



Creative Consortium: Children and young people in residential care engagement in music.

Volume One: Literature Review and Study Methods

Charlie Gracie, Moyra Hawthorn and Michelle McCue

October 2018



Table of Contents

1	Introduction	3
	Background to the Creative Consortium	3
	Creative Scotland and the Youth Music Initiative	3
	CELCIS	3
	Creative Scotland	5
	Who Cares? Scotland	5
	Music Plus	5
	The Four Test Sites:	5
2	Literature Review	6
	Looked After Children: Setting the Scene	6
	Policy and Guidance in Scotland	6
	Corporate Parents	8
	Emotional Well-being and Mental Health	8
	Therapeutic Use of Residential Child Care	9
	Music and Theories of Child Development	9
	Music and Children Looked After in Residential Care	11
	Summary of Literature	13
3	Creative Consortium Study: Methods and Approach	13
	Site Selection and Ethical Approval	14
	Research Methods: Putting the Approach into Practice	15
	Data Collection: Children and Young People	15
	Data Collection: Staff	17
	Practice Development: Planning and Implementation Processes	18
4	Conclusion	20

Acknowledgements

There are many people to thank for their support in this study. Firstly, we would like to thank Creative Scotland who commissioned and funded the study, enabling the participation of four organisations: Argyll and Bute Council, Care Visions, Glasgow City Council and Seamab. All recognised the value of creativity and the arts in the lives of children and young people but, by engaging in the research process, they were exposing practice and internal systems to critique by external agencies. Children and young people taking part were also very generous of their time. By offering their unique insight, they were touching on some challenging personal circumstances, such as multiple placements, changing relationships and loss, as well as the positive experiences of creativity and support. Individual staff were encouraging - not only did they take time to participate in questionnaires and focus groups, some exposed themselves by taking part in training programmes, which can sometimes be a daunting and uncomfortable experiences. Finally, we would like to thank members of the Creative Consortium who gave generously of their time, musicians who facilitated in the research process, and colleagues within CELCIS who have been supportive, taking on the role of 'critical friends'. We thank them all and hope that this study will contribute to the wellbeing of children and young people in residential care, today and in the future.

1 Introduction

Background to the Creative Consortium

The Creative Consortium emerged from an initiative in 2013. Creative Scotland wanted to understand what opportunities and barriers there were for children and young people in residential care to participate in musical activities. The Consortium brought together a group of organisations involved in creative arts and young people in residential care to develop a research and practice development programme primarily for residential care practitioners, but also for musicians and artists working with young people.

An important part of this project was exploring the existing evidence in respect of children and young people in residential care accessing music. Volume One of this Study reviews literature on the subject and describes the research process and methodology. Volume Two reports the Findings. It describes what children, young people and staff identify as the value of engaging in music, the types of music activity in which they are involved, and the enablers and barriers to involvement in music activities; it concludes with lessons for practice, both for child care practitioners and for artists.

Creative Scotland and the Youth Music Initiative

Creative Scotland is the public body that supports the arts, screen, and creative industries across all parts of Scotland on behalf of everyone who lives, works, or visits here. The role of Creative Scotland is to enable people and organisations to work in and experience the arts, screen, and creative industries in Scotland by helping others to develop great ideas and bring them to life.

The Youth Music Initiative is a Scottish Government programme managed by Creative Scotland. Its vision is to put music at the heart of young people's lives and learning, contributing to Scotland becoming an international leader in youth arts. It aims to:

- Create access to high-quality music-making opportunities for young people aged 0-25 years, particularly for those that would not normally have the chance to participate.
- Enable young people to achieve their potential in or through music-making and to support the development of the youth music sector for the benefit of young people.

CELCIS

CELCIS is the Centre for Excellence for Looked After Children in Scotland, based at the University of Strathclyde in Glasgow. CELCIS is dedicated to making positive and lasting improvements in the wellbeing of children and young people living in and on the edges of care, and their families, across Scotland and beyond – children who, through no fault of their own, are not able to enjoy the same positive experiences and outcomes as many of their peers. CELCIS works in partnership with carers, social workers, teachers, nurses,

charities, councils and government officials to understand the issues, introduce the best possible practice and develop solutions.

The Creative Consortium

Representatives from Creative Scotland and CELCIS initially met in October 2013 to discuss how to strengthen and develop links, and exchange knowledge between creative organisations and the looked after children sector in Scotland. It was hoped that this partnership would create opportunities, support and build relationships, and provide an investment in the future for our looked after children and young people, as well as those working with and for them. Creative thinking, learning and associated activities are important tools when working with children and young people, and can support the development of relationships, provide new education opportunities, and inspire confidence.

Creative Scotland invited CELCIS to submit an application to the Youth Music Initiative Strengthening Fund to undertake an action research project which addressed how looked after children and young people accessed music opportunities, if at all, what any barriers were and how they might be overcome. The application was successful and the project started in August 2014.

Taking the lead role in the management of the project, CELCIS' aim was to bring together key stakeholders within the Scottish residential child care sector to establish a development programme for residential care practitioners that would inspire confidence and highlight the importance of creative learning for looked after children and young people. The group was named the Creative Consortium. It aimed to provide the workforce with the tools and knowledge needed to identify and participate in creative activities that they could then use with the young people in their care, and show how these activities can supplement and enhance standard school-based learning. An action research approach was chosen to identify enablers and barriers to young people's engagement in music, and a subsequent development programme was planned to consist of a suite of training and informative seminars over a defined period of time.

Children and young people within residential child care are often subject to a number of geographical moves, which leads to broken educational attendance and a break-down of personal relationships. Learning activities such as developing music-making, music-centred skills, or complimentary artistic work can provide a forum for young people to express themselves outside of the standard learning setting. As shown in literature cited later, this helps them to gain knowledge, confidence and self-esteem in a safe and accessible environment, leading to the development of positive behaviours and enhanced relationships, both personal and within the residential child care setting. Having the opportunity to take part in group music-making and artistic activities can also enhance social skills.

During the implementation of the workforce development programme, the Consortium's aim was to focus on the day-to-day operations of integrating creative activities within the everyday workings of the residential child care sector. Four Consortium partner organisations were established as 'test sites', providing a combination of residential homes and schools, from a diverse selection of locations (city-based and rural). The Consortium used mentors to work with residential child care staff, children and young people in a close working environment; initially the focus was on a defined programme of music-based activities.

The other members of the Creative Consortium were as follows:

Creative Scotland

Creative Scotland is the public body that supports the arts, screen and creative industries for all people across all parts of Scotland.

Who Cares? Scotland

Who Cares? Scotland is a national voluntary organisation, established in 1978, providing a range of advocacy, advice and support services across Scotland for children and young people with experience of care. Who Cares? Scotland has a vision of Scotland where all children and young people with experience of care are understood, believed in, and given every opportunity to thrive.

Music Plus

Music Plus is a mentoring scheme run by the Scottish Music Centre, supported by Creative Scotland's Youth Music Initiative and The Robertson Trust. The aim of the project is to offer young people between the ages of 14 and 19 one-to-one experiences working with music industry professionals who will offer guidance, encouragement, skills and knowledge across a range of industry roles, from performance to event promotion.

The Four Test Sites:

Seamab

Seamab is a small, residential primary school, offering a therapeutic and nurturing environment for emotionally fragile children. For 52 weeks of the year, the school cares for up to 15 children with severe social, emotional and behavioural difficulties.

Care Visions

Care Visions is Scotland's largest independent provider of residential services for children. The organisation provides placements for children aged six to eighteen, specialising in working with children with more complex needs.

Argyll and Bute Council

Argyll and Bute is a sparsely populated local authority area in the west of Scotland, with almost half the population living in remote rural locations. The local authority runs three children's houses based in Helensburgh, Dunoon and Oban.

Glasgow City Council

Glasgow City is Scotland's largest council. At the time of the study, the local authority ran 20 residential care homes for young people across the city, ranging in size from five to ten young people.

The reasons for the selection of these four test sites are outlined in Section 3: Site Selection and Ethical Approval.

2 Literature Review

Looked After Children: Setting the Scene

According to the most recent figures available (at 31st July 2016), some 15,317 children and young people in Scotland were described as 'looked after'. Of this number, 1,477 were looked after and accommodated in residential care (Scottish Government, 2017). They were placed in around 345 establishments. A variety of terminology is used to describe these establishments, such as houses, homes, units and schools.

In addition to the 1,477 children who are looked after and accommodated, there are a number of disabled children who mainly live at home and access residential short break services. These children are formally looked after and accommodated. Data is no longer collected in respect of these children, but the most recent figures available (2013) indicate that there were 1,914 children and young people under the age of 21 accessing planned short-term placements (Scottish Government, 2015). Also relevant are those disabled children living at residential schools during term-time. Although not formally looked after and accommodated, the circumstances of some of these children are pertinent as they live away from home for part of the year and some share similar experiences to those formally looked after and accommodated.

Policy and Guidance in Scotland

Scottish Government's vision is that Scotland be the best place in the world for all children to grow up (Scottish Government, 2016). This includes a commitment to Getting it Right for Every Child (GIRFEC), the national approach that provides a foundation for working with all children and families. Wellbeing sits at the heart of the GIRFEC approach and reflects the need to tailor the support and help that children, young people and their parents are offered to support their wellbeing.

To help make sure everyone – children, young people, parents, and the services that support them – has a common understanding of what wellbeing means, we describe it in terms of eight indicators. The eight wellbeing indicators are commonly referred to by their initial letters – SHANARRI. These are as follows:

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included

These indicators lie at the heart of all planning, activity and review in respect of children and young people. This approach aims to achieve secure nurturing and positive outcomes, from which all children and young people can develop into successful learners, confident individuals, responsible citizens and effective contributors. This is underpinned by a strong commitment to the United Nations Convention on the Rights of the Child (UNCRC) 1989. More information about the wellbeing indicators can be found on the Scottish Government website at <http://www.gov.scot/Topics/People/Young-People/gettingitright/wellbeing>

The Children and Young People (Scotland) Act 2014 (from here on referred to as the 2014 Act) places aspects of the GIRFEC approach on a statutory footing. The multi-agency Single Child's Plan is one such feature.

Promoting the resilience of looked after children and young people is a key component of the care planning process. It is recognised that involvement in creative activities can help build resilience in children and young people (MacLean, 2011; Hallam, 2015).

In 2015, the Scottish Government set out its vision for looked after children and young people. The Getting it Right for Looked after Children and Young People Strategy aims to improve outcomes for looked after children through three priority areas of work: early engagement, early permanence, and improving the quality of care. The strategy focuses on:

- a. Building on the assets within families and communities to prevent children from becoming looked after where possible;
- b. High quality support and assessment for families;
- c. Delivering permanence without drift and delay, while taking account of the needs, rights and views of the child;
- d. High quality care and support for those children who need to be looked after, including those who are looked after at home;

- e. A planned and supported transition to interdependent living that meets the needs of each child and young person.

Corporate Parents

Part 9 of the Children and Young People (Scotland) Act 2014 introduces the notion of Corporate Parents into statute for the first time, and extends responsibilities to a wide range of public sector organisations in recognition of the holistic needs of looked after children which traditional Corporate Parents (Local Authority and Health Services) cannot meet alone. Part 9 also outlines a range of duties for Corporate Parents across Scotland. These duties aim to ensure the attention and resources of Corporate Parents are focused on the task of safeguarding and promoting the wellbeing of Scotland's looked after children and care leavers.

The duties came into effect on 1 April 2015. This means Corporate Parents should listen to the needs, fears, and wishes of children and young people, and be proactive and determined in their collective efforts to address these. The responsibilities of a Corporate Parent have been described as follows:

“An organisation's performance of actions necessary to uphold the rights and safeguard the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual, social and educational development is promoted.” (Statutory Guidance on Corporate Parenting, August 2015).

Corporate Parents include ALL parts of the local authority, not just those involved in the direct care of children and young people. A wide range of agencies are also Corporate Parents, including Health Boards, Scottish Police Authority, Children's Hearing Scotland, Scottish Fire and Rescue Service. In accordance with the Act (Part 9) Creative Scotland was also legally designated as a Corporate Parent (Creative Scotland, 2015).

Emotional Well-being and Mental Health

A number of studies, including several in Scotland, indicate that the mental health difficulties of looked-after and accommodated children are significantly greater than those of other children (McCann et al., 1996; Dimigan et al., 1999; Ward and Skuse, 1999; Ridley and McCluskey, 2003; Melzer et al., 2004 cited in Scott and Hill, 2006, p.21; House of Commons Education Committee, 2016). Reasons given include the children's experiences of poor parenting, trauma, bereavement, or serious illness, including mental health difficulties in one or both parents.

Coordination between health, education, and social services at a local level is at the heart of effective support for looked after children with mental health difficulties (House of

Commons Education Committee, 2016). Research in a number of countries has also demonstrated the importance of the links between positive mental health and developing a sense of belonging or connectedness for children and young people (Ward, 2011). Empirical evidence from Ward's study indicated that those young people whose life experiences had been marked by transience and loss will have been required to adopt multiple changes of cultural and personal identities. This may make it more difficult for looked after children to retain a sense of their own continuity through time. Transitions include changes of home, carers, school and friends. The loss of treasured possessions was particularly significant during this process (Ward, 2011). While this research involved children and young people in England and Wales, and drew on material from outwith the UK, there is no reason to consider that the experience of children and young people in Scotland would be different.

Therapeutic Use of Residential Child Care

Research over many years has consistently recognised the links between childhood experiences and subsequent emotional and mental health problems. Literature going back many years argues that the task of staff in residential child care settings is more than 'tending' (Ward, 2007, p.3) and looking after basic care needs. Activity programmes are seen as an important component of any treatment plan, where the child can begin to 'learn new peer relating skills and develop his own embryonic sense of self-worth' (Whittaker, 1969, p.100). This is still true half a century later. Similarly, residential care workers have been described as 'experience arrangers', and as 'supporting the person in strategic life moments to be able to change the story he believes' (Phelan, 1999, p.27). In a development of earlier work (2002), Ward argues for a distinction between 'the ordinary' and 'the special', proposing 'a programme for everyday practice which is differentiated according to the needs of the child and the task of the organisation' (2004, p.209). Citing Fahlberg (1990) and Ward et al. (2003), Ward recognises the need for some children with various types of 'special needs' to receive help outside of the 'daily living arena' through a range of individual therapies, as well as through family work and ongoing social work support (2004, p.215). While recognising that some children need discreet therapy sessions, such as music and movement, Perry emphasises that timing should be optimal for the child. In some instances, it may be more appropriate for them to be part of a therapeutic living environment where they can be appropriately supported, listened to, nurtured, respected, played with, and generally be enabled to 'be present' (2008, p.71).

Music and Theories of Child Development

Arguably, the healing power of music has been recognised since times of antiquity. Trevarthen proposes that music moves us because we move in musical ways 'rhythmically, harmoniously with gestures modulated in intensity, weight and resonance' (1997, p.ix). Trevarthen's work is rooted in extensive clinical observation of parent-infant interaction, and of the pitch, timbre and rhythm inherent in such 'co-creativity' (Malloch and Trevarthen, 2009, p.4). Malloch and Trevarthen's definition of musicality includes

'our innate skill for moving, remembering and planning in sympathy with others' (2009, p.4). This common musicality, they suggest, makes it possible for us to spend time meaningfully together (2009). Perry also stresses the importance of 'music and rhythm' as part of the healthy nurturing process in infancy (2008, p.144). Using a model of 'Neurosequential Therapeutics', which he describes as a range of 'appropriately matched experiences' that 'help organize and influence the respective parts of the brain that are most actively developing at various stages' (2006, p.41), traumatised, abused and neglected children can be nurtured towards healthy growth and development. Among the therapeutic interventions recommended at early stages of development are rhythm (e.g. drumming), music and movement (2006). Perry gives case examples to substantiate this (2008). He reminds us that for maltreated children, their developmental stage rarely matches their chronological age and that interventions should reflect their developmental stage (2006). In a more recent paper, he makes a case for 'co-therapeutic activities' for children and parents, proposing that often the parent or care giver has had similar experience of developmental trauma, loss or neglect (2009).

Drawing on developments in neuroscience, Hallam recently carried out a literature review on behalf of the Music Education Council, exploring the benefits of active engagement in making music. These include those relating to aural perception, which in turn support the development of:

- language and literacy skills
- enhanced verbal and visual memory skills
- spatial reasoning, which contributes to some elements of mathematics and constitutes part of measured intelligence
- executive functioning, which is implicated in intelligence and academic learning more generally
- self-regulation, which is implicated in all forms of learning requiring extensive practice
- creativity, particularly where the musical activities are themselves creative, and
- academic attainment (2015, p. 104).

Hallam also commented on the role of music in the lives of looked after children and young people (see below).

An extensive Systematic Literature Review commissioned by the Glasgow Centre for Population Health (University of Dundee, Bath Spa University and Tayside Healthcare Arts Trust, October 2014), as part of the evaluation of Sistema Scotland, focuses more broadly on the impact of arts participation on health and wellbeing. The Literature Review was carried out as three separate work packages:

- The impact of attendance and participation on health and wellbeing: Systematic literature review (Work Package 1)
- 'Arts and Smarts'- assessing the impact of arts participation on academic performance during school years: Systematic literature review (Work Package 2)

- Community-based music programmes, and health and inequalities: impact on children/adolescents and their families: Systematic literature review (Work Package 3).

The three strands support the use of active music-making; however, they acknowledge that further research was required as to whether the physical, emotional and social wellbeing gains can be achieved by children and young people in a diversity of settings (University of Dundee, Bath Spa University and Tayside Healthcare Arts Trust, October 2014a). It was also acknowledged that public policy measures that reduce the barriers to engagement in leisure and cultural activities would be important interventions (University of Dundee, Bath Spa University and Tayside Healthcare Arts Trust, October 2014a). Although several studies considered in the systematic literature review reported impact of participation in arts on children's academic achievement, the review acknowledged that not all the evidence was robust in relation to young people's academic achievement. The research usually indicated a positive relationship between the arts and achievement, rather than a clear causal effect (University of Dundee, Bath Spa University and Tayside Healthcare Arts Trust, October 2014b). When looking at the impact on health and inequalities in respect of children, adolescents and their families, however, the studies considered indicated that active music-making can play an important role in addressing health issues, by improving emotional wellbeing, self-esteem and social cohesion (University of Dundee, Bath Spa University and Tayside Healthcare Arts Trust, October 2014c).

Music and Children Looked After in Residential Care

Music has been used by social workers (Ciardello, 2003; Lefevre, 2004), residential care workers (Palmer, 2003; McEvoy, 2002) and music therapists (Flowers, 1993; Rio and Tenney, 2002; Nordoff and Robbins, 2004; Tanser, 2006; Vulliamy, 2009; Tuomi and Tuulet, 2011) working recreationally and therapeutically with children and young people in residential care. There is also a wealth of literature on using activity with children and young people, some of which includes sound and music (Oaklander, 1978; Redgrave, 2000; Palmer, 2003). Lefevre draws heavily on music therapy literature to describe working therapeutically with children as a social worker (2004). Ciardello, meanwhile, describes her work as 'hip-hop music therapy', writing of it in the context of 'social work with groups' (2003). In respect of looked after children, Hallam proposes that:

"Research with 'looked after children' has shown that engagement in high quality music-making projects can support the development of resilience when dealing with the challenges that they face. Music-making can contribute to improved negotiation skills, co-operative working and learning to trust peers. It also provides respite from problems and opportunities for having fun. Music making can play a role in supporting the healing of those who have been traumatized. Creative musical activities can benefit children who have

experienced war, promoting the development of self-esteem, trust and identity” (2015, p. 18).

Two studies specifically explore the outcomes that can be achieved through creative arts and music (Office for Public Management, 2013; Dillon, 2010).

The office for public management, based in London, conducted an evaluation of the arts and culture activities project for looked after children (aged between 7 and 11 years). While the study involved foster care and took a broader view of creative activities than music, the findings are still broadly relevant for this study.

The evidence indicates that the arts and cultural activities project had a positive impact on looked after children at the three sites. Benefits noted included:

- Marked improvement in self-efficacy and empowerment, self-confidence and self-esteem of many of the children involved
- Sense of achievement and self-belief
- New life skills and social skills
- New technical creative skills
- Some of the children developed close friendships and in some instances more positive relationships with their foster-carers.

The report identifies a number of factors that contributed to the success of the project as a whole:

- Safe space created by skilled team of artists
- Involvement of foster carer and other siblings
- Positive arts opportunities
- The size and composition of the group
- Focus on looked after children and their families
- Varied and multiple activities.

It also identifies some challenges and limitations:

- Across the sites, the recruitment of foster carers proved to be a difficult and lengthy process.
- Short term delivery (projects ran over 2-4 months). It was suggested that a longer project would give the children a sense of continuity and consistency which is often lacking in their lives.
- Venue unsuitability in respect of size and availability of outdoor space. It was indicated that in some instances the children would have been more comfortable in a familiar venue.
- Challenging behaviour, suggesting the need for additional training and support for those delivering the activities.
- Lack of variety in the arts activities resulted in some children feeling dissatisfied.

- Insufficient opportunity to engage with foster carers to share the value of participation for the children.
- Full-day sessions were too long for some children.
- Large group size and age range of groups were difficult for artists to manage.

Overall, arts were thought to be a useful intervention with looked after children. Focusing solely on music, in a study based primarily on evidence gathered from Youth Music's funded partners, along with what they describe as 'the limited published evidence available', Dillon (2010) identified three sets of outcomes that could support the development of children's resilience when negotiating the barriers they face in care. These were:

- Social and personal development outcomes
- Music-making outcomes
- Other educational outcomes.

It was found that young people developed a range of music-making skills, including lyric writing, playing musical instruments and music technology. Some continued to make music after the project; it was thought that barriers to participating in 'mainstream' projects had been removed opening up options of progressing musically.

Young people also developed a range of potentially transferable skills, such as dance, video making, computer skills and graphic design. Dillon's findings suggest that where the young people engaged well, this could lead to improved engagement with learning and education.

Summary of Literature

In summary, children in residential care are known to have had prior adverse life experiences and to have experienced ongoing instability through moves while in care. These factors may impact on their mental health and wellbeing. While little published evidence is available on the outcomes associated with music-making for looked after children (Dillon, 2010), research suggests music is a medium that is popular with children and young people, and that it has the capacity to promote wellbeing and some of the features associated with resilience. Both the residential care system and the care planning system are complex; this complexity, along with the discontinuity that features in the lives of looked after and accommodated children, may result in difficulty in ensuring regular access to music.

3 Creative Consortium Study: Methods and Approach

At the outset of this study, little was known about music activity within residential child care in Scotland or how to deliver improvements to looked after children's access to musical opportunities. An action research approach was adopted to carry out this

research, rather than a one-off evaluation of routinised activities, as this is known to be suited to ongoing developmental work (Lees and Lees, 1975). Initial data collection and review of literature was followed by a practice development programme in each of the test sites, built upon the learning gained from the research. This practice development work was then evaluated, with learning from each site drawn out and reported to support broader learning across the residential child care sector.

There are a wide range of providers of residential child care in Scotland, including voluntary organisations, statutory providers and private agencies. The provision is diverse to meet the needs of the range of children who require such services: small houses in rural and urban locations, units with education provision attached, and residential short break services.

Site Selection and Ethical Approval

The four test sites were chosen to be as reflective as possible, covering a range of agencies and care settings, while ensuring that numbers were low enough for focused work to be carried out effectively. As discussed above, Argyll and Bute and Glasgow City are local authorities of markedly different size: Argyll and Bute has three small children's houses (each with four or five young people), while Glasgow has 20, mainly bigger, houses. All three Argyll and Bute houses were involved. In Glasgow, the work was primarily carried out in six houses. Care Visions is a private sector provider with houses across Scotland; we agreed to work with the six houses in Care Visions' Central area, with between one and six young people in each. Seamab is a primary age residential school that has up to 15 children living across three houses.

The research project was approved by the Ethics Committee of the University of Strathclyde. The application was initially heard at the April 2015 meeting of the Committee, with final approval granted in June 2015. An amendment was later added to gain approval for two colleagues from Who Cares? Scotland to become directly involved in follow up-research.

Glasgow City Council also required approval through its governance procedures. Argyll and Bute similarly had corporate governance procedures that were followed; these included approval by the Young Persons' Reference Group, a group of young people who advised the Head of Child Care.

Seamab and Care Visions gave approval directly. In Seamab's case, their Chief Executive was part of the Creative Consortium group and gave formal approval there. One of the research team met with the Senior Management Group of Care Visions and this was followed-up within days by approval to proceed.

The table below outlines the timelines for ethical and governance approval from all five agencies.

Agency	Application for Approval	Granting of Approval
University of Strathclyde	2 April 2015	15 June 2015
Glasgow City Council	9 April 2015	29 July 2015
Argyll and Bute Council	9 April 2015	7 July 2015
Seamab	N/A	N/A
Care Visions	N/A	N/A

During the initial period when waiting for approval from the University of Strathclyde’s Ethics Committee, the research team carried out exploratory discussions with senior managers in each of the sites, and planning meetings with Who Cares? Scotland and MusicPlus.

Research Methods: Putting the Approach into Practice

The initial research brief for the Creative Consortium included the following questions:

- What is already known about young people in residential care’s involvement in creative activity?
- How can our looked after young people and relevant associated organisations access creative resources and funding?
- How can the residential child care workforce best facilitate young people’s involvement in music activities?
- How can music and arts providers better design programmes to ensure increased engagement with the residential child care sector?
- What are the barriers within the music and arts sectors that contribute to a low uptake and awareness from the residential child care sector?
- What difference has been made by the Creative Consortium?

Data Collection: Children and Young People

The research team’s starting point for gathering baseline information was to listen to the children and young people in each of the residential settings. To support this, colleagues from Who Cares? Scotland facilitated sessions in three out of the four areas (Glasgow City, Argyll and Bute, and Care Visions), along with the researchers from CELCIS and a musician who was part of the MusicPlus project. A second focus group was held with children under twelve in Glasgow at a later date, as the research team decided that this was a gap in the initial data collection process. This session was facilitated by a

researcher from CELCIS (herself a musician and music therapist) and also involved music activity. In the fourth setting (Seamab), it was decided that the children's needs were such that a staff member from the service should facilitate individual sessions with the six young people who chose to take part, along with the researcher from CELCIS. Again each interview involved music to facilitate the discussion. The questions put to the young people are noted below, but they merely formed a guide to discussions, rather than the young people being asked them as a series of questions:

- Do you like music? What kind of music do you like listening to?
- Where do you listen to music?
- How do you listen to music?
- Do you make up your own music? If so, what kind of things do you do?
- Is there somewhere specific where you go to do this? If no, where do you make up your own music?
- Can you tell us about it?
- Who do you make music with?
- Is there something specific that you like or maybe dislike about making up your own music?
- What would make it better? Could you think of anything that would make making up your own music better?
- Is there anything that you used to do that you don't do anymore? If so, why did you stop doing this?
- Have you seen any live music?
- Is there anything that you are not doing that you would like to do? What stops this happening?
- What kind of music activities do your friends do? Is there anything they are doing that you would like to do but can't?
- Any other ideas that you have?

The approach used in each site was adapted to the profile of the children and young people participating. With the exception of the group for younger children in Glasgow, the focus groups were facilitated by staff from Who Cares? Scotland, although a representative from Who Cares? Scotland also participated in that session. At least one of the researchers was present at each session, and on each occasion there was also some musical activity provided by the musicians recruited for the project. Young people's responses were recorded on a 'Talking Wall' and subsequently written up by the facilitator. Children and young people each gave written consent to participate. All responses and consent forms were stored in a locked filing cabinet. Direct anonymised quotations from these sessions have been used in the report.

Data Collection: Staff

At the same time as focus groups were convened with young people, questionnaires were sent out (in paper and electronic form) to staff. Questionnaires were distributed to staff through the residential establishments. Once returned, questionnaires were stored in a locked filing cabinet and analysed using thematic analysis.

The following open questions were asked:

1. What musical activities are you currently engaged in with children and young people?
2. What do you think enables and supports children and young people's participation in music-making?
3. What do you think are the barriers to children and young people's participation in music-making?
4. What else can you tell us about access to music-making for children and young people in residential child care?

Following analysis of initial returns of these questionnaires, and taking into account the data from the focus groups with young people, the research team arranged focus groups with selected staff from each of the four test sites. This mixed method, staged process was utilised to ensure that emerging analysis of young people's and staff views could be explored directly with residential care workers. In all cases, the same questions as above were used as the starting point for discussion. With Care Visions, a single session was held with staff from across the six houses. Later in the project's life, focus group sessions were held in four of the six houses (the nature of these is explored later in the report). In Glasgow, a focus group was held in all six houses. In Seamab, a single session was held with staff from across the three care teams. In Argyll and Bute, focus groups were held at each of the three houses. All participants signed consent to take part. Notes were taken by the researchers and subsequently transcribed, with all information stored in a locked filing cabinet.

The participation levels for the sessions with children and young people, for focus groups with staff, and for staff questionnaires were as follows:

	Argyll and Bute	Care Visions	Glasgow	Seamab
Children and young people sessions	3	1	2	6 children in 1:1 sessions
Children and young people participating	5	5	9	6

Staff focus groups	3 sessions (one in each children's house)	5 sessions	4 sessions (from 6 children's houses)	1 session
Residential staff participating	9 Practitioners 2 Seniors 3 Managers	30 Practitioners 4 Managers	18 Practitioners 1 Senior 1 Manager	4 Practitioners 2 Acting Team Leaders
Staff questionnaires returned	3	14	3	6

Once the questionnaires were returned and interviews and focus groups were complete, a thematic analysis was carried out. This was carried out using mind maps to draw out themes, and the research team was supported by CELCIS colleague Michelle McCue, also a member of the Creative Consortium group. From this process, the following six themes were created:

1. The value of music in residential care
2. Children and young people's experiences and activities
3. Challenges, tensions and barriers
4. Enablers, solutions and opportunities
5. Learning for social care practitioners and managers
6. Learning for artists.

Practice Development: Planning and Implementation Processes

Following the completion of the thematic analysis, discussions took place with members of the Creative Consortium group and senior management teams in each of the site areas. Following this, the six themes formed the basis of planned practice development sessions that took place in the next phase of the project.

The plan for each test site was to develop a tailored plan to address practice issues that arose from the initial research, including what was learned from children and young people. It was also the research team's aim to properly evaluate the impact of the practice development on the musical experiences of young people. In each site, the eventual shape of the planned practice development programme was altered, and in one case was not followed through at all. The reasons for this are explored below, and the broader findings, discussion and analysis are drawn out more fully in the following section of the report. The evaluation of practice development was limited due to difficulties in achieving original timescales. Materials used in the practice development

sessions are contained in Appendix Three to Volume Two of this report. Issues of timescales and the subsequent learning are explored further in later sections of the report.

There were several limiting factors in relation to the practice development and evaluation elements in the overall Creative Consortium. We outline them here, so that any specific inferences about children and young people cannot be drawn by connecting to other sections of the text:

- There were some delays in gaining governance approval from the two local authorities that had not been anticipated by the research team and, while these were responded to, there were some knock-on effects.
- Some organisational issues within the test sites had important impacts on timescales:
 - where changes were made to the main or important contacts
 - where the main contact did not have line management responsibility for the children's houses
 - where information was not shared effectively within organisations, e.g. with the managers of children's houses
 - where actions were not followed-through as agreed by members of organisations (children's house and more senior managers).
- The overall timescales of the Creative Consortium project drifted, and the date for completion was moved from November 2015 to March 2016. As the work came towards a conclusion, the timescales could not be shifted again to enable all planned work to be completed.

The research team felt that, particularly in the latter parts of the project, the contextual circumstances around young people's lives were inhibiting factors. These were often unpredictable; family, care-planning, legal and personal issues can cut across young people's and residential care workers' ability to be available for this kind of work. These are referred to generically as factors outside the researchers' control, to preserve anonymity.

4 Conclusion

This Volume describes the legislative and policy context within which this study took place; it reviews literature on the subject and explains the study methodology. Drawing on this literature, it seems that there may be systemic challenges in ensuring that children and young people in residential care have regular access to music. Research indicates that looked-after children have often encountered trauma, loss and other adverse life experiences, prior to admission to residential care, which may have impacted on their mental health and wellbeing. Although there is little published evidence, it is believed that, as well as being popular with children and young people, music has the capacity to promote wellbeing and some of the features associated with resilience (Dillon, 2010). It is known, however, that the residential care system and the care planning system are complex, and the discontinuities in the lives of looked after and accommodated children intersects with the complexity of the residential care system and the care planning system, thus there may be difficulty in ensuring regular access to music.

Volume Two of the study outlines the findings of the action research study and introduces the analysis. In action research, the developing nature of the process is itself informative, and allows the generation of recommendations and conclusions. These are reported in Volume Two.

References

- Ciardello, S. (2003) Meeting them in the lab: using hip-hop music therapy groups with adolescents in residential settings. In: Sullivan, N.E., Mesbur, E.S., Lang, N.C., Goodman, D. and Mitchell, L. eds. *Social Work with Groups: Social Justice through Personal, Community and Societal Change*. New York: Haworth Press, pp.103-117.
- Chen, H.T. (1990) *Theory Driven Evaluations*. Thousand Oaks, California: Sage Publications.
- Creative Scotland. (2015) Creative Scotland Corporate Parenting Plan 2015-2018. Available at: http://www.creativescotland.com/data/assets/pdf_file/0019/38422/CS-Corporate-Parenting-Plan-2015-18.pdf [Accessed 28th June 2018]
- Dillon, L. (September 2010) *Looked After Children and Music Making: An Evidence Review*. Available at: <http://network.youthmusic.org.uk/sites/default/files/uploads/research/looked%20after%20children%20evidence%20review2010.pdf> [Accessed 11th January 2018]
- Dimigan, C., Del Priore, C., Butler, S., Evans, S., Ferguson, L. and Swan, M. (1999) 'Psychiatric disorder among children at time of entering local authority care: questionnaire survey'. *British Medical Journal*. 319 (7211), p.675.
- Fahlberg, V. (1990) Individual and group therapy. In: Fahlberg, V. ed. *Residential Treatment: A Tapestry of Many Therapies*. Indianapolis: Perspectives Press, pp.245-278.
- Flowers, M. (1993) Control and creativity: music therapy and adolescents in secure care. In: Heal, M. and Wigram, T. eds. *Music Therapy in Health and Education*. London: Jessica Kingsley, pp.40-45.
- Furnivall, J. (2011) *Guide to Developing and maintaining resilience in residential child care*. Community Care Inform Practice Guidance. Retrieved from https://www.ccinform.co.uk/practice-guidance/guide-to-developing-and-maintaining-resilience-in-residential-child-care/?post_type=practice_guidance&practice_guidance=guide-to-developing-and-maintaining-resilience-in-residential-child-care [Accessed 12th April 2018]
- Hallam, S. (2015) *The Power of Music*. London: International Music Education Research Centre. Available at: <http://www.thelutonmusicmix.com/wp-content/uploads/2015/10/The-Power-of-Music-Prof-Susan-Hallam.pdf> [Accessed 10th April 2018]
- House of Commons Education Committee (2016) *Mental Health and well-being of looked-after children: Fourth Report of Session 2015-16*. Available from: <https://publications.parliament.uk/pa/cm201516/cmselect/cmeduc/481/481.pdf> [Accessed 11th January 2018]

- Lees, R. and Lees, S. Social Science (1975) Social Work Practice: The Case for an Action Research Approach. In *British Journal of Social Work*, Vol.5 (2), pp.161-174.
- Lefevre, M. (2004) Playing with sound: the therapeutic use of music in direct work with children. *Child and Family Social Work*. 9, pp.333-345.
- Malloch, S. and Trevarthen, C. (2009) *Communicative musicality: exploring the basis of human companionship*. Oxford: Oxford University Press.
- Maclean, K. (2011) Resilience. In SIRCC, *In Residence*. Glasgow: SIRCC.
- McCann, J.B., James, A., Wilson, S. & Dunn, G. (1996) Prevalence of psychiatric disorders in young people in the care system. *British Medical Journal*, 313 (7071), pp.1529-30.
- McEvoy, R. (2002) The arts provider partnership summer project 2001. *Child Care in Practice*. 8 (4), pp.273-281.
- Meltzer, H., Lader, D., Corbin, T., Goodman, R. and Ford, T. (2004) *The mental health of young people looked after by local authorities in Scotland*. Edinburgh: The Stationery Office.
- Oaklander, V. (1978) *Windows to our Children*. Guildsboro: The Gestalt Journal Press.
- Office for Public Management (2013) *Evaluation of CCE/NCB arts and cultural activities project with looked after children. Report to Creativity, Culture and Education*. Available from www.creativitycultureeducation.org/wp.../CCE-NCB-Evaluation-Final-Report.pdf [Accessed 11th January, 2018]
- Nordoff, P. and Robbins, C. (2004) *Therapy in music for handicapped children*. Gilsum: Barcelona.
- Palmer, J. (2003) Express yourself! A student's experience of running a movement improvisation workshop. *Journal of Social Work Practice*, 17 (2), pp.187-189.
- Perry, B. (2006) Applying principles of neurodevelopment to clinical work with maltreated and traumatised children. In: Boyd Webb, N. ed. *Working with traumatised youth in child welfare*. New York: The Guilford Press, pp.27-52.
- Perry, B. (2008) *The Boy Who Was Raised as a Dog and Other Stories from a Child Psychiatrist's Notebook*. New York: Basic Books.
- Perry, B. (2009) Examining child maltreatment through a neurodevelopmental lens: clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*. 14, pp.240-255.
- Phelan, J. (1999) Experiments with experience. *Journal of Youth Care Work*. 14, pp.25-28.

- Redgrave, K. (2000) *Care therapy for children: direct work in counselling and psychotherapy*. London: Continuum.
- Ridley, J. and McCluskey, S. (2003) Exploring the perceptions of young people in care and care leavers of their health needs. *Scottish Journal of Residential Child Care*, 2(1), pp.55-65.
- Rio, R.E. and Tenney, K.S. (2002) Music therapy for juvenile offenders in residential treatment. *Music Therapy Perspectives*, 20, pp.89-97.
- Scott, J. and Hill, M. (2006) *The health of looked after and accommodated children and young people in Scotland: messages from research*. [Online] Edinburgh: Social Work Inspection Agency. Available from: <http://www.scotland.gov.uk> [Accessed 7th February 2010]
- Scottish Government (2012) *Getting it Right for Every Child*. Available from: <http://www.gov.scot/resource/0039/00394308.pdf> [Accessed 11th January 2018]
- Scottish Government (2014) *Children and Young People (Scotland) Act 2014: Statutory Guidance on Corporate Parenting*. Available from: <http://www.gov.scot/Resource/0048/00483676.pdf> [Accessed 11th January 2018]
- Scottish Government (2016) *Children young people and families; More about early years*. Available from: <http://www.gov.scot/Topics/People/Young-People/early-years/about> [Accessed 2nd May 2016]
- Scottish Government (2015) *Children looked after in a planned series of short-term placements, by age and gender, 2002-2013*. Available from: <http://www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork> [Accessed 10th April 2018]
- Scottish Government (2017) *Children's Social Work Statistics Scotland 2015/16*. Available from: <http://www.gov.scot/Publications/2017/03/6791> [Accessed 20th February 2018]
- Tanser, C. (2006) Music Therapy. In: Jackson, R. ed. *Holistic Special Education: Camphill Principles and Practice*. Edinburgh: Floris Books.
- Trevarthen, S. (1997) Preface: a theory for therapy in a different voice. In: Pavlicevic, M. *Music Therapy in Context*. London: Jessica Kingsley Publishers, pp.ix-xii.
- Tuomi, K. and Tuulet, P.L. (2011) Supporting interaction in the context of residential child care. *Scottish Journal of Residential Child Care*, 10(1). Available from: https://www.celcis.org/files/7214/4041/4468/2011_Vol_10_1_Tuomi_Supporting_interaction_in.pdf [Accessed 11th January 2018]

University of Dundee, Bath Spa University and Tayside Healthcare Arts Trust (October 2014) *The impacts of art on health and wellbeing: systematic literature reviews*. Glasgow: Glasgow Centre for Population Studies.
http://www.gcph.co.uk/publications/528_the_impacts_of_art_on_health_and_wellbeing_systematic_literature_reviews [Accessed 10th April 2018]

Vulliamy, A. (2009) The contribution of music therapy to the emotional wellbeing of children in residential care. *Scottish Journal of Residential Child Care*, 8 (2), pp.41-51.

Ward, A. (2002) Opportunity led work: maximising the possibilities for therapeutic communication in everyday interactions. *Therapeutic Communities*, 23 (2), pp.111-124.

Ward, A. (2007) *Working in group care*. Bristol: Quality Press.

Ward, A. (2004) Towards a theory of the everyday: the ordinary and the special in daily living in residential care: international perspectives on rethinking residential care. *Child and Youth Care Forum*. 33 (3), pp.209-225.

Ward, A., Kasinski, K., Pooley, J. and Worthington, A. (2003) *Therapeutic communities for children and young people*. London: Jessica Kingsley.

Ward, H. and Skuse, T. (1999) *Looking After Children: Transforming Data into Management Information*. Loughborough University and Dartington Social Research Unit (DSRU).

Ward, H. (2011) Continuities and discontinuities: Issues concerning the establishment of a persistent sense of self amongst care leavers. *Children and Youth Services Review*, 33(12), pp. 2512–2518.

Whittaker, J.K. (1969) Programme activities: their selection and use in a therapeutic milieu. In: Trieschman, A.E., Whittaker, J.K. and Brendtro, L.K. *The Other 23 Hours: Child Care Work with Emotionally Disturbed Children in a Therapeutic Milieu*. New York: Aldine de Gruyter, pp.100-119.

About CELCIS

CELCIS, based at the University of Strathclyde in Glasgow, is committed to making positive and lasting improvements in the wellbeing of Scotland's children living in and on the edges of care. Ours is a truly collaborative agenda; we work alongside partners, professionals and systems with responsibility for nurturing our vulnerable children and families. Together we work to understand the issues, build on existing strengths, introduce best possible practice and develop solutions. What's more, to achieve effective, enduring and positive change across the board, we take an innovative, evidence-based improvement approach across complex systems.

For more information

Visit: www.celcis.org **Email:** celcis@strath.ac.uk **Tel:** 0141 444 8500