

# *Pediatric Music Therapy*



**A report into how education and  
health policies are integrated into  
pediatric music therapy**

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## 1. Introduction

This report will investigate how policy relating to education and health and wellbeing are integrated into the practice of pediatric music therapists. Music Therapy uses 'music...to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational problems' (Barksdale, 2003, p.1). Therapists can support a wide range of people, including children and young people.

As part of working to support various people, an important aspect of this is partnership working, which is 'where professionals or staff from different organisations work together to provide services to meet the needs of children, young people, and their families' (Oliver and Pitt, 2011). Interprofessional collaboration is a key factor in... 'increasing the effectiveness of health services currently offered to the public' (D'Amour et al., 2009, p.116). Within this report, this will be considered with a focus on music therapists' work with, national health service (NHS) professionals, teachers, teaching assistants and parents. Whilst it is becoming increasingly recognised within policy that, 'the arts can help meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health' (APPG, 2017, p.4), the importance of music therapy is still hardly acknowledged. For example, although policies now acknowledge issues in health care, it needs to be recognised that the arts play a crucial role 'in mitigating the effects of the social determinants of health' (APPG, 2017, p.31), through impacting early development and thus success in education and employment. The report will explore current legislation and policy in the UK, with regards to the work of pediatric music therapists, including 'Equality, Diversity and Inclusion Policy' (HCPC, 2018), Mental health and behaviour in schools (DfE, 2018), Social and emotional wellbeing in primary education (NICE, 2021), Arts for health and wellbeing (PHE, 2016). These policies set out key principles and guidelines for music

therapists to base their practice upon, encouraging provision of high-quality services for children and families.

The report will include an overview of the history of music therapy and how it has become increasingly regarded as a profession due to changes in policy and more recently the effects of Covid-19, an outline of the policies mentioned above and the rationale for their development, a focus on professional partnership-working, looking generally at benefits and barriers and more specifically at research into partnership-working in music therapy. Finally, the report will conclude an evaluation of the policies across ECEC services, which could have implications for future music therapy practice.

## **2. Professional Recognition**

### **2.1- History**

It is important to gain professional recognition for all professions, to highlight value and appreciation of professional's work. As Letulè and Ala-Ruona (2016) suggest, professional recognition suggests 'credibility [of] the actions that practitioners perform' (p.133). For music therapists in particular, this shows awareness and acceptance of their training and practices. As a profession, music therapy is relatively newly developed, having been first introduced 'during World War II...to entertain the troops and to support morale and facilitate recovery' (Beyers, 2016, p.6). With this recognition, in 1977, the new legislation, 'Arts Therapists Board [was added] under the Professions Supplementary to Medicine Act 1960' (Bunt et al., 2002, p.11). Since then, music therapy has gained further recognition within UK policy and legislation, being legally classed as an arts therapy and all music therapy professionals being required to register with the Health Care Professions Council (HCPC).

## 2.2- Recent Recognition

More recently, during the Covid-19 pandemic, the importance of pediatric therapeutic and mental health services has become increasingly recognised. With the sudden closure of schools and changes daily routines which children rely on, many 'children and adolescents may be stressed, and may not have the emotional or psychological resources to cope with the many changes occurring' (Klein et al., 2020, p.622). Like most other professions, pediatric services have been significantly impacted as a result of the pandemic and up to 13% have had to adapt their practices (RCPCH, 2020). 'One in six children aged 5 to 16 were identified as having a probable mental disorder, increasing from one in nine in 2017' (NHS, 2020).

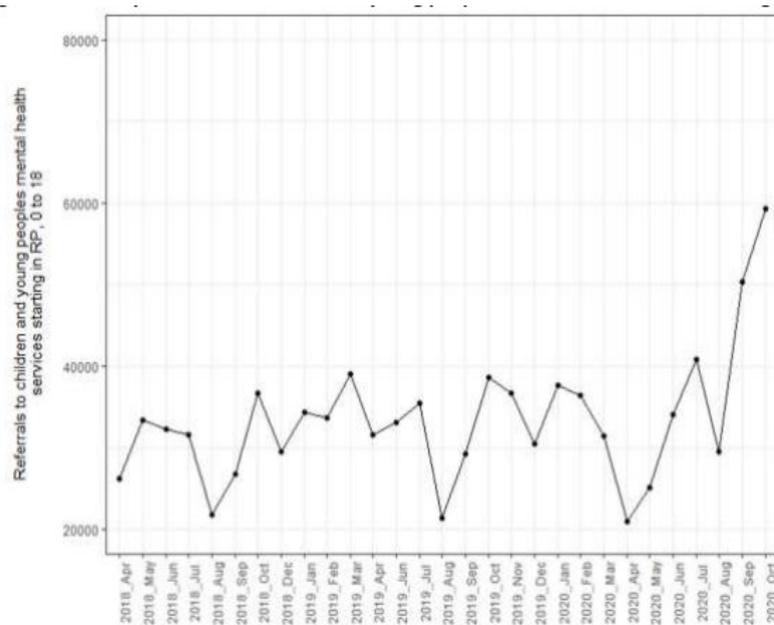


Figure 1- Monthly referrals to child and young people's mental health services

The graph above highlights monthly referrals to child and young people's mental health services, between April 2018 and October 2020. Focusing specifically on July 2020 to October, shows the significant impact of the pandemic on these services, with a decrease in

referrals at the peak of the pandemic between July and August, followed by a sudden increase as restrictions began to ease.

## 2.3-

### Chapter Summary- Professional Recognition

- **History**
  - Professional Recognition plays an important part in acknowledging the usefulness of music therapy.
  - Music therapy was first introduced as a profession in the aftermath of the war, to provide support those who fought in the war.
  - In 1997, Arts Therapists Board was added to the Professions Supplementary to Medicine Act 1960.
- **Recent Recognition**
  - With children experiencing life and routine changes as result of the Covid-19 pandemic, has emphasised the sheer importance of mental health services, including pediatric music therapy.

## 3. Policies

There are several policies which form the basis of Music Therapy as a profession, several of which are discussed below. Being aware and having knowledge of current legislation and policies making up a particular profession, 'enables both practitioners and researchers to position themselves in a way that makes their work transferable to policymakers' (Crooke, 2015, p.3). As music therapy is constantly developing and can be applied widely to practice, it is particularly important to 'communicate how music therapy can contribute to policy goals' (Crooke, 2015, p.3), in order to encourage understanding of its importance.

### 3.1- Health Care

As part of the 16 health care professions in the UK, regulated by the HCPC, who set up standards for professions to follow, music therapists are required to adhere to all HCPC

policies. One important HCPC policy, is based on Equality, Diversity, and Inclusion (EDI). Initially developed from the Equality Act, encompassing the aims to 'reduce socio-economic inequalities...reform and harmonise equality law and [clarify laws] relating to discrimination and harassment' (Equality Act, 2010), the main aim of this policy is to clearly explain laws which health professionals should follow regarding EDI, including, 'eliminating discrimination', 'advance equality of opportunity' and 'foster good relations' (HCPC, 2018), and how to develop individual practice from this. Applying this policy within practice, music therapists should, prevent disadvantage, consider needs of protected characteristics and combat prejudice.

### **3.2- Education**

As well as a focus within health care, there has also been increased focus within several educational policies, surrounding the importance of children being offered access to interventions, like music therapy and, in particular, there has been a significant focus on mental health within schools (DfE, 2018; NICE, 2021). The 2018 policy concentrating on mental health in school settings, set out by the Department for Education was initially written to help support previous policies, including the SEND Code of Practice, which similar to this policy, provides ample reference to the importance of 'early identification' (DfE and DoH, 2015), as well as advocating for the support of children. The main aim of this policy is 'to help schools to support pupils whose mental health problems manifest themselves in behaviour' (DfE, 2018). In addition, the key features focus specifically on the provision of intervention and support. Firstly, it is important for schools to clearly communicate the strategies, which they have in place, to provide early intervention and support for children. Within the policy, the idea of 'early support' is highlighted alongside three other important focus areas, 'prevention', 'identification' and 'access to specialist support' (DfE, 2018). As

part of this, the report mentions the use of additional support within schools, and whilst music therapy is not specifically identified, the overall benefit of therapeutic work with children, delivered by trained specialists, is acknowledged. With this in consideration, the policy refers to its application in education, in that 'therapy should be scheduled...to minimise the disruption to...attendance' (DfE, 2018). Finally, the policy explains the importance of effective partnership working in relation to schools and external support services, suggesting that ultimately, support services available, will vary depending on local areas.

A similar policy document, relating to children's wellbeing in school settings, was published in 2021, by the National Institute for Health and Care Excellence (NICE). The main aim of this policy is to increase awareness of wellbeing issues faced and recognition of how to best support children through these. Children's wellbeing is extremely important, 'providing the building block for healthy behaviours and educational attainment' (NICE, 2021). In addition, the document highlights the necessity for effective partnership working. Schools and local children's support services should work together to agree on procedures for how things will run, including several areas, 'assessment, referral and...the role of schools and other agencies in delivering different interventions' (NICE, 2021). The document also refers to the importance of working in partnership with parents and children to keep them informed and to provide the right support. Since the initial publication version in 2008, this policy document supports several other important policies, including 'Every Child Matters' (DfE, 2003).

### **3.3- Arts Based**

Finally, whilst the policies above all relate generally, to supporting children's wellbeing using therapeutic interventions, the policy, Arts for health and wellbeing, published by Public Health England (PHE) in 2016, takes a specific stance, focusing on the arts as a therapeutic tool. This policy elaborates on Aesop's framework about using art in health interventions (Fancourt and Joss, 2014) and aims to provide information about and assess arts interventions used, offering 'a greater understanding of the range of arts activities that can be used' (PHE, 2016), including music therapy. From this, the policy clarified how useful it can be, to allow children to be creative and come up with ideas and creations during arts therapy sessions. 'These can be effective for uncovering hidden perspectives...and strengthening participants' voices' (PHE, 2016). Finally, as with the other policies, the idea of partnership working is emphasised. As well as acknowledging that all professionals involved have various roles to play and contributions to provide, they can also all offer differing perspectives to situations, which can be useful in being able to provide children with the best support.

### 3.4-

#### **Chapter Summary- Policies**

- **Health Care**
  - HCPC 2018 Equality, Diversity, and Inclusion explains laws for health care professionals to follow in order to eliminate discrimination and harassment.
- **Education**
  - DfE 2018 Mental health and behaviour in schools emphasises the importance of supporting children whose mental health negatively impacts on their behaviour.
  - NICE 2008 Social and emotional wellbeing in primary education aims to understand and effectively support wellbeing issues faced by children.
- **Arts Based**
  - PHE 2016 Arts for health and wellbeing focuses on how arts can be used for intervention purposes, offering chance for children to be creative and gives them a voice to express themselves with.

## **4. Partnership Working**

### **4.1- Barriers**

Whilst partnership working between professionals is beneficial, multiple professionals working together can inevitably lead to issues, often acting as barriers to effective professional collaboration. Firstly, and perhaps one of the main issues, as Gasper (2010) explains, 'individuals may only see one view-point which they believe is right' (p.61). In particular, this can occur, when 'professionals work in an area for a long time' (Frost, 2005, p.32), meaning they struggle to make changes to their views and adapt their methods of working. Additionally, places of work may have different expectations of their staff, which could lead to conflict regarding the way different staff are treated or the amount of work put in by staff. Another key area in partnership working, which could cause disagreement, is the use of professional vocabulary, which, when collaborating, may be required to be used by staff across all professions. This can often lead to assumptions about what is meant and

disagreements, 'when words used in various professions have different meanings' (Gasper, 2010, p.61), highlighting the importance of providing opportunities for joint training sessions to clarify anything causing misunderstandings. Finally, barriers could occur, due to something as simple as, professionals having a 'lack of awareness of the benefits of working together' (Glenny and Roaf, 2008, p.10), often causing a 'fear of losing control' (ibid.) and ultimately, a reluctance to change their approach to work.

Although barriers may be faced, it is important to understand how to overcome these in order to be successful in establishing effective partnership working relationships and as Frost (2005) emphasises, the only real way to overcome barriers is through 'willingness from professionals' (p.34). From this, a shared respect between professions can be developed, meaning all professionals involved will better understand the importance of 'different perspectives and skills' (Gasper, 2010, p.66), for collaboration, as well as potentially being more willing to adapt their views and practices. Glenny and Roaf (2008) suggest that, in order to make overcoming barriers easier, it is beneficial if 'practitioners are able to meet regularly and share the issues arising' (p.10).

#### **4.2- Benefits**

Whilst there are potential barriers which can be overcome, overall using partnership working, especially as part of the education and care of children, can be beneficial, not only for professionals but for children and their families too. In order to successfully work together, it is important for individual professionals to be aware of their own approaches and views to work. Again, focusing on the idea of willingness as an important aspect within collaboration between professionals, when this is followed, it is possible to share 'understanding, values and aims...to work towards a shared goal' (Gasper, 2010, p.66).

Furthermore, an important aspect of partnership working for professionals is the dialogue

they are able to have. As Gasper (2010) explains, this allows for, understanding and considering different perspectives, gaining knowledge, and sharing of skills. Ultimately, from effective collaboration, professionals are able to gain 'awareness of the operation of other agencies' (Frost, 2005, p.34).

As well as benefits to professionals, partnership working can also lead to positive outcomes for children and their families. Firstly, with several professionals working together, it is valuable as, they can all put their training together, making it much easier to identify the needs of children and their families and provide the right support for them. In addition, access to services improves considerably through partnership working, due to the increase in 'availability of a wider range of services' (Gasper, 2010, p.85).

#### **4.3- Partnership Working in Music Therapy**

With partnership working and music therapy both having separate recognition within history, it has been highlighted that partnership working in music therapy has also had significant historical acknowledgment. This history stemmed from the initial work of Nordoff and Robbins, dating back to 1965. Through discussing their work, Verney and Ansdell (2010) suggested that music therapists react to children's behaviour differently because, as musicians, they process children's screams and other noises differently. This can be beneficial, as it provides a different perspective than that of parents or teachers and means music can be used as a helpful intervention for this behaviour. Several studies have focused directly on partnership working as part of pediatric music therapy with concentration on education and health collaborations (Fearn and O'Connor, 2003; Pethybrige, 2013; Wood et al., 2016). From these, it is possible to draw upon the effectiveness of employing partnership working in music therapy.

One study, conducted by Pethybridge (2013), looked at partnership between music therapists and teachers, suggesting that they could work together in supporting children with special educational needs (SEN), for example through provision of group music sessions. As part of this study, after the music sessions had run, an interview was conducted with an early years teacher. From this, key categories were found, including looking at the benefits for children and techniques used in therapy sessions, as well as evaluating the effectiveness of the partnership work. With regards to partnership working, the teacher emphasised just how important the link between education and music therapy is, suggesting session planning should take place collaboratively to bring various perspectives about how to use music to best support the child. Overall, the study makes it clear that for partnership working to be successful, music therapists need to 'communicate objectives clearly to teaching staff...without any training in music or therapeutic approaches' (Pethybridge, 2013, p.33).

With a further focus on collaboration within music therapy, Wood et al. (2016), describe an article written in 2003 by Fearn and O'Connor, who acknowledge music therapy as an important part of the Child Development Service (CDS) and look specifically at the effectiveness of partnership working between those in NHS roles and music therapists. Emphasising the need for partnership working, Fearn and O'Connor (2003) highlight a number of health care professionals who often work alongside music therapists, including 'therapists...Medics, Psychologists, Clinical Nurses and Social Workers' (Wood et al., 2016, p.42). Furthermore, in looking at collaborative working between a physiotherapist and music therapist, benefits of this partnership are suggested, in allowing both to gain appreciation of each other's skills and knowledge. This links to one of the benefits of

partnership working generally, the opportunity to develop an understanding of how other professions run. Finally, within their research, Fearn and O'Connor (2003) suggest a particularly significant benefit of partnership working as a music therapist. Their training allows them to understand how to best support children to develop, whilst also remaining aware of possible negative impacts to families.

#### 4.4-

### Chapter Summary- Partnership Working

- **Barriers**
  - Whilst the collaboration of multiple professions, all with various viewpoints, can lead to disagreements, it is important to overcome these barriers, allowing for effective partnership working.
- **Benefits**
  - Partnership working leads to benefits for professionals, children, and their families.
- **Music Therapy**
  - From research into partnership working in education and health care, the effectiveness of partnership working has been highlighted.

## 5. Policy Evaluation

Whilst the main aim of policy within early childhood care and education (ECEC) services is to 'reduce social inequality and educational disadvantage' (Faulkner and Coates, 2013, p.259), there is an overall concern that reliance on policies within these services, particularly educational services, may lead to society having unrealistic expectations of young children, as they are prepared early, in order for them to succeed within ECEC. In addition, Faulkner and Coates (2013) point out that government created ideas about early childhood and the importance of education seem to influence the way that services are provided much more than views of those accessing the services. With this in consideration, it is clear that 'policy makers need a better understanding of music therapy...so that decisions regarding arts

instructions can be better informed and more child-centred’ (Salvador and Pasiali, 2017, p.93).

## 6. Conclusion

The content of this report has been influenced by peer feedback:

Feedback	Focus
Looking at multi-agency work with settings	Multi-agency work between music therapists and professionals within education and health care was highlighted
Looking at a history of music therapy provisions and how it has become more present in policy over recent years.	There is a focus on how music therapy has adapted and the development of policy.
The barriers to the partnership work.	There is a focus on barriers of partnership working and suggestions for how to overcome these.
The impact of Covid-19 on increasing the demand for mental health services.	Within the report, this is highlighted through statistics and a graph showing the number of monthly referrals to mental health services during this time.

Overall, the report has presented an overview of how education and health policies have been integrated into the practice of pediatric music therapy. The initial focus is on the gaining professional recognition and how music therapy policy has developed. Policies related to education and health, as well as arts interventions are explored, looking at how partnership working is woven into these. This then links into the benefits and barriers of partnership working, as well as partnership working in music therapy. The report is concluded through an evaluation of policy within ECEC services, including music therapy.

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