**‘Development of categories for parent evaluation of children’s music therapy in an NHS community setting.’**

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This project sought parents’ perspectives on their contribution to the evaluation of music therapy with their children. The study aimed to identify parents’ perceptions of key areas of change which they attributed to music therapy. The study sought to identify perceptions which were independent of the views of music therapists.

The project took place between August and December 2019

*Objective and Methodology*

The research question for the study was as follows:

**‘What do parents/primary carers identify as potential areas of positive impact for children receiving music therapy?’**

This was a qualitative focus group study. Participants were recruited from parents/carers of children recently discharged from Oxleas Music Therapy Service. The small scope of the project did not allow time for a full transcription or line-by-line coding. Instead, the researchers independently took detailed notes from the recordings and cross-referenced these. Results were in the form of a list of perceived outcomes, with additional findings and selected key quotes, examples of which are shown below.

*Findings*

Three participants took part in the focus group discussion.

Outcomes for children in music therapy identified by participants included the following:

* Reduction in anxiety
* Reduction in psychotic symptoms
* Reduction in self-harming behaviour
* Increased flexibility/tolerance of frustration
* Personal/Social confidence
* Positive musical engagement
* Self-awareness
* Motivation to participate
* Concentration on tasks
* Feeling listened to/understood/valued/accepted
* Capacity for emotional/creative expression
* Supported transition (e.g. into school)
* Openness to new experiences
* Quality of attachment relationship(s)
* Trust in adults other than parent
* Child’s ability to communicate needs
* Reduced echolalia/Greater understanding of how to use language
* Capacity for emotional regulation
* Behaviour management
* Sharing of strategies with other professionals
* Parent/carer understanding of child’s needs
* Reduction in ‘pressure’ on child

Additional findings from the focus group included the following:

* Aims were explained clearly by music therapists at the beginning of therapy
* Aims ‘became looser’ over time as music therapist got to know child.
* Important to revisit aims after a few weeks. Focus of MT often revisited over time as needs can change or be ‘revealed’
* Hard to measure how children cope without therapy further down the line. Perhaps important to do this. But important question – what to do if child has regressed?
* Enhanced peer relationships NOT identified as an outcome of individual music therapy

*Focus group participant:*

‘But sometimes, identifying what the aims are before music therapy, you may be identifying the presenting issue rather than the underlying issue, and that, I think, could do with a refocus, ‘cause you might get three or four sessions in and realise that actually, what you thought were the presenting issues are… actually just the top of the surface and actually you drill down and it’s uncovered much more [significant] issues’

*Finance*

The budget for the project is as follows

|  |  |  |
| --- | --- | --- |
| **Output** | **Time allocation** | **Cost** |
| Planning and recruitment | 6 hours | £372 |
| Focus Group 2 therapistsx2 hours | 4 hours | £248 |
| Analysis | 8 hours | £496 |
| Writing up/dissemination | 4 hours | £248 |
| Hospitality/Travel (Focus Group) |  | £100 |
| **TOTAL** |  | **£1464** |

The allocation in practice was as follows:

|  |  |  |
| --- | --- | --- |
| **Output** | **Time allocation** | **Cost** |
| Planning and recruitment | 8 hours | £496 |
| Focus Group 2 therapistsx2 hours | 4 hours | £248 |
| Analysis | 10 hours | £620 |
| Writing up/dissemination | 6 hours | £372 |
| Hospitality/Travel (Focus Group) |  | No costs incurred |
| **TOTAL** |  | **£1736** |

Total time spent for the researchers went beyond the allocated hours. The additional cost was absorbed by Oxleas Music Therapy Service.

*Benefits and future plans*

The project itself is a preliminary investigation which will inform the development of the evaluation tool within the service. Categories defined through this research will replace the categories currently being used in the evaluation tool, which will give parents a stronger voice in the process of outcomes evaluation. In addition, the evaluation tool will benefit practice in the service, by identifying key areas of change perceived by parents, which will influence the focus of care plans and aims of therapy. It will also inform further studies planned by the service incorporating the perspectives of children and young people on their experiences of music therapy.

Subsequently, local implementation of the tool will be assessed over a period of 1-2 years. Further funding will then be sought to analyse and disseminate findings from implementation. Findings will be disseminated to the profession. Initially, this will be in the form of a poster presentation, which has been accepted by the BAMT conference 2020 (now postponed to 2021).