From 'helped' to 'helper' – the 'at-risk' child and altruistic music-making.
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Abstract
This paper describes an alternative approach to music education, the *Hand-in-Hand* program that focuses on the social benefits of using music as a 'communicative bridge' to encourage music-making and social interaction between different social groups. In particular, it examines the effect of *Hand-in-Hand* on a particular at-risk child in a special late-primary/secondary school in the ACT. It is suggested that, since *Hand-in-Hand* assumes musicality and pro-social behaviour in all children, it offers a way for disadvantaged children to see themselves, and allow others to see them, in a different light.

Introduction
Woden School, in the south of Canberra, ACT, is a secondary schools for students with intellectual disabilities, medical conditions and emotional and/or behavioral difficulties. Students at Woden School have come from mainstream classes, or special education classes in the mainstream environment, neither of which have been found to meet their needs adequately. Some of the students at this special education school are categorised under the general heading of 'at-risk.' The class groups are small – usually half a dozen children – staffed by a teacher and a teacher's assistant. In 2003, the ANU instigated a pilot project at Woden School to study the effectiveness of a community outreach program, *Hand-in-Hand*, on these at-risk students.[1]

Hand-in-Hand unites classes of children in Canberra schools with a range of diverse groups in the region with the aim of encouraging participatory music-making, principally through singing, as a means of life enhancement. Visits are made to nursing homes, senior citizens social clubs, care facilities for adults with physical or mental impairments and hospitals. Experienced '*Hand-in-Hand*ers' also visit other schools and describe and demonstrate the program to teachers and students interested in participating. In 2003, *Hand-in-Hand* was also introduced at Cranleigh Special School, a primary school for children with profound physical and/or mental disabilities. These children, while initially being seen as recipients of the *Hand-in-Hand* program, eventually became providers of the program with their mainstream peers.

One of the principal features of the *Hand-in-Hand* program is its use of repertoire from the so-called Tin Pan Alley period of American Popular Song, roughly the first half of the twentieth century. These songs were originally chosen as being suitable for the program because the principle target 'audience' was the aged. Since the aim of *Hand-in-Hand* is to actively engage all participants in singing, choosing songs that senior citizens were most likely to remember was an obvious strategy. Songs include popular repertoire of the period not only from the USA but from Australia and some European countries.

This type of repertoire has not traditionally been seen as part of standard repertoire for young school children. However, as one of the authors has argued elsewhere (West, 2003), they have been shown to have a range of benefits for both the recipients and the children who 'deliver' the songs into the community. The idiom has many features that make the songs both enjoyable and

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[1] The pilot project was instigated and developed by Susan Garber, co-author or this paper, as part of her PhD dissertation, 'The Hand-in-Hand Community Music Program: A Case Study' (2004). *Hand-in-Hand* was founded and developed by Garber's supervisor and co-author of this paper, Susan West, based on the work of Dr. John Diamond.

easily singable by both large and small groups, unlike later songs when what Rockwell calls the 'preeminence of the singer-songwriter' prevailed (Rockwell, 1984: 82). This development created both a 'reemphasis on personal, emotional involvement' but, less positively, 'encouraged compositional self-indulgence and songs circumscribed by the singer-songwriter's vocal weaknesses and idiosyncrasies' (Rockwell, 1984: 82). Individualistic styles and the identification of song with performer has made for a more modern repertoire of popular song that lends itself less readily to the mass singing that is part of *Hand-in-Hand* approach. At the same time, the idiom has enough features common to popular song in general to allow children of a range of ages to respond to it positively.

The *Hand-in-Hand* program is not a program specifically set up to address the problems of at-risk youth. It does not, therefore, offer a definition for 'at risk', preferring to adopt an attitude like that of Greer who says 'I have deliberately avoided defining which students are at risk because to label at risk every poor child or everyone in a single-parent household is unfair and demeaning and, as research indicates, not accurate either' (Greer, 1991:391). The program works from the premise that everyone can make music and that everyone is capable of giving and sharing music with others. *Hand-in-Hand* suggests that music can have a up-lifting effect on anyone, regardless of his or her level of mental or physical health and, furthermore, that everyone has the capability of helping others through music.

Having groups of school children visit the aged and disabled is not, in itself, unusual. One of the difficulties with the *Hand-in-Hand* program is explaining, in brief, how it differs from other programs that may share similar elements. The children go out and sing in the community, but they do not perform in the traditional musical sense. They often sing with senior citizens but the program is not specifically intergenerational in nature. Those with whom the children sing may be entertained, but *Hand-in-Hand* is not entertainment. There is a general, broad, therapeutic aim, as is often ascribed to any sort of musical involvement, but it is not music therapy and has no specific clinical goal. *Hand-in-Hand* contributes to a range of music education outcomes but is not designed principally to forward those outcomes. The program is both a group approach and an individual one, in that the children sing together but at the same time, one-on-one with the target group.

Garber (2004) and West (2003) have addressed these elements but also point out that the most important feature of the *Hand-in-Hand* program is the altruistic intent at the heart of the shared music-making, which is seen as an on-going process. The receivers are activated not only to join in the music-making but to share it, in turn, with others. In this way, the children and those they visit, are all seen as 'helpers' rather than 'helped' whether they have disabilities or not.

Altruism, *Hand-in-Hand* and the 'At-Risk' Child:
The notion of turning the 'helped' into the 'helper' can be seen to have particular resonance for those 'at-risk' of failing at school, or otherwise developing anti-social behaviors. As Curwen says,

> When we help at-risk students, we inadvertently give them the message that they are in an inferior position. Reversing this role brings pride. Students feel good when they see themselves as genuinely useful. Helping others is therapeutic. To understand the power of helping others, ask yourself who enhances you self-concept more: someone you love says 'I need you' or someone you love says 'you need me' (Curwen, 1992:103).

Some writers argue that children who feel good about themselves are more likely to help others. Kohn, amongst others, suggests that altruistic behavior is common in individuals who have a

healthy self-esteem and positive role models. Kohn writes that 'people who feel in control of what happens in their lives, and who have little need for approval from others are the most likely to help others' (Kohn, 1988: 7). Eisenberg, Guthri and Murphy draw similar conclusions: 'Children who are most caring and altruistic are self confident, active, and advanced in moral reasoning and have parents as good models' (Eisenberg et al, 1999: 28). They also state that children 'become more helpful when they are happy or successful' (ibid: 28). Hampson entitles his journal article: *Peers, Pathology, and Helping: Some kids are more helpful than others* and notes that the most helpful children self-reported 'higher self-concept, higher extroversion, lower neuroticism and greater affinitive tendency' (Hampson, 1979: 294).

The *Hand-in-Hand program* suggests that the opposite might also be true; that allowing children to engage in helping behaviors in a supportive, non-judgmental environment infused with gratitude, can improve children's self-concept, and promote on-going pro-social behavior. Since one of the problems associated with the at-risk child is lack of self-esteem, this approach could be particularly beneficial to these children.

In considering the at-risk child, it is interesting to note that some writers can take a negative view of human nature in general and emphasize its selfish side. One of the difficulties for the at-risk child is that school can often re-enforce negative, rather than positive behaviors, and provide little alternative directions for children who have difficulties in the traditional system. Kohn suggests that the use of common phrases such as 'human nature,' and 'I'm only human,' emphasize negative traits in the human race, and that 'we evoke [them] to explain selfishness rather than service, competition rather than co-operation, egocentricity rather than empathy' (Kohn, 1990: 30).

With this in mind, Heubner (2003) comments on a variety of research that highlights the high proportion of psychologists who focus on the negative aspects of people's nature. Heubner writes that of 100,000 abstracts published by Psychological Abstracts since 1887, 90% focus on anxiety, depression and psychopathology. The remaining articles are on positive aspects of mental health, including altruism. Diamond, on whose work the *Hand-in-Hand* program is based, similarly stresses that psychologists, psychiatrists, social and health-workers often focus on what needs to be cured, rather than on what positive aspects of the disabled or at-risk personality can be harnessed in order to promote self-help (Garber, 2004). An anonymous writer in, *Reclaiming Children and Youth*, discusses the possibilities for challenged children:

> Children and youth with emotional or behavioural problems are often preoccupied with the special challenges presented by their daily lives. While being shuttled among school, therapy sessions, and other activities, they often spend a great deal of time concentrating on their own problems. It therefore might seem odd to suggest that these young people be asked to give time back to their community through acts of altruism. However research and experience has shown that by allowing children and youth to feel they are contributing members of their communities, they are less likely to exhibit rebellious or delinquent behavior (Anon, 1999: 92).

It is easy to become preoccupied with negative aspects as we confront the pressing problems of anti-social behavior in our schools and communities. Researchers and practitioners can correct this pessimistic view by using findings emanating from positive youth development research. Cultivating empathy and altruism provides a promising means of changing patterns of bullying in

students, and climates of violence in schools (Hoover and Anderson, 1999). In a similar vein, Curwin states that, 'for at-risk students, opportunities to help others may provide a way to break the devastating cycle of failure' (Curwin, 1992: 39). Lantieri quotes other writers to make a similar point:

> As Youniss and Yates (1997) pointed out, the case for increasing the participation of youth in service projects should not be made as a way of overcoming their perceived deficits, but as "a developmental opportunity that draws upon youth's preexisting strengths and their desire to be meaningfully involved in society" (Lantieri, 1999: 83).

Switzer, Simmons and Dew set up a study to examine the effects of a 'school-based helper program, on adolescent self, attitudes and behaviors' (Switzer et al., 1995: 429). Although this study did not focus on at-risk students, its results were promising. Boys, in particular, showed improvement in 'self-image, commitment to school and community, problem behavior, and commitment to altruism' (ibid: 429). The writers claim that 'helper programs might become an important mechanism in producing positive life changes for adolescents' (ibid: 429). Clearly *Hand-in-Hand* is working from the viewpoint that encouraging positive behaviors is likely to have positive effects. Rather than assuming pro-social behavior derives just from positive attitudes about the self, perhaps such positive attitudes can be derived from involvement in pro-social activities as well.

Method
Data for the Woden project was collected as part of a larger case study of the *Hand-in-Hand* program at its home school and extension environments. The principal researcher used a range of collection techniques for the case study. At Woden, these included recorded observations of the involved students prior to the commencement of the project; journal entries recording observational detail during the project; interviews both during and after the project with class teachers and assistants; video recording of a complete day of activities including pre-visit music session, the outreach visit and post-visit de-brief; interviews with previous teachers who had worked with the students in the mainstream environment; as well as discussion and recorded comments from other members of Woden staff, visitors and residents from St. Andrews Village, where the outreach visit was located. For the purposes of this paper, collected information was reviewed and analysed by both authors and two teachers, one of whom knew the children and one who didn't. The project was documented with particular regard to one student, John to represent typical results for these children and compare and contrast with results for mainstream children.

Two classes of Woden students, totalling 12 students in all, were involved in the project. The two classes came together for the music session and the two class teachers and their assistants stayed with the students for extra support. The students had twice weekly music lessons over a ten-week term culminating in an outreach visit to the nursing home within St. Andrews Village, for the end of the term.

The Preparation
One feature that has been noted of *Hand-in-Hand* is its adaptability to a range of different situations, both in terms of the givers and receivers. Each individual 'giver' is responding to the individual 'receiver' with the intent of offering music in a way that will uplift and inspire. *Hand-in-Hand* works on the principle that everyone can help others through music, regardless of their particular behavioral, mental or physical disability. A general understanding of the problems or

difficulties of each target group is helpful but this is only required, literally, at the level accessible to a six-year old child (the age at which children first experience *Hand-in-Hand*). No detailed knowledge of specific problems or disorders is necessary, as it is with music therapy, for example. The specific 'label' attached to the Woden students or, indeed, the elderly, nursing residents they were to visit, was considered both unnecessary and unhelpful. The behavior of the Woden students is described below in order to compare and contrast with behavior observed as part of the outreach, rather than to 'label' the individual children.

The students in the two classes often had unpredictable behavior, used bad language, were unco-operative, and lacked communication and social skills. Unsurprisingly, there was some apprehension amongst Woden staff as to how the students would behave and respond in a new environment with the elderly residents. Particular children were discussed with regard to whether they should attend the outreach at the nursing home, as their behavior was so unpredictable. To give an example of the kinds of behavior children normally displayed, a teacher who had taught some of the children at a previous school reported to Garber:

> Robert use to throw things across the classroom…On one occasion he was asked him to pick up the toys he had been playing with on the floor and…he threw a life size model of a human torso across the room, aiming it at the assistant. He liked hurting other children. In one of the classes he was in, some of the children were so frightened of him that they started to regress, they started to wet their beds. I remember him having to be dragged down the hallway by two members of staff. He often had to be physically restrained (Garber, 2004: 121).

John, who was particularly observed during the outreach (Garber, 2002a), was not as aggressive as Robert, but would often behave inappropriately and with little regard for the feelings or feedback of others. He swore, made inappropriate noises, wandered around the classroom, had little ability to stay 'on task', and disrupted other children. His behavior was immature and he was frequently in time-out. He regularly missed part of his recess to catch up on work that he had not completed during class time. He sought attention constantly through his negative behavior. The assistants in the school remarked particularly on the lack of thought of the students, including John, for others. Managing and controlling behavior was seen as a large part of the assistant's role:

> We keep the class as calm as possible so that the teacher can teach the class. Sometimes we remove a student, or sit with them in 'time out' for a while. There is usually a lot of swearing, and not much caring for each other. They are very self involved (Garber, 2002b).

The teachers and assistants were clearly aware of their own concerns about the behavior of the children, voiced in a post-session interview some few weeks after the visit. They revealed their initial scepticism regarding the children going to a nursing home and being able to behave appropriately. 'Honestly when you suggested it first we said ah ha! She doesn't know us at all,' referring to the students (Garber 2002b). At this point in the video, the assistants look at each other and shake their heads laughing, 'But we wanted to be supportive.'

Over the term the students learnt a repertoire of songs in the music classes suitable for the outreach. The songs were primarily those from the so-called Tin Pan Alley era, which are songs known to the target populations of elderly and have been shown, through *Hand-in-Hand*, to be

easily singable *en masse* as well as popular with children.

There are three main points to be made about the pre-visit preparation during the music sessions. First, these students were late primary and/or high school age and at a special school for students with particular behavioural or learning difficulties. Given the findings of researchers like Mizener (1993), who discusses the falling interest and involvement with music as students move through school, one could have expected more opposition to the idea of learning songs at all, even leaving aside the idea of singing old songs for old people. Durrant discusses a number of research studies into singing and describes the reaction of the Head of Music of a London secondary school to singing: 'In the classroom context, he stated that singing activity exaggerated the problems of the music class and considered it a 'risky enterprise'… (Durrant, 2001: 5).

Surprisingly, the Woden students did not show any particular disinclination to learn the songs or to sing. One of the writers of this paper found a similar phenomenon when applying the *Hand-in-Hand* approach in an even more difficult environment:

> Prior to studying in Canberra, I had worked at the Bronx School for Career Development, (BSCD) a High School in the South Bronx, New York City. Students at BSCD were also classified as at-risk with emotional and/or behavioral problems. The level of disturbance and impoverished home life of students was in many cases significantly higher than that observed in the ACT. BSCD had school police on-site at all times and there were metal detectors at the entrance to alert authorities to concealed weapons. The support staff were expected to deal with many potentially dangerous and uncontrolled students. After moving to the ACT, a colleague at the school, with whom I kept in touch, reported one week where five different staff members had suffered injuries inflicted by students. Nevertheless, I and some of my colleagues had had considerable success applying the *Hand-in-Hand* approach at BSCD. One session in which West was present involved a group of at-risk students singing *Aeroplane Jelly* both individually and as a group (Garber, 2004: 55).[2]

It is possible that the purpose behind the learning of the songs is significant here. We are not suggesting to the students that singing is something they *should* do. Rather, from the first, it is made clear that the singing is the vehicle through which interaction will occur to help the residents. This changes the way both teacher and student approach the singing and, even in the context of 'difficult' students like the Woden cohort, appears to circumvent the standard problems a teacher may face in this situation.

Secondly, the students learnt the songs relatively quickly. West (2003) has pointed out that Tin Pan Alley songs seem to be easy for young students to sing for a number of reasons. At the same time, the Woden students cannot be said to have had a strong background in music and there had not been a music teacher at the school for some time prior to the commencement of the pilot project. Again, the *Hand-in-Hand* philosophy may be important in this context. Getting students to an outreach as quickly as possible is considered much more important than the accuracy of their singing. Students like the Woden cohort are very quickly in a position to use their music for the benefits of others, a situation that would not be the case if a formal 'performance' were required.

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[2] West visited BSCD on December 4th 2002.

This is not to say that the singing at the outreach was highly polished or professional. Clearly the principal child observed, John, often didn't sing whole songs and sometimes appeared to forget lyrics or forget to sing when he was engaged with a resident. Since the outreach is not regarded as a performance, a fact noted as important by the class teachers, these lapses were unimportant and encouragement to sing occurred through the nature of the singing, rather than through specific instruction or commands to sing.

Third, compared to what was reported of students prior to the pilot project and in post-project interviews, the behavior in music lessons was relatively good. As indicated below, there was certainly inappropriate behavior and swearing, but there was not the level of disruption seen in some other classes. West and other teachers have reported that teachers have noted that at-risk children seem to behave more appropriately in music lessons. How much this has to do with the music *per se*, and therefore relevant in any school music context, or how much it relates to music sessions adopting this particular philosophy, is hard to say. At Woden, the students were aware from the beginning of the pilot project that their music making had a purpose and, given the speed of learning, and the general improvement in behavior even prior to the outreach, it is reasonable to speculate that the given approach had some positive effect on the students.

As preparation for the outreach, the class practiced singing to the staff at the school as though they were seniors in a nursing home. Particular emphasis was placed on the children introducing themselves to the 'residents', taking their hands and looking into their eyes. If the 'residents' were mobile the students were encouraged to ask the seniors to dance. The purpose of the visit was discussed with the students and questions were asked including: *Why are we going? How do you think it will make the residents feel? How do you think you should behave?* These questions set the tone for the project. The intent was clear from the start, and appeared to have a positive affect. One could speculate that a more formal approach to music with technical skills as a priority would not have engaged these type of students.

The Day of the Visit
On the day of the visit to the retirement village the combined music class numbered ten out of the twelve children: one child in the class was absent due to a suspension, another child was in the Time Out room for disruptive behavior. Prior to going to St. Andrews Village, the class sang through the repertoire they would be singing with the elderly residents. This lesson was accompanied, in the usual fashion, by inappropriate behavior and, often, a degree of chaos.

John, like several other children, indulged in a range of off-task and attention-attracting behavior, some clearly motivated by the presence of the video camera and filmmaker. He imitated another child, pulling faces and falling off his chair. He made a face at the camera and then purposefully made gestures in front of the teacher sitting next to him as she was singing, invading her personal space and attracting attention. He disrupted filming on more than one occasion during this pre-visit session. He continued to pull faces, call out and make rude finger gestures. He ignored teacher and assistant comments about the nature of behavior that is expected on the visit. He made no attempt to converse with anyone, indeed none of the children showed an inclination to relate to their peers other than to laugh at or tease them.

When the class was asked the reason for the outreach visit they called out short, or single word responses without waiting to be asked and without reference to each other: 'Singing'; 'No swearing'; 'Get them to dance'. One child responded to the last comment, saying 'I'm not going

to dance with anyone.' Most of the children seemed to understand the nature of the visit in simple terms but given their ages, did not respond with any degree of maturity.

The teacher reminded the children about some of the approaches they could use at the nursing home through role-playing, with the teachers playing the role of the elderly residents. Throughout this role-playing, the inappropriate behavior continued from John and others. At the same time, as the songs were sung, John did participate in the activities and, while he didn't sing all the time, he didn't specifically refuse to sing. Indeed, none of the children refused. At times, the room became quieter momentarily, and then activities were interrupted by random swearing and silly behavior, often directed at the camera.

Neither John nor the other children appeared to be thinking about the effect of his or her behavior and actions on classmates or on the teachers and adults in the room. There was little relating to each other or even the adults unless specifically addressed, and then only some of the time. John was self-absorbed and self-centred. He sought attention through his anti social and inappropriate behavior and the class teacher needed to continually prompt John to behave appropriately, with varying degrees of success.

At St. Andrews Village Nursing Home
Garber (2004) describes a visit to a nursing home by a combined group of mainstream primary-age children and profoundly disabled children from a special school. She quotes a visiting teacher who asks, "Which are the children from the special school," and eventually realises she can identify them by their different uniform. The same comment may be made in relation to the Woden visit. On arriving at St. Andrews, children like John did not evince any behavior that appeared outside the range of what is 'normal' in the mainstream environment. They, like mainstream children, appear to require little or no behavior management. At the same time, some children's responses to the residents may be said to be quite 'abnormal' in terms of empathetic reaching out, compared to mainstream children.

The lack of a need for 'behavior management is one of the striking features that has been noted about *Hand-in-Hand* visits in general. (Garber, 2004). Possible behavioral problems were an issue of great concern with the Woden group, particularly for teachers who had not experienced an outreach visit before. However, there were no instances of swearing or disruptive behavior during the visit. John was observed to be 'off task' once during the forty-five minutes session and responded immediately and positively when assisted to re-engage. This compares to six attempts to redirect John during the half-hour pre-visit session alone, not all of which were immediately successful.

Teacher concerns about John's behavior was obvious, despite the clear differences he exhibited. At one point, for example, John is seen in video documentation talking to a resident. He reaches up to stroke her hair. An arm appears immediately to remove his hand, which he does without fuss or comment, and continues to talk to the woman. On viewing the videotape it is clear that his intent is positive and caring but the teacher is clearly concerned. The residents showed no such concerns, having no previous experience in which to develop concerns. This positive response from the residents may well have contributed to John's ability to behave so differently.

John's behavior towards the residents and to teachers and assistants was uniformly positive, gentle and polite. He alone notices a resident has dropped her walking stick and runs over to pick it up for her, making more than one effort to see that it is placed in the best position for her to reach. He

spends several minutes tying the shoelaces of a doll belonging to one of the residents and then presents it to her. He is seen in conversation with residents between songs, asking and answering questions. He shows great interest in a resident who is a dwarf but, nonetheless, behaves with perfect manners. He relates to other members of his class, drawing in one of the other more difficult boys, with an arm around his shoulder, indicating that the boy should sing with the nearby resident. In short, there is no evidence at all in the tape recording of the nursing home visit that this child can behave in extremely anti-social ways.

If John's behavior mirrored that of mainstream children his empathetic response to the residents was significantly magnified. It is not unusual for some mainstream children to show some shyness at first with residents they don't know. John exhibited no such reaction, even though he is seen as being 'shy' by his class teacher. He, quite literally, reached out strongly, enthusiastically and repeatedly, to take residents' hands, to hug and stroke them while smiling broadly and making eye contact. He was noticeably gentle and showed an ability to adjust his contact to suit what he perceived to be the level of disability of each resident. For example, on one occasion he is seen moving a woman's arms gently and then with increasing strength until he has his and her arms linked over their heads. On another occasion he picks up one hand of a woman and begins moving it with the music. After a few moments, he reaches for the other hand that appears to have been affected by a stroke. The woman responds slowly and John carefully picks up this somewhat paralysed hand and begins to move it as well but more gently than he is moving the other hand and arm. He adjusted the movement he made which each of the woman's hands to reflect what she appeared able to do, and his movements were less vigorous than with the previous woman. He consistently showed attentiveness and awareness of the individual needs of each resident and receives an equally attentive response in return.

His movements with residents were not only adjusted in response, it seems, to the resident's needs, but also in response to the music. While he is clearly not singing at all times, his movement indicates that he is aware of, and responsive to, the music, clearly trying to move with the resident in time with the song. Interestingly his lack of strong singing does not seem to affect the residents who are often seen singing to him. His enthusiasm and willingness to engage with them prompts an immediate response. The residents are both encouraging and grateful.

After the Visit
The change in behavior witnessed in John and his classmates is also observable in the post-visit discussion back at Woden school. The group is calm and engaged with the discussion. They respond to the teacher and to each other. Some teasing of each other is evident but there is now interaction between the students, which was not observable, in any positive sense, prior to the visit. When the teacher suggests the students go and have some recess, no one immediately makes a move to leave the room. Robert, the boy described by one teacher above as 'liking to hurt people, comments, 'I love them, they're lovely people.' They talk about their 'favourite' resident and discuss how they helped them.

Later, the class room teacher commented:

> I thought that the nursing home visit was nothing short of a miracle…It was successful because it wasn't a public performance…I was particularly surprised at John…He finds it difficult to be in a group at all…John overcame his shyness…They were given a different sense of who they are. (Garber, 2002b).

These few statements convey a number of important points. The notion of the visit being 'a miracle' suggests that the music and the outreach was able to bring out a different side of the children and the teacher was indeed surprised and delighted by the outcome. The second statement referring to the lack of performance is also an important point and indicates how the teachers have understood the importance of the different nature of the interaction. Since the students were not performing, they were able to engage in the outreach visit after minimal preparation and with no stage fright or anxiety. This did not cause the residents or the students any concern because all the adults involved were unconcerned about issues of 'musical quality.' They were making music with and for the residents. The idea of the children being given a 'different sense of who they are' is also seen as being important by the teacher.

Conclusion
The behaviours observed in Woden School students, particularly the child 'John' who was the main focus of the documentation cited here, indicates the possibility that the *Hand-in-Hand* program offers a model with implications for both the social and musical development of the 'at-risk' child. The children respond positively both to the musical interactions prior to the visit but particularly to the visit itself, showing different social behaviours that transfer to calmer and more considerate behaviour in the classroom. Comments from classroom teachers six weeks after the visit indicate that the different behaviours of the children had made an impact on the teachers, but also that some transfer effect had been maintained:

> They are usually very self involved. Going to the nursing home they were starting to think about someone else. They liked meeting the old people. They were really well prepared. We came in and we looked at each other. It was just really good. We didn't hear any swearing, we didn't have to take any one out, and on a normal day we would have. We did not hear the children say anything against each other. The music helped. They don't have a lot to say. It's ice breaking. We had a purpose. It was a lot of fun. When we go out now, we hop on the bus, they sing, they don't argue. They like *Me and My Shadow*, and *Pennies from Heaven*. We enjoyed it very much. (Garber, 2002b).

Hand-in-Hand is uniting an arts program, specifically using music, with the idea of pro-social behavior in the community as a normal part of human interaction, rather than as punishment for societal crime or an intervention methodology. While the Woden project worked with at-risk students, the *Hand-in-Hand* philosophy is not designed with that perspective in mind. Students were not being 'targeted' in order to help them, but were being asked, like the mainstream Ainslie students, to voluntarily engage in music-making for the benefit of others. The *Hand-in-Hand* philosophy, while being used in situations that are designed to therapeutically assist the disadvantaged, the ill and the at-risk, is broader than all these categories. Its basic premise insists on the positive social and emtional value of music for all, regardless of obvious disability or social problem. The inherent equity in this approach removes much of the feeling of patronage from the interactions that Curwin sees as being so disempowering for the at-risk student (Curwen, 1992: 108). Perhaps this may be *Hand-in-Hand's* greatest contribution: that the therapeutic value of altruistically driven music-making can impact upon all members of society without the need to specifically target the problems of individuals within that society.

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