**Music Therapy Charity funding report Vicky Kammin 2023/4**

I am now in my fourth year of my PhD at the University of York as part of the Paediatric Palliative Care Research Group, a multi-disciplinary centre for research on the care and support of children and young people with life limiting conditions or medical complexity, their families and the workforce that care for them.

The funding I received from The Music Therapy Chairty in the year 2023/4 has contributed to the writing up of my systematic review for the international journal Palliative Medicine with Sage Publishing. The article is called: “Experiences of music therapy in paediatric palliative care from multiple stakeholder perspectives: A systematic review and qualitative evidence synthesis” is and is now available at <https://doi.org/10.1177/02692163241230664>. This is very exciting to have a music therapy article in an international paediatric palliative care journal and although this was only published last week I have already had lots of offers for presenting at different conferences/organisations on the back of this, indicating the need and importance of this research Here are some of the key outcomes:

**What was already known:**

* The provision of music therapy services in paediatric palliative care differs across countries, in the UK this has largely been developed by the third sector.
* There is no international review of qualitative studies of multiple stakeholder experiences of music therapy in paediatric palliative care and no UK based studies in this area.
* Little is known about stakeholder experiences of this clinical intervention as a basis for service development

**What this paper has added**:

* Reported unique benefits of music therapy in this clinical area particularly in supporting family wellbeing and their ability to thrive.
* Awareness that the therapeutic relationship, interpersonal skills of the therapist and experience in paediatric palliative care are central to positive outcomes.
* Evidence of the benefits of this clinical intervention for this population for funding purposes and future development of provision.

**Implications for practice, theory or policy:**

* Paediatric palliative care settings should strive for music therapy provision for children and families using their services, in order to support family wellbeing.
* Music therapists should be recruited with interpersonal skills and experience as central to the recruitment process.
* Further high-quality research that captures the voices of the child and family articulating their own experiences of music therapy is recommended, positioning these voices as central to service development and provision.

I have continued to work closely with the Family Advisory Board at the Paediatric Palliative Care Research Group on my systematic review and primary qualitative study. One of the FAB parents came with me to my NHS REC panel last week which was so helpful and powerful for the panel to hear from their perspective.

I presented my systematic review at the World Congress of Music Therapy in Vancouver in the Summer 2023 and for the Early Childhood Development Summit Forum in Shenyang, Liaoning, China (online). This year I am presenting my review and primary qualitative study at the European Academy of Childhood Disability (EACD) in Bruges in May. At all opportunities for dissemination, I have/will credit The Music Therapy Charity for their generous support.

The funding has also contributed to the next part of my PhD for which I am undertaking a primary qualitative study exploring child and parent’s experiences and perceptions of music therapy received in children’s hospices in the UK. My research question is: ‘Understanding Child and Parent Experience of receiving Music Therapy in a Children’s Hospice setting: a qualitative study of child and parent experiences and perspectives’. This is a qualitative study using thematic analysis of semi-structured individual interviews with children and young people with life-limiting conditions who are supported by children’s hospices and their families. Four recruitment sites have been purposively selected from across England to ensure diverse geographic and socio-economic locations are included. To capture the diversity of perspectives we aim to recruit a sample of approximately 20 parents and 10 children or young people.

The study sample will include children, young people and parents who meet the following criteria:

* Children and young people from age 8 to 15 years old with a life-limiting diagnosis who are supported by a children’s hospice service who are able to assent to sharing their experiences of music therapy
* Young people aged 16 and 17 years with a life-limiting diagnosis supported by a children’s hospice service who are able to consent to sharing their experiences of music therapy.
* Young people aged 16 and 17 with a life-limiting diagnosis supported by a children's hospice who are lack capacity to consent with a parent acting as their personal consultee
* Parents or legal guardians aged 16 years or above with capacity to participate in the study (guided by the 2005 Mental Capacity Act) whose child/children have received music therapy in a children’s hospice.

This will be the first UK based study in this area. I have completed my IRAS application and attended an NHS REC panel last week and am waiting to hear if this has gained ethical approval.

I continue to be so grateful for the support of The Music Therapy Charity which has helped to progress my research to this stage and I hope will help to influence policy, practice and therefore future funding and support for music therapy in paediatric palliative care.

**V.Kammin March 24**