



## **Make Your Mark: Notes on Music Education**

### **Series 2 Episode 4: Music therapy and the therapeutic impacts of music**

[Intro music]

**Yusef Sacoor:** Hello! Well, it's time for the last episode of Series 2 of 'Make Your Mark: Notes on Music Education.' And for the last episode in the series, we're going to have a discussion on music therapy and the therapeutic impacts of music on young people. I'm really really excited to talk about this subject and the transformational impact that music therapy has. So without further ado, let's get our two guests to introduce themselves.

**Graeme Davis:** Hello, yes guys, my name's Graeme Davis, I'm a music therapist. I've been music therapist for getting on nearly for 30 years now. I've worked with most different client groups and in the most different settings, so statutory settings, charity, third sector, that sort of thing. And for about the last 12 years, I've been the co-founder of Music24, which is a community music therapy charity that works across Bedfordshire and Halfordshire. And interestingly, as our other guest Jane, she's a, know, we'll say later, I was trained at the Nordoff Robbins School of Music Therapy. So that's my particular style of music therapy technique that I use.

**Yusef Sacoor:** Thank you very much. And Jane.

**Jane Bryant:** Yes, hello everybody. My name is Jane Bryant. Anne Graeme, it's pleasure to meet you and very interested in the fact you trained at Nordoff Robbins. I've been a trustee of Nordoff Robbins for a goodly long time and have learned a great deal from observing their work and meeting some of the students who are studying at Nordoff Robbins. I have a background myself in music education and arts management and leadership, and I've had a range of roles ranging from itinerant teacher of music in the Orkney Islands to head of development at Arts Council England to Chief Executive of Arts Work. I think the common factor in all my jobs has been about the importance of the arts and music to people's health, wellbeing, enjoyment of life, motivation and all that goes with it.

I've just completed an MA at University College London where I was able to reflect on the work that observed and experienced over my professional career. I also conduct two choirs which keeps me grounded the joyousness and health and wellbeing of music making.

**Lucy Davies:** Thank you so much guys. So I'm going to start with a great big broad question to kick us off. So if you had to describe music therapy to somebody who's either never experienced it or perhaps never even heard of it, how would you do that? I'll come to Graeme first.

**Graeme Davis:** I suppose that's its simplest, it's about the use of music to help people explore and express themselves. And it's done within a safe setting, which is the therapeutic relationship. I suppose at a slightly deeper level of explanation, it's about the use of music. Music is very much an abstract concept. And the magic of music is it can give form and structure to our feelings and emotions. And that then enables us to be able to voice them out, sound them out, play them out, which helps clarify exactly how we are feeling and then they can be worked on with words and such like. So that's something I suppose in a very quick summing up how I would describe it.

**Lucy Davies:** Thank you, Graeme. Did you have any other thoughts,

**Jane Bryant:** Well, thank Graeme, you've described it in such a beautiful way. So thank you for that. I would just add that music therapy is a health profession. It's registered with the Healthcare Professions Council. It works to achieve health outcomes for participants. So those might be physiological or neurological. It might be dealing with particular issues and it's also about health and wellbeing and mental health and wellbeing too. But the specific role of music therapy is to address health outcomes.

**Yusef Sacoor:** Thank you very much, guys. The next obvious question for me then is, what is the impact? So I suppose starting off with you, Graeme, how does a music therapy session go? What does it practically look like? How much is it different from person to person? But also, how does it impact those people that you work with?

**Graeme Davis:** Okay, well I think a starting point is that it's worth bearing in mind that there's this difference within the UK there are different approaches to music therapy there's different training backgrounds, and people can work in slightly different ways. Some people will use very much a passive listening approach, and others which tends to be the more common one is actively making music using improvisation techniques.

My background from Nordoff Robbins obviously is very much within the improvisational background. So for instance, people will come into a session, we'd have a whole range of different kinds of acoustic and electronic instruments that they can explore. There'll be keyboards, there'll be microphones, guitars, all that sort of thing.

But the point of it is that it gives everybody an opportunity to engage in some active way of making music that suits their level and their abilities and their requirements. And I think within what I love about the Nordoff Robbins approach particularly is that there's a very, very clear assessment protocol. And the whole point of this protocol is building up a picture of the individual as their music being for a better phrase. It's put very simply, it's basically looking at how they use music by building up different complexities. So, for instance, you might start off with just a drum, so it's just a very simple percussive instrument. Then you might go on to something like tuned percussion, so metallophones, xylophones, things like that. Then you might then look at perhaps using a keyboard, so you're sharing an actual keyboard or a piano and making music.

So then you're immediately looking at proximity, relationships, all that sort of stuff. And then finally, obviously, the most effective and intimate way we can express ourselves is using our voice. So we start looking at how you sing, how we sing together. And it's very much a looking at how people respond to all of those different levels of complexity, but also how they work within the relationship. Whether that relationship is just with one person, i.e. the therapist, or whether it's in a group setting, looking at how they would relate to a number of different people. So that's predominantly the structure of a session.

How they respond or the impact that it can have on people is very much about what area of therapy you're looking at. What is the goal that you're trying to work towards towards that individual client? For instance, if it's say somebody with dementia, it would be looking at engaging them in that specific moment, trying to cut through that fog of dementia to bring them into the here and now. Perhaps if it's with a young person, it might be looking at either behaviour issues, it might be challenging behaviour, or it might be the opposite, that they've become very introverted and withdrawn, and it's about offering them a musical opportunity to be able to start to grow in confidence that it's okay to share, it's okay to express yourself, you're valued, you're heard, you're respected, and it starts to help build people's confidence. And then they can start to give more.

And whenever I'm talking about what happens in a music therapy session, I always use the analogy of a seesaw and that very often you'll find that people, because it's a new setting, they may well have never made music before, it can be quite intimidating, it can be scary. So you find that as the therapist you need to give a very big warm safe context musically. So you're giving a lot musically and your client is perhaps not giving quite so much because it feels all very strange. So the analogy is you're sitting quite high up on this seesaw and your client is quite low down. But then gradually as they begin to grow in confidence and start to understand how they can use music, they start to give a little bit more. And as the therapist, then you can start to back off a bit, giving them more space and more time, so that gradually you become to this equilibrium state. And then

ultimately, can, the therapist can withdraw even more, give less, and the client is constantly giving and giving and giving. So they've got this chance to really explore where they are, who they are, at its most deepest level. And that's the same for whether it's a young person or whether it's somebody in 90s.

**Yusef Sacoor:** I love that that's sort of across the board as well. Jane, does that does that resonate with you? And I suppose how does that approach, the music therapy approach, ~ differ from, say, the general satisfaction or mental health benefits of playing music that are often discussed? How is how is how is that therapy impact different or distinct? And who is it for?

**Jane Bryant:** Yes, you've asked two big questions there, Yusuf. So I'm going to take the first one first, which is does what Graeme has described resonate with what I've observed over the years in terms of music therapy? Absolutely. And I think one of the privileges for me of being able, over many years to see both Nordolf Robbins trained music therapists, as well as music therapists trained by other training providers, is the essential essence of listening. The music therapist is such a good listener. And not only that, their observation skills combined with listening.

I think Graeme, you used the phrase to respond in the moment. And certainly that's what I've observed, that the music therapist works with a client, it could be in a group situation, they engage eye contact, and they are listening and observing and can respond in the moment to facilitate the client to begin that process of taking ownership for what they're doing and that is such a beautiful process to observe. And I hope in my description Graeme I'm doing justice to what I've observed over the years in terms of the practice of music therapy. And as I said it's been a privilege to be able to observe some extraordinary work.

I think you also asked, Yusef, then, about music making that doesn't come from a therapy tradition, if you like, but is about music making for itself. And of course, that does have health and well-being outcomes. I know from conducting my choirs and for myself, you might not feel like going out to practice, it might be raining. And then the moment you get into a group situation to make music together, something transformational happens. And that happens outside of a music therapy session. It happens for all of us who make music together. And that's really good for our wellbeing as well.

I think one of the essential differences, as we said earlier, is that music therapy is specific to generating health outcomes. Community music may have those therapeutic benefits as well, but it's also about making progress, perhaps in music making, either together or individually. I mean, so quite a subtle shift. And there is that if you had a Venn diagram where music therapy and music, community music and music education all overlap, there is one central hub. But the outcomes that we work towards may be

slightly different. But yeah, I hope that's helped take us on that journey of where the differences are, but also where the similarities are.

**Yusef Sacoor:** Most definitely. It's really clear that there is distinction there and it's nice to hear it put into words. I suppose the next question to follow off naturally is, who is it for? Do you have to be do you have to be musical to to take up music therapy? It maybe everyone is musical to a degree. but yeah, how sort of how in invested in music do you have to be for music therapy to to be for you, I suppose?

**Graeme Davis:** I mean, I think one of the bottom line is that if you're human and you're still breathing, you can respond to music. I think that our society, we love putting labels on people and we love to say, that person's musical, that person is a musician. And it pigeonholes to a very narrow extent what that actually means and what only you can be if you fit in that box. And that's great if you're Coldplay or something. Yeah, brilliant, it works.

But for most of us, we're not world superstars. We're just ordinary Joe Bloggs that perhaps might not have even had an opportunity to explore music. Particularly now, the music in schools is becoming rarer and rarer. And people just aren't having the opportunity to get to grips with what is this music thing.

But I would challenge anyone if you say to them, you like music? Some people might say no, but if you suddenly say, do you listen to the radio? Do you listen to films? yeah. Well, how about the music behind? I love that. So and that's so they're thinking of music or being musical in a particular way, but they're missing the fact that actually it's a natural human response. And it's to me it's the important thing is to start thinking, it's not about being musical, it's about do you respond to this kind of sound? And if you look at it as that question, any of us can engage. And that can be, as we've seen, pre-birth right the way through to the last gasp of life, on end-of-life care. And people with all sorts of different abilities, diagnosis, whatever it is, they can all respond to that.

So yeah, so no is the answer. You don't have to be musical.

**Yusef Sacoor:** I expect Jane to profusely disagree, of course.

**Jane Bryant:** Well I don't actually. Who defines what is musical anyway? But as Graeme was talking, I was recalling a session I saw probably about 15 years ago. It doesn't really matter when it was. And it was a child who was significantly disabled. He had significant special needs and he was brought into the music therapy room and with his agreement he lay down on a soundboard so that he could feel and experience the vibration. And I observed the music therapist making music with him because he was also able to reach out and take up, I think it was a tambourine, but he was hearing and experiencing the

music through the soundboard and he was in control of whether he picked up the tambourine to make music together with his therapist or not.

And it was one of the rare moments I suppose in his day where he had agency he was able to experience, enjoy and decide for himself what he then chose to do. And I've seen so much of that where music gives a person who in other parts of their lives have very little agency. And it's always joyous to see that those decision-making moments.

And the beauty of the music therapist, as Graham has so beautifully described, is that they are able to listen, to respond, and to work with, not deliver to. And I think that's a really important distinction.

**Yusef Sacoor:** That agency point is huge as well. It kind of makes me think about talking therapies and sort of as a kind of opposite to the question about musicality. How does how does music therapy differ to talking therapies? What makes it different?

**Graeme Davis:** I think if I come in here on this I think that we experience ourselves in feelings, emotions, and then as we mature, as we develop, we find words, we learn vocabulary, and we can use those words to reflect on what we're feeling inside. And the beautiful thing of words is you can almost define things through words, which is brilliant.

Unfortunately, as human beings, we're not that clear. We have emotions, we have feelings that constantly change, like clouds floating across the sky. And very often, particularly if we become unhealthy, we can really struggle to make sense of what those feelings are. And those feelings can lead to all sorts of different behaviors and reactions.

And I think what's inherently important about music and music therapy is to understand that the Music, the majesty of music is that it can work with those very deep feelings and emotions and helps clarify them. Once you can start to understand and get a grip on something, then you can start analysing it, starting to define it, starting to understand what it is. And I think that's where the beauty of words come in.

I always remember some of the, it such a kind of really interesting work that I did sharing sessions with a psychologist, a clinical psychologist, and it was fascinating to see that what emerged within music was very different than what emerged within the talking therapy, know, the psychological input, and actually it's so beautifully linked. So what started to emerge within music strengthened the opportunity for the clinical psychologist to then start working with that through words. So I think they're different approaches that actually works so beautifully together.

And the final thing I'd like to just throw in is obviously the similarity is that it both approaches, whether it's words or music, you're working within this very sacred, very protected therapeutic relationship, which is absolutely paramount. If the setting you're

in isn't safe, if you don't feel secure, it's never gonna work. So yeah, that's what I would say.

**Yusef Sacoor:** Fabulous. Jane, do you have anything to add?

**Jane Bryant:** Well, again, as Graham was talking, I was reflecting on those people who have no verbal abilities as well, who aren't able to articulate for a whole range of reasons. And music gives them a voice. And it's a very simplistic thing to say, and it's going back to agency. You can express things through music, whether you're verbal or non-verbal. And I think that's one of its very special qualities.

And I was also reflecting about someone I knew who had a catastrophic car accident. Cognitively, he was fine, but he only had movement in one of his feet. And he was able to work with his music therapist using sound beam and improvising and making music together. Every other part of his life he relied on people to do everything for him except when he was working with his music therapist and through that medium you can express all sorts of frustrations and imaginations and curiosities through music that he couldn't do in other parts of his life.

And that's just one example. I've seen music with people who have cerebral palsy, for instance. And it just gives voice and agency in other areas of life that they simply cannot experience for a whole range of reasons. So it's very powerful. It's very powerful.

And Graeme so eloquently described the journey of working with someone and gradually they can take more and more control of the music making they're doing with the therapist.

**Yusef Sacoor:** I mean, you've just given such a powerful testimony there. Sorry, Graeme, did you want to come back?

**Graeme Davis:** Well, only to say absolutely spot on, Jane I think it's one of the beauties of when you're working in music therapy is that you're working with what people can do, not what people can't do. And that's such an important distinction. that within the music session, when they're exploring, when they're free to make music, no matter what level of disability. They have. They're free, they're whole. They're not bounded by that diagnosis. They're just a whole, complete human being. And that is such an extraordinary thing to be able to witness and bring out in somebody. And make no mistake, for the therapist to witness it, it's extraordinary experience. It's one of the highlights. Probably that's why most music therapists are music therapists, because of this extraordinary connection and witnessing this change.

**Yusef Sacoor:** You've both given a really advert for music therapy, both as a thing for people who want to become music therapists, and also probably to other people in

music. Earlier, Jane, you mentioned how the Venn diagram between music therapy, community music, music education and I suppose if you're in music education or a community musician or head of a community music organisation, how would you get those things to interact? how do they cross over? If you are someone who's working in music education, maybe you recognise that music therapy is important and powerful, how can your work be informed by music therapy if it can be? And how can you work with music therapists to improve the results that you want to make for young people? Quite a big question, but I'll hand it over to you, Graham.

**Graeme Davis:** What I would say is actually what was mentioned earlier is the key skill about a music therapist is the ability to listen.

And I think whoever you are, whether you're a music educationist or whether you're a music therapist, that is the gold standard to always be listening acutely to everything that the young person, the student, the client, whoever it is, is giving you. Because there is so much to take in. It's not just about what they're playing, it's how they're playing it. What nonverbal cues are they giving? What facial expressions are they giving, how are they changing, what direction does their music need to go in, what type of music are you playing, are you meeting and matching what actually is relevant to your client.

So the skill of listening is the big one and we work in our charity quite a lot with community musicians and they're brilliant musicians but one of the key things I think that we find is that in order to really make them be able to work within the fields within Music24, we have to really help them develop their listening skills, listening to every facet of that person they're working with. So yeah, that's what I would say.

**Yusef Sacoor:** Fabulous. And Jane as someone who's sort of worked across all worlds.

**Jane Bryant:** Yes, I agree. I entirely agree. I think there is learning both ways, though. I think music therapists and community musicians and music educators can all learn from each other. In terms of music education with children and young people with special educational needs, I think there's a lot that music educators and music therapists can learn from each other in those contexts.

There's been some great work by Professor Graeme Welch and Adam Ockaford, Sounds of Intent, which looked at work with children and young people with some significant special educational needs and looking at how you begin to measure what constitutes a reaction. How do you begin to measure impact of of music and sometimes it's the tiniest little things that Graeme was suggesting there, that listening observation skills that music therapists have.

I think in some research more attention could be paid to the role of the music facilitator or music therapist in evaluation. I think music therapists are more engaged the evaluation processes because they set out to address health outcomes. I think with

community musicians and music educators, there could be more engagement of their skills and observations in research that analyses the impact on participants. Certainly, there's learning both ways and that that Venn diagram with that bit in the middle is a really special place. And I think we need to understand each other's practices even more to learn from the very best practices that happen in all those different ways and settings.

**Graeme Davis:** Spot on, Jane. I think absolutely. Just one other thing I'd like to add into this is that I think across the board, whether it's music educationists, community musicians or music therapists, we all work with some very challenging people. It isn't just necessarily a very beautiful, young person, but it can be people that are really challenged, people with very special needs. And that can be incredibly demanding and challenging.

I think one of the advantages a music therapist has is that we're schooled and trained into understanding how to look after ourselves how to have supervisions for instance, how to reflect on the experiences we're having for ourselves. And I think that's another important thing to try and help our other music colleagues to understand. And I know within Music24, I supervise all our staff, community musicians, all music therapists. And we've recently reached out, well, we're doing a project across Hertfordshire along with a consortium of other organisations about helping to train activity coordinators, wellbeing and engagement officers within care homes to use music with people in the care homes with dementia. And one of the things that I'm really stressing is that you're right at the front line. You're coming across an awful lot of distress, an awful lot of extreme situations and it's really important to reflect on what you're experiencing and look after yourself otherwise you will burn out. It's incredibly challenging so yeah I think as a music therapist we do have that advantage, we have that insight.

**Jane Bryant:** I think that's a really important point, Graeme, music therapists have that framework of reflection and supervision around them. It's a very important point.

**Lucy Davies:** Yeah, absolutely. Thank you both. It's really kind of interesting to hear about all these overlaps and interconnections and talking about the kind of, I guess, life experiences and backgrounds of the people that you're working with. How do you think those things can have an impact when you're dealing with music in a therapeutic context. I'll start perhaps with Jane.

**Jane Bryant:** I think as you were asking the question, Lucy, I was thinking about music therapy in care settings. And I was thinking about the ripple effect, where a music therapist might be running a session for, I don't know, two, three, or even a group of residents in care settings. And the ripple effect that that might have on the carers, the care professionals and family members who might want to take some of what they've seen and work in between sessions with the client groups.

I think that's a really interesting, I'd like to think it was an intended consequence of music therapy in care home settings, but sometimes there's an unintended consequence that we should value more, the impact that music therapy has on those who are care providers, whether that's family or care workers. I don't know if that was a question you were asking Lucy, but your question inspired me to remember the importance of that ripple effect.

**Graeme Davis:** Yeah, I think you're absolutely right about that, Jane. And I think it's really interesting when I talk to carers, their loved one, they can see really responds to music, particularly in the dementia field, in the dementia world. But some of the carers would never have thought about using music, partly because they've just taught themselves to be not musical, so it's not something that they would naturally use. And it's something that, I suppose it's something to do with how music is seen within society and that it's not valued or it's not totally understood about its role in supporting us. And I think that partly it's about opportunities, possibly people's backgrounds, people's upbringing, people's cultures, opportunities to engage within music settings, opportunities to be creative, opportunities to explore themselves within this creative field. It may well be that they just economically just never had the opportunity or it wasn't within their schools.

So I think there's a whole batch of different issues that may well be going on that perhaps people wouldn't necessarily engage within music, or to be honest, within any of the arts. But I think that's role of the caregiver using music with their loved one is an enormous one. Because one of the things I see every day is that the carer can rekindle or it can strengthen this relationship that they've had perhaps with the love of their life for 50, 60 years. They're losing them, particularly if it's around the dementia world. So every day is a bereavement, every day is difficult, every day is challenging. And yet within that music session, somehow that loved one is right back there with them and it rekindles that, the love of their life. And that is such a profound thing to witness. And for some people it can be absolutely a life giver.

**Lucy Davies:** Yeah, absolutely. I couldn't agree more. What you said there about sort of people perhaps not necessarily and we've touched on this already, but not necessarily thinking of themselves as musical and therefore as it were, hitting upon music as a way to connect with people. If you were sort of with, communicating with somebody like that, do you have any sort of particular resources or approaches that you might take with them or recommend to them that you can kind signpost our listeners to.

**Graeme Davis:** Yeah, I mean there's a great resource that's out there for people with, we're talking a lot about dementia, you know that's just, it's an easy one to talk on really at the moment because we're very much within that field. But there's an organisation called Playlist for Life and they the whole remit, there's like software and just by answering a few questions about preferences and backgrounds then it can churn out a

suggested play like Song List. And it's a starting point, basically it's a starting point for building relationships with that individual. And it's such a simple thing to do but what's beautiful about it is that it leads to conversation, it leads to connection. Whether it's the song that comes out and the software is relevant or not, it sparks a connection point, it sparks a communication. So that's the Playlist for Life. It's a really good resource to have.

As a music therapist, obviously we have so many more tools, if you like, that we can reach into but I suppose the starting point has always got to be, what does that person need? What is it about that person that they really need that needs to be lit up? What key can we find within the whole battery and armoury of music techniques that we have? What key is going to unlock them so that they can be this whole beautiful human being that make no mistake they are? We're not changing anything. They're right inside. They are beautiful, healed. We all are. But we become more and more removed from that point. All our defenses build up. We become sick. We become, that lovely word, dis-eased. And that to find the key that unlocks that and enables us to feel, despite everything else that's going on, actually okay. We are okay. That's a real challenge but my goodness me when you find it it's like far at night everything lights up. It's extraordinary.

**Yusef Sacoor:** Thank you so, how did your relationship with music change after exploring the therapeutic benefits of music with young people? music therapy, how how did music therapy change your approach and your own relationship with music?

**Jane Bryant:** I mean, as as somebody who I am not a music therapist, I have learned a lot about my own practice from observing music therapy and how important listening is to any music activity. And Graham's spoken about the power of music in terms of working with people with dementia. It's not completely unusual to find in a mixed choir of unadorned voices people who are experiencing health issues. And I think I've learnt to go with the flow a little bit. You know, and obviously when you're working with a choir, you are working towards performance. But you need to take people on that journey. And I think I've learned a lot from observing the skills of music therapists who go on that journey and take people on that journey in such a subtle way that they feel they are and often are leading that journey themselves. And I think that's I think that's humbling. I think it makes you reflect on what you do as a musician in every area of that musical life.

In terms of where people can get ideas and resources who are interested in finding out more, well, I'd probably phone up Graham. And I'd probably say, is there any opportunity for me just to come and observe some of your work?

But you know, Nordorph Robbins has some short courses which are not intended for music therapists. You don't need any music therapy experience. To sign up for a music, a short course in music therapy. Some of the music hubs, and I mentioned I was chair of

one of them, do extraordinary work around accessible musical instruments and working with children, young people with profound and multiple disabilities. There's a lot of information and guidance out there that's available.

Join networks. I'm a member of the Singing for Health Network. We share. We share, we learn together. Being a music conductor can be quite lonely, and we don't have supervision and we don't have reflection time. So it's quite useful to join a network so that you begin to learn from other people's experience as well as share some of your own.

Some of the research that the Power of Music Consortium have collected and the Creative Health Alliance, read there's so much there's so much available information out there that you can read and learn from. But working with and learning from people who are doing extraordinary work is a really good way of extending your own practice.

**Yusef Sacoor:** Thank you so much, Jane. And I suppose ~ we should go straight into you, Graeme, with the same question. So how did your relationship with music change after doing music therapy? and exploring it particularly of young people, and do you have any resources for other people who might have been inspired by the words from today's episode?

**Graeme Davis:** Okay, it's a big question. I suppose my journey from being a professional violinist, working with orchestras, going through the training to be a music therapist, coming out and then very much I think of myself as a community music therapist now. It's been one of transformation definitely. But interestingly enough, I suppose the key moment for me was when my eldest daughter was born. And she just cried all the time, just a nightmare. She was just inconsolable until we hit the point music. And it was that that immediately stopped her crying, but it reached into her. It somehow connected with her and made her feel secure. It made her feel okay. That was the spark for me. That's what made me start thinking, my goodness me, I've been playing all these notes, high and simple, these bass notes, whatever, but suddenly actually this is where it's really at. That's how it can transform a life. And this was a little toddler, a little tiny child. It makes no difference. We're human beings. We respond.

And I think then going in and studying with the Nordof Robbins approach, it really made me understand how music works, why music works in the way it does. And then the next big transformation was working with clients, because make no mistake, every single person you work with is different. They're all unique. And they have a beautiful knack of pressing all your buttons, all your points, just really do. And it's such an ongoing learning process. So here I am now, practicing for nearly 30 years as music therapist. And every day is different, every day is new. Yes, the similarities, of course, and there's different sort of similar structures that you go through. But the extraordinary ability to appreciate

the individual, I think that's the big thing to come away with. To see every single human being, not as a diagnosis, not as an illness, but as a whole beautiful individual that's completely healed, that's completely okay, but you've somehow it's your duty to try and unlock that, to define that. And that's what music therapists taught me. And that's, I'm so fortunate to have this extraordinary medium of music that can do that. It's quite extraordinary how it can unlock people.

So as far as resources, things, I absolutely totally supported what Jane said. Partnership working is absolutely vital. No one person has the answer to it all. No one person does. But as working together, can so in, not only improve our own practice, but more importantly, we can give greater and better quality opportunities to the people we're working with. That's what's so important. And I know within our charity, we're really fortunate that we became an Arts Council, National Portfolio Organisation back in 2023, I think it was. But one of our goals within that, is what we call our creative collaborations. And we bring in creators, not necessarily musicians, they might be spoken word artists, they might be dancers, it doesn't matter. But we bring them in to share in our work. And we do a joint sort of sharing process that they watch us working for about eight weeks, something like that. And then they start leading on parts of that session. But it's what is amazing is how that's partnership works and we're feeding off one another's ideas and the beauty of it is that our clients, the people we're working with, they're the ones that get the advantage of what would not just wouldn't have happened if we hadn't been working together.

So definitely partnership working is really key and I just think expose yourself to music, expose yourself to the whole variety that is available whether it's in the back of a little club somewhere in your local town, whether it's going to concerts, whether it's just listening, downloading YouTube, Spotify, it doesn't matter. But engage in this extraordinary creative process because it will feed you. Make no mistake.

**Yusef Sacoor:** Active engagement, partnership working, and as you said, listen to Jane's advice, speak to Graeme as well. And Jane, of course. So without further ado, thank you so much to Jane and Graham for their inputs today. It was lovely speaking to you both.

**Lucy Davies:** Thank you so much Graeme and Jane for your inputs today and to all of you for listening. That brings us to the end of Series 2 and we will be back in September with another series. If you've enjoyed listening, please follow and review us wherever you get your podcasts or share this episode with a friend. See you in September!