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***An exploration into the impact of self-expression through music
in those that identify as Care Experienced using a mixed
methods approach***

By

**Alicia Santana
40325289**

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Supervisor: Dr Dave Hook FHEA

Abstract

This dissertation presents a deeper and broader insight into the positive and potentially life-changing impact that self-expression through music can have on Care Experienced people. The findings indicated that music afforded those in care a sense of identity and belonging that they had previously struggled to find. It provided a coping mechanism in which to express challenging emotions, a distraction from partaking in risk behaviours such as substance misuse and violence, and it allowed them to 'escape' from the harsh realities that they were used to. For many, it was a life-saving property. To explore and identify the impact that self-expression through music could have in the care community, a qualitative mixed methods approach was employed to further understand their lived experiences, including my own. I undertook a series of one-to-one video call interviews with seven Care Experienced individuals and two interviews with community music practitioners who had worked with those in care. The interviews were conducted in a semi-structured format to allow for an authentic exchange of shared experiences. For my own data gathering, I utilised auto-ethnographical techniques such as textual and photographic artefact gathering and personal memory recollection. The findings from the analysis illustrate that self-expression through music is of utmost benefit and importance to those that have been in care and those who have worked with them. A number of barriers were also identified, such as 'placement' instability, dearth of financial support from those who have a duty of care for them, and a lack of encouragement from the parental roles and figures in their life. To further strengthen this, Care Experienced people have significantly poorer outcomes and opportunities to that of their peers. Suggestions going forward highlighted that there was a need for more music accessing opportunities for those of all ages and care settings, and those in the lives of Care Experienced people, particularly those with a statutory duty of care, should encourage and support them into undertaking or progressing with musical activities that empower self-expression.

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To all of the participants of the study, thank you for trusting and sharing your experiences with me. It was wonderful to hear the roles that music and self-expression played throughout your lives.

To my care family, this is for you. Thank you for allowing me to be a part of something so much bigger than myself. We have a long way to go, but we will keep demanding our voices are heard and listened to. All my love.

In memory of Dean Howden
A wonderful Care Experienced musician and friend
1997 – 2019

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Introduction

The care system in Scotland is fractured. Those who experience are amongst the most disempowered and neglected groups in society. Care Experienced people have significantly poorer outcomes to those of their peers, and they are more likely to see the inside of a jail cell than they are a university building. They are stigmatised through societal and systematic perceptions; they are labelled troublemakers and non-achievers. Children and young people are taken into care for their own safety and protection, but they often leave the 'system' with a lack of love and stability that carries throughout their life. This is not their fault.

Over the last few years, Care Experienced people have been changing their narrative as a collective voice. A 'root and branch' review of Scotland's care system was commissioned by the First Minister of Scotland and it has been driven by those with lived experience. This review has further highlighted the role that government and society need to have for those who have been in care. They should be given the encouragement and opportunities to thrive, to be an equal part of society and given the chance to feel 'normal'.

The inspiration behind this study came from my own lived experience of being in care. It was the one thing that allowed me to feel 'normal', the thing that allowed me to not just be a kid in care by using music as a means of self-expression. Self-expression is simply the expression of the self: our emotions, thoughts and feelings. This is often adopted through creative practices such as music or art. Creative expression of the self can allow us to convey the things that we feel and have our voices heard without saying anything.

This aim of this study is to explore what it means for Care Experienced people to express themselves through music: to share their voices, and the impact that it had on them. Studies have previously been carried out on the impact of music making in 'looked after children' (Gracie, Hawthorn and McCue, 2018; Dillon, 2010; Humphrey, 2018), however there is a lack of research that is representative and inclusive of all ages and experiences of care, in which this study aims to be mindful of. Additional to the overall aim, the research project also intends to generate a deeper

understanding of what it means to be someone with experience of the care system, and the barriers that may arise for them within the accessing of musical activities that can empower self-expression.

The above aims will be reflected through the following research objectives:

- To explore and develop an understanding of what it means to be Care Experienced
- Illustrate the benefits and the importance of self-expression through music in Care Experienced people
- Discuss the barriers around the accessing of musical activities for Care Experienced people
- Critically reflect upon my own lived experience using an autoethnographic mixed-methods approach

To achieve the research aims and objectives, the literature review will discuss the current conditions of care and the benefits of music for healing and expression. This will be followed by the methodology undertaken for the research and a combined thematic analysis and discussion section that will reflect upon current research in comparison to the findings. The study will conclude on the impact that self-expression through music can have on those who have experienced the care system, with suggestions around the future of potential music-making opportunities.

Literature Review

Care Experience

To note, I will be capitalising the term 'Care Experience' as it is a preference of cultural legitimacy within the community.

This paper looks at Care Experience in a holistic and open-minded manner, documenting all ages, types and varying lengths of experiences. I have provided context to each of the care settings because it holds significant relevance to the qualitative data that I have gathered around the individual experiences of self-expression through music. Each setting of care has its own rules, regulations, and perhaps most importantly, its own challenges and values. Within each care setting is a Care Experienced individual with an experience that is entirely unique to them; no two journeys are the same. However, it is evidenced that there are things that connect Care Experienced people to one another, which I aim to highlight throughout this paper with the understanding that care is a shared cultural experience.

As of July 2019, there were 14,015 infants, children and young people that were considered 'looked after' in the Scottish care system (Scottish Government, 2020). This does not include those who have 'left care'. The term 'looked after' falls under the Scottish Government's official terminology for someone that is looked after by the local authority up to the average age of eighteen, but sometimes until they are twenty-one. The term 'care leaver' is often used for those who have left care. These are still the legislative terms, but the term 'Care Experienced' is being more widely used amongst the sector towards individuals that are or were looked after. It is seen as a more holistic and inclusive term that welcomes all ages, placement types and durations of time in care (Learning Directorate, 2018)

There are various reasons as to why a child or young person can become looked after, such as experiencing abuse or neglect in the family home, having complex disabilities that require special care, unaccompanied minors seeking asylum, or experience of the youth justice system (The Scottish Government). They will be

referred under one of these grounds to the Children's Hearing System and a series of decisions will be made around the safety and well-being of the child or young person. The highest majority of referrals (88%) are filed under the grounds of care and protection and the latter is under the grounds of offence (20%). It is said that there is a pre-conceived belief that children and young people are taken into care and labelled as 'bad' (Maloney, 2017; Sweeney, 2020), however the statistics around the grounds for referral could debunk this belief.

Care settings

When a child or young person becomes looked after by the local authority, they will stay within the following care settings, otherwise known as a 'placement type'.

Throughout this study, I will predominantly avoid using the term 'placement type' to describe the places that children and young people call home, however the analysis and discussion section makes use of the term within quotes from the participants.

- **Foster Care**

If a child or young person is unable to stay with their parent/s or family members in a formal kinship care arrangement, they may be considered for foster care where they will be taken care of by another family. There are various types of foster care arrangements that are dependent on the needs of the child or young person, such as: short-term temporary stays; respite care; and long-term stays.

- **Residential Care**

This type of care placement is similar to foster care in that the child or young person will be accommodated out-with their family home. These are residential care-homes, or sometimes known as 'units', in which they will stay with a group of other Care Experienced young people and be taken care of by the staff that work on daily and nightly rotated shifts. Depending on the circumstances of each child or young person, the durations of stay in residential homes can vary from short-term emergency placements to a longer-term living arrangement. There are other types of

settings that fall under the residential category, such as secure care and alternative schooling.

- **Looked After at Home**

This type of care is often overlooked and underrepresented (Welch, Lerpiniere, Sadler and Young, 2014). It is not often not considered or understood as a type of care setting. If a child or young person is looked after at home, it means that they are under a Compulsory Supervision Order (CSO) by the Children's Hearing System, but they are still able to reside with one or more of their birth parents in their own home. They are still considered 'looked after' but not under a condition of residence such as foster or residential care.

- **Kinship Care**

If a child or young person is in kinship care, they will stay with one or more of their relatives or close friends, either privately with no local authority involvement or under a formal legal arrangement decided by the Children's Hearing System. This type of care can often be seen as a 'bridging-point' between at-home care and accommodative care as the family will still have parental-like rights which would otherwise not be there if taken into an accommodative care arrangement.

- **Adoption**

If a child or young person is unable to live with their birth family, they are sometimes considered for adoption. Most commonly practiced amongst babies and young children, adoption is a legal process and allows those who are considered to become full, permanent and legal members of a new family. When a child or young person is adopted, they will no longer be considered 'looked after' or be of legal duty to the local authority and the birth family will hold parental rights. More than half of the approved adoption referrals in Scotland were for children under two years old, and 62% were for children aged two to five years old. Less than 1% were approved for children aged eleven or over (Care Inspectorate, 2019).

Statistics and outcomes

Care Experienced individuals are one of the most marginalised groups in society (Quarmby, 2014; Mannay et al., 2017). The body of outcomes that exist for Care Experienced people can evidence this, such as low educational attainment, increased rates of poor mental health, higher chances of being involved with the criminal justice system, and higher mortality rates. Some statistical examples of this are:

- In 2017/2017, 67% of all school leavers had 1 or more SCQF Level 6 or better, compared to 12% of those who were Care Experienced (Scottish Government, 2019).
- 52% of Care Experienced children aged 5-10 have a mental health condition compared to 6% of children from the general population (Dugdale, 2018)
- 31% of adult prisoners have self-reported being in care at some point in their life, however these figures could be higher (over 50%) as some may not realise that they were in care or do not want to identify with it. (HM Inspectorate of Prisons for Scotland, 2009)
- 6% of local authority homelessness applications in Scotland from 2018-2019 were from people who have been looked after by their local authority (Scottish Government, 2018. However, this relies on self-declaration (similar to statistic 3) and does not include those who are sofa-surfing, sleeping rough, or staying in unsuitable accommodation. It is suggested by practitioners that 30-50% of individuals who are homeless could be Care Experienced (Who Cares? Scotland)
- Care Experienced young people are thought to be 20 times more likely to die before the age of 25 than their non-Care Experienced peers. (Who Cares? Scotland)

These statistics can illustrate some of the harrowing realities that Care Experienced people face throughout their life and can offer a broader understanding of the challenges in what it means to be Care Experienced. There is a lack of evidence around the actions that the local authorities, their 'statutory parents', are carrying out to challenge these outcomes; the care, protection and rights of Care Experienced people (Govan Law Centre, 2015; Goodwin, 2019). It is only through the stories and voices of Care Experienced people that concrete systemic change will happen.

Care Experienced movement

A movement is a group of people with a shared purpose who create change together. Over the last few years, Care Experienced people have been at the forefront of political agenda demanding their voices and experiences are heard and claiming their 'care identity' (Sturgeon, 2018). Independent advocacy and membership organisation Who Cares? Scotland state that their vision for the Care Experienced population is simple; they deserve to have a lifetime of equality, respect and love (Who Cares? Scotland, 2019). For decades, there has been an immeasurable amount of societal stigmatisation and prejudice on what it means to be Care Experienced, and they have been historically moulded to a negative stereotype that has been indoctrinated predominantly through their portrayal in the media (Franklin, 2002). Beveridge (2016) discussed that her local community protested against the build of a children's home for people in care, stating that they did not want 'these children' living near them, asking if the home would be 'secure' because they did not feel safe. Similar to this, Glasgow Evening Times (2009) reported that a group of local residents were 'furious' and debating against the re-opening of another place for children and young people in care to stay in and call home. In 2016, The First Minister of Scotland announced a 'root and branch' review of the care system after listening to the voices of those who had lived it (Rhodes, 2016). The review was commissioned to the Independent Care Review and driven by those with experience of care. After listening to 5,500 experiences of care, 'The Promise' was published in February 2020 and highlighted the steps that government

and society should take to ensure the future of care is transformational (The Independent Care Review, 2020).

Adverse Childhood Experiences

Following on from this idea of stigmatisation in Care Experienced people from wider society, The Independent Care Review (2020) reported that the care system has continued to fail those that have lived within it. A recognition around the importance of understanding trauma from adverse childhood experiences has become recognised as essential.

Within the past few years there has been a broader commitment and response to Adverse Childhood Experiences (ACEs) in Scotland as they provide a method for in-depth research that can measure the long-lasting impact of things like childhood trauma (Education Scotland, 2018; Marryat and Frank, 2019; Burns, 2018). ACEs are typically scored from 1 – 10 against an individual's experience of events based around abuse, neglect and dysfunction in the family home. It is said that those who have an ACE score of 4 or more are at a significantly higher risk of multiple adult diseases or health related issues (Walsh, McCartney, Smith and Armour, 2019). At present, there is not enough research that exists around the concrete relationship between Care Experienced people and Adverse Childhood Experiences. However, the current research around childhood trauma and adversity in people that are Care Experienced (Furnivall and Grant, 2014) could suggest that the community have a high ACE score average. It can be useful to have the statistical data around the outcomes for Care Experienced people to measure the weight of Adverse Childhood Experiences and understand the commonalities over time. However, it is important to remember that there are thousands of Care Experienced people behind these statistics and it does not fully equate what it means to be Care Experienced. The data that carries the most impact and weight around the outcomes of care lies within the individual stories of those who have lived it.

Getting it right for every child

The Scottish Government is committed to ensuring that the wellbeing of all children and young people is supported and championed for through the 'Children and Young People (Scotland) Act 2014', adhering to Scotland's practice framework model '*Getting it right for every child*', also known as GIRFEC. Within GIRFEC is a set of principles and rules associated with the rights of children and it is the basis upon which children, young people and their families are to be supported by (Coles, Cheyne, Rankin and Daniel, 2016). Scottish legislation states that every child and young person should be safe; healthy; achieving; nurtured; active; respected; responsible; and included; which is acronymised as 'SHANARRI'. When this is considered alongside the outcomes for Care Experienced people, it is evident that there are masses of work that need to be carried out by those who are responsible for their needs and well-being, of which the Scottish Government, and many other regulatory bodies and organisations, hold the title of a 'corporate parent'.

Corporate Parenting

There are 24 corporate parents named under the Children and Young People (Scotland) Act 2014, some of which include: The Scottish Government as a whole; each local authority in Scotland; all further and higher education bodies; all government executive agencies; Police Scotland; and a body of specific importance during this paper – Creative Scotland. The role of a corporate parent is to '*uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which their physical, emotional, spiritual, social and educational development is promoted, from infancy through to adulthood.*' (Scottish Government, 2015). In other words, this means that they have duties similar to those of a good parent. Under Section 9 of the 2014 Act it states that each public and organisational body is to produce a 'corporate parenting plan' every three years. Each plan should detail the statutory measures that they will undertake that shows their commitment to improving the outcomes of Care Experienced children and young people, and how they are best supporting and nurturing their needs and well-being.

Alongside this being a legislative duty, there has been, and continues to be, emerging conversations around the ways in which the outcomes and well-being of Care Experienced people can be improved. It is evident that there are systemic gaps and a sense of overall inequality between Care Experienced people and their non-looked after peers, and within the context of this research, the ability to access musical activities and what that means for people who identify as Care Experienced. There is little research that documents the importance of creative expression, specifically through music, in those who have been in care. I hope that my research can look to address that.

The healing properties of music

Music has been known to have therapeutic and healing properties for centuries. The professional discipline of music therapy has only come to light in western culture since the early 1900s, however music as therapy has been practiced throughout the world for thousands of years (Winn, Crowe and Moreno, 1989). Ethnological literature, such as that of Moreno (1995), exclaims that a large majority of the music that currently exists in cultures across the world were birthed through the intent of healing in the shamanic tradition. In the practice of shamanism, they would use a range of techniques such as repetitive improvisational drumming and singing to access parts of the human unconscious; a 'transcendent state' (McMasters, 2015). These techniques have been transferred into the practice of professional music therapy, along with other techniques such as song-writing, guided music and imagery (GIM) and analysing and listening to songs (Wheeler, 2015). These techniques are used by music therapists to facilitate a space where individuals may feel able to express their feelings and explore areas of their subconscious through the act of musicking and one-to-one relationships with the therapist (Kim, 2013). Although there is a lack of research that has a sole focus on the therapeutic benefits of music in people that have been in care, there is a breadth of research that looks at this within the context of complex trauma, substance misuse, at-risk youth and childhood abuse survivors, all of which can be linked to adversity in childhood that

can lead to a child becoming looked after (Garrido et al., 2015; Hohmann, Bradt, Stegemann and Koelsch, 2017; Tyson, 2002; Amir, 2004).

Self-expression through music

The act of creative self-expression simply means having the freedom to express your feelings and emotions through a creative medium such as music, art or dance. It is evident that those who have experienced trauma; the majority of those who have experienced the care system; can have lots of difficult emotions such as confusion, anger, persistent fear and loss. These feelings can be challenging to manage but having the ability to express these emotions and feelings in a safe and controlled way through a creative medium such as music can be hugely beneficial across many aspects of their life. Montello (1999) is a music therapist that carried out a psychoanalytic study into the treatment of childhood trauma in adults through music. She carried this out in three recovery stages: 1) establishment of safety for the participants; 2) remembrance, recollection and mourning; and 3; the participants' reconnection with ordinary life. Montello worked with a variety of individuals that presented with similar responses to trauma, such as fragmentation of the inner-self, dissociation, and over-stimulation of the central nervous system that created a persistent state of anxiety. During the study, Montello found that the participants would use improvisational techniques such as the use of dynamics and playing dissonant chords on instruments when conveying emotions or memories that were hurtful. She also stated that some of the participants went through stages of idolising and devaluing her, commonly known as 'black or white thinking'. This type of behaviour can present in individuals who have experienced trauma, particularly when undergoing any form of therapy as the therapist will take the role of a caregiver and challenge the thoughts and reactions from their participants, some of which have never had this relationship dynamic before. Montello's findings suggested that music can be used as a therapeutic tool for healing from the wounds from trauma, particularly when this is facilitated through the process of professional therapy. Whilst she did not disclose any of the participants were Care Experienced, it is evident that they experienced similar emotions, thought patterns and behaviours as a response to childhood trauma and neglect. Montello's study presented similar

findings to that of Millar, Steiner, Caló and Teasdale (2019) but within the context of a community-based music facilitation project as opposed to formal therapy.

COOL Music

Community Orientated and Opportunity Learning (COOL) Music was a collaborative project between researchers at Glasgow Caledonian University and the practitioners at arts-based social enterprise Heavy Sound. I supported this project as a practitioner across two groups, one of which was a group ran by Who Cares? Scotland for children and young people in care. COOL Music was carried out over 12-months and they primarily worked with 'hard to reach' and 'disengaged' young people in various community youth spaces and schools, still maintaining an informal approach and atmosphere. Following a 'bottom-up' approach, the project aimed to facilitate learning, self-expression and new experiences through music, whilst adhering to their ethos of participant-led and person-centred practice (Heavy Sound). The practitioners would deliver sessions on various aspects of music, including learning how to play instruments, 'making beats' with various midi controllers and DAW software, song-writing and rapping. Initially, the young people presented with a range of issues such as anger management, emotional dysregulation and traits of anxiety and depression, similar to the participants of Montello (1999)'s study and the studies of Tyson (2002) and Wolfe (2016). As the COOL Music project progressed throughout different group settings, the same patterns of positive outcomes were presenting. Millar, Steiner, Caló and Teasdale's findings report that there was a significant increase in the confidence, musical skills, self-worth, social skills and formal educational attainment of the young people that participated; '*one young person has definitely stopped self-harming*', said a teacher. These outcomes are not dissimilar to many other community-based music projects for disadvantaged young people including those who are Care Experienced. This research implies that when children, young people and adults are supported, encouraged, and given the *opportunity* to express their emotions and feelings through the medium of music, there are significant benefits to their overall wellbeing and their journeys of healing.

Methodology

This research paper looks at exploring the impact of using music as a means for self-expression in people that have been in care. The intent for this study came from my own lived experience of being Care Experienced and understanding the impact that using music as a means of self-expression had on me. I have worked with Care Experienced children and young people in community music settings and I have observed the impact that music has had on them, but also as an integrative tool for healthy social interaction and their well-being. I was eager to understand what the act of self-expression through music meant for other Care Experienced people, whilst reflecting upon my own experiences and examining if there were any key themes or similarities that could create a potential shared experience. There is a breadth of research that exists around using music as a tool for self-expression in a range of socio-cultural groups, however there is very little that explores this solely within the context of those who have been in care and particularly using a mixed methods approach.

Mixed methods approach

I have carried out this study using a qualitative social mixed methods approach. The data was gathered from those with lived experience and those who have observed the lived experience of others using a phenomenological method and from my own personal account of lived experience using the method of autoethnography.

Autoethnography is an approach to research that uses self-reflection and analysis of personal experience to extend the understanding of a societal phenomenon (Wall, 2006). There are debates around the validity and rigorousness of combining qualitative and quantitative research into a mixed method approach (Sale, Lohfeld and Brazil, 2002; (Tashakkori and Teddlie, 2010), and there is further debate around combining a 'mainstream' qualitative research design with a newer postmodern method such as autoethnography (O'Byrne, 2007). However, Morse (2010) argues that, whilst also understanding the ambiguity of mixed method research, combining the two can offer a rich bank of 'harder' data that provides an added source of insight as a supplementary component of data; auto-ethnography; to the core component of data; phenomenology.

Using qualitative methods allows for a deeper and more detailed understanding of what you are trying to research, particularly in social research. Regardless of the ways that the method is used, it allows for those who are involved to elaborate on the things that they have experienced, and in this instance, lived experience of those in care using music as a means of self-expression. In order for me to carry out this research with rigour and validity, I felt that it was most appropriate to ask those who may have their own experiences of this. It was also of fundamental importance to me that I was inclusive and representative of Care Experienced people with varying ages and types of care.

Data gathering

I carried out a series of one-to-one interviews with eight Care Experienced individuals and two interviews with those who had worked in and around community music settings with people that were in care. I made a 'call out' for participants on my personal social media account and received the largest response from my post on the 'Care Leavers Rock' private Facebook group (see Appendix A). I personally contacted two Care Experienced individuals as I was already aware of their engagement with musical activities (see Appendix B), and two individuals that do not identify as Care Experienced but had experience of working as music practitioners with young people in care (see Appendix C). Once the participants had confirmed, I arranged a series of one-to-one interviews that were carried out over three days and took place through video call. Each interview was structured to take thirty minutes to complete, however I was prepared to be flexible around this and communicated this to the participants before and during the interviews. Most of the interviews averaged from thirty to sixty minutes; having this flexibility allowed for the conversations to productively divert and flourish which allowed me to gain a deeper insight into their experiences that were not prompted through the questions.

The questions were devised with a semi-structured and open-ended format. I felt that it was necessary to include an element of structure to provide a context that would therein prompt an open conversation. Each question had a direct link to one or all of

my research objectives and I touched upon themes around the nature of the musical activities they were involved in: self-expression through music, the barriers that may exist in the accessing of musical activities during and out of care, and a 'blue sky thinking' prompt around what the accessing of musical activities for Care Experienced people *should* look like (see Appendix D). During the first interview, it occurred to me that the experiences that were being shared by the participant were of a similar nature to my own. This was already somewhat expected, however, and the conversation to powerfully emerge through experiential connection. Due to this, the interviews proceeded to be a two-way conversation in listening, learning and reflecting upon our individual and shared experiences, however I ensured that the participant continued to be the sole focus of the conversation. The two non-Care Experienced participants received a different set of questions that were formed around their experiences of working with people who had been in care, from an observational and a personal perspective (see Appendix E).

As stated, I will be using autoethnography as the supplementary method of data to the study. The data was collected through personal memory recalling and analysed with reference to my own song-lyrics, those of others, and online interviews. I will be reflecting autoethnographically throughout the analysis and discussion section whilst presenting the findings of the other participants.

Ethics and data protection

Before each of the interviews, I verbally read through the consent form and highlighted that the data would remain strictly anonymous, they could share as little or as much of their experiences as they wanted or felt was necessary, and they had the freedom to resign their participation to the study at any time during the interview. Upon completion of the interviews, I privately messaged and emailed the consent forms to the participants, however only a few were timely in their response and the majority were gathered at a later date; one participant submitted a verbal form of consent over the interview call as they had difficulties adding an electronic signature to the written form. Each of the interviews were recorded on my phone and archived into a zipped file on my computer. This was to ensure that data was protected whilst

adhering to the 'University Code of Practice for Research Integrity' by Edinburgh Napier University. As stated, the findings have been anonymised and I will be using pseudonyms for each of the participants.

Analysis and discussion

I have carried out a thematic analysis of the findings from each of the interviews that took place. With this, I have combined the analysis and discussion sections of the study to present the findings with ease and clarity whilst discussing the themes in relation to each other. The structure of the emergent themes and subthemes are as follows:

- Music as a form of identity
- The importance of self-expression through music
 - *Music as an emotional outlet*
 - *Escaping reality through music*
 - *The life-saving properties of music*
- The barriers that Care Experienced people face in the accessing of musical activities
 - *Financial barriers*
 - *Placement barriers*
- Going forward – observations and recommendations
 - *Encouragement from those in the lives of Care Experienced people*
 - *Opportunities*

The majority of the findings will be presented as direct quotes; however, some have been paraphrased for ease of discussion. I have quoted the participants accurately with use of slang and curse words to prevent a loss of authenticity in the findings. The themes were identified through critically analysing the data and identifying the commonalities between the individual experiences. I will provide context for each of the themes before interpreting and discussing the findings from those with lived experience in addition to my own personal data of lived experience.

Music as a form of identity

The findings illustrate that a number of the participants considered themselves to have a 'musical identity'. The literature review highlighted what it means for those who are Care Experienced to have a 'care identity' - interlink so it was of no revelation to me that identity was a common theme amongst the participants too. However, the notion of identity was not prompted by any of the questions that I had asked.

As humans, we have identities; to be a human in and of itself is an identity. Identities are the traits, characteristics and social relations that embody who we are (Leary and Tangney, 2014). The idea of a 'musical identity' is the perception of an individual's musical self, (Pöder and Kiilu, 2014) which seemed to resonate with a number of the participants in the study:

"I always felt like I was able to portray the best image of myself, whether it was through dancing, singing, performing in youth orchestras or playing the violin – I wasn't just that kid in care, I was larger than that. I think that has become a really big part of my identity." – Zoe

Zoe states that she was able to portray the 'best image of herself' through being involved in musical activities and having a musical identity. This identity allowed her to feel like she was not 'just a kid in care' and that she was 'larger than that'. It could be suggested that Zoe felt a sense of purpose and belonging from attending these groups. There has been, and still continues to be, a significant amount of societal stigmatisation around those that grow up in the care system. It could be said that this has made it challenging for Care Experienced people to identify with the fact that they were in care (Become, 2017), and having other identities, such as music, could allow them to gain a sense of normality. Hannah's experience implies a similar message:

"I pride myself in being a good musician and I like people to reference that. I don't want it to be like, 'Oh, she's a good musician, for a care leaver.'" – Hannah

Hannah's experience further evidences the negative stereotypes that exist for Care Experienced people. Crosley (2019) expressed that Care Experienced people are

expected to become troublemakers and low achievers, which also echoes Rebecca's experience:

"The music community and my musical identity was so important to me. When I was in care, I was given a new identity of being a troublemaker, or whatever labels I was given, none of them were very nice." – Rebecca

Amongst these participants, it appeared that having a musical identity was of importance to them as it allowed them to be a part of 'something bigger' that was not related to care. This is contrary to the findings of Dillon (2010)'s study. Her findings suggested that the participants found it beneficial to use their musical identities as a tool to share their experiences of being in care in a group setting, creating a shared experience of both music and care amongst them. It is important to recognise, regardless of the experiential contrasts that appear, that these individual experiences hold equal validity to each other, and they all contribute to the ways in which Care Experienced people can form an identity through music.

The importance of self-expression through music

Care Experienced individuals often feel the need to 'overcome' the negative attitudes that exist for them within society (Rankin, 2019). However, as mentioned in the literature review, Care Experienced people have been emerging as a community; as a movement; to talk about their experiences of being in care, and the importance of sharing those stories in order to shift the negative societal perceptions that exist for them. One of the ways that these conversations have emerged is through the use of creative expression, and within the context of this study, through music.

This theme holds significant importance to the study itself and my overall research objectives. During the interview, the Care Experienced participants were asked, '*Do you feel like you are able to express yourself through music? In what ways?*', in which similar patterns of response were found. From the findings, I have created subthemes that emerged across the responses and will present them individually to provide fuller context.

Music as an emotional outlet

The concept of music being used as an 'emotional outlet' was harmonious amongst the participants. The findings have identified the various mediums in which they formed an outlet, such as through song-writing, playing instruments, and listening to music that conveyed their emotions.

Writing, specifically lyric writing, it was a way for me to channel everything that was going on for me. It made me act out a bit less, instead of telling people how much I hate them, I could just write a song about it. – Liam

Liam's experience of using lyric writing to 'channel' emotions such as anger is not uncommon amongst the general population, but particularly for those who are Care Experienced. Dillon (2006)'s findings showed that lyric writing was a powerful tool for children and young people in care to develop an awareness of their identity and what they have been through. As discussed in the literature review, many children and young people growing up in care often experience a significant amount of trauma and life disruptions that can cause adverse physical and emotional impact. When I asked Liam how different his life would be if he was unable to express himself through music, he stated:

"I just feel that I would've been a bit more of a bam. I would've taken more drugs and caused more trouble, and if I hadn't had music to occupy me, I would have found something else to do; the other things that were on offer were selling drugs, taking drugs, or talk about drugs, I guess."

The impact of interpersonal trauma, specifically that of childhood abuse and neglect, can manifest through behaviours similar to Liam's such as substance misuse. Liam states that if he did not have music to 'occupy' him, he would have continued to partake in risk behaviours during that time in his life.

Hannah shared a similar experience around using music, particularly musical instruments, as an emotional outlet:

“When there was trouble at home, I would always play my best after an argument. I never understood that. I wonder if it’s because I was in such a heightened emotional state. I think it is that overly emotional state - you channel everything into a fucking stick. Yeah, it makes me express myself incredibly.” – Hannah

Hannah mentions that her musical skills were enhanced after arguments at home. In an ‘overly emotional state’, she was able to express how she felt through the medium of music. Similar to Liam’s example of emoting through lyric writing, it could be suggested that using musical tools to vent out feelings of anger and distress were positive coping mechanisms for the participants.

Escaping reality through music

Findings suggest that a number of the participants were able to ‘escape reality’ through music; an interesting turn of phrase. Some participants used the phrase directly:

“I enjoyed being a different character - it took me away from reality. Whenever I was on stage or in rehearsals. I could forget everything else going in my life and just be in the moment and concentrate on portraying a character.” – Zoe

And some indirectly,

“You can get peace. You can get relaxation. You can get a sense of flying – I’ve always wanted to fly.” – Marie

The phenomenon of music allowing you to feel a sense of elation and ‘flying’ is rooted within the research of shamanistic rituals that are highlighted in the literature review, also known as a ‘transcendent state’. Frith (2006) suggested that music may

provide a means of escape as it takes us 'out of ourselves' and 'puts us somewhere else'.

Reflecting autoethnographically, the idea of 'escapism' really mattered to me when I was in care, and I never found anything that gave me that other than music. I would play my guitar for hours and get lost in the way that an Fsus4 chord felt like 'home'; a word that I was never able to grasp the concept of. I never felt love from those who were supposed to love me, but I found it in my guitar. I feel lucky that I was able to escape my chaotic outer world through the medium of music (Appendix K).

It is common amongst many individuals, not just those who are Care Experienced, to feel a sense of elation and 'escapism' through partaking in musical activities such as playing an instrument or listening to music. Research has shown that music can be a positive means of escaping from the happenings in an individual's life; the literature review aimed to highlight a few of the realities and outcomes that Care Experienced people face, and this 'need to escape' is borne out in the testaments of the participants.

The life-saving properties of music

One of the emerging patterns amongst the data was the notion of music having 'life-saving' properties, and many of the participants used the phrase 'music saved my life' directly. Edmunson (2012) argues that music cannot save a life, however it can 'preserve' them.

I've never really worked through the layers of what music means to me. I think it is quite complicated for people who have been in care, or for me, music before I was in care. I feel like music has literally saved my life. – Rebecca

Rebecca's experience connects to the notion of music having life-saving properties. It could be said that being able to partake in musical activities was of a profound importance to her. Upon critical analysis of the data, other participants had indirectly implied a similar thought, using phrases such as: '*it kept me going*'; '*music fucking*

saved me’; *‘music kept me sane*’; *‘music is, and has, and will always be my everything*’”. I have gathered my own data to reflect upon my own experience within this theme:

Perhaps an odd statement to make, but I believe that music played a parental role in my life. I was taught life lessons through the song-writing of Joni Mitchell (appendix F); lessons that I would never have been taught otherwise. I wrote a song after an abusive encounter with my mother and it allowed me to heal in a positive and healthy way (see Appendix G). There were times when I was suicidal, but the thought would disappear as soon as I picked up my guitar and sang through my pain. It has saved my life, over and over.”

The findings across each subtheme show that the act of self-expression through music was of fundamental importance to the participants experiences before, during and out-with care. They were able to express emotions such as fear, anger and loss, through the means of music as a positive coping mechanism. The participants stated that music offered life-saving properties to them. As stated in the literature review (in-text link), the statistics on mortality in Care Experienced people are harrowing and sit amongst the lowest within society. Drawing on this, it could be said that having the opportunity to use musical activities as a means of self-expression may alleviate some of the poor outcomes that exist for this community.

The barriers that Care Experienced people face in the accessing of musical activities

The findings from each of the themes have detailed the impact that self-expression and identity through music can have on people in care. However, another theme that arose from the interviews focused on the barriers that Care Experienced people can face in the accessing of musical activities. I asked each of the participants, *“Do you think that there are gaps that exist in the accessing of musical activities for Care Experienced people?”*. I have compiled the findings into another set of subthemes to give further detail:

Financial barriers

In response to the question, all of the participants expressed that financial issues could present as a barrier to the accessing musical activities:

I was at a specialist music school on a full government scholarship. Away from school, if we were going on a music tour, I couldn't afford that. My mates would come back from the school holidays with a new instrument. If I needed to buy some new reeds for my saxophone, I would have to write to the social services and be like, "any chance you could help me buy this £7 pack of reeds?", and they'd be like, "what the hell? no?". – Hannah

Hannah was unable to partake in the specialist tours ran by her school due to financial implications. Due to her lack of support from social services, it could be implied that Hannah did not have the same opportunities to thrive within her passions compared to that of her friends. This could be considered a barrier into her accessing of music.

"Social services aren't helpful. I don't think social services would let you get an instrument. They'd be like, "why do you need an instrument?" – Katie

Katie states that social services were not 'helpful'. She suggests that they may not be financially supportive towards the accessing of musical activities and could question why it was needed. Hannah and Katie both discuss financial barriers in correlation with social services. As highlighted in the literature review, social services have a statutory requirement to safeguard and promote the wellbeing of children and young people in care. However, recent research has found that the provision of social services varies across the different local authorities in Scotland, and the priorities within each of them differs (Independent Care Review, 2020).

Another participant states that '*the council paid for her tuition*', this is a contrasting experience to Katie and Hannah's. It could be suggested that each local authority

functions with somewhat of a 'postcode lottery', and the financial support that is offered to Care Experienced people is not systematically holistic.

Placement barriers

As highlighted in the methodology, the study was designed to be as inclusive and representative of as many care settings and ages as possible. It was found that the inconsistency of service across the various care settings, also known as 'placement types', was the most common barrier to accessing music amongst the participants.

One major barrier, and I hate even using this phrasing, is around placement stability. A young person might be really engaged in something and then they are being forced to move their placement and that gets dropped. – Chris

As mentioned in the literature review, many children and young people will experience a number of moves across various care settings during their time in care. As a participant that works with Care Experienced people, Chris highlights the impact that frequent 'placement' moves can have in the accessing and progression of musical activities. This resonated with other experiences, such as:

"I spent a lot of time being moved, I moved 18 times, literally all over Scotland and to England and stuff. There was no way for me to take my harp with me." – Rebecca

Rebecca discusses that she spent a lot of her time being moved into different care settings, which posed an inability to progress with her musical instrument. It could be suggested that there may be an additional barrier as her instrument was not easily transportable. However, Rebecca's experience further implies the barriers that can present from placement instability. Placement moves can differ across most of the care settings, however they can often occur more for those who are in accommodated types of care, such as residential care, foster care, and secure care (Independent Care Review, 2020).

There are a number of barriers that present for those who are in accommodated care arrangements. Children and young people in residential and secure care will live with other young people and be looked after by the staff that work there. Similar to the inconsistency of provision across local authorities, residential and secure settings have rules and regulations that differ to each other; one setting can function differently to another, even if they are within the same local authority.

“Another barrier we had come up against was access; sometimes staff in residential homes not knowing about music or just not culturally thinking about it as much as they could.” – Chris

Chris’ example could imply that the priorities of the staff in residential settings may have an effect on the engagement that the children and young people in their care will have with music. Another participant that worked particularly within secure settings expressed a similar view:

“The most dispiriting thing that I witnessed was the slice of staff that weren’t interested in them. They were there to contain them. A few support workers were great.” – Laura

Laura delivered music projects across secure units to those who were living there, of whom were predominantly male. She highlighted that they were more engaged with the music project and the educational properties that it offered in comparison to any other aspect of education that they had undertaken.

They were more engaged with that than they were with any other form of education. A lot of the staff would use it as a, “listen, any mare ae your shite and you’re no going to music the night”. That, for me, was really difficult. – Laura

Laura’s experience could suggest that due to the level of positive engagement that the boys had with the musical activities, this could often be used by staff to coerce them into behaving better. Rebecca’s experience had similar underlying implications:

When I was in secure care, the manager said, “If you cared about that, you wouldn’t be here. You wouldn’t have put yourself here.” They used to stop me having access to music as a form of punishment because they knew how much it meant to me. I started doing that to myself too. I didn’t let myself listen to music because I internalised that as a way to punish myself, kind of like a form of self-harm. – Rebecca

Further experiences have been shared that resonate with Laura and Rebecca’s on the treatment of those in secure care (Maloney, 2017; Bartlett, Warner and Hales, 2018). The findings within this theme have found that there are a number of barriers that exist in the accessing of musical activities for those who are in care. This can therefore limit their abilities and opportunities to use music as a form of self-expression.

Going forward – observations and recommendations

Towards the end of the interviews, I asked each of the participants, *“In an ideal world, for you personally, what would the accessing of musical activities look like for Care Experienced people?”*. Their responses were mostly unanimous, and I have compiled them into a set of subthemes below. Although this question was somewhat of a ‘blue sky thinking’ prompt, the suggestions that were given did not seem ‘outside of the box’ or have revolutionary implications. The constructed subthemes were ‘encouragement from those in the lives of Care Experienced people’ and ‘more opportunities’, which is suggested to mean that Care Experienced need to have more encouragement from those around them and opportunities to access musical activities. As highlighted in the literature review, the Scottish Government adheres to the GIRFEC framework and the eight SHANARRI indicators are used to ensure the wellbeing of children and young people is being upheld. These ‘suggestions’ from the participants should already be happening under statutory requirement of the government.

Encouragement from those in the lives of Care Experienced people

All of the participants highlighted the importance of encouragement from those that are in the lives of Care Experienced people. It was found that many of the participants were not able to undertake or progress with musical activities during their time in care due to a lack of support from those who were around them.

My foster carer was abusive. She didn't give two hoots about music. She hated it. She couldn't stand it. I could only do pizzicato when I was in the house. If I dared to get the bow out, I'd get a thrashing. It was my social worker that gave me my first violin – I think she was more supportive of it. She saw it as an outlet in which I could express myself. – Zoe

The majority of children and young people are taken into care for their own protection, however experiences similar to Zoe's are not uncommon. This further reiterates the levels of abuse and neglect that Care Experienced individuals can often become accustomed to (Biehal and Parry, 2010). Despite the lack of support from her foster carer, Zoe highlighted the positive encouragement from her social worker; identifying the benefits of using music as a tool for self-expression.

"I would have needed some form of encouragement but being able to play my harp and maintain that routine would have given me a sense of stability that I really lost."
– Rebecca

Rebecca's experience suggests that she was not supported to maintain playing her harp whilst she was in care, something that was important to her and allowed her to maintain a sense of stability and routine. As mentioned within the barriers theme, Care Experienced people can face a considerable amount of instability during their lives, and it is important that they are supported to maintain a sense of stability, be it through musical activities or otherwise. Rebecca could have been supported and nurtured by those around her to continue undertaking the musical activity that afforded her a sense of routine and stability.

Opportunities

It has been researched that Care Experienced individuals do not have the same opportunities to that of their peers (Independent Care Review, 2020), in which the findings of this study also highlighted. It has been identified that there are a number of barriers that those in care face, specifically around the accessing of musical activities. These barriers can significantly limit the opportunities, particularly those involving music, that Care Experienced people can have. One of the participants, Chris, shared his experience of working within a community music setting and the ways in which they have looked at eradicating some of the barriers that can exist for those in care. The transcription has been paraphrased to protect anonymity:

One of the barriers is cost, so we made sure that all of our music delivery is free for Care Experienced people. As it's too often the case where young people move into different placements, we can move with them. We can go into their home; their placement; and deliver music tuition there. We can lend them instruments if they don't have something to practice with. It's hugely beneficial – we've delivered to hundreds of young people already. – Chris

Chris' findings show that if the barriers to accessing musical activities are identified, there are ways in which they can be limited to ensure that those in care have equal opportunities to their peers. The literature review and the findings around 'musical identity' highlighted the impact of community music groups and the sense of 'belonging' that they can endure.

Reflecting autoethnographically, I did not have many opportunities to access music growing up in care. I was looked after at home, which meant that I still lived at home with my birth family, but I was under the care and protection of my local authority. I had to miss a lot of my high school education due to the caring responsibilities that I had for my mother. The majority of my time was spent ensuring she did not overdose on prescription medication. I was able to teach myself guitar when I was thirteen and

attended a community music group during my spare time at the weekends, where I met loads of young people that had similar life experiences to me, and they also used music to express their feelings. Attending the groups were a really important part of my life growing up, especially for my musical and personal development. It allowed me to gain a sense of normality.

As highlighted in the 'musical identity' findings, it is common for those in care to grasp onto the things that give them a sense of 'normality', be it through an identity of music or otherwise. As previously stated, it can be challenging for Care Experienced people to feel like they are 'normal' due to the stigmatisation and negative stereotypes that exist for them. However, Care Experienced individuals are a community within society; an equal part of society. It is important that care is normalised and that they are given the opportunities to explore their interests and find their musical voices.

Conclusion

I have had the honour of exploring what it means for those who have been through the care system to express their emotions, feelings and healing through music. Using a mixed-methods approach of phenomenology and autoethnography, I found that using music as a means for self-expression can have a life-saving impact on members of the care community. They shared their experiences of having a musical identity, using self-expression as an emotional outlet and as a way to escape reality through a series of one-to-one qualitative interviews that followed a semi-structured format. As this was part autoethnographic study, I reflected upon my own experiences of being in looked after at home and kinship care, and the ways in which self-expression through music afforded continuous healing to me throughout childhood abuse and trauma. It was evident that musicking was of significant importance to the participants of the study and that their lives may have been, or was already, negatively impacted if they were deprived of it. With this, the findings also highlighted a number of barriers to the accessing of musical activities, such as frequent and disruptive moves between various care settings, inconsistent service and financial provision across local authorities, and lack of support and

encouragement from those in the lives of Care Experienced people. The participants gave suggestions on what the accessing of musical activities *could* look like, whilst using phrases such as: '*stability*'; '*encouragement*'; '*a sense of normality*'. There is a need for more musical opportunities, be it through informal settings such as community music groups or being supported to continue with or undertake new musical activities whilst in care, not deprived of them.

There is a dearth of research on the relationship between care and music-making, particularly through the lens of 'Care Experience' in comparison to its impact within one care setting. It was important to me that this study was inclusive of the under-represented types of care, such as those who are in non-accommodated care settings. The Children and Young People (Scotland) Act 2014 states that it is the duty of every Corporate Parent to 'promote the interests' and 'provide opportunities to participate in activities designed to promote the wellbeing' of children and young people in care. I believe it is more than a duty – it should be considered a privilege to provide us with support and encouragement into the opportunities that can inspire our creative voices, as they have proven to be lifesaving.

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Appendices

Appendix A: Participant call-out



Alicia Santana

28 March



hey friends!

i am a care experienced fourth year music student at edinburgh napier university. i am looking for around 5-8 musically-minded individuals that would be up for answering some questions for my dissertation as i have had to adjust the practical research element due to covid-19.

my research is around the impact of musical self-expression in people that identify as care experienced. i can wholeheartedly say that one of the only things that got me through my child/teenage years was the ability to write lyrics, sing, play guitar and listen to music in an expressive way - which is why i am so passionate about researching this further. i know how beneficial it is to us that have been in care, from first-hand experience and from working with and hearing stories from those that have experienced it too.

if you would be up for helping me out i would be ETERNALLY grateful as this is quite an urgent ask due to time limitations. the (very informal) interviews will last about 15-20 minutes over skype and i can send the research questions beforehand. i will also need a consent form signed from everyone that participates.

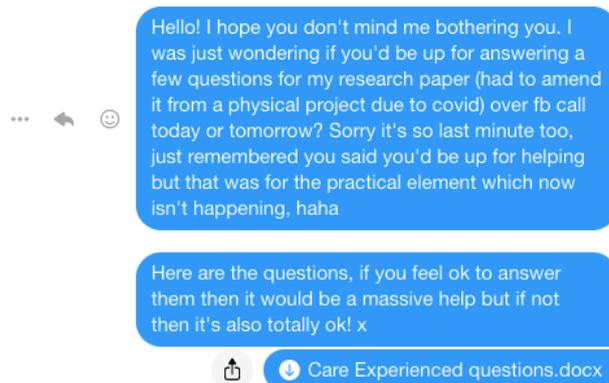
happy to answer any questions either in comments or direct message 😊
big, big love to everyone and i hope you are all keeping safe during the pandemic.



14 comments

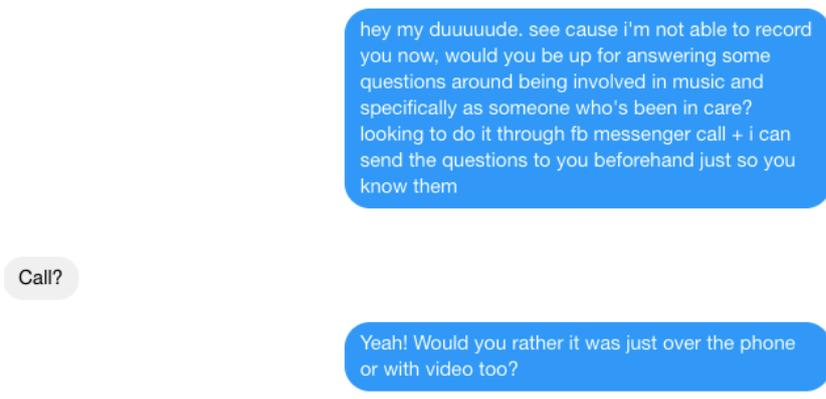
Appendix B: Care Experienced contact data

1)



Yeah I'm happy to help!

2)



Appendix C: Non-Care Experienced contact data

1)

I hope you are well.

I am emailing you to let you know that I have had to change my project to a dissertation focused piece of research (around the same topic) due to the recent circumstances with covid-19. I have been carrying out 1-1 interviews with Care Experienced people around their experiences of self-expression through music whilst being in care; it has been amazing so far!

I was wondering if I would be able to ask you a few questions around working with the [REDACTED] project and your experience of how it has impacted those you work with? My project supervisor also knows [REDACTED] very well and expressed that I should have a chat with him too. If either one of you, or both, would be interested in helping, I am holding the interviews over Skype over today, tomorrow and Friday. I know this is short notice but the questions are very brief and shouldn't take longer than 20/30 minutes.

I have attached the questions, so please have a look over them and if you are up for helping out then that would be great!

Thank you for all your help so far,

Alicia

2)

have you worked with care experienced people in that capacity???

Yes!!! I taught music in [REDACTED] secure unit



aw i totally forgot!!! i knew you'd taught it somewhere i just didn't realise it was secure care. aye i'd be really grateful if you could 😊 can i send over the questions and we can have a chat/video-call after my zoom lecture?? it'll be from 3-4 xx

Send me them defo! Do you need More people? C

Appendix D: Care Experienced interview questions

Care Experienced questions:

- 1) **What musical activities are you involved in?** Do you play an instrument, do you attend groups, do you write songs, play in a band, school lessons etc
 - 2) **What do you enjoy about being involved in music?**
 - 3) **Can you think of a time when you have felt 'happier', or 'better' when being involved in a musical activity?**
 - 4) **Do you feel like you are able to express yourself through music?** In what ways?
 - 5) **Do you think that there are challenges around being involved in musical activities if you are Care Experienced?** Elaborate
 - 6) **If you were involved in musical activities whilst in care, what did that mean to you when you were in care and what does it mean to you now?** (If you have left care)
 - 7) **Do you think that attending community music groups specifically for Care Experienced people would have, or would now be beneficial to you?**
 - 8) **Do you think there are gaps that exist in the accessing of musical activities for Care Experienced people?** This could be a range of different things, such as access through school, not enough music groups, specific areas of music you'd like to go into, songwriting etc
 - 9) **In an ideal world, for you personally, what would the accessing of musical activities look like for Care Experienced people?**
 - 10) **When you were growing up in care, do you think that anything would be different if you were not able to express yourself through a musical activity? If so, how?** (You do not have to answer this)
 - 11) **What is your most special musical memory?** Learning an instrument, the first song you wrote, a school play
 - 12) **Do you have any other things to add about your experience of musical self-expression as a Care Experienced person, or any overall comments, anything you want to add or that you feel that I have missed?**
-

Appendix E: Non-Care Experienced participants interview questions

Research Questions – Organisations/Workers in field

- 1) What is, or has been, your role in working with Care Experienced people and music? (what do you do, what is the role of your organisation etc)
 - 2) Do you think it is important that Care Experienced people have the opportunity to express themselves creatively, through music or otherwise?
 - 3) What impact do you feel that your role/organisation has made to people who are Care Experienced?
 - 4) Do you think that there are any barriers around Care Experienced people accessing musical activities? (lessons, community-music groups, education), if you think there are, can you elaborate?
 - 5) Do you think the accessing of musical activities is different for Care Experienced people compared to their peers who don't identify as Care Experienced?
 - 6) In an ideal world, in your opinion, what would the accessing of musical activities for Care Experienced people look like?
 - 7) What is your most special memory of working with Care Experienced people in your role/organisation?
-

Appendix F 1.1: The Circle Game by Joni Mitchell lyrics

Daylight falls upon the path
The forest falls behind
Today I am not prey to dark uncertainty
The shadow trembles in its wrath
I've robbed its blackness blind
And tasted sunlight as my fear came clear to me

I think I understand
Fear is like a wilderland
Stepping stones or sinking sand

Now the way leads to the hills
Above the steeple's chime
Below me sleepy rooftops round the harbor
It's there I'll take my thirsty fill
Of friendship over wine
Forgetting fear but never disregarding her

Oh, I think I understand
Fear is like a wilderland
Stepping stones or sinking sand

Sometimes voices in the night
Will call me back again
Back along the pathway of a troubled mind
When forests rise to block the light
That keeps a traveler sane
I'll challenge them with flashes from a brighter time

Oh, I think I understand

Fear is like a wilderland
Stepping stones and sinking sand

Appendix F 1.2: Both Sides Now by Joni Mitchell lyrics

Rows and floes of angel hair
And ice cream castles in the air
And feather canyons everywhere
I've looked at clouds that way

But now they only block the sun
They rain and snow on everyone
So many things I would have done
But clouds got in my way

I've looked at clouds from both sides now
From up and down, and still somehow
It's cloud illusions I recall
I really don't know clouds at all

Moons and Junes and Ferris wheels
The dizzy dancing way you feel
As every fairy tale comes real
I've looked at love that way

But now it's just another show
You leave 'em laughing when you go
And if you care, don't let them know
Don't give yourself away

I've looked at love from both sides now
From give and take, and still somehow
It's love's illusions I recall
I really don't know love at all

Tears and fears and feeling proud
To say "I love you" right out loud
Dreams and schemes and circus crowds
I've looked at life that way

But now old friends are acting strange
They shake their heads, they say I've changed
Well something's lost, but something's gained
In living every day

I've looked at life from both sides now
From win and lose and still somehow
It's life's illusions I recall
I really don't know life at all

I've looked at life from both sides now
From up and down and still somehow
It's life's illusions I recall
I really don't know life at all

Appendix G: Mother – Alicia Santana lyrics

Mother by Alicia Santana

I've not forgotten anything that you said to me
Tainted from the beginning, no way to set you free
Was it fair that I was so young?

I wish I could call you my mother
I wish I could call you a friend
You always chose the bottle
And now I'm mourning who we could've been

These days are colder, and the moon shines a path for me
You are the kind of person that I will never be
Oh, open up your mouth, spit on everyone that you have ever loved
still blame it on the drugs

I wish I could call you my mother
I wish I could call you a friend
You always chose the bottle
And now I'm mourning who we will never be

You say I broke the cycle
And that you're proud of me
But believing you is like a cat with ten lives
You're always gonna hurt me
And I've gotta say goodbye
But you're the one that I adore

I've not forgotten anything that you said to me.

Appendix H: COOL Music interview

<https://teachersresource.co.uk/the-power-of-music-in-education/>



Alicia Santana

Alicia Santana, currently studying music at Edinburgh Napier University, joined Heavy Sound as a participant through her volunteering time with Who Cares? Scotland. Making her way from a young participant to a volunteer, Alicia is a testament to the valuable work the group achieves. She can also provide lived experience of being in care.

"Every single time I see a young person's face light up because of something they've achieved, or something they've done, it makes me realise why I'm doing this – because it is so important," explains Alicia. "Knowing the impact it has on young people is really valuable for me."

About to enter her third year at university, Alicia already has ambitions to be a community music practitioner facilitating groups like Heavy Sound and projects like COOL Music to reach their full potential. And, most importantly, to engage with as many young people as possible.

Appendix I: Transcriptions and Data

All transcriptions have been anonymised and pseudonyms have been used. The transcriptions are available via this link:

[Transcriptions and Audio Data](#)

Appendix J: Consent Form

Edinburgh Napier University Research Consent Form

BA Hons Popular Music

Edinburgh Napier University requires that all persons who participate in research studies give their written consent to do so. Please read the following and sign it if you agree with what it says.

1. I freely and voluntarily consent to be a participant in the research project on the topic of *'The impact of musical self-expression in those who identify as Care Experienced'* to be conducted by Alicia Santana who is an undergraduate at Edinburgh Napier University.
2. The broad goal of this research study is to explore the impact of self-expression through music in those who identify as Care Experienced. This will be done by conducting 1-1 interviews to understand how they feel when they express themselves through music, with particular focus on how this can impact the experience of being in care. Specifically, I have been asked to participate in a 1-1 interview which should take no longer than 30 minutes to complete. The data will then be collected and the findings will be used to underpin my overall research study.
3. I have been told that my responses will be anonymised. My name will not be linked with the research materials, and I will not be identified or identifiable in any report subsequently produced by the researcher.
4. I also understand that if at any time during the interview I feel unable or unwilling to continue, I am free to leave. That is, my participation in this study is completely voluntary, and I may withdraw from it without negative consequences. However, after data has been anonymised or after publication of results it will not be possible for my data to be removed as it would be untraceable at this point.
5. In addition, should I not wish to answer any particular question or questions, I am free to decline.
6. I have been given the opportunity to ask questions regarding the interview and my questions have been answered to my satisfaction.
7. I have read and understand the above and consent to participate in this study. My signature is not a waiver of any legal rights. Furthermore, I understand that I will be able to keep a copy of the informed consent form for my records.

Date

I have explained and defined in detail the research procedure in which the respondent has consented to participate. Furthermore, I will retain one copy of the informed consent form for my records.



Researcher's Signature

Date

Appendix K:

[dusk dreamin' - Alicia Santana](#)