“From closed to flowering”
An evaluation of services provided by Raukatauri Music Therapy Trust

Report for Raukatauri Music Therapy Trust

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Executive Summary

Introduction

Raukatauri Music Therapy Trust (RMTT) offers the only music therapy centres in New Zealand, co-ordinated through its central Auckland operations. RMTT works across Auckland through five satellite services and two regional centres in Hawkes Bay and Northland. RMTT also delivers outreach programmes in partnership with over 20 schools and organisations.

This report presents findings from a comprehensive evaluation of services offered by RMTT throughout its Auckland, regional and outreach activities. The evaluation explores the following:

- The RMTT model of service delivery
- The literature on music therapy practice and outcomes
- The value that RMTT services offer to its clients and families
- The impact that RMTT services are seen to have on its clients
- The factors that support and challenge participation in RMTT services
- Learning for RMTT activity and the music therapy profession.

Approach

This report provides a synthesis of quantitative and qualitative data from five sources: a detailed literature review of current thinking in music therapy practice; qualitative interviews with families/client of RMTT in Northland, Auckland and Hawkes Bay; qualitative interviews with outreach partners in Northland, Auckland and Hawkes Bay; a survey of families of RMTT clients from across all sites; and discussion groups with RMTT staff to explore current practice, and learning from the challenges of COVID-19.

Perceived value of working with RMTT

RMTT's services were widely valued. Over 90% of parents/caregivers participating in the survey rated their experience of RMTT as excellent (64%) or very good (28%). Family members reported their loved ones, and families themselves, highly value working with RMTT for a range of reasons, particularly musical participation, relationships with the therapist, enjoyment of the sessions, building relationships with others, and the tailored approach that RMTT therapists provide.

Outreach partners highly valued their relationships with RMTT, citing their easy fit with services, and the added value of music therapy to their own offerings.

Impacts of RMTT services

Participating in RMTT was strongly seen as having beneficial impacts. Some 78% of survey participants rated RMTT as contributing to loved ones' ideas and goals as "a great deal" (47%) or "a reasonable amount" (31%). Over 80% reported RMTT participation as either "very beneficial" to their family (46%) or "reasonably beneficial"(38%).

Family members reported key benefits for their loved ones in relation to improved social functioning (such as attention and empathy, and turn-taking); self-expression for both verbal and non-verbal loved ones; cognitive functioning (such as comprehension, focus and engagement); social connections and relationships; communication skills and speech and language improvement; physical coordination and movement; and overall mental health and wellbeing.

Family members reported key benefits for themselves, including being personally therapeutic; supporting improved family relationships; finding support from other parents; applying techniques learned at RMTT; providing respite; and enjoyment of seeing the happiness of their loved one.

Outreach partners noted benefits for their clients from RMTT participation, including experiencing success; strengthening social functioning; improving emotional regulation; building capacity for choice and control; developing motor skills; and providing a release from difficult circumstances.

Factors that sustain participation

Major factors identified from survey responses that support participation are primarily enjoyment of the sessions (95%) and relationships with staff (80%). Interviews revealed that a strong client/therapist relationship was a key influence on the range of benefits and outcomes experienced by their loved one, and supported their ongoing enjoyment of their sessions. Financial assistance was critical for many families' participation. The flexibility of the service and supportive logistics were also raised. Parents and caregivers were highly likely to recommend RMTT to others, and an exceptionally high Net Promoter Score[1] of 78 was received.

Outreach partners valued the clear and documented processes of RMTT staff; their adaptability to the constraints or requirements of outreach settings; support from RMTT leadership on sourcing funding; and reflected on the genuine warmth and appreciation they feel towards RMTT staff.

COVID-19 lockdown responses

RMTT staff rapidly adapted to the COVID-19 lockdown and introduced a range of new service offerings, including video-based therapy sessions, a "quarantunes" video and resource series on a private Facebook group, and check-ins with clients and families via zoom. These innovations were able to provide some continuity of delivery to clients and families during lockdown.

However, the adaptation to COVID-19 also brought with it an inevitable loss of some service delivery options and an overall reduction in service and revenue. Similarly, outreach settings could no longer be accessed. There was however a shared commitment to making the best of the COVID environment and creating new solutions that would work for as many clients and their families as possible. Bonds between staff members were thought to have strengthened over this time, and online staff meetings gave an opportunity for all members of the team to connect to a greater degree than had been previously possible.

Factors that challenge participation

When asked about common barriers to access, cost was the most significant barrier (41%), with distance from home the next most commonly cited for families (26%). Among respondents, there was also a group that did not experience barriers to access and engagement (30%).

Some interviewees noted that the cost of RMTT services was particularly difficult when their personal circumstances changed (e.g. one parent stopped working), and others expressed frustration in securing financial assistance from external sources, where the value of music therapy was not

[1] The Net Promoter Score (NPS) is a measure that is derived from a question about the likelihood of the respondent to recommend the service to a friend.

recognised or seen to be outside of the remit of funding criteria. A small number of survey participants and interviewees raised challenges with client-therapist relationships.

For those who did leave the service, the reasons closely mirror the barriers to access and include cost, location, experience or interactions with a therapist, leaving New Zealand and other settings/services preferred.

Cost was a common barrier raised by outreach partners, despite the efforts by RMTT to support with funding channels.

Enabling Good Lives

Enabling Good Lives (EGL) is a disability movement focused on the transformation of the disability support system. Grounded by eight principles[2], the evaluation drew on these to understand the extent to which clients' and families' experiences reflected and demonstrated the EGL Principles. Reflecting on the data gathered throughout the evaluation, engagement and participation in music therapy with RMTT clients and families is person-centred, mana-enhancing and enables them to practice self-determination and other ordinary life outcomes.

The evaluation also sought to understand the extent to which RMTT was practicing and giving effect to the EGL principles. From the perspectives of families and RMTT practitioners, the links and resulting impacts were clearly demonstrated through the values that underpin RMTT and therapeutic practices aligning with the EGL principles, particularly person-centred, relationship building, and self-determination.

Over time, RMTT may look to integrate the EGL principles more explicitly to frame how they share and report on client and organisational progress.

Considerations for RMTT activity and the music therapy profession

Areas of improvement or change were substantially about refining and continuously improving, rather than a need for fundamental reassessment. Potential directions for RMTT from this evaluation include the following:

- Exploring options for systematised and more structured feedback to parents/caregivers, and alongside this, informal or scaled down feedback processes that do not substitute therapy sessions
- Activities that can involve siblings or other family members
- Opportunities for parents to connect in events or via a RMTT network
- Utilising the network and its own resources to promote and improve access to music therapy
- Exploring the extent to which RMTT, or its supporters, can take on an advocacy role to advance music and other creative therapies.

We note that people often come to music therapy with very limited knowledge of music therapy, and that this knowledge advances considerably through exposure and participation. Although the enjoyment of music is a sufficient motivator for many to access music therapy, a lack of knowledge may be a barrier to accessing music therapy when musical expression is an insufficient attractor. This

[2] The eight EGL principles are self-determination, beginning early, person-centred, ordinary life outcomes, mainstream first, mana enhancing, easy to use and relationship building.

is also compounded when there is a limited understanding of music therapy within the other external agencies that fund support services for clients. Communicating the value and workings of music therapy is therefore an ongoing need for the profession.

From a professional perspective, the enjoyment of the sessions and the relationship with the therapist provide important foundations for reaching developmental goals. The evidence from this evaluation also suggests that a more purposeful connection of families accessing music therapy may help build a valuable community of support – for each other and for music therapy. This evaluation has also noted the early stages of cooperation between music therapy and other creative therapies, which may be a fruitful area of development in the future.

Conclusions

This evaluation provides evidence of a music therapy offering that is highly valued throughout its network of participating clients, families and outreach partners. Intrinsic to the value seen in RMTT are the relationships between therapists and their clients and resulting mana-enhancing, person-centred delivery. The avenue of musical expression leads to a wide range of positive impacts, in social functioning, self-expression, cognitive functioning, social connections and relationships, communication skills, and physical coordination and movement.

1. Introduction

Background to Raukatauri Music Therapy Trust

Raukatauri Music Therapy Trust (RMTT), established in 2004, offers the only music therapy centres in New Zealand, co-ordinated through its central Auckland operations. As demand for music therapy services has grown, RMTT has expanded across Auckland and currently operates five satellites in the region. In June 2018, RMTT launched its first regional centre in Hawke's Bay, which was followed by the opening of the Northland Regional Centre in March 2019. Activity in the Northland region is expanding progressively and at the time of writing, a second music therapist will be employed to operate satellite services in Dargaville and Kaikohe.

In addition, RMTT delivers outreach programmes in partnership with over 20 schools and organisations, allowing children and adults to receive music therapy directly in their classrooms, group homes and rehabilitation units. These outreach programmes are run in collaboration with organisations such as Starship, Hawke's Bay Regional Prison, the Mason Clinic Regional Forensic Psychiatric Service, Hearing House and the Wilson School. RMTT's Northland activity also includes a partnership with a dance therapist to deliver therapy services and train early childhood education teachers on using dance movement and music in working with children with trauma.

RMTT works with approximately 460 clients per week, from infants to people aged well into their nineties. Clients have a range of special needs, including cerebral palsy; autism spectrum and other developmental conditions; traumatic brain injuries; mental health distress; bereavement; dementia; exposure to family violence and neglect; trauma; genetic conditions such as Down syndrome; and poor community engagement due to socioeconomic challenges.

As well as providing music therapy services, the Centre serves as a clinical training site for music and dance therapy students from New Zealand, Australia and the United States.

This evaluation

This document presents findings from a comprehensive evaluation of services offered by RMTT throughout its Auckland, regional and outreach activities. The evaluation explores the following dimensions:

- The RMTT model of service delivery
- The literature on music therapy practice and outcomes
- The value that RMTT services offer to its clients and family/whānau
- The impact that RMTT services are seen to have on its clients
- The factors that support and challenge participation in RMTT services
- Learning for RMTT activity and the music therapy profession.

Data collection for the evaluation occurred through a combination of literature analysis, qualitative interviews with families/client and outreach partners, a survey of parents/caregivers, and reflection on findings with RMTT staff.

The evaluation was undertaken over July 2019 to June 2020.

Key evaluation questions

Five overarching questions guide this evaluation, around which sections 5 to 9 are structured. The evaluation questions are:

1. To what extent do RMTT clients (including clients, families and outreach partners) value working with the centre?
2. What have been the impacts on clients and their families through participation in RMTT?
3. What factors sustain clients' participation?
4. What factors have challenged clients' participation, and what can be improved to support delivery in the future?
5. What learning can be taken forward for RMTT activity, and for music therapy understanding and practice in Aotearoa New Zealand?

2. RMTT approach and theory of change

Te Ao Māori foundations of RMTT

RMTT was founded by Hinewehi Mohi, an internationally famous singer, whose daughter has severe cerebral palsy. The service philosophy is grounded in the mythology of Raukatauri, the goddess of flutes and music, with RMTT's services providing a form of expression and communication. In pūrākau[3], Raukatauri is personified as the casemoth who lives in her cocoon that hangs from many native trees. The traditional Māori flute, pūtōrino, is made in the shape of the casemoth's cocoon. As RMTT documentation explains:

> *The male casemoth pupates and flies away, but the female remains in her case. At night as the breeze blows through the cocoon, the call of the female moth to her lover is heard as a sweet but barely audible sound…*
>
> *When Hinewehi Mohi came to name her daughter… she was reminded of the goddess trapped in her case – just as her daughter is trapped in her body, [restricted] of much independent movement. Music, as in the pūrākau, has been the means of communication between mother and daughter. And Hineraukatauri has found a way to express herself through music therapy, at the Centre named after her and her ancestress Raukatauri.*

The casemoth making the call to her mate can be paralleled with clients being made welcome to engage with RMTT without judgement. Similarly, the casemoth giving off its voice and independent of its mate can be seen as a way of achieving some degree of independence, autonomy and skill development among RMTT clients.

RMTT model of music therapy

RMTT has a vision to "enrich and develop lives through music" through their mission to "offer a quality, accessible music therapy service to all people, whatever their needs". Each week approximately 230 music therapy sessions with 460 clients are facilitated by nine Registered Music Therapists (RMThs) who work across wider Auckland, in Northland, and in Hawke's Bay. Approximately 75% are individual sessions, with another 20% group sessions and 5% paired sessions.

Sessions are commonly 30-45 minutes, based on suitability for the client, and are offered weekly at the Raukatauri Music Therapy Centre in central Auckland, its two regional centres in Northland and Hawke's Bay, and five Auckland satellite centres which are based in community hubs. Outreach services are provided through schools, community homes, rehabilitation and habilitation centres, a children's hospital, a secure forensic psychiatric facility, and a prison.

RMTT was originally founded to provide music therapy services to children with developmental disabilities, but has since expanded its scope of service to include adults and people with a wider range of needs. Clients can be referred by anyone, including self-referrals, and the referrer usually attends a consultation for information sharing before sessions begin. RMThs at RMTT are able to collaborate and reflect on work both informally (in conversation) and formally (in the form of supervision and training) as a team, and sometimes also collaborate with other professionals such as

[3] In this context, a pūrākau is which shares traditional Māori knowledge through narrative

speech-language therapists and dance movement therapists in sessions, based on the needs of the client.

RMThs at RMTT draw on their diverse backgrounds and training experiences to offer individualised music therapy interventions using an eclectic range of approaches. Approximately half of the RMThs have completed training in New Zealand, while the remainder have trained in Australia, the United Kingdom, or the United States of America. While this inherently brings a range of methods and techniques to the Trust's work, all Raukatauri RMThs resonate with client-centred and humanistic philosophies and bring an individual approach to each client who they work with.

Humanistic music therapy philosophy is centred on the belief that all people are capable of realising and self-actualising their own potential (Abrams 2015). The relationship between the RMTh and client is the foundation to the therapy, whereby the RMTh facilitates a space in which the client is able to thrive. The RMTh is empathetic and non-judgemental of the client, and considers them holistically and as the centre of their own therapy. A humanistic philosophy aligns well with client-centred approaches, in which the RMTh provides unconditional positive regard towards the client (Rogers 1957), who is considered holistically from multiple aspects (e.g. social, physical, cultural, emotional, spiritual, etc.). This approach is often strengths-based, which allows the client to develop in the areas that are meaningful to them rather than based on a form of deficit.

As with both humanistic and client-centred philosophies, approaches used by the Trust's RMThs are based on the foundational client-therapist relationship, through which meaningful goals emerge and are worked towards based on the clients' strengths and interests. For this reason, the first eight sessions are designated as the assessment period, in which a range of techniques can be explored before detailed and personalised goals can be set. This allows the RMTh to better understand how to support the client, and the client to better understand how they can utilise the session for their benefit. Detailed notes are taken by the RMTh after each session to aid in reflection, future planning, and goal-tracking. Sessions are also video recorded, allowing the therapist to further analyse sessions and share video with the client's whānau and other professionals where appropriate.

Music therapy at RMTT is goal-oriented and goals are collaboratively planned with families to feature both long-term, broad focus areas and short-term, measurable objectives. Goals are typically non-musical, instead using the music as the motivating vehicle through which development and growth occurs. A collaborative approach allows clients and their whānau to direct the therapy and be able to recognise their own development. Whilst sessions are inherently collaborative due to the client-centred nature of the RMTh approaches, collaboration extends beyond the therapy room into assessment and review meetings, which are held after the first eight weeks of sessions and then every six months. This allows the client and their whānau to be the key agents of the decision-making process in order to determine what is important and meaningful to them.

It is important to note that while RMTT has an eclectic philosophical approach, all interventions are music-based and have 'musicking', or, the act of engaging with music in any form (Small 1999) at their core. Due to the commonality of client-centred approaches, all sessions are individualised to suit the client and improvisational approaches are a common strategy. Improvisation involves the creation of music in the moment based on the contributions (which can be musical, verbal, or movement based) of the client or RMTh. This allows the client and RMTh to develop mutual connection through the elements of music (rhythm, melody, harmony, timbre, dynamics, etc.), which can support trust and

safety in the therapeutic relationship. Sessions can also include structured familiar or pre-composed songs and activities, which can be helpful for clients who require a clear vision of expectations in order to engage meaningfully. Whilst sessions are planned in order to support client's development, the level of structure used in sessions is always individualised to the client in order to allow them to thrive and engage with the music in the most effective way. Individualisation occurs both long-term and short-term, meaning the RMTh can adapt within a session based on the immediate needs of the client (e.g. tiredness), which integrates well with client-centred, humanistic philosophies.

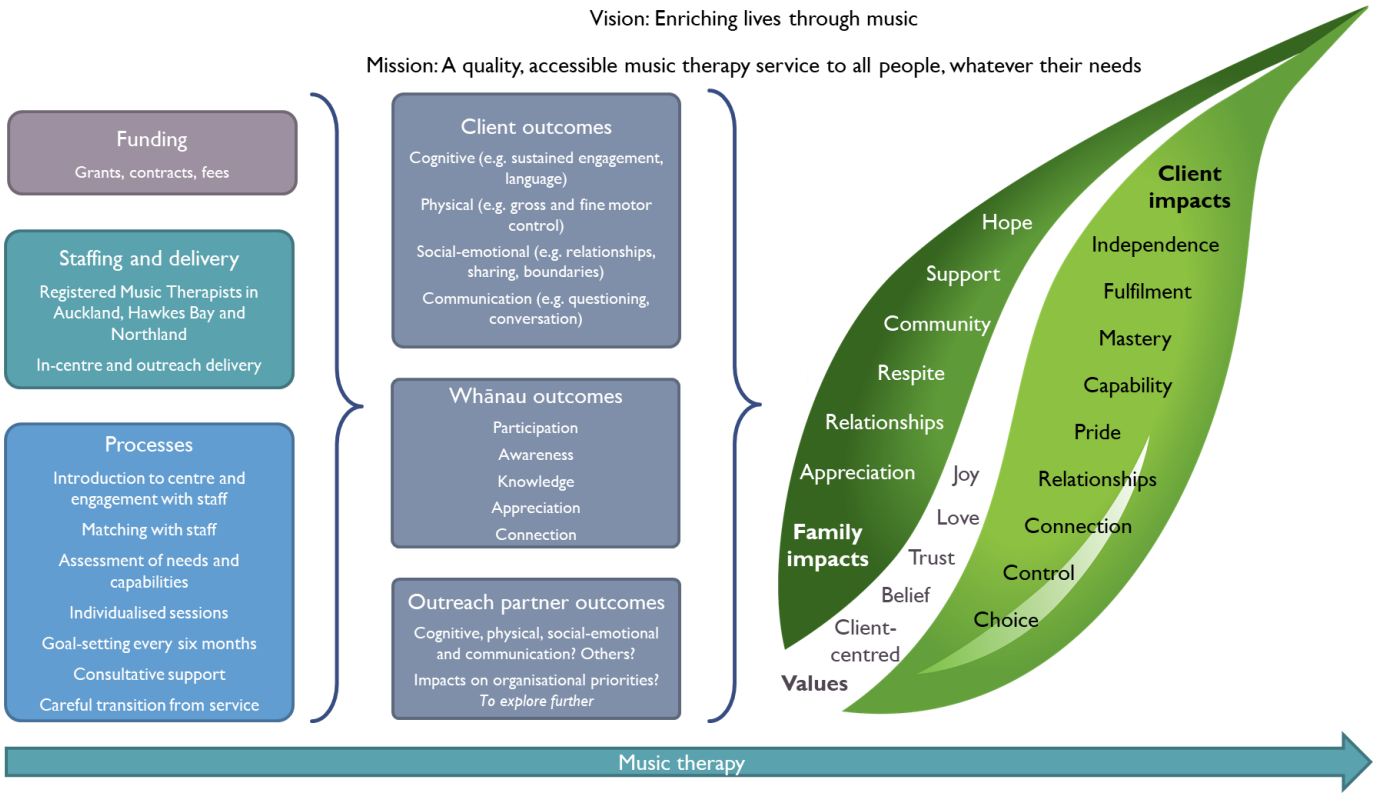
Theory of change

A 'theory of change' is a means of setting out the pathway through which the activities of a programme or organisation are intended to create the changes and outcomes that it is seeking. It provides a way of understanding the overall approach of a programme; and a reference point for understanding if the intended process of change and outcomes were in fact achieved, in the light of evaluative evidence.

RMTT activity occurs in a context of families and individual clients seeking support via music therapy to unlock their potential and deliver benefits in their functioning across a range of dimensions, both as individuals and in their relations with whānau and the community. These flow into wider impacts that are experienced by clients and their families.

In Figure 1 below, a staged process is depicted, showing the inputs, staffing and delivery in the first column; outcomes for clients, families and outreach partners in the second column; and longer-term impacts in the third column, represented through a leaf motif. Subsequent evaluation activity and discussions with RMTT staff has refined the theory of change further (discussed in section 9).

Figure 1: Theory of change for RMTT activity



Inputs

RMTT receives funding through a range of sources, including grants, direct contracts, and fees collected from clients, where feasible. The services are delivered by RMTh operating in Auckland, Hawkes Bay and Northland, through both in-centre and outreach activity.

Processes

RMTT's team of RMThs and administrative support orientate clients to the centre; match clients with selected staff to work with throughout their journey with RMTT; assess needs and capabilities over the initial period of engagement; provide individualised and goal-oriented sessions, with goals re-assessed regularly; and support transition out of the services where families or individuals decide on other avenues of activity. In its Northland operations, a consultative model has been developed that imparts skills to outreach partners and families to enable music therapy to be continued outside of direct engagement with therapists, owing to the large population need across the wide geographic area.

Outcomes

For clients, outcomes are assessed across cognitive, physical, social-emotional and communication dimensions. However, it is also expected that whānau will benefit through greater participation in the lives of their family members, awareness and knowledge of their capabilities and how to enhance these capabilities; appreciation of their family members' growth, achievement and potential; and strengthened connection.

Impacts

The leaf motif in Figure 1 above details impacts for clients and whānau that are experienced at multiple stages; often impacts are considered in the long-term from initial outcomes, but many of the impacts in the theory of change are often experienced early in the music therapy process:

- In the stem of the leaf, the values that underpin RMTT activity; in the course of discussions with RMTT staff, these were identified as being client-centred, belief in potential trust between therapist and client, expression of love and unconditional positive regard through their work, and bringing about joy through music therapy.
- For clients, music therapy was seen to bring about impacts that stress different dimensions of capability, independence, self-direction, choice and control, personal fulfilment and strengthened relationships.
- For whānau, engagement with RMTT builds greater appreciation of and pride in their loved ones' skills and potential, strengthened relationships, a sense of community with other whānau, respite from the challenge of supporting a family member with disabilities, and hope for the future.

3. Methods

Evaluation framework

A detailed evaluation framework (available as a separate document) was developed with RMTT staff over mid-2019. This included background to the RMTT model (section 2 of this report), a literature review of music therapy practice and benefits (section 4), key evaluation questions, and data collection methods.

The framework included evaluative rubrics that provided guidance for how the findings relating to the first two key evaluation questions would be assessed (detailed in sections 5 and 6).

As a final component of the evaluation, and separate to this report, the evaluation team will review and work with RMTT staff to strengthen existing data collection processes, and collaborate in submitting these findings to the *New Zealand Journal of Music Therapy* to inform wider professional practice.

Data collection methods

Overview of data collection

This report provides a synthesis of quantitative and qualitative data from five sources:

- A detailed literature review of current thinking in music therapy practice
- Qualitative interviews with families and a client of RMTT
- Qualitative interviews with outreach partners
- A survey of families of RMTT clients (and in which in some cases, the families' loved ones gave input to the responses)
- Discussion groups with RMTT staff to explore current practice, and learning from the challenges of COVID-19.

Some of the concluding stages of the evaluation (late March to June 2020) were conducted during levels four and three of the nationwide lockdown due to COVID-19. This meant that some interviews, and discussions with RMTT staff, were by necessity undertaken by videoconference and telephone.

Qualitative interviews

Family interviews

Twenty family members and one client[4] participated in this stage of the evaluation. Most were recruited via the online survey, with a small number identified as potential participants by RMTT.[5] The sample comprised a mix of individuals, including family members of loved ones from different ethnic groups, age ranges, and locations in Auckland, Northland and Hawkes Bay. The majority of interviewees (n= 18) were engaged with RMTT at the time of the evaluation, and included a range in terms of the length of their relationship with the organisation. Table 1 below provides a more detailed overview of this sample.

[4] Two interviews were conducted with the client.
[5] Staff at Raukatauri provided Dovetail with the names and contact details of potential participants, who were then contacted directly by a member of the research team.

Table 1: Interview sample (N=21)

Characteristics	Number completed*
Regional: Hawke's Bay	5
Regional: Northland	2
Māori[6]	4
New migrant families	2
Adult client families	7
Left service	3
General client families (Auckland)	2
Current client	1

* Some interviewees met more than one of the sample criteria

Semi-structured interviews were conducted face-to-face, or via the telephone or videoconference. Key topics covered during interviews included:

- Background to engaging with RMTT
- Nature of engagement with RMTT
- Impacts of music therapy on loved ones
- Benefits of music therapy for family members
- Highlights and challenges in the relationship with RMTT
- Key areas of value
- Potential areas of improvement.

Interviews were between 30 and 90 minutes in duration. All were recorded and transcribed, with a thematic analysis of the data undertaken. Participants were offered a $40 Countdown voucher as an acknowledgement of their contribution to the evaluation.

Outreach partner interviews

Nine interviews were conducted with outreach partners, where RMTT delivers services outside their centre or regional operations. These include school, prison and hospital settings. Participants were from the Northland, Auckland and Hawke's Bay regions.

Discussion topics included the following:

- Background to partnering with RMTT
- Services delivered
- Impacts on participants
- Benefits to partner organisation
- Relationship with RMTT
- Potential areas of improvement
- Key areas of value.

[6] Ethnicity of loved ones recorded, rather than parents/caregivers

Interviews generally last around 30 minutes. As with family interviews, all discussions were recorded and transcribed for analysis, and interviews were analysed thematically.

Literature analysis

A rapid review of the literature was undertaken to provide a summary of current practice and the main reported outcomes of music therapy. This information fed into the development of the evaluation plan, and informed the topics covered during the qualitative phase of the evaluation.

Recent international and New Zealand literature was accessed, with a focus on settings and client groups that aligned with the current model of service delivery of RMTT. In sourcing material, databases including Scopus and Google Scholar were searched, supported by broader Google searches to identify grey literature. This was supplemented by a snowball approach which involved reviewing the reference lists of identified publications. In line with the scope of a rapid review, it drew on review articles where possible, rather than a detailed exploration of individual research studies.

Family survey

A 25-question survey was sent to current and past families and caregivers of people who have participated in RMTT services since the trust was established.

The survey was completed either online or in-person via paper forms at RMTT offices. The survey was distributed to 450 people and completed by 100; a response rate of 22%. Given however that many survey invitees were no longer working with RMTT (41% of the total invitees), a lower response rate was expected. Of currently active RMTT participants, the response rate was considerably higher, at 30%. This is higher than online survey response rates generally, where 20% is commonplace.

Appendix 2 details the demographic profile of survey participants. A wide range of ethnic groups participated in the survey, including New Zealand European, Māori, Cook Island Māori, Chinese and Indian. Pacific respondents were under-represented in the survey.

Survey questions were both quantitative and qualitative; they were designed to understand the experience of the participants and the impact that music therapy has on their lives. The survey also provides a clear sense of the programme's strengths and opportunities for improvement.

Data limitations

Overall, we believe the evaluation has achieved a robust mix of data from qualitative and quantitative sources, and has drawn together perspectives that include different ethnicities, regions, and age ranges. As with any study, there are time and cost limitations that can somewhat inhibit the scale and depth of engagement. However, through careful targeting and communications, we feel this evaluation has obtained a sufficient design and scale of engagement to reasonably represent the experiences of families and outreach partners.

A clear gap is the direct input of clients that time and budget did not permit in detail; this has meant that data collection has substantially relied on the perspectives of family members and outreach partners.

Collaboration between RMTT and the evaluation team

The evaluation drew on the knowledge and resources of RMTT staff, stakeholders and the expertise of the evaluation team in shaping the evaluation framework, and in designing tools and approaches for data collection within the evaluation and for future in-house activity.

The evaluation team led the following:

- Development of the evaluation framework, including theory of change, evaluation criteria and indicators, key evaluation questions and data collection design
- Independently designing, testing and refining data collection tools to collect feedback from clients and whānau on their experiences and impact of RMTT activities
- Building evaluation capability within RMTT, and further refining data collection and analysis tools for future application by RMTT.

RMTT staff and stakeholders:

- Collaborated in the evaluation design
- Worked with the evaluation team to reflect on findings and refine delivery and/or identify new areas of activity
- Implemented findings
- Developed capability to embed evaluative activities and data collection tools in ongoing activity.

A RMTT staff member worked with the evaluation team to develop the evaluation framework and data collection. The wider community of RMTT (i.e. clients and families) participated in the evaluation, and through this were given opportunities to share their experiences.

4. Identified value and outcomes from music therapy

Summary of music therapy outcomes

Music therapy has been shown to benefit a wide range of people, including premature infants, adults with traumatic injuries, children with autism, people with dementia, and mental health service users (Gold et al 2009, Kong & Karahalios 2016, Solli et al 2013, Stephenson 2006). It is undertaken across a range of locations, including homes, schools, hospitals, and other healthcare settings (Kennelly & Brien-Elliott 2001, Schmid & Ostermann 2010, Stephenson 2006). While music therapists work with various populations, people with behavioural/emotional disorders are a key client group, including children and adolescents (Gold et al 2004, Yinger & Gooding 2014).

This section presents a brief summary of the main outcomes of music therapy reported in the published literature. It has primarily drawn on review articles, with a focus on settings and client groups that align with the current model of service delivery of RMTT.

Overview of outcomes

Music therapy outcomes can vary, depending on the nature of the client group. However, at a broad level it has been shown to have positive effects on communication skills; psychosocial health; social functioning; mental health disorders; cognitive skills; and motor skills development. An overview of each of these outcomes is provided below.

Communication skills

A key reported outcome of music therapy is an improvement in both verbal and non-verbal communication (Chiang 2008, Geretsegger et al 2014, Nicholson et al 2008). This includes encouraging communicative behaviour amongst children who struggle with verbal language, as well as the enhancement of expressive language skills via activities such as filling the gaps in a song (Boxill & Chase 2007, Chiang 2008). Research has also highlighted improvements in vocalisation, timing and rhythm of speech amongst children who received music therapy (Kong & Karahalios 2016).

One study of children with special needs identified that music therapy resulted in the development of a wider range of vocal sounds, and an increased ability to speak longer sentences or utter spoken words. Interestingly, additional outcomes were highlighted as a result of this, including increased motivation to communicate within social interactions, and a strengthening of the carer-child relationship (Chiang 2008). Other studies involving pre-school aged children with Autism Spectrum Disorder (ASD) have reported major improvements in speech and language production and non-verbal social communication (Su Maw & Haga 2018).

Psycho-social health

Music therapy has been shown to be effective in meeting children's psychosocial needs (Chiang 2008, Kennelly & Brien-Elliott 2001, Kong & Karahalios 2016). For example, a survey of parents whose children were engaged in music therapy identified a number of changes in multiple development areas, the majority of which were emotional; these included emotional stability and enhanced emotional expressiveness (Kong & Karahalios 2016). Others have highlighted its role in providing opportunities for children to express feelings and improve communication, resulting in a stronger sense of self-worth and improved self-esteem (Chiang 2008, Kennelly & Brien-Elliott 2001).

Amongst adult participants, music therapy has contributed to a stronger sense of identity and increased self-confidence (Solli et al 2013).

Social functioning

It has been claimed that the promotion of social skills is a fundamental goal of music therapy (Chiang 2008). As a result, a wide range of social functioning outcomes are linked to music therapy, including improved relationships and social interactions, and an increased participation in everyday life (Chung & Woods-Giscombe 2016, Solli et al 2013, Yinger & Gooding 2014). In research with school students it has been linked with improved social skills, such as assertiveness, self-control, and increased cooperation (Chong & Kim 2010).

Music therapy can help engage children in social interactions, with peer relations enhanced through activities such as taking turns to play an instrument or passing an object around in a group setting (Chiang 2008, Wigram & Gold 2006). Moreover, music therapy approaches focused on the relational qualities of music, and the participants' individual interests and motivations, can facilitate basic skills involved in social communication, such as eye contact or initiating interaction (Geretsegger et al 2014).

An updated Cochrane review of the evidence on music therapy for people with ASD compared the effects of this form of therapy with 'standard care' and 'placebo' therapy. Key results indicated that music therapy may help to improve skills in a number of outcome areas, including social interaction, social-emotional reciprocity, and social adaptation (Geretsegger et al 2014). Other research has identified that outcomes of music therapy for children with autism include improvements in social behaviours, although the small number of studies in this field has been highlighted (Yinger & Gooding 2014).

The impacts of music therapy on social connections and relationships is widely reported in the literature, particularly its ability to enhance parent-child relationships (Chiang 2008, Geretsegger et al 2014, LaGasse 2017, Nicholson et al 2008, Su Maw & Haga 2018). A 10-week group music therapy programme for 'marginalised' parents and children aged under five years involved activities designed to promote positive parent-child relationships, whilst also fostering children's developmental skills; an evaluation of the initiative found significant improvements in parenting behaviours (Nicholson et al 2008). Other research has identified that music therapy undertaken with children with ASD may contribute to the quality of the parent-child relationship (Geretsegger et al 2014, Su Maw & Haga 2018).

Mental health disorders

Several reviews of the evidence relating to music therapy and mental health disorders, have found promising results with regard to outcomes, although it has been reported that the quality of studies is mixed (Geipel et al 2018, Gold et al 2009, Maratos et al 2008, Yinger & Gooding 2014). One systematic review focussed on adult mental health identified that music therapy, when combined with standard care, has significant effects on a range of domains, including level of general symptoms, global state, negative symptoms, depression, and anxiety. Importantly, the authors note that effects are not dependent on type of diagnosis, cementing music therapy's broad application (Gold et al 2009). Other music therapy outcomes for people with mental health disorders include improved general mental state, mood and level of functioning (Chung & Woods-Giscombe 2016, Edwards 2006, Gold et al 2009, Maratos et al 2008).

A qualitative meta-synthesis of service users' experiences of music therapy in mental healthcare found that it produced positive outcomes in relation to their personal and social recovery process (Solli et al 2013). This incorporated four key areas:

- Having a good time: well-being and positive experiences through engagement in music which contributed to increased motivation and hope for a future life
- Being together: making social connections, experiencing a sense of belonging, and increased social participation in everyday life
- Feeling: positive effects connected to emotional experiences, including awareness, expression and regulation of emotions
- Being someone: a stronger sense of identity, increased self-confidence and self-esteem, and the reintegration of music into people's lives.

The use of music therapy has produced positive outcomes among individuals with schizophrenia (Chung & Woods-Giscombe 2016). A review of the evidence identified that, depending on a range of factors (e.g. dosage and music therapy format /type), music therapy resulted in improved psychotic symptom management, as well as depression and anxiety management. In addition, participants experienced improvements in social and cognitive functioning, behaviour, and quality of life (Chung & Woods-Giscombe 2016).

Group work tends to be the main delivery model for music therapy within mental health settings, and can be effectively undertaken in both community-based and inpatient settings (Yinger & Gooding 2014). Research has shown that this format can promote group cohesion and interaction, as well as emotional expression – and is particularly effective with people considered to be 'poor candidates' for verbal group therapies (Yinger & Gooding 2014). Other research studies have identified that music therapy has helped individuals who did not benefit from verbal psychotherapy alone (Gold et al 2009).

Cognitive skills development

Music therapy has been linked with the development of cognitive skills and an increase in on-task behaviour and cognitive processing (Chung & Woods-Giscombe 2016, Gooding 2011, Kong & Karahalios 2016). There is evidence of this across different client groups and therapeutic settings, including:

- Within the context of paediatric rehabilitation, music therapy has been shown to be important in relation to addressing behavioural/cognitive skills (Kennelly & Brien-Elliott 2001)
- Music therapy can help develop and sustain attention amongst children and adolescents with ASD (Wigram & Gold 2006)
- Music therapy has been linked with improved cognitive functioning of people with schizophrenia (Chung & Woods-Giscombe 2016)
- Amongst children with special needs it can facilitate cognitive development, particularly when undertaken alongside communication development goals (Boxill & Chase 2007, Chiang 2008)
- Preadolescents with emotional and other disorders showed significant improvements in attention and motivation following engagement with music therapy (Montello & Coons 1998).

Motor skills development

Music therapy has been linked with improvements in both fine or gross motor skills (Chiang 2008, Kennelly & Brien-Elliott 2001). This can be attributed to the structure and motivation provided for exercise routines, with different instruments encouraging use of various muscles (e.g. fine motor skills can be enhanced via playing the keyboard) or exposure to different kinds of physical movements (Chiang 2008, Kennelly & Brien-Elliott 2001). In addition, repetitious movements undertaken when playing an instrument can improve motor control and coordination (Boxill & Chase 2007).

Parental experiences of music therapy

Given the importance of whānau within RMTT's model of service delivery, it is worth highlighting some of the music therapy outcomes linked to parents, both as participants themselves or in relation to their child's engagement in music therapy.

Music therapy has been shown to reduce parental stress and result in improved mental health for parents and carers (Chiang 2008, Williams et al 2012). An evaluation of an Australian music therapy programme which engaged parents of children with a disability reported that it resulted in significant improvements in parent-child interactions, and that parents were observed by clinicians as having improved parenting behaviours (Williams et al 2012).

One study found that when music therapy consisted of 'fun and meaningful' activities it was more likely to facilitate carers participating and interacting with their child. This was highlighted as an important outcome, particularly in light of the potential stress experienced by parents caring for a child with special needs (Chiang 2008). Others have noted that music-based parenting programmes may be more effective in attracting participants who would not normally attend traditional parenting interventions due to the non-threatening and 'enjoyable' context that these programmes offer (Nicholson et al 2008).

Mechanisms of change

In their review of the evidence relating to people experiencing serious mental illness, Gold et al (2009) highlight that music therapy has been effective in the area of negative symptoms (e.g. poor social relationships, low motivation) for people with psychotic diagnoses. They posit that this provides some insight into the mechanisms of change for music therapy, including that:

- As a medium for emotional expression, music can assist patients to improve their expressive range
- The social aspects of making music together which involves forming relationships with others may help people overcome shortfalls in this area
- The opportunity to make music within therapy may be a motivating factor which is then generalised to other settings or contexts (Gold et al 2009).

Others have claimed that, while the means by which music therapy processes effect change for people with mental illness or distress are not fully known, it may be due to the way in which music processing accesses sub-cortical pathways that bypass other areas of cognitive function, as well as the capacity for music to allow different levels of participation (Edwards 2006).

When considering outcomes for children with developmental or behavioural conditions, the potential for music therapy (particularly *active music making*[7]) to help children focus and sustain attention has been highlighted as an important factor. In addition, the non-judgemental setting that music therapy occurs in, where children are 'set up to succeed' is seen to play a key role (Gold et al 2004). Others have argued that the mechanism by which music therapy is effective in relation to children and adolescents is not fully understood, and therefore more research is required in this area (Yinger & Gooding 2014).

What factors can influence outcomes?

There are a range of reported factors that may either produce improved outcomes, or negatively impact on the effectiveness of music therapy. Some of these include:

- A trained professional (music therapist) to effectively deliver treatment. Without this, the employment of music in mental health treatment, for example, may have a negative effect on patients (Yinger & Gooding 2014).
- A team-based approach, with the music therapist working alongside or as part of a wider team, has been highlighted as important and beneficial to client progress (Chiang 2008, Kennelly & Brien-Elliott 2001). This includes, for example, sharing expertise across a multidisciplinary team (Chiang 2008).
- When working with children with ASD, a more flexible, child-led approach (Geretsegger et al 2014).
- Neuroimaging research has shown that active musical participation engages more areas of the brain than passive music listening. This, alongside the social aspect of music making in a group, enhances mood to a greater degree than individual music making (Yinger & Gooding 2014).
- Ensuring that the client's musical preferences are incorporated into the design of the therapy (Schmid & Ostermann 2010, Yinger & Gooding 2014).
- Within mental health settings, music therapy is more likely to be effective with a longer course of therapy or more frequent sessions (Chung & Woods-Giscombe 2016, Gold et al 2009, Yinger & Gooding 2014). For example, a review of the evidence on the impact of music therapy for individuals with schizophrenia found that dosage (i.e. total minutes of intervention exposure) had a greater effect than the type and format of music therapy (Chung & Woods-Giscombe 2016). In the case of music therapy targeting parents and children, it has been claimed that a minimum of six sessions is required for a therapeutic effect (Nicholson et al 2008, Williams et al 2012).
- Where music therapy is experienced as a fun activity and associated with pleasurable emotions, it is more likely to increase clients' motivation to take part. This has been noted as important, given that activities are more easily repeated, thus fostering increased learning and development (Chiang 2008).
- 'Eclectic approaches' to music therapy (i.e. the mixing of techniques from different models or theories) are more effective. This also suggests that therapists are required to have a flexible and open attitude to what their clients bring to the therapy session (Gold et al 2004).

[7] This includes active musical interactions such as playing musical instruments, and is differentiated from 'receptive,' which mainly consists of listening to music (Chung et al, 2016).

- Group size may influence effectiveness and efficiency. For example, overly large groups may restrict the ability of clinicians to respond to individual needs (Nicholson et al 2008).

Indigenous and other cultural perspectives on music therapy

Interweaving of music therapy and indigenous culture

The relationship between music and well-being – including mental and spiritual – and its role in maintaining culture for indigenous populations, is acknowledged within indigenous sources of knowledge and in the literature (Hodgson 2018, Kahui 2008, Rollo 2013, Williams & Abad 2008). For example, drawing on the Te Whare Tapa Whā model of health (Durie 1998) Hodgson (2018) highlights that the mana of individuals may be enhanced via their contribution to musical activities within a group setting (notably an approach that some staff at RMTT have adopted). The role of karakia as Māori rituals for healing the sick, or taonga pūoro (traditional Māori instruments) for sound healing, have also been discussed (Rollo 2013).

A brief scan of the international literature identified limited examples of music therapy being practiced within an indigenous framework, although there were a wider range of publications that referred more broadly to a need for programmes to be 'culturally appropriate' (this is discussed further below).

Within New Zealand, there is some evidence of an indigenous grounding of music therapy, although this does not appear to be extensive within the literature. Examples identified include the employment of tikanga Māori within a mix of music therapy settings, the use of taonga pūoro and traditional Māori activities, adoption of kaupapa Māori models of health, and a collaborative approach to working (Fletcher et al 2014, Hodgson 2018, Kahui 2008, Rollo 2013). Within RMTT itself, the naming of the Trust comes from the legend of Raukatauri, the Goddess of Flutes and the personification of music, as discussed in section 2. This legend also underpins the Raukatauri model of music therapy – like the casemoth becoming independent from its mate, therapists work towards clients achieving autonomy and the confidence to express themselves creatively (O Lowery 2019, personal communication, 20 June).

Individual and group music therapy sessions run within an acute mental health unit for rangatahi (adolescents) involved a broad range of activities, including singing, improvisation, and playing instruments (Hodgson 2018). A waiata titi torea[8] was highlighted as particularly successful at engaging rangatahi, and symbolic of the connection between Māori practice and music therapy. It was also effective at incorporating all four dimensions of Te Whare Tapa Whā: a whānau atmosphere was emphasised as staff and rangatahi sat and worked together; participants drew on their hinengaro (mind) to memorise the words while also coordinating their tinana (physical body) to perform the actions in correct sequence; and, their wairua (spirit, soul) was supported though engagement with others and via self-expression. An analysis of the impacts of this music therapy programme also identified that the mana of the young people involved was positively affected, and that some were moved from a state of mauri moe (inactivity that is detrimental to health) to mauri ora (vitality) following their involvement in group sessions (Hodgson 2018).

[8] Tītī tōrea are also known as tī rākau and are a mode of waiata using rākau (sticks) (Hodgson 2018).

Other research from New Zealand which explored a culturally appropriate approach to music therapy for rangatahi highlighted the importance of consultation with kaumatua[9], and the need for non-Māori music therapists to learn about Māori culture in order to confidently introduce cultural elements to their work (Kahui 2008). Similar to Hodgson (2018), the study found that the Te Whare Tapa Whā health model works well as a music therapy assessment tool; in addition, there is some alignment between general protocols of music therapy and those of Māori culture (e.g. hello and goodbye songs at the start and end of sessions) (Kahui 2008).

There is the opportunity to learn from international initiatives undertaken within this space. A music therapy programme which sought to engage indigenous families in Australia was developed on a premise that early intervention services delivered in a 'culturally sensitive' manner were required to address some of the disadvantages faced by indigenous populations (Williams & Abad 2008). Of note, it was believed that a strength-based music therapy family programme was an appropriate model to support children and parents. The project was therefore initially developed as a series of group sessions delivered over 9 weeks, aimed at the broad family unit, and promoted over an indigenous radio station and via agencies working with this population.

However, the programme attracted very few participants, and a subsequent review identified that it was unsuccessful for a number of reasons. These included the inappropriate physical location and layout of the facility where sessions were held, a lack of transport to assist families in attending, and the high number of helpers (e.g. indigenous volunteers and workers) relative to participants. In addition, there was minimal evidence of relationships or trust having been built over the course of the programme, and it was delivered via an individualised approach rather than a more culturally appropriate group strategy.

A second programme was developed to address some of the problems identified, which resulted in better attendance by families, and improved outcomes. Analysis of this identified learning in four key areas:

1. Trust and rapport: this included the need to develop relationships with the community prior to the commencement of an intervention, with families given a choice as to how they engage.
2. Physical space: the location for music therapy programmes should be 'light and airy' and include culturally appropriate posters and reading matter, with transport options for accessing sessions
3. Staff support: time needs to be allocated to ensure music therapy staff build connections with indigenous workers and are provided with adequate information about the programme
4. Cultural issues: recommendations included working with a 'cultural consultant' who would help families to attend regularly and facilitate a group rather than individual setting (Williams & Abad 2008).

Culturally centred music therapy practice

Music therapists are increasingly working with diverse cultural populations in a range of client settings (Behrens 2012, Brown 2002, Chase 2003). This requires them to examine their own world view and cultural identity, alongside those of the people they work with (Chase 2003, Morris 2010).

[9] Respected elders.

Research has shown that, despite having a strong interest in providing multi-cultural music therapy, many therapists in this field feel that undergraduate training programmes do not prepare them well for this (Chase 2003). As a result, cultural awareness and skills are often gained via clinical experience (Chase 2003). Interestingly, it has been claimed by some that a culturally centred music therapy practice should follow naturally from music therapists practicing with empathy and sensitivity; others, however, would argue that generic empathy is not sufficient, and 'cultural empathy' should be a goal of all therapists (Brown 2002).

Brown (2002) highlights a range of considerations for music therapists working with culturally diverse clients, including that they should have awareness and knowledge of:

- Their own cultural identity
- The significance of music in non-western cultures
- The role of music in clients' personal life and culture
- Music's association with religious or healing rituals
- The advantages of incorporating musical ideas with other forms of the arts within cultural traditions, where possible
- The use of culturally diverse recorded music in relaxation and visualisation techniques.

Similarly, Chase (2003) presents five clinical considerations that will assist music therapists in their work with culturally diverse clients:

1. Know yourself: therapists should take time to explore their own cultural values, attitudes and biases
2. Engage in new cultural experiences: this includes exploring other cultures via books and music, or through meeting people from minority cultures
3. Treat each person as an individual: it is important to get to know a client's personal history prior to making assumptions based on their ethnic or cultural background
4. Be musically flexible: therapists should investigate the music and instruments – and the role that they play – of diverse cultures
5. Ask for help if you need it: there can be challenges in the delivery of multicultural music therapy, and networking with therapists (e.g. via conferences or peer supervision) working in this space may be helpful.

5. KEQ1: To what extent do RMTT clients (including participants, families and outreach partners) value working with the trust?

Performance against criteria

Guiding considerations for this KEQ is a rubric that assesses the level of value clients and families place on working with RMTT. This is drawn from survey questions regarding to what extent do families value working with RMTT; and qualitative feedback from interviews with a client and families, and outreach partners on the value of RMTT in the lives of their loved ones or families or their organisations.

Based on the very positive feedback received from all quarters, we have rated delivery at the highest end of the spectrum (green corner of below diagram) (Figure 2). This is summarised in Table 2 below.

Figure 2: Assessment of extent to which clients and families value working with RMTT

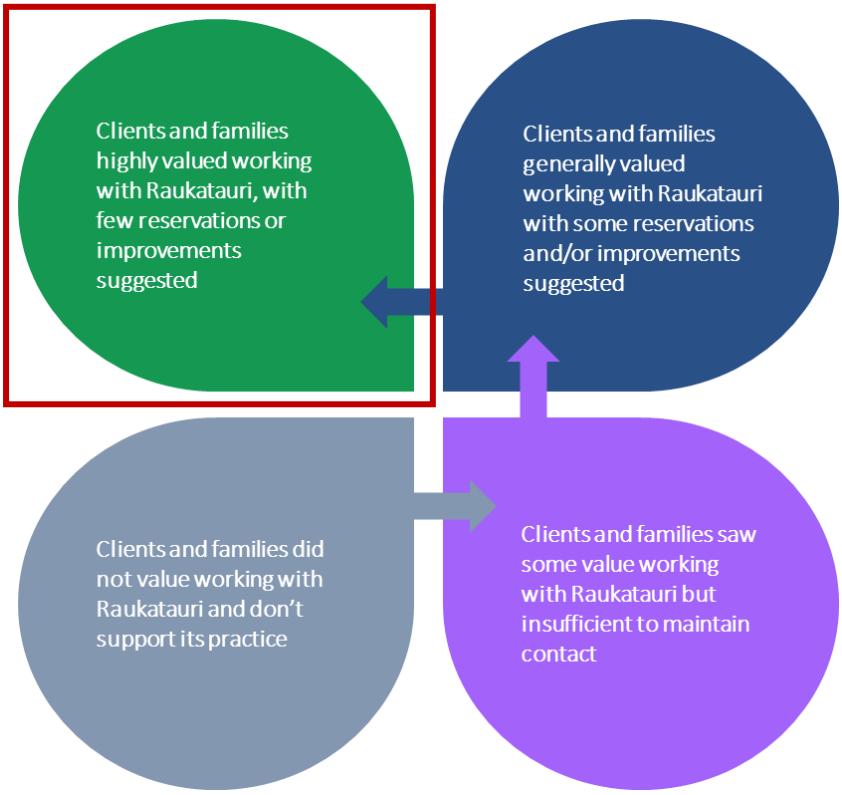


Table 2: Summary of key areas of feedback on value of RMTT

Source	Key findings
Overall ratings of working with RMTT	Over 90% rated their experience of RMTT as excellent (64%) or very good (28%).
Qualitative feedback from families/client of RMTT	Family members reported their loved ones, and families themselves, highly value working with RMTT for a range of factors, particularly musical participation, relationships with the therapist, enjoyment of the sessions, relationship with others, and the tailored approach.

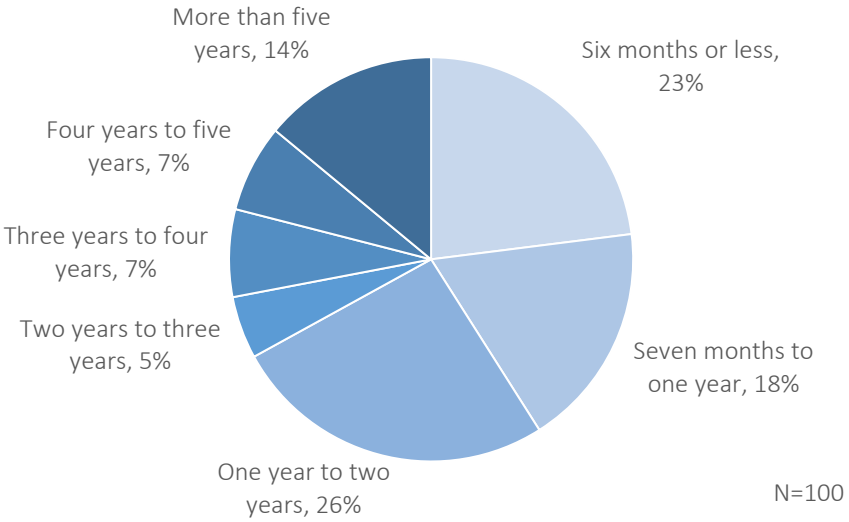
Outreach partners' qualitative experiences of RMTT	Outreach partners highly valued their relationships with RMTT, citing their easy fit with services, and the added value of music therapy to their own offerings.

Engaging with RMTT

Length of time with RMTT

The majority of survey participants had been working with RMTT for more than a year (59%), including 14% that had been involved for more than 5 years (Figure 3). Of those with less than one year's experience (41%), 18% had involvement with the programme for 7 months to a year (Figure 3). This length of involvement of the participants provides a familiarity with the programme that is most apparent in the qualitative feedback.

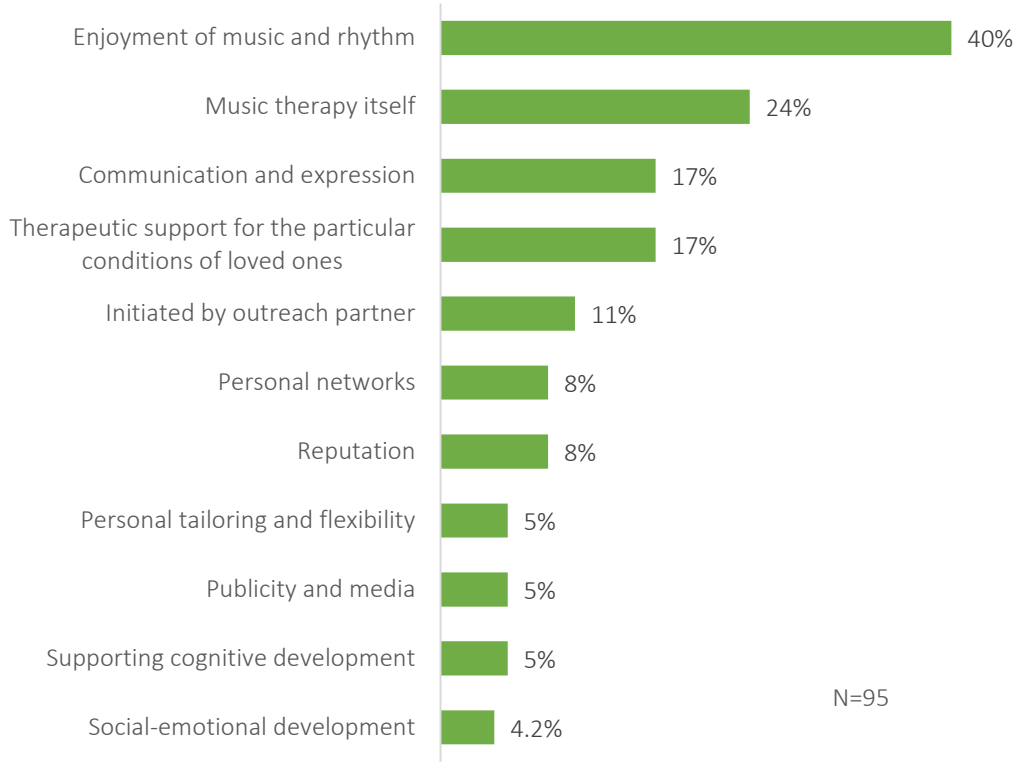
Figure 3: Family time spent with RMTT (current and previous clients)



Factors that attracted people to RMTT

Participants in the survey were asked a variety of questions about access and engagement with the service. The attraction to the services was queried through open-ended questions, with the responses analysed for themes. The predominant themes (as indicated in the figure below) were enjoyment of music and rhythm (40%), music therapy itself (24%), communication and expression (17%) and therapeutic support (17%).

Figure 4: Factors that attracted families to participate in RMTT



Interviews with family members revealed that they had found out about RMTT via a range of sources, including social media, schools, work colleagues, and other service providers working with their loved one. Some stated that they were seeking out another therapy or extracurricular activity when they heard about the organisation, and drawn to music therapy due to their child's musical interest or ability. Most family members reported that, at the outset, it was their child's enjoyment of music, or musical abilities, that had led them to RMTT:

> *I thought it was really interesting because I'm just always looking for therapies for […] because he is nonverbal. So other ways of him actually enjoying himself. I knew that he liked music and he's liked rhythm since he was a really little boy. (19W)*

> *[Loved one] loves music and … if somebody enjoys something that much, you should, it would be cruel not to help facilitate that. And so basically I didn't have any goals for him at the start but just for him to enjoy the music. I'm not a musical person, and somebody to help facilitate that and if he learnt something, great, and if he didn't, as long as he was enjoying himself then that was okay. (14W)*

> *We enjoy music ourselves and had heard wonderful things about how music can contribute to the development of children. (survey respondent)*

> *Our daughter loves music and we were suggested to try music therapy to help with her speech and motor skills. (survey respondent)*

> *Our son's love of music. Music was the only language he understood, it was the only way to reach him before he had acquired any language. (survey respondent)*

Many were attracted to music therapy itself, either by reputation or prior knowledge:

The whakāro around the music therapy and we knew our granddaughter loved music. (survey respondent)

My first thought 14 years ago was yay music for [client]! Then I found out it was therapy not a music class - that intrigued me even more. (survey respondent)

Heard / researched the benefits of music therapy for non-verbal children with global developmental delays. (survey respondent)

Hoping to have a new way of experiencing life through music expression for my daughter who has Down syndrome. (survey respondent)

Some saw the potential for development in other areas, such as communication and expression, a reduction in aggressive behaviour, increased self-confidence or social functioning for their loved one, alongside personal support for themselves. Many directly mentioned the conditions that loved ones were living with, such as autism, dementia, and Down syndrome, which they thought would be helped by accessing music therapy:

Our son has non-verbal ASD and has always had an affinity for music. Music therapy has given him a means of expression. (survey respondent)

It was the social nature, not just for [loved one] but also for me, like wanting to meet other mums who were going through something similar to me because at that point I really hadn't met anyone else who had a child like mine. (12W)

We were looking for something to help him and his brother play together and to engage him. And socialising with us because his social interaction with us was extremely limited. (6W)

Music therapy is a bridge, for autistic children to feel safe, and express themselves. (survey respondent)

An alternative approach to helping my son find healthy and effective ways to communicate and process his emotions. (survey respondent)

Despite some loved ones having previously engaged with a music therapist in a school or other setting, most interviewees reported that they had limited knowledge of music therapy prior to working with RMTT. As such, they acknowledged that they entered music therapy with either erroneous or unrealistic expectations of what their loved one would gain from it:

When I went and did the first initial sort of meet and greet without [loved one], they sort of said, 'What do you expect from this?'" and I sort of said, 'I just want kind of like a music lesson for [loved one] … just so he can enjoy music,' and they were like, 'Oh well music therapy's more around using music to teach a child to do X, Y Z'. (14W)

I think when we first started, we did think 'oh we'll get them to do a concert and they can sing Moana and Frozen songs and all that kind of stuff'. (2W)

One family member also recalled that she attended the initial assessment feeling sceptical about the therapeutic claims of music therapy. As evident in her comments below, however, she very quickly revised this view:

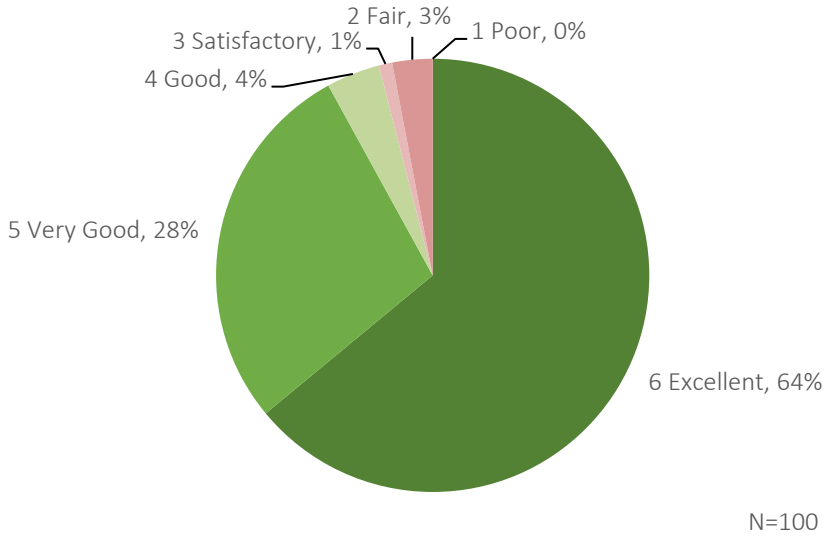
I was quite cynical to begin with, but I went along with them to the assessment … and to be honest I walked out, and I had a completely different opinion. I walked in sort of thinking 'oh this is just a moneymaking scheme' and really cynical, like they're going to be able to do anything. And I just saw [loved one] just really connect and I saw him do things just in that time that we don't see him do outside of that. And then I was just like okay this is something he needs to have because there's something going on there that's just connecting with him. (9W)

Aspects most valued about RMTT

Working with RMTT

The overall experience of working with RMTT was extremely positive, with 96% of the respondents ranking their experience as excellent (64%), very good (28%) or good (4%). No respondents indicated a poor experience (0%) (Figure 5).

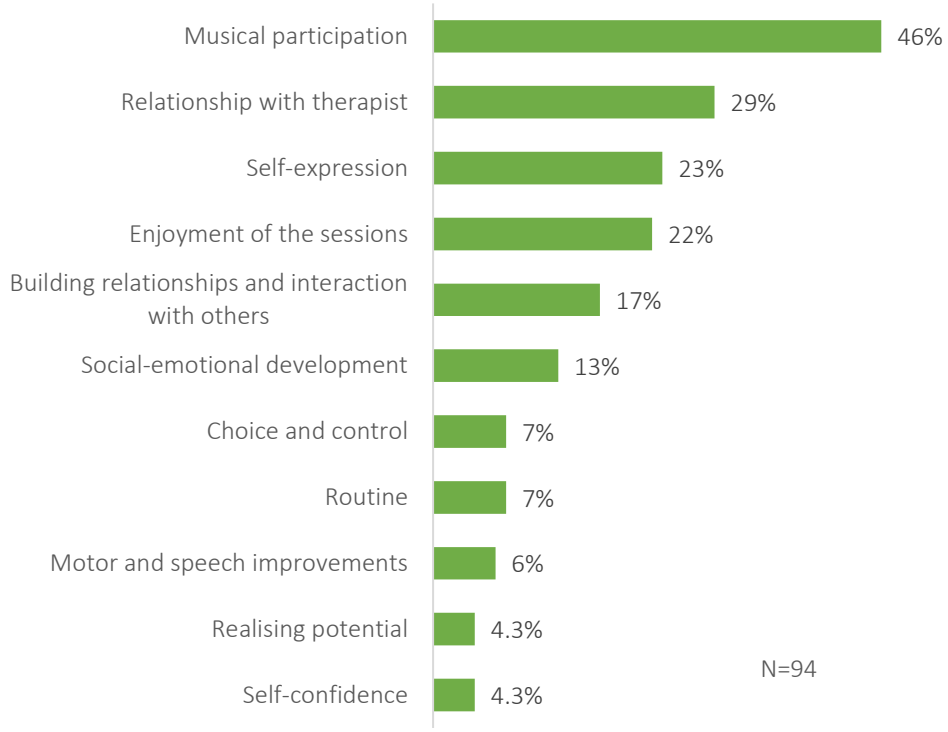
Figure 5: Family ratings of experience of working with RMTT



Family feedback

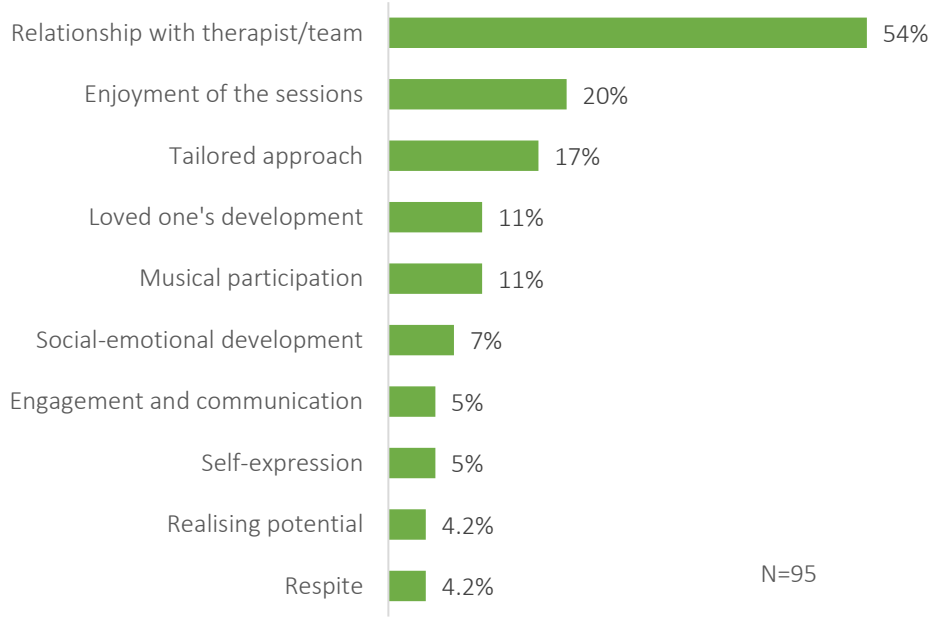
The aspects of RMTT that caregivers perceived their loved ones most valued in music therapy services were musical participation and relationships with the therapist/ team (46% and 29% respectively). Self-expression (23%) and enjoyment of sessions (22%) were also noted (Figure 6).

Figure 6: Aspects of RMTT most valued by loved ones[10]



From family/caregivers' own perspectives, the relationship with the therapist/team (54%) was very highly rated, followed by enjoyment of the sessions, and the tailored approach taken by RMTT (Figure 7).

Figure 7: Aspects of RMTT most valued by families/caregivers



[10] It is important to note that the client perspectives shared in this report have been provided by proxy by a family member, hence referring to 'loved ones'.

Because of the similarity of responses, the following discussion draws on reflections of what is most valued by both families/caregivers and loved ones, and includes findings from both the survey and interviews with family members.

Overall, interviewees spoke very positively about the value of their relationship with RMTT, and the impact that it had had both on their own, and their loved one's life. One indicated that they would *"happily carry on having [loved one] go there every year for the rest of their life"* and another reported that they were compelled to arrange an additional weekly session because *"[loved one] loves it so much".* The value they placed on music therapy was also evident in the fact that family members stated that they would happily recommend the service to others.

Musical participation, particularly with a variety of instruments, is a clear sustaining factor for many loved ones. Composition and other musical activities such as singing were also highlighted by interviewees:

> *They'll do a sort of follow me follow you type scenario and then she might come up with some lyrics for a song and then they'll make a song together and things like that. So, she really enjoys doing that and I love listening to it. (4W)*
>
> *Listening to different musical instruments and helping to play them. Enjoys the tactile feeling of the instruments. (survey respondent)*
>
> *Experiencing success with a variety of instruments. (survey respondent)*
>
> *Built on love of music in my child. Pacing appropriate for my child to fully meaningfully participate. (survey respondent)*

The relationship with therapists is a key area of value for loved ones and families/caregivers alike; both survey participants and interviewees regularly mentioned the team as being warm, friendly, approachable, passionate, caring and positive. Interviewees spoke about their child's close bond with their therapist, as evident in the nature of their interactions and the way in which they referred to them (e.g. as their "*best friend*"). They also highlighted the level of professionalism of staff and their extensive skill base. Comments included:

> *My daughter loves her therapist, they have a wonderful relationship which makes the session fun and worthwhile. (survey respondent)*
>
> *He says: the music and routines and teacher was very kind to me. (survey respondent)*
>
> *I love how thoughtful each session is, how our therapist uses my daughter's style, needs and wants to create a great session. I also love how skilled our therapist is in music which has been fun to watch. (survey respondent)*
>
> *Using music to gain overall confidence. Having a safe space and a friend (the therapist) to support him when school and peers can be overwhelming. Using music to express all his feelings and to connect with the therapist who helps him work through those feelings. (survey respondent)*
>
> *I have enjoyed seeing dad playing music, sometimes singing and even just walking around the centre with a guitar slung over his shoulder and to see how wonderfully [therapist] and the team at Raukatauri work with dad and what he is/isn't able to do. (survey respondent)*

To witness how my son is being met, understood, appreciated and engaged, where he is in his development and to witness how he opened up and flowered in joy. (survey respondent)

I love the confidence I have that it is a very worthwhile kaupapa and the knowledge that it is being delivered very thoroughly and to a high standard. (survey respondent)

A lot of places that we've worked with have very defined rules, and these guys probably do have a few rules in place, but they're approachable. Like you can talk to them, you can go in and say 'can we have a chat about this?' (5W)

Well, they're family to us. They're a very important part of our life because we've been with them now so long. They're part of [loved one]'s village, if you like. (17W)

As part of this, one family member spoke about how much she appreciated her child's therapist's willingness to incorporate te reo Māori into their sessions and other interactions with her family. Along with other interviewees, she also highly valued being engaged with a **whānau-based organisation,** which was evident in RMTT's foundations and clearly demonstrated at events such as fund-raising dinners:

I love, I'm really interested in the Māori language … so I really wanted to keep my language alive. So I love being involved with an organisation who's supporting the language. So that's a real positive for me and so I really love that and the fact that [therapist] is learning it too. So it's really lovely to communicate with [therapist] using some reo as well. (11W)

I love the family story, the whānau story of Hinewehi, I love the Māori language side of it a lot, really pleased to be involved with the organisation who's supporting taha Māori. (11W)

Music therapy offers loved ones the opportunity to **build relationships with others.** In particular, interviewees highlighted the bonds that had been formed with other children or young people attending group or paired sessions, and how much this was valued by their loved one:

I guess as a young mum, I was always worried that my son would be rejected, and people don't cope well with difference and who would love my boy? And would he have a friend, would he feel valued, loved and accepted? And I think [loved one] honestly does. I think that that's something that Raukatauri has given to my son. (3W)

Our daughter learned to participate WITH other children and share, and to share in the excitement when others achieve a new goal...above all, she had the best FUN. (survey respondent)

We have been concentrating on social and speech development. It gives my daughter a chance to develop a friendship with someone else with down syndrome that she doesn't get at school. (survey respondent)

The **collaborative approach** taken by therapists was appreciated by interviewees and was seen to provide added value to the therapy. This included working alongside both families and other service providers that their loved one was engaged with:

They were amazing to work with because they would do the same as I did, and they would listen to him. Other therapists would send to say 'no, this is how it is done'. Whereas Raukatauri actually listen and work with you. (17W)

We've sent him copies of our girls' speech therapy … so they write really kind of comprehensive notes and so we kind of send those on to [therapist] as well so he has a really good overview of what other things the girls are working on in terms of their communication… so he's kind of always tuned in to be working on the same kind of goals as well, which is good. (2W)

Music therapy clearly provides an important avenue for self-expression, as well as related areas of offering choice and control for loved ones:

Being non-verbal he gets to express himself in music. He is also motivated by it. His first ever steps were during a music session. He is excited to go. (survey respondent)

Our child has fun, is able to paddle their own boat to express themselves. (survey respondent)

He loves being able to control the sessions and drive what he is passionate about. (survey respondent)

She's nonverbal and she can go in there and she can make a lot of noise and however much she wants and she can do what she wants and she's completely in control of the process. So, it's a situation where she's given the power and control to have a lot of fun and they get a lot of enjoyment out of it. (15W)

I think the difference would be fun, stimulating, supportive sessions that she can rely on and look forward to going to and probably rely on through her own expression and outlet. And she knows it's a regular part of her week that she can look forward to and then express herself in. (11W)

Particularly for family and caregivers, the tailored and flexible approach of RMTT is highly valued. Interviewees provided examples of therapists tailoring or varying content to meet the needs of their loved ones to ensure it is age-appropriate, and in response to emergent needs as they arose. One parent appreciated a staff member's ability to adapt sessions when her son was exhibiting *"challenging behaviour".* Other comments included:

We've gone in for a couple of sessions and [loved one] really hasn't wanted to be there and he's been a little bit off his game and the therapist has sort of adapted what he would normally do to fit [loved one's] mood. (14W)

Team is very accommodating and flexible and have been a big support looking for solutions when school decided to discontinue the programme (temporarily) due to lack of funding. With the help of [therapists], we were able to continue our son's programme on a private basis, enabling him to develop some very much needed social skills in small group music therapy sessions held on school premises. (survey respondent)

Although I am pleased [client] loves music, what I have liked the most overall is the flexibility, respectful and understanding nature of our music therapist and of [staff member] who sends invoices. Both people have been amazing to work with, I couldn't praise them enough! Given that [client] has had many surgeries over the years and they have just been AWESOME. (survey respondent)

Aspects that interviewees valued for themselves included the **non-judgemental setting** that RMTT provided. As evident in the extracts below, they appreciated the opportunity to relax in an environment that was accepting of their loved one:

> *As a parent of a child with special needs, it's always such a relief when you can take your child somewhere and you don't have to explain. And you don't have to apologise for all the little quirky strange things that they do because you're in an environment where people just understand instantly and they just accept, just take you as you are. And it's just so nice to have that. (1W)*

> *What it has done for me is it's given me something to offer my son that's different from school in a really safe environment and an accepting environment. Yeah, so when he has his bad days and his meltdowns, it's okay. (16W)*

Some interviewees spoke about the sense of satisfaction they derived from knowing that they were providing their loved one with access to a valuable experience, and that they were **doing their best** for their child:

> *When you've got a special needs kid, you always feel like you should be doing something with them all the time … I suppose it does make me feel like I'm doing something that's contributing to her wellbeing. [2W]*

> *For me, I really like, no matter what else is happening, I know she's getting that. So I think that's a very valuable, rich experience for her to have every week. (11W)*

They also highlighted how much they valued seeing their loved one reaching their goals or achieving milestones. In some cases, these were beyond what they had anticipated or had been led to believe was possible:

> *As a mum of a special needs kid, you spend a lot of time not seeing success and comparing your child to other children, and he makes such slow progress towards his milestones. To actually see one in action, to see him achieve something is quite special. (12W)*

Woven across many of these responses is the **enjoyment** that loved ones experience from attending music therapy. This is an underlying theme of feedback provided by many family members in survey responses and interviews:

> *She looks forward to it. There's never a week where, I mean some of the other things she does there might be some weeks where she's a bit tired, but she's never too tired for Raukatauri. (4W)*

Value of RMTT to outreach partners

As with parents and caregivers, outreach partners commonly spoke of the enthusiasm that their clients felt towards the visits of music therapists. The enjoyment of the sessions made it an easy offering to their clients:

> *The joy that you see on their face and like the enjoyment, pure enjoyment, the smiles, that immediate, their immediate physical response to the music is just so awesome and you get some like magic moments in those sessions where children surprise you and they do things. (OT5)*

A consistent theme of feedback from outreach partners was the "*easy fit*" of RMTT with the partner organisation's services. In part this was the responsive way in which RMTT team members were cognisant of the needs of the outreach partner, the processes that each work within, the limitations of the settings and adaptability to them, while at the same time recognising the needs of the clients that RMTT were working with. Outreach partners found RMTT staff highly responsive to feedback and adaptable to the needs of the organisation and the clients. Communication was consistently seen as a key strength of the organisational leadership and in programme delivery:

> *They've worked with a huge diversity, a huge range of different needs with our students. (OT1)*

> *He's very open to feedback, he's open to sort of communicating and making sure and he's very good at capturing what he's doing with kids and families. (OT6)*

> *We've got one young lady who works on a one-on-one basis who really finds it difficult to work with new people and finds it difficult to go into a new environment, even crossing the threshold of a new environment is difficult, but she's got such a relationship with our current music therapist that I think she'd take her to the moon and she'd be fine. (OT1)*

This easy fit was also due to the complementarity of music therapy with the services of the outreach partners. Partners consistently saw music therapy services as offering an additive area of value that reinforces and extends their own approaches; this was common across a range of situations, from children with special needs to adults in prison. Partners valued the learning opportunities provided for their own staff through engagement with music therapy and which had extended their own organisation's impact:

> *The overlay of the music therapy is a really easy fit… It's like icing on the cake. (OT6)*

> *It fits so beautifully alongside our work that we do trying to normalise hospital environments and encourage sort of normal typical play but also encouraging engagement not just with staff but with parents in terms of maintaining that sort of trusting bond and that sense of ability to contribute and communicate for kids in a hospital setting is important. (OT6)*

> *It gives our teachers and teaching staff, our teacher aide staff other skills and another angle to look at… the current music therapist is working with our speech language therapist, so they're working in tandem with a student to help that person to communicate. (OT1)*

> *She ran a teacher workshop which was amazing as well. As I've gone around the school, I've heard teachers using what she presented at the start of the year, and it it's gone wider than this small group of students. (OT9)*

Some respondents spoke of the value creative therapies offer in tandem with other therapies, with music therapy seen to overcome barriers to engagement through existing therapies:

> *[Music therapy] is a parallel way that is accessible to some people where standard verbal communication and therapeutic modalities may well not be, and music means so many other things, it means other things culturally, it means other things in terms of evocation of memories and means other things… It's one of the most basic sensory stimuli for calming and for energising people as well, so really important. (OT8)*

> *I think the biggest one for our students is having an unknown person come in with a strong expertise, develop a relationship with our students, which is learning for them, and through music, provide them with another form of sensory input, another way to calm their nervous system, it's a very positive, soothing thing to do through music. (OT9)*

A respondent also spoke of the professional expertise RMTT offers and the intrinsic value of music therapy alongside the in-house expertise:

> *It's really good to have external experts and add another layer that we can't tap into at this point of time from within. While we have teachers who can play the guitar, music therapy is a different level because it's intervention with music. It's about healing, and making connections, and there's a whole range of academic and psychological things that are gained from it. It's therapy. (OT9)*

In a current partnership with a dance therapist, there was seen to be a reinforcement and strengthening of each other's work that complemented each other:

> *I think in terms of value, what I would say is they both hold their value on their own and in their own modality and their own speciality that they work in, it hasn't been a sort of situation where it's been diluted. I think if anything it's extended both of us. So it's certainly extended my repertoire of ideas particularly around rhythm and I think it's extended [therapist] as well around the idea of the physiology and movement and sensory expansion. (OT7)*

6. KEQ2: What have been the impacts on clients and their families through participation in RMTT?

Performance against criteria

As with the previous KEQ, a rubric is used to provide a guide for assessing the extent of benefits that clients and families attribute to working with RMTT. This is drawn from survey questions regarding to the extent to which families and clients benefited from participating in RMTT; and qualitative feedback from survey and interviews with family and outreach partners on the impact or benefits of engaging with RMTT. Other questions explored later in this review are also considered, including factors that support participation, challenge participation, and potential improvements.

Based on the very positive feedback received from all quarters, we have rated delivery at the highest end of the spectrum (green corner of Figure 8 below).

Figure 8: Assessment of extent to which clients and families benefited from working with RMTT

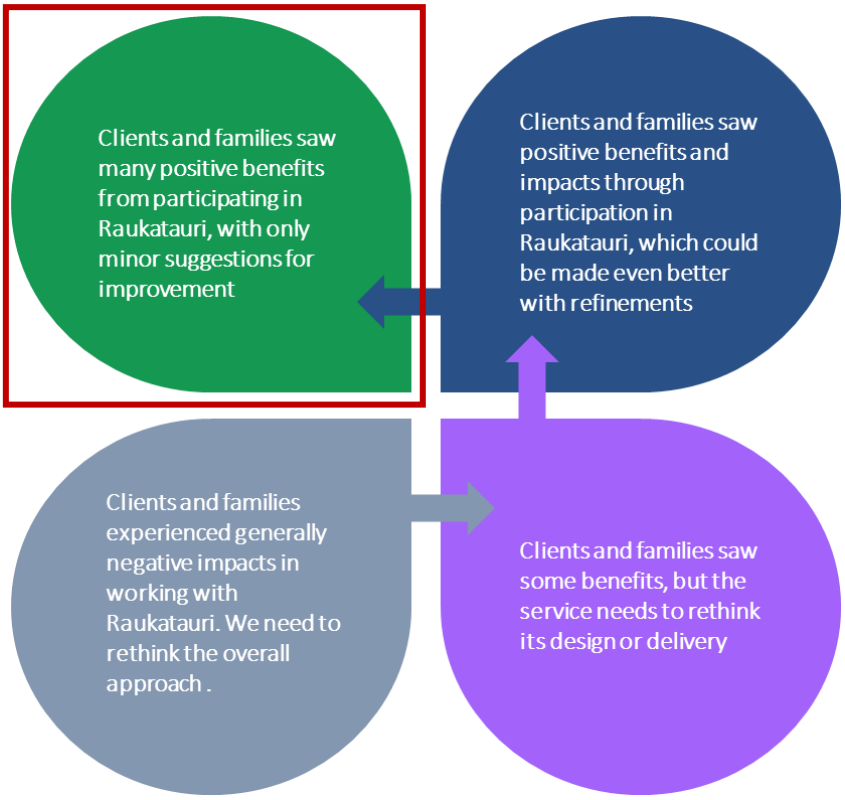


Table 3: Summary of key areas of feedback on benefits of RMTT

Source	Key findings
Ratings of supporting loved ones to achieve their ideas and goals	78% rated RMTT as contributing to loved ones' ideas and goals as "a great deal" (47%) or "a reasonable amount" (31%)
Ratings of benefiting families	Over 80% reported RMTT participation as "very beneficial" to the family (46%) or "reasonably beneficial"
Qualitative feedback on benefits for loved ones	Family members reported key benefits for their loved ones in social functioning, self-expression, communication, physical

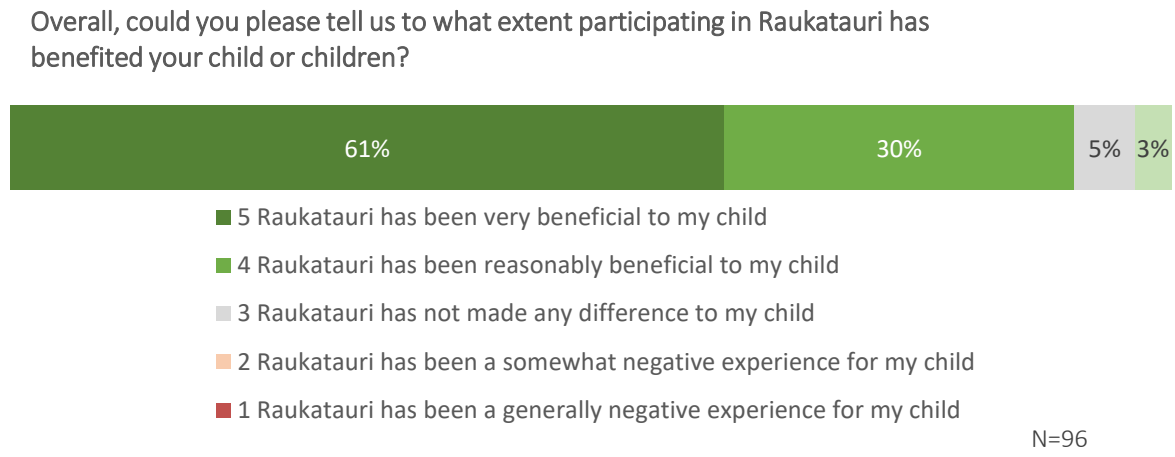
	coordination, cognitive function, and overall mental health and wellbeing.
Qualitative feedback on benefits for families	Family members reported key benefits for themselves, including being personally therapeutic, supporting improved family relationships, building new friendships and networks, respite, and enjoyment of seeing the happiness of loved one
Qualitative feedback from outreach partners	Outreach partners noted benefits including experiencing success, strengthening social skills, emotional regulation, choice and control, and developing motor skills.

Identified impacts reported by families

Benefits for loved ones

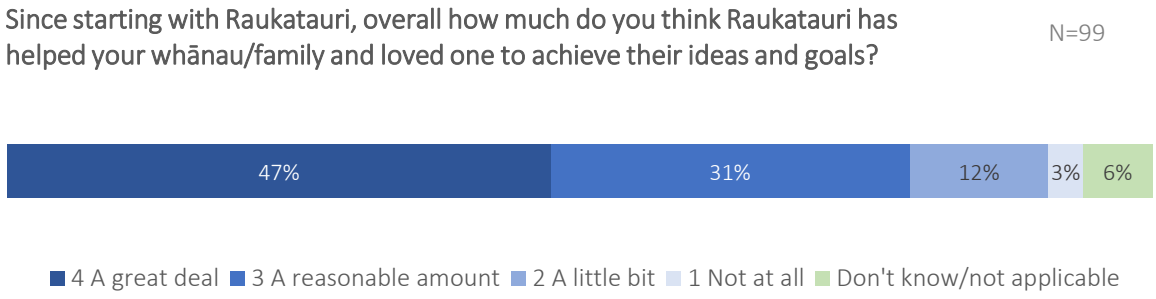
The benefit to loved ones participating in the programme is the central objective of the programme. Based on a 5-question Likert scale format, respondents were asked to rate the benefit to their loved one. 91% indicated that the programme has been very (61%) or reasonably (30%) beneficial. No respondents indicated that the experience was generally negative.

Figure 9: Ratings of extent to which RMTT has benefitted loved ones



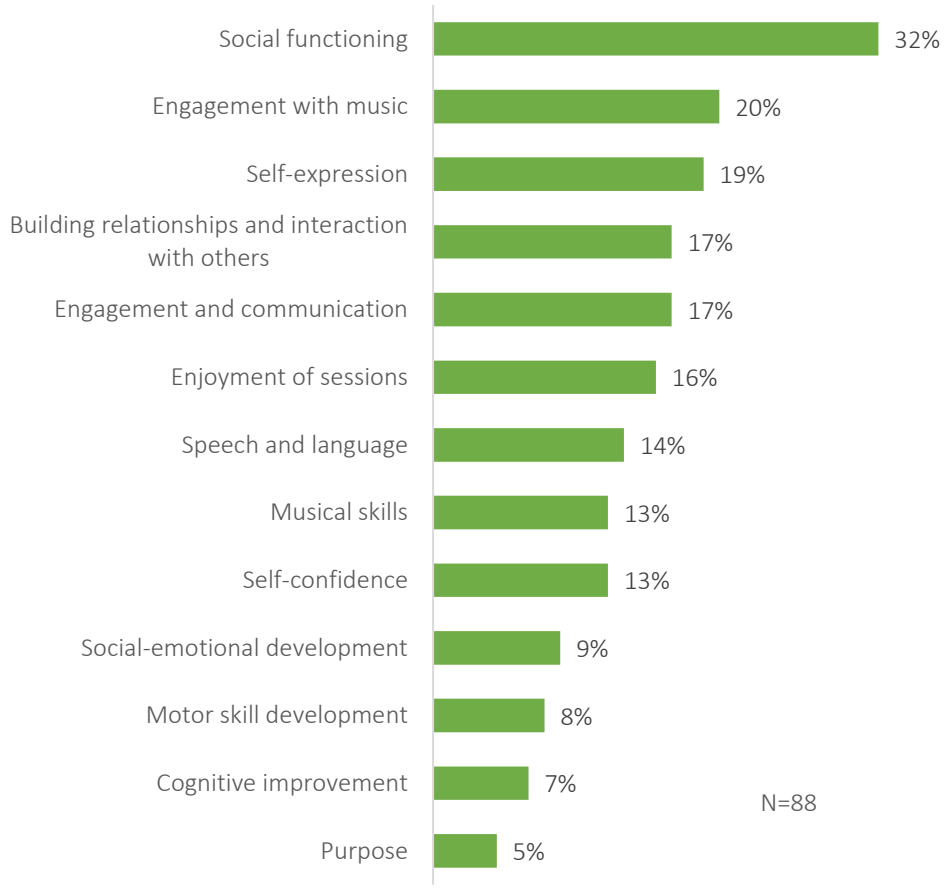
When asked about the extent to which RMTT has helped loved ones achieve their ideas and goals, 47% indicated ' a great deal' and 31% indicated 'a reasonable amount.' (Figure 10).

Figure 10: Family/caregiver perceptions of RMTT contributing to loved one's ideas and goals



When given the opportunity to share more information in their own words about examples of the positive difference RMTT made for their loved one, 88 of the 100 respondents shared examples. Themes identified through analysis were positive differences in social functioning (32%), engagement with music (20%), self-expression (19%), building relationships/ interaction with others and engagement and communication (both at 17%) (Figure 11).

Figure 11: Examples of where RMTT has made a positive different for loved one



As with the previous section, feedback from the survey and family interviews are combined below.

Survey respondents and interviewees noted improvements in **social functioning** having developed due to relationships formed with RMTT staff and other clients, and via activities undertaken during sessions (e.g. turn taking). This was also seen to be the result of opportunities to *"practice social interaction"* within group sessions. Specific outcomes highlighted included increased empathy amongst loved ones, and improved sharing behaviour and communication within social settings:

> *We were really pleased to see that she was actually sort of paying attention and showing empathy for the other students and you know just responding to them a bit more…Just the fact that she was actually able to pick up on that he was distressed at the time and that this would be something that maybe help him, so that was a very good outcome. (1W)*

So it's been good for him to have to have turn taking. It's been good for him to have to be understanding and empathetic of other people's disabilities, because to him he has Down syndrome and to him he doesn't have a disability, so everybody else does but not him. (5W)

Developing social skills, turn taking, increased confidence in group activities, positive impact on behaviour in class, better able to participate in small and large group events, better able to socially engage with peers. The impact has been huge, both at school and at home! (survey respondent)

It has shown her a way she can interact with peers. At school she played a song for another child who was feeling upset. She feels empathy and music allows her to express that. (survey respondent)

Self-expression was another key benefit for loved ones, both for those who are verbal and non-verbal:

More connected, present, communicative, motivated, willing to try new things and meet new people. [Therapist] and music brought [client] back to life after he wanted to give up. (survey respondent)

Our son has learnt how to express himself in music and learn social and language skills where he is mostly non-verbal. (survey respondent)

Given him a voice - he feels comfortable and secure playing and expressing himself through music - he sang before he started to use words and phrases. (survey respondent)

Communication, including speech and language improvement, were further areas that family members highlighted, and included verbal and nonverbal communication both within and outside of therapy sessions. This incorporated extended vocabulary, clearer articulation of words and phrases, and improved mechanisms for expressing emotions. Some parents reported that their loved one had developed new methods of communicating nonverbally which had helped with conveying their needs or thoughts to others. The sense of success that is built through engagement with music therapy is an underlying factor that supports engagement:

He has gained confidence by feeling he is good at something and has a friend at Raukatauri. He is able to express what is concerning him and he can work out some solutions through music and talk. He is able to communicate better through music than words. (survey respondent)

Sometimes she does get a little bit emotional and she just can't speak, she can't communicate, she cannot say you know what's really going on with her. So we will sit her down at the keyboard or something and we'll say okay so why don't you just sort of play, play us how you're feeling. So just being able to sort of use that as a conduit to express herself has been very helpful. (1W)

I think it's contributed to [loved one] being able to tell us about his feelings a little bit. I mean he doesn't do a lot but at least he does some, yeah. So he can express his emotional needs or his emotional process, whatever's going on for him. (6W)

I think the biggest difference is to do with choices. So, she really, really knows how to say yes and no both with nodding and shaking her head and with her hands, choosing. And I think Raukatauri has hugely improved her ability to accurately choose a button or a sign with both hands. (15W)

It is an activity she looks forward to. She has learnt to say goodbye and hello to many different therapists as they come and then go...it has taught her resilience. It helps her express herself too. (survey respondent)

She looks forward to the sessions and it has motivated her to speak - telling us 'I do' when seeing a young man playing the guitar (this is a big thing for us!). (survey respondent)

Physical coordination/movement benefits included improved fine motor skills and increased general movement. One parent shared that their child had taken their first steps during a RMTT session and viewed music therapy as having played a role in this. Others spoke about improved physical coordination and functioning as a result of some of the instruments played during therapy (e.g. holding drumsticks or learning to blow from playing a trumpet):

[Loved one] has extremely poor hand function and because music is so motivating for him, I think it's actually helped develop his hand function better than any other therapy. Holding those egg shakes, holding onto the drumsticks and things like that. I think it's actually helped [loved one] in ways that nothing else could. (3W)

Raukatauri has helped [client] with opening her hands and now she can participate in songs like "twinkle" so now she indicates she wants to sing it whenever she wants. So hand flexibility and communication is much better. Through therapy I have a better understanding of what her favourite songs are too. (survey respondent)

Singing with a teacher helped me to breathe and work muscles that were starting to get weak through not being worked with diaphragm palsy and a lung taken out in a truck/bike accident. (survey respondent)[11]

If you put something into her hand, she gets this almost like a startled action where she throws. And since she's been going, she's been working on holding onto the shaker and now she's at the point where she can actually quite accurately grab it rather than just kind of random, making random arm movements towards it. (15W)

When we started [loved one] wasn't walking and when she got closer we started doing activities without walking … and I guess when she did start walking and running around the room in these activities that was quite rewarding … I'm sure it wasn't just the music therapy but I'm sure that the music therapy encouraged it, so that was cool. (7W)

Reported benefits related to mental health and wellbeing included reduced anxiety, a calmer disposition following music therapy sessions, and improved self-confidence. One parent attributed a reduction in *"meltdowns"* with their child to their engagement with music therapy at RMTT. Others

[11] Survey form was completed in this instance directly by a client.

highlighted the sense of pride their child felt because of the successes experienced within the therapy setting, and the positive impact this had on their self-esteem and self-worth:

> *An important benefit that I think she got personally from it because she is not particularly articulate, especially like in a school setting, often her contribution just gets ignored. So there's a place where I think she was able to sort of feel valued and that she contributes equally with everyone else in the room. (1W)*

> *He still has his ups and his downs, but we don't feel that he is emotionally locked up now as he was when he started. And we feel that's been because he has an outlet in that respect. (8W)*

There were reports of loved one's having exhibited improved cognitive functioning since attending music therapy. Examples provided by interviewees included increased comprehension of basic commands (e.g. 'stop'), improved memory, and better focus and engagement in activities both inside and outside of music therapy. One parent highlighted that her daughter's teachers had reported better engagement within the classroom. Other comments included:

> *Her attention, so one thing that he does is that if she looks like she's not paying attention or she's sick of it or whatever, he'll slow down and stop and so then she realises that her focus is controlling the situation. (15W)*

> *I've been impressed with the stuff that he can remember and the songs that he will sing along and know the cues and all that sort of thing, so that's been good. (16W)*

It was reported that loved ones had formed social connections and relationships with others attending group or paired sessions at RMTT, some of which had extended into friendships outside of the therapeutic setting. Family members highlighted that these were particularly valued, given that their child's disability meant they often lacked social or emotional connections with others their own age:

> *It's nice to have a group where everybody's pretty similar, pretty much on the same page and like having a real friend, like not somebody who's paid to be your friend or somebody who just spends time with you. But somebody who actually will lie on the floor with you and crack up laughing and is ... just excited to see you and just that kind of friendship, it's really lovely. (5W)*

> *It's a young adults' group now, but for him they're friends, they're connections and one of the groups they go out for a coffee or an ice cream or something afterwards as well. So it's having the social life, accessing community, it's a sense of belonging, it's all those things that we can usually take for granted but [client] doesn't have any friends. This meets a huge need for him to have a friend. (6W)*

Loved ones had developed a stronger sense of independence, as evident in their attendance at sessions without caregivers and the way in which they protected their relationship with their individual therapist. Related to this, some interviewees noted that their child had developed leadership skills and a strengthened sense of identity because of attending music therapy:

As soon as they were ready, he [therapist] transitioned them into going into the session by themselves, only after a few weeks. And they've been doing that and he said they're much more chatty when it's just them. (11W)

As soon as we get there, he walks straight into the staffroom, looks for his music therapist and tries to find him. (14W)

It's more kind of about 'this is my thing that I do with my friends'. And my brother and sister go off and do their things, but this is my thing that I do. And that's given her a bit of pride in that I go to music you know. (2W)

Enjoyment of the sessions, engagement with music and building musical skills were all related themes that parents and caregivers noted, with multiple benefits that these bring about (e.g. self-confidence). While it was acknowledged by interviewees that music therapy was not a *"music lesson"* some did identify impacts connected to their loved one's music-related abilities or enjoyment. For example, there were reports of developments in aspects such as music composition or their child's proficiency in playing specific instruments. At a broader level, interviewees spoke about their loved one's increased appreciation of music and associated activities (e.g. dancing), as evident in their behaviour outside of music therapy sessions:

Being able to be less aggressive towards peers at school. Delight and joy playing especially his guitar also at home. Delight and joy after every session and very stimulated to continue at home as well. From closed to flowering. (survey respondent)

He is so happy to go there, sings on his return. He is composing songs to his own tunes. He is confident. (survey respondent)

Music is the only thing that [client] excels in – he can "do" music. He can share his love of music with people who understand. (survey respondent)

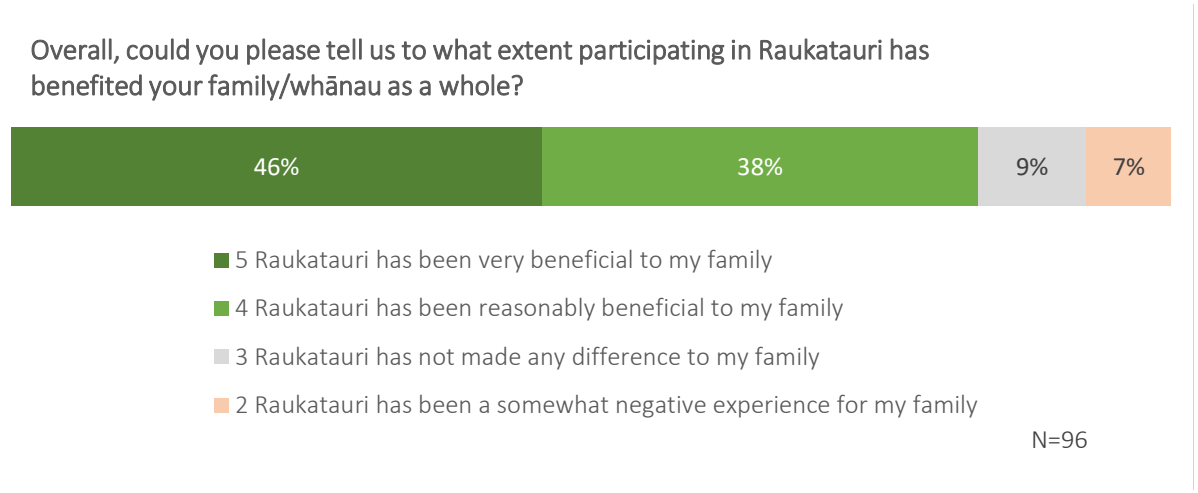
Even just driving along in the car, she's always moving, she sits backwards and you can see her in the mirror and she's singing in the mirror and bouncing. (7W)

There are things now that I can cheer her up instantly by singing that Moana song… which we didn't have, we didn't go to the movies or get the DVD or anything. So she never watched it until just recently but, so she must have learnt it from [therapist] singing it… and so if you just sing the first line, she just starts cracking up. (15W)

Benefits for families

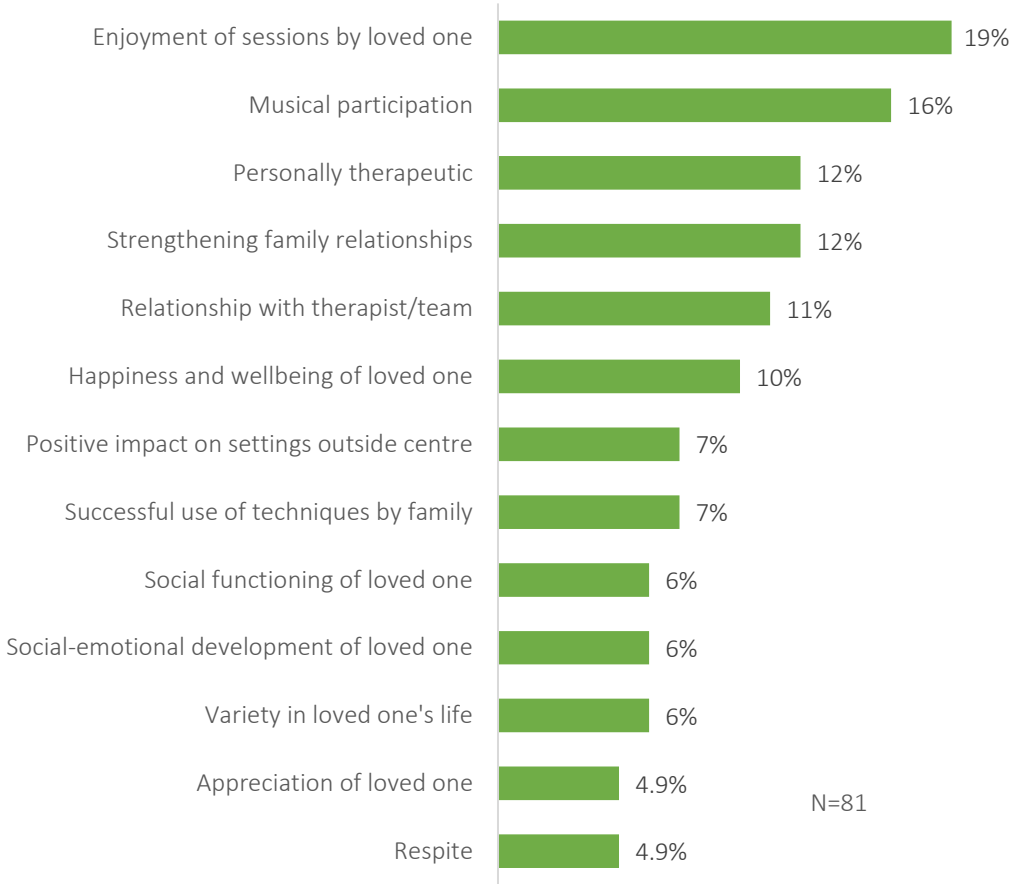
The impact on the whole family is a considerable benefit for those involved in the programme. As shown in Figure 12 below, 84% of the respondents indicated that participation in the programme has been either very beneficial (46%) or reasonably beneficial (38%). No respondents indicated that it was a generally negative experience.

Figure 12: Family/caregiver perceptions of benefits to family



When asked about the positive difference participating in RMTT has made for families, the most commonly mentioned factors focused on the benefits for loved ones themselves as important outcomes for the family, such as enjoyment of the sessions (19%), musical participation (16%), and the happiness and wellbeing of the loved one (10%) (Figure 13).

Figure 13: Examples of where RMTT has made a positive different for families/caregivers



Many families/caregivers reported that their loved ones participating in RMTT was in different ways personally therapeutic and provided them with hope. In some cases, this included raising their expectations in relation to what might be possible for their child. Comments included:

> *I think it is that thing that realising that there's more to [loved one] than what the doctors would tell us and stuff … I mean we always believed in him but whenever you have someone else that believes in him, it kind of boosts your ability to see that, work with it. And Raukatauri are one of those groups that see more. (9W)*

> *Given us hope and a future for our son. (survey respondent)*

> *Initially, when I would accompany [client] I found it very therapeutic for myself, it's something one of the only things that [client] really looks forward to doing. (survey respondent)*

> *I am no longer isolated or feeling' hard done by' that my son's ASD (high function) has been assessed privately, but not recognised or funded by NASC. I have joy and hope. (survey respondent)*

> *It has been a huge support and joy in our daily life and care for my son to have him attend the music sessions. Especially since none of us in the family play instruments. (survey respondent)*

As a result of their loved one taking part in music therapy, interviewees had seen positive developments in some relationships within their family. This included between siblings (e.g. via engaging in musical activities together at home) and within the parent/child relationship, due to improved communication or spending time together as part of the therapy experience. One parent, for example, spoke about valuing the one-on-one time she had with her daughter on a Saturday morning when attending music therapy, which they usually combined with a social activity afterwards. Comments included:

> *I really enjoy it, it's kind of our little routine, little thing that we do. And I go and get my coffee on the way and then sometimes afterwards we go and get all our fruit and veges and she might get an ice cream. So it kind of has created a bond or a thing that we kind of, what we do, you know. (2W)*

> *Programme has had positive impact on behaviour of child and this impacts on the family life at home. Child is less anxious and more flexible. Also, lovely to see how much child enjoys music and shows interest in music al instruments. (survey respondent)*

> *We are happy to see our joyful outgoing family member who is talking/communicating a lot more now with a variety of visitors and whānau members. (survey respondent)*

> *I think for his brothers, because they've seen a lot of people not get him, it was really nice for them seeing somebody get him. Yeah, seeing him being respected and attended to, because they've seen a lot of the opposite at school. (6W)*

Some parents/caregivers noted that they were applying techniques learned through RMTT, with benefits in the family environment.

It is nice to see our child enjoy something and become more expressive. We also use the technique of imitating our child's beats with drums/instruments as it holds his attention well and extends concentration. (survey respondent)

We now use music to come together as a family and engage in our child's world. (survey respondent)

Happier and more expressive child makes for a more relaxed environment at home. We can also use music at home for calming and expressing and he has the built up experience of doing this at Raukatauri. (survey respondent)

I apply the same music strategy to alleviate my difficulties in understanding my child needs. (survey respondent)

For a number of family members, music therapy was a rare opportunity to relax knowing that their child was safe and participating in a worthwhile activity, and they valued the personal 'time out' or respite it gave them while their loved one was attending sessions. Some utilised the time to read, make phone calls, or exercise, whereas others spent it chatting to visitors or staff at the RMTT offices:

I actually enjoyed the time when she went to her private lessons because I would actually just stay in their little waiting room area there and it just gave me just a nice chance to sort of just sit down and read a book for a bit and I didn't have to worry. I wasn't sort of like waiting for the phone call or waiting for the 'oh gosh you know can you come and help us?'… Because I knew she would be fine, and she was and so I didn't have to be on call during those times. (1W)

I walk actually, so it's exercise as well for me. So I go for a walk for half an hour. (18W)

Some family members spoke about friendships that had been formed with other parents or caregivers as an unexpected outcome of their loved one engaging in music therapy. These were usually instigated within the 'waiting room' at RMTT offices or other venues and had sometimes extended to socialising and other activities beyond the therapy sessions. Interviewees emphasised that these relationships were particularly valued given the shared experience of having a child with a disability, and the social isolation that they sometimes experienced:

Oh look, it [friendship] kept me absolutely sane because I found that being in the special needs world it's very isolating… you don't really fit in with your friends who have children that are typically developing and they're enjoying all the milestones that their kids are achieving and reaching and you're kind of going in a different direction ... And so it was really nice to be able to sit there and talk to somebody that was on the same page as me. (3W)

Some of us parents now all sit outside 'cause these people are adults so we don't have to sit in the room and most of them will be your support anyway. We can sit outside and chat and so that's a bonus as well. It's another relationship that like I would never have had, like I would never have met these people under other circumstances. So you know, that's a bonus really. (5W)

Linked to this, interviewees had elicited support from other parents or caregivers of clients attending RMTT. This was usually an outcome of conversations while their children were in a therapy session and included information-sharing, alongside general emotional or practical support:

> *We've sort of stayed in touch and connected and she's been supportive to me in other ways and you know, our families with special needs really tend to understand each other quite instantly, like in ways that other people might take a bit longer to get there. So yeah, so that's been really nice. (15W)*

> *It's very important I think to network and I don't really get a lot of opportunity to do that, so it's nice just to sort of talk to other parents about their experiences and just to sort of feel that you're not alone. (1W)*

> *Well that's a therapy in itself for us and so I've made friendships as well. So while they're in music therapy, we're in parent therapy (laughter) getting ideas or even just downloading what disaster had happened the weekend before or something before, the meltdowns or the tantrum. So that's been nice as well. (16W)*

Impacts for outreach clients

Outreach partners were working in a range of settings, and with different client groups; impacts therefore varied, depending on the needs and characteristics of the particular clients. Interviewees working with children highlighted the opportunity they were given to experience success, so that participants not only enjoyed their sessions, but were positively extended through the therapy and had their confidence built:

> *They all experience success… because they're able to make it, or they're able to vocalise if it's not words, vocalise a sound and be successful. (OT5)*

> *I'll sometimes sit in the back of the room where it's being held and just for that time it's almost like the disabilities all kind of take off. You know, they're no longer visible. (OT2)*

> *It's around explaining things and setting things up in a way that kids understand so that they feel competent. (OT6)*

> *[Therapist] leaves feeling kids engaged and capable. (OT6)*

Of note was that music therapy can bring together people with very different needs in the same participative group; with all able to enjoy success in their own way.

As with parents and caregivers, outreach partners also noted the benefits that music therapy has with strengthening social skills, such as sharing and turn-taking, which partly stem from the enjoyment of the sessions:

> *Their immediate physical response to the music is just so awesome and you get some like magic moments in those sessions where children surprise you and they do things. You try to build on the social side of it through the sharing, the turn taking, the waiting and things like that but that instant, when you see their faces smiling or you hear them laughing and singing. (OT2)*

Some outreach partners spoke of music therapy supporting emotional regulation; in the case of a prison setting, one observed *"a calmness over the unit"* during and after music therapy sessions. Another talked about the way the therapist will manage the demands of some students to build their regulative capacity:

> *I think also it's taught them their ability to regulate their emotions, as the music therapist will talk about that and if they're upset when it's not their turn or they want to do something now and they need to wait. (OT4)*

> *We have the therapist working with people with challenging behaviours and music therapy seems to be a place where that calms them and helps them to communicate how they're feeling, and often challenging behaviour comes from the frustration of not being able to say how I'm feeling. So, it definitely does help with that. (OT1)*

Development of motor skills were also highlighted by some interviewees:

> *When I've seen children who have just learned how to walk and they want to stand up and boogie on down, that gets me because I know the hard work that's gone into getting these children to take their first steps. And then for them to be able to stand up and boogie in a session, I'm like, whoa, that does it for me. (OT2)*

Another interviewee highlighted the choice and control that music therapy generates:

> *Music therapy is about building relationships, having a reciprocal way to talk to each other or communicate with each other through instruments, and the music therapist is letting the child or the client lead the session and the music therapist is following their lead, and therefore the child is being able to express themselves and make choices and say what's going to happen. (OT1)*

For clients with intellectual disabilities music therapy was important for enabling them to engage, and in some cases, work together in a way that other approaches had failed to achieve:

> *So they started out where they would all go into the room and they would do their own thing and the music therapist was able to coach them into working confidently with each other to combine their efforts and to make music together … which was actually a massively important thing that we hadn't managed to get them to do. (OT8)*

> *Students really benefitted, and it was through engagement, and engagement for longer periods of time, so it really captured their attention. It was also that they were able to engage in positive activities where there were no demands placed on them for their participation. (OT9)*

Finally, engagement with musical therapy simply gives participants a release from difficult circumstances:

> *It's a happy moment for them in the week, where some other things may not be. Music's always a happy moment for them. (OT5)*

Lots of it is about helping kids just have that emotional creative outlet for frustrations of being stuck in a hospital. (OT6)

I think the, one of the biggest things is probably around… joyfulness, it's hopefulness, which I think is in very short supply. So I think people have quite grey lives and they look forward to this and so I think that's probably the single most important thing. (OT8)

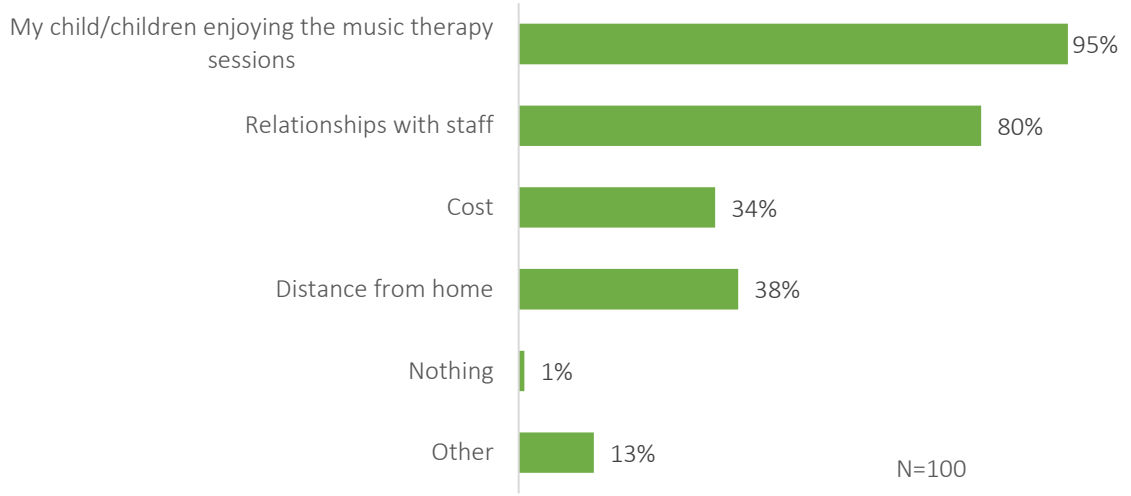
7. KEQ3: What factors sustain clients' participation?

Enablers to participation

Factors that support engagement by families

Through a five choice question, participants were asked to identify areas that help them to use or facilitate access to RMTT services (Figure 14). More than one option could be selected. After having accessed and engaged with RMTT, factors that contribute to continuing engagement are predominately the loved one's enjoyment of the sessions (95%) and relationships with staff (80%).

Figure 14: Factors that support engagement with RMTT



Other options identified by parents/caregivers included accessing individualised funding support, parking, and location (2 responses each).

Interviews with family members explored the factors that supported their ongoing engagement with RMTT. As evident in the findings presented below, these generally support the survey findings.

A **strong client-therapist relationship** was fundamental to participation in music therapy and had a key influence on the range of benefits and outcomes experienced by their loved one, as well as their ongoing enjoyment of their sessions. Interviewees reported that the strength of the relationship was evident in the nature of interactions between their loved one and their therapist, the way in which

they responded to their therapist, and the loss experienced when therapists left the service (this is discussed further in the following section):

> *[Therapy day] became the highlight of his [client's] week, and often in [client's] world people don't know how to interact with him and so here is someone in his world that not only loves music like he does, but wants to interact with [client] and so that relationship is absolutely core. (3W)*

> *I find that building a relationship with someone is just, it's core to success, and so forming a relationship with your music therapist is going to be crucial to the programme succeeding, to them being able to understand you. Because sometimes our children are unable to communicate, sometimes our children can communicate but it sounds pretty weird, you know, it's that two-year old that only mum can understand, and so that relationship is pivotal. (3W)*

Where therapists did leave the service, a well-managed transition to the new staff member was important. Interviewees valued the fact that care was taken by RMTT in introducing new therapists into the relationship, including letting them know well in advance of it happening, and for some, allowing them to have an input into this process. For parents who had experienced this, it was reported that the steps taken by RMTT had minimised the disruption – and potential distress – for their loved one:

> *Just making sure that the person leaving says goodbye to him properly, which sometimes doesn't happen with other professionals, they just kind of drop away and he just doesn't see them again. Whereas it's always been like managed [by Raukatauri], you know, they just don't disappear. They spend some time saying goodbye to him and introducing the new person and those things … I think that's important 'cause I think sometimes our kids get quite attached to people because it's quite an intimate relationship in a way and when they just disappear and he doesn't know why. (9W)*

Financial assistance played a key role, with some interviewees explicitly stating that having their sessions subsidised by RMTT, and/or help in accessing funding from other sources, had meant they could keep attending music therapy. For one parent, having a combined session with another child where the cost was shared, had also assisted with this. Others expressed their appreciation for RMTT's support (e.g. in accessing alternative funding streams) when their engagement in therapy was under threat due to affordability issues:

> *We have reduced what we were paying originally because we couldn't do another activity that [client] wanted to do as well and so I spoke to them about that and they said that we could reduce the fee if we wanted to. (8W)*

> *When at some stage as we've struggled to find funding, we've just said we just can't afford it anymore. And Raukatauri have been 'we don't want to lose you, what can we do? We've got to work this out'. So we've managed to maintain it pretty much since then. (9W)*

Some interviewees highlighted the flexibility of the service – and staff members – as having sustained their involvement in therapy. This incorporates issues such as the ability to reschedule therapy sessions when required, to attend sessions at different locations, or to alter payment arrangements:

They're very flexible like working with us and not too rigid about you know if one girl can't make a lesson then he's flexible for the both of them to miss it sort of thing, now and then, occasionally. That's nice. (11W)

Supportive logistics has clearly contributed to the continued engagement of some family members. For example, regional interviewees acknowledged the convenience of attending sessions that were close to where they lived. The availability of family members to assist with transporting their child to her sessions had also sustained the involvement of one family in music therapy, and another spoke about the difference that having an accessible carpark made:

They've got a carpark that you can park and your child's going to be safe getting in and out… there's not always external stresses when you go there, like wondering can I get a park or how far am I going to have to walk with my son or is it an environment that he can actually physically access? That sort of thing … Don't have to worry about any of that and that's important. (3W)

A couple of family interviewees also spoke about feedback on their loved one's progress as a motivating factor in continuing with music therapy; this included its role in demonstrating the value of the therapy:

I think the report is also a tool that affects like our willingness to go back to music again and again. Otherwise, because if you don't know how he achieves, you've got like less momentum to get him like doing the music. (17W)

Sustaining outreach partners' relationships with RMTT

All outreach partner interviewees spoke very highly of the relationship with RMTT. Partners thought that the RMTT team were very good at documenting their activity and being clear about the approaches they were taking in their practice with outreach clients:

Music therapists… [are] very good at articulating the fact that they're working with evidence based practice. (OT6)

Team members were widely praised as being professional in their approach, in the setup of new relationships and throughout activity at outreach sites. It was very evident that there was mutual respect in the relationship of all partners. Communication was consistently seen as very good, again from initial engagement and throughout the relationship:

I think the relationship's been excellent. It's been you know mutual respect for each other. (OT3)

RMTT staff were seen to be very adaptable and able to vary content in response to the needs of their clients. This included being able to work individually and in group settings, and with different client needs. It was reported that they also ensure a smooth transition from one therapist to another, despite the nervousness of outreach partners that may occur in advance of a change in therapist, and the very different styles that each therapist may bring:

It adapts as it goes on or when new children start or trying them in this group, no that doesn't work, we'll put them in this group, and so it is quite fluid when it's happening, it's not stuck in stone. (OT5)

I would say that they're obviously professional and well trained but the bigger bit for me is probably that they are very good at seeing each child individually and working out how best to support them, engage them, get them motivated with music. (OT6)

RMTT leadership were noted by many interviewees as being very proactive in helping source funding to enable the Trust's participation, enabling activities to take place and helping overcome outreach partners' workload pressures that arise from seeking funding on top of other responsibilities:

[RMTT leadership] made it possible so it was kind of a pipe dream that we talked about, if she hadn't been prepared to come to the meetings off her own back and follow up with it, seek the funding for us, we'd just still have been talking about it. (OT8)

A final, but equally important aspect of sustaining relationships, is the warmth that interviewees clearly had towards the staff, seeing them not only as professional, but also personable and genuine.

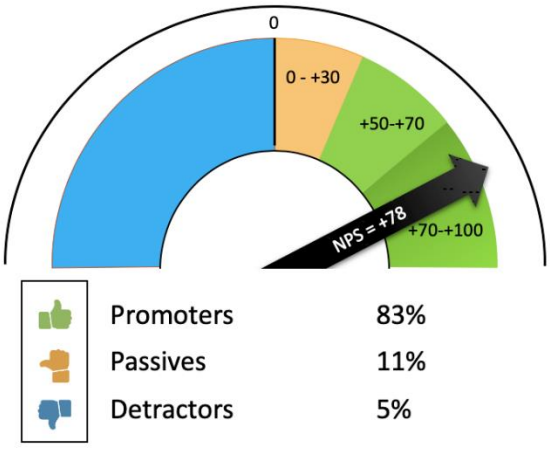
Recommending RMTT to others

Overall, RMTT received extremely positive feedback from the survey participants. This is demonstrated in the Net Promoter Score (NPS). The NPS is a measure that is derived from a question about the likelihood of the respondent to recommend the service to a friend. It is a measure that originates from marketing and is now being adopted by health and social services.

A net promoter score is expressed in a negative or positive number, and is the result of subtracting the percentage of detractors (not likely to recommend) from the promoters (likely to recommend) and multiplying the percentage by 100. Any positive score is acceptable, with scores over 50 considered to be very high, and scores over 70 considered exemplary (Figure 15).

The NPS score generated from RMTT client responses was 78; this is a very high score and underlines the value that clients and families seen in RMTT services.

Figure 15: Net Promoter Score for RMTT services



Outreach partners and family members were not asked to use the NPS, but were asked if they would recommend RMTT to others. All indicated they would, and some noted that they already had on many occasions. When asked why, a range of responses emerged that summed up their overall impressions of working with RMTT. One outreach partner said music therapy is simply *"a good vehicle for great learning*." Others discussed the professionalism of the organisation and how RMTT sees their clients individually for how best to support them. Another partner spoke of the overall experience:

> *I think the music therapist that we've had and the communication with [leadership], nothing's an issue. So I think it's extremely well organised and the sessions are well run and they change all the time. (OT4).*

Reflections on impact of COVID-19

The coronavirus pandemic and the ensuing level 4 lockdown from late March 2020 was felt across New Zealand, and RMTT was no exception. This immediately meant that face to face sessions during level four, a period of some five weeks, could no longer occur. Yet, in the face of this rapid change in circumstance, RMTT staff immediately began trialling new approaches and adapting delivery to reach as many clients and their families as possible.

A range of rapid innovations were established within days, and digital services were fully operational by 1 April. These included:

- Approximately 220 completely free therapeutic music sessions to over 200 families via the RMTT QuaranTunes programme
- Continuation of individual and group music therapy sessions via Zoom to almost 120 clients each week
- Distribution of individualised session videos to over 150 clients via outreach programmes.

QuaranTunes activity included videos posted on 45 out of the 52 days of lockdown levels 3 and 4 reaching 205 active members in the private Facebook group. In the month to 23 May, 6260 video views were recorded; 622 comments received and over 1200 reactions. Taken together, these signal a high degree of interaction among the active membership of the group.

These innovations were able to provide some continuity of delivery to clients and families during lockdown. QuaranTunes was particularly well received:

> *The response to it by the families has been incredible, with very beautiful responses by people saying that it's providing structure, it's providing something to look forward to, it's providing familiarity for these clients and families who … might not be appropriate for an individual session or if they're a part of an outreach programme or a group where it doesn't work to meet. (staff discussion)*

Notably, these sessions were developed in-house, and were informed by rapid feedback from parents and caregivers. These innovations were seen by one staff member as a natural extension of the underlying strength of the approach that music therapy takes:

We're improvisational in our manner of delivery, so it makes perfect sense to me that we've been able to improvise all of these ways of connecting people. (staff discussion)

The ongoing availability of therapy sessions via Zoom for some clients was also appreciated by those who could receive them, as being one of the few things that can provide a sense of normalcy. The brief catch-ups via Zoom with family members were similarly valued:

I think them having a chance to chat to someone outside of their immediate bubble who has an idea of their child or the client's needs is a really helpful thing as well, someone who just gets it and can just sit there and listen and sort of be a bit of a sounding desk for the client's families. (staff discussion)

In interviews conducted with parents during COVID-19 lockdown, RMTT were singled out for being one of the few organisations to reach out during this time. Having access to a therapist was highly valued:

[Therapist] was our main face of Raukatauri, really warm and friendly and supportive, and really made us feel like if we did want to have him as part of our weekly routine then he would be available, so that's really great. (9W)

However, the adaptation to COVID-19 also brought with it an inevitable loss of some service delivery. To their credit, RMTT staff nevertheless had on average 65% of available clients engaging via Zoom over the April lockdown period. Some parents acknowledged that despite valuing the opportunity for online sessions, it did not always suit their child who struggled to adapt to the new format. Some types of interactions, such as for clients with trauma, would be unsafe with online formats because of the difficulty of response if a case were to suddenly escalate. It was noted that those with access to reliable internet and video connections were most likely to benefit:

The families that are able to use these services and make the most of those also tend to be the families that are better resourced as well. I've got a number of mental health clients for instance who it just wouldn't be possible and those are the ones that are really struggling. (staff discussion)

Similarly, outreach settings could no longer be accessed, and even as level three and then level two approached, engagement with outreach partners was on hold while the partners themselves established how they themselves would function at lower alert levels:

It's just like look, you can't come in at the moment but we can't even like talk about what this is going to look like until we've sorted ourselves out. So it's just been just give us a few weeks and then we can talk and only now am I sort of starting to talk to them about that. (staff discussion)

There were some unanticipated areas of benefit from online delivery as well. The shift to online connection greatly reduced the range of tools available for interaction, but created an opportunity for innovation in delivery that the organisation was quick to grasp; as one staff member described, "*Your toolkit all of a sudden is a little toolbox instead of a ute full of tools*." There was a shared commitment to making the best of the COVID-19 environment and creating new solutions that would work for as many clients and their families as possible:

> *I've had nine or ten examples of therapists taking their clinical skills and their therapeutic tools and adapting to a very unexpected situation and remaining as authentic as possible through all of it and collaborating and being creative. (staff discussion)*

The online sessions also created opportunities for clients to see themselves on screen, and in some instances, this supported the therapist to work with them to build their expressive language, and in a few cases, with more rapid progress than was expected. The online sessions also facilitated added insights from parents and caregivers who could see the sessions unfold, and provide avenues for useful feedback to therapists.

The bonds between staff members were thought to have strengthened in the face of the challenges presented by COVID-19:

> *There is that really strong sense of all of us supporting one another and… despite what we might be going through personally, we're going through these similar experiences clinically and through that sense of struggle there's that sense of achievement. (staff discussion)*

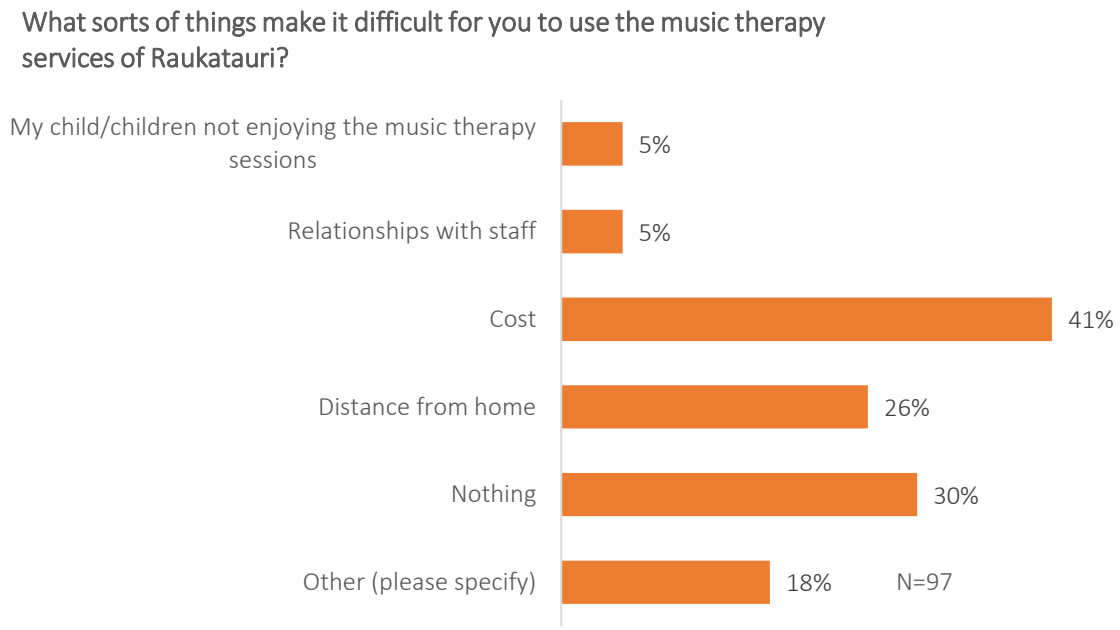
It was also noted that the increased frequency of online staff meetings provided an opportunity for all members of the team to connect to a greater degree than had been previously possible. This was helped by all staff members simply having to meet online, due to the circumstances of lockdown. Staff members interviewed were keen to see this continue in some way.

8. KEQ4: What factors challenge client participation, and what can be improved to support delivery in the future?

Challenges to participation

When asked about common barriers to access, cost was the most significant barrier (41%), identified through a five-item closed response question. One respondent specially noted that it was not necessarily the cost of the service on its' own, but the many costs for other therapies and supports that add up for families. Distance from home was the next most common barrier for families (26%). Among respondents, there was also a group that did not experience any barriers to access and engagement (30%) (Figure 16).

Figure 16: Challenges to RMTT participation



Other responses included lack of parking, the challenges of the loved one's condition (2 responses each), family circumstances, session availability, and poor relationship with therapist (1 response each).

Family interviewees who were engaged with RMTT at the time of the evaluation were generally very positive about their relationship with the organisation, and all felt strongly that their child had experienced a range of benefits from participating in music therapy. While some indicated that there were no negative aspects to their current relationship with RMTT, a small number of challenges were identified by others. It should be noted however that, for the most part, these were not considered significant issues. Key reported challenges are outlined below.[12]

Interviewees acknowledged, and were appreciative, of the assistance that RMTT provided in subsidising their child's music therapy sessions. They also did not generally question the value of

[12] Interviews with former families of clients of Raukatauri were also conducted as part of the evaluation. Their reasons for leaving the service are included in the 'Exiting RMTT' section that follows.

music therapy relative to its cost. However, some did struggle with **funding** the sessions, particularly when it was combined with the cost of other activities (e.g. swimming lessons) undertaken by their loved one. Some also spoke about this having been particularly difficult when their personal circumstances changed (e.g. one parent stopped working), and others expressed frustration in securing financial assistance from external sources, where the value of music therapy was not recognised or was seen to be outside of the remit of funding criteria:

> *We'd have one lot of therapy sessions and then we'd have to give it a break just because we can't afford to keep it going continuously unfortunately. (1W)*

> *I was annoyed when ACC wouldn't fund it. They did not see it as a valuable part of [loved one's] therapy and that made me very cross. (3W)*

> *I think we pay fifty-five dollars for a half hour session each week and it is a lot of money. And he does swimming lessons as well which is twenty-five dollars a week, there's you know eighty bucks just on him and then we've got a daughter as well to consider. (14W)*

A small number of interviewees had experienced challenges in the **therapist-client relationship**. These mostly occurred where there had been a change in therapist and their child struggled – or took time – to form a bond with the new staff member; a lack of appropriate skills was an issue for another interviewee. As highlighted earlier in this document, family members viewed the relationship between the client and therapist as fundamental to the success of music therapy, and when this is not working well, they may reconsider their options:

> *He just had the most beautiful relationship with both the boys. He got them, and so when he left, that was probably the most stressful time ever replacing him. We were having to replace someone with big shoes and that was like how do you do that? … This is going to make or break, but up until then it hadn't really mattered but it actually became incredibly important that we got the right person. (3W)*

Some parents had found their **introduction to music therapy** difficult, due to being excluded from the initial sessions at RMTT. They felt uncomfortable leaving their child alone in the early stages of the relationship, particularly given their lack of knowledge at this time regarding the therapy process. One interviewee also expressed frustration that she was informed during an early session that she was not allowed to take photos of her child within therapy. All, however, indicated that once trust had been established, they were very happy for their child to participate in sessions without being present:

> *At first I was like, there's no way I'm leaving her alone with anybody. And then after a while you kind of realise well he's pretty cool and every session is videoed and there's windows and doors that I can hear through … And I can hear her playing the chimes and everything anyway, so I don't feel too far away. (15W)*

> *Because [loved one] is nonverbal, me starting to see that the therapist is picking up on [loved one's] nonverbal communication and starting to realise what [loved one] was wanting or what he was meaning. And that was when I was like 'oh okay this therapist actually understands [loved one], he gets him so it's fine, I don't need to be there to be like the third-party translator'. (14W)*

Aside from ad hoc interactions with their therapist when attending sessions, some individuals reported that they had not received **formal feedback** regarding their loved one's progress in music

therapy for some time prior to the evaluation. While interviewees expressed a strong sense of trust in both the organisation and their therapist, and indicated that this issue was not significant enough to threaten their engagement in music therapy, some did state that they would like more regular feedback on their child's development and level of engagement in the sessions:

> *I loved seeing [loved one] interacting with music and I love seeing just how happy he was and I loved seeing him grow and reaching his goals. Those meetings, although they were hard to get to, they were really important, because they let us know what they were actually doing and then together we would then formulate other goals for [loved one]. (3W)*

Some interviewees spoke about **logistical difficulties** in getting to therapy sessions or goal-setting meetings at RMTT, due to traffic congestion, unpredictable travel times, limited parking, or childcare issues. The amount of time spent in the car travelling to and from sessions was raised as an issue by one interviewee who reported that this could prove challenging for children with autism (other parents also spoke about this); she was also concerned that the new location for the Auckland office may exacerbate this, due to the extra travel time involved. Other comments included:

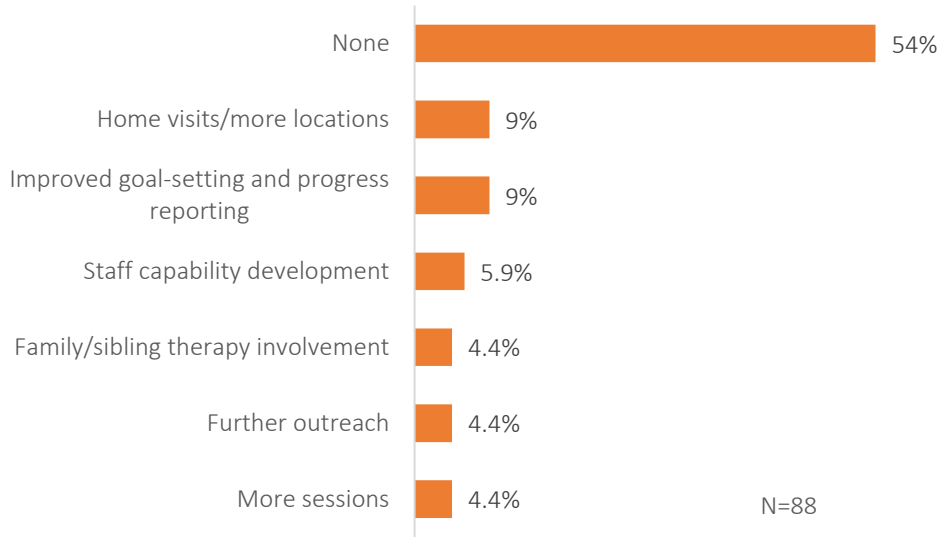
> *It's really hard to tell with traffic, like I'd often end up getting there early to try not to get there late 'cause it could take us anywhere from about thirty five minutes to an hour and ten minutes to get there each way. (10W)*

Other one-off issues raised by family members or clients included disappointment when group sessions were cancelled, inconsistent communication, and repetitive content within sessions.

Opportunities for improvement

When asked in an open-ended survey question about suggested changes for how RMTT works with loved ones, the most commonly offered view was that none were needed (54%). Of the suggestions offered, home visits and more locations, and improved goals setting and progress reporting, were each raised by 9% of respondents to this question (Figure 17).

Figure 17: Suggested changes in how RMTT works with loved ones



Home visits and working from more locations are fairly self-explanatory, but improved goal-setting and progress reporting warrant future discussion. Some parents sought a more structured approach to goal-setting, and clearer setting out of what they seek to accomplish. One suggested that goal-setting and progress reporting could be more systematic:

> *Better communication and advising of when planned reviews are due rather than waiting for me to ask about them and then having one. More timely presenting of reports after reviews - it can sometimes take many weeks or months before receiving it. (survey respondent)*

This was also echoed by interviewees who were looking for more regular updates from their therapist, including information on progress in relation to goals, and overall developments in therapy. While some were simply seeking further insights into their loved one's progress, others saw it as an opportunity to provide input into this process, or as a way of demonstrating the value of therapy to other family members:

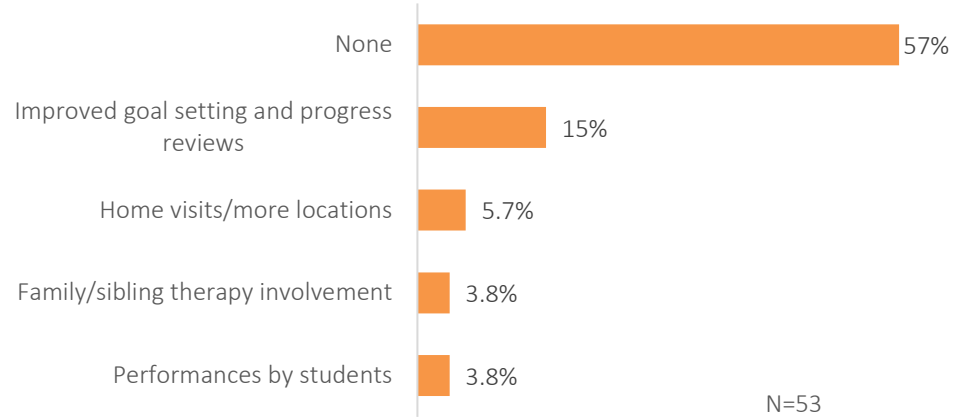
> *I'd actually quite like to know what [client] does and how he engages. Because we do have to keep an eye on things. I mean what if something was not going well. And I'm the only one really who can predict certain behaviours and what they may mean, but I've got no idea. (6W)*

> *I think for me I like to know what to expect and so when my husband says, 'This is costing too much,' I could say, 'Well, in blah, blah, blah, this is going to happen, this is what we're hoping to happen.' (14W)*

There were some specific survey comments about staff capability development; one for example suggested regular quality reviews of videos to ensure all receive a similar level of service, and to develop further expertise in intellectual disability in some therapists. One survey respondent specifically raised a concern regarding staff sharing feedback in the reception area where information may be heard by other families/clients; this doesn't appear to be widespread but was clearly an issue of concern.

When asked about suggested changes in how RMTT works with families/ caregivers, there was a lower survey response rate than most of the other questions, with 53 of the 100 participants offering suggestions; of those that answered, 57% (30) indicated that there no changes required ('None') (see Figure 18). Similar to improving working with loved ones, improved goal setting and progress reviews were raised by 15% of respondents (Figure 18). The opportunity for performances by some clients was suggested by a small number of parents; this is being considered by RMTT, where this was appropriate for some clients.

Figure 18: Suggested changes in how RMTT works with families/caregivers



Some parents/caregivers were keen to **strengthen sibling or family involvement in therapy.** These were also raised in interviews, where some expressed a desire for group sessions for older clients (e.g. teens/young adults) or therapy formats that facilitated the participation of other family members (e.g. sibling sessions):

> *I think it's important to be diverse in the way that they … and look at the way that they group people. You've got your one-on-ones, you've got, as I say there could be father and son sessions, there could be mother daughter sessions, there could be teenagers or siblings. (3W)*

> *Ideally his sister would be able to attend more often. He idolises her and she treats him normally so often gets him to do things we can't! (survey respondent)*

Longer sessions (45 minutes rather than half an hour) were also requested by some family members, and one interviewee who had been introduced to **online sessions** during the COVID-19 level four lockdown, wanted to see them continue beyond the pandemic:

> *I don't know if like 30 minutes is quite enough for our session time. First of all, [loved one] he will get to a new environment, slowly to adapt the environment right… So maybe took him 10-13 minutes to settle down and then find something he will like to play with and then he got like 5-10 minutes very good moments, happy times with [therapist] and then it's going to bye bye time already. (17W)*

> *I think if they continued some of those, maybe not necessarily live sessions, but some of the little videos, that could be really useful for when we might have a big gap over summer or holidays. Just so that, maybe every Wednesday I could show [loved one] a video of [therapist] singing his songs so she doesn't forget him in those breaks. That could be really cool. (15W)*

Opportunities for parents to connect were proposed by some survey and interview participants. While previous RMTT fundraisers were appreciated by some for their networking and other opportunities, one interviewee saw value in (low or no cost) events that provided a forum for families to come together, and another requested a support network "*for Mums*". It was also suggested by some that this could incorporate a platform to showcase loved ones' talents and progress in music therapy. As evident in the excerpt below, one family member was keen to ensure that this was not a public event, but restricted to clients of RMTT:

If it was something where we could kind of, like I say a little concert or something where we kind of all get together and see what the other children do, but not kind of with the public there … if they did do a little concert, it would be kind of cool 'cause it would be all the kind of kids with special needs coming together to do something themselves that the families could support. (2W)

I just imagined that lots of people with special needs and their families would all just get together and we'd just like have a whole bunch of chaos and it would be really fun. So it's probably just because I was wanting to socialise (laughter). (15W)

While not related to their own engagement with RMTT, some interviewees indicated that they would like to see both the organisation – and music therapy generally – more widely promoted and available to families. This was in response to a perceived limited awareness of the workings and benefits of music therapy within the disability community, and a lack of accessibility to it for some families. One individual felt that access to increased funding for the service would help facilitate this:

I don't think there's enough emphasis on music therapy. I don't kind of feel like it's given out enough … I don't think the benefits of it are really put out there and then funded appropriately and I do know for a lot of people that the funding is a barrier. So, yeah, I just think it needs to be put up in its place alongside some of the other therapies that have always been in place. (5W)

Challenges to offering RMTT services from outreach partners' perspectives

Outreach partners were not able to indicate any particular areas of improvement. However, a common barrier to RMTT services being offered in outreach settings was cost. No interviewee challenged the level of fees that RMTT were charging; it was generally felt that these were in line with the professionalism of the services provided. Furthermore, many made a point of saying that RMTT works proactively to help source funding for their programmes and many were keen to extend RMTT's services further:

Music therapy can't be done by a volunteer group, … if it's going to be meaningful. I could get someone in tomorrow to play the guitar … and sing with them, that's not an issue. We've got people that will do that free of charge but [therapist] is an extremely experienced, qualified therapist who has the credentials behind his name to make it work and I understand that we need to pay these people. (OT3)

In some cases, funding challenges are due to therapy services not being standard a cost item that can be built into budgets, and some outreach partners indicated that there was not the discretion to be able to simply apply existing funding. It is, as one interviewee described, something that depends on the mix of care recipients that they have at the time and their specific needs. This means that they are required to justify spending as an out of the ordinary item and, often need to seek alternative funding sources:

You reassess somebody's needs all the time and you identify a need for this, but you can't provide it because you haven't got a specialist therapist in that particular area and it is a specialist therapy area. (OT8)

It's on me as a manager of this unit to try and get funding streams but we also need to purchase ninety thousand dollars' worth of mattresses at the moment, things like that. So, if it's not a volunteer service then it's the first thing that goes. (OT3)

Honestly it just all comes down to money. We've been working on avenues…. We're seeking funding supports and things because we know how beneficial it is so we want it to continue but that's ultimately what comes down to because we can't charge our families for therapies. (OT5)

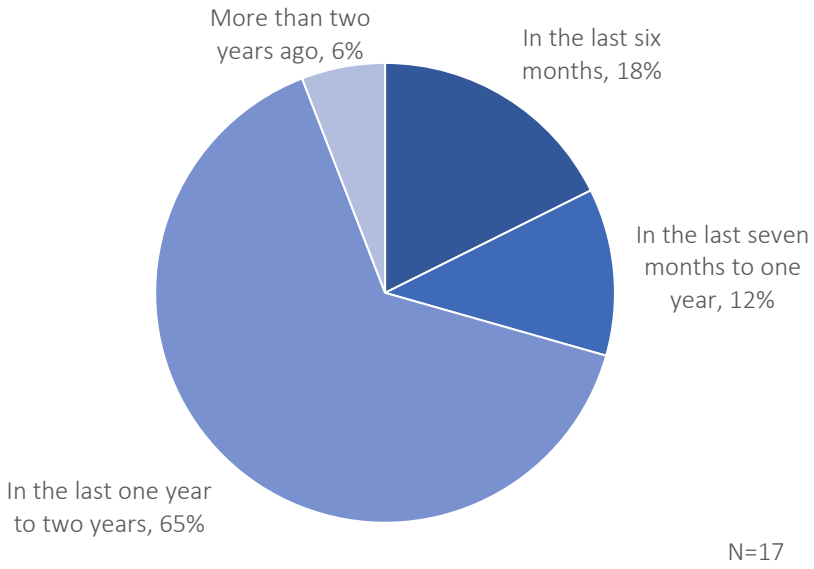
Some interviewees noted the ease with which changeovers of therapists occur. However, this can also be a time of some concern for some outreach partners, as they seek to ensure that the new therapist will fit in well. It is important for RMTT staff to manage these transitions well, and to ensure that any concerns can be addressed.

Exiting RMTT

The vast majority of respondents (78%) were participating in RMTT at the time that the survey was conducted, and 22% were not. Within the wider context of the survey, having a significant number that are engaged allows for a robust snapshot of the current state of the programme. Feedback from those no longer participating in services allows for an understanding of why people have disengaged.

When asked how long ago the family member had stopped working with RMTT, there was a high response rate (17 of the 20 that had indicated that they were no longer involved). Of the respondents, the majority (65%) indicated that they had stopped working with RMTT in the last one to two years. Only 6% stopped working with the service more than two years ago (Figure 19). Therefore, even those who are no longer engaged with RMTT have had a recent experience of the service.

Figure 19: Time since exited RMTT services



For those who did leave the service, the reasons closely mirror the barriers to access and engagement, with cost (3 responses, or 15%) and location (3 responses, or 15%) as the top reasons amongst the 17 respondents. Other reasons included experience with therapist, leaving New Zealand, time, and other settings/services preferred (2 responses each). Almost all parents/caregivers reported their loved one had a strong and positive relationship with the service, but in a few cases this did not occur, and the poor relationship was a key reason for leaving RMTT.

Feedback from the qualitative interviews provide further insights into the reasons for exiting RMTT. Three of the evaluation participants had left the service for a mix of reasons. For one, the transition to a different therapist following the departure of a previous staff member had not been successful, with the family member indicating that her daughter did not "*gel*" with the new therapist. The other interviewees reported that the cost of sessions, combined with a lack of time due to other commitments, had meant that they had decided to stop attending therapy. However, both indicated that they would consider re-engaging in the future, should their circumstances change. As evident in the extract below, for one family member, it had not been an easy decision to make:

> *I was torn. It was kind of a relief to not have to go every week and not pay that sort of money every week but actually I did want to go because I did feel it was beneficial for [loved one]. (12W)*

9. KEQ5: What learning can be taken forward for RMTT activity, and for music therapy understanding and practice in Aotearoa New Zealand?

RMTT music therapy delivery

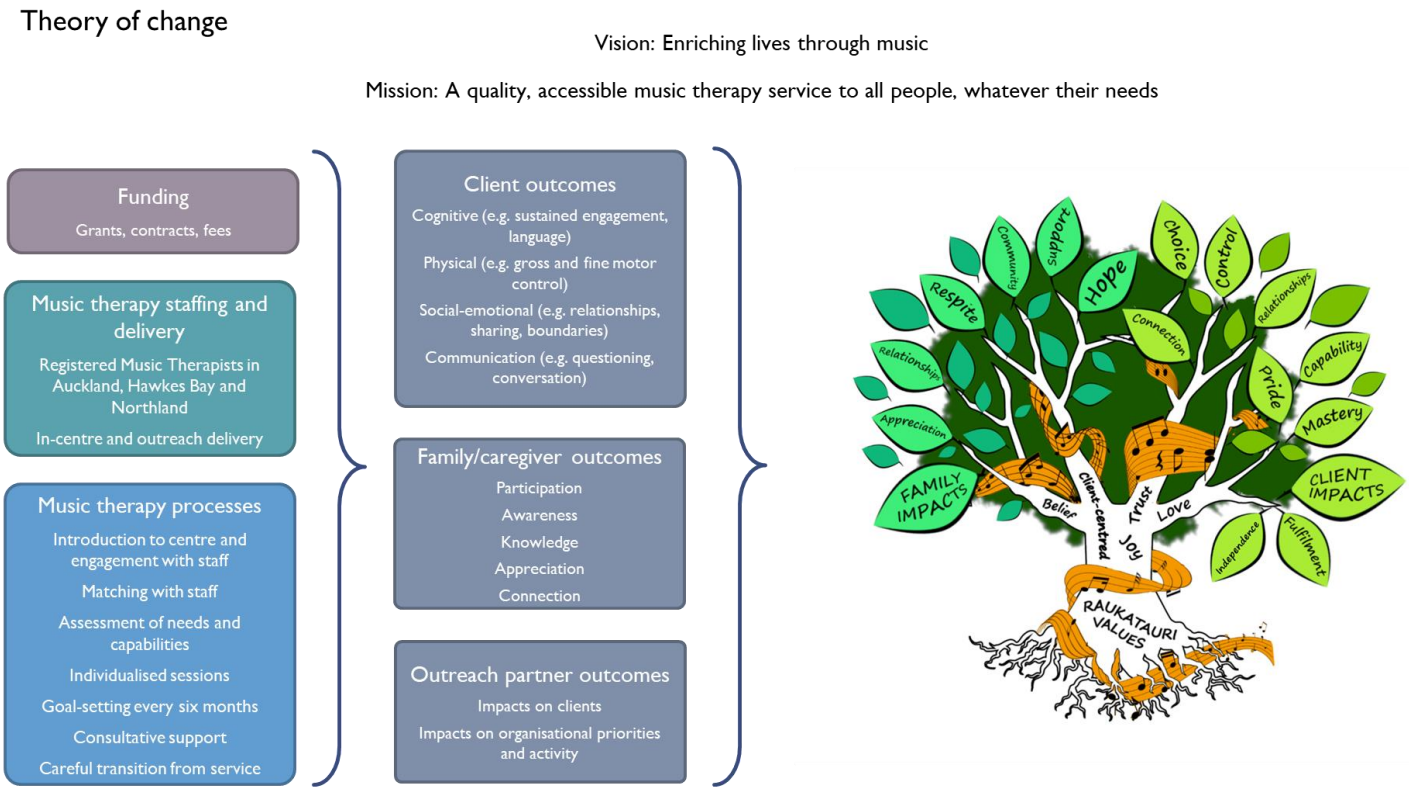
Overall, this evaluation has given substantial support for the approach taken by RMTT in the way it engages with clients and families, as well as outreach partners, and positive outcomes from RMTT services are widely reported.

Looking back on the theory of change for RMTT which provided a reference point, the evaluation has affirmed the process of change and outcomes were achieved as intended. However, a key element within this theory has remained implicit, that is music therapy as the vehicle for change. This reflection emerged through discussions with RMTT staff and with a simple adaption to the theory of change, the role of music therapy can be made explicit across the entire pathway:

> *[What] we have not articulated well [in the theory of change]…what makes us different; it's the music. [W]e really need to work harder at that because that is the thing that makes us different from other people who are capable of love and relationships and trust and joy, it's what we bring that's different, is the power of the music. (Staff discussion)*

This ultimately led to a reformulated depiction of impacts in the theory of change, developed by the RMTT team. As pictured below, this reframes the impacts within a tree metaphor, with the values of RMTT as the core or trunk of the tree, and music therapy as a constant element that connects impacts for both clients and families.

Figure 20: Revised Theory of Change



Connected to the theory of change are the deeply embedded values of RMTT; client-centred, belief, trust, love and joy. On reflect with RMTT staff, the value of love needs further exploration for both RMThs individually and for RMTT as a whole. As love can hold a multiplicity of meanings for people, it is recognised that in the context of therapeutic care, how this is defined and actioned must be clear. In the context of RMTT, love is interconnected with all its values, as well as the therapeutic principle of unconditional positive regard and the impact of relationships. For one therapist, the value of love is powerfully demonstrated to affirm for parents/caregivers that RMTT will engage with their loved one in ways that emulate how parents/caregivers love and care for their loved one:

> *…[P]robably the time you most feel accomplishment as a parent, at least for me, is when you can tell that someone loves your child, that you have raised a lovable child, that someone outside of your child's family recognises their love of, how lovable they are. (Staff discussion)*

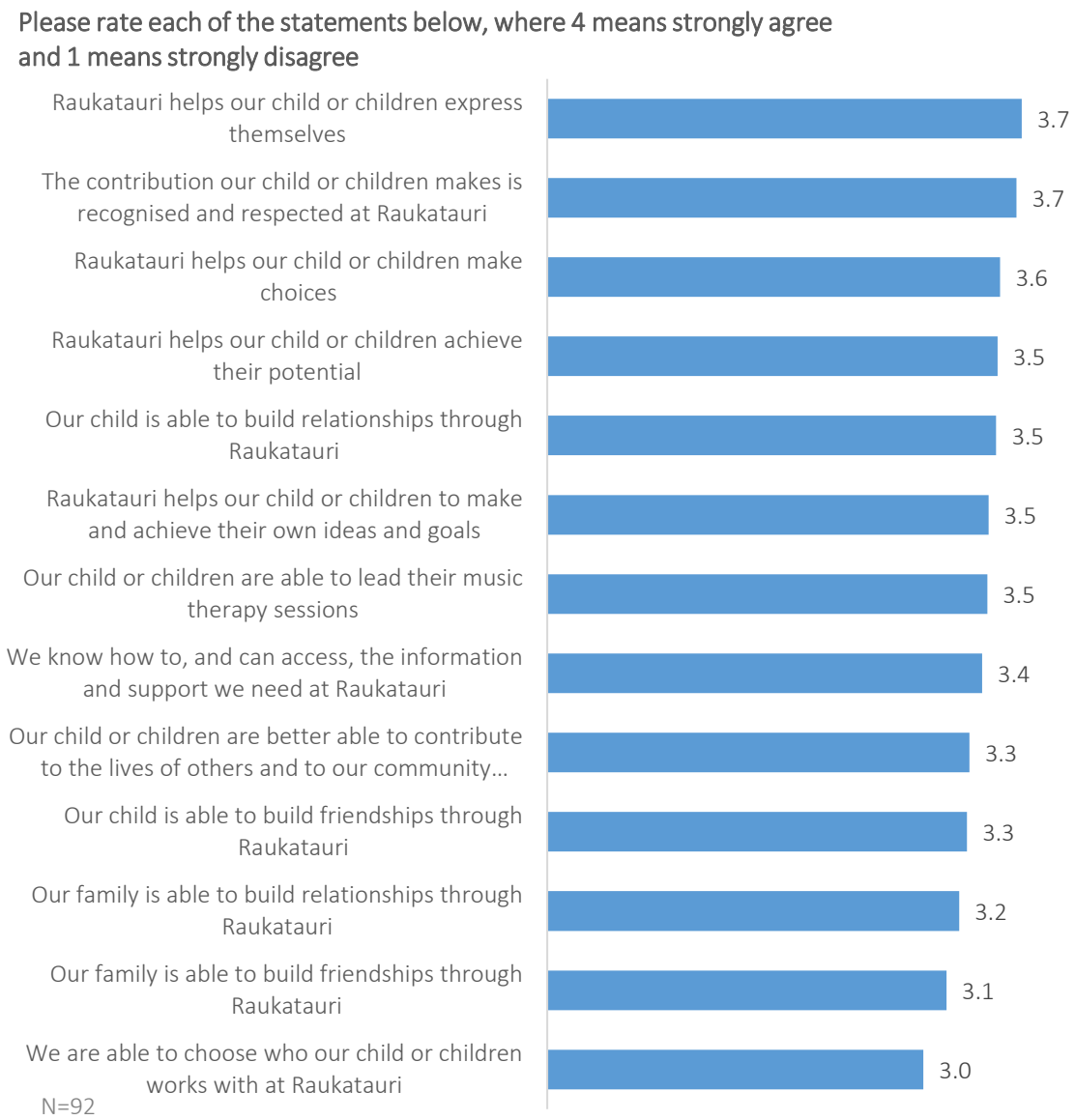
However, it is recognised that perhaps therapists who are parents are more connected to this value in this way. For others, the therapeutic principles of person or client-centred and unconditional positive regard are valued and inform their practice in similar ways. Through this reflective session the members of RMTT were able to gain a deeper or broader understanding of the importance of and the expression of this value. Taking time as a team to reflect on the RMTT values, and how they resonate with individual practice may be a useful exercise.

RMTT and Enabling Good Lives

Enabling Good Lives (EGL) is a disability movement focused on the transformation of the disability support system. Grounded by eight principles[13], the evaluation drew on these to understand the extent to which clients and families experience's reflected and demonstrated the EGL Principles. (please refer to appendix one for more information).

Survey participants were able to clearly reflect that their loved ones and their families were experiencing the EGL principles in action, through their engagement and participation in music therapy (refer to Figure 21). This is also affirmed by and encapsulated in statements and responses of families throughout the evaluation.

Figure 21: Survey participant data providing insight into the EGL principles

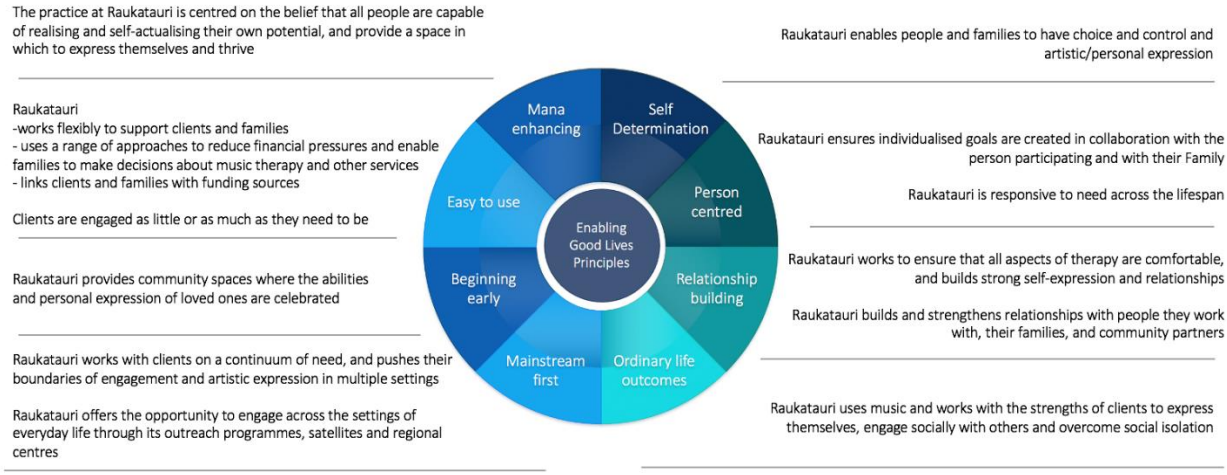


[13] The eight EGL principles are self-determination, beginning early, person-centred, ordinary life outcomes, mainstream first, mana enhancing, easy to use and relationship building.

Further reflection and analysis of the data gathered throughout the evaluation, engagement and participation in music therapy with RMTT clients and families is clearly reflecting the EGL principles. In particular, the principles of person-centred, self-determination, ordinary life outcomes and mana-enhancing are evident in the experiences of clients and loved ones shared in the earlier sections of this report.

The evaluation also sought to understand the extent to which RMTT was practicing and giving effect to the EGL principles. Figure 21 outlines how RMTT can seek to demonstrate the EGL principles.

Figure 22: RMTT EGL principle criteria statements



From the perspectives of families and RMTT practitioners, the above criteria are being given effect and contributing to impacts experienced by families and their loved ones. This because there is a line of sight between the values that underpin RMTT and therapeutic practices to the EGL principles, particularly person-centred, relationship building, and self-determination.

Acknowledging the humanistic music therapy philosophy that grounds RMTT, the principle of client-centred, akin to person-centred, what also appears to be connected to this practice is the nature of relationships and the ability to co-create the conditions of this therapy (Tudor, 2011). Relationships between clients, families and RMTT are highly valued and sustain client participation. However, on reflection there is a recognition that a therapeutic relationship at times means there is a distinction between client-centred and client-led. That is, while there is commitment to co-create spaces with clients and families, there are times when the RMTh needs to initiate and lead.

The expression of relationships is also experienced by families, as a sense of family. This has been created through inclusive practices and creating connections with RMTT and other families. This sense of family has been able to be fostered at RMTT and is emerging within the regional centres. As seen with RMTT, families having an inviting space where they can come and seek respite is valued. In the regional centres, being co-located within spaces where families interact such as the creative arts space in Whangarei or with disability support providers in Napier, helps foster connections. Utilising music therapy in pairs or groups has also been an effective way to foster relationships between participants, and also their families. Going forward, the regional centres will continue to create small moments such as a picnic day to build that sense of family and community.

Over time, RMTT may look to integrate the EGL principles more explicitly to frame their advocacy within the disability sector and communities. This has a threefold purpose; firstly the EGL principles are guiding the transformation of the national disability support system. There are many – disabled people, families, whānau, providers and government agencies – who operate and practice the EGL principles, creating an opportunity for a collective and shared movement. Secondly, as signalled earlier in the report, enhancing the understanding and value of music therapy is critical to enable access and see particular funders enable disability funding to be utilised to access music therapy. Finally, the EGL principles have a nice frame by which RMTT could share and report on client and organisational progress.

The role of advocacy in music therapy

The cost of music therapy is a challenge for some families, as well as for outreach services, although the value is not disputed. From some interviews, it appears that creative therapies are outside of many funding envelopes and families and outreach partners alike are forced to chase threads of funding in disparate places, or rely on their own financial resources. RMTT was widely recognised and appreciated for the support it offered in helping seek funding, but this is limited in its reach. There is an important advocacy role for RMTT, the wider music therapy profession, and its supporters, to advance music therapy through health, disability services, education, community, and philanthropic funding.

Approaches to feedback

Some families sought more structured or regular feedback on their loved one's progress. We note, from conversations with RMTT staff, that feedback is offered, but that this is inconsistent, and parents/caregivers' interest in a formal feedback session is variable. We understand that feedback sessions are charged as per a normal therapy consultation and parents sometimes choose to apply their fees towards therapy rather than these other meetings. Systematising processes for review and feedback are a potential future direction, and it may also be worth considering if informal, or scaled down feedback mechanisms on key areas of interest can be offered as an option alongside the current processes. Allowing parents and caregivers to bring along other children to these sessions, or offering an online format for these, may also overcome some of the current barriers.

Feedback from parents and caregivers also indicates that there may be enthusiasm for networking events, and even performances by students. While noting that RMTT is therapy through music, rather than music lessons, discussions with staff indicate that performances may be appropriate for some students.

Understanding of music therapy

It is clear that people come to RMTT with quite variable knowledge and understanding of music therapy. Often, this knowledge is very limited, or even erroneous, and they can be sceptical about the therapeutic possibilities of the services offered. Alongside this, there may be an expectation that it will be about simply enjoying music or learning to play an instrument. It appears, however, that often very quickly, families are pleasantly surprised to learn that RMTT offerings are substantially more expansive in scope than they first anticipated.

Some reported that their understanding of music therapy, and what it could achieve, had significantly advanced since their initial engagement with RMTT; this was particularly true of many parents/caregivers, but also some outreach partners. From a starting point of very minimal knowledge, it had extended to a fuller appreciation of both the workings and potential outcomes linked to the therapy, alongside learning regarding its theoretical foundations. Some had also been prompted to undertake their own research in the field.

Potentially this poses a challenge for music therapy, as this lack of understanding may act as a barrier to engagement. There may be relatively low awareness of music therapy in the disability community, or at least among families of disabled people, including what it offers, and potential benefits. Because of their own positive experiences, some interviewees were keen to see the therapy (and RMTT) more widely promoted. Communicating the delivery and value of music therapy is therefore an ongoing need for the profession. However, the enjoyment of music is in itself a sufficient motivator for many, and offers an important point of connection with potential clients, and an opportunity to build understanding of music therapy and its value.

These experiences highlight the importance of the first point of engagement with the music therapist and RMTT, so that expectations and approaches can be clarified, and the potential contribution that music therapy can make to the loved one can be discussed.

Music therapy professional practice

There a range of important implications for professional practice that emerge from or are validated by this evaluation:

- The critical importance of the relationship between the loved one and the therapist
- The opportunity for purposeful connection of families
- The complementary nature of music therapy to other forms of therapy
- The importance of advocacy for the profession
- The opportunity for collaboration with other creative therapies.

Integral to the success of music therapy is the relationship between the loved one and his or her therapist. Discussions with staff have highlighted approaches such as playful interaction to build the relationship, in the early stages of engagement, and from there grow and work towards developmental goals. The enjoyment of the sessions and the relationship with the therapist provide important foundations for reaching development goals.

Some interviews and feedback suggest that parents/caregivers may be looking for more than just therapy for their loved ones when they approach the organisation, or that they subsequently discover a network of families that they can tap into for support. There may be potential for more purposeful connection of families with each other through their music therapist, to build a community of support that extends beyond the therapy sessions. For RMTT, the waiting room at the central Auckland office provides an informal venue for this, but music therapy more generally could be looking to how it can strengthen its connection between families; and for RMTT specifically, how this can also be actioned at its regional centres.

Music therapy was widely seen by outreach partners as complementing and extending the impact and value of their own service offerings, despite funding structures that often make accessing music therapy difficult. There is an important role for the profession and its supporters in challenging current funding structures and criteria so that the complementarity of approaches can be better leveraged. This has an important role to play in supporting positive growth and the development of the wide range of client communities that music therapy has the potential to reach.

Finally, the fledgling partnership that is unfolding between music therapy and dance therapy at RMTT may point to future areas of cooperation that could occur more widely in the creative therapies, where complementary modalities can be brought together to strengthen people's development. This could be a rich vein of activity that the creative professions may wish to explore more comprehensively.

10. Conclusions

The underlying approach of Raukatauri Music Therapy Trust, grounded in humanistic music therapy philosophy, is driven towards realising and self-actualising people's own potential. The evidence from this evaluation is strongly supportive of RMTT delivering on this central tenet.

The Trust's origins draw on the mythology and traditions of Te Ao Māori. Although operating as a mainstream organisation, the Trust's activities remain true to its origins and work positively towards its intent of independence, autonomy and skill development among RMTT clients. Whānau Māori participating in the research were positive towards both the kaupapa and the delivery of RMTT services.

This evaluation provides evidence of a music therapy offering that is highly valued throughout its diverse network of participating families and outreach partners. Intrinsic to the value seen in RMTT are the relationships between therapists and their clients. The avenue of musical expression leads to a wide range of positive impacts, in social functioning, self-expression, cognitive functioning, social connections and relationships, communication skills, and physical coordination and movement. Areas of improvement or change were substantially about refining and continuously improving, rather a need for fundamental reassessment.

These outcomes were consistent with the theory of change and published literature in this field, across cognitive, physical, social-emotional and communication dimensions. The feedback from parents and caregivers also indicated that families benefited through greater engagement with their loved ones, awareness and knowledge of their capabilities and how to enhance these capabilities; and appreciation of their family members' growth, achievement and potential.

Outreach partners' perspectives were consistent with those of parents and caregivers, but also highlighted the complementary nature of music therapy and emphasised the positive relationships with RMTT staff, which were widely seen to add and extend their combined impact.

The experience of COVID-19 highlighted the adaptability and continued commitment of RMTT to their profession and their clients, and the team were quick to develop and test new innovations to maintain connection and delivery where possible. These have the potential to provide ongoing benefits to clients beyond the pandemic.

RMTT has remained true to its vision while also adapting to new opportunities and challenges. Looking ahead, the Trust, and its delivery arms through the centre, regions and outreach services, is only limited by the constraints of the funding environment; and it is in this sphere that may offer significant potential to accelerate its impact.

Appendix 1: Enabling Good Lives – Criteria for exploring RMTT impact

	If the Raukatauri Music Therapy Trust is working really well, what would this look like for…		
	Individuals	Families	RMTT
Self-determination: Disabled people are in control of their lives	I can make choices about music therapy I can express myself as an artist	We are empowered to express our goals and aspirations as a family and for their loved ones. We can support and engage our loved ones in communication, self-expression and decision-making	RMTT enables people and families to have choice and control and artistic/personal expression
Beginning early: Invest early in families and whānau to support them; to be aspirational for their disabled child; to build community and natural supports; and to support disabled children to become independent, rather than waiting for a crisis before support is available	I am able to develop my natural musicality Through music I can make independent choices I engage with a community outside of home and school	Our aspirations for their loved ones are supported through music therapy We can see our loved ones developing independence and self-expression Families feel welcomed and supported in a community arts space	RMTT provides community spaces where the abilities and personal expression of loved ones are celebrated
Person-centred: Disabled people have supports that are tailored to their individual needs and goals, and that take a whole life approach	I make goals for my life with people who I trust Music Therapy works for me when and how I need it to	Music therapy works for our whanau, in the context of the wishes of our loved ones, in ways that meet their needs	RMTT ensures individualised goals are created in collaboration with the person participating and with their whānau

	If the Raukatauri Music Therapy Trust is working really well, what would this look like for…		
	Individuals	Families	RMTT
rather than being split across programmes	I can do things that are important to me	Music therapy is available as needed across the lifespan	RMTT is responsive to need across the lifespan
Ordinary life outcomes: Disabled people are supported to live an everyday life in everyday places; and are regarded as citizens with opportunities for learning, employment, having a home and family, and social participation - like others at similar stages of life	Music therapy is part of my everyday life I can make friendships I am supported to live engage with the arts like others at similar stages of life.	We are building relationships and self-expression through everyday engagement to overcome isolation and enjoy an everyday life	RMTT uses music and works with the strengths of clients to express themselves, engage socially with others and overcome social isolation
Mainstream first: Disabled people are supported to access mainstream services before specialist disability services	I am known and connected with my community I can access music therapy as part of my everyday life	We are known and connected in our community We can access music therapy in ways that fit with our everyday life	RMTT works with clients on a continuum of need, and pushes their boundaries of engagement and artistic expression in multiple settings RMTT offers the opportunity to engage across the settings of everyday life through its outreach programmes, satellites and regional centres

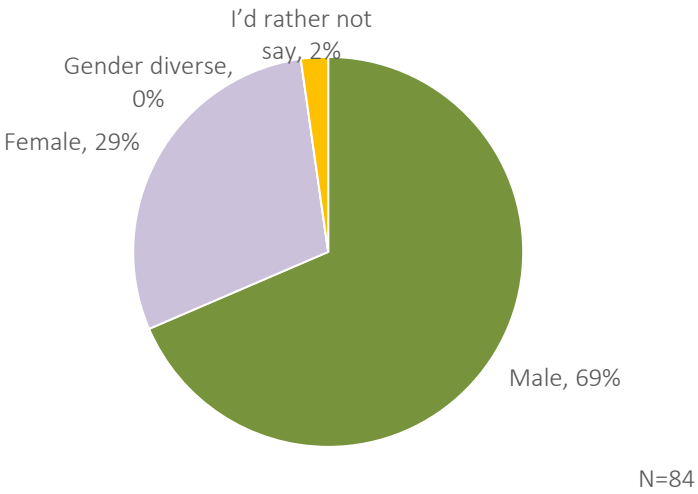
	If the Raukatauri Music Therapy Trust is working really well, what would this look like for…		
	Individuals	Families	RMTT
Mana enhancing: The abilities and contributions of disabled people and their families are recognised and respected	The contribution I can make is recognised and respected	Families are aspirational for their loved one and what they hope to achieve Families are seeing their loved one's capabilities and self-expression, and celebrating their accomplishments	The practice at Raukatauri is centred on the belief that all people are capable of realising and self-actualising their own potential, and provide a space in which to express themselves and thrive
Easy to use: Disabled people have supports that are simple to use and flexible	I find music therapy with Raukatauri easy and fun to do, and flexible to meet my needs	We find music therapy with Raukatauri easy to use and flexible	RMTT works flexibly to support clients and families Clients are engaged as little or as much as they need to be RMTT uses a range of approaches to reduce financial pressures and enable families to make decisions about music therapy and other services RMTT links clients and families with funding sources RMTT brings music therapy into the community through its

	If the Raukatauri Music Therapy Trust is working really well, what would this look like for…		
	Individuals	Families	RMTT
			outreach programmes, satellite and regional centres
Relationship building: Supports build and strengthen relationships between disabled people, their whānau and community	I am learning how to express myself and get along with people I can make friendships that are important to me My relationship with my family is stronger	We can engage with other parents and families We are building supportive relationships in the community	RMTT works to ensure that all aspects of therapy are comfortable, and builds strong self-expression and relationships RMTT builds and strengthens relationships with people they work with, their families, and community partners

Appendix 2: Demographic data of survey participants

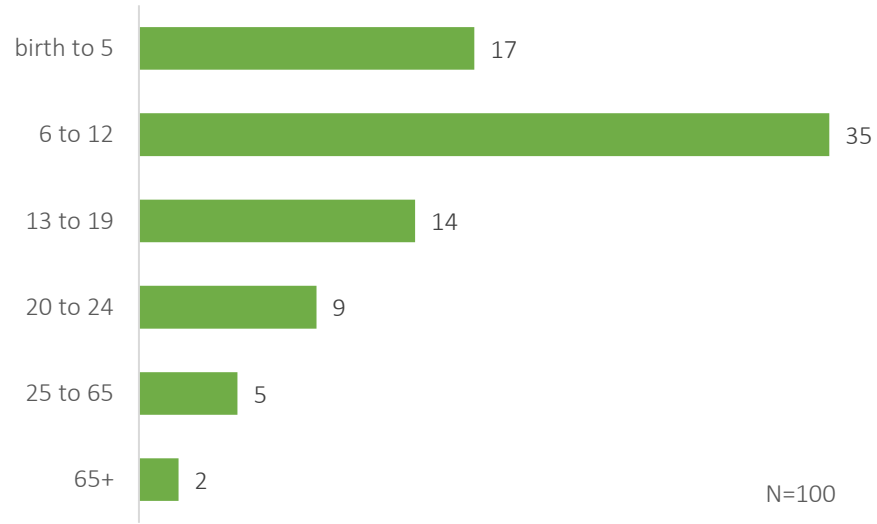
Responses from those who provided details of the gender of the loved ones who attended RMTT indicated 69% were male and 29% were female (Figure 23).

Figure 23:Gender of loved one attending RMTT



The average age of the first child enrolled was 13 while five of the respondents had a second child enrolled. However, the average age is comprised of a wide range of ages, from 2 years old to 70 years old. Age groupings (Figure 24) are loosely based on developmental principles and government age groupings. The largest group is 6-12 year olds, and approximately 85% of the first children included in the sample are 19 and under.

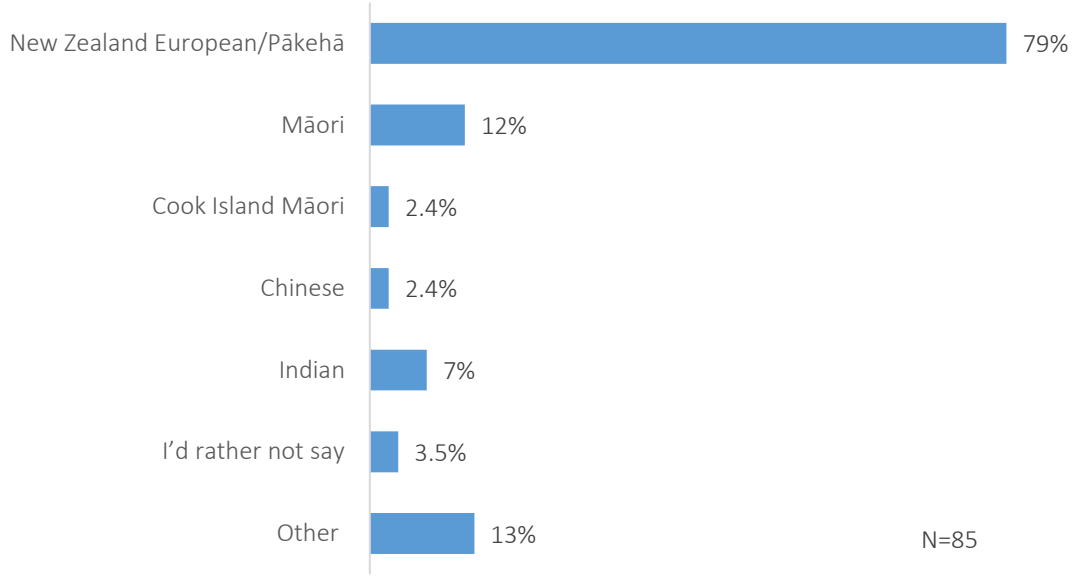
Figure 24: Age of loved ones participating in RMTT



Ethnicity was predominately New Zealand European (79%), followed by Māori (12%). Outside of the New Zealand European category, there was a wide range of ethnicities represented in the sample. For

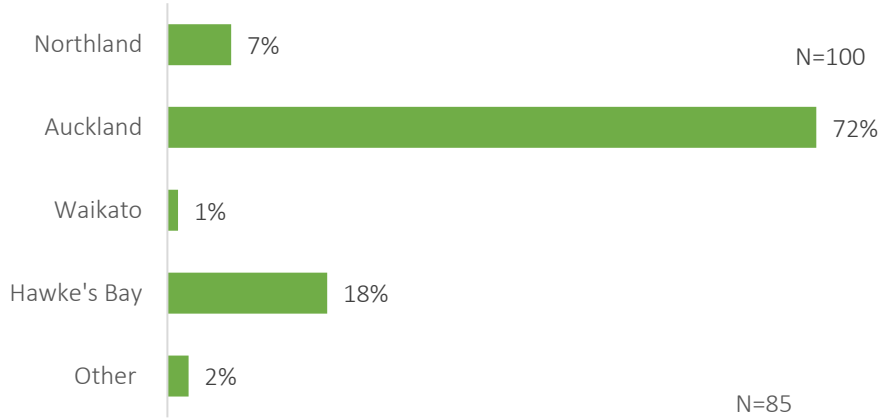
the ‘other’ indication, some of the answers included Australian, Filipino, Japanese, Middle Eastern, African, American and NZ born Indian.

Figure 25: Ethnicity of loved ones attending RMTT



RMTT has several centres on the North Island of New Zealand, with the largest based in Auckland. The vast majority (72%) of the respondents reported that they live in the Auckland area, with the next most frequent area named was Hawke’s Bay (18%). The two respondents who indicated ‘other’ indicated that they have moved to a different area since their involvement.

Figure 26: Location of survey participants



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