



## **Arts workers' perspectives on a music therapist's role during an inclusive arts partnership**

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### **In plain language:**

Some music therapists are partnering with arts workers to promote participation in the arts for people with a disability. However, there is little research into the perspectives of arts workers or on the role of music therapists during these partnerships. This research aims to address this, by asking: "What roles do arts workers identify music therapists as playing during inclusive arts partnerships?" Interviews were held with two arts workers who had partnered with a music therapist on a project that made the arts more inclusive of audience members with a disability. Arts workers identified that the music therapist: (1) helped arts workers cater to audience members' needs, (2) helped audience members manage the arts experience, and (3) provided project coordination. This research demonstrates that music therapists have a role in strengthening the connection between arts workers and audience members with a disability.

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*Original research*

## **Arts workers' perspectives on a music therapist's role during an inclusive arts partnership**

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### **Abstract**

Inclusive arts are central to achieving disability rights. Some music therapists are working to promote participation in the arts for people with a disability by partnering with arts workers. However, the perspectives of arts workers involved in such partnerships have not been documented, and the roles that music therapists play are unclear. This research aims to address this gap in the literature, led by the question: "What roles do arts workers identify music therapists as playing during inclusive arts partnerships?" Interpretivist interviews were conducted with two arts workers who had partnered with a music therapist on a project that made the arts more inclusive of audience members with a disability. Thematic analysis of interview transcripts found three themes. Arts workers identified that during the partnership, the music therapist: (1) helped arts workers cater to arts patrons' needs, (2) helped patrons manage the arts experience, and (3) provided project coordination. This research demonstrates that music therapists have a role in strengthening the connection between arts workers and arts patrons with a disability. Arts workers identified that the music therapist helped to remove barriers to participation for patrons, however this involved adopting roles outside of traditional music therapy work.

**Keywords:** inclusion, disability, inclusive arts, accessible arts, community music therapy (CoMT)

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### **Introduction**

Inclusion and participation are central to disability rights (*Disability Act 2006* (Vic); United Nations, 2007), and access to the arts is seen as particularly important (Office for Disability, 2010). Informed by Community

Music Therapy theory, some music therapists are partnering with arts workers to promote access to the arts for people with a disability (Rickson, 2014; Shiloh & Lagasse, 2014; Stige & Aarø, 2012). Working in this framework often means adopting roles outside of traditional music therapy practice (Stige & Aarø, 2012), yet there is little literature describing what these roles might be. Furthermore, there is no literature at all who have partnered with a music therapist.

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This leaves a limited understanding of how music therapists support arts workers to practice inclusively, and no understanding of music therapists' roles from the perspective of the systems they engage in. This study aims to address these gaps in the literature, by documenting arts workers' perspectives on the role of a music therapist during an inclusive arts partnership.

## Literature Review

### Disability.

The social model of disability states that disability is experienced when people with impairments face barriers to participation in the community (Oliver, 1990; United Nations, 2007). This represents a shift away from the medical model of disability as impairment, and instead places emphasis on social and cultural factors. Subsequently, promoting inclusion through removing barriers to participation is a key objective of disability rights advocates and government policy (*Disability Act 2006*, (Vic); Office for Disability, 2010).

The language used to describe people with a disability is important. Some people prefer person-first language, while others argue identity-first language is affirming and positive (Office for Disability, 2010). The word "inclusion" has also been criticised for embedding a sense of otherness and a need for assimilation (Austin & Brophy, 2015). In order to reflect the language used in current policy (Cultural Ministers Council, 2009; Office for Disability, 2010), the terms "inclusion" and "person with a disability" will be used in this report.

### Contemporary Music Therapy Practice.

The development of Community Music Therapy (CoMT) as a theoretical framework has highlighted the value of music therapists

working to promote community participation (Stige & Aarø, 2012). CoMT theory considers music therapy participants in relation to their community, exploring the connection between individuals and the systems they interact with (Stige & Aarø, 2012). As Stige and Aarø (2012) argue, music therapists need to engage in changing the system around participants, as well as continuing to provide individual support where needed (Stige & Aarø, 2012). Practicing in this framework often means that music therapists adopt roles outside of traditional music therapy work (Stige & Aarø, 2012). However, Pavlicevic and Ansdell (2004) argue that defining a music therapist's role is less important than simply looking at what can be done to address need.

### Inclusive Arts.

*Inclusive arts* is defined as arts that is participatory and inclusive of audience members, artists, or arts workers with a disability (Austin & Brophy, 2015). Inclusive arts are called for by both disability advocates and policy makers as the arts are an important part of cultural life, yet many people with a disability remain excluded from participation (Austin & Brophy, 2015; Office for Disability, 2010). The arts also provide a meaningful platform for advocating for disability rights (Office for Disability, 2010), and as Austin and Brophy (2015) state, art can disrupt public conception of disability. For these reasons, inclusive arts projects are a government priority in Australia (Cultural Ministers Council, 2009), with academic research and staff training listed as two strategies for overcoming barriers to participation (Office for Disability, 2010).

Informed by CoMT framework, a number of music therapists are now becoming involved in inclusive arts projects (Rickson,

2014; Shiloh & Lagasse, 2014; Soshensky, 2011; Stige & Aarø, 2012). Stige's seminal case study demonstrated how music therapy promoted arts participation for a young person with Down syndrome (Stige & Aarø, 2012). Rickson (2014) and Shiloh and Lagasse (2014) qualitatively supported these findings, reporting that developing the inclusive practice of musicians provided new opportunities for people with a disability to participate in live music. Similarly, Soshensky (2011) found that inclusive arts helped to break down oppressive attitudes towards people with a disability, although these findings are limited as Soshensky's (2011) methodology is unclear.

Of the inclusive arts literature, three music therapy studies describe a partnership with a person employed in the arts industry, otherwise known as an arts worker (Rickson, 2014; Shiloh & Lagasse, 2014; Stige & Aarø, 2012). Two of these studies detail the music therapist's role during the partnership, although this was not the focus of the research (Rickson, 2014; Shiloh & Lagasse, 2014). Rickson (2014) philosophically stated that the music therapist had a political role during the partnership, supporting marginalised people to participate in a forum not usually available to them. Shiloh and Lagasse (2014) provided more concrete examples of the music therapist's role which included providing access to supports and encouraging musical engagement. However, both of these articles presented this information informally and as separate to the research findings, reducing the robustness of the arguments presented. Soshensky (2011) does not describe the music therapist's role at all, limiting the applicability of the research for therapists seeking to practice in inclusive arts.

Despite the importance of these partnerships in promoting inclusion, the

perspective of arts workers has not been explored in the literature to date. Rickson (2014) and Shiloh and Lagasse (2014) explored the perspective of audience members of an inclusive performance, but did not document the perspectives of the musicians they partnered with. Arts workers are important, for as Stige and Aarø (2012) state, they have some power in the arts community and the values it upholds.

### **Research Question and Correspondence to Research Design**

From the above literature, it is evident that more research is needed on the perspectives of arts workers involved in inclusive arts partnerships. Inclusive arts has been prioritised by disability advocates and in government policy (Austin & Brophy, 2015; Cultural Ministers Council, 2009), and supports a CoMT approach to practice (Stige & Aarø, 2012). Contemporary disability and music therapy theory emphasises the importance of engaging in cultural systems (Oliver, 1990; Stige & Aarø, 2012), yet arts workers' perspectives have not been explored to date. Furthermore, it is acknowledged that music therapists need to adopt non-traditional roles when working in this framework, yet there is a lack of information into what these roles could be. Given this literature gap, as well as the current policy emphasis on academic research into inclusive arts (Office for Disability, 2010), there is a strong case for research that captures both the arts workers' perspective, and explores music therapists' roles in inclusive arts.

This research aimed to address in part the lack of literature documenting the perspectives of arts workers who have partnered with a music therapist. Specifically, the research aimed to understand what roles arts workers identified music therapists as

playing, so that music therapists can better understand how to support arts workers to be inclusive. The research was guided by the question: *What roles do arts workers identify music therapists as playing during inclusive arts partnerships?*

The research approach is informed by interpretivist epistemology, based on the belief that knowledge is constructed when experiences are individually interpreted (Hiller, 2016). In this project, the researcher was concerned with understanding arts workers' perspectives of music therapists' roles, and acknowledges that this understanding is embodied in context (Hiller, 2016). The research methodology aligned with an interpretivist epistemology and involved interview data collection with two participants and a thematic approach to analysis. As Hoskyn (2016) states, thematic analysis is not tied to a specific methodology, however a constructivist paradigm was adopted for this project. The research was approved through The University of Melbourne's Human Research Ethics Department processes for student research with all relevant ethical guidelines adhered to.

## Methods

### Research participants.

Two arts workers participated in the study. Participant 1 worked for a metropolitan arts venue, and participant 2 worked for a large performing arts company. Both participants had worked with the same Registered Music Therapist (RMT) on an eight-month project that culminated in an autism-friendly performance of a professional music theatre show. The RMT involved worked at a special school, and collaborated with arts workers to enable the school students to attend the

performance. In the three-way partnership, the arts workers and RMT each acted as a representative of their respective organisations. Participant 1 collaborated on behalf of the venue, Participant 2 represented the performers, and the RMT represented the school and students.

Throughout the article, the word 'patron' is used to describe the students forming the audience members for the autism-friendly performance. This is to reflect their primary role as audience members rather than as music therapy participants.

### Inclusion and exclusion criteria.

Arts workers were defined as a person employed in the arts industry. Participants were required to be at least 18 years of age, speak English, and give informed consent, before being included in the research. Eligible participants needed to have partnered with an RMT on a project that aimed to make the arts more inclusive of people with a disability. Arts workers who had partnered with a music therapist more than five years prior to the interview were excluded.

### Sampling procedures.

The participants were recruited through snowball sampling. The initial participant was identified through the researcher's professional networks, and this participant then referred the second participant. Volunteer sampling was also used, in which the researcher placed an advertisement in the Australian Music Therapy Association weekly bulletin. However, no eligible participants responded. A timeline of the recruitment, data collection, and analysis is detailed in Table 1.

Table 1

*Data Timeline, 2016*

<u>Stage</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>
Recruitment								
Data Collection								
Data Analysis								

### **Data Collection.**

In-depth, semi-structured interviews were conducted with participants, an approach recommended by O'Leary (2010) for under-researched topics. Small scale, in-depth approaches were preferred given the interpretivist design. During the interview, participants discussed their involvement in the inclusive arts partnership. Participants were asked what roles the music therapist had played during the partnership that contributed to building an inclusive arts community.

Pre-determined questions and probes were used during the interviews, although the order of questions was flexible. As stated by Minichiello, Aroni, and Hays (2008), use of these interview techniques ensures complexity and clarity of information during in-depth, semi-structured interviews. Interview recordings were transcribed by the researcher and formed the data for analysis, alongside reflections by the researcher.

### **Data Analysis.**

Thematic analysis was used to analyse data, in which repeated patterns of meaning were searched for across the entire data set. This method is appropriate for constructivist and interpretivist paradigms, and it provides a straightforward method of analysis for first-time researchers (Braun & Clarke, 2006; Hoskyn, 2016). The analysis was inductive

and aimed to give a rich overall description of the data set. This approach is recommended by Braun and Clarke (2006) when working in a new area of research. The analysis was at a latent level, in that the development of themes involved interpretative work by the researcher (Braun & Clarke, 2006).

The thematic analysis was informed by Braun and Clarke's (2006) six-stage process, and performed using MAXQDA software. In Stage One, the researcher transcribed the interviews and recorded initial reflections of the data. Stage Two involved systematically assigning initial codes to participants' responses across the entire data set and collating coded data in table form. During Stage Three, codes were collated into potential themes, with the accompanying data arranged alongside potential themes in table form. In Stage Four the researcher reviewed themes in relation to the entire data set, before naming and defining themes in detail during Stage Five. Stage Six involved compiling the analysis, further refinements to themes, and writing up results. Analysis was largely based on the interview transcripts, although voice tone and the researcher's reflections also informed the analytic process.

## Results

Three themes related to the role of the music therapist as identified by arts workers were found:

1. The music therapist helped the arts workers cater to patrons' needs, by providing specialised knowledge on music and disability

2. The music therapist helped patrons manage the demands of the arts experience, by creating a sense of familiarity

3. The music therapist provided project coordination.

Table 2 provides examples of coded data associated with each theme.

Table 2

*Examples of coded data for the three themes.*

Theme	Examples of coded data
1. The music therapist helped the arts workers cater to patrons' needs, by providing specialised knowledge on music and disability	<ul style="list-style-type: none"> <li>• <i>"She was schooled in how they're conditioned and how their disability would basically make them react to certain sounds" (Participant 2)</i></li> <li>• <i>"They guided us on basically all the needs of the [patrons]" (Participant 1)</i></li> <li>• <i>"She knew how to tweak and design what we played and showed them" (Participant 2)</i></li> </ul>
2. The music therapist helped patrons manage the demands of the arts experience, by creating a sense of familiarity	<ul style="list-style-type: none"> <li>• <i>"[Music therapists] are the key regulators" (Participant 1)</i></li> <li>• <i>"[Music therapists] make it a very predictable environment" (Participant 1)</i></li> </ul>
3. The music therapist provided project coordination	<ul style="list-style-type: none"> <li>• <i>"Just really getting a sense of logistics and getting a whole kind of community in and out" (Participant 1)</i></li> <li>• <i>"[The music therapist] really led the communication with the project partners, internal communications with her executive, with the [special school], with the [families] and so on" (Participant 2)</i></li> </ul>

### **Theme 1: The Music Therapist Helped Arts Workers Cater to Patrons' Needs**

The music therapist brought specialised knowledge of music and disability, which helped arts workers cater to the needs of patrons with a disability. Both participants identified that because of her training, the therapist understood how a patron with a disability might experience the performance. As participant 2 stated: *"She was schooled in how they're conditioned and how their disability would basically make them react to certain sounds, certain environmental factors... that was her specific knowledge in this partnership"*. Both arts workers valued this understanding of the interaction between music and disability, and participant 2 emphasised that *"it was really important that she had that music background"*. Arts workers also described how this specialised knowledge resourced them with information on disability that they otherwise wouldn't have had. As participant 1 explained: *"[The music therapist] guided us on basically all the needs of the [patrons]...you know, I work here and...I've got a background in working with people with disabilities but I don't understand the needs of [patrons] with autism"*. Both arts workers continually identified that the music therapist enabled them to tailor the event to patrons' needs, through sharing specific and specialised music therapy knowledge.

The music therapist also helped arts workers cater to patrons' needs by guiding modifications to the venue and performance. Participant 1 stated that the music therapist provided clear instructions on changing the venue, including ticketing system adaptations, creating a chill-out space, and providing sensory items. As participant 2 described, the music therapist also instructed changes to the performance content, guiding the tempo and

volume of music, the lighting, and the inclusion of greeting songs. Participant 1 described the therapist's role in determining the musical genre presented, stating *"they can guide us in saying, actually that show is going to be too narrative driven, [whereas] something like musical theatre is really good...something else is just too much sensory overload"*. Similarly, participant 2 identified that the therapist instructed on ensemble size, advising *"a larger orchestra would obviously be more disturbing than it would be enjoyable"*. Both statements demonstrate how the therapist led the modifications to the arts experience, and that this helped the arts workers better cater to patrons' needs.

In helping arts workers cater to patrons' needs, the music therapist increased the disability awareness of both arts workers and venue staff. This was partly through training, in which the therapist met with venue staff prior to the performance and provided information on potential needs of people with autism. As part of this training, the therapist provided cues and strategies for staff and demonstrated helpful ways to interact with patrons. The following excerpt illustrates this role:

*"[The therapist] explained how the [patrons] would be moving through the front of house, and the area's leading into the theatre...and, you know what could happen and what could possibly be a strange situation for people who had not necessarily dealt with [patrons] with disabilities before. [She] gave them examples of situations, just to give them some tools on how to handle certain situations"*.  
(Participant 2)

The therapist also raised staff's disability awareness informally. As participant 1 stated,

*“part of working with music therapists, is also getting to know the kind of ways that they use”*. Here, participant 1 comments on the disability awareness gained by observing how the music therapist interacted with patrons in preparation for and during the event. Through observing the music therapist, participant 1 became familiar with some of the therapist’s methods and approaches of engaging with people with autism. Both arts workers identified that through observing the music therapist work, they better understood patrons’ needs.

Finally, participants identified the therapist’s role in promoting patrons’ wellbeing outcomes, underlying the changes to the performance and venue. Participant 1 described the therapist as playing a *“risk assessment”* role, while participant 2 stated the therapist promoted *“wellbeing and feeling good ...the physical kind of experience of joy”*. Both arts workers related this wellbeing-promotion role to the therapist’s specialised knowledge, with participant 2 stating *“not any kind of [worker] could have provided the [patrons] with a profound experience like she did”*. Interestingly, participant 2 suggested the patrons’ disability helped them respond positively to the music, when the content was modified appropriately. This is shown in the following statement:

*“[Patrons] with autism in particular, [the therapist] explained that they like repetitive patterns, clapping for example, that would calm them down... she knew how to tweak and design what we played and showed them, around hopefully those best outcomes, emotionally and physically”*. (Participant 2)

These excerpts demonstrate how the music therapist’s specialised knowledge helped arts

workers to provide a meaningful and positive experience of the arts for patrons, by better catering to their needs.

## **Theme 2: The Music Therapist Helped Patrons Manage the Demands of The Arts Experience**

The music therapist helped patrons to manage the arts experience by creating a sense of familiarity. Participants described the music therapist’s role as *“setting the scene”* (Participant 1), making patrons *“feel welcome and at home”* (Participant 2). The music therapist created this sense of familiarity through both her use of music, and her pre-existing relationship with the patrons. Both arts workers identified how the music therapist used familiar greeting songs at the event, and had played music from the performance to patrons in the months prior to the event. Patrons were also supported during the event by their pre-existing relationship with the therapist. As participant 2 explained, patrons *“identified [the] experience with her and her person”*. In this statement, Participant 2 reflects on how patrons were able to identify the arts experience with the music therapist’s physical presence and style of interacting. Participant 2 also commented that the music therapist *“gave the whole event a frame in a way, through her person and her music, that the [patrons] would feel very comfortable with”*. These quotes illustrate how the music therapist’s familiar music and presence helped patrons manage the novel experience of the arts event.

Key to this familiarity was the music therapist’s role in preparing patrons for the arts experience. Participant 1 and 2 explained that the music therapist led the preparation, and that this role began many months prior to the inclusive arts event. Participant 1 described how the therapist prepared patrons

for the venue, by creating visual forewarning resources and bringing patrons to the theatre prior to the event in a “*meet your seat excursion*”. Similarly, participant 2 described how the therapist musically prepared patrons by adapting the performance music to voice and guitar. The following excerpt illustrates this musical preparation:

*“What [the music therapist] did a lot was the singing, singing the tunes, singing some very simple lyrics, singing them over and over again... so the [patrons] have that kind of enjoyment of “Oh, I know this song!”, kind of recognition factor, and that worked really well”* (Participant 2).

This quote illustrates how the music therapist’s role in preparing patrons for the event was central to their sense of familiarity during the arts experience.

Each arts worker also identified that the music therapist enabled patrons to manage the arts experience by helping patrons regulate. Arts workers described the therapist’s role as “*pacifying*” (Participant 2), and that she helped “*minimise the anxiety*” (Participant 1) for patrons. By supporting regulation, the music therapist enabled patrons to negotiate challenging aspects of the arts experience. This role is illustrated in the following excerpt:

*“[Music therapists] are the key regulators if you like, in my experience, on what is a very busy performing arts centre with lots of anxieties and lots of sensory overloads. . . they provide that sort of calming, regulating, preparing role, which I think is really, key”.* (Participant 1)

Both participants also described how the music therapist helped patrons manage the experience, by creating a familiar and

controlled environment. As participant 1 stated, “*by doing the strategies like the welcome song...they make it a very predictable environment, and I think it’s mainly from their practical way of being with the students*”. This familiar, structured environment helped patrons regulate and enabled them to manage challenges presented by the arts experience.

Unlike the arts workers, the music therapist had a long-term relationship with the patrons through her work at the special school. As the music therapist was the key person engaging patrons in the performance preparation, patrons were able to identify the performance experience with the music therapist. The music therapist’s familiar music, physical presence, and style of interacting allowed patrons to draw on the pre-existing relationship to assist with regulation during the novel performance experience.

### **Theme 3: The Music Therapist Provided Project Coordination**

Each arts worker identified that the music therapist played a coordinator role, overseeing the entire process of the project. This role began with pre-event preparation, and continued through to post-event debriefing and evaluation. Participants described the music therapist’s role as “*spokesperson*” (Participant 2) and providing the “*liaison*” (Participant 1) between the venue and the patrons’ needs. Participant 2 described this liaison role in detail, stating that the music therapist led the “*communication with the project partners, internal communications with her executive, with the [special school], with the [families] and so on*”. Participant 1 and 2 also identified how the music therapist organised transport for patrons, and managed the logistical aspects of project execution.

Participant 1 described this role as: “*Just really getting a sense of logistics and getting a whole kind of community in and out... getting around the venues, space and safety, they really took the key role in all of that, just logistics wise*”. This quote illustrates how arts workers identified the music therapist as leading practical aspects of project execution. Finally, both arts workers noted that the music therapist played an evaluation role, contributing to post-project debriefing, and conducting informal evaluative discussions with patrons’ family members. In contributing to evaluation, organising project logistics, and leading communication, the music therapist adopted a coordinator role during the partnership.

## Discussion

Based on the findings, it could be proposed that the primary role of the music therapist was to support the connection between arts workers and patrons. Arts workers identified that the music therapist’s role was as much about changing their arts practice, as it was about supporting patrons with a disability. This focus on the relationship between patrons and arts workers aligns with CoMT theory, in that the music therapist examined patrons’ needs in relation to the system they interacted with. The music therapist’s role in changing systems while supporting individual need also reflects CoMT theory. As Stige and Aarø (2012) state, music therapists may need to continue providing individual care in order to facilitate community-oriented goals. Interestingly, arts workers identified that in order to perform this role, the music therapist required specialised music therapy knowledge and a pre-existing relationship with patrons. This suggests that music therapists may have something unique to offer in inclusive arts,

particularly with regard to enabling access for audience members with a disability.

The findings are significant in relation to the social model of disability and recent literature on inclusive arts. Arts workers identified that part of the music therapist’s role was to remove or minimise barriers to participation for patrons, supporting a fundamental ethos of the social model of disability. These findings are also similar to those of Rickson (2014) and Shiloh and Lagasse (2014), who reported that developing arts workers’ inclusive practices enabled greater participation for people with a disability.

Interestingly, arts workers identified that the removal of barriers involved providing appropriate supports such as sensory items and a chill-out space. This mirrors Shiloh and Lagasse’s (2014) statement that a role of the music therapist during inclusive partnerships is to ensure access to supports for audience members with a disability. Arts workers also identified that minimising barriers to participation involved training staff, and raising staff’s disability awareness. This is one of the key strategies recommended by the Office for Disability (2010) for enabling access to the arts for people with a disability. These findings have practical implications, in that music therapists could offer to provide supports when considering a partnership with an arts worker. Furthermore, music therapists could potentially adopt staff training and disability awareness roles during partnerships, aligning with government policy for developing inclusive arts practices.

Importantly, arts workers identified a number of roles that fall outside of traditional music therapy practice. This supports CoMT theory (Stige & Aarø, 2012), and reflects sentiments expressed by Soshensky (2011) that moving into a broader social context can

extend the roles of music therapists. The role described in Theme 1 (helping arts workers cater to patrons' needs) was outside of typical music therapy work, and the role in Theme 3 (project coordination) had little to do with direct delivery of music therapy clinical services at all. However, both roles were important for promoting participation and inclusion, implying to practitioners that all professional skills are potentially therapeutic. Music therapists may need to be willing to adopt non-traditional roles, and invest in general managerial skills, in order to achieve participation goals. This supports Pavlicevic and Ansdell's (2004) proposal that defining the music therapist's role may be less important than simply looking at what can be done to meet needs at a particular point in time.

### **Limitations and Recommendations for Future Research**

A number of limitations are apparent in the current study. First, this study does not capture the voices of the patrons themselves. In this way, the study may be contributing to patrons' continued marginalisation, and potentially limiting the relevance of such music therapy roles to their priorities and interests. While patrons' exclusion from participation was due to the ethics guidelines for student research, it is nonetheless problematic. More research is needed into the perspectives of patrons, including what roles patrons identified the music therapist as playing that supported their interests and access to the arts.

Second, while the findings presented here are useful to music therapists working with audience members with a disability, it is unknown to what extent they can be applied to music therapists promoting the inclusion of artists or arts workers with a disability. More

research is needed that explores music therapists' roles in other areas, such as promoting equitable access for musicians and arts workers with a disability.

### **Conclusion**

Inclusive arts are central to promoting disability rights, yet there is limited literature documenting the role of music therapists in inclusive arts partnerships and the perspectives of arts workers involved. Consequently, there is little information on how music therapists can engage with arts workers in their community to promote the inclusion of people with a disability, and what roles arts workers identify as helpful to developing an inclusive arts practice. This report aimed to address this gap, by asking "what roles do arts workers identify music therapists as playing during inclusive arts partnerships?" The findings show that the music therapist helped arts workers cater to patrons' needs, supported patrons to manage the arts experience, and provided project coordination. These findings have practical implications, providing insight into roles that music therapists can adopt in their clinical work that achieve increased access to the arts for people with a disability. Performing these roles aligns with contemporary music therapy theory, current government policy, and a social model of disability approach to practice. The results may allow music therapists to better understand how to support arts workers to practice inclusivity, and suggest that music therapists have a role to play in supporting the connection between music therapy participants and arts workers in their community.

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