded people in our society. It is often due to communication difficulties but also environmental factors (Bunt & Hoskyns, 2002; Hughes, Redley, & Ring, 2011; Johnels, Johnels, & Rådemark, 2016; Kostikj-Ivanovikj & Chichevska-Jovanova, 2016; Verdonschot, De Witte, Reichrath, Buntinx, & Curfs, 2009) which can engender isolation, emotional and behavioural distress (Watson, 2007). People with disabilities use varied ways to express their feelings and experiences. Music therapy is useful in that case because it is a non verbal therapy. It offers meaningful ways to communicate by allowing free expression and valuing creativity. Music therapy helps integration into everyday or community situations (Thompson & McFerran, 2014). Its benefits for people with disabilities have been widely proven (Bunt & Hoskyns, 2002; Curtis & Mercado, 2004; Johnels et al., 2016; Kostikj-Ivanovikj & Chichevska-Jovanova, 2016; Li, 2010; M Pavlicevic et al., 2014; Stige & Aarø, 2012; Thompson & McFerran, 2014; Watson, 2007; Barbara L Wheeler, 2015).

3.1.2 Music therapy in group contexts

Music therapy can support with developing skills and confidence to communicate effectively through building positive experiences with others, strengthening a positive self image and extending communicative possibilities (Kang, 2017). It offers ongoing opportunities to socialise and experience community and friendship (M Pavlicevic et al., 2014). Group music therapy especially creates motivating conditions for people to connect, interact and participate in the community (Thompson & McFerran, 2014). Long term music therapy's benefits are perceived in the areas of communication, cognition, physical development and emotional development (Cameron, 2017).

Group facilitation is a skill that can be learnt and practiced in various ways but what distinguishes music therapy from other disciplines is the establishment of a therapeutic goal for the group and professional understanding of the individual and group processes (Pagad, 2015). Music therapy groups can use song writing, music improvisation, computer beat making, dance, singing, receptive methods and any form of creative arts that inspire movement and progress in the music therapy process (Baker & Wigram, 2005; Grocke & Wigram, 2007; Johnson, 2017; Miller, 2016; Thompson & McFerran, 2014; Treefoot, 2010; Wigram, 2004).

3.1.3 Group drumming in music therapy

The benefits of group drumming have been widely explored and proven. Scientific studies revealed that people have biological reactions to rhythm (Fancourt et al., 2016; Petersen, 2013). Drumming modulates specific neuroendocrine and neuroimmune parameters that contribute to well-being (Bittman et al., 2011). Music making and especially drumming was shown to be useful in the recovery of people experiencing mental health difficulties (Perkins, Ascenso, Atkins, Fancourt, & Williamon, 2016). Rock drumming for example had positive impact on social and behavioural skills of children who were on the Autism Spectrum (Lowry, Hale, Draper, & Smith, 2018) and improved motor and coordination skills of individuals with Down syndrome (Ringenbach (Robertson), Mulvey, & Beachy, 2007).

A music therapy program (the DrumPower project) used drumming for the regulation of affect and the resolution of conflict situations of a group of people with behavioural challenges. Improvisational drumming facilitated the expression of aggressive qualities which was then used to distinguish between destructive and constructive forms of behaviour (Wölfl, 2016). Music therapy drumming circle were also relevant and beneficial to at risk youth (Faulkner, Wood, Ivery, & Donovan, 2012). The programs increased their connections with the school community and they reported better self esteem and confidence (Wood, 2013). Drumming encouraged social interactions and self-realisation.

Most of all, group drumming is a social experience, it connects people in a community, it promotes collaboration, cooperation and develop social cohesion (Faulkner, 2017). A study on group drumming with a group of soldiers who had post-traumatic stress disorder (PTSD) showed that their symptoms were reduced following drumming. They reported an increased sense of openness, togetherness, belonging, sharing, closeness, connectedness and intimacy (Bensimon, Amir, & Wolf, 2008)

3.2 Community and music therapy

3.2.1 A sense of community

"*Real togetherness*" is what can be experienced in a music therapy group (Ansdell, 2014, p.196). This is the moment when each individual can realise the importance of their unique contribution to the group and be interconnected to others' contributions at the same time. In that way, collaborative musicking[2] satisfies the "*basic needs of being included, participating and belonging*" (Ansdell, 2014). Something in the social world is shared and, this is exactly what a sense of community is. It is belonging to the same place, sharing an identity, a practice or circumstances. It is having an opportunity to perform who we are with others.

Four components are required for a "*sense of community*" to become, as long as feelings of belonging, trust in others, and safety are present (Osterman, 2000):

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[2] The term "musicking" was coined in by Christopher Small (New Zealand-born musician, educator, lecturer and author) to describe music as a process rather than an object.

⟩ *Membership*: feeling of belonging and relationship to others on a personal level

⟩ *Influence*: sense of being important in the group

⟩ *Integration and fulfilment of needs:* feeling that the group members' needs will be met

⟩ *Shared emotional connection*: feeling safe to share experiences

These feelings and values are central to community music therapy. It enables individuals to belong, participate and contribute to the development of their community (Davidson, 2013). It is through collaboration and partnership that people can be acknowledged, valued, feel included and develop a positive self-image (Stige & Aarø, 2012).

3.2.2 Community music therapy

Community music therapy is an approach that uses music "to enhance connectedness and support communities, through both individual and group work" (Steele, 2016). Through collaborative musicking and mutual relationship, people in music therapy become valued members of a "musical community" and get opportunities for social and cultural participation (Ghetti & Keith, 2016; McPherson, Welch, & Aigen, 2012; Pagad, 2015; M Pavlicevic & Ansdell, 2009; Steele, 2016; Tia, 2013; Wheeler, 2015).

"Community Music Therapy is an approach to working musically with people in context: acknowledging the social and cultural factors of their health, illness, relationships and musics. It reflects the essentially communal reality of musicing and is a response both to overly individualized treatment models and to the isolation people often experience within society" (Ansdell, 2002, p.1).

Stige and Aarø (2012) outlined seven key qualities of community music therapy, summarised in the acronym **PREPARE**:

❖ *Participatory*: Community music therapy offers opportunities for participation in individual or group music therapy. The relationship between music therapist and participants is collaborative. All voices have the right to be heard. Focus is given to *empowerment* by offering a space for open and

flexible sharing of perspectives, in a verbal or non verbal way (musical). Music therapy participants take *responsibility* for the construction of their own rules or boundaries.

❖ <u>*Resource*</u>: Community music therapists value the unique *strengths and potential* of the person or group engaging in the music therapy process.

❖ <u>*Ecological*</u>: Community music therapists highlight aspects of a *context* that are helping or hindering participants. *Relationships* between individuals, communities and systems come into consideration.

❖ <u>*Performative*</u>: Performance occurs within sessions as well as outside. Recognising *potentials* and empowering the people are strategies.

❖ <u>*Activist*</u>: Community music therapy contributes to *societal change* and the most successful one is the inclusion of individuals with disabilities into their local communities.

❖ <u>*Reflective*</u>: Community music therapists engage in *ongoing reflective questioning* personally and with others. They are open to continual change and development of their practice.

❖ <u>*Ethics-driven*</u>: The music therapy practice is based on concepts of *human rights* and bound by the code of ethics of Music Therapy New Zealand.

"Collaborative musicing builds community by making music together" (Ansdell, 2014, p. 202)

3.3 Collaborative approaches in music therapy

3.3.1 Team work

Music therapists often work in multidisciplinary teams and it is clear that different professions have various approaches and values. However, effective collaboration implies sharing similar goals (Strange, Odell-Miller, & Richards, 2017; Twyford & Watson, 2008) in order to produce a richer clinical environment for clients, develop relationship with colleagues and improve our own clinical practice.

Collaborating enhances communication between professionals, clients and carers, provides opportunities for learning (Brooks, 2018; Strange et al., 2017; Treefoot, 2010), enhances team work (Miller, 2016) and gives support to team members

(Hattersley, 1995). Collaborative work can even achieve the same benefits as supervision (Vaillancourt, 2009, 2011). O'Hagan et al. (2004) described four levels of collaborative work in NZ (unidisciplinary, multidisciplinary, interdisciplinary and transdisciplinary level).

Good practice for collaborative work involves transparent partnership, which signifies numerous discussions with workmates regarding expectations, roles, goals, boundaries and responsibilities. It takes time and needs careful consideration to find a balance between offering a unique contribution and working in conjunction with the overall aims of the team.

Collaborating has some challenges and even within the same profession (Davidson, 2013; Jacobsen, 2018; Macdonald, 2016) especially when there are power differences between the collaborators (Rueda & Monzó, 2002). Miller (2016) and later Strange (2017) gave a rich exploration of the benefits and challenges of collaboration in music therapy.

There is an abundance of literature on collaboration, although more advancement on understanding its process is needed. A recent study revealed that "Hanging out" (Bolger, McFerran, & Stige, 2018) and building relationships though getting involved in "extra-musical" activities are essential steps for music therapists to develop a genuine collaborative approach. They described "buying in" as a transition from the "hangout period" to the "collaboration period". "Buy-in reflects a choice by players to share power and responsibility for their music project with the music therapist, creating the mutual dynamic necessary for collaboration."(Bolger et al., 2018)

Collaboration is an ongoing negotiation of purpose and developing expectations and structure. It is a process, not an outcome (Strange et al., 2017) and the role of the music therapist is to facilitate this process as it unfolds.

3.3.2 Collaboration with music therapy participants

Community music therapy emphasises on the participatory aspect of the clinical relationship with music therapy participants (Ansdell, 2014; Mercédès Pavlicevic & Ansdell, 2004; Stige, 2010; Stige & Aarø, 2012). It is empowering for people and

their wh nau[3] to be actively engaged in decisions about their health and healthcare and this is stressed by local and international health organisations ("About enabling good lives New Zealand," n.d.; "Ministry of health," n.d.).

A collaborative music therapy approach reflects an active participation in decision making, equal partnership (Stige & Aarø, 2012), mutuality, shared negotiations and responsibility for defining therapeutic goals and sessions planning (Rolvsjord, 2010).

Music therapy also seeks collaboration in the music making process and finds ways to balance individuality and togetherness (musical togetherness) (Ansdell, 2014). Collaborative musicking is giving space for improvising in the here and now, orientating towards each other, collaborating to create music together and emerging as a community (Ansdell, 2014, Chapter 5). It is creating a "We" relationship in music. And it is through this collaboration that a sense of belonging can exist (Stige, Ansdell, Elefant, & Pavlicevic, 2010; Strange et al., 2017)

Musicking is often one of the most accessible and flexible ways of fostering belonging when it is impaired, frustrated or disrupted. Musicking is connecting and becoming music together. "Making music is making social life" (Ansdell, 2014, p. 27).

There is however a risk for tokenism in attempts of collaboration, especially when the participants are non-verbal. Ocloo and Matthews (2016, p. 3) define tokenism as "asking for involvement but not taking it seriously or enabling it to be effective". Music therapists need to be aware of not excluding minority voices by giving privilege in decision making to participants who are easier to engage.

3.3.3 Examples of collaborative work in community music therapy

Numerous community music therapy projects use collaborative performance of music to facilitate participation and build community ; Rickson & McFerran, 2014b). "Music Moves Me Trust", "Sing Up Rodney" and "SoundsWell Singers" are

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[3] Wh nau (noun): "extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional M ori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other member" ("whanau - M ori Dictionary," n.d.)

examples of such project in New Zealand. "Musical minds" (Stige, 2010, Chapter 3) and "Scrap metal" (Stige, 2010, Chapter 11) for example, were both projects in the UK where people could build musical and social collaboration through performance. In a participatory action research, the group "Me and THE BAND'its", (Tuastad & Stige, 2018) could identify that musicking created a collaborative community where members took care of each other and took part in collaborative decision making. In the US, music therapists, allied professionals, communities of people on the autistic spectrum and their families have recently initiated a project in to create Sensory Friendly Concerts® (SFCs). Rickson and McFerran (2014a) in their book "Creating music cultures in the schools: a perspective from community music therapy " used multiple vignettes that illustrated collaborative projects in school contexts in New Zealand. Collaboration between music therapists, community musicians, orchestra, children with disabilities, teachers and other school professionals promoted inclusion (2014a, Chapter 5), connectedness (2014a, Chapter 4) and contributed to community building (2014a, Chapter 6).

The cultural festival in Sogn og Fjordane, Norway (Stige, 2010, Chapter 9) is an inspiring example of what community gathering and collaborative work can achieve through respect, participation and building an inclusive social space. Each year, groups of carers and people with disabilities coming from different towns organise a festival that consists of dance, drama, arts and music workshops. They work for three days to concretise a final performance together. This social event is greatly valued by the local community and connects people with disabilities, healthcare professionals, health organisations and local politicians together.

3.4 Summary of the literature review

It is clear that collaborative work supports the building of communities. Building relationships with other professionals, health agencies and empowering people with disabilities to be choice makers in their care are essentials steps for developing a collaborative approach. Collaboration is a major value in music therapy and expends its definition to the wider social world in the area of community music therapy. From the literature, I understood collaboration to mean mutual and transparent partnership, ongoing negotiations, shared responsibilities

and balancing individuality with togetherness. I used this framework to underpin my understanding of the action research process in the following sections of the exegesis.

Enhancing a sense of community at a day program for adults living with learning disability is a relevant topic for the current and local political missions as there is an emphasis on using collaboration to develop natural supports in the community.

4 Research method and design

This is a qualitative study and I have used an action research methodology. Action research was used for this research because it involved reflection on how to develop a better practice. It also appeared as an appropriate method because of its engaging and reflexive quality, it aimed at societal change and encouraged collaboration (Greenwood & Levin, 2007; Kemmis & McTaggart, 1988; McNiff, 2015; Stige & McFerran, 2016). These are values that were embodied in the facility where the research took place and they were core principles that I wanted to preserve in my practice. The requirements of the research did not allow me to include a "participatory" dimension to the action research. It would otherwise have been considered because of its contribution to inclusion and empowerment of people.
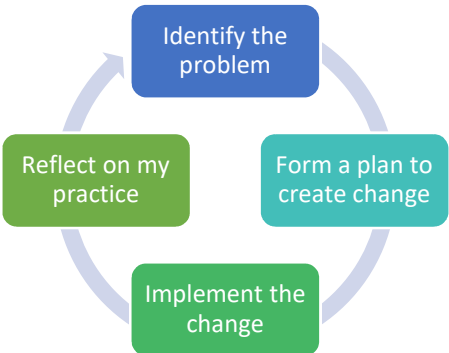
Action research (McNiff, 2015; Stige & McFerran, 2016):

- Focuses on *improving the practice*
- Is *values-based.* It considers values that inspire the practice
- The researcher is positioned inside a *social situation*
- Is a *collaborative* process
- Is an *ongoing process* of planning, reflecting and acting
- Is highly *ethical*

4.1 Research process

Following the action research models, I have developed cycles of reflection, planning for change and action. This process was ongoing and complementary to, my building of knowledge on the topic, data collection, data analysis, writing the exegesis, gathering musical resources and doing a lot of reflection on my practice.

I have added an important step to the research process and included song writing at the end of each cycle. This will be detailed in the data analysis section.

How?	**Why? What are the goals?**
Action research follows a *repeated cycle* of planning, acting, and reflecting (Kemmis & McTaggart, 1988; McNiff, 2015; Mills, 2011) **I had to:** Identify the problem Form a plan to create change Implement the change Reflect on my practice	To find new ways to *improve my learning* and music therapy *practice* To develop *rigorous processes* of observation, reflection, implementation of new practice, data gathering, data analysis and interpretation of results To *benefit the facility* where the research is conducted and the *music therapy field* To *provide the best* music therapy experience To contribute to *social change*

4.1.1 Data collection

Because of the nature of the research, I have collected data on an ongoing basis. This consisted of qualitative information from:

- My clinical notes for individual and group music therapy
- Notes from my reflective journal
- Notes from discussions with staff members and my clinical liaison
- Musical artefacts

4.1.2 Data analysis

All qualitative data collected were reviewed and analysed following a thematic analysis (see appendix B) and qualitative data analysis. I have also used song composition for data analysis. Each process will be detailed below.

Thematic analysis of data involves (Braun & Clarke, 2006):

| Familiarising with the data | Generating initial codes | Searching for themes | Reviewing themes | Defining and naming themes | Producing the scholarly report |
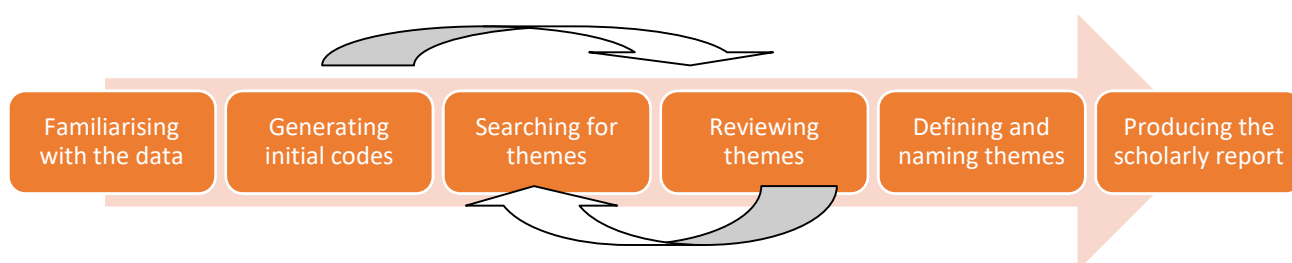
Figure 1: Thematic data analysis

Hoskyns (2016) suggested to "group and refame codes across data sets, to develop core categories and to collect groups of meaningful units together". Themes are more meaningful the closer they relate to the research question. The analysis however is a circular process and requires constant review of the categories. I have used the computer software program Nvivo ("Nvivo 12," n.d.) to organise themes into categories and subthemes. This was especially helpful to extract concepts from the findings. Interpreting the data was a subjective task and I have intended to follow a rigourous process and be transparent about the steps taken (Braun & Clarke, 2006).

Qualitative content analysis engages the researchers in a very thoughtful reading of texts with an ongoing process of reflection and interpretation of their own social and cultural understandings of the text (Krippendorff, 2004). The process is like a spiral of analysis and aims at creating concepts or categories that describe a phenomenon. Manifest and latent content can be analysed at various depth. The area of focus for my research was identified before starting the analysis. Meaning

units or codes were carefully created. The next step will be to paraphrase the content to condense the text. Themes, categories and codes were formed through the process of categorasation. This is the "fundamental component of qualitative content analysis"(Ghetti & Keith, 2016).

Interpreting the data was subjective and required me to be transparent with the steps followed in analysing the data. It was useful to get the coding and categorisation processes reviewed by my research supervisor to offer more reliability.

Qualitative content analysis

Data collection

Identify meaning units
Data analysis

| Manifest content | Latent content |

Condensing
Categorisation
Coding

Reflection on own social and cultural understanding of the text

Peer review
Interpretation
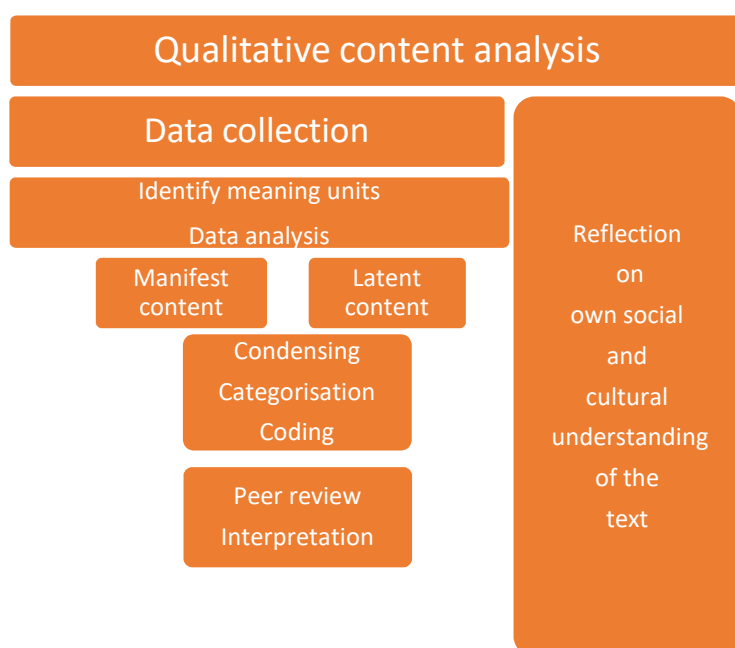
Figure 2: Qualitative content analysis

4.1.3 Song composition

I have also included *song composition* as an arts-based medium to the data analysis. Composing and singing songs helped me process and integrate the information that was revealed in my data analysis. It added a dimension to the cyclic process of action research: Planning – Acting – Reflecting – *Singing*. The music that I created was the product of creative improvisations in the moment. I have used the guitar to build chord sequences and improvised melodic lines with the guitar and accordion. I wrote the song lyrics along the music. The recordings took place in the same time frame as for other forms of data analysis. This was a way for me to take distance from computer work involved in data analysis and to

interpret the information in my own musical language. It also created a sense of achievement as I had a concrete product of learning from each cycle.

4.2 Dissemination of research

The results of this research will be kept in the Victoria University of Wellington library as part of the requirements of the Masters' degree. They will also be offered to the facility where the research took place so it is accessible to staff members and people attending the service. The results may also be presented at conferences with a focus on community music therapy and be offered for publication in music therapy journals.

5 Ethics

The requirements of the Master of Music Therapy (New Zealand School of Music, Victoria University of Wellington) lead me to experience a dual role in this research project. I was a music therapy student on clinical placement and researcher at the same time. At all time, I ensured that this project strictly abided by the Music Therapy New Zealand Code of Ethics (2012) and Victoria University of Wellington's Human Ethics Policy.

This action research involved music therapy work with vulnerable people. Informed consent was sought from the people involved in the case vignette. Informed consent from my clinical liaison and staff members at the facility was sought. Anonymity will be respected however there is a risk for people participating in the music therapy research to be identified by the people attending the service. Some people who are included in the vignettes and quotes from my data collection, have chosen to have their name appearing in this research paper and have given their informed consent for it. Copies of the information sheets and consent forms appear in appendices C, D, E and F.

Ethical approval from the ethics committee for research conducted by Master of Music Therapy students has been previously gained by the music therapy programme leaders. I have intended to honour the treaty of Waitangi and regularly

consulted the M ori cultural advisor at the facility to ensure my best partnership practice.

6 Findings

This section describes the threes cycles of reflection/action/planning that took place at the facility between May and December 2018. Each cycle is introduced with a diagram detailing what actions were taken. The findings are described accordingly to each set of actions.

The data analysis revealed several themes for each cycle and these appear in bold. The meaning of these themes are detailed and illustrated with quotes from my clinical and reflective notes (references). They appear with speech mark and in italic. I have sometimes added text to my quotes for supporting a better understanding of my personal notes. Added text appears in brackets. I have also provided extended reflections that occurred during the process of this action research. These are noted in italic script.

I have composed songs for each cycle. This has greatly helped me to internalise the meaning of each cycle. As an artist and researcher, I believe that using music to express ideas and integrate meaning, was an appropriate medium for this music therapy research. The song lyrics and media file appear alongside the summary of learning at the end of each cycle section.

Diagrams and models will contribute to providing summarised versions of my understandings and a written summary can be found at the end of each section and these appear in a distinctive coloured box.

At the end of the findings section (6.4), the themes of the cycles are brought together in three overarching themes, which span the whole of the action research.

List of action cycles		
Action cycle 1 Focus on collaboration How can I use a collaborative approach ?	**Action cycle 2** Focus on togetherness How can I develop a collaborative approach ?	**Action cycle 3** Focus on sense of community How can I improve a collaborative approach ?
Focus on inclusion, belonging and participation	Observing moments of collaboration	To create more connection with the local community
Bringing the values I hold in my personal life to my work life	Observing moments of togetherness	To reflect on developing a group open to the wider community
Reflecting the values of the service in my practice	Creating more contact with wh nau and community	To develop knowledge on applications for funding of community projects

6.1 Cycle 1: Focus on collaboration

Question: How can I use a collaborative approach?

The first cycle had a set of 3 actions over a period of 2 weeks.

1

Focus on inclusion, belonging and participation

•Encourage staff participation in karaoke
•Include non verbal people to the karaoke (did not take place)

2

Bringing the values I hold in my personal life to my work life

•Power equity
•Choice making and creativity (people are competent at making choice and being creative)

3

Reflecting the values of the service in my practice

•Read strategic plan
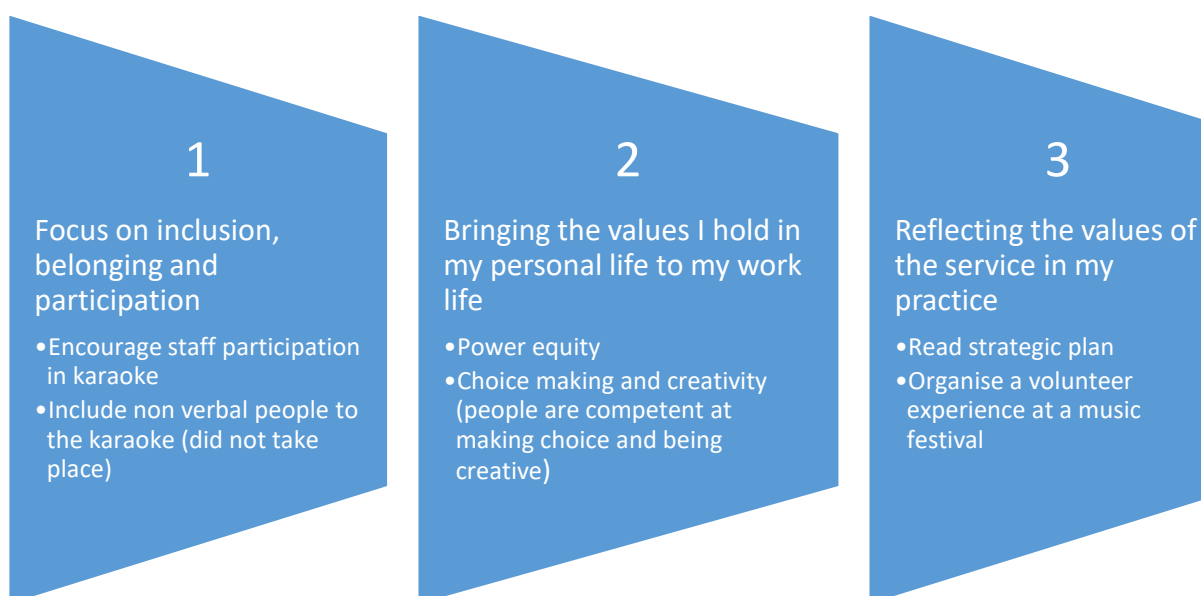•Organise a volunteer experience at a music festival

Figure 3: Action cycle 1

6.1.1 Focus on basic need for inclusion, belonging and participation

I thought that if staff participated with singing and song selection in the karaoke group, it would minimise the power difference I had observed between staff and service users and would create a more inclusive environment.

6.1.1.1 To encourage staff participation in the karaoke group

I initiated a casual but professional conversation with staff members regarding their participation in the karaoke group. This action had dual controversial impacts. It positively enabled acknowledgement of a staff member's unique musical world and to share them with others as equal members in the group.

"He shared a song with the group and said how much he loved this music when he was younger." (Clinical notes for karaoke group, 08/05/18)

However, my attempt to do what I thought was equalising power between staff members and service users also negatively impacted my relationship with staff as I encouraged a loss of their important role in the group, which was to facilitate inclusion, belonging and participation of the group members.

"I just accept it (staff decided not to participate) but I would like to understand what the reason is behind? Is it because Jamie does not like to be told to do something? Maybe the way I approached was not collaborative, but I imposed my ways of doing? Or it could be resistance to change? Or it could be that Jamie is being shy?" (Reflective diary, 08/05/18).

By wanting to minimise differences between staff members and service users, I increased the difference between me (music therapy student) and staff. I unfortunately did not value staff's knowledge and skills. Collaboration is complex and realising that I did not truly collaborate led me to a desire for developing a better approach. I believed I could improve my collaboration skills through understanding more about its process. This gave a strong direction to the following action cycles.

The figure bellow represents the imbalance I had observed in my collaborative skills.
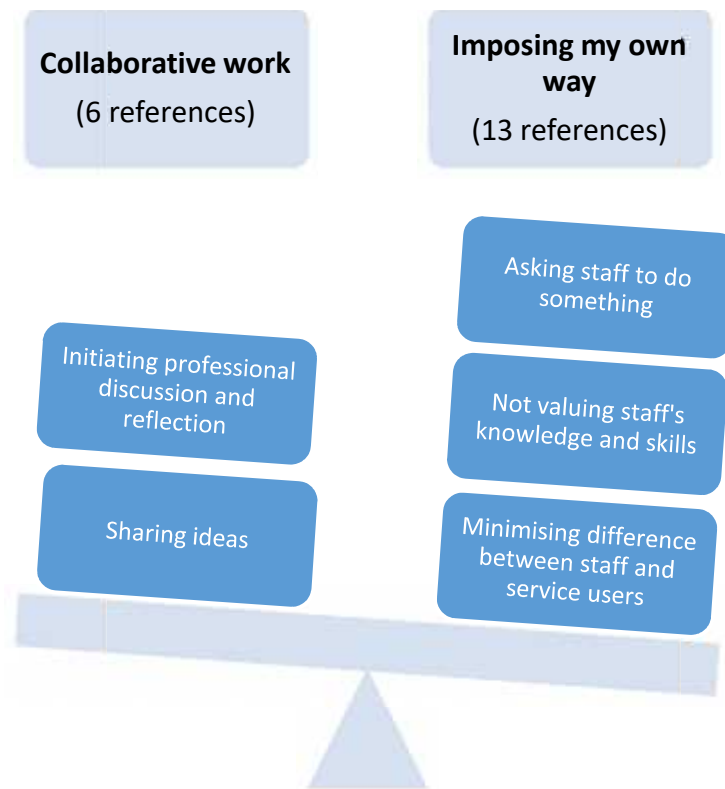

Figure 4: I thought I was collaborating but I imposed my own ways instead.

6.1.1.2 To include participants who have less verbal expression to the karaoke

This action did not take place though I planned it. People who had less verbal expressions and usually attended the karaoke group did not attend the group on the weeks of my data collection. I believe it was however relevant to mention this action.

People who have less verbal expression can easily be forgotten. Music therapy has potential to equip people with strategies to facilitate their participation with ways other than using words. In the case of the karaoke group, I found that facilitating people to use the computer to select their song and listening to it together with the group was effective. I also used individual music therapy to develop a better understanding of each individual's musical preferences. I was then able to use this knowledge for people to contribute to the karaoke group with their music. Listening to the music became as important as singing.

6.1.2 Bringing the values that I hold in my personal life into my work practice

Prior to this research, I held a strong stance in regards of power equity in the workplace and I believed that music therapy could balance inequities between staff, the managing team and service users. I also held the belief that people with disabilities could be creative and participate in choice making rather than being encouraged to follow the same routine for more convenience. This action enabled me to explore the process of collaborative choice making and to reflect on the positive impact of having fun in the workplace.

6.1.2.1 To facilitate team bonding activities at the staff meeting
Value: Power equity/mutuality

I implemented musical games at the staff meeting to encourage mutuality and collaboration between all staff members (service manager, group facilitator, support worker, volunteer coordinator) during the activity. My initial focus was on minimising power relationships for more mutuality but I would like to recognise that my notes gave more emphasis on the fact that the action created a fun environment for staff members. Moments of togetherness were created by having fun.

"People picked up the beat quickly and it sounded great. We went faster and faster. This was excellent. We laughed a lot." (Clinical notes for staff meeting, 15/08/18).

I also realised later that I could not expect mutuality between all staff members as hierarchy is important in the structure of a service. I believe that my intuition was more to create connection between people through having fun together, whatever our roles were. I suspected that creating moments of togetherness could lead to better collaborative work.

6.1.2.2 To facilitate collaborative decision making to select a song to sing together at the beginning and end of the karaoke group

Value: Recognising people as being competent at making choices and being creative

Choice making can be a difficult process especially when it needs to be done with regards to other people. It **takes time and negotiations** (6 references). In this situation, the data analysis revealed that **collaboration between staff members themselves and service users made it easier** (5 references).

"Staff member was supportive with song selection at the beginning. He took a folder and had a look at the songs. "To finish the group, staff mentioned to people to think about a song that they wanted to sing." (Clinical notes for karaoke group, 08/05/18)

The karaoke group in this facility held a strong feeling of membership and **singing together** seemed to strengthen it (11 references). More people spontaneously joined in the singing after making a collaborative song selection. I also noted it created more **verbal interactions between people** (6 references).

"M sang loudly. Some people joined him. I felt it was more communal." "A lot of people sang, I could hear Staff1 and Staff2 too." (Clinical notes for karaoke group, 15/05/18).

On one occasion, the group noticed that one member was absent and they decided to select that person's favourite song to sing together. I realised that building community was not about the amount of participation but more about acknowledging all members of the group, even the ones who are not there.
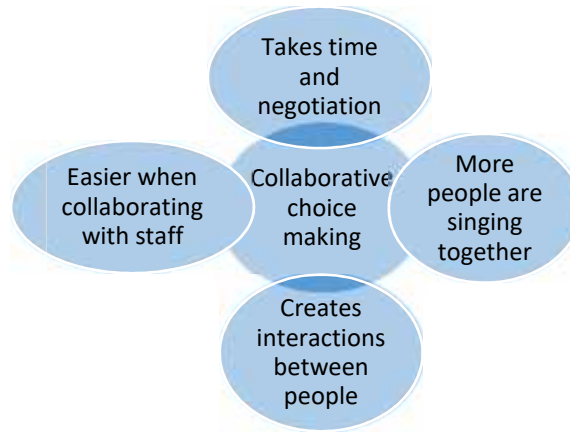
Figure 5: Elements of collaborative choice making

Reflection: It is difficult to consider that the collective choice making was a whole group process since some people were more withdrawn or involved than others. Giving people time to participate also created moments of silence and discomfort when no-one contributed. It was then easier to give more voice to people who found it easier to participate. I was naturally inclined to neglect people who were non-verbal to reduce the discomfort of silence. This action took place in the early stage of my clinical practice and I have since developed strategies to include more people whose voice is harder to hear (using computer, playing a song that I know they like). While recognising the weakness of this action, I also recognise that this action had positive elements. It encouraged some people to develop their communication skills for verbalising thoughts and preferences while also thinking for the group.

6.1.3 Reflecting the values of the service in my practice

6.1.3.1 Read Strategic Plan 2018

From this action, I was able to clarify what goal I could have in common with the facility and how to improve my practice to reflect the service's values.

⟩ **Reflections on what is a good practice?** (6 references**):**

It was important for me to make sure I am integrated in the team. I believed this could be facilitated by working towards achieving the same goals as the facility. The facility's strategic plan for 2018 described the goals as "to have members

attending it (the service) feeling empowered, leading self-determined and fulfilled lives and have their rights respected". These are core principles that match my understanding of music therapist's scope of practice as to optimise people's quality of life.

The facility also must deliver a quality service in accordance with the principles of "Enabling good lives (EGL)" ("About enabling good lives New Zealand," n.d.). EGL is a partnership between the disability sector and government agencies and aims at bringing change to "achieve a fair and inclusive society" (EGL report 2011).

My reflective notes have summarised that the core principles of EGL are:

- ❖ Self-determination (own control of life)
- ❖ Beginning early (to support independence rather than waiting for a crisis)
- ❖ Person-centred
- ❖ Ordinary life outcomes
- ❖ Mainstream first
- ❖ Mana[4] enhancing (abilities and contributions are recognised and respected)
- ❖ Easy to use supports
- ❖ Relationship building (between people, their wh nau and community)

⟩ **Creating connections with wh nau and community** (5 references) was the most relevant goal to my research (sense of community).

Building relationship with wh nau: I realised that my practice had not involved much relationship with wh nau members. I had given more priority to working in accordance with a Person Centred Planning (PCP) and valued more the person's independence especially in their own therapeutic goal setting. However, the strategic plan and EGL emphasised on working in partnership with wh nau and

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[4] Mana (noun): "prestige, authority, control, power, influence, status, spiritual power, charisma - *mana* is a supernatural force in a person, place or object"("mana - M ori Dictionary," n.d.).

strengthening this relationship. From this action, I was able to recognise that connecting with wh nau and community had to take major importance in my work.

A sense of community is about sharing success with others

"Also I have no contact with the families. This could be something to develop. Maybe send out a letter to families to say that XX is participating in music therapy and I am available for further discussion if need be. It could be also the occasion to develop a program in partnership with the families". (Reflective diary, 15/05/18).

I have developed the letter to send to families later in cycle 2 (see appendix H).

Building relationship with the wider community: In the context of my placement, encouraging community participation was a very important role of my colleagues who were support workers. It seemed that using music therapy to connect people with the wider community could open the door to more collaborative work with the team.

"So far I have not used much MT to reach out in the community. This is something I would like to develop. I plan to engage more with the outside, to go to music events, to invite people from the outside to engage with service users." (Reflective diary, 15/05/18)

My intention in building community is to focus on enabling good lives for people with disabilities. Creating more linkage between everyone creates a more natural support rather than people only being addressed to health agencies and specialised services. I realised that to build community, the first step was to build relationships; relationship between staff, people who have disabilities, their wh nau and the community. I believe that connections between people can progressively expend to the wider world but it needs to start somewhere within to be able to connect to the outside.
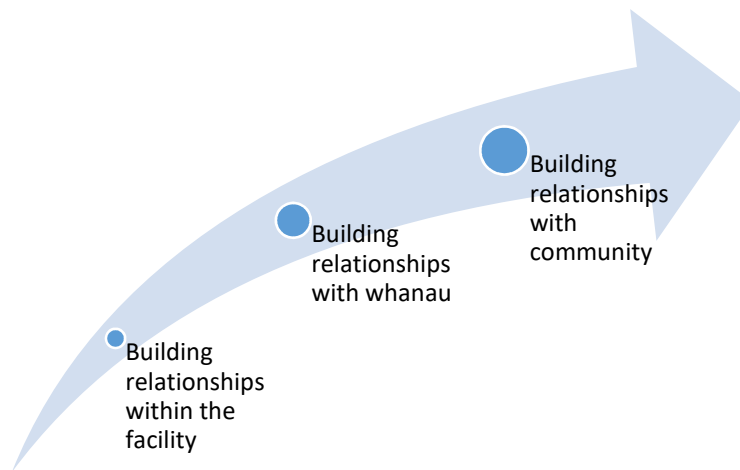
Figure 6: Ladder of relationships

6.1.3.2 To organise a volunteering experience for people at a music festival =
community participation

This action aimed at implementing community participation through offering volunteer positions for members of the facility at a music festival. The data analysis revealed that an **open communication and reporting information** (10 references) to staff and service users (before and after the festival) were required for having effective collaborative work.

"I communicated with staff to know if there was anything I should know to support best people who are going to volunteer." (Reflective diary, 9/05/18).

This action **resourced people for more independence** (13 references) through giving opportunity to make important choices, be responsible, feel confident and to accomplish an important task successfully.

"I showed them the venue on Google map. They both know where it is and when to come. They are quite excited about it." (Reflective diary, 08/05/18).

Interested participants had to fill out a consent form (see appendix G) that could be shared with their wh nau if they decided to. On the actual day for the music festival, volunteers generally prove professional behaviour for their task. One person came slightly late and all other people were on time. I observed different levels of confidence in people accomplishing their duty: *"R seemed comfortable doing his job and confident." "G smiled at me and I wondered if this was nervous or genuine."* (Reflective diary, 12/05/18). The festival itself sparked **different**

levels of interests (6 references). One person stayed longer to watch more music performance while others only came for their duty hours.

"Big smiles from people who volunteered at Africa day. I had a chat with all of them to check how was their experience. Tyron said the music was AWESOME. Marcel was curious about how long I stayed after. He empathised deeply for the long day. Pascal asked if the money has been counted, so checking on the impact of his duty." (Reflective diary, 14/05/18)

A lot of value was given to sharing this experience with others at the facility after the festival. Community participation was seen as successful and inspiring for others in the facility's community and it was important to reward it.

> *LEARNINGS FROM CYCLE 1:*
>
> This cycle made me realise I had to change my approach if I wanted to develop a better collaborative practice.
>
> I understood that I needed to:
>
> - engage in real collaboration with staff members
> - communicate openly with staff and service users and report on the work I do
> - work towards the same goals as the facility to adjust my practice to a multidisciplinary team
> - build relationship with staff, whānau and the wider community
>
> Rather than looking for change, I decided to look for what was beautiful which already existed in the space and in the people.

Song for cycle 1: Please click on the link bellow to listen to the song:

https://soundcloud.com/user-102608979/collaborating/s-PZEX2

Collaborating (song lyrics)

Collaborating is not easy
I didn't do it quite right
But I think I got it now
I think I can make it now

Collaborating, collaborating

It's all about sharing
All about valuing
And recognising skills
Seeing people's abilities

We can be one when we have fun
One big community
We can be one when we're sharing
All of our victories

Collaborating, collaborating

I gotta create connections
With people and families
Cause we feel good when we belong
To one big community
To one big community....

6.2 Cycle 2: Focus on togetherness

Question: How can I develop a collaborative approach?

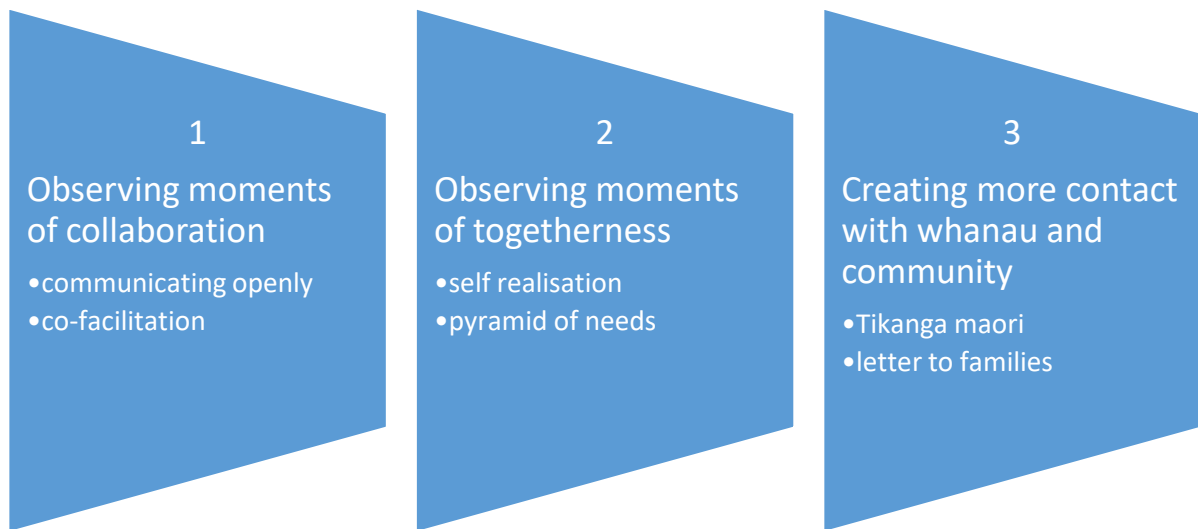The second cycle had a set of 3 actions over a period of 3 weeks.

1

Observing moments of collaboration
- communicating openly
- co-facilitation

2

Observing moments of togetherness
- self realisation
- pyramid of needs

3

Creating more contact with whanau and community
- Tikanga maori
- letter to families

Figure 7: Action cycle 2

6.2.1 Observing moments of collaboration with staff

6.2.1.1 Working alongside staff:

Recognising staff skills (7 references) was an important step in developing my collaborative skills. I became drawn to having a different role over one group (karaoke) since I could observe that staff had extremely valuable group facilitation skills and the group was successfully run. I questioned my role and chose to target my music therapy intervention on individual levels instead.

"Some people struggle to choose a song but StaffX supports well with choice making. She is able to suggest ideas and check with people if that matches what they want." (Clinical notes for karaoke group, 18/09/18)

My work also stated to change and to involve more **inclusion of staff in music therapy and in planning** (11 references) the sessions. One staff member used their skills and passion to create a video recording of a service user and me playing a song together.

"Later he showed Malcolm and me the video. That was a great moment; I found it

beautiful. So great to see the work and how Malcolm was proud of himself. It was so rewarding. Malcolm is shining." (Reflective diary, 01/10/18)

Discussions with another staff member also enabled us to plan music therapy sessions together and to describe what would be most beneficial to the service user and what strategies would work best with them.

"We were able to develop a plan together of how music therapy could be used depending on what the person likes. It is taking time but may be the most efficient way." (Reflective diary, 03/10/18)

I wanted to be the most **natural and genuine in the collaboration** (13 references**)** because it is something that can never be forced.

"My approach was closer to real collaboration because I have asked if this idea would be helpful to them (for a support worker and a service user to fill out blank of songs together in their own time)? If StaffX is interested in it? And this is just an idea that I have. Not trying to implement something anyway, checking if this is seen as useful first. She was keen; let her decide what she will do and how to do." (Reflective diary, 25/09/18)

6.2.1.2 Communicating openly

Asking for help and advice (12 references) helped me deal with challenging situations, gave me practical opinions on situations and ideas of best approaches with individuals. As I became more aware of the staffs unique skills, I could ask for specific help depending on their respective domain.

"Collaborative work with staff setting up the microphone in the room. I could not figure out myself and he was very helpful. Much easier to ask for help." (Reflective diary, 24/09/18).

Sharing honestly how I felt, my weaknesses (8 references) with other staff members enabled me to detach from negative or doubtful feelings. It provided me with "on the spot" support because they knew exactly what I meant. It enabled my feelings to be acknowledged, to work through them quicker and to build relationship with staff.

"We laughed about how she (service user) can trick people, me especially by not answering with her signs. The staff member said it happens to her too and she has not found the magic to it." (Reflective diary, 19/09/18)

Sharing what I do with the team (13 references) contributed to foster and pass on more information about service users. Music therapy offers tools for individuals to express themselves in ways they would not do elsewhere.

"Discussion with staff member about my day: Sharing with him what I did, beat making and who is attending. He was surprised that I am doing this project with people rather than alone." (Reflective diary, 18/09/18)

I also noticed that staff began to share music therapy stories with other staff members. People shared sounds we had recorded, photos we took in music therapy and passing on successful stories to other staff and sometimes families. The more open communication seemed to be fostering a beneficial "sharing" culture.

6.2.1.3 Music therapy being recognised in the team

Being part of the team (4 references) meant to me that I subsequently became part of the community at the facility. It gave me a feeling of belonging and that my role was meaningful.

"Feedback from staff: Excellent work. Pass the test with the guys. You are part of the team! So definitely gonna miss you when you leave." (Reflective diary, 19/09/18).

People **acknowledging** that **music therapy** was beneficial (8 references) or that they could observe change in people's behaviour made me feel successful in my work and credited the profession. I was once positively surprised when a staff member shared at our staff meeting how positive music therapy was for a person they support.

"Especially good work with Coco and Silvia because music therapy brings a lot of change for them." (Reflective diary, 19/09/18)

While working to raise connections and openness, I was also gaining benefits as a worker and a person. I became more confident in my work and asking for feedback regarding my practice comforted my insecurities in regards of belonging to the team.

6.2.2 Observing moments of togetherness

The data analysis revealed that moments of togetherness appeared to be moments of connection with others and self-realisation in the group. They were facilitated by the type of music played.

6.2.2.1 Connecting with others:

Caring for others and checking on each other (17 references) created moments of togetherness. I often asked how people were feeling at the start of the music therapy groups. There was a time when someone was "*feeling pretty shit*" (clinical notes for drumming group, 19/09/18). The immediate response from the group was to offer support for the person to process their emotion.

Connections with others were strengthened by:

- Having the opportunity to be honest and to share opinions with people.

"I sang "tall tree" and Bernard commented on it. He asked what else have you got here?" (Clinical notes for drumming group, 26/09/18).

- **Having fun together and especially laughing** (25 references). It spread beautiful vibes in the atmosphere. I noticed that my own pleasure was contagious and impacted on the group flow. It appeared that my work was better when I had fun because I felt more connected to the people. I believe it is through this precious connection that we can progress together and having fun was about togetherness, not only self satisfaction.

"We had lots of laughing, improvisation and creativity. Jason commented at the end of the group that it was very entertaining today!" (Clinical notes for drumming group, 03/10/18).

"What I got out of today is to always remember to TAKE TIME and HAVE FUN. That just makes everything work better." (Reflective diary, 26/09/18).

- **Eye contact and physical closeness** <u>(13 references)</u> enabled more grounding for participants in the music therapy group.

"Malcolm was more focussed today. It was good to sit next to him so I could have more interactions with him. He likes attention and sometimes I could give him smiles and encouraging look. I felt this helped a lot." (Clinical notes for drumming group, 19/09/18).

6.2.2.2 Connecting with the music

The quality of the music used influenced moments of togetherness. The atmosphere and energy in the space felt stronger when the music contained **famous song lyrics** (10 references) and when it was a music genre that most people connected with**. Doing the same thing together** (26 references), playing music together but in singular ways were powerful moments of togetherness. People joining in the singing, adding their own contribution to the music making, passing instruments to others, standing up, dancing, vocalising, clapping hands, swaying, laughing, were all elements that created togetherness in the music, space and time.

"Everyone joined in the singing this time. Even Bernard who usually does not sing. I think this is because the place is safe and doing things together feels good." (Clinical notes for drumming group, 26/09/18)

6.2.2.3 Realising ourselves in the group

Moments of togetherness were moments of self realisation in the group. It consisted of times for **performance and being ourselves in the group** (23 references). Being **safe in the environment and knowing what to do** (10 references) enabled people to be themselves in and even to become leaders.

"Te Kahu suggested Tutira mai. She was the leader to start the song. Everyone joined in, I saw people standing up and dancing, it sounded very loud, so much fun. Moment of togetherness! Because we were all doing the same waiata, powerful energy." (Notes for house meeting, 18/09/18)

"Jack was a strong leader at singing, playing loud today." "Bernard likes to do his own version of "me say day, me say day…" (Clinical notes for drumming group, 26/09/18)

"People know what to do now. Good routine. Fred repeated "everybody drums", I tried to catch onto his singing." (Clinical notes for drumming group, 26/09/18).

Moments when t**he group supported individuals** (16 references) through successes and difficulties (cheering up, clapping, encouraging, offering help and offering to talk) created safety and strengthened a feeling of belonging.

"Martin became emotional to think that the facility's name does not exist anymore. All people in the group cheered him up, Pascal and Jane tapped on his back." (Clinical notes for Beat making group, 02/10/18).

Self realisation is being able to express freely and to improvise in the moment. It is about not being afraid to share with others who we are and **feeling proud and confident** to be ourselves (20 references). Carl Rogers (1967) in his theories of personality described a need for positive regards and self-worth for actualising self.

"Great sense of being successful when we listened to the sound we had recorded. Gerard used a word like excellent or terrific at the end of the session and people were clapping." (Clinical notes for Beat making group, 18/09/18)

Vignette from the drumming group:

We played the drum beat (we will rock you by Queen) and Reg "*started improvising lyrics about everyone in the group. Some rap for each person, saying something fun or positive. That was really cool. Then Jack took over and did improv about each person as well. » (clinical notes for drumming group, 03/10/18)*
This moment of improvisation reflected that the music therapy group was safe enough for people to perform their self and be confident at it. They used rap as

creative form to express their friendships in the group and this strengthened the group membership.

Reflection: According to Maslow (1962), self realisation appears as the highest step of a pyramidal structure of essential human needs. This theory has been widely criticised, however, I have found some similarities in my finding. First, safety of the environment was essential for people to be comfortable and confident in the group. They were then able to perform their selves and even to become leaders. This created pride which relates to increased self-esteem. Maslow and similarly Carl Roger (A. H. Maslow, 1962; Rogers, 1967) in their theory of personality emphasise that building positive self esteem leads to self realisation.

I have schematised my findings in the form a figure inspired by the pyramid of needs of Maslow (1968) and illustrated with relevant quotes from my data analysis.
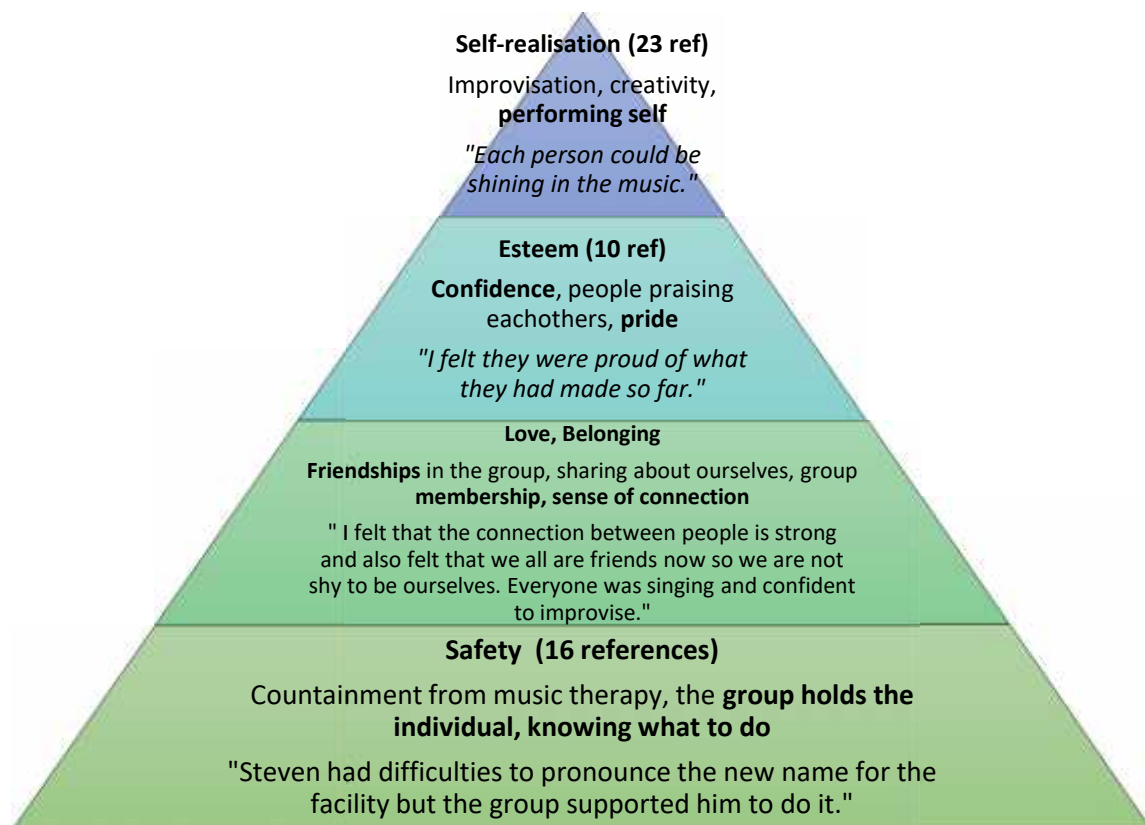
Self-realisation (23 ref)
Improvisation, creativity, **performing self**
"Each person could be shining in the music."

Esteem (10 ref)
Confidence, people praising eachothers, **pride**
"I felt they were proud of what they had made so far."

Love, Belonging
Friendships in the group, sharing about ourselves, group **membership, sense of connection**
" I felt that the connection between people is strong and also felt that we all are friends now so we are not shy to be ourselves. Everyone was singing and confident to improvise."

Safety (16 references)
Countainment from music therapy, the **group holds the individual, knowing what to do**
"Steven had difficulties to pronounce the new name for the facility but the group supported him to do it."

Figure 8 : Self realisation comes from a structure of needs

6.2.3 Creating contact with whānau and the community

Community music therapy is about connecting different groups together and **creating new bridges** (13 references):

⟩ I created new relationships between the facility and other services in the community (mental health and creative arts). One person I worked with in the mental health sector also happened to attend the music therapy group I organised at the facility. It created new links with his clinical team. I also engaged in contacts with a community organisation that offered free drumming opportunities for the community.

⟩ I opened a new door with wh nau and sent a letter to introduce myself and the work I did with their wh nau member (see [appendix H](#)). This built on the understanding I had gained in the previous cycle.

⟩ A staff member and I created a video recording for a service user to share his musical identity with his community on facebook.

⟩ Recording music with a service user opened new bridges between them and staff members. The individual music therapy work led to performance of the service users musical self in their own community.

Vignette: Raymond wanted to record our blues to share it with the service manager. We sent it via email to two staff members and got feedback from it. Staff played the sound in the staff room and shared with the rest of the team. It was great to see that Raymond was very proud of his music and felt affirmed in his guitar skills.

⟩ I connected two of my communities together (personal and work) with the intention of valuing **M ori Tikanga**[5] (5 references) in my practice

It was important for me to create more partnership in regards of honouring Te tiriti o Waitangi. Because I live in a space where M ori tikanga and language is part of my everyday personal life and is honoured, I wanted to value it in my working context as well. I offered exposure to M ori tikanga through music and language.

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[5] Tikanga: "correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context" ("tikanga - M ori Dictionary," n.d.).

"Today I wrote an intro letter to send to families of people I work with. It was important for me to include Te reo M ori[6] as part of representing partnership. Is that real collaboration?" (Clinical notes, 28/09/18). I consulted with a staff member at the facility and people in my surrounding to develop appropriate language and ensured it was used in the right context.

I invited a connection from my circle of friends to do an intervention at the facility and introduce his taonga puoro[7] . This event had a real impact on people at the facility. One workmate reconnected with a taonga puoro she used to play when she was a child (the Porotiti[8]). Taonga puoro carry natural sound vibrations that are used for healing in Te Ao M ori[9]. When my friend played the P k ea[10] on people's chests, the whole atmosphere changed. People's faces receiving sound healing were transformed; they were fully present by receiving the vibration created on and through their bodies. This intervention was extremely well respected and people still talk about it.

"He blew it (P k ea) onto people's chest. Their facial expressions were showing how much they enjoyed the feel of it, feeling vibrations within. Simon was even making sound of pleasure afterwards. People were quite focussed, there were also more volunteers wanting to receive healing. Definitely made sense that music heals, there is no need to explain what it is but purely experienced in the body. StaffX commented that she could feel the vibrations even after, 2-3 hours later."

My own sense of community: I also had the need to feel I **belonged to the facility's community** (8 references) before being able to reach other communities. For that I **shared about myself** (9 references), my own community. I realised that it was very helpful to share myself and my web of connections with the facility. I was then able to interconnect all circles of connections. I have based

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[6] M ori language
[7] M ori traditional instruments
[8] Porotiti: "spinning disc, humming disc - disc with two holes through which a string is threaded and used to make the disc spin" ("porotiti - M ori Dictionary," n.d.).
[9] M ori world
[10] Traditional long wooden trumpet

my understanding of this concept on the metaphor of a spider web. This inspired me to write a song that summarised my understanding. I will be using the concept of "web of connections" a lot in the rest of this document (see summary of cycle 2 for song lyrics and media file)".

Figure 9: My own web of connections

LEARNINGS FROM CYCLE 2:

This action cycle led me to realise that I needed to experience belonging to the community myself to be able to connect this community with others. I could use myself as centre of the web to connect people at the facility with other communities.

I was able to feel I belonged to the community because:

- My work was recognised by staff (influence)
- I shared about myself and engaged in genuine collaboration (shared emotional connection and integration and fulfilments of needs)
- I connected together different circles of connections I had (membership)

Moments of togetherness were times of self-realisation in a group. Various elements facilitated them:

- Eye contact, closeness, musicality, dancing, celebrating together….
- Sharing the same feelings (being proud together, laughing), feeling the same vibe for a moment
- The quality of the music used influenced the atmosphere and energy in the space (famous song lyrics and music genre).
- Being in a safe environment and being held by the group through successes and challenges.

Togetherness is about being safe enough to be ourselves in a group, being able to express who we are to others, to be a leader, a bridge maker, an improviser or a singing star for one moment. It is **self realising _with_ others**.

Lines of silk (song lyrics)

A spider web is strong
The more it has to hang on
If one line breaks
There is the rest to hold on

Chorus:
Lines of silk
Heaps of lines
Interconnected
Interactional

We are webs of connections
Tight and small make them strong
Several lines and intersections
To one spider, they belong

Chorus

Making bridges and stitches
To create the connections
Between people and people
The one you are, the one I am

6.3 Data analysis cycle 3: Focus on sense of community

Question: How can I improve a collaborative approach?

The third cycle had a set of 3 actions over a period of 3 weeks.

1. To create more connection with the local community	2. To reflect on developing a group open to the wider community	3. To develop knowledge on applications for funding of community projects
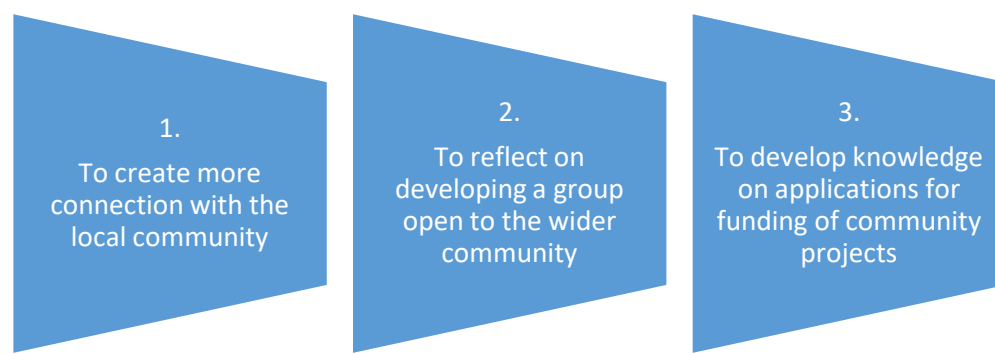
Figure 10: Action cycle 3

6.3.1 To create more connection with the local community:

6.3.1.1 Organising a concert to open up the web of connections:

Inviting people in the building to come to our concert (7 references): Organising a concert was a project that was requested by some people who I worked with. I agreed with the team to invite the local community in the building to our concert with one service user.

"Now, when we will meet people in the building, we may have new relationships. It was like saying: We actually do cool stuff and we want to connect with you guys" (reflective diary, 07/11/18)

Performance in its more general definition is culturally idealised and artists usually require meeting strict standards to produce performance. Presenting ourselves as performers for a concert connected us with others through sharing a positive image of ourselves.

Inviting wh nau and friends to come to our concert (6 references): Organising a concert was also the occasion to invite wh nau and to create connection within the facility's community between service users, wh nau, staff members and friends. We could honour the strategic goal that I studied in Cycle 1. One staff member was in charge of advertising through social media and I sent letters to families with an open invitation to bring more people from their circle of connections (see letter in appendix I).

I also invited connections from my personal circle to join the concert. One guest who presented taonga puoro and elements of tikanga M ori during the year came to do an official opening of the concert with a karakia[11] and acknowledgements for the local iwi[12] of this land. It was important for me to create an event that was culturally appropriate and respected bi-culturalism and partnership. I invited another guest as well, to play and introduce a unique instrument: The Kamele Ngoni (West African instrument). The goal was to mingle people with other artists to broaden again the web of connections. It also reflected some of the work I did this year by inviting friends to play music and introducing instruments that are not so common (gypsy jazz guitar, accordion, clarinet, p k ea, p t rino, k auau, and p rerehua).

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[11] Karakia: "incantation, ritual chant, chant, intoned incantation, charm, spell - a set form of words to state or make effective a ritual activity." ("karakia - M ori Dictionary," n.d.)
[12] Iwi: "extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor and associated with a distinct territory"("iwi - M ori Dictionary," n.d.)

The music therapy goal for this concert was to create connections and enhance the sense of community at the facility, within the building and the wider community. The concert appeared as a social event.

6.3.1.2 Working alongside other professionals

Meeting with musicians in the wider community (10 references) enabled me to develop my professional web of connections and to envision possible collaborative work with them. I initiated a meeting with a community musician who did considerable work in the region. I introduced myself as music therapy student and explained the work I did at my placement. I also wanted to connect one person that was involved in music therapy with the group that this musician was running in the community. The contact was easy and we invited each other to our respective drumming groups. Our encounter took great value as I could observe his group facilitation skills. Creating connections also reconnected this musician with some people at the facility as they had participated in his drumming groups in other settings years ago.

Organising a concert was an occasion to **reconnect people to their past connections** (4 references). I reconnected a service user to one of my music therapy classmates who they had worked with the year before. They were able to plan the performance of a song they had written together. Reconnecting both people and valuing the work that was done before me reflected the importance of having webs of connections. It provided continuity through time and acknowledged the work that the service user and music therapy student did together. I believe that bringing the past back to life creates internal connections, continuity between different periods of times, and strengthens identity.

"Chat with Karamea (service user) regarding her performance at the concert. I asked if she is keen for singing her song with Awhi (music therapy student). She said yes; Also talked about what she's gonna wear. Keen to meet before hand to practice." (Clinical notes, 31/10/18)

There is some relationship between strengthening internal connections and building a sense of community. The self is attached to the social world and connections we have with people make us who we are. Connecting to the past

creates lineage and meaningfulness of life. Connecting within ourselves contributes to structuring the self as part of a wider system of connections (intergenerational and societal).

Connecting with others felt good (7 references). I realised that I liked working alongside other professionals. It felt inspirational and we could feed each other from our creativity. It reinforced the orientation I want to follow as music therapist. Community music therapy holds values that resonate with my personality and how I like working. Co-facilitating groups has the advantage to create balance between styles and greater musical experience for people attending.

"We changed lyrics, improvised other lyrics to the music. He (community musician) is great at doing it. I find it much easier to feed off each other. I love this dual work, makes things much smoother, feel creativity, things are not fully relying on me. This is what I like doing. I need to develop this more then! "I want to be a music therapist that collaborates with other people, musicians or MT, or dancers etc…" (Reflective diary, 31/10/18).

6.3.2 To reflect on developing a group open to the wider community

Community music therapy is about **activism** (2 references), being engaged and wanting to bring change. Reflecting on my closure at the facility opened reflection regarding the window that could open to me as a nearly graduated music therapist. I reflected on how I could be active in my research for employment and especially to develop resources that were around me. I felt there was potential for me to develop a music therapy group at the facility and it would be open to the wider community. This felt sustainable and good for the service users and obviously for me. The drumming group had been developing sets of skills through practicing various activities such as turn taking, leading, soloing, stop and go, thematic improvisations, discussions around emotions, song writing, singing and practicing call and responses songs. These are musical and experiential skills that have great value for future participation in other music therapy or community groups.

"I think what the group will become when I leave? Just ends, history, but I see there is something precious there to develop. It is a small group but a lot of potential, so don't want to let it go to waste. Activism is about inclusion in community." (Reflective diary, 02/11/18)

I also observed that there was great potential for developing **collaborative work (5 references)** with other music and social professionals in the building. I believe this could only be achieved if I was active in setting up something new and would follow the guidelines for effective collaboration (open communication, sharing ideas, reporting information, recognising skills and planning together). I would also need to develop my resources, maybe build more cajon or share instruments with other organisations.

Drumming circles can unite and create connections between people, togetherness if facilitated by experienced professionals (music therapists, community musician or trained facilitator). Opening a new group for the local community to gather would respond to the need for more inclusion. Combining professional skills with professionals who have similar roles would provide best experience to people.

"There are several organisations working with vulnerable people in creative ways. Why not do something together? Music unites. I could pop in again say hi, I've been thinking to develop a project that joins us around drumming for 30min once a week, are you keen? Do you want to ask for funding on your side?" (Reflective diary, 08/11/18)

Developing a therapeutic goal for the group and careful **planning of the sessions** (9 references) would be necessary. Strengthening the sense of community for vulnerable people is a current political mission and would also be a relevant goal for the organisations targeted.

"Open the drumming group to something more eclectic. More improvisations like a drumming circle. Find different games like start and stop after 8 counts." (Reflective diary, 08/11/18)

6.3.3 Read and think of applications for funding

Music therapists are often self-employed and it is necessary to develop a good knowledge of application for funding. There is a political trend to fund community projects that encourage collaboration between organisations and that have a goal to build better communities.

The idea to develop a group open to the local community seemed to be a valid object of application for funding. I explored what level of details and involvement would be required in processing such applications.

The initial step would be to **develop relationships with other musicians in the building** (6 references). Projects that "develop relationship with relevant stakeholders" ("Guidelines for all funding applications to MTHNZ council," n.d.) have good chances of being supported by Music therapy New Zealand. There is a current emphasis on having more collaborative projects between organisations and creating better and healthier communities.

"Discuss with services if that is a project they would be into. Advertise the group to the wider community." "Lunchtime drumming 45min group open, come when you want. Open door. Material is there. May need 3 more djembe. Could be organised with drumming shop down the road." (Reflective diary, 08/11/18).

The **music therapy goal must respond to an existing need** (6 references) and **benefit the community** (6 references). There is a need for more inclusion of people with disabilities in the community and a general need for healthier and stronger communities in the wider society. Starting at a small scale and building a project that would create more connections with the local community that is in the building reflects the ladder of relationships I have described in cycle 1.

The Lottery Community Grants for example supports "*projects which help improve the quality of people's lives in their communities*" and help "*support volunteers, help people to help themselves, promote community wellbeing, promote community or cultural identity, support vulnerable people, help people feel that they belong and can take part in their community.*" (Reflective diary, 08/11/18)

I will need to gather as many **practical details** as possible (12 references). It will be important to calculate precisely the budget, venue and material that will be hired if needed, personnel costs for the project and session times.

Projects can also be funded from different bodies. For example, The Creative Community Scheme under Creative NZ offers grants for "*personnel administrative.costs for short-term projects, venue or equipment hire*" (reflective diary, 08/11/18).

> ## *LEARNINGS FROM CYCLE 3:*
>
> This last cycle confirmed the orientation I wanted my music therapy practice to follow: COMMUNITY MUSIC THERAPY.
>
> I have created NEW BRIDGES with whānau, the local community and my own community (personal and music therapy related). I enjoyed collaborating and extended it outside the facility.
>
> I have reflected on how I could improve my practice for the future: by being active, creating contacts with other professionals and developing a good knowledge of applications for community projects' grants.

Song for cycle 3: Please click on the link bellow to listen to the song:
https://soundcloud.com/user-102608979/cmt/s-wmfge

CMT (song lyrics)

I want to be a CMT
Community music therapist
I want to be a solid bridge
That connects two sides of the world

CMT lalalalla !!!!!

I want to build a connection
With everyone who surrounds me
Cause I'm the one who built the bridge
So it'd better be holding me

CMT lalalalla !!!!!

Come to the round and dance with me
The bridge is stronger when you laugh with me
Fun fun fun is our cement
It all work better if we laugh together

CMT lalalalla !!!!!!

6.4 Summary of findings in response to the research question

Findings from the action cycles		
Action cycle 1 Focus on collaboration How can I use a collaborative approach ?	Action cycle 2 Focus on togetherness How can I develop a collaborative approach ?	Action cycle 3 Focus on sense of community How can I improve a collaborative approach ?
Focus on inclusion, belonging and participation	Observing moments of collaboration	To create more connection with the local community
• Collaborative work is complex. • Acknowledging staff members' skills and knowledge is a step to collaboration.	• Collaboration must be genuine. • Recognising staff's skills, communicating openly and sharing helps collaboration.	• Inviting wh nau and local community to our concert opened up the « web of connections ». • Working alongside other professionals extended my « web of connections ».
Bringing the values I hold in my personal life to my work life	Observing moments of togetherness	To reflect on developing a group open to the wider community
• Moments of togetherness may facilitate collaborative work. • Collaborative choice making takes time and negotiations. It is easier when the team collaborates. It creates more interactions between people.	• Moments of togetherness are moments of connection with others and self realisation in the group. • Connecting with the music influences moments of togetherness.	• There is potential for developing collaborative work with the facility and local organisations. • Relevant and shared therapeutic goal is to strengthen the sense of community for vulnerable people.
Reflecting the values of the service in my practice	Creating more contact with wh nau and community	To develop knowledge on applications for funding of community projects
• Relationship building with wh nau and community is a common goal I had with the facility. • Collaboration requires open communication and reporting information.	• Opening contact with wh nau and community created new bridges. • I had to belong to the community first before to extend connections with the wider community.	• Developing relationships with local musicians/ organisations is a first step. • Have sound knowledge of practical details involved in funding applications. • Collaborative community projects can respond to a need for more inclusion of people with disabilities in the community.

Engaging in a reflective process has enabled me to improve my practice. The following schema summarise my main areas of improvements and how they related to the research question: How can I use, develop and improve a collaborative music therapy practice to enhance the sense of community at a day program for adults with learning disabilities?

Cycle 1 Focus on collaboration	Cycle 2 Focus on togetherness	Cycle 3 Focus on sense of community
I need to improve how I collaborate (engage in real collaboration)	I need to connect with more people (create contact with whanau and community)	I need to strengthen the connections with our local community (activism)
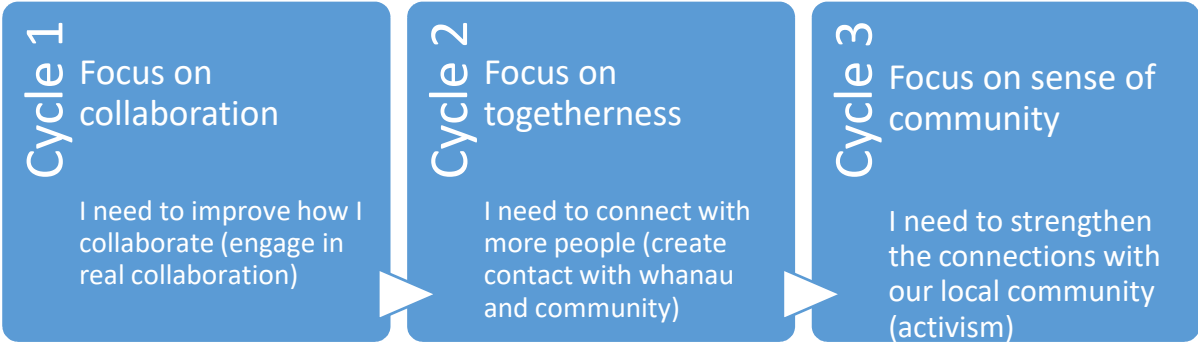
This section will provide a global vision of the findings that were revealed across the three cycles. I believe that graphics are helpful in reflecting organised meaning.

The figure bellow represents the elements that contributed to develop an effective collaborative music therapy practice. Collaboration enables best work practice, environment and achievements.

Effective collaboration

- Sharing goals (strategic plan)
  - with the facility (working towards EGL)
  - with the team (creating inclusive community)
- Team working
  - Open communication
  - Reporting information
  - Genuine approach
  - Including staff in MT (planning together)
- Acknowledging others
  - Recognising individual skills
  - Building relationships (sharing)
  - Asking for help and advice

Figure 11: An effective collaborative practice requires a lot

The following figure represents how moments of togetherness strengthened the individual through connecting within their self and with others.
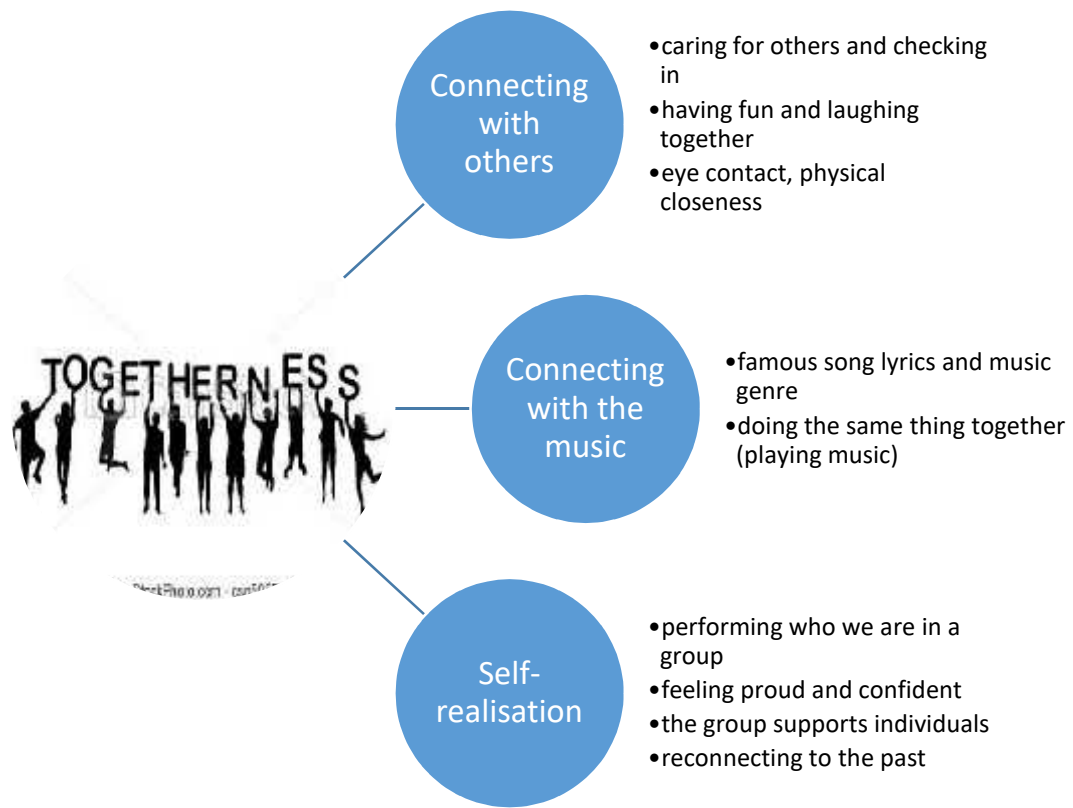
Figure 12: Elements that constitute moments of togetherness

Last, this set of three figures describes the impact of sharing "web of connections". It represents the facility's community, my own community and the overlapping of both communities.

Sharing my community with the facility expended and strengthened the existing ties that service users had with staff members, the local community, other musicians, their wh nau and the wider community. The concert that we had organised together appeared as an embodiment of the spider web concept. All communities gathered together and I believe that sharing success with others and experiencing positive social interactions contributed to enhance a sense of community.

Figure 13: The facility's spider web

Figure 14: My own spider web

Figure 15 : Overlapping communities expended the web of connections and strengthened the ties
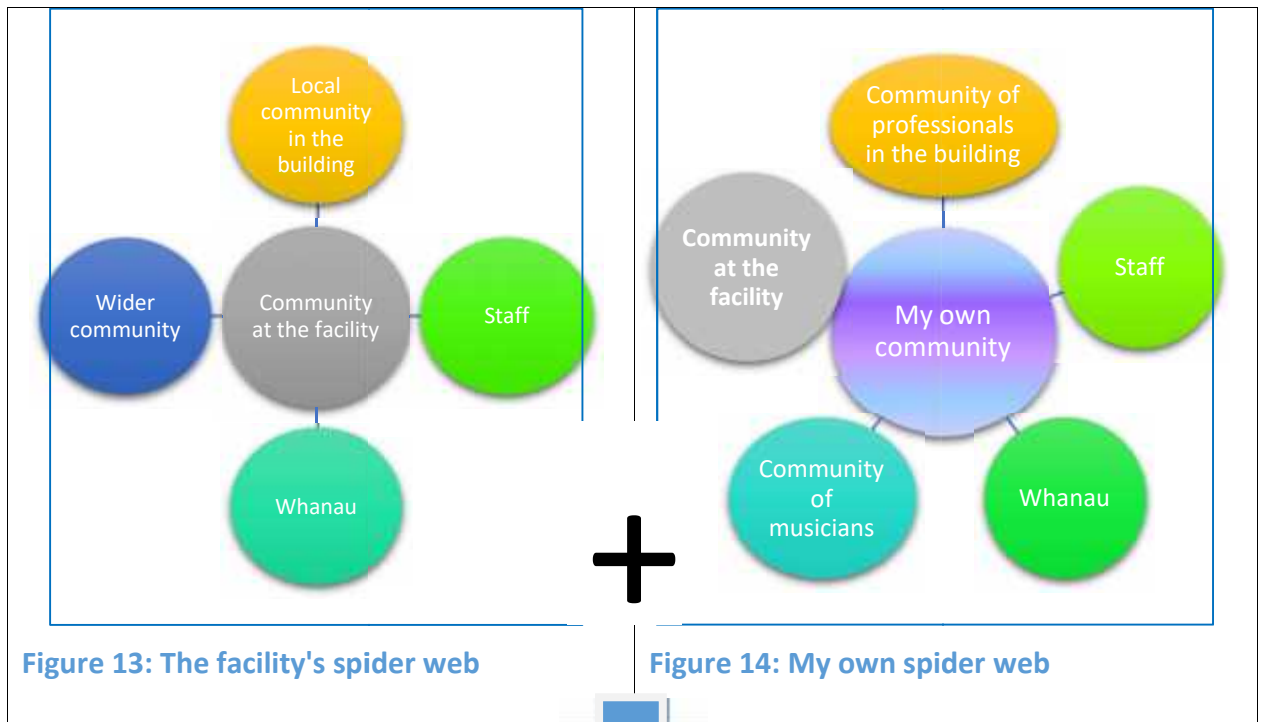
7 Music therapy vignette: Collaboration in song writing reflected a strong sense of community

This vignette will describe elements of music therapy work from the drumming group that I had set up at the facility. It will illustrate how song writing encouraged genuine collaboration between service users, self-performance and revealed strong ties within the facility's community.

7.1 Background

My initial intention in setting up a drumming group at the facility was to create an environment that would unite and provide equity between people. I had chosen to offer a single type of percussion instrument for everyone (the travel cajons that I had designed) in order to set mutuality between all players. The group was open for people who self-referred to me or were referred by the team.

My own process in the group

The drumming group has been a place for me to develop and improve greatly my group facilitation skills. I had to reflect a lot in regards of adopting the right level of leadership between me and the group members. I wanted people to have the most leadership as possible and to make sure they were collaborators in the sessions. However, this impacted on the flow of the sessions, leaving too much silence and uncertainties. I realised later that people expected me to facilitate the group and to give them some direction to feel safe. I could not always base my work on improvisation and co-creation because I did not yet have the skills for it. I progressively understood that I could use a facilitating role to empower people and create situations of leadership while holding enough structure at the same time. This approach could satisfy feelings of safety for group members and also created a better flow. Even though I had read many recipes for group facilitation, I had to find my own one, using my personal ingredients and set of skills. I could only

integrate the flavours of a successfully facilitated session after I had tasted it myself.

Therapeutic goal of the group

The group consisted of five to six people who consistently attended the one hour sessions over the year. The structure of sessions consisted of drumming activities, learning songs, drumming games that encouraged verbal and non-verbal self-expression and interactions and there was also space for moments of improvisation. The therapeutic goals of the group were to provide a space for group members to practice sets of social skills (communication, flexibility, cooperation, social rules) and an occasion for active participation in their community.

7.2 Important moment of collaboration in the music therapy process

Inspiring music

This time I had developed a new music therapy folder for the group to use. It contained various songs and rhythm activities that we had not done together before. The group asked me to share the new resources with them. I started to sing *"Day oh, me say day oh"* (banana boat song) and initiated the famous response *"daylight come and me wanna go home"*. Everyone knew the song and I felt they wanted to play it more. Reg was especially inspired and started to improvise new lyrics to the song. I encouraged the rest of the group to keep repeating "*daylight come and me wanna go home".* One group member added a drumming pattern (rumble) at the end of the sentence and I followed him to model it to others in the group. The music was flowing, everyone participated in the musicking and I felt it was a great moment of connection between us. We laughed a lot. I was glad that I had this song in my folder.

Writing up a new song

The following week, the group members asked to play that song again. Reg started to make up lyrics again and I suggested we write them down this time (see lyrics in Appendix J). He had a natural feel for using the rhythm of the words to match the musical structure of the song. It was noticeable that Reg had a lot of ideas to share with others and the group members seemed to enjoy his performance. We laughed a lot. Reg also genuinely invited others to contribute. Hayden, Tim and another group member added more lyrics to the song. Lawrence was very attentive to the process of the group and I could feel he was fully participating with his presence. This moment of co-creation felt like a strong collective process which caught everyone's attention and involvement. People checked with each other if the lyrics were ok and we discussed together if we had doubts. The atmosphere was flowing and light, it felt as we were a group of friends hanging out together and people were free to express themselves and be creative.

A sense of community in writing

Each line of the song described one member of the group and emphasised on their special and unique quality or trait. I felt it was a real group effort to find ideas that reflected people's truth. Hayden was described by others as being funny and looking like "Johnny Depp" for example. Tim liked to evocate laughs for his part of the song. "Tim drinks too much beer and whiskey" and the whole group would crack up laughing each time we sang it. I also felt that singing people's names and qualities would reinforce positive self-esteem. Lawrence for example would always smile and say "Yes!" after we sang his part.

Group members also chose to sing about staff members and pointed at some of their habits in a friendly and funny way (one drank "too much energy drink", another stayed "all day long in the office"!). I believe this reflected how much people held a strong sense of community at the facility and people felt safe enough to make jokes about each other.

Preparations for the concert

The group members decided to keep this song as a secret and to perform it at our end of year concert. I felt that this strengthened a feeling of membership in the group as we were doing something special and different from any other group. Reg for example would often whisper to me something about our upcoming practice if they were staff members around. I felt people were proud of what we were doing and wanted to show off in great manner what they had achieved.

We practiced for several weeks before the performance. The group decided that Hayden would be the lead singer. Reg and another member chose to be in charge of singing the calls ("Day oh, me say day oh") at the beginning of the song. Tim, Lawrence and I were in charge of singing the repetitive response ("Daylight come and me wanna go home"). Everyone had an important role in the group and they had chosen it collaboratively.

Quality of the music

We initially all used the cajon drums for this song but I began to feel that the quality of the sound could be improved. I suggested people chose any percussion instrument they liked instead. People added a djembe, a drum kit (snare and cymbal) and a floor tom. This created a much richer music for the song. Lawrence was in charge of setting up the pace on the floor tom. I noticed that he also became more involved in drumming on this drum since he had chosen it. I decided to play the guitar to support the melodic lines of the song and to bind the music together. I felt that this improved greatly the quality of our music making.

Last thought

Song writing was a collaborative process that led people to express their belonging to the community in unique ways. I have enjoyed so much working with this group and I was greatly touched to see that people could be so caring for each other. It was a great lesson of friendship and respect for us all.

8 Discussion

8.1 What I did and what I found?

The research explored how I could use, develop and improve a collaborative music therapy approach. The focus of this collaborative process was to enhance the sense of community at a day program for adults with learning disabilities. The key findings of this research suggest that a sense of community could be enhanced through adapting a genuine collaborative approach with staff and using my own web of connections (communities) to develop relationships between people, their wh nau and other relevant stakeholders. A sense of community was about connecting with others but also about self-realisation in a group.

Belonging to the facility's community was the first step that made it possible to connect people with other communities. I could then share my web of connections with the facility which strengthened the ties with the local community, community of musicians, staff and wh nau. The end of year concert I organised was a successful moment of union between all communities involved and for people with disability to share their healthy identity. It required me to have excellent collaborative skills and created new ties with wh nau and other communities (musicians, professionals in the building, staff members and performers). It reflected the impact of belonging and participating to a community for wellbeing and contributed to more recognition of what music therapy can achieve. The concert was described as a "heart warming"[13] moment.

These findings could highlight the benefits of networking and building positive and genuine relationships with others for creating healthy communities. Union makes strength.

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[13] One wh nau member's description of her experience of the concert

8.2 What it means?

On collaboration

Collaborating was not easy and looking at it in depth made me realise that I initially did not entirely collaborate even though I wanted to. Being honest in my data gathering and analysis helped me develop a better approach as I could identify what I needed to change.

I found later that my observations reflected a necessity for "hanging out periods" (Bolger et al., 2018) as basis for genuine collaboration. During the course of my placement, attending regular staff drinks and sharing personal information with staff, being transparent and asking for help, sharing information regarding music therapy, reporting on sessions and involving some team members in planning, recognising and acknowledging people's skills contributed to develop positive relationships with the team members. Interrogating myself and engaging in a reflexive process for this research provided some genuine learning for me. Reflexivity was a central point of learning to develop a better practice.

Collaborating with service users in music therapy seemed to be more natural for me as I had strong values for empowering people with disabilities through facilitating their active participation in the therapy (e.g.: encouraging leadership, autonomy, responsibility, choice making, involvement in session planning and therapeutic goal setting). My data gathering reflected indeed that I gave more focus on my collaborative approach with staff members.

I believe that having an effective and genuine collaborative approach is essential for the development of the music therapy field as this is a profession that is still in need of more recognition. Ensuring that we maintain good relationships in inter- and multi-disciplinary teams are crucial and a very basic principle for community music therapists as their roles could be described as bridge makers. Building a sense of community is only possible through building relationship with others and collaborating effectively.

On a sense of community

Belonging to the facility's community enabled me to strengthen the ties they had with other communities (in the building, past connections, community musician, staff members). Aotearoa[14] is a relatively small country where people are always connected to someone somehow. It appeared relevant to me to use this characteristic as strength and to share some of my connections with the facility. Care was taken for keeping privacy and only sharing information relevant to my clinical practice. Sharing my own circle of connections (with a taonga puoro[15] artist, gypsy jazz musician, Kamale Ngoni player, music therapy student and community musician) with people at the facility consequently expended their circles of connections or reconnected them to past connections. It also contributed to developing more understanding from my web of connections regarding the work I do.

The facility already had a strong sense of community and it was beneficial for me to observe how it could be reflected in the music therapy. I would like to discuss more how findings could reveal that a sense of community related to the concept of performance of the self with others.

On performance of the self

Moments of self performance in a group appeared to be moments of connectedness and togetherness. These were moments when a sense of community was shared. The group could hold individuals and people were free to be themselves, improvise and share their successes and challenges with others. Performance of the self goes beyond the act of performing. It is about being with others and it activates feelings of belonging to the group. Vaillancourt (2009) described how during performance "a feeling of shared experience occurred that promoted a culture of belonging to some bigger entity than oneself".

In community music therapy, performance of music to an audience is a common way to enhance connections with families and local communities. It enables people to perform a healthy identity to others, a creative self. It provides

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[14] New Zealand
[15] Traditional Māori music instruments

performers with a sense of achievement which contributes to self realisation (McGuire, 2011) and to potential internal change.

Performance also brings people together and creates new relationship between people. Jampel (2006) described five dimensions of performance in music therapy as they establish new connections: between the performers themselves, the performers and the audience, between the performer's thoughts with their own mind while performing and the feeling of the performer.

It was important for me to invite wh nau members and the local community to our concert but also to invite musicians from my circle of connection to perform. I believed it could be uniting for people from different communities to share the stage and for wh nau members to see their loved ones belonging to a wider community. All performers belonged then to a wide community of musicians (Kang, 2017; Rickson & McFerran, 2014a).

8.3 Limitations

Dangers of performance in music therapy work

Performing on a stage is not relevant to every setting or music therapy work. I am aware that caution should be taken so that preparations for performance did not impact on the therapeutic work with people (O'Grady & McFerran, 2007) but contributed to the person's individual goals. Conscientious collaboration with the person needed to be established to anticipate challenges that could occur during the performance. Performance in front of an audience could create distress and it was important to be well prepared for it.

At one stage, I had serious doubts for organising the event after I had a discussion on the expectations from the facility regarding the quality of the performance that would be given. I felt that these expectations were not fully matching mine. I had to clarify my music therapy goal to the team and this helped us work towards matching our visions. This was an extremely important step to be positive and confident in regards to the event.

Personal circumstance

This research was conducted over an extended period of time compared to my classmates. I had to leave the country urgently for family emergency and faced the unfortunate and sudden sickness and death of my mother. I had a bereavement leave of three month (between cycle 1 and cycle 2) and I realise that this situation impacted on the quality of my reflective process, data collection and planning of actions. I recognise that the choice of my first set of actions did not reflect fully an attempt in collaboration. However, I was able to redirect my intentions and to use my mistake to learn from it. I have strived to keep a healthy work practice during and after this difficult time of my life and I believe that I have undergone adequate self care for ensuring my best practice.

Recommendations for the future

This action research was limited to exploring my own practice. Investigating the impact of my interventions at the facility could extend the kite of knowledge regarding the underpinning elements of music therapy that could contribute to nourishing a sense of community. Building questionnaires for people attending the facility could be a relevant method to collect qualitative data. Exploring attitudes of staff regarding music therapy and collaborative work could also help gather more understanding.

I would like to have made more of my song writing process. This was not art based research but I discovered the song writing was an important step of data analysis. Song writing with service users and staff members could be an idea to develop in the future. I believe that music therapists are well equipped to lead art based research combined with action research methodology.

9 Conclusion

Learning to develop a genuine and effective collaborative music therapy approach in a multidisciplinary team and developing relationships with staff, service users, their wh nau and the wider community was an interesting and rewarding journey.

There were several indicators of an enhancement of the sense of community at a day program for people with learning disability.

Collaboration with staff members was most effective when it involved team working, sharing similar goals and acknowledging people's unique contributions. A sense of community related to connecting with others and connecting within through moments of self-realisation. The type of music used (famous song lyrics and genre) and musical interactions facilitated these moments of connections or togetherness.

I have used the metaphor of a spider web to describe the connections there were between different communities, the facility and myself. The findings revealed that I was able to strengthen these connections when I shared them with the facility. Organising a concert and inviting people from my personal circle of connection to perform at the facility expanded our common "spider web". It enabled people with disability to belong to a wider community of musicians and united several communities together (wh nau, staff, musicians, local community).

The research methods consisted of thematic analysis of data collected through three cycles of action, reflection and planning. Due to the nature of the music therapy field, I have included musical material in the form of original songs during the process of my data analysis. Exploring my collaborative skills with transparency and facing challenges made me realise that I would like to develop more collaborative projects which have ecological perspectives.

Everyone one of us needs to feel we belong somewhere and community music therapy has for focus to ensure that people in situations of vulnerability and exclusion also belong to a healthy community. I am hoping that this research will be useful for students or music therapists who want to collaborate and anyone who strives for the same need of belonging somewhere…to a community.

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11 Appendix A: Travel cajon

12 Appendix B: Thematic analysis

13 Appendix C: Information for the team

Information sheet for the team

<u>Research title:</u>

How can I use, develop and improve a collaborative music therapy practice to enhance the sense of community at a day programme for adults with learning disabilities?

Tēnā koutou katoa,

I te taha o toku papa, no Marako ahau. Ko Berber te iwi.

I te taha o toku mama, no Ouioui, no Itari ahau.

He puoro whakaora toku mahi

Ko Sophie Sabri toku ingoa

Wellington, 2nd November 2018

Dear team,

As you know I have been training at ▇▇▇▇ as part of the completion of a Masters degree in Music Therapy with Te Koki School of Music, Victoria University. Thank you for allowing me the time and space to be with people in music therapy. This made my experience of settling in your team rather easy and smooth.

This letter is to provide you with:

- information on the research I am doing as part of my studies and
- to ask your permission to include information you have shared with me in the course of my placement.

<u>My research:</u>

During my first weeks on placement, I immediately noticed that ▇▇▇▇ was a very communal space and there was a strong advocacy for empowerment and community participation as ways for wellbeing. This influenced my music therapy practice to be community centred as I wanted to best fit with the services philosophy. I developed a research question based on what I observed was already existing here. One requirement from my study programme was to look at my own practice in details. My research question is:

How can I use, develop and improve a collaborative music therapy practice to enhance the sense of community at a day programme for adults with learning disabilities?

Action research is my chosen method. It is a cyclical process of planning actions to put in place, acting them and then reflecting on what has happened. I am keeping a reflective journal during these processes, daily notes of group music therapy that I have facilitated, group activities I have attended and notes from regular meetings that we have. I will be using these notes to draw meaningful themes that relate to my research question. They will help me reflect and improve my practice.

What my request is:

I would like to ask you if I could refer to some <u>examples of our collaborative practice</u> in the form of short descriptions of events at ▨▨▨ (case vignettes). These examples will be drawn from my notes and be focussed on my practice.

I will make every attempt to disguise names and identifying details in these examples. However there is a small chance that people involved could be identified as New Zealand is a small community and disability services do not often engage music therapists professionally.

Please, feel free to discuss with me, or ▨▨▨ my clinical liaison here, any concerns or questions regarding my research. I will be happy to give you more details or refer you to my research supervisor.

Confidentiality:

If you did consent to me using my notes and reflective journal that refer to our meetings or conversations about our work, I would use a pseudonym in place of your name to maintain your privacy.

The notes and data are stored on a password protected computer to which only I and my research supervisor have access. Consent forms and data will be stored securely in the music therapy department of NZSM for a period of 5 years and then be destroyed.

Your Rights:

You do not have to consent to having this data included in my research; I can ask other people if you are not happy for your thoughts to be included. If you decide that you do want to give consent, you can:

⌡ Ask any questions about the research at any time until it is completed.

⟩ Have time to consider whether you want the data to be used (until 20th November 2018).

⟩ Have access to the completed research. A copy will be given to ▇▇▇▇ and will also be accessible through the Victoria University website and library.
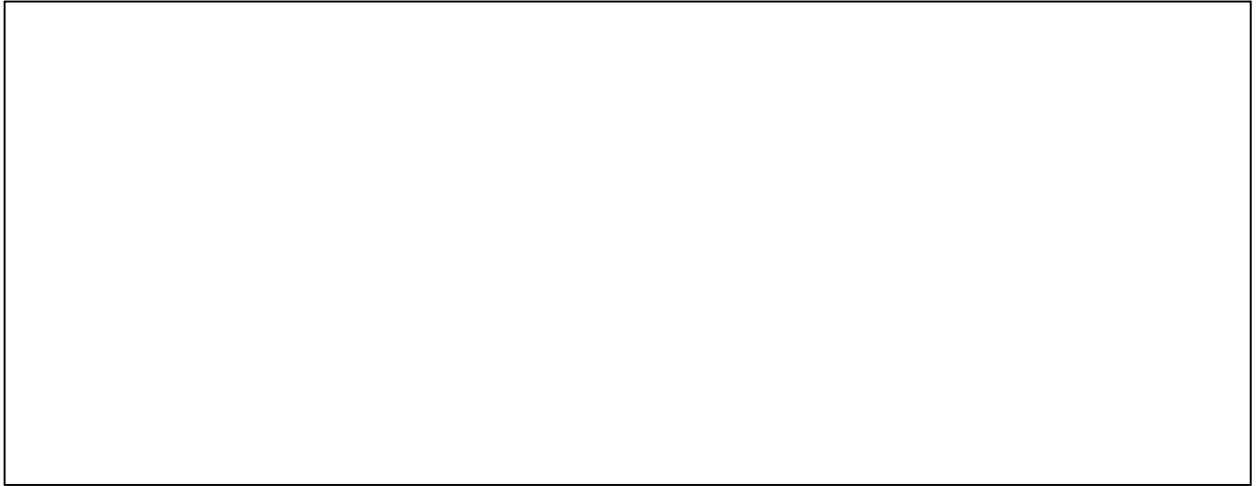
Thank you for your time reading me, working in partnership with me and sharing your valuable knowledge about your work in authentic ways for the past 8 months.

Sincerely,

Sophie Sabri, music therapy student

sophie@▇▇▇▇ or ▇▇▇▇@gmail.com

14 Appendix D: Consent form

Signature: _____ Date: _____

Full name/s printed: _____

15 Appendix E: Information for musicians

Information sheet for ▮▮▮▮ Musicians

Sophie's Project:

How can I use, develop and improve a collaborative music therapy practice to enhance the sense of community at a day programme for adults with learning disabilities?

Tēnā koutou katoa,

He puoro whakaora toku mahi

Ko Sophie Sabri toku ingoa

Wellington, 8 November 2018

Dear ▮▮▮▮ Musicians,

I am writing a research book about doing music therapy with people. As you know, I've been doing my placement here with you at ▮▮▮▮. It has been a lot of fun drumming, singing, making beats on the computer and working one-on-one with some of you.

I am writing to you to ask if I can write about the music we created together.

Your whānau, our ▮▮▮▮ staff and other people will read my book, and it will help them to understand how music is fun and can help us to learn and do things. The book would not have your real name in it unless you want it.

I am going to ask some of the other musicians I have worked with if they would like to be in my story too, so it's ok if you don't want to be in it. Your whānau or ▮▮▮▮ will help

you decide what the best thing to do is. It is also a good idea to ask lots of questions until you are sure you know what this is all about.

If you do want to be in my story you need to say "OK" to ██████ or me, and if you can, write your name on the paper behind this one. If you say "OK" I will be happy. If you do not say OK, I will still be happy.

Thank you for reading or listening to my letter.

Sincerely,

Sophie Sabri, music therapy student (sophie@███████ or ███████@gmail.com)

16 Appendix F: Consent form (musicians)

Sophie's project:

How can I use, develop and improve a collaborative music therapy practice to enhance the sense of community at a day programme for adults with learning disabilities?

Consent form for ████ musicians

This consent form will be held for a period of five years

I understand that Sophie is writing a book about music therapy at ████.

I have read or someone has read me the information letter about Sophie's story and I understand what it is about.

I have had time to think about whether I want to be in the story and I have asked all my questions.

It is OK for Sophie to write a story about the music we did together.

I want my real name to be in the book   YES   NO

Signature: _____ Date: _____

Full name/s printed: _____

17 Appendix G: Volunteer form

Wellington, 2/05/18

Re: Volunteer for Africa day

Hi everyone,

Saturday 12 May is Africa day. This is a day to celebrate 55 years of African unity. There will be a lot of music, food and artists stalls. I am inviting you to participate to this event and volunteer a bit of your time if you are interested. Your role will involve collecting koha at the door for a couple of hours between 12pm and 6pm. Please, let me know if you would like to be part of Africa Day Volunteers team.

You can find details on facebook on the "Africa Day 2018 Volunteers page".

Yours sincerely,

Sophie Sabri, music therapy student at ▬▬
Sophie@▬▬▬▬▬▬▬▬

My name is ………………………………….

I would like to volunteer at Africa day from

………..pm to …………pm.

Signature:

18 Appendix H: Letter to families

Tēnā koutou katoa,

I te taha o toku papa, no Marako ahau. Ko Berber te iwi.

I te taha o toku mama, no Ouioui, no Itari ahau.

He kaihaumanu waiata toku mahi

Ko Sophie Sabri toku ingoa

Wellington, 28/09/18

Kia ora,

I am Sophie, music therapy student on placement at ▬▬ I have been working here since February but had a 3 months leave from May to August. I will be here until the end of December.

I am writing to you to introduce myself and let you know that I have been working with (name of music therapy participant) on a regular weekly basis. I would like to define my work with (name) as a collaborative music making that has potentials to benefit (name) with non musical skills.

At the end of my time here, I would like to provide you with a little report on what we've been doing.

I am available to you if you would like to know more about music therapy. You can contact me at ▬▬ on Mondays, Tuesdays and Wednesdays.

Ngā mihi,

Sophie Sabri

▬▬@gmail.com

19 Appendix I: Invitation to the concert

Kia ora koutou,

I would like inform you that we are having a music concert at ▓▓▓▓ to celebrate the end of the year. You are warmly invited to join that evening to celebrate with us! There will be drumming, singing, electronic beats that we made and the band will be playing.

....................................is participating in the performance and I would like to confirm with you if he/she will be able to attend the event. Could you please let me know if you and wh nau members are coming to the event.

It will be on Wednesday 12th December from 5pm to 7pm.

Could you please return the completed form to me or send me an email to confirm.

Nga mihi,

Sophie Sabri, music therapy student

sophie@▓▓▓▓▓▓

I confirm that .... will be able to attend the concert at ▓▓▓▓ on 12/12/18 from 5pm to 7pm.

There will also be ………….. (number) people coming to the event.

Signature:

20 Appending J: Song for the concert

I am aware that the content of the lyrics seem to lack continuity between the first paragraph after the chorus and the rest of the song. However, the group members decided to keep these song lyrics because they were funny.

<u>Banana boat song</u>

Day-o, day-o **(Reg)**
Daylight come and me wan' go home
Day, me say day, me say day, me say day
Me say day, me say day-o
Daylight come and me wan' go home

I drink all night, a can of zero coke (HAYDEN)
Daylight come and me wan' go home (ALL)
Before I go to bed I have a snack
Daylight come and me wan' go home
Without mum finding out that I did it
Daylight come and me wan' go home
So I blamed it all on dad instead
Daylight come and me wan' go home

It's six foot, seven foot, eight foot BUNCH! (ALL)
Daylight come and me wan' go home
Six foot, seven foot, eight foot BUNCH!
Daylight come and me wan' go home

Day, me say day-o **(REG)**
Daylight come and me wan' go home
Day, me say day, me say day, me say day
Daylight come and me wan' go home

████y stays in the office all day long (HAYDEN)

Daylight come and me wan' go home

████ drinks too much energy drink

Daylight come and me wan' go home

████ comes out of the office for a late lunch

Daylight come and me wan' go home

Reg's been saving up for a new amp

Daylight come and me wan' go home

It's six foot, seven foot, eight foot BUNCH! (ALL)

Daylight come and me wan' go home

Six foot, seven foot, eight foot BUNCH!

Daylight come and me wan' go home

Day, me say day-o **(SOPHIE)**

Daylight come and me wan' go home

Day, me say day, me say day, me say day

Daylight come and me wan' go home

Tim is drinking too much beer and whiskey

Daylight come and me wan' go home

Hayden is funny and he looks like Johnny Depp

Daylight come and me wan' go home

████ plays the petanque and says "ouioui"

Daylight come and me wan' go home

Lawrence drinks a coke at his favourite cafe

Daylight come and me wan' go home

It's six foot, seven foot, eight foot BUNCH! (ALL)

Daylight come and me wan' go home

Six foot, seven foot, eight foot BUNCH!

Daylight come and me wan' go home

Day, me say day-o (ALL)

Daylight come and me wan' go home

Day, me say day, me say day, me say day

Daylight come and me wan' go home

Come, mister tally man, tally me banana x3

Daylight come and me wan' go home