

Dear Parent/Guardian,

I'm a music therapist who will be working in the Autism Resources Provision at Queensbridge Primary School every Tuesday. I am a professional registered with the Health & Care Professions Council.

Having trained in the *Nordoff-Robbins* approach to music therapy, my work focuses on making music with people in whatever way they can, leveraging music's unique capacity for connecting people.

What happens in a music therapy session?

A typical music therapy session with your child might last 20-30 minutes and could include a mixture of structured improvisation play, singing familiar songs and musical games.

Music therapy always starts with the therapist deeply listening and then communicating that listening through how they respond musically, building the music as much as possible from what the child is presenting in that moment – including body gestures and vocalisations – with the aim of recognising, celebrating and meeting your child where they are. This can afford experiences of empowerment, offer opportunities for creative expression as well enable communication and connection.

The music making is collaborative and these collaborations will always be led by the child. A range of instruments are available but a musical relationship can also be built on how someone moves or vocalises. It is an approach shaped by evidence and ongoing research.

I take detailed notes after each session and some of these observations may be used to support a child's EHCP plan, alongside a final written report.

How can music therapy help?

Music has a unique capacity to reach people who may not respond readily to verbal communication. The 'musical contact' that can be made through a music therapy process can allow a child to hear themselves being heard in a new way. Understanding that they are being listened to can encourage a child to communicate further, showing them that their voice matters and that what they

do will be responded to. This can lead to more initiation, exploration, persistence and intention.

Music making requires listening, sharing a space, taking turns and responding – the fundamental building blocks of all communication. Music therapy provides a safe and accessible space for children to experience these aspects of musical participation, building their resources, establishing relationships and offering them a richer experience of themselves and others.

Consent

I _____ give permission for my child
_____ to attend music therapy sessions at school.

(You may withdraw this consent at any time. Please feel free to let me know if there are any songs/music that are particularly meaningful for your child)

Questions?

Please do get in touch if you have any questions about music therapy or would just like to chat.. My email is rossdanielhannon@gmail.com

To find out more about the Nordoff-Robbins approach to music therapy, and see examples of sessions, visit: <https://www.nordoff-robbins.org.uk/>



Kind regards

Ross Hannon



www.hcpc-uk.org

Recording Consent for Music Therapy Sessions

As a HCPC-registered music therapist, it is part of my professional practice and a requirement of the HCPC Standards of Proficiency to engage in regular clinical supervision. Supervision allows me to reflect on and develop the therapy I provide, ensuring the highest standards of care for all service users.

To support this process, it is helpful for me to record music therapy sessions. These recordings are used only for my own close analysis of my practice and for clinical supervision, where confidentiality is always maintained. In some cases, I may also wish to use small excerpts of recorded material for professional purposes, such as presentations, training or job interviews but only with explicit consent.

I agree to having my child's sessions recorded on **audio/video** (*please delete as appropriate*) so the music therapist can use it to make detailed clinical notes and for professional supervision. These recordings will be deleted when the period of music therapy ends, after the agreed final music therapy session: **YES/ NO**

I agree to the music therapist using selected extracts of the recordings for subsequent professional purposes (e.g. presentations, job interviews) for up to 7 years after the period of music therapy ends: **YES/ NO**

You may withdraw your consent at any time, or ask any further question about this process by contacting me at +447418028728 or by email at rossdanielhannon@gmail.com

Thank you!

Signed by: _____ (sign and print name)

(Parent/Guardian of: _____)

Music Therapist: _____ (sign and print name)

Date: _____