

# The need for more equitable access to musical care during the beginning of life in England and Wales: Policy recommendations

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## Key points

- The first 1001 days of life are critical in children's development. Too many families do not get the support they need to have the best start in life, with knock-on effects throughout their lives.<sup>1</sup>
- Musical care is the role of music in supporting all aspects of people's developmental and/or health needs and is seen to be effective in supporting families.<sup>2,3,4</sup> It includes a range of practices including music therapy, community music, music performance, concerts, and listening.
- Relevant and culturally appropriate musical care activities should be accessible to all and cater equally to different aspects of the beginning of life (during pregnancy, infancy, for mothers, fathers, and carers).<sup>5</sup> However, new evidence set out in this paper shows that there are significant barriers to accessing and providing it.
- Recommendations set out in this paper include long-term funding for both universal opportunities and targeted interventions, place-based approaches, integration of music into relevant guidelines, and training and upskilling opportunities for the musical care workforce to ensure quality and safety.

## Why is musical care at the beginning of life important?

- Musical care - both listening and music making - has been seen to be effective in supporting families during the beginning of life (pregnancy to infancy).<sup>3,4</sup> This includes supporting the health and well-being of infants, caregivers, and the relationships between them, including physical and mental health, cognitive and behavioural development, and interpersonal relationships.
- However, there are many barriers to arts engagement and care services, a situation that has been exacerbated by growing economic and health disparities, which affect this period in families' lives in particular.<sup>5</sup>
- There are existing barriers to access that are common in the creative sector, for example geographic and socioeconomic<sup>7</sup> as well as health inequities.

## New research from Royal College of Music and City St George's, University of London

- 578 Parents (78% England, 8% Wales) and 50 Providers (92% England, 4% Wales) were surveyed to build an understanding of patterns of use of musical care activities during the beginning of life.<sup>8,9</sup>
- Parents saw musical care as helpful for their baby and as an opportunity to meet other parents, be part of a community, and bond with their baby and/or partner. Some parents reported they were encouraged by a healthcare provider/midwife to engage with music, but most sought out the activities themselves.
- Barriers for accessing and providing activities include:
  - *Resource and logistical challenges* – high costs of attending, increased costs of facilitating and marketing groups preventing expansion provision, and a lack of activities that are close to home and at suitable times.
  - *Lack of inclusion and representation limiting reach and engagement* – a lack of *activities* that cater for a range of caregivers (fathers, grandparents), range of mental health needs of parents, and range of special educational needs of children, a lack of *spaces* that cater to access needs, and lack of *opportunities* to bring older siblings along.
  - *Coordination and collaboration challenges* – insufficient opportunities for facilitators to train and upskill, and limited pathways to collaboration that enable greater reach and impact.

## **Towards the implementation of musical care pathways**

- There is a broad range of practices within musical care during the beginning of life. A stepped care approach<sup>10</sup> could support more people to access them in ways that suit their needs.
- In a stepped care approach, more specialised professionals such as music therapists would provide more intensive/specialist services while community musicians provide lower intensity care. Individuals can move up and down the steps in relation to their needs.<sup>11</sup>
- This would require sufficient funding, collaboration, training, and support to ensure the variety of musical care activities required across all steps are equitably accessible and sustainable, with continued investment in research for an evidence-based approach.

## **Recommendations towards musical care pathways**

1. *Ensure long-term funding opportunities for musical care activities and research during the beginning of life, as part of a future strategy for musical care*
  - There have been insufficient levels of funding across health and creative industries, which has increased health inequality and deepened inequity in access to cultural activities. This necessitates musical care being accessible to support health, wellbeing, and development and also shapes what is possible for musical care delivery.
  - Where there is funding, it is often for specific parts of delivery and does not budget for marketing and outreach, evidence and impact, fair pay,<sup>12</sup> or long-term planning to ensure equitable scaling up across different places. This hampers efforts to support those who are underserved.
  - There should be greater investment in both universal access to musical care and targeted action for specific needs and conditions, such as postnatal depression. This should be included in a cross-departmental UK Government Creative Health Strategy, as recommended by the National Centre for Creative Health and the All-Party Parliamentary Group on Arts, Health and Wellbeing.<sup>7</sup> This could draw inspiration from a memorandum between the Arts Council of Wales and the Welsh NHS Confederation, which includes raising awareness of the benefits of the arts in health and policy settings and offering training and support networks.<sup>13</sup>
  - Building on short term funding calls that includes arts and health,<sup>14</sup> there should be longer term funding, across a variety of funders (public, private, and different disciplinary areas) dedicated to interdisciplinary musical care work. This would further the development of an infrastructure that would enhance the practice and training needed to improve equitable access.
2. *Create a collaborative environment for place-based approaches and community spaces*
  - Place-based strategies are needed to encourage strong collaborations and sustainable partnerships, with all voices and resources supported and valued. This would encourage a joined-up approach to addressing health inequalities, working with Integrated Care Systems, local authority public health teams, housing officials, and local Voluntary and Community Sector bodies.
  - Community spaces, for example family hubs and libraries, should be invested in and utilised for musical care, ensuring that they are community and culturally specific.
  - Community spaces and health services could host increased and up-to-date guidance that could also support parents with their own activities at home in a way that reflects their preferences and culture.

3. *Include and recognise musical care in quality standards and guidance to ensure a targeted approach that can recognise the importance of musical care*
  - Building on important steps taken to recognise the role of music therapy – one form of musical care – in dementia, steps should be taken to include musical care practices in NICE guidelines. This could include interventions to support parents with mental health conditions and infants with additional support needs.
  - The Creative Health Quality Framework<sup>12</sup> is a governing document that can support a clearer relationship with health and social care partners about what “good” looks like.
  
4. *Empower the musical care workforce with the skills they need for high quality and safe practice*
  - More training and professional development opportunities should be created and supported both for new and existing members of the musical care workforce, to ensure high quality and safe provision. This must be done in an inclusive way to ensure a diversity of people from different musical cultures can participate.
  - Many health professionals (from midwives and health visitors to nurses and speech and language therapists) should be upskilled as part of their professional development and training to increase awareness of how music can be integrated into care to support their patients’ needs.

Find out more about interdisciplinary insight into how musical care is understood and provided during different stages of the life course at [musicalcareresearch.com](https://musicalcareresearch.com)

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#### References

- [1] Department of Health and Social Care (2021). *The best start for life: A vision for the 1,001 critical days*. <https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days>
- [2] Spiro and Sanfilippo (2022). *Collaborative Insights: Interdisciplinary perspectives on musical care throughout the life course*, OUP.
- [3] Perkins (2024). *Music and Parental Mental Wellbeing*, OUP.
- [4] Sanfilippo et al. (2022). Musical care in infancy: Supporting infants and their caregivers, in Spiro and Sanfilippo (Eds) *Collaborative insights: Interdisciplinary perspectives on musical care throughout the life course*, pp. 12-43, OUP.
- [5] Mak et al. (2020). Does arts and cultural engagement vary geographically? Evidence from the UK household longitudinal study, *Public Health*, pp. 119-126.
- [6] Pearce et al. (2019). Pathways to inequalities in child health, *Archives of Disease in Childhood*, pp. 998-1003.
- [7] National Centre for Creative Health and the All-Party Parliamentary Group on Arts, Health and Wellbeing (2023). *Creative Health Review: How Policy Can Embrace Creative Health*, <https://ncch.org.uk/creative-health-review>.
- [8] Spiro, Sanfilippo et al., (in prep) The landscape of musical care during the beginning of life in the UK: A mixed-methods survey study
- [9] Sanfilippo, Spiro et al. (in prep) Barriers and opportunities to accessing and providing musical care during the beginning of life: A mixed-methods survey study
- [10] National Institute for Health and Care Excellence (2022). *Depression in adults: Treatment and management* [NICE Guideline No. 222]. <https://www.nice.org.uk/guidance/ng222>.
- [11] This is used in practice. For example, Creative Futures’ work with St Mary’s Hospital, Family Hubs, and community venues in London. <https://www.creativefuturesuk.com/>.
- [12] Culture, Health & Wellbeing Alliance (2023). *Creative Health Quality Framework*, <https://www.culturehealthandwellbeing.org.uk/resources/creative-health-quality-framework>.
- [13] Memorandum of Understanding between Arts Council of Wales and Welsh NHS Confederation (2023) about advancing arts health and wellbeing.
- [14] Mobilising community assets to tackle health inequalities, funded by the Arts and Humanities Research Council, 2021-2027.