

Evaluation of Community Music Therapy: Why is it a Problem?

Stuart Wood

How does evaluation work in a Community Music Therapy setting? The professional obligation of evaluation operates within a large network of complex relationships, but what exactly is that network, and how does it cope with the flow of knowledge and information across its many levels? And why do practitioners report it to be problematic?

This article takes an ecological approach to understanding the value of music therapy in a collaboration between a large care home company (Barchester Healthcare¹) and a major specialist music charity (Nordoff Robbins²) in the UK. I use the term 'organisation' to denote the overall collaboration between these two bodies. The article takes a case study form, using the music therapy experiences of one resident, Pam, to illustrate a how music therapy evaluation is performed in interpersonal, professional, organizational and mass media discourses. Influenced by Actor-network Theory, the discussion offers an account of how the materials of Community Music Therapy assemble to create a network in which evaluation is performed, and of why this might be problematic.

The case study is an account of Pam's music therapy process in a care home, starting with the choices that developed her music therapy from improvisation, piano exercises and songwriting, into a project involving members of the whole organisation, culminating in a theatrical performance. The diversity and also the reach of these music therapy formats creates a widely dispersed style of practice, challenging the standard professional requirement of evaluation, and illustrating the impact of ecological approaches to music therapy. The case study traces how the evidence of music therapy in everyday working life changes throughout a complex network,

¹ Barchester Healthcare is a private company in the UK, with approximately 250 care settings. The material here relates to one home in the South East of England.

² Nordoff Robbins is a leading UK provider of music therapy services, education and research.

incorporating an originating sense of musical purpose into thought, word, song, plot, performance, corporate morale, DVD, training resource and printed communications.

There are over 20,000 care homes in the UK (CQC Annual Report, 2011), forming a major part of healthcare provision for people living with long term chronic illness, particularly the dementias and neurological disability. I have worked as a music therapist in this context for over 10 years, and I am fascinated by how it combines clinical and social models. Clinical nursing and health care is situated within a domestic, social environment in care homes, and music therapy continually has to negotiate this sense of co-existing values and orientations. Both the care home company featured here and its collaborating specialist music charity are motivated by a desire to care well, but both are also located in industrial, commercial environments. These factors create a particular set of values that contribute directly to the content and focus of music therapy work.

The music therapy experiences at the core of this article are framed within a Community Music Therapy perspective. This locates them within a social model, influenced by the past decade of theory and discourse within Community Music Therapy particularly in the UK, USA and Skandinavia. As a movement, Community Music Therapy has developed a set of theoretical references, practical orientations and professional values (as demonstrated in Stige & Aarø, 2012), but that movement still resists strict definition and standardization. This article is influenced by the potential problems inherent in that resistance, as much as it subscribes to it. It identifies professional evaluation of practice as one of the main areas in which that resistance to standardization is problematic.

The case study is prompted by my experiences as a practitioner in evaluating music therapy experiences in this context, illustrated by Pam's process. I summarise these as problems of *what*, *who*, *when* and *how* to evaluate. I ask *what* to evaluate because the practice of Community Music Therapy creates a frame in which any music-making, or any activity connected to music-making, can be harnessed for health benefit. There is no rule within the literature on Community Music Therapy that marks out the territory of what counts as an acceptable mode of practice, except what falls within safe conduct according to the professional and registering bodies and the judgment of the practitioner.

Similarly, the basis of any ecological theory of music therapy is that the named 'client' is not the only person or interest that benefits. Families, groups, organisations, and cultures can also be touched by the ripples of musical work, leading me to wonder *who* to evaluate. It is also a feature of psycho-social music therapy approaches that the choice of *when* to evaluate is not fixed only at end-points. Evaluation is an integral part of reflexive practice, and while it does occur in formal summative moments, it also

happens informally, and often in the client's—or even the therapist's—best timing. Finally I problematise the question of *how* to evaluate because the way music works in people is multiple. It will have impact in measurable, functional ways along with more indefinable, qualitative ways. The simultaneous action of music in multiple modes is a key feature of its power, but is equally a problem at the point of evaluation.

The methodological grounding in this case study is drawn from Actor-network Theory. This approach originated in the Sociology of Science and questions the performance of knowledge within complex systems of people, objects and values. It is used here particularly in relation to the identification of problems, the role of performance in constructing meaning, and the effect of translation between elements in networks.

The Context of Care Homes

According to the Care Quality Commission³ (2011) there were 18,083 care homes for adults in England in July 2011. This figure includes nursing homes and homes without nursing. The Care Commission in Scotland⁴ reported 1562 care home services for adults in Scotland as of April 2011. The Care and Social Services Inspectorate Wales⁵ reports 1185 in Wales. The combined number of care homes included in the most recent annual reports of the three inspectorates of England, Scotland and Wales is 20,830.

Taking England as an example, the CQC Annual Report states that:

Registration data show that there were 4,608 care homes with nursing and 13,475 care homes without nursing in England, in July 2011. Some care homes may be registered as both 'with nursing' and 'without nursing', for example, if they take residents who need nursing care, and those who only require personal care. Therefore the numbers are not mutually exclusive. (2011, p. 25)

Although the language of registration refers to older people and dementia in its nursing care statistics, other research suggests that it is more difficult to establish the precise clinical details of people who live in care homes.

Care homes in the UK are professionalised environments. While they are underpinned by the clinical practices of professional nursing care, they operate according to a

³ The Care Quality Commission, or CQC.

⁴ Appendix 4, Annual Report 2011.

⁵ Information Brief, Annual Report for 2009-2010, January 2011.

social model, under the values of Person-Centred Care. The NICE-SCIE Guidelines in the UK describe Person-Centred Care as an approach concerned with “looking for the person” so that people living with illness can be “treated as individuals with a unique identity and biography and cared for with greater understanding” (p. 72).

In this way, the ‘clinical’ is often apparently accessed via the ‘cultural’. It is a natural place for musical work, to take a normalized form, in which clinical use is embedded in a cultural form. The development of the ‘communal’ approach to musical work in the UK has been advanced significantly by the care home setting, owing in part to this unusual need to approach the ‘clinical’ via the ‘cultural’. This makes the care home a strong example of the current state of healthcare in the UK, and possibly as an example of the ongoing global conversation about the relationship between the medical and the social. As a discrete ecological exemplar, the care home offers rich research opportunities.

Care homes are not only driven by clinical, cultural and communal values, they are maintained by—and often run for the purpose of—commercial interests. Whether put in terms of cost effectiveness, or profit, it is clear that a consideration of how funds are spent and how they can be managed or minimized, creates an *industrial* element in the ecology of care homes. They are independent organisations, operating in a changing commercial context, where the question of funding is a constant concern. This question of funding is located increasingly in the choice of services offered for residents, rather than only in the assessments and treatments provided. This article proposes that where the ecological setting of professionalised musical work is made of cultural, clinical, communal and industrial forces, the practice itself will be influenced and structured from those forces too.

Pre-understandings

It will be clear already that this article arises out of my own professional experiences and beliefs, and my pre-understanding of how to contextualise them. I am a Nordoff Robbins trained music therapist, qualified since 1999, having spent the majority of my clinical practice exploring the pathways of musical experience that can be forged for participants from medical neurological settings and nursing care settings.⁶ My thinking has been formed by the grounding of the Nordoff Robbins training in London and

⁶ This involves a perspective that music therapy practice can embrace any way of making music, or ‘format’; and that participants may often need to proceed from one format to another over time.

subsequent theoretical work in modelling Community Music Therapy (Wood, 2006). I am also writing as an insider in Community Music Therapy. My aim is to address aspects of that practice and theory that concern me, with the desire to contribute to their clarification.

Pam, Phase 1: Exploring Physical Function and Autonomy

Pam referred herself to music therapy with the commanding authority that characterised everything she did. A master scrabble player, and former IT professional, Pam had observed me interacting with others in the home, and I had a comfortable rapport with her. She had lived independently all her life—a single professional woman, well-read and well-travelled. By now the limiting effects of her Multiple Sclerosis had required her to exchange her own property for life in a care home.

Her slim frame seemed slight in her electric wheelchair, and she would sweep into the social areas of the home every morning ready to complete the crossword and answer all the quiz questions. Pam's mind was keen and razor-sharp. Her physical life, however, was severely limited. With advanced MS, she had very limited energy. Chronic pain, discomfort and fatigue left her frustrated, isolated and dissatisfied. With characteristic tenacity, Pam refused to give in, and developed an air of protest in relation to her disease and her limitations.

Pam used to play the piano, and had enjoyed writing poetry in the past. She seemed to bring her attitude of defiance into her sessions with me, demanding that music show her what she can still do. We began with piano, simple percussion instruments and vocal explorations. Unusually, it became clear very early that improvisation might not be the best way to proceed. I struggled to create a spirit of total immersion and acceptance in our shared playing, feeling that Pam's acute self-editing (and self-criticism) might actually be tendencies to harness rather than pathologies. What if this ability to self-critique was also a mark of pride? Also, Pam's fatigue levels meant that her best playing or singing was always in the first two minutes, so we had to 'hit the ground running' and establish a sense of achievement immediately, with no time wasted. A third consideration was that Pam was fairly independent, and I wanted her to feel that she could practise her musicianship at any time, including when I wasn't around.

I wondered, was there a way to hold on to a form of improvisational attitude but use the musical format of exercises via specially composed studies? We talked about it, and Pam liked this idea. I started to write piano exercises aimed at drawing her skills

out slowly, thinking about posture, hand extension, coordination, beauty, expressiveness and strength.

Being an organised lady, Pam enjoyed having a scheduled time for her sessions. Although this wasn't my approach with everyone, it had benefits here. So we saw each other at the same time each Friday. Of course, disease and the body do not have a timetable, and some Friday mornings were better than others. On some occasions Pam would be full of energy, and on others, deeply frustrated by chronic pain and fatigue. I learned two things: first, while music can bring out the best in someone, it will not always be the same level. When we act, and when we choose to document achievements, can create very mixed results. Second, I was going to have to be very creative with my musical ideas in order to maintain Pam's motivation, self-satisfaction and creative process over time. This would require me to edit my own ideas, discard anything that wasn't directly helpful to Pam, and get used to recycling, re-inventing, and re-framing.

Reflection on phase 1

Reflecting on this stage of work with Pam brings up two of the problems identified earlier: *when* to evaluate, and *how*. The problem of *when* relates to my observation that Pam's development was continually in negotiation with contingencies such as her own strength, the timing of the session, and even the calendar of events in the care home. Pam's music therapy was driven by my changing attempts to find what would help her thrive at any given time. I undertook to alter what I did, and how it was framed, in order to give her the best chance of optimising her musicality. The paradox is that Pam's process required a stable base, but that stability needed to be contingent.

The process involved catching moments in sessions where chance remarks or accidental gestures with instruments could become musical improvisations, as well as more pre-planned piano or singing exercises. We were jointly involved in a process of discovery at this stage, learning some things instantly, and allowing other evidence of ability to emerge slowly. I also wanted to engage Pam intellectually, so we agreed to set the monthly care home music quiz together, which allowed natural rest periods in the sessions.

There is also a problem inside the question of *how* to evaluate the work. Even within small piano exercises I was presented with the choice of evaluating from a functional or psycho-social standpoint. Whereas my own tradition uses a descriptive model of evaluation that charts musical change with scales that model interpersonal or communicative dimensions, the enquiring appetites of the surrounding healthcare system want to know more concretely and immediately 'is this working?' and 'how?'. When

it is clear that change is happening in more than one dimension, there is a dilemma in choosing *how* to make the evaluation comprehensive.

This phase of work illustrated to me the way in which music destabilises the professional requirement of evaluation. Its multiplicity—that changing, emergent, multi-modal quality—makes simple evaluation difficult. And yet, multiplicity is part of the definition and framing of Community Music Therapy itself. In other words, a main concept that characterises Community Music Therapy is also what makes it difficult to pin down. It is problematic to both evaluate and research a professional practice that itself emerges, disappears, changes form and responds unexpectedly to its foundational structural elements. Understanding the link between the material aspects of musical bodies and the definitional aspects of evaluation, is itself a problem of multiplicity.

Pam, Phase 2: Forming a Partnership, a Project and a Product.

Pam explained her total frustration with her life most directly when she said “I feel like I’ve been thrown on the scrap-heap of life”. This seemed to have two meanings to me. First, her experience of having a degenerative neurological disease, and living with the disability that this created. Certainly, she could do far less than she used to, and with far less independence. The second meaning for me was that having to live in a care home meant to her that she was in a kind of ‘ghetto’: residential nursing care symbolised for her a form of ‘scrap-heap’ for people who had lost their use. I could see what a devastating impact this attitude could have, and although I didn’t share that belief, it was tangible and enacted every day for Pam.

I had an urge to surprise her, to harness that property of creative work to shake up our beliefs, to dislodge our habits of mind as well as body. I also wanted to find ways of eliciting genuine amusement and excitement to complement the fierceness of ‘facing up’ to life. As our sessions progressed, I could see that the active playing was becoming more difficult physically, and I struggled to vary the musical material sufficiently to keep it interesting. It was time for a shift. Pam’s comments came just when they were needed. I found myself responding: “Right, well that’s where we’ll go, then. We’ll go to the scrap-heap and do our music there.”

My observation at that moment was that Pam’s intellectual curiosity needed to be engaged. She had a strong sense of allegory, and absurdity, and I could see that the processes involved in musical experimentation could be harnessed here. With the correct

preparation, assessment of risk, and reflection, I thought we might find a sense of metaphor, adventure and direction that could be absorbed well into a creative musical process.

Assisted by the home's Activities Organiser, and our Health and Safety Officer, we carefully arranged a trip to the local scrap-yard. There we were helped to source objects safely that interested Pam. I imagined she might be motivated by what they could sound like, when played as percussion. I was wrong. She was immediately moved to see the objects as metaphors for her own state. She ascribed human characteristics to them, collecting items that suggested personality. We came back in the minibus with a vacuum cleaner, the inside of a mattress, some television parts, and some copper pipes.

Over the next six months, Pam began writing song lyrics in the voice of these and other scrap items. She imagined that the vacuum cleaner was a lovesick man; that the mattress was an amorous young teenager, creating more characters and linking them with song styles that she enjoyed. Her encyclopaedic knowledge of pop music from the 60s and 70s emerged, as she left notes for me each week: "Just Seventeen, like the Beatles, rock and roll..." or "We'll go where the grass is green, Mamas and Papas, California Dreaming...". We collaborated each week on turning her lyrics and song interests into new works, inspired by her own preferences. As those took shape, a plot emerged that would link these songs into a musical product.

Reflection on phase 2

By now the picture of what is really happening in music therapy is significantly more complex. Pam's process had begun with brief expressive moments at the piano, in which she tested her own functional level and took steps towards being communicative and creative within a less self-critical attitude. The act of visiting the scrap yard and subsequently arriving at a song-writing process with an emerging theatrical narrative caused the aspects of her music therapy to proliferate.

Yet within each moment of lyric-writing, or listening to musical parody, or even in her thoughts as she went to sleep perhaps, there was both the momentary structure of a musical event, and the ongoing development of a new musical awareness. I found it was challenging to isolate *what*, within this marvellous ecology of musical change, I should evaluate. Equally, by now Pam's process was impacting on other staff members and residents in the home. They too were becoming interested in her ideas, and part of the process. Did I have to think also about *who* to evaluate? The questions about *when* and *how* remained. There were now many moments in which Pam was musically active, most significantly when I was not around. She wrote her lyrics during the week when she was alone—what was happening in her process during those times? I was interested in how Pam's own musical history related to this story too. Her choice of

styles for us to parody, and the way she structured songs, seemed to be influenced by cultural forces beyond this setting, and beyond only that present moment.

I felt as a music therapist that for me to keep a professional awareness of this array of activity I had to accept the discomfort of it not all making clear sense yet. In fact, I thought that the life of the work was exactly where it seemed most problematic: inside those questions of *what, when, who, and how*, was where Community Music Therapy was most alive, and most visible.

Phase 3: Creating a Gang, a Company, and Reaching an Audience

Soon Pam had completed a sophisticated musical product. Her story described five discarded, 'useless' items: a TV, a mattress, a vacuum cleaner, a sink and a dustbin. They 'lived' in a scrap-yard that was owned by a mean, ungenerous man. His neglect of them and their space was a consequence of his own dissatisfaction with life. He spent his time getting drunk while they secretly fell in love, flirted and argued. Only at his lowest moment, when he was desperate, did he suddenly realise that he could hear the objects talking. They had been watching him all along, and they were angry! In his moment of need, they join together, and he discovers that his true vocation, to be an artist, can be realised if he sees them differently: not as useless objects, but as equal partners, and able to help him. The piece ends with him changing the scrap-yard into a gallery, and transforming the objects into sculptures.

Pam asked if this could be performed in the care home. She could see it was a powerful piece of metaphor and it appealed to her spirit of protest. She was also very proud of the songs, the jokes and the characters. We discussed how she would want it to be done. Firmly, she said, "I want staff to perform it". I wondered two things, first, who would be willing to commit to quite a large project; but secondly, given the allegorical nature, and the opportunity for really embodying it, which staff would give the most powerful symbolic force to it? Pam had her own ideas, which we followed. She named two people she had written parts for. They both agreed. I then saw the possibility of taking senior figures from the organisations involved and giving them roles, both as scrap objects but also as the 'bad' mean-spirited owner.

To our delight, everyone we asked auditioned for Pam, passed the test, and agreed to rehearse and perform the project. Pam had instigated the creation of a gang, which slowly became a theatrical company for that event. The care home agreed to house it and Barchester funded outdoor staging, which meant that we were allowed to create a

huge pile of scrap in special containers in the grounds of the home. Sound, lighting and set were arranged, along with catering, special hosts and a huge enthusiastic audience. Pam's process had become identified in a wide range of products—and now a production. Each week during this time I met with her, to report on any steps she had not been part of herself, playing her recordings of rehearsals, checking the printed material, and keeping her involved. For me, to allow this development of Pam's status and role was important in giving her the experience of co-creating a large work of art.

I was acutely aware that the role of 'client' in which we had begun our work was now very different. First, Pam was more of a partner, now focussed on a future performance event, with a project to complete. The work involved making decisions and judgements, and maintaining a creative vision over time, rather than physical coordination or energy in the present moment. But secondly, the role of client had dispersed. Now the project had a lot more people invested, each of them risking something in the process. Although they were not clients in the strict sense, I was accountable to them, and responsible for them, in different ways.

It was also clear that the successful production, its recording and subsequent editing into a DVD, were translations of an initial musical impulse into vastly different materials, each bearing different connection to the original music source. We had not simply created a list of 'outcomes'. We had created an array of new material forces, each one a translation of Pam's musical work. That array included a DVD, an edited training resource to be distributed in the company, staff morale, company cohesion, a sense of completion of an endeavour, brand identity, corporate value, good PR and corporate records in the charity's Annual Review, and—still at the core—a feeling of completion for Pam.

Reflections on phase 3

The problem of *who* to include in evaluations brings into question the limits of professional accountability. When staff training, or advocacy, or performance projects become part of Community Music Therapy, the participants go through their own process of musical change. To what extent does anyone coming into contact with Community Music Therapy border on being a client? Knowledge of Community Music Therapy seems to be created and re-created by multiple elements in a wide network far beyond the originating therapist/resident dyad. That is to say, the culture of care homes and of the healthcare professions is that a large number of people allow themselves to be changed in response to music therapy. Care is enacted mutually, much as music is, and it is a common feature of this that families, friends, and care home staff seek out opportunities to collaborate with residents during their music therapy times.

I came to think that this contributed to both the creation of *meaning about* and the *reality of* the work itself. Often other perspectives are welcomed by the music therapist, and incorporated into their overall music therapy strategies. Yet the implication here is that a wide constituency of people also give over part of their own vulnerability to the act of music-making, seeking restoration, benefit, or connection on their own behalf.

Discussion: The Network of Knowledge and Information

This case study has been drawn to illustrate the way evaluation works in a Community Music Therapy site, what the network of complex relationships looks like, and how that network copes with the flow of knowledge and information across many levels, and why evaluation seems problematic in this context. It began with the four basic questions of *what, who, when* and *how* to evaluate, triggered by my recognition that Community Music Therapy is a particularly dispersed kind of practice, reflecting the multiplicity of music itself in its own multiple structures. This section discusses that picture—of a large network of changing relationships, typified by problems in the flow of information around the network, and involving material processes, human interaction and objects. It draws on Actor-network Theory to frame the discussion.

Actor-network theory

Like all qualitative approaches in ethnography, the basis of Actor-network Theory is the claim that meaning is contingent to context (Latour, 1993, 2005, 2010). Actor-network Theory has arrived at a particular understanding of that context, proposing that it is constructed by the continual interplay of ‘actors’ that can be both human and non-human. That interplay relies on a process of ‘translation’ between elements in ever-changing connections, the translation itself being the thing that creates the network moment-to-moment. For Actor-network Theory, that translation is dependent on active interaction across time, requiring *performed* production of meaning.

But what is being performed? This is not a reference to the importance of performing music, but instead a description of how reality is co-created.⁷ Actor-network Theory would argue that it is not only multiple meanings that are performed but also realities. Its radical argument is that our various performing creates the world

⁷ Other authors use different terms here to avoid confusion. See Mol, 2002 for example, who uses the term ‘enactment’ in place of performance.

variously: elements of the world themselves performing us, at each instance in a fresh and contrasting reality. This is where performance reaches across epistemology and touches on the structure of ontology. Mol (2002) describes this move as an “*ontological-politics*” (2002, p.xiii). In this sense we might say that we are performed in tandem with the things whose existence we also perform.

How does evaluation work in this context?

Latour (1993) gave an early perspective on how things—people, and inanimate objects—actively create political realities, such as value, by the connections between each other. In a music therapy context, these things could be as challenging as a *YouTube* video, and as apparently banal as a standard care home record form. In my process with Pam, the formal evaluation moments included process notes, index forms, care home records, and periodic evaluation forms. Informally, I would also include corridor conversations, her written notes to me, and the many objects that carried meaning about the performance project, including the event’s programme, photographs, the DVD edit and the ‘Thankyou’ cards we received. The full evaluative picture is a complex translation across time between these and other elements.

Translation within a network is an ongoing process made up of uncertain, fragile, controversial and ever-shifting associations. The task of the researcher in Actor-network Theory is to render these associations traceable, and it might be said that the task of the evaluator in Community Music Therapy is to do the same. This involves valuing the constructive role of all networked elements in the translation of meaning, and sometimes keeping a clear focus on the controversies that continue to make them visible. This is a solution that requires us to consider at once both the resident and also the wide network of which she is part. The points of translation in this net are of crucial importance. The translation between the musical material, and the music therapist’s emerging thoughts while playing, or between those thoughts and the process notes that occur moments later, take on greater significance. So too do the objects, organisations and cultural forces that precede the music therapy.

I would argue that evaluation works in this context by a complex material change: a material process of transformation between will and sound, musical organisation and verbal meaning, and between verbal meaning and a proliferation of physical and conceptual objects. I also suggest that only by trying to connect the elements that do not seem to work together can an evaluation discover the underlying connections between them, and perhaps bring us closer to an understanding of music’s multiplicity: “these sites are the shadow image of some entirely different phenomenon” (Latour, 2005, p. 171).

What is the network created by Community Music Therapy?

Community Music Therapy comes into visibility at the points at which parts of the network as a whole come into contact. In this sense a part of the network can equally be a client, a music therapist, a piano, a vacuum cleaner, a report, a journalist, a DVD, a mood, a corporate ethos or a Company Director: and still more. Paradoxically, the coherence of Community Music Therapy relies on a temporary flow of meaning through that network. Community Music Therapy seems to touch, or have the potential to touch, on the lives of a whole workforce. This covers a geographical 'out-reach', but also an 'in-reach' through not only care staff but also kitchen, hospitality or house-keeping, management and support staff. The lens of learning allows this practice, and affords it, an *official* reach. From one perspective this could be seen as a blurring of professional boundaries. Within that view, the encouragement of such a reach might risk being unethical. But within this system it is viewed as an advantage, something to work with and celebrate, when moderated by the necessary professional considerations.

The constituencies of interest that are made visible in Community Music Therapy evaluation reach beyond the core of resident, family and staff. They emerge as organisational interests affecting workforce morale, corporate identity and branding. Here the role of publicity points to the likelihood of mass readership or viewership. This requires ways of organising information towards an agenda that goes beyond the record-keeping of healthcare systems, or the training of a workforce, and into the endeavour of creating specific marketing images for the purpose of convincing strangers of the value of something. This case study suggests that Community Music Therapy could contain various kinds of currency for the company and the charity's benefit. The range of the network reaches a set of operations that have no direct link with the music therapist and the resident, yet which seek to carry the force and personality of those musical encounters.

Beyond the direct interpersonal contact and organisational information or training opportunities generated by Community Music Therapy, another translation occurs in the public sphere. A good example of this is when organisations publish documents such as Annual Reviews. The Nordoff Robbins Annual Review 2011 for example, is constructed to appeal to an array of readership types. This is an example of Nordoff Robbins' public information output where all information discourses are drawn together into an assemblage of numbers, reviews, images, and branding. As with any such text, this document is heavily layered with the various interests, agendas, texts, images and representations of practice. The Annual Review is addressed to any

reader who is interested in the work of the charity. It also contains references (text and image) to a huge range of stakeholders, including:

- Children and adult clients
- Music therapists
- Financial supporters
- Partner organisations—health, education, social care, day centres, higher education, private sector
- Staff
- Board of Governors—industry, legal, finance, business, medical, community arts, charity sector
- Students
- Geographical bases—London and North West particularly
- Teachers
- Parents / family
- BRIT Trust
- Prospective students
- Research community
- Interested professionals
- Political figures—Minister for Third Sector
- Pop / rock / classical musicians
- Sports celebrities or professional athletes
- Actors
- Celebrities

The range of discourses or language styles is also vast, compared with other forms of evaluative material, covering:

- Third sector vernacular
- Corporate branding and design
- Inspirational writing
- Professional organisational discourse
- Academic discourse
- Professional case-study discourse
- Medical discourse
- Educational prospectus discourse
- Emotive photographic text
- Theatrical conventions

- Professional research discourse
- Self-development
- CPD / professional enrichment discourse
- Newsletter discourse
- Corporate governance
- Financial report
- Service review
- Celebrity reporting / Paparazzi
- Fundraising discourse

The range of the network of Community Music Therapy proliferates far beyond what the music therapist does, the immediate concerns of the workplace, or the needs of the resident in the care home. This unfolding list of diverse interests, desires, points of contact or knowledge worlds are not only different stakes or language games in relation to one inviolate musical encounter. They create and re-create that encounter, spinning off into different and parallel versions of the event.

How does the network cope?

Given the levels and range of Community Music Therapy as a practice, it is scarcely possible to store the amount of information this must create. It is not only a question of storage of information, or of recall. One problem is that knowledge of the fullness of interpersonal musical experience cannot be reduced to data. The other question for Community Music Therapy evaluation is justifying the links claimed between an event and a supposed outcome. On film, perhaps, it might be easier to create the appearance of direct causality, but at this range, where exchanges derived from Community Music Therapy, via film extracts or training initiatives, are released as data into a workforce or a large organisation, the ability to trace connections becomes daunting for the system.

These ideas, films, accounts, tables of numbers, performances, are evaluative objects of multiple provenance, containing diverse and parallel types of information; speculative, summative, detailed and generalised. They are versatile objects which have evolved or been innovated to serve desires and urges far beyond the musical encounter; the desires of a workforce, a company ethos, an entrepreneurial spirit, a sense of corporate governance, or the interest of a generalised readership. This case study suggests that there is more than one kind of evaluative material, perhaps reflected in the difference between 'information' and 'knowledge'. What people gain knowledge of through experience may not be reflected exactly in the information

created about it. It seems that Community Music Therapy moments become products that change in transfer between points in the system.

An impression has emerged of a system that is widely dispersed, encoding and translating knowledge and information in diverse time frames and in relation to multiple objects. The range of purposes, strategies and rationales has also been shown to be various, and fragmentary. The case study proposes that a process of commodification occurs, creating products that themselves have value, in order to store and transfer processes that are irreducible. A view of the system has arisen in which commodification is not imposed solely by the music therapist, the host organisation or the reader of music therapy information; but emerges out of the shared flows of meaning between the people, the material and the organisation mutually.

Why is evaluation of Community Music Therapy a problem?

This picture illuminates in some ways why evaluation is problematic in Community Music Therapy practice. Perhaps in summary we might say that Community Music Therapy evaluation is problematic because it is multiple, and it is multiple because music is multiple. Problems are encountered by music therapists in choosing *what*, *who*, *when* and *how* to evaluate. Their work generates more than one kind of knowledge and information for use in evaluation, and the surrounding discourses of their practice require them to suit more than one kind of purpose. So it is suggested here that in the process of sharing knowledge and information, meaning is changed and distorted. Actor-network Theory would then propose that this creates multiple realities. This in turn may affect how music therapy decisions are arrived at in practice, or how a person's own musicality relates to the pervasive ethos of company performance or public relations.

This in itself is not entirely problematic. I suggest here that music is multiple. Perhaps that can be extended to the system around it—towards a 'musicality' of organisations. With reference to the literature on Communicative Musicality (see Malloch & Trevarthen, 2009), I allude to that here as a suggestion for further research in clarifying what is meant by 'context' in Community Music Therapy literature.

The musicality of this organisation is not only in the sounds created by the music therapist and the resident. It is in the co-ordination of multiple material flows carrying meaning between people and other elements each in coordination with the other. At any point in this system the flow of materials could be stopped and isolated, for the purposes of translation, encoding and storage. That moment contains a paradoxical flow of multiple realities and possibilities, the relative priority of one reality over another being determined by the related interests of the originator and the 'reader'

of the evaluative material, connecting with and via other points within an established value system.

What is suggested in this case study is that the points in the network created by Community Music Therapy seem to *seek connection*, and to create connection contingently via mixed modes of information and knowledge translation. The ecology appears to desire proliferation, dispersal, coding, communication. This desire for community appears to be generated within the phenomena of contemporary corporate and charity culture, mass media and commerce as much as in the interpersonal world of music-making. I would argue that this desire for musical community requires at its core a process of 'non-knowing': a state of embodied knowing that remains material and mutual as distinct from knowledge that is named and separated. Perhaps while we in music therapy have grown familiar with the demands of naming what we do, our problem is that we are yet to come to terms with what non-knowing demands of us.

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