Project title: Sing & Grow

Project practice: A music therapy early intervention strategy for parents of young children.

Project undertaken by: Playgroup Association of Queensland

Start date: July 2001

Focal areas:
- Healthy young families
- Supporting families and parents
- Early learning and care
- Creating Child friendly communities

Program: Invest to Grow and REACh

Issue:
- Families who are marginalised, isolated and disadvantaged typically do not engage in mainstream parenting interventions. Where they commence with a program, around half attend less than 50% of sessions.
- The fun, non-threatening nature of music therapy provides a very real alternative to the traditional behavioural parenting program. The nature of the activities has the potential to address the significant issues with parent engagement and retention.
- Music therapy provides parents a method of experiencing attachment-based activities, experiencing positive child-focused time, development of social networks and enables a conduit for promoting awareness of child development needs. It may also be more appealing to community service providers seeking interventions for their clients.
- Sing & Grow has developed an effective model of service delivery that enables optimum access, reach and outcomes for families from short-term intervention.
- In addition to the outcomes for participating families, the program promotes capacity building through forming working alliances with the community organisations that have pre-existing relationships with marginalised families.

Program context:
- Sing & Grow is an early intervention music therapy program for families with children aged 0–3 years. It is delivered by Registered Music Therapists in local community settings across Australia to groups of up to 10 families, in 1-hour sessions, weekly for 10 weeks.
- The families who participate in the program have experienced one or more of the following child, parent or community risk factors for poor behavioural, educational and health outcomes:
  - child or parent with a disability;
  - Indigenous status;
  - young parent;
  - involvement in the child protection system;
  - mental illness;
  - incarcerated mother;
• alcohol or drug dependence;
• refugee status;
• domestic violence environment;
• single parenthood;
• social isolation; and/or
• low-socioeconomic status (Lambert, Zubrick, & Silburn, 1999).

Sing & Grow provides a learning and therapeutic opportunity for families through the provision of structured music-based and therapist-led activities which broadly aim to support positive family relationships and build effective parenting skills. The use of music therapy as the mode of intervention provides a unique, non-threatening and accessible means to engage all families regardless of their familial, financial, cultural or linguistic circumstances.

Session plans include songs, musical games, dance and instrumental play that aim to elicit specific parental behaviors, and foster parental skill development and self-confidence through use of non-didactic behavioral strategies such as demonstration, rehearsal, feedback and praise. Sessions aim to provide maximal opportunity and support for parents to try out and practice (in a hands-on manner) new ways of interacting with their child/ren that are conducive to positive outcomes in early childhood. These include parental expression of affection, physical touch, praise, appropriate instruction-giving and development of age-appropriate expectations, improving parents’ emotional responsiveness to their children, and strengthening parents’ self-confidence in their parenting skills.

Flexibility to adapt to each group’s and each family’s individual needs within the session structure is maintained through the use of tertiary trained and registered music therapists only. A resource CD and booklet are also provided to each participating family to assist in the transfer of skills learnt to the home environment.

Families are referred by a range of community organisations and government departments who collaborate with Sing & Grow to host each program, providing a staff member, local venue, and ongoing support for families. This is a unique and highly effective practice of collaboration between the program providers and host organisations that supports the program’s objectives as described below, and is the focus of this promising practice submission.

Program aims

Sing & Grow aims to:

• strengthen parent–child and family relationships through the promotion of positive parent–child interactions;
• build positive parenting behaviours, skills and confidence;
• promote children’s developmental skills using age-appropriate stimulation; and
• build supportive parenting networks, including the strengthening of links between parents and community services.

Outcomes

A range of outcomes relating to the project objectives are being examined by independent external evaluation. The intended outcomes are that:

• participating parents will show increased use of positive parenting skills (warmth and positive affection) and increased confidence in their parenting from pre- to post-intervention;
• participating parents will report increased levels of positive parent–child interactions from pre to post intervention;
• participating parents with pre-existing mental health problems will report decreased levels of mental health symptoms from pre- to post-intervention;
• participating children will display improved developmental skills (e.g., cognitive skills and social-emotional skills); and
• participating parents will report the use of Sing & Grow resources in the home environment post intervention.
This section describes the key ingredients to Sing & Grow's practice of forming collaborative working alliances with the community organisations that host each 10-week program, namely:

1. Standardised information package
2. Standardised in-service delivery
3. Provision of resources to the host organisation
4. Host organisation agreement
5. Provision of venue
6. Referral process
7. Involvement of host organisation's staff member
8. Follow up on attendance
9. Completion of evaluation survey
10. Ongoing communication and support

1. Standardised information package

Sing & Grow receives enquiries from a wide range of community organisations and government departments that support vulnerable families, in each state and territory of Australia. Enquiring parties may have quite a comprehensive knowledge of the program through, for example, attending a Sing & Grow conference paper, or may have just “heard of” the program through the community “grapevine” and so have little understanding of the program features.

After initial email or phone contact, each enquiring organisation is sent (via email or post) a standardised information package which includes: Sing & Grow brochure, Sing & Grow fact sheet, family referral criteria and protocol for implementing Sing & Grow. This ensures that all enquirers have consistent, high quality information and assists the Sing & Grow managers and potential host organisations to establish whether or not the program would be suitable for their clientele.

2. Standardised in-service delivery

Once the information package has been received and reviewed, contact is again made with the potential host organisation and a face-to-face or over-the-phone (if distance requires) in-service is arranged. A standardised in-service presentation, used nationally but adjusted accordingly for each state/territory, has been developed and is regularly updated to include the most recent evaluation data and other program developments. Potential host organisations often have more than one staff member attend the Sing & Grow in-service training. For example, a disability services department might request that Sing & Grow deliver the in-service at their allied health team meeting. This allows the potential host organisation to develop a shared understanding and team investment around Sing & Grow, making delivery of the program at that site a smoother operation. Face-to-face delivery of the in-service by a Sing & Grow management staff member, wherever possible, allows a rapport and mutual respect and understanding to develop between the host organisation and Sing & Grow. This, in turn, makes further work together more efficient and valuable.

3. Host organisation agreement

As part of the in-service the document Protocol for Implementing Sing & Grow Programs is shared and discussed. This document was created to ensure that the roles, responsibilities and expectations of each party (Sing & Grow and the host organisation) are made clear at the outset of the relationship. Any discrepancies are discussed and the document provides a platform from which to move forward with the service delivery. From here, if it is established that the host organisation can meet its obligations outlined in the document (provision of appropriate referrals, staff member, venue, etc.) and the host organisation feels that Sing & Grow will be of benefit to its client base, it is put on a wait list and a Sing & Grow program is scheduled to commence when available.

4. Provision of resources to the host organisation

Each host organisation is provided with Sing & Grow brochures, the Sing & Grow Together CD and accompanying booklet and the Making Music Time a
Success resource book and accompanying CD.

Each host organisation is provided with 12 to 15 copies of the Sing & Grow brochure that they can use to promote the program to their client base. The brochure provides consistent, high-quality information to families host organisations refer to the program.

Each host organisation is also given a copy of the Sing & Grow CD and accompanying Resource Booklet. This resource has several functions:

- If the waitlist is long and a program is unavailable for some time, the organisation can use the resource to provide families with some music sessions in the meantime;
- The host organisation might also use the resource to introduce families to Sing & Grow and discuss their potential referral to the program;
- Once a program has commenced the host organisation can use the resource with families in between weekly sessions to reinforce the concepts introduced during the Sing & Grow;
- Once a program is completed, the host organisation can again use the resource, and the skills they have learned through their participation in the program to continue using music to engage and support both the families who have completed Sing & Grow, and others. This helps to maximise the sustainability of positive outcomes for families and build community capacity in the use of music to engage families with young children.

Each host organisation is also provided with the Making Music Time a Success resource book & accompanying CD. This resource was developed due to requests from host organisations for more information and training on how to run music groups with their clients in a meaningful, fun and successful way. Workshops were designed and offered and this resource developed. This book explores the use of musical experiences in working with families with young children. It is designed to inspire community workers to use music more effectively with their clients. Practical tips are provided to guide workers in structuring and facilitating music time, and to highlight the many possibilities and benefits of using music with families. Provision of this resource to each host organisation helps to maximise the sustainability of positive outcomes for families and build community capacity in the use of music to engage families with young children.

5. Referral process

A standardised referral form is used by the host organisation to make up to 12 family referrals per program. These are forwarded to Sing & Grow management prior to the program commencing and serve several functions:

- The completion of forms encourages the host organisation to consider the needs of the families and make decisions about which of those could most benefit from an intervention such as Sing & Grow. Often host organisations undertake this process as a team. This helps to establish and maintain effective reach of the intervention; that is, attract referrals of the most at-risk families in each local community;
- Upon receiving the forms, Sing & Grow staff are able to check that a minimum of 6 and maximum of 12 have been completed, ensuring that resources are not underutilised or over stretched. (Groups larger than 12 are more difficult for clinicians to manage and less likely to be successful in attaining outcomes for families. Groups smaller than 6 diminish the capacity for relaxed engagement and for opportunities for social networking);
- Prior to session 1, Sing & Grow clinicians are able to prepare interventions, materials and session plans based on the referred families’ needs, characteristics and children’s ages, making service-delivery highly relevant from the first session. This level of customised planning helps to optimise the 10 hours of intervention delivery provided in each program.

6. Provision of venue

Each host organisation provides a local venue for the Sing & Grow program.
This means that Sing & Grow travels to the families in the community, the families do not come to a centralised Sing & Grow venue. Often the host organisation has its own premises that the referred families are familiar with and have access to (transport, etc.), so immediately families are comfortable in their surroundings and able to relax and engage with the program. The Sing & Grow clinician is a guest in the families’ own community space. This helps to maximise the accessibility of the program for families and to optimise the 10 hours of intervention delivery. The provision of a local, accessible venue by the host organisation at no cost also helps to make efficient use of resources.

7. Involvement of host organisation staff member

Each host organisation commits to having at least one staff member, volunteer or representative present at each Sing & Grow session. Often, the same representative attends each session for the full 10-weeks, at other times the host organisation might decide to rotate its team so that different staff attend each week. This serves the following purposes:

- An often familiar face to families is present each session to assist with introductions to the Sing & Grow clinician, to other families and to “scaffold” the building of group cohesion and rapport throughout the 10 weeks. The host organisation representative can also provide valuable one-on-one support to families during sessions, enhancing the experience and positive outcomes for participants. This helps to optimise the 10 hours of intervention delivery provided in each program by assisting the Sing & Grow clinician to gain trust and rapport with clients as quickly as possible.

- The host organisation representative is able to brief the Sing & Grow clinician prior to each session on any change in family circumstances, planned absences or issues of concern to the host organisation. The Sing & Grow clinician can then adjust their planned interventions to account for these. This helps to optimise the 10 hours of intervention delivery provided in each program by making each session and intervention within each session as relevant as possible to the families present.

- The host organisation representative is able to learn, through hands-on participation, some of the activities and techniques used by Sing & Grow clinicians, building their own capacity to use music to engage families in other settings. This helps to build community capacity in the use of music to engage families with young children and maximises the sustainability of positive outcomes for families;

- The representative is able to observe some of the parent–child interactions, family strengths and areas of need that become apparent during Sing & Grow sessions, which can then inform their work. This opportunity frequently provides the host organisation with new perspectives on their families.

- The Sing & Grow clinician is able to share observations and ideas for future family support needs with the host organisation representative following each session. These help to maximise the sustainability of positive outcomes for families.

- Parents who may have been previously resistant to offers of support from the host organisation are able to build a relationship with the host organisation representative through the safe, non-threatening and fun medium of shared music-making, which is typically attractive to most families. Although families are on-site attending Sing & Grow, the host organisation can promote other services on offer and can work on engaging hard-to-reach families. These help to maximise the sustainability of positive outcomes for families, strengthen links between parents and community services and build supportive parenting networks around families.

8. Follow up on attendance

The host organisation, usually through their representative, undertakes to monitor the attendance of referred families with the Sing & Grow clinician, and to follow-up absences as appropriate. The representative might phone or visit families who miss up to two consecutive weeks to check that access or
dissatisfaction with the program are not issues, and to provide the support required for their attendance. This helps to retain participating families in the program.

9. Completion of evaluation survey

The model places a high value on the observations and opinions of host organisations in shaping improvements and adjustments to the program. Staff from the host organisation who attend are asked to complete evaluation surveys at the end of each program and are also invited to focus groups and other functions as they arise. The evaluation data contributes to ongoing program development and to the knowledge base, through presentations and publications arising from program evaluation, about what works in music therapy as a parenting intervention.

10. Ongoing communication & support

Sing & Grow maintains contact with each past host organisation via the dissemination of a quarterly community newsletter and through the provision of ongoing support and communication as required. This may include:

- inviting host organisation reps to community workshops in the use of music to engage families with young children and providing, where resource constraints allow, a 2-hour workshop at the host organisation site on “Making music time a success: Using music to engage families with young children”;
- supporting host organisation funding applications for further services for their families through the writing of letters of support;
- assisting with and supporting host organisation funding applications to continue with some kind of music or music therapy intervention within their service; and
- co-authoring and presenting conference papers and seminars to disseminate the outcomes and experiences of the host organisation and families in participating in a music therapy intervention.

These 10 practices help to maximise the sustainability of positive outcomes for families and to build community capacity in the use of music to engage families with young children.

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**Research base**

**Music therapy as an effective parent intervention strategy**

The Sing & Grow model of service delivery has been developed as an innovative early intervention program targeting marginalised and disadvantaged families in order to promote positive parent–child interaction. The rationale for its development is provided below.

Families who are marginalised and disadvantaged typically do not engage in mainstream parenting interventions, limiting effectiveness due to poor reach and retention (Barlow, Kirkpatrick, Stewart-Brown, & Davis, 2005; Ireys, DeVer, & Chernoff, 2001). Only 19% of parents access parenting interventions (Sanders et al., 1999), and around half of those who commence a program fail to attend more than half of the planned sessions (Barrera et al., 2002; Harachi, Catalano, & Hawkins, 1997).

The dissemination of effective preventive interventions to parents of young children who are at risk of developing mental health problems remains one of the most significant challenges faced by those who try to improve the mental health of the population (Turner & Sanders, 2006). The reach of these programs has in part, been limited by a reluctance on the part of community service providers to adopt behavioural parenting programs (Taylor & Biglan, 1998).

Although there is extensive research literature on the impact and effectiveness of music therapy in a range of settings relevant to child well being (e.g., paediatric health), there is limited literature regarding existing evidence for the role, effectiveness or evidence of music therapy programs as a parent intervention strategy (MacKenzie & Hamlett, 2005; Nicholson et al., 2008). For example, there are several studies of the use of music therapy in combination with other interventions; however, the evaluations of these programs have
involved only small samples (Nicholson et al., 2008). Nonetheless these studies have demonstrated the potential for improved parent–child interactions, child social and developmental skill enhancement, strengthened social networks (Nicholson et al., 2008) and positive parent satisfaction (associated with high levels of engagement and retention) (MacKenzie & Hamlett, 2005).

The fun, non-threatening nature of Sing & Grow provides an alternative to the traditional behavioural parenting program and may be more appealing to community service providers seeking interventions for their clientele.

Collaborative alliances with community organisations

Sing & Grow has developed an effective model for service-delivery that enables optimum reach of services, optimum outcomes for families from short-term intervention, and also capacity building in community organisations. Central to this is the practice of forming collaborative working alliances with the community organisations that have pre-existing relationships with marginalised families.

The practice of collaboration with host organisations as described in this profile has developed in response to the following needs to:

- establish and maintain effective reach of the intervention (i.e., attract referrals of the most at-need families in each local community);
- maximise the accessibility of the program for families;
- optimise the 10 hours of therapeutic intervention delivery by establishing trust and rapport quickly;
- retain participating families in the program;
- maximise the sustainability of positive outcomes for families;
- build community capacity in the use of music to engage families with young children;
- build supportive parenting networks around families;
- strengthen the links between parents and community services; and
- make efficient use of resources, keeping costs of delivery as low as possible.

Based on the evaluation data to date the Sing & Grow model of collaborative alliance building shows significant potential to address the existing issues (Turner & Sanders, 2006) of implementing prevention interventions that engage and retain participants from the target population, show effective outcomes and build organisational and community capacity (Nicholson et al., 2008).

Outcomes

The practice of close collaboration with community organisations (host organisation) in the delivery of the Sing & Grow program (as described above) can be directly and indirectly linked to a number of project outcomes, namely:

1. effective reach and accessibility of the intervention (i.e., the service is targeted at families with risk factors associated with compromised family and child outcomes);
2. participating families in the program are retained;
3. the 10 hours of intervention delivery provided in each program are optimised with positive outcomes achieved during short term intervention;
4. impacts and outcomes for families and communities are sustainable;
5. community capacity in the use of music with families is enhanced; and
6. supportive parenting networks are built around families, including the strengthening of links between parents and community services.

Evidence of outcomes

Sing & Grow is evaluated by an independent evaluation team led by A/Prof Donna Berthelsen, Centre for Learning Innovation, QUT and A/Prof Jan Nicholson, Murdoch Children’s Research Institute. See also Nicholson et al. (2008).

The evaluation team use a number of data sources including:

- family demographic details;
- parent pre and post intervention and follow-up questionnaires;
- pre- and post-intervention therapist observation ratings;
• post-intervention host organisation surveys;
• key informant interviews with staff and others;
• administrative data including attendance records; program location; dates; and
• data provided by the Sing & Grow management team including minutes of focus group meetings with host organisations and other material.

The most recent evaluation report is the Final Evaluation Report submitted to FaHCSIA in April 2008, with the following data relevant to each practice outcome extracted from this report:

Outcome 1

Effective reach and accessibility of the intervention.

At the outset of the current project, it was estimated that around 10 families would attend each program, with actual numbers expected to vary from 8 to 12 families per program. With a target of 225 programs across the evaluation period (July 2005–Sept 2007), this meant an overall participant target of 2250 families (range from 1,800–2,700 to allow for variation in group size). The actual number of families that attended was 2,379, which is on target (105%) with the expected participation rates.

The program was also successful in meeting its target "categories" of clients with programs run for those experiencing general socio-economic disadvantage (41.9%), children with a disability (17.2%), young parents (12.1%), multicultural families including refugees (10.2%), Indigenous families (7.8%), families with mental illness present (3.1%), mothers in prison (2.4%), families experiencing domestic violence (1.2%), and parent with alcohol or drug dependence (1.1%). Furthermore, 19.3% of families across all programs identified as having a main language other than English, 9.1% identified as Indigenous and 8.4% of parents were 20 years of age or less. At the family level, parents are asked to indicate the family structure and whether the family income is mainly from government benefits. From this information, there was evidence that the program was effective in attracting participants from disadvantaged backgrounds: 26% were single parents; 45% had not completed high school; and 37% reported that their main family income was from government benefits. In addition, as a simple screener of mental health status, parents are asked if they had experienced an episode of depression in the last two years. This was indicated by 40% of the parents.

Outcome 2

Participating families in the program are retained.

On average, parents and their children attended 59% of offered sessions in 2005 and 56.7% of offered sessions in 2006–07. Attendance at six sessions has been arbitrarily regarded as the minimum required for parents and children to receive sufficient intervention to impact on functioning. This minimum "therapeutic dose" was received by 52.6% of parent–child pairs in 2005 and 48.9% in 2006–07. There is scant literature reporting attendance rates of marginalised families, possibly due to large attrition rates. That which is published indicates that dropout rates for parent training programs often range from 6–44% (Barlow & Coren, 2004). Thus the Sing & Grow attendance is comparable with findings from other preventive parenting programs (Barrera et al., 2002; Charlebois, Vitaro, Normandeau, & Rondeau, 2001).

Given the nature of the families referred to the program (vulnerable, often facing crisis), it is expected that retention will be modest. Further analysis is yet to be conducted to explore the reasons why some families do not attend the majority of sessions and to determine whether any barriers exist that can be effectively addressed.

Outcome 3

The 10 hours of intervention delivery provided in each program are optimised with positive outcomes achieved during short term intervention.
Evaluation evidence from the Final Evaluation Report submitted in April 2008 found that the program has a positive impact on parental and child functioning, including significant:

- reductions in irritable parenting from pre to post intervention;
- increases in the level of parent–child engagement in home learning activities from pre to post intervention;
- improvements in children’s communication and social-cognitive play skills from pre to post intervention;
- improvements in parental mental health symptoms from pre- to post-intervention; and
- improvements from pre- to post-intervention in observed parental sensitivity, engagement with child and acceptance of child and for children, child responsiveness to parent, greater parental interest, and participation and increased social engagement by parents with others.

**Outcome 4**

*Impacts and outcomes for families and communities are sustainable.*

Follow-up surveys with parents who give consent to be contacted by the evaluation team are conducted three months following the close of each program. Early analysis of this data indicates that there is some maintenance of parent mental health improvements and child developmental outcomes at follow-up.

Other sources of evidence that suggest an element of sustainability of the project’s outcomes are detailed below.

Parents who completed the post intervention questionnaire indicated that they made extensive use of the Sing & Grow program CD at home and in the car. Parents also indicated that they frequently used music activities to amuse their child or to manage difficult behaviour. These findings reflect the knowledge and skills that parents gained through participation in the program that encouraged the use of music to engage with their child. Parents also strongly endorsed the value of the Sing & Grow program for enhancing their understanding of children’s development.

Written comments from completed host organisation representative evaluation surveys include:

“High level of social interaction and connections between parents. The music group are planning to continue to meet as a musically based playgroup next year.”

“Most evident was the ability to sit and participate for a number of the boys. The acceptance of taking turns translated to other activities in the preschool program and has been the key to engaging one child in particular who had not previously followed instructions.”

A number of groups of parents formed for participation in Sing & Grow have transitioned to a variety of other programs including supported playgroups, mainstream playgroups and parent or community run music groups.

**Outcome 5**

*Community capacity in the use of music is enhanced.*

Comments from host organisations in this area have included:

“Our team members have learnt some new songs and approaches to encourage music and singing ... we have even received some money to buy some musical instruments here.”

“We continue to include music time in our playgroup. The families particularly enjoy the Hello song. They are often asking for songs learnt during the Sing & Grow program.”

“From a teacher’s perspective, I learnt a lot about rhythm, songs, listening games that I am able to utilise in the classroom setting.”

“It made me more aware of the power and importance of music.”
“When the session leader couldn’t attend once, the families ran the session anyway.”

Workshops are run regularly in collaboration with host organisations. Feedback consistently highlights the knowledge and confidence that workers gain in using music with families.

As shown in Table 1, feedback from two large workshops in Sydney and Melbourne indicate representatives found the workshops very positive.

Table 1: Compiled Ratings from workshops in Sydney and Melbourne

<table>
<thead>
<tr>
<th>How would you rate the following?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tr>
<td>(1 being the lowest and 5 being the highest)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Overall presentation</td>
<td>0%</td>
<td>0%</td>
<td>8%</td>
<td>39%</td>
<td>53%</td>
</tr>
<tr>
<td>Music workshop</td>
<td>0%</td>
<td>0%</td>
<td>7%</td>
<td>23%</td>
<td>70%</td>
</tr>
<tr>
<td>Group activities</td>
<td>3%</td>
<td>5%</td>
<td>7%</td>
<td>34%</td>
<td>51%</td>
</tr>
<tr>
<td>Your confidence to share ideas at your playgroup</td>
<td>0%</td>
<td>1%</td>
<td>22%</td>
<td>28%</td>
<td>49%</td>
</tr>
<tr>
<td>What you have learnt today</td>
<td>0%</td>
<td>1%</td>
<td>8%</td>
<td>40%</td>
<td>51%</td>
</tr>
</tbody>
</table>

General comments include:

- “Affirmed that we are doing things well, but also gave some more ideas.”
- “Thanks very much. I am very motivated to get our sessions to incorporate music & to encourage others.”
- “So much great info given all in which I’ll use.”
- “Inspired me—particularly to take up the guitar!”
- “A great workshop. I feel it will be easy to hold a regular music session in our playgroup now.”
- “Thanks for a great presentation and workshop. Good to get new ideas to share and the reasons why we have music/actions activities.”
- “Thanks very much if gave me a lot of ideas to use with the parents & children I work with.”

In response to this encouraging community feedback, Sing & Grow staff members subsequently developed a resource book and CD (Making Music Time a Success) to further build the capacity for organisations to use music to engage families with young children.

Outcome 6

Supportive parenting networks are built around families, including the strengthening of links between parents and community services.

As part of the external evaluation, families were invited to complete a post-questionnaire, in which they are asked a range of questions relating to social support links that are made as a result of participation in Sing & Grow.

Parents were asked if their participation in Sing & Grow had facilitated contact with other professionals (e.g., occupational therapist, physiotherapist, speech therapists, social worker, family support worker). Most commonly, participants indicated professional contact with speech pathologists (22%), social workers/community workers (22%), and family support workers (18%).

Participants were also asked whether they had attended or planned to attend a range of other services because of their participation in Sing & Grow. Table 2 below summarises the nature of other services that participants had attended or planned to attend.
Table 2: Additional services families have accessed (or intend to access)

<table>
<thead>
<tr>
<th>Program that participants attended/planned to attend</th>
<th>No. (%)</th>
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<tbody>
<tr>
<td>Playgroup</td>
<td>620 (69%)</td>
</tr>
<tr>
<td>Maternal and child health centre</td>
<td>299 (34%)</td>
</tr>
<tr>
<td>Community child health centre</td>
<td>313 (36%)</td>
</tr>
<tr>
<td>Parenting or family support group</td>
<td>232 (27%)</td>
</tr>
<tr>
<td>Early intervention program</td>
<td>105 (21%)</td>
</tr>
</tbody>
</table>

In a sub-sample of Queensland participants, almost all parents (98.4%) reported that Sing & Grow had facilitated their contact with other parents and most (84.9%) reported finding out more about other services. These data indicate that Sing & Grow has been successful in building social connections and facilitating links with other community professionals and services for participating parents.

Comments from host organisations in this area have included:

- “Many parents in the group had never attended ‘group sessions’ [before]. They have now joined community playgroups and are accessing other services.”
- “Parents were planning to go to the same playgroups—sharing, caring, supporting each other.”
- “Some parents have made or increased friendships through coming to Sing & Grow. Particularly valuable is the making of connection with other parents whose children are struggling with development.”
- “Provided platform for parents to discuss their concerns regarding their child’s development with appropriate professionals.”
- “I felt as though parents developed a social network and better relationships with therapists and were more open to therapy suggestions.”
- “Other agencies were invited to attend the Sing & Grow sessions to talk about the services they offer in the community to increase parent’s community connectedness.”
- “Several parents joined other groups and individual treatment programs e.g. parenting, speech pathology.”

Policy analysis

The Sing & Grow early intervention music therapy program provides a unique and effective alternative to traditional parent intervention programs. The non-threatening and fun nature of the 10-week activity based program addresses the significant issues of poor engagement and retention rates that beset the majority of programs targeted to socially marginalised and or isolated parents. The ongoing formal evaluation of the program, including participant outcomes, provides an important contribution to the knowledge building of the effectiveness of music therapy as a parent intervention strategy. The success of the program has engendered significant interest including adaptation of the model for a broader target group.

The strategy of collaborative alliance building with host community organisations enables extensive reach by providing a fully resourced model to be incorporated into the existing service delivery of local community providers. It is therefore readily replicable and able to be locally contextualised. As a result the program provides a legacy of capacity building which enriches the local communities in which it operates.

Project evaluations

Sing & Grow has been independently evaluated. See:

Project related publications


References


Therapy, 16, 43–59.


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