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Musical leadership: Reflections on a music therapy pilot project for students at a special school

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Abstract

This article details a service evaluation of a leadership project facilitated by a music therapist in a special school in London. Using principles of community music therapy and resource-oriented music therapy, a collaborative project was set up where older students in the school delivered music sessions to a younger class group. The music therapist, staff and parents were interviewed based on selected video clips and stills of the sessions. Their reflections were recorded, transcribed and analysed using reflexive thematic analysis. Analysis highlighted two core themes: 1) Improvements in confidence, focus, independence, leadership and life skills for the older students, and 2) Indications that the younger children may not have benefitted as much as the older students. Suggestions for similar future projects are also summarised. The findings highlight how a flexible and dynamic approach to music therapy can benefit a school community, as well as the challenges that present in supporting children of different ages and with different needs. Collaboration, participation and valuing of strengths and resources was at the core of this project.

Keywords

music therapy,
leadership,
collaboration,
special educational
needs (SEN),
peer development

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Introduction

This paper documents a service evaluation of a music therapy pilot project in a special school¹ in London. The children who attend the school are aged between 4-18 years old and have physical disabilities, learning disabilities or are autistic. The school was rated as 'Outstanding' by the UK Office for Standards in Education, Children's Services and Skills (OFSTED) in 2022 and music therapy has been part of the provision there for approximately 30 years, provided by an NHS team. Both the school

¹ 'Special school' is a term in the UK that refers to a school that provides specialist educational provision for children who have learning or physical disabilities, or are neurodivergent.

and the music therapy service adopt a philosophy that supports and values neurodiversity and difference, and aim to collect data and evaluate services where possible. There have been multiple collaborative service evaluations between the school and the music therapy department in the past. The project was made possible by the school leadership who suggested the idea, provided funding and created space for it within the school and in timetables.

A large amount of music therapy provision in the UK is undertaken in schools and a survey of UK music therapists in 2017 suggested that around 48% (of 327 responses) held positions in special schools (Carr et al., 2017). The format of music therapy work can be widely varied, including individual sessions, group sessions, class sessions and involvement in the wider school community. Historically, the aims of music therapy have been somewhat aligned with a medical model of working with disabled and neurodivergent children; attempting to address problems and adjust the way that children behave in their day-to-day settings (Swanson, 2019). Music therapy research has mirrored this, with many studies focusing on changing and improving a client's behaviour. However, there has been a shift towards more inclusive and empowering approaches (McFerran & Elefant, 2012), including resource-oriented music therapy (Rolvjord, 2010). Resource-oriented music therapy focuses on what skills and abilities a client brings to the session and can level the power imbalance between the therapist and the client somewhat. The music therapist supports a client with their current abilities, interests and experiences, rather than trying to change them or imposing the therapist's, or society's, expectations on their behaviour.

The music therapy approach in this project was aligned with community music therapy principles, with a focus on equality, resource-orientation, collaboration and engaging with the systems in which the work is undertaken (McFerran & Rickson, 2014). Ansdell (2002) defines community music therapy as:

[...] an approach to working musically with people *in context* [italics in original]: acknowledging the social and cultural factors of their health, illness, relationships and musics. It reflects the essentially communal reality of musicing and is a response both to overly individualized treatment models and to the isolation people often experience within society. (Ansdell, 2002, Defining Community Music Therapy section, para. 3)

Music therapy in schools is often delivered through closed sessions with closed doors (Sutton & Kingsley, 2002), where children are taken out of the classroom to participate in individual or group therapy. It has often been assumed that any skills gained within music therapy sessions will be transferrable to other contexts, but this is rarely measured. The development of "healthy musical communities in schools" (McFerran and Rickson, 2014, p. 79) is a different approach, which requires considerable organisation and participation of school leadership (McFerran & Rickson, 2014). It can often involve time-limited music projects, which may or may not end in a performance (Mitchell, 2019). Community music therapy is facilitated by music therapists who can offer tailored, dynamic and adaptive interventions and activities to help participants build on their current skills and develop new ones (Pavlicevic & Fouché, 2014).

Special schools offer adapted environments where students can access academic learning as well as social and emotional support. Music is seen as a key aspect of the curriculum and music therapy is offered in approximately one in three special schools in the UK (Welch et al., 2016). Music therapy in special schools can be offered in many different ways (Tomlinson et al., 2012), although music therapists often work within a social justice paradigm, emphasising the importance of helping people to achieve what is significant to them, rather than assuming the role of an expert therapist (Rickson, 2014). In special schools there needs to be a balance between offering children opportunities to follow their interests, following a national curriculum, and supporting them with more general life skills. Drawing on critical disability scholarship (Pickard et al., 2020; Wexler, 2016), we intentionally use identity-first language in this article (Taboas et al., 2023) and frame leadership not as remediation but as an opportunity for agency and participation.

The project under evaluation focused on making leadership accessible for two older students in a special school. Although there is limited academic literature on similar projects, Pavlicevic and Fouché undertook a community project in South Africa, where they supported older children to lead sessions for younger children (Pavlicevic & Fouché, 2014). They found that they were gradually able to withdraw support for the older children as they gained confidence and skills to lead the group. It seemed of high importance that all the children in the project were from the same community, and that local customs and music were integrated throughout.

The project

The roots of the current project began to grow in 2022, when our music therapy service ran a Jammin' Group for secondary school pupils in this special school (Annesley & O'Neill, 2023). The objective of the Jammin' Group was to facilitate social interaction and support the development of new skills and confidence. These groups continued to be run as part of the school's music therapy provision and the musical abilities of two autistic students, who had limited speech, were noticed by the music therapists and the staff. In the Autumn of 2023, the school's headteacher proposed a musical leadership project where these students could be supported to lead music sessions for younger groups of students in the school. The headteacher hoped that the project may support the students with their transition into the school's new sixth form provision (16-18 years old).

The two older students were invited to participate in the current project, with parental consent. Each week, the students were given the choice to attend and always agreed to come. They undertook one hour a week of training sessions for four weeks, with the music therapist and a familiar member of support staff, which included some of the content from the Jammin' Group. They practised a number of activities and songs with the music therapist, and then travelled to a different school site to deliver the sessions to a class group of younger students (8-10 year olds) for eight weeks.

There were nine younger students in the class plus four support staff. After four weeks including practice sessions prior, the older students went straight to the class sessions without a specific practice session for four further weeks (see Table 1). The group ran for eight weeks in total.

Session number	Older children's activities
1-4	Practice session then travel to other site to deliver session to younger students
5-8	Attending the other site directly to deliver sessions to younger students

Table 1: Summary of sessions (music therapist present for all sessions)

The sessions all started with a 'hello' song and ended with a 'goodbye' song. The younger children were addressed individually by the older students during these songs and given time to respond. A variety of familiar, precomposed songs were introduced, including nursery rhymes and a pop song. The older students handed out instruments to the younger children, often offering them a choice of two, and also offered them turns to use the microphone. Session structure and equipment used were continually adjusted and adapted throughout the project.

The music therapist (Ergina) was present in all sessions to accompany on piano, prompt and coordinate the sessions and to offer therapeutic containment. This involved providing musical structure in the initial sessions when the older students sometimes seemed overwhelmed and were unable to play or sing. Ergina responded to the younger children's musical contributions and also the emotions in the room, for example a younger student sat next to Ergina at the piano whilst upset and Ergina continued to accompany the musical activity as well as responding to the younger child's playing and vocal sounds. Ergina understood her role as remaining musically and personally grounded in response when the students were expressing distress or overwhelm in the group. She acknowledged these difficulties verbally and musically and kept the musical boundaries of the session. She also reflected on sessions and maintained the children's NHS clinical records. Therapeutic responsibility for all participants was held by the music therapist including attending supervision specifically for the project. Ergina also referred participants in the project to individual music therapy if this was deemed to be appropriate.

Evaluation

This service evaluation made use of interviews and focus groups to elicit the observations of key members of staff, who were present in the sessions or know the students well, and parents. The primary aim was to evaluate perceived impacts of the project on the students and to inform future service planning for the school's music therapy provision. There were also pragmatic aims; to look at the service and its impact within the environment, and to find out and describe how the service was experienced by people directly and indirectly involved (Tsiris et al., 2018).

The evaluation team

Emma, Hannah and Ergina are all music therapists working in the same NHS Trust in the UK. Within this team, there is an ethos of collecting data about the work (often in the form of service evaluation), as well as trying out creative and collaborative projects. We brought our different training and post-training experience to the design and analysis of the project. Emma analysed the interviews and focus groups and took the lead on writing this article. Hannah was involved in the development of the project and the design of the data collection. She also conducted the focus group and interviews. Ergina developed and facilitated the project and was one of the interviewees.

Participants

Participants in the evaluation were all adults who were involved in the project, directly and indirectly; the music therapist, school staff, and one parent of an older student. Due to the restrictions on resources, especially time, the students themselves were not asked to give feedback on the experience. We acknowledge that this creates an imbalance of power and would strive to make it possible to include the students' opinions in future projects. This decision was made because of the communication needs of the students and the planning and preparation that would be required to gain feedback from them. The parent of the other older student was invited to participate but could not attend.

Ethical considerations

The project was undertaken as a service evaluation, registered as a Quality and Improvement (QI) project, and endorsed by the NHS Trust. Parents gave informed consent for their students to participate in the project, and parents and staff gave informed consent to participate in interviews and focus groups themselves. It was made clear from the outset that they were free to withdraw at any point and that the findings would be written up for publication. Anonymity was maintained by removing identifiable information during transcription, and participants were referred to by their role, e.g. parent or class teacher.

Data collection

Feedback was collected through the following formats:

One to one interviews	Focus group
Music therapist	Teaching assistant of younger students
Headteacher	Teaching assistant of older students
Older students' class teacher	Younger students' class teacher
Parent of one older student	

Table 2: Format of data collection

The interviews and focus group consisted of showing the participants video clips and photo stills from the groups and following up with guided questions. The clips were chosen by the music therapist who had facilitated the groups and aimed to show the changes in the group over time. Three video clips were chosen from sessions 1, 3 and 5, and a video and two still photos from session 7. Due to time restraints, it was not possible to conduct the interviews after the final (8th) session, meaning that the last group was not captured in this data. It was planned for there to be a mid-way feedback focus group, but due to scheduling issues this did not happen.

Interviews and focus groups were recorded and then transcribed, using a combination of Teams transcription software and hand-transcription by Hannah.

Analysis

The data was drawn together by Emma using steps of reflexive thematic analysis (Braun et al., 2015; Braun & Clarke, 2006). This involved familiarisation with the data, before coding chunks of information and developing themes to capture the observations of the participants. This process was done using NVivo 14 software (QSR International Pty Ltd, 2018). Throughout the analysis, Emma kept a reflective journal to monitor her subjective process of the analysis. Supervision was sought to talk through the analysis process and the subsequent themes.

Results

Through the analysis, 118 codes were grouped into two themes:

1. Improvements in confidence, focus, independence, leadership and life skills for the older students
2. Indications that the younger children may not have benefitted as much from the project as the older students

Suggestions for similar future projects that were mentioned in the interviews are also summarised.

Theme 1: Improvements in confidence, focus, independence, leadership and life skills for the older students

Every person who participated in the interviews or focus groups observed growing confidence for the older students as the sessions progressed. Their confidence developed at a different pace, with the interview comments often focusing on one student: "...he seems so confident in that in that clip, really, really confident. It's so, oh bless him. He's really getting there." (Parent – Stills from session 7).

In earlier sessions, both older students seemed to lose focus easily; in Clip 1 they looked quite overwhelmed by everything in the room, and found it difficult to put their practise sessions to use:

So the preparatory sessions she [student] would sing "Hello" to everyone, to me and [other student] and [teaching assistant], but now you see that she's a little bit lost, so I don't think that she can that easily transfer, what was happening there in to the new environment. (Music therapist – Clip 1)

In later clips, the older students were both able to stay engaged with each other and the younger students, despite the busy atmosphere, suggesting an increased ability to regulate themselves and focus on the task.

In earlier sessions, the older students were starting to take the lead, but seemed unsure and hesitant. Remembering the younger students' names for the hello and goodbye songs was a challenge, but as the older students became more familiar with the group, they were able to take the lead more for those songs. Interview participants noticed the change in their body language as they became

more confident, and using an office chair on wheels meant they could move around the room more freely and offer the microphone to the younger students:

And the fact that he's, [teaching assistant] said he struggled initially because he can be a bit like that, you know, he can get overwhelmed and want to detach from whatever he's doing. But the fact that this two sessions later... he's happily swivelling his chair from person to person and offering them the mic as though he's been doing it the whole time. (Parent – Stills from session 7)

Interview participants noticed that the music therapist needed to do a lot in the first session clip, musically and verbally, to support the older students. The music therapist said that she was feeling quite anxious at this point, wondering if the project would 'work'. Despite this uncertain start, the younger students appeared to be engaged and interested. Interviewees reflected on the use of a familiar structure in sessions, and well-known, upbeat songs, which kept the younger children's attention.

As sessions progressed, the older students were starting to lead more, and the music therapist was needing to do less:

I didn't see her [music therapist] having to do anything in particular. But yeah, they seem to be a lot more like just doing it like they knew what they were doing. They knew what they had to do. (Class Teacher of Older Students – Clip 2)

And I found that just a small prompt of OK, off you go, is all he needed. So then I was able to just stand back, and I think I was like are you alright? Are you alright? Yeah you're fine, ok, I'm fine... He did so well. His confidence was oozing wasn't it? (Older students' teaching assistant – Stills from session 7)

As the sessions progressed, the older students started to show more awareness of each other and of the younger students. They seemed to notice more of the group dynamics and take their time with singing hello and goodbye to each of the younger students:

But also, as it developed, he was quite confident to stop, find out the name and then carry on... He wouldn't just skip over it, like he was confident enough to find out the name and then go for it, and then move on to the next person... which was nice. (Younger students' teaching assistant – Clip 3)

The older students took turns and encouraged the younger students to take turns. Participants observed that the relationships between the older and younger students developed over time. This transferred to outside the group setting:

But, it's funny, they see each other in the corridor and [Older Student] will stop and look at them and like [Younger Child] or someone will say hello, and he does say hello, so they have built that relationship. (Younger students' teaching assistant – Clip 2)

The older students started to project their voices more, helped by the introduction of microphones. A parent of the older student reflected on the importance of this in everyday life:

I bought a microphone at home to help with that as well. So that helps. So I know he's comfortable with a microphone. And yeah, that's been a progress generally because he's always been, he was really quite non-verbal at the beginning. So as the years have gone by, he has got more verbal. But music really is the key for [Older Student], to get his voice, for him to be heard basically. I'm getting him to project more. So the more he projects within music, we've noticed the more he projects when he's reading and stuff like that. So it just helps all around. (Parent – Clip 3)

The same student had particular sensory needs, which can have a big impact on him in his day-to-day life. It was observed by the staff and his mum that he was able to manage these in the group, despite it being busy and loud:

He can get overwhelmed again, he's got quite sensory-based, so although he loves music, sometimes music can be a trigger. So the fact that that's [not] seeming to be an issue in these sessions is really, really nice. (Parent – Stills)

It seemed that his ability to regulate himself increased as he got used to the busy and noisy setting:

It's really exciting that he can do that actually and not be overwhelmed by it, and you really do know when [Older Student] is overwhelmed because he will start to have some little ticks, and to put his hands over his ears and there is none of that there. And they are a busy class, there's a lot to be getting your head around there. (Headteacher – Stills)

There was a sense of excitement in the focus group, with how much the older students developed and grew over the course of the project:

So yeh, I felt like at the end I think I just went like said 'oh my god that was amazing'... It felt flawless and I think in the goodbye, you pointed out as well, that [Older Student] knew everybody's name, even though they change [places] every week as well which throws him a little bit. (Older students' teaching assistant – Clip 2)

Theme 2: Indications that the younger children may not have benefitted as much as the older students

In the focus group, there was more discussion about the younger students and their needs, whereas the interviews mainly considered the outcomes for the older students. The teacher and the teaching

assistants for the younger students felt like the benefits to the class group were not always clear, and that they were potentially inhibited by the way that the group was led by the older students. They felt that there was not a broad enough choice of instruments offered to the younger students:

I mean, there was a lot of bells, but they didn't really get to explore many other instruments... So then there wasn't, you know, the bells were, you know, they got a bit bored of them. (Younger students' teaching assistant – Stills)

They also felt that sometimes there was too much waiting for the younger children, and other times the activities were too fast and the younger children could not join in. The younger children's class teacher highlighted how much they rely on the energy of the session leader, and that this was not always consistent as the older students were finding their feet. Sometimes they were not sure what was happening next and that caused the younger children to feel unsure and become upset.

The music therapist noticed moments where the older students were not able to be fully responsive to the younger students: "The first time he offered the microphone, a child would reach out to take it but then he wouldn't pick up on the cues so he wouldn't know to release it" (Music Therapist) The younger children sometimes showed signs of distress during the session, which staff said were normal and common for this class group. There were moments when the emotions of the younger children overwhelmed the older students, and this required some support from staff.

The service evaluation itself had an impact on the engagement of one of the younger children, as their parents had not given consent for them to be on video at the start of the project and the staff had to make sure they did not appear on the camera.

These comments are in contrast with the range of benefits and positive change that were identified for the older students. There is an implication that the younger students would have had a more supportive experience if a music therapist had led the group, rather than the older students. This is a key consideration, as the younger children were committed to eight weeks of sessions, where they were not participating in their usual school schedule. Ergina reflected that this was a topic she brought to supervision to consider further during the project.

Suggestions for similar projects in the future

The participants gave suggestions for running a similar project again in the future. The use of the equipment (microphones and office chairs on wheels) worked well, and the parent said that plenty of space and opportunities for leadership helped her child to engage. Familiar and experienced support staff were a key element, so that they could offer scaffolding and notice subtle cues to give more support, or step back and let the older students take the lead. The headteacher noticed that the older students and the younger class group had similar levels of support needs. She reflected that it might have been more challenging for the older students if the younger students had more complex disabilities and support needs. Another member of staff suggested that a smaller class group may have felt more manageable for the older students.

The music therapist said that she would have been braver from the start rather than feeling so worried about what might happen. She would also have made sure they had the microphones and stands ready from the first session. Reflecting on this comment, the music therapist said that she was

preoccupied with wondering if the older students would manage and how she would support them and felt a little intimidated by this new and ambitious project. In a future project, Ergina would spend more time preparing with the teacher of the younger children, to make sure everyone was on the same page about expectations and approach.

Some staff members suggested that the project might have benefited from a longer block of sessions. The headteacher reflected that focusing on training a single older student could have been more effective, as the dynamic between the two older students introduced additional complexity. She also thought that the initiative might work better as an ongoing project embedded within the weekly timetable, rather than as a short-term intervention.

It was noted that a pre-existing therapeutic relationship with the music therapist could influence the process and would be an interesting area for future exploration. Previous music therapy experience may help a student to understand what might be expected of them, and they could feel more confident if they have a prior relationship with the music therapist. There could also be adverse consequences, such as a student feeling confused about the different setting and way of interacting with the music therapist than in individual or group therapy sessions.

Discussion

This study evaluated a leadership project that offered older students in a special school the opportunity to become musical leaders for younger students. The findings revealed numerous benefits for the older students, including increased confidence, life skills, and leadership abilities. However, positive gains for the younger children were less clear.

There is limited literature on observations and outcomes of school-based community music therapy, although increased confidence has been recognised as a benefit of community music therapy for children in other contexts (Van Rooyen & Dos Santos, 2020). Confidence was highlighted as the most prominent theme in our evaluation, with all participants in the focus groups and interviews noting visible changes in the older students' self-assurance when viewing session clips and photo stills. The older student's parent and teacher both emphasised the importance of developing self-regulation and coping strategies for managing stimulating environments. Life skills encompass a range of abilities, including emotional regulation and problem-solving (Bastian et al., 2005). Over the course of the project, the students appeared to demonstrate increased calmness and focus, suggesting growth in these areas.

Murphy and McFerran (2017) highlight the frequent gap between desired levels of independence for disabled young people and the level supported by their environments. In alignment with critical disability studies (Pickard, 2022), this project sought to adjust the environment to allow the older students to lead music sessions with growing independence - embracing their own style of leadership and working at their preferred pace. The microphones and office chairs were introduced only after several weeks, despite one parent noting that her child already used a microphone at home. Embedding such communication more systematically into general practice may further support a whole-community approach to music therapy.

Feedback relating to the younger students suggested that they may not have experienced as many gains as the older leaders. While the environment was adapted to enhance accessibility for the older students, it did not always enable the younger children to engage in ways that were meaningful or beneficial. This finding raises questions about how the project was communicated to parents and staff, and what expectations were established regarding the younger students' roles and potential outcomes. It is possible that the younger children engaged and participated less actively than in a traditional music therapy setting. Ergina and other members of staff also highlighted that the focus on the older students' experience meant it was not always possible to consider the needs of the younger children. The project was originally designed with the older students in mind. It was thought that the experience of the younger children would be different, but not necessarily that the older students' leadership would be 'less good', as this would also feel contrary to the philosophy of the project. However, the staff's observations did show that there were challenges for the younger children in the way that the older students led the group, highlighting a tension in the design and implementation of the project.

It was important that the group was facilitated by an experienced music therapist, who was flexible and client-led, and offered musical holding for the younger children when they expressed distress. The familiar support staff in the room were also essential to the success of the project; they sensitively withdrew support as the older students became more confident, much like Foulkes' concept of the group conductor, who guides the group but takes a step back and allows a process to unfold (Foulkes & Pines, 1990). During the writing of this paper, Ergina reflected further on the younger children's experiences. She identified her role as ensuring that they were emotionally contained and that responsibility for this was not placed on the older students. When strong emotional responses arose, Ergina provided musical support or other regulation strategies. The presence of a qualified music therapist was therefore helpful, as there were moments when the older students were not able to respond to the younger children.

Relationships formed within the school community—such as older and younger students recognising one another in the corridor—may also have been empowering (Dennis & Rickson, 2014). Participation in community music therapy itself holds value as a learning and relational activity (Stige, 2006), and music-based connections within the disability community have been shown to be particularly meaningful for young people (Murphy & McFerran, 2017).

Considering the broader meaning of leadership within a music therapy context, this project prompted further questions for the authors. The model followed an unusual structure in which older students were 'trained' to lead younger peers. However, opportunities for leadership and role exploration naturally occur within music therapy groups. This raises questions about how far the project aligns with standard music therapy practice, and whether similar frameworks could be applied in other disciplines—for instance, exercise groups co-facilitated by physiotherapists. While some might view the involvement of a specialist professional as unnecessary, it may be vital to have a skilled practitioner who is confident, flexible, and responsive to participants' needs. Supporting student leaders requires a careful balance between offering opportunities for autonomy and providing timely intervention when necessary, which was considered extensively by the music therapist.

Limitations

Restrictions on resources meant that it was not possible to gather direct feedback from the students who were involved in this project. This was due to the complex communication needs of all students who took part, and the planning and resources required to understand their opinions of the project. Future projects should consider alternative methods of gathering feedback from students and how to incorporate this into the project design. Given the resources available, it was decided that the observed impact, by staff and parents, on the students was valuable feedback and would be sufficient to inform future projects. Only one participant in the interviews was not a member of staff; another parent was also invited to participate but was not able to.

The change in researchers during the process of data-collection and analysis may have impacted the consistency and flow of the project, although Ergina was a consistent presence throughout the planning, delivery and evaluation of the project. External supervision was also sought from a researcher who had experience of the school environment and the NHS Trust.

In the final session, which was not captured in the data, there was a shift in the way that the staff supported the older and younger students. Ergina noticed that more space was given and wondered if this was because there had been clarification of the aims of the project during the research interviews and focus groups (which had happened in advance of the final session). These conversations could have been useful during the process of the group, and there were mid-way focus groups scheduled. However, these did not take place due to difficulties in finding availability amongst all members of staff who were due to participate.

An additional noticeable change was observed by Ergina during the final session, although this was not formally captured within the study data; the two older students demonstrated the ability to maintain distinct roles while collaborating to co-lead the session. They alternated leadership responsibilities; for example, one student confidently led the song with fluency and continuity, while the other facilitated participation by offering the microphone to group members. This suggests a more developed understanding of their roles and responsibilities within the group dynamic.

In the staff interviews, valuable feedback emerged that could have informed the ongoing groups had it been shared during the course of the project. The authors wondered whether staff may have felt unable to offer feedback during the project and waited until the end-of-project interviews, possibly due to a perceived expectation that feedback should only be shared at that stage.

Recommendations

The project could be run again but with some changes:

- Longer term – it could be beneficial to have the project run for a longer set of sessions, or be integrated into the school timetable
- One older student leader, rather than two, could make the project more focused
- A smaller group of younger students could feel more manageable for the older student leader
- Feedback could be collected throughout the project as participatory action research, i.e. a “social process of collaborative learning” (Kemmis & McTaggart, 2007, p. 277)



- Aims for the younger students could be developed further, with a focus on participation, and discussed with the teaching staff
- More resources (time and funding) would allow for a robust planning and evaluation process of any future projects

Conclusions

Participants in this study identified numerous changes in the older students who took part in a leadership project in their special school, particularly regarding their confidence and independence. The project demonstrated an innovative way of undertaking music sessions in a special school setting, with a focus on resource-building and the development of community. Similar longer-term future projects could be feasible and beneficial, with some adjustments to the design, and further consideration of the ways in which the sessions benefit the different age groups, and methods of collecting feedback from everyone involved.

Author information

Emma Millard (PhD) qualified as a music therapist from Guildhall School of Music and Drama in 2017. She is a Specialist Music Therapist and Head of Research for AHPs and Psychological Therapies at Oxleas NHS Foundation Trust, and a Research Supervisor at Guildhall. She completed a mixed-methods PhD in 2022 at Queen Mary University of London and East London NHS Foundation Trust. This was on the topic of patient preferences in the arts therapies in adult psychiatric services.

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Hannah Maillardet qualified as a Music Therapist from Guildhall School of Music and Drama in 2011 and has worked for Oxleas NHS since 2014, whether full time or alongside other music therapy posts in acute mental health, forensic mental health and as a self-employed therapist. Hannah's clinical work at Oxleas currently focusses on looked after children within a mainstream school and children referred to the core service from the neurodevelopmental pathway. In the past, Hannah has led on co-ordinating and expanding student placements and yearly audit of clients accessing music therapy.

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Ergina Sampathianaki qualified as a Music Therapist from Nordoff and Robbins in 2009. She joined the NHS in 2012 and, since 2024, has been the Head of the Oxleas Music Therapy Service. She has worked with children and adults with a wide range of needs, including neurodiversity, learning disabilities, and mental health needs. More recently, she has been involved in the design and development of new Music Therapy services and pathways, as well as in the promotion of Music Therapy to a range of stakeholders, including Education, Local Authorities, and ICS partners.

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Author contributions

Emma analysed the interviews and focus groups and took the lead on writing this article. Hannah was involved in the development of the project, the design of the data collection and conducting the focus group and interviews. Ergina developed and facilitated the project and was one of the interviewees.

Artificial intelligence (AI) usage

ChatGPT was used for support with structuring and phrasing in the write up.

Conflict of interest

The authors have no conflicts of interest to report.

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Data availability statement

The data are not available due to the nature of the study.

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Ελληνική περίληψη | Greek abstract

Μουσική ηγεσία: Αναστοχασμοί πάνω σε ένα πιλοτικό πρόγραμμα μουσικοθεραπείας για μαθητές σε ειδικό σχολείο

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Περίληψη

Το άρθρο παρουσιάζει την αξιολόγηση ενός προγράμματος ηγεσίας που υποστηρίχθηκε από μία μουσικοθεραπεύτρια σε ένα ειδικό σχολείο στο Λονδίνο. Χρησιμοποιώντας τις αρχές της κοινοτικής μουσικοθεραπείας και της μουσικοθεραπείας με προσανατολισμό στους πόρους, σχεδιάστηκε ένα συνεργατικό πρόγραμμα κατά τη διάρκεια του οποίου μεγαλύτεροι μαθητές του σχολείου παρέδωσαν μουσικές συνεδρίες σε μαθητές μιας μικρότερης τάξης. Η μουσικοθεραπεύτρια, το προσωπικό του σχολείου και οι γονείς έδωσαν συνεντεύξεις που βασίστηκαν σε επιλεγμένα βιντεοσκοπημένα αποσπάσματα και φωτογραφίες από τις συνεδρίες. Οι αναστοχασμοί τους ηχογραφήθηκαν, απομαγνητοφωνήθηκαν και αναλύθηκαν χρησιμοποιώντας αναστοχαστική θεματική ανάλυση. Η ανάλυση ανέδειξε δύο βασικά θέματα: 1) Βελτιώσεις στην αυτοπεποίθηση, την ικανότητα συγκέντρωσης, την ανεξαρτησία, την ηγεσία και τις δεξιότητες ζωής για τους μεγαλύτερους μαθητές και 2) Ενδείξεις ότι τα μικρότερα παιδιά μπορεί να μην επωφελήθηκαν όσο οι μεγαλύτεροι μαθητές. Συνοψίζονται επίσης προτάσεις για παρόμοια μελλοντικά προγράμματα. Τα ευρήματα αναδεικνύουν πώς μια ευέλικτη και δυναμική προσέγγιση στη μουσικοθεραπεία μπορεί να ωφελήσει μια σχολική κοινότητα, καθώς και τις προκλήσεις που παρουσιάζονται στην υποστήριξη παιδιά διαφορετικών ηλικιών και με διαφορετικές ανάγκες. Η συνεργασία, η συμμετοχή καθώς και η αξιολόγηση των δυνατών σημείων και των πόρων που χρησιμοποιήθηκαν ήταν κεντρικοί άξονες αυτού του προγράμματος.

Λέξεις κλειδιά

μουσικοθεραπεία, ηγεσία, συνεργασία, ειδικές εκπαιδευτικές ανάγκες, ανάπτυξη συνομηλίκων