# Sound Explorers

## Multi-Agency Early Years Music

## Impact Report 2025

Supporting health, education and family life through inclusive early years music making

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# Sound Explorers 2025 in Numbers

| | |
|---|---|
| 205 | Children benefiting from early years music sessions |
| 60 | Early years music sessions delivered |
| 45 | Early years carers/educators trained in music and sound exploration practice |
| 8 | Professionals from health and inclusive education trained in music and sound exploration practice |
| 9 | Families of d/Deaf and Hard of Hearing children engaged |

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# Terminology

**British Sign Language (BSL):** the preferred language for many Deaf people in the UK, which has its own distinct grammar and syntax. It is not a signed form of English. BSL is an official language in England, Wales, and Scotland, and is the first or preferred language of over 87,000 people in the UK.

**Caregiver**: a family member or paid helper who regularly looks after a child.

**Continuous Provision**: child-led play supported by resources, equipment and defined areas that engage and challenge children's learning and development.

**Cued Speech:** a visual communication system that supplements spoken language by adding hand gestures, or "cues," to lip movements to provide a complete visual representation of speech sounds.

**deaf (d)**: used as an umbrella term in this report to refer to all types of deafness from mild to profound. This includes deafness in one ear (unilateral), both ears (bilateral), mixed deafness (temporary and permanent), or temporary conductive deafness such as glue ear.

**Deaf (D):** refers to first-language BSL users who identify as having a Deaf identity and belonging to Deaf culture.

**Early Years (EY)**: any preschool-age child who is not yet in statutory education, regardless of whether they are accessing early education and childcare or being looked after at home.

**Early Years Evidence Store**: an Education Endowment Foundation (EEF) resource designed to support decision-making in early years practice. It provides accessible summaries of the best available research evidence on approaches that can improve learning and development for young children.

**Early Education and Childcare (EEC)**: provision of nursery, childminder, daycare or preschool by private, voluntary and independent providers.

**Hard of Hearing (HoH)**: refers to hearing challenges that are mild to severe, with spoken language as the first language.

**Intensive Interaction:** a relational communication approach that adapts to the communication partner's ability to connect, using non-verbal cues such as body language and sounds to develop eye contact, turn-taking and shared attention.

**Multiple Agencies:** a collaborative approach where different professionals contribute to a child's support. This may include Qualified Teachers of the Deaf (QToDs), Paediatric Audiologists, Lead Choices Advisors (Deaf Choices UK), Highly Specialist Speech and Language Therapists, Health Visitors, Early Years SENDCos and Social Care professionals.

**National Children's Bureau (NCB):** The NCB champions children's rights and reduces the impact of inequalities, so that every child, especially the most vulnerable, can grow up safe, happy and healthy.

**Private, Voluntary and Independent (PVI):** types of early education and childcare providers outside the maintained school sector.

**Professional**: a trained, qualified and vetted person delivering an aspect of early years work with deaf preschoolers.

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# About this report

**Purpose and scope**

This evaluation documents the design, delivery and outcomes of Evolve Music's multi-agency early years music work across Plymouth and Devon in 2024–25, spanning Sound Explorers residencies in nurseries/preschools, training for childminders and *Adventurers* musical play for d/Deaf and hard of hearing preschoolers. It is intended to inform commissioning and practice by evidencing impact for children, caregivers/families and professionals and by identifying conditions for fidelity and scale. A top-line summary of activity shows **205 children** benefiting from early years music, **60 sessions** delivered by Evolve, **45 early years carers/educators** trained, **8 health/inclusion professionals** trained and **9 families** of d/Deaf/HoH children engaged.

**Approach.**

We took a mixed-methods, context-sensitive approach grounded in the realities of early years practice and multi-agency working. Quantitative monitoring covered planned vs delivered activity, participation and attendance by strand (12-week Jack & Jill's childcare residency; 6- and 3-week residencies at Plym Bridge and Ham Drive nurseries; childminder CPD; and 12 week Adventurers deaf project). Qualitative evidence included structured observations during sessions, short case examples, caregiver/professional testimonies and a facilitated focus group with professionals using **attunement** as a shared perspective for understanding interaction, co-regulation and self-regulation. These methods were used formatively (to refine delivery in real time) and summatively (to report outcomes).

**Data sources referenced in this report**

1. Planned & Delivered Activity records for each strand (durations, reach, workforce engagement, observed outcomes).
2. Pre-launch discovery session (11 March 2025, Plymouth DEC) capturing device use, listening comfort and activity preferences among deaf children and adults, which

informed instrument choice, sound levels and space design.

3. Professional focus group (Session 2, 22 April 2025) with QToDs, Lead Choices Advisor and a Music Leader to establish a shared understanding of aims and the centrality of attunement.
4. Session observations and case illustrations from the Jack & Jill's residency and the shorter residencies (Plym Bridge, Ham Drive), including practice refinements (e.g., sung transitions, non-verbal mirroring, pace/pitch adjustments) and children's engagement/sustained attention.
5. Childminder strand feedback (4 CPD sessions; subsequent practitioner-led sessions) evidencing 100% increased frequency/variety of music use and reported changes in practice.
6. Caregiver and professional testimonies/interview, including insights from University Hospitals Plymouth NHS Trust Paediatric Audiology.
7. Appendix 2 (Data sources) lists the above materials and supporting records.

**Evaluator and programme context**

The evaluation was led by Sarah Hercod, Area SENDCo for the Early Years South West Stronger Practice Hub and a deaf Qualified Teacher of Deaf Children and Young People. Sarah's lived experience brings both professional expertise and personal insight. As a deaf person navigating a complex listening world while supporting others with their hearing needs, she is uniquely placed to innovate and advocate for deaf children, their families and the practitioners who work alongside them.

The work sits within the DfE-supported Early Years Stronger Practice Hubs programme (delivered with EEF and NCB), which promotes evidence-informed professional development in the EYFS. The Early Years Stronger Practice Hubs Programme, launched in November 2022 across England, consists of 18 Hubs (two in each government office region) that provide advice, share good practice and offer evidence-based professional development for early years practitioners. The programme forms part of the Department for Education's (DfE) Early Years Education Covid-19 Recovery Package, alongside the Early Years Experts and Mentors Programme.

**Interpretation and limitations**

Findings triangulate monitoring data with observation and stakeholder voice across settings and strands. Where numbers are not recorded consistently, e.g. specific SEND counts within

some residencies, we indicate best-available figures and qualify totals accordingly. Variability in attendance, e.g., venue change, shift patterns, illness, is noted in strand narratives and factored into recommendations on fidelity, onboarding and sustainability.

# Introduction

**Background and continuity (2023–2025).**
Sound Explorers is Evolve Music's early years music and workforce development programme.

In **2023** it comprised two 12-week residencies in Plymouth early years settings, with follow-up support to two settings from the **2021–22** cohort. Evaluation by Mary Schwarz found strong gains for children (confidence, communication, social interaction, creativity) and clear practice change among staff, with universities and local authority partners contributing placements and advisory input. Crucially, the report recommended sustaining the reflective, in-situ coaching model and evaluating it over a longer period, the starting point for the **2024–25** expansion documented here.

**Why now: national and local drivers**
Plymouth and Devon partners highlight rising SEND/SEMH need, workforce pressure and persistent post-pandemic delays, conditions that make low-cost, embedded professional learning and family-centred delivery especially valuable.

**What's new in October 2024–July 2025.**
Building directly on 2023 learning, Sound Explorers widened its scope across **three delivery strands**:

1. Nursery & Preschool Residencies testing 12-, 6- and 3-week models to understand the 'dose' required for embedding practice;
2. Community Sound Explorers training for childminders, with participants then delivering and logging their own sessions;
3. Adventurers, a multi-agency musical-play group for d/Deaf and hard of hearing preschoolers and their families. This strand was complemented by a new Music & Audiology partnership with University Hospitals Plymouth NHS Trust, including a pre-launch discovery session to optimise devices, volume and activity design for deaf participants.



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**A focused strand on SEND and workforce practice (2024).**
An independent SEND-focused evaluation examined Sound Explorers at **The Cabin (Tamar View)**, trialling use of the **Leuven Scales** and combining group sessions, targeted small-group work for SEND children and CPD. Findings emphasised *personalised intervention, plus in-session modelling* as key to rapid practitioner uptake (mirroring, singing, vocalising) and to children's social interaction and emotional regulation gains. This provided the methodological and pedagogic through-line for the 2025 residencies.

**Multi-agency approach and shared perspective.**
Across settings and strands, partners used **attunement** as a shared framework for evaluation and practice, linking joint attention, co-regulation (leading to self-regulation), communication and language development. A facilitated focus group in **Session 2 (22 April 2025)** aligned definitions and expectations across QToDs, audiology and music leaders, supporting consistent advice to families and a common language for reflective practice.

**What this evaluation covers**
This 2025 report documents planned vs delivered activity; outcomes for children, caregivers and practitioners; and conditions for fidelity and scale across the three residency lengths, childminder training and Adventurers. Evidence sources include: the pre-launch discovery session at Plymouth DEC; session observations, case vignettes and illustrated journeys; attendance and participation data; a professional focus group; and caregiver/professional testimonies, including insights from Paediatric Audiology.

How to read this report.

- Section 1 summarises planned vs actual delivery and "what changed" in practice.
- Section 2 presents strand findings (Jack & Jill's 12-week residency; shorter residencies at Plym Bridge and Ham Drive; Community Sound Explorers/childminders).
- Section 3 covers Adventurers and the Music & Audiology collaboration.

## Section 1: Planned & Delivered Activity Summary

| Planned | Delivered |
|---|---|
| Sound Explorers: Nursery & Preschool Residencies – 3 residencies in Plymouth nurseries/preschools in areas of high deprivation, testing 12-week, 6-week and 3-week models. | Delivered all three models. Jack & Jill's (Widewell) was a 12-week residency, engaging 12 children and 3 educators; Plymbridge was a 6-week residency engaging 45 children and 15 educators; Ham Drive was a 3-week residency engaging 35 children and 12 educators. Staff embedded routines (e.g., three core songs + instrument exploration), used sung transitions and introduced non-verbal mirroring; children showed increased confidence, communication, peer interaction and emotional regulation. Group and 1:1 sessions took place within all residencies, with 12 group and 1:1 sessions delivered at Jack and Jill's, 5 group and 4 1:1 sessions delivered at Ham Drive nursery and 2 group, 1 small group and 4 1:1 sessions delivered at Plymbridge nursery. CPD sessions for staff were also delivered across residencies- 2 sessions at Jack and Jill's, one at the beginning and one at the end of the residency, and 1 online session at Ham Drive/Plymbridge nurseries prior to the residencies. |
| Community Sound Explorers: 5 training sessions for childminders. | Delivered 5 CPD sessions as planned and the strand reached 39 parents/carers and 104 children across Stoke Gabriel, Ivybridge and wider Devon. Childminders recorded attendance across 51 sessions with 29 parent/carer and 65 child participation instances. 100% reported using music more frequently and in new ways; practice changes included singing instructions, mirroring, mark-making with sound and everyday musical play at home. |
| Music for d/Deaf/Hard of Hearing Preschoolers. | Adventurers playgroup delivered over 12 sessions. Total participation: 9 children, 14 caregivers, 8 professionals(with additional professionals expressing interest). Children demonstrated gains in listening, joint attention, self-expression and regulation; caregivers reported reduced isolation, increased confidence and practical strategies for home; professionals valued observation time and consistent multi-agency messaging. A pre-launch discovery session refined instrument/volume choices and listening comfort strategies. |
| Music & Audiology — Partnership with University (Hospitals) Plymouth NHS Trust. | Partnership established and active. Paediatric Audiology engaged throughout (e.g., interview/insights from Joint Team Lead). Discovery session at Plymouth DEC explored device use, listening comfort and preferred activities; this informed our delivery (e.g., real instruments, mixed soundscapes, quiet zones). Interest expressed in developing NHS audiology drop-ins aligned to sessions. |

# Section 2

- Jack & Jill's 13-week Residency
- Shorter Residencies at Plym Bridge and Ham Drive
- Community Sound Explorers for Childminders

## 12-week residency at *Jack & Jills Naval Child Care*

*Jack & Jill's Naval Childcare* is a Royal Naval Pre-School Learning Organisation founded more than fifty years ago, originally established in the front room of a service family's married quarter. Today, it operates across five early years settings in Plymouth and the surrounding area, all but one of which are located on Service Family Estates. Each setting gives priority places to children from Armed Forces families.

Staff in these settings are highly experienced and show exceptional commitment, reflected in strong retention rates and consistently good Ofsted ratings. However, the environments they work in are often physically limited, typically small, converted ex-naval accommodation homes which restrict opportunities for active, creative play. Many children experience the unique challenges associated with service life, including the **Emotional Cycle of Deployment**, frequent relocations and separation from one or both parents. These factors can affect children's emotional regulation, attachment and social development and may lead to temporary regressions in key milestones such as toilet training or speech.

The settings also support a significant number of children from families with **English as a Second or Other Language (ESOL)** backgrounds, particularly Fijian and Commonwealth families. Staff therefore manage a complex mix of needs related to communication, cultural adjustment and family stress, often stepping into informal welfare roles as local support services for military families have diminished over the past two decades.

Within this context, **Sound Explorers** was designed to provide an enriching, inclusive and stabilising experience for children and staff. Prior to the residency, musical activity in the settings was limited to occasional singing at circle time and small boxes of basic percussion instruments. The 12-week programme introduced structured and responsive musical play sessions led by experienced Music Leaders, with the dual aim of supporting children's communication and emotional wellbeing and equipping educators with the confidence and practical skills to embed music in their everyday routines.

This approach was particularly relevant to the needs of service children. Music offered a non-verbal means of expression and co-regulation during times of change, helping children to strengthen social bonds and build emotional resilience. For staff, it provided a new toolkit to support children experiencing transitions linked to parental deployment or relocation and a

shared creative practice that enhanced the sense of stability, community and joy within the settings.

This strand engaged **12 children and 3 early years educators** over 12 weeks. Each session began with 45 minutes of continuous provision and free play sparked by engaging play provocations that were set up prior to the session, enabling children to explore a wide range of instruments and sensory resources. This open-ended play supported listening, attention and communication skills, with Music Leaders scaffolding children's engagement through singing, instrumental play, turn-taking and mirrored interactions. A sung signal was used consistently to mark transitions, supporting children's understanding of routine and predictability. Sessions closed with 20 minutes of adult-led singing and sensory music activities, where both children and staff were encouraged to participate actively.

## Children's Outcomes

Staff consistently observed children becoming more confident, expressive and socially engaged across the residency. Creative play with music and sound expanded into other aspects of children's play and interactions. Jack and Jill's reported positive changes for children across all five domains: confidence, mood/wellbeing/enjoyment of life, social skills, communication skills and motor/physical skills. Notable individual journeys in group sessions included:

**Leo**: Initially apprehensive, often isolated in dinosaur play and reluctant to go outside. By the end, he was playing outdoors, experimenting with instruments and toys, vocalising with adults and building friendships with peers. Staff noted a marked increase in his confidence, with one describing how he is "saying much more now."

**Nancy**: Began needing significant reassurance but soon developed friendships and became confident in vocalising and singing. She regularly made song suggestions, often taking a nurturing role in group play.

**Sophia**: Shy at first, she grew steadily in confidence, singing independently and becoming vocal and expressive within group sessions.

One to one sessions also took place during this residency, delivered by music leaders and a music therapy masters student on placement with Evolve Music. Through one to one work, staff observed children confidently interact and play with other children, develop their speech and language skills and grow in confidence, meeting clinical goals and consistently engaging in creative musical play and activities. Notable individual journeys included:

**Henry**: Henry's clinical goals were centred around trust-building and speech and language, with the aim of improving his communication and relationship building. When sessions started, his speech was unclear and consisted mostly of copied vocalisations from music leaders and he did not interact much with other children. However, as sessions progressed, there were noticeable changes in his speech and language, with activities such as pretending to be an ice cream vendor/customer and songs encouraging more frequent word use and confident vocalisations. Through sessions, Henry used much more language and engaged happily in conversations with music leaders and other children and became extremely confident in general play and voice play, leading the hello song at the beginning of many of the final sessions and leading songs regularly with a ukelele. He interacted confidently with other children and confidently made decisions about his play, sharing with others, as well as building trust with music leaders, happily engaging in play with them and trusting their decisions during play.

**Evie**: Evie's goals were focused around communication and building confidence, with the aim of increasing her verbal communication and improving self-esteem. Throughout sessions, Evie built strong relationships with other children, happily and confidently engaging in shared play and being very sensitive to the needs of others. Evie became confident in her independent play as well, becoming very focused on her play and vocalising more as sessions progressed. Evie regularly got stuck straight into play when sessions began and towards the end of the sessions began initiating play and even led a song herself, conducting one of the music leaders as she sang. Singing became a large part of her life, with music leaders noticing how often she would sing to herself and her mum expressing how she sung a lot at home. Throughout sessions, Evie's confidence with play and singing noticeably grew as did her use of vocalisations.

Overall, children demonstrated:

1. Increased confidence in communication and self-expression.

2. More collaborative and imaginative play.
3. Growth in social interaction and friendships.
4. Greater willingness to try new activities and engage with peers.

## Staff Outcomes

Educators reported significant development in their own practice. From early hesitation, they quickly grew in confidence, becoming active play partners and later leading songs themselves. By the mid-point, staff were confidently singing throughout the day and adapting ideas from sessions into their everyday routines.

By the final weeks, staff described themselves as "bursting into song" and noted:

- Increased use of music for emotional regulation, particularly to calm children after transitions such as lunch.
- New ideas for outdoor play and continuous provision.
- Greater engagement with children and improved staff morale.

Staff reflected that the project was "refreshing" and had added "more tools in our toolkit." The most significant changes were increased confidence in incorporating music daily, stronger connections with children and a noticeable uplift in staff energy and enjoyment.

## Family Outcomes

Parents noticed parallel changes at home, particularly in children's confidence and communication. One parent said: *"She has started to sing at home off her own back."* Another highlighted the joy the sessions created: *"We have a lot of kitchen dance parties now."* Families reported that children spoke about their "music teachers" between sessions, showing the sense of excitement and anticipation the project generated.

The Jack and Jill's residency demonstrated the power of embedding musical play in early years settings to:

- Strengthen children's confidence, communication and social skills.
- Build staff capacity to use music across the curriculum and for emotional regulation.

- Extend impact into family life, with parents reporting new confidence, joy and bonding through music at home.

Staff strongly recommended that Evolve Music expand this model into other educational environments, describing the sessions as “brilliant” and highly effective in engaging children.

## Plym Bridge and Ham Drive Shorter Residencies

The shorter Sound Explorers residencies at Plym Bridge (three weeks; 15 early years educators and 45 children) and Ham Drive (six weeks; 12 educators and 35 children) tested a scalable model that blends adult-led music time with child-led musical play.

In Session 2, children who typically found it hard to engage were happy and involved, with full inclusion of children with SEND. Georgia (Music Leader) and Toni (setting lead) co-designed the room set-up, building shared understanding of how the environment supports musical play. Universal participation in the tidy-up song pulled every child into the routine; children joined songs confidently and some began pitch-matching, indicating that pitch and pulse were well judged. The main challenges were anxieties about whether children would sustain the full group time and the fact that a few adults and children remained outside at the start. Expectations were reset so everyone joins the opening circle and stays as long as possible to protect flow. Some staff felt unsure about non-verbal musical play; Toni raised this at a staff meeting and Georgia modelled non-verbal techniques and mirroring to build confidence.

By Session 3, staff were noticeably more confident. They pre-set the space, planned and led the session themselves and all adults sang and engaged musically (both verbally and non-verbally). The session flowed smoothly between adult-led and child-led activity. Seven children remained in the musical-play area for the entire session and several less confident children “shone.” Staff used sung instructions indoors and sung commentary outdoors, eliciting strong responses. Areas to refine included gently raising song pitch to better support children’s voices, slowing tempo to create anticipation and space for child choice and adopting a simple repertoire plan: three core songs with variations plus one new song each week, delivered twice weekly.

A revisit on 13 February 2025 showed consolidation. Staff were successfully leading adult-led music one to two times per week in short chunks (morning and afternoon), using musical play purposefully to calm the room. Toni led most often and expressed a wish to mentor new staff. The group structure was embedded and all staff sang confidently, supporting each other while working at children's level. Scarves proved highly engaging, all children sustained 15 minutes of group time and everyone joined the tidy-up song, accompanied by ukulele. Remaining development needs included more non-verbal modelling for new staff, a slower pace at times with additional child-led moments and continued confidence-building around singing instructions and soothing through song. Some repertoire fatigue was emerging, so the team planned to introduce a new song each week and share resources.

Overall, the residencies grew staff confidence and normalised regular musical play once or twice a week. Early anxieties about session length and sustainability reduced as staff saw that short, frequent musical moments are effective. Children's confidence and engagement increased; those who are usually quieter participated happily and sustained attention for 15 minutes. Staff applied learning from earlier challenges, using mirroring, non-verbal play, sung instructions and calmer pacing; session flow between adult-led and child-led improved and music was used for emotional regulation. The final observed session evidenced confident, independent facilitation and structures for continuity such as the three-song routine and twice-weekly sessions indicating early legacy.

There were, however, risks to continuity. Staff turnover disrupted momentum and new colleagues were less confident with non-verbal play, leading to a dip in its use. Minor issues persisted around pitch, tempo and the balance of child-led contribution. Some staff felt that singing instructions did not come naturally. Repertoire required periodic refreshing to prevent staleness.

## Practical recommendations

1. Onboarding mini-module (30–45 mins): Provide a short induction for new staff covering non-verbal attunement and mirroring, managing volume/listening comfort, child-led pacing and simple prompt cards or micro-videos that demonstrate good practice.

2. Repertoire strategy: Maintain three core songs for predictability and add one new song each week; adjust pitch to children's vocal range; slow the tempo and leave pauses to encourage anticipation, turn-taking and child initiation.
3. Routines: Embed sung instructions and the tidy-up song as standard transition tools, with laminated lyric/prompt cards available in each room.
4. Frequency and format: Continue twice-weekly 10–15 minute group times, complemented by continuous-provision music corners and outdoor musical play with sung commentary.
5. Listening-comfort plan: Provide a low-arousal/quiet zone, prioritise real instruments with controllable volume and actively monitor loudness during sessions.
6. Light-touch fidelity check: Use a simple supervisor checklist (e.g., proportion of non-verbal/mirroring moments, child-led balance, pace, comfort cues) to guide reflective practice.
7. Quarterly refresh with Evolve (1.5 hours): Repertoire updates, non-verbal coaching, peer sharing and induction for any new staff to stabilise practice despite turnover.

# Training for Childminders in the Community

The Sound Explorers for Childminders in the Community strand reached a total of 39 parents and carers and 104 children across Stoke Gabriel, Ivybridge and wider Devon. Childminders attended 51 sessions, attended by 29 parent/carer and 65 children.

## Outcomes

### Increased Use of Music

100% of participants reported using music more regularly and in new ways after the sessions. Childminders described integrating songs into routines: *"We make up songs now all the time, like we are in a musical."* Even experienced practitioners reported new learning: *"We use music already but will definitely use some of the new songs."*

### Expanded Knowledge & Skills

Participants noted greater attention to how children make sound and play: *"Paying more attention to how [the children] play and make noise."* Examples of applied practice include making noises when mark-making or singing instructions and corrections. Several childminders highlighted increased confidence in initiating musical play.

### Child Development & Wellbeing

Childminders observed children showing:

- Greater creativity around music and sound.
- Improved social interactions and self-expression.
- More imaginative play. *"The children as a whole have developed the creativity around music and sounds, developing their play and interactions."*

### Caregiver & Setting Impact

Childminders described new skills that transfer into the home environment, with families engaging more in everyday musical play. Some children experienced tangible benefits beyond enjoyment.

Participants praised the Evolve Music team as "brilliant" at engaging children. Childminders and staff recommended expanding delivery into other educational environments.

## Qualitative Outcomes

Childminders reported a clear increase in their use of music within their practice. Many described how music had become a more regular and natural part of daily routines, with one reflecting, *"we make up songs now all the time, like we are in a musical."* Even those who had already been confident using music discovered fresh approaches and new songs to try. One participant commented, *"we use music already but will definitely use some of the new songs,"* while another added, *"the ideas have given me new ways to engage the children — I've used the idea of making noises when mark-making, particularly useful with my car-mad four-year-old!"* As a result, 100% of participants indicated they were now using music more frequently and in different ways after the programme.

Alongside this increased frequency, childminders highlighted an expansion of their knowledge and skillset. Several reflected that they now pay closer attention to how children explore sound and play, recognising the value of these small moments. One explained, *"I'm paying more attention to how the children play and make noise — I notice more about how they're engaging with sound."* Another described how they were actively changing their approach: *"I'm trying to remember to sing instructions or corrections to the children and model more rhythm-making in general play."* These examples show that the sessions not only inspired new ideas but also gave childminders the confidence to initiate and sustain musical play themselves.

The benefits of the programme were also evident in the children. Staff observed that children had become more creative in their play with music and sound, which in turn enhanced their social interactions and opportunities for self-expression. As one setting put it, *"the children as a whole have developed the creativity around music and sounds, developing their play and*

*interactions."* Another commented, *"I've noticed children are more confident in joining in and sharing their ideas through music."* These developments contributed to a noticeable growth in the children's communication, confidence and imaginative engagement with their peers.

Overall, the childminder programme enriched both professional practice and family life. It strengthened childminders' confidence, sparked creative approaches to working with children and fostered a more playful, musical environment where children could thrive. Participants were keen to recommend the sessions more widely, praising the Evolve Music team for their engaging delivery and suggesting that similar work should be offered in other early years settings. One summed up the experience simply: *"Brilliant sessions — the children loved them and so did we."*

# Section 3

## d/Deaf/Hard of Hearing Music Playgroup for preschoolers

# Section 3

## Adventurers: Musical play for d/Deaf/Hard of Hearing preschoolers

Adventurers brings together deaf and hard of hearing preschoolers, their caregivers and professionals to explore musical play in an inclusive, supportive environment. Delivered by Evolve Music with Plymouth City Council, Deaf Choices UK, local Qualified Teachers of the Deaf (QToDs) and other partners, the group is both a safe space for families and a hub for multi-agency collaboration.

*"The approach is subtle but powerful."* — Sharon Pennack (QtoD).

This section summarises outcomes from the 12-session programme for children, caregivers and professionals and highlights key learning and next steps.

### Why this work is needed

Most deaf babies are born to hearing parents with limited prior knowledge of deafness and child development. The first two years are critical; without timely, informed support, children risk auditory deprivation, social isolation and delays in language, cognition and wellbeing. Families often seek practical help with listening technologies and everyday strategies that foster connection and communication:

*"Having the support around baby hearing aids... and meeting other deaf children with hearing aids has taken the worry away... I also liked the range of songs unique to the group."* — BJ, caregiver to RJ

National evidence underscores the scale of the challenge. The National Deaf Children's Society (NDCS) reports a persistent attainment gap: by Key Stage 1, deaf pupils are on average **8.8 months** behind; by KS2, **12 months**; by KS3, **17.5 months**; and by KS4, deaf young people facing socio-economic disadvantage can be **34 months** behind hearing peers.

A recent article from the NDCS-funded 2025 research project, An Investigation Into Pre-School Family Support Groups for Children Who Are d/Deaf and Their Families, found that all sessions observed included songs and musical activities. The strong focus on early intervention music programmes for young children may relate to the recognised window of opportunity around neuroplasticity in early development. However, the growing number of d/Deaf role models involved in music and the work of music-focused charities and community groups demonstrates that music can be enjoyed by d/Deaf children of any age, communication preference, or level of deafness.

Deafness is not a learning disability; these gaps reflect lost access and opportunity, with knock-on effects for mental health and life chances.

Workforce constraints compound the problem. The Education Policy Institute notes lower attainment in deprived areas and only moderate progress in narrowing gaps; CRIDE (2024) highlights shortfalls in specialist staff. Locally, Plymouth's peripatetic QToD caseloads routinely exceed 100 children. Current figures: **202** permanently deaf children in the service area; **195** on caseload (permanent or temporary deafness); **20** with temporary deafness supported; **2** peripatetic QToDs (plus **2** in resource provisions). Children without hearing aids or with temporary deafness are not routinely referred for QToD support.

The Adventurers model aligns with national system fixes identified by the NDCS and British Deaf Association (BDA):

- Close gaps in specialist SEND workforce capacity.
- Improve training for mainstream early years practitioners.
- Strengthen joint working across education, health and care.
- Early, state-funded access to BSL during the critical period for first-language acquisition.

In practice, early identification via the Newborn Hearing Screening Programme, coupled with audiology and QToD input, can be undermined by stretched services and waiting times. Only 7% of specialist deaf education services currently include Deaf/BSL instructors/role models. Adventurers responds by offering a low-barrier, multi-agency, deaf-aware

community where musical play acts as an accessible, non-verbal bridge to attunement, joint attention and co-regulation:

*"There are rules around language but not musical play — it's a feeling, a connection you can't easily get through language if you're deaf."* — Sharon Pennack

*"Music is impacted by deafness and requires intervention to get it right... concern for listening comfort and lack of understanding can devalue music in favour of core subjects."* — Sarah Hercod (QToD)

## Pre-launch discovery session (11 March 2025)

To refine the approach, a discovery session at Plymouth's Deaf Education Centre (Egbuckland Vale Primary) gathered feedback on instruments and activities:

- Participants: 7 deaf children (4 bilateral CIs; 3 bilateral HAs), 2 deaf adults (1 bilateral CI; 1 bilateral HA), 5 hearing adults.
- Devices: 85% of children and 100% of adults chose to keep devices on; one adult, *"would like to,"* remove and one child reflected, *"too loud — like it without."*
- Listening comfort: Six children and four adults found loudness uncomfortable; 100% of deaf participants said sounds changed at higher volume, *"I couldn't hear what people were saying"*, *"the music changed"*.

**Activity preferences**:

- 64% named singing as their favourite activity; two children preferred quieter activities, e.g. tent.
- Given a choice, 50% preferred instruments, 28% singing, 21% both.
- Over 50% of children liked the real guitar the most; one asked for, *"less toy music instrument."*
- Least liked: wind chimes (2 adults), shakers (2 children), drums (1 child, 1 deaf adult).
- 50% reported that **no** instruments were disliked.
- 85% of adults and 28% of children highlighted percussion (drums, wind chimes, xylophone) as preferred.

What the adults valued: *"good for fine motor," "free play — not enough in schools."*

Children and adults' feelings at the start: Excited 4; Happy 8; Calm 0; Unsure 1; Uncomfortable 1..

Children and adults' feeling at the end: Happy 7; Calm 3; Unsure 3; Uncomfortable 1

Implications for future practice: Offer a mix of sounds, prioritise real instruments and free play, actively manage volume and listening comfort of all participants.

## Delivery model

Each session combined structured and responsive musical play to:

- Create joyful, accessible opportunities for deaf preschoolers to experience music.
- Support caregivers to share challenges, learn practical strategies and advocate for their children.
- Enable multi-agency collaboration (including paediatric audiology) and consistent advice pathways.
- Discover each child's unique music/communication and listening preferences.
- Offer technology support (device optimisation, comfortable listening strategies, safety aspects).

Professional focus group (Session 2, 22 April 2025): perspectives on attunement

A shared definition of attunement emerged from the discussions:

*"Joint attention of caregiver and child together on a task."* — Jamie Stocks (QtoD)

*"Connection... both watching and responding; a two-way process."* — Kathy Kenny (Lead Choices Advisor, Deaf Choices, UK)

*"Meaningful interactions... adapting with non-verbal feedback."* — Steve Kendall (QToD)

*"Follow the child's lead — repeat, extend; tune in like matching radio frequencies."* — Sharon Pennack

*"Non-verbal can be as powerful as verbal/auditory for human connection."* — Sarah Hercod

*"Attunement underpins co-regulation and later self-regulation."* — Beth Vleminckx (Music Leader)

This focus on attunement unified the involvement of professionals representing music, education and health sectors; guiding in-the-moment and planned decision-making that supported listening comfort, engagement and relational aspects of the group.

## Participation and attendance

Two Music Leaders co-delivered every session for continuity. Across the programme: 9 children, 14 caregivers, 8 professionals attended; 5 more professionals expressed interest and 3 booked but could not attend. There were 35 family attendances, with 37 parent/carer and 35 child participation instances recorded. The final session had the highest family turnout (5 children, 5 caregivers); the lowest was 20 May 2025. Professional attendance peaked on 13 May 2025.

Family involvement included multiple caregivers for 5 children (parents, grandparents, siblings). One child attended with a professional rather than a family member, demonstrating flexible access. The patterns of participation and attendance reinforce the value of consistency in providing this type of community for families and professionals.

## Children's outcomes

Children explored a wide range of instruments and sensory materials. Over time, professionals observed:

1. Increased listening, attention and shared focus.
2. More turn-taking, mirrored play and joint attention.
3. Greater confidence, self-expression and calm engagement with peers and adults.
4. Progress in physical development, e.g., from supported sitting to crawling; independent instrument play.
5. Use of music for emotional regulation, eg. self-expression and settling in.

Illustrative journeys

- **RJ (4.5 months)**: Increasingly vocal and physically confident; high wellbeing; loved guitar, scarves and parachute songs; used hands to create sounds and actively responded to mum's signing.
- **JD (8 months; complex medical needs)**: Progressed from supported sitting to crawling; moved from quiet to vocalising; developed a strong sound-based "conversation" friendship with RJ.
- **RB (3.5; CODA)**: Shifted from shyness to confident adult engagement; began leading musical play with peers — a marked change noted by his caregiver.
- **HB (3; BSL user)**: Benefited from 1:1 musical play; drumming and physical games channelled "big feelings"; continuous involvement with strong moments of focus; confidently anticipated routines, e.g., *"tidy up"*, *"snack time"*.

Children consistently demonstrated gains in communication, social interaction, emotional regulation and agency through musical play. In some cases, the benefits went beyond emotional and social development: one caregiver described how their child, after taking part in sessions, *"will tolerate wearing his hearing aids for longer periods,"* showing that musical play can also influence physical comfort and resilience.

## Caregiver outcomes

Caregivers reported reassurance, reduced isolation and practical strategies to support play and listening at home. Several who previously avoided groups attended regularly. Peer connection and deaf role models were especially valued:

*"We wouldn't have these resources at home."*
*"I was worried about other groups... Adventurers gave me the confidence to try."*
*"Seeing older children using BSL gave me hope."*

Informal peer support flourished (sharing technology tips, navigating disability support). One parent's conversation with a deaf evaluator about hearing-aid sound discrimination opened new understanding for this caregiver. Key impacts:

- Confidence to engage through play and music.
- Reduced isolation via peer connection.
- Practical learning (songs, activities, vibration/sound exploration) taken into the home.
- Emerging peer-to-peer guidance among parents.

Parents and caregivers recorded positive change across all five domains: confidence; mood/wellbeing/enjoyment of life; social skills; communication skills; and motor/physical skills, resulting in 100% positive reports in every domain. Caregivers also experienced changes in their own practice and at home. They reported bringing music into everyday routines in new ways, whether through making instruments from household objects or experimenting with vibrations as part of play. One parent shared, *"we explored vibrations with X and he really loved it — it's something we wouldn't have thought of before."* Another said, *"now we're making noises with everyday objects, turning them into instruments."* This extended impact reinforced the value of Adventurers not only for development within sessions but also for the wider home learning environment.

## Professional outcomes

Adventurers created rare opportunities for observation and co-practice:

*"Time and space to observe children in a way home visits don't allow."* — QToD

Music Leaders, Lead Choice Advisor and QToDs worked seamlessly, offering high-quality BSL and cued speech with a balance of focused play and pastoral support. Professionals reflected on shifting assumptions: *"With hearing technology, deaf children can access music — even if it's heard differently. Those with less hearing enjoy feeling vibrations. These opportunities matter."*

Multi-agency collaboration strengthened with increasing interest from wider services, e.g., potential NHS audiology drop-ins; closer links with local deaf groups.

Interview insights from Sarah Worrell (Paediatric Audiologist, Joint Team Leader, University Hospitals Plymouth NHS Trust), following her visit to the group.

- **Expectations:** *Met. Safe, inclusive environment; children built listening skills and peer connections; parents gained confidence and practical guidance.*
- **Music Leaders:** *Passionate, inclusive, knowledgeable; effectively empower parents; responsive to individual needs.*
- **Child development:** *Musical play supported listening, speech and language; peer interactions improved social communication; parent-professional exchanges built parental confidence.*
- **Parenting a deaf child:** *Can feel isolating; this group reduces isolation and supports wellbeing; helps parents nurture listening and communication on par with hearing peers.*
- **Overall:** *Unique, invaluable local resource; strong sense of community.*

## Strengths

- Inclusive innovation: Music as an accessible, relational bridge across health, education and family life.

- Attunement-led practice: Shared professional language with clear links to communication, language, co-regulation and self-regulation.
- Observed developmental gains: Communication, interaction, agency and emotional regulation in children.
- Family empowerment: Confidence and practical tools transfer into home routines.
- Workforce alignment: Consistent messaging across professionals; improved pathways and collaboration.

*"Modelling from Music Leaders helps everyone get over the fear of being different."* Steve Kendall

*"Multiple professionals giving the same advice."* Jamie Stocks

*"I can already take elements into QToD practice... seeing the child light up."* Sharon Pennack

## Challenges and learning

- **Venue change mid-project:** some family drop-off; emphasises the need for consistent location and advance communication.
- **Attendance fluctuations due to illness, shift work, group-anxiety:** build flexible, accessible attendance pathways; maintain approachability.
- **Professional presence:** parents could feel they are being observed; set clear ground rules, agree evaluation etiquette and balance "voice-off" culture with caregivers needing to chat (scheduled shared reflection times helped).
- **Listening comfort:** Manage sound levels dynamically; prioritise real instruments and free play; provide sensory accommodating spaces, e.g. tent.

Despite these issues, benefits strongly outweighed challenges. Parents and professionals described Adventurers as a unique, much-needed space: *"As a deaf parent I hadn't attended a group since my child was born... this helped me meet others and find out about specialist equipment for home."* — CS, caregiver to RB

*"Two sets of parents realised they'd met in transitional care after NICU."* Steve Kendall

## Next steps

The programme has clear demand and demonstrable value, particularly in Plymouth where there are no playgroups for deaf preschoolers, despite being standard provision in other local authorities (Devon, Torbay, Wiltshire and Somerset). Priorities include:

- **Sustainable investment** to continue and expand provision.
- **Integrated NHS audiology links**, e.g., drop-ins, and local deaf-sector partnerships to widen reach.
- **Develop a drop-in hub model** combining creative play, technology support and signposting.
- **Maintain and resource the multi-agency model** — families benefit from the combined expertise of Music Leaders, QToDs, Audiologists, Deaf Role Models and Advisors such as QToDs and Deaf Choices UK.
- **Position Adventurers (alongside Sound Explorers) as a scalable response** to specialist workforce gaps, mainstream EY training needs and joint-working ambitions identified nationally.

# Appendices

1. Partners
2. Data Sources

# Appendix 1: Partners

## Funders & Supporters

With thanks to

- Children in Need
- Deaf Choices UK
- Devon Community Foundation
- Early Years South West Stronger Practice Hub
- Oticon Foundation – for a £200 contribution enabling take-home instrument bags for families.
- Vernon Ellis Foundation

## Local Authorities & System Partners

- Department for Education – context: Early Years Education COVID-19 Recovery Package; Early Years Experts & Mentors Programme.
- Devon County Council – Family Hubs; peripatetic QToDs; health visitors
- Early Years South West Stronger Practice Hub (programme supported by Education Endowment Foundation and National Children's Bureau).
- Plymouth City Council – Early Years Directorate & Inclusion Teams.
- University Hospitals Plymouth NHS Trust — Paediatric Audiology (music & audiology pilot partner).
- University of the West of England- Music Therapy Masters internship

## Research, Advocacy & Evidence Referenced

- British Deaf Association (BDA).
- National Deaf Children's Society (NDCS).
- Consortium for Research into Deaf Education (CRIDE).
- Education Policy Institute (EPI).

## Third-Sector & Community Partners

- Action for Children.
- Barnardos, Plymouth (delivery venue).
- Community childminder networks (Plymouth, Torbay, Devon).
- Deaf Choices UK (Lead Choices Advisors).
- ELM Community Centre, Plymouth (delivery venue).
- Fourgreens community trust, Plymouth (delivery venue).

## Early Years Settings & Providers

- Jack & Jill's Childcare, Widewell (Plymouth).
- Plymbridge & Ham Drive Nursery School & Children's Centre (Plymouth).
- The Cabin, Tamar View (Plymouth).

## Schools / Deaf Education Centres (DECs)

- Countess Wear Primary (Exeter DEC).
- Egbuckland Vale Primary (Plymouth DEC) – host of the pre-launch discovery session.
- St Margaret's (Torbay DEC).

## National Programmes Referenced

- Newborn Hearing Screening Programme (NHSP).

# Appendix 2: Data Sources

## Primary files

1. Childminders Participation Data.xlsx
2. Childminders Feedback
3. Sound Explorers Qualitative Data: Multi-strand qualitative summary used across the report. Includes:
    - Ham Drive / Plym Bridge session notes (what went well/challenges, revisit) and an Outcomes table showing 100% positive change (3/3 reporters) across Confidence, Mood/Wellbeing, Social, Communication, Motor/Physical.
    - Quantitative confidence stats for childminders (baseline → post) by location — Plymouth, Bovey Tracey, Torquay — used for the CPD outcomes summary.
    - Jack & Jill's case notes staff development narrative, and parental feedback; used in the 12-week residency section.
    - Session-level detail on practice shifts (non-verbal play, mirroring, sung transitions, tempo/pitch adjustments) that informed recommendations.
    - Embedded "Data Sources" pointers to internal folders and docs (see below).
    - Ham Drive / Plym Bridge reflection notes and revisit write-ups
    - Ham Drive 1:1 sessions summary (progress/outcomes)
    - Jack & Jill's CPD materials; selected Session Plans (sessions 2, 3, 4, 5, 7, 10–12) highlighting child/staff development
    - Staff Reflections & Images
    - July 2025 Board Report (quotes, session numbers, outcome summary)
    - Parent connection