

EXTRACTS FROM A SUMMARY REPORT

of an **INNOVATIVE PILOT ARTS RESIDENCY**
in a **CUMBRIAN PRIMARY SCHOOL**

held **JUNE-JULY 2001**, in the midst of the 'Foot and Mouth' crisis
with **SINGER AND HEALTH EDUCATOR Jill Rakusen,**
involving **'GIVING VOICE'**

1. WHAT IS 'GIVING VOICE'?

Giving Voice involves the strategic use of sound and song. It is an inspiring and uniquely holistic tool that Jill Rakusen has developed over many years, and from which countless people have benefited in a wide variety of settings. It can help participants discover more about how to enjoy life, how to handle difficulties with greater ease and understanding, and even move through them. It offers profound and joyful opportunities to promote health, awareness, creativity and integration, as well as to experience (greater) joy in singing. It is possible for communities as well as individuals to harness what *GV* offers, particularly, though not only, when drawn together through trauma.¹

2. SUMMARY AND KEY FINDINGS

The report shows that the pilot more than fulfilled its far-reaching aims, and there are many areas which could be built on in the long term. Aims included enabling children to access inner joy, power and confidence, and know how to build on what they've learnt. The hope was that significant numbers of children would experience one or more of a wide range of potential learning outcomes. Astonishingly, learning was seen to happen and/or identified by the children in virtually all areas listed in the proposal document.

In self-assessment questionnaires, 88% of children (45 out of 51) indicated that they had a positive experience. Many children made important discoveries about their own capacities, and displayed impressive commitment in engaging with *Giving Voice* on a personal level. 31 children chose to visit Jill individually.

One member of staff commented: "how remarkable some of the effects were, but how one had to be present to appreciate them".

Longer-term benefits of the project are still emerging: e.g. only recently it was discovered by accident that a child had been using song as a resource following the death of a pet (this had been introduced to the children as a means through which grief and other painful feelings could be addressed).

3. CONTEXT

This residency came about as a result of the foot and mouth outbreak. Considerable distress had been identified at this particular school, which was affecting teaching.

¹ see for example Coniam S and Gibson L. 'Giving Voice' with Jill Rakusen. *Journal of Contemporary Health*. 34-35. Summer 1996. Healey R and Rakusen J. A Conversation about *Giving Voice*. *Cahoots* 73: 24-33. Oct 2000. Rakusen J. 'Giving Voice': a Self-help tool for healing and transformation. *Positive Health*. (61 February 2001) Rakusen J. 'Giving Voice': a Tool for Individuals and Communities. *Action - Journal of Community Health*. (January 2001) Unsolicited written communication and questionnaire dossier on *Giving Voice*. 1988-2000.

4. SAMPLE AIMS AND LEARNING OUTCOMES

It was envisaged that pupils might gain in a number of areas, including:

- self-esteem
- respect for others
- dialogue (both internal and with others)
- relate with ease - to music and song, to themselves and to others
- make choices appropriate to their true needs while taking into account those of others
- recognise how much choice - and responsibility - they have regarding how they feel.
- initiative
- participation
- general capacity to learn and absorb

and that a significant number of children would have experienced an increased ability to:

5. PARTICIPANTS

Whole school of 51 children (32 Juniors and 19 Infants, though some did not attend introductory session); teachers + some governors & parents

6. PROCEDURE

- Four visits to the school by the Facilitator, who led:
 - 16th June - optional session for staff and governors
 - 17th June 2001 - assembly with whole school + optional session for anyone in the school
 - 26th + 27th June, 10th + 11th July 2001 - further assembly + classroom sessions with infants and juniors separately, and optional short sessions with individual children (+ one small group).
- The children were able to learn and sing 14 songs, to harmonise and improvise, and to hear live performances. All the music chosen offered opportunities for learning, e.g. how song can be used as a resource in different situations. Countries of origin included Africa, America and Russia.
- Some juniors chose to learn how to use song as a resource and spent time at home doing this.
- A number of sessions were recorded for children's use after the residency, and the school's Acting Headteacher also used the Facilitator's own tape with the children on occasion.
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7. ASSESSMENT METHODS

Self-assessment questionnaires completed by children (some facilitated by staff); individual and group interviews by Facilitator and teachers; class discussion; teacher observation; Facilitator observation; visual artwork/pictorial responses.

8. EFFECTS OF RESIDENCY

a) **Post-residency self-assessment questionnaires:** Of the positive comments by 88% of the children (18 of the 19 infants and 27 of the 32 juniors), virtually all elaborated to a surprising extent, for example:

“when you sing it changes your life. It can make you happy when you're miserable”
“it's work - nice work”

“Brilliant - I learned a lot - that you can have fun and dance as long as you concentrate on the singing”
“Even if you’re not good at singing you can still do it”
“I’m getting very good at singing”
“I enjoyed every single bit of it”
“it was special”
“It’s also about love”

Of those who did not answer questionnaires or respond positively, most had missed out on the introductory session, and were therefore at a disadvantage compared with their peers.

b) **Detailed comments from children:** Numerous children gave detailed comments on their experiences. The following is from a boy, having chosen to work with song as a resource one night:

"it felt really weird"
"*in what way?*"
"well, I've never woken up like that before"
"*how?*"
"well, I felt really good ..."

c) **Comments from adults**

Staff member after first assembly: “all the children seemed to have some sense of inner peace”.

Governor after second assembly: "delightful".

The high quality artwork produced after the assemblies was remarked on, not only by staff, but also by an artist and art therapist who saw some of them.

The Facilitator felt that some of the unrehearsed ‘participatory performances’ were “remarkable”. Her experience with the children inspired her to create some new songs, one of which she was able to share with them.

d) The **optional session for staff and governors**, which preceded the work with children, was very well received, with many smiling faces and relaxed bodies. It was generally regarded as an important start to the residency. One staff member said: “I feel fantastic”.

e) **Particular successes:**

Numerous successes are noted in the main report, including:

- The numbers of children who clearly enjoyed themselves
- The numbers who clearly learnt something
- The responsiveness, depth of awareness and understanding indicated through words and/or pictures
- The effects on certain children, e.g. with speech/language difficulty, lack of confidence

It was recognised that the work of the pilot could be built on in numerous ways, including in relation to historical and social issues, communication, improvisation, enjoyment of vocal skill, personal safety education (eg considering inner strength, recognising it in self and others, and how to build it; looking at choices and consequences, including choices in perception)

10. PLEASE NOTE

1. Due to the delicate nature of issues raised in this residency, the name of the school is not mentioned in any of the reports.
2. This project was funded by Cumbria Healthy Schools, Eden Arts and Sound Health Consultancy. Further information, including the complete report, available from:

info@givingvoicefoundation.org.uk

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