



**YOUTH  
MUSIC**



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ENGLAND**

## **Rose Road Association Report**

### **Demographic of participants**

Attendance to the sessions was diverse, as members of different teams brought service users to the sessions. The majority of the participants were within the PMLD spectrum, with some with SLD and a minority with MLD. Altogether, we worked with around 30 service users. Most were between 15 and 30 of age, but some sessions were also attended by some primary school aged children, and one 3 year old infant. Group sessions were very well attended, with our largest session including 17 service users.

### **Detail of activity for participants (types of activity, developing communication, social and musical skills, how young people engaged in the activity)**

We delivered activities planned around the needs of participant groups, as well as more open activities where all groups were mixed. While I initially planned to keep mixed activities to a minimum, the dynamics of attendance and staff involvement made it necessary to include more mixed sessions. Nonetheless, every day we still delivered activities that focused on specific needs, particularly those of service users with PMLD. This was necessary as in this project some training activities were embedded in carefully planned and targeted delivery.

PMLD activities were delivered 1:1 as well as in small groups, or as a part of the large group sessions. There were two core types of activities which we facilitated separately or in combination. This first type included interactive activities, aimed at developing cause effect routines, and musical interactions with service users. Depending on the level of engagement of the participant, these activities could be based on simple trigger routines, or more complex dynamic interactions, where participants engaged in more dialogic play with facilitators. The other type involved sensory exploration and supportive play. These included the facilitation of self-occupying activities, two-part playing, and supported play. A preliminary 1:1 session would follow this basic outline:

1. A quiet responsive environment. Sparse sounds or no sounds at all
2. A simple support part is played, but it changes following the participant's movements. This reinforces the feeling that she is in control of the sounds in the room.
3. Interactive play: rattle string and drumming. The participant activates the rattle with her feet. You now use a drum, with which you play a support part. If she play is in short bursts, you use it as a cue to play a beat for a few seconds.

4. Self-occupying: the participant plays with thumbjam, making tunes or changing chords with her hand.
5. Play and support: you add an open tuning guitar support part to her playing, gently letting her phrasing or timing affect how you play.
6. Two-part playing and vocalisations: you put a table harp on the participants' tray. Wait for her to play and respond by plucking a string at the opposite end of the instrument and maybe sing a short phrase. Maybe use a guitar on the side to strum gently as support (if needed).

Group PMLD sessions involved collective vocal interactions, as well as welcome micro-songs for each individual. In most cases, group PMLD sessions did not exceed 2 or 3 participants. In the larger sessions, we prioritised self-occupying, supported play, and trigger activities, as rich interactions were not possible due to the size of the group.

Following 1:1 and small group sessions, all participants had demonstrated a widened engagement, which was largely the outcome of our adaptive approach. Moreover, as most activities combined supported playing with interaction, sessions created a space to improve access to communication, interaction and engagement in shared play. This was particularly significant as it has the potential to exponentially improve the quality of interaction between service users and support workers. Engagement was generally high, but some young people had complex medical and care needs, and were not always fully awake during sessions. As attendance was fluid, we were not always able to follow through sessions on other days. There were, however, some young people who attended 1:1 sessions consistently, together with their carers.

We planned more SLD activities than we needed. This was because, in principle, we thought most of the participants would be within that cohort. Again, attendance was variable, so we were only able to implement the full package of SLD activities in two days. In other days, attendance to the main group sessions was too large to implement some of the more complex composition-based activities. The activities included an extended welcome song which was used as the sound blanket for exploring the preferences and needs of the participants. Creative music making activities developed from the participants' interests and ways of playing. Initially, the first compositions were based on spontaneous variations of the welcome song, based on interactions between the singer (Louis) and each participant. Using speech, body language, pointing or objects of reference, we facilitated composition activities, in which participants could choose instruments and ways of playing. These were jammed extensively as other preferences were explored. Due to the size of the sessions, each composition eventually varied and adapted to the performance input of other participants. Our main aim was to keep an inclusive atmosphere that worked for the service users as well as for the staff members.

Generally, the combination between staff priorities, attendance and session feedback, led to our delivery going through three stages: 1. welcome song and spontaneous variations, 2. Instrument-based composition and improvised interactions maintaining sparse soundscape, 3. Vocal and

instrument-based composition and improvised interaction prioritising percussive play, plus supported leading activities.

These sessions were, together with the PMLD 1:1 delivery, the most popular among staff members. This was largely because individual engagement was consistent and coexisted with strong group unity. Given the variable number of participants and the different needs, depth of engagement sometimes gave way to general inclusion; in practice, this means that more detailed exploration of individual interests and preferences was not always possible within these sessions.

Finally, while we had only planned to conduct 1:1 sessions with PMLD students, we were requested to run one long session with a participant with MLD. This is because this person has a particular interest in music and has remarkable skills. It was necessary to complete independent planning for this person, and our focus was to build on his confidence, particularly to interact socially and take on leadership roles. The workshop took the form of an ensemble session in which we explored different instrumental alignments. He explored the possibilities of each member of the ensemble, composed of music leaders and staff members, and structured a piece based on his own creative decisions. Towards the end of the workshop, he was operating as a band leader as well as a composer and instrumentalist.

It is particularly relevant to emphasise that following this highly positive participation, this individual is a prime candidate to be an invited musician in an ambitious ensemble project run in collaboration between Rosewood School, Great Oaks School, and the Orchestra of the Age of the Enlightenment.

### **Staff training activities (key skills/activities learnt by staff, reflection of how staff engaged in the activities)**

At the beginning of the project it was clear to us that while some staff members had reserved the week, or several days of the week, to focus on this project, others were eager to participate but were expected to perform their usual work tasks. For this reason, we could facilitate in-session training to most staff members, but specialised training sessions for three staff members. One of the latter is a practising musician, so his training was more focused on delivery methods and workshop technique.

We delivered the following training contents:

Day 1: a. Ways of playing + drumming; b. music interaction methods/group leading

Day 2: a. Ways of playing + Open tunings; b. physical facilitation/group leading

Day 3: a. Ways of playing + accessible instruments; b. music interaction methods/group leading

Day 4: a. Ways of playing + ipads and other electronic devices; b, physical facilitation/group leading

As we delivered the contents we noticed that there was a wide range of experience and expectations from staff members. Moreover, some had not been briefed on the contents of the project, so we had to adapt some of our delivery accordingly. As the week progressed, we identified the following areas of staff development to emphasise:

1. What person-centred music-making looks like, and how to facilitate it.
2. Music support techniques: how to provide grounding to a person's music explorations.
3. Developing interactions: how to identify patterns of movement or vocalisation to shape cause-effect patterns or person-centred improvisations.
4. Ipad applications relevant to the sessions
5. Physical support: how to implement supported play, two-part playing or self-occupying as a replacement of hand-over-hand prompting.

Three staff members were introduced to all of these contents, but towards the end of the week were taking active part in delivery. Other staff members were introduced to practice through peripheral participation. As staff feedback demonstrates, our intervention was particularly well received by support workers and carers, who felt valued and included in the project.

### **Key challenges and successes**

While the project was successful and we have obtained very positive feedback, there were some delivery and logistical challenges. The structure and attendance of group sessions varied each day, which seemed likely caused by the fluid nature of service user attendance, but also due to some outreach or rest-by workers having little or no awareness of the project's logistics - and treating sessions as freely 'drop in'. This meant that we had to adapt our delivery to a very fluid attendance, and we needed to make some contingency planning in order to ring-fence PMLD sessions, 1:1 sessions or training. At the same time, we were sensitive to this approach to participation and attendance. While a more organised and compartmentalised participation outline was our original recommendation, it was clear that these fluid sessions provided a great opportunity to reinforce staff members' sense of collective effort, unity and to enjoy themselves as a team. The inclusive nature of the activities avoided a strong top-down chain of delivery leadership, and all staff members felt comfortable making suggestions and contributing. At the same time, it was important that we provided structure when it was needed, as sometimes staff participation, especially in the form of informal comments, hand-over-hand prompting or boisterous encouragement, risked undermining music engagement, awareness of engagement, and filled up the necessary vacant aural space required to enable service users' contributions to be framed, perceived, appropriately supported and celebrated. By the end of the week, most staff members (particularly the three members that attended regularly) had assimilated some of the core principles of our delivery: person centred, supportive but not obtrusive, interactive but not interfering, plus a thoughtful use of resources.

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