

**ANGLIA RUSKIN UNIVERSITY**

**GROUP MUSIC THERAPY IN PRIMARY SCHOOLS  
TO DEVELOP TOLERANCE AND INCLUSION:  
LAYING THE FOUNDATIONS FOR FUTURE PEACE**

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**A thesis submitted in partial fulfilment of the  
requirements of Anglia Ruskin University  
for the degree of Doctor of Philosophy**

**Submitted: April 2022**

## ACKNOWLEDGEMENTS

My profound gratitude goes to:

**The children** For your enthusiasm, participation, support and feedback: you have made my work unforgettable and meaningful.

**Amelia Oldfield** For your generosity, advice, presence, trust in the project and continuous encouragement. Your steady, calm and insightful teachings have guided me during all the research study journey: you are for me an inspiration and a role model.

**Jorg Fachner** For your help, friendship, time and perspectives: you have helped me to discover my passion for statistic and SPSS.

**Prof. Wakefield Morris-Carter** For your teaching, guidance and expertise: your help has been invaluable to complete the data analysis and reflect on the results.

**Head Teachers, Teachers and Staff, in Oxford, Rome and London** For welcoming group music therapy for inclusion in your schools: it has been a privilege to work with you. Your openness has made this international study possible.

**My daughter and my son** Thank you for your love, support, help and faith in me. I hope you will have a future in a more peaceful world, where people can cooperate and diversity is respected.

**Colin** thank you for your loving reassuring presence, for the coffee and the food, always ready to cheer me up in the most difficult times.

**Simonetta and Antonio** Your friendship and technical support has been invaluable. I would not have made it without you; this thesis has a final shape because of your expertise and hours spent together for the final editing.

**My Italian lineage, my grandmothers, grandfathers, my mother and my father** You have taught me the value of dialogue, negotiation and inclusion. It lives in me your desire, for the next generations, to live without war and in a peaceful healthy society.

ANGLIA RUSKIN UNIVERSITY

ABSTRACT

FACULTY OF ARTS, HUMANITIES  
AND SOCIAL SCIENCES

DOCTOR OF PHILOSOPHY

GROUP MUSIC THERAPY IN PRIMARY SCHOOLS  
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APRIL 2022

This study investigates how group music therapy in primary schools promotes inclusion, considered by the researcher as a path to peace.

The methodology used emerged from two decades of fieldwork in the fully inclusive Italian education system during which the researcher witnessed how group music therapy for inclusion (MTI) has the potential to not only support disabled children but also foster the development of the emotional and social intelligence needed to build inclusive and peace-oriented societies.

Mixed method action research was used to investigate the effect of ten weeks of group MTI sessions delivered to 315 primary school children aged 8-11, in Italy and the UK.

A pilot project trialled the multiple assessment tools used for data collection: questionnaires from the Index for Inclusion (Booths 2002), music therapist's questionnaires, Emotional Quotient inventory EQi-YV (Reuven, Bar-On 2012), children's drawings and a MTI assessment based on the International Classification of Functioning, Child and Youth ICF-CY (WHO, 2007), purposely devised for this study.

Results were statistically analysed to determine their significance using the SPSS software.

Findings showed that in both countries children improved their personal confidence, empathy, adaptability and tolerance. The study also examined whether the children's progress was influenced by environmental factors such as policies and the teachers' cultural attitudes towards inclusive education. Neither the teachers' attitudes nor the educational policies seemed to diminish the effects of MTI.

The conclusions drawn indicate that MTI offers a framework that can help children develop emotional, social and peace-building competencies.

However, this application of music therapy is not universal and needs to be promoted. More studies could strengthen the music therapy profession and be used to persuade policy makers about the efficiency of group MTI in schools and communities, with the goal of ensuring its regular application in the traditional curriculum.

**Keywords:** music therapy, inclusion, *integrazione scolastica*, peace, education, emotional and social intelligence, empathy, human rights, music therapist for peace.

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## LIST OF ABBREVIATIONS

AC	Activity in Circle
CfE	Curriculum for excellence (Scotland)
CM	Circolare Ministeriale (Ministerial Circular)
CTS	Centro Territoriale di Supporto - Territorial support centre for inclusion
DE	Department of Education
DPR	Decreto del Presidente della Repubblica (Decree of President of the Republic)
DM	Decreto Ministeriale (Ministry Decree)
DSA	Disturbi Specifici di Apprendimento - Specific learning disorders
ECD	Early Childhood development
EFA	Education for all
EHP	Education health and care plan
FE	Further Education
FORIFO:	Formazione e Ritorno in FORMazione, <i>Education and Continues Education</i> cultural organization for adult lifelong learning and education (Founded in 1986).
GDL	<i>‘Musicoterapia nella Globabità Dei Linguaggi’</i>
ICF	International Classification of Functioning disability and health
ICF-CY	International Classification of Functioning disability and health Children and Youth
IPRA	International Peace Research Association
LAs	Local Authorities
MATs	Multi Academy Trusts
MDG	Millenium Development Goals
MIUR	Ministry of Education University and Research (Italy)
MT	Music Therapy
MTI	Music therapy for integration-inclusion
MTst	Music Therapist
NC	National Curriculum
NICE	National institute for health and care excellence
NSC	National school commission
OFSTED	Office for standards in education, children’s services and skills
PCA	person centred approach
PGCE	Post graduate certificate in education

POF Piano dell’Offerta Formativa – Plan of the educational offer  
PRIO Peace Research Institute Oslo  
PRUs Pupils Referral Units  
QTD Qualified teacher degree  
RSCs Regional School Commissions  
SEN Special Educational Needs  
SEND Special educational needs or Disability  
SENCO Special Educational Needs Coordinator  
SIRD Societa’ Italiana di ricerca didattica *Italian Society for the didactic reasearch*  
TA Teacher Assistant  
UN United Nations  
UNESCO United Nations Educational, Scientific and Cultural Organization  
UNICEF United Nations Children’s Fund  
WHO World Health Organisation

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### **GROUP MUSIC THERAPY IN PRIMARY SCHOOLS TO DEVELOP TOLERANCE AND INCLUSION: LAYING THE FOUNDATIONS FOR FUTURE PEACE**

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*To Edith Hillman Boxill*

# Chapter 1

## Introduction

### 1.1 How this project started

This research project originated in 2015 but did not get under way until 2016, when the dramatic crisis of asylum-seeking immigrants crossing borders with their children became a reminder for the researcher that children with special needs are not only those who have a disability. In fact, not only in Europe but in the whole world, special needs children are also those who are disadvantaged because they have experienced personal and collective trauma. Their trauma has the potential to impact all of society if it is not delicately handled in their early stages. As Shonkoff (et al 2012) highlights social adversity, poverty, growing in unsafe condition impact the cognitive and emotional development, as well as physical and mental health, especially if there is an early childhood exposure to these threats.

Believing in music therapy as a valuable resource in this delicate time of world transition, the author wanted to investigate and find evidence of the impact of group music therapy in educational contexts to promote inclusion and peace.

Mindell (2002) points out that modern global society suffers from lack of relationship. All major world conflicts arise from a lack of dialogue and understanding between different sides. Inclusion is considered to be the ability to understand and relate to diversity. It is the premise or the ability we need to embrace in order to be open to relate with the 'other', no longer 'otherness', and in order to open and build dialogue that supports peace and prevents discrimination, separation, and violence. For these reasons inclusion is considered by the author '*The royal path to peace*'<sup>1</sup>.

Early interventions in schools that aim to support children in learning how to be inclusive, how to communicate and relate with diversity and how to solve conflict in a non-violent way, should be one of the major priorities in the educational context if we are to help humanity develop a culture of peace. Music therapy for inclusion can be used as a tool for this early intervention.

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<sup>1</sup> The researcher uses this definition in likeness to Freud's (1900) quote '*dreams are the royal road to the unconscious*': In that sense, inclusion is metaphorically considered the '*royal path to peace*'.



The Salamanca Statement (UNESCO 1994) shows that regular schools with an inclusive orientation are the most effective means of combating discriminatory attitudes and “building an inclusive society.

The hypothesis behind this research project is that group Music Therapy for Inclusion (MTI) could actively support the emotional wellbeing and the healthy development of our children in this direction, laying the foundation of a more harmonious future society (Shonkoff et al 2012) MTI offers a framework for experiencing social interactions and learning how to communicate and relate with diversity; in other words, it acts as a playground where individuals learn how to be inclusive.

This kind of framework helps the development of empathy, tolerance, emotional and social intelligence, prerequisites for solving conflicts in a non-violent manner. It would help children, the future of humanity, to develop the complex skills needed to create a culture of peace.

In order to achieve and support this ambitious aim, evidence is needed. This research, run in Italy and the UK, had as its objective to collect evidence in this direction by means of fieldwork carried out in primary schools. This first data aimed to open an international dialogue with music therapists and to further explore the application of MTI and to propose an assessment tool to be shared in our communities. Positive results gathered in this endeavour could strengthen our profession and can, as a consequence, be used to persuade governments and local authorities of the efficacy of group music therapy for inclusion in schools, communities and institutions. The ideal goal of this undertaking is to ensure the regular application of MTI as a collateral discipline in the traditional curriculum.

## **1.2 Context of the study: music therapy in schools**

Music therapy in education is a well-developed practice in both the UK and Italy. Brackley (2012), for example, describes and explains how children with aggressive behaviour who risk school exclusion can be helped by music therapy in finding more pro social ways to express their feelings or their aggressive impulses. Oldfield (2012) points

out that in 2009 the Association of Professional Music Therapists (APMT) data showed that half of the music therapists working in the UK spent at least part of their week working with children in schools. However, there are very few books devoted to this topic.

A milestone in this direction is the inspiring book by Nordoff and Robbins, *Therapy in music for handicapped children* (1971), a work that originated in the context of special schools (i.e. schools that were exclusively designed for children with special needs). The interventions proposed by Nordoff and Robbins remain very effective when applied within mainstream school settings. Following this first publication, a lot has changed not only in the field of education but also in music therapy, both in the UK and all over Europe.

In 1988, Edith Hillman Boxill founded an international organisation, known as Music Therapists for Peace. Her aim was to encourage music therapists to “make a conscious use of music to contribute to world peace” (Moreno, 2005). Boxill (1997) created a program called ‘Students Against Violence Everywhere’ (SAVE), which promoted and implemented a pilot program of music therapy in many public New York City schools.

In Italy, after the enrolment of disabled pupils into ordinary school classes by virtue of Law no. 517/77, the need to promote real integration without being simply satisfied with the pupils’ ‘presence’, led schools to open up to a series of formative experiences which had as their objective the creation of integrative and inclusive curricula. The researcher had been working as a music therapist with groups of school children. Since 1992, she has been using an approach that she has called ‘Music Therapy for Integration-Inclusion’, abbreviated as MTI (Cajola, Esperson and Rizzo, 2008). The theoretical and methodological references for Music Therapy for Inclusion (ibidem 2008) are the result of the integration of the work of various authors from the fields of music therapy and education (viz. 4.2.2) as well as of (i) lived experience and (ii) experimentation and research.

Group music therapy for inclusion thus becomes a very special kind of a ‘playground’ where individuals can learn (i) how to relate to each other and (ii) how to engage in conflict in a creative manner. At the same time, MTI is the playground where enhanced respect and mutual appreciation are considered as the essential qualities for a sustainable future. Learning to be open and to promote a dialogue amongst peers

produces desirable outcomes, foremost amongst which is the increase in children's (i) inclusive attitudes, (ii) emotional intelligence and wellbeing, (iii) personal confidence, (iv) empathy and (v) tolerance and consideration towards others. Importantly, all these attributes ultimately help prevent discrimination, isolation and violence.

As a result, music therapy in educational settings can be a precious tool to promote inclusion.

### **1.3 Objective of the research study and research questions**

The objective of this research is to assess and explore the potential of music therapy for inclusion. This assessment is based upon the larger questions below:

- (i) Is group music therapy for inclusion (MTI) an effective tool for children in primary school settings, helping them to develop emotional intelligence, empathy, tolerance and consideration for others?
- (ii) Can group MTI enhance the process of inclusion in primary school settings and, thereby, enhance peace-building competencies?

This is an Action Research project which applies a mixed method approach as its technique of inquiry. As with most action research projects, group music therapy in primary school settings aims to have an impact that promotes social changes.

The present research investigated if group music therapy in the school community can enhance the shared value of inclusion, and how music therapy can become a tool that allows and promotes the development of emotional and social intelligence.

Out of this focus, there emerge three secondary questions which guide the investigation:

- (i) As an outcome of the group MTI in primary schools, do children show a more inclusive attitude? In other words, have children learnt to communicate and relate in a more positive manner with different peers?
- (ii) Does group MTI offer a "playground" where children can explore and develop empathy and emotional intelligence?
- (iii) Is group MTI a potentially effective strategy, engaging schools and communities in programs aimed to foster inclusion and, therefore, peace-building competencies?

To address these topics, it was also necessary (i) to identify the variables related to group music therapy, inclusion, tolerance, empathy, and relational skills and (ii) to learn more about the efficacy of the chosen assessments.

For this reason, the assessment tools were initially tested on a pilot group.

The research study was run in primary schools in the United Kingdom and Italy. This was because both countries were impacted by immigration, inevitably experiencing a change in the shape of their social structure and school population.

The United Kingdom and Italy are two European countries that have different inclusion policies. As a result, the researcher wanted to explore whether environmental and contextual factors (e.g. policy and cultural attitudes towards inclusive education) within the school, could act as facilitators or as barriers in the process of inclusion and thus have an impact on the desired effect of MTI.

The hope was to collect significant data that would encourage the use of music therapy in education as a good practice that supports (i) the inclusive education practices and (ii) the development of a culture of peace

## **1.4 Background of the research study**

As mentioned in section 1.2, since 1977, Italian children with special needs have been attending regular schools regardless of the severity of their condition. The basis of this rationale was that special needs children hold the same rights to education as “normal” children. Research and experimentation on *integrazione scolastica*- inclusion, began in the seventies, it was carried out after the first law that opened mainstream schools to the disabled student population in 1971 was enacted (Italian Republic Law n.118). In 1975, the Falcucci Commission (Italian Ministry of Education, 1975a and 1975b) reported the conclusive results of these studies. The outcome was that the progress and development of disabled children was significantly higher when they were attending regular school classes and they could learn and relate with non-disabled children.

With the law no.517 of 1977 and its subsequent explanatory guidelines (Covelli A., 2018, p. 3-9), the integration-inclusion of children with disabilities took a more profound meaning: the full inclusion, rather than the mere presence of these children in the classroom was established beyond any doubt.

The pedagogy of integration-inclusion, supported by the legal framework, progressively shifted the approach of the educators from the medical model firstly to a psycho-social relational perspective and later on to the biopsychosocial model expressed by the WHO (ICF 2001, ICF-CY 2007).

According to the innovative programs for primary schools (1985 and following laws), the school is at the service of the formative needs of every child. Its objective is to promote the development of his/her personality.

In Italy the term *integration* has gradually been often replaced by the term *inclusion*, and, as a result, these two terms are used, in this thesis, interchangeably.

With time, the importance and value given to the process of inclusion has changed the focus from the single individual with special needs to all the diversely able individuals present in a group. Each child takes part in the process of inclusion of the whole group, contributing with his/her experience and culture. Every single difference is a source of stimulation and possibility, a cause for reflection and a discovery of one's identity. Crucially, from an educational strategy point of view, integrating diversity in a group signifies the creation of a background in which every diversity confers greater value.

Each child is at the centre of the interest of the educator, who operates with a view to promoting the harmonious development of the child's personality, placing particular emphasis on the potential of each student. The philosophical and pedagogic orientation defined by the primary school programs (D.P.R. n.104, 1985) and the subsequent orientation of early education (D.M. 03/06/1991) stress the importance of diversity as the source of motivation for acquiring knowledge.

In Italy special needs schools and institutes for rehabilitation have gradually disappeared. They have been replaced by regular schools which are responsible for providing education and training to all children. The Italian National Health Service is responsible for only a few specific therapies (speech therapy, psychotherapy and physiotherapy) which are undertaken for only a few hours per week. Sometimes, these therapists visit schools to carry out their treatment while, at other times, families may have to visit them during out-of-school hours. Unfortunately, music therapy is not offered by the Italian national health service: this is because, it is not yet a legally recognised profession.

Music therapy emerged in Italy in the seventies and started to develop mainly within the school setting (Borghesi & Strobino 2002). After the enrolment of disabled pupils in ordinary schools, it was mandatory to promote *integrazione scolastica* – inclusion, where the mere presence of disabled pupils in ordinary schools was no longer sufficient. This led schools to engage in a series of formative experiences intended to create integrative and integrating curricula (Chiappetta Cajola, 2008a). It is in this context and against this background that the potential of music therapy to promote integration-inclusion started to be investigated. Debates and enquiries were opened among musicians, music therapists and music educators with a view to (i) reflecting on the ethical and didactic role of music and therapy in schools and (ii) differentiating and disentangling the therapeutic and the educational dimensions, both of which were vital. As these two dimensions had, up to that point, been combined, untangling them was rather complex. One of the main reasons this was the case was that this combination raised legitimate perplexities and questions, foremost amongst which was (i) what was the role of music and therapy in schools and (ii) how could one differentiate the different kinds of interventions?

#### *Background of the researcher*

At this point it is important to acknowledge my own position in the context of this study. Based on my own background, I occupied multiple roles during the course of this research: I was the researcher, the music therapist, the author of this study. It is for this reason, therefore, that these terms are used interchangeably in this thesis.

The researcher was involved in this debate since the early nineties, and started to explore and experiment with the use of music therapy in educational settings. Nationally there was an urgent need to provide strategies and ideas that would make the process of integration - inclusion possible.

The author's passion for music, music therapy and inclusion was behind the drive to study and investigate how to better (i) enhance the full potential of music within the music therapy perspective, (ii) bring people together, (iii) motivate children and teachers into action, (iv) change the perspective of observers, (v) break stereotypes.

As a musician, she used to play in a jazz ensemble and as a music therapist she had a lived experience of the cohesive *power of music*. She, therefore, witnessed that when people play together the impact of music is felt: it not only motivates more effective communication but it also facilitates relationships. This, in fact, was the very impact she desired to bring in educational settings to promote inclusion.

The researcher started to work as a specialised teacher in a state primary school in 1989. During her training, she acquired several skills and employed various methodologies in order to support the process of integration/inclusion. Her dissertation as a special education teacher focused on the topic of Music in Special Education. Immediately after finishing that training, she enrolled in a four-year training to become a music therapist.

Since the beginning of her career, the researcher organised and ran sessions of group music therapy for integration in state primary schools. Her aim was to enhance the integration-inclusion of the disabled and special needs (SEND) children. She worked for 18 years as a full-time special teacher and music therapist, her lived experience allowed her to witness and study even further, the great potential of music therapy in the education sector.

In 1998 she funded a three-year Music Therapy training and used this as a platform from which to share her knowledge and promote the application of MTI.

The music therapy course was approved by the Italian Ministry of Education and recognised as an additional training for teachers: it was organised by the FORIFO cultural association, a charity devoted to adult education, study and research that is based in Rome. FORIFO is an organisation founded in 1986. Its initials, translated into English, stand for *Education and Return to Education*. FORIFO promotes lifelong education and connections within the community by organising training events in local schools. Annually, the organisation has 400 to 800 active members who attend educational training on different subjects. The three years' Music Therapy training that FORIFO established in 1998 was accredited by the Italian Ministry of Education, University and Research (MIUR). FORIFO was, therefore, amongst the organisations that MIUR authorises to provide professional development training for teachers of all levels. The author held the role of course director from 1999 to 2013.

As a result, she could study and research the application of MTI (Music therapy for Inclusion) in schools under the auspices of FORIFO's research study group and the

supervision of Prof. Lucia Chiappetta Cajola<sup>2</sup> and Giuliana Nataloni<sup>3</sup>.

During these fifteen years of research, the author ran and promoted many projects in nursery, primary and middle schools, while other projects were led, under supervision, by final year students during their research placement (viz.3.5.1, p.73).

This research on music therapy for inclusion centres on the results of years of a professional lived experience in this field. The unusual position of the researcher, working in primary schools with a dual role of (i) teacher-specialist for inclusion and (ii) music therapist, allowed her to integrate music therapy practice in schools, with a clear vision of its potential and contribution in the preventive, integrative and habilitative-rehabilitative areas.

The author uses the word *habilitative*, translating from the Italian *abilitante*, which means helping someone to become skilled in something or in some area. She believes that this word is more appropriate, where children and young people are concerned, because the term rehabilitation can be problematic. It can stigmatise a child, as it suggests that a professional needs to 'fix' rather than help and encourage their development and learning. In fact, children, including disabled children, do not need rehabilitation, unless they have been victims of an accident or some disabling illness. Instead, what they need is guidance in order to acquire and develop new abilities.

The use of the word *habilitative* allows a distance from the medical model, bringing the necessary space, depth and power to the music therapy intervention in the perspective of the biopsychosocial model.

## **1.5 The Italian origins of Music Therapy for Inclusion**

The need to promote real inclusion without simply being satisfied with the pupils' 'presence' led the Italian school to open up to a series of formative experiences intended to create a curriculum that could fulfil the requirements of inclusive and integrative learning environments. One fundamental inclusion principle was that in order to guarantee effective integration of all diversity, children had to be accepted and fully valued. In other words, their existential peculiarity (Chiappetta Cajola,2008 pp.15) could

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<sup>2</sup>Prof. Cajola at the time was professor of special education at University of Roma Tre and lecturer of special education, inclusion and assessment tools at FORIFO's Music therapy training course. Today is the Deputy Rector of the same University.

<sup>3</sup> Medical doctor, psychoanalyst and music therapist, lecturer at FORIFO's music therapy training course, Founder of SEMENTERA, (based in Perugia, Italy) a group of psychiatrist and psychoanalysts who use art therapies with people with severe mental health issues.



neither be targeted for standardisation or normalisation, nor could it be ignored. School, family and society were all called to cooperate and, thus, to build an inclusive scholastic community (Canevaro, 1999).

It is in this climate that, at the end of the eighties, MTI entered the schools. Its integrative potential to deal with the relational, emotional, motor, linguistic and cognitive difficulties of the pupils was tried out. In the Italian inclusive school system, then, music therapy became an intervention of the preventive and integrative area within a psychosocial and relational perspective. It was used in order to promote health and wellbeing as inferred by the World Health Organisation (WHO). According to WHO (1946, 2001, 2007, 2012), health is not only a situation of absence of illness, but a state of complete mental, physical and social wellbeing and it is a fundamental human right.

FORIFO's research group worked on music therapy assessment tools. This area is considered to be essential for a systematic observation and for the implementation of an evidence-based (EBE) investigation monitoring the intervention. Measuring the outcomes of the music therapy in schools was important for several reasons: (i) it guided the exploration of the topic and gauged the knowledge of its application in education, (ii) it evaluated its effectiveness, (iii) it identified more accurately the potential learning and relational difficulties and, therefore, (iv) it allowed the researcher to intervene with a more specific and effective music therapy project, as well as with better targeted objectives and activities.

The research group chose to use the International Classification of Functions Disability and Health, ICF (World Health Organisation 2001), as a tool to communicate with other professionals. This choice was based on the fact that this tool provided all concerned with a shared language, as shown in Chapter 3. The International Classification of Functioning, Disability and Health (ICF, WHO, 2001 ICF-CY WHO, 2007) integrated the medical and social models of disability into a biopsychosocial model. This model is embedded in the MTI practice.

In the school, music therapy for inclusion aims to contribute to the complete and harmonious development of pupils. Music therapy is at the service of every child, assisting them with each of their formative and educational needs. Music therapy places particular emphasis on promoting the potential of each individual, by globally encouraging all levels of development: perceptive, cognitive, motor, linguistic, expressive, symbolic, communicative and affective-relational.

Music therapy for integration-inclusion (MTI) was presented for the first time at the International Congress entitled 'Isolamento e Handicap' [Isolation and Handicap] which was held in Rome in 1998 (Pecoraro, 1999). Music therapy for inclusion was presented by the researcher as a preventive, integrative and habilitative-rehabilitative intervention in educational settings in several international music therapy conferences, starting in 2002 with the X World Music Therapy Congress in Oxford (Pecoraro 2007).

The first results of the application of this assessment in music therapy settings were presented during several international music therapy conferences, foremost amongst which were (i) the European Music Therapy Conference (ii) Jyvaskyla, 2004, (iii) Eindhoven 2005 (iv) Nordic Sound, Stockholm 2006. The findings were positive and exciting, nevertheless confined within the Italian borders.

This current research is a deeper learning experience that has challenged the premises of inclusion and has taught the researcher, first and foremost, how to relate and communicate with people and structures within the UK educational system, a system that is very different to the one in Italy

## **1.6 Overview of the structure of the thesis**

This Chapter (One) introduces the research study and presents the overall structure of the thesis.

Chapter Two discusses the theoretical framework on which this research is based on. It also includes a brief literature review.

The research methodology is described in Chapter Three, where all the assessment tools are introduced and explained.

Chapter Four describes music therapy for inclusion (MTI) as a method of intervention that supports the inclusion of all children in mainstream schools and examines briefly the Italian and the UK school systems.

Chapter Five explains the MTI fieldwork undertaken in the UK and Italian schools: this fieldwork consisted of a pilot project in Oxford (2017), fieldwork in Rome (2017-2018) and fieldwork in London (2018-2019).

The results are presented and analysed in Chapter Six and their significance is discussed in Chapter Seven

Finally, the conclusions are drawn in Chapter Eight.

## **Chapter 2**

### **Literature Review**

#### **2.1 Introduction**

This chapter explores the literature that has been used to guide this study. Given the interdisciplinary nature of the research, the varied literature material provides a background of the research and its aims. One of the outcomes of this study has been to build bridges among the different disciplines involved in the research: music therapy, education, inclusion, peace studies, studies on empathy and emotional intelligence, as well as studies in the fields of neuroscience and psychotherapy. All these disciplines have contributed to define the theoretical framework of the present work and the body of knowledge that supports the research hypothesis, that group music therapy for inclusion can promote inclusion and can help lay the foundations for future peace.

Following the preceding introduction chapter, section 2.1 presents the theoretical framework that supports and inspires the current research. Section 2.2 explores the literature on inclusive education and music therapy for inclusion, while section 2.3 discusses some relevant literature on emotional intelligence, social intelligence and empathy, as well as some research on music and music therapy to promote the development of emotional competencies. Section 2.4 reviews the existing literature on peace studies, conflict resolution, music and music therapy and peace. Finally section 2.5 identifies the gaps in the literature and, more importantly, shows not only how this research adds to the existing knowledge in this field, but also how it can be developed further.

The focus of this investigation was to identify those studies which looked at how music therapy in educational settings can promote inclusion, as well as studies in other disciplines which investigated music, empathy and emotional wellbeing as tools promoting inclusion and tolerance.

In order to search the literature methodically, the different fields that are relevant to this investigation, were classified into eight categories using defining keywords that are relevant to each one of them. These are as follows:

1. Inclusion, education, music
2. Peace studies, social action, music

3. Empathy, emotional intelligence, psychology, neuroscience and music
4. Community music therapy, music therapy
5. Music therapy and peace
6. Music therapy and inclusive education
7. Music therapy in special education
8. Education and peace

The search has been carried out manually and electronically in relevant databases, starting within the Anglia Ruskin University Library and the Music and Performing Arts Library. This was followed by searches in the ERIC online library of the Department of Education, the Treasure of Eric Descriptor, the Social Science Abstracts /Citation Index (EBSCO/SSCI), Project MUSE, Google Scholar, MEDLINE/PubMed OVID, PsycINFO and ProQuest. In addition, a more specific search was conducted in selected journals like The British journal of Music Therapy, Voices, Nordic Journal of Music Therapy and Music Therapy Perspectives. Browsing on United Nations documents and literature has helped broaden the understanding of historical and contemporary sources of information related to a world vision of the state of the art.

The timeline of the publications considered for the literature review stretches over six decades of significant studies and, more specifically, from 1945 till 2020. It includes (i) authors of humanistic psychology and pedagogy, such as Rogers and Axline, (ii) music therapists, such as Orff, Nordoff&Robbins, Boxill, Facchini and (iii) scientists such as Iacoboni, Bar-On and Goleman, whose research and finding have inspired and strengthened the philosophical, theoretical and methodological foundations of music therapy for inclusion (MTI).

This literature review acts as a 'frame' that brings together the main elements needed to foster inclusion, tolerance, empathy and emotional wellbeing. However, it is important to acknowledge that cultural bias (for example, how cultural policy differences influence the literature and research studies) and linguistic limitations may have prevented the author from discovering further valuable research. In addition, given that language barriers have restricted the literature search, the current literature review is not representative of the experiences and research carried out in other parts of the world (for example, Latin America or Asia) unless, of course, such research has been translated into English or Italian.

Awareness of these limitations is important for music therapists too, as it invites them to further reflect on what Ndlovu-Gatsheni (2013) calls coloniality of knowledge of the Euro-North American centric intellectual thoughts and social theories. The word *coloniality* refers to patterns of power that perpetuate after the colonial era not only in education but also in social, cultural and economic relationships. Walton (2018, p.5) brings to our attention, for example, the South African courses on inclusive education and teacher training. These courses, Walton says, have adopted theories and literature mainly from the Global North, with uncritical acceptance of its categories of mental health and its emotional and behavioural labels.

## **2.2 Why music therapy for inclusion is important for the development of peace-promoting skills and competencies.**

In 1988, Edith Hillman Boxill founded Music Therapists for Peace (MTP), a worldwide network of music therapists committed to contributing to peace (Boxill 1997, Kenny 2005). One of the major projects of the network was Students Against Violence Everywhere (SAVE), dedicated to reducing violence in schools through music therapy. The project encompasses all ages and levels of education. It aims to meet the needs of both individuals and groups. More specifically, Boxill (1997, p. 2) listed the following amongst the aims of SAVE music therapy activities: *'having respect for oneself and others; establishing and enhancing the self-worth and self-esteem; empowering students to develop positive attitudes, behaviours and actions; resolving conflicts and disagreements peacefully'*.

The core element of the SAVE work is to help students develop awareness of the self, the others and the environment. In Boxill's holistic perspective, this awareness was meant to expand emotionally, physically, mentally and spiritually. It is interesting to note that these core elements (i.e. emotional, physical and mental/cognitive awareness of the self and the others), were also the main aims of the music therapy for integration projects run in Italy (Pecoraro 1999). Boxill (1991) approach and assessment protocol were some of the core elements that the researcher was teaching in her own lectures, to the FO.RI.FO's music therapy students.

The author met Edith H. Boxill, at the World Music Therapy Congress that took place in

Oxford in 2002. On that occasion they had the chance to talk about each other work. The work that Edith Hillman Boxill was promoting, with S.A.V.E projects, inspired the researcher even more, and as a result of their meeting, the latter started to reflect on the deep connection between inclusion and peace building (Appendix A 2.1).

Boxill called all music therapists to expand their actions beyond the walls of the therapy room. In other words, she called all music therapists to help children and humanity to create *harmonious relations among various and diverse people* (Boxill 1997, p.1). Her words seem to precede the 2001 UNESCO Declaration on Cultural Diversity:

*In our increasingly diverse societies, it is essential to ensure harmonious interaction among people and groups with plural, varied and dynamic cultural identities as well as their willingness to live together. Policies for the inclusion and participation of all citizens are guarantees of social cohesion, the vitality of civil society and peace.*

*(UNESCO 2001, Art. 2)*

The researcher identifies herself as a music therapist and special educator with humanistic and person-centred approaches and values. Consequently, these beliefs made her very receptive to Boxill's teaching and therapeutic approach, as well as to her humanistic and person-centred methods. The theoretical references that underpin the Boxill (1991) music therapy comprise of Rogers, Pearls, Gestalt psychotherapy (ibidem p.105-119), Orff Gertrud, Dalcroze, Montessori, Piaget (ibidem p.143-145, 156). All of these are authors who inspired group music therapy for inclusion.

Carl Rogers' Person-Centred Approach (PCA) is applied to various fields beside psychotherapy. Amongst these fields are education and conflict resolution within multicultural groups. In the field of education, Rogers (1973) developed the model of "student-centred learning". He proposes a holistic vision of human nature in which each individual possesses within themselves the tendency to develop and grow, the so-called actualising tendency. Within a climate of authentic trust and freedom, this is a positive force that allows the individual to fully realise themselves.

Virginia Axline and Carl Rogers (1945) applied the principles of the PCA to the reality of children: one of their fundamental concepts is the trust in the children's innate abilities of

self-understanding and self-regulation. Group music therapy for inclusion is organised bearing in mind these ideas, as experiential music therapy laboratories aim to facilitate the development of children's innate resources: creativity; self-esteem; empathy; acceptance of others; authenticity.

Similar intervention is promoted through the *Kids Workshop for Children*: these are play therapy workshops in educational settings according to the methodology of Barbara Williams (Williams B, 1992, Williams & Williams 2016).

After Boxill passed away in 2005, some music therapists have taken up her teaching. One of those was Wang Feng Ng (2005) who reported on the active work that music therapists performed in order to support war survivors, using music therapy for peace advocacy. Another music therapist, Maria Elena Lopez Vinader (2015, p.147), emphasised how the intrinsic qualities of music therapy connect human beings on psychological, spiritual and social levels and can, in this manner, contribute to the creation of a culture of peace. Guilaine Vaillancourt (2009, 2011) was another music therapist who added the activity of music therapy for peace in her research framework, under the umbrella of Community Music Therapy.

When the author started to experiment with MTI in her work, she framed this as an intervention of *Developmental Music Therapy* (Bruscia 1992, p.88). It is interesting to note at this point that music therapy for inclusion might be nowadays also placed under the umbrella of Community Music Therapy (Ansdell 2002, Pavlicevic&Ansdell 2004, Stige 2012). This is because MTI undeniably aims to promote a change in the system in order to foster the development of not only the individual but also that of a group of clients, whilst also being an intervention that interacts constantly with institutional, social and cultural contexts.

Nevertheless, MTI brings into the international debate the *inclusive dimension*, and this dimension seems to be an emerging field in MT. This field encompasses the contribution of music therapist research not only in special education, but also in mainstream education, and pays attention to the disabled and SEND children as well as to the development, wellbeing and inclusion of all children. It can also provide multiple perspectives for social and systemic changes in the educational systems.

Interestingly authors from a range of countries have started to investigate this perspective.

For example A.K Jordan, researcher at the University of Bremen (Germany), studied the way in which music therapy in primary schools can support the development of linguistic competencies (Jordan 2016). In 2017 Jordan organised an International Symposium entitled 'Music therapy in educational settings'. It took place in Bremen and pulled together an international and interdisciplinary research group. Its objective was to (i) discuss the role of music therapy in education and (ii) plan future steps on how to implement the application of music therapy in schools (Jordan& Derrington 2017).

The research of Kantor (2020) investigates the application of music and art therapy with groups and individuals in an effort to reduce social exclusion of disabled children by creating community-oriented programs in educational settings. Kantor is a well-known music therapist who also holds the title of Professor at the Faculty of Education of the Palacky University in the Czech Republic. His role is mentioned herein because it seems particularly relevant to the topic investigated: it shows that music therapy can be rightly included in the teachers training curriculum. In this direction Tomlinson (2016) suggests that working in schools and engaging and collaborating with teacher assistants, can support the social and verbal development and the progress of the pupils. Tomlinson findings, in fact, show that the progresses attained during the music therapy sessions can be enhanced and reinforced in the class context.

In Poland, Professor K. Stachyra (et al. 2017) highlights the importance of improving teachers' competencies and of trauma informed trainings for teachers, in order to promote relational health in schools and address the demands of inclusive education.

Since this research study started in 2016, it seems that there is a new focus of research on the role of peace in the education at the early stages of development (Brooks, 2020). A renewal of interest in this work can be observed. Particular attention is given to reflections on music and peace (Urbain 2008, 2019). There is an urgent need to educate present and future generations so that they may acquire the skills needed to transform a culture of conflict and war into a culture dedicated to peacebuilding. From the perspective of the researcher, inclusion is *the royal path to peace*, and this is because over many years of work, she observed that when the student's day is lived with experiences of diversity, and their days are framed with clear educational and emotional goals, students can acquire (i) a template for tolerance and (ii) a model of behaviours to refer to when polarisation is acute and positions and beliefs seem to be irreconcilable.



Having worked within the inclusive Italian educational system (viz. 1.4), since the beginning of the nineties, the researcher had the opportunity to experiment with the application of music therapy in mainstream schools. She assessed the children using Boxill's (1991) guidance and integrated her teachings in the Italian context. In her double role of special education teacher and music therapist, she could clearly see the potential for working with group music therapy in order to support the process of inclusion of the disabled children. From that unique perspective of fully inclusive education (unique because none of the other European countries had policies in place that dispensed with special schools, integrating, instead, all disabled children in mainstream schools), the researcher had the opportunity to explore and develop a specific niche of applying music therapy: Music therapy for inclusion (MTI). That niche, MTI, is the tool discussed in the present research study. It blends into the school organisation with ease and its application is feasible thanks to the trans-disciplinary nature of the music therapy intervention (Bruscia, 1989 p.8 and 2014, p. 9), discussed in this research study.

In this study the researcher has been influenced by the Italian culture and policies favourable to inclusion, which are in tune with the UN policies and represent the starting point of research design. Nonetheless she is aware that her own cultural bias can be a limitation in the study and, at the same time a strength for the advocacy of full inclusion.

### **2.2.1 Inclusion in education**

*"Inclusion is a process; it is about learning how to live with differences and learning how to learn from differences.*

*Inclusive education is an approach that looks into how to transform education and other learning environments, in order to respond to the diversity of learners."*

*(UNESCO 2005, p.15)*

In chapter 1.4 it was discussed that in 1975, the Falcucci Commission reported that the progress and development of disabled children were significantly higher when they were attending regular school classes. As a result of this study, special schools and classes were abolished in 1977 (Law 517, 1977). The aim of this pioneering act was to overcome every form of exclusion of disabled people and promote change in the structure of

schools in order to (i) welcome every child and (ii) fully promote their personal development. (Covelli 2018). Education in Italy has been fully inclusive ever since.

Attendance of mainstream schools did not require disabled children to achieve a set level of competence in each subject that was offered in their curriculum. The assessment for the school year was meant to consider progress in all developmental areas. The new legislation was affirming a more articulated concept of learning which enhanced all forms of expression through which the pupils realise and develop their potential. Inclusion is possible if accompanied by a change of environment and context. All school staff needed to learn and understand inclusion. They all needed to develop new didactic strategies, specific planning routines and teamwork. All school staff needed to learn and develop new didactic strategies, specific planning routines and teamwork in order to foster more inclusion

There is a plethora of literature on the subject of inclusion and inclusive education. In particular, Italian literature on this topic is wide: it is both specific and specialised, as full inclusion is practiced since the seventies and its methodology and special pedagogy was extensively studied. Italy has been producing a significant body of relevant literature, foremost amongst its authors being Canevaro (1977, 1979, 1983, 1986, 2013, 2015) who is considered to be the father of the Italian *special pedagogy*. In his works and research on inclusion at an educational and social level, diversity stands out as the value

That each individual brings to society and, from this perspective, disability is a source of wealth. Zanelli's work (1986, 2017) introduces *lo sfondo integratore* (the integrative-inclusive background), a tool that helps the realisation of effective learning environments. Lucia Chiappetta Cajola (2006, 2008a, 2013, 2016) is another author who has dedicated her study and research to teacher education and training, special pedagogy, special didactic assessment tools and evaluation in education using the ICF (WHO 2001). Her work and research have given additional value to the application of music therapy which she considers to be one of the most effective didactic strategies to promote integration and inclusion in schools (Chiappetta Cajola 2008b, 2012, 2015, 2016).

Many researchers, notably those mentioned in the preceding paragraphs, have written with a view to explaining and exploring the theory, philosophy, methodology and didactic strategies that support full inclusive practice. It is worth noting that it appears to be the unanimity in the philosophical and pedagogic orientation, with all stressing the

importance of diversity as the source of motivation for acquiring knowledge. The researcher shares this position and finds that, working to build inclusive settings can be a precious instrument, and challenge, to develop creativity and new learning experiences for teachers, music therapists, and pupils.

It seems that more than 40 years of inclusion in education has shaped how the majority of Italian society relates to the disabled population. The early years education of mainstream children has had a profound impact, having shaped the current attitude of individuals and the collective towards diversity (Ciambrone 2017). Studies in the sociology of education seem to confirm that inclusion induces more social cohesion (Camilleri 2016).

The *integrazione scolastica* - inclusion, was the outcome of an unusual process: families, trade unions, associations and teachers came together in order to demand it and this social pressure produced enhanced policies that brought "handicapped" children into the mainstream school, abolishing segregation and the use of the word "handicapped" which was common at the time. This did not happen elsewhere in the world: among European countries, the fully inclusive system is present only in Italy (Ciambrone 2017). Nevertheless, with different approaches, philosophy and timelines, Inclusion for All (UNESCO 2005, 2009), seems to be the way forward internationally.

Some reflection and background follow in the next section, where the international framework for Inclusion in Education is explored through the work of the United Nations.

In this study, the concept of Inclusion in Education is framed mainly through two important UNESCO documents:

- (i) Guidelines for Inclusion, ensuring access to education for all (2005)
- (ii) Policy Guidelines on Inclusion in Education (2009)

The author's choice of these two documents was made because these documents put together and summarise the content of years of international treaties and declarations and define with clarity the theoretical and practical frameworks needed in order to achieve the goal of inclusion and education for all. Moreover, these documents mirror the evolution of the Italian policies which were inspired, since the very beginning, by the UNESCO guidelines. These documents challenge the appropriateness of a *two-system education*, special education versus inclusion, from (i) the human rights point of view

and (ii) the efficacy point of view. Attention to disability and inclusion seemed to rise in international policy in 1994, when UNESCO made a powerful stand in favour of inclusive education through the Salamanca Statement, stating that regular schools with inclusive orientation are the most effective way to combat discrimination as they support the creation of welcoming communities and inclusive societies:

*“Regular schools with inclusive orientation are the most effective means of combating discrimination, creating welcoming communities, building an inclusive society and achieving education for all. (UNESCO, 1994, Art. 2)*

It is important to mention that the researcher considers these two documents as milestones in the long journey which aimed to protect the rights to education and inclusion which started in 1948. The UN framework of these rights preceded the Guidelines for Inclusion (2005) and the Policy Guidelines (2009) and can be synthesised in in table 2.1. In table 2.1 are recorded some of the many UN resolutions and declaration. But do the main ideas and values on inclusion are internationally accepted? Simona D’Alessio (2013) points out that the meaning of inclusion can change depending on the country and the theoretical framework of each culture, and policies can influence the way disability and inclusion are interpreted, which result in differences between policies and practice in each country.

The Guidelines for inclusion mentioned above, confirm, once more, that Inclusion is built on the concept that education is a basic human right We, furthermore, see the integration of a new important perspective clearly stated by UNESCO (2005, p.13) as follows:

*‘All children and young people of the world, with their individual strengths and weaknesses, with their hopes and expectations, have the right to education.*

*It is not our education system that have a right to certain types of children. Therefore, it is the school system of a country that must be adjusted to meet the needs of all children’*

*(B. Lindqvist, UN-Rapporteur, 1994, cited in UNESCO 2005 p.15)*

The Guidelines and Policies Guidelines embrace the bio-psycho-social-model, already adopted as the theoretical framework of the ICF (WHO 2001). They look at inclusive education as an approach that requires the transformation of all learning environments and educational systems. Inclusive practice, in this perspective, implies a shift of attention from the child to the system. Through this lens, the child is no longer the problem, but the system is (Figure 2.1). The changes that need to be effected in order to foster inclusion start from changing the system at all levels.

Inclusive education is a person-centred approach: the student is at the centre of the teaching, and the task of the teachers is to understand and appreciate the difference and potential of each child who can thus be supported to develop fully. It is worth recalling in this respect that we have previously read in the Convention of the Rights of the Child (UN, 1989 art. 29), that the central aim of the educational development is to allow children to reach their fullest potential in terms of cognitive, emotional and creative capacities. In fact, it is specifically when the full potential of pupils is targeted, that music therapy for inclusion could come to the fore and become a useful tool in educational settings, thanks to its versatility and its trans- and inter-disciplinary nature.

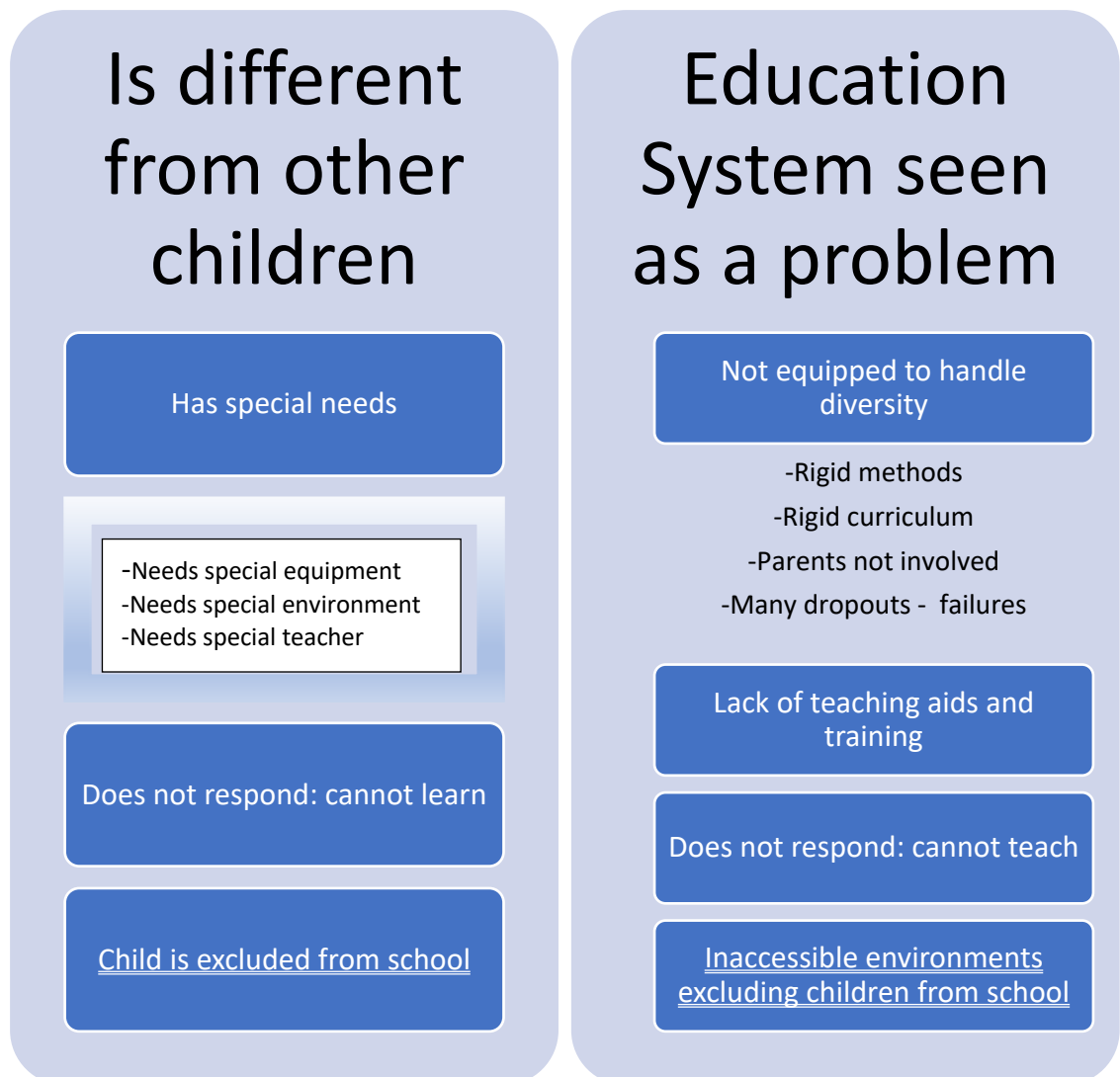
The UNESCO Framework for Action (1995) proposed a holistic view of the system with clear steps towards inclusion. This framework addresses the development of the wider system (ibidem p16), including amongst its steps the following: mobilising opinion, building consensus, carrying out local situation analysis, reforming legislation, supporting local projects. These steps are needed if the educational and social framework is to improve its ability to promote inclusion.

In this systemic and holistic approach, the process of inclusion is viewed as a relationship of dialogue between, on the one hand, learners, teachers and learning environments and, on the other, the system that has been put in place in order to support the learning experience. In this environment, both teachers and children are helped to learn and enrich their creative potential and competencies.

*Table 2.1 Some of the most relevant United Nations Declarations and Conventions that underline the international commitment to Education for All (EfA) and Inclusive Education (starting with the 1948 Universal Declaration of Human Rights)*

1948	The Universal Declaration of Human Rights. According to this document, the right to free and compulsory elementary education is ensured for all children.
1960	The Convention Against Discrimination in Education is another international human rights treaty that emphasises the prohibition of all forms of discrimination.
1989	Convention of the Rights of the Child. In its art. 2, this convention states that the rights of the child should not be discriminated against on any ground. Article 23 mandates that disabled children should have “effective access and receive education... in a manner conducive to the child’s achieving the fullest possible social integration and individual development...including cultural spiritual development”. In the same document, another important article, article 29, states that the central aim of the educational development is to allow children to reach their fullest potential in terms of cognitive, emotional and creative capacities.
1993	The UN Standard Rules on Equalization of the Opportunities for Persons with Disabilities (rule n.6). This document affirms that the right to education for all children, youth and adults should be provided in integrated schools and general school settings.
1994	The Salamanca Statement and its Framework for Action on Special Needs Education “... schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions... This should include disabled and gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic or cultural minorities and children from other disadvantaged or marginalised areas or groups” (Para 3).
2000	The World Education Forum: The Dakar Framework for Action Education For All. The EFA goals and the Millennium Development Goals: The year 2015 was set as the deadline which would ensure that all children have access to free and compulsory primary education. The focus of this forum was the education of girls and marginalised individuals.
2001	Education For All EFA flagship on The Right to Education for People with Disabilities: towards inclusion
2005	Guidelines for Inclusion <i>“are intended to provide information and awareness....and to serve as a basis for discussions among policy makers, educators, NGOs and international organisations ... are an attempt to demystify the notion surrounding inclusion and demonstrate that challenges can be overcome, through a willingness to change attitude regarding inclusion.” (p.8)</i>

FIGURE 2.1 Inclusive practice: the attention shifts from the individual to the system that need to change. (The inspiration behind Figure 2.1 comes from The Guidelines for Inclusion, p.27)



The Guidelines (2005) articulate four key elements that frame the meaning of inclusion:

- (i) Inclusion is a process. It is about fostering learning between adult and children, where differences are seen as a positive aspect of learning and knowledge.

- (ii) Identify and remove barriers to inclusion. This requires not only assessing and evaluating the efficacy of the system but also planning in order to improve policy and practices. The Guidelines have a section suggesting tools for educational planners and policy makers (ibidem p.30). These tools are developed further in the Policy Guidelines for Inclusion (2009, part II).
- (iii) Presence, participation and achievement for all students. The presence and participation of children in the educational process are essential issues. This means that barriers to presence must be removed. Participation relates to flexibility and quality education and the views of the learners must be considered. No discrimination can be accepted. This principle underlines the conditions for presence and participation. The needs, interests and capabilities of children are at the core of inclusive education.

Achievements: these are not merely tests and examination results, but the outcome of learning across the curriculum (ibidem 2005 p. 15).

Personal growth and wellbeing are fundamental, A flexible formal and informal curriculum should be supported. Highly academic and heavily overloaded curricula are considered detrimental to inclusive education (UNESCO 2009, p 17).
- (iv) Monitor and take action to ensure that children that are statistically more at risk of marginalisation, exclusion and underachievement can be present, can participate and can achieve their potential.

All countries are invited to define their set of inclusive principles and practical ideas that will assist each one of them to not only implement and guide policies but also to promote music therapy as a tool to move towards (i) inclusion in education and (ii) inclusive societies.



### **2.2.2 Music Therapy and Inclusion for Special Needs and Disabled Children**

It is undeniable that in the last twenty years inclusion of disabled and special needs children and pupils has been at the centre of international interest, debate and policies. Nevertheless, this topic has not been largely researched in music therapy.

Although music therapists work extensively in education (Carr&Wigram 2009), few apply group music therapy for inclusion in mainstream schools. This might be due to (i) national policies and (ii) to the fact that the main institutions providing education to special needs and disabled children are special schools. This is the case not only in the UK but also in most western world countries and, generally, most of the world.

In this established education practice, music therapy focuses on the needs of the individual; it is usually delivered as either individually or in small group sessions (Rickson& McFerran 2014).

As Oldfield (2012) points out, school is an environment where there are many members interacting and where there are numerous different roles and hierarchies. As a result, the music therapist needs to dedicate a considerable amount of time to get to know the staff, be known, and find their place. It is not easy to convince teachers of mainstream schools to participate with their whole class in group music therapy sessions, not least because the pressure teachers are under regarding the fulfilment of curriculum requirements is huge.

The literature presents few studies that specifically investigate music therapy and inclusion. These examine pre-school, primary school, middle and high school environments.

Petra Kern is considered to be one of the main advocates for music therapy and inclusion in preschool settings. She has dedicated more than two decades of her professional life to the investigation of the way in which music therapy can support the inclusion of pre-school children. In several publications, Kern (Kern & Wolery 2001; Kern, Marlette & Snyder 2002; Kern 2003; Kern & Aldridge 2006) explores the use of music and sound paths for inclusion in the playground, especially for children with visual impairment and autism. She also researches and explores the use of music and music therapy in the classroom for daily routines (Kern 2004, 2008, Kern & Wakeford 2007) as well as in the help it can provide to the participation and inclusion of '*exceptional children*' (Kern 2002, 2013).

Above all, Kern underlines the importance of families, teachers and specialists working together in order to achieve successful inclusion for children with disabilities.

Rickson (2010; Rickson & Twyford 2011) introduces a new perspective in this field when she invites music therapists to embrace their potential to empower teachers and special educators. More than providing clinical one-to-one intervention, Rickson proposes to music therapists that they offer their expertise as consultants. Importantly, Rickson developed a music therapy school consultation protocol for mainstream schools. This protocol aims to guide school staff to use planned music experiences to support the development of special needs children. Music therapy sessions are part of the protocol whose main aim is to bring to the fore and highlight the various strengths of the students. This protocol can not only support teachers and pupils better, but also greatly enhance their relationship.

Her work is very interesting as it addresses the fact that inclusive education demands of music therapists to not work in clinical settings or via individual intervention. The reasoning behind this important rejection of this way of working rests on the fact that both the clinical settings and the individual intervention require the child to be withdrawn from the classroom in order to participate in the music therapy sessions. Rickson, notably, underlines two facts. Firstly, that children are often unable to access music therapy services. Secondly, that consultations might be a way to support inclusive processes in local schools by empowering not only the 'consultees' but also the teachers and staff. Her approach, therefore, opens new frontiers for music therapists and music therapy training.

Rickson & McFerran (2014) propose a particular school intervention that enhances the role of music and musical participation. Their approach is described as a 'community music therapy intervention' and is tailored to include students who lie at the margins of the group as well as students who are traumatised, disabled or at risk of exclusion. The protocol they propose, however, shows awareness of the challenges that music therapists encounter in mainstream schools. Their perspective focuses on creating inclusive music culture in schools in order to support the diverse needs of learners. The proposed activities can involve either the whole school or just one classroom. The inclusive music lessons or ensembles they suggest come in a variety of forms and shapes and are all evidence-based planned and organised. The music intervention they recommend aims to involve the wider community of teachers, staff, families and

specialists and its goal centres on the contribution of music therapy towards the attainment of equality and social justice within the school system.

In their approach to creating a music therapy culture in each community that participates in their programmes, a final performance is a common goal that gives visibility to the process and the music therapy work that was accomplished.

It seems that music education becomes '*a way in*'. This means that (i) music education brings music therapy into the school system and that (ii) music therapists are the specialists (and consultants) who not only endorse the development of pupils but can also positively contribute towards the enhancement of relationships between teachers, communities and learners, thus promoting the wellbeing and inclusion of all.

The Italian experience of decades of inclusive education seems to favour an approach that is slightly different to the one described in the aforementioned Anglo-Saxon literature (i.e. in Kern, McFerran and Rickson). This is because in Italy music therapy in education is seen as a tool in itself. In other words, the Italian experience shows that an inclusive school community does not assume as its goal the creation of a music performance or the development of music education. This is because the fully inclusive Italian system demands that emotional and cognitive development are promoted side-by-side: although challenging, learning to relate to diversity and becoming skilled at promoting participation is a must for all. When accessing the Italian literature, researchers find a treasure-trove of studies, case studies and research reported in articles, books and book sections on the application of music therapy within the pre-school, primary and secondary or high school education settings.

Two of the authors who inspired the researcher since the beginning of her career are Bianchi and Clerici-Bagozzi (1988) and their book *Growing with music: therapeutic and cognitive experiences in the classroom through the language of sounds, movement, symbols and 'sound-phoneme'*. Unfortunately, this book has not, so far, been translated into English. Nevertheless, it shows how experiences carried out using music as their mediator are not only educational and therapeutic but can also successfully address the complex task of actualising the *integrazione scolastica – inclusion*.

Bianchi does not postulate any specific musical knowledge as a prerequisite for using his method which he calls "musical-linguistic". He also makes clear that the therapist-teacher does not need to be a fine musician. This is because, similarly to Orff (1982),

Bianchi's primary goal is to use music as a tool. In this way, he can promote (i) audio-visual and sensory perception, (ii) body and space-time awareness, (iii) coordination and (iv) psychomotor expressive abilities. Bianchi's secondary aim is to increase (i) listening and linguistic skills, (ii) logic and arithmetical structuring, (iii) symbolic thinking and development through the interchangeable expression of sounds, (iv) movement, (v) the use of gestural symbols and graphs and, finally, (vi) the manipulation of instruments. Bianchi's work and the musical therapeutic approach in educational settings has been described, researched and studied intensely in the last three decades. This is the time when group music therapy appears to expand to the educational context, promoting the inclusion of disabled and marginalised groups, while taking care of the emotional, relational and cognitive development of pupils.

Facchini (1990) introduced a theoretical framework of how music therapy can be used in education, using case study research as an example. Di Franco & De Michele (1995), De Rosa & Facchini (1998), De Michele, De Rosa e Facchini (2009) present important research including several case studies on the application of music therapy for children in middle school. Their research focuses on Italian school children of Years 7, 8 and 9. In addition, Pecoraro (1999, Pecoraro Esperson 2004) presents a number of case studies and a theoretical framework for MTI, while principally working in primary schools and using music therapy for integration/inclusion.

The research on music therapy for integration and inclusion carried out by Chiappetta-Cajola, Esperson and Rizzo (2008) and Chiappetta-Cajola & Rizzo (2016) became compulsory reading in 2008 for the degree of BA in Education, as well as for the exam of Special Needs Pedagogy and Teaching Methodology for Integration. As a result of this development, the Italian teachers who graduated during the last 14 years have been introduced to the application of music therapy in educational settings.

In her qualitative research, Rizzo (Chiappetta-Cajola & Rizzo 2016) investigated the application of music therapy in the Italian school setting. Seventy-seven music therapists, all members of the Italian Association of Professional Music Therapists (AIM), answered her questionnaire exploring (i) their professional training; (ii) the typology and characteristics of the music therapy interventions they practiced, including how these were funded and what population of special needs and disabled students participated in them; (iii) the areas of positive outcomes and results they obtained; (iv) their knowledge and use of the ICF and ICF-CY (WHO 2001, 2007) as an assessment tool.

From that investigation, it emerged that 80% of the trained music therapists were practicing music therapy in mainstream schools. Of that percentage, a majority of 38% were working in primary schools with children aged 6-11, followed by 27% who were in pre-school, with children aged 3-6, while 23% run music therapy intervention sessions in middle secondary-first grade schools and worked with children aged 11-14 and, finally, 9.5% worked in secondary schools with pupils aged 14-19.

Interestingly, 98% of the interventions were taking place on a weekly basis, and 75% were during school time to ensure the participation of the SEND children. An important percentage of the intervention time (68% of the session) was devoted to group music therapy. This was due to the fact that music therapy was found to be an effective tool in promoting the participation of disabled and SEN children.

The results of this investigation confirmed that music therapy is thriving along the whole spectrum of Italian education. According to Rizzo, this fact demonstrates the provision that the Italian state makes for the wellbeing of the Italian pupils. It also reveals the care that the State provides in order to ensure that relational abilities are not only fostered but also further developed. Rizzo underlines the fact that the most positive results were identified when there was an increased degree of participation. This assisted the development of not only communication and relational skills, but also socio-emotional competencies. Additionally, the music therapy projects she undertook strengthened the cooperation between music therapist and teachers (Chiappetta-Cajola & Rizzo 2016, p.180). This is a most important outcome that supports the hypothesis (and perspective) of the researcher who considers that music therapy can promote and support positive systemic changes in school settings.

Despite the wide application of group music therapy in the Italian education system, more evidence-based studies are needed. According to Chiappetta-Cajola and Rizzo (2016), the International Classification of Functioning disability and Health (ICF) is not used sufficiently in music therapy. Its use during the observation, assessment and evaluation phases of the intervention would enrich the collective knowledge in the field. This is because the ICF assessment offers a shared language that allows researchers to efficiently describe both the interventions they use and the results of these interventions.

Summing up this section, the researcher has aimed to present the gap that exists in our knowledge of music therapy and group music therapy. More specifically, she has discussed the disparity that exists between Italy and the rest of the world, to the literature on music therapy in relation to mainstream education and inclusion. More studies are

clearly needed to investigate how music therapy and group music therapy in schools can promote inclusion. The present thesis is but an effort to fill this gap.

## **2.3 Emotional intelligence, social intelligence and empathy**

In this section, the literature is reviewed in order to clarify two things. Firstly, the role of empathy and emotional wellbeing in the context of inclusive education and social behaviour. Secondly, the role of music therapy in educational contexts and its ability (or potential) to promote the development of emotional intelligence, social intelligence and empathy in children.

### **2.3.1. Emotional and social intelligence**

Although Goleman's bestseller *Emotional intelligence* (Goleman 1995) brought this subject to mainstream attention, Bar-On & Parker (2000) remind us that emotional intelligence had been largely studied during most of the twentieth century. Many published works have explored the issue of emotional intelligence from different perspectives, foremost amongst which were those of social intelligence, the neurobiology of emotions, the development of emotional abilities, the history of childhood and interpersonal relationships, factors relating to personality and creativity and mental and physical health.

Daniel Goleman (1996, p.7) explains that what drove him to write about this subject matter was his desire to provide a guide, as it were, as to how American society could begin to heal the profound crisis that it was experiencing. The crisis he referred to was clearly visible in its consequences, notably the increase of violent crime, the rising suicide rates and the abuse of drugs especially among the younger generations. All these were considered by Goleman to be symptoms of diffuse emotional distress. In order to not only prevent but also heal social alienation and individual despair, Goleman suggested that the children should be helped to develop emotional awareness on a personal and social level. He invited parents and educators to teach, as part of the curriculum, what he considers to be fundamental emotional literacy. He refers to this as 'the ability of the heart'. In his view, this could help children understand and navigate the complex world of emotions and interpersonal relationships.

In this direction, group music-making and, therefore, MTI can serve effect a non-verbal connection to the emotional world of the participants.

Cognitive intelligence and emotional intelligence both play an important part in human development (Goleman 1996, 2007): they equip individuals with the tools needed in order to navigate this complex and difficult era which we live in and which is characterised by rapid changes in the world, as it is known and experienced by us on a daily basis, and as it is characterised by the emergencies which arise all over the globe. Emotional intelligence is the ability that allows us to regulate our behaviour in relationships (Goleman 1996, 2007). This ability comprises several domains which are equally important to develop: (i) self-awareness, (ii) self-management, (iii) emotional self-awareness, (iv) emotional balance and (v) empathy.

The development of these domains contributes to the development of social intelligence which, in turn, implies social awareness and relationship management.

According to Bar-On (2006) Emotional and Social Intelligence (ESI) are interrelated and they form part of the same construct. He refers to ESI as a set of emotional and social competencies that allow us to not only successfully express ourselves but also understand ourselves and others. This scholar considers ESI to consist of a set of skills that allow us to relate to the world around us: these skills act as facilitators, enabling us to cope with the demands of daily life.

Emotionally and socially intelligent people are aware of themselves and understand their feelings, strengths and weaknesses. They are able to express thoughts and feelings in a non-destructive manner. Furthermore (Bar-On 1997, 2006; Bar-On&Parker 2000) a person who is emotionally and socially intelligent is aware of the feelings of others, of their emotions and needs and uses this awareness in order to not only maintain positive and constructive relationships, but also to (i) effectively cope with different situations and (ii) solve problems.

Table 2.2 shows the interrelation of the constructs of emotional and social awareness according to the ESI Bar-On model (Bar-On 2006). The constructs of emotional and social intelligence are related to the concepts of emotional and social competence. Emotional competence requires the development of self-awareness, self-identity and self-actualisation (Saarni 2000).

Several of the competencies listed can be developed through MTI activities, e.g. self-awareness and self-expression, social awareness and interpersonal relationships, emotional awareness and consequently emotional management.

*Table 2.2 The Bar-On EQ-i subscales and what they assess (Bar-On, 2006 p.23)*

EQ-I subscales	The EI competencies and skills assessed by each subscale
<b>Intrapersonal:</b>	<b>Self-Awareness and self-expression:</b>
Self-Regard	To accurately perceive, understand and accept oneself
Emotional Self-Awareness	To be aware of and understand one's emotions
Assertiveness	To effectively and constructively express one's feelings and oneself
Independence	To be self-reliant and free of emotional dependency on others
Self-Actualization	To strive to achieve personal goals and actualize one's potential
<b>Interpersonal:</b>	<b>Social awareness and interpersonal relationship:</b>
Empathy	To be aware of and understand how others feel
Social Responsibility	To identify with one's social group and cooperate with others
Interpersonal Relationship	To establish mutually satisfying relationships and relate well with others
<b>Stress Management:</b>	<b>Emotional management:</b>
Stress Tolerance	To effectively and constructively manage emotions
Impulse Control	To effectively and constructively control emotions.
<b>Adaptability:</b>	<b>Change management:</b>
Reality-Testing	To objectively validate one's feelings and thinking with external reality
Flexibility	To adapt and adjust one's feelings and thinking to new situations
Problem Solving	To effectively solve problems of a personal and interpersonal nature.
<b>General Mood:</b>	<b>Self-motivation:</b>
Optimism	To be positive and look at the brighter side of life
Happiness	To feel content with oneself, others and life in general



Social Competence is the ability required in order to understand and select (i) the behaviour that is considered as appropriate or desirable under specific circumstances and (ii) the outcome that ensues following specific situations. This ability is the result of the integration of thinking, feelings and behaviours that have all been coordinated in order to perform a social task (Topping et Al 2000, p.32).

How does one develop the ability to understand and select the desirable behaviour?

In alignment with many authors, foremost among which is Skyllstand (1993), pupils and individuals need to have the possibility to experience themselves in relationship in order to develop emotional awareness, empathy and social skills.

This is because when individuals experience themselves in relationship, they are presented with the opportunity to relate to others in a safe context that allows (i) diversity to be seen and experienced and (ii) emotional content to be felt and witnessed.

The goal of music therapy for inclusion is, indeed, to create this very context.

Learning to be emotionally aware and intelligent can be achieved thanks to the lived experience of one's emotions in relationship. New templates and models of behaviour can emerge during group work, and a new awareness of the self and the others can arise, especially when individuals can recognise emotions and experiment and facilitate the opportunity of self-regulation, cooperation and conflict resolution.

Group music therapy for inclusion can offer this experience of the self and the other. It offers a playground in which children can safely develop the skills that define emotional and social intelligence. They are given the opportunity to accomplish this through musical activities which promote the expression, observation and recognition of personal and social emotional responses.

According to Scharfe (2000, p.244), children use emotional knowledge to guide themselves through the social world. Scharf analysed what she considered as the most significant research that attempted to explain the development of social and emotional intelligence and the regulation of emotions. Her examination comprises analyses derived from different psychology branches and perspectives, such as developmental, educational, social and clinical. In her findings, she underlines the interactions and relationships with parents, siblings, careers and peers, emphasising how these relationships are the arena where the children learn to express and regulate their

emotions. She particularly stressed (Scharfe 2000, p. 258) two facts: firstly, that research reported the existence of individual differences in the emotional development of children and infants; secondly, that the individual differences were associated with the different attachment experiences and styles as well as with peer acceptance. These scientific findings confirm that peer group work can be very beneficial when promoting the development of children's emotional competencies.

Graczyk (et Al 2000) studied school-based programs with a view to enhancing Social and Emotional Literacy (SEL), the emotional development of individuals and the social competencies of students. According to the authors, for these programs to be effective, they should include strategies to (i) promote the development of positive bonding between children and adult carer figures, (ii) help children develop relational competencies, such as awareness of the self and others, ability to make friends, and capacity to communicate more effectively, and (iii) teach children how to cope with stressful situations.

The strategies suggested need to also include elements that involve the change of the educational system and the promotion of actions by teachers and schools which aim to

(i) help children feel positive about their future, and (ii) enhance the wellness of the school environment so that it can provide children with effective schools of the highest quality. Graczyk and colleagues promote the idea of developing scientifically SEL educational practices.

The music therapist believes that MTI could well become one of the strategies and practices that are beneficially used in schools in order to promote emotional and social literacy.

### **2.3.2 Empathy**

Neurosciences suggest a road map to explore how empathy plays an important role in social behaviours and how empathy plays an important role in the development of social awareness and relationship management, skills connected to the current study.

The term empathy has its origin in the translation of the German term *Einfühlung* – 'feeling into' (Vischer 1973, cited in Ganczarek et al 2018). It was introduced by Robert

Vischer (1847-1933), scholar of figurative arts, to define the capacity of human imagination to feeling into the aesthetic experience, i.e. the work of art, and grasp with its symbolic value (Brinck 2017). Empathy has been studied from different perspectives and in its complexity. As a result, several definitions have been proposed for this term.

In their critical revision of the definition, Cuff et Al (2014) studied, compared and reorganised forty-three definitions of empathy so as to formulate what appears to be a more consistent definition of the term. They observed that the inconsistency among the definitions they examined had a negative impact on this area of research and practice. In an effort to rectify this situation, they proposed a new definition aimed to clarify the term<sup>4</sup>:

*'Empathy is an emotional response (affective), dependent upon the interaction between trait capacities and state influences. Empathic processes are automatically elicited, but are also shaped by top-down control processes. The resulting emotion is similar to one's perception (directly experienced or imagined) and understanding (cognitive empathy) of the stimulus emotion, with recognition that the source of the emotion is not one's own.'*

The concept of empathy has been increasingly studied in the last decades. Many researchers have underlined the importance of empathy in our social lives (Iacoboni 2009, Bassalé 2013, Goleman 2011-2017), Bassalé (2013, p.9) suggested that the teaching of empathy is a key skill in order to prevent conflicts and that it should be taught together with intellectual and critical thinking in many contexts, foremost of which is the context of conflict resolution.

Iacoboni (2009, p.109) defined empathy as the ability to share emotions, experiences, needs and goals with others. Evidence collected through studies in the field of neuroscience suggests that there is a link between mirror neurons and empathy (Iacoboni 2009) and that we are able to feel what other people feel through mimicking and imitation. In particular, mirroring, imitating and synchronizing actions, as well as mimicking others, helps us perceive the emotions of others (ibidem, p 111). Almost twenty years of research on mirror neurons seems to confirm the importance of mirror areas in the human brain, as they appear to have an impact on many aspects of our social and individual lives. Iacoboni (ibidem p.114) refers to Chartrand and Bargh (1999) whose findings point to a strong correlation between the degree of imitative behaviour

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<sup>4</sup> In chapter 3.2.1.7 the reader can find the definition that the researcher has considered in this study

and empathy: these findings lead him to suggest that we are able to feel what other people feel through imitation and mimicry.

The importance of mirror neurons, and specifically the mimicking, imitation and synchronic movements are particularly relevant to the purpose of this study. The choice of the music therapy activities (e.g. patterns in song, rhythmic phrases, described in detail in Chapter 5) has been made with a goal of developing empathy, and this by stimulating the ability of the children to observe, imitate and synchronise their movement and play with that of their peers.

Ferrari and Gallese (2007) explain how mirror neurons and mirror-related systems are important elements in the expression of intersubjectivity. Mirror neurons are activated during the observation of someone else's emotions, feelings, movements, actions and intention. Through the observation of another individual, an internal representation of the feelings, actions and intentions is evoked in the observer who can, therefore, participate in the experiences of others. The human brain, as well as the brain of other primates, seems, according to Gallese and Ferrari, to have developed an innate ability to attune to others. This attuning ability provides an insight to the experiences of the others through what they call 'embodied stimulation' (Ferrari&Gallese 2007 p.85). Being empathic is, then, described as an intentional attunement, a "shared neural state realised in two different bodies that nevertheless obey to the same functional rules, the 'objectual other' becomes 'another self'" (ibidem p.86).

Looking at the Bar-On model, synthesised in Table 2.2, it is possible to see the specific abilities involved in the development of emotional and social intelligence. Foremost, amongst these, is the skill of empathy, considered by De Wall (2007) the basis of the socio-affective manifestation of intersubjectivity. Empathy, therefore, seems to be one of the key elements needed if we are to promote social connection and social cooperation

The findings of Iacoboni's (2007, 2009) research suggest that empathy, self-awareness, learning, language and communication, as well as transmission of culture, are all connected to mirror neuronal paths. His findings are enriched by a philosophical and existential approach that the researcher considers inspiring when reflecting on important issues such as community building, social cohesion and inclusion:

*"Mirror neurons are brain cells that seem to be specialised in understanding our existential condition...they show we are not alone, but are biologically wired and evolutionarily designed to be deeply interconnected with one another...."*

*Mirror neurons show the deepest way we relate to and understand each other: they demonstrate that we are wired for empathy, which should inspire us to shape our society and make it a better place to live.” (Iacoboni 2009, p.267-268)*

### **2.3.3 Emotional and Social intelligence (ESI), Empathy, music and therapy**

Goleman (2007) describes several aspects that are relevant to social intelligence. Amongst these, he explores the concept of social brain and explains that human beings are wired for connections. In particular, Goleman brought to the attention of the public the neurobiological and emotional implication of the impact of music on the body and brain of individuals. To explain this concept, Goleman (ibidem, p. 34) uses the example of musicians, *‘when two cellists play the same bit of music the rhythm of their neuronal firing in their right hemisphere are extraordinarily close. The synchronicity of these zones for musical abilities are far greater across brains than is the case for the left and right hemispheres in the same brain’*.

In 1993, the findings of the Norwegian study, discussed in section 2.4. (Skylstad 1993, 2008) highlighted the fact that dance and music activities can develop empathic competencies. Rabinowitch (2015, 2017) and Rabinowitch et Al (2012a, 2012b) conducted studies to investigate more closely the links between music and empathy.

The music-empathy theory is at the basis of Rabinowitch’s research. It is supported by findings that seem to show that active participation in musical activities promotes empathy, especially when movement, imitation and synchronisation are involved. This is because synchronisation implies the coordination of actions in time (ibidem 2012, 2015). Rabinowitch underlines the importance of synchronisation as one of the mechanisms that allows motoric coordination, attention and cohesion between listeners. At the same time, it enhances social cooperation and the perception of not only the self but also that of the others (Wiltermuth&Heath, 2009). The hypothesis of Rabinowitch is that music interactions and the continuous mutual adjustment and coordination to someone else’s movement and rhythm may (i) influence interpersonal affective dynamics and (ii) contribute to promoting empathy among participants. In her study (Rabinowitch, Cross, & Burnard, 2012a), children who attended group music sessions improved more their capacity for empathy, compared with children who participated in storytelling and drama sessions or no sessions at all.

In another study, Rabinowich, Cross and Burnard (2013) reported on their research on long-term musical group interaction aimed at enhancing empathy in primary school children.

In this study, two specific Empathy Promoting Musical Components (EPMCs) were chosen to be investigated for their ability to enhance intersubjectivity, shared intentionality and empathy. The researchers focused amongst other things in the ability of these EPMCs to encourage, for example, imitation and flexibility and stimulate the children to focus their attention on interactions relating to the self or the others, through musical and motor/gestural encounters. The positive results shown in these studies were a confirmation of the appropriateness of the musical activities chosen for the group MTI (these are detailed in Chapter 4, Chapter 5 and Appendix A 5.3) reaffirming *that (i) the mirroring and imitating of the actions of others, (ii) the synchronising of actions of several individuals and (iii) the mimicking of others, helps one to perceive the emotions of others* (Iacoboni 2009, p.111).

The music and movement games aim to enhance not only coordination, imitation and synchronization, but also awareness of both the self and others. This was achieved by playing a number of leading-following games aimed at facilitating the relational processes during the group interactions.

The author believes that empathy, the ability to understand and share the emotions of others, is a core ingredient in the development of perspective-taking and compassion. These qualities are needed in our diverse world as they help foster healthy and non-violent relationships based on mutual respect.

For children to learn and develop, peer interactions and relationships are necessary. Both peer interactions and relationships are essential so that self-regulation and social emotional responses are acquired. During the music therapy sessions, music and musical activities can be considered as the facilitative elements that not only enhance interactions and participation but also promote the development of self-regulation and social emotional responses.

Although not mainstream practice, these experiences are neither isolated nor new in music therapy. Oldfield, Derrington & Tomlinson (2012) report on research in music therapy intervention for vulnerable children in special and mainstream schools. They describe how specific music therapy programs were developed in Cambridgeshire with a view to not only promote the emotional wellbeing of the pupils but also to foster personal, social and emotional development.

## 2.4 Peace Studies and Conflict Resolution

The importance of peace as the opposite of war has always been debated in human societies. From the time of Ancient Greece to the contemporary ages, philosophers and scholars appear to reflect on peace as a result of the absence of conflict, relentlessly looking for strategies that can help people avoid conflict and promote peace.

Aristotle (383-384 B.C, cited in Qvortrup 2016) advocates that in order to maintain peace, it is important to involve the leaders of marginalised groups in discussions and decisions. Revolution and violence in the political scene both have their roots in the anger and frustration experienced by disenfranchised groups that cannot influence political decision makers.

Although more than two thousand years old, Aristoteles' view seems to be very modern. It is taken up in the teachings of Arnold Mindell<sup>5</sup> (2002), especially his concept of Deep Democracy in conflict resolution. Believing that wars happen when relationships and dialogue fail, Mindell seems to agree with Aristotle's warning that it is important to listen to all voices, with special care given to those coming from the minorities, the marginalised groups and the less powerful. This practice not only allows for dialogues to take place but also bridges opposing standpoints and facilitates the understanding of different points of view. Diversity in all its facets (e.g. generational, political and societal but also as witnessed in areas as varied as culture, ethnicity, gender, disability, religion, etc) plays a central role in communication and relationships. Understanding and respecting diversity are core elements of the inclusive process. Regulating our emotions and reactions towards the '*otherness*' is a complex undertaking. We, therefore, need a set of complex skills for emotional self-regulation in order to maintain the dialogue open and thus avoid conflicts and war.

Mindell (2002) identifies one of the primary causes of war in the lack of relatedness and dialogue. The question we, therefore, need to answer is how we can achieve the listening, relatedness and cooperation necessary to create a more just and peaceful world. Mindell argues that, in order to live in the world that we want, we need to first work on ourselves, both individually and in groups, and be ready to change. Group MTI is indeed an intervention, that enhance the development of the individual and of the group.

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<sup>5</sup>For over more than 40 years, physicist and Jungian psychoanalyst Arnold Mindell has worked with groups and individuals in an effort to promote Deep Democracy.

Structural violence as well as intergenerational and cultural trauma are still part of contemporary society (Morgan et Al 2014). Children, young people, parents, carers, teachers and society at large need new templates and models for healthy, respectful and peaceful interactions. Group music therapy for inclusion aims to foster this shift of behaviours and attitudes in the direction of healthy, non-violent relationships and communication, and to promote the goal of reducing the crystallisation of prejudices.

We need to recall that (i) the reduction of prejudice is a consequence of experiencing positive emotions in group interactions (Niedenthal & Ric 2017) and (ii) social bonds increase when the members of a group experience positive emotions (Anderson, Keltner & John 2003).

#### **2.4.1 Some background**

After the end of the First World War, the Treaty of Versailles that took place in 1919 introduced the first international organization with the goal of maintaining world peace: this was *La Société des Nations* (League of Nations).

In 1945, after the Second World War, the intergovernmental organisation 'United Nations' was founded with the double aim of maintaining international peace and preventing future wars. Following the establishment of the United Nations, the League of Nations ceased operations in 1946. In 1959, the Norwegian sociologist Johan V. Galtung (True Heroes Films, 4 May 2017) founded the Peace Research Institute in Oslo (PRIO) while, in 1964, he established the Journal of Peace Research.

The PRIO and this journal were, respectively, the first organisation and journal of their kind. Later on, other similar organisations and journals started to appear in the western world, e.g. the International Peace Research Association (IPRA) and the Peace Science Society, respectively established in 1964 and 1973. In 1973, the Department of Peace Studies was established at Bradford University (UK). Today, this Department is a centre of excellence for research on peace and conflict resolution.

Since then, in the academic context and beyond, peace studies have developed in parallel with conflict resolution studies. Among the most influential methods used in conflict resolution and peacebuilding is the one developed by Marshall Rosenberg (2015), a renowned psychologist and peacemaker who, in the sixties, started to develop



the *Nonviolent Communication*. This method is based on empathy and compassion. In 1984, Rosenberg founded the first Centre for Nonviolent Communication (CNVC) and travelled broadly every year, disseminating his expertise and spreading his approach around the globe. Groups MTI promotes non-verbal musical communication between children, which is non violent by its nature. Emphasis on non-verbal communication is also part of group MT intervention in special schools (Oldfield, Derrington et Tomlinson 2012)

## **2.4.2 The role of the United Nations**

As mentioned in 2.3.1, the United Nations (UN) were established in 1945 with the double purpose of maintaining international peace and ensuring international security.

The authority of this organization is derived through the act of signing of a Charter (1945) by member nations. By undersigning this Charter, member nations declare that they acknowledge and support the role of this organisation as both a mediator and a tool for maintaining stability (Petrie 1996). Many argue that the UN has often failed to achieve its mission. This could partly be attributed to the nature of the organization and its structure, as the Charter of the United Nations was drafted with a double aim: (i) to be acceptable to the victors of the Second World War and (ii) to be successful where the League of Nations had failed. The Charter, therefore, aims to simultaneously fulfil an ideal in its purpose and principles while remaining grounded in the realities of power and politics. This last point is reflected in the voting procedure of the UN, where achieving consensus inevitably requires compromise, thus making it very difficult to respond to crises in a timely and forceful manner. The UN is only as strong and unified in purpose as its members make it.

More specific and severe accusations have plagued this organisation as, for example, those raising an alarm of anti-democratic forces hijacking it (Gold, 2004), or the accusation of corruption and misuse of power made by Lietar (2017). Although important to consider, these critiques are not discussed here, firstly because they are irrelevant to the subject matter of the thesis and secondly because, regardless of the alleged failures, the UN has had a pivotal role in promoting peace. Whereas failures might be easier to spot and are, in general, considerably more noticeable, it is undeniable that sincere efforts were made towards fulfilling the organization's aims to protect and

promote peace, human rights and development. Work around these three UN pillars has been carried out since its inception.

Among the many resolutions and declarations of the UN for the safeguarding of peace are the following seminal documents:

- (i) 1945: The United Nations Charter states the intention to (i) maintain international peace and security and (ii) develop and maintain relations and international cooperation based on mutual respect of all diversity, human rights and fundamental freedom.
- (ii) 1995: The UNESCO Declaration and Integrated Framework of Action on Education for Peace, Human Rights and Democracy. This declaration is a comprehensive document that is organised in three parts, all of which are relevant to the field of education. This document is of particular interest to the music therapist who wishes to work on ways that foster inclusion and peace.

Part I of this Declaration stresses the importance of education.

According to this document, all educational methods and principles should contribute to the development of the personality of pupils, students and adults so that they are respectful of their fellow human beings and determined to promote peace, human rights and democracy (articles 1 and 2). Education should support the development of personal identity and, at the same time, an attitude that promotes the finding of solutions in a respectful way, showing regard to friendship, cooperation and solidarity amongst individuals (article 8).

This article seems to express the aims of the MTI groups, where all individual children are (i) respected for what they are, regardless of their abilities and (ii) supported in order to not only develop their own potential, but also create harmonious peer relationships.

Part II underlines the aims of education for peace, human rights and democracy. These are, in essence, aims devoted to promoting the development of the values and behaviours that are at the roots of a peaceful culture. This part invites the identification of these values in different socio-cultural contexts because these values are likely to be universally recognised.

Part III contains the strategies that relate to education for peace, human rights and democracy. In this section, the interested reader will find guidance for the educators

relating to the selection of the core values and abilities that need to be developed in pupils. The Declaration particularly encourages the development of values and abilities. Foremost amongst these are the ones listed below, as they seem to fit perfectly with the aims of this research project

- (i) the ability to recognize and accept diversity and the value that each aspect of diversity brings;
- (ii) the ability to communicate, share and co-operate with others;
- (iii) the understanding of the personal interpretation of each situation and problem that is related to one's life, history and culture and, stemming from this understanding, the fact that there often does not exist just one right answer to a situation or problem;
- (iv) the understanding and respect of each other: that characteristic can lead to a negotiation that focuses on finding a common ground.

The suggested strategies should be:

- (i) *comprehensive and holistic* (part III, comma a.);
- (ii) applicable to all types, forms and levels of education (part III comma b.);
- (iii) chosen taking into account the age, psychology and evolution of the learning capacity of each individual (part III comma f.);
- (iv) applied in a consistent and continuous basis: assessment of the results and obstacles to success is fundamental if we are to ensure that the strategies used can be constantly adapted to each changing circumstance (part III comma g.);
- (v) supported with proper resources: the strategies for action in particular should especially support the education of marginalised and disadvantaged groups (part III comma h).

Group music therapy in educational, community and institutional contexts could be an effective strategy as it has the potential to fulfil the requirements of points (i) to (v), inclusive.

- (iii) 1999: The Declaration and Programme of Action on a Culture of Peace. This declaration was followed in 2000 by The International Year for the Culture of Peace and, in 2001, by The Decades for a Culture of Peace and Non-violence for the Children of the World (2001- 2010). During the decade, each year was dedicated to a specific peace-related priority, defined in its Program of Action.

Among the priorities put forward in the UNESCO 1999 Declaration, there is a list of actions that aim to foster a culture of peace through education. These actions should involve children from an early age up to young people in higher education.

It is for these reasons that the researcher considers useful to remember these documents and programs for action. This is particularly relevant if music therapy organisations plan to influence policy makers and promote the use of music therapy as a subject and strategy worthy to be added in the traditional curriculum.

- (iv) 2015: Transforming our World: The 2030 Agenda for Sustainable Development underlines that not only there can be no sustainable development without peace but also that there can be no peace without sustainable development.
- (v) 2016: In The Declaration on the Right to Peace, article 1 states that, “Everyone has the right to enjoy peace such that all human rights are promoted and protected and development is fully realized.”

This declaration reaffirms the rights of all human beings to live in a peaceful, just and inclusive society where economic, social and technological progress occurs in harmony with nature.

### 2.4.3 Pathways to Peace

For this review of the research literature it is relevant to consider Leckman, Panter-Brick, Salah *Pathways to Peace* (2014), a remarkable multidisciplinary collection of research aimed to investigate the impact and implications of a healthy early childhood and family development in the process of building a culture of peace in society.

Starting in 2011, nineteen research studies were carried out by more than fifty scholars supported by the Ernest Strüngmann Forum. The researchers met to share their results during a Forum held in Frankfurt in 2013. Their findings were published in 2014 (Leckman, Panter-Brick and Salah, 2014). This body of work is relevant to the present thesis because it investigates the topic of peace by means of looking at the role of childhood development. Researchers from different parts of the world tried to find answers to a simple question: Can a more peaceful childhood promote a culture of peace? All child development experts looked at the question from the viewpoint of their own specific field: neuropsychiatry, anthropology, psychology, psychiatry. The hypothesis at the core of this study was that the transformative power of early childhood intervention can have a powerful impact in helping to lay the foundations for future peace and conflict resolution (ibidem p. 29).

The collection of research studies is noteworthy and rich and the author will selectively outline some ideas and findings that are relevant to this research on music therapy.

There is evidence showing that the way children are raised in a community impacts their propensity for either conflict or peace. In the ecology of peace (Britto et al 2014, p 27-39), each individual is seen as a complex eco-system where internal biology, sense of the self and the environment are interconnected. The thesis of the ecology of peace is that early life interventions and positive early childhood experiences can have a transformative and powerful impact on peace, peacebuilding and peace-making. The research explores the brain development of children and the impact of (i) neurobiological factors, (ii) genetic and epigenetic factors, (iii) hormonal development, and (iv) social factors.

Development embraces all domains in a holistic interrelation: psycho-motor, cognitive, emotional, linguistic, the sense of belonging, and the identity of the self in the family, the community and the relevant culture. The environment also influences the social identity of children and this includes stereotypes and attitudes towards 'the other'. It is, therefore, fundamental for peacebuilding. This means that learning programs need to be promoted

and involve caregivers, teachers, schools and the home in terms of relationships, interactions, service providers and trainings (Britto et al. p.36).

Morgan et al (2014, p. 95-128) explored the concept of peace using a bio-psycho-social perspective. The researchers explored the impact of the environment, this experienced as safe or violent, threatening, unsafe. They concluded that exposure of adverse and violent environment can shape the human behaviour towards violence or peace, conflict or conflict resolution, and this because the environment can influence the child's gene expression and gene activation, and therefore her/his neural development.

Morgan (ibidem) found that maternal and parental figures are an important mediator between environment and early brain development. The environment is key to the social development of the child, as it interacts with the potential of built-in genetic intelligence (ibidem, p.121). In their research on the neurobiology of groups, the researchers report that interconnectedness may also exist across brains, rather than only within one's brain. Music is provided as an example of how humans engage in neurobehavioral synchronicity when musical behaviours (such as dancing, singing, chanting or other rhythmical activities) are performed to promote relationships within a group.

This is relevant when reflecting and understanding the impact of group music therapy interventions in educational and community settings.

The researchers invited the society at large to take action so as to reduce all forms of both structural and direct violence. They considered poverty in modern society as a form of structural violence, because poverty leads to socioeconomic and health inequality. The action that needs to be taken according to these authors is discussed in length in their work: they particularly take into account the complexity of the factors involved, namely poverty, socio-economic health inequality, parenting, self-regulation and economic status. The goal of this study does not centre on a further exploration of those aspects, although it is relevant to reflect on the role of group MTI (as one of many strategies and tools-for-actions that can be used in school settings) to address issues of prejudice, violence, stress and trauma during the developmental stages of the child.

The pressing issue of peace would benefit from being studied further. For example, further studies are required relating to the shared neurobiological processes of the brain, beyond the dyad (e.g. mother – child) or the individual (Morgan et al 2014 p.123).

This is due to the fact that group processes are a fundamental element of peacebuilding, peace-making and peace.

For the music therapist, these findings provide courage and support the researcher's theoretical framework that sees group music therapy for inclusion as a powerful tool to promote positive interactions and relationships among peers. Regular intervention with group music therapy in educational settings in early stages might have an impact in the future ability of participants to mediate conflicts. For the author, envisioning future research on group music therapy for inclusion that could explore the effect of MTI on the brains of children sounds positively exciting, particularly as this research could be carried out from the perspective of brain interconnectedness.

It seems important to consider the Bucharest Early Intervention Project (Fox et al 2014, p.145-159) which demonstrates how institutionalised children are a worldwide public health problem: early psychosocial deprivation has a profound impact on the brain development of children, both structurally and functionally, with impact on their cognitive, social and emotional behaviours (2014 p.158).

At the very least, the foundation of a peaceful society lies in healthy child development which results in a community committed to the transmission of these values across the generations.

Christie et al (2014 p. 274) show that a child is the product of the environment as well as the producer (of the environment), and that an internalisation of a set of values that foster a personal commitment to what they call *relational harmony* must lie in the path for the development and education of *peaceful children*.

Families, communities and schools as well as society as a whole are involved in shaping the future. In fact, the research evidence demonstrates that it is fundamental and necessary to design programs that

*'...increase the child's positive attitude towards others and reduce intergroups bias and aggressions as well as socially exclusive practices, such as gang membership' (Christie et al p.300)*

Music therapy for inclusion could well be one of these programs.

#### **2.4.4 Music and music therapy in schools to promote inclusion: laying the foundations for future peace**

The previous sections of this Chapter indicate that both researchers and policy makers agree that the education and healthy development of children are fundamental in

shaping the future of a more peaceful society. Promoted by the British Council and the International Alert (2018), the Peace Perception Poll ran in 15 countries, amassing over 100.000 participants. It demonstrated that (i) peace education is the second most important intervention needed in order to promote peace and (ii) peace tolerance and conflict resolution should be taught in schools.

Brooks and Basma (2020), researched which practice would work best for the promotion of peace education in formal schools. They showed that these programs actually promote healthy relationships and a peaceful school culture, thus creating an inclusive safe space where children can cooperate and develop leadership. Moreover, teachers' training and cooperation with the wider community and environment are fundamental ingredients in these multidimensional programs (Brooks & Basma 2020, p.11) that involve the activation of several structural layers of society: the classroom, the school, the community, the policy-makers and the environment.

The training that teachers and music therapists receive is an important factor in the promotion of peace culture in schools. From the perspective of the researcher, it is important to pick up Boxill's (1988, 1997, Boxill & Schieffelin-Roberts 2003) invitation to (i) create a network of music therapists who are committed to promoting peace, and to (ii) develop specific music therapy research that would, in turn, increase the number of music therapy programs and projects in schools.

Numerous publications and research have explored the role of music education, inclusion and peace-building. For example, Burnard (et al 2008) carried out a four-country comparative study exploring the perspective of teachers on inclusive pedagogies and music education. They showed how music teachers can offer strategies and music experiences which promote and facilitate not only the relations between students and teachers, but also those created amongst peers, as well as the relationships outside the classroom. In contrast, music therapy studies and peace education research are not, on the whole, common. One reason this might be so is that they each fall within a *grey area* (Bonde, 2019, pp.23-24), where music therapy in educational settings can be confused with music education.

In cooperation with several international scholars, Hesser & Heineman (2011) published a compendium of music as a global resource. This was, in fact, a world survey of music projects aimed at presenting effective interventions that can address social issues



through music. The compendium is a collection of over 100 music projects implemented in over 40 countries. This compendium was created to show to the various governments across the globe what sort of music projects could be effective and achievable under the United Nations Millennium development goals (United Nations 2015). These projects would include community development, mental and physical health, healing the trauma of survivors, promoting education for all and peacebuilding projects.

Amongst the projects mentioned in that compendium are music therapy ones, cited in the sections dedicated to (i) music for mental and physical health (Section II) and (ii) music for trauma survivors (Section III).

Surprisingly, however, music therapy projects do not appear in the sections dedicated to either education or music for lifelong learning (Section IV). The reason this is surprising to the researcher is because Section IV comprises areas that are often investigated by music therapists, foremost amongst which are social inclusion, intercultural understanding, special needs children and inclusion, social harmony and well-being. Moreover, music therapy projects do not seem to be mentioned in the section dedicated to music for peace-building (Section V): instead, there is the robust presence of the organisation “Musician Without Borders”, an organisation that employs musicians and music therapists to run projects for peace around the world. This absence seems to confirm the need to promote not only the necessary research in this area, but also our profession at an international institutional level, to enhance collaboration and cooperation with other experts, professionals, and policy makers.

An emphasis on the contribution of professional music therapists is not only desirable, but crucial, as Odell-Miller (2017, 2019 foreword) pointed out. She stressed that it is important to promote amongst other professionals the understanding of what is music therapy, how it differs from other musical intervention (e.g. music education), how music therapy can help our society and what its potential and contribution can be in different fields of application.

To demonstrate the role and power of music in conflict transformation, Urban (2015) compiled a number of studies and research carried out by several scholars in different contexts, including educational settings. Specifically, his work shows that music and musicking can promote and facilitate a culture of peace, conflict resolution, transformation and reparation..

Maria Elena Lopez Vinader is the most representative music therapist in the field of music therapy for peace. In 1988, she was, together with Edith Hillman-Boxill, one of the

co-founders of the organisation Music Therapists for Peace (MTP). Today, she is the International Director of MTP and is still committed to bringing music therapy for peace projects into the educational setting and the various education-related areas. Vinader was also the creator of a radio program called '*Imagine: peace is possible*', hosted by the Argentinian University of Misiones.

For Vinader (2015, p. 147), music therapy has the potential to promote inner growth and human connection and can contribute to the creation of a culture of peace. Vinader refers to the integrative nature of music as a tool in music therapy: according to her, this tool is able to foster the development of peace at individual, family, societal and planetary levels.

She advocates the important contribution of our profession to the transformation of the world, as music therapists can promote healing, growth and peace-making. Music therapy helps the transformation of conflicts into accepted, nonviolent, musical behaviours, because it brings the quality of empathy in musical dialogues (Vinader 2015, p.153). It would be interesting to understand why there has been a dearth of research on music therapy for peace in the last fifteen years. Has it been poorly investigated since the death of Edith Hillman Boxill? Or has the research not been translated into English?

Another study, '*The resonant community: fostering interracial understanding through music*' (Skylstad 1993), relating to the potential of music therapy to transform conflict was run in an educational setting in Norway from 1988 to 1992. Skylstad (1993, 2015) reports on the findings of this study which used music and musical activities in an effort to prevent ethnic conflict in primary schools. The results obtained from this study demonstrated that in order to reduce conflicts, preventive measures had to be put in place.

These measures cannot be solely based on information and communication, because discriminatory attitudes have their roots in emotional and irrational behaviours. As a result, those attitudes should be confronted not only through information and communication, but also by the use of methods such as music, dance and movement activities that can help process the emotional and affective content of the conflict (Skillstad 2015).

This findings, therefore, additionally confirmed the hypothesis that dance and music activities support the development of empathic competencies.

With the current study, the researcher wants to bring attention to the potential of music

therapy to promote peace by means of fostering inclusion in education. Inclusion itself is considered the royal path to peace because in order to develop a culture of peace, it is necessary to develop inclusive attitudes. Inclusive behaviours have their roots in tolerance, empathy and emotional and social intelligence, all of which are important ingredients for peace-making and conflict transformation.

## **2.5 Conclusion and gaps**

From the literature review that was conducted for the purposes of this thesis, it appeared that there was a gap in the sectors of (i) music therapy (ii) group music therapy for inclusion (both (i) and (ii) aimed at promoting full inclusion in mainstream schools) and (iii) the music therapy for peace that takes place in educational settings.

The researcher believes that this study, written in English, is an attempt to start filling that gap and hopes that it will promote a dialogue and inspiration for further research in European and international contexts. Moreover, the existing research on music therapy intervention in educational settings consists of either specific research carried out in special school settings or research examining the development of disabled children, rather than the impact of full inclusion on all children and the whole school system. This observation seems to open new frontiers and research questions.

## **Chapter 3:**

### **Methodology**

#### **3.1 Introduction**

The current research project aimed to investigate if a specific type of group music therapy intervention (MTI), in primary schools, can facilitate inclusion and the development of some of the skills needed to promote peace.

The hypothesis behind this study is that group MTI helps children to develop tolerance by improving their self-confidence, empathy and ability to relate.

The research is described as an Action Research (AR), which applies a mixed method approach as a technique of inquiry.

Starting from the research questions, this chapter will delineate (i) the philosophical assumption that guided the researcher, (ii) the procedure of enquiry (the research design) and (iii) the method chosen for the data collection and analysis.

The present study relates to several disciplines such as education, psychology and emotional intelligence, peace studies and facilitation

The studies presented in the previous chapter (i) support and enrich the theory and knowledge of music therapy for inclusion, according to Bruscia's framing of theory and research (2014 p. 200) and (ii) explore its potential when used in education.

This is why the overall purpose of this study is exploratory and theory-testing.

The research design is complex and, as a result, multiple forms of data collection have been used.

#### **3.2 Research questions**

This thesis tackles two principal research questions:

(1) Is group music therapy for inclusion (MTI) an effective tool for children in primary school settings, helping them to develop emotional intelligence, empathy, tolerance and consideration for others?

(2) Can group MTI enhance the process of inclusion in primary school settings and, thereby, enhance peace-building competencies?

It also explores three secondary questions that emerge from the investigation and guide it:

(i) As an outcome of the group MTI in primary schools, do children show a more inclusive attitude? In other words, have children learnt to communicate and relate in a more positive manner with different peers?

(ii) Does group MTI offer a “playground” where children can explore/develop empathy and emotional intelligence?

(iii) Is group MTI a potentially effective strategy, engaging schools and communities in programs aimed to foster inclusion? (and therefore in peace-building programs?)

A complex research design was set up in order to investigate the role of group MTI. This design focused, amongst other things, on the ways in which (and the reasons why) inclusion shows a correlation to emotional intelligence, empathy, tolerance, consideration for others and peace building mechanisms.

### **3.2.1 Defining the research question terms**

To investigate the primary and secondary research questions outlined in 2.1, it was necessary to establish first some concrete definitions for each one of them. Specifically, definitions were necessary for the following terms: (i) group music therapy for inclusion (MTI), (ii) tolerance, (iii) inclusion in educational settings, (iv) *Integrazione scolastica*, (v) peace, (vi) emotional intelligence and social intelligence, (vii) empathy, (viii) playground space.

Moreover, it was important to address the supporting theoretical and philosophical background of the research as well as the background and philosophical understanding of the music therapist.

The following section will contain those definitions that are critical for an understanding of the methodology that was designed and used within the framework of this research.

### 3.2.1.1 Definition of Music Therapy for Inclusion

*Music Therapy for Inclusion (MTI) is an approach that was developed in Italy out of research and practice of group music therapy in mainstream schools. Its main function is that of a tool for integration – inclusion, promoting healthy emotional and cognitive development. MTI is a holistic approach that looks at the individual and the group as a whole, interconnected system. This means that MTI aims to promote all aspects of human development in both the personal and collective dimensions (viz. Esperson Pecoraro 2016).*

More information about group MTI is included in chapter 4.

### 3.2.1.2 Definition of Tolerance

The Cambridge Dictionary defines tolerance as follows:

*“Tolerance is the willingness to accept behaviour and beliefs that are different from your own, although you might not agree with or approve of them.”*  
(Cambridge dictionary, 2020)

Back in 1995, the UNESCO “Declaration of principles of tolerance”, provided a rather more elaborate definition for tolerance and particularly relevant to this study:

*‘Tolerance is respect, acceptance and appreciation of the rich diversity of our world's cultures, our forms of expression and ways of being human. It is fostered by knowledge, openness, communication, and freedom of thought, conscience and belief. Tolerance is harmony in difference. It is not only a moral duty, it is also a political and legal requirement. Tolerance, the virtue that makes peace possible, contributes to the replacement of the culture of war by a culture of peace.’ (UNESCO 1995, Art. 1)*

### 3.2.1.3 Definition of Inclusion in Education

*'Inclusion is a process; it is about learning how to live with differences and learning how to learn from differences. .*

*Inclusive education is an approach that looks into how to transform education system and other learning environments in order to respond to diversity of learners. It aims towards enabling teachers and learners both to feel comfortable with diversity, and to see it as a challenge and enrichment of the learning environment rather than a problem'.*

*(UNESCO 2005, p15).*

The above definition includes the term 'diversity'. However, given that diversity is a relevant but broad-ranging word in the process of inclusion, it seems useful to provide a definition of 'diversity' and 'inclusion' from The Ferris State University (Michigan, USA), as this expresses some aspects of the Equality and Diversity Act 2010 (Gov.UK 2010) and connects to the topic investigated herein:

*'Diversity is the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs.'*

*'Inclusion is involvement and empowerment, where the inherent worth and dignity of all people are recognized. An inclusive university promotes and sustains a sense of belonging; it values and practices respect for the talents, beliefs, backgrounds, and ways of living of its members.'*

*(The Ferris State University 2022)*

### 3.2.1.4 Definition of the Integrazione Scolastica

As mentioned in Chapter 1, the terms inclusion, *integrazione scolastica* and *integrazione* are used interchangeably. Here is translated the Italian Ministry of Education (MIUR 2020) definition of *Integrazione Scolastica*:

*'The scholastic integration of pupils with disabilities is a strength of the Italian school which aims to be a welcoming community in which all pupils, regardless of their functional diversity, can achieve individual and social growth experiences. The full inclusion of pupils with disabilities is an objective that the school of autonomy pursues through intense and articulated planning, enhancing the internal professionalism and resources offered by the area. The Italian Ministry of Education University and Research implements various accompanying measures to promote integration: support teachers, financing of projects and activities for integration, training initiatives for support and curricular teaching staff as well as administrative, technical and auxiliary staff.'*<sup>6</sup> (MIUR 2020a)

### 3.2.1.5 Definition of Peace

*'Peace is a condition or a state in which every person is empowered to develop to his or her full potential. It is a positive, dynamic, participatory process wherein dialogue is encouraged and conflict is solved in a spirit of mutual understanding and cooperation.'* (Chowdhury 2014, p. xv)

Peace-building capabilities are: *'Empathy, respect for others, commitment to fairness, and trust in relationship with other people'*. (Leckman, Panter-Brick, Salah 2014, p.7).

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<sup>6</sup>Definition in Italian:

*"L'integrazione scolastica degli alunni con disabilità costituisce un punto di forza della scuola italiana, che vuole essere una comunità accogliente nella quale tutti gli alunni, a prescindere dalle loro diversità funzionali, possano realizzare esperienze di crescita individuale e sociale. La piena inclusione degli alunni con disabilità è un obiettivo che la scuola dell'autonomia persegue attraverso un'attività intensa e articolata progettualità, valorizzando le professionalità interne e le risorse offerte dal territorio. Il MIUR mette in atto varie misure di accompagnamento per favorire l'integrazione: docenti di sostegno, finanziamento di progetti e attività per l'integrazione, iniziative di formazione del personale docente di sostegno e curricolare nonché del personale amministrativo, tecnico e ausiliare".*



### **3.2.1.6 Definition of Emotional Intelligence and Emotional-Social Intelligence**

*'This is that aspect of human intelligence that governs our ability to recognize, understand, control and use emotions in solving problems of a personal and interpersonal nature.'* (Bar-On 2020)

In the following definition emotional intelligence is related to how we understand ourselves and relate to others:

*'Emotional-social intelligence is an array of interrelated emotional and social competencies, skills and behaviours that determine how well we understand and express ourselves, understand others and relate with them, and cope with daily demands, challenges and pressures.'* (Bar-On 2020)

According to Reuven Bar-On these competencies and skills influence the positive response of an individual to environmental demands.

### **3.2.1.7 Definition of Empathy**

*"Empathy is the ability to imagine oneself in another's place, and understand the other's feelings. The aspect of understanding the feelings of others critically define empathy, as opposed to sympathy, in which one has a feeling corresponding to that which another feels."* (Iacoboni 2007, p.310)

In his research, Iacoboni (2007) considers that the understanding of others is a mental, as well as a corporeal phenomenon, adding the following to his definition of empathy:

*'...Central aspect of the definition of empathy is that it requires a sense of self and a sense of the other. Without self-awareness and awareness of the other, one cannot 'imagine oneself in another's place'. Thus, the foundational aspects of empathy are a sense of self, a sense of the other, and an embodied relational process between self and other. Such an embodied relational process between self and other can be easily identified in imitative behaviour.'*  
(Iacoboni 2007)

### 3.2.1.8 Definition of Playground Space

In the context of MTI, the term '*playground space*' is used to refer to the therapeutic and playful setting created for each MTI session. This setting includes (i) the therapist, (ii) the client(s), (iii) the musical activities, (iv) the instruments, (v) the physical space, (vi) the musical non-verbal interactions and (vii) the relationships between the participants, the therapist and the environment in 'the here and now'.

It is in this space that children can meet, experiment and explore many aspects of the self and the other, irrespective of their physical and cognitive abilities or their ability to relate; they learn about perceptions, movements, emotions, negotiation; they discover how to lead and how to follow; they find ways to manage their difficulties as well as their successes; they are called to engage with their own creativity, resilience, skills and resources. The MTI setting becomes a special *playground space* where children relate and engage in actions. It allows them to not only learn about their selves and the others within a playful group situation, but also develop a sense of belonging.

(viz. Esperson Pecoraro 2016).

## 3.3 Mixed Method Research

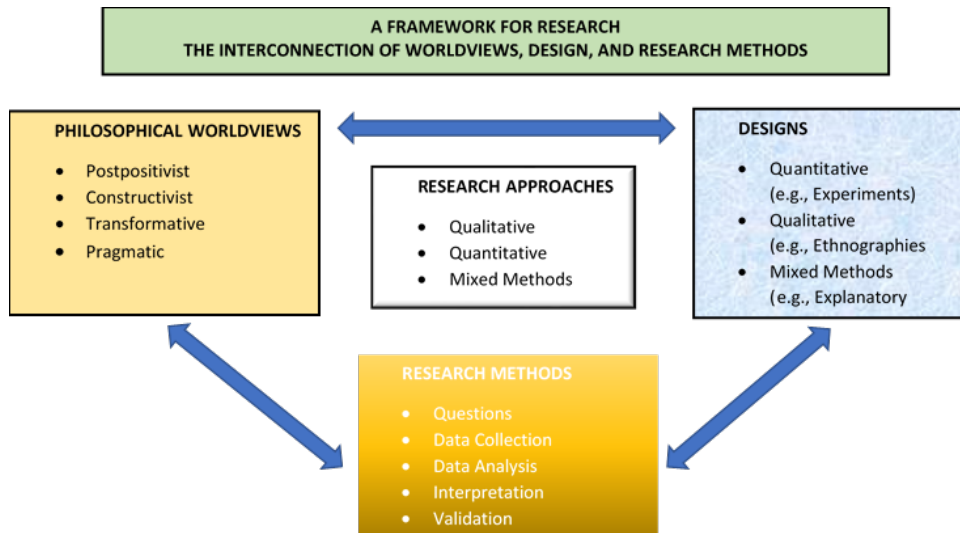
The justified question of "Why a mixed method?" needs to be addressed at this stage. The principal reason why this method was preferred was because at the centre of a mixed method approach of inquiry lies the assumption that additional insights and information are provided when quantitative and qualitative data are integrated (Creswell & Creswell 2018).

In Music Therapy, the pluralistic approach that engages qualitative and quantitative methods seems to offer the best understanding of the complexity of music and therapeutic interactions (Prickett 2005).

AR, as a pluralistic approach, is suitable in working in a multidisciplinary context, where education and music therapy meet.

According to Creswell & Creswell (2018, fig 1 p.5), every approach is organised under a research framework that involves the interconnection of three components: philosophical worldviews, research design and research methods (Figure 3.1). These components are discussed in the next three sections.

Figure 3.1. The Interconnection of Worldviews, Design and Research Methods.  
 Recreated from Creswell & Creswell (2018, p.5)



### 3.3.1 Philosophical Worldview

The current research fits with a Pragmatic Worldview, with some transformative aspects expressed mainly in the Action Research Method applied. A Pragmatic worldview has three main characteristics: it firstly deals with the problem (therefore is problem-centred), it secondly observes the consequences of the actions and, finally, it is oriented to a real-world practice. This approach is also pluralistic as it can observe the issue from several perspectives and tools. From a pragmatic stand Bonde (2015) considers mixed method research, useful for the music therapists who are today used to Evidence Based Practice (EBP). Particularly when the work involves a descriptive statistic, in a phenomenological description and hermeneutic interpretation such as the context of this action research, explained in the research design section (2.2.2).

Pragmatism is an approach that is often associated with a philosophical underpinning for mixed method research in social science and action research. It derives from the work of Peirce, James and Dewey (respectively 1878, 1904, 1931 cited by Hammond 2013), and has evolved in different forms (Creswell 2018). It is a philosophy that focuses on the research problem, paying attention to the context and looking for solutions and actions

that can create a change. The researcher is not attached to one single philosophy and reality, and can, therefore, freely choose the methods, techniques and procedure of research (Creswell 2018, p.10): it allows the freedom to use multiple methods, worldviews, diverse theories, different forms of data collection and analysis.

Mayo (2015) suggests that Freire (1970, 1976) and Gramsci (1999) are two of the philosophers at the root of a Transformative Worldview. The Transformative Worldview is one of the philosophical cornerstones of this research too, because it focuses on marginalised groups and social issues and is change-orientated. This notion is particularly pertinent to the current research as the concepts of inclusion and inclusion for all (UNESCO 2005) are both related to a broader worldview that considers the systemic exclusion of disabled people and minorities an issue that can be overcome only if there is change within the system itself.

As Creswell writes (2018 p.9), *“The research contains an action agenda for reform that might change the lives of the participant, the institutions in which individuals work or live, the researcher’s life.”*

Several years of fieldwork experience ignited a strong passion for music therapy and a belief that it can promote inclusion and healthy relationships.

Thus, the author too, has an action agenda, which is to engage in research that will convince institutions to welcome MTI in schools in order to promote, via this engagement, the development of inclusive values to foster a culture of peace and a more positive and compassionate society.

### **3.3.2 Research Design**

The present research project applies what Creswell (ibidem) calls ‘an explanatory sequential mixed method design’. This design is explanatory and sequential because the result of quantitative data analysis is used as a starting point. This notion will be further explained through the analysis of the qualitative results.

Action research was chosen for this investigation for various reasons

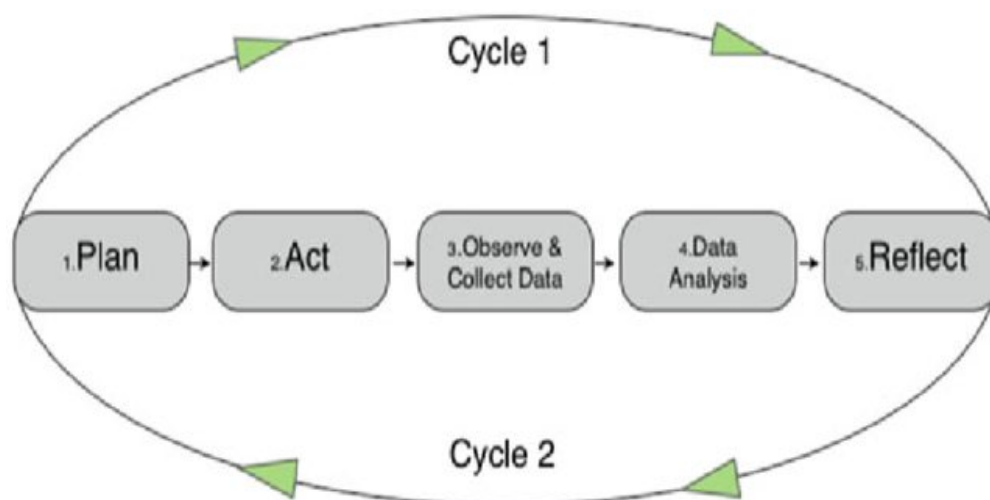
Stige (2005) points out that Music Therapy does not have an established tradition of Action Research, while also stating that this kind of research project can be beneficial for the profession, the discipline and for the groups involved.

Action research (hereafter AR) is a research method broadly applied in the field of education (Elliot, Giordano, Scurati et al 1994). It was introduced in social psychology by K. Lewin (1948) as a model of inquiry, its goal was to understand the issues that were concerning to a community and thus assist in their transformation. The methodology involves the participation of communities in cycles of observation – reflection – action and data collection.

The researcher is not just an observer who analyses the participants: she learns about a given situation through the feedback given by the participant, whilst she is simultaneously promoting the development of the skills that can lead to a change (Reason & Bradbury 2013).

The cycle of AR phases is described by Kemmis & McTaggart (2000) as a spiral of cycles, as shown in Fig.3.2.

*Figure 3.2 Kemmis & Mc Taggart Action Research Model adapted by Simon Williams (2020); Adapted Kemmis and McTaggart (in Williams 2020)*



In Italy, AR has been broadly used in education, particularly to investigate the “*Integrazione scolastica*” (Barbier 2007, Zanelli 1986, 2017, Canevaro 1983, 2013) and to research the effect of music therapy to foster inclusive processes and praxis schools (Chiappetta- Cajola, Esperson Pecoraro, Rizzo, 2008; Chiappetta-Cajola& Rizzo 2016). The AR model was used as a main method of observation, planning, evaluation and reflection during my career as a music therapist and teacher - educator.

This method fits naturally with music therapy intervention, for example Bruscia (1992, 2005) refers to and defines music therapy as a systematic process that involves assessment, treatment and evaluation of the changes produced with the MT intervention. The evaluation is, then, the beginning of a new cycle, where reflection of the action/MT intervention becomes the starting point for a new plan of intervention and treatment, followed again by an evaluation.

It seems that the Action Research cycle represents what we, as music therapists, do in our settings: our actions and decisions are not only informed and guided by reflexive practice, but are also based on sound-music action followed by the client reaction/consequences. The observation of behaviours and the MT assessment guide the music therapist to adjust the plan for the treatment after each of the sessions. This can happen not only after individual sessions, but also, as Boxill (1992) suggests, on a monthly and yearly basis as it forms the foundations that allows to assess the progress of individuals and revise the direction of the music therapy intervention and its efficacy. In other words, the assessment informs the planning as it allows us to identify not only individual needs in the class but also the needs of the group.

In addition, systemic thinking is embedded in this Action Research, informing and underpinning it. The research project, group MTI, was built around the involvement and observations of the school system: teachers, pupils, principals, school staff, parents, buildings. This because *“Inclusive education is an approach that looks into how to transform education systems and other learning environments in order to respond to diversity of learners...”* (Creswell 2018 p 4).

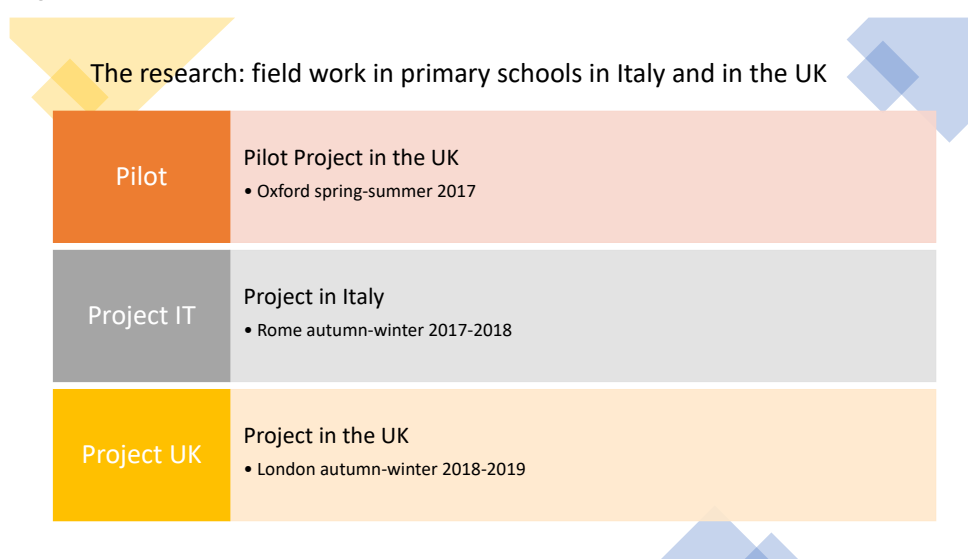
### **3.4 Organisation of the research study fieldwork: research method overview**

The research study was run in primary schools in both the United Kingdom and Italy. This is because both countries were impacted (and still are) by a multitude of challenges. Immigration, inequality, racism, climate change and the recent pandemic, are inevitably changing the shape of not only the social structure of the two countries but also their school population. The United Kingdom and Italy are European countries that have different inclusion policies. It was, therefore, interesting to explore whether

environmental factors, like policy and cultural attitude towards inclusive education, might have had an impact on the effect of group MTI. Italy and the UK were also chosen for personal reasons. The music therapist has lived and had contacts in both countries, speaks Italian and English, and has experience of working in primary schools in both Italy and the UK.

In order to investigate the research questions (section 3.2), the researcher (i) set up, in both countries, a number of MTI group sessions with primary school children and (ii) devised quantitative and qualitative evaluation systems which would assist her in assessing the effect of this work. The research comprised three phases, as illustrated in Figure 3.3: pilot project, project in Italy, project in the UK. Each phase foresaw ten group MTI sessions (one for each group of children), split over ten weeks.

Figure 3.3 The three phases of the research fieldwork



The pilot project took place during the summer term of 2017 in a UK Primary school (Oxford). It aimed to test the research design and assessment tools. It provided the researcher with the opportunity to reflect on these and make appropriate changes. In the autumn of 2017, the research study started in a primary school in Italy (Rome) and, in the autumn of 2018, the research study started in a primary school in England (London).

In all three settings (pilot project, Italy school and London school) the research project included three main phases:

- A workshop for teachers
- A workshop for parents and/or caregivers
- Ten group music therapy sessions (one hour per group) with classes of children aged 8-11

During the pilot project it was impossible to deliver the three stages of the research as planned: the workshops, for the teachers and the parents, were not allowed, and the ten weeks intervention were delivered to a group of eight children, but not to the whole class.

During the field work in Italy the workshop for parents was delivered, but not at the beginning of the field work. All three stages were delivered as planned during the field work in London.

In chapter 5, the researcher will explain further, the challenges of delivering the workshops for teacher and parents, before starting the field work. And the challenges of involving the whole class of children.

In this mixed method design, group MTI were applied and multiple tools and forms for the evaluation were selected and devised in order to enable me to collect initial and final data.

During the first year of the research project, appropriate assessment tools were considered and, subsequently, selected in an effort to answer the questions put forward in this thesis. Questionnaires from the index for inclusion were picked out and new questionnaire were designed, to understand the attitude of teachers towards inclusion and music therapy.

Before starting the Pilot Project, the required forms for the Anglia Ruskin Ethics Committee were completed and submitted. These consisted of Ethic Forms 1 and 2 (Appendix A 3.5.1 and 3.5.2), the forms relating to the information provided to parents and children, and the consent forms that parents and children had to sign (Appendix A 3.6, 3.7, 3.8, 3.9).

The music therapist attended the compulsory trainings for the Ethics and Research Methodology sections of the work, and performed a review of the literature, while reflecting on organising the several the assessment tools and selecting a specific music therapy assessment.



An evaluation tool was created, based on a revised form of the International Classification of functioning disability and health, child and youth version, ICF-CY (WHO 2007). The relevant domain and specific indicators to record behavioural changes were chosen and a number of activities were selected so that I could run the observation.

In each of the different settings (Pilot, Rome school, London school) attention was given to maintain the same music, style and pace at the sessions, to maintain a constant and consistent intervention structure while remaining flexible to adapt and welcome different group situations and needs. More details are included in chapter 4 and 5.

A Pilot Project was organised and run for ten weeks, in a primary school in Oxford during the summer term of 2017 (covering the period between Easter and July).

The aim of the pilot project was to test the research procedure. This included the delivery of workshops to parents and teachers, as well as the running of the music therapy sessions for the children and the testing of the assessment tools devised for the research. For reasons that will be specified in Chapter 5, the pilot group involved only 8 children (aged 10-11) and two teachers of a UK primary school. Nevertheless, it was useful to (i) test and refine the assessment tool that was implemented, (ii) refine the activities and (iii) review the modality of the approach that the researcher needed to adopt (e.g. viewing the schools as a community of both teachers and parents).

This pilot was also helpful as it provided the researcher with the opportunity to encounter the resistance of the system in the UK and experience how the teachers and staff as a whole struggled to find time for this group MTI activity (details in Chapter 4).

This meant that she was more prepared when setting up the field work in London in 2018. The music therapist improved her skills in video recording the sessions, and discovered what technical support she needed. She also refined and reflected on her modality of observation.

During the pilot project, she actively searched for a primary school in Italy that would welcome the opportunity to participate in this research. During the 2017 Easter holidays, she went to Italy and made an agreement with the Head Teacher of a primary school.

The researcher was able to provide all the documents that were needed to validate the agreement between the school and the researcher and the consent forms for the teacher, the parents and the participating pupils, prior to the start of the group music therapy sessions. In October 2017, everything was in place and the research study could start in a primary school in Rome.

The music therapy interventions were delivered to children aged 8-11 attending year 3, year 4 and year 5, Each year group was divided into 2 subgroups, ensuring that they each had a maximum of 12-16 participants. Each subgroup benefited from one hour of music therapy sessions, once a week, for a total of 10 sessions.

During the field work in Italy, in the spirit of the AR, the music therapist reflected on the assessment. Not completely satisfied with its reliability (viz. Section 3.5.4), she decided to add the emotional quotient inventory test EQi-YV (Bar-On 2012) in order to measure the emotional intelligence of the children with a final validated test.

In addition, the music therapist created a questionnaire for children called Music Therapist Questionnaire and administered this at the end of the Italian project. Its aim was to investigate the children's perception of the group music therapy activities and was inspired by the Index for Inclusion questionnaire (Booth&Ainscow 2002, 2008).

The EQi-YV test and the music therapist's questionnaire for children were added as initial and final tests for the UK children.

After the Italian experience, it was also decided to include a control group for the UK fieldwork. As the EQi-YV was introduced, it was interesting to compare the effect of the treatment (and, therefore, of the independent variable), through the answers of the Italian and UK children.

While still running the research project in Rome and conscious of the difficulties she had previously encountered during the pilot project, the music therapist actively sought a primary school in the UK in winter 2018. She aimed for a school where both the teachers and the Head Teacher would agree to support the participation of entire classes and not just the involvement of only a few pupils.

An enthusiastic Head Teacher in London embraced the project in March 2018 and, as a result, we started to prepare the forms and documents needed for the teachers and parents. Unfortunately, the school had to suddenly drop the music therapy project, but that same Head Teacher helped the music therapist to promote it in other primary schools of the area.

At the end of September 2018, the researcher was ready to start the study in a primary school in London.

In the London schools too, music therapy interventions were delivered to children aged 8-11 attending year 3, year 4 and year 5, . Each year group was divided into 2 subgroups ensuring that they each had a maximum of 12-16 participants. Each subgroup benefited from one hour of music therapy sessions, once a week, for a total of 10 sessions.

Children in year 6 participated as a control group and filled initial and final assessment tests in weeks one and ten.

Teachers, teacher assistants or special education teachers were invited to participate and witness the activity and the children's progress. A one-day workshop was offered to each group of teachers and parents of the classes involved. This was planned with the intention of acquainting them with Group Music Therapy objectives, processes and activities, providing answers to questions and clarifying any doubts or concerns related to the information sheet and the consent form.

In the original project, these workshops were scheduled to be offered before the start of the MT sessions. A detailed description of the challenges encountered will be discussed in chapter 5.

### **3.4.1 Selection and creation of the assessment tools**

Multiple tests have been selected and created for the initial and final data collection, in order to assess (i) the children's progresses, during the ten music therapy sessions offered, and (ii) influence of the environmental factors.

This is a list of the multiple forms of the initial and final data collection that have been used:

1. Music Therapist's assessment MTI-ICF. Based and inspired on the International Classification of Functions, disability and health, children and youth, ICF-CY (WHO 2007). In this study the author will refer to this assessment using the abbreviation MTI-ICF.
2. Questionnaires for children:
  - a. index for inclusion
  - b. music therapist's questionnaires
3. Children's drawings (Appendix B)
4. Bar On Emotional intelligence test, youth version, EQi-YV
5. Questionnaires for teachers:
  - a. Index for Inclusion (Appendix A 3.3)
  - b. Music therapist's questionnaires (Appendix A 3.)

All these results were then submitted to statistical assessment, test analysis and data interpretation.

A total number of 315 children, from UK and Italy, participated in the study and completed the qualitative tests as illustrated in figure 3.3.

This number includes 26 children of the Control Group, introduced in 2018-2019, for the field work in London, but excludes the eight children of the Pilot Project (PP). The reasons are discussed in chapter 5.

In figures 3.4, 3.5 and 3.6 are listed the tests undertaken by the children, respectively during the pilot project (fig. 3.4), during the field work in Italy (fig. 3.5) and during the field work in the UK (fig. 3.6).

*Figure 3.4 Tests undertaken by the children during the pilot project.*

PILOT PROJECT	Initial and Final tests:
	MTI-ICF
	Questionnaire for children: index for inclusion
	Children's drawings

The pilot project helped the researcher to verify the research design and refine the music therapist's assessment (MTI-ICF).

As in the nature of the AR, the field work in Italy gave the music therapist the opportunity to reflect deeply about the research design and the potential limitation of the assessment tools. It was, therefore, decided to add two forms: (i) the music therapist's questionnaire, 12 questions inspired to the index for inclusion questionnaire, to investigate children's feelings about the MTI and (ii) the test Bar-On, Emotional Quotient inventory youth version (EQi-YV), to have a general view of the emotional intelligence of the children, using a validated tool.

These forms were administered as final tests in Italy (figure 3.5) and initial and final tests in the UK (figure 3.6)

Figure 3.5 shows when and what tests were administered to the Italian children.

Figure 3.5 Tests undertaken by the children during the field work in Italy

Italy field work	MTI-ICF (initial and final)
	Questionnaire for children: index for inclusion (initial and final)
	Questionnaire for children: music therapist's questionnaire (final)
	Children's drawings (initial and final)
	Bar-On Emotional quotient test (final)

Figure 3.6 shows that initial and final forms for all tests were administered to the UK children participants and to the control group.

Figure 3.6 Tests undertaken by the children during the field work in the UK

UK field work and UK control group	MTI-ICF (initial and final)
	Questionnaire for children: index for inclusion (initial and final)
	Questionnaire for children: music therapist's questionnaire (initial and final)
	Children's drawings (initial and final)
	Bar-On Emotional quotient test (initial and final)

In addition, 25 teachers, specialised teachers and teacher assistants that were working with the children involved answered various sets of questions, as illustrated in Figure 3.7

Figure 3.7: Initial and final tests undertaken by teaching staff

Pilot	Italy	UK
<p>Teachers and Staff questionnaires:</p> <ul style="list-style-type: none"> <li>• Index for inclusion A1 and A2</li> <li>• Music therapy questionnaires</li> </ul>	<p>Teachers and Staff questionnaires:</p> <ul style="list-style-type: none"> <li>• Index for inclusion A1 and A2</li> <li>• Music therapy questionnaires</li> </ul>	<p>Teachers and Staff questionnaires:</p> <ul style="list-style-type: none"> <li>• Index for inclusion A1 and A2</li> <li>• Music therapy questionnaires</li> </ul>

The multiple forms of pre- and post-data collection are discussed in more detail in Section 3.5.

### 3.5. Assessment tools: what they are and why they are used

*“A system for verifying the effectiveness of music therapy treatment, becomes even more imperative when the treatment is innovative”  
(Prickett 2005 p. 45)*

A specific music therapy evaluation, administered by the music therapist and inspired by the International Classification of Function, disability and health, children and youth, ICF-CY (WHO, 2007) was designed to facilitate the collection of quantitative data. The tool was refined in accordance with the research questions and in this study is called with the abbreviation MTI-ICF.

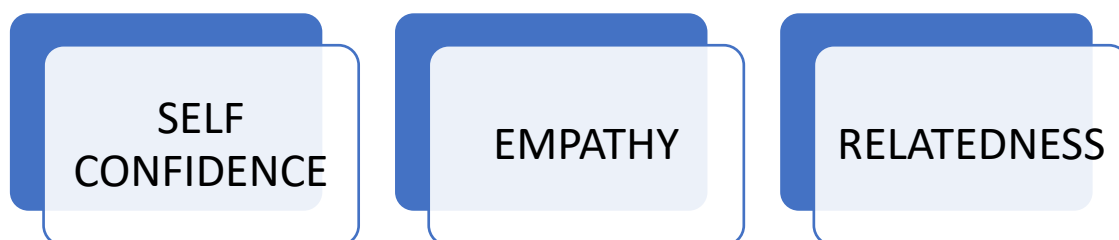
Three areas of interest were identified for the music therapy evaluation: (i) self-confidence, (ii) empathy and (iii) relatedness (openness to relationships) (Figure 3.8).

The researcher performed the music therapy assessment on 315 children. The assessment comprises 26 indicators, inspired and selected from the International Classification of Functioning, disability and Health.

Children’s progress was assessed through an initial and a final observation of the group MTI, taken in the 2<sup>nd</sup> and 3<sup>rd</sup> sessions (initial) and the 9<sup>th</sup> and 10<sup>th</sup> sessions (final).

Qualitative data were collected via initial and final questionnaires, drawings and tests.

*Figure 3.8 The three areas of interest investigated to assess children's progress through the music therapy assessment MTI-ICF.*



The UNESCO (2005) definition of inclusion (chapter 2.2.1) opens the research to systemic thinking, given that the vision of inclusion contained therein is also about learning environments, changes and adaptation. It was, therefore, relevant to observe and reflect on the potential influence of the environment, namely on the teachers, school, material, spaces, instruments, as well as on the individual changes and the relationship changes among group participants.

Initial and final questionnaires for teachers and staff aimed at taking a “snapshot” of environmental factors in order to investigate and reflect upon the influence of the environment in how people functioned and, as a result, its impact on the process of inclusion. Questionnaires for teachers were looking to understand the attitude that teachers were displaying towards inclusion and music therapy. To respond to this need, a questionnaire was also created that aimed to understand the attitude of the children towards the music therapy activity. These were all closed-answer questionnaires, i.e. the options were (i) agree, (ii) neither agree nor disagree, and (iii) disagree. They were administered at the beginning and at the end of the project. The questionnaires were given to the teachers and collected by the music therapist within the same week. Teachers completed the tests independently, using their planning time or lunch break, at the beginning and at the end of the project.

Beside the described qualitative descriptive reports, all participating pupils were asked to draw themselves. As a result of this request, they completed an initial and a final drawing.

At a later date the research will consider the interpretation of the data analysis and we will also look at whether there was a link between the attitude of the teachers and the response of the children to the group MTI. It seemed important to adopt questionnaires

and assessment tools that had already been recognised and studied. For this purpose, questionnaires for teachers and for children were chosen from the Index for inclusion (Booth and Ainscow 2002), an important document translated in 37 languages.

### **3.5.1 Music therapist's assessment, MTI-ICF: based and inspired on the International Classification of Functions, disability and health, children and youth (ICF-CY)**

For many years, the music therapist has been searching for an international assessment tool that could be shared amongst professionals and that could validate the findings and support the expansion of Music Therapy interventions in the educational field.

As mentioned in chapters one (viz. 1.5) from 1999 till 2013, the effectiveness of group MTI in facilitating the *Integrazione scolastica* was observed and researched by FO.RI.FO's research group, in Italian schools. MTI interventions were led by the author as well as other professional music therapists, along with several music therapy students. The research group identified this tool in the International Classification of Functioning, Disability and Health, known more commonly as ICF (Cajola, Esperson, Rizzo 2008).

During the 15 years of existence of the FORIFO's Music Therapy course, data were gathered from 39 students who applied group Music Therapy for integration-inclusion during their placement year. In addition, further in-depth studies were produced in twelve Music Therapy dissertations which, subsequently, lead to music therapy degrees and were submitted between 2001 and 2013 (Malizia 2001, Civetta 2002, Cambule 2005, Beneduce 2010, Galié 2010, Turrisi 2011, Andreoli 2012, Didomenicantonio 2012, Pironti 2012, Canonico 2013, Leone 2013, Zanchiello 2013). The findings strongly indicated that, within the Italian context, active inclusion could be attained through MTI.

The ICF-CY classification (WHO 2007) inspired the Music therapy assessment tool that was specifically devised for this study and that aimed to observe the changes that the participating children underwent during the sessions.

This choice was favoured because the ICF (WHO 2001) provides what is considered to be a common language for professionals across disciplines. Such professionals include, but are not limited to, researchers, educators, health care workers and policy makers. It also allows the comparison of data across countries, providing a framework for the



description of health and health-related states. In the educational setting, the description of health conditions and impairments is enhanced with information focusing on learning and development. In this setting, ICF “helps to overcome past approaches of describing and labelling disability that may have led to segregation or discrimination in education” (WHO, ICF practical manual 2013, p.98).

The International Classification of Functioning (ICF) supersedes the idea of disability both as a deviation from the norm (e.g.as a consequence of illness) and as a social construct. Instead, it provides a coherent perspective of the diverse dimensions of health on a biological, individual and societal level (UNESCO, 2002, 2007, WHO 2001-2007). Health and health-related domains are classified through two lists:

- o body functions and structure
- o domains of activity and participation

What is interesting and innovative about this approach is its universality. ICF is about **all** people. It concerns everyone. It describes all domains of functioning and disability that are applicable to everyone. As a result, this prevents it from becoming a tool whose sole purpose is labelling people with disabilities as a separate group.

An important point to consider here is that the ICF tries to overcome the duality between a medical and a social model of disability. Specifically, it is argued (WHO- ICF Beginners guide, p 10) that both models are partially valid and valuable but inadequate if used on their own. This is why the ICF opted for a *bio-psycho--social model* when looking at the complex phenomenon of health and health-related states, as this model not only takes into account the individual factors but also investigates the societal perspectives.

For this reason, the ICF focuses on environmental factors that interact with the components of the other domains. This emphasis on environmental factors adds an important dimension to the research. It makes it possible to investigate and highlight the impact of environmental and contextual factors in the process of inclusion, in terms of their level of facilitation or barrier-creation.

### *Method*

For the purpose of this research, three main areas were identified as pivotal to the notions of “tolerance”, “inclusion” and “empathy”. These areas are self-confidence, empathy, relatedness (fig. 3.8).

For the purpose of the investigation each main area was divided into three sub-categories:

- Self-confidence:
  - Control and awareness of the self
  - Leadership
  - Self-confidence, leading relating to the larger group
- Empathy:
  - Listening
  - Following
  - Respecting diversity
- Relatedness:
  - Praising and supporting others
  - Sharing ideas and instruments
  - Expressing agreement and resolving conflict

For each of the above sub-categories, twenty-six ICF-CY indicators were selected from the ICF-CY manual, to guide the specific music therapist observation and assessment. The first column of tables 3.1, 3.2, 3.3 shows the three main areas investigated, the second column the subcategories identified by the music therapist and in the third column are visible the specific original ICF-CY indicators selected.

This selection was a critical step, as it made it possible to make specific observations and reduce as much as possible the music therapist's generalisations and subjective interpretation during the scoring process

The MTI-ICF indicator B (body functions) and D (activities and participation) listed in the third column of Table 3.1, 3.2 and 3.3 are reported as in the original ICF-CY version. They helped the researcher to be as specific as possible during the observation and scoring process.

The ICF manual provides exact descriptions of the observed function, and each item selected was clearly described. For example item 7, 1260. Extroversion, is described as *'mental function that produces personal disposition that is outgoing, sociable and demonstrative, as contrasted to being shy, restricted and inhibited'* (ICF-CY, 2007, p. 49). The music therapist used constantly the manual descriptions, during the scoring process. These helped remind her of the exact behaviours she observed and the reasons why, she scored the specific MTI-ICF indicators as she did.

*Table 3.1 Self Confidence: the first column indicates the area of interest (Self Confidence), the second column the sub categories individuated for the music therapy assessment of this area, the third column the ICF-CY original indicators related to the sub categories. The letter B before the number indicates that we are observing Body Functions, the letter D indicates that we are observing the domain of activities and participation.*

<b>Self-Confidence</b> 1	<b>Control and awareness of the self</b>	B180 Experience of the self and time functions
2		B760- b7602 Control of voluntary movement (complex)
3		D2401 Handling stress and psychological demands
4	<b>Leadership</b>	D2103 Single task independently in a group
5		D2505 Leading a multi-task
6		D177 Decision among options
7	<b>Leading in relation to a large group – temperament and person</b>	B1260 Extroversion
8		B1266 Self-confidence
9		B1267 Trustworthiness

Specificity is not easy, when it comes to assess behaviours, but was considered extremely important, in the design, to enable other music therapists to assess children's behaviours and replicate the research study.

*Table 3.2 Empathy, the first column indicates the area of interest (Empathy), the second column the sub categories individuated for the music therapy assessment of this area, the third column the ICF-CY original indicators related to the sub categories. The letter B before the number indicates that we are observing Body Functions, the letter D indicates that we are observing the domain of activities and participation.*

<b>Empathy</b>	<b>Listening</b>	D115 Listening
11		B187- b1403 Sharing attention
12		D332 Singing
13	<b>Following</b>	D110 Watching
14		D130 Copying- imitating action d130
15		d1551 Imitating a sequence
16	<b>Respecting diversity</b>	D7102 Tolerance in relationships
17		D2508 Putting the self in others' shoes
18		D710 Consideration - responding to feelings of others

### *Scoring method*

The progress of the children was assessed through an initial (2<sup>nd</sup> and 3<sup>rd</sup> sessions) and final (9<sup>th</sup> and 10<sup>th</sup> sessions) observation of the group MTI. Each session was also video recorded.

Before each session, the music therapist would confirm or amend the prepared intervention plan. A protocol was filled in with the music therapist's hand-written notes after each intervention (few example in Appendix A.5.4) All sessions were video recorded so as to allow the researcher a more thorough examination of the session and accurate scoring of the children's behaviour. The hand-written notes were compared to what was observed in the videorecording. All final scores were given filling the forms after the observation of the videos.

*Table 3.3 Relatedness, the first column indicates the area of interest (relatedness), the second column the sub categories individuated for the music therapy assessment of this area, the third column the ICF-CY original indicators related to the sub categories. The letter B before the number indicates that we are observing Body Functions, the letter D indicates that we are observing the domain of activities and participation.*

Relatedness 19	<b>Praising and supporting others</b>	D7101 Appreciation in relationships
20		B1255 Approaching a person or situation
21		B1261 Agreeableness – cooperative
22	<b>Sharing ideas and instruments</b>	B1264 Openness to the experience
23		B1250 Adaptability, accepting manner (rather than resistant)
24		D3158 Communicating with and receiving
25	<b>Expressing agreement and resolving conflicts</b>	D720 Complex interpersonal interactions
26		D7500 Forming relationships

It is important to note that the ICF allows to create different assessments, according to the goals of the observer and her/his research. For example, it is possible that another music therapist or professional, chose different indicators to assess “self-confidence”, and new indicators can be chosen to observe behaviours related to self-confidence which are different to the ones chosen for this study.

In Rome, the music therapist was able to complete the forms both during and at the end of some of the sessions. As teachers were present and actively participated in the music therapy intervention, the music therapist had the opportunity to sometimes sit back and simply observe the interactions between the children. The video recording was used to

confirm the researcher's evaluation at the end of the fieldwork in March, April and May 2018.

In London, the music therapist completed some of the MTI-ICF assessments after the session. Just like for the Italian children, scores were given while watching the videos at the end of the fieldwork during March, April and May 2019. Unfortunately, the researcher was usually on her own during the music therapy sessions and only one of the support teachers actively participated (whenever present in the sessions).

*Table 3.4 MTI-ICF Example of the scoring method*

Relatedness 19	Praising and supporting others	D7101 Appreciation in relationships	1 2 3 4
20		B1255 Approaching a person or situation	1 2 3 4
21		B1261 Agreeableness – cooperative attitude	1 2 3 4
22	Sharing ideas and instruments	B1264 Openness to the experience	1 2 3 4
23		B1250 Adaptability, accepting	1 2 3 4
24		D3158 Communicating with others and receiving from others	1 2 3 4
25	Expressing agreement and resolving conflicts	D720 Complex interpersonal interactions	1 2 3 4
26		D7500 Forming relationships	1 2 3 4

The MTI-ICF assessment scores (Table 3.4 and Appendix A.3.1) from both countries were transferred from paper to Excel files and, afterwards, to SPSS. This process took several months.

For this research, the International Classification (ICF) scoring was used:

0 = NO PROBLEM (none, absent, negligible)

1 = MILD problem (slight, low)

2 = MODERATE problem (medium, fair)

3 = SEVERE problem (high, extreme)

4 = COMPLETE problem (total)

In transferring the scores from paper to computer, it was decided to start with 1= No problem, ensuring greater clarity in the bar chart reading, hence:

1 = NO PROBLEM(none, absent, negligible)

2 = MILD problem (slight, low)

3 = MODERATE problem (medium, fair)

4 = SEVERE problem (high, extreme)

### **3.5.2 Questionnaires for children: index for inclusion and music therapist questionnaire**

Children were asked to respond to sets of multiple-choice questions, choosing one answer only, between (i) disagree, (ii) neither agree nor disagree, and (iii) agree. The answers were scored with 1, 2 or 3, respectively. (Fig. 3.9 and 3.10). The questionnaire selected was 'questionnaire 4: my school' (Booth&Ainscow, 2002, p.182)

The Italian children completed the questionnaires, in their classes using their tables.

The UK children completed the sitting at the tables, in the music therapy room.

#### **3.5.2.1 Questionnaires for children: index for inclusion**

The Index for Inclusion (Booth and Ainscow 2002) is a document which aims to support the inclusive development of schools, development that is the result of a collaboration between teachers, researchers, governors, disability organizations and parents.

The materials included in the Index help schools to identify how better they could develop inclusive curricula and culture through all comprehensive sets of documents and questionnaires.

The Index is a versatile tool and there is no one way of using it (Ibidem p.6). Therefore, the content of the Index for Inclusion is a flexible tool that schools can use as self-assessment to improve the process of inclusion.

According to Booth and Ainscow (2002) a school is inclusive when builds a context that allows all pupils not only to feel an active part of the group they belong to, but also to reach the highest possible potential. The definition of inclusive school focuses on the school context, with the obstacles and facilitators that this produces with respect to the participation and development of all the people who are part of it.

*'...is a set of materials to support the self-review of all aspects of a school, including activities in playgrounds, staff rooms and classrooms the communities and environment around the school. It encourages all staff, parents/carers and children to contribute to an inclusive development plan and put it into practice.'* (Booth&Ainscow, cited in EACEA 2012, p.7)

The definition of inclusion that the Index proposes is based on the social model of disability (Oliver 1990). Inclusion is *'a path towards the unlimited growth of learning and participation of all pupils'* (Booth and Ainscow, 2008, p. 110).

Because of its key concepts, such as *inclusion* and *barriers to learning and participation* (Booth&Ainscow 2002 p.5), and because of the large diffusion of the Index (translated in 37 languages), it felt appropriate to use, in this research, some of the Index questionnaires for children (Figure 3.9) and teachers (viz. 3.5.5).









































































The index for inclusion questionnaires, were used with the aim to gain insights on environmental factors, such as the feelings, thoughts and perceptions of children and teachers (section 3.5.5) on inclusion, and the possible impact of these factors on the outcome of the music therapy intervention.

Questionnaire n.4, one of the Index for Inclusion questionnaire for children (ibid. p.182 ), was selected and it is shown in Fig 3.9.

In Figure 3.9, we can see that all children were given three options, each represented by an emoticon: (i) disagree (sad face), (ii) neither agree nor disagree (neutral face), and (iii) agree (happy face). The answers were scored with '1', '2' or '3', respectively.



Figure 3.9 Children questionnaire: Index for Inclusion

1	I am happy at school.			
2	I like the way the school looks.			
3	I have good friends at the school.			
4	Children are kind to each other at the school.			
5	Adults are kind to children at the school.			
6	I like my teachers.			
7	I eat food that is good for me at school.			
8	I like to tell my family what I have done at school.			
9	When I first joined the school I was helped to feel happy.			
10	Boys and girls get on well together.			
11	Children do not get hit or called hurtful names at school.			
12	I feel safe in the playground and in the toilets.			
13	Teachers stop children making a fuss in lessons.			
14	Children often help each other in lessons.			
15	If I have a problem I can ask an adult for help.			
16	I learn all sorts of interesting things at school.			
17	I learn about people in other parts of the world.			
18	We learn how to save energy at school.			
19	We learn to care for the environment.			
20	Teachers are interested in listening to my ideas.			
21	I always know what to do in lessons.			
22	Teachers don't mind if I make mistakes as long as I try my best.			
23	My work is sometimes put up on the wall in my school.			
24	I sometimes join in clubs before or after school.			

### 3.5.2.2 Questionnaires for children: music therapist questionnaire

During the field work in Italy, the music therapist, reflecting on the assessment, felt the limitation of not having the children's perspective and feelings on the group music therapy. In the spirit of the AR, it felt appropriate to add questionnaire for children, to investigate their feelings and opinion on the music therapy sessions.

The music therapist created a eleven questions, questionnaire for children, inspired to index for inclusion and named music therapist's questionnaire (IndexInclusionMT)

Italian children completed it at the end of the project, whereas the UK children filled it at the at the beginning and at the end of the project.

Similar emoticon options were used for the Index for Inclusion: (i) disagree (sad face), (ii) neither agree nor disagree (neutral face), and (iii) agree (happy face). The answers were scored with '1', '2' or '3', respectively (Fig 3.10).

*Fig 3.10 Music therapist questionnaire for children*

1	I am happy during the activity of Mus and Movement			
2	After Mus and Mov activity I get on better with my friends.			
3	I like to tell my family what I have done during Mus&Mov activity.			
4	When I first joined the Mu&Mov group I was helped to feel happy.			
5	During Mus&Mov group I have got to know better my classmates			
6	During Mus&Mov group I have felt safe			
7	During Mus&Mov group my classmates surprised me positively.			
8	During Mus&Mov group my teachers were interested in listening to my ideas.			
9	During Mus&Mov group my classmates were interested in listening to my ideas			
10	During Mus&Mov group I was at ease in creating new "things"			
11	During Mus&Mov group I was at ease in performing new tasks			

### 3.5.3 Children drawings

When children draw the human body they represent unconsciously themselves and the perception of their body parts (Crotti, Magni 1996, p. 60). Children were asked to draw an initial and a final self portrait. The intention of the researcher was to have *acoup d'oeil*, of the child perception of the self in terms of body and body parts, at the beginning and at the end of the project. Therefore the self portraits were not studied and analysed as a psychological tests of the human figure.

*Table 3.5 Illustrates the drawing scoring: the ten categories created to score the children's drawings.*

1 = Head /shoulders Black and White (B&W)
2 = Head/ Shoulders coloured
3 = Incomplete body B&W
4 = Incomplete body coloured
5 = Complete body B&W
6 = Complete body coloured
7 = Complete body coloured, with other people or elements
8 = Complete body coloured with written messages
9 = Complete body coloured with complete background (full page), + other
10 = Messages; Special drawing to highlight features; impossible to place in one of the other categories

Ferrari&Ferrari (2001) argues that children consider drawings as photography of reality. In this research project, the drawings of the children have been used as *the photography* of their perception of their own body and their colouring has been deemed to potentially provide information relating to the description of their reality in relation to their emotional inner world. Following the suggestion of Crotti and Magni (1996), children could use for the drawing: a pencil, a rubber, a sharpener and a minimum of seven colours(blue, green, red, yellow, purple, brown and black).

The hypothesis is that improvements in the children's (i) self-awareness and body perception and (ii) emotional development are visible in the representation of themselves. This is because the acquisition of the body schema is an integral part of a

child's growth and the evolution of the human figure in the drawings is an expression of the child's development (Crotti&Magli 1996, Manes&Bandinelli 2004).

The Italian children completed the drawing in their classes using their tables or the floor, in the music therapy room. The UK children completed the drawing sitting at the tables, in the music therapy room.

The music therapist's instruction was: "Make a drawing of yourself".

The drawings were initially observed and catalogued following a set of characteristics that the researcher decided to score in ten categories, as illustrated in Table 3.6. The music therapist created the scoring system in order to analyse the drawings. She used the statistic software (SPSS) and observed the distribution of drawings in each category as a photograph of the children's perception of their reality in a given moment (Ferrari 2001, Crotti 1996).

This classification is used for descriptive analysis of the frequency of children's drawings.

In chapter 6, section 6.5, is described the creation of two new variables, to analyse the progresses of the children drawings in relation of body features and colours.

The aim of the music therapist was to use the drawings as non-verbal evidence corroborating the improvement measured by means of the MTI-ICF assessment.

### **3.5.4 Emotional Intelligence Test**

The Bar-On Parker, Emotional Intelligence Inventory, Youth Version, *EQ-i:YV™* (Bar-On & Parker 2012), is a validated self-report psychometric instrument designed to measure emotionally and socially intelligent behaviour in children and adolescents from 7 to 17 years of age (Appendix 3.2).

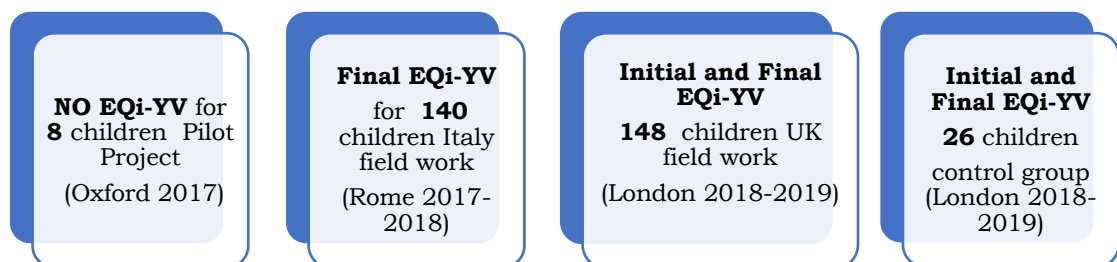
During the fieldwork, the music therapist was constantly reflecting, on the evaluation of each step of the research and data collection. By necessity, this reflection brought in the influence of the lens of her own bias, both as a researcher and music therapist. Being acutely aware of this fact the researcher, during the work in Italy, insisted on the implementation of a more objective test and, therefore, chose the above-mentioned Bar-On Parker, *EQi-CY*, in order to gain a better understanding and corroboration of the final data. The Emotional Intelligence Quotient measure *EQi-CY*, (Bar-On&Parker 2012) was introduced as a quantitative test at the end of the 10 weeks work carried out in Italy.

This reflection convinced me to adopt EQi-YV in London too. However, this took place at the beginning and end of the 10week program. There were several reasons for doing this:

1. To verify if there was a change for the participants and for the control group between the initial and final tests administered in the UK
2. To observe if there were differences between the trends of the Italian final tests compared to the UK ones
3. To verify if the results confirmed the collected results of the music therapy assessment
4. To reflect, analyse and interpret if there was a discrepancy between the EQi-YV and ICF Music therapy assessment
5. To observe if there was a correlation between environmental factors and the trends that had emerged

In figure 3.11 is illustrated the EQi-YV administered by group. It shows that it was not used during the pilot project with the 8 participants. In Italy it was only used at the end of the project, and 140 children answered. In the UK it was administered at the beginning and at the end of the project to 148 children participants in the MTI group and to 26 children in the control group.

Figure 3.11 shows when the EQi-YV test was administered and to which group



Given the young age of the participants, it was decided to use the short version of the test (fig, 4), i.e. only 30 closed questions instead of 60.

Children could answer with 4 options:

- 1= not true of me (never, seldom)
- 2= just a little true of me (sometimes)
- 3= pretty much true of me (often)
- 4= very much true of me (very often)

The questionnaire scores the participating children allocating them a Total Emotional Quotient EQ. The EQi comprises 5 sub scales: A – B – C – D – F

- A: Intrapersonal scale comprises questions 2-6-12-14-21-26. These items relate primarily to Self-Regard, Emotional Self- Awareness and Assertiveness
  - B: Interpersonal scale comprises questions 1-4-18-23-28-30. These items relate primarily to Interpersonal Relationship, Empathy and Social Responsibility
  - C: Stress Management scale comprises questions 5-8-9-17-27-29. These items relate primarily to Stress, Tolerance and Impulse Control
  - D: Adaptability scale comprises questions 10-13-16-19-22-24. These items primarily relate to Reality-Testing, Flexibility and Problem-Solving
- F: Positive Impression scale comprises questions 3-7-11-15-20-25. These items do not load on the other scales and have the function of 'validity items'

The Total Emotional Quotient E is obtained by adding four subscales  $E = A+B+C+D$   
In Appendix 3.2, there is a copy of the EQi-YV test administered.

### **3.5.5 Questionnaires for teachers: Index for Inclusion and music therapist's questionnaire**

The teachers and staff interviews were conducted using two questionnaires selected from the Index for Inclusion and two questionnaires created by the music therapist to investigate the opinion of the teachers regarding inclusive education and their opinion on the group class. This to investigate environmental factors such as teachers thinking on inclusive practice, and possible interaction with children's behaviours. The questionnaire gathering the teachers' opinion about their group classes, was created to help the music therapist's reflections when comparing her assessment on children's relatedness and their teachers opinion.

In Italy and in the UK, teachers completed all the questionnaires in week one and ten, during school time. They were asked to choose an answer: (i) disagree, (ii) neither agree nor disagree or (iii) agree. The answers were scored with '1', '2' or '3', respectively.

### **3.5.5.1 Questionnaires for teachers: Index for Inclusion**

To investigate the impact of environmental factors, teachers, support teachers and teacher assistants, two sets of questionnaire were chosen from the index for inclusion (Booth&Ainscow 2002, p.176, Appendix A 3.3)

The first, is a set of eleven questions, named questionnaire A1 -*Creating Inclusive Culture - Building Communities*, This consisted of a set of seven questions which aimed to investigate the view the teachers had of their school organization and the opinion on inclusion and cooperation among governors, staff, children and parents.

The second questionnaire consisted in a set of ten questions, named questionnaire A2 - *Establishing Inclusive Value*: This consisted of a set of six questions which aimed to investigate the policies, actions and values of the schools and explore the opinion of the teachers in regard to the organization and the action that the school, as a community, has in place in order to promote inclusion.

These questionnaires aim to provoke reflections and provide a picture of the aspects that the school need to improve to, create inclusive culture and establish inclusive values.

Both sets were chosen for the qualitative analysis of the teachers' opinion and experience of inclusion in their school and classes.

### **3.5.5.2 Questionnaires for teachers: music therapist's questionnaires**

The third and the fourth sets (Appendix A 3.4), are sets of questions devised by the music therapist, to investigate the opinion of the teachers regarding inclusive education and the teachers opinion on their group classes.

The third questionnaire is called Inclusion Teachers (in chapter 6: InclusionT\_MT) and consisted of six questions investigating the opinion of teachers on inclusion and special education.

The fourth questionnaire is a set of eleven questions, named *Group Opinion*, with the aim of gathering the teachers' opinion of their group class

This questionnaire is created to have a first information of what the group looks like from the teacher perspective (Saloviita&Consegnati 2019) and is compared it with the music therapist first impression of the group and in correlation with the MTI-ICF.

The researcher intention is to use the answers to have a 'snapshot' of the environmental situation, aware of the studies and findings (Avramidis&Norwich 2002, Messiou 2006,

Namrata 2011, Timpson 2019), that seem to confirm teachers' role in the marginalization of disadvantage children. Although it is not the aim of the project to study teachers' role in the process of inclusion and the questionnaire were not created with this goal, it was interesting to have some qualitative data and explore if there were correlation between MTI-ICF results of children behaviors and teacher's attitude.

### **3.6 Statistic and data analysis**

The researcher dedicated time to find can choose the right statistic software to use for the data analysis, aware of the large sample of participants, 315 children and 25 teachers, and of the multiple form of tests utilised.

During the first year the researcher explored the possibility of using Microsoft Excel program and for the Pilot project there was a first attempt to organise all questionnaires and the tests with that platform.

In the spirit of every action research, the reflection on the tool and procedures convinced the music therapist that excel was not the appropriate software for the complex research design.

Instead the Statistical Package for the Social Sciences (SPSS), largely used in social science and psychology (Coolican 2014, Hanna&Dempster 2012), was chosen to analyse and running the statistical tests for the results of this study.

SPSS seemed to be more suitable to process vast amount of data, to interrelate the findings and perform several different statistical analysis, including correlations, cross tabulations and triangulations.

As the music therapist was not trained in SPSS, she attended online courses, then the Anglia Ruskin University statistical summer school (organised onsite), and also received private tuition.

### **3.7 Music therapy techniques**

The MTI belongs to the category of the Developmental music therapy (Bruscia 1992), and it fosters the process of inclusion as well as the development of the children, with an holistic approach to the person, as shown in figure 3.12.



FIGURE 3.12 *Developmental areas promoted according to the specific MTI planning of intervention. Progressive awareness of self is gained through their integration.*

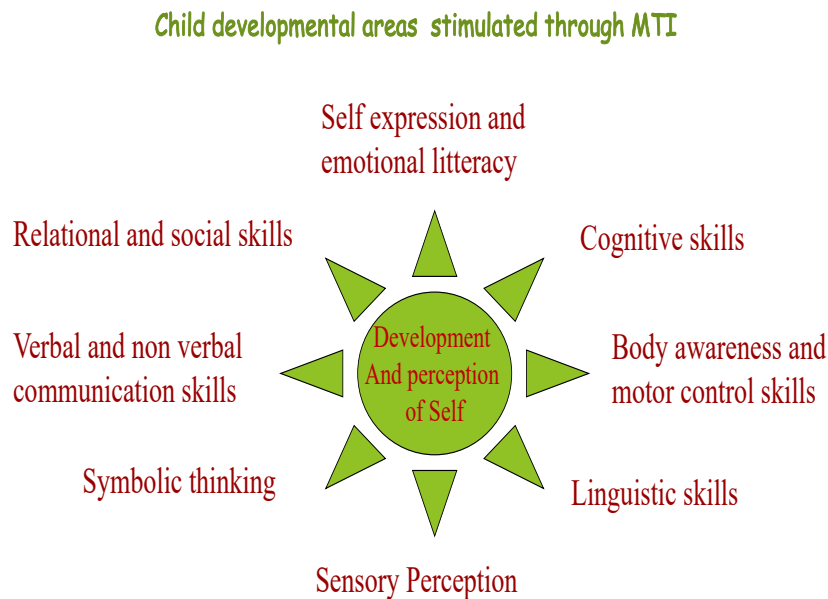


Figure 3.13 *Music therapy techniques*

- Contact song
- Dance in circle
- Free or structured instrumental accompaniment to the dance music.
- Free Improvisation with instruments / movement/ voice on the dance music or other music
- Free improvisation in dyads with structure (such as 'mirroring', 'turn taking', 'leading', 'following')
- Musical Role Play in two or three, theme based (e.g. animals, kitchen, morning, school)
- Simple Musical dialogue, vocalisation or with instruments
- Creating simple song or short music in group of two-three or four
- Receptive music, using recorded music to relax, to inspire imaginary, to inspire drawings
- Collective group story creation with the same music used to inspire drawings.
- Musical improvisation to tell stories from drawings
- Drawing musical Improvisation in two or three
- Collective group songs creation.
- Improvisation on group song.

The developmental goals are targeted according to the specific context and plan of intervention.

In the context of this research study, the music therapy techniques were chosen to promote self-confidence, empathy and relatedness. They are listed in Figure 3.13.

Many of the activities used during the MTI sessions have been inspired by the teaching of Ruth Moroder and Bjorn Tischler (Moroder-Tischler 2001).

### **3.8 Musical instruments**

The instruments used during the sessions were chosen from kids percussive sets, such as idiophones and membranophones, mostly light and easy to carry during the activities, with few melodic instruments. The music therapist choice was limited to instruments with the following characteristic:

easy to carry, to allow the children to move while playing, to pick them easily, suitable to be used to accompany a recorded music, that do not require a previous knowledge and ability to be played, with a variety of sounds and shapes to capture individual curiosity and preferences, suitable for exploration and improvisations. Few melodic instruments to enrich musical compositions and group improvisations. The choice was also limited by each school's provision of instruments.

### **3.9 Conclusion**

Further information regarding the group MTI intervention and the procedures used to conduct the research are outlined in chapter four and in chapter five.

## Chapter 4

### Music therapy in mainstream primary school

#### 4.1 Introduction

This chapter is organised in two parts: the first part (sections 4.1 and 4.2) introduces inclusion and the way in which music therapy is applied in the education sector in Italy: it is an essential means of supporting not only the integration - inclusion of all children, but also their cognitive development. Music therapy for Inclusion (MTI) is described in this section as an original method of intervention, the application of which flourished in primary schools in Italy.

The second part (sections 4.3, 4.4, 4.5) describes the general characteristics and important aspects of the primary school educational systems that are in place in the UK and Italy. This overview is pertinent to the discussion provided in this chapter, as it offers a vital perspective on (i) the differences between the two systems and (ii) the way in which these differences might have influenced the present research.

#### 4.2 On Inclusion

The Alliance For Inclusive Education “ALLFIE” is a disabled-led, London-based charity that involves parents, education professionals and disabled people in its pursuits and aims. ALLFIE defines inclusive education as follows:

*“Inclusive education is a social justice issue because it creates a society that values All equally – not only does it benefit disabled students, but all students, because they learn the strength of diversity and equality, lose their fear of difference, and develop empathy for others (Tara Flood, 2015)”*

This definition describes in a simple and direct way decades of international debate and reforms on inclusion as a practice promoted, in the first instance, by the United Nations. We discussed in chapter 2 the powerful stand in favour of inclusion made by the United

Nations in the Salamanca Statement (UNESCO, 1994). This statement underlines the fact that regular schools with inclusive orientation are the most effective way to combat discrimination, given that they support the creation of not only welcoming communities but also inclusive societies. In the same chapter, the author also outlined a series of UN, UNESCO and UNICEF declarations that preceded and succeeded this important milestone, always supporting the fundamental and founding ideas found therein Table 2.1 and in Appendix A 4.3 (UN and UNESCO declarations from 1945 to 2016). All these declarations and conventions reaffirm the UN stance against any form of discrimination and represent a binding agreement among the State Members that have signed them. They are a constant reminder for governments, adults, parents and teachers that children are not an object which belongs to parents or the adults responsible for their educational training. Children are individuals with (and in) their own rights. Childhood should, then, be a protected time in which children must be allowed to grow, learn, play, develop and flourish with dignity (UN 1989).

The Guidelines for Inclusion (UNESCO 2005) challenged the heretofore perceived 'correctness' of separate systems of education: specifically, these guidelines challenge the notion of 'special education' and contrast this to 'mainstream inclusion', discussing these concepts not only from a human rights perspective but also in terms of their effectiveness.

In the 2005 UNESCO document, inclusion is defined as follows :

*"Inclusion is seen as a process of addressing and responding to diversity of needs of all learners through increasing participation in learning, culture and communities, and reducing exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies" (UNESCO 2005, p13).*

According to the Guidelines, the difficulties involved in moving towards inclusion in education are mainly related to the rigidity of a number of factors: (i) the system, (ii) the school organisation, (iii) the teaching strategies and (iv) the education of the teacher. These are considered to be the major barriers that are encountered when attempts are made to implement inclusive education. In particular, in their Global Monitoring Report (UNESCO 1990), the Education For All (otherwise known as EFA), underline the fact that new perspectives should be promoted in order to no longer view individual differences as problems that need to be fixed, but as opportunities for the collective to be thereby, enriched. Inclusion is, thus, declared to be in opposition to exclusion from

life within communities. This is represented in all different aspects of community life, for instance social, cultural, political and economic.

Education is, therefore, viewed as the key which can facilitate human development – and inclusion is regarded as a holistic approach which addresses the needs of all learners, including the ones who are more likely to be victims of exclusion or marginalisation. This encompasses groups such as disabled children, refugees or displaced children, abused children and ethnic or linguistic minorities.

Inclusion is necessary if we are to build a peaceful society. The question that arises, though, is whether inclusion is cost-effective. This question was the focus of a global research project that was conducted under the auspices and joined forces of the World Bank, UNESCO, WHO and UNICEF (UNESCO 2009). The ensuing report demonstrated that educational failure has an indisputable social and financial long-term cost on factors such as health, unemployment, social security and child welfare for those who do not possess the necessary skills that would allow them to participate in the growth of society. The policy guidelines remind us, in fact, that a higher level of education usually promotes and sometimes brings alongside it better health, higher earnings and a longer life (UNESCO 2009, p.12). A Canadian study (UNESCO 2009, p.13) demonstrated a loss of Gross Domestic Product (GDP), when persons with disabilities were not included in the job markets.

The same document underlines the fact that the concept of a 'learning achievement' includes not only subject-based learning, but also the important acquisition of attitudes, values and skills that will enable the individual (i) to meet the challenges of living in the contemporary world and (ii) to participate with their full potential in society.

For the purposes of the present research, it is not only useful but, in fact, absolutely vital to note that all the above-mentioned documents consider education as the base for promoting a culture of peace. To ensure the provision of both inclusion and quality education, peace-promoting cultures need to incorporate two equally important components. The first component refers to the development of cognitive skills. The second one centres around the development of social, emotional and creative skills. This means that an inclusive curriculum should address each of these aspects. To achieve this objective, an inclusive curriculum should be based on four learning pillars: (i) learning to know, (ii) learning to do, (iii) learning to be and (iv) learning to live together (UNESCO 2009, p14).

This same document (UNESCO 2009) proposes that music, creative play, physical activities and nutrition are a set of strategies that promote a healthy brain and a healthy mental development (p.14). It also advises teachers to involve children in informal and alternative dimensions of learning.

Group music therapy for inclusion fits in this recommendation as an alternative tool which is not only useful but also suitable to a holistic approach to education.

Reducing the barriers to inclusion is fundamental to this approach and requires the collaboration of all the professional components of society, such as the education professionals, the policy makers, the local communities and the individual families.

As the World Declaration Education for All (WDEFA) mentions,

*“Learning does not take place in isolation, societies, therefore, must ensure that all learners receive nutrition, health care, and general physical and emotional support they need, in order to participate actively in and benefit from their education” (WDEFA 1990, art. 7).*

In the early seventies, the Italian society and its policy makers were ready to adhere to the UN view of inclusion as part of the human right to education. They promoted full inclusion and, thanks to this modification in the way of thinking, scholars started to research and study new ways of schooling that could fulfil the goal of full inclusion – *integrazione scolastica*.

The essence of the Italian *integrazione scolastica* - inclusion is based on the idea that a school unit, such as a class group, is complete (i.e. intact) only if all children, without exception, are part of it – in other words, only if all children are members of that class group. The word *Integrare* shifted in the Italian language from a rather neutral to a positive implication. Having started from the point of a limiting meaning of ‘to add a new element that was previously excluded’, *integration* took, at that point, the meaning of ‘to make something complete or more valuable by adding elements to it’ (Borghesi&Strobino2002). Borghesi considers this shift extraordinary because it defines the transition from a situation of isolation, where the excluded is present but still not part of the system, towards a system that is whole – a system that is complete.

Under this viewpoint, inclusion - integration can be considered as the encounter and enrichment that arises from the relationship reciprocity that characterises all the elements that compose it. Integration in the Italian system, then, means being aware of the fact that diversity is not an obstacle to be eliminated or normalised, but a resource to

be used and developed. The disabled child is *integrated* when she becomes an integral element of the group, not just an added child.

Therefore, it is not the disabled child who must be integrated into the class, but it is the class that is not complete if the presence of the disabled child is missing (Albanesi, 2002).

Integration - Inclusion is a process that could be expressed using Benenzon's model: group work is a process where, over time and while working in a group environment, together with others, individual diversity meets the individual musical identity (ISO), allowing it to transcend. As a result of this process, a new identity, shared by all group members, emerges. This new identity is what Benenzon (et al. 1997) calls Group Musical Identity – or ISO of the group. In education or community work, we could reach something similar when members of a group work together and, thus, attain the feeling of belonging. This feeling defines a group identity that is shared between them.

Figure 4.1 shows the Italian schematisation of the music therapy areas of intervention proposed by the researcher. We can observe that the integrative area of intervention stands alone, separate from the preventive - education area.

*Figure 4.1 Italian schematisation of the music therapy area of intervention proposed by the researcher*



Although in agreement with Borghesi & Strobino (2002, p.8) and Rizzo (2008, 2016) (who propose that the integrative - inclusive area could be placed in the preventive area of intervention), the researcher believes that inclusion - integration should be looked at as a separate and totally specific area. This is because of two main reasons:

First and foremost, this should be done not only to invite more attention, study and debate in this area, but also to incite more music therapy research. Secondly, working in fully inclusive education requires the music therapist to target and plan not only goals for inclusion but also specific habilitative or rehabilitative interventions, similar to those that would be necessary if the MT therapist were working in a special school. As a result, the habilitative and rehabilitative areas are considered together in Figure 4.1.

In the perspective of the researcher, the integrative – inclusive area of intervention cannot and should not be neglected any further if our aim is to (i) reduce violence and conflicts and (ii) educate inclusive societies (and, therefore, future generations) about the value of mutual respect.

#### **4.2.1 Music therapy for inclusion – MTI an original method of intervention**

MTI is a result of the specific historical and cultural time and circumstances that made it possible for the Italian society to embrace full inclusion, at the same time refusing discrimination and segregation. The still ongoing process towards that objective is constellated in both national policies and legislation that support this goal.

In 1992, an important milestone (Law 104/92) refined the existing policies and clarified again the stance that *all* children contribute to the cohesion and growth of the group. This law highlighted the contribution of all children to the process of integration. Children develop their possibilities and potential in the areas of '*learning, communication, relationships and socialization*' (Law104/92 art.3, par 3).

The researcher's professional views and stance have been moulded by these policies and she considers herself to be a product of this era of curiosity, experimentation and research for new strategies that could support the process of inclusion – *integrazione scolastica* (Appendix 4.1 music therapist's' personal history and reflections). These developments can only be likened to a journey of discovery. Interestingly, we are still in the middle of this journey which can never be completed because it is constantly transformed: it evolves following the changes that take place within society as a whole, within each culture and the world.

Within this framework, the school serves the educational and developmental needs of each child. It constantly promotes the holistic development of each individual child and



continually places it at the centre of the music therapist's interest and attention.

At the roots of MTI, there are a few fundamental values:

- (i) The process of integration – inclusion. The main aim of this process is to enhance the differences and specificities of each person. Specifically, everyone contributes to the cohesion and growth of their group through their individual possibilities and potential. Importantly, the process of integration - inclusion does not aim to normalise or standardise the pupils' behaviours and knowledge.
- (ii) Diversity. This is considered as a source of wealth to draw on. Diversity is a value that helps everyone find their own motivation to knowledge and development.
- (iii) Music. This is a medium that can be used as a propulsive and motivating force which activates the voluntary response of the participating students, activates their potentials and promotes learning and changes in a playful manner.
- (iv) Music and movement. These two aspects are considered to be inseparable. Their objective is to facilitate action, participation and learning to promote health, well-being and development,
- (v) MTI embraces the bio-psycho-social model (WHO 2001, 2007) and encompass to the preventive area, as well as the habilitative (developmental) – rehabilitative and therapeutic areas, depending on each specific individualised plan of intervention and developmental goals.

#### **4.2.2 Theoretical and methodological references**

MTI is, first of all, a tool. In the second place, it is a continuous research path which aspires to (i) integrate the diversities of pupils and (ii) become integrated into the school structure in an *inter*-and a *trans*-disciplinary way.

MTI has evolved thanks to the contributions of a number of music therapists, educators, pedagogues and music pedagogues. Their theories can be critically applied in response to individualised needs and can promote the wellbeing, health and development of pupils. MTI was the result of the interaction that took place between different models and approaches in the areas of Music Therapy and Education.

As mentioned in Chapter 1, the theoretical and methodological references for Music Therapy for Inclusion are the result of the integration of the work carried out by various

authors from the fields of music therapy and education. Foremost amongst these are Paolo Zanelli (1986) and Andrea Canevaro (1977, 1983, 1986, 1999, 2013). These scholars are two of the most prominent specialists of the theory and praxis of integration-inclusion and special pedagogy. They have inspired the researcher to experiment with group MTI as a strategy that can promote an inclusive environment in schools. Kennet Bruscia (1992), Edith Hillman Boxill (1991, 1997), Rolando Benenzon (1981, 1997), Emile JaquesDalcroze (1986), Gertrud Orff (1982) and Stefania Guerra-Lisi (1990, 1997) are the main authors who have inspired the theory and praxis of music therapy intervention in schools

The MTI interventions are planned on the basis of the theoretical background of *integrazione scolastica* - inclusion of disabled children: this clarifies that *integrazione scolastica* - inclusion can only be achieved if it is built on the basis of cooperation and integration of social, structural, systemic and environmental aspects (Canevaro 1999). What this means in practice is that the whole school community, children, teachers and families, must be involved if *integrazione scolastica* – inclusion is to be successful. Therefore, the group MTI that is carried out in schools is not an intervention that is limited to disabled or special needs pupils: it is, in fact, intended, without any exceptions, for all teachers and children of a targeted class.

Different interventions can be planned and executed in many a dynamic combination, always depending on (i) the needs of children and on (ii) the educational and didactic goals of the different disciplines. This flexibility is possible thanks to the inter and trans disciplinary nature of music therapy. Specifically, MT allows the creation of links with all subjects in the curriculum and can support the overall development of the person (viz. Fig 3.10) in the acquisition of specific abilities that are intimately related to the different developmental areas, such as cognitive, linguistic, and psychomotor development (Bruscia, 1992; Hallam, 2015). The musical experience becomes the instrument of inclusion and cohesion between individuals.

According to Zanelli (1986), integrating - including diversity in a group means planning an *integrative background* in which diversity is not marginalised but, instead, valued. For Zanelli (1986), an integrated personality requires one's own self to be perceived in a constructive relationship with reality and with others. He underlines the fact that personal identity is in crisis whenever there is a change of context. As a result of this, the values and abilities which were first considered sufficient for one to feel at ease with one's

personal identity in a given context might become unsuitable, confusing and destabilising in a different situation.

Consequently, one fundamental priority in educational settings would be to create a structured inclusive background. This could act as the environmental facilitator for the delivery of an appropriate plan of intervention that could support the process of inclusion and the holistic development of all children.

When a meaningful affective context is created, it encourages the construction of a motivating relationship between teachers and pupils (De Beni, Moé 2000). It is in this environment that a link can be found between affective and cognitive elements. This makes emotional development easier because the relation between pupil and teachers is crucial for successful and positive outcomes in the learning - teaching processes (Jennings et al 2017).

Bruscia (1995) and Boxill (1991) are the scholars that the researcher references when it comes to discussing the theoretical, procedural and evaluative aspects of the intervention. This includes protocols, music therapy assessment practices and planning of the sessions. In particular, Bruscia (1995) helped the researcher to clarify and strengthen the understanding of the music therapeutic value of the group MTI in schools .

Boxill's holistic music therapy approach encompasses the teachings of Dalcroze and Orff. It connects the MT intervention to the humanistic psychology of Pearls and Rogers. In agreement with the eminent child development psychologist Piaget, Boxill considers early sensorimotor experience as the fulcrum for learning and developing awareness of the body and the self. The construction of a healthy self-image and the possibility of developing symbolic thought and oral language are inherent to the assimilation of sensorimotor experiences. Based on these premise, Boxill adopts the activity of music and movement, as suggested in the music therapy recommendations of Orff and of the Dalcroze method (Boxill 1991, p. 145).

The approach that Boxill (1991) proposes is based on humanistic psychology. Specifically, her music therapy recommendations use music in a functional and creative way: she considers MT as a tool for knowledge, a tool that is particularly appropriate and able to awaken, increase and expand self-knowledge as well as the awareness of others and the environment. The MT treatment is, in her view, a process that takes place within a 'continuum of awareness'. Interestingly, the term 'continuum of awareness' was

originally coined by Perls (1974) and used by him in Gestalt psychotherapy. According to Perls, being aware means being in contact – moment by moment – with the here and now, the *hic et hunc*: this needs to happen all the time if one is to be aware. Group music therapy in education embraces Boxill's approach. This includes not only the technical side of MT but, importantly, (i) the care that must be given so that a relationship of trust can be established between the therapist and each MT participant and (ii) the dedication to involve all children in active participation.

Benenzon (Benenzon, De Gainza & Wagner 1997) brings awareness to the music therapist of the impact of non-verbal settings. He highlights the ways in which the music therapist can lead the session in a non-verbal and non-directive manner, for example by appropriately using the space in the setting and purposely positioning the instruments either all together in the middle, or distributed in the four corners or, even, in a circle configuration. These simple actions allow the music therapist to orient, non verbally and non-directive manner the session.

His protocols provide the music therapist with the ideal opportunity to deepen the reflective process. These protocols are to be completed before and after each session and consist of a record of feelings, prevalent mood and behaviour of the therapist, as well as observations relating to the colour of their clothes and other perceptive aspects. These are all to be entered into the protocol. The music therapist is thus encouraged to reflect on all these aspects and, also, investigate their possible influence on the session, given that these aspects all form an important part of the overall setting. Even though the therapist has not explicitly used these protocols in the current research, they have been present in her mind as they form part of her cultural background.

Benenzon (ibidem 1997) developed a classification of the various musical instruments which aims at enabling the music therapist to reflect on the functional, symbolic and psychodynamic use and function of each instrument. His suggestions about the choice of instruments are designed in such a way that the music therapist feels empowered to create the necessary instrument set combination that is specific to the purposes of each of their planned sessions. The instrument sets the instrument combinations) he advocates is called *gruppo operativo strumentale*, (operational group of instruments GOS). Among the suggested GOS are some of the Orff instruments as well as other informal instruments that consist of a series of objects of various kinds, shapes and materials that are useful to therapeutic work. The primary feature they all share is that

they are all easy to use. In fact, in these MT sessions, the use of instruments has no aesthetic purpose – it only serves to deepen the relationship amongst the participants as well as the relationship between the participants and the music therapist

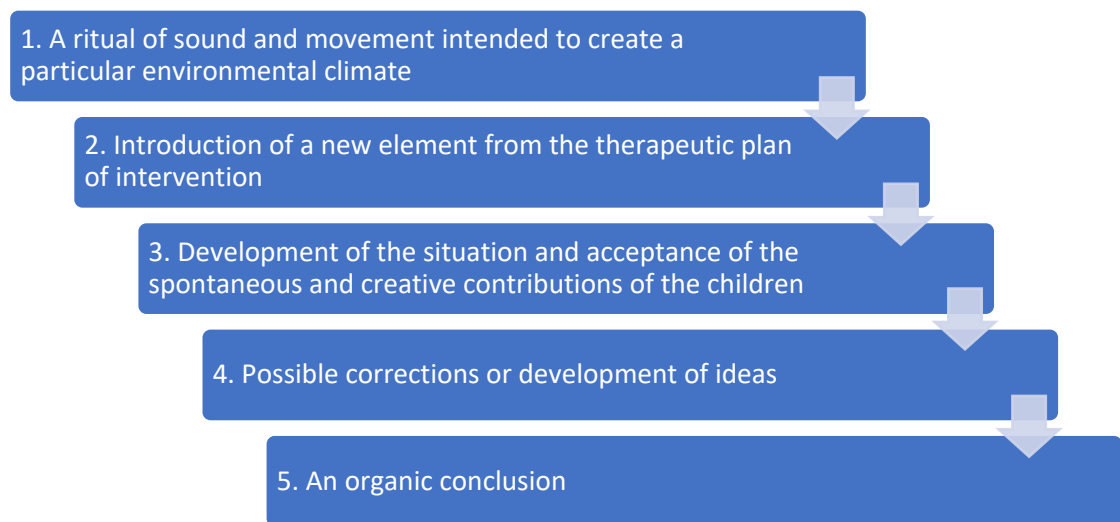
Guerra-Lisi (1997) was the founder of the Italian MT method called '*Musicoterapia nella Globalità Dei Linguaggi*' (GDL). She drew attention to the behaviours of "the body", highlighting the way through which we constantly express ourselves and communicate through gestures, sounds, tempo, rhythm and colours. These behaviours may, at first glance, appear to be meaningless. However, at closer inspection, they are significant if we become skilled at seeing the body in movement as a constant 'sculpture of meaning' that moves in the space around us. Therapists, educators, music therapists and parents can observe this non-verbal communication and come to understand its hidden messages and meaning.

Following the definition that was provided in chapter 2, the MTI playground space helps to structure a safe, meaningful context, that can support the pupils' personal and social development, as well as their relationship with the teachers. This safe space is created by means of using what G. Orff (1982, fig 4.2) terms 'a recognisable structure of the session', which comprises five main moments. This structure allows the pupils to perceive the cyclic rhythm of the session. Sensory, perceptive, acoustic and musical elements (such as dance, body percussion, music, songs, informal improvisations, visual cues, drawings) are presented in a way that denotes and delineates the environment in which the activity takes place. Within this recognisable and recognised context, the integration – inclusion of pupils can find a new space where the perception of the self and the others can be transformed through the involvement of all aspects of the self: emotional - affective, relational, sensory and cognitive.

G. Orff (1982) defines MT as a multisensory intervention. She brings to MTI the understanding that music can act as an 'activator' of an integrative sensory - neuromuscular development.

During an MT session, the use of musical means is structured so as to elicit responses from each of the senses. The Orff music therapy framework considers the instruments used during a session as parts of the body, giving particular emphasis to (i) the personal bodily experience of vibration and (ii) the physical and acoustic space around the participants. The multisensory utilisation of resources thus refers to the objects around us, ourselves and the musical instruments which are considered under three different aspects: tactile, optical and acoustic.

Fig. 4.2 The MT session structure as suggested by G.Orff .



Both Dalcroze and Orff consider music and movement to be interwoven into a close and reciprocal relationship: movement supports music and music supports movement. Experiencing the music through body movements and vice versa promotes attention, concentration, memory, perception of space and the body, contact with others, social interaction, imagination, sensitivity and creativity (Dalcroze 1986). In section 4.2.4 is illustrated the importance of music and movement in MTI.

Dalcroze's ideas can be considered as revolutionary for his time (E.J. Dalcroze 1865-1950). He identified the link between the rhythm of musical timing and our neuro-muscular system in space and, also, the relationship between consciousness of rhythm and body movement. He introduced the idea of *musical consciousness* as a result of physical experience. His method aims to develop the coordination of psycho-motor and sensory functions and helps the imagination and creativity of pupils through rhythm. Great importance is given to improvisation, as Dalcroze considers it to be fundamental in helping pupils (i) express themselves and (ii) become conscious of their own personalities. Habron (2016) describes music as a bridge that awakens the musical consciousness and the awareness of the self and others. He brings the philosophy and pedagogy of Emile J. Dalcroze to the reader's attention, highlighting the fact that Dalcroze was interested in the role of music in the holistic development of people and the use of music and movement in fostering not only sensor – motor integration but also positive changes in the society by facilitating personal change and community transformation. In MTI, music and movement are essential aspects of the group sessions as they support the development of children.

In 2016, a special issue of *Approaches* (2016, n.8) was published under the title 'Dalcroze Eurhythmics in music therapy and special music education'.

The whole issue was dedicated to Dalcroze and the influence of his eurhythmic method on inclusion and special education.

The music therapy approach of G. Orff and Dalcroze inspired (i) the researcher's choice of the specific MT activities and techniques that she selected for her sessions and (ii) the direction she adopted for the groups in her care.

Unfortunately, many of the highly regarded Orff musical instruments of the Orff *Schulwerk* are very costly. As a result, it is not always possible to have them available for the MT sessions.

#### **4.2.3 MTI intervention.**

Music therapy for inclusion, as illustrated in Fig.4.1 is an intervention that can be applied in many areas . In the educational context, MTI can be used in reception classes as well as throughout the whole period of primary and secondary school education. It operates in the preventive, integrative - inclusive, habilitative - rehabilitative areas of intervention (Fig. 4.1) and its aim is to support the full development of the children and help them overcome the barriers they face in their learning journey and in their relationships. The therapeutic relationship established between the music therapist and the pupils addresses the strengths and abilities of the latter. It also deals with their developmental needs. Particular attention is given to the musical activities such as those of leading, following, listening, imitating, mirroring, creating, expressing oneself, singing and moving as they all help children to (i) develop cognitive, physical, emotional and social competencies and (ii) increase their levels of wellbeing. Most importantly, these musical activities promote multicultural integration and inclusion.

Table 4.1 provides an example of an activity (left column) and its MTI aims. The latter are considered within two dimensions: a skills dimension (central column) and an emotional – social dimension (right column).

The MT sessions are mainly run for groups. As the underlying aim is to promote the inclusion of all participants, the planning of the intervention is always designed to simultaneously address the needs of each participating individual and those of the collective, i.e. their entire group.

*Table 4.1 An MTI activity and its aims*

Activity:	MTI aims: Skills dimension	MTI aims: Emotional and social dimension
Singing with actions: I like to say good morning song with gesture	Singing, induces a deeper breathing, and promotes grounding and presence in the moment. The use of the voice, while performing action/gesture, supports the development of motor-sensory and verbal coordination; the acquisition of vocabulary and/or verbal language. Singing with others while interacting physically (e.g. looking to one another, shaking hands) promotes awareness of one's own voice and body as well as of the quality of the voice, position and movement of the others. Children learn about each other different voices.	Singing is used as ice-breaker: deep breathing can promote relaxation, helps the individual to focus on the voice emission and expression. Helps to become aware of the difficulties or ease in singing. Support the development of self confidence, and helps 'shy' children to come out and be heard. Singing can convey emotional content as well as finding one's own centre. Singing with others can support personal expression, self observation, observation of the others. The way the voice is used, can flag to the therapist if a child is in distress. In games where is asked to imitate the "tone-pitch, quality of the singing, emotional content" attention is enhanced and the curiosity for the experience of the others' feelings and 'state' in the moment. Imitation and synchronisation promote the development of empathy.



The recommended group size can vary from ten to sixteen children, half a class for most school settings. Working in this size group gives space and time to each child: it empowers them to not only create relationships within the group but also to listen, experience and express themselves.

The larger group, made up of all the children of a class, can be a final goal for the music therapist. The inclusive playground space created during the therapeutic sessions provides a time during which the pupils can express themselves: it is a place where they can feel welcome and safe, entirely certain that during their MT session there is always time and space available for their voices and sounds to be heard. The group of the participating children is also the audience that receives and shares musical and creative exploration and expression, while the music therapist facilitates their interactions.

When the severity of impairment requires either a slower session pace or a space for a more intimate communication, the music therapist splits groups into smaller units, often of three or four children. Usually, all children of the same class participate in turns in the activities that the small group engages with. In this way, everyone has the chance to take part in the music therapy playground and acquire knowledge while also building relationships. In the small group sessions, the attention and listening to the needs of everyone is heightened. All the participants find that they have the opportunity to express themselves and build relationships. At times, non-disabled children are the ones who need to be guided the most: they often require more time to observe and learn the styles of communication, movement and expression of the severely impaired children.

In this setting, schools which advocate the integration and inclusion of children of all abilities promote within its population the vitally important shift from isolation to reciprocity and exchange (Borghesi&Strobino 2002, p.8). This brings about a new richness that involves everyone. Inclusion supports the development of tolerance, helping people to become more open to diverse and unpredictable forms of communication.

Therefore, the suggestion is that MTI works to prevent the consolidation of prejudicial attitudes in the school environment. By being exposed to an inclusive playground, non-disabled children can discover how to dismantle the barrier of exclusion by learning about themselves, about their diversity and about the diversity of others.

Sometimes individual music therapy sessions are offered in addition to the weekly group sessions, especially to those aged 10 or more and who are about to enter the delicate phase of puberty.

These sessions have as their main goal to prepare the disabled or special needs children to work with and within the whole class group.

During the individual sessions, the music therapist introduces the activities and games of the next group session. This means that the individual sessions act as a form of 'rehearsal of the group session', with the double aim of (i) providing emotional and cognitive support to the young people that take part in them and (ii) fostering feelings of self-confidence and safety. In the current research, individual sessions have not been offered to any young people.

#### **4.2.4 The importance of music and movement games in MTI**

A particular form of a musical game that is used in group music therapy involves (i) traditional dances that are performed in a circle and (ii) songs that have a specific music and rhythm.

Circle configurations allow children to have visual contact with everyone else, therefore each can witness the originality/diversity of the others. Holding hands, as well as keeping the right position in relation to the others (in order to keep the shape of the circle), requires cooperation and the development of personal and group awareness. Dancing together in a circle is part of many traditional children's games all over the globe (Brailoiu 1982). It is a playful moment that easily brings back early childhood memories of the playground or of playing with friends and siblings. It is a fun and playful group experience, arousing feelings of personal comfort or discomfort and, possibly, group cohesion.

Over time, the act of dancing together allows the development of synchronicity and harmony among participants. The enjoyment of the shared collective performance supports the development of a sense of belonging.

In these forms of childhood activities, the concepts of space, time and dynamics are clearly structured. This gives security to the children and motivates their rhythmic movement involvement.

These dances and sung games reach and activate the playful response of the participants thanks to the purely musical aspects they contain. In the playful atmosphere that is thus created, different aspects of each *persona* are activated, foremost among which are those referring to the visual and acoustic attention, memory, coordination, sensory perception, perception of the self and others, language, project management,

organisation of '*soundscapes*' and of one's own body and movement in time and space. Many elements of these games correspond to the human and infantile needs to choose, be chosen, become part of a group, be at the centre of attention, express oneself, create or improvise, as well as the need to witness the creations, expressions and performances of the other members of the group.

While the children play musically and non-verbally with each other, a number of emotions and feelings are evoked, their identities are perceived within a dynamic interplay and relationships are shaped. Each member of the group must adapt to the rules of the game and to the presence of the others within the same, specific, space and time: each MTI session requires the majority of dances, musical activities and songs to be performed in circles, a shape that belongs to all cultures around the globe. We can find circles, for example, in ritual dances, musical performances, celebrations, children's games and adult gatherings. This shape allows all participants to look at one another. There is no hierarchy in circles: everyone can be first or last and everyone can see everyone else. Imitation and observation become easy. In circles, people can be leaders or followers, they can take turns and, in this way, mimicry and synchrony can be enhanced.

For children and adults, maintaining the shape of a circle while dancing is not easy. It requires the integration and development of a series of perceptive abilities as well as the ability to constantly adjust the perception of self. This process of 'adjustment' is similar to the process of inclusion: adjustment takes place again and again, every time a new element is added to a consolidated group. Time and experience are required if group members are to synchronise (i) with the music and (ii) within the group. As this synchronisation refers to both personal and collective movements and rhythms, the ability to maintain a round circle throughout the activity seems to lead the group members to a deeper dimension and feeling of becoming one with the group.

The musical and motor activities are usually chosen from the following five categories which are listed below:

1. Activities which facilitate inclusion and self-expression, such as:
  - i. games in circles which do not require any adaptation, like following one's own rhythm or that of others.
  - ii. Conducting-leading a group or a peer.
  - iii. Following-imitating others leaving them the responsibility of leading-guiding (the concept of 'leading-following' is very important, as it

provides a continuous passage from one role to another, encouraging the skills of expression and comprehension of oneself and others).

2. Activities aimed at developing perception and sensory skills. Sensory abilities can be developed by allowing one sense to prevail over another. Pertinent examples of such activities are when:
  - i. Perceiving one's own body position the space and in relation of of the others
  - ii. using only the sense of touch without looking;
  - iii. listening with one's eyes closed;
  - iv. observing in silence;
  - v. following a sound;
  - vi. recognising an instrument by touch, sound or smell;
  - vii. recognising a peer by listening to her/his voice.
3. Activities which stimulate concentration and memory, such as the ability to reproduce sounds, rhythms, directions, songs, movements and sequences of movements in a dance, or even the ability to lead a dance or perform instrumental improvisation.
4. Activities tied to cognitive development such as games that stimulate the organization of mathematical and/or logical thinking, geometrical understanding or language development. For example, children, increasing proprioception and body awareness, can increase their awareness of (i) space and their specific position within that space as well as (ii) their position in relation to either other people or objects (e.g. circles or lines, open and closed lines, defining internal and external position, in front or behind, right and left, up and down). They form shapes in space using their bodies; they evaluate distance and speed; they understand the relativity of (i) one's position in relation to instruments or peers, and (ii) transposition from symbols to movement and vice-versa.

All these activities contain logic and mathematical elements, such as classification (e.g. wooden instruments, wind instruments, etc) or progression (playing one after the other). It is worth noting here that the activities dedicated to the development of verbal language and communication (e.g. all musical games which use rhymes, songs, gestures and words) belong this category.

5. Activities which stimulate imagination and promote non-verbal expressive skills. Children are helped to utilise and share various 'languages', such as (i) moving through sound; (ii) vocal, graphic or corporeal mimicking; (iii) sound transformation through movement, drawings, shapes and colours. The activities in this category encourage the establishment of relationships with the various aspects of the personality of the child using a global approach, thus facilitating interdisciplinary work.

For example, during the MTI sessions, children were asked to draw while listening to music, to give a title to the drawing and then to create a story in two or all together, first giving a sequential order to the drawing and then telling the story, either verbally narrated or in written. Each drawing was a picture for the musical story, with correspondent sentence. The story was musically narrated through musical improvisation or with music and voice narration. The interdisciplinary nature of these activity not only allows the development of social abilities and teamwork, but also the ability to plan and organise sequences logically and temporally connected.

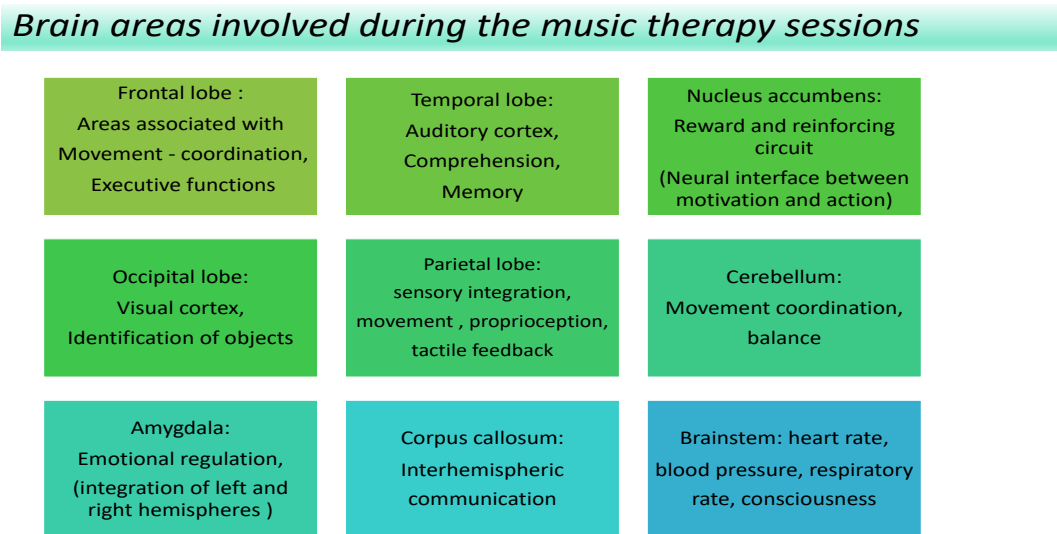
Depending on the age and developmental stage of the children, this specific MTI intervention could be used to amplify and support the acquisition of linguistic skills, in the mother tongue or in a foreign language (Esperson Pecoraro 2016), literacy ability, such as writing or reading, spelling, vocal interaction. For children with language impairment the activity could stimulate vocalisation, and the acquisition of the basic structure of dialogues starting from the template of musical dialogues.

When utilised in a musical therapeutic environment, all these activities can be a valid tool in helping further inclusion of all, including children with severe disabilities.

The author's experience as a music therapist working in schools to support inclusion has shown that MTI is useful for the whole student population and not only for the children with special needs, as it enriches the school community as a whole, because it allows to add to the curriculum the humanistic holistic dimensions of education.

These activities engage several areas of the brain, as can be seen in Fig.4.3. This information is taken from Christensen (2019) and Shardemy (2022).

Figure 4.3 Brain areas that are stimulated during the MTI sessions (Figure inspired by Shardemy 2022)



In recent years, the researcher has come across several other professionals who have been using music and movement in music therapy in a similar manner to herself. Foremost among these is the Spanish music therapist Sabrina Esposito (2016) who has devised her own method which she calls “Neuromotor Music Therapy”. Her method is applied to disabled children who suffer from autism, paralysis, brain damage, Rett syndrome and the various disorders of attention deficit. The music and movement games that Esposito uses are targeted to the specific developmental and emotional needs of these children. Another well-known music therapist, Romero-Naranjo (et al. 2017) uses music, voice and body percussion as a tool for conflict mediation in the classroom. Musicians Without Borders, an organisation with whom the author had the opportunity to train, utilises the same structure of activities that was used in MTI.

These new emerging methods seem to confirm the efficacy of music therapy intervention which involves the clients not only musically into the activity, but also globally, stimulating active body movement and coordinated embodied participation.

### 4.3 UK school systems

As mentioned in the introduction, sections 4.3, 4.4 and 4.5 include an overview of the differences between the British and Italian school systems. This section aims to consider the way in which they might have influenced the present research.

This was important, as MTI seeks to not only help SEN and non-SEN children, but to also include teachers and other school staff, promote changes and encourage the development of the entire school philosophy so as to create more inclusive environments. This educational variety between the two countries has been challenging for the researcher, complicating her efforts to gather significant comparable data from Italy and the UK.

The reader will notice that the data collected could not be listed in the same way for the UK as it was for Italy due to the diversity of (i) the two school types, (ii) the policy regulations, (iii) the means of data collection, (iv) the existing SEN policies that are in place in the two countries and (v) the variety of school types within the UK school system.

#### 4.3.1 Overview

The UK school system comprises a complex variety and diversity of schools. This diversity is understandable and clear when one examines the different range of schools that exist in the various parts of the United Kingdom – there are significant differences between England, Scotland and Wales. It is for this reason, then, that the researcher will provide in this section some general information on the UK educational system. Her focus will be on the maintained primary schools that are funded by Local Authorities (LAs), such as the school where the research was run.

In the UK, education is free and compulsory for children and young people aged 5 – 18. Children in primary school are aged 5-11.

Schools are divided into (Government UK, 2020) (i) *maintained* state schools, funded by local authorities (LAs), (ii) academies, funded by direct agreement with the government and (iii) non-maintained independent schools (i.e. private schools) where parents pay for the education of their children. State schools follow the national curriculum. The most common type of state school that is funded by LAs are (i) the community schools, such as the non-faith schools and (ii) the foundation and voluntary schools that are funded by LAs, but are often supported by religious groups. The catholic

UK school in which the present project was run belonged to this last category. Both the academies and the free schools are funded by the government.

Academies are run by not-for-profit companies called 'trusts'. Multi-academy trusts (MATs) are the companies that run more than one school. Regional school commissioners (RSCs) are responsible for monitoring academies and free schools in England. There are eight such RSCs in England and each one of them is responsible for a different region. All eight of them are led by the national school commissioner (NSC). The RSCs and the NSC report directly to the Department for Education.

Free schools are 'all ability' schools: this means that they cannot use an entry selection test for their applicants. Alternative provision, such as Pupil Referral Units (PRUs) is arranged by LAs, academies or free schools for the education of pupils who have been excluded from schools because of illness, behaviour issues or other reasons. Education is free in state schools. Local Education Authorities (LEAs) are responsible for the delivery of public education in an appropriate manner and the Department for Education controls and coordinates the statutory legislation relating to matters of education.

According to the Department of education (2021) data on UK schools, 93% of the children in England attended state schools. Interestingly, over a third of English state funded primary schools are faith schools.

The national curriculum of England informs the teaching that takes place in schools and aims to introduce children to the essential knowledge needed in order to become educated and responsible citizens (National Curriculum England 2013)

An interesting recent quote of the department of education is:

*"When children leave primary school they should have acquired a firm grasp of the basics of literacy and numeracy" ( Department for Education, 2021)*

Wales and Scotland define their own curricula. The curriculum of Wales (Welsh Government 2019, 2021) presents a few areas that overarch the national curriculum goals for literacy, numeracy and digital skills literacy. These comprise the areas of human rights and the United Nations Convention on the Rights of the Child, diversity and respecting differences, experiences and skills for career and workplace, local and international aspects of all learning. The curriculum in Scotland, called Curriculum for Excellence (CfE), aims to promote in each learner four fundamental capacities that will



allow them to become successful learners, confident individuals, responsible citizens and effective contributors to society (Education Scotland 2016).

All maintained schools must follow the programs of the English national curriculum. In contrast, as they are run by academy trusts, academies have more freedom to organise their term times and programs and do not have to follow the national curriculum. Academies are funded directly from the government and inspected by Ofsted. They are sometimes run by sponsors like a faith group, a university or a business.

In Table 4.2, the reader can see a synopsis of the number of English primary schools divided by kind. The table only illustrates the number relative to maintained and non-maintained schools. This is the case because the current research has been carried out in both Italy and the UK in state-funded schools, and it seemed to the researcher more appropriate and interesting to present these data. Pandurov (2021) reports on the complexity and variety of schools in the UK system, as well as on the differences that exist across the UK boards in terms of data collection, classification and methodology. Amongst these differences, the document reports on the disparity in the funding: monies are not provided in equal measure to all schools and classes, even in state schools. As mentioned in section 4.3, this diversity has been challenging for the researcher.

*Table 4.2 Number of UK primary schools split into four types: maintained, non-maintained, special schools and pupil referral units (PRU).*

Number of maintained primary schools	Number of special schools	Number of non-maintained special schools	Number of Pupil Referral Units (PRUs)
20805	1546	46	348

The UK does not have a unifying or single Act for primary education. Education Acts can differ by region and type of school. Nevertheless, there are a few general legal directions relating to education. Specifically, parents are responsible for the education of their children. They are also responsible for finding a suitable, full-time, effective education that is appropriate to the age, ability and aptitude of their children (Education Act 1996). This applies to SEND needs too.

The responsibilities of LAs relate to issues such as school standards. The School Standards and Framework Act (1998) defines the responsibilities of LAs which must

ensure that there are enough schools for the needs of the pupils in their remit and that these schools provide a good standard of education to their children. LAs are also required to ensure that there exists enough offer for post-education training (i.e. from 16 years of age onwards) that meets the needs of the young people in the area.

#### **4.3.2 Primary school Organisation and time**

The majority of parents choose a local, free, state school, i.e. a maintained school, for their children.

Primary schools usually start at 09.00 and end at 15.30. Children can arrive earlier, i.e. before 09.00, or stay longer, i.e. after 15.00, enrolling for a fee to morning or afternoon clubs. The service is extracurricular and extremely useful for parents who work and need to leave the children at school for a longer time.

As explained in the previous section, state schools are free: they are funded from taxes and are organised by Local Authorities (LA). Nevertheless, parents must pay for their children's school uniform, residential trips and music lessons. State schools also ask for a voluntary financial contribution towards other school-time activities, but children cannot be left out if a parent or guardian cannot contribute. For example, the expense of a curriculum-based day trip to a museum or gallery will be covered in full by the school if a particular family cannot afford paying for it.

School governing bodies have between 9 and 12 members from the following categories: (i) parent governors, (ii) staff governors, (iii) the Headteacher, (iv) local authority governors, (v) elected members of the local community (so-called 'community governors') and (vi) school sponsor representatives or representatives of a particular foundation that has ties with the school. Their role is to direct, guide and control the standards of the school, its overarching vision and goals, as well as its major management and funding decisions. Children have their own school council. This is composed of two children from each class and is led by the Headteacher or Deputy Head of the school.

#### 4.3.3. Teacher education, recruitment and roles

There are several different routes through which one can become a primary school teacher (Ryan 2021), the most common of which is to enrol to a university degree courses and obtain a Qualified Teacher Degree status (QTD).

If one already has a degree qualification, students can study for a Postgraduate Certificate in Education (PGCE), a course that normally takes up to one year to complete. Another very common route for those who already have a degree is the *Teach First* program. Students that opt for this pathway start work in a school straight away, in exactly the same way as if they were signing up for an apprenticeship, and are paid as unqualified teachers. It is also possible to study part-time while working as a Teacher Assistant (TA). In choosing this pathway, students are required to (i) attend specific

courses and (ii) work in school for a minimum of six hours per week for six months (SFH 2019). By following this route, students gain a different kind of qualification and a different level of expertise: specifically, TAs who follow these courses are awarded a certificate and a Level 3 Diploma which enables them to work as support staff for SEN children. This qualification can be attained within 3 to 12 months. There are assignments to prepare throughout but there are no exams to sit at the end (Association for Learning 2021). Interestingly, it is possible to teach without a qualification in academies, independent schools, free schools and further education (FE) colleges (GOV.UK, 2012) (Education England 2012 n. 1736). Each school recruits its own provision of teachers and TAs, typically using the assistance of a local education authority (LEA) or a recruitment agency.

Primary school classes have a class teacher and, often, a TA. Class teachers are responsible for all the children in their classes, including the children with special educational needs or disabilities (SEND).

For the most part, teachers plan their activities once a week. However, planning is also carried out from one day to the next, sometimes with the help of a teaching partner and sometimes without it. This planning usually takes place during school time, while the class is following a specialised subject teaching. The teaching duties in maintained schools must comply with the Equality Act 2010 and the SEND Code of Practice 2015

#### 4.3.4. UK: Special needs children and inclusion in mainstream schools

In the UK, all children have the right to attend mainstream schools unless there is a reason to exclude them. Inclusion is regulated by the Special Educational Needs or Disability (SEND) Code of Practice 2015: 0– 25 years. The 0-25 years Code of Practice (Department of education and Department of Health, 2015) promotes high-quality differentiated teaching for those children with special educational needs or disability, i.e. those characterised as SEND and SEN children, as they may require some additional support, called SEN support. This Code of Practice helps to identify the children who require highly personalised Education, Health and Care (EHC) plans. The importance of early intervention so as to support the individual towards independence and employability lies at the core of the SEND 0-25 Code of Practice.

Table 4.3 indicates the total number of children in UK primary schools, the number of SEN children in primary schools, the total number of SEN children with Education Health and Care Plan (EHC) and the percentage of SEN Children in mainstream schools. All numbers refer to 2019, as reported by the Department for Education (2019).

*Table 4.3 Number of children and SEN children, with and without an Education Health and Care Plan (EHC), in UK primary schools*

Total number of primary school pupils (2019)	Total number of SEN pupils (2019)	Total number of SEN pupils with EHC plan (2019)	Total number of SEN pupils without EHC plan (2019)	Total % of SEN children in primary mainstream schools (2019)
4.716.245	650.455	66.790	583.655	49,3%

Additional data for the UK and Italy have been obtained from the European network Eurydice<sup>7</sup>. This network provides analysis and information concerning the education and training systems of over 37 European countries. In this way, it assists policy makers with decision-taking.

Table 4.4 shows that, according to Euridice (EACEA 2019), 2.9% of children with EHC plan are distributed, almost equally, between maintained state schools and maintained special schools.

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<sup>7</sup><https://eacea.ec.europa.eu/national-policies>

*Table 4.4 Distribution of the 2.9% children with ECH plans in the different types of UK schools*

Maintained primary schools	Maintained special schools	Non-maintained special schools	Pupil Referral Units (PRUs)	Independent schools
47%	44%	1.4%	0.7%	6.3%

It is worth mentioning that a number of disabled children are seemingly absent from the statistics. These children are not listed due to a variety of different reasons: they are not included in the education system and they are often at home.

In table 4.3 the reader can clearly see that 49% of SEN children attend mainstream primary schools. All schools work to meet the needs of all children and exclusions are rare. Nonetheless, it seems relevant to reflect on the data of the Timpson Report (2019) which indicates that 78% of children facing permanent exclusion are SEN.

These sad data seem to confirm that there is an urgent and pressing need for (i) training teachers and TAs appropriately and (ii) providing them with successful strategies so as to perform their duties effectively. When these needs are satisfied, educators and schools should be able to drastically reduce exclusion. One of these supporting strategies according to the researcher could be MTI.

In the UK (Table 4.1), there are more than 1500 special schools, and 348 Pupil Referral Units for those children who cannot attend other schools and need a different educational framework.

The 0-25 years SEND Code of Practice (Department of education and Department of Health, 2015) explains that class teachers and subject teachers are responsible and accountable for the learning of all children in their class, including children with special needs. Special educational needs teachers are usually TA experts who work collaboratively with class teachers and other specialists, as well as with parents, in order to ensure that students are supported during their development. SEN teachers provide individualised instructions for disabled pupils in their care. The Special Educational Needs Co-ordinator (SENCO) role is filled by qualified teachers who receive special training in order to become school coordinators for children with special needs.

The SENCO is the person who is responsible for special educational needs at a school

(or, sometimes, across a few small schools). SENCO teachers need to complete a postgraduate course in Special Educational Needs Coordination within three years of taking up this role. They need to ensure that SEND students - especially those with EHC plans - receive the extra support that they are supposed to get. To fulfil this part of their role, SENCOs need to know (i) what support the local authority can offer to their students and (ii) how their students can access this support. This means liaising with families, carers, hospitals, other schools, charities as well as any other group or person that could supporting their students. Ideally, SENCOS are supposed to be part of the school leadership team (Department of education and Department of Health, 2015, pp.108-109).

A SENCO is a teacher who is responsible for assessing, planning and monitoring the progress of children with special educational needs and disabilities (SEND). SENCO teachers can observe the special needs child in another class so as to understand the issue(s) they face and assess their specific needs and help teachers address and overcome the difficulties they may face when a SEND child is in their classroom. Their role is to regularly revise the progress of these children and the efficacy of the support that is provided to them. After consulting with parents and children, SENCOs decide about any changes that are necessary in the management and support that is offered to each child in their care so that the optimal support and outcomes can be achieved (ibidem sections 6.36, 6.52 and 6.54).

There is a national upper limit on how much extra funding schools are supposed to use in their efforts to support each SEND pupil they have. Anything over this limit is funded through top-up funding by the local authority. As a result, the Headteacher, the SENCO and the governing body of each school should consider the resources that are available to the school and plan a strategic approach to meet the special educational needs of each of their pupils. If the LEA observes that a SEND child has not achieved the expected progress despite the extra support, they endeavour to assist these children with an Education Health and Care (EHC) plan (SEND Code of Practice, 2015, pp 164-169). This complex code of practice that protects the children's rights to health and education seems to be organised according to the medical model of disability.

SEN teachers are often TAs with a level 3 training in special educational needs. They frequently work with colleagues in order to identify the special needs that individual pupils have. Their role is to (i) assess those children who display or are suspected to have learning difficulties, (ii) offer individualised teaching to them, or put them in small teaching groups, (iii) prepare appropriate lessons and resources for these children.

## 4.4 Italian primary school system

### 4.4.1 Overview

In Italy, education is a right and a duty. Education is free from primary to high school, and compulsory for children and young people aged 6 -18. Education is aimed at enabling the attainment of either (i) an upper secondary school qualification or (ii) a professional qualification through studies which last for at least three years. As a result of this setup, the majority of young people complete their education in 12 years. Disabled children fulfil compulsory education requirements when they turn 18.

Italy has a strong national education system and private schooling is not very common. The majority of the population, approximately 95% (ISTAT 2018-2019), attends state schools and more than 98% of disabled children attend mainstream schools (Table 4.6). State schools and state private schools follow the guidelines of the Italian Department for Education (MIUR) and the national curriculum. Private state or public schools (the *scuola paritaria*) are schools that are recognised by the state and that can issue the same certificates and diplomas as the Italian state. Those diplomas are the ones that give access to Universities and national jobs.

National primary schools aim to *offer girls and boys who attend them the opportunity to develop cognitive, emotional, affective, social, bodily and ethical dimensions* (MIUR 2021).

In Table 4.5, we can see the predominant number of state schools and the number of schools in the Italian primary school system.

The Italian state school system provides for schools in hospitals and home setting education (different from home schooling or parental education). Schools in hospitals and home education guarantee to hospitalized pupils or pupils who are undergoing medical therapy and, because of health reasons, cannot attend schools for a long time the right to be taught and learn, despite their health condition. This ensures a continuity of studies for these pupils.

*Table 4.5 Number and type of primary schools in Italy (MIUR, 2018)*

Number of primary state schools	Number of state private schools	Number of schools in hospital	Number of special schools
15429	1411	211	2

Hospital schools are considered to be one of the points of excellence of the Italian national education system. The service they provide is active throughout the national territory. Families, health personnel and school staff cooperate, defining, sharing and integrating the plan that is recommended for each pupil.

*Table 4.6 Number of pupils attending each type of primary school. (MIUR, 2020b, MIUR, 2020c)*

Pupils in primary state schools	Pupils in state private schools	Pupils in schools in hospital	Pupils in special schools	Disabled children in mainstream schools
2543986	169387	29.000	71	90845 (98,7%)

#### **4.4.2 Primary school organisation and time**

In Italy, all primary schools are part of the Istituto Comprensivo (“Comprehensive Institute”) which includes the following levels of education:

- (i) reception (for children aged 3-6);
- (ii) primary school (for children aged 6-11);
- (iii) scuola media (for children aged 11-14). [This is the ‘middle school’ or the first part of secondary school (first level)]

Each year, the Comprehensive Institute defines and approves a document for families called *Piano dell’ Offerta formativa (POF)* or Plan of Educational Offer (POF). The POF is a large document which lists and explains the educational aims of the Institute as well as the yearly timetables, subjects and projects on offer (Appendix 4.2). National legal frameworks, curriculum and programs define the structure and compulsory school subjects, but leave freedom to each school to define themselves the weekly hours and specific projects they offer. These are chosen after careful analysis of the needs of the pupils, of the community surrounding the school and the environment in general.

Primary schools can offer weeks of 24, 27, 30 or 40 hours. They are open Monday to Friday, although it is also possible to add Saturdays.

The majority of primary schools in Rome choose a calendar of Monday to Friday.

Lessons usually start at 08.30 and end at 16.30 for children attending 40hours weekly.



Alternatively, schools may offer a calendar of three days from 08.30 to 13.30 and two days from 08.30 till 16.30, with adjustments in order to complete the 27 or the 30-hour options. As mentioned in the previous section, all teachers are recruited by the state and are treated according to the provisions of a national contract. Primary teachers work 22 hours a week with children. They then devote 2 hours a week for planning and 80 hours per year for collegial meetings. This is why to cover the children's school time, it is necessary to have two class teachers.

The timetable is decided by two democratic governing bodies: the Teachers Collegium and the Institute Council. The Teachers Collegium puts forth their timetable proposal and this is invariably approved by the Institute Council which is chaired by an elected family member of a pupil, an elected teacher representative, the Headteacher and an elected representative of the school workers.

The Teachers' Collegium and Institute Council are collegiate bodies that were introduced in 1979 by an educational reform (the '*Riforma dei decreti delegati*') which brought in autonomy, democratic governance and participation for every school. This reform introduced a new model of school, a school that is seen as a community in itself but that relates with the local community surrounding the school and the society in general. Consequently, Italian schools are seen to work in cooperation with all the parts involved

in the process of education and which aim to support the children's full development and their right to education. These parts consist of families, teachers, school staff and school workers, local authorities (these are additionally responsible for the buildings and other education-related provisions).

Election of school representatives takes place once every year. All schools follow the national curriculum and the collegial meetings they participate in delineate the educational offer of each school (POF), allowing them autonomy and freedom to choose (i) the projects they want to undertake and (ii) the teaching methods that better suit their staff. There are regular collegial meetings of teachers of parallel classes and collegial meetings of teacher and parent representatives. These meetings constitute an important part of school life and emphasise the strong connection of the school with its social environment.

#### 4.4.3. Teachers recruitment and roles

The Italian Ministry of Education University and Research (MIUR) recruits teachers nationally. The recruitment process involves a set of written and oral exams. To obtain a state job position, candidates use the points accumulated through their final scores of these written and oral exams and add any extra qualifications they may have in order to increase their overall score. A teacher, for example, can increase their score by adding the scores that correspond to their additional qualifications – e.g. a Master's degree, a second or additional degree, or a further qualification of specialisation as a teacher for disabled and SEN children. These other diplomas and degrees help to raise the final score that is used in order to obtain a state job.

Securing a state job position as a teacher is very difficult. In an area like Rome, it was not unusual to see more than 17.000 teachers competing for less than 200 posts. The successful teachers become state employees and can potentially ask to work in any Italian region. The exam recruitment process is specific to each school level, from reception all the way to high school.

Additionally, teacher training is demanding. A qualified primary school teacher will have spent five years in order to complete their university degree and placement. This is equivalent to studying for a first degree and, then, a Master's.

SEN teachers must add to their teaching degree a one-year specialisation course entitled *“Special pedagogy and special didactic praxis to support special education and school inclusion”* (*“pedagogia e didattica speciale per le attività di sostegno didattico e l’inclusione scolastica”*). This further education is necessary for special educational needs teachers. The course lasts one year and is available at the universities that possess the necessary authorisation by the Ministry of Education. To access this course, a prospective candidate is required to pass a pre-selective test. This can be accessed by those who already possess a Master's degree in primary education sciences and have also obtained, during their degree and Master's course, an additional 60 credits relating to the special education needs teaching and inclusion.

If someone wishes to teach but has completed a different degree, they must start the teaching degree program from the beginning – there is no fast route available. To sit the examinations of the national competition and secure a job in a state school, teachers

must pass a national professional exam called *Abilitazione*. This exam certifies and recognises the professional ability of the candidate at a national level.

Typically, two teachers are responsible for every class and each class benefits from the presence of one support teacher for some hours each week. Teachers meet weekly for two hours with an aim to plan their teaching activities.

By virtue of national legislation, the two class teachers and the support teacher have the same legal responsibilities and role in school (DPR, 297/1994). This is an important legal aspect as far as the process of inclusion is concerned because it ensures that all teachers (i) are responsible for all children and (ii) need to cooperate in order to create inclusive environments. Given that the disabled child is a child of the class, the responsibility for planning appropriate activities for these children too and the education of this group of pupils is held by class teachers as well as the school institution as a whole.

The specialised teacher has the leadership on (i) assessing the child and (ii) coordinating with the family and all the other professionals who are working with the child. The class teacher has the leadership on the general planning for the group. Nevertheless, both teachers work together to integrate the educational plans of not only the group but also of each individual child. The teachers choose the best didactic strategies to promote the development and inclusion of the children in their care.

At least twice per year team meetings are held, dedicated to monitor the progresses of each SEND child. Class and support teachers, external specialists, such as neuropsychiatrists, psychologists, speech therapists (whether private or from the national health service), and family members are all present in these meetings. They share goals, observations and report on the progress made. The group defines common objectives and priorities for the year ahead and for the future life plan. They define how they can pursue their objectives always focussing on the specific modalities of their field of expertise and their role.

Italian schools do not have Teacher Assistants. However, specific assistants are enrolled by the school through local organisations. These assistants are funded by local authorities and their role is to support disabled children who have restricted autonomy and need daily essential support. These assistants work in close cooperation with the teachers and school support teams.

#### **4.4.4. Italy: special needs and disabled children and inclusion in mainstream schools**

The vast majority of disabled children (a staggering 99%) are educated in mainstream schools. According to the data of the Italian Ministry of Education University and Research (MIUR 2018, p.25) less than 1% of disabled children are in the few special institutes that still exist in Italy. These few institutes were established before 1977, when the regulation on integration was issued and are specific for blind or deaf pupils (Fig.4.5, MIUR 2020b).

The SEN definition (Ibidem) in Italy comprises three main groups: (i) disabilities, (ii) specific developmental disorders (which also includes specific learning disorders such as dyslexia, dysgraphia, dyscalculia, dysorthography) and (iii) socioeconomic, linguistic and cultural disadvantage (BES).

Support measures to ensure full inclusion are the responsibility of (i) the state, (ii) the local authorities and (iii) the national health services. The Territorial Support Centre for Inclusion (CTS) can provide support, counselling and finalised training for teachers. Support measures and integrative interventions follow the guidelines and legal framework on care, social inclusion and rights of persons with disabilities. Law 104/92 defines the framework for the integration in school and society. The guidelines of the Ministry of Education (MIUR 2009), provide a practical example of how to improve inclusion within the national legislative framework. Finally, Law170/2010 is vitally

important because it recognised the right of pupils with Dyslexia and specific learning disorders (DSA) to receive specific didactic strategies and support.

All children who belong to one of the three categories listed above must have an individualised developmental plan. Interestingly, children presenting with a socio-economic or linguistic disadvantage do not have a support teacher, but only an individualised developmental plan. The principles of inclusive education apply to all children. In order, then, to fulfil their obligations towards this population, schools often engage with their local authority and cultural associations (charities) or, even, community organisations so that language and cultural mediators can support teachers and school staff in their communication with BES pupils (children with socioeconomic, linguistic and cultural disadvantage) and their families.

For this particular population, schools put in place specific projects and individualised plans that can help the pupils overcome their disadvantage.

Didactic flexibility is required and teaching guidelines underline (i) the importance of assessment and (ii) the organisation of specific educational plans that can support the developmental needs of the children.

Staff and teacher training is part of the legal framework that is put in place so as to improve the efficacy of the inclusive school. Teachers who are specialised in the education of SEND children are assigned to the classes where disabled children or children with specific learning disorders are present, according to Law 107/2015 and Decree n.66/2017.

#### **4.5 Conclusions**

In this conclusion, the researcher would like to record a few reflections on the differences that emerged between the two school systems during the research period which affected this research investigation. They only reflect the targeted information of the state schools in which the projects were run..

From this very brief summary of the two school systems, the reader can see some essential differences between the two countries. The UK system is decentralised and allows the existence of a variety of schools with different curricula. Instead, the Italian education system is organised on a national level and the state is responsible for ensuring that the right - duty of education is fulfilled for each individual citizen.

Education and recruitment of teachers differ vastly in the two countries. In the UK, the recruitment of teachers can vary and is in the hands of the individual schools. The different routes that are available for those who wish to become primary school teachers and the many different schools and curricula that exist in the country may impact the power of individual school teachers. The disparity of teacher education and expertise and the fact that it is possible to 'learn by doing' as an apprentice might often give space to unbalanced power dynamics and lack of strategies and resources available to the teacher who is required to (i) face the demanding role of teaching and (ii) deliver quality education to a variety of children, each with different needs and some with special educational needs.

In contrast, the recruitment and education of the teachers in Italy is organised nationally and follows national standards. This is a great advantage because it allows the legislation and the policy for equality and inclusion to influence the whole of the educational community. This, together with the demanding Master's level education and national selection of teachers, ensures general homogeneity and shared values of inclusion and equality. It also gives teachers power in negotiating the respect of these standards. *Integrazione scolastica* and inclusion are a national priority. They form strong clear policy which aims to shape the society at large and educate it regarding the necessary social changes so as to make inclusion and integration possible.

The variety of school types in the UK seems to allow an important amount of space and freedom to different schools which, as a result, can offer programs that lie out of the control of the state. In the UK education system, it seems that families are legally invested in the responsibility for their children's education. This aspect, for example, had a visible impact in the organisation of the research: the school or the teacher could not decide by themselves whether they would add the music therapy activity in the year plan for their group class. Instead, they had to ask the parents if they were willing to allow the child to participate. Music therapy was considered as a music class or an additional discretionary activity. In Chapter 5, the reader will see that, as a result, in some classes there were a few children who could not participate.

In contrast, in Italy, all activities are planned right from the start of the academic year. Parents sign a co-responsibility agreement which confirms that (i) they agree to these plans when they enrol their child at the beginning of the school year and (ii) they accept all the activities that are listed in the Educational Offer Plan (POF). The school and the teachers are the experts who decide what strategies and didactic tools will be used to deliver the best education to their children. Therefore, all the pupils of the selected classes were able to participate in the group MTI research.

Both countries respect the freedom of teaching. Although the Italian system is very centralised, teachers have the right of *freedom of teaching* and schools express their freedom via collegial democratic decisions on how to best deliver (i) the content of the national curriculum, (ii) the didactic strategies, (iii) the planned projects and (iv) the umbrella topics.

Italian programs are organised according to the bio-psychosocial model and give emphasis to inclusion, relationships and socialisation. These factors are considered as

equally important for the healthy development of the children as the cognitive factors which cover areas such as literacy, mathematics, science, languages and new technologies.

The England National Curriculum (NC) seems to be oriented to the acquisition of subject content (Department of Education 2013, 3.1). It emphasises the high expectations that teachers should set for every pupil's education (Department of Education 2013, 4.1) and aims to ensure that maintained schools in England follow the statutory national curriculum and programmes of study. Its content in each subject is expected to be taught to all pupils on the basis of key stages (Department of Education 2013, 2.4). Interestingly, as mentioned in Section 4.3.1, the curricula in Scotland and Wales are different. For example, in Wales human rights, child rights, diversity and respect for the differences are promoted together with the development of literacy, numeracy and digital skills (Perros, 2019). It is worth noting here that the guidelines from the National Institute for Health and Care Excellence, NICE (2021) invite schools to organise programs that take care of the social and emotional wellbeing in primary education. This invitation could open potential opportunities for music therapists to introduce MTI programs in mainstream education.

The definition and approach to SEN children differs vastly between the two countries. As explained in the previous section, in Italy all SEND children and children who experience linguistic and socio-economic disadvantage are supported. They all have the right to an annually renewable individualised plan that supports their development and inclusion. This is different in the UK where only 2.9% of SEN children (Table 4.3.3) have a EHC plan. It seems that there is no obligation for the teachers or schools to have a specific education plan in place that ensures the inclusion and progress of these SEN children.

The support provided to SEN children in the UK has as its main goal to ensure that they reach the required level in each subject for their age and class. To accomplish this, an SEN teacher is assigned to each child. In Italy, the support teacher is assigned to the class. She is the specialist who liaises with the family and all the professionals involved in the child's education, and organises intervention plans (ECH) and the educational goals that are appropriate for each pupil. These are done in agreement with the class teacher and in accordance with the integrating aspects of the class educational plan. Individual year plans are always required for all SEN children in Italy. The goal is to support the holistic development of the child and their inclusion, and SEND children are not necessarily expected to reach the content required for their age and class.

This fact puts emphasis on the total lack of intention to 'normalise' or level the SEND children to standard of norms. Quite the contrary – all the professionals involved in their education strive to support the full development of the SEN children according to their specific needs and potential.

To summarise the above, it seems that the essential differences in the approach to disability in education between the UK and Italy are as follows: the UK appears to be utilising mainly the medical model of disability and while Italy seems to adhere to the biopsychosocial model, as proposed by the World Health Organisation.

In Chapter 5, the researcher will show how the two different school systems have had an impact on (i) the learning accomplished by the researcher, (ii) the organisation of the group music therapy sessions and (iii) the stages/process that had to be followed in order to gain approval for the project in each school.



## Chapter 5

### Working in schools

#### 5.1. Introduction

In this Chapter, the focus will be on the organization and development of the fieldwork. A description of the music therapy for inclusion intervention (5.1.1) will be followed by the explanation of how the group music therapy sessions have been prepared and organised (5.1.2). The Chapter will conclude with a description of the 10 weeks during which the MTI sessions took place (5.5).

Sections 5.2, 5.3 and 5.4 respectively describe in detail the fieldwork that was carried out in primary schools in Oxford (2017 for the Pilot Project), Italy (2017-2018), and the UK (2018-2019).

#### 5.1.1 Description of the Intervention

As discussed in Chapter 4, one of the core objectives of group music therapy for inclusion is the intention to create and/or establish what Zanelli (1986) calls 'integrative background'. Today the terms 'inclusive background', 'inclusive environmental context' or 'inclusive playground' are used for this concept. This inclusive background encourages the structuring of integrative contexts, facilitating the children's growth in several developmental areas (figure 3.12).

An inclusive environment is created in the music therapy setting by adding Activities familiar to the children such as dance, music and informal improvisation, all of which allow children (i) to perceive the cyclic nature of the tasks, the exercises and the instructions and (ii) to interpret these as elements of the environment in which the activity is taking place. This space is the *Playground*, where children can not only experience their own being, but also engage in relationships and creative processes through music. Each school session was organised following the structure suggested by G. Orff (1982, Fig. 4.3 chapter 4) (i) An introductory ritual of sonority and movement (ii) A new element (e.g. a new dance or a new musical game) (iii) The development of the situation, accepting the spontaneous creative contributions of the children; (iv) Possible changes and elaboration of ideas; (v) An organic conclusion.

This session structure defines the setting and allows the children to not only perceive the cyclic nature of the tasks/activities/instructions they participate in, but also interpret them as elements of the environment in which the activity is taking place. The music therapy setting aims to be a safe space, an environment that encourages relationships and motivates participation, helping children to find a connection between the emotional and cognitive elements, thus facilitating his/her emotional development.

In all fieldwork and in every experimental setting, (pilot project, Italian primary school and UK primary school), the music therapist used, as much as possible, the same activities (section 5.5). These were all chosen with a view to stimulating the development of the specific skills related to the research questions, such as inclusion, tolerance, self-awareness and self-confidence.

The activities were chosen with the aim to assess and monitor the changes that occurred in the children. The indicators of the music therapy assessment MTI-ICF lead the selection of the activities (viz. 4.2.4).

### **5.1.2 Organisation of group music therapy sessions in primary schools**

Organising the intervention of group music therapy for inclusion was complex. After completing the ethics procedures and getting approval from the Ethics Committee, the running of this project required the fulfilment of the following steps:

1. Finding Head Teachers who would be interested enough to promote MT in their school that they would be willing to go through the numerous necessary bureaucratic processes (agreements, forms and questionnaires);
2. Identifying teachers willing to dedicate some hours of their program to the research project activities, involving all the children in their classes;
3. Making sure parents were willing to sign the consent forms;
4. Identifying children willing to participate;
5. Ensuring that the school had an appropriate room and equipment (instruments) available for the MT sessions.

Once these components were in place, it was finally possible to begin the action research program. Music therapy for inclusion interventions were delivered to groups of primary school children (Years 3, 4 and 5), aged 8-11, in both Italy and the UK. Each class was divided into 2 groups. Each group received 1 hour of MTI per week for a 10-week period, for a total of ten hours per group (i.e. 20 hours per class).

All children in each class were invited to participate and no-one was excluded: the expectation was that all children should participate in the sessions.

Teachers, teacher assistants and special education teachers were invited to attend and witness the activity and the children's progress. In accordance with ethical guidance and policy, information sheets and consent forms were given to parents and children before the work started.

A one-day workshop was offered to each group of teachers and parents of the classes involved. This was done with the intention of:

- i. acquainting them with the objectives, processes and activities of the group music therapy
- ii. providing answers to questions and
- iii. addressing any doubts or concerns relating to either the information sheet or the consent form.

These workshops were scheduled to be offered before the start of the MT sessions.

During the workshop, the research activity was presented to parents and teachers under the title of "*Music and Movement: Group Music Therapy for Inclusion*". This was done in order to explain that, in the educational field, group music therapy is a specific method of intervention that (i) takes care of the wellbeing and development of the emotional intelligence of the children, (ii) addresses the need to promote their ability to learn more about themselves and their feelings and (iii) supports their global development.

The intervention covered the areas of prevention, enablement and rehabilitation. Although therapeutic changes might take place, the music therapist did not emphasize the therapeutic nature of this work, as this could have caused anxiety amongst parents and staff. Group Music Therapy intervention sessions were, therefore, offered as a *playground* where children can discover the *uniqueness* of themselves and peers", while also nourishing their understanding and ability to relate to others with more tolerance and empathy.

All children participants received (i) an information sheet and (ii) a consent form, both specifically prepared for them (Appendix A 3.8 and 3.9). The music therapist introduced the project to the children and gave them the information sheet. On that occasion, the children signed the consent form.

During the 1<sup>st</sup> and 2<sup>nd</sup> sessions children answered the initial questionnaires. During the 9<sup>th</sup> and 10<sup>th</sup> sessions children completed the final questionnaires. With the same modality, after the closing activity, the music therapist asked the children to sit at tables and distributed the questionnaires and a pen to each of the children. The researcher for year 3 and 4 (and a child for year 5) was reading one question at the time for everyone. If children needed help, she and the teaching staff were there to answer questions or encourage, as necessary.

The music therapist filled the initial music therapy assessment MTI-ICF (chapter 3, tables 3.1, 3.2, 3.3). by observing the behaviour of children during the 2<sup>nd</sup>, 3<sup>rd</sup>, 9<sup>th</sup> and 10<sup>th</sup> sessions, and she took short protocol notes after each session.

## **5.2 The Pilot Project**

In November 2016, the researcher contacted a Catholic primary school in Oxfordshire. A multicultural and vibrant institution, this school traditionally welcomes pupils from many different countries and backgrounds as well as hosting a special section for autistic children.

The Head Teacher was a very active and passionate advocate of inclusion. She expressed great enthusiasm in running the music therapy research project in her school. She sent me a welcome letter and we agreed that I would run the pilot project during the winter or spring term.

In spring 2017, all the information sheets and consent forms were completed and approved by the Ethics Committee. The music therapist immediately contacted the Head Teacher in order to organize the meeting and workshop for the teachers and, possibly, the parents too (viz. steps 2 and 3 of Section 5.1.2). To the music therapist's surprise, the Head Teacher decided to do the presentation of the project to the teachers on her own, without her. The researcher was therefore, unable to deliver the workshop for the staff. Although she knew how important it is for teachers and parents to know the people who will work with their children in order to trust not only them but also their work, she trusted the Head Teacher's judgment. Unexpectedly for the Head Teacher, the teachers decided not to engage with their classes in the Music Therapy for Inclusion project. This came as a shock to her too: she was not at all expecting this from her staff and was profusely sorry and apologetic to the music therapist afterwards.

Despite these difficulties, the Head Teacher did her best to remedy the situation and, as a result, managed to convince two year 5 teachers to welcome the MTI sessions in their classes. However, the teachers did not offer the project to their whole classes. Instead, they introduced the research to their pupils' parents, offering them the option to participate. Unfortunately, here again, the communication about the research project was delivered in the absence of the music therapist and, as a consequence, the content and aim of the research were not explained to the parents directly.

In the end only 8 year 5 parents responded and filled in the consent forms and, thus, allowed their children to take part in the sessions. The group music therapy intervention started at the end of April 2017, after the Easter break. It ran once a week for an hour. Sessions ended in July 2017, 10 weeks later. The school was able to offer a nice room for the activity, as well as the necessary instruments, thus covering steps 1 and 5 of the requirement list (Section 5.1.2).

An equally nice space in a separate building was booked for the music therapy workshop. This space was used for the Reception children in the morning and for other activities during the afternoon. After our sessions, the small school orchestra used to arrive for their weekly practice in that area.

Among the children participants, four had special needs: two were on the autistic spectrum and two had learning difficulties. Children were always eager to participate. They were very engaged, and the sessions were delightful. The researcher has a memory of fun, ease and joy that relates to them. The progress of the sessions was recorded in her journal, where protocol notes were filled in at the end of each session.

The researcher has copies of the initial and final assessments of seven of the eight children involved in this project. These were gathered at the beginning and end of the ten weeks of MT intervention. However, there was no video recording for these sessions because of the many technical issues that were encountered, including the failure of operation of the video camera. The results from these assessments are not included in the data analysis of the research study: although disappointing, this shortcoming was not crucial, as the principal aim of the pilot project was to guide the researcher in better understanding the research process, its phases and design.

The researcher wanted to:

1. Test the assessment tools
2. Verify that the activities proposed were adequate to fill in the music therapy assessment (viz. MTI-ICF-CY in Appendix A 5.2).

3. Learn and understand the video-recording process
4. Test not only the feasibility of the complex research design but also the time frame: these parameters needed to be established, above all in relation to the school as a complex organisation system (i.e. taking into consideration not only the Head Teacher, teachers, reception and administration staff and but also factors relating to accessibility, space availability and instruments, activity and class timetables)
5. Learn how to deal with unexpected events

The ten weeks of group MTI flowed nicely, carried through by the excitement of the children and the music therapist. However, as well as the enthusiasm, there were several moments of frustration. For example, when the teachers forgot to inform the music therapist that the children were away on a trip and she had to (i) find a new day in the same week for the activity that would be missed and (ii) negotiate again the availability of the space for the session with the Reception teachers and the music teacher of the school. Or, when one participant started to miss sessions because he was taken out of the class in order to do some catch-up reading sessions. Or, when the orchestra changed their timetable and the session had to be delayed for an hour.

Fortunately, it was a lovely sunny season, the children were welcoming and the music therapy sessions were great fun. Still, it was also hard work: preparing the room before the session, making sure that it was free for the music therapy group; collecting the children from each class; gathering the boxes with the instruments and a CD player; walking with the children and the numerous boxes of instruments through the playground to the safe, nice, music space that was made available for our use ; bringing the children back to class, on time for their next lesson (again, walking through the playground with all the boxes of instruments and the CD player); tidying up the room afterwards in order to leave it ready for the orchestra lesson; writing the notes while sitting on a “micro chair” for Reception children while the children’s orchestra were practicing. Nevertheless, all of these events taught the music therapist a lot for the next stage of the research.

### **5.2.1 What has been learnt from the Pilot Project**

The researcher is deeply grateful to the Head Teacher for the trust she showed in her and the welcome she extended to both her and the Pilot Project. She is clearly committed to the inclusion of all children in life at school.

As the researcher worked in her school for three years (i.e. 2009-2012), they were both surprised when the staff refused to participate in the proposed pilot project. The researcher was saddened to witness the incredible pressure UK teachers are under, with endless bureaucratic marking and curriculum duties (Skerrit C. 2020), that made it difficult to dedicate time to a more light hearted and refreshing educational aspect.

Coming from an Italian background and experience, it was incredible for the author to hear that the school staff had declined the Head Teacher's idea of group music therapy sessions. The researcher was expecting to work with the full class, as she had done previously in Italy. The intention was to (i) create a space for inclusion, (ii) give children a playground in which to develop relationships, skills and tolerance and, (iii) also develop a sense of belonging that would be useful in their everyday life.

For the first time, the reality of a deep cultural divide and policy difference between the UK and Italy hit her. It was like a wake-up call and she needed to (i) reflect more on her approach to the school, (ii) study better the organisation and policies of the UK school system and, most importantly, (iii) be clearer and more convincing.

Nevertheless, this experience gave her the opportunity to trial the assessment tools and reflect on her interactions and actions while promoting the research project in Italy and the UK. She also realised that, regardless of the country, she needed to (i) be assertive, clearly framing the boundaries of what was needed from the school, (ii) carry on with the research project, clarifying within herself which aspects were negotiable and which were not, and (iii) be able to coherently present the project to others.

Overall, then, the pilot project helped the researcher to respond to her queries and have more clarity on what was needed in order to go forward successfully.

### **5.2.2 Testing the assessment tools**

The Pilot Project was useful in testing the research design and assessment tools (chapter 3.4.):

1. Music Therapist's assessment MTI-ICF.
2. Questionnaires for children: Index for inclusion
3. Children's drawings
4. Questionnaires for teachers: Index for Inclusion and music therapist's questionnaires

From the reflections on the different assessments emerged what follows

1. Music Therapist assessment MTI-ICF: Two major problems were encountered with the first version of the music therapist assessment MTI-ICF that was used during the pilot project:
  - i. The graphic version of the assessment was not ideal when it came to scoring multiple subjects at the same time. It was not possible to simultaneously see all the qualifiers / indicators and all children (viz. Appendix...). It was challenging enough with 8 children and it seemed that it would not be manageable with a group of 14-16 children per class.
  - ii. After the pilot project, many different graphic versions of the MTI-ICF were explored using Excel, numbers and word tables in order to find the most convenient and quick way for the music therapist to record the scoring during and/or after the sessions.
  - iii. In the original ICF version, functions, activity and participation were observed through very specific qualifiers (indicator). These were created so as to allow the assessment and comparisons of observations. This was also the reason why the FORIFO research group (Cajola, Esperson 2008), started to explore the use of the international classification of functioning, ICF in order to assess the music therapy for inclusion sessions.

In trying to define the three categories (i.e. self-confidence, empathy and relatedness), the music therapist created a grid of observations for the pilot project that was, in fact, too general in that there was too much space for personal interpretation of what was observed. This observation highlighted the weak reliability of the assessment that was devised. It was going to be difficult for other music therapists to repeat the assessment using the same criteria as the music therapist.

This reflection convinced the researcher to revisit the MTI-ICF assessment. As a result, specific ICF-CY qualifiers were added to the general categories (Table 3.1, 3.2, 3.3). The intention was to not only bring clarity on what was observed but to also help the music therapist to remember exactly what she was observing and therefore be more consistent in the observation and evaluation of the children's behaviour,



2. Questionnaires for Children – Index for Inclusion (Fig. 3.9): no problem there but better printed version was desirable
3. Children's Drawing: no problem there.
4. Questionnaires for teachers:
  - a. Index for Inclusion (viz. Appendix 3.6): no problem, but better printed version was desirable.
  - b. music therapist's questionnaires (Appendix A 3.4.1 and A3.4.2): no problems there but better printed version was desirable.

### **5.2.3 Verifying that the activities proposed were adequate to fill in the music therapist's assessment (MTI-ICF)**

With the small group of the pilot project participants, a large space was given to improvisation, orchestra direction, dance leading and expression of feelings through group music-making. The assessment process was run easily because of the limited number of participants and there was space for creativity and for the explorations of new activities, without any risks of not meeting the programmed schedule. The researcher realised that, with a larger group, it was necessary to be more aware of and systematic with the time. She therefore, selected fewer activities with which to assess a larger group of children. She also decided complete the MTI-ICF assessment in four sessions: two at the beginning and two at the end of the programme (2<sup>nd</sup>, 3<sup>rd</sup>, 9<sup>th</sup> and 10<sup>th</sup> sessions)

### **5.2.4 Learning and understanding the video-recording process**

The music therapist arrived at the first session with a video camera and tripod only to discover that there was just one plug available that was close enough to the music therapy working space and, during that session, that plug was needed to run the music on the CD player.

Lessons to take away:

- i. Bring an extension lead with multiple plugs to the sessions
- ii. Make sure you carry enough extra batteries
- iii. Check that the video recording has started and that it has not been paused unintentionally

- iv. Buy multiple memory cards to save the videos on. At the first available opportunity, copy them on an external drive, ensuring that the latter is password-protected.
- v. Accept the “fight” with technology and the possible and/or recurring failure. Remember that the desired results may not always be achieved.
- vi. Accept that working alone can be challenging and entails assuming multiples roles. In this case, the researcher was the one who (i) prepared the room (making space by taking away the tables), (ii) collected the instruments from the other classes, (iii) tidied up the class and reorganised the tables and chairs for the next class, (iv) acted as the film maker and music therapist, (v) walked with the children from and to classes, up and down the school. If at all possible it is always desirable to work with a co-therapist, or a music therapist on placement or, even, a teacher/ support teacher eager to cooperate and participate in the sessions.

### **5.2.5 Testing the feasibility of the complex research design and time frame**

At an organisational, structural level, this experience taught the researcher that:

- i. It was important to not only contact the schools well in advance, but to also follow through the progress and have a written agreement about it. This was needed in order to make sure that the school would not withdraw at the last minute from participating in the project.
- ii. Preparing the field required a more detailed preparation in terms of communication and relationship with the Head Teacher and remaining members of staff. Such preparation helped ensure that everyone was well informed about what was going to take place. More specifically, teachers can, in this way, (i) appreciate the commitment required, (ii) be prepared for 10 weeks of work, (iii) cooperate with the music therapist throughout the research period and (iv) welcome the challenges of integrating the music therapy sessions in their planning.
- iii. It was important to try and deliver the teacher and parent/carers workshops before the start of the programme.
- iv. In Italy, it was important to obtain the Head Teacher Agreement as well as the Staff Agreement by Collegial vote. This would ensure that the music therapy project was included in the school planning for 2017-2018 (Educational Offer Plan , POF, 2017-2018, viz. Section 5.3.1). This was the

Italian legal requirement for running the field research, starting in the fall 2017.

- v. In the UK, it was important to have the support of the teachers whose pupils would participate in the research project. These teachers were the only members of staff who could promote the project and suggest to parents and caregivers that it was desirable that all children should participate in the music therapy for inclusion research.
- vi. It was important to ask the class and support teachers to participate in this research in order to achieve the best outcome for the group class as a community.

### **5.2.6 Unexpected events**

The researcher had experienced school settings as a teacher and music therapist for two decades in Italy and seven years in the UK. She would, therefore, feel comfortable to unashamedly state that *“schools are the realm of unexpected events”*. Foremost amongst these are: (i) looking for the usual CD player and discovering that someone else is using it that day, (ii) someone is using your room, (iii) someone has taken some of your instruments, (iv) children are out for a trip/a play/a test and nobody remembered to let you know.

Even when everyone is on the same page, when everything is planned and everyone wants to be supportive, the complexity of the work and the fact that the researcher needs to relate to many professionals while several out-of-the-ordinary events take place, requires incredible flexibility and patience. Such endeavours constitute a huge exercise in (i) setting boundaries and taking leadership, (ii) being clear about what you need and when, and (iii) making plain which are the most important assessment sessions. Looking for allies is important too as, for example, an ally will keep the CD player and the instruments in a safe place. Constantly asking for updates on the teachers’ timetable and planning schedule throughout the project while also ensuring that special events (such as trips, Christmas celebrations and plays) are in the calendar of the music therapist are absolute musts for the smooth running of the project.

While coping with these lessons and reflections, the researcher worked to translate all information sheets, consent forms and assessment tools into Italian. The Italian Journey unfolds in the next section.

### **5.3 Field Research in a Primary School in Rome, Italy**

#### **5.3.1 Preparing the Fieldwork**

During the 2017 summer half-term of the Oxfordshire school (June 2017), the researcher had a meeting with the Head Teacher of a primary school in Rome. She knew the school and many of the teachers as she worked there from 2003 till 2007. During those years, she led and supervised many music therapy projects aimed to facilitate the process of inclusion of disabled and special needs pupils. The whole school was involved in these projects. It was therefore easy to approach the school as the researcher knew the policy, the timeframe and the steps needed for the approval of any new activity. The Head Teacher was new to the school and was not known to the researcher, but she was keen to again have the music therapy for inclusion in the school, particularly given that it was largely embraced by many teachers, support teachers and the Teacher-Coordinator for Inclusion and Disadvantage (similar role to the SENCO teacher in the UK).

Few additional steps were necessary:

1. A survey to know which classes were interested in participating
2. Approval from the “Collegio dei Docenti” (Teachers Collegial Board or Collegium of Teachers) where all teachers are members and have the right to vote for approval of projects etc
3. Selection of participant classes
4. Official agreement between the school and the Anglia Ruskin Music Therapy Department
5. Revision of space/classrooms and instruments available for the intervention

The school had 5 forms per year-group (totalling 25 primary school classes), thus necessitating a selection of the classes that would actually participate in the research. Before the summer break, the project was introduced to the teachers by the Head teacher, and the Collegium of Teachers approved the research. It was agreed that it was going to start in the autumn of 2017, possibly at the end of October or November. Similarly to what happened with the pilot project, the Head Teacher decided to present the research to the Collegium of Teachers herself. Nonetheless, this time the researcher was able to negotiate the staff presentation with her and it was agreed that it was going to be delivered at the beginning of September.

The approval of the Collegium of Teachers was an important bureaucratic step, as it made it possible to list the group music therapy for inclusion project among the activities that the school was offering for the following year. By virtue of national policy, each Italian school must produce a document called “Plan of Educational Offerings” (*Piano Dell’Offerta Formativa* POF). This is a comprehensive document which includes all information concerning the school such as (i) mission statements, (ii) staff lists, (iii) school organisation details, (iv) planning and curriculum information relating to all activities and extra projects. In fact, when parents or carers enrol their children in a school, they accept the listings of the Plan of Educational Offerings in its entirety.

In September 2017, the Head Teacher prepared a written agreement fulfilling the legal requirement for allowing the researcher to work in the school and the project to be part of the POF. That agreement also included the terms and conditions used in the fieldwork. It was signed by the school and Professor Amelia Oldfield, my first supervisor at the Department of Music and Performing Arts, Anglia Ruskin University.

A first presentation of the research project was delivered to teachers and staff at the beginning of September 2017. This was followed with interest and teachers from Year One to Year Five participated in good numbers. The Teacher-Coordinator for Inclusion and Disadvantage sent out a survey to see which classes were willing to participate in the 10-week research. The response was overwhelming: with the exception of two, every single class, wanted to participate in the project.

Afraid of not having enough participants, the researcher had accepted to send the survey to all the classes. Now, however, there was an embarrassing situation: some of the classes would have to be excluded. Participants from Years 3, 4 and 5, were prioritised as this was the age group the researcher was particularly interested in which meant that participants from Years 1 and 2 were automatically excluded. The school had four forms of Year 3, four forms of Year 4 and four forms of Year 5. The Head Teacher, then, decided to randomly select the 6 classes, choosing two Year 3 forms, two Year 4 forms and two Year 5 forms. She wanted to ensure that all teachers felt that they were fairly considered in the selection. The names of the candidate-classes were written in a folded paper, placed in a big tray and the selection was made by the Head Teacher in front of two witnesses and the researcher.

Once the six classes were selected, the Consent Forms for parents and carers were sent out with the help of the Teacher-Coordinator for the inclusion, disability and disadvantage.

The Teacher-Coordinator for inclusion, disability and Disadvantage prepared a promising timetable for the music therapy activity, making sure that there was no overlapping with other subjects or additional teaching sessions (e.g. English as a Second Language, Religious Studies, etc) and that they were not interfering with IT sessions.

The researcher collected the consent forms from the teachers, duly signed by parents and carers. She then met all the teachers and support teachers of the selected classes individually, during their planning time. Together, they looked at the proposed timetable together, adjusting it to the specific requests of individual teachers. At this time, teachers talked to the researcher about their classes and children. They also had the opportunity to fill in their questionnaires. The researcher asked whether there were (i) any children with special educational needs and (ii) any specific issues relating to individuals or group dynamics. She also asked if they had any potential health and safety concerns.

She explained again the kind of commitment that was required and explained that their usual work routine was going to change because of the group music therapy sessions. Half the class was going to work with the music therapist and the other half would spend time with the teacher or support teacher.

The 10 specific weekly dates were considered, for example, when to stop before Christmas (in order to allow children and teachers to focus on the Christmas preparation and celebrations), and when to start again after the holidays.

The classes were in two different buildings, at walking distance from one another. Between the end of October and the beginning of November, the music therapist had to find and select the instruments that would be used and then clean them. Many of the instruments were still the ones that had been bought for the projects run with FORIFO between 2003 and 2007. The music therapist had to find and negotiate the space for the music therapy sessions, prepare the classrooms and agree on “etiquette” with the other teachers, the specialised teachers and the teacher assistants who were using the room at different times.

One of the available classrooms was a space used for psychomotor activity for the children with very limited mobility and multiple disability. It was, therefore, agreed that these children could still access the room for emergency reasons, with the teacher assistant even when the music therapy session was taking place. Few times we had guest a non-verbal girl, wheel chair user, visually impaired, with multiple disabilities, and her assistant. The assistant told me more than once that the girl liked to be there during

our session, as she was becoming calmer, but yet more present and alert than usual, just witnessing children moving and playing instruments.

It was nice to have her there and also nice to see the children saying hello to her, not only in the room, but also in the corridors when they were meeting her in other occasions.

The teachers and Head Teacher were not in favour of delivering a presentation to parents and caregivers at this stage. They, consequently, asked the music therapist to postpone the presentation till after Christmas. As a consequence, the researcher agreed to deliver the presentation for the parents in January 2018. All children had the Consent Form signed and we were ready to start with the field research: in fact, the project started during the second half of November, following the timetable agreed with each class, as shown in Table 5.1:

*Table 5.1 Timetable of the group music therapy for inclusion sessions in Rome*

	Tuesday	Wednesday	Thursday
Time	09.30-10.30 4D (Group A)	08.30-10.30 5B (Group A)	08.20 - 9.20 3B (Group A)
Time	10.40-11.40 4D (Group B)	09.30-10.30 5B (Group B)	09.30-10.30 3B (Group B)
Time	12.00-13.00 4C (Group A)		10.55-11.55 3C (Group A)
Time	13.00-14.00 4C (Group B)		12.00-13.00 3C (Group B)
			14.00-15.00 5A (Group A)
			15.00-16.00 5A (Group B)

The project lasted 10 weeks, started in the second half of November 2018 and was completed at the end of February 2019.

### **5.3.2 The Ten Weeks of Fieldwork**

The school in Rome had limited spaces available for extra activities. Flexibility was, therefore, the 'super skill' needed on the part of the researcher.

Participating Year 5 children were in another building, while the MTI sessions were sometimes run in the main conference room and sometimes in a different classroom. The room used for MTI with the children of years 3 and 4 was in another building. That was the designated room for the MTI sessions, although special equipment (such as a wheelchair or mats) were stored there. During our MTI sessions, staff might have to enter the room either to collect materials they needed or due to unpredictable situations. That room was just big enough for fourteen children dancing and playing instruments, provided there were no chairs or tables. However, the room was also exposed to (i) the voices of children passing by, i.e. the children who were walking in the corridor when going into or out of the lunch area and onto the playground outside and (ii) the noise coming from other classes.

For these reasons, in the Italian reality, the consistent presentation of the activities, almost in a ritual fashion, was used in order to create an atmosphere for the children that could define the setting, regardless of the room in use

The music therapist had to walk the children of the first group of each class (Group A) from their classroom and into the setting where the sessions would take place, often by her own. Teachers or specialised teachers were in charge of bringing the second group (Group B) to the music therapy room and taking the first group back to their class.

Children turned out to be very receptive to the use of voice, movement and drawing. There were many behavioural challenges in several classes and some children were showing an 'urgency' to be constantly heard. This urgency of self-expression or '*speaking their thoughts*' was so strong that it was preventing them from paying attention and giving consideration to others. Consequently, a considerable part of the music therapy work was dedicated to the harmonisation of this tendency. The planned activities aimed to create a trusting environment where everyone would be heard and respected during the MTI sessions. In Appendix B the reader can see some of the messages and drawings that were left from pupils who were expressing their gratitude and appreciation. A sense of community and belonging was established during the process of creating drawings and musical tales together. From the 6<sup>th</sup> to the 10<sup>th</sup> sessions, one could witness not only unexpected changes in the groups' dynamic but also the end of the isolation and disruptive behaviour of some children. Examples in the figures 5.1 and 5.2.



Figure 5.1 Final feedback for the music therapist from an 8 year old child

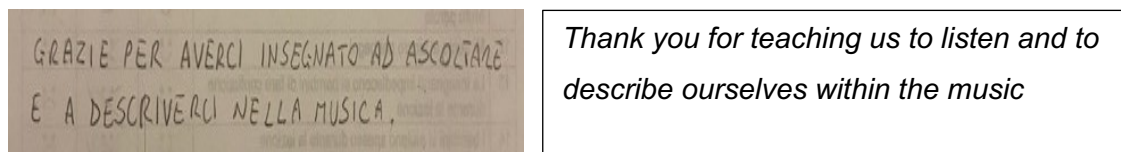
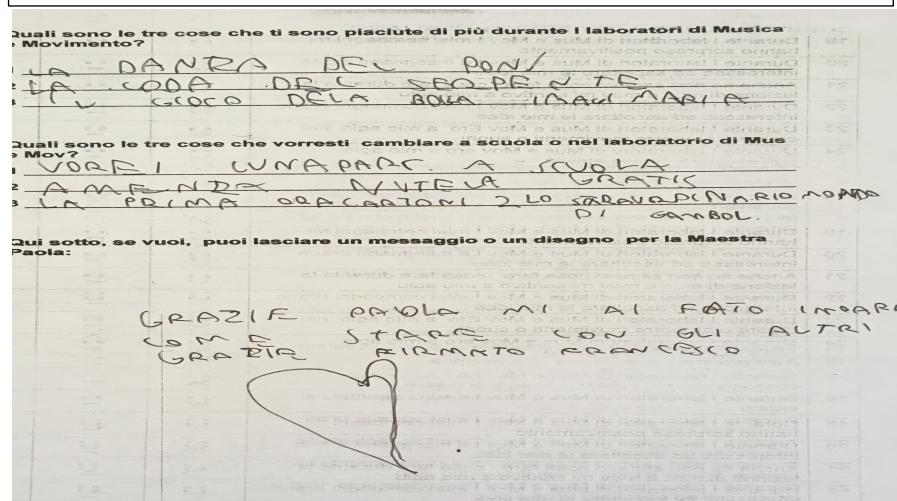
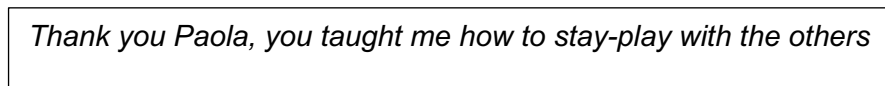


Figure 5.2 Feedback from an 8 year old SEND child



## 5.4 Field Research in a Primary School in London, United Kingdom

### 5.4.1 Preparing the Fieldwork

The experience of the pilot project taught the researcher that it was necessary to secure an agreement with a primary school ahead of time. As a result, upon completion of the project in Italy in February 2018, she started contacting primary schools in London in order to plan and prepare the field research scheduled for autumn 2018.

She identified the geographical areas in which she could work and found a list of primary schools on the internet. She emailed those schools explaining her project and met with one Head Teacher who appeared to be interested in this research. She was enthusiastic about offering group music therapy to a few classes and seemed certain that the teachers were going to welcome the opportunity. A first meeting was set with the

teachers which aimed to introduce the project and a timeline according to which the research would be scheduled after the Easter holidays. The researcher was impressed with the apparent smoothness of the process and the school felt friendly.

Unfortunately, similarly to what happened with the pilot project, the teachers did not exhibit the same level of interest as the Head Teacher who was alone in supporting the research project. As a result, teachers did not agree to start the music therapy project in September 2018. Nevertheless, as the Head Teacher was very supportive, he sent my project to all the Principals of the primary schools in the area. Consequently, I was able to meet the Special Educational Needs (SEN) coordinators of four interested schools. The SEN coordinator of one of these schools was enthusiastic about the music therapy research project and immediately organised a meeting with the Head Teacher. It was June 2018. In the meeting with the Head and the school SEN coordinator, a detailed discussion ensued regarding the commitment required from the school, the teachers and the pupils, the duration of the intervention, the numbers of weeks and the length of each session.

As the researcher was aware of the difficulties that can emerge with staff in different schools, she explained the importance of involving the teachers and having their agreement and support at this early stage. She suggested that a presentation for teachers about the music therapy for inclusion project was organised. This presentation was to be scheduled before the end of the summer holidays.

It was a relief to witness the interest and good organisation - management of this school. The coordinator and the Head Teacher were also aware of the importance of having the

staff on their side, so everyone was on the same page. The presentation was finally scheduled for the second week of July 2018. Teachers from Year One to Year Six participated in good numbers and showed interest and curiosity. The group music therapy project had the consent of the staff.

The presentation for the parents was scheduled for September, at the beginning of the school year 2018-2019. This was planned so as to give the school enough time to (i) follow the ethical requirements and (ii) send out the information sheet and consent forms before the date of the presentation. It would also ensure the researcher the opportunity to present the project to the families of the participants who would equally have time to

read the information sheet which would have been sent a few days earlier. That would ensure that parents had ample time and space to ask questions.

Following the summer agreement, the researcher was back to school at the beginning of September to (i) define the exact timetable with the SEN Coordinator, (ii) meet the teachers of the classes involved and (iii) define the date for the parents evening with the Head Teacher. The researcher's timetable revolved around the days she had suggested in during meetings with the Head Teacher in July: She was going to work Tuesdays, Wednesdays and Thursdays, from 09.00 till 15.30.

In the second week of September, she met with each of the six teachers of the classes involved in the project on an individual basis. The meetings took place during the teachers' planning time. It was important for the researcher to know the children from the teacher's point of view as she needed to have a clear idea of their engagement. She explained again what kind of commitment was required and that the usual work routine was going to change because of the group music therapy sessions. Half the class would be working with her and the other half with the teacher. She asked whether there were any children with special educational needs in the participating classes, whether there were any specific issues about any of the children or whether there were any group dynamics she should be aware of, as well as any potential health and safety concerns. She made clear to the teachers, that she was grateful for their participation, as she was aware of both the pressure of the curriculum on them and the complexity of changing the teaching schedule of the week for three months.

Although the music therapist was entering the school as an outsider, she established a good rapport with all the teachers and teacher assistants. Her aim was to build trust and cooperation with all, as she felt that teamwork was crucial to the success of the majority of interventions in primary schools. She discussed with each teacher the draft timetable that the Head Teacher suggested and a final schedule was agreed.

The work was organised with the same modality as the one used in the Italian school. There were six participating classes altogether: two forms from Year 3, two from Year 4, two from Year 5 and one control group of Year 6 children. Participating classes were divided into two groups (A and B) and each group would receive one hour MTI per week, for then weeks. The Head Teacher sent information to the parents of children in Years

3, 4, 5 and 6 and a parents' meeting was organised and delivered by the third week of September. The room was full, the audience showed a good level of interest overall and asked a few questions. Some consent forms were signed and collected on the same day. Consent was given for most children. Those who had no parents' consent yet remained in the class with the teacher and the other half of the participants.

It is interesting to note, at this point, that all children of the classes in which teachers were very active in promoting the music therapy research project were enrolled with parents'/care-givers' consent. Conversely, in classes where the teachers were less active in supporting the initiative, less children obtained permission from their parents.

The ten-week research period was finally ready to start.

The project started at the beginning of October and ended at the beginning of February.

The timetable that was followed appears in Table 5.2

*Table 5.2 Timetable of the group music therapy for inclusion sessions in London*

	Tuesday	Wednesday	Thursday
Time	09.30-10.30 4W (Group A)	09.30-10.30 5O (Group A)	09.30-10.30 3N (Group A)
Time	11.00-12.00 4W (Group B)	11.00-12.00 5O (Group B)	11.00-12.00 3N (Group B)
Time	13.20-14.20 5Y (Group A)	13.00-14.00 3A (Group A)	13.00-14.00 4P (Group A)
Time	14.20-15.20 5Y (Group B)	14.00-15.00 3A (Group B)	14.00-15.00 4P (Group B)

It was agreed that the MTI groups were going to be suspended in the first week of December to allow teachers and children a reasonable amount of time for Christmas preparation, performances, crafts and celebrations. The field research was then scheduled to restart in January, after the school holidays.

#### **5.4.2 The ten weeks of fieldwork**

The London school offered the privilege and comfort of a dedicated room for MTI groups, kept ready for the sessions, three days a week. Before the beginning of the project, the music therapist was allowed to select the desired instruments among the ones available in the school. She collected three boxes that contained a range of instruments. These were stored in the MT room throughout the ten-week period. Being able to leave the instruments and boxes inside the room for the whole duration of the field research was a privilege compared to the complexity and ensuing collection effort in Italy, where it had

not been possible to have a similar room. It was also very nice to find, most of the time, the room already set up, with all tables and chairs on one side: the caretaker of the school was instructed by the Head Teacher to prepare the room for the group MTI with chairs set up in a circle. After the MTI session, the caretaker put all tables and chairs back in place for the after-school club.

As the access to the room was through a narrow corridor, starting our singing outside the door would have resonated in the restricted space, causing disruption and disturbance for other teachers and children working in the nearby classrooms. The groups were, therefore, invited to enter the room imagining they were a snake, i.e. one body with a head and a tail that needed to be careful and aware of all its parts. The children then sat down on chairs, already arranged in a circle. The function and aim of their first activity was the same as the snake activity and met several goals. These were: (i) to create a recognisable atmosphere for the MTI sessions; (ii) to stimulate awareness (focus and attention) of the self and others; (iii) to help develop the ability to lead and follow through, taking care of the direction, shape and 'aliveness of the snake'; (iv) to have a space to sing the children's names; and (v) to be seen and welcomed to the day. These aspects are explained in Section 5.5 and Appendix A 5.3 are listed all the activities.

Having chairs in the room was an asset, as it allowed for a smooth transition to a new activity that would replace the snake song that was performed with the Italian children. A song called "I like to say good morning/good afternoon" was introduced, together with a rhythmic and melodic game, incorporating the children's names.

The ten sessions are described in Section 5.5. It must be noted that the first two activities were repeated in each session, although we introduced some changes after the 6<sup>th</sup> session. Based on the children's feedback, the music therapist realised that working on drawings in order to create a musical tale was difficult for the majority. Only in a few classes was it possible to create short musical tales in small groups. The activity that appeared to create more cohesion and energy to the full group of participating children

was the one that aimed to create a group song using the names of all the children. For this reason, a group song was created for each group: all children could remember the song in their MTI session, as well as enabling them to create something together which was both satisfying and enjoyable for all.

The songs supported not only the feeling of belonging, but also the feeling of friendship and achievement as a group. In this study, each group produced its own group song, while in Italy each group produced its own musical tale which had the same function as the one described in this section. An example of a song can be found in the audio sample 5.1. The song was recorded live during a session. It was first created with all children singing and was then sang with a guitar accompaniment.

The music therapist subsequently prepared a garage band accompaniment, that supported the children's singing and improvising. Each child chose an instrument to accompany the song. First, they all sang and played at the same time, then they all sang and one at a time improvised with his/her instrument while saying their own name. Audio 5.1 is a first live recording and has not been modified.

*Audio 5.1 Example of one of the songs created in class, with the children of year 3 in the UK. Double click to activate or use the following link*

[https://static.wixstatic.com/mp3/ec5ce9\\_6bcf9d31c2ec435d9d4885b45d4e4c5d.m4a](https://static.wixstatic.com/mp3/ec5ce9_6bcf9d31c2ec435d9d4885b45d4e4c5d.m4a)



## **5.5 Aims and activities of the ten weeks field work in IT and UK**

The ten weeks of fieldwork were run following a similar progression. The structure of the ten sessions were kept similar for Italy and the UK. In the previous section, however, the music therapist mentioned that environmental factors influenced her choices. Her approach was flexible as she was constantly (i) adapting the sessions to the difficulties that the children were experiencing and (ii) making small changes in the way she was presenting the activities to the group. These changes aimed to better follow the needs of the children in the room and to better adjust to different circumstances in each school. The dance, music and activities used for the initial and final assessments were the same in both countries.

All the activities offered during the group MTI have been tailored with specific aims (Table 4.1 and Appendix A 5.3) this to expose children repeatedly to experiences targeted to develop emotional intelligence. This to enhancing self-awareness, self confidence, awareness of the others, observation and imitation, observation of owns and other's emotions, dramatization,

vocalisation and expression. The musical games were always addressing the following aspects: (i) Leading, (ii) following, (iii) imitation - repetition, (iv) synchronization, (v) organisation of a little performance to express musically- vocally – with movement a creation, individually (for example in musical statues, children were asked to dance and when stopped have to become a shape of object/animal) or in group project (for example creating a little song with voice, names, instruments, or create a story).

Few rules were set for the MTI session

1. Be yourself.
2. Listen, watch, think, be curious, create
3. We do not judge one another or laugh at different or new ways of doing music and movement.
4. Everyone has a go at leading and following, we wait our turn to lead
5. We all take care and respect each other, the goal is that no one is left out and all can feel welcomed.

More detailed information is available in Appendix A.5.3: (i) Table 5.3.1 describes the activities, the aims and developmental goals of Sessions 1 and (ii) Table 5.3.2 describes all sessions, with the activities of the ten MTI session delivered in Italy and in the UK .

## **5.6 Reflections**

The fieldwork took three years of intense commitment on the part of the music therapist. She is grateful that it was completed before COVID-19 hit the world and also that, during the first annual review, at Anglia Ruskin University, the panel suggested that she limit the study to two countries – and supervisors and researcher were in agreement.

Between the two schools there were some similarities and some differences.

Specifically: both were state schools, both were located in a big city (London and Rome), both were in suburb areas, both had a pronounced Catholic influence.

The London school was a Catholic school and children were following a pastoral curriculum. In contrast, the Italian school (as all Italian state schools) was strongly

influenced by Catholicism. Italian schools still teach religion as an optional subject and to this day the majority of children attend these classes. Italian state schools are faith-independent but obey a binding treaty, the Patti Lateranensi 1929 (and its Revision of 1984) that took place between the Italian State and the Vatican State and which keeps the teaching of the Catholic religion amongst the subjects delivered in schools.

The Rome school was hosting 600 children between 3 and 13 years old, while the London school had a capacity of 420 children between 3 and 11 years old. Classes in the Italian school tend to be less densely populated, having an average of 22 pupils, due to the Italian inclusion policies. The London school was hosting more children than its declared capacity and had classes reaching up to 30 pupils.

The London school had better materials, more computers, more instruments, a music room and more space for the different activities.

The UK is a wealthier country and this was visible from the researcher's point of view in the teaching tools available: every class had computers, a smart board, papers and colours. The London space for the group MTI was bigger, equipped with a CD player, instruments, chairs and tables. The setting was always the same for the UK classes while, in the Italian school, we could not always use the same space for all classes or all sessions.

The British school was almost always offering an outdoor break. During their short 20-min break, the Italian children were mostly indoors<sup>8</sup>. The music therapist was aware that the children were usually arriving to the therapy room after an intense time of concentration and limited movement. For this reason, walking from the class to the room was part of a process of *building up to the atmosphere*, helping the children to disconnect from their previous lesson and prepare for the MTI *playground*.

The "Snake" was the activity that was used to signal that the MTI session was starting: in both Italy and the UK, the beginning of each session always started outside the room. The attention of the children was required in order to enter the room: one after the other, aware of the body of the snake (i.e. of the other children), of their own speed and position. For the Italian children *The Snake Song* was used to accompany their entry into the MTI

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<sup>8</sup>Italian teachers spent their breaks and lunches with the children – there were no staff rooms available for them.



setting. For the British children, the snake entered the room silently, and only once everyone was sitting down could the singing start. This adaptation was necessary, given the acoustic impact of the voices on the other classes working nearby. The music therapist was pleasantly surprised with the London school music therapy room which guaranteed the acoustic isolation of the walls. There was never a complaint about the noise that was made, whether this was produced by the instruments, group music or voices. Interestingly, a wall was the only separation between us and another class. In contrast, the Italian walls were not *soundproof*: other people could be heard walking past and they, too, could hear the group. Fortunately, no walls were shared with another class and staff mentioned that they enjoyed and were encouraged by listening to the group's music, songs, and dances.

Working in London was much easier for the music therapist and more relaxing: everything was sorted out for the sessions and the bigger space felt safer for both the music and the movement activities. On the other hand, working in Rome was *home*: the language, the colleagues, the feeling of being welcomed, the participation of the teachers in the activity, their interest, all these aspects made the work less lonely. Having been away for a decade, the researcher could notice how the Italian school was affected from years of state cuts on funding. That might have been the case for the UK school too, but the music therapist was much more aware of it in the Italian school because of her past experience. As mentioned, the ten weeks of fieldwork followed a similar structure and progression. However, each UK group produced a group song while each Italian group produced a musical tale. This difference was due to the fact that the music therapist had to adjust, following the feedback of the participating groups and the contextual situation. The Italian children created their group musical tales with ease. In contrast, the British children bonded through singing, with the creation of a song. Both activities aimed at giving the children the opportunity to work on a project together as a team and create a final bonding product (musical tale with drawings (IT) or group song with names (UK)), which reflected the identity of the group and of each participating individual.

The reflexive process, another essential aspect of Action Research (AR), convinced the music therapist to apply some changes to the research design. The cyclic AR process guided the constant reflections, observations and assessment of the outcomes. This allowed the researcher to not only improve but also target more precisely the actions needed to promote the changes wanted and investigated. As a result, some changes in the research design were made both after the pilot project and during and after the project in Italy, as explained in Chapter 3.

In the spirit of the action research (Chapter 3, Section 3.3.2) the researcher observed, assessed and learned from the feedback of the children and from her reflection during and after each project.

In this chapter, section 5.2, were reported the reflections on the pilot project, and the outcomes that led to an update of the music therapist's assessment.

The fieldwork in Italy made the researcher further reflect on the need for an alternative test that could corroborate the music therapist observations. As a result the researcher introduced (i) the music therapist 's questionnaire for the children, this to investigate how children felt about the MTI sessions; (ii) the Bar-On (2012) emotional quotient test and, last but not least, (iii) the control group was included in the design of the field research in the UK.

From a personal point of view, it was a pleasure to work with the children in both countries. Even so, looking back while writing this, the researcher pleasantly is surprised that her passion for (i) music therapy and its potential in the educational field and (ii) learning new skills as a researcher supported her along the way. The ten weeks represented a very demanding time; and there were several moments when she felt exhausted, especially when working alone, without the participation of teachers or TA, in the UK. Nevertheless, witnessing the positive changes in the children and reading their loving messages at the end of the projects was, for the music therapist, hugely rewarding and uplifting.

## CHAPTER 6

### RESULTS

#### 6.1 Introduction

This chapter focuses on the results of the multiple assessment forms used to evaluate the research study.

As described in Chapter 3 (section 3.4.2), multiple tests were administered (Table 6.1) at the beginning and end (timepoints 1 and timepoint2) of the ten weeks of group MTI. Children and teachers completed the forms during school time and the music therapist assisted the children in filling them in. Italian children completed the assessments in their classroom and some of their drawing in the MT room. British children completed all forms in the MT room where there were desks, colors, space and musical instruments. Control group children completed their forms in the classroom. Table 6.1 illustrates the different assessment tools used for the research study.

*Table 6.1 List of the tests and assessment tools used for the research study*

1. <i>Music Therapist's assessment MTI-ICF</i>	Based and inspired on the International Classification of Functions, disability and health, child and youth, ICF-CY (WHO 2007).
2. <i>Questionnaires for children:</i>	a. index for inclusion (Booth2002) b. music therapist's questionnaires
3. <i>Children's drawings</i>	(Appendix B)
4. <i>EQi-YV (Bar On 2012)</i>	Bar On Emotional intelligence test, youth version, EQi-YV
5. <i>Questionnaires for teachers</i>	a. Index for inclusion b. Music therapist's questionnaires

Results have been interpreted in light of the research questions:

### *Primary Questions to Consider*

1. Is group music therapy for inclusion (hereafter MTI) an effective tool for children in primary school settings, helping them to develop emotional intelligence, empathy, tolerance and consideration for others?
  - a. The effectiveness of the MTI is measured by means of:
    - (i) the MTI-ICF (the music therapist's assessment) which investigated three specific areas: self-confidence, empathy and relatedness, all identified as pivotal to the notions of "tolerance", "inclusion" and "empathy" (viz. Chapter 3, Section 3.5.1)
    - and
    - (ii) the EQi-YV (the Emotional Quotient inventory – Youth Version) for the UK participants and control group children
    - (iii) Additional qualitative data: questionnaires for children and their drawings.
2. Can group MTI enhance the process of inclusion in primary school settings and, thereby, enhance peace-building competencies?
  - a. The effectiveness of MTI in promoting the process of inclusion and peacebuilding competencies is measured by means of:
    - (i) the MTI-ICF
    - (ii) the children's questionnaires
    - (iii) the children's drawings
    - (iv) the teacher's questionnaires

## **6.2 Findings of the music therapist's assessment: MTI-ICF**

The assessment described in Chapter 3 (Section 3.5.1) also entitled music therapist's assessment, MTI-ICF, was specifically devised for the music therapist to observe changes in the behaviour of the children attending music therapy group sessions, (Appendix A.3.1). This assessment, more fully described in Chapter 3, took place towards the beginning of the group session (during the 2<sup>nd</sup> and 3<sup>rd</sup> sessions, timepoint 1) and towards the end of the groups (during the 9<sup>th</sup> and 10<sup>th</sup> sessions, timepoint 2) and were carried out in both Italy and the UK.

The MTI-ICF assessment scores (viz. 3.5.1 p.79) used for the data analysis were:

1 = no problem; 2 = mild problem; 3 = moderate problem; 4 = severe problem.

None of the participants was severely impaired, and the maximum score given using this scale was 3. Scores of 1, 2 and 3 were allocated taking into consideration (i) the age-related ability (Le Boulch 1989, Vayer P. 2000), (ii) each related ICF-CY definition and criteria as specified in the ICF-YV manual (WHO 2007). These criteria helped the researcher to be consistent in her judgement.

### **6.2.1. Presentation of music therapy for inclusion (MTI) results**

In order to observe changes in the behaviour of the children, we used the SPSS to perform a Mixed two way ANOVA test between the initial and final results of the Italian and the UK children. This was based on 140 Italian and 147 British children.

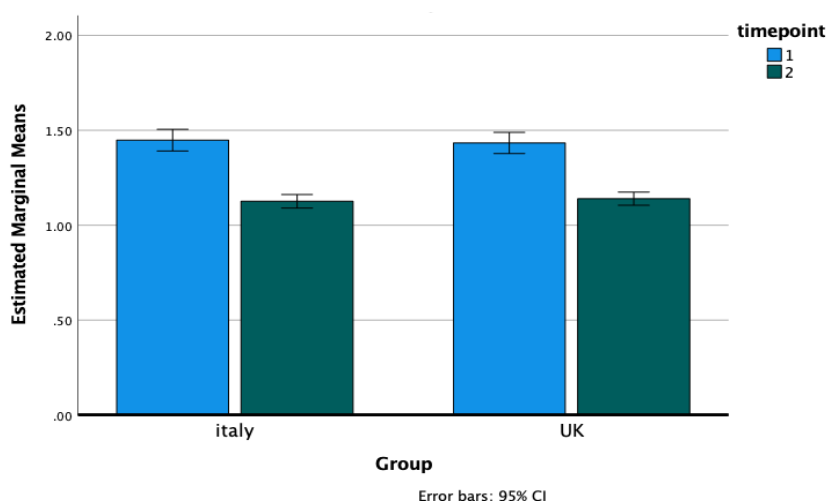
These changes refer to the total sum of the three areas of interest investigated, (i) self-confidence, (ii) empathy and (iii) relatedness, at timepoint 1 and timepoint 2.

The rationale for the choice of these areas of interest, and related subscales and specific indicator observed and assessed, is explained in chapter 3 (section 3.5.1).

The mixed two-way ANOVA found that MTI-ICF scores were significantly lower at timepoint 2 than timepoint 1,  $F(1, 285) = 465.19, p < .001$ . However, there was no main effect of group,  $F(1, 285) < 0.01, p = .986$ , nor an interaction between group and timepoint,  $F(1, 285) = 0.03, p = .317$ . Changes and interactions in figure 6.1 show the highly significant improvement between the two timepoints in both countries. The lack of interaction between the groups and the timepoint, means there is no significant difference in the way the UK and the IT children changed.

In Figure 6.1 the error bar shows, for both countries, some exceptions of children who have not improved as the others

Figure 6.1 MTI-ICF: Total changes in the behaviour of the Italian and UK children at timepoints 1 and 2. The bar chart has been obtained by computing all the variables of the MTI-ICF assessment, Self Confidence + Empathy + Relatedness.



To have a more precise view of the children who diverged from the mean and the classes, box plots were used to produce figure 6.2, showing the children, and figure 6.3, showing the classes.

The light blue box plots represent timepoint 1 and the dark green box plots timepoint two. In both figures, the circles represent the outliers, while the stars the extreme outliers.

In Figure 6.2, the number (e.g. 46, 168, 101, etc) indicates the diverging child.

In Figure 6.3, the alphanumerical abbreviation (e.g. I4D, UK3N) indicates the class of the specific child. This kind of close observation is in general useful. In the context of this research study, and short-term intervention, understanding the deviation from norm, can be used to explore possible connections, correlation and triangulations between children, teachers, disability.

From a music therapeutic point of view, maintaining a precise observation of the group is very important, because it gives information about the ones who are at the margins. Therefore, it helps the music therapist's reflexive process and it helps to assess the intervention itself, actions and goals. The music therapist can adjust the activities and be more inclusive, taking care of all, including the marginalised ones. In fact, MTI is about each child development.

Box plot showing the distribution of MTI-ICF\_1 (blue) and MTI-ICF\_2 (dark green) for Italy and UK groups. The y-axis ranges from 1.0 to 3.0. Individual data points are labeled with codes like I3B, I4D, I3C, I4C, I3A, I4B, I3B, I3C, I4P, UK3N, UK4W, UK3N, UK4P, UK3N, UK3N, UK5O, UK3N, UK4P, UK4P.

Box plot showing the distribution of ICF values for MTI-ICF\_1 (blue) and MTI-ICF\_2 (dark green) across Italy and UK groups. The y-axis ranges from 1.0 to 3.0. Individual data points are labeled with IDs like I3B, I4D, I3C, I4C, I3A, I4D, I3B, I3C, I5B, I3C, UK3N, UK4W, UK3N, UK4P, UK4W, UK3N, UK5O, UK3N, UK4P, UK4P.

After individuating the exceptions that surfaced, the researcher decided to observe the global effect of the music therapy intervention by class and, from then on, investigate if the outliers (i.e. the students who did not improve as much) were concentrated in specific classes.

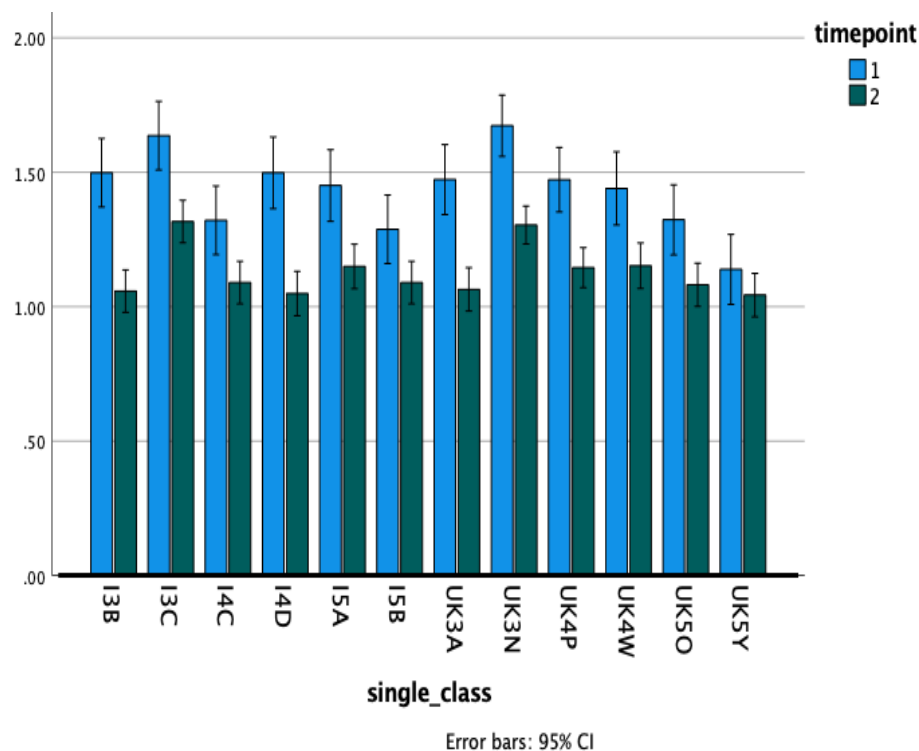
A mixed two-way ANOVA test was performed for the twelve participant classes.

When looking at individual classes, the test found that MTI-ICF scores were significantly lower, for all classes, at timepoint 2 than at timepoint 1,  $F(1, 275) = 527.02$ ,  $p < .001$ .

There was also a significant main effect of class,  $F(11, 275) = 5.66$ ,  $p < .001$ , and a significant interaction between class and timepoint,  $F(11, 275) = 5.02$ ,  $p < .001$ .

Figure 6.2.4 shows the improvement of the children in each Italian and UK class. It seems to suggest more variability between classes at timepoint 1 than at timepoint 2 with the younger classes having a higher score at timepoint 1 and therefore a larger difference between timepoints 1 and 2.

*Figure 6.4 This bar chart shows the behaviour improvement of each Italian and UK class. It has been obtained by computing all the variables of the MTI-ICF assessment, Self Confidence + Empathy + Relatedness. Italian single school classes start with 'I' and UK ones with 'UK'.*





### 6.2.2 Analysis of children's changes in each area investigated: Self Confidence, Empathy, Relatedness

The researcher then looked at the three areas, Self Confidence (SC), Empathy (EM), Relatedness (Rel) in Italy and in the UK. This was investigated with a mixed three-way ANOVA.

The results found no overall significant effect of group, but main effects of area and timepoint were significant, along with most of the interactions (table 6.2).

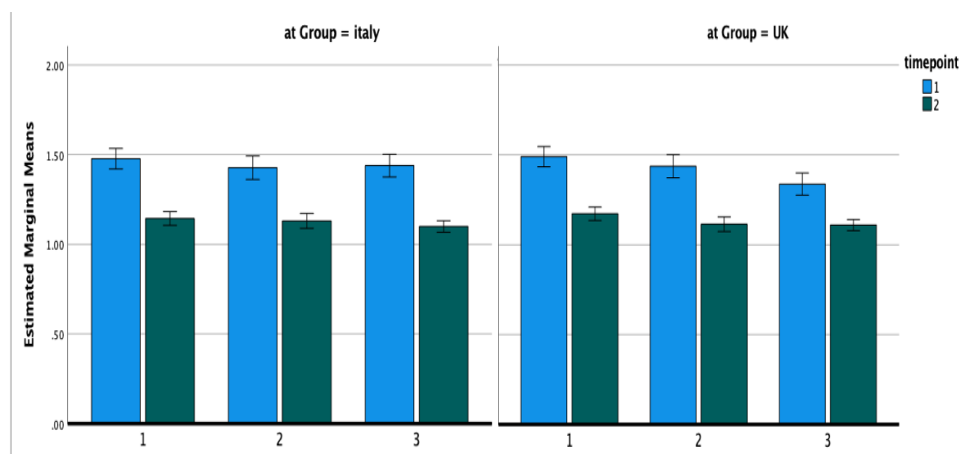
*Table 6.2 Results of the three-way ANOVA: main effects and interactions between (the covariate) self confidence, empathy, relatedness*

Effect	df	Error df	F	Sig.
Group (Italy vs UK) averaging across subscales and timepoint	1	284	0.09	.765
Timepoint (initial vs final) averaging across subscales and countries	1	284	457.30	<.001
Timepoint * Group interaction (is the difference between initial and final the same for Italian and the UK CH) averaging across subscales	1	284	1.417	.235
Subscale (SC vs EM vs Rel) average across countries and timepoint	2	568	27.08	<.001
Subscale * Group interaction (is the effect of country the same for each subscale)	2	568	5.47	.004
Subscale * Timepoint interaction (is the difference between initial and final the same for each subscale grouping Italian and UK children together)	2	568	4.05	.018
Timepoint * Subscale * Group interaction (is the difference between initial and final the same for each subscale looking at Italian and UK children separately)	2	568	11.293	<.001

Table 6.4 indicates that there is a difference in the way Italian and UK children change across the subscales, and figure 6.5 shows that the difference occurred in the relatedness area: the Italian children at timepoint 1 scored as more problematic in the relatedness subscale (3) than their UK counterparts.

Even more important figure 6.5 shows that changes in each subscale occurred in a positive direction in both countries at time point 2. The chart on the left refers to Italian children and the one the right side refers to the UK children.

*Figure 6.5 Variation of the Italian and UK children in Self-confidence (1), Empathy (2), Relatedness (3), from timepoint 1 to timepoint 2.*



A three-way ANOVA was performed in order to analyse the changes of the SEN children in each of the three areas. Figure 6.5.1 shows the variation of SEN children, at timepoints 1 and 2. Figure 6.5.2 shows the changes of Italian and British non-SEN children at timepoints 1 and 2.

In both figures, the Y axis indicates the average score and the X axis the area investigated (Self-confidence, Empathy and Relatedness).

Figure 6.5.1 Variation of the SEN children in Self-confidence (1), Empathy (2), Relatedness (3), from timepoint 1 to timepoint 2.

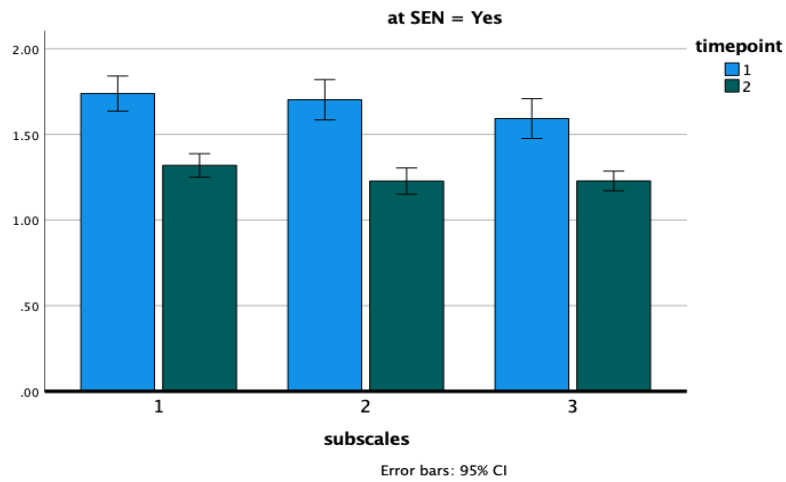
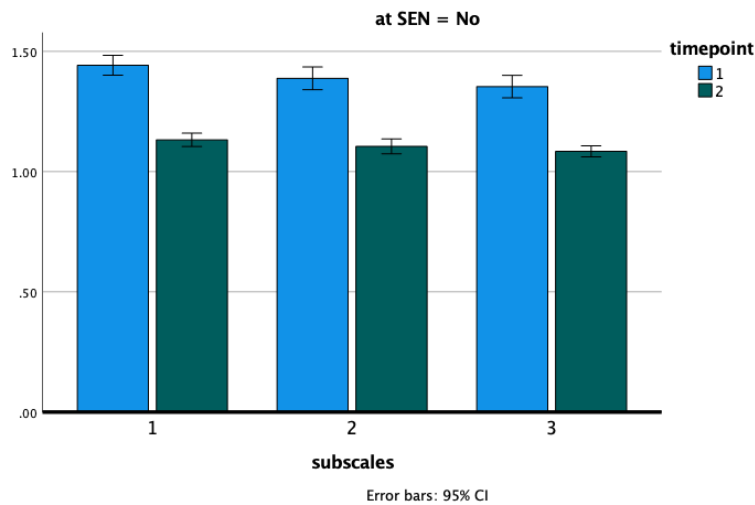


Figure 6.5.2 Variation of all non-SEN children (IT and UK) in Self-confidence (1), Empathy (2), Relatedness (3), from timepoint 1 to timepoint 2.



These figures indicate that, at timepoint 1, SEN children have higher scores (average between 1.5 and 2) than the non-SEN children. However, after the ten weeks of MTI, the scores of the SEN children drop, showing that they improved, just like their non-SEN classmates.

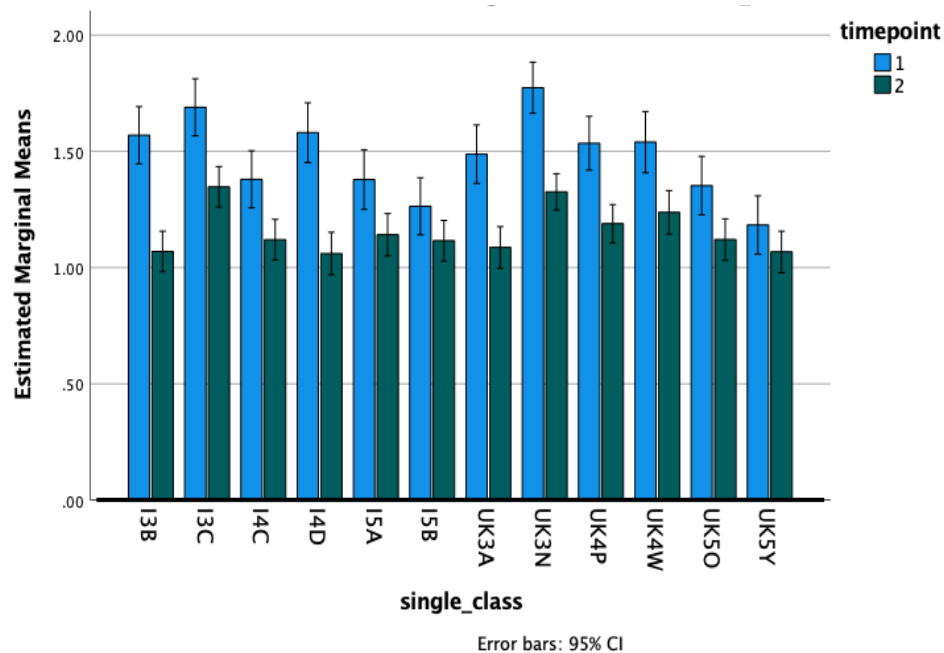
A two-way ANOVA investigation was carried out to see how children, by class, evolved in each area of interest: Self Confidence (SC), Empathy (EM) and Relatedness (Rel)

#### *Self-confidence:*

When looking at SC (Figure 6.6), we found that all classes improved over time,  $F(1, 275) = 483.06$ ,  $p < .001$ , but there is a significant differences between classes,  $F(11, 275) = 7.12$ ,  $p < .001$ , and also an interaction between single class and timepoint,  $F(11, 275) = 6.62$ ,  $p < .001$ .

In Figure 6.2.5 we can observe that the Italian class (I) I3C and the British (UK) UK3N class were the most troubled in SC at timepoint one, we also observe that I5B and UK5Y are the classes that at timepoint 2 show the lowest improvement, but also to be already close of the 'no problem' score at timepoint1.

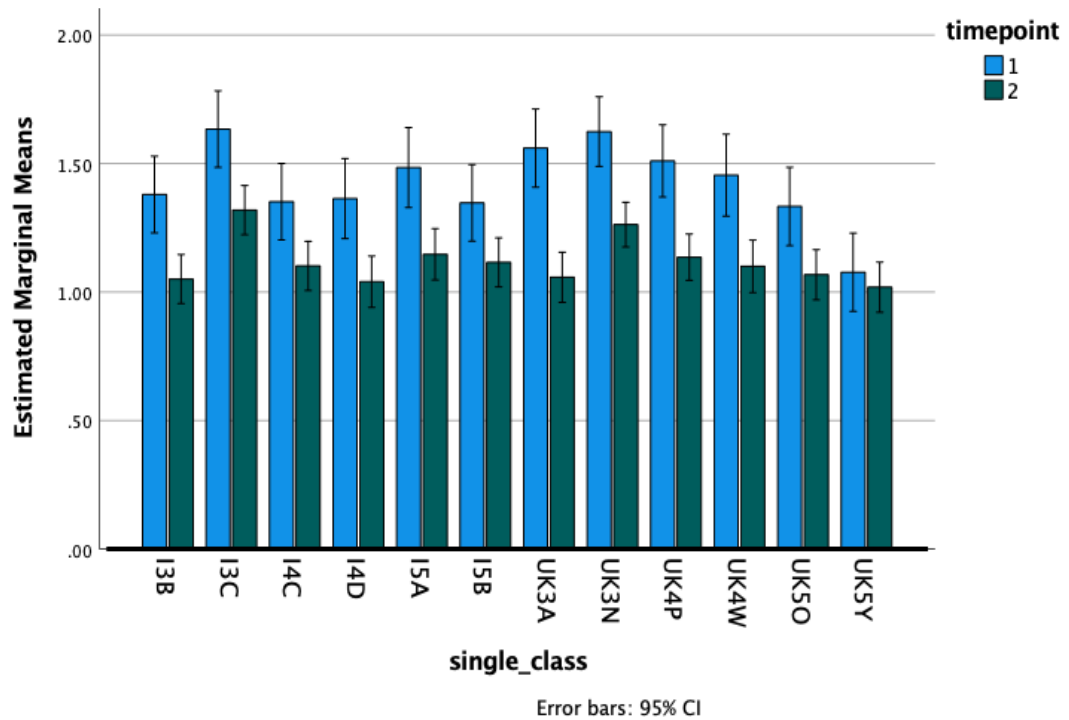
*Figure 6.6 Self-confidence: children's changes from timepoint 1 to timepoint 2 in each class.*



### Empathy:

The two-way ANOVA test was performed for Empathy, the changes are reported for each class in figure 6.7.

Figure 6.7 Empathy: children's changes from timepoint 1 to timepoint 2 in each class.



When looking at Empathy, we found that all classes improved over time,  $F(1, 274)=360.39$ ,

$p < .001$ , but there is a significant differences between classes,  $F(11, 274)=4.12$ ,  $p < .001$ , and also an interaction between single class and timepoint,  $F(11, 274)=3.46$ ,  $p < .001$ .

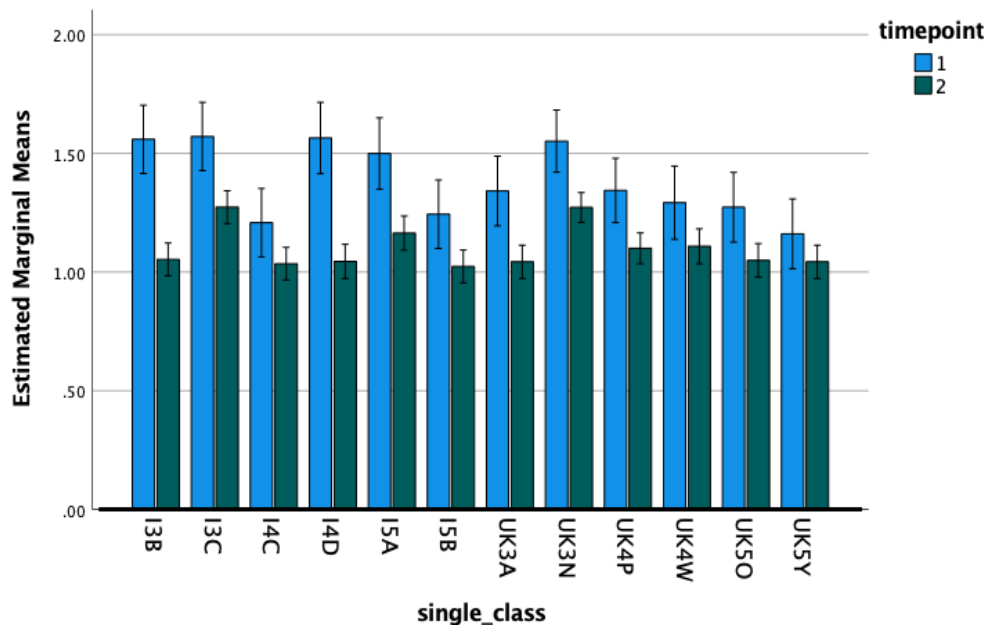
We observe in figure 6.7 that class I3C and UK3N are again the classes with more problems, nonetheless they improve significantly too.

We also notice that the classes with less problems at timepoint 1, like UK5Y, are the classes that improve less, being already close of the 'no problem' score.

### Relatedness

The two-way ANOVA test was performed for Relatedness, the changes are reported for each class in figure 6.8.

Figure 6.8 Relatedness changes from timepoint 1 to timepoint 2 in each class.



When looking at Relatedness, we found that all classes improved over time,  $F(1, 274) = 304.95$ ,  $p < .001$ , but there is a significant differences between classes,  $F(11, 274) = 5.00$ ,  $p < .001$ , and also an interaction between single class and timepoint,  $F(11, 274) = 4.68$ ,  $p < .001$ .

Four of the Italian classes have a very high score at timepoint one, UK3N is again the only UK class with a comparable initial score.

In chapter 1.3 we asked the following secondary question:

As an outcome of the group MTI in primary schools, do children show a more inclusive attitude? In other words, have children learnt to be more inclusive? Do they communicate and relate more with different peers?

From the result of the assessment MTI-ICF, we have observed that children have improved their ability on all subscales. In both countries, the majority of the children:

- seem to be more aware of themselves and others and to have improved in self-confidence
- seem to show more empathy and respect for their classmates
- seem to communicate and relate better with their peers.

## 6.3 Children's questionnaires findings

### 6.3.1 Index for Inclusion

The Index for Inclusion Questionnaire No.4 (Boots 2002, p.182) was selected for the qualitative analysis of (i) the children's experience and (ii) their feeling of inclusion in school.

The 24 questions of the Index for Inclusion (viz, figure 3.2) were asked at two timepoints, timepoint one (initial) and timepoint two (final), to all children of the three participating groups. Children were given multiple-choice questions and were asked to respond choosing one answer only between three options: (i) disagree, (ii) neither agree nor disagree, and (iii) agree. The answers were scored with 1, 2 or 3, respectively (chapter 3.5.2.1). For the questionnaire analysis, we first considered the complete set of 24 questions and performed a Mixed ANOVA test using the SPSS.

The two-way ANOVA indicated that there was no consistent change over time,  $F(1, 275) = 0.77$ ,  $p = .383$ . However the groups were significantly different from each other, (there was a significant main effect of group),  $F(2, 275) = 7.85$ ,  $p < .001$  and a timepoint by group interaction  $F(2, 275) = 12.23$ ,  $p < .001$ .

Because of the significant interaction, T-Tests were used to investigate the effect of timepoint on index for inclusion within each group.

The results can be seen in figure 6.9 showing the scores of the Index for Inclusion:

- i. go up for the Italian group,  $t(115) = 4.71$ ,  $p < .001$
- ii. seem to be mainly stable for the UK children who received the music therapy  $t(135) = 0.36$ ,  $p = .720$
- iii. go down for the UK control group  $t(25) = 5.93$ ,  $p < .001$

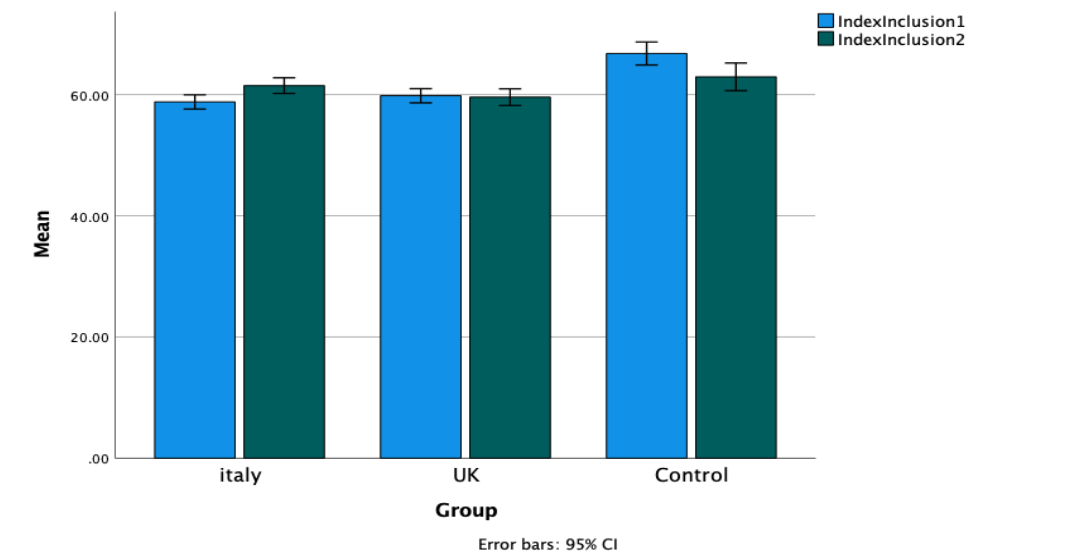
The same T-tests were performed on a scale created from the 12 selected items (called *Indexinclusiona*) which highlight inclusion.

The results can be seen in figure 6.10 showing the scores of the Index for Inclusion:

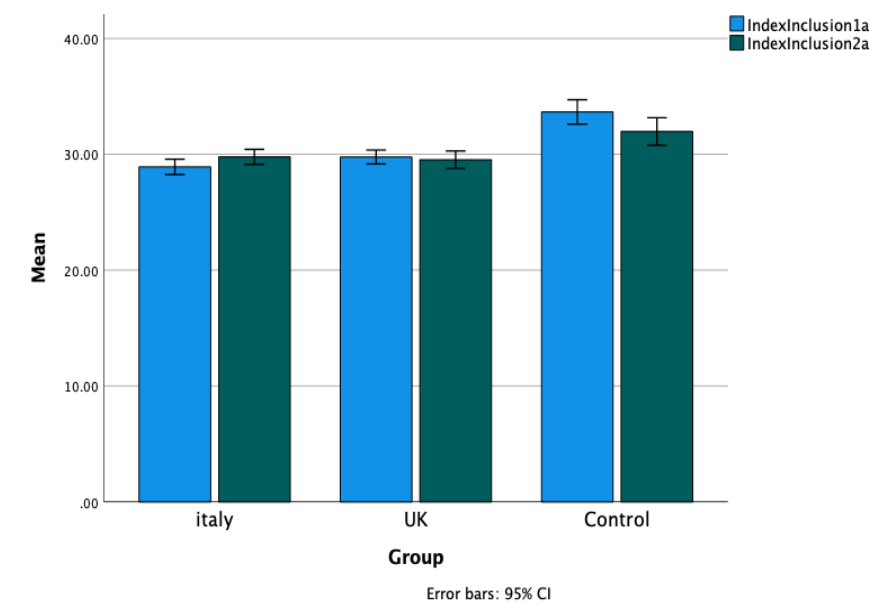
- i. go up for the Italian group,  $t(115) = 2.82$ ,  $p = .006$
- ii. seem to be mainly stable for the UK children who received the music therapy  $t(135) = 0.69$ ,  $p = .495$
- iii. go down for the UK control group  $t(25) = 4.00$ ,  $p < .001$

Figure 6.9 shows the results of the 24 questions set, while Figure 6.10 shows the results of a set of 12 questions (Appendix A 6.1) which were considered more significant for inclusion, as explained in Chapter 3.5.2. Both histograms show the frequency of the children who feel more and those who feel less or not at all included. In the reading of the tests, a higher score indicates stronger feelings of inclusion.

*Figure 6.9 Index for inclusion complete set 24 questions (1 and 2): changes to the initial (indexinclusion1) and final (indexinclusion2) feeling of inclusion for each group: IT; UK; Control.*



*Figure 6.10 Index for inclusion set of 12 selected question: changes to the initial (Indexinclusion1a) and final (Indexinclusion2a) feeling of inclusion for each group: IT; UK; Control.*





### Italy

The figures (fig. 6.9  $p < .001$  and fig. 6.10  $p = .006$ ) not only indicates that the vast majority of Italian children felt included, but also that they felt *more* included after the 10 weeks of group music therapy.

The correlation in Table 6.3 reveals that the majority of children that felt more included at timepoint 1 tended to also feel more included at timepoint 2.

*Table 6.3 Correlation between index for inclusion measure at the two timepoints for the Italian children, significance showing that same subjects felt more included at the two timepoints.*

Paired Samples Correlations <sup>a</sup>				
		N	Correlation	Sig.
Pair 1	IndexInclusion1a & IndexInclusion2a	116	.569	<.001
Pair 2	IndexInclusion1 & IndexInclusion2	116	.579	<.001

a. Group = Italy

### UK

For the UK children there is no significant change between timepoint 1 and timepoint 2 (fig. 6.9  $p = .720$  and 6.10  $p = .495$ ) and results indicate that the vast majority felt included. The mean of the Index for Inclusion only drops from 29.8 to 29.5 for the 12 item set and from 59.8 to 59.6 for the full set.

The correlation seen in Table 6.4 indicates that children whose tendency was to feel more included in timepoint 1 tend to maintain the same strength of feeling in timepoint 2.

*Table 6.4 Correlation between index for inclusion measure at the two timepoints for UK children, significance showing that same subjects felt more included at the two timepoints.*

Paired Samples Correlations <sup>a</sup>				
		N	Correlation	Sig.
Pair 1	IndexInclusion1a & IndexInclusion2a	136	.524	<.001
Pair 2	IndexInclusion1 & IndexInclusion2	136	.486	<.001

a. Group = UK

### Control Group

The UK Control group shows inclusion results that went down in timepoint 2. This is a significant change, and it seems that the children feel less included at the end of the 10 weeks (fig 6.9 and fig 6.10). However, it is notable that the average values were higher than in the intervention group.

In Table 6.5, the drop of mean is highlighted in red for the Index of Inclusion1a and the Index for Inclusion2a (set of 12 questions) and in blue for the Indexinclusion1 and the Indexinclusion2 (set of 24 items). The effect sizes were large (Cohen's  $d = 0.79$  for 12 items and  $d = 1.16$  for the full set) and, as this suggests they are statistically significant (Lakens 2013, Schäfer 2019), therefore, cause some concern, because they may represent a noticeable reduction in the classroom.

*Table 6.5 Control group: drop of inclusion mean at timepoint 1 and timepoint 2, for the 12 (red) and 24 (blue) questions of the Index for Inclusion.*

Paired Samples Statistics<sup>a</sup>

		Mean	N	Std. Deviation	Std. Error
Pair 1	IndexInclusion1a	33.66	26	2.60	0.51
	IndexInclusion2a	31.98	26	2.94	0.58
Pair 2	IndexInclusion1	66.79	26	4.70	0.92
	IndexInclusion2	62.94	26	5.66	1.11

a. Group = Control

Table 6.6 indicates the high correlations between timepoint one and two, shows greater consistency and the children who have higher score at timepoint one tends to remain high at timepoint two.

*Table 6.6 Correlation between index for inclusion measure at the two timepoints (set of 12 questions (Indexinclusion\_a) and set of 24 questions (Indexinclusion1) for the children of control group. Significance showing that same subjects felt more included at the two timepoints.*

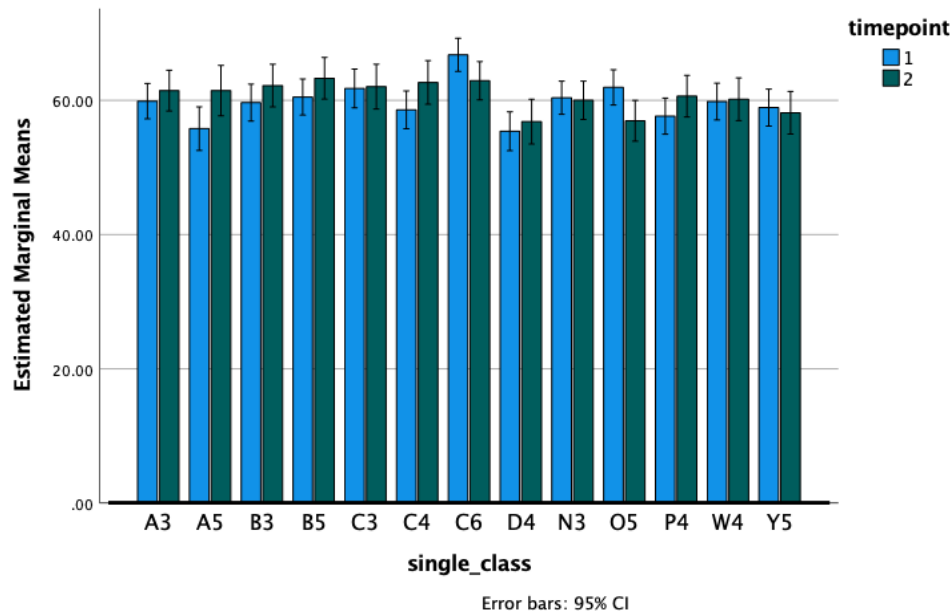
### Paired Samples Correlations<sup>a</sup>

		N	Correlation	Sig.
Pair 1	IndexInclusion1a & IndexInclusion2a	26	.707	<.001
Pair 2	IndexInclusion1 & IndexInclusion2	26	.811	<.001

a. Group = Control

A Mixed ANOVA test was performed in order to observe each single class in the two timepoints, the changes are reported for each class in figure 6.11.

*Figure 6.11 Index for inclusion (24 questions) changes by class (Italian classes: A5, B5, C4, D4, B3, C3. UK classes: A3, C6 (control), N3, P4, W4, O5, Y5).*



When looking at the figure we see that classes improved over time,  $F(1, 265) = 5.08$ ,  $p = .025$ , but there is a significant differences between classes,  $F(12, 265) = 4.38$ ,  $p < .001$ , and also an interaction between single class and timepoint,  $F(12, 265) = 2.58$ ,  $p = .003$ .

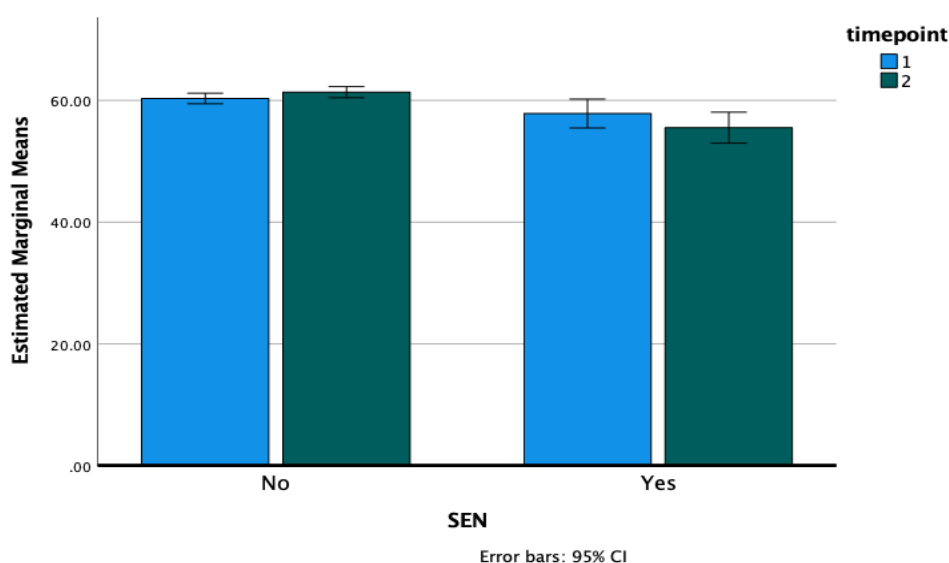
Results indicate that there are changes in each class and that these are significant between the groups. The figure 6.11 also shows that the majority of the classes (seven) improve in terms of the inclusion, while four classes (Y5, W4, N3 and C3) remain stable, and one class (O5) as well as the control group (C6) have a drop in the feeling of inclusion experienced by the children. Results provide evidence of a general positive feeling of inclusion for all the children, including the control group.

Although the significant drop of inclusion for the Control group (Table 6.8, Figures 6.9 and 6.10) seems to show that group MTI might have helped the UK participants to keep their inclusion feeling stable, the Control group, nevertheless, showed a drop after the period of the 10 weeks, indicating that they felt less included. Reflections on why this drop occurred are included in Chapter 7.

### Send Children

A two-way ANOVA was performed to compare the inclusion feeling of the SEND children with their classmates. There was no consistent change over time,  $F(1, 276) = 0.97$ ,  $p = .327$ . However the SEND children scored significantly lower overall,  $F(1, 276) = 12.91$ ,  $p < .001$  and their scores got worse across timepoints  $F(1, 276) = 6.61$ ,  $p = .011$ , as can be seen in figure 6.12.

Figure 6.12 Index for inclusion - 24 questions 'indexinclusion': changes of inclusion feeling over the two timepoints of the special educational needs and disabled children (right column-YES) and non-disabled children (Left column-NO).



### 6.3.2 Music therapist's questionnaire for children

Inspired by the Index for Inclusion Questionnaire n.4 (viz. chapter 3.5.2.1, appendix 3.2), a Music Therapist Questionnaire was created. Its aim was to investigate the perception of the group music therapy that children have (viz. chapter 3.5.2.2) The Italian children completed only a final questionnaire called IndexforInclusionMT, while the UK children completed questionnaires both at the beginning and at the end of their 10-week music therapy intervention.

The questionnaire includes 11 questions (viz, Appendix 3.3). All children were given multiple-choice questions and were asked to respond choosing one answer only between three options: (i) disagree, (ii) neither agree nor disagree, and (iii) agree. The answers were scored with 1, 2 or 3, respectively.

SPSS was used to create the variables MTOK1 and MTOK2 in order to find out the frequency of the children who scored at least 2 on average and therefore felt welcomed/included during the music therapy session, and those who did not (always in the two timepoints).

We first run a crosstabulation using MTOK2, in order to see the percentage of the UK and Italian children who felt welcomed/included at the end of the 10 weeks of music therapy.

*Table 6.7 Percent of Italian and UK children who felt welcomed at the end of the ten weeks MTI*

Group * MTOK2 Crosstabulation			MTOK2		Total
			.00	1.00	
Group	italy	Count	7	117	124
		% within Group	5.6%	94.4%	100.0%
	UK	Count	15	122	137
		% within Group	10.9%	89.1%	100.0%
Total		Count	22	239	261
		% within Group	8.4%	91.6%	100.0%

We can observe in Table 6.7 that at the end of the 10 music therapy sessions, 94% of the Italian children and 89% of the British children felt welcomed/included, but this difference was not significant,  $\chi^2(1) = 2.37$ ,  $p = .124$ . Only 7 out of 124 children felt not included in the Italian sample, and 15 out of 137 children in the UK sample.

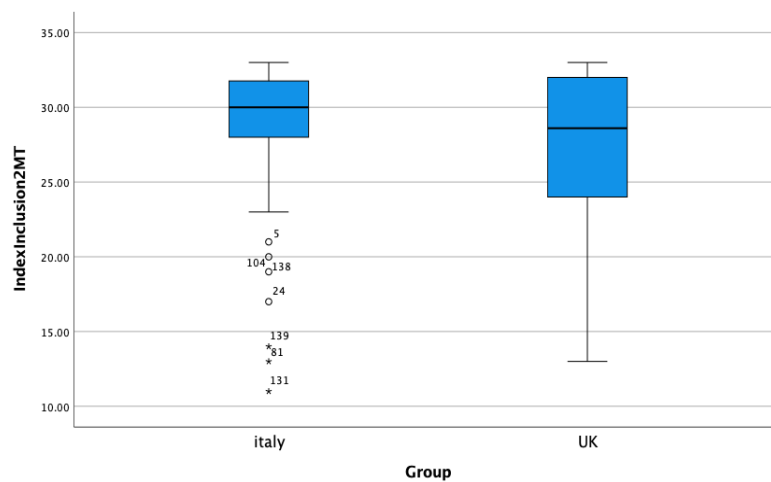
The Figure 6.13 shows the distribution of the Italian and UK children who felt included at the end of the ten weeks of music therapy sessions: we can observe this distribution for each group of children.

The distribution of scores seen in figure 6.13 suggests more variation in the UK sample. The Italian children with low scores appear as outliers: circles and stars indicate the outlier, stars extreme outliers, the numbers (e.g. 5, 104, 139) allow the identification of the children who felt less included.<sup>9</sup>

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<sup>9</sup>In longer projects, this can be a precious information to address the issue

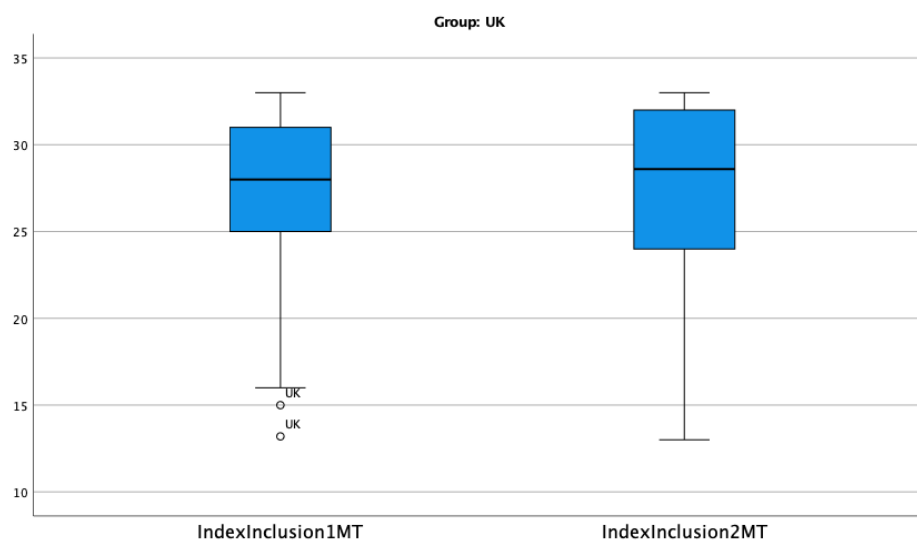
Figure 6.13 Italy and the UK: the plots show the distribution of children who felt welcomed/ included and those who did not feel this way at the end of the ten weeks of music therapy (IndexInclusion2MT)



For the UK group we then performed a pair sample T-test on the music therapy questionnaire, indexinclusionMT. And found that there is no significant change in the feeling of the UK children between timepoint 1 and timepoint 2,  $t(133)=0.30$ ,  $p= .763$

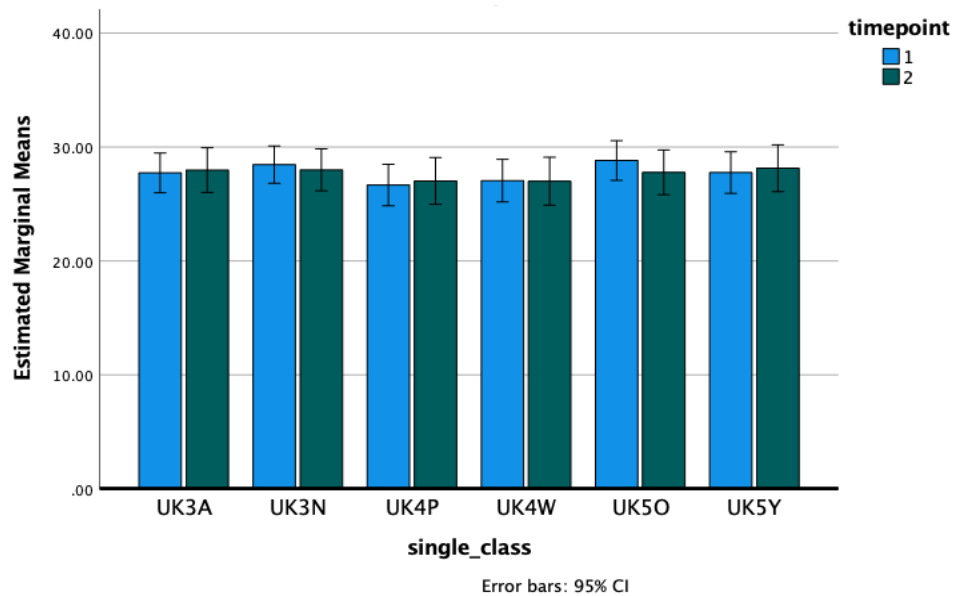
The distribution of scores is very similar is visible in figure 6.14

Figure 6.14 MTI sessions: UK children's changes in feeling included from timepoint1(IndexInclusion1MT) to timepoint 2 (IndexInclusion2MT)



We used again the general liner model of the descriptive statistic to observe more closely the changes in each UK class, and figure 6.15 confirms that there are no significant changes in any of the classes.

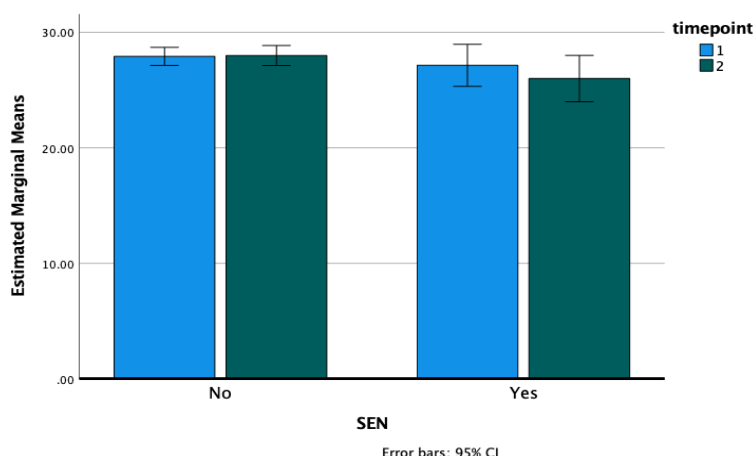
*Figure 6.15 Initial and final music therapy questionnaire, changes by class in the UK (IndexInclusion1MT& IndexInclusion2MT).*



### *Send Children*

A two-way ANOVA was performed to compare children with special educational needs with their classmates. There is no consistent change over time,  $F(1, 132) = 0.99$ ,  $p = .323$ , no significant difference between the send children and their classmates,  $F(1, 132) = 2.34$ ,  $p = .129$  and there is no significant interaction and SEND,  $F(1, 132) = 1.27$ ,  $p = .262$ , as can be seen in figure 6.16

*Figure 6.16 Initial (blue bar) and final (green bar) music therapy questionnaire: changes for non-SEND (No) and SEND (Yes) children*



The results of this questionnaire show the positive attitude of the children towards the MTI and, possibly, the positive impact of music therapy in making children feel more welcomed and included. The results of the SEND children seem to be particularly relevant, because they did not respond with a drop of inclusion, as it happened in their responses for the index for inclusion questionnaire, observed in the previous section. These results are a positive answer to the research question and support the hypothesis that MTI enhances the process of inclusion.

However, for the future, the researcher has considered other options and ways of testing the feelings of the children after each session, for more reliable results. Further reflection follows in Chapter 7.

## 6.4 Children's drawing

Children were asked to draw themselves at the beginning and end of the project. They completed their drawing on the same day they answered the questions of the Index for Inclusion. The drawings were considered as qualitative information about their general perception of their body/self. The drawings were scored from the author and a second time, to check for reliability, by Prof. Ferri, an Italian psycho-pedagogue. For the analysis of the data the music therapist has used only the scores given by Ferri.

The drawings were initially observed and catalogued following a set of ten categories characteristics, as exemplified in chapter 3 (section 3.5.2.3; table 3.6). These categories were then given separate scores as shown in the first column of table 6.10.



A first statistics test was run on the drawing of 308 children at timepoint 1 and 300 children at timepoint 2. The aim of this test was to observe the distribution of drawing in each category, regardless of the group-country. In the first column of Table 6.8 there is the score (from 1 to 10) and the name of the respective category; in the second and third columns, respectively showing the initial score (drawing 1), and the final score (drawing 2), indicate the number of children who performed in the related score category (e.g. 20 children drew the head in black and white at timepoint 1); the fourth and fifth columns indicate the percentage of children in each category at timepoints 1 (Time 1) and 2 (Time 2),

*Table 6.8 Number and percent of children's drawings performed for each category, of a initial total of 291 children at time 1 and 287 at time 2.*

Description	Drawing 1	Drawing 2	% of All children IT+UK+Control	
			Time 1	Time 2
1= Head Black and White (B&W)	20	18	6.9	6.3
2= Head Colour	96	79	33	28
3= Incomplete body B&W	2	13	.7	4.5
4= Incomplete body colour	39	36	13.4	12.5
5= Complete body B&W	8	13	2.7	4.5
6= Complete body colour	69	70	23.7	24.4
7= Complete body colour + other people or shapes	20	29	6.9	10.1
8= Complete body colour + message	8	1	2.7	.3
9= Complete body, full page background + other elements or people	18	20	6.2	7.0
10= special drawing, difficult to fit in the other categories	11	8	3.8	2.8
Total number of children			308	300

Three categories stand out in the initial (i) and final (f) drawings:

- i. Head colour 33% (i) – 28% (f)
- ii. Incomplete body colour 13% (i) – 12% (f)
- iii. Complete body colour 24% (i) – 24% (f)

A second investigation (Table 6.9 and figure 6.17) was run to know the distribution of the drawings in each country and group.

*Table 6.9 Number of children's drawings performed for each category considered per group: Italy, UK and control group*

Description	Body Score	Colour Score	Italy %		UK %		Control %	
			Time 1	Time 2	Time 1	Time 2	Time 1	Time 2
head B&W	1	0	4.1	4.0	7.6	8.0	15.4	7.7
Head Colour	1	1	30.6	32.3	35.4	22.6	30.8	30.8
incomplete body B&W	2	0		2.4	1.4	5.8		7.7
incomplete body colour	2	1	7.4	5.6	19.4	21.2	7.7	
complete body B&W	3	0	1.7	1.6	1.4	6.6	15.4	7.7
complete body colour	3	1	18.2	17.7	27.8	26.3	26.9	46.2
complete body colour + other people or shapes	4	1	9.1	14.5	5.6	8.0	3.8	
Complete body colour + message	4	1	6.6			.7		
Complete body, full page background + other elements or people	4	1	13.2	15.3		.7		
special drawing, difficult to fit in the other categories	4	1	9.1	6.5				
Total N of children			121	124	144	137	26	26

It emerged that two categories stand out in the initial (i) and final (f) drawings for the three groups (IT, UK, Control) were: *Head colour and Complete body colour*.

IT: *Head colour*:31% (i) – 32% (f) and *Complete body colour* 18% (i) – 18% (f).

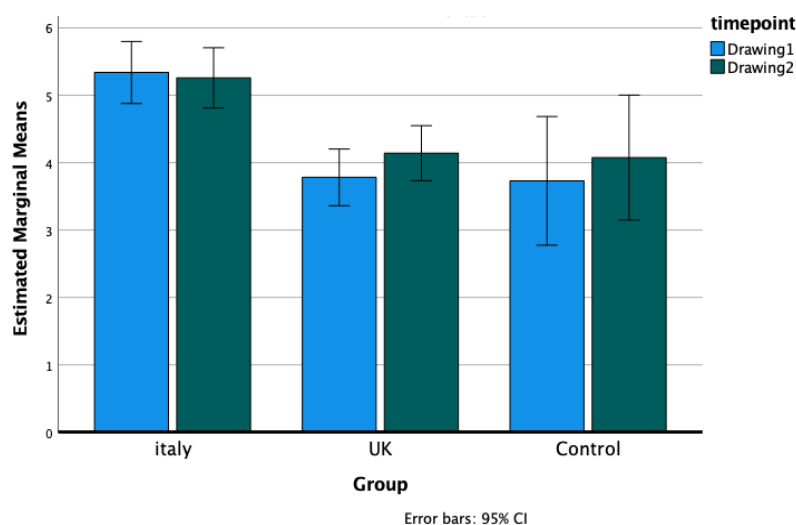
UK:*Head colour*: 35% (i) – 23% (f) and *Complete body colour*29% (i) –26% (f).

Control:*Head colour*: 31% (i) – 31% (f) and *Complete body colour*26.9% (i) –46.2%(f).

The third most prevalent category was, for the UK participants, the *incomplete body colour* (i) 19% and (f) 21.2%. Instead in Italy the third most prevalent category was *Complete body, full page background + other elements*13.2% and (f) 15.3%.

Figure 6.17 shows the distribution of the drawings by group, from timepoint 1 to timepoint2. It indicates an overall higher performance, with no changes of the Italian children, and changes in the drawings of the UK participants and Control group.

*Figure 6.17 The distribution of the drawings by group, shows an overall higher performance of the Italian children and changes in the drawings of the UK and Control groups.*



The information provided was worthy of note, but the researcher was interested in discovering whether the intervention had affected the evolution of the drawings. For this purpose, to primarily examine if there were any significant changes, (i) in the body drawings, irrespective of whether these were complete or incomplete, and (ii) in the use of colours, two new variables were created:

- (i) Draw\_Body: Draw\_body1 and Draw\_body2 (timepoint 1 and timepoint 2 respectively), grouping the drawing within 4 categories of scores:

1 = Head, black and white or coloured

2 = Incomplete body, black and white or coloured

3 = Complete body, black and white or coloured

4 = Coloured complete body, with other people or background

- (ii) Draw\_colour: Draw\_colour1 and Draw\_colour2 (timepoint 1 and timepoint 2 respectively), scoring the drawing 0 for black and white, and 1 for coloured.

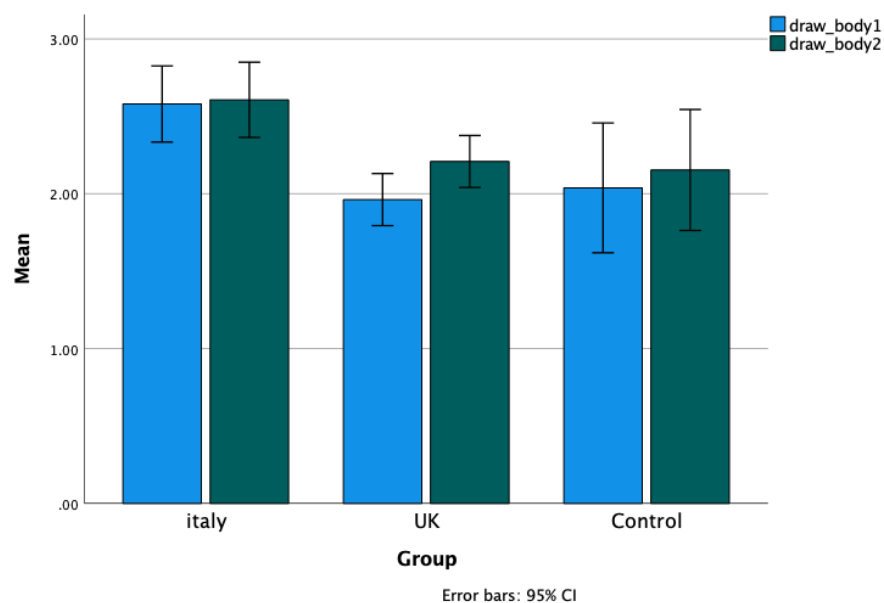
#### *Body drawing results: Draw\_body1 Draw\_body2*

These results show a higher percent of Italian children drawing the full body at timepoint 1, 65% of Italian children drew the full body, as compared to 36% of their UK counterparts and 46% of the Control group children. This higher percent remain at timepoint 2, with 56% of Italian children drawing the complete body, as compared to 42% of the UK participants and 54% of the Control group.

The two variables were analysed using a pair sample T-test.

The variable Draw\_body was initially analysed using a pair sample T-test (figure 6.18), looking at the groups separately.

*Figure 6.18 Body drawing initial and final performance by group*



The T-tests results indicate that the difference is only significant for the UK children, no changes for the Italian children in body drawing,  $t(111)=.237$ ,  $p=.813$ , significant increase for the UK children between timepoint 1 and timepoint 2,  $t(133)=2.8$   $p=.006$  and no significant changes for the control group  $t(25)=.811$ ,  $p=.587$

### *Send Children*

A mixed ANOVA was performed to observe difference over time, for the UK and the Italian group, (there were no send children in the control group) including the SEND status as additional variable. The results confirmed the significant changes across time for the UK group,  $F(1, 132) = 4.57$ ,  $p=.034$ , however there were no overall effect of SEND status,  $F(1,132)= 0.82$ ,  $p=.366$ , nor significant interactions between timepoint and SEND status,  $F(1, 132)=.036$ ,  $p=.850$ .

The Italian group there was no significant effect of timepoint,  $F(1,110)= 0.14$ ,  $p=.785$ , nor SEND status,  $F(1, 110)= 0.35$ ,  $p=.558$ , and no interaction between timepoint and SEND status,  $F(1, 110)=0.39$ ,  $p=.532$ .

Figure 6.19 shows the performance in body drawing of the SEND children and the non SEND children in the UK.

*Figure 6.19 Overall performance of SEND (Yes) and non-SEND (No) UK Children*

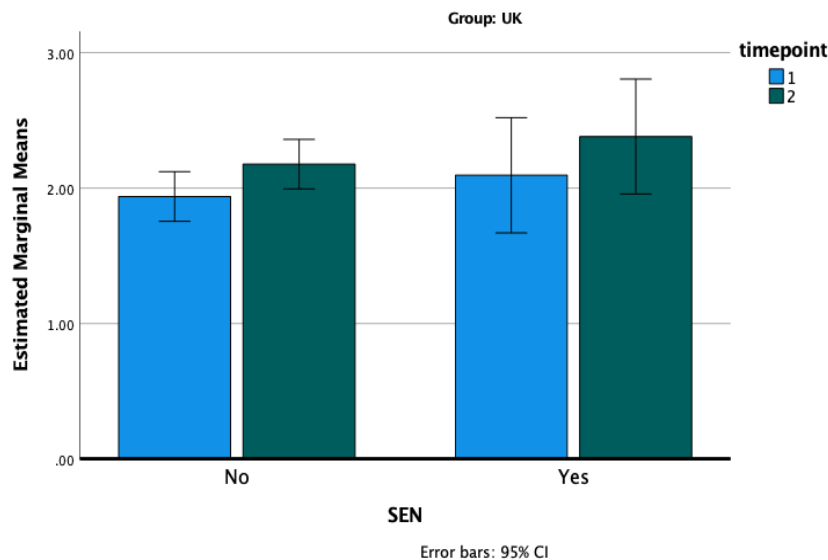
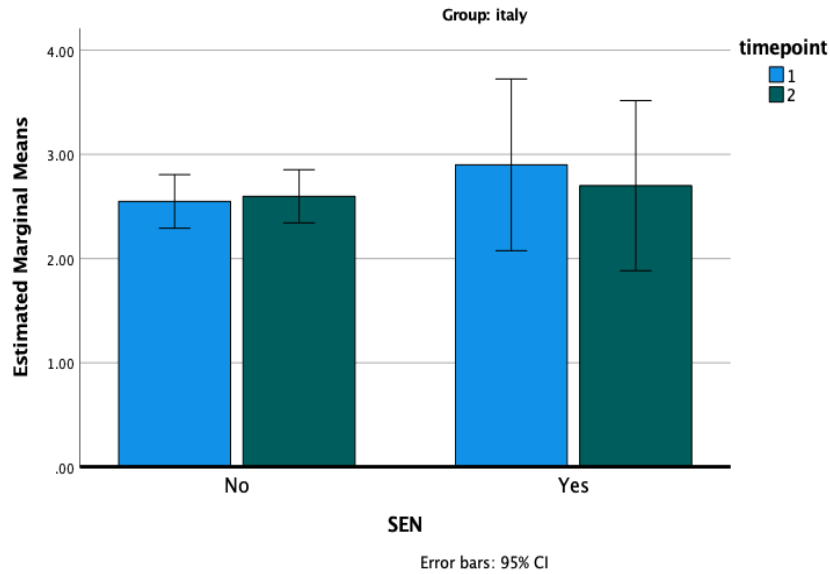


Figure 6.20 shows the performance of SEND and not SEND children in Italy. The differences in the figure are likely to be occurred by chance, and the larger error bar in the SEND group are due to them be a smaller sample.

Figure 6.20 Overall performance of SEND (Yes) and non-SEND (No) Italian Children

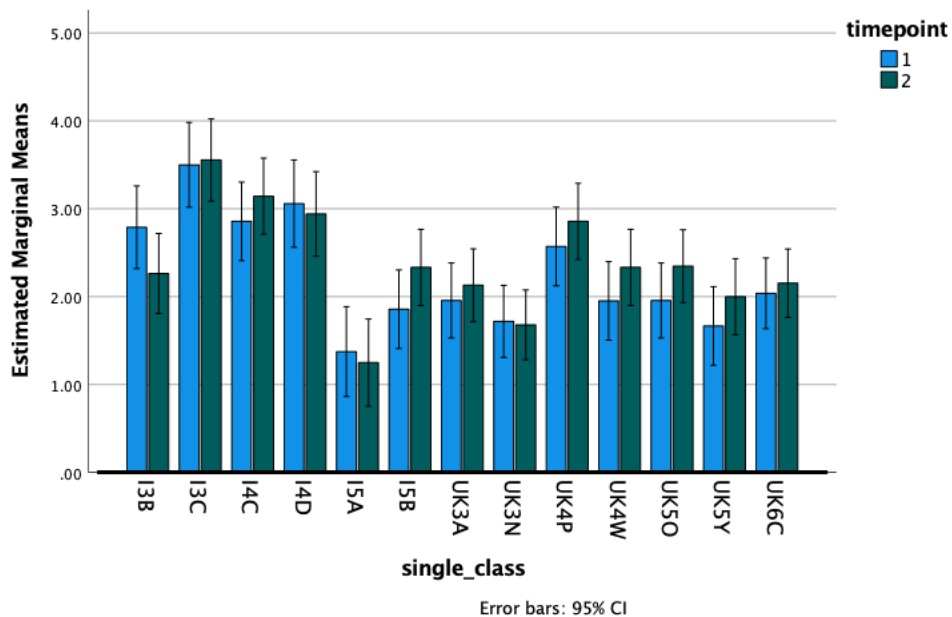


### Single classes

A two-way ANOVA was then run to observe the changes in each single class.

When looking at the figure (figure 6.21) we see we that most of the classes improved over time, with moderate significance,  $F(1, 259) = 3.72$ ,  $p = .055$ , although there is significant differences between classes,  $F(12, 259) = 9.3$ ,  $p < .001$ , but not significant interaction between single class and timepoint,  $F(12, 259) = 1.27$ ,  $p = .238$

Figure 6.21 Changes from timepoint1 to timepoint2, in each single class in the body drawing- Draw\_Body



Looking at each single group separately, it was again confirmed that the only significant changes in drawing, over time occurred for the UK classes,  $F(1, 128)=8.02$ ,  $p=.005$ , with no significant interaction between classes,  $F(5, 128)=0.60$ ,  $p=.700$ . Neither the control group,  $F(1, 25)=0.30$ ,  $p=.587$ , nor the Italian group,  $F(1, 106)=0.01$ ,  $p=.942$ , show significant changes overtime, nor an interaction between timepoint and single class in the Italian group,  $F(5,106)=1.76$ ,  $p=.127$ .

Reflection on the higher number of Italian children drawing the full body and the improvement of the UK children participants, will be discussed in chapter 7.

*Drawing, use of colours: Draw\_ colour1 and Draw\_ colour2, results.*

A first investigation was run to have an overview of the percentage of children using colours in both country and by group.

Table 6.10 shows that, at timepoint 1, 94% of Italian children, 90% of UK participant children and 70% of the Control group children used colours and at timepoint 2, 92% of the IT children, 80% of the UK participant and 77% children of the control group, used colours.

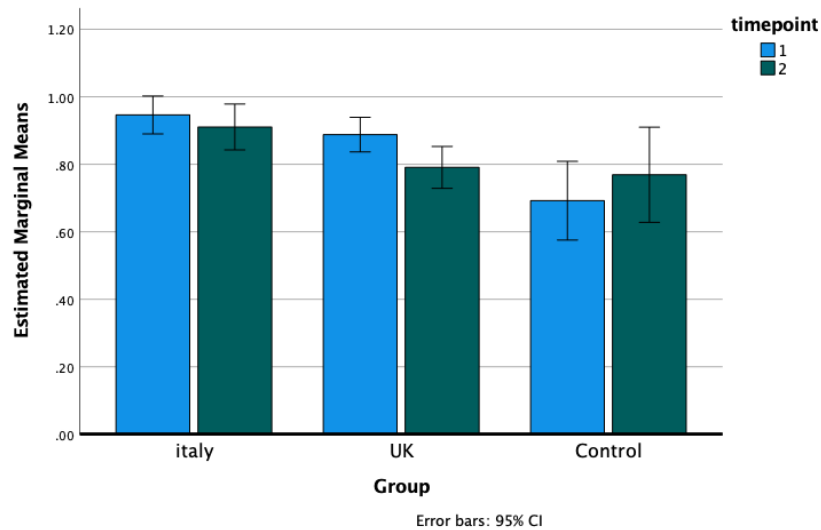
*Table 6.10 Percentage of children using of colours or black and white (IT, UK, Control)*

Description of colours in children drawings	Colour Score	Italy %		UK %		Control %	
		Time 1	Time 2	Time 1	Time 2	Time 1	Time 2
Black and white	0	4.1	4.0	7.6	8.0	15.4	7.7
Colours	1	94.2	92	89.6	80	69.2	77
Total N		121	124	144	137	26	26

Paired T-tests were performed aiming to analyse the change in the use of colours in the drawing, between timepoints, within each group. Results show that the UK children participants, decrease significantly in using colours over time,  $t(133)=2.55$ ,  $p=.012$ . No changes were found for the Italian children and the control group, respectively  $t(111)=1.00$ ,  $p=.319$ , and  $t(25)=.811$ ,  $p=.425$

This result are visible in figure 6.22, were is noticeable UK children's decrease in the use of colours.

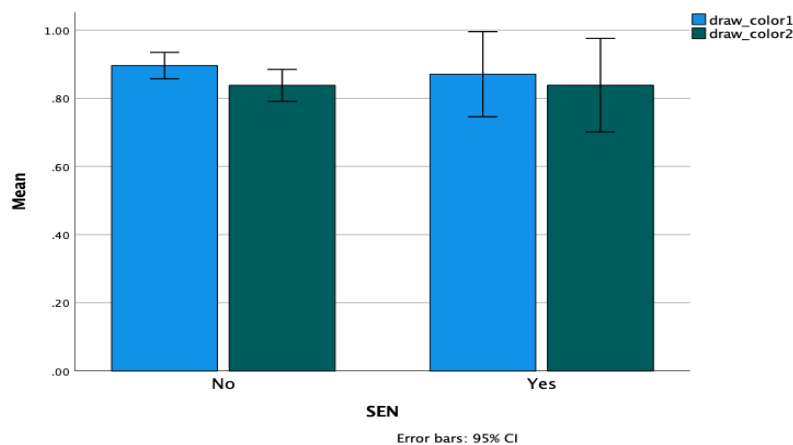
Figure 6.22 The figure shows the changes in the use of colours, from timepoint1 to timepoint2, by group.



### SEND children

Interestingly the significant drop in the use of colours does not appear to occur with SEND children,  $F(1, 268)=0.41$ ,  $p=.522$ , figure 6.23.

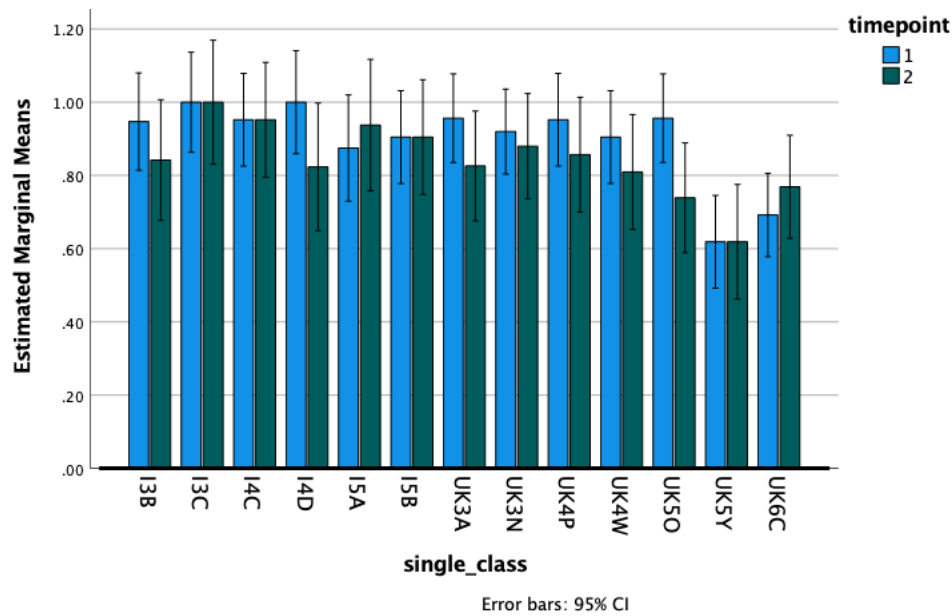
Figure 6.23 Use of colours by SEND (Yes) and non-SEND (No) children across all groups



The researcher investigated with a mixed ANOVA, the behaviour of the of the single classes. Looking at figure 6.24, we notice that five out of six, of the UK classes, have a dropped in the use of colours, and only one class remain stable. In the Italian sample only two classes had a drop in the use of colours, three remained stable and one had a mild improvement. The control group(UK6C) shows an improvement in the use of colours.



Figure 6.24 Changes in the use of colour in each class.



Data indicates a significant change for all classes between timepoints,  $F(1,259)=4.60$ ,  $p=.033$ , a significant difference between classes,  $F(1,259)=3.10$ ,  $p<.001$ , but no interaction between single classes and timepoint,  $F(12, 259)=0.95$ ,  $p=.499$ .

The significant drop in the use of colours, of the UK children after 10 weeks, was a surprise as well as the significant difference between the overall high drawing performance of the Italian children, compared to the control group and the UK children participants.

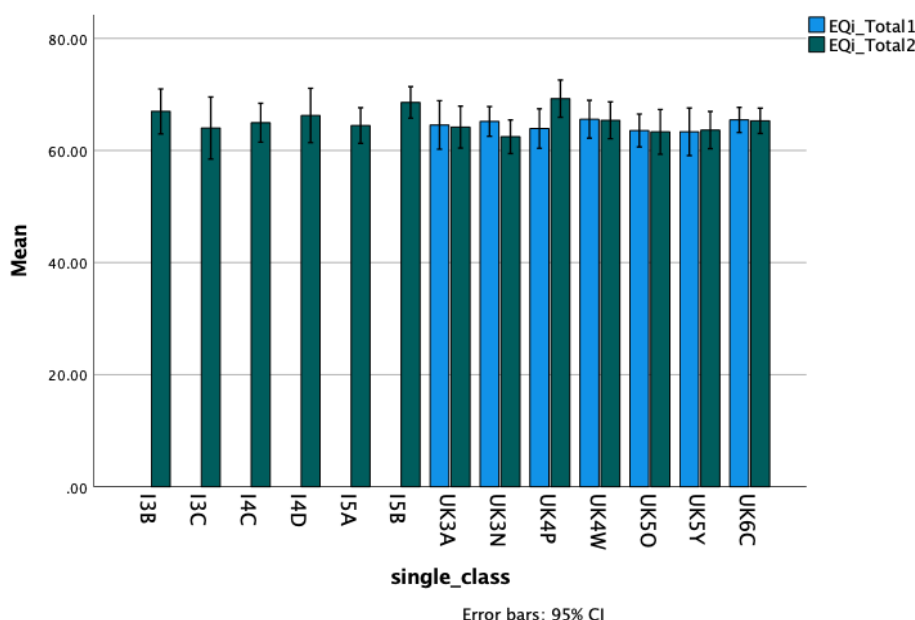
From the analysis that ensued, it seems that the Italian children maintain higher scores in the body drawing and in the use of colours and that the children with special educational needs maintain a stable performance. Reflections on this difference will follow in Chapter 7.

## 6.5 Emotional Intelligence test: Bar-on Emotional quotient Inventory, EQi-YV

The Bar-on Emotional quotient Inventory young version, EQi-YV was introduced as a final test during the fieldwork in Italy and as an initial and final test during the fieldwork in the UK (chapter 3.5.4). The EQi-YV was administered as an initial and final test for the UK participant children and the UK control group.

In figure 6.25 we can observe the Total EQi in each class at timepoint1 (EQi\_Total1) and timepoint2 (EQi\_Total2), five classes, including the control group, remain stable and two show a change, one increase (UK4P) and one decrease (UK3N).

*Figure 6.25 Total EQi, average final score for the Italian classes (single green bars) . Initial and final average scores for the UK group and Control group.*



Initially, the data was analysed by performing a paired T-test, on the initial and final Total EQi and related subscales', EQi-intrapersonal, EQi-interpersonal, EQi-Stress management, EQi-Adaptability. The average scores of the emotional intelligence EQi total score (Table 6.11) in timepoint1 (M=64.37, SD=8.30), are not significantly different from the average scores in timepoint 2 (M=64.74, SD=8.40),  $t(145)=.502$  for the UK children participants and  $t(25)=.135$  for the Control group.

*Table 6.11EQi total scores for all groups UK groups at timepoint1 and timepoint2.*

	EQi Timepoint1	EQi Timepoint2	N
UK	64.37 (8.30)	64.74 (8.40)	146
CONTROL	65.46 (5.54)	65.31 (5.59)	26
ITALIAN	Not tested	65.95 (8.79)	125

For the purposes of this investigation, the researcher was interested in observing the absolute changes in the children's EQi and its subscales<sup>10</sup>. This was because one of the goals of the MTI was to increase the self-awareness of the participating children.

For some of the questions, therefore, a score going down was considered a positive sign of self-reflection. For example, many children answered 4 (totally agree to the question "I like everyone I meet"). It is unlikely that we always like others, although there is a positive intention in this answer. A score that goes down, in this case, would be a sign of increased self-awareness and connection with what the person is feeling. For this reason, the researcher created new variables, called absolute change, that could measure all changes.

Absolute Change (ABS) variables were created in order to measure the absolute difference between the value at timepoint 1 and timepoint 2 of each subscale, interpersonal, intrapersonal, stress management, adaptability, named respectively: Atotal\_ABS\_change Btotal\_ABS\_change, Ctotal\_ABS\_change Dtotal\_ABS\_change, Ftotal\_ABS\_change

The data were analysed to investigate the following question:

Is there a significant difference between the Absolute Change (ABS) of EQi subset at timepoints 1 and 2 between the UK children who received the music therapy intervention and the UK children of the Control group?

*Table 6.12 Mean (SD) absolute changes between timepoints in EQi subscales scores for UK and control.*

Subscales	UK	CONTROL
Intrapersonal A SD	2.71 (2.09)	1.85 (2.01)
Intrapersonal B SD	2.78 (2.66)	1.88 (2.06)
Stress Management C	3.35 (2.77)	2.00 (2.00)
Adaptability D	2.99 (3.44)	1.27 (1.15)
N	146	26

The descriptive statistic in table 6.12 showed a substantial difference in the means and standard deviation of the Stress management and Adaptability scales.

<sup>10</sup>Subscales A-Intrapersonal; B- interpersonal; C - stress management (stress tolerance and impulse control), D adaptability (flexibility and problem solving)

Following this result, the music therapist performed a series of Welch's T-tests, which showed,

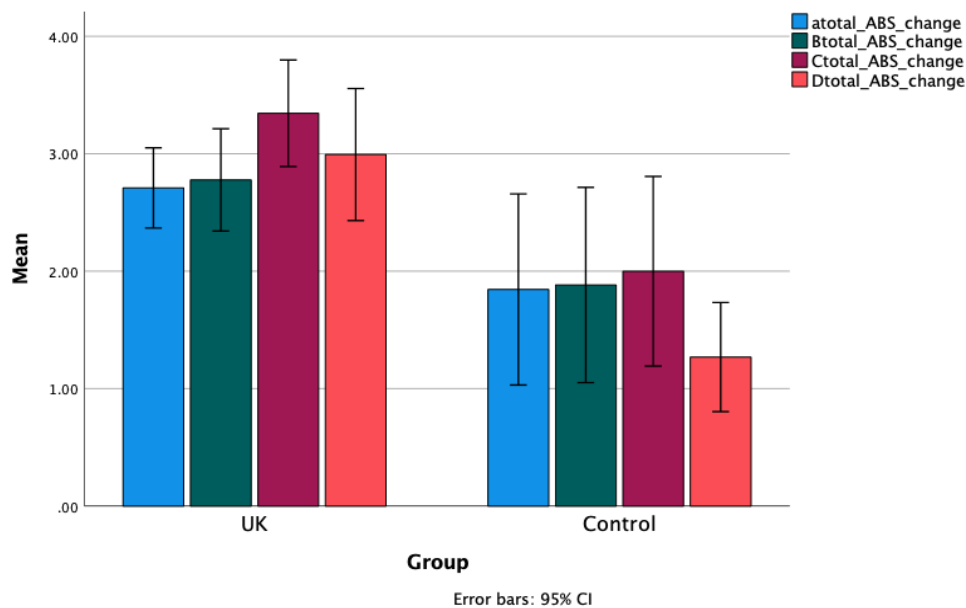
- (i) a strong significant difference in the absolute change (ABS) of subscales C (stress management), and D (adaptability), respectively indicated as Ctotal\_ABS\_change and Dtotal\_ABS change and
- (ii) (ii) weak evidence of changes in the subscales B (interpersonal), and A (intrapersonal), , respectively indicated as Btotal\_ABS\_change and Atotal\_ABS\_change.

Welch's t-tests showed weak evidence that UK sample changed more than Control on the intrapersonal scale,  $t(41.50)=1.95$ ,  $p=.059$  and interpersonal scale, Btotal,  $t(35.26)=2.01$ ,  $p=.053$ .

It also showed significant evidence that UK sample changed more than the control group on stress management scale,  $t(44.18)=2.96$ ,  $p=.005$ , and Adaptability scale,  $t(116.72)=4.75$ ,  $p<.001$ .

Figure 6.26 shows that the UK participant group had more absolute changes than the control group in all four subscales and therefore in the EQi Total.

*Figure 6.26 UK and Control groups Absolute changes in the: ABS difference of EQi subscales: A-interpersonal, B-intrapersonal, C-stress management and D-adaptability*



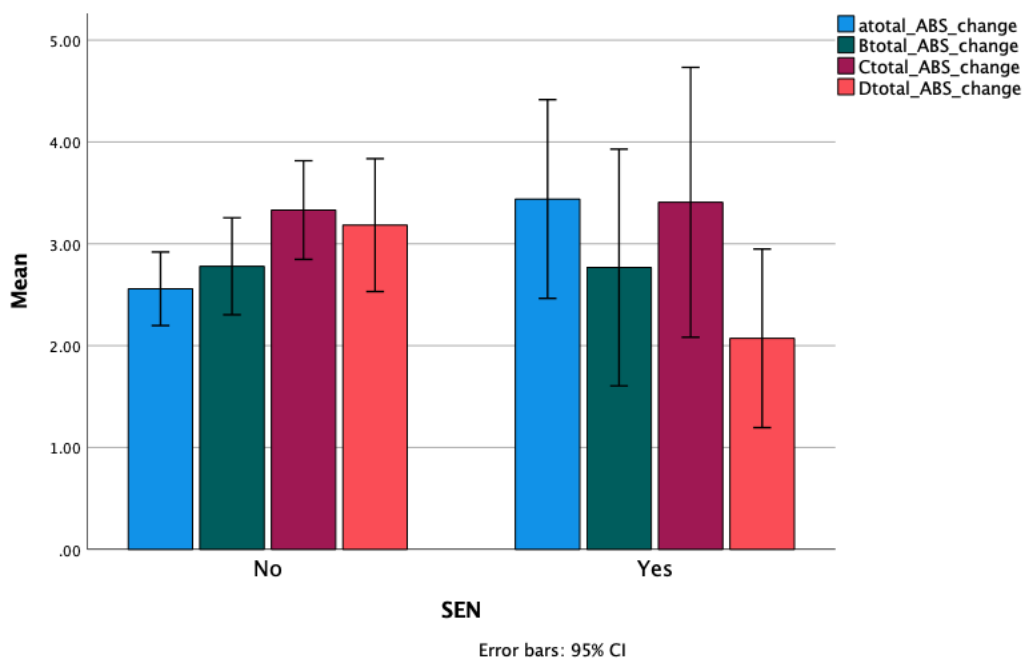
### Send children

A T-tests showed weak evidence that the SEND children changed more than UK participant children, on the intrapersonal (A) scale,  $t(144) = 1.94$ ,  $p = .054$

There was no significant difference in changes in the interpersonal,  $t(144) = 0.02$ ,  $p = .984$ , stress management subscales,  $t(144) = 0.12$ ,  $p = .902$ , and in the adaptability scale,  $t(144) = 1.48$ ,  $p = .141$ .

There were no SEND children in the control group.

Figure 6.27 UK SEND and non-SEND children Absolute changes of EQi subscales: A- interpersonal, B-intrapersonal, C-stress management and D-adaptability



The final tests of all children, Italian, UK and Control were then analyzed to observe the relations between the average scores of the emotional intelligence of the children in Italy and in the UK, and the average standard scores by age and gender, identified in the validated test, Bar-On EQi-YV (2012).

To perform this analysis two new variable were created, called respectively LowEQi and HighEQi.

LowEQi was defined as being anyone who was more than one standard deviation below the average standardised scores by age and gender, identified in the validated test, Bar-On EQi-YV (2012).

High EQi was defined as being anyone who was more than one standard deviation above the average standardised scores by age and gender.

The LowEQi test was run considering the Bar-On mean and the standard deviation age and gender related. Table 6.13 shows the average total, the standard deviation and the mean for EQi and all subscales. The columns refer to the total values of the related skills: A: intrapersonal; B: interpersonal; C: adaptability; D: stress management; E: total Emotional intelligence; the rows refer age and gender: M1 boys aged 7-9; M2 boys aged 10-12; F1 girls aged 7-9; F2 girls aged 10-12

*Table 6.13 Bar-On Standardised Mean and Standard deviation (SD) values for EQi subscales by age and gender*

Age and Gender	A intrapersonal	B Interpersonal	C Adaptability	D Stress management	E EQi Total
Males 1 7-9	14.90 SD 3.95	19.98 SD 3.24	17.72 SD 3.84	16.84 SD 4.12	69.44 SD 10.18
Males 2 10-12	13.98 SD 3.75	19.56 SD 3.15	17.35 SD 3.72	16.67 SD 4.22	67.56 SD 9.95
Females 1 7-9	15.06 SD 3.77	20.19 SD 3.07	17.77 SD 3.73	16.81 SD 4.13	69.84 SD 9.78
Females 2 10-12	14.39 SD 3.78	20.19 SD 3.07	17.77 SD 3.73	16.81 SD 4.13	69.84 SD 9.78

Results indicate that 13% of the Italian children (on average 1 every 8 children) show low emotional intelligence for their age and gender at timepoint2, compared to 27.4% of the UK children (on average 1 every 4 children) and 12% of the control group (on average 1 every 8 children). The percent of the children in each group, with high EQi was very low:

3.2% for the Italian sample (average 1 every 33 children) and 2.1% for the UK sample (1 every 50 children). None of the children of the control group shows a high EQi.

#### *Correlations with children drawings*

The researcher looked for correlations between EQi scores and drawing scores. The only significant correlation at timepoint1 was between draw\_color and EQi total for the Control group at time 1,  $r(24) = .46$ ,  $p = .019$ .

At timepoint 2 there were significant correlations between both, draw\_colour,  $r(134)=.20$ ,  $p=.023$ , and draw\_Body,  $r(134)=.19$ ,  $p=.024$ , and EQi for the UK group, but not for the control group.

In the UK group there was a significant correlation, at timepoint 2, between draw\_color and EQi interpersonal scale,  $r(134)=.21$ ,  $p=.013$ , and body score with EQi stress management,  $r(134)=.18$ ,  $p=.039$ . This suggests that MTI intervention, might have influenced on these results.

The relevance of this finding will be discussed in chapter 7.

## **6.6 Findings questionnaires for teachers: Index for Inclusion and Music therapist's questionnaires**

Teachers, specialized teachers and teacher assistants answered to four sets of questions, two chosen from the Index for Inclusion (Boots 2002) and two created by the music therapist, as described in Chapter 3.

The findings of the four sets of questions will be analyzed in this section.

Set 1: Index for inclusion questionnaire A1 consisted of a set of eleven questions (viz. Appendix A 3.3) aiming to investigate teachers opinion of inclusion in their school, in terms of cooperation among governors, staff, children and parents. For the purposes of the present data analysis, this was named *IndexA1inclusion1* (timepoint1) and *IndexA1inclusion2* (timepoint2).

Set 2: Index for inclusion questionnaire A2 consisted of a set of ten questions (Appendix A 3.3) to explore the opinion of the teachers in regard to the organization and the action of the school to promote inclusion

For the purposes of the present data analysis, this was named *IndexA2inclusion1* (timepoint 1) and *IndexA2inclusion2* (timepoint2).

Set 3: Inclusion Teachers questionnaire, six questions (Appendix A 3.4) investigating the teachers' personal opinion/position on inclusion and special education, devised by the music therapist.

For the purposes of the present data analysis, this set was named, *InclusionT\_MT1* (timepoint 1) and *InclusionT\_MT2* (timepoint2). Inter item reliability scores were tested using Cronbach's alpha, across both timepoints together, which gave a value of  $\alpha=.73$ .

Set 4: Group opinion questionnaire, eleven questions (Appendix A 3.4) providing information on the teachers' opinion/evaluation of their group class. For the purposes of the present data analysis, this set was named *GroupOpinion1*(timepoint 1) and *GroupOpinion2* (timepoint2). Inter item reliability scores were tested using Cronbach's alpha, across both timepoints together, which gave a value of  $\alpha=.79$ .

Using the teacher's data, the researcher aimed also to investigate specific environmental factors, explored in section 6.7.

Teachers were asked to answer all of the above questions at the start and end of the project, choosing between (i) disagree, (ii) neither agree nor disagree, and (iii) agree, in order to respond to the multiple-choice questions. The answers were scored with 1, 2 or 3, respectively.

Twenty-five teachers participated in the survey. Of them, 12 were Italian, 12 British (all 24 being the teachers of the participating groups), and 1 of the Control group.

Among the staff involved, we could identify the following categories:

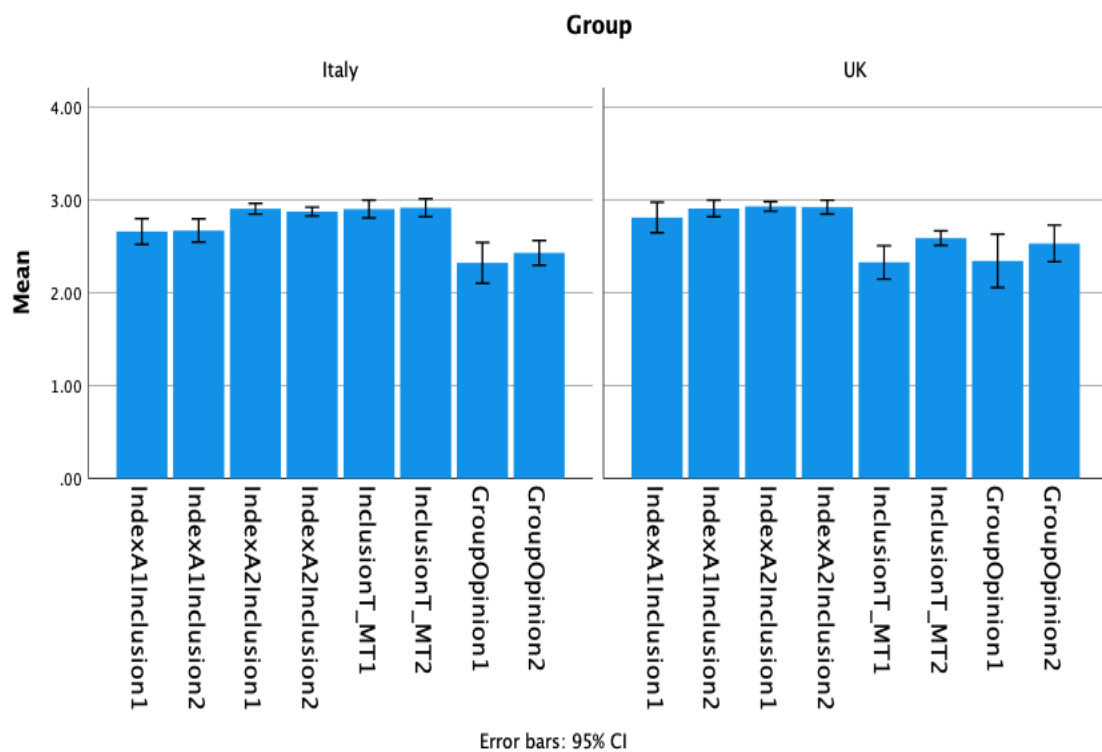
- i. In Italy, teachers and specialized teachers responded to the questionnaire. It is important to note here that the above professionals are all class teachers and equal in terms of teaching, planning and responsibilities.
- ii. In the UK, class teachers and teacher assistants responded to the questionnaire. Equally important to note here that these two sets of professionals receive different training and have different roles and responsibilities.

For the purpose of this investigation, we have analyzed the results of the staff as one category, without differentiating on the base of their role and responsibility in the classroom. This decision will be discussed more fully in Chapter 7.

An overview of the Italian and UK teachers answers to all four sets of questions, can be seen in figure 6.28. Analyses were conducted on each questions set separately



Figure 6.28 Mean of Italian and UK teachers answers to the 4 questionnaires, timepoint 1 and 2



Italian Teachers have higher scores on inclusion, but have a lower scores in the opinion of the school organization for inclusion (questionnaire A2) and about the cooperation among teachers, governors, parents to promote inclusion (questionnaire A1). Their counterpart, the UK teachers display lower scores in the music therapist questionnaire for inclusion, but have a better opinion of their school and of the cooperation among members of the community, to promote inclusion.

### 6.6.1 Index for inclusion questionnaires:

#### *Index for inclusion questionnaire A1, set 1*

The data of each set were analyzed using a two-way ANOVA.

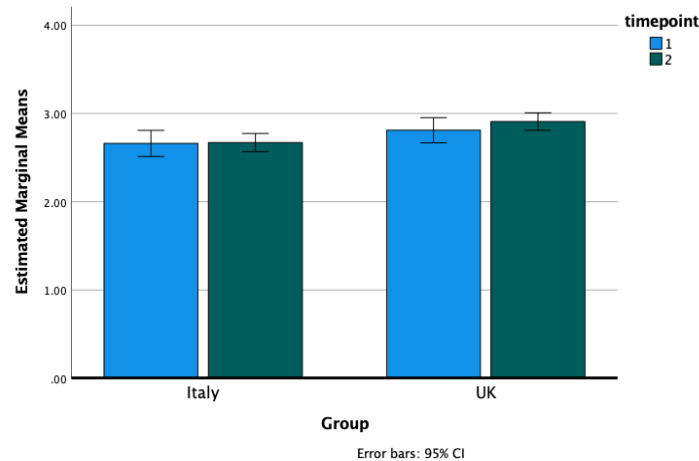
Figure 6.29 shows the results of questionnaire A1, about teachers opinion on inclusion in their schools, from timepoints 1 to 2, in Italy and in the UK.

UK teachers provided significantly more positive answers,  $F(1,23)=6.67$ ,  $p=.017$ .

However, results indicated that there were no significant changes overtime,  $F(1,23)=1.73$ ,  $p=.200$ .

There is not a significant interaction between countries and timepoint,  $F(1, 23)=1.124$ ,  $p=.300$ .

*Figure 6.29 Index for Inclusion questionnaire A1: changes in the Italian and UK teachers answers to timepoint 1 and 2.*



UK teachers provided significantly more positive answers,  $F(1,23)=6.67$ ,  $p=.017$ .

However, results indicated that there were no significant changes overtime,  $F(1,23)=1.73$ ,  $p=.200$ .

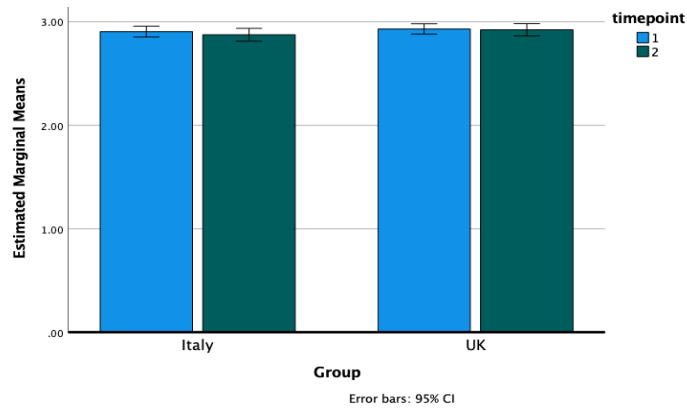
There is not a significant interaction between countries and timepoint,  $F(1, 23)=1.124$ ,  $p=.300$ .

#### *Index for inclusion questionnaire A2, set 2.*

Figure 6.6.3 shows the teachers opinion about their school organization from timepoints 1 to timepoint2 in Italy and in the UK, questionnaire A2 of the index for inclusion. In both countries

Results indicate that, in both countries, teachers have a positive opinion of their school organisation: there is not a significant change between timepoints,  $F(1,23)=1.773$ ,  $p=.196$ , there is not a significant interaction between countries and timepoint,  $F(1, 23)=.634$ ,  $p=.434$ , and there is not a significant main effect of group-country,  $F(1,23)=1.059$ ,  $p=.314$ .

Figure 6.30 Index for Inclusion questionnaire A2: changes in the Italian and UK teachers answers to timepoint 1 and 2.



Looking at the teachers' answers, of index for inclusion questionnaires, by class (figure 6.31, set 1, figure 6.32, set 2), we observe that the previous findings are confirmed: both, the Italian and the UK teachers, seem to have a positive view of the inclusivity of their schools, although the majority of the UK teachers seem to have a more positive view of the inclusivity of their schools, as compared to their Italian counterparts.

Figure 6.31 Teachers IndexA1Inclusion A1:Creating Inclusive Culture - Building Communities, by single class.

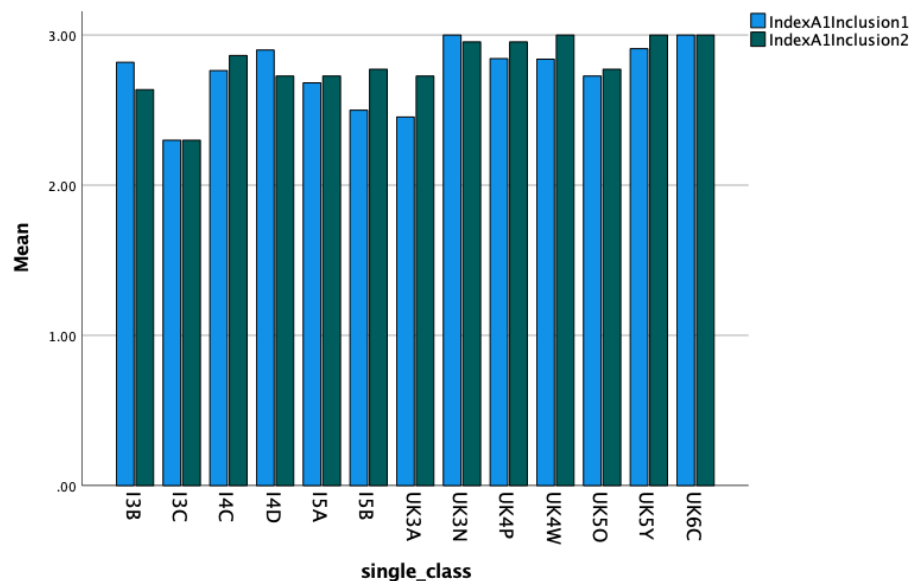
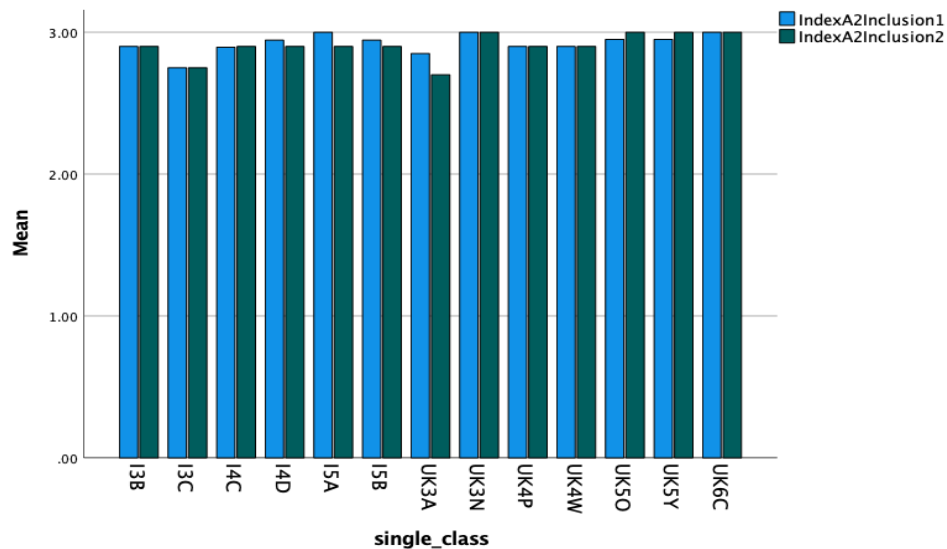


Figure 6.32 Teachers IndexA2Inclusion A.2: Establishing Inclusive Values, by single class.



Further reflections and discussion in Chapter 7.

## 6.6.2 Music therapist's questionnaire:

### *Music therapist questionnaire 'Inclusion Teachers' (InclusionT\_MT) set 3*

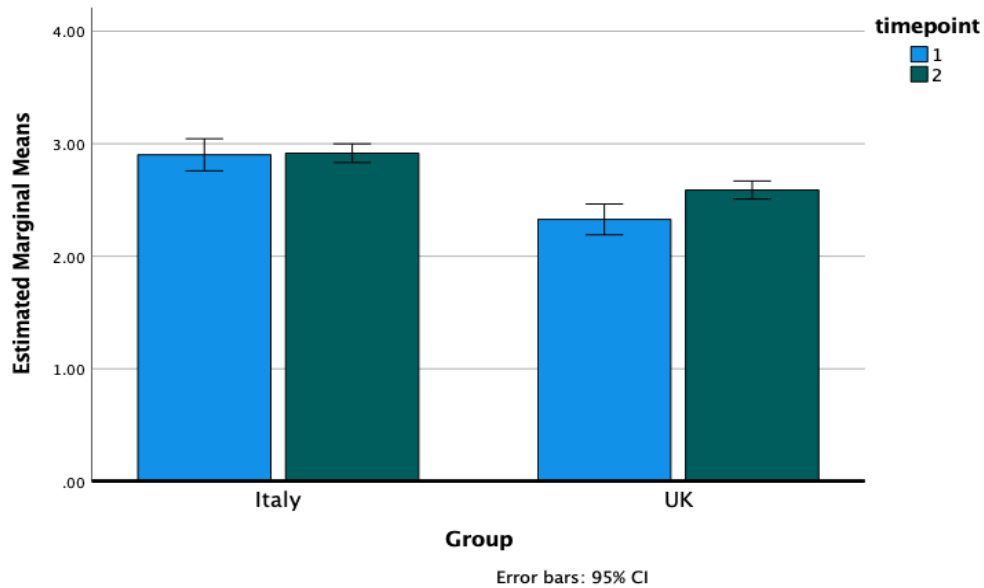
This questionnaire aimed to investigate the teachers' personal opinion on inclusion and special education.

A pair sample T-test, confirmed, overtime, that there are no significant changes in the Italian teachers answers,  $t(11)=0.23$ ,  $p=.820$ , but there are significant changes in the answers of the UK teachers,  $t(12)=3.51$ ,  $p=.004$ .

The mixed ANOVA results indicates that scores were significantly higher at timepoint 2  $F(1,23)=8.13$ ,  $p=.009$ , and scores were significantly higher for the Italian teachers, main effect of group-country,  $F(1,23)=53.12$ ,  $p<.001$ . However the significant interaction, between countries and timepoint,  $F(1,23)=6.58$ ,  $p=.017$ , was that the effect of timepoint only occurred for the British teachers, since the Italian teacher were already close to the maximum score.

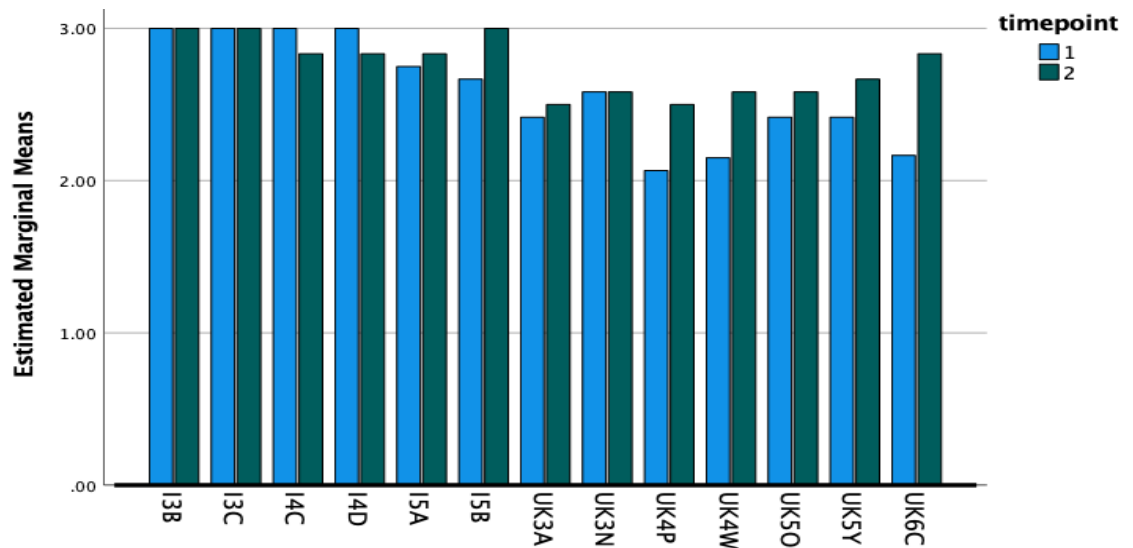
Figure 6.33 shows the teachers' answers to the music therapist's questionnaire timepoints 1 to 2 in Italy and in the UK.

Figure 6.33 Music therapist questionnaire: Inclusion Teachers, InclusionT\_MT across timepoints.



To have a more specific information and possibly make future correlations between the behaviour of each single class and teachers' opinion on inclusion, the data were investigated by single class, figure 6.34.

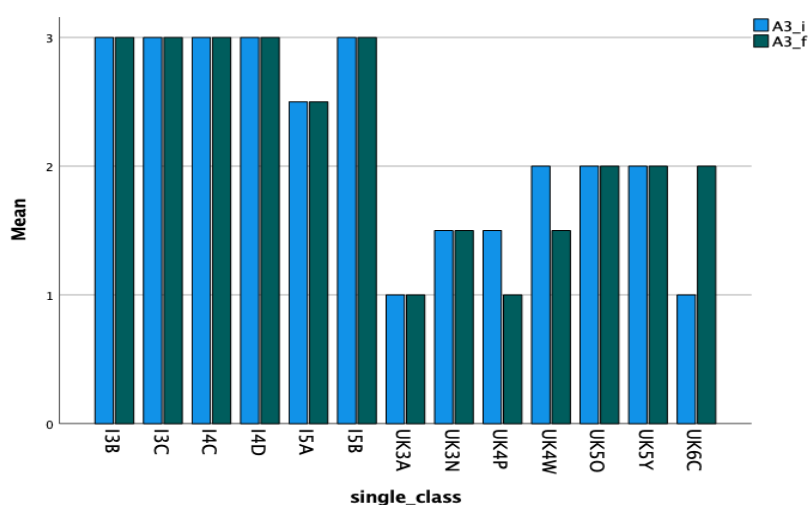
Figure 6.34 InclusionT\_MT teachers' opinion on inclusive education by single class



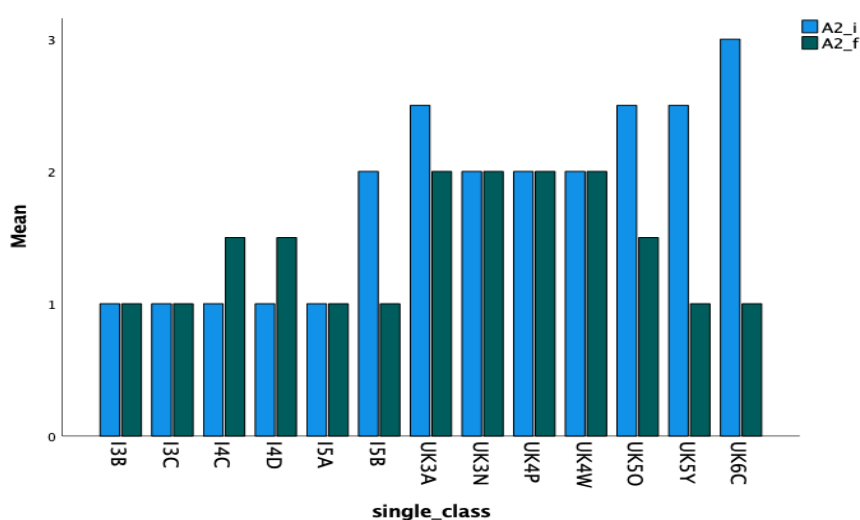
All data confirmed that Italian teachers were more positive towards inclusion than their UK counterparts, but the researcher wanted to look more closely at two specific questions about mainstreaming and special education.

The data displayed in figure 6.35 and figure 6.36 respectively referring to questions 3 (A3- All children with special educational needs should attend mainstream schools) and 2 (A2- Schools solely for children with special educational needs are more effective), of the music therapist questionnaire, strongly indicates that the Italian teachers are unanimously in favour of mainstreaming and the UK teachers are strongly oriented towards special school education.

*Figure 6.35 Teachers answers to question 3 (A3) of InclusionT\_MT: All children with special needs should attend mainstream schools.*



*Figure 6.36 Teachers answers to question 2 (A2) of InclusionT\_MT: Schools solely for children with special needs are more effective.*



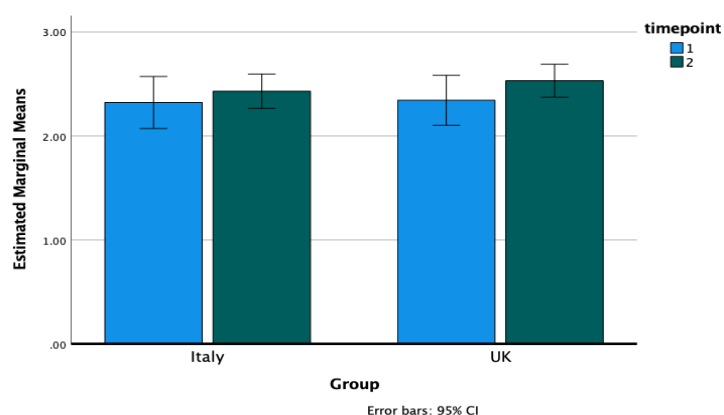
#### *Music therapist questionnaire 'Group opinion'(GroupOpinionMT), set 4.*

This questionnaire was aimed to inform the music therapist about the teachers' opinion of their group class, and possibly run future correlation, to corroborate her own evaluation of the groups.

Figure 6.38 indicates that, overall, the teachers have a positive opinion of their group class, in both countries, at timepoint1 and timepoint2.

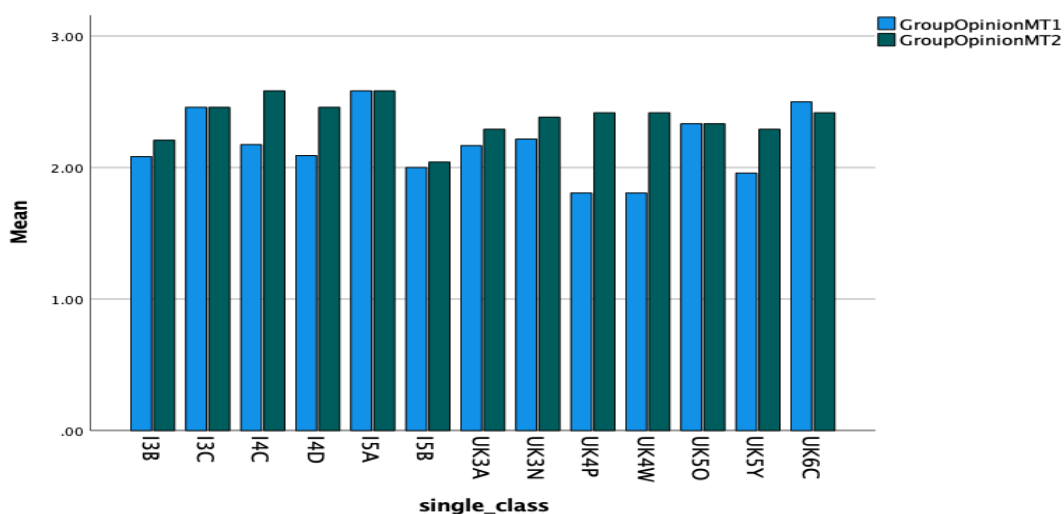
The mixed ANOVA results confirmed that there is not a significant difference between timepoints,  $F(1,23)=2.43$ ,  $p=.133$ , no significant interaction,  $F(1,23)=0.18$ ,  $p=.678$ , and there is no significant main effect of group-country,  $F(1,23)=0.34$ ,  $p=.565$ .

*Figure 6.37 Teachers' answers to the music therapist's questionnaire: GroupOpinionMT.*



To gather a more specific information and possibly make future correlations between the music therapist assessment on each single class and teachers' group opinion, the data were investigated by single class, figure 6.38.

*Figure 6.38 Teachers' answers to the music therapist's questionnaire, GroupOpinionMT, by single class.*



The figure seems to confirm the overall positive opinion of the teachers of their classes, the positive opinion seems to increase more for class 4C, 4D, UK4P and UK4W.

## 6.7 Exploratory analysis of covariance

Teachers score were used as a covariate when looking at the effect of timepoint on a variety of measures within the Italian and the UK group separately. The control group was not considered appropriate for this analysis because only contained one class with a single teacher. The researcher conducted the following observations, for the exploratory analysis of covariance

1. Index for inclusion A1 and A2 questionnaires children's index for inclusion
2. Music therapist questionnaire on inclusion (InclusionT\_MT) and children's index for inclusion questionnaire
3. InclusionT\_MT and children ICF-MTI
4. Group Opinion and children ICF-Rel

- 1. Is there a correlation between teachers Index for inclusion A1 and A2 questionnaires, and children index for inclusion questionnaire answers?*

Originally the intention was to include both A1 and A2 questionnaires scores as covariate, however due to the high correlation between these two,  $r(313) = .735$ ,  $p < .001$ , at time 1, it was decided to just use the more appropriate teachers questionnaire (indexinclusion A1).

Repeated ANCOVA was performed, using the teachers' initial questionnaire indexinclusion A1 to predict the change in children index for inclusion separately for the Italian and the UK group.

The results show no evidence for interaction between timepoint and teachers results on A1 for either the Italian group,  $F(1, 114) = 1.01$ ,  $p = .318$ , nor the UK group,  $F(1, 134) = 0.13$ ,  $p = .724$ .

There was however a significant main effect of indexinclusion A1 for the Italian group,  $F(1, 114) = 6.76$ ,  $p = .011$ , but not for the UK group,  $F(1, 134) = 0.33$ ,  $p = .566$ .

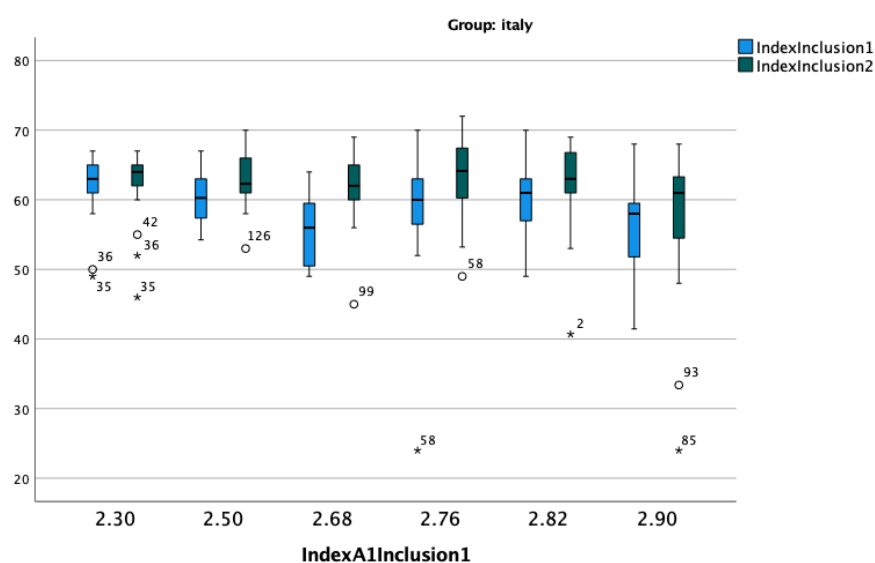


The Italian classes with the lowest teachers' indexinclusionA1 scores have high initial index inclusion scores, and therefore the highest average scores.

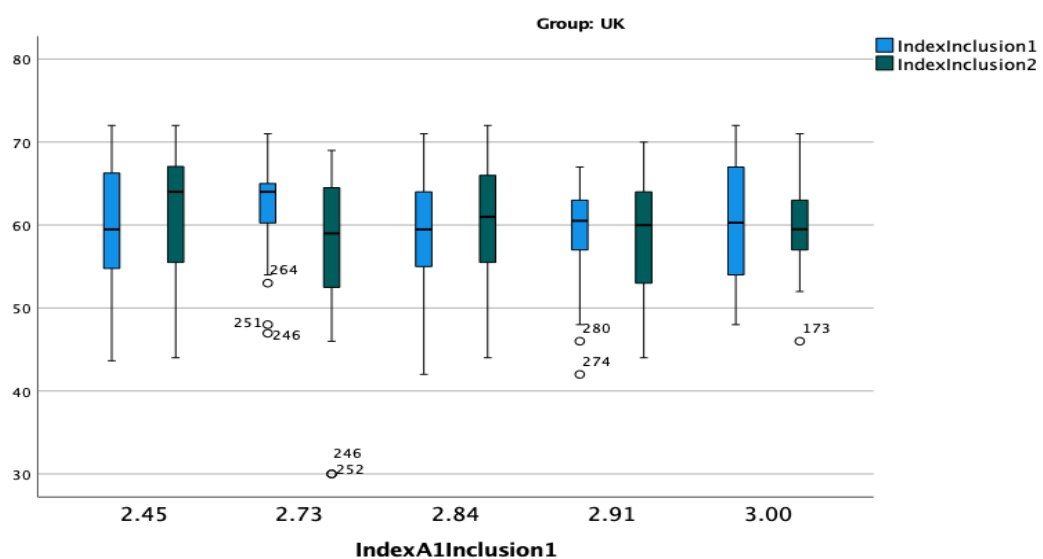
Figure 6.39 shows the main effect in the Italian group and figure 6.40 shows that no pattern is discernible in the UK group.

In the figures 6.39 and 6.40 the Y axis represents children's index for inclusion average scores and the X axis the teachers scores on the index for inclusion questionnaire A1. The circles in both figures indicate the outliers, while the stars represent the extreme outliers.

*Figure 6.39 Index inclusion scores for the Italian children group, related to the index inclusionA1, teachers scores.*



*Figure 6.40 Index inclusion scores for the UK children group, related to the index inclusionA1, teachers scores*



## 2. Is teachers' opinion on inclusion correlate to children's index for inclusion?

Within the UK sample, there was no overall relationship between the scores of the UK's teachers position on inclusion (Music therapist questionnaire on inclusion, InclusionT\_MT) and the scores of the children's Index for inclusion questionnaire,  $F(1,134)=0.12$ ,  $p=.728$ , however there is weak evidence for an interaction between the teachers position and timepoint,  $F(1, 134)=3.33$ ,  $p=.070$ , and a main effect of timepoint,  $F(1, 134)=3.22$ ,  $p=.075$ . The interaction appears to be due to a positive relationship between teachers position at timepoint1 and children's index at timepoint 1, but a negative relationship between teachers position at timepoint2 and children's index at timepoint 1 and timepoint 2.

In figure 6.41 (UK) we can see that the interaction is driven by the class with the lowest teacher position (2.07), having the lowest initial children index score. However, the children in this class were not lower at timepoint 2

There were no significant main effects or interactions in the Italian group, figure 6.42.

In the figures 6.41 and 6.42 the Y axis represents children's index for inclusion questionnaire average scores, initial and final, and the X axis the teachers' inclusion\_MT1. The circles in both figures indicate the outliers, while the stars represent the extreme outliers.

Figure 6.41 Index inclusion scores for the UK group related to the index inclusion\_MT1 teachers scores.

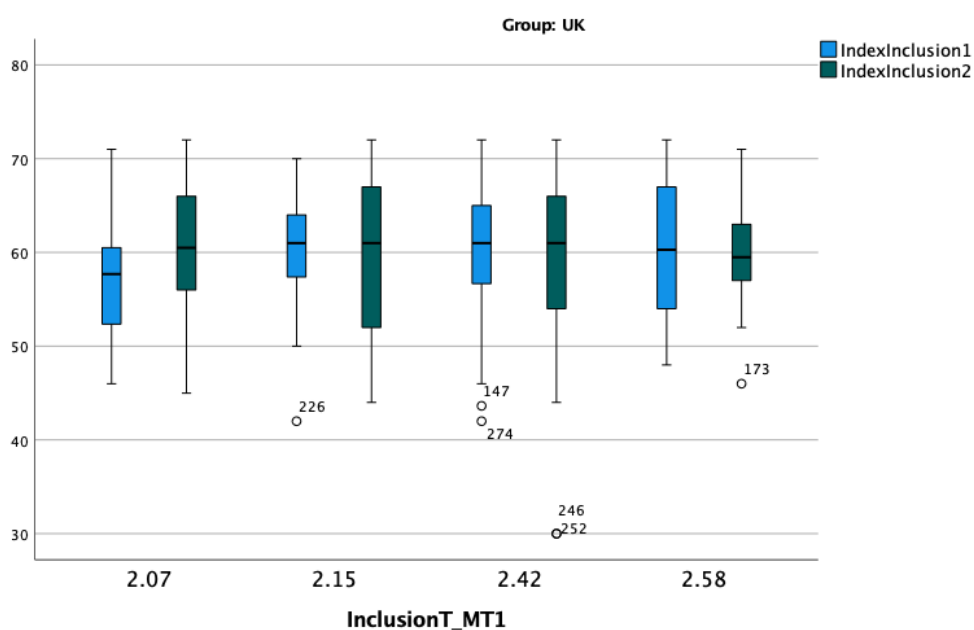


Figure 6.42 Index inclusion scores for the Italian group related to the index inclusion\_MT1 teachers scores.

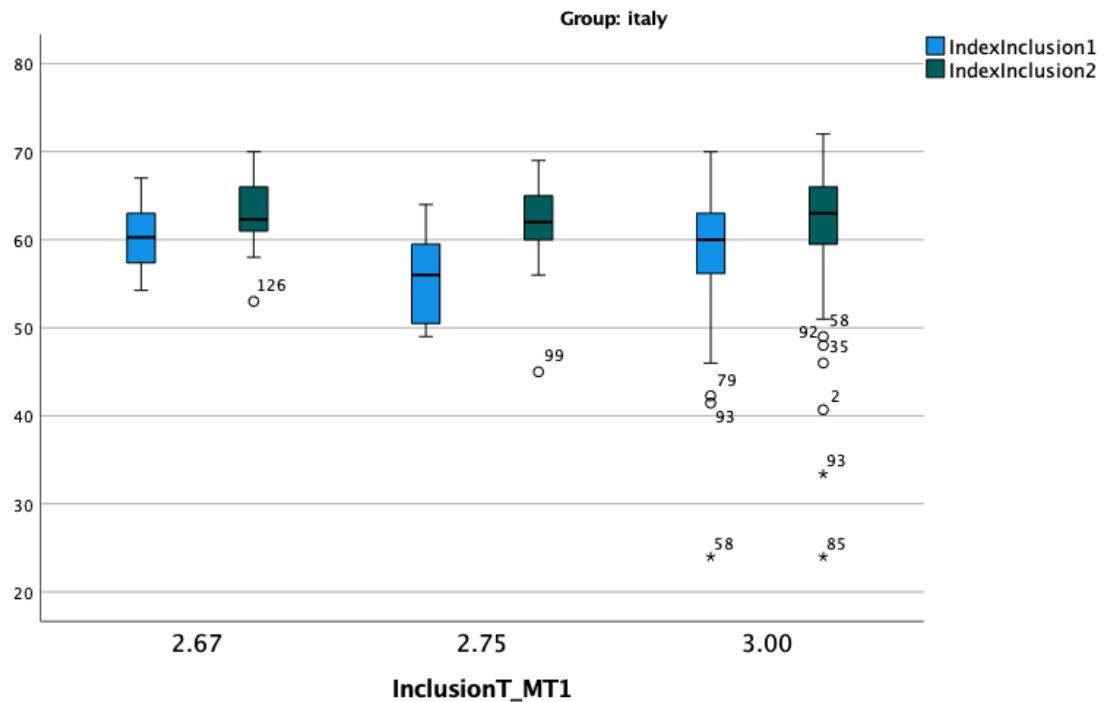


Figure 6 shows that the interaction seems to be due to the fact that the classes with teachers who have lower InclusionT\_MT scores include children with lower ICF-MTI scores at timepoint 1. This trend does not seem to extend to the UK group, as shown in Figure 6.41

### 3. Does the teachers' opinion on inclusion influence children's results, MTI performance?

Repeated ANCOVA using the InclusionT\_MT to predict the change in ICF-MTI separately for the Italian and the UK group.

Significant interaction between timepoint and teachers results on InclusionT\_MT to questionnaire for the Italian group,  $F(1, 138)=7.32$ ,  $p=.008$ , but not for the UK group,  $F(1, 145)=0.02$ ,  $p=.885$ .

Figure 6.43 shows that the interaction seems to be due to the classes with teachers who have lower InclusionT\_MT scores, having children who have lower ICF-MTI lower scores, therefore positive scores, at timepoint 1. This trend doesn't appear in the UK group, figure 6.44.

In the figures (6.43 and 6.44) the Y axis represents the total average, initial and final, ICF-MTI children's scores and the X axis the teachers' InclusionT\_MT1 average scores.

The circles in both figures indicate the outliers, while the stars represent the extreme outliers.

Figure 6.43 The relation between the ICF-MTI scores for the Italian children and the Index for InclusionT\_MT1 scores for the teachers.

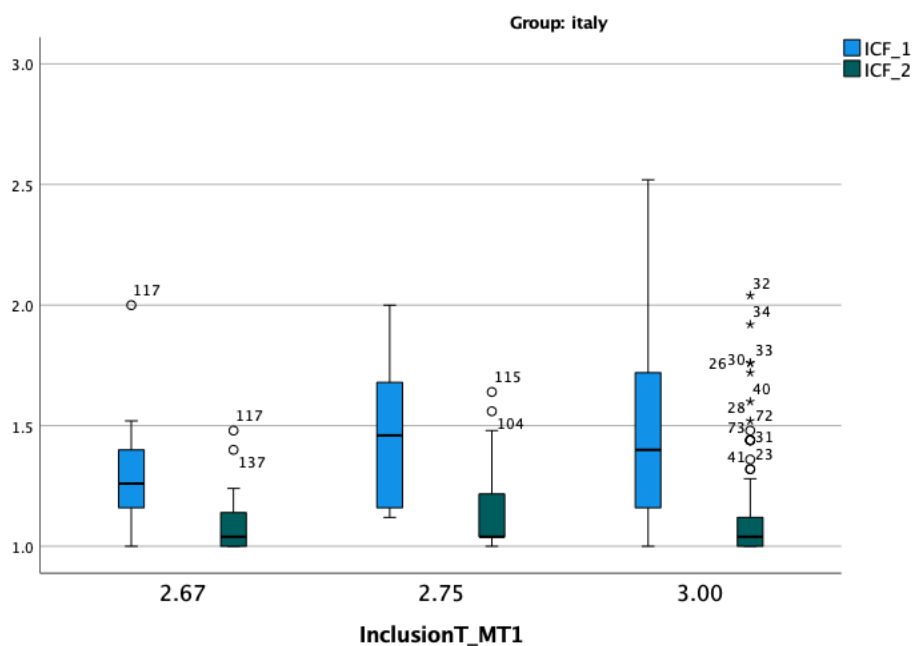
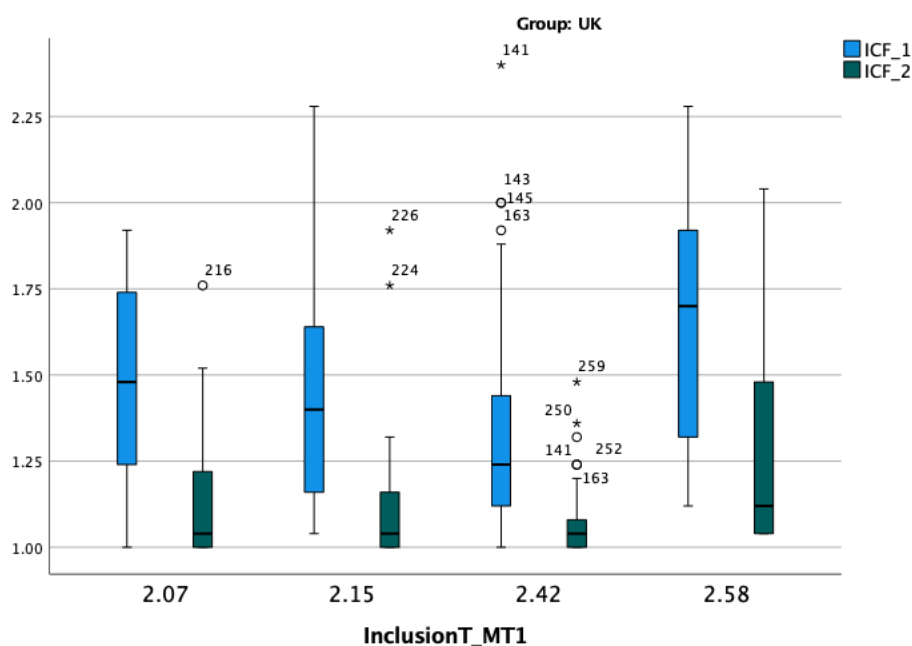


Figure 6.44 The relation between the ICF-MTI scores for the UK children and the Index for InclusionT\_MT1 scores for the teachers.



4. *Is the teacher opinion of each group related with the music therapist assessment of children ICF-Rel?*

Repeated ANCOVA was performed using the teachers' group opinion at timepoint1, to predict the change in ICF\_Rel separately for the Italian and the UK group.

Significant interaction between timepoint and teachers results on group opinion to relatedness for the Italian group,  $F(1, 138)=8.73$ ,  $p=.004$ , but not for the UK group,  $F(1, 144)=2.18$ ,  $p=.142$ .

Figure 6.45 shows that the interaction, for the Italian group, seems to be due to the classes with teachers who have lower group opinion scores, having children who have higher ICF\_Rel scores at timepoint 1, but all classes were close to the best score in relatedness at timepoint2.

This trend doesn't appear in the UK group, figure 6.46.

In the figures 6.45 and 6.46, the Y axis represents the relatedness score given by the Music Therapist. A score between 2 and 1.5 is not a good score. In general for the Italian group there is more agreement at timepoint1 between the music therapist assessment and the teachers' assessments, but there is no agreement apparent in the UK group.

*Figure 6.45 Children ICF\_Rel scores for the Italian group related to the Group Opinion teachers scores.*

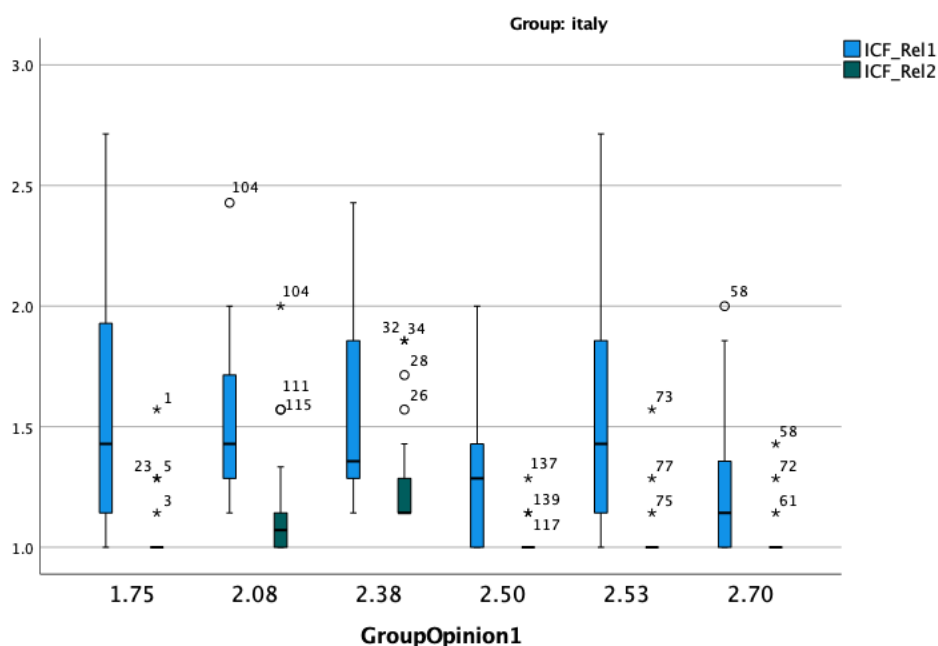
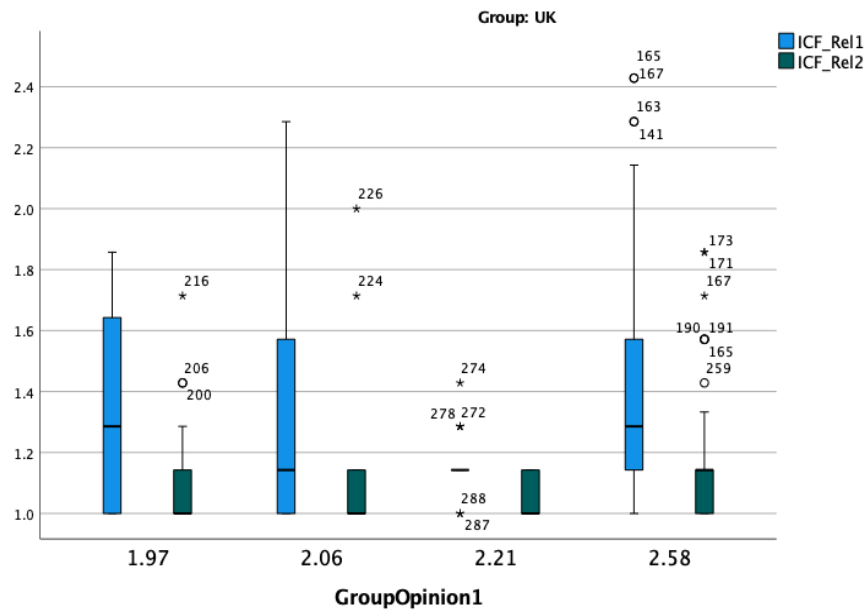


Figure 6.46 Children ICF\_rel scores for the UK group related to the Group Opinion teachers scores.



Results indicate that, overall, the opinion of the teachers does not influence the improvement of the children.

Discussion and Reflections on these results in Chapter 7.

## **Chapter 7**

### **Discussion and Reflections**

#### **7.1 Introduction**

This chapter discusses the findings of this study and explains how they support the research hypothesis questions and secondary questions (chapter 1.3).

The main findings of this investigation will be examined in the context of the research questions and hypotheses. This discussion will be enriched by references to the methodology employed, the literature review available and a discussion of the strengths and limitations that affected this research project. The ensuing conclusions will allow reflection on additional findings as well as future ventures and research.

#### **7.2 Results overview**

This section will discuss the results and main findings of the tests that were carried out for this research study. It will also examine the results through the assessment tools (Table 6.1) that were used with the children and teacher participants.

- MTI-ICF – The children participants of both countries improved significantly their self-confidence, empathy and relatedness. The similarities between countries strongly suggest that MTI had a positive impact on children's behaviour regardless of the country (7.2.1).
- Questionnaires for Children – The results of both questionnaires suggest the possible positive impact of group MTI: children felt included, or more included, overtime (7.2.2.2).
  - (i) Index for Inclusion questionnaire: the majority of children in both countries felt included over time, although data show a significant drop in inclusion for the children of the Control group and SEND children, who had a less positive experience of inclusion after ten weeks. (7.2).

- (ii) Music Therapist Questionnaire: children, including SEND children, felt included over time: there were no changes emerged during the observation period.
- Children's drawings: results seem to confirm the research hypothesis and indicate that MTI had an influence on the children's drawings, confirming changes in the perception of their body as well as changes in self-awareness (7.2.3).
- Emotional Quotient inventory Test - EQi-YV: Results seem to (i) indicate that MTI offered a *playground* for children to explore and develop empathy and emotional intelligence and (ii) confirm the MTI-ICF findings, showing that children improved their relational skills. In fact after ten weeks of MTI the EQi-YV test shows that children improved their (i) ability to manage stress and (ii) their adaptability. This did not happen for the children of the Control group (7.2.4).
- Questionnaires for teachers, four sets of questions: two within the Index for Inclusion, two within the Music Therapist Questionnaire. Results suggest that group MTI is a potentially effective strategy that promotes systemic changes, engaging teachers and the school's community. Results show that the British teachers changed significantly over time: specifically, British teachers moved from a negative to a more positive opinion of the efficacy of including disabled children in mainstream schools (7.2.5).

In summary these findings suggest that group MTI helped children to (i) show more inclusive attitudes, (ii) be more tolerant, (iii) communicate and relate better with different peers (iv) develop empathy and emotional competencies. All of these are fundamental ingredients for peace making and conflict transformation.

### **7.2.1 The Music Therapist's Assessment MTI-ICF**

The MTI-ICF assessment of the Italian and UK children has shown that there is a significant improvement in children's behaviour in all areas investigated ( $p < .001$ ), these include self-confidence ( $p = .001$ , fig.6.6), empathy ( $p < .001$ , fig 6.7) and relatedness ( $p < .001$ , fig. 6.8). These improvements are very significant for all children (section 6.2.1): for the Special Educational Needs and Disabled (SEND) children and non- SEN children (figures 7.1 and 7.2).



Figure 7.1 Variation of the non-SEN and SEN children in Self-confidence (SC 1), Empathy (EM 2), Relatedness (Rel 3), at timepoint 1. Blue SC (1); green EM (2); red Rel (3).

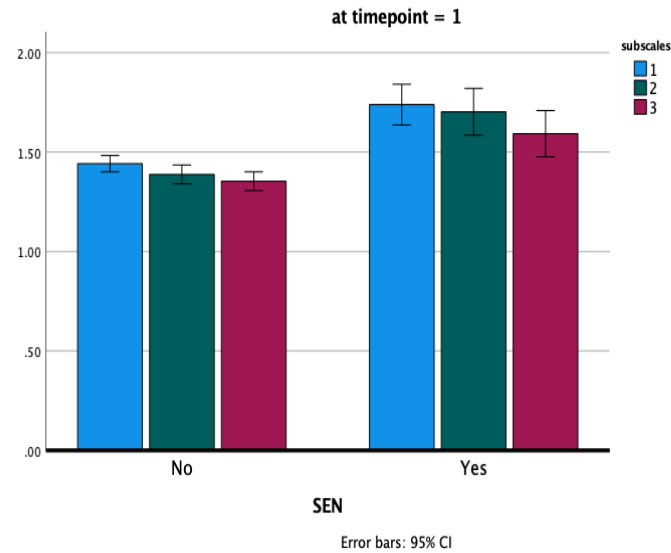
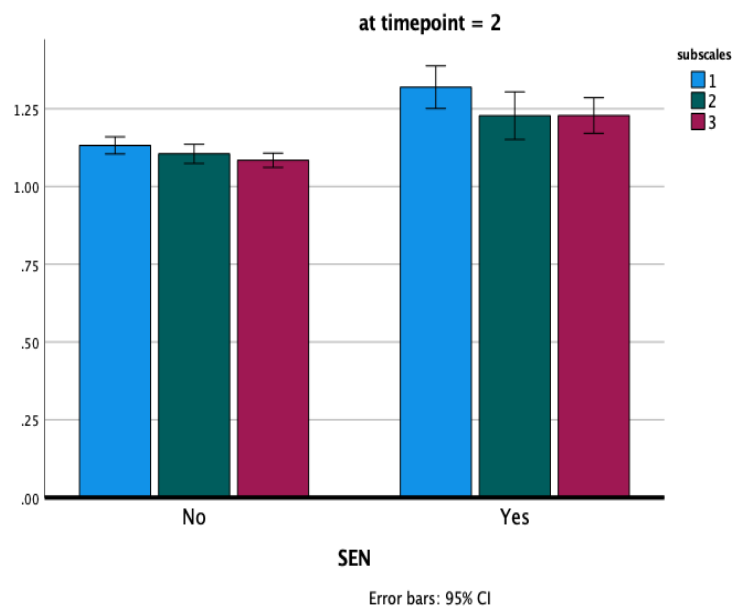


Figure 7.2 Variation of the non-SEN and SEN children in self-confidence (1), Empathy (2), Relatedness (3), at timepoint 2. Blue SC (1); green EM (2); red Rel (3)



Results indicate that the MTI intervention has helped all children develop skills in the three aforementioned investigation areas. The majority of the children have also learned

to (i) be more confident in expressing themselves, daring to try new things and (ii) lead with more ease, proposing original ideas. Moreover, results also show that children have learned to observe and imitate the others more carefully; to pace their rhythm better; and to show more empathy towards their peers.

They have started to be able to engage in complex relationships and, thanks to teamwork, they managed to create together a final musical product, such as (i) musical tales and (ii) group songs.

This very positive changes occurred regardless of National policies, school's organisation and cultural differences about inclusion.

Italian children seem to have more difficulties on the relatedness scale (less tolerant and respectful) at timepoint 1. The only UK class with an initial score, comparable to the Italian classes and indicating relatedness difficulties, is class UK4N, a class of 30 pupil of which eight SEND children, the class size and the presence of many SEND children might have been the reason for the higher (negative) score. However, their performance averaged at a similar score to that of the UK children at timepoint 2. After 10 weeks of MTI sessions, the improvement of the children in the two counties, including the SEND children, is similar and children seem to be more tolerant and respectful. These results are confirmed by the improvement seen in the adaptability and stress management scales, as shown and discussed in the results of the EQi-YV (Section 7.2.4).

Potentially, cultural differences between the two countries can be a factor justifying some emerging diversity in the behavioural patterns of the children. One salient example could be the tendency of the Italian children to break the rules more easily. The music therapist has made some deductions on the basis of her empirical and personal observations on these differences and will comment on these later on in this Chapter (viz.7.2.3).

#### **7.2.1.1 MTI-ICF relatedness scale: a personal view on teachers' attitude:**

From the perspective of the music therapist, the work in the UK schools was much easier. To begin with, UK children were very disciplined, as compared to their Italian counterparts, rarely interrupting one another, almost always waiting for their turn. In addition, paying attention to the best-behaved child in the group and making an example of them seemed to efficiently set the role model for the others to follow.

Furthermore, the three steps that the UK primary school teachers broadly use in order to give warning to their pupils (i.e. green, yellow and red), seemed to set a more congruent pattern and was easy for the children to understand.

In contrast, working with the Italian children was often more challenging, as the concepts of *discipline* and *what is acceptable* is broader. Generally speaking, Italian primary school teachers are very tolerant towards behaviours that are considered as falling 'outside the norm' (Giangreco&Doyle 2015). This might be related to the person-centred inclusive approach (Rogers 1973, 1983, Axline&Rogers 1945, Williams&Williams 2016) that underpins teacher training and didactic strategies in Italy, and which is largely applied to all pupils, including SEND children. This approach is also highly integrated in the music therapist's theoretical framework (Facchini 1990, 2002, Boxill 1991, Bruscia 1992) and background, as outlined in Chapter 3.

From the researcher's observation and perspective, it was clear that the Italian children were finding it less easy to understand the rules they were supposed to follow. The music therapist herself experienced discomfort on the occasions when she witnessed an inconsistent response on the part of some teachers who, depending on the child, displayed different reactions (e.g. negative or indifferent) to the same behaviours. This unpredictable response was picked up by the music therapist in the fragmented behaviours of some groups and in the difficulty the children of these groups had when it came to listening, respecting and paying attention to one another: these children, seemed to be confused and anxious to be heard and seen.

As a result of the above, one of the goals of the MTI playground setting was to reassure the children through the cyclic nature of the activities (Orff G. 1982). In every session, children could experience some stability: specifically, they knew that during the MTI hour everyone's voice, music, performance, feeling was going to be heard. They also knew that it would be considered to be valuable. In MTI, this 'predictability' is necessary and contributes to making the setting a safe place, especially when working with young people. This safe playground allowed the children to (i) relax, (ii) start listening to one another, (iii) start expressing themselves and (iv) interact in a more positive manner, as seen in the final MTI-ICF result of the Italian and UK children (Section 6.2).

The researcher's inference, about how the MTI-ICF relatedness scores can be connected to the drawings, is discussed in Section 7.2.3. As evidenced in Fig. 6.41 and 6.42 of section 6.7, the correlations explored suggest that the opinions expressed by the

teachers do not make a difference to the improvement of the children at timepoint 2. Different classes of different age children are all close to the minimum possible score of 1. In other words, they all reach the best possible score (floor effect being 1, 1= the best score for MTI-ICF).

The similarities between countries strongly suggest that the benefits of MTI are universal and therefore there is even more reason to apply MTI to education settings, irrespective of the countries.

As an outcome of the group MTI in primary schools, do children show a more inclusive attitude? In other words, have children learnt to be more inclusive? Do they communicate and relate more with different peers?

From the result of the MTI assessment MT/ICF-CY, we have observed that children have improved their ability on all subscales. In both countries, the majority of the children:

- i. seem to be more aware of themselves and others and to have improved in self-confidence
- ii. seem to show more empathy and respect for their classmates
- iii. seem to communicate and relate better with their peers.

#### **7.2.1.2 Limitation of the MTI-ICF Assessment**

A first limitation of the MTI-ICF that applies to all assessments in this research project is that the researcher fulfilled multiple roles: (i) she was the music therapist *and* the observer of their behaviour, (ii) she was evaluating the children and (iii) she was handing and scoring their questionnaires and drawings.

It would have been ideal to have had a music therapist partner who could observe and score the progress of the children during the fieldwork. The presence of a co-therapist (Benezon 1997) is important when working in groups from the perspective of group dynamics for two reasons: (i) it allows the music therapist to better support the marginalised – outsider participants and (ii) it provides a great opportunity to reflect on the session and better understand the process, using the peer supervision and feedback to tailor the next sessions more precisely and in a more inclusive manner.

Unfortunately, this was not possible during this research project, but it would have been

helpful to have had a music therapist partner who could look at the same videos and carry out the initial and final assessments of the children. In past experiences of MTI in Italian settings, this was possible because students were working on their placement in pairs and one of the two students could take the role of the observer.

In order to verify (and reflect on) the music therapist's own evaluation, it would have been desirable to repeat the MTI-ICF assessment of each child by observing again all the videos of the sessions. However, the volume of the material in terms of tests and session hours was enormous and the data analysis was time-consuming, this made a repeat evaluation impossible.

## **7.2.2 Questionnaires for Children**

### **7.2.2.1 Questionnaire for Children: Index for Inclusion**

The results of the Index for Inclusion questionnaire indicate that the majority of the children felt included. The results suggest that this was a positive experience for the school, both at the beginning and end of the ten weeks. This was similar for both countries.

Nevertheless, as indicated in Chapter 6.3.1 (viz. Figure 6.9), the children of the UK Control group who did not participate in the MTI group activity show a significantly less positive experience after 10 weeks of MTI ( $p < .00$ , viz. Figure 6.9).

Italian children felt included, but also that they felt *more* included after the 10 weeks of group music therapy ( $p = .006$ ). There were no significant changes between the two timepoints in the UK.

The researcher infers and argues that MTI could have been the factor that kept the MTI children in the positive feeling of *being included*, and the drop manifested by the children in the control group expresses the progressive lack of inclusion because, in view of their final exams, the school program prioritised cognitive achievement for this group.

The results relating to the group of SEND children show that they too had a less positive experience after 10 weeks of MTI. We observe that the inclusion scores of the SEND children got significantly worse across timepoints ( $p = .011$  fig. 6.12), and this drop in the scores should be looked at with concern and can be investigated in future research.

Interestingly, this drop in positive feelings does not appear in the results of the music therapist questionnaire for children, discussed on section 7.2.2.3.

These findings are strongly consistent with data from countries following a significantly different approach towards inclusion, thus suggesting that the full inclusion of SEN students into ordinary schools is not sufficient, per se, to increase their social abilities (Nepi et al 2013). Again, the pressure of the curriculum could have had an impact on the feeling of *being included*. In contrast, the MTI session created a playground where there was no right or wrong performance, where the children were invited to participate and explore their experience while witnessing each other's experience. There were no grades and no final examinations to sit and the only expectation of the music therapist was that each child played and participated. This was a journey of self-discovery, as well as a journey of discovering one's own creativity and potential.

#### **7.2.2.2 Personal reflections**

The results of the Index for Inclusion questionnaire stimulated a considerable amount of reflection on the importance of seeking feedback for the behaviour of the children. This is important because it allows the music therapist and the teacher to reflect on the wellbeing of the children and better plan their intervention so that (i) no-one is left behind and (ii) more inclusive settings and classes are created.

As a music therapist and teacher, it is extremely worrying to know that the SEND and control group children, who answered the questionnaire full of positive feelings about being included and welcomed, 10 weeks later no longer feel the same. This important result is a sign inviting further investigation, if we are to address the issue and understand the systemic changes needed in order to help all children – including the SEND children – to have a positive experience. In this respect, a participative action study that involves teachers, children and music therapists could be a possible way forward.

### **7.2.2.3 Questionnaire for Children: music therapist questionnaire**

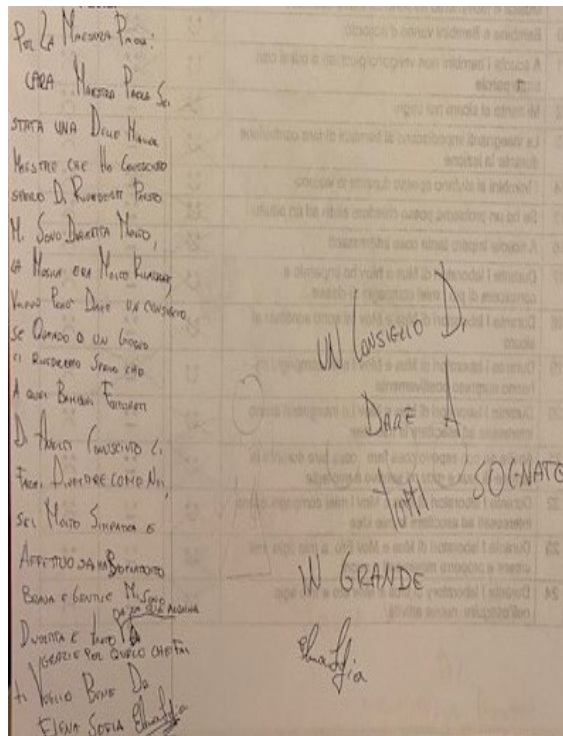
The majority of the children in both countries report a positive experience of the music therapy sessions. A similar result is observed for the SEND and the UK children who have been assessed at both timepoints 1 and 2. The MT Questionnaire for Children showed no significant changes in terms of feelings of inclusion and the feeling of being welcomed: the MT intervention seems to have had the expected result. MTI sessions fostered the development of (i) a sense of belonging and (ii) a feeling of group cohesion. The playful and creative experiences allowed the children to play without the pressure of expectations for a desired performance. This allowed the participants to not only explore their potential but also be seen and see the others without having a scale with which to grade their peers, i.e. without evaluating them on a scale of best to worst. The expected goal of this activity was the authentic expression of the children and a participative attitude.

Several children gave farewell messages to the music therapist: many wrote them in their drawings. These stand as evidence that not only were they engaged, but also that the MTI was a significant experience for them (figure 7.3).

Unfortunately, due to the volume of data, it was not possible to look fully into the drawings and feedback of the children, but a summary of their answers is given here and the rest in Appendix B. With the exclusion of the Control group children, who did not participate to group MTI, in the group MTI the majority of children participants (140) made a positive comment about the activity; 15 children were grateful for the help and support; 29 added hearts; 31 children left messages of affection and appreciation for the music therapist; 23 asked to have the group MTI again; 41 were grateful for the support and help they had. Only one child was not happy with the intervention and left a negative comment.

The researcher views the negative comment in a positive light, because it shows that the child who gave it felt, free enough to express his/her feelings. It is important, to be aware of what is not working for a child or for a group, because only then it is possible to address the issue(s) and try to effect the necessary change(s) so as to transform a negative experience into a positive one

Figure 7.3 Final feedback for the music therapist from an 8 year old child

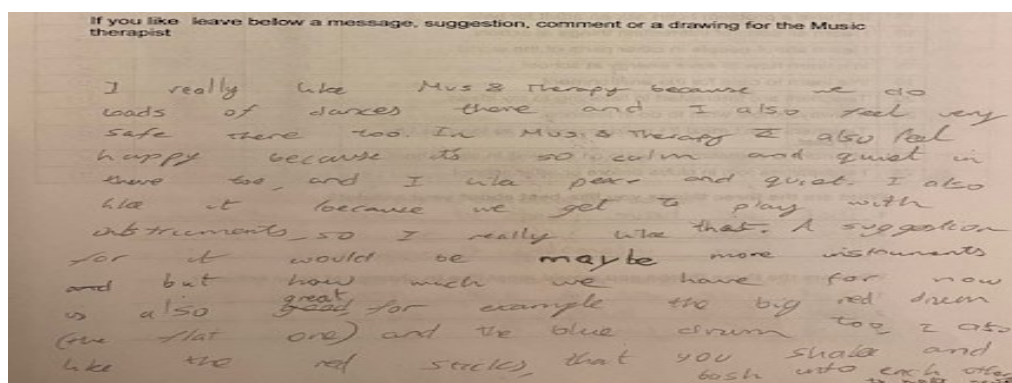


Dear teacher Paola you were one of the best teachers I have known. I hope to see you again soon. I had a lot of fun, the music was very relaxing, but I wanted to give some advice, if when or one day we meet again. I hope that those lucky children who have met you, you will make them have fun like us, you are very nice and loving, good and kind. I had a lot of fun.

From one of your students  
Thanks for what you do, I love you, (on the right) "A piece of advice to give to EVERYONE DREAM BIG"

Figure 7.4 Final feedback for the music therapist given by a Year 5 child from the UK

"I really like music & therapy because we do loads of dances there and I also feel very safe there too. In music & therapy I also feel happy, because it's so calm and quiet in there too, and I like peace and quiet. I also like it because we get to play with instruments, so I really like that. A suggestion for it would be, maybe, more instruments, but how much we have for now it is also great. For example the big red one (the flat one) and the blue drum too, is ok. I like the red stick that you shake and bush into each other to make noise."





#### **7.2.2.4 Limitations**

The reflective process that the music therapist undertook brought to the fore the fact that asking the children's opinion and feelings only at the beginning and end of the 10 sessions can be a limitation on the reliability of the results. The children's evaluation of the MTI sessions can be related to many factors: for example, a child could have had a bad day at home, at school or in the playground; their sadness might have been due to the fact that the music therapy session had ended; they might have been frustrated with a peer during a performance; they might have been unsatisfied with their own performance.

Moreover, although the positive results obtained are indeed, encouraging and positive vis-a-vis the music therapy sessions, they do not necessarily reveal all the feelings as experienced by each child. As mentioned earlier, the music therapist was also the one who handed out the questionnaire and asked for the children's opinion. However, the opinion of the children was only sought twice. For a better understanding of the MTI intervention in a long-term or short-term project, it would be more informative and useful if the children's feelings were gathered after each session. In the future, this can be achieved by employing a simple feedback method, such as an iPad, where children can tap their two (maximally, three) answers, while exiting the setting. The results, showing the children's discomfort or satisfaction after each session, can be used to plan the subsequent session and intervention. It is important to listen more to the children's thoughts, feedback and feelings (Montessori 1949, 2014), as they act as a valuable compass. By listening to the children, a music therapist can not only better drive the process of inclusion but also better address the emerging problems as soon as they arise.

#### **7.2.3 Children's Drawings**

Children consider drawings as photography of reality (Ferrari 2014). In this research project, the drawings of the children have been used as *the photography* of their perception of their own body and their colouring has been deemed to potentially provide information relating to the description of their reality in relation to their emotional inner world.

In describing the results, the intention of the researcher is by no means to interpret them in a psychodynamic perspective. In this study, the observation of the drawings has been empirical. As explained in chapter 3, the aim of the researcher was to use the drawings as non-verbal evidence corroborating the improvement measured with the MTI-ICF assessment.

The Italian children perform better in colouring and full body drawing (figure 6.17) than the UK counterpart. At timepoint 1, 94% of the Italian children used colours and 65% drew the full body, as compared to, respectively, 90% (colours) and 36% (full body drawing) of the UK participants and 70% (colours) and 46% (full body drawing) of the Control group (Table 6.12). The higher score of the Italian children is consistent across time. Interestingly, there is an improvement in the drawings of the Italian children between the two timepoints, although it is not significant. The control group had similar results: there is no significant change in the quality of the drawing of the body and the colouring between timepoints 1 and 2, although in Figure 6.23 we can appreciate the improvement in the colouring. The drawings of the SEND children did not change significantly in terms of colouring and body drawing. In contrast, the UK children improved their body drawing significantly ( $p=.006$ ); however, the colouring of the UK children decreased significantly ( $p=.012$ ).

This result seems to indicate that MTI had an influence on the children's drawings, confirming the initial hypothesis: changes in body and self-awareness, perception and emotional development should be visible in the children's representation of themselves (Crotti 1996, Manes 2004).

Why the results do not show a significant change in the drawings of the Italian children? The researcher hypothesis is that the performance of the Italian children did not change between the two timepoints because this result follows a similar pattern, observed in all the results of this research project: the higher the initial level, the less the improvement. In other words, if the children were already close to a "no problem-high" score, the improvement registered in reaching this 'no problem' score is rather small. Compared to the UK children, Italian children were already performing at a high standard for their age and this is why their improvement in drawing is not significant.

Figure 7.5 shows the drawing of a girl who was extremely disruptive during not only the first assessment but also the first few MTI sessions. The initial drawings on the left and the final drawing on the right. During the sessions, a group musical tale was created and the relationship between the girl and the group was transformed. The final drawing seems to confirm that a new positive image of herself emerged after 10 weeks of MTI

*Figure 7.5. Shows the transformation of an Italian year 4 “disruptive” girl.*

*Initial drawing -(left), final drawing (right)*

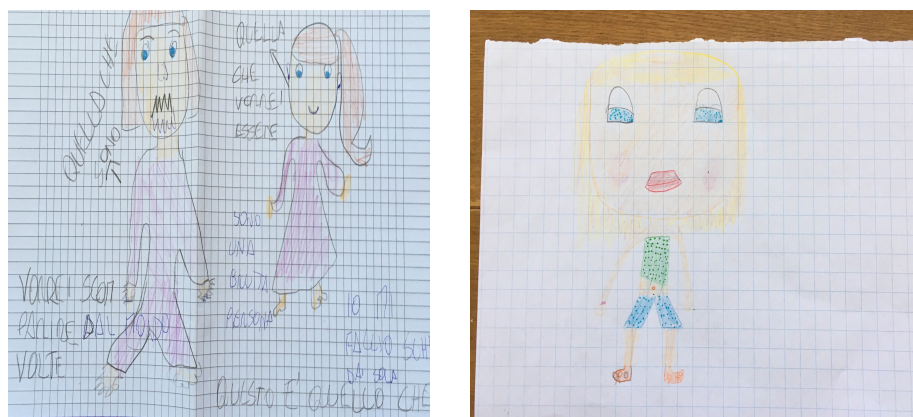


Table 6.11 shows an interesting trend: at timepoint 1, the Italian children were the only ones who chose to ‘break the rule’ and scored 8, 9 and 10, drawing not only their figure, as was asked by the therapist, but also several other elements (a sample of these drawings is provided in Appendix B). The music therapist believes that this trait is congruent with the MTI-ICF result of the relatedness subscale. The reader may recall that Section 7.2.1.1 discusses how the *work with the Italian children was more challenging* and it felt that it was less easy for them to follow the rules. This was probably due to the fact that the concepts of *discipline* and *what is acceptable* is broader within the Italian education system and the teachers are more tolerant to expressions that are ‘out-of-the-norm’. As a consequence, the Italian children seemed to be more at ease and free to interpret the task at hand. They were able to express themselves in the drawings without feeling obliged to follow the instructions with absolute precision.

The hypothesis of the researcher is also that the MTI sessions helped the UK children to (i) get in contact with their body and feelings, (ii) feel more at ease and (iii) show their personality and creativity. This improved perception of the self was visible in the significant improvement of their body drawings at timepoint 2 and in the final messages for the music therapist

Why there was a significant decrease in the use of colours for the UK children participants?

This decrease was not expected. Many elements could have exerted an influence and brought about this result. Foremost amongst these are, for example, (i) the time limitations of the MTI sessions, (ii) the pressure to go back to class, (iii) the poor quality and quantity of colours and (iv) the spectrum of possible feelings that the end of the project brought to the surface.

Based on the available data and on a number of observations relating to the research design, the researcher can infer that the drop in scores that was evidenced for the UK children was due to two important reasons: (i) the poor quality and quantity of colours and (ii) the pressure that teachers were experiencing to go back to class. This was obvious when, during the final assessment, the pupils were completing their drawings. There is evidence of these aspects in the music therapist's notes where she reported her difficulties in carrying out the assessment under time pressure (one such example appears in the researcher's notes in Appendix 7.1).

Another, far more interesting, element is that in the final drawings we can observe an '*explosion of messages and comments*' from the children (in IT and in the UK) and addressed to the music therapist. The analysis of text and comments was not included in the research design as additional qualitative data.

Nonetheless, the number of children who wrote messages and expressed their feelings is striking (Appendix B contains several such samples). These very interesting and unexpected additional data open the space for a future analysis of the drawings. The researcher's hypothesis is that the use of colours was 'dropped' in favour of the addition of comments and messages. These actions revealed a transition-change in the children. Specifically, it appears that they moved from the non-verbal expression of their inner world to a greater awareness and more conscious perception of themselves and their feelings. They felt free to share these in writing (viz. Figure 7.6 and 7.7).

The researcher considers the '*explosion of messages and comments*' as a sign of positive improvement that might have actually replaced the colouring activity. Due to the limited time at their disposal, it seems that children have chosen to provide feedback and express their feelings and thoughts using writing, i.e. verbal language. In this way, they showed a significant degree of personal maturity and appreciation for not only the activity they participated in but also for the relationship of affection and trust that was established between themselves and the music therapist.

Figure 7.6 Feedback for the music therapist from of an Italian child in Year 3

*'Thank you teacher Paola for making us experience these beautiful emotions and for making us understand that everything is very important I was very happy thanks'*

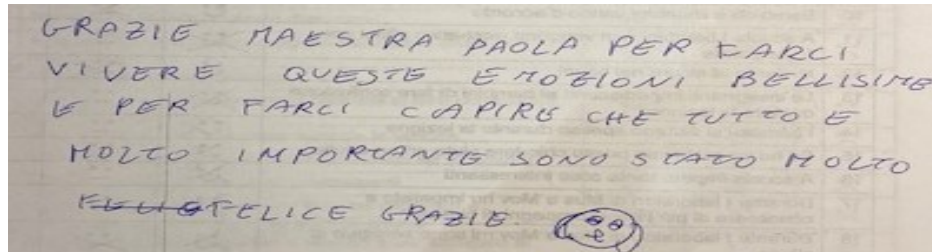
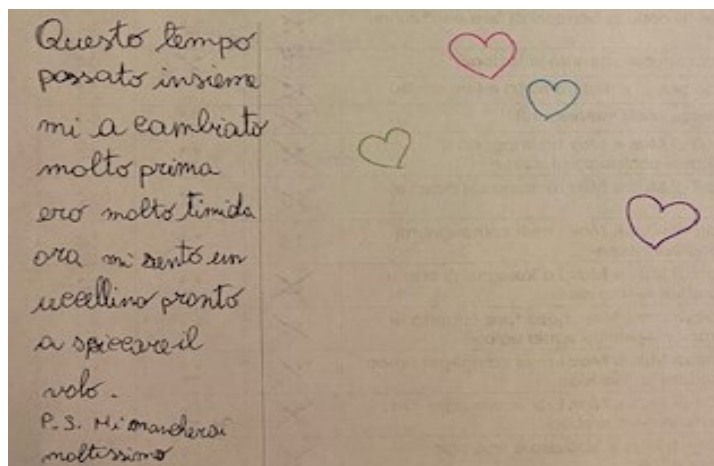


Figure 7.7 Feedback for the music therapist from an Italian child in Year 5. In it, she describes her transformation during the 10 weeks of MTI.

*'The time spent together has changed me a lot, before I was very shy, now I feel like a little bird ready to fly. I will miss you a lot'*



The researcher may eventually use a lot of the material that was gathered during this study in future research and/or to further enrich her insight on the MTI interventions. One of the most fruitful aspects of this research which, unfortunately, is not reported herein relates to the drawings and tales that the various groups produced during the sessions dedicated to creating a group product whose objective was to foster cohesion and a sense of belonging in the group. In fact, the Italian tales and stories could be transformed into a little “musical book”.

The drawings were used as an informal musical sheet (Porena 1979) and children were invited to create and improvise musically on each one of them. An ideal situation for this activity would involve (i) the cooperation of the class teachers, (ii) the inclusion of the MTI in the curriculum and (iii) more sessions. In this case, the drawings produced during the imaginary receptive sessions could be used to create the inclusive background introduced by Zanelli (1986). The art material could, for example, be used to develop either writing skills, better English or, even, a foreign language (Pecoraro Esperson 2016). Each child could use the same sequence of drawings to create her/his own story. Alternatively, each child could be invited to create a new story using the same set of drawings organised in a different, more personal, way.

In their story, people, animals, landscapes and objects can all be identified with and expressed through the various musical instruments. From these free associations, musical books can be created with the goal of developing several cognitive areas and meta-skills that are useful in the developmental learning processes, foremost amongst which are space and time organisation competencies as well as the development of areas such as memory and linguistic skills, the act of listening, and the attention. The drawings can be easily connected to the various curriculum topics and used to implement specific learning objectives.

#### **7.2.3.1. Limitation**

The qualitative data collected through the drawings are substantial, although they have been investigated only with respect to their ability to provide a snapshot of the initial and final perception of the self that the children were happy to show.

The direction given by the music therapist was phrased as *“Draw yourself - Draw your self-portrait”*. This direction, as well as the limited number of colours that children had at their disposal, might have influenced the drawing itself. It is worth pointing out that these were large groups of children and the children of each group were drawing at the same time and in a limited space: as a result, this might have acted as a limitation on the children’s drawings of themselves. In other words, the close presence of their classmates might have well influenced the way children drew themselves, especially if they started comparing their drawings and performance to those of their peers.

Another limitation to this research comes from the precious little amount of time that class

teachers, especially in the UK, had at their disposal and which, inevitably, led to their limited involvement in the project. In fact, the limited contact and involvement of the music therapist with the teachers may explain why the quantity of the art material produced during these sessions was not greater.

#### **7.2.4 Bar-On Emotional Quotient inventory – Young Version Test: EQi-YV**

The EQi-YV was introduced as a test at the end of the field research in Italy (viz. Chapters 2 and 5). In other words, it was only possible to assess the emotional quotient value of the Italian children at timepoint 2. The finding showed that 87% of the children were responding to the Bar-On test expectation for their age.

The average EQi total score at timepoint 1 and timepoint 2 was investigated for the UK children and control groups (viz. Section 6.5). The total EQi does not change significantly over the ten weeks of MTI (table 6.13 and fig. 6.25). Nonetheless results indicate that for the UK children there are significant changes (table 6.14) in two subscales – namely, Ctotal-stress management ( $p=.005$ ) and Dtotal-adaptability ( $p<.001$ ) – and weak evidence of changes in the Atotal-interpersonal ( $p=.059$ ) and Btotal-intrapersonal ( $p=.53$ ) subscales. These changes do not occur in the UK control group, suggesting that the development of those skills is related to the music therapy intervention (fig. 6.26)

The EQi-YV findings seem to confirm the MTI-ICF results: children significantly improved their relational skills, developing their ability to manage stress (Figure 7.8) while also developing their adaptability (Figure 7.9). This can be seen in the MTI-ICF assessment forms (viz. Section 6.2), specifically respectively (i) in table 6.2, Self-Confidence, indicator 3 - D2401 *handling stress and psychological* and (ii) in table 6.4, relatedness, indicator 23 - B1250 *Adaptability*.

Figure 7.8 Handling stress MTI-ICF

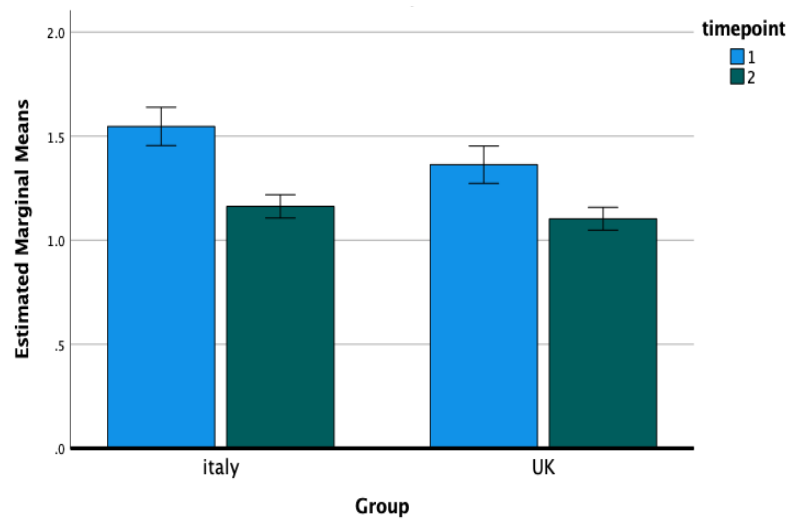
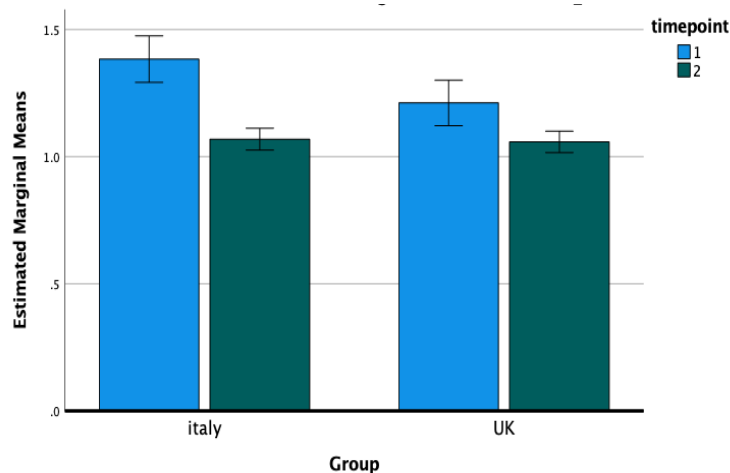


Figure 7.9 Adaptability MTI-ICF



#### 7.2.4.1 Additional findings

The EQi-YV test that was administered at timepoint 2 shows that 28% of the UK children and 13% of the Italian children have not reached the Emotional Quotient score that was expected for their age according to the Bar-On scale. This percentage figure is high, as it represents more than one in every four UK children and one every eight Italian children. These data alone should convince teachers, educators, head teachers, educational institutions, organisations and policy makers to dedicate space and time in their weekly school activities to group work, such as MTI.



This work helps develop the children's emotional and social intelligence; it educates children and young people; it gives them a clear perspective that they are the citizens and leaders of the future. These skills and competencies are needed if we are to shift the culture of conflict and intolerance that we have inherited from our history and trauma towards a culture of respect and self-acceptance. There is no doubt that these competencies must be learnt at an early age and, certainly, during primary and early years of high school.

#### **7.2.4.2 Limitation**

The EQi-YV is a good tool and its subscales are relevant to the present study. However, it would have been useful to introduce the test at the beginning of the Italian project in order to obtain initial and final scores, thus allowing the same investigation (as was performed for the UK children) to take place in Italy, too. Administering the full version of 60 questions at both the beginning and end of this study, i.e. in the short lapse of ten weeks, would probably have increased the reliability of the research. Nevertheless, the researcher was discouraged by the young age of the children and was, because of this, deterred from imposing on them yet another long questionnaire in addition to the ones that had already been filled.

#### **7.2.5 Teachers' Questionnaires**

##### **7.2.5.1 Index for Inclusion questionnaires for teachers: A1 and A2**

Teachers completed two questionnaires of the Index for Inclusion (Booths 2001, p. 92):(i) the *Questionnaire A1 - Creating Inclusive Culture - Building Communities*, a set of questions aimed to investigate the view the teachers had of their school organization and (ii) *Questionnaire A2 - Establishing Inclusive Values*, a set of questions aimed to investigate the policies, actions and values of the schools (chapter 3.3.5).

Teachers in both countries reported a positive vision of their schools and of the effort to (i) create inclusive cultures and (ii) establish inclusive values (viz.6.6.1). However, UK teachers provided more positive answers ( $p=.017$ ), than the Italian teachers who were moderately less positive than their British counterparts, when expressing their opinion on the effort the school put into creating inclusive culture (fig. 6.29 and 6.30).

The results obtained indicated that there were no significant changes in their points of view.

### **7.2.5.2 Music therapist questionnaires: teachers on inclusion and teachers' group opinion.**

The music therapist questionnaires consisted of two sets of questions: (i) Inclusion – Teachers, a set of questions investigating the opinion of teachers on inclusion and special education and (ii) Group Opinion, a set of questions investigating the teachers' opinion/evaluation of their group/class.

In both countries, results indicate that teachers have a positive opinion of their class and this opinion does not seem to change over time (viz. Figures 6.37 and 6.38). Instead, the answers that teachers provided to the six questions investigating their personal opinion on inclusion and special education (viz. 6.6.2) showed significant diversity between the two countries (Figure 6.33).

Overtime there are no significant changes in the answers of the Italian teachers ( $p=.820$ ). The answers to the Inclusion Questionnaire showed that Italian teachers believe that inclusive education is effective and that children with disability and special educational needs must attend mainstream schools (figure 6.35). In other words, all Italian teachers disagreed with the concept of having special schools for the disabled children (Figure 6.36). This is not in the least surprising given that the current generation of teachers (very much like the author) have themselves been educated in the fully inclusive system. They simply have no experience of special schools. This lack of direct knowledge of special schools is representative of the personal limitation and bias of the researcher who has, in fact, seen a special school, but has never worked in one. The researcher is deeply aware, culturally as well as emotionally, that special schooling is a reality. However, this reality is far from *her* experience and reality and, hence, more difficult to understand.

In contrast, the answers of the UK teachers showed significant changes over time ( $p=.004$ ). At timepoint 1, the vast majority of the British teachers questioned were doubtful that inclusive education is effective and believed, instead that special schools were more suitable for SEND children (Figure 6.34 and 6.35). Interestingly, their position changed significantly at timepoint 2, when the UK teachers seemed to be more positive about inclusive education and more doubtful about special schools.

From these results, it seems that MTI has been an effective tool to engage the school, teachers and parents/carers in reflecting and dialoguing on inclusion and inclusive practices. This confirms the research hypothesis and secondary question, that group MTI is a potentially effective strategy to engage schools and communities in peace-building programs.

Italian teachers who, since the seventies, experience the full inclusion of all SEND children regardless of impairment severity showed signs of greater expectations in relation to the MTI project, but were also more critical about the action of supporting the inclusive processes that was taken by the school as an organisation. British teachers who disagreed with inclusive education at the beginning of the research project changed their stance by the end of the ten weeks' intervention. This was an unexpected change and opened new perspectives for future research and research designs given that teachers, acting as active participants, could be more actively involved in projects of this nature.

The author can suggest several explanations for this change. Specifically, , the music therapist delivered two workshops in both countries (chapter 3.3): one for the teachers and one for the parents. During these workshops, the philosophical and methodological underpinnings of the research project were introduced. Examples from the lived and successful Italian experience of full inclusion were illustrated. It is possible that this initial information, together with the short meetings between teachers and the music therapist, as well as the feedback of the children and/or teacher assistants after the activity, had an impact on the teachers' point of view.

The strong diversity between the teachers of the two countries regarding full inclusion suggests that both sides have a cultural bias: in other words, inclusion is accepted (or, special schools are accepted) because this is what is culturally created and accepted as providing the "best value". Therefore, showing that it is possible to create inclusive processes in mainstream education could have encouraged the British teachers to shift their opinion from "special schools are the solution" to "I don't know".

Another possibility that could explain this change (and which does not exclude the previous ones) is that the questionnaires have produced the effect for which they were designed. The Index for Inclusion questionnaire (Booth&Ainscow 2002) was created as an opportunity for reflection and investigation of what the school, staff, parents and the community at large can do to improve the process of inclusion in education. The music therapist's questionnaire for the teachers was created following the Index for Inclusion model. Given that the teachers were asked to give their opinion and reflect on the topic of inclusion and relatedness, it is possible that these questionnaires gave them the opportunity to develop greater awareness of a cultural perspective where inclusion is concerned and, hence, become more open to possible alternatives to the existing

system. Finally, another factor influencing the observed change could relate to the passion and advocacy for inclusive education that the music therapist demonstrated. These elements might have had an impact on the answers given by the UK teachers at timepoint 2, pushing the participating teachers towards the “position” exemplified by the researcher herself.

### *Correlations*

The correlation between the Index for Inclusion A1 and the Children’s Index for Inclusion (Section 6.7, Fig. 6.39 and Fig. 6.40), indicates a main effect ( $p=.011$ ) for the Italian teachers: the children with the highest average initial index inclusion are in the classes of the teachers who have the lowest score. These teachers have a less positive view on the inclusivity of their school. The researcher’s hypothesis is that this score indicates that the Italian teachers might be more aware and critical of the organisation of their schools because they are not only used to inclusion but are also trained to promote inclusive processes. It is exactly for this reason that these teachers seem to be able to make children feel highly included.

Another similar interaction emerged for the Italian group. The correlation between the opinion of the teachers on inclusion and the MTI-ICF results of the children (Fig. 6.43) showed that the children with lower MTI-ICF scores at timepoint 1 (i.e. better performance) are in the classes of teachers with lower inclusion\_MT scores ( $p=.008$ ). This does not happen for the UK group ( $p=.885$ ).

In Italy, the correlation between the opinion of the Italian teachers about their group classes and the assessment of the music therapist in the MTI-ICF Relatedness scores showed a positive interaction ( $p=.004$ ). This result indicates that the assessment of the music therapist at timepoint 1 tallies with the teachers’ opinion about their group. However, this does not happen in the UK. In fact, there is no correlation between the opinion the teachers had about their class and the assessment of the music therapist. This could indicate a different evaluation of the groups.

All the results of the correlation section of the present thesis are tentative because they are often driven by one teacher and one class. Nonetheless, the results indicate that, overall, the opinion of the teachers does not influence the improvement of the children.

Different classes of different age children get close to the minimum possible score of 1, reaching thus the best possible score (floor effect being 1, i.e. the best score for ICF-MTI). These findings confirm once more the efficacy and educational impact of group MTI on the behaviour of children, regardless of type of school, teacher or country.

### **7.2.5.3 Limitations**

The main objective of the research design was to investigate the impact of the MTI on the children. Very little work was organised with the teachers in mind. The main work that focused on teachers were the workshop for the preparation of the intervention and a few meetings that were dedicated to planning. Both workshops and meetings were organised so that the researcher would (i) get to know the teachers and establish a good rapport with them and (ii) harmonise the MTI with their weekly work routine.

The workshop for teachers had positive feedback in both countries and lead to a positive participation of the Italian teachers in the MTI sessions. The change of the point of view of the UK teachers with respect to inclusion was unexpected and has given hope for a possible systemic change, in tune with the UNESCO Guidelines and the Policies Guidelines (2005 and 2009). These facts lead the researcher to consider that more work with teachers would have been beneficial during the period of this study. Nonetheless, this was not possible because one of the limitations of this study was the isolation in which the researcher has carried out the project. She had several tasks and roles, simultaneously being the researcher, the music therapist, the observer and the promoter of the project. The music therapist was aware of the fact that she had overstretched the complexity of the research design having taken so many roles upon herself.

She acknowledges her limited knowledge of the richness of the diverse teaching styles and education offered by UK schools, and these reflections reveal the limitation of her own experience, study and knowledge of the broad UK system. She is also aware of her own bias which results from her lived knowledge and experience in the Italian state schools and related teaching styles and methods.

The reflection she carried out on the work described herein suggests that in order to investigate how the MTI could foster a more profound impact on the system it would have been necessary to work not only with the children, but also with the teachers. The current study could not address this aspect sufficiently.

#### 7.2.5.4 Possible development

Several MT researchers have investigated the optimal ways in which music therapists can work in schools. Foremost amongst these scholars are Steele, Crooke and McFerran (2020) who focus on teacher support training and Rickson (2010) who developed a protocol that could help ease the introduction of music therapy intervention in schools. Rickson's protocol encompasses not only music therapy but also MTI school consultations. Rickson is a passionate advocate for the inclusion of students with high and very high special educational needs. In her research with McFerran (2014), Rickson introduced a community music therapy school-based practice that aims more to fostering music culture than offering teacher support training.

Nonetheless, the author thinks that in order to promote inclusion, the suggestions found in the existing literature should be integrated and enriched with study and further research on the multiple benefits of delivering group music therapy intervention in all educational settings and, particularly, mainstream schools. Music therapy, no longer tied to music education projects, would stand as a holistic intervention, of value in itself. In fact, MTI promotes the idea that music therapy should be introduced in education as an inter and trans-disciplinary subject. It should be considered as an umbrella intervention that not only promotes the (i) wellbeing, (ii) emotional growth, (iii) cognitive development and (iv) inclusion of all pupils but also supports the teachers.

In this respect, it is well-known that teachers have huge responsibilities and a heavy workload. More to the point, the cuts on educational resources that both Italian and UK governments constantly introduce result in leaving teachers with very little support and infrastructure that would help them fulfil the demanding task of education. In an ideal world, a music therapist in educational settings could take on the role of a professional who supports the wellbeing of children (and teachers) and acts as a facilitator of healthy relationships within the system.

In the seventies, for example, when the *integrazione scolastica* became national law in Italy, reception, primary and middle school all had the support of professionals called '*operatore psico-pedagogico* -the "psycho-pedagogist'. Nowadays, these professionals have practically all disappeared: they are rarely seen because schools no longer have the finances available to pay them. However, the psycho-pedagogist's role was to (i) observe and identify exclusion and disadvantage, and (ii) cooperate and support teachers and children (Ferrigno et al 1998) so that they might overcome any obstacles to learning.

These two objectives could be achieved by understanding (i) the limitations of the relationships within the classes, (ii) the communication that was taking place inside the classes and (iii) the dynamics that existed between each group and their teacher. To identify and overcome the obstacles to inclusion, these professionals encouraged (i) the development of a positive self-image (ii) the promotion of a climate of wellbeing and (iii) the implementation of new strategies that foster learning and inclusion.

Going back to the teachers and MTI, the author believes that teachers also need support if they are to maintain their balance and emotional wellbeing. When offering MTI, it would, then, be beneficial to offer MTI sessions to teachers, too. These sessions could well be for them a space for 'self-care', a space where they could reduce their stress levels, but also, potentially, a space to improve self-awareness, self-love, self-confidence, empathy and relatedness. This could lead them to a better understanding of diversity and special educational needs, and possibly encourage them to actively participate in the group MTI sessions. The education and training of teachers in this direction would be a fundamental resource to not only support the creation of inclusive backgrounds, but also implement ideas and strategies that promote the development of cognitive and emotional skills. As a result, MTI could fulfil the curriculum goals in these areas in a more inclusive, creative and fun manner. Further research is undoubtedly needed in this direction.

## **7.3 Importance of These Results**

### **7.3.1 Reflection on the Research Methodology**

The current research was intended to be explanatory and theory-testing. The objective was to increase the understanding of the contribution of music therapy in the development of inclusive cultures and values. The presence of MT in mainstream education was used to promote inclusion and develop tolerance, empathy and emotional intelligence. Although the current study does not provide conclusive answers, especially on the impact of MTI in developing emotional and social intelligence, the results so far are encouraging.

This study had its origins in the Italian cultural and policy context. This gave birth to the application of music therapy in education in an original manner, a manner that was to-

date not tried or explored in other countries. The related body of literature presented herein is almost unknown, mainly because of the language barrier.

Italian music therapists such as Bianchi&Clerici-Bagozzi (1988), De Rosa & Facchini (1998), Di Franco & De Michele (1995), Cremaschi-Trovesi & Scardovelli (2005), Chiapptta-Cajola et al (2008, 2016), De Michele et al (2009), and Galante et Al (2016) experimented within the field of MT which they researched. They wrote about the application of music therapy in education. A theoretical framework supporting music therapy in mainstream schools emerged and evolved from the nineties till today, embracing experiences from the South of Italy to the North of the country, incorporating different school age settings. This research remains largely unknown in the international context.

The majority of music therapists who intervene in Italian educational settings refer to Orff, Dalcroze, Benezon and Bruscia. These authors act as the common theoretical background of music therapists, although individual reference is also made to others. Benezon (1981, 1997) is particularly relevant to the current discussion for two reasons. Firstly, because neither the music nor the musical performance are seen with an aesthetic eye and, secondly, because they are not regarded as a goal in themselves. Quite the contrary: Benezon considers all sound-musical experiences to be the means used in order to create and facilitate relationships between participants. For this reason, MTI should be offered in schools and should not be tied to music education. Music therapy for inclusion is a tool used in order to foster and maintain wellbeing. It supports specific functions and identifies developmental areas. It is more than a space where disabled pupils can play with non-disabled peers, MTI is a 'playground' space where relationships among pupils are fostered. That space allows participants to experience the self, the otherness and the diversity in a variety of combinations that support the whole development of the young person.

Reflecting on the research design, the action research was the right approach to use as it gave freedom to (i) assess the evaluation tools and (ii) make adjustments along the way. The mixed method was appropriate to the study, as it allowed the use of many ways of assessing the answers given to the research questions. As the research questions were articulated in many components, the researcher made significant efforts to simplify them.

Some of the limitations have been considered in previous sections of this chapter and others are discussed here.



With the sample being so large, the researcher gathered so much data that she could not use it all, not only because of time restrictions, but also because it was not answering the research questions (although, potentially, this data can add new perspectives to the research and represent new findings).

It would have been good to have a bigger pilot project. In chapter five, the researcher discussed how the pilot project failed to be delivered in the form it was intended to be provided, and how this failure obliged the music therapist to work with a small group of eight children, instead of one group class. The number was good enough to test the assessment tools, but not big enough to draw attention to the challenges of the data collection and data analysis. In particular, a limitation emerged during the data collection in the AR in Italy. Given this limitation, reflection on the weak reliability of the researcher's assessment of the development of *empathy* revealed the necessity of introducing the Emotional Quotient inventory (EQi-YV) discussed in chapters 2 and 6. The fieldwork in Italy somehow acted as a pilot study, suggesting some changes to the ultimate delivery of the project.

Moreover, reflection on the action research led to the introduction of a control group in the UK. The introduction of this control group brought to light some interesting data and results. These convinced the researcher that it would be good to have a control group for future research.

The assessment tools 'performed' as desired and, as the author is, overall, satisfied with them, she intends to use them again. The process of data collection and evaluation through the statistical platform allowed a more in depth understanding of the tool themselves, suggesting new possibilities of using the Index for Inclusion in order to promote further institutional and systemic transformations.

The clinical notes were useful when it came to complete the assessment. They proved to be a good memory support for recalling the various situations that arose within each class.

The assessment forms were overall reliable, and their reliability was also tested with SPSS. The diagnostic assessment was useful. Nonetheless, in order to acquire better outcomes, it would be desirable to first analyse the tests as well as the Index for Inclusion and drawings, and then reflect on the MTI-ICF initial assessment. It is possible to think of the introduction of a break in the sessions for a week or two, depending on the number

of participants and the music therapists involved in the research. This would give the opportunity to draft and refine a plan of intervention that would be tailored to the real needs of (i) the individual children participating in the research and (ii) the entire class group. In this way, the music therapist could make the best use of the diagnostic assessments before continuing with the sessions.

The pandemic and ensuing lockdown also had an impact on her research, as it was not possible to be on-campus and use in-person classes and support. Nevertheless, in the tragic circumstances that prevailed during the pandemic, the researcher feels blessed and fortunate to have finished the fieldwork before the lockdown. It is scary to think how the MTI work could have been carried out if the fieldwork had not been completed in time.

COVID-19 provided the opportunity to further reflect on how threatening the pandemic is to the health, and how it impacts the profession of music and art therapists. This new reality we live in requires a profound revision of paradigms, theory, practice and ethical aspects. The author will not engage with this reflection in these pages, but fully understands that a dialogue and debate among professionals on this new reality is not only important but, actually, necessary.

### **7.3.2 Research Project - Additional Findings**

The original research plan was not to compare the results of the two countries. Nonetheless, the cross-cultural expression that emerged from the results (e.g. at timepoint 1: in the MTI-ICF, more relatedness difficulties were observed for the Italian children, whereas a lower drawing performance was noted for the UK children; again, at timepoint 1: lower EQi-YV scores were measured) invited possible future investigation. It was important to approach the assessment with sensitivity and awareness of the cultural diversities that could emerge in verbal and non-verbal (behavioural) expressions and communication.

The research study highlighted the differences existing in the legislation of the two countries.

Although the music therapist had been working in UK primary schools for seven years, it was only thanks to the pilot project that she could start to understand the many

differences that exist between Italy and the UK in all levels of education and, in particular, from teacher training to actual recruitment. Some of these differences play an important role in the actualisation of the MTI projects. In fact, the author was not expecting the amount of obstacles encountered in the group MTI within the UK schools, neither did she expect the changes witnessed in the opinions of the UK teachers. These open the floor to different research approaches and designs that could include children, teachers and parents.

#### **7.4 Future ventures, further research**

The research study has been a difficult but enriching learning curve for the music therapist and she believes that the end of this journey is only a new beginning. Many ideas and possibilities for future research emerge. This can be in areas such as music therapy and inclusion, music therapy and peace, or music therapy and neuroscience.

##### *MT and Inclusion:*

Research under this heading could investigate how the presence of disabled children in mainstream schools can impact the growth and development of all, in terms of relational skills, social intelligence, emotional wellbeing and inclusive attitudes.

Research to investigate how MT, as a tool for inclusion, can contribute to prevent the crystallisation of prejudice and bias towards different types of diversity, i.e. not only towards disabled people.

##### *MT and peace:*

Research under this heading could investigate the impact of MTI in early years education and Years 1 to 9. Research here can look into how MTI can be the playground that offers the opportunity to develop relational skills by means of lived experiences, as a complement of teaching programs.

##### *MT and Neurosciences:*

Research under this heading could investigate the effect of MTI on children's brains. It could, for example, possibly answer questions such as the following: "Does group work stimulate the development of the areas of the brain involved in social behaviour, social intelligence, empathy and emotional intelligence?"

*MTI and Curriculum development:*

Research under this heading could investigate how music therapy can support emotional and cognitive learning, all the while facilitating (i) inclusive processes and (ii) creative teaching strategies by using inclusive learning backgrounds.

Future learning for the music therapist: to understand and experience what it means to work in a special school.

## Chapter 8

### Closing reflections

This study started with the trauma of children immigrants seeking asylum in mind, and with the awareness that adverse childhood conditions and experiences impact not only the future of each individual life, but also the future of all of society.

This thesis discussed how education and a healthy development of children and the young generation are a fundamental ‘must’ if we are to ensure *life-long wellbeing, successful communities, economic productivity and harmonious civil societies* (Shonkoff 2011 p.2). It also underlined the necessity of intervening in early stages of development.

The researcher aimed to bring attention to (i) the role of music therapy in mainstream education and (ii) its potential to promote social changes, when it is used to promote inclusion and, what has been referred to throughout this thesis as ‘*the royal path to peace*’.

The data collected are positive and the results confirm the hypothesis that, group MTI offers a safe playground where inclusion is fostered and inclusive processes are enhanced. In this playground space, children can learn how to be together and cooperate: they can explore and experience relationships – not only with their self but also with the others. This study demonstrates that MTI offers a framework that helps children develop emotional, social and peacebuilding competencies; and this is achieved by improving self-confidence, empathy, greater tolerance and consideration for others.

The music therapist believes that schools should always provide safe group work opportunities (such as MTI), that educate children, young people and teachers to approach and understand diversity by promoting empathy and a sense of belonging. These lived relational experiences provide the necessary playground where emotional literacy can be developed. They also help people perceive the otherness as a ‘normal diversity’ (D’Alessio 2013), rather than a threat to one’s own identity.

*'Therefore, the suggestion is that MTI works to prevent the consolidation of prejudicial attitudes in the school environment. By being exposed to an inclusive playground, non-disabled children can discover how to dismantle the barrier of exclusion by learning about themselves, about their diversity and about the diversity of others.'* (viz.4.3.2 p. 107)

Music becomes a bridge that awakens not only musical consciousness but of the self and the others (Habron 2016). MTI operates as an educational and didactic strategy, that supports inclusive curricula and becomes a special mediator for integration-inclusion (Corona 2015) in school settings.

The results of this research show that MTI had a an impact on the attitudes of teachers and that further research is needed in order to explore (i) how MTI can involve the whole school, (ii) how MTI can impact the inclusion process for the whole system and (iii) what MTI projects can be offered to specifically support peace education.

This application of music therapy is not universal and in the author's view, to proceed further in this direction, specific tailored training for music therapists and teachers needs to be promoted. This can then disseminate the application of MTI in mainstream education.

This research highlights that, in an attempt to promote healthy development and prevent developmental dysregulation, MTI introduces personal and collective benefits, for both the children and society at large. The results of previous research presented here (e.g. Goleman 1995, 2007; Bar-On 2000 e 2012a; Leckman et al 2014; Iacoboni 2007, 2009) demonstrate that emotional and social intelligence are the abilities needed for better cognitive and academic performance and, therefore, for success.

The professional experience of the researcher and the results of this thesis show that group music therapy for inclusion represents a practical tool that can be easily integrated into the school curriculum. MTI is a tool on its own and, importantly, is not tied up to the limited area of music education. It is a specific didactic strategy that supports inclusive curricula thanks to the trans- and multi-disciplinary nature of music and music therapy.

MTI can provide (i) flexibility in interventions and (ii) a multiplicity of plans that target inclusion and wellbeing. It can relate to different and specific areas of knowledge (e.g. geography, history, literacy, logic, geometry, mathematics, the arts). It can support the emotional and cognitive development of children and young people (Hallan 2014), as well as their emotional needs, their specific special educational needs and their peace-building competencies.

For the school system as a whole, the inclusion of SEND children becomes the starting point to reflect and implement strategies and didactic tools to support all children's healthy development, their rights to education and the promotion of peaceful and healthy relationships. It is suggested that inclusion helps to lay the foundations for a healthy society and productive lives.

The improvement of the children, who participated in this research, was measured through the MTI-ICF assessment. This is a flexible tool that can be shared, implemented and modified according to the needs of the area that is investigated. The MTI-ICF was devised on the basis of a WHO assessment (ICF 2007) and was chosen by the researcher because ICF is a tool that can be used and shared by professionals of different fields. The music therapist believes is that (i) it can potentially facilitate the dialogue amongst health professionals, education professionals, music therapists and institutions and (ii) the results can be used to persuade policy makers of the importance of this work.

In light of these results, the researcher believes that inclusion, the royal path to peace, is the way forward if we are to improve the emotional and social wellbeing of children and, through that, consequently, promote a culture of peace.

Inclusion can be achieved through the guiding vision of MTI as a 'whole school approach' intervention. The hope and dream of the author for the next generation is that group music therapy for inclusion will become a traditional curriculum subject in every school.

## 8.1 The research in the light of COVID19

A lucky star protected the fieldwork phase of this research and this was thankfully completed in 2019. After the first annual research review, it was decided that the study would be limited to two countries. Had this decision not been implemented, the first lockdown of spring 2020 would have found the music therapist finishing some fieldwork in Belgium. That would have meant that the study would have probably been stopped and, as a consequence, the research would have been adversely affected by the pandemic.

Worldwide, COVID19 has changed the way children can experience social relationship and community within the school environment. Many studies during and after the pandemic (Power et Al 2020, Mos et Al 2021, UK Parliament 27/10/2021, have investigated the impact of the lockdown not only on the mental health and wellbeing of children and young people, but also on their academic performance. The complex issues of wellbeing, early identification, prevention and innovative treatment are becoming the focus of an emerging field (Power 2020) because of the heavy psychological and social impact of COVID 19, especially on the mental health of young people. In the light of these studies, prevention and wellbeing are becoming a priority in these times of the pandemic.

The focus on the mental health and general wellbeing shifted from the vulnerable children to *all* the children. This shift is opening a new space for music therapy for inclusion, that can be rightly considered to be an *innovative treatment* in mainstream schools. In this new world that keeps us separated, worried, vulnerable and defensive, MTI remains relevant and its application is crucial as it can maintain and support the wellbeing and mental health of all society members.

At the same time, however, questions for future interventions need to find answers, especially because MTI requires group work and constant interaction among peers: (i) How can the safety of the children be ensured? (ii) What needs to change in the delivery of the intervention? (iii) Which activities can be implemented? (iv) Which activities need to be excluded? (v) Which activities can be transformed with creativity? (v) In a world of pandemics and endemic disease, what is the future of MTI?

These questions open space to new reflections and provide further scope for research.



## **8.2 The research in the light of current wars**

While completing the writing of this thesis, a new war has erupted in Europe: Russia invaded Ukraine. It is heart-breaking. While the researcher is writing about peace-building, the world is confronted with yet another war and Europe seems to be failing in its declarations for peace, inclusion and equality.

The war in Ukraine is one of many that are currently plaguing the world and is the tip of an iceberg which comprises 51 subnational conflicts in Europe alone (HIIK 2019 p.36). The Yemen civil war shows us clearly not only the consequences of violence and rage, but also the impossibility of peaceful negotiation (BBC 2/11/2021). This raises several questions, such as: are our children destined to live in a world which has its foundation in structural violence?

Are they fated to live in a world where intergenerational trauma is perpetrated and reproduced? Is this dissertation anachronistic?

Boxill's (1997) call to all music therapists, to engage as activist for peace, is more relevant than ever: the time is now. The crisis of migrants seeking asylum is shaking many countries around the world. Schools, teachers and communities need to intervene with a trauma-informed approach in order to prevent traumatised children from being 'disabled' by a system that is not prepared to include them. MTI could well support teachers and the whole school community in this direction.

The pathway to peace is very long; and yet it is abundantly clear that it must start in the early stages of education (chapter 2.2.4) and it needs to accompany the children and young people all the way through their adulthood.

MTI is an effective tool for laying the foundation for future peace because inclusion is an umbrella value and attitude that promotes the development of healthy relationships and peaceful school cultures. In this way, MTI can create an inclusive, safe, musical and creative space where children and young people can learn to connect and cooperate. It is in this space that they can develop not only tolerance and community leadership, but also the essential facilitation skills, that are needed if society is to transform its culture of war, power and abuse in the direction of peace-making.

Group MTI aims to develop and enhance a different consciousness. This consciousness communicates that diversity is the norm, and that everyone's diversity not only adds new value to the collective, but is also needed as part of the ecology of life. Maintaining balance and creating peaceful relationships amongst diverse people will define our long-term success as a society, in the same way that maintaining biodiversity will define our long-term success (Raven 2020) on this planet.

In order, therefore, to develop a culture of peace, it is necessary to develop inclusive attitudes. Inclusive behaviours have their roots in tolerance and empathy and these two elements are important ingredients for peace-making and conflict transformation.

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