



A service review of  
the current  
provision of music  
therapy carried out  
by registered music  
therapists in the UK.



THE MUSICSPACE TRUST

November 2007

## Acknowledgements

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The Section 64 grants programme represents the greatest single source of financial support that the Department provides to the voluntary sector in England. Grants are designed to support organisations with innovative proposals of national significance that will complement statutory services and so help secure provision of high quality health and social care and promote the nation's health. Funding provided by the Department of Health supported the development and delivery of this work in England.

The principal function of the Music Therapy Charity is to raise money to fund the research which is intrinsic to the development and refinement of the growing body of knowledge used by the profession. Funding provided by the Music Therapy Charity made it possible to extend this review to cover the UK

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# 1. Executive Summary

Over the course of a twelve month period The MusicSpace Trust was commissioned to undertake a service review of the current provision of music therapy carried out by registered music therapists in the UK. This document provides a detailed analysis of the findings and makes a number of recommendations regarding the future development of music therapy and the services of the MusicSpace Trust in the UK.

The Review sets out to achieve the following objectives;

1. To undertake a systematic review of the current provision of music therapy services carried out by registered music therapists in the UK.
2. To establish the gaps in music therapy provision in terms of geographical location and client populations.
3. Establish the priorities for the future development and provision of the services of the MusicSpace Trust in the UK.

Using a postal questionnaire to all members of the Association of Professional Music Therapists (APMT) in the UK, the review team analysed the returns and reported the following key findings;

## **The provision of music therapy across the UK**

- The overwhelming majority (81%) of music therapists operating in the UK are female with an average of 8.7 years of service.
- the music therapy profession seems to have a wide age distribution with over 90% of therapists between 26 and 55 years of age.
- The NHS accounts for more hours of contracted music therapy provision than in any other employment area, though a significant amount is associated with the education sector.
- where music therapists work for more than one employer then the various music therapy charities are the biggest employer.
- the most common music therapy Interventions are associated with the more orthodox, established clinical features with learning difficulties (25.1%), autism (14.8%) and mental health (12.7%) the three main client groups seen.
- music therapists are being to address new and emerging clinical features including school exclusions (2.4%) and stress and anxiety issues / worried well (1.6%).
- the highest concentrations of music therapy provision in England are located in the South West, South East, London and Eastern regions (though when considering therapy inputs in relation to population even in the highest scoring counties, this provision represents a very small impact)
- significant areas of the country, particularly the North East, North West and Yorkshire & Humberside have very little or no provision
- the majority inputs in Scotland are focused around the central Scotland belt between Glasgow and Edinburgh and that similarly music therapy in Wales is confined to the South Wales and in Northern Ireland to Belfast.
- It is of particular concern that a large proportion of Wales, Scotland and Northern Ireland have no provision for music therapy at all.

## The priorities for the future development and provision of music therapy in the UK

As part of this review responders were asked to suggest three priorities for the future development of music therapy in the UK. These were organised into 15 response categories and findings are presented along with comment on the issues raised.

1. More focus on key areas of work
2. Career structure and pay parity with other therapists
3. Evidence-based practice linked to research
4. Funding for research/ funding for more work
5. Marketing and publicity
6. Education, training and standards.
7. Support for individual music therapists
8. Profile and recognition
9. Spread of music therapists provision and training across the UK
10. Networking for Music Therapists
11. Professional support for Music Therapists
12. Collaboration with other allied health professionals
13. Development in the field of music therapy
14. Working with and informing the NHS and the DOH
15. National representation and leadership

The report concludes by identifying three emerging themes and a series of recommendations for future development

**Theme 1: Increased breadth and depth to evidence based practice**

**Theme 2: Training and development issues in music therapy (pre and post registration)**

**Theme 3: The profile and strategic development of music therapy linked to the representation and support for music therapists**

### Recommendations

- Develop and pilot specific working models across a range of clinical contexts, that establish a consistent evidence based approach to monitoring and evaluating the benefits and impact of music therapy.
- Develop a new shared approach to delivering, monitoring and evaluating music therapy which includes consistent service delivery quality indicators for patients and demonstrates value for money for commissioning bodies
- In consultation with the HPC, the APMT and the existing training providers, develop and pilot a post registration accredited CPD programme for practicing music therapists.
- Establish a number of formal learning sets within the music therapy profession, focused on the development of new services and clinical applications.
- Develop closer collaborative and joined-up approaches with other professionals so that they become more familiar with the nature and potential benefits of music therapy as an individual or joint intervention.
- Establish music therapy champions who speak with one voice, represent the interests of the profession at a national level and develop strategic partnerships with government departments and agencies so as to help shape and influence new initiatives.

## 2. Background and context

Music Therapy is a clinical intervention which employs music to help patients (by convention called clients) to cope more effectively with their lives and with their difficulties. It is most widely, though not exclusively, applied in the assessment and treatment of children and adults with sensory, physical and learning disabilities, mental health problems, emotional and behavioural disturbances and neurological problems.

The aims of music therapy are not musical. They are therapeutic. It is through the process of making music that significant benefits and improvements arise. Improvements, which are sometimes dramatic, may involve the sensory and motor functions, co-ordination, orientation, attention, cognition, memory and concentration, self-awareness, self-acceptance, self-expression, self-esteem and self-confidence as well as the ability to participate in, contribute to and sustain relationships with others.

Music Therapy in the United Kingdom owes much to Juliette Alvin, the international concert cellist. Her pioneering work with children with learning disabilities and in the training of music therapists provided firm foundations for the profession in the UK. In 1958, Alvin and colleagues formed the British Society for Music Therapy, and in 1968 she was invited to set up the first post graduate training course at the Guildhall School of Music and Drama, London.

The growth of the profession in the early years depended largely on the ability of therapists to convince health providers of the efficacy of their service. The formation of the Association of Professional Music Therapists (APMT) in 1976, established a professional representative and governing body with membership open only to fully trained and qualified music therapists.

The profession achieved state registration on June 1st 1999 and is regulated under the Professions Supplementary to Medicine Act (PSM) 1960 with its own specialist Board that is co-ordinated and supervised by the Health Professions Council (HPC). The Board maintains a register of those who have met their requirements for state registration and, via an agreed Statement for Conduct for all registrants, provides assurance that someone on the register is judged to be competent to practice.

The MusicSpace Trust exists to provide music therapy to children and adults of all ages with a wide range of different needs and to contribute to and promote a broader understanding of the benefits of music therapy within the UK. Over the past 17 years The MusicSpace Trust has developed a unique approach to the providing music therapy at the heart of communities across the country. Through the development of our training and research programmes; our community-based therapy centres and our outreach service to local schools, hospitals, centres and community groups we are able to meet a wide range of therapy needs of children and adults of all ages.

### 3. Review Methods and Objectives

The Review set out to achieve the following objectives;

1. To undertake a service review of the current provision of music therapy carried out by registered music therapists in the UK.
2. To establish the gaps in music therapy provision in terms of geographical location and client populations.
3. Establish the priorities for the future development and provision of music therapy and The MusicSpace Trust in the UK

To achieve the above aims and collect the acquired data a postal questionnaire was sent to all music therapists from the UK with membership of the Association of Professional Music Therapists (APMT). In addition The Health Professions Council (HPC) was contacted to confirm the number of Music Therapists registered in the UK with the council.

	APMT Members	HPC Music Therapist Registrants
England	502	387
Scotland	39	18
Wales	26	18
Northern Ireland	8	8
UK	575*	431

\* includes 15 student members

(Data taken from APMT members address list as at July 2005) and HPC Register as at 1st February 2006)

560 postal questionnaires sent out and 383 were returned (69%) and 177 did not respond (31%). Of the 383 responders, 333 are currently working as Music Therapists in the UK. Of the remaining 50, 21 were students, 22 were on a temporary break from music therapy practice, 2 have retired and 5 have left the profession for other reasons.

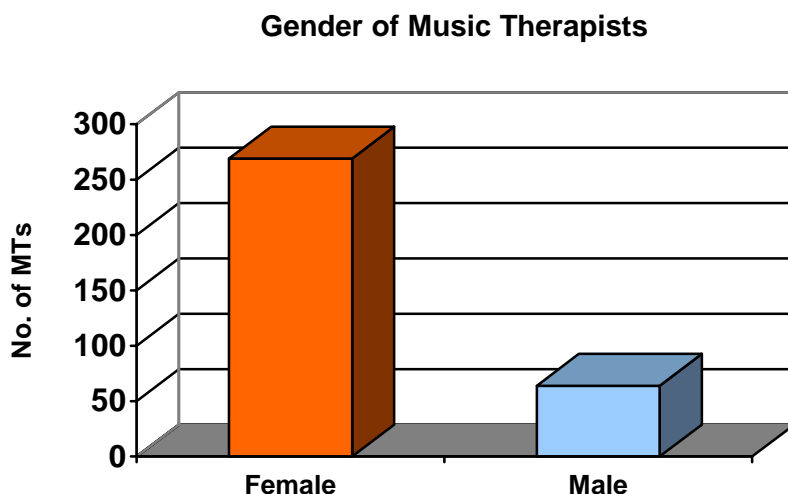
The database for responses closed at the end of January 2006 (England) and end of July 2006 (Scotland, Wales, N Ireland). The data was then summarised using Excel for the quantitative data and a thematic analysis of emerging themes was produced for the qualitative data.

A sample questionnaire together with data relating to voluntary sector provision and support for Music Therapy are included in the Appendices.

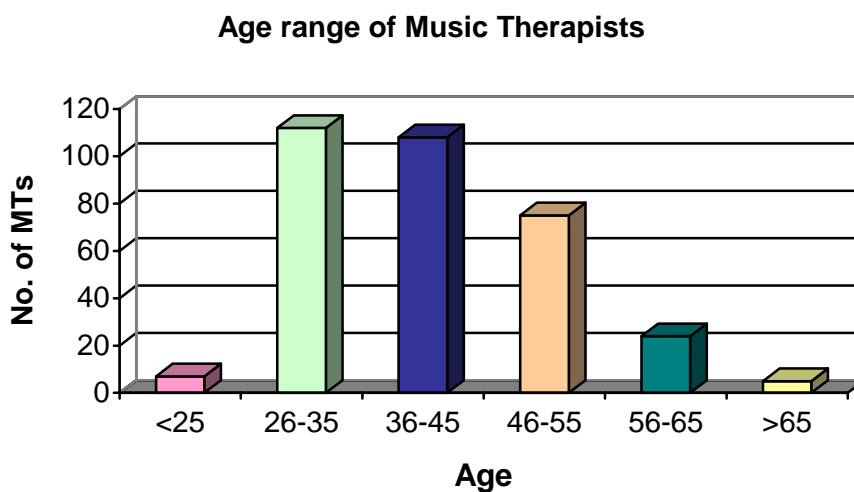
## 4. Review of Current Provision – key findings

### 4.1 The state of the Music Therapy profession in the UK

The responses indicate that majority music therapists operating in the UK are female. Of the 333 respondents currently working as Music therapists in the UK, 269 (81%) were female and 64 (19%) were male.



The profession seems to have a wide age distribution with the majority of therapists between 26 and 55 years of age. It should be noted that the reason that there are very few therapists under the age of 25 is due to the HPC requirement that State Registered Music Therapists have attained a post graduate qualification in Music Therapy.



## 4.2 The principal employment of Music Therapist in the UK

The responders' careers in music therapy ranged from a maximum of 43 years to a minimum of 1 year with an average of 8.7 years of service. 77 responders (70 women, 7 men) recorded a break in their music therapy career of at least one year duration.

Of the 333 responders, 57% (189) were employed on an annualised salary basis, with 21% (69) working on a sessional basis and 22% (75) being both employed and working on a sessional basis.

Of these 73% (243) had permanent contracts and 22% (75) had fixed-term contracts and 5% (15) had no contract. The range of fixed term contracts was from one month to thirty-six months duration with renewal every twelve months on average.

The survey found that there are a range of employers of music therapists and that these are predominantly in the public sector fields of Health, Education, Social Services and the voluntary sector. We also found that many music therapists work for 2 or 3 different employers, as we can be seen from the table below,

Employer	Numbers of therapists employed by single employer	Numbers of therapists employed by multiple employers.	Contracted hours weekly
NHS	62	116	2,306
LEA	32	70	1,075
School	13	74	699
Social Services	2	21	81
Private	17	80	523
Charity	59	138	1,944
University	2	8	96
Total contracted hours per week			6,724

### Weekly contracted hours per employer

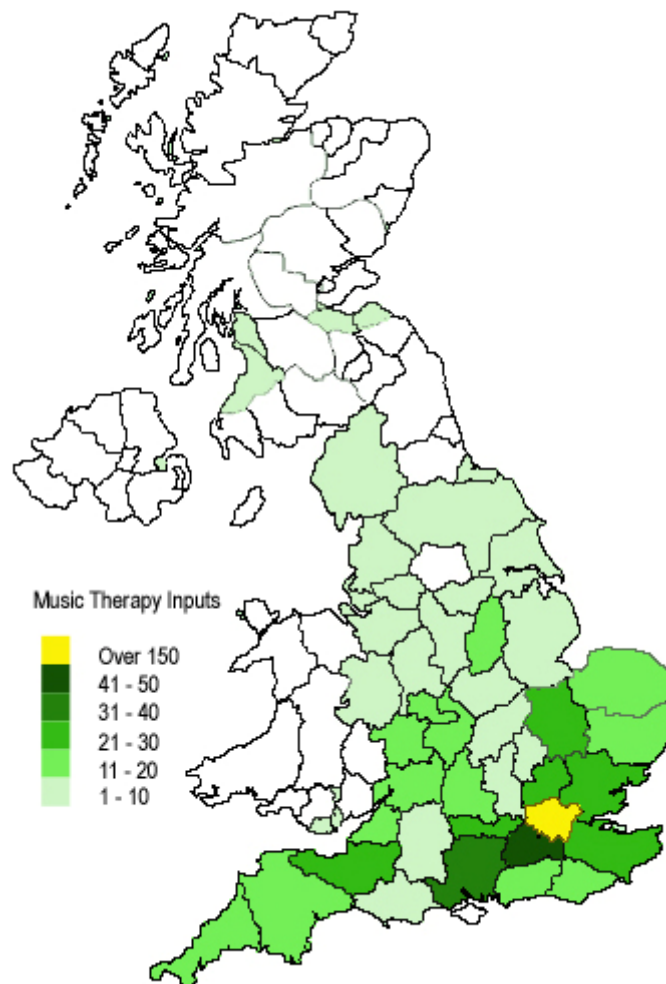
Whilst the NHS accounts for more hours of contracted music therapy provision than in any other employment area, it is interesting to note that a significant amount of the contracted weekly hours of employment of music therapists relates to the education sector.

Also, where music therapists work for more than one employer then the various music therapy charities and other charities (see Appendix ii) are the biggest employer.

### 4.3 The extent and concentration of music therapy provision across the UK

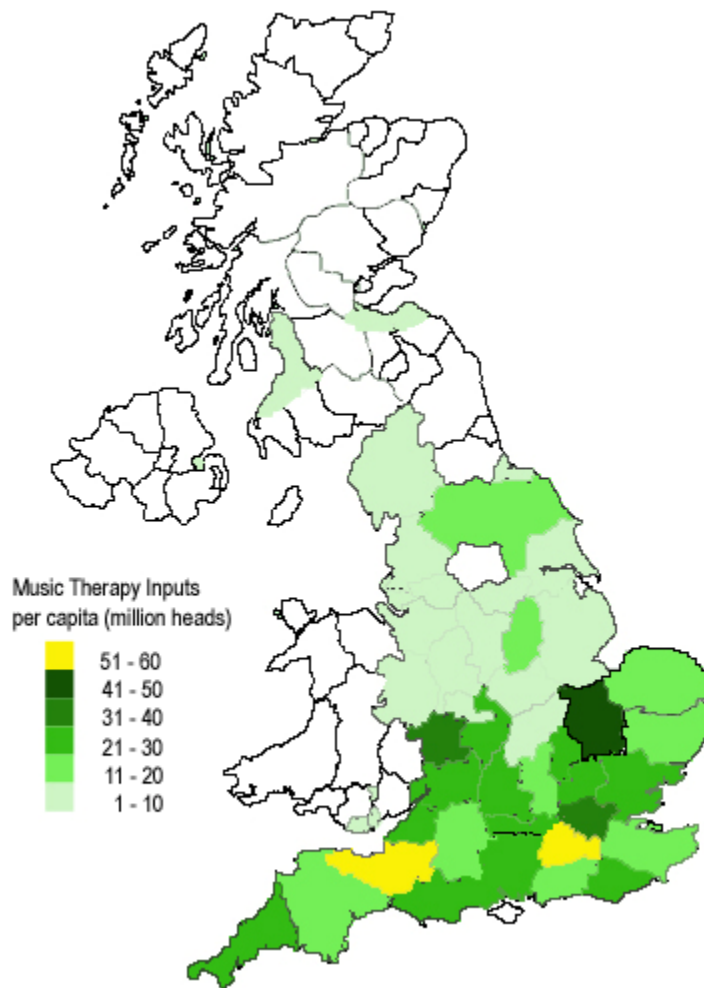
Respondents were asked to list the geographical areas in which they provided music therapy services. The number of locations listed ranged from 1 to 10, with an average of two locations given by each therapist. Every location was counted and scored as an individual 'input' from each therapist. The locations were then divided into counties to show where services were concentrated in the country as a whole.

The map below provides an indication of the range of therapy inputs by county across the UK.



County populations vary, so the number of music therapy 'inputs' alone may not give a true reflection of the services provided in each county. For example, Cumbria and Buckinghamshire have similar sized populations (Census 2001) but Cumbria has only one music therapy input compared to six in Buckinghamshire. This gives per capita figures of one input per 470,000 people in Cumbria and one per 80,000 people in Buckinghamshire.

The map below provides an indication of the range of therapy inputs per capita by county. (Totals for London were amalgamated to correspond with the Census figures).



### Music therapy provision in England

As we can see, by factoring the population of each county into our analysis, the highest concentrations of music therapy provision in England are located in the South West, South East, London and Eastern regions. When we examined the data in more detail we can identify the counties with the highest number of music therapy inputs per 1,000,000 people. It is important to note that whilst a single music therapist may be providing an excellent service to a specific client group and have a high impact locally, that even in highest scoring counties this represents a very modest level of provision.

County	Population	MT Inputs	Per million heads
Somerset	498,000	29	58.23
Surrey	1,059,000	55	51.94
Cambridgeshire	552,000	25	45.29
Worcestershire	542,000	18	33.21
London	5,545,000	170	30.66
Bristol	380,000	11	28.95
Berkshire	798,000	22	27.57
Hampshire	1,240,000	33	26.61
Bedfordshire	381,000	10	26.25

Similarly, we can also see that significant areas of the country, particularly the North East, North West and Yorkshire & Humberside have very little or no provision.

None of the music therapists responding to the questionnaire reported providing services in Northumberland, Durham or Tyne and Wear and West Yorkshire. As we can see from the table below, areas in of North-West and East of England appear to be particularly poorly served, with gaps from Cumbria through Lancashire and Merseyside down to Cheshire in the West, and Lincolnshire and Humberside.

County	Population	MT Inputs	Per Million Heads
Cheshire	673,000	4	5.94
Humberside	243,000	1	4.12
South Yorks	1,266,000	5	3.95
Merseyside	1,362,000	5	3.67
Leicestershire	609,000	2	3.28
Gr Manchester	2,482,352	8	3.22
Lancashire	1,134,974	3	2.64
Staffordshire	806,000	2	2.48
Cumbria	470,000	1	2.13
Middlesbrough	493,000	1	2.03
Lincolnshire	646,000	1	1.55

#### Music therapy provision across the rest of the UK

The table below highlights the relative scarcity of provision in across Scotland, Wales and Northern Ireland (the relative scarcity of services does not make a 'county' breakdown viable in these countries.)

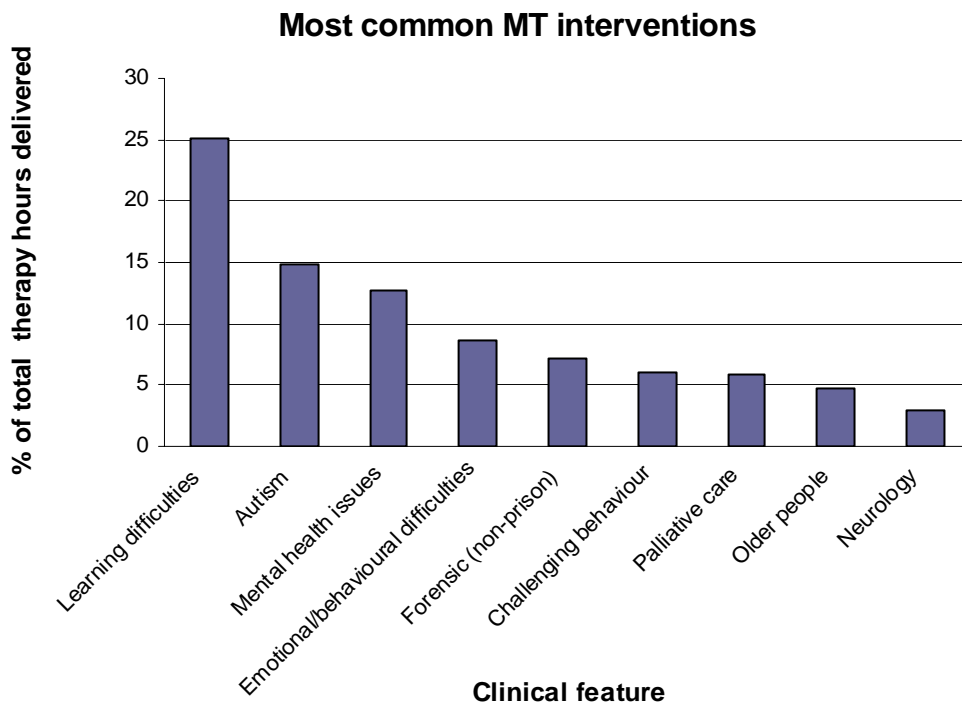
Scotland		Wales	Northern Ireland
Falkirk (2)	Dundee	Llanfairfechan	Belfast (2)
Western Isles	Benecula	Brecon Powys	South Down
Edinburgh (5)	Lothians	Vale of Glamorgan (2)	Lisburn
Ayrshire (2)	Helensburgh	Carmarthenshire	
Tayside	Dingwall	Gwent (2)	
Perth	Paisley	Cardiff (5)	
Glasgow (3)	Moray	Swansea	
Lothian W (2) E(2)	Barra	South Wales	
Dumfries & Galloway	Stirling	Abergavenny	
Inverness (2)	Aviemore	Torfaen Borough	
Govan		Rhondda Cynon Taff	
Grampian			
<b>35 inputs</b>		<b>17 inputs</b>	<b>4 Inputs</b>

Our survey found that the majority inputs in Scotland are focused around the central Scotland belt between Glasgow and Edinburgh and that similarly music therapy in Wales is confined to the South Wales and in Northern Ireland to Belfast.

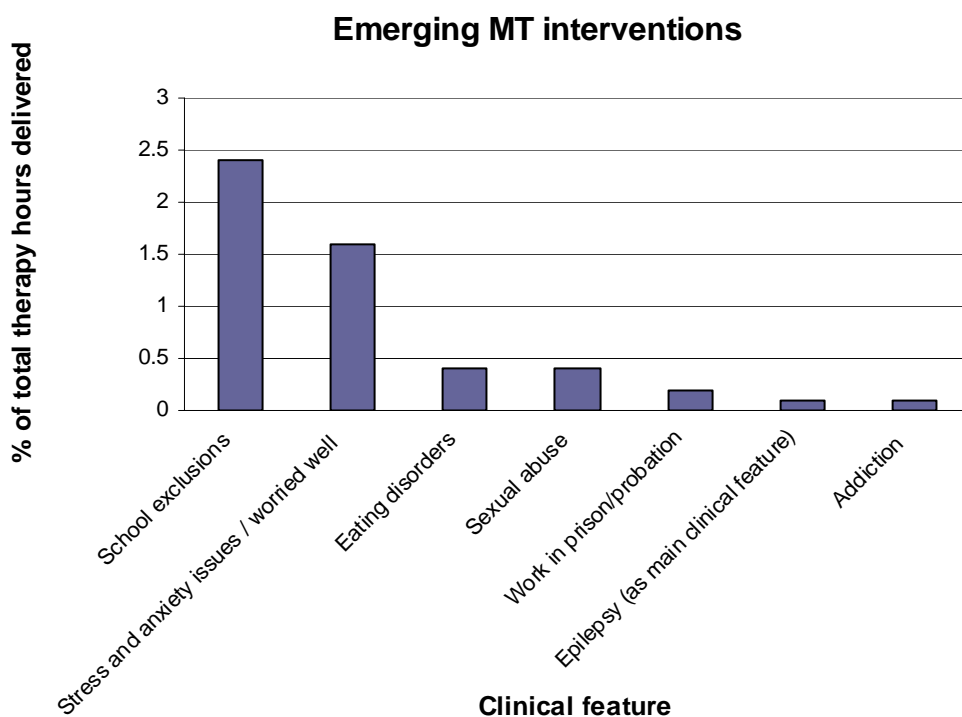
It is of particular concern that a large proportion of Wales, Scotland and Northern Ireland have no provision for music therapy at all.

#### 4.4 The breadth and depth of associated clinical features

As part of the review, responders were asked to specify the range of client groups they currently worked with and the proportion of therapy delivery that this constituted. As we can see from the table below, the most common music therapy Interventions are associated with the more orthodox, established clinical features with learning difficulties (25.1%), autism (14.8%) and mental health (12.7%) the three main client groups seen.



However it is interesting to note that music therapists are also addressing new and emerging clinical features including school exclusions (2.4%) and stress and anxiety issues / worried well (1.6%). (A list of additional clinical areas worked but not included in the questionnaire is provided in Appendix iv.)



## 5. Priorities for future development of music therapy

As part of this review responders were asked to suggest three priorities for the future development of music therapy in the UK. Over 1,000 statements were offered and each one was coded and organised into categories.

Each of the 15 categories below, are ranked in descending order relating to the frequency with which the issues were raised by responders. Some examples of specific priorities raised by the respondents are also included in the form of tables, text or bullet points. General comments associated with emerging issues are included at the end of each category.

### 1. Develop more work in key areas

Responders provided a range of suggestions to develop more work in key areas. The top six priorities are:

- Special schools, in particular work with autistic children
- Mainstream schools
- Children in care, working with carers and families
- Early intervention and pre-school
- Adult learning difficulty
- Adult mental health

It does not come as a surprise that the need to both consolidate and extend the range of music therapy practice is placed at the top of the list of categories. The emphasis on work with children, in particular those with autism and major communication problems, is as expected. In the area of adult mental health there was a particular emphasis on the need to develop more work in the area of dementia care. The future development of work in mainstream schools, in particular working with children having difficulties in accessing the curriculum has a high rank in this category. This also links with the perceived need to develop more work with children excluded from schools, children in care and with carers and families. The emphasis on early intervention is topical, as is the important position of music therapy within community-based homes and centres for adult with learning difficulties, with again an emphasis on autism and adults with challenging behaviour.

Throughout this section music therapy's history of effective work with children and adults with learning difficulties and adults with mental health appeared to be acknowledged but also as an on-going need for development. Some of the statements also referred to developing the small amount of work that is at present within such specialist fields as forensic psychiatry and general medicine, including neuro-disability. The statements reflected the developing need to bring music therapy into the wider community, new clinical contexts and work within the Primary Care Trusts and GP-run local health centres.

### 2. Career structure, pay and parity with other therapists

The responders were particularly concerned about the recruitment and retention of music therapists, in relation to current changes to pay and career structures within the NHS under Agenda for Change and suggested the following priorities;

- the need for a career structure within the education sector akin to the Agenda for Change
- the development of a national pay scale
- the development of full-time posts in the NHS and Education
- more opportunities for career development within music therapy

### **3 Evidence-based practice / research**

- need for music therapists to demonstrate their practice in the different clinical contexts
- ability to respond to the demands of potential employers for evidence of success

This substantial amount of interest in evidence based practice relates to the highly topical need for music therapists to demonstrate their practice in the different clinical contexts where music therapy is practiced. This information is required to respond to the increasing and understandable demands of potential employers wanting evidence. More published research is needed as is the challenge to publish in peer-reviewed high-quality journals beyond those relating specifically to the profession.

The high ranking of this category clearly indicates the importance members of the profession attach in developing more research skills. This growing call also is an outcome of the on-going rigours demanded of music therapists in order to remain part of the HPC professional register.

### **4. Funding for research and innovation**

- Developing action research projects to measure success of specific interventions
- Strive for innovation / cutting edge to Music Therapy

Understandably respondents focused on the need to provide more funding for a wide range of areas of work and included ten specific statements relating to funding for special projects, such as initial start-up work, and research. As more work is funded more research is needed to verify that work in order to develop the profession further.

### **5. Publicity**

- Profile raising with wider public
- National campaign / conference
- Regional seminars

Music therapists highlighted the need to be more proactive and confident in sharing the benefits and impact of music therapy both with potential commissioning agents and the wider public. There also needs to be more focus on convincing employers of the worth of music therapy as a serious clinical tool by providing evidence of patient outcomes.

MusicSpace was cited as being well-placed to develop community-based projects in an active way through: giving talks, fundraising and providing specialist outreach services.

### **6. Education, training and standards**

#### **Training**

- More part-time
- More specialist
- More relevant to specialist areas
- Post qualifying
- Update courses
- More variety
- More range of musical genre
- Refresher courses
- Increase in regional courses

#### **Education**

- Mandatory CPD
- Better quality
- Equip students better
- Embrace different methods
- Embrace other cultures
- Explore use of technology
- Continued development of musical techniques
- Unity of purpose
- Standardised assessments

#### **Standards**

- Retraining of MTs
- MA as standard
- More rigorous training courses
- Personal therapy as a priority
- Consistency of training
- Encourage clinical professional development
- Clear professional identity

The evidence emerging from this category is that education and training is a life-long process for the music therapist. Music therapists need to undertake CPD to maintain their registration with the HPC. CPD may include reflective practice, training courses and clinical supervision.

There was a need for courses and training at both pre- and post-registration levels to be developed throughout the country.

## **7. Support for music therapists – People, financial and Supervision**

### **People support**

- Better area support
- For newly qualified MTs
- Accepting of new music therapists
- Network support- MT work can be very isolating
- Structured peer support
- Accepting of different approaches to MT
- MTs in private practice
- Job creation support network

### **Financial support**

- CPD - study days
- Supervision
- Support for self-employed MTs with CPD

### **Supervision**

- More registered supervisors
- Easier access
- Subsidized
- More local
- Mandatory
- Acknowledgment that it's part of the job.

It is clearly apparent that music therapists benefit from supervision (both peer and with a registered supervisor). Concern was raised with individual therapists having to find the means to fund supervision and CPD events. Once again there was an emphasis on developing more local support and more accessibility to a range of support.

## **8. Recognition**

- In spite of the recent gains in achieving registration within the HPC there is still an overall concern that music therapy is not as well recognised as other allied health professionals.
- Need for profile raising linked to evidence based practice and measuring success.

Some statements related to the need to develop more collaborative work, explore links with other arts therapists and the arts in health movement as well as further recognition of such specialised areas as Guided Imagery and Music (GIM).

## **9. More even spread of music therapists and trainings across the UK**

This category raises the issue of the need for a more geographical spread of training, provision, meetings and support across the UK. This also ties in with the need for a more geographical spread of provision. Concerns were repeatedly expressed that the profession is too focused on London, the South West and South East.

## **10. Networking**

- Need for presence, representation of Music Therapy in key strategic networks associated with health, education and social services

The points raised within this category emphasise the need to publicise, celebrate and educate others about music therapy as a profession and the contribution that the discipline can make in a variety of settings.

## **11. Professional Support for Music Therapists**

- Respondents appreciated support provided by APMT but many statements focused on the need to develop a more financially secure and viable association with the future employment of a professional officer.
- A large number of statements proposed the merger of APMT and British Society of Music Therapy (BSMT), a topic under current discussion by the executive committees and memberships of both organisations.

## **12. Collaboration**

- teams of other clinicians
- other like-minded professionals
- Psychotherapists, counsellors and other therapists
- multi-agency teams to be in line with such policies as Every Child Matters
- other members of the music therapy profession
- follow-on agencies including on-going referrals

Respondents are particularly concerned developing less isolated ways of working and more joined-up approaches with other professionals. The knock-on effects of this collaborative work include more professions becoming familiar with the nature and potential benefits of music therapy as an individual or joint intervention.

## **13. Development of music therapy as a professional discipline**

- Development of specific working models
- Development of dedicated arts therapies services within health and social service contexts
- Development of stronger links with speech & language therapists in the treatment of pre-school children with no / poor communication
- More focus on models of therapy already invested in (e.g. Cognitive Behaviour Therapy) on a training programme.
- Investment in technology; moving away from MT being perceived as similar to music lessons at school (i.e. with old, often inadequate instruments)

Several of the above points could be subsumed within other categories described above with overlaps with development of work, publicity and increasing acceptance of the profession as a valid contribution to child and adult health care in this country.

## **14. Working with and informing the NHS**

Four specific points were raised;

- better communication between music therapists and NHS Trusts
- managing NHS and Interagency changes
- closer links with government funding schemes for early intervention, e.g. Sure Start projects
- liaison at national level with NHS and Social Services

## **15: Accountability , national leadership and representation**

- being accountable to the commissioning agents and key stakeholders
- developing strategy and speaking consistently with one voice
- establishing Music Therapy champions to work with government departments and agencies

## 6. Emerging themes and recommendations

### **Theme 1: Increased breadth and depth to evidence based practice**

A number of response categories refer to the need for more evidence based practice and more funding for research in to the impact and benefits of music therapy in across a range of clinical contexts. It was felt that this would not only promote the notion of continuous improvement but also improve the recognition of music therapy with commissioning agents.

#### **Recommendations**

- Develop and pilot specific working models across a range of clinical contexts, that establish a consistent evidence based approach to monitoring and evaluating the benefits and impact of music therapy.
- Develop a new shared approach to delivering, monitoring and evaluating music therapy which includes consistent service delivery quality indicators for patients and demonstrates value for money for commissioning bodies

### **Theme 2: Training and development issues in music therapy (pre and post registration)**

The quality and availability of education and training for music therapists pre and particularly post registration was consistently raised as an issue together with calls for more support for professional development opportunities and career progression.

#### **Recommendations**

- In consultation with the HPC, the APMT and the existing training providers, develop and pilot a post registration accredited CPD programme for practicing music therapists.
- Establish a number of formal learning sets within the music therapy profession, focused on the development of new services and clinical applications.

### **Theme 3: The profile and strategic development of music therapy linked to the representation and support for music therapists**

Responders raised a number of issues relating to representation and support for music therapists and stronger strategic partnerships with other Allied Health Professionals and commissioning bodies including the NHS, the Department of Health and the Department for Children, Schools and Families.

#### **Recommendations**

- Develop closer collaborative and joined-up approaches with other professionals so that they become more familiar with the nature and potential benefits of music therapy as an individual or joint intervention.
- Establish music therapy champions who speak with one voice, represent the interests of the profession at a national level and develop strategic partnerships with government departments and agencies so as to help shape and influence new initiatives.

# Appendices

## Appendix i. – Sample Questionnaire

### Review of Music Therapy Services in the UK

Thank you for helping us with this survey. Your responses will enable us to compile an up-to-date picture of Music Therapy provision throughout the United Kingdom.

#### Work Details

1. (a) Are you currently working as a Music Therapist?      Yes  No
- (b) If not, have you:
- Left the profession       Retired       Taken a temporary break
2. How many hours per week do you work in Music Therapy? \_\_\_\_\_
3. Are you: Employed       Sessional       Both
4. (a) Is your current contract permanent?      Yes  No
- (b) Is your current contract fixed-term?      Yes  No
- (c) If so how long? \_\_\_\_\_
5. Who currently employs you? Please tick all that apply:
- | Employer                                      | Contracted hours/days |
|---|-----------------------|
| <input type="checkbox"/> NHS                  | _____                 |
| <input type="checkbox"/> Local Education Auth | _____                 |
| <input type="checkbox"/> Individual School    | _____                 |
| <input type="checkbox"/> Social Services      | _____                 |
| <input type="checkbox"/> Private              | _____                 |
| <input type="checkbox"/> Charity              | _____                 |
| (Please name)                                 | _____                 |

### Clinical Areas

6. In which clinical areas do you currently work? Please complete the table below based on the main presenting area for the client:

Please state number of hours per week worked with each group				
Main clinical feature	Under 5	6-10	11-17	Adult
Addiction				
Autism				
Cancer care				
Challenging behaviour				
Eating disorders				
Older people				
Emotional/ behavioural difficulties				
Epilepsy (as main clinical feature)				
Forensic (non-prison)				
Learning difficulties				
Mental health issues				
Neurology				
Palliative care				
Personal growth work				
Research				
School exclusions				
Sexual abuse				
Stress and anxiety issues				
Student personal therapy				
Student training/ placements				
Work in prison/probation				
'Worried well'				
Other – please specify:				

**Professional Support**

7. (a) Do you have peer support? Yes  No

(b) If yes, is it provided:

1-to-1 by a professional Music Therapist  1-to-1 by a non-Music Therapist   
By a small group of Music Therapists  Other (Please specify)

8. (a) Do you have supervision? Yes  No

(b) If yes, is it:

Managerial: 1-to-1 by a Music Therapist   
1-to-1 by a non-Music Therapist   
Other (Please specify)  \_\_\_\_\_  
Clinical: 1-to-1 by a Music Therapist   
1-to-1 by a non-Music Therapist   
Other (Please specify)  \_\_\_\_\_

**Background information**

Please supply some brief background information. All data included in the final report will be anonymised to protect confidentiality.

Gender: Male  Female

Age: 25 and under  26-35  36-45  46-55  56-65  Over 65

How many years have you worked in Music Therapy? \_\_\_\_\_

Please list any breaks in your Music Therapy career \_\_\_\_\_

Year of State Registration \_\_\_\_\_ Year of joining APMT \_\_\_\_\_

Type of APMT Membership: Full  Associate  Student  Provisional   
Retired  Career Break Member  Not a member

The aim of this study is to map the provision of music therapy services in the UK. Please list all the local geographical areas you cover:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you suggest up to 3 priorities for the future development of Music Therapy in the UK:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

## **Appendix ii. Music therapy charities in the UK**

The MusicSpace Trust	(30 therapists employed)
Nordoff Robbins	(24 therapists employed)
North Yorkshire Music Therapy Centre	(1 therapist employed)
Newham Music Trust	(2 therapists employed)
Ealing Music Therapy Project	(2 therapists employed)
Cambridge GP Therapy Centre	(1 therapist employed)
N Ireland Music Therapy Trust	(1 therapist employed)
Shrewsbury Music Therapy Fund	(1 therapist employed)

### **Appendix iii. Other charities supporting music therapy**

#### Charities supporting Music Therapy

Jessie's Fund (3)  
Otakar Kraus Music Trust (1)  
Coda Trust (1)  
Towersey Foundation (1)  
Richmond Music Trust (1)  
Great Yarmouth Community Trust Music and Special Needs Norfolk (1)  
Other Charities  
Headway Head Injury (3)  
Trelgars School Trust (1)  
RLSB (2)  
RFA (1)  
Pricilla Bacon Lodge Support Gp (1)  
Scope (3) England  
Scope (2) Wales  
Coram Family London (2)  
Hounslow Borough Charity (1)  
Priors Court School Charitable Found (1)  
Medical Found for Care of Victims of Torture (1)  
Rose Road Assoc (1)  
OKTMT (1)  
Sunfield Spec School W Mids (1)  
Canterbury Coast Trust (1)  
Royal Hosp Neuro-disability (3)  
Mencap (1)  
Pasque Charity (1)  
John McNeill Trust (1)  
Autism W Mids (1)  
Martin House Hospice (2)  
St Josephs Pastoral Centre (2)  
MCCH Soc Ltd (1)  
Hospice & Oppo Group (2)  
Brainwave Orchard Vale Trust (1)  
E Anglia Children's Hosp (2)  
Voyage Adult LD (1)  
Rowcroft Hospice (1)  
Honeylands LOF (1)  
Helen House Hospice (1)  
Rosie's Rainbow Fund (2)  
Acorns Children's Hospice Trust (1)  
Parity for Disability Organisation (2)  
Open Road Addiction (1)  
Paragon Health Care Group (1)  
Gurridepost Trust (1)  
Home Farm Trust (1)  
St Elizabeth Hospice (1)  
NCH (1)  
NAS (1)  
Thames Hospice of Guideposts (1)  
Sense (1)  
Oakfield Day Services (1)  
Rainbow Centre (1)  
Ty Hafan Children's Hospice (1)  
Tarfaen Women's aid (1)

## **Appendix iv. additional clinical areas worked but not included in the questionnaire**

Trauma 6-10 yr olds  
General support in school  
Brain injured adult  
Dyspraxia  
Trauma victims of torture  
Main stream children  
Dementia  
Personality disorders  
Physical disability /MS  
Acute paediatrics  
PMLD school  
Case study research  
Bereavement  
Aspergers syndrome  
Art therapies across diff client groups  
Trauma  
Physical disability  
Communication + language disorders  
Severe physical + learning difficulties  
Developmental delay  
Adoption/attachment  
Communication difficulties  
Children in care  
Sensory impairment  
Young adults with severe learning difficulties  
Attachment mother + child  
Speech + language disorder  
Blind adults  
Child bereavement



The MusicSpace Trust is dedicated to the provision of music therapy to children and adults with a wide range of different needs and to promote a broader understanding of the benefits of music therapy within the UK.

As well as working in schools and hospitals, we have well-equipped centres that provide a base for the teams of music therapists work with clients outside traditional settings and to respond to requests for music therapy in different community settings.

For further information about MusicSpace please contact;

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