

The Music Together Program: Addressing the Needs of “Well” Families with Young Children

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Abstract

Music Together is a community based music therapy program for “well” families with preschool aged children. The program reflects a developing perspective that music therapy can be a preventative intervention. Music Together is available to all families within the community, not just those with a diagnosis, disability, or identified as “at risk”. This article describes the challenges facing Australian families, the need for social support, and the application of traditional early intervention music therapy techniques to support “well” families. Results of a program evaluation are presented to substantiate this application of music therapy.

Key Words: music, families, music and interaction, music therapy, community.

Introduction

Music Together is an ongoing, community early intervention program for “well” families with children aged 0-4 years.¹ In this context, the term “well” is used in a broad sense to describe families who do not have diagnosed or overt additional needs. The program aims to strengthen early attachment, build social supports, and increase the resilience of the family unit, to reduce the potential impact of stress and adversity. The underlying philosophy of Music Together is that it is available to all families within the community, not just those with a diagnosis, disability, or identified as “at risk”. The majority of families participating in Music Together are “well”, however, families with additional needs are able to participate alongside these families.

¹ A congregation member approached the Uniting Church to establish Music Together upon returning to Australia from England, after receiving social support from an English music group for parents with toddlers. The program is self funded, as families pay to attend, but Connections (UnitingCare) absorbs costs if there is a loss.

To evaluate the program, families were invited to complete a questionnaire regarding their perception of the effectiveness of Music Together in enhancing parent-child interactions and the effect of the program on social support networks (See Appendix).

Literature Review

Challenges Facing Families

The context in which families in Australia exist has changed dramatically in recent years. During the 1950s, families usually consisted of a mother, a father, and children living in the same household. Further, at the beginning of last century, families commonly had extended family living in the same household (Gilding, 2001). By 1992, just 3% of children lived in extended families and this continues to decline (Australian Bureau of Statistics, 1995). According to Tomison (2003), traditional forms of support provided by extended family, friends, and neighbours are decreasing. Today, the term “family” is broadly defined as “two or more persons, one of whom is aged 15 years and over, who are related by blood, marriage (registered or de facto), adoption, step or fostering; and who usually reside in the same house” (Australian Institute of Family Studies, 2004).

These structural changes have also been accompanied by the intrusion of work into family life and by family breakdown. In 2001, around 43% of all families with children were couple families where both parents were in the workforce (Australian Bureau of Statistics, 2001). In the 1997 Time Use Survey, 70% of mothers and 56% of fathers who worked full-time stated that they always or often felt rushed for time (Australian Bureau of Statistics, 1999). This suggested that many families face on-going challenges in balancing their family responsibilities and work commitments. In recent years, trends in divorce and remarriage have contributed to increasing numbers of one-parent, step, and blended families (Australian Bureau of Statistics, 2003). According to the Australian Bureau of Statistics (2000), if the current divorce rate continues into the future, it is estimated that 46% of all marriages will end in divorce. In 2000, 53% of all divorces involved children under the age of 18 (Family Law Council, 2002). These factors present challenges for families with young children that may affect the overall wellbeing of individual family members as well as the family unit.

An additional challenge to modern families is social isolation. Social isolation reduces the resources available to families and has been associated with increased levels of child abuse and even child neglect (Ceballos & McLoyd, 2002). Nuckolls, Cassel, and Kaplan (1972) found that among women experiencing high levels of life stress, those

experiencing social isolation were three times more likely to experience difficulties during pregnancy and birthing. Children are more likely to form insecure attachments when their parents have a high number of stressors and low levels of perceived social support (Sepa, Fordi, & Ludvidsson, 2004).

Social Support

Social support for families can act as a buffer against stressors and reduce the potential impact of stress on parents and the family unit (Jacobson & Frye, 1991). Emotional support is an important facet of social support; however social support also involves guidance, social reinforcement, and practical assistance (Florida State University, 2001). Turner, Grindstaff, & Phillips (1990) found that social support networks moderate negative life stressors, thereby enhancing adults' psychological well-being and increasing parenting competencies. Social support systems are linked with enhanced parental satisfaction and greater parental warmth and, further, positive social support has been shown to reduce psychological illness and disorder (Ceballo & McLoyd, 2002). Arguably, the levels of social support may influence a parent's interaction with their child and subsequently the development of attachment behaviours.

Traditionally, interventions for families were crisis driven, focussing on families already experiencing problems such as disability, poverty, abuse, social isolation, and family breakdown. While support in these situations remains important, the focus is increasingly on prevention and intervention rather than cure (Hayes, 2004).

Music in Early Childhood

Emotionally responsive care from the primary caregiver is essential to ensure optimal physical, cognitive, psychological, and emotional development (Egeland & Erickson, 1999). Attachment behaviours emerge gradually over the first few months of life and peak during the second year (Ainsworth, 1967). Erickson (1968) described these formative years as a period of "basic trust versus mistrust" where the child either begins to learn to trust or mistrust people and situations. Failure to develop trust in a secure parent-child attachment may result in the infant perceiving the social world as hostile or unreliable. Egeland and Erickson (1999) added that this may lead to an increased risk of developmental delays, personality disturbances, psychological illness, and adjustment problems. The early childhood years provide an ideal opportunity to increase the resilience of the family unit to protect against the negative impact of stress and adversity (Tomison, 2003).

The relationship between parental singing and early attachment has been well documented. Trehub (2001) proposed that infants have a

biological predisposition to interpret musical messages and parental singing serves as a survival mechanism to ensure attachment security. Even premature infants less than 24 hours old show preference for the maternal voice and orientate themselves to the mother's voice (Bunt, 1994). One of the earliest forms of interaction between parent and child is that of singing to soothe a distressed infant (Oldfield, 1993). Trehub, Unyk, and Trainor (1993) proposed that every known culture has a genre of music specifically for infants. This infant-directed singing is usually higher pitched, slower, and has an increased emotional quality (Bargiel, 2004). Trehub (2002) suggested that the act of singing to an infant may provide benefits to the singer as well as the listener as soothing music is likely to calm the parent as well as the child, and playful singing is likely to stimulate them both.

Parents sing two distinct musical genres to their infant; the lullaby and the playsong (Bargiel, 2004). Playsongs are structured to stimulate the child and are educational in their function (Trainor, 2002). The use of playsongs encourages family members to maintain the closeness of the parent-child relationship whilst optimizing the development of the child (Bargiel, 2004). Music is an ideal tool to foster early childhood development as it provides repetition, structure, and opportunities for positive social interaction (Skewes & Thompson, 1998). Interventions that utilise parental singing can facilitate an enhanced parental attachment and possibly help to prevent mental health problems (Bargiel, 2004).

Family-Centred Early Intervention Models of Music Therapy

Traditionally, early intervention settings aim to promote the growth and development of young children with disabilities or developmental delays (Humpal, 1990). Family-centred early interventions programs regard the family, not just the child, as the unit for intervention. Interventions in this model propose that changes in one individual impact and influence other individuals within the family. Success in family centred early intervention programs is determined by not only the individual child's progress, but also by the way the family unit develops (Shoemark, 1996). Shoemark described a music therapy program within a family centred early intervention setting for families of children with additional needs. The music therapy program aimed to enhance the development of healthy family relationships and introduce formal and informal support networks. Shoemark concluded that the music therapy program provided families with valuable insights about their children, vehicles for development and sharing, and an on-going presence of music in their every day lives.

More recently, the Croft Unit for Child and Family Psychiatry provided a short term music therapy program for families with children

experiencing developmental, emotional, and behavioural problems in an in-patient and day service setting (Oldfield & Bunce, 2001; Oldfield, Adams, & Bunce, 2003). Oldfield and Bunce (2001) proposed that music therapy, to enhance the mother-child bond, enables the mother to gain valuable insight about her relationship with her child. Further, this may improve the quality of life for the mother and child. Music therapy has traditionally been applied to treatment rather than prevention. A treatment approach aims to assist families who are already experiencing difficulties. In contrast, an early intervention or prevention approach aims to minimise the development of problems and reduce the potential impact of such difficulties or stressors.

The Sing and Grow project is a family based intervention for families with children under three years who are “at risk” of marginalisation as a result of socio-economic status, single parenthood, drug and alcohol addiction, being a member of a cultural minority, and young parenthood. This relatively new application of music therapy assists parents to extend their repertoire of successful and nurturing parental behaviours (Abad & Edwards, 2004). Music is utilised in the interventions to facilitate and support attachment behaviours between parents and children, to foster development, and reduce the potential impact of social disadvantage.

The expansion of applications of music therapy, beyond the traditional treatment based model for children with additional needs, is consistent with the developing perspective of music therapy as a preventative tool (Abad & Edwards, 2004). The Music Together program takes this progression one step further by addressing the everyday needs of families. Music Together is an early intervention program that provides an opportunity for “well” families to experience positive interactions and develop social support networks. The aim is to support the family unit and optimise child development.

The Music Together Program

Music Together is a community music therapy program for families with preschool aged children. The program is run by Connections, a community welfare branch of the Uniting Church. Music Together began in 1999 with five families in one location, and is now accessed by over three hundred families in thirteen locations throughout Melbourne’s outer eastern suburbs. Arguably, the continuing growth of Music Together is an indication that the program is meeting a need within the community.

Music Together aims to enhance parent-child interactions and social support networks whilst being accessible to all families within the community. Families are able to participate in the weekly one hour music

therapy sessions with more than one child and may continue to attend up until the youngest child commences kindergarten or primary school. Trained volunteers are available during sessions to assist families if requested. Sessions are provided in four ten-week units in accordance with the school term. Families pay a nominal fee to participate, however subsidised and free places are offered to families experiencing financial difficulties. Approximately 10 to 15 families participate in each group session. The majority of families participating in Music Together are self-referred, hearing about the program through word of mouth or advertising material. Music Together is advertised as a program that focuses on building relationships, developing positive links and networks between families, and aims to provide an environment in which all families feel accepted and can find a sense of belonging (Connections Child, Youth, and Family Services, 2004).

The structure of Music Together sessions reflects a traditional early intervention format (Shoemark, 1996). Parents sit on the floor in a circle formation with their children on their lap or seated beside them. The music therapist also sits on the floor. Every session begins with a greeting song where the children are encouraged to introduce themselves. The music therapist facilitates singing, instrument playing, and movement to music activities before a relaxation activity. The same goodbye song is used every week to maintain familiarity of structure. Whilst the session structure is not unique to Music Together, these traditional methods are adapted to address the needs of “well” families. It is this application of music therapy to a “well” population that is unique to Music Together.

The live singing of nursery rhymes, playsongs, and lullabies is the primary musical method used within the sessions. The therapist adapts her singing style to reflect the energy level of the activities. A large repertoire of traditional songs is used as it is likely that a number of these songs are already known to families. This aims to increase parents’ confidence in singing with their children during the sessions and in other situations. New songs are also introduced on a regular basis to maintain parents’ interest and increase their repertoire of songs and musical ideas. “Songs are an under-rated resource ... that can be produced anywhere at anytime” (Coull & Shoemark, 1999, preface). The voice is a highly portable instrument and families do not need a large number of resources to be able sing together (ibid). Throughout sessions parents are encouraged to actively participate in all activities with their children through verbal prompts and modelling.

Musical activities are structured to encourage positive interaction between parents and their children. Active playing and nurturing parental behaviours are encouraged throughout the sessions. For example, during the singing of “Row Row Row Your Boat” (Trad.), parents and children are encouraged to sit facing each other, holding hands and “row the boat”

in time to the music. The last verse of this song is modified to promote close physical contact.

Row row row your boat
Gently through a puddle
Merrily merrily merrily merrily
Give your partner a cuddle.

The development of children's educational concepts and social skills are also encouraged throughout the sessions. For example, songs such as "Heads and Shoulders" and "Five little Ducks" (Trad.) are utilised to develop body awareness and counting abilities. Instruments are utilised to promote social learning, such as sharing, turn taking, and leadership roles. These educational and social aims (social learning based e.g.s., turn taking, sharing) are secondary to interaction based (i.e., focussed on enhancing parent-child interactions).

Families are encouraged to stay for morning tea or lunch following the music therapy sessions. This unstructured time is vital to encourage the development of informal support networks and friendships.

Evaluation of the Music Together Program

Families were invited to complete a questionnaire relating to their experience and perception of the Music Together program. The questionnaire was designed to be brief and quick to complete (see Appendix). The purpose of this evaluation was to explore parents' perceptions of Music Together in (a) enhancing interactions between family members within sessions and at home, (b) assisting families in developing a repertoire of musical skills that could be integrated into everyday life, and (c) enabling families to develop social support networks with other families. Permission to offer the questionnaire was given by the CEO of Connections.

All families who attended the program during week eight of term two, 2004, were invited to participate. Adult participants were instructed to return questionnaires in sealed envelopes which were deposited into ballot boxes to maintain confidentiality. Families were informed that their decision to participate or not participate in the program evaluation questionnaire would have no effect on their participation in Music Together, and were given the opportunity to leave questions unanswered if they felt the question was inappropriate or unnecessary. Of the 223 questionnaires that were distributed, 140 families responded (62.78% response rate).

Results

Participants who completed the evaluation had attended the program for an average of 3.3 school terms. The mean age of children participating in Music Together was 2.2 years with an average of 1.4 children participating per family. Most families participating in Music Together were married couples with children who had lived at their current address for more than one year and were of a mid-to-high range socio-economic status.

Enhanced Interactions Between Family Members

Parents were asked whether and how they felt that Music Together had enhanced their interactions with their children within the sessions and at home. Ninety-three percent of participants reported that Music Together enhanced interactions with their children within sessions. Ninety-one percent reported that the program enhanced interactions at home. Families indicated they were singing, dancing, and laughing together more, sharing their Music Together experiences with other family members, and spending an increased amount of time interacting with each other. Individuals' comments included:

I find I can just really enjoy the time and interaction with my children – with no other pressure to get jobs done.

It's always a good laugh and we love the songs, also I've learned to dance with my kids. I never even thought to do this before.

My husband has learned the songs now as well and often joins us.

It brings lots of happiness and joy to the family with us all singing together.

As new parents learning songs, dances, it gives you more confidence when playing with babies at home.

Integrating a Repertoire of Songs and Musical Ideas

Parents were asked whether they had developed new parenting strategies using music at home as a result of Music Together. Forty-nine percent of participants indicated that they had incorporated Music Together activities into their everyday lives to develop new parenting strategies. Comments included:

I find I use singing as a good distraction for my one year old and even my three year old sings to her brother to calm him.

Singing songs in the car makes travelling more enjoyable.

Singing lullabies helps settle at bedtime.

Sometimes it (singing songs) takes his mind of being upset and turns the situation into a happy one.

One mother told the music therapist that, previously, bathing her eighteen-month-old son was a stressful experience as he often cried and refused to get into the bath. After seeing her son's enjoyment of the song "Five Little Ducks" during Music Together, she began to sing this song with actions to her son at bath time. The mother happily reported that through the use of music, her son now enjoyed bath time, much to her relief.

This vignette highlighted the transference of an activity learned during Music Together into an everyday context to avert a stressful situation and facilitate positive interaction. Through singing, the mother was able to support her son in an otherwise stressful situation. Their engagement in the song was able to break the cycle of distress. This, in turn, empowered and supported the mother as she was able to contain her son's distress.

Social Support

Parents were asked whether they or their children had made friends, and whether they met on other occasions, with the Music Together participants. Eighty-two percent of responding families reported that they have made friends. Comments included:

We do not have many other people/support in our daily lives and I feel the interaction with others is positive.

Being new to the area it has helped us settle in as a family and reduce the isolation that we felt when we moved here.

The volunteers have been fantastic at developing a very welcoming atmosphere and all parents feel comfortable to interact and get to know others because of this.

Thirty-four percent of the respondents who made friends reported that they met with other Music Together families outside the sessions; 37% of these met one-to-two times a week, 28% met once per fortnight, and 35% met less than once per fortnight.

During a Music Together session the music therapist observed families offering support to each other. A near-term pregnant mother with her third child was participating in the session with her two daughters aged under three. Another Music Together mother commented that the pregnant mother appeared very tired and offered to mind her two girls after the session whilst she went home for a sleep.

Music Together enabled families to make friends and build social support networks that provided additional support outside of the program. It is interesting to note that, despite fatigue, the above mentioned mother still chose to attend the group. This suggests that the mother felt the group would be able to accommodate and support her needs. Further, members of

the groups were able to adapt to her changed needs and provide additional support outside of the session.

Discussion

Music Together was perceived by parents to enhance their interactions with their children, provide additional ideas for parenting strategies, and build social support networks between families. Responses suggest that “well” families perceived the music therapy interventions to be beneficial.

During Music Together sessions, music was used to facilitate positive interactions and close physical contact through co-active instrument playing, partnered movement to music, and shared musical activities. Parents reported that these activities had a positive effect on their interactions with their children within sessions and at home. It is possible that parents’ active participation in the program provided them with the confidence and experience to use these ideas at home. Further, parents were able to gain greater insight about their child’s musical preferences and observe activities that their child found engaging. This may have increased parents’ repertoire of musical skills and ideas that they were able to use at home. As described in the “bath time” vignette, the successful use of Music Together activities at home may have reinforced the incorporation of music into everyday life and, in turn, fostered positive parent-child interactions. These positive parent-child interactions within and outside of the sessions offer experiences of positive sharing that may lead to enhanced early attachment. Strong early attachments can reduce the potential negative impact of stressful life events and the development of mental health problems in the child (Bargiel, 2004; Egeland & Erickson, 1999).

A positive outcome of the evaluation was that a number of families reported they were meeting with each other outside of the program. This suggested that families were utilising their newly developed social support networks. Further, these relationships may continue to provide support beyond families’ participation in the program. Positive social supports between families act as a buffer against life stressors by providing emotional support, guidance, social reinforcement, and practical assistance (Florida State University, 2001). Social support is linked with increased parental satisfaction and greater parental warmth (Ceballo & McLoyd, 2002). Therefore, by supporting parents in their parenting role, Music Together may support the optimal development of their children. The development of friendships between participants may have been fostered by shared experiences during the Music Together session and the opportunity to talk with other families during morning tea. Declining

trends in extended family support place greater emphasis on the community and health providers to provide support for families (Hayes, 2004; Tomison, 2003) and it may be that Music Together acted in this way.

The results of the program evaluation provide a strong foundation for the use of music therapy to address the needs of “well” families. Several limitations of the evaluation are acknowledged. Firstly, the majority of the participants were married and were from a mid-to-high socio-economic bracket. While the evaluation does not portray a range of demographically diverse backgrounds, the sample is consistent with the population of Melbourne’s outer eastern suburbs (City of Manningham, 2005; City of Whitehorse, 2004). Therefore, the findings of the evaluation might be generalised to that area at least.

Secondly, families’ current and future levels of adversity or stress were not examined. However, Music Together as an early intervention program aims to minimise risk factors before problems, some of which may lead to divorce, become evident. Thirdly, it was not possible to invite families who did not continue to attend the program to participate in the evaluation. Arguably, these families may not have found participation in the program beneficial. Lastly, any assessment of the effect of parental education level, age, occupation, marital status, and employment situation on parents’ experience of the program, were beyond the scope of the evaluation.

Conclusion

Music therapy for families is not a new concept. In recent years, applications of music therapy have undergone a shift in focus from treatment based models of intervention for children with additional needs to preventative and health promoting approaches for a broader range of clients (Abad & Edwards, 2004). Previous applications of music therapy tended to focus on the needs of “at risk” families or families who have a child with a disability. Whilst the needs of “well” families may not be overtly obvious, the everyday pressures on families in today’s society places increased stress on familial interactions and attachment behaviours. The needs of “well” families should not be underestimated. Music Together was perceived by parents to be a beneficial program. Most importantly, Music Together addresses the everyday needs of families, not just the “additional” needs of families.

References

- Abad, V., & Edwards, J. (2004). Strengthening families: A role for music therapy in contributing to family centred care. *Australian Journal of Music Therapy, 17*, 3-17.
- Ainsworth, M. D. S. (1967). *Infancy in Uganda*. USA: Johns Hopkins University.
- Australian Bureau of Statistics. (1995). *Australian social trends 1995 family - living arrangements: Children in families*. Retrieved October 10, 2004, from [http://www.Australian Bureau of Statistics.gov.au/ausstats/Australian Bureau of Statistics@.nsf/94713ad445ff1425ca25682000192af2/2e2ae433535bc15aca2569ee0015d89d!OpenDocument](http://www.AustralianBureauofStatistics.gov.au/ausstats/AustralianBureauofStatistics@.nsf/94713ad445ff1425ca25682000192af2/2e2ae433535bc15aca2569ee0015d89d!OpenDocument)
- Australian Bureau of Statistics. (1999). *Australian social trends 1999 family - family functioning: Looking after the children*. Retrieved October 10, 2004, from [http://www.Australian Bureau of Statistics.gov.au/ausstats/Australian Bureau of Statistics@.nsf/94713ad445ff1425ca25682000192af2/875f852f44a61210ca25699f0005d61d!OpenDocument](http://www.AustralianBureauofStatistics.gov.au/ausstats/AustralianBureauofStatistics@.nsf/94713ad445ff1425ca25682000192af2/875f852f44a61210ca25699f0005d61d!OpenDocument)
- Australian Bureau of Statistics (2000). *Marriages – Couples who choose civil celebrants*. Retrieved October 10, 2004, from <http://www.abs.gov.au/ausstats/abs@.nsf/0/6b28f318f1feccacca25696000822c19?OpenDocument>
- Australian Bureau of Statistics. (2001). *Australian social trends family and community - family functioning: Balancing family and work*. Retrieved October 10, 2004, from <http://www.abs.gov.au/Ausstats/@.nsf/0/745de481644ddb93ca256d39001bc33e?OpenDocument>
- Australian Bureau of Statistics (2003). *Australian social trends - family and community - living arrangements: Changing families*. Retrieved October 10, 2004, from <http://www.abs.gov.au/ausstats/abs@.nsf/0/ea563423fdbffd30ca256d39001bc33c?OpenDocument>
- Australian Institute of Family Studies (2004). Retrieved October 10, 2004, from <http://www.aifs.gov.au/institute/info/charts/glossary.html>
- Bargiel, M. (2004). Lullabies and play songs: Theoretical considerations for an early attachment music therapy intervention through parental singing for developmentally at-risk infants. *Voices: A World Forum for Music Therapy*. Retrieved 3 April, 2004 from www.voices.no/mainissue/mi40004000143.html
- Bunt, L. (1994). *An art beyond words*. New York: Routledge.
- Ceballo, R., & McLoyd, V. C. (2002). Social support and parenting in poor, dangerous neighborhoods. *Child Development, 73*, 1310-1321.

- City of Manningham, (2005). *Community and business*. Retrieved 1 March, 2005, from <http://www.manningham.vic.gov.au/CA256D26001ED423/page/About+Manningham?OpenDocument&l=30-about+Manningham~&2=~&3=~>
- City of Whitehorse (2004). *Our city*. Retrieved 1 March 2005, from <http://www.whitehorse.vic.gov.au/ourcity.asp>
- Connections Child, Youth and Family Services. (2004). *Music Together*. Retrieved 27 February, 2005, from <http://www.connections.org.au/musictogether.htm>
- Coull, S. E., & Shoemark, H. (1999). *Songs you already know*. Melbourne: Hot Thong Publications.
- Egeland, B., & Erickson, M. F., (1999). Findings from the parent child project and implications for early intervention. *Zero to Three*, 20(2), 3-11.
- Erickson, E. H. (1968). *Identity: Youth and crisis*. New York: Norton.
- Family Law Council. (2002). Statistical snapshot of family law 2000-2001. Retrieved 2 March, 2005, from [http://www.ag.gov.au/agd/www/rwpattach.nsf/viewasattachmentPersonal/568F279A04547E8DCA256C160018D5E2/\\$file/statsreport.pdf](http://www.ag.gov.au/agd/www/rwpattach.nsf/viewasattachmentPersonal/568F279A04547E8DCA256C160018D5E2/$file/statsreport.pdf)
- Florida State University. (2001). Social support: Improving outcomes for adolescent parents and their children. *Fact Sheet: Teen Parent Child Care Quality Improvement Project*.
- Gilding, M. (2001). Changing families in Australia 1901-2001. *Family Matters*, 60, 6-11.
- Hayes, A. (2004, October). *Family centred practice now and in the future: The links between research and practice*. Paper presented at Pursuing Excellence in Family Services, Family Services Australia Conference, Sydney.
- Humpal, M. E. (1990). Early intervention: The implications for music therapy. *Music Therapy Perspectives*, 8, 30-35.
- Jacobson, S., & Frye, K. (1991) Effect of maternal social support on attachment: Experimental evidence. *Child Development*, 62, 572-582.
- Nuckolls, K. B., Cassel, J., & Kaplan, B. H. (1972). Psychosocial assets, life crisis, and the prognosis of pregnancy. *American Journal of Epidemiology*, 95, 431-441.
- Oldfield, A. (1993). Music therapy with families. In M. Heal & T. Wigram (Eds.), *Music Therapy in Health and Education* (pp. 46-54). London: Jessica Kingsley.
- Oldfield, A., & Bunce, L. (2001). 'Mummy can play too....' Short-term music therapy with mothers and young children. *British Journal of Music Therapy*, 15, 27-36.

- Oldfield, A., Adams, M., & Bunce, L. (2003). An investigation into short-term music therapy with mothers and young children. *British Journal of Music Therapy*, 17, 26-45.
- Shoemark, H. (1996). Family-centred early intervention: Music therapy in the playgroup program. *Australian Journal of Music Therapy*, 7, 3-15.
- Skewes, K., & Thompson, G. (1998). The use of musical interactions to develop social skills in early intervention. *Australian Journal of Music Therapy*, 9, 35-44.
- Sepa, A., Frodi, A., & Livingston, J. (2004). Psychosocial correlates of parenting stress, lack of support and lack of confidence/security. *Scandinavian Journal of Psychology*, 45, 169-179.
- Tomison, A. (2003). Are we meeting family needs in Australia? *National Child Protection Clearing House Discussion Paper*. Australian Institute of Family Studies, Melbourne.
- Trainor, L. J. (2002). Lullabies and playsongs: Why we sing to children. *Zero to Three*, 23(1), 31-34.
- Trehub, S. E. (2001). Musical predispositions in infancy. *Annals of the New York Academy of Sciences*, 930, 1-16.
- Trehub, S. E. (2002). Mothers are musical mentors. *Zero to Three*, 23(1), 19-22.
- Trehub, S. E., Unky, A. M., & Trainor, L. J. (1993). Maternal singing in cross-cultural perspective. *Infant Behavior and Development*, 16, 285-295.
- Turner, R. J., Grindstaff, C. F., & Phillips, N. (1990). Social support outcomes in teenage pregnancy. *Journal of Health and Social Behaviour*, 31, 43-37.

Authors' Note

The Authors would like to acknowledge the contribution of their colleagues, particularly Helen Shoemark for assisting with the refinement of this paper.

Appendix

Music Together Questionnaire¹

Program Location: _____

We are interested in learning about your experience of the Music Together program. If you do not feel comfortable providing the information requested, please place a line through the question. **This survey is to be completed anonymously - DO NOT write your name or your child/ren's name anywhere on the survey.**

Music Together Program Information

1. How long has your family been participating in Music Together? (*Please tick*)

- First Term 2 Terms Other _____

2. How did you find out about the program? (*Please Tick*)

- Melbourne's Child Community Flyer
 Letterbox Drop Church Group
 Friends Other: *Please Specify* _____

3. What do you like most about Music Together? Please comment:

4. What do you like least about Music Together? Please comment:

5. Please indicate on the scale provided your family's enjoyment of the following Music Together activities (1 = Do not enjoy, 3 = Moderate enjoyment, 5 = Strongly enjoy): (*Please circle*)

Singing	1	2	3	4	5
Dancing	1	2	3	4	5
Relaxation/Quiet time	1	2	3	4	5
Instrument Playing	1	2	3	4	5
Morning tea/Lunch	1	2	3	4	5
Meeting other families	1	2	3	4	5
Spending time with my child/ren	1	2	3	4	5
Meeting volunteers	1	2	3	4	5
Spending one-on-one time with my child/ren	1	2	3	4	5

6. Do you feel that Music Together has enhanced your interactions with your child/ren **within the sessions**? (*Please Tick*)

- Yes No

¹ Spacing altered for brevity. Contact authors for actual copy.

7. Do you feel that Music Together has enhanced your interactions with your child/ren **at home**? *(Please Tick)*

Yes

No

8. In what ways has Music Together influenced the way you musically interact with your child/ren at home? *(Please tick as many as appropriate)*

We sing songs more often

We tell other family members about our Music Together experiences

We dance more often

We laugh together more often

Music Together has had no influence on our interactions

We play games from Music Together

We listen to music more often

Other: *Please Specify* _____

We spend more time

playing/interacting together

Please comment:

9. Have you developed **new** strategies for using music at home with your child as a result of Music Together (eg - relaxation, behaviour management/redirection)? *(Please Tick)*

Yes

No » Go to Question 11

10. Please indicate the **new** musical strategies you use at home with your child as a result of Music Together:

(Please Tick)

Relaxation/sleep time

Behaviour management/redirection

Leisure activity

Develop skills (counting/alphabet/body parts)

Dance/movement

Other: *Please Specify* _____

Comfort/stop crying

Please comment:

Social Support

11. Have you or your child/ren made friends with other Music Together families? *(Please Tick)*

Yes

No » Go to Question 15

12. Do you or your child/ren meet with these families outside of the music together sessions? *(Please Tick)*

Yes

No » Go to Question 15

13. How often do you meet with these families outside of the Music Together program? *(Please Tick)*

Less than once a fortnight

1 - 2 times a week

Once a fortnight

More than 2 times a week

