Evaluation overview and executive summary for Garage à Musique (Fondation du Dr Julien)

REPORT SCOPE AND TARGET AUDIENCE

- Reports on key aspects of the implementation of Garage à musique (GâM) during its first few years of existence (April 2011–March 2016)
- Describes the youths and families participating in GâM, how they take part in the project, and the available activities and resources
- All stakeholders, educators, coordinators involved in GâM leadership
- Fondation du Dr Julien and its Knowledge Transfer team
- The Research Chairs in community social pediatrics
- The National Crime Prevention Centre (NCPC)—Government of Canada
- Minister of Family, Children and Social Development—Government of Canada
- Ministère de l’Éducation—Government of Quebec
- Ministère de la Santé et des Services Sociaux / Ministère de la Famille—Government of Quebec
- Researchers and students interested in community social pediatrics, collective music making and personalized educational support
- Anyone interested in student retention and educational support
- A version of this report is also available on the Community Social Pediatrics Knowledge Transfer Portal (Fondation du Dr Julien) for access by the public, youth and families
- Full report can be viewed on the site of lead researcher Anne-Marie Piché http://www.professeurs.uqam.ca/

BACKGROUND INFORMATION ON THE EVALUATED PROJECT/ORGANIZATION

- Established in 2009 in the Hochelaga-Maisonneuve neighbourhood (pilot project) / Project made official in 2011 with funding from NCPC—Public Safety Canada
- Available to all neighbourhood children and teens (ages 0–18) and their families
- From 2011 to 2016, Garage à musique reached over 700 children and youths in Hochelaga-Maisonneuve, including 220 aged 6–11 and 100 aged 12–17
- GâM works in partnership with several neighbourhood organizations working with vulnerable youths in terms of social exclusion, education and overall development
EVALUATION OBJECTIVES

✓ Review and report on the overall implementation of Garage à musique and its development over five years

✓ Describe the participation and satisfaction of targeted participants: children aged 6–11, teens aged 12–17 and parents

✓ Describe how the model is managed from the point of view of stakeholders, coordinators and GàM management; describe the impacts of participation and the resource needs from the point of view of music teachers, music therapists and GàM professionals

✓ Describe the shared management and the processes involved, as well as the impacts of youth participation from the point of view of GàM’s partner organizations and schools in the neighbourhood

✓ Comment on the development, implementation and integration of the program’s three components: community social pediatrics follow-up, collective music making and personalized educational support

✓ Answer the five categories of questions asked by the NCPC to determine whether the project was executed as anticipated in the initial logic model: 1) Describe the project participants. 2) Describe its management and implementation. 3) Describe and characterize the community partnerships. 4) Gather evidence on satisfaction with the project. 5) Identify the challenges related to the project and lessons learned.

METHODS USED TO FOLLOW-UP AND EVALUATE THE PROCESS

✓ Researchers met with a total of 260 people: 57 participated in semi-structured interviews with researchers (including 24 youths, 4 parents, 21 people working at GàM, and 8 partners from the community), and 203 parent and youth surveys were analyzed.

✓ A mixed method design was used, involving qualitative, quantitative and exploratory research focusing on the program’s implementation. Data collection was done through semi-structured interviews, discussion groups and participant surveys, as well as activity observation, participation in advisory committee meetings and access to the GàM database.

FINDINGS

✓ Garage à Musique is the only initiative of its kind and is an innovative prevention model for psychosocial problems and juvenile criminality. It is the only collective musical learning model that explicitly and tangibly integrates developmental concepts and that has intervention tools and protocols (community social pediatrics) to learn more about its impact on youth.

✓ It is also the only documented initiative that operates through clinical referrals and allows for integrated medical, legal and social science follow-up. The model also offers entry via registration for music classes (outreach)—to maximize the accessibility of services that are essential to the development of a large number of youth.

✓ In this sense, the model potentiates the effects of collective music learning in an active and sustained way. Over the
medium and long terms (5 years), it reaches many of the neighbourhood’s most at-risk youth (for dropping out of school, for drug and alcohol use and for participating in activities leading to prosecution).

✓ It is the only program that begins from a children’s right perspective and applies it through an integrated approach, to help a young, disadvantaged population deflect the social determinants of health over the long term.

✓ The program has school integration and support resources that are customized and adapted for youth with social integration difficulties or learning disabilities. In this way, it neutralizes social and academic exclusion problems for many children.

✓ The program was able to implement an effective detection method for student problems via the music class registration and through the relationship actively established with them. When they register, these children do not have a social pediatric file, but a large number of them carry a very heavy burden in terms of family or social problems.

✓ The GàM program is consistent in its actions and respects its own intervention principles: Establishing, Exchanging, Decoding and Action. Because of this, it has a unique ability to reach those families most reluctant to seek out community services, without conflating them with their problems—even though this is often difficult.

✓ The onsite presence of a team of experienced, attentive teachers with extensive experience in social pediatrics in the neighbourhood was essential to achieve this and certainly helped the team better know the troubled kids and families and to offer them support.

✓ Another unique feature of GàM is the involvement of all the organizations and workers around the targeted youth, with an experienced and professionalized partnership or “social enterprise consortium.” This has enabled the whole community to strengthen its bonds with youth and families who are socially excluded due to their problems and their lack of access to professional services.

✓ A large portion of the youth clients who required adapted attention and teaching due to highly complex developmental disorders at times exceeded the capacities of GàM and its partner organizations (in tutoring). The anticipated inclusion of learning services involving neuropsychological professionals has yet to be implemented. Discussions are ongoing to put them into operation soon.

ANALYSES

QUALITATIVE ANALYSES

THEMES FOR ESTABLISHED PARTNERSHIPS AND PROJECT MANAGEMENT—POINT OF VIEW OF THE ORGANIZATIONS

- Knowing how to work with youth from the neighbourhood
- Inclusion: a shared value
- Strategies for including youth
- Knowing how to create trust-based relationships
- Taking the child’s development into account first and foremost
- Shared management
- Quality of facilitation and instructor-youth bonds
**THEMES: PROJECT MANAGEMENT AND CHALLENGES MET—POINT OF VIEW OF GÀM AND ITS PROFESSIONALS**

- Detecting specific and changing needs: redefining success
- Building bridges with schools for joint action: working with the current school environment
- Better reaching teens and youth who are in conflict with the law or at risk of joining gangs
- Focusing on internal resources and broadening roles
- Taking care not to exceed resources’ capacities; restricting roles
- Finding the right participation levers and mobilizing youth
- Adapting one’s teaching approach and being creative on multiple levels
- Taking into account youth’s interests and musical culture

**QUANTITATIVE ANALYSES**

**133 SURVEYS OF PARENTS 2013–2014**

- Parents aged 21–64; mainly from dual-parent (46%) and single-parent (41%) families
- Children aged 2½–15: girls account for 56.6% and 48% are in primary school. Origins: Francophone Quebecers living in the Hochelaga neighbourhood
- More than one child per family registered at GÀM (55%)
- Annual family incomes below the low income cut-off (under $10,000): 23% of families
- Reasons for registering are mainly to learn music, followed by to socialize
- Children followed by social pediatrics: 47%. About 35% of parents see no academic problems in their child; 70% see no personal, social or family problems—contrary to the clinic. Perceived problems: learning disabilities

**70 SURVEYS OF YOUNG PARTICIPANTS (2015–2016)**

- Youth 5–18 years old: 66% are 12–13 and are at Chomedey high school; 50% girls/boys
- Live in the Hochelaga neighbourhood: 81.4% Quebec-born and Francophone (85.7% first-language speakers)
- Main referral points: schools and parents
- Most take collective music classes (77.1%) and 5.7% get homework help at GÀM
- Registered for under a year (45.7%) but frequent participation (40% are there twice a week)
- 80% of children see at least one area of their life that has changed since GàM; on average, five changes have been observed by the youths themselves
- 11.4% have been suspended/expelled or had problems at school
- 92.9% did not report any trouble with the law; 82.9% said they had never consumed alcohol; 91.4% said they had never taken drugs
- Youths’ reasons for participating: learning an instrument, making friends, significant and positive relationships with GàM instructors

**RECOMMENDATIONS**

- Future studies and plans should consider the importance of using an integrated and complementary approach to professional services, to get the maximum potential from the demonstrated impacts of collective music making on children’s brain
development, and academic and social skills.

✓ It is essential to hire teachers with knowledge of and experience with collective music and youth from disadvantaged neighbourhoods or troubled youth.

✓ It has proven essential to give them solid support by adding social workers and coordinators with experience in collective music, who are able to provide regular training.

✓ Material resources (instruments and instrument maintenance) and physical spaces must not be discounted: failings in this regard cause stress for the teams and lessen the possibilities of making a set of instruments and learnings available to kids. Working with donors and collaborators from the world of professional music makes a big difference.

✓ The School Access Centre, which was launched in the fall of 2015, must continue to work with physicians-researchers in this field to develop even more tools as well as neuropsychological assessments to avoid the public network’s waiting lists or having to pay for private services. Advanced educational concepts are needed to comprehensively implement the School Access Centre’s vision.

✓ A constant line of communication must be maintained with neighbourhood schools and the same resource person should be involved, to give partnerships a solid footing from the start and to keep the expectations of GàM and the schools clear. In addition, presentations on the social and academic benefits of collective music learning should be given in all neighbourhood schools. Presentations on social pediatrics should be given in the community to stimulate school referrals to the clinic and its partners. Communities have shown great openness to this.

✓ The main investment in this type of project must be for the building, given the nature of group learning, which requires large classrooms, storage, etc. Offering the widest possible range of musical styles and instrument families (and therefore, class options) has a significant positive impact on participation. This means that many classrooms must be available for use by teachers simultaneously. A large number of office spaces must also be provided for the many professionals and managers and for a social pediatrics clinic. Since the overall integration of the model’s components and concepts was made possible by grouping together, in one physical location, all the adults working with and for kids, it is essential that these spaces not be fragmented.

✓ Along the same lines, exporting a GàM will require that thought be given first to the physical organization and that the necessary funds or donations from the community or private organizations be secured, to prevent such frequent changes and adjustments in location, in order to ensure greater fundamental unity within the team.

✓ Have one person responsible for communication and a specific structure to facilitate the flow of information about the youths in the program, the project’s development and potential research follow-up.
RECOMMENDATIONS AND QUESTIONS FOR SIMILAR PROGRAMS AND FUTURE STUDIES

✓ Perform intensive and regular monitoring at the intervention site, because a series of changes and adjustments can alter not only how the model unfolds but also the conceptualization under study.

✓ Do not fragment disciplinary fields of knowledge, as they are highly complex in this type of intervention and touch on neuropsychology, social pediatrics, law, psychology, social work, education and psychoeducation. Studies in the area of social work or with a post-disciplinary perspective are advisable.

✓ Carry out a longer-term (longitudinal) study of the impacts of musical learning and other activities on young participants, both at the qualitative (with developmental grids in addition to self-reported metrics) and quantitative levels, after a solid implementation study.

✓ Involve as many categories of participants as possible to create dialogue and complementarity between their experiences with the program, starting with the children and teens, and then with families, teachers (music and school), social workers and everyone involved in managing the program, as well as partners.

✓ Verbal interviews can be very difficult with children with developmental disabilities, language delays, etc. Non-verbal measures (art, games, etc.) may be more effective.

✓ Continuity opportunities for these programs remain to be seen, as they require significant amounts of financial, material and human resources.

✓ For future programs: Exporting requires solid community partnerships from the outset that share an identical vision—one that is closely linked to the concept of child development in their activities. This has provided solid footing that made it possible to tolerate a lot of ambiguity and uncertainty in the joint development of the project, and later, the stability of most established partnerships.

✓ It is essential that, from the start, there be a single, very spacious physical location that is appropriate for collective music, and that the funds or donations required be earmarked for the project’s real-estate component. All activities and workers must be in one place to ensure that the activities are conceptually consistent and to maintain a constant flow of communication.