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## Reflections on Music Therapy with Indigenous Families: Cultural Learning put into Practice

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### Abstract

This article describes the process of learning and development that occurred when the prevention and early intervention project, Sing & Grow, began to provide services to indigenous families. The first attempt at establishing a weekly music therapy service for Indigenous families presented many challenges which impacted on program implementation. Through analysis of the contributing factors, guidelines were developed and implemented in the following program, which resulted in a positive learning experience for the families and therapists involved. Four main themes emerged in the work and will be addressed: trust and rapport; physical space; staff support; and cultural issues. It is hoped that the following discussion will be useful to clinicians working in cross-cultural and multi-cultural settings.

Keywords: Indigenous participants, music therapy, music and families.

### Introduction

Australia's indigenous people are the keepers of one of the oldest cultural histories in the world. This ancient yet living culture is rich in traditional music and art. Music is identified as the central fixed medium through which this culture is maintained (Ellis, 1994).

Family and community values are also held in high esteem within this culture. Children grow up with a strong sense of community as they generally grow up in a close relationship with their community (Yeo, 2003, p. 297). Aboriginal culture inculcates social and emotional closeness to multiple caregivers and the community at large. An Indigenous child's security is therefore derived from a network of regular caregivers and acceptance in their community. In a multiple caregiver context, the opportunity of forming an enduring affective relationship with more than one specific person in the community allows the support and maintenance of the child's emotional health throughout their lifespan (Yeo, 2003).

In contrast to this, Australian society has generally adopted approaches to care giving that correspond with Western society's focus on a smaller family unit. Bowlby (1969) introduced the theory of attachment to a primary caregiver, usually a mother. This theory informs many early childhood programs (including Sing & Grow) but does not consider the role of the community in child rearing.

Caregiver beliefs, attributes, and skills impact on the health and wellbeing of all children, and affect the developmental trajectory as children become adults. Aboriginal and Torres Strait

Islander people are uniquely disadvantaged across a range of socio-economic factors when compared to non-Indigenous Australians (Australian Institute of Health & Welfare, 2003) indicating a need for further provisions to meet the needs of indigenous families.

Indigenous Australians are less likely than non-Indigenous Australians to complete Year 10 or equivalent. In the 2001 census, of Indigenous persons aged 15 years and over, who were no longer at school, 32% had not completed Year 10 or equivalent, compared to 18% of non-Indigenous persons. Indigenous males had an unemployment rate of 22%, compared to 8% for non-Indigenous males, while the unemployment rate for Indigenous females was 18%, compared with 7% for non-indigenous females. In 2001, the mean gross household income for indigenous persons was 62% of the corresponding income for non-indigenous persons. The levels of home ownership for households with indigenous persons were 37% less than for other households (Australian Institute of Health & Welfare, 2003).

The current life expectancy of indigenous Australians is 56 years for males and 63 years for females. These are equivalent to the life expectancies experienced by non-Indigenous Australians in the year 1901. Suicide accounts for 2.3 times more deaths for Indigenous males, and twice as many deaths for Indigenous females, than for non-indigenous Australian males and females respectively (Australian Institute of Health & Welfare, 2003).

Infants of indigenous mothers are twice as likely to die at birth and during the early post-natal phase, and twice as likely as babies of non-Indigenous mothers to be of low birthweight (Australian Institute of Health & Welfare, 2003).

Indigenous children are over-represented in child abuse and neglect statistics. As of June 30, 2001, there were 21.5 per 1000 Indigenous children on care and protection orders compared with 3.4 per 1000 non-indigenous children (Australian Institute of Health & Welfare, 2004). Thirty-five percent of all calls to *Kids Helpline* are about current and ongoing abuse or neglect of Indigenous children (Westerman, 2004).

It has been identified that abuse of indigenous children may be viewed as a community issue within Indigenous cultures, rather than within the narrower nuclear family context used in the non-Indigenous community (Stanley, Kovacs, Cripps, & Tomison, 2002). Given these statistics and cultural considerations, it seems that early intervention services that provide effective, flexible, and culturally sensitive service delivery within community group settings is warranted. Given that the indigenous culture embraces music and family, a strength-based, family-centred program such as Sing & Grow could present an appropriate model to support and strengthen the child's opportunities to receive loving care.

## **Sing & Grow**

Sing & Grow is an early intervention project, presented by Playgroup Queensland, which has been funded by the Family and Community Services Department of the Australian Government since 2001. Originally funded for two years, the project has since been extended to seven years. In Sing & Grow programs, music is used as a facilitator to improve parent-child interactions, improve child development outcomes, and nurture family relationships. The project provides opportunities for Australian families who may be at-risk of or who are experiencing marginalization, to access weekly group music therapy sessions over a ten-week period within a community setting. Families living within identified geographic locations were initially targeted, particularly families who experienced low socio-economic status, lived with a disability, or identified as Indigenous or Culturally and Linguistically Diverse (CALD). Over the past three years a total of 63 eight to ten week programs have been conducted. Two of these have been with Indigenous families. These two programs have represented a period of significant learning for the project in the area of best practice with Indigenous families. The following section describes how the first program was prepared and implemented, and the issues that arose, which were subsequently addressed in the running of the second program.

### **The First Indigenous Program**

Sing & Grow programs are usually established in collaboration with organisations in the community that support families with identified needs. In 2002, the Director of Sing & Grow consulted with the Indigenous Officer of Playgroup Queensland. Together, they approached an agency in inner-Brisbane that supported Indigenous youth. In-servicing was made available to all staff from the collaborating agency, but only the original contact person attended. No access to the families was possible for in-servicing or prior meetings. A nine-week program was planned, as requested by the agency, and the program was promoted over an Indigenous radio station and through the distribution of flyers at the agency and the neighbouring women's health

clinic.

Literature consulted prior to commencement reinforced that group strategies were often more beneficial and preferred to one-on-one interventions, as this would better complement the customs and traditions of indigenous Australians and cater to the value placed on social relationships (Nelson & Allison, 2000). To embrace these cultural values, and respect caregiver traditions that identify a multiple caregiver context (Yeo, 2003), the standard parent-child dyad focus of Sing & Grow was broadened to include the larger family unit.

Sessions began in May 2002 but only five of the nine planned sessions were conducted due to clashes with the agency's training days. Consistency in approach, which is vital to the development of trust and relationships (Vicary & Andrews, 2001), was not possible. Unfortunately, such inconsistency seemed to undermine attendance as only one new family attended each week and did not return during following weeks. Of the seven families and one pregnant teenager referred to the service, five accepted the invitation to the program, and attended once each. Others attending each of these sessions also included the music therapist, an Indigenous Officer, an Indigenous worker, and an indigenous volunteer who was completing community service. This meant that helpers always outnumbered participants which seemed to overwhelm families. Furthermore the attendance of only one family each week meant an individualised approach was necessary each session, despite prior planning to minimise this situation.

The standard session plan for Sing & Grow (Abad & Edwards, 2004) was used with minor modifications, including the use of Indigenous instruments supplied by the organisation. No material informing how the music therapy session plan could be implemented in a culturally acceptable way with the Indigenous parent-child dyads was found.

Each Sing & Grow program is evaluated through clinical observations measured against program goals and objectives, and through questionnaire feedback from participating families. Parent feedback indicates their perception of the benefits of participation in the program. Parents are asked if they found the program fun and useful: if they had learnt new ways to use music with their child at home since participating in the program; if the way they used music at home has changed; if they feel more comfortable singing and using music since participating in the program; if they would participate in another program and how they would improve sessions.

Evaluation of the first Indigenous program was incomplete as none of the families returned after attending one session. There were no ongoing participants to respond to questions about the perceived benefits of participation, or how participation had impacted on interactions and play outside of the group environment. It was therefore difficult to gauge whether the families thought the program was beneficial. The music therapist did not think that the program ran smoothly.

Other factors that seemed to directly influence attendance were the physical location and facility's layout. The location was chosen as it was central and known to families, however, the building was not suitable for groups, and sessions had to be conducted on a stage in the middle of a large rectangular room. Families had to walk through a large empty room and then climb stairs to the stage platform, possibly leading to feelings of vulnerability, being exposed, and scrutinised. There was also no transport available to assist families in getting to the sessions.

Cultural issues that impacted on the accessibility of this program were also noted. In particular, the sessions were seen as "women's business" which resulted in one father not returning, despite explanations that the program was focused on whole-family relationships rather than mother-child.

At the conclusion of this program it was decided that greater Indigenous participation could be achieved through more successful implementation, greater community consultation, and greater support from an Indigenous organisation. A period of reflection and analysis was undertaken with the session leader discussing the program with a music therapy colleague, the Playgroup Queensland Indigenous officer, and a community Indigenous worker. Four key elements for adaptation and development were identified. It was hoped that improvements in these areas would increase accessibility and strengthen outcomes in future programs with Indigenous families. The four elements were: trust and rapport; physical space; staff support; and, cultural issues. Several concerns and possible solutions were identified under each area.

### **Trust and Rapport**

Relationship development is a key factor in the success of interventions in the Indigenous

community (Vicary & Andrews, 2001). Furthermore, a relationship with the Aboriginal community, family, or client must be built first, before intervention commences. Once possible intervention or treatment options have been explained to Indigenous participants they should be given a choice as to how to proceed (Vicary & Andrews). Families referred to the program were unfamiliar with the Indigenous Officer from Playgroup Queensland and with the staff of Sing & Grow. No time was spent with families prior to the program commencing.

Future programs would include a "cultural consultant" who was familiar to and trusted by the families. This person could then introduce the staff, and also suggest appropriate interventions. Meeting families in a social context would allow potential participants the opportunity to get to know the music therapist, ask questions, and have active input into how the sessions should be implemented before the program began. The cultural consultant would then also take an active role in the planned interventions.

### **Physical Space**

As previously noted, the space for the first group was not conducive to therapeutic work. It was large, empty, and acoustically poor. It was intimidating and did not promote feelings of security and safety despite being local to families. Families also experienced difficulty accessing transport to the site.

For future programs, access to a space that was light and airy would be needed. This space would be made more culturally appropriate by including Indigenous posters and reading matter, and access to an Indigenous person with whom families could liaise, as informed by the literature (Nelson & Allison, 2000). Participating families would also need to be provided with transport options to and from sessions.

### **Staff Support**

During the first program, agency staff were not adequately informed about the program and their role in supporting it. This may have contributed to staff cancelling two groups, leading to inconsistency in the program delivery which in turn undermined trust.

In future programs, more time would be needed to provide adequate in-servicing to staff and to build rapport with Indigenous workers, so that they could comfortably advocate the program to families. Session times would need to accommodate the agency's regular routine to minimise cancellations and disruptions to the weekly sessions.

### **Cultural Issues**

Several cultural issues were identified including (a) a sense of being singled out as there was only one family present each week, (b) the lack of Indigenous music, and (c) the perception that the groups were "women's business."

It was not seen as culturally appropriate for the music therapists to use Indigenous music without proper consent from Elders. Inconsistent attendance, however, did not allow for the building of trust and rapport, both essential for such permission to be granted.

Recommendations for future programs would include working closely with a cultural consultant whose role it would be to encourage and assist families to attend regularly, ensuring a group, rather than individual, setting. "Aboriginal culture is collectivist, where they are more likely to think of themselves in terms of their affiliation with other people and their community" (Yeo, 2003, p. 297), and so group work is culturally appropriate. Group work would also reinforce cultural norms that "childrearing in the Aboriginal culture is literally a family and community concern and is not confined solely to the parents of the child" (p. 299). This focus of intervention on family rather than parent-child would potentially alleviate fathers feeling that the space was not appropriate. The provision for getting to know families and working closely with the cultural consultant would assist in the development of trust and rapport with families to allow for the use of indigenous music when, and if, an invitation was extended.

## **The Second Indigenous Program**

A second music therapy program with Indigenous families was initiated in 2003 in partnership with a major community service provider. The Playgroup Queensland Indigenous Officer approached the Indigenous Community Family Support Worker (an Indigenous woman), who was the Indigenous Playgroup co-ordinator for the service provider. Following a review of the first music therapy program, several strategies were implemented under the four key elements identified, to improve the chance of successful outcomes for families involved.

### **Trust and Rapport**

Extra time was allowed for the building of trust and rapport and empowering families to decide on the future direction of the program. Three weeks of general music sessions, characterised by being short, semi-structured, and in a sing-along style, were conducted, and followed by morning tea and informal chatting. During this time families had the opportunity to participate in casual, non-threatening music groups, to talk to Sing & Grow staff, ask questions, and gauge their interest in the program. The families then decided whether a full program would follow and how this would be implemented. They chose to continue with the program in the format used in the majority of Sing & Grow sessions. Face to face trust and rapport building is essential within the Indigenous culture, in order to successfully engage participants in interventions offered (Westerman, 2004).

### **Physical Space**

The space chosen for the second program was familiar to the participating families, as they had been attending Playgroup there for some time. It was designed as an early childhood space with an open and airy feel and many culturally diverse paintings and pictures on the wall. Over the course of a week this space was also used by Vietnamese and Samoan playgroups. All attending families were local and were provided with free transport to and from groups with a mini-bus pick up/drop off service. Sing & Grow was brought to the family's own environment, and the parents controlled how the program was to be implemented.

### **Staff Support**

The Indigenous Officer from Playgroup Queensland attended each session to support the Playgroup coordinator, the session leader, and families, in maximizing the potential of the group program. The Playgroup coordinator acted as the cultural consultant. She was instrumental in maintaining attendance and motivation for families throughout the program. She was an active participant in sessions and modeled various interactive and play behaviours each week. Through in-service training, she was aware of the potential benefits of the program in enhancing parent-child and family relationships, and building confidence in parenting skills. She became directive with parents when she felt they weren't participating to their full extent. As she was an older Indigenous woman, and was known to the mothers in the group, this direction was accepted and used. This person also had between-session contact with families to ensure their future attendance and to check-in with them as to how the activities and resources introduced in the program were able to be adapted and used at home.

### **Cultural Issues**

A family approach in an appropriate physical space allowed for the active inclusion of extended families in the program. This allowed participants to maintain appropriate roles and responsibilities within the sociocultural environment, which is considered important in shaping their children's development (Nelson & Allison, 2000).

The group was attended by women and children each week. Session plans and song material were derived from the standard Sing & Grow collection, and were therefore predominantly Western tunes. At the end of the program, families indicated that when future programs are conducted with this group, it would be appropriate for Sing & Grow staff to approach the local Elders for permission to use the local languages and some song material. In this group alone there were over ten different language groups represented. This presented significant challenges to the music therapist in sourcing material for programs, given the time required to contact and develop relationships with the Elders associated with each individual language group, and to successfully coordinate any learnt song material into such a heterogeneous group.

### **Outcomes**

The implementation of these changes led to the successful completion of an eight-week Sing & Grow program with indigenous families in the greater-Brisbane community. A reflective, continuous, and flexible approach was taken to evaluate the group. This allowed for weekly feedback from the two Indigenous workers to be acted upon and implemented immediately. Families also provided regular verbal and written feedback. Attendance records showed that a total of 12 families, including 19 children, accessed the program and five families attended at least 50% of the sessions offered. These outcomes compare favourably with the attendance statistics of the first program during which only five families attended, each for one session only. Regular attendance is important because it allows parents ongoing opportunities to learn new and different ways to use music as a facilitator for positive interactions and child developmental play.

Evaluation showed that the strategies implemented to address the four key elements enhanced outcomes for families involved in this program. This included self-report from families of improved parent-child interactions, increased use of music outside of the group setting, and

improved child development outcomes. Parents also reported feeling more confident using music at home. Feedback from the cultural consultant involved with the program was also used in the evaluation process. Comments included:

The feedback I've received from the mums is that they're really appreciative of the Sing & Grow program as they've seen improvements in their children. . . . I see a lot of mums who are interacting more with their children and they are more confident in using music at home. (Williams & Abad, 2004)

## Conclusion

Experiences such as these provide invaluable opportunities to learn, act, and improve the services provided for young children and their families. This model and strategies developed will now be implemented in other regions of Australia with Indigenous families. Such opportunities will provide a time and space for further significant learning as the program is taken out of urbanised areas. Like all families, learning for Indigenous parents needs to happen in a way which complements their identity and maintains their social relationships (Nelson & Allison, 2000). Programs such as Sing & Grow can invest in optimum early childhood, family, and community outcomes while being sensitive to the rich cultural heritage of indigenous Australians.

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