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Valuing Long-Term Intercultural Partnerships:

The Sustainable Impact of Skills-Sharing Activities Examined Through an International Partner Questionnaire

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Abstract

This article describes the process of implementing an international partner questionnaire by a music therapy charity with 30 years of experience in intercultural skills-sharing project work. The questionnaire was developed as part of the charity's practice evaluation, as a way to listen to the voices of skills-sharing project participants across seven countries, who have maintained long-term partnerships with the charity. In this article, we present specific learnings from partner responses to identify six sustainability outcomes evidencing the lasting impact of music therapy skills-sharing for participants and those in their care. We also present the charity's theory of change, developed in response to the analysis of questionnaire responses. This article provides insight into how to implement a large-scale international questionnaire as part of service evaluation, and insights from listening to partners' voices about the effectiveness of music therapy skills-sharing in their communities.

Keywords: international development; sustainability; program evaluation; intercultural partnership; skills-sharing; theory of change

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Introduction

UK registered charity Music as Therapy International (MasT) (www.musicastherapy.org) has been working in international development since 1995, providing music therapy-informed training projects for health and community caregivers in a range of international contexts. While MasT's work has been presented at conferences (Quin, 2004; 2014), cited by other music therapists (Anderson, 2023; Bolger & Skewes, 2013, 2020; Coombes, 2011, 2021; Coombes et al., 2023; Coombes & Tombs-Katz, 2017; Fitzsimons, 2016; Sarah Hadley, 2016; Susan Hadley & Hunt, 2013; Hesser & Bartleet, 2020; Laahs & Derrington, 2016; Margetts, 2022; Margetts et al., 2013, 2021; Saada & Coombes, 2020; Steele et al., 2020), and shared through the charity's communications channels, no detailed programme evaluation has been published to date. In a literature review of music therapy in international development contexts, Bolger et al. (2023) found that "…there are currently no publications documenting the success of skills-sharing models in fostering sustainable outcomes for communities in international development Music Therapy projects" (p. 5). In this article, we address this identified gap in the literature by presenting a longitudinal perspective on MasT's international development practice, as described by project partners in an International Partner Questionnaire undertaken by the charity in 2019–20. Through this questionnaire, project partners outlined several sustainable outcomes of MasT's work. These were described in examples of the long-term use of music by participating caregivers in a range of different countries. For the purposes of this article, we are informed by Bolger and McFerran's (2020) articulation of sustainable outcomes as indications of the continued benefit to communities beyond the scope of training or skills-sharing projects (Bolger & McFerran, 2020).

The International Partner Questionnaire was undertaken as part of MasT's programme evaluation and is not a research project. The unique perspective on practice presented in this paper is an overview of a single charity's work with a large network of international partners over a 30-year period.[1] The scope and longevity of this work provides a unique practice-based insight into the role and impact of international development music therapy for this particular charity. Authors 1 and 2 are Music as Therapy International staff who are directly involved in everyday charity operations and in implementing the International Partner Questionnaire. Lucy Bolger is a music therapy academic with external expertise in international development music therapy projects and research.

MasT has been operating in the UK and overseas with the vision to see music embedded into the care of people in vulnerable situations worldwide. At the time of writing (May 2025), the charity's countries of operation were the Democratic Republic of the Congo, Ethiopia, Georgia, India, Jordan, Kenya, Palestine,[2] Romania, Rwanda, and the UK. The charity pursues this vision through the delivery of music therapy-informed skills-sharing, training, and support activities. This skills-sharing approach aims to inspire, guide, and champion caregivers' use of music in diverse health and community contexts around the world, supporting people across the lifespan. MasT's values are integrity, sustainability,

[1] The size of the charity's partner network has grown over the years, reflecting increasing training reach, and numbered 597 caregivers working in different roles across 11 countries at the time of writing (May 2025). This figure represents the charity's current active partners.

[2] In September 2025, MasT updated its use of language to align with the British government's recognition of Palestine as an independent state. Prior to this, and at the time of implementing the International Partner Questionnaire, the charity had used "The Occupied Palestinian Territories" to describe this region.

partnership, and courage, and all project activities are co-developed with representatives from community-based project partners.

Since its inception, the charity has been mindful of the potential imbalance of power between people asking for help and those in a position to provide it. This can be particularly important in intercultural projects where post-colonial dynamics are present and require thoughtful consideration (Grugel & Hammett, 2016). With this in mind, MasT only provides training or support when it is directly requested by individuals or care settings. The risks associated with imposing ways of thinking or practices on others is an area of ongoing reflection for the charity, informed by an awareness of the misrepresentation of the voices and experiences of colonised people within Western discourse (Said, 1978; Spivak, 1988). The charity's collaborative approach to skills-sharing has an embedded focus on co-design and the sharing of experience and expertise between collaborators. In this way, MasT aims to attend to power dynamics in responsive, partner-specific ways.

The development and implementation of the International Partner Questionnaire in 2019–2020 was based on MasT's strong belief in the principle that listening to participants is critical to strengthening intercultural practice (Anderson et al., 2012). It was inspired by an earlier questionnaire with UK-based MasT partners, which was later collaboratively adapted for MasT's intercultural partnerships. The motivation for the questionnaire was to gain a contemporaneous understanding from partners about the ways they are currently using music to achieve therapeutic aims, and to help inform any further training or support MasT might offer. As this is a programme evaluation, a further motivation was to understand partners' experience of working with the charity and their level of engagement with MasT, in order to learn as an organisation and strengthen the charity's approach. Whilst the original focus for the questionnaire was to understand partners' *current* music practice, upon reviewing the responses, Authors 1 and 2 realised there was compelling information about sustainable impacts of the work. This prompted them to reach out to Lucy Bolger to develop this paper to communicate this learning.

Music Therapy and International Development

Descriptions of international development music therapy work have been increasingly represented in the music therapy literature since the turn of the century. International development music therapy practice can be characterised as projects where a music therapist travels to another country to share music therapy with a community or specific organisation who do not have ready access to music therapy (Bolger & McFerran, 2020) as it is defined by the World Federation of Music Therapy (https://www.wfmt.info/about#who-we-are). Such travel is typically for a fixed period of time, however, there are several examples of projects where engagement with participating communities extends beyond the initial visit though the use of technology and repeat visits (Bolger et al., 2023; Coombes, 2011; Coombes & Tombs-Katz, 2017; Margetts et al.,2013; Margetts et al., 2021; Quin, 2014). To the best of our knowledge, Music as Therapy International was the first organisation to adopt this approach as an ongoing model of practice.

Skills-sharing is a common approach used in international development music therapy work (Bolger & McFerran, 2020). This approach has likely taken prominence in recognition of the fact that short-term engagement with a community can be limited in impact, and out of a desire to minimise tokenism and strive for sustainability (Margetts, 2022)—in line with international development practice more broadly. This is also a resource-oriented approach, building on the existing human and musical resources

available to communities (Rolvsjord, 2010; Stige & Aarø, 2011) and scaffolding this with ideas and support to use these effectively in new ways.

International development is a complex area of practice, widely considered to perpetuate a colonial and imperial legacy (Du Bois, 2016; Rodney, 2018). Colonisation has significantly impacted global development, resulting in great economic disparity between countries and cultural suppression and erasure of colonised communities around the world (Tuck & Yang, 2012). There is a danger that without careful consideration, music therapy projects can perpetuate colonial oppression, for example, by imposing "western" music therapy ideas onto non-western communities, ignoring existing music and health resources within participating communities, or extracting learning and experience from a short-term engagement with a community, without sustainably contributing to the community involved.

The authors of this paper all have extensive and varied experience of working in international development. The concept of cultural humility strongly informs our approach to practice with international partners in this space. Cultural humility recognises that we cannot become an expert in another's cultural experience, but we can be open and curious to learn from others, critically evaluate our own biases and assumptions, and strive to mutually empowering relationships (Sciavo, 2023). To this end, we reflect briefly here on our own relationship to colonialism and how it informs our intercultural collaboration.

Makeda Mitchell, a woman of mixed heritage, whose historical awareness and resistance to imposed systems is linked to her ancestors' experiences of oppression and her Rastafarian upbringing. Living in Ethiopia and the UK provided firsthand insight into differing opportunities available to her and the diverse needs of communities. Her academic grounding in postcolonial and decolonial thought strengthened self-reflexivity and awareness of power imbalances, shaping her approach to international development which centres learning from communities that respects their experiences and cultures while avoiding imposition and misrepresentation.

Alexia Quin acknowledges the privilege she was afforded by a secure upbringing, education and access to people who have inspired, guided and taught her over the years; advantages which were highlighted during her childhood spent in a largely socio-economically deprived and culturally diverse area of London. Her father's reflections on his early childhood experiences in colonial Uganda introduced her to postcolonial and decolonial thinking, developed further by her first engagement with international development activities in the early 1990s, shaping a lifelong commitment to listening, learning and true partnership when working alongside different communities.

Lucy Bolger is a white Australian woman living in Naarm (Melbourne), Australia. As such, she has significant unearned privilege as an uninvited settler living on unceded Aboriginal land. This position requires ongoing reflexivity about the current, ongoing impacts of colonial oppression in her own country, and this informs her reflexive approach to intercultural practice as well. Over 10 years, her work in South Asia with communities supporting marginalised individuals in multiple health and community organisations has given her direct experience collaborating within the post-colonial dynamics of international development practice, and this experience informs her ongoing critical engagement with this topic in her role as a university-based academic.

Critical reflection on our roles and relationships is an important part of international development practice. Similarly important is listening deeply to community collaborators (Anderson et al., 2012). Chambers (2014) beautifully describes the importance of listening, humility and co-creation. He emphasises the need for those who often do not have a voice to be heard and play a part in international development in order to avoid the mistake of outsiders imposing their external assumptions of local situations/realities that are only best understood from the perspectives of people who actually live it. The process described

in this article is an example of one way to listen to the voices of community collaborators across a global international development network.

The International Partner Questionnaire Process

In this section of the paper, the first-person voice is used to describe the actions undertaken to develop and implement the questionnaire, and make meaning from the responses. The "we" being referred to are Authors 1 and 2, who were directly involved in all stages of this process. As stated in the introduction, the intention of the questionnaire was broadly to understand partners' current music use and experience of engaging with MasT. The overall process involved the following steps, described in more detail below:

- Identifying participants
- Developing the questionnaire
    - Designing the questions
    - Translating the questionnaire
- Implementing the questionnaire
    - Distributing the questionnaire
    - Collecting responses
    - Translating responses
- Evaluation
    - Collating and analysing responses
    - Reporting

Identifying Participants

For the purposes of the questionnaire, participants could be any person who had taken part in an international MasT training project between 1998 and 2019. As such, participants held a variety of professional roles, including teachers, support workers, youth leaders, social workers, therapists, and creative arts teachers, among many others. At the time the questionnaire was implemented, the charity had built an international network of 341 partners working in Ethiopia, Georgia, India, Myanmar, Palestine, Romania and Rwanda. All partners from this broad network were invited to participate in the questionnaire and reflect on the extent to which music was available to the estimated 16,338 children and adults to whom they provided support. UK partners were not included due to the focus on international programmes in this questionnaire.

We did not anticipate that all our partners would respond to the questionnaire. Some listed partners were not directly involved in the music session or had not been involved with MasT for some time. For others, wider commitments might have limited their capacity to maintain music sessions (or respond to the questionnaire) and the COVID pandemic was affecting everyone. However, the 72 responses we received from partners included people working in a range of different roles (see Figure 1 below) across a variety of care contexts (see Figure 2 below), and represented the seven countries we were working in at that time. This gave us confidence that our full partner network was well represented. A breakdown of respondents by country is provided in the evaluation section below.

Figure 1. Breakdown of Respondents by Job Roles/Professions.

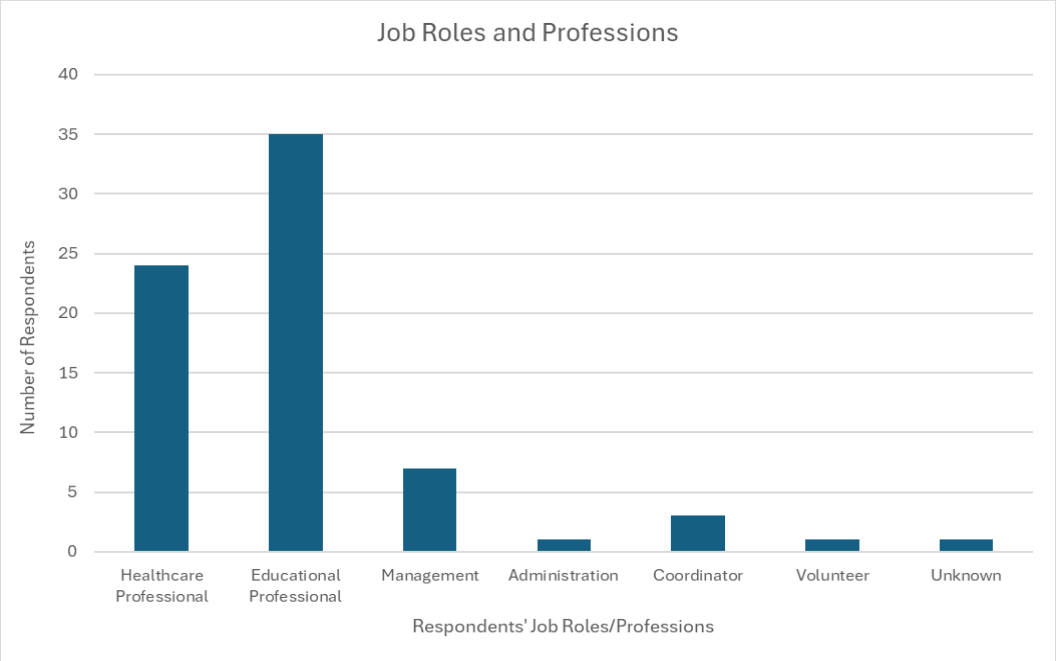
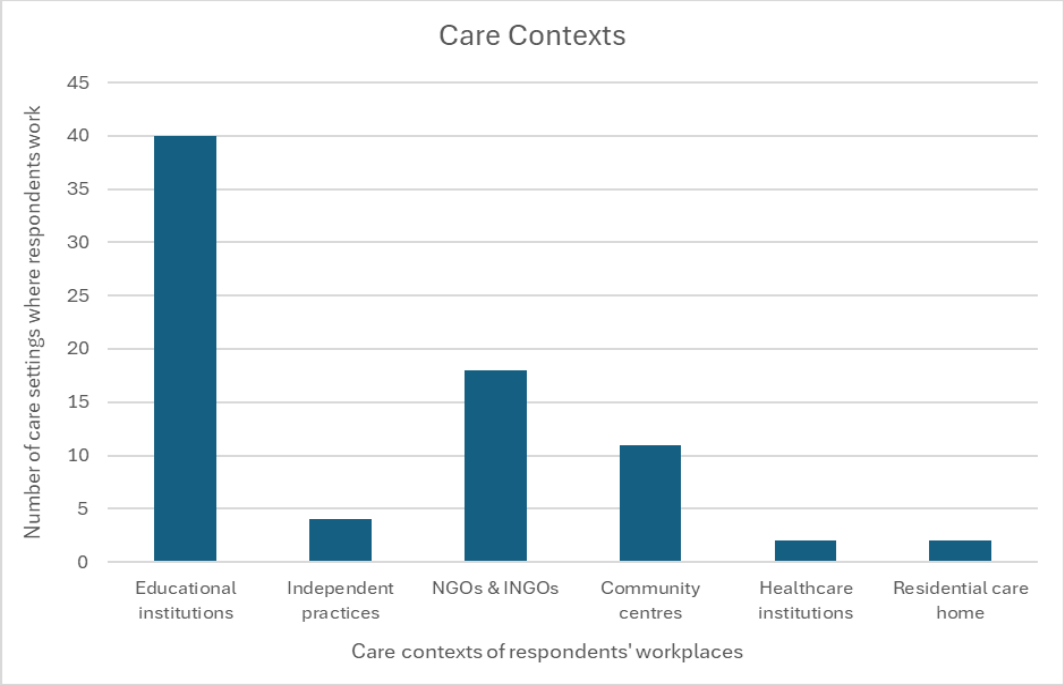


Figure 2. Breakdown of Respondents by Care Context.



Developing the Questionnaire

To design our questionnaire, we drew on our experience of implementing a comparable questionnaire with MasT partners in the UK. Questions which had proved meaningful to our UK partners were supplemented by questions drawn from previous feedback surveys used effectively in international contexts. The questionnaire (see Appendix 1) included a total of 19 questions, structured in 5 sections:

1. Information about yourself
2. The impact of music training for you
3. The impact of music for your service users
4. Stories (this section invited partners to share stories about the experiences of their service users and/or themselves in relation to their use of music)
5. Your experiences of working with MasT

Throughout the questionnaire, "you" referred to respondents, who were our partners. We gave careful consideration to our use of language when designing questions, mindful that the English language draft developed would be translated into the different languages spoken by MasT's participating partners. We drew on our cumulative experiences of working in different languages to minimise the use of jargon and to use wording we knew from our programmes to be accessible to a wide range of people. Some examples include: choosing words we had witnessed being used to describe music session participants; looking out for "false friends" (Koessler, 1928) within translations (i.e., words in one language that look or sound similar to words in another language, but that differ significantly in meaning); and avoiding subtly idiomatic English expressions that we have learned cause confusion if translated literally.

We worked closely with questionnaire translators, inviting them to ask questions about any of our terminology and offer culturally adjusted wording if needed. We kept questions short and direct, and gave our partners a range of ways they could respond (e.g., multiple choice, short answer questions, free text, dichotomous [yes/no] questions, rating scale questions and demographic questions). Multiple choice options were used where we felt a shared vocabulary would help avoid assumptive interpretations of participant responses, particularly with respect to how individual partners might use personal style of regional vocabulary to describe their beneficiaries. Alongside these multiple-choice options, free text space was included to allow partners to offer unique insights. To ensure partners could express themselves fully, they were invited to respond in their mother tongue and provided assurance that all responses would be kept confidential.

Implementing the Questionnaire

Implementation of the questionnaire took 12 months and involved the following steps:

- Step 1: Creating a detailed partner list
- Step 2: Identifying best mechanism for distribution
- Step 3: Preparing materials to support distribution
- Step 4: Writing and translating invitations
- Step 5: Recording and translating video invitations
- Step 6: Distributing the questionnaire
- Step 7: Tracking partner engagement
- Step 8: Scheduling and implementing completion prompts

Once we centralised all the contact information we had for our partners worldwide (Step 1), we then needed to draw on our experience to identify the most effective ways to reach them (see Table 1). We took a bespoke approach that aimed to tailor the communication within each country in ways that best aligned with their needs (Step 2). This was important in ensuring access to the questionnaire for our diverse global community of partners. The email distribution platform Mailchimp had proven effective in some countries, and had the additional benefit to us of the tracking analytics which would help us monitor engagement with the questionnaire. However, in other countries we knew WhatsApp or direct email would be more effective. In one country (Palestine) we had the opportunity to collect some responses in person. We prepared the questionnaire as a google form and

a word document (Step 3), translated tailored invitations for our partners in each country (Step 4), and filmed and translated video invitations to further encourage engagement for certain countries (Step 5).

Table 1 Languages and mechanisms for the distribution of the partner questionnaire.

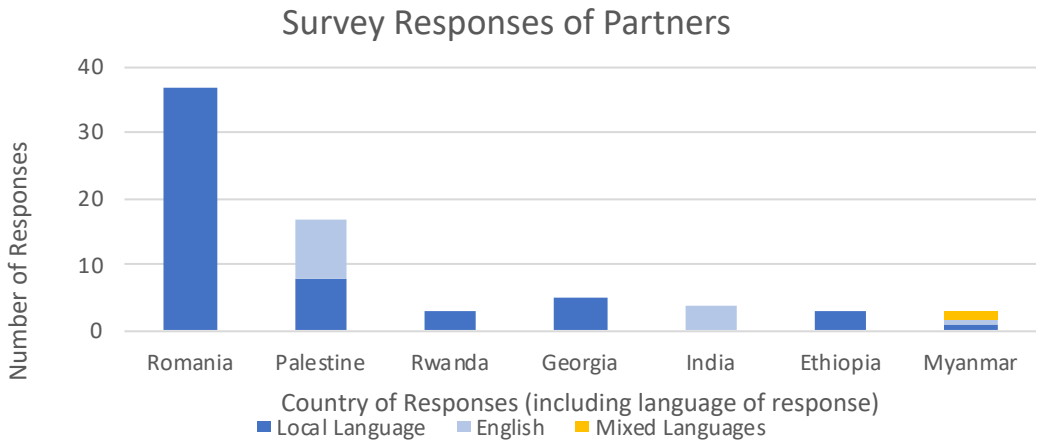
Country	Questionnaire language	Distribution mechanisms
Romania	Romanian	Mailchimp Direct email Word format Google Form Video message (shared only via Mail-chimp)
Palestine	Arabic and English	Direct email Word format In-person interview
Rwanda	Kinyarwanda	Mailchimp WhatsApp Word format Google Form
Georgia	Georgian	Mailchimp Direct email Word format Google Form
India	English* (*Although many of our Indian partners speak Hindi or Telugu, English is commonly used and so our survey was shared with them in English.)	Mailchimp Direct email WhatsApp Word format Google Form
Ethiopia	Amharic	Mailchimp Direct email Word format Video message (shared via Mailchimp & Facebook)
Myanmar	Burmese	Direct email Word format

Following the initial distribution of the questionnaire via the mechanisms we had identified (Step 6), we monitored our partners' responses (Steps 7 & 8) and gave additional prompts as required (Step 8). These reminder prompts were helpful, and we supplemented our original distribution channels with social media posts on platforms that we knew to be powerful mechanisms for sharing information with some partner groups.

Evaluation and Reporting Process

Partners submitted their surveys in a variety of formats, including via email attachment, online Google Forms, and via in-person interview (for a small number of participants in Palestine). Responses were received in a combination of regional languages and English. All responses were translated into English by project translators prior to evaluation.

Figure 3. Breakdown of Respondents by Country and Language of Response.



Response rates across countries and the breakdown of response languages are presented in Figure 3.

The questionnaire collected information about our partners, their service users, their workplaces, and their current music practice at that time. We also collected our partners' views about the significance of the music training for them personally and professionally, and the impact they believed music had had for their service users. Some partners also shared stories of using music with an individual or group, or about their self-exploration of the role of music. We also gathered partners' feedback on their experiences of working with Music as Therapy International. All collected answers were recorded in English and organised in an excel questionnaire response log.

Once all responses were collated, they were evaluated country by country and then as a whole. Multiple choice, dichotomous (yes/no) questions, rating scale, and demographic questions were numerically calculated to determine comparative percentages. We used free text responses to contextualise the numerical and multiple-choice responses, drawing out quotations that illustrated key ideas. This combination of numerical and descriptive information enabled us to see both commonalities and nuanced perspectives within individual countries and across our partner network.

These were compiled into a report with accessible formatting that was shared with stakeholders via direct mail, social media, and the MasT website (accessible at: https://s36075.pcdn.co/wp-content/uploads/Full-International-Partner-Questionnaire-Report.pdf), and was also presented as an industry conference e-poster (accessible at: https://my.ltb.io/www/#/stack/ABTWW).

In addition to the full report (which was made available in English), we developed individual country summaries as stand-alone reports available in Romanian, Arabic, Amharic, Burmese, Georgian and Kinyarwanda (accessible at: https://www.musicastherapy.org/news-item/our-international-partner-survey-report-in-its-entirety/).

This was important both to feed back the country-specific outcomes of the evaluation clearly to partners who had contributed their perspectives, and as a useful potential resource for partners to share locally themselves. We were unable to translate the full report due to budget limitations, but we did offer to provide translations of the full report on request.

Learning From the Evaluation: What our Partners Taught us

Music as Therapy International has been responding to requests for training from caregivers worldwide for the past thirty years. All our experiences have taught us that whilst we might be able to provide training and support, it is the caregivers who really effect change. This has honed our focus on the importance of any training we provide leaving a legacy which can be sustained by our partners. Within international development there is no single universally accepted definition of sustainability, because activities are so context-specific with wide-ranging variables to consider (Agol et al., 2014). However, for MasT, the ultimate sustainable impact of the charity's work is to see partners truly embed music into their care practice and the lives of those with whom they work, which we identify by the following factors that we refer to as Sustainability Indicators (S.I.):

- S.I.1 Wider access to music sessions for service users in a care setting for more than 12 months after initial staff training
- S.I.2 Retention of the concept of a "targeted" use of music within these sessions, balancing service users' areas of strength and difficulty to work towards clearly identified aims
- S.I.3 Reports from partners relating to how our training has contributed to their personal and professional development
- S.I.4 Seeing partners motivated to share their music skills with others or advocate for the role of music within care
- S.I.5 Partners continuing to use music despite changes to role or workplace
- S.I.6 Partners motivated to stay in touch with *Music as Therapy International* to access additional support, resources or to share their stories

Our International Partner Questionnaire gave us an opportunity to connect again with our partners and show interest in their practice. It was also an opportunity to interrogate further the sustainable impacts of our activities worldwide, undoubtedly strengthened by our lasting relationships and prior investment in the participants. Details about our partners' current music practice and demographics reached were included in the full report, however this article focuses on those questionnaire responses that specifically evidence six sustainability outcomes. For each of the outcomes below, we include the sustainability indicators they relate to.

Outcome 1 Skills-sharing projects can effect sustainable music practice. (Described in S.I.1 and S.I.5).

Outcome 2 Skills-sharing projects can have a sustainable impact on service users' opportunities to thrive. (Described in S.I.1, S.I.2 and S.I.6).

Outcome 3 Skills-sharing projects can have a sustainable impact on the intentionality of music activity. (Described in S.I.1 and S.I.2).

Outcome 4 Skills-sharing projects can have a sustainable impact of personal and professional development. (Described in S.I. 3 and S.I.4).

Outcome 5 Skills-Sharing participants can go on to advocate for the role of music within care. (Described in S.I.4 and S.I.5).

Outcome 6 Sustainable music practice from a standalone skills-sharing project cannot be assumed (ongoing support and resources may be required).

Outcome 1: Skills-Sharing Projects can Effect Sustainable Music Practice

> "I never stopped working with Music as Therapy International and this is because I have personally witness[ed] how it helped people with disabilities and this changed their lives." (Clinician Psychologist,[3] Rwanda)

To examine the extent to which skills-sharing projects might effect sustainable music practice we considered how often our partners told us they were using music within their activities and the length of time that they had continued to do so after receiving introductory training. Specifically, 67% of respondents to our questionnaire told us they were currently using music regularly, with 74% of those who responded positively using music at least once a week. Furthermore, 75% of respondents fully or significantly agreed with the statement "Music sessions are an important part of my Centre's timetable," rating their choice 5 out of 5 (44%) or 4 or out 5 (31%).

These questionnaire responses indicated that partners in every country were continuing to use music independently after participating in a skills-sharing training project, with many reporting music sessions to be an important part of their Centres' timetables. Country-to-country, the level of partners using music more than once a week varied from 30% (Romania) to 100% (Ethiopia) of partners. While in some cases, this appeared to have been influenced by the length of time since partners first participated in a skills-sharing project, this was not consistent across all countries, suggesting that the motivation and capacity to continue with music is likely to be multi-faceted and contextual, and not singularly related to recency of skills-sharing experience.

The responses collected in our questionnaire reinforced our awareness of our partners' commitment to using music and the extent to which this endures over time for the different participants surveyed. These responses far exceeded the 12-month threshold of our Sustainability Indicator 1, with many maintaining access to music for their service users for many years and even decades. Notably, this included partners who told us they had changed roles or places of work (Sustainability Indicator 5), which we examine in more detail in our discussion of Outcome 5 below.

> "By working consistently, I discovered that what I wanted to achieve as a goal for clients—listening, concentration, empathy, awareness of the impact that behaviour has on the other, spontaneity, initiative, cooperation, trust—developed in me also." (Psychologist, Romania)

Outcome 2: Skills-Sharing Projects can Have a Sustainable Impact on Service Users' Opportunities to Thrive

> "Since 2001 I have been working through music and I am still discovering new benefits that music brings to the ones I am working with, children with disabilities and other conditions, old people." (Special Educational Needs Teacher, Romania)

To examine the extent to which skills-sharing projects might effect sustainable music practice we considered the impact our partners told us they saw their music sessions had for their service users, with specific attention to responses that indicated it had been achieved over a period of time. Eighty-nine percent of respondents reported they believed their service users were benefiting from participating in music sessions and that a total of 9,868 people in vulnerable situations were accessing their music sessions at the time the questionnaire was undertaken. Noting that respondents had undertaken their initial skills-sharing projects between 12 months and 22 years prior to the questionnaire being

[3] Throughout this paper, quoted participants are referred to by the self-described job titles provided in their questionnaire responses.

circulated, this clearly indicates a sustained impact for the service users accessing our partners' care settings over time. This is also consistent with our articulated S.I.1 (Wider access to music sessions for service users for more than 12 months after initial staff training) and S.I.6 (partners are motivated to stay in touch with *Music as Therapy International*).

Within MasT skills-sharing projects, clear emphasis is given to the ways consistency and regularity of music sessions can enable evaluation of progress for participating service users over time and foster positive development for them. We believe this consistency and regularity allows service users and partners time to invest in building relationships with one another, and developing and consolidating skills or perceptions of themselves and others. In their own words, partners describe their experience of this and the value it brings to their services users in their responses below:

> "I will see good changes in these children like sharing, social interaction with others to build the relationships with music therapy." (Teacher, India)

> "There are students who only love music, and do not feel happy when taking part in any other work except for music." (Association Director, Ethiopia)

> "We use music with youth and basically, we help them in building self-confidence, creativity, leadership, to avoid loneliness, etc." (Youth Centre Manager, Rwanda)

> "I like the fact that music therapy helps children express their emotional feelings using music. They become obedient and mutual relationships are getting stronger and closer." (Lead Teacher, Myanmar)

These quotes from partners speak not just to the sustained use of music with service users, but indicate to us the way music is being used over time to support service users to thrive, and how partners describe this impact for the people they care for. They are a sample from partners' stories which they chose to share through their questionnaire responses, describing the impact of their music sessions for their service users over time. This is examined further in Outcome 3 below, where we consider how our partners think about their practice.

Outcome 3: Skills-Sharing Projects can Have a Sustainable Impact on the Intentionality of Music Activity

> "There are other young people who are now confident, can socialise with others, can perform different activities and we all know that this came from music as therapy." (Youth Centre Manager, Rwanda)

To examine the extent to which skills-sharing projects can have a sustainable impact on the intentionality of music activities we looked at participants' responses to the survey question "In what areas do you believe your service users are benefiting from participating in music sessions?" The survey included a list of 23 therapeutic benefits from which partners were invited to select those which they felt were relevant to their service users' participation in music sessions (See Appendix 1). Alongside this list, respondents were invited to share their stories about their music sessions and the service users who participate. Together their responses showed a clear link between the benefits they identified for their service users and the aims they had for their music sessions, strongly evidencing the intentionality described in Sustainability Indicator 2 (retention of "targeted" use of music).

All 23 therapeutic benefits were identified as relevant to our partners in the majority of countries, which gave us confidence that the list was meaningful and relevant. Furthermore, individual partners made different choices with respect to which benefits

were relevant to the service users with whom they were working personally, showing discerning judgements. There was some commonality and some variation in the emphasis on different therapeutic benefits and aims among respondents. This suggests an intentionality in partners' music practices, informed by areas of strength and difficulty for their service users (Sustainability Indicator 2). For example, skills-sharing projects delivered to partners in Romania, Myanmar and Georgia have a significant weighting towards supporting children and young people with disabilities. Respondents from these countries ranked the same benefit or aim as most important in their work (non-verbal communication). In contrast, our partners in Palestine told us the primary areas of difficulty among their service users were hyperactivity and attention difficulties. Accordingly, the areas of benefit our Palestinian partners ranked highly were different (e.g., opportunities for participants to take the lead, engage in something enjoyable, develop their concentration and demonstrate reduced aggression).

Interestingly, the majority of partners across all countries did not recognise spontaneity and empathy/compassion to be therapeutic benefits relevant to their service users. While we cannot speculate a reason for the universal deemphasis of these potential benefits of music session participation, it is noteworthy and invites further consideration and consultation in the future.

> "For me, music is the best and finest means of expression, emptying and enjoyment, after I participated in the first training for the use of music in social and counselling work. ...Music therapy sessions give the therapist a wide space to be creative and create new exercises as needed." (Educational guide, Palestine)

Outcome 4: Skills-Sharing Projects can Have a Sustainable Impact on Personal and Professional Development

> "The Music as Therapy broaden my way of working, considering all the time the unconditional positive regards, made a big different when I work with children especially and adult as well." (Local Coordinator, Palestine)

To examine the extent to which participants' responses to our questionnaire demonstrated the sustainable impact of skills-sharing projects on participants' personal and professional development, we looked at survey responses where our partners attributed ongoing personal and professional developments to their initial involvement in a skills-sharing project (Sustainability Indicator 3) or reported on how their learning had influenced their subsequent music practice and responsibilities at work (Sustainability Indicator 5).

Ninety-nine percent of our partners told us that what they learnt during their participation in the skills-sharing project has changed how they teach, work or provide care, with 92% specifically identifying that what they learned has changed their practice more widely than just in music sessions. It appeared that for many their participation in the skills-sharing projects empowered individuals to take actionable steps that led to sustainable changes in how they work with their service users. Additionally, several respondents used questions within the survey where there was room for free text to expand on their answers with comments, explaining in their own words how they felt their learning or subsequent use of music had contributed towards their personal or professional growth. Additionally, 94% of partners reported greater confidence since their skills-sharing project participation, and 97% told us they were proud of their current music sessions (Sustainability Indicator 3).

Respondents told stories about how music had become central to their professional lives and, for many, a pathway towards further professional development. Several partners spoke of the music practice they developed following skills-sharing participation as

inspiration for subsequent research, including "...more systematic data collection and analysis" (Principal, Myanmar), "…music as an intervention for my PhD studies among ASD children" (Principal in Department of Special Education, India), and "… a paper on The Music for Finding Each Other and Accompanying, where I have detailed how I have used music in working with the elderly" (Special Educational Needs Teacher, Romania).

Additionally, whilst many factors are likely to contribute to an individual's personal and professional development, it was notable that 90% of partners reported that they held greater responsibilities and 92% told us they were more committed to their work at the time of completing the questionnaire than when they had participated in their original skills-sharing project. It was noted that 7% of respondents had moved to new workplaces with a specific focus on music (e.g., setting up their own independent practice or moving to a setting with a focus on arts therapies provision). Eight percent of respondents reported new job titles reflecting responsibilities for music sessions delivery (e.g., "Music Therapist" or "Music Teacher") and 6% of respondents had new job titles reflecting increased responsibilities in other areas since their participation in a skills-sharing training project (e.g., progressing from "teaching assistant" to "teacher," or from "teacher" to "centre manager") (Sustainability Indicator 5).

It seems relevant to mention alongside this outcome, that many respondents acknowledged the role of long-term support provided by MasT reinforcing the impact of their original skills-sharing training participation. This is examined further under Outcome 6.

> "The introductory training project held by Music as Therapy has left its mark on my life and psychological approach... For these valuable contributions and for your support, I am grateful and thank you." (Psychologist and Volunteer Music Therapist, Romania)

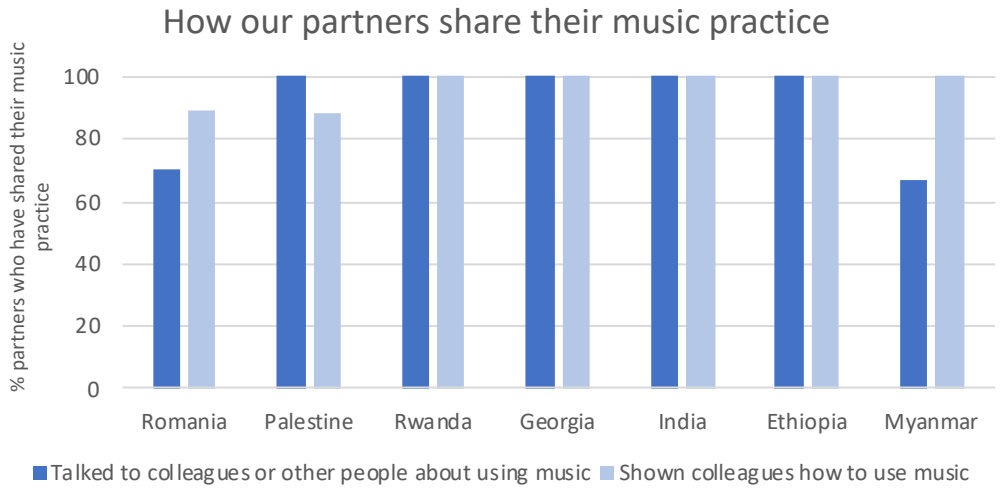
Outcome 5: Skills-Sharing Participants can go on to Advocate for the Role of Music Within Care

> "We really appreciate the 'Music as Therapy International'" our biggest wish is to have a branch in Rwanda that will follow up all inquiries and provide all needed trainings. This will help trainers and participants in their daily activities." (Youth Centre Manager, Rwanda)

To examine the extent to which participants' responses to our questionnaire demonstrated skills-sharing projects inspire participants to advocate for the role of music within care, we looked at survey responses where our partners reported sharing their skills and knowledge with others, strengthening their music provision or extending music practice into new/wider contexts. These points reflected S.I.4 (partners motivated to share skills and advocate for music) and S.I.5 (partners continue with music despite role/job changes).

Figure 4 illustrates how many respondents told us that they have shown colleagues how to use music with service users (92% across all countries combined) and talked to colleagues or people working in other caregiving communities about using music with service users (83% across all countries combined). In the majority of countries, 100% of partners reported advocating for the role of music within care in one or both ways. Such high numbers strongly indicate that skills-sharing participants are inspired to share their knowledge, experience and the insight they gain from working with music; this suggests there is demand for such peer learning, and skills-sharing participants showed themselves to be motivated to respond to it.

Figure 4. Breakdown of Respondents by how Their Music Practice is Shared.



Free text responses expanded on our understanding of our partners' advocacy, with reports of partners holding their own training courses, providing insight to parents, and sharing ideas with people from other care settings. For example:

> "I am methodically helping special needs teachers, how they can use musical therapy elements and how to plan the lessons." (Musical Therapist, Georgia)

We noted that 13% of respondents were continuing to run music sessions despite having moved to a different setting than where they participated in their original skills-sharing training project. Some partners also described setting up music sessions in new settings or with new client groups. These reports of music work being carried forward by some partners into new workplaces and communities are a promising sign of sustainable impact, suggesting that some partners were able to transfers and integrate their music skills into new contexts (Sustainability Indicator 5). The therapeutic role of music is not widely established in any of the countries in which our partners were working, and this informs our interpretation that the introduction of music into new communities by these partners would have necessarily required advocacy for the role of music to be advanced in these new spaces (Sustainability Indicator 4).

> "We further promoted the benefits of using music as a therapeutic tool, we explained the framework and target of this therapy. We used music as a tool for knowing and exploring subjects by analyzing their responses in relation to music." (Psychologist and Volunteer Music Therapist, Romania)

Outcome 6 – Sustainable Music Practice From a Standalone Skills-Sharing Project Cannot be Assumed (Ongoing Support and Resources may be Required).

> "Thank you for your support, need continue guidance and supervision on music as a sessions" (Principal in Department of Special Education, India)

When considering the extent to which skills-sharing projects can effect sustainable change our findings from the international partner questionnaire explored within Outcomes 1–5 are extremely persuasive. However, Outcome 6 is an opportunity to reflect on our learning from the questionnaire with respect to the factors that influence music practice being sustained by skills-sharing project participants after they receive initial training. What did

we learn from partners who told us they had stopped using music or needed help to maintain their music practice?

Before examining our learning, it feels important to first examine what period of prolonged music engagement is reasonable in order to consider the impact of a skills-sharing project as "sustained." Given the contextual variation of international development work, there is no standard timeframe across the sector to use as a baseline here. In S.I.1, we have asserted that music use for a period of 12 months after initial training is a reasonable period, informed by our experiences of balancing ambition with realism. Notably, respondents to the survey reported a continued use of music long after their initial skills-sharing project participation. This ranged from 12 months to 22 years, with an average of 7 years at the time of the questionnaire.

Twenty-eight percent of respondents told us that they had stopped using music since their original skills-sharing project participation, with an average length of post-training engagement with MasT of 3.7 years for this group. From these responses we learned that the global COVID-19 pandemic, changes to roles, not having the time to run sessions amongst other work priorities, and no longer working were factors which prevented partners from sustaining their music practice. While this proportion of respondents is relatively low, it seems relevant to acknowledge that only 21% of the charity's full partner network engaged with the questionnaire at all. This does not mean the remaining 79% had stopped using music—indeed wider partner records held by the charity gave us confidence that some partners who did not engage with the questionnaire were still actively using music—but it is likely that a larger group of partners than engaged with the questionnaire had stopped using music in their work since participating in skills-sharing training.

The charity's skills-sharing training projects are never designed to stand alone. MasT invests significant time and resources in the ways it seeks to build and maintain personal relationships with any partner who continues to use music in their care practice; to walk alongside them—albeit from a distance—and to be available to provide support as and when it might be needed. Consequently, the International Partner Questionnaire was not designed to examine the extent to which a skills-sharing project could effect sustainable change when offered as a standalone training. However, 89% of respondents reported the charity's support to be important to them, suggesting this might have helped them to maintain their use of music.

This was examined further when partners were invited to tell us what support they believed would further strengthen their work with music. From partners' free text responses, the following themes regarding continued support emerged:

- Provision of musical activity resources (e.g., for people living with dementia and people who live with trauma).
- Opportunities to share their experiences of using music across Music as Therapy International's global network.
- Access to supervision on their music sessions.
- Additional training to extend their use of music with new client groups.
- Access to new or additional musical instruments to replenish and build their resources.

The importance of ongoing support might be further indicated by considering a difference in the responses from Indian partners when compared to other partners from other country groups. Among our partners in India, engagement with the questionnaire was lower than anywhere else (50% of the full Indian partner network). Of those who did respond, half reported they had stopped using music and the charity's wider records suggest those Indian partners who did not engage with the questionnaire were also no longer using music at the time it was distributed. Whilst this group's questionnaire

responses themselves did not give us insight into the factors which had prevented our Indian partners from sustaining their music practice, a higher proportion of Indian respondents than in respondents from any other country (50%) told us they "did not receive sufficient information from MasT." The suggestion that further information was required reinforces our learning that ongoing support is of high importance to partners, and may not have been met in this case.

Reflecting on the factors that influence music practice being sustained by skills-sharing project participants after initial training, it seems that professional relationships and support hold a critical role. Questionnaire respondents, including those who reported they were no longer using music in their practice, demonstrated a clear motivation to stay in touch with Music as Therapy International to access additional support, resources or to share their stories (Sustainability Indicator 6) suggesting music practice needs to be nurtured if it is to be sustained beyond initial training.

> "We want music therapy to be spread widely and be used in our country. Your support is precious for us." (Speech Therapist, Georgia)

Discussion/Conclusion

> "The idea of international assistance needs to be redefined away from a system for delivering things and reinvented to support collaborative planning." (Anderson et al., 2012, p. 2)

Over the past 30 years, Music as Therapy International has been delivering and evolving a model of music therapy skills sharing for care workers in countries without acscess to regular music therapy services. Together with our partners, we have sought to develop a responsive, contextually-tailored model that includes:

- Practical music therapist-led training in principles of therapeutic music making
- Follow-up support (in-person and online)
- Enduring individualised and tailored relationships with partners and partner organisations

As an organisation, MasT highly values the input of partners, and the feedback questionnaire described in this paper is an important part of our ongoing collaborations with partners. In this article, we specifically sought to address an identified gap in the current music therapy discourse relating to the extent to which skills-sharing models can effect lasting change in international development practice (Bolger et al., 2023). We have learned from our partners that MasT's music therapy skills-sharing approach can effect sustainable music practice that is intentional and enduring, and that can support service users' wellbeing while also enhancing professional and personal development for participating partners. These outcomes are progressed through the dedication of individual partners and organisations who have stayed connected and engaged with MasT, often over many years. At the same time, these outcomes are not assured and require resources and sustained interest that is not always feasible for all partners.

One of the realities of music therapy practice evaluations is that we often do not get the opportunity to learn from those who do not remain engaged in our programmes. Healthcare research indicates that both systemic and individual factors impact participants' ability and willingness to engage with health services, with people from disenfranchised communities experiencing compound barriers to support (Clochesy et al., 2015). In international development, participation is even more complex, requiring deep listening to partners to mitigate tokensim and support meaningful collaboration (Anderson et al., 2012). We know from experience that even with strong intention to listen deeply, this does not always mean that people feel heard. In our questionnaire, we noted some surprisingly

low scores in response to our question "Do we take time to listen to your needs?", prompting ongoing reflection for us and reminding us that collaboration is dynamic and reflexivity is essential.

We believe that intercultural collaboration demands a transparent and mutual approach that attends intentionally to the sharing of power (Martins, 2020; Pratt et al., 2022) and recognises of the enduring impacts of colonialism on communities and cultures (Maldonado-Torres, 2007). This can be particularly important when working musically between cultures, where music and instruments can hold important traditional significance (Crooke et al, 2023). One of the ways MasT partners may choose to navigate the complex power dynamics of intercultural collaboration is through their individual trajectories of engagement with MasT's programmes and support. Some people are deeply committed to embedding music in their work, even carrying it forward into new roles or exploring further study. Some people never take their learning from introductory training into their practice. Some lose enthusiasm quickly, whereas others become more committed over time. Some work consistently with music and then suddenly stop, typically due to an external event (e.g., personal circumstances, change of role, change of management, etc.). Some people stop for a period of time and then re-engage, but we never learn why! While we are deeply curious about the motivations and interests of all our partners, we feel that respect for this variation in engagement, even without understanding of the underlying factors at play, is an important way of sharing power and ensuring partners have power and control over their music work—however it may look for them and their communities.

The process of undertaking and evaluating the International Partner Survey inspired significant learning for MasT in relation to operations and our approach to programme delivery and impact evaluation. There was significant operational learning: Deeper understanding of nuances within translation of different languages, and which communication channels were most effective to reach which partners (e.g., using an email distribution platform, direct emails, WhatsApp, Facebook, etc.). Engagement with the survey enabled us to update our Partner records and led to the creation of a detailed Partner Log through which we could not only centralise contact information and historic engagement, but could also monitor the level of individual's engagement with us every year (each partner is awarded green, amber or red status subject to extent of engagement).

The questionnaire—particularly the free text responses from partners—inspired the charity to create a Theory of Change to structure their impact recording and evaluation (Figure 5). A Theory of Change is a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context, mapped as an outcomes framework (Serrat, 2017). It is an impact evaluation mechanism used increasingly among charities and international development organisations. For MasT, what felt important was that our Theory of Change reflected the outcomes partners told us were important to them through the questionnaire and the different levels at which the sustainable impact of skills-sharing projects was seen. Through the writing of this article, we have also recognised significant congruence between the outcomes within the Theory of Change and the sustainability indicators detailed earlier in this article.

Figure 5. MasT's Theory of Change (2025).



The leading outcome of each of the three "levels" to this theory of change sit at the heart of the organisation's mission to enable caregivers to use music within the support they offer to people in vulnerable situations: Caregivers are equipped to use music, caregivers and people in vulnerable situations get to know each other better, and music strengthens wider care provision. MasT's partners' engagement with the partner questionnaire and the learning it engendered for the organisation informed the identification of these levels and their component outcomes. The charity will continue to review and revise its theory of change over time, in ongoing consultation with partners and informed by future activities designed to enable caregivers around the world to use music to strengthen the care they provide.

Furthermore, the questionnaire findings enabled MasT to develop a portfolio of support activities tailored to partners in each country which structured our programme delivery very effectively between 2021 and 2025. We will consult our global partners again during the charity's next strategic period (2026–28) to update our understanding of their current practice and contemporise our portfolio of support activities in line with what they tell us would help them to sustain their music sessions.

> "Music therapy was like a nice little pebble that I didn't understand for a long time and that became very important in my life. I now know that the pebble is actually a talisman that helps not only others but also gives me personal development. That's why maybe we've been together for so long. Thank you for helping me find this talisman." (Psychologist , Romania)

About the Authors

Makeda Mitchell is a Trustee for Music as Therapy International, having been integral to the charity's operations since 2018. She joined the charity as Team Assistant, working her way towards her final role as International Programme Manager. Makeda holds a master's degree in international development and her work in this field to date has largely focused on the development, delivery and evaluation of grassroots training activities. She has worked closely with international partners from diverse settings across 10 countries worldwide, practitioners who have been motivated to improve their education, health and/or social care services, often alongside conflict or political instability. Makeda led the development of the charity's Theory of Change informed by learnings from partners' understanding of the difference music therapy informed training made to their care provision. As a Trustee, Makeda plays a part in governing the charity, with a particular responsibility for maintaining the international development mindset of the Board.

Alexia Quin is the founder/director of Music as Therapy International and has steered the charity from its origins in Romania to working in 13 countries (including the UK). She remains actively involved in the delivery of the charity's activities and regularly teaches, supervises and presents her work. Alexia was awarded the World Federation of Music Therapy Advocate of Music Therapy Award for major contributions to the promotion of music therapy in areas of the world where the profession is less established (2017). She was part of the UK Commission which examined the role of music within the care and treatment of people living with dementia (2018) and was awarded an OBE for services to music therapy (2021). Alexia worked as a music therapist in the National Health Service for 15 years with a clinical specialism of working with children with severe learning disabilities, complex needs, emotional difficulties and challenging behaviour.

Dr. Lucy Bolger has been a music therapy practitioner and scholar since 2004. She completed her PhD at the University of Melbourne in 2013, examining processes of collaboration with communities supporting marginalised youth. Lucy has worked with people across the lifespan in community and institutional settings, in Australia, Bangladesh and India. She has particular interest and expertise in collaborative processes in music therapy, sustainability-oriented practice, participatory music work with communities and young people, and international development work in music therapy. She is also interested in anhedonia, musical pleasure and mechanisms of action in music therapy, including links to neuroscience and neuroimaging processes. Furthermore, Lucy is interested in understanding how intersecting domains of power and privilege influence understanding and access to music therapy. These interests continue to inform her practice, research and teaching, and are underpinned by a belief that all people have the right to access music as a resource for health and wellbeing.

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Appendix 1: International Partner Questionnaire

As someone who has taken part in training we provided or shown a commitment to using music with the children or adults you work with, we consider you one of our International Partners.

We want to learn from your experiences: How does music help the people you work with? How does using music in your work music help you?

Please tell us your views by answering the questions below. Thank you.

All responses will be treated in confidence; anonymised extracts may be shared with our team or supporters.

1) INFORMATION ABOUT YOURSELF

In which country do you live _____
Full name_____
Name of your workplace _____
Job title _____
How many children or adults access the services at your workplace? _____
When did you first receive training from *Music as Therapy International* or one of *Music as Therapy International's* Recommended Trainers? _____

Do you work with:

VERY YOUNG CHILDREN (0-5 years)	Y/N
YOUNG CHILDREN (6-12 years)	Y/N
ADOLESCENTS (13-19 years)	Y/N
YOUNG ADULTS (20-25 years)	Y/N
ADULTS (26-65 years)	Y/N
OLDER PEOPLE (66 years +)	Y/N

Please tick any of the following which describes the difficulties of the people you work with:

☐ Learning Disability	☐ Communication Difficulties	☐ Attention Difficulties
☐ Physical Disability	☐ Hearing impairment/Deaf	☐ Autism
☐ Dementia	☐ Serious illness	☐ Emotional difficulties
☐ Trauma	☐ Hyperactivity	☐ Mental Illness
☐ Grief		

Other (please specify): _____

Have you shown any of your colleagues how to use music? Y/N

Any other comments:

2) THE IMPACT OF MUSIC TRAINING FOR YOU

To what extent do you agree with the following statements (1 = not at all, 5 = fully)

Music sessions are an important part of the Centre's timetable	**1 2 3 4 5**
Music sessions are an important part of my work	**1 2 3 4 5**
I am now regularly using music with our service users (please give details below)	**1 2 3 4 5**

Are you using music with groups or individual clients? GROUP/INDIVIDUAL/GROUP AND INDIVIDUAL

How often do you run session? MORE THAN ONCE A WEEK/ONCE A WEEK/ONCE A MONTH

Any other comments:

I did run music sessions but I am not anymore (please give details below). **1 2 3 4 5**

How long did you use music in your work?

Why did you stop?

Any other comments:

Since I received training from *Music as Therapy International*…

What I learned has changed my practice more widely than just in music sessions	**YES/NO**
What I learned has changed how I teach, work or provide care	**YES/NO**
I am more confident	**YES/NO**
I have more responsibility now	**YES/NO**
I am proud of our music sessions	**YES/NO**
I am more committed to my work	**YES/NO**
There has been no change to how I work	**YES/NO**
I talk to my colleagues/other people working in other Centres about using music	**YES/NO**

Any other comments:

3) THE IMPACT OF MUSIC FOR YOUR SERVICE USERS

Would you say your service users have benefited from participating in music sessions?

NO/DON'T KNOW/MAYBE/YES

In what areas do you believe your service users are benefiting from participating in music sessions?

Please tick all of which apply.

☐ Non-verbal communication ☐ Reduced isolation ☐ Reduced anxiety
☐ Spoken language ☐ Emotional expression ☐ Reduced stress
☐ Concentration ☐ Empathy/compassion
☐ Reduced aggression
☐ Turn-taking ☐ Spontaneity
☐ Social motivation *(i.e. interest in or willingness to talk to, interact or collaborate with others)*
☐ Initiating activities/interaction ☐ Creativity
☐ Participation ☐ Enjoyment
☐ Taking the lead ☐ Motor skills
☐ Improved relationship with peers (in music group)
☐ Improved relationship with peers (outside music group)
☐ Improved relationships with staff (in music group)
☐ Improved relationships with staff (more widely)
☐ Self-regulation *(i.e. ability to refocus or manage feelings and control behaviour by themselves)*

Any other comments:

4) STORIES

Do you have a story to tell? Is there someone or some people you have used music with you would like to tell us about? What are their individual strengths and needs? How do they behave or interact in your music sessions? Is this the same or different to how they are elsewhere? What are you pleased about? What challenges have you met?

Or would you like to tell us your story? What does music mean to you and why is it important for you to use it with the people you work with?

If you do not have a story to tell, please proceed to Question 5

My Story:

If you would like to send us a photograph to illustrate your story please send it to makedamitchell@musicastherapy.org

5) YOUR EXPERIENCES OF WORKING WITH *MUSIC AS THERAPY INTERNATIONAL*

To what extent do you agree with the following statements relating to your experiences of working with *Music as Therapy International*? (1 = not at all, 5 = fully, ? = don't know)

Music as Therapy International's Introductory Training projects are good value for money
? 1 2 3 4 5

Setting up the project was a straightforward process	**? 1 2 3 4 5**
It was easy to arrange my participation in the Introductory Training project	**? 1 2 3 4 5**
Music as Therapy International took time to understand our needs	**? 1 2 3 4 5**
I enjoyed participating in their Introductory Training project	**? 1 2 3 4 5**
The music therapist who delivered our project was professional	**? 1 2 3 4 5**
The music therapist who delivered our project had the experience we needed	**?1 2 3 4 5**
The impact of our Introductory Training has exceeded my expectations	**? 1 2 3 4 5**
I would recommend *Music as Therapy International*'s training to others	**? 1 2 3 4 5**
I receive sufficient information from *Music as Therapy International*	**? 1 2 3 4 5**
Ongoing support from *Music as Therapy International* is important	**? 1 2 3 4 5**

Any other comments or suggestions for improvement:

Thank you for your feedback