



Co-production of the Organisation: Developing Democratic Management Practice in a Music Therapy Project for and by Trans and Nonbinary Communities

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Abstract

While there is a burgeoning interest in co-production across the arts therapies, there is little literature available on co-producing the organisations providing therapies. In this article we aim to go some way to address this gap. Drawing on a previous conference presentation by the same authors, this article explores co-production practice within a United Kingdom-based music therapy project for and by trans and nonbinary people, Phoenix Song Project. Discussion focuses on the value of co-production, and specifically in responding to the needs of trans and nonbinary people. Music therapy literature about working with trans and nonbinary communities provides one context, along with the situation of trans healthcare experiences in the United Kingdom, and some key co-production texts. The article summarises the organisation's co-production journey so far, followed by individual reflections on the felt experience of each author. While both authors are Phoenix Song Project committee members, one is the founder and a qualified music therapist, while the other is a community member who works in social care, but not in a UK-regulated profession. There are parallels and divergences between our respective reflections, and we explore how factors informed the development of our co-production. We identify the balancing act inherent in simultaneously engaging in practice informed by our values in the present, while also imagining and working towards a future practice that embodies co-production values more fully.

Plain Language Summary:

Phoenix Song Project is a co-produced music therapy project in Bristol, England, the United Kingdom. Phoenix Song Project runs groups for trans and nonbinary people. It is managed by a committee of trans and nonbinary people. The authors of this article are both members of the committee. The authors summarise three contexts that form the background to this work: music therapy with trans and nonbinary people, trans healthcare in the UK, and co-production. They use these contexts to explain why they think co-production is valuable when supporting trans and nonbinary people. This article tells the story of Phoenix Song Project. Then the authors share and

reflect individual experiences. They notice patterns in their experiences, successes, and difficulties. They write about what they have learnt while working together. They make recommendations based on what they have learnt. They highlight less-understood areas where it would be valuable to know more.

Key words: co-production, music therapy, transgender, nonbinary

This article explores co-production practice within a United Kingdom-based music therapy project for and by trans and nonbinary people. Phoenix Song Project (PSP) was founded in 2019, and offers music therapy groups to members of trans and nonbinary communities on a lower-cost sliding scale. In 2020 we began our transformation from an organisation not only for, but also run by the community, to a co-produced organisation with explicit collaborative values and practices. As not every participant in the organisation wanted to be involved in managing, we moved to a committee structure which brought community voices into the management of the organisation. This article is written jointly by Francis Myerscough (F.M.), the music therapist founder, and Tory Williams (T.W.), a committee member from the project, and grew from an earlier conference paper we presented together (Myerscough & Williams, 2022).

We begin by contextualising our working understanding of co-production. We then introduce the populations we are a part of and work within—trans and nonbinary communities—and touch on the state of transitional healthcare in the United Kingdom. This is followed by an overview of key texts concerning music therapy with trans and nonbinary people, and seminal literature about co-production. We summarise the history of PSP as a setting, then include individual reflections on each author's felt experience working together in PSP. Comparing and contrasting these individual reflections sheds light on some of the institutional dynamics behind PSP's

successes and difficulties. We make recommendations based on what we have learnt in our co-production journey, and acknowledge areas in which we want to learn more and further develop our practice.

Co-production: A working understanding

The Co-production Network for Wales (n.d., para. 2) defines co-production of public services as:

[A]n asset-based approach to public services that enables people providing and people receiving services to share power and responsibility, and to work together in equal, reciprocal, and caring relationships. It creates opportunities for people to access support when they need it, and to contribute to social change.

In our view, co-production implies that community members and professionals both have something of value to offer, and that the value each can bring is further amplified when they work together; learning from one another, and evolving their practices together in dialogue and harmony. The equity of partnership that co-production aims for also challenges medicalised understandings of what it means to be transgender, in particular those that pathologise our communities.

In co-producing the organisation we aim to ensure democratic process and accountability to the community; and to inform practice that moves beyond individual insights, diversifying the trans and nonbinary experiences which are acknowledged and heard in our practice and

understanding. We try to avoid treating diversity as a tick box exercise, and prefer to think about diversifying as an ongoing part of our practice, a work in progress, and a commitment that we should not take for granted as finally achieved. The practice of democratic community management disrupts the potential hierarchy of therapist-client in relation to who makes decisions about the service being offered and how, and in relation to who is regarded as having relevant knowledge. In this sense, F.M. partly thinks of co-production as a way of countering epistemic injustice (Fricker, 2007) in caring for one another's health and wellbeing, both in knowledge-production and in the day-to-day practice of therapy provision. Trans and nonbinary knowledge of trans and nonbinary experience is often dismissed within healthcare settings as less truthful than that of those with professional qualifications (Enxuga, 2022; Kuhl, 2019). This is an example of what Fricker (2007) terms *testimonial injustice*, in which "prejudice causes a hearer to give a deflated level of credibility to a speaker's word" (p. 1). Carel and Kidd (2014) have previously outlined how people seeking healthcare provision are particularly vulnerable to epistemic injustice as outlined by Fricker; we find trans and nonbinary people's experiences of seeking support with health and wellbeing to be a prime example of this phenomenon.

Co-production finds harmony between the knowledge from lived experience held in the community, and the specialised knowledge of music therapy practice. If we think about theories of knowledge, this is somewhat like Haraway's (1991) concept of *situated knowledges*. Haraway argues that the multitudes of difference understandings of reality are not because reality is relative, but because each of us brings only a partial perspective (Thompson, 2001). Each of our partial perspectives is incomplete, as we each cultivate different spheres of knowledge and are given different opportunities, and these

are shaped by the situations in which we find ourselves, for example colonialism, patriarchy, etc.

Typical to periods of organisational growth, our co-production journey has come with challenges. These challenges have inspired us to explore co-production in more detail: reading, listening, talking, and undertaking original research. This article follows some of that journey, and some of our reflections along the way.

Context

Trans and Nonbinary: Regarding Definition

We have purposefully not included a definition of trans or nonbinary in this article as this is an article about co-production. While trans and nonbinary experience fuelled our desire to shape our own healthcare provision, and informs the particular ways we have made attempts to co-produce it, the definition of this experience is not what concerns us here. We also believe that our reflections on co-producing the organisation are of value for those considering or embarking on co-production as and with other communities, not only other projects focusing on supporting trans and nonbinary people. Simplistic definitions of trans and nonbinary risk excluding some members of communities who use these terms to describe themselves. Such definitions will often reflect dominant lenses such as white colonialist mindsets. That being said, there are an increasing number of texts available which introduce trans and nonbinary—as terminology, concepts, lived experiences—while acknowledging the complexity of what these and related terms mean to those who apply them to themselves. Such texts do better justice to defining the terms than we could hope to accomplish here, in an article where this is not the focus. For example, Pearce (2018) provides a useful primer on understandings of trans as something with a final destination or an ongoing process; both

conceptualisations that members of trans communities draw on. However, the same volume would not serve so well as reading to learn about pre-colonial understandings and practices around gender. Chaudrey (2022) provides a focused exploration of the experiences of trans people of colour, and how to build more truly inclusive practice with these communities. We encourage you, as a reader, to follow up our references to complicate your understanding of trans and nonbinary. Furthermore, we encourage you to read these critically.

Indeed, in a sense co-production is about diversifying the voices which shape our understandings; the understandings upon which, in turn, we base a clinical practice. To co-produce a project, we will likely come into contact with individuals with different life experiences, including different cultural references. As such, production processes also hold the potential to further complicate the matter of definition.

Trans Experiences of Healthcare in the United Kingdom

The authors, along with others involved in the PSP committee through our history, place particular importance on our organisation being democratically managed by the community it serves, considering the frequently disempowering experiences many trans and nonbinary people have accessing healthcare in the United Kingdom. The waiting lists for gender clinics have hit seven years in recent times (Bullock, 2023). The clinicians in these clinics are frequently cast in gatekeeper roles (Pearce, 2018), a power imbalance in which professionals who have had a few infrequent appointments with someone allow or veto decisions which the service user has had years to mull over. Trans and nonbinary people have also shared examples in which their insights into their own experiences are also swept aside in regard to non-transitional healthcare needs. *Trans broken arm syndrome* is a colloquial

name given to experiences in which clinicians link any health concern a trans person presents with to their transness, and can result in other needs being ignored, or inappropriate, overzealous, and irrelevant questioning about their transition (Wall et al., 2023). Such experiences, along with an increasingly anti-trans political climate (Parliamentary Assembly of the Council of Europe, 2022), can make it difficult for trans and nonbinary people to trust clinicians, and mean that healthcare is often not designed in a way that meets community members' needs. Adopting a co-production model was part of our attempt to ensure our practice was informed by and empowered our community.

Literature on Music Therapy with Trans and Nonbinary People

The burgeoning literature available about music therapy with trans and nonbinary people has expanded significantly during the time since F.M. founded PSP in 2019. Reviewing available literature as part of their music therapy training (Bain et al., 2016; Boggan et al., 2017; Hardy & Whitehead-Pleaux, 2017; Whitehead-Pleaux et al., 2012; Whitehead-Pleaux et al., 2013; Wilson & Geist, 2017; York, 2015), F.M. found articles with very important but basic information such as naming and pronouncing, and articles drawing on queer theory. Trans and nonbinary people were often—though not always—considered as part of a larger grouping such as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, plus other gender and sexual minorities (LGBTQIA+), or minoritised groups generally. At this stage, F.M. identified a lack of service user voice and of consideration of the processes and techniques we use in sessions. As PSP was coming into being, it was exciting to read Gumble's (2019a, 2019b, 2020) auto-ethnographic work, which brought a clearer focus on techniques that could be employed in music therapy sessions with trans and nonbinary

people, and particularly around the use of voice which also takes centre stage in much of PSP's work. Literature in the field has continued to grow, with several chapters in *The Oxford Handbook of Queer and Trans Music Therapy* (Lee, 2024) focusing on working with trans and nonbinary people. In the introduction to this *Oxford Handbook*, Lee et al. (2024) have also argued for the importance of “[d]istinguishing and [d]econflating Queer and Trans” (p. 15). They highlight that “[a]lthough there are likely connections, overlaps, and parallels between these two areas of focus in literature, there are also important and unique differences between them” (p. 15). A subsequent chapter in Lee's handbook by F.M. aims to bring the voices of service users into the literature, situating these voices as central to shaping projects such as PSP in the pursuit of a co-production model (Myerscough, 2023).

Literature about Co-production

Arnstein's (1969) ladder of citizen participation is cited by some, including Blanluet (2022), as a formative influence in the historical development of the term co-production. Ostrom and Cahn are two key individuals frequently cited with developing co-production as a term and a concept. Ostrom (2012) pinpoints the term developing as part of her work with Parks et al. (1981) on the impact of policing in areas where residents knew the local officers and were therefore more likely to interact constructively with them compared to areas where residents did not know officers. Cahn (2000) explored co-production from an economic perspective, building on his previous work on *time dollars*—or *timebanking*, depending on location—as “a currency that enables them to exchange an hour of their time for an hour of someone else's time” (Cahn, 1999, p. 501).

More recent texts offer greater specificity about what can be considered co-production

of public services. Here we concentrate on texts from the United Kingdom, as this is the policy context for our work. Definitions by Co-Production Collective (n.d.), Involve (n.d.), and the Co-production Network for Wales (n.d.) focus on equal partnership and benefit in a manner which explicitly cuts across public/professional divides and hierarchies in a manner not present in Parks et al. (1981), who use co-production to refer to any process that requires input from more than one party. These more recent definitions explicitly call for social change, and definitions are often linked to sets of values (Co-Production Collective, n.d.; Co-Production Network for Wales, 2022; New Economics Foundation, 2008).

Co-production can be broken down into a cycle of activities. The Co-production Network for Wales (2023) show co-creation followed by co-design, then co-decision making, co-delivery, and co-evaluation, which subsequently informs co-creation, and so the cycle continues. Different individuals, groups, and organisations enter the cycle at different stages, and some engage in some stages but not others, or some more fully than others.

Boyle and Harris (2009) provided a different way of breaking down the concept of co-production in their tabulation of user and professional roles in service design and delivery. “Full” co-production is only achieved when “both users and professionals are actively involved in both design and delivery of a service” (p. 16). We found this breakdown useful in thinking about what different needs a person might need met in order to engage in the co-production process: If professionals and those accessing a co-produced service have different resources available to them—or not—how do we ensure that the co-production process is equitably available for both to participate in? Each is likely to bring different knowledges, but also different associations, based on past experience.

Within the arts therapies, a budding interest in co-production has been reflected in Springham and Xenophantes's (2021) special edition of the *International Journal of Art Therapy*. The articles therein explored co-production in clinical sessions, and in research and publication. There is less publicly available information about the co-production of arts therapies organisations. This is one reason we wished to share our experiences of doing so and is an aspect the first author continues to explore in ongoing research.

The Setting: Phoenix Song Project

F.M. established PSP in late 2019, drawing on a long-standing interest to support their own community through music therapy. Their experience of the profession was that, while well-meaning, music therapists had not given detailed thought on how to include trans and nonbinary populations in their practices beyond vital but basic factors such as naming and pronouncing. There seemed to be a lack of consideration of our lived experience, of the world in general, and specifically of therapy. This mirrored the topics included and not included in the literature at the time, as described above.

Organisationally speaking, F.M. wanted the structure within which their work was to take place to draw on the expertise of lived experience held in their community. In particular they hoped to respond to the varied, intersectional experiences within trans and nonbinary communities (Crenshaw, 1991). These voices of the community could also contribute to research outputs and thereby inform actively inclusive practice by other music therapists: Participants' contributions in a development meeting, as recorded in verbatim minutes, served as data and informed F.M.'s discussion of liminality (Myerscough, 2023). We hope this article is another example where reflections on our practice can support others in developing

theirs, in this case around co-production. This creates a parallel between empowering literal voice within music therapy clinical sessions, and metaphorical voice through the sharing of power in the organisation. This parallel could be considered another part of the therapeutic work of PSP, and dramatically contrasts the wider trans and nonbinary experiences of healthcare described above.

Following a development meeting in summer 2020, the organisation took the form of an unincorporated community organisation, with a governing constitution and committee management. Adopting a committee structure acknowledged that not every participant in the project would want to be involved in its organisation, or not all the time. Committee meetings are open to any participant who wishes to attend, whether to observe or to get more involved. As such, confidential and sensitive information is kept separate to publicly available committee documentation.

Clinically speaking, PSP has offered a selection of fixed term groups and an ongoing choir. The groups have included music therapy voicework, therapeutic songwriting, and an online group making and using puppets to explore voice and embodiment through the screen at a time when our region was subject to COVID-19 lockdown restrictions. Overall there is some focus on voice, but not to the exclusion of other music-making. Having secured funding from a variety of sources, all of these have been offered on a pay-as-you-can basis, and with the offer of travel bursaries to maximise economic accessibility. In addition to the way participants and particularly the committee direct the organisation as a whole, participant input is central to the shape of all groups offered. For example, while the therapist may enter into a 10 week therapy group with some ideas in mind, the journey taken by the group will be shaped in response to what the group members ask to explore; some have included

much more structured work with pre-existing songs, while others have had a strong improvisational character. While our therapist was psychodynamically trained, they draw on a variety of approaches to respond to group members, including anti-oppressive practice, trauma-informed, and community music therapy.

Committee Roles and Payment

Roles within our committee are not fixed. Rather, we check in on each committee member's capacity and the sort of workload they want to take on at each meeting. From an administrative perspective, this is probably not very efficient, but we have found it helpful in making the roles more accessible. This way each committee member's actions can be tailored to their skill set and capacity at a given time. Furthermore, it allows us to avoid associations of role names such as president, treasurer, or secretary, which not only wield hierarchical power but also associations with a capitalist model of personal worth being linked to economic "productivity" for some of our participants. Such associations feel exclusionary to many disabled people in our communities. There is also a potential parallel between the avoidance of these more traditional committee positions and a broader pressure to conform to roles imposed from outside. Gender roles are an obvious example in which many people are pressured into conforming into an assigned role. If we, as trans people, resist this pressure, we are often then met with outside expectations of what it means to be trans. While we might have escaped a gender-role box, we may still feel boxed in by these or other expectations or imposed definitions. The practice of creating our own committee roles as we go along therefore has a somewhat freeing and therapeutic potential, in which we have more say what roles we step into and what these entail.

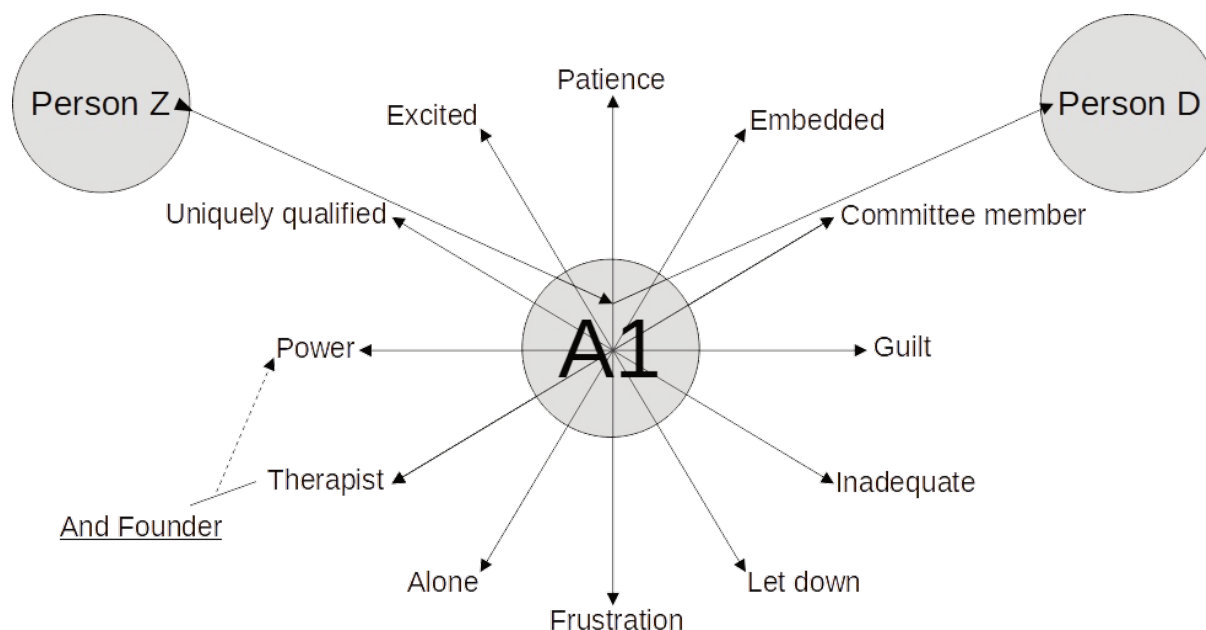
All committee members have the option

of being paid for their time. We feel this is important in recognising the value each brings to our organisation. However, people frequently choose to act as a committee member without pay. T.W. considers the education and experience they receive in exchange for their labour an adequate reward. They reflect that "the act of volunteering is a radical one; it means offering one's time and resources on one's own terms, rather than performing a job for financial compensation." F.M. wonders if acting voluntarily also supports committee members in feeling able to step back or take a break at times when they have less capacity, compared to if they chose to be paid.

Felt Experiences of Organisational Development: (Moving Towards) Working Co-Productively in Practice

Our focus on *felt experience* as a key source of information presented us with a curious paradox. On the one hand, F.M. had initially thought to reference texts from institutional dynamics literature, particularly Armstrong's (2018) argument that emotions can be a source of intelligence for an organisation, and not necessarily a disturbance. On the other hand, the emphasis on feeling made T.W. feel that there was a reduced expectation of academic knowledge:

Tory: Felt experience means gathering data in a way which empowers the individual. My felt experience is that I have ideas, and maybe those ideas already exist, along with detailed arguments against them, on hundreds of thousands of pages behind various paywalls, but I lack the means to research that. Being in the company of academics makes me afraid to voice something in case it's wrong. It's very validating to tell you what I've experienced and what that led me to think and feel, and be listened to, without being told that it's irrelevant

Figure 1*Francis's Diagram of their Felt Experience*

because I'm too poor and disabled to have letters after my name.

Despite these different interpretations, we found our reflections complimented one another in helping understand how PSP was functioning as an organisation. However, we noted the tension between the empowerment T.W. felt from letting go of expectations to be academic, and the style of prose used in institutional dynamics texts we have read:

Francis: However, I have found institutional dynamics to have some of the most dense and hard to understand literature I've ever read; quite the opposite to the sense of being freed from the expectation to intellectualise.

Authors' Felt Experiences: Statements and Comparisons

Francis: I have attempted to give an overview of my emotional experience co-producing—or attempting to co-produce—PSP in a diagram (see Figure 1). I've tried to show the many—and sometimes seemingly opposing—ways I have felt pulled in our co-production

journey. Perhaps unsurprisingly, given the number of these tensions, the task has at times felt overwhelming. As well as feeling myself pulled in many directions, I have noticed that a lot of communication between other committee members takes place indirectly through me, adding to my workload, and raising questions about how to most fairly represent others' ideas and my own responses to them.

Focusing in on a selection: as the founder and only therapist in PSP, I am aware of the power differential these roles can create. As such, one of my recurring professional dilemmas is how much of my own emotional experience of the organisation to share with others. This is a question I often check in on in clinical supervision, and giving structure to my reflections through work like this paper is another support in finding a balance.

My combination of personal and professional experiences makes me uniquely qualified for this work, but I

often feel inadequate to the scale of the task I set myself.

My responses to these pulls, as well as the process of organisational growth itself, include both frustration and patience. Arguably these are less opposed and more entwined than Figure 1 suggests; I am drawn to Cecil's (2020) embodied description of patience as something which is itchy, and not a virtue, but a practice. In this way patience can be a response to frustrating situations, but having to be patient is also itself a frustrating experience.

Tory: I have chosen to use the Oxford Languages (n.d.) definition of *overwhelm*—which includes both to "bury or drown beneath a huge mass of something" or to "have a strong emotional effect on"—because we all know the feeling of being overwhelmed with a workload, but may not realise that the word can apply to emotions as well. Becoming involved in PSP brought me an excited sense of purpose which quickly transformed into a daunting identity crisis; the first part being "am I trans enough?" and the second "am I smart enough?"

Perhaps the first part will be answered over time by fostering connections within the community through this project. The second part, however, remains unanswered. I am neither a good musician nor a good academic, and have felt out of my depth on numerous occasions.

When presenting this in person at the European Music Therapy Conference (Myerscough & Williams, 2022), I shared a picture from *Among Us*, a co-operative game in which players take turns playing the "imposter" role and trying to sabotage the game, or

working together to find the "imposter." In real life, it isn't always as clear whether or not one actually is an imposter, and a person can sometimes be afraid to try at something in case they unintentionally sabotage others' work. I felt incredibly fortunate to be speaking, but I made sure to do so in a certain voice, with certain language, to convince both the audience and myself that I know what I'm talking about.

Both authors shared experiences relating to overwhelm and perceived fraudulence or imposter syndrome. The two are arguable intertwined; we asked questions such as "if I feel overwhelmed is it because the task is too much for me?", "because I am not enough?" However, consulting the literature about the imposter phenomenon (Clance, 1985; Clance & Imes, 1978;) or imposter syndrome (Kearns, 2015) was encouraging because these concepts described feeling fraudulent or like one is an imposter when this is, in fact, not the case. Anyone can feel this way, but it seems particularly common for those of us from minoritised groups due to a lack of models exemplifying that we are, in fact, not fraudulent, but capable and good-enough for our roles (Hinton et al., 2020).

Noticing that both authors felt like imposters or frauds, we wondered together if this was a systemic issue, and therefore needed a solution that went beyond any one individual. We researched how other co-produced organisations describe their work. One example that caught our eyes was the following section from accessible drag troupe House of Deviant's (n.d., Co-production section) website about how they do co-production:

Our queens are equipped with the resources and skills to access the world of drag performance. They do their own makeup, tell their own jokes, design their own

rouines, create their own performances. Together we build these skills and provide the spaces to practice them.

This passage conveyed to us the necessity of sharing skills and knowledge with one another if we are to be able to share power equally: If we still have unequal access to resources including skills and knowledge, this is likely to lead to imbalances of power. Indeed, this unequal resourcing is arguably an example of the second form of epistemic injustice explored by Fricker (2007): *hermeneutic injustice*, in which "a gap in collective interpretive resources puts someone at an unfair disadvantage when it comes to making sense of their social experiences" (p. 1).

However, the extent to which resource sharing is possible is complicated by factors such as profession and confidentiality. A further contribution from each individual author reflects this from different angles:

Francis: As the only member with the music therapy qualification, there's not only a more amorphous association of power, but also the practical power of knowledge—both theoretical and practical—and experience. There are aspects of this knowledge and experience which are both appropriate and necessary to share in order for us to build a mutual understanding of the beast we are caring for, even if that is a shared understanding of what on second thoughts we might better do differently.

The impact of my music therapy qualification isn't just there when I do the clinical work in sessions. I identified some links with Huffington et al.'s (2018) chapter on the emotional cost of distributed leadership. As we work out who needs to know what and do what, and how we co-ordinate this, I need to give up and others need to

take up power. However, this can become a chicken and egg situation, with each party waiting for the other. While Huffington et al. (2018) highlight the need for distributed leaders not to rely on the previous individual leader to do all the work of distributing, it is not a process of follow the leader. My sense of PSP's situation is somewhat different; this is not a group of people with a background in, or dream of performing management roles. Rather, we are allied in wanting better mental health support for our trans and nonbinary communities and in believing we can aid this cause through PSP. As I am the member who has inordinate power right now, I think there is a paradoxical need to for me to take a lead in the change to fuller co-production; to take the responsibility, which comes with power, however informal it may be.

Tory: Our work may turn out to be a blueprint upon which future co-produced organisations can expand. It has certainly helped to identify challenges that projects of this nature must be able to overcome, or at least work around. Some of these challenges may be solved from within the organisation, but others require external change.

At PSP, we invite participants to get involved in future development both to ensure the needs of the community are continually met, and to share the workload among as many volunteers as possible to reduce the likelihood of burnout. My personal contribution has largely been administrative, including keeping records and handling finances. I choose to take no remuneration in order to keep our running costs as low as possible, but this limits how much time I can give. Not being affiliated with any professional or student body

has made it difficult for me to access research articles. Then there is the content of the articles. Academic language has its merits but is less than accessible, and is especially challenging to those with learning disabilities, or who are not native speakers of the written language.

Of course, a music therapy project needs a therapist. Ideally we need more than one, but with such a niche skill set required, recruitment options would be somewhat limited to local therapists on F.M.'s radar, which is hardly the most ethical method. Indeed, much of the project's development has been influenced—and arguably limited—by our combined social capital. Promoting sessions and extending invitations to committee meetings relies mostly on our social media contacts. Aside from the need to develop better business strategies, this highlights the importance of establishing boundaries when working with friends. Thus far, myself and F.M. haven't had a professional dispute, but perhaps we should draft a policy on it just in case.

As is common with experimental projects like PSP, we have been largely funded through grants. Understandably, potential benefactors may want to see evidence of positive outcomes, but as a therapy project—especially a small one—we don't have a lot of numbers that could lend themselves to data analysis. We invite participants to give anonymous feedback but it is entirely optional.

This second pair of reflections brings us to a dynamic in practicing as a co-produced organisation which we think may contribute to our feelings of overwhelm: Namely, that at the same time as trying to build a co-produced practice, we are also doing the

work to keep the organisation going. Keeping PSP going means working with our present reality, but trying to build our co-production practice means we are also pulled towards a future wish. Doing both at once can feel a stretch.

Final Reflections and Recommendations

Working towards co-production has ensured PSP's work responds to the needs and wants of the community, informing practice and holding us to account. Our participatory organisational development process has also informed theory building (Myerscough, 2023) meaning there is scope for the voices of our participants to shape practice beyond our organisation.

Moving to a co-production model is a huge undertaking, and comes with considerable challenges. Co-production models are systemically different to the systems we are more comfortably socialised into practicing within. At the same time, while we might recognise that a co-produced organisation will look different, we do not yet know how. Rather, we are continually striving to find out how as we go: Our practice is evolving. As our practice evolves, we are doing our best to practice in line with our values in our current reality, while also imagining and practicing towards a radically different future.

For PSP this sense of balancing the present with working towards a future arguably has a parallel with transition: inhabiting or moving through the spaces between, be it in management systems or gender. We have deliberately used words such as “journey” in this article to underscore that experience, rather than just the destination. This raises the question of how co-production processes and our experiences of them might vary in parallel with the population performing them; might there be different parallels for different populations? This is one question F.M. is exploring in ongoing research.

For those who seek to build co-produced music therapy practice, one of our main recommendations would be to allow yourself time. It takes time for a group of people interested in co-producing therapy provision to find one another. Cultivating a different shape of relationship to the communities served and the individuals involved in the co-production process takes time. Both therapists and community members interested in being part of co-production may need or want to engage in personal development to feel better equipped for the process. The structure your setting adopts might change over time. All this requires patience, and a willingness to work with the imperfect present as well as towards an emergent desired future.

The resources and training that community members and therapists might need or wish to engage with also often costs money. Even if these are free, an expectation that people undertake personal development without pay, while forgoing paid employment they might otherwise spend the time on, is likely to exclude some with less financial resources. Securing funding has been invaluable for PSP, not only in enabling us to offer therapy at a lower-cost sliding scale, but also to support committee members in developing the skills they wish to offer the project. We therefore recommend looking for potential funding options early on when setting about a co-production process.

Another recommendation concerns how we express ourselves. Therapy jargon can be very helpful for both precision and concision, but is often opaque and can feel exclusionary for non-therapists. Therapists need to think about our choice of words and how to explain jargon in a manner accessible to community members. It has been very useful when T.W. has asked F.M. to “explain to me like I’m five”. In some senses, this is not the most inclusive language; there are a host of reasons why people need and deserve accessible explanations, regardless of age.

Nevertheless, the phrasing also exemplifies a directness and willingness to ask questions which is a valuable attribute for people involved in co-production to cultivate so we can learn from and better understand one another. At the same time, the playfulness of the phrasing has made this question stick as one F.M. now asks themselves. We venture that others may also develop such playful shorthand for what they need of one another; providing this does not itself become a way of excluding others, it can be a valuable challenge to developing practice tailored to the community a setting aims to serve. There are also implications in this point for the way music therapists are trained, and how music therapy is written about. Academic standards are exclusionary of many populations, and the cost of accessing resources is exclusionary to others. Without access to knowledge about music therapy, how do community members know if they would like to be involved in co-producing a music therapy project?

In making recommendations, we are also struck by just how much we still want to learn about co-production. The number of people on our committee has consistently hovered around the minimum required. We do not feel we have found how to recruit and retain people to be involved with the project, as representatives of communities typically lacking social capital. We think this has also hindered our promotion of the groups we offer, meaning not everyone who might be interested in attending knows about the groups. While encouraging people to get involved as much as they can, we’re also still working to find the right balance between holding people to account for the tasks they’ve agreed to, but not shaming them when they are unable to complete said tasks. We look forward to learning what insights others might have into these areas, as well as from our own continuing practice.

Conclusion

In this article, we explored the authors’ co-

production practice within PSP, a UK-based music therapy project for and by trans and nonbinary people. We situated the article in relation to literature available about music therapy with trans and nonbinary people and co-production, and in relation to trans and nonbinary people's lived experiences of accessing healthcare in the United Kingdom. We introduced the organisation and described how its co-production journey began. Each author shared individual reflections which contributed to the progression of this co-production journey, and this brought us to considering a point of tension or balance: between how we practice in line with co-production values in the present and simultaneously walk towards a practice more fully embodying those values in the future.

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