Department of Health

Workforce Review Report

Music, Art, and Drama Therapies

2019 – 2029

Contents

Foreword

Since October 2016, Health and Social Care workers and the Department of Health have been cooperating to deliver the transformation set out in ***Health and Wellbeing 2026: Delivering Together***. This ambitious ten-year plan was our response to the report produced by an Expert Panel led by Professor Bengoa, who were tasked with considering how best to re-configure Health and Social Care Services in Northern Ireland.

The aim is a health and social care system that helps people to stay well for longer, with services delivered in the community or at home, where possible. Allied Health Professions (AHPs) will play a key part in responding to this challenge, particularly as we expand the role of innovative, multidisciplinary teams across a range of integrated care pathways within health and social care settings. No matter how or where AHP staff work, they will continue to maintain their clear professional focus: ensuring that people, who are ill, have disabilities or special needs, can live the fullest lives possible.

Since these AHP Workforce reviews commenced the landscape across Health and Social Care has changed considerably. Opportunities for AHPs have been created across a range of primary care multi-disciplinary teams. These are to be welcomed but it is important to have the highly skilled workforce required to take these opportunities as they arise. This series of workforce reviews are written with a view to identifying and quantifying the workforce required to meet these challenges and help drive the transformation agenda forward.

The AHP Workforce reviews will help to address one of the immediate priorities set out in the “New Decade New Approach” document published at the time of the establishment of the new NI Executive. The commitment being that the Executive will transform HSC services through reconfiguration of services.

The Covid-19 pandemic challenged us in many ways including the immense pressures placed on our workforce, but there are others pressures challenging us to think and act differently and to consider as to how we currently work and as to how we may work in the future.

In this changing environment, it is even more essential that we have an understanding of our workforce needs, so that we can plan effectively to maintain and develop our services into the future. This was recognised in ***Health and Wellbeing 2026: Delivering Together*** and appears as a key theme in the associated ***Health and Social Care Workforce Strategy 2026: Delivering for Our People.*** Recognising that the HSC is a changing environment and will continue to evolve, this series of workforce reviews are "living documents" which will be reviewed throughout the period of the reviews.

This report and the clear recommendations it contains are the result of a wider Workforce Review Programme covering all thirteen AHPs in Northern Ireland. Since March 2017, Project Groups comprising representatives from across the health and social care service, professional bodies, staff side representatives and the Department of Health have been meeting regularly to consider how these professions / services are likely to develop in the period 2018 – 2028. Their work has been overseen by the AHP Workforce Review Programme Steering Group and applies the ***Regional HSC Workforce Planning Framework's*** six-step methodology.

This process and its resulting workforce review reports are the products of active co-design and co-production, delivering together to ensure the workforce needs of the HSC are met. Project Groups have engaged with their stakeholders including service users and carers, both in formal engagement events and through ongoing involvement with relevant individuals and organisations. Their input has been invaluable in producing this final document and its recommendations. We would like to thank everyone who has contributed to the work of the AHP Workforce Review Programme.

Our vision is that to Northern Ireland has an AHP workforce that has the capacity and capability to deliver the best possible care for patients and clients and has the leadership skills and opportunities to lead and transform services to improve population health. This Review Report and its recommendations set us on course to do just that for this profession.

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Executive Summary

This workforce review for Music Therapy, Art Therapy and Dramatherapy has been initiated and guided by the Department of Health and completed by a working group comprising representatives of all three professions and in consultation with wider representation of therapists.

The aim of the review is to ensure that the three arts therapies workforces are adequately positioned in terms of numbers, training provision, and recruitment and retainment to meet the anticipated demands on the profession over the next 10 years, and to ensure that the workforce is suitably equipped to meet the changing needs and demands of the population in that time.

The Music Therapists, Art Therapists and Dramatherapists making up the collective 'arts therapies' workforce in Northern Ireland number approximately 90 highly specialised and skilled healthcare professionals, holding a primary degree in their strand of the arts plus further Masters-level specialised training in their therapy profession in line with HCPC registration requirements. Although there is Art Therapy Masters training at the Ulster University, no training is currently available in Northern Ireland for Music Therapy or Dramatherapy which has an obvious impact on the recruitment and retention of staff. However, standards for Arts Therapies apprenticeships at Masters level were approved for England in April 2019. This represents the first government-funded training route for art, drama and music therapists in England and lays the ground to enable new arts therapies apprentices to contribute to enhancing health and social care.

Furthermore, as there are no Music Therapists or Dramatherapists currently employed in Trusts, and just one Art Therapist in WHSCT, this review has taken a slightly different perspective, including both HSC Trust-funded and non-Trust services also in order to give a representative view of the professions overall. A scoping exercise was carried out in each profession of both independent therapy organisation employees and independent and freelance therapists, and a stakeholder engagement event was held in September 2018. This report has been structured with a colour-coded section for each of the three professions, and subsequently divided into sections on the main drivers and constraints for each professions and specific information of provision to different service user groups. Each profession has highlighted its own conclusions, and the broader, shared issues for the three workforces have been collated into shared recommendations in the final section.

The role of the arts in people's lives to enhance their health and wellbeing is indisputable. We have a very human instinct to turn to the arts to make our lives better, to improve our quality of life, and this instinct is not impaired by illness, injury, impairment or disability. The arts therapies are the healthcare professions that can effectively harness this human quality to help meet specific healthcare needs, working to enhance the impact of other health professionals, provide cost-effective, high-quality, evidence-based and ethical therapy services, deliver outcomes and, most importantly, improve the health and wellbeing of the population.

The clinical evidence base for these professions is solid and increasing, and references to the most relevant sources are made throughout the report. But perhaps more importantly in the current climate of transformation and change, the approach of the three arts therapies is a compassionate and collaborative one. The valuable contribution of these professions is highlighted through a range of case studies throughout the document, giving qualitative descriptive examples of therapy work with a range of service users of different ages and conditions.

This workforce review has highlighted the current position of Music Therapy, Art Therapy and Dramatherapy as Allied Health Professions which are under significant stress in seeking to meet the demand for their services in independent services and thus meet the needs of service users throughout Northern Ireland. Services have evolved organically and as a result are fragmented and lacking in clear strategic direction, and the consequence of this is a drastic inequity of access to services across service user groups and geographically across the region. Service provision is not as effective or efficient as it could or should be. Despite being professions that are person-centred and driven by co-production at their heart, the services currently in place in Northern Ireland are entirely dictated by funding limitations. As a result, it has been recommended that a review of Arts Therapy services be carried out, with a view to developing a strategic approach to the three professions in Northern Ireland, and that the three professions be more actively included and involved as appropriate in service reviews and relevant groups, with a network group to be created across the three professions as a point of contact and to encourage effective communication and liaison between the three professions collectively and with relevant HSC bodies.

Strategic Context

In December 2016 the Department of Health (DoH) Northern Ireland began a series of workforce reviews across the thirteen Allied Health Professions, including Music Therapy, Art Therapy and Dramatherapy. While three separate professions, these are often collectively referred to as the 'Arts Therapies'. The aim of these reviews is to evaluate the current and future workforce requirements of these professions in order to ensure their sustainability and suitability to deliver AHP services across Northern Ireland capable of meeting the needs and demands of the population in the coming years, and to ensure that such services are delivered to the required standard.

It is widely recognized that the Northern Ireland health and social care system is undergoing a period of transformation in response to the challenges it faces, and the need for an integrated, well-supported, adaptable and resilient workforce to achieve this has never been greater. Art, Music and Dramatherapists, representing three of the thirteen Allied Health Professions, are well placed in terms of their skill set and clinical expertise to support this process and become an integral part of it. All three arts therapies help a wide range of service users to achieve outcomes which broadly improve their health, wellbeing and quality of life, as will be outlined in this report, and as such are well place to support a systemic rather than single-structure approach. Drama, Art and Music therapy services at present are not mainstreamed, being almost exclusively provided by external organisations and freelance individuals. As a result service delivery is irregular and fragmented, and the implementation and development of services is severely limited by the restraints of this funding model. This has also presented challenges in completing this review, as both the professions themselves and their stakeholders state that *current* service needs are not yet being met, before consideration can properly be given to assessing future demands and consequent workforce requirements. The instability and insecurity of current service and funding models significantly hinders the planning of a workforce that is as efficient and effective as it could be.

The 10-year strategy launched by the Department of Health in October 2016 - 'Health and Wellbeing 2026: Delivering Together' - was developed to ensure that Health and Social Care services in Northern Ireland can adequately meet the predicted needs of our

population over the next 10 years and beyond. The main focus of this strategy was to put the service user, the person, at the centre of services:

- Improving the health of our people
- Improving the quality and experience of care
- Ensuring sustainability of our services
- Supporting and empowering staff

The arts therapies should be integral to a health service following this strategic direction given the value they add to health and wellbeing outcomes, and the integral role the arts play in our lives. The All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report "Creative Health: The Arts for Health and Wellbeing"[1] (hereinafter referred to as the 'APPG Creative Health report 2017') was published in July 2017 and states (p.11):

> "Millions of people in the UK engage with the arts as part of their everyday lives. As we demonstrate in this report, arts engagement has a beneficial effect upon health and wellbeing and therefore has a vital part to play in the public health arena. At the same time, this report shows that the arts have a significant role in preventing illness and infirmity from developing in the first place and worsening in the longer term. Added to which, engagement in the arts is consistently seen to enhance wellbeing and quality of life in people of all ages. In short, the arts can help to address many of the challenges the health and social care system is facing and improve the humanity, value for money and overall effectiveness of this complex system."

[1] http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf

Music Therapy

1. Music Therapy

The overview that follows of music therapy services in Northern Ireland shows that the service delivery model currently in place is not fit for purpose and does not meet the health and wellbeing needs of service users, and services are not as efficient or cost-effective as they potentially could be. The existing music therapy workforce does however already have the skills and qualities needed to actively engage with and support the transformation agenda. It is therefore essential at this stage that a properly integrated and supported workforce be facilitated in order for us to play our role in this process as one of the 13 Allied Health Professions and to contribute fully to improving the health and wellbeing of the local population.

A scoping exercise was carried out in early 2018 to gather data from the current workforce throughout Northern Ireland, including both music therapists delivering services funded by Health and Social Care Trusts (HSC Trusts) as well as those delivering services elsewhere that have been sought from providers or by the NI population in order to have their health and wellbeing needs met. In this way we have aimed to give as full a picture as possible of current music therapy provision in Northern Ireland.

Definition of Music Therapy

The NHS England website states that, "Music therapists engage clients in live musical interaction so as to promote an individual's emotional wellbeing… …this established psychological clinical intervention utilises their unique connection to music and the relationship established with their therapist to help: develop and facilitate communication skills, improve self-confidence and independence, enhance self-awareness and awareness of others, and improve concentration and attention skills."[2]

Music therapy is both an evidence-based clinical treatment and at the same time innovative, creative and person-centred. Individually-defined psychological, emotional, cognitive, physical, communicative, sensory or social outcomes can be achieved. This takes place through the creative processes of music, facilitated by a duly trained and registered therapist.

[2] https://www.england.nhs.uk/ahp/role/#music

Music therapists work with people of all ages, from neonatal care to end-of-life, and in a range of settings including hospitals, hospices, residential care homes, rehabilitation, community settings, day centres, nursery, mainstream and special schools, and in clients' own homes. Client groups include people with learning, developmental and physical disabilities, neurological disorders (including stroke, Parkinson's, MS, MND) and acquired or traumatic brain injury, mental health conditions, dementia, in palliative care or with emotional, behavioural or wellbeing issues.

A list of publicly available video links showing some examples and case studies of music therapy work are included in Appendix 1.

The current music therapy workforce

All of the data contained herein is based on information gathered during a scoping exercise completed in May 2018. Due to the nature of the profession in Northern Ireland today, specific data may have changed to a degree in the interim period until publication of this review. HCPC data states that 30 music therapists are registered in Northern Ireland, and 29 therapists are known to be working here, 24 female and 5 male. The Department of Health does not hold data on the music therapy workforce. 19 responses were received to the scoping exercise carried out and so the information contained herein is the best indication available based on the information received. Six of the 29 therapists are working full time, with the average being 0.67 WTE. Only a small number (11) are employed with permanent contracts, with others either working freelance or with time-limited contracts.

Service user group	No. of music therapists in this area
Adults with Learning Disabilities	1.22 WTE (B & NHSCT)
Adults with Physical Disabilities	0.3 WTE (BHSCT)
Children with Disabilities	4.8 WTE (All Trusts)
Child and Adolescent Mental Health	0.3 WTE (BHSCT)
Children with social, emotional and behavioural difficulties	1.12 WTE (B, SE, N & WHSCT)
Adult Mental Health	<1 WTE (sessional) (BHSCT)
Dementia	0.2 WTE (B & WHSCT)
Forensic settings	0.3 WTE (B, SE & WHSCT)
Acute Medical settings	0.16 WTE (BHSCT)
Brain Injury	0.3 WTE (B & WHSCT)
Neurological conditions	0.2 WTE (B & SHSCT)
Palliative care	1.2 WTE (B & SHSCT)

Table 1: Number of WTE music therapists working in each clinical area in Northern Ireland.

Drivers and constraints to music therapy services and workforce in Northern Ireland

Drivers:

Effectiveness and evidence base: Music therapy outcomes show long-term benefits and improvements in transferable life skills, enhancing and improving the health and wellbeing of the population. Measurement of outcomes can be challenging due to the nature of the outcomes and the client groups in question, but this is being actively addressed within the music therapy profession with developing measurement tools which are an excellent fit for the overall shift in our health services towards value-based commissioning, outcomes-based accountability, and person-centred practice.

The evidence base for music therapy is strong and growing, with an increase in quantitative and mixed methods research in addition to qualitative evaluation. A database of evidence

by the Nordoff-Robbins music therapy organisation was last updated in 2016 and contains an overview of research evidence for the profession[3].

Flexibility and adaptability in meeting clients' needs: Music therapy has an inherent adaptability, which is why it is a viable intervention for such a wide range of service users and across the full span of life.

> There is an innate human ability to respond to music, and this remains intact regardless of illness, injury or disability.
>
> In the hands of trained and registered music therapists, this can become a form of therapeutic support that can be accessed by those with the most complex needs, needs that are difficult to address in other settings or by other professions.

Music therapy is a person-centred discipline, service users are always involved directly in the development of their treatment. Identification of objectives and outcomes is a dynamic process that begins in the initial assessment and runs throughout the therapy, especially and most importantly through service users' musical responses. In short, co-design is at the heart of every single music therapy session, from the roots up.

PHOTO FROM 'EITAN'S MUSIC THERAPY' - HTTPS://YOUTU.BE/PYPJNC645N8

Demand for services: Awareness is steadily growing among the general public of the extent to which music therapy can contribute to improving health and wellbeing. This is demonstrated by the high number of unsolicited enquiries received. Interest is also high from stakeholders in healthcare and education who have directly observed the impact of this therapy. Where services are funded, demand for them is usually such that referrals are only actually accepted when there is known availability and referrers are forced to prioritise service users resulting in a funding-dictated rather than a needs-based service.

[3] https://www.nordoff-robbins.org.uk/ResearchAndResources

High engagement and motivation of service users: with uniformly high attendance, compliance with treatment and low cancellation rates across all client groups and age groups.

Service feedback consistently positive: consistently positive feedback about the outcomes of services is received from families, staff, and service users themselves across all areas of work.

Constraints:

Funding: The lack of funded services was unanimously identified by the profession as the main constraint to music therapy in Northern Ireland. Clients and families regularly report that they are unable to access services, other healthcare professionals report that service users request this service and are unable to access it, and music therapists report their difficulty in setting up any regular, sustainable long-term provision. Music therapists' clinical recommendations for ongoing support for service users are generally not met, and potential partnerships and collaborations with other healthcare professionals, allied health professionals, or education professionals cannot be effectively implemented.

Instability of contracted services: With a handful of exceptions, services are mainly short-term contracts (up to 1 year) resulting in a highly unstable working environment with a lack of job security. This also has a clear impact on service planning, service improvement and on service users themselves.

Knowledge is significantly lacking of our profession as one of the 13 Allied Health Professions capable of providing a clinical intervention comparable to a psychological therapy, not only among the general public but also within our health services themselves. There is a lack of distinction made between music *therapy* with clinical aims for directly improving health and wellbeing, and music for general wellbeing, recreational or teaching purposes. The current rise in Arts for Health practices, both within the general public and within statutory services, is in itself positive, and increased engagement in the arts will only benefit the general population. There is, however, a need for due caution when such services are expected to have 'therapeutic' outcomes and musicians or artists with no health-related training or indeed any governance responsiblilty are employed to deliver these without the protection for the public brought by HCPC registration and its related

standards of proficiency, good governance and professional practice. It is important and in the absolute best interest of service users that awareness be raised appropriately of the importance of employing a health professional when this is required and a good musician at other times when clinical responsibility is not an issue.

Inequity of services: Across geographical areas and across clients groups, as is evident in the service mapping summary below.

Communication: The present service delivery model hinders effective liaison with other professionals and with families and carers, as well as preventing participation in care team, annual review or multidisciplinary team meetings. This means that music therapists miss out on vital information about clients, but also that other involved professionals miss out on the clinical perspective and insight a music therapist can bring.

Required workforce:

The manner in which music therapy services in Northern Ireland have developed and evolved to the present time means that it is impossible to predict workforce requirements for the coming ten years or to properly evaluate matters of training requirements, recruitment and retainment until such a time as there is a strategic approach and infrastructure in place for the arts therapies. The following areas are, however, basic requirements of such a workforce:

Professional regulation

The HCPC is an independent body responsible for setting and maintaining the standards of proficiency, performance, conduct and ethics of the health professions it regulates, of which music therapy is one. Only those with a professional qualification from a Masters-level training course approved by the HCPC can register with the regulatory body and practice in the United Kingdom as a Music Therapist. As mentioned above, the lack of awareness of this need for registration, along with the current rise in more generic 'arts in health' practices without protected title or training requirements results in frequent misuses of the protected title in the public realm.

Supervision

Music therapists and independent organisations work in line with current guidelines and recommendations for supervision, including the 'Regional Supervision Policy for AHPs – Working for a Healthier Future (2014)'[4], even when not employed in HSC Trust contracts, in the interests of effective governance and professional accountability. Music therapists fully recognise the need for regular supervision and reflective practice to consistently deliver the highest level of quality, safe and effective services that properly meet the psychological, emotional and neurological rehabilitative needs of services users.

1.1 Service Mapping – Music Therapy in Northern Ireland, May 2018

The following section maps out music therapy services in place in Northern Ireland as determined by the scoping exercise completed in May 2018. Services are provided to a wide range of client groups, but consist mainly of short-term sources of funding which leads to high variability and changeability of services. Thus, the information outlined below acts as a snapshot of those services in place in May 2018, in a highly fluctuating service model, based on the responses of 20 of 29 music therapists working in Northern Ireland at that time. It can, however, be considered as generally representative of music therapy provision in Northern Ireland at the present time. All calculations are based on a 37-hour full time week, 7.4 hours per day.

The table below summarises services currently funded by Health and Social Care Trusts, which account for approximately 40% of the working time of those therapists who responded to the scoping exercise (the actual figure will be considerably lower). Services are shown by Trust area, and the inequity of provision across the Trusts is evident.

[4] https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/regional-supervision-policy-ahp-2014.pdf

	BHSCT	SEHSCT	SHSCT	NHSCT	WHSCT
	Adult Learning Disability	-	-	-	-
HSCB	*Children with Disabilities*	*Children with Disabilities*	*Children with Disabilities*	*Children with Disabilities*	*Children with Disabilities*
	Children with Disabilities (residential)	-	-	Children with Disabilities (CDC & Complex Care)	-
	Adult Physical Disability	-	-	-	-
	CAMHS	-	-	-	-
	Brain Injury	-	-	-	Brain Injury
	-	-	-	-	Dementia / Adult mental health
	-	Forensic	-	-	-

Table 2: Areas where music therapy services are funded by HSC Trusts

Services and related workforce implications are presented below in greater detail, subdivided by client group. For those identified as 'non-Trust', the funding has been obtained from a range of sources including:

- private payment by families/carers
- fundraising by families/carers
- charitable grants
- lottery funding
- self-funding by schools

1.1.1 Adults with learning disabilities

Area	Funding	Venue/setting	Provision/ week	Service users	Waiting list
BHSCT	BHSCT	5 Day Centres, inpatient setting, residential	5.6 days	73	215+
BHSCT	BHSCT – social worker	Home visit	1 hour	1	0
BHSCT	Non-trust	Home visit/residential	3 hours	13	0
NHSCT	NHSCT – social worker	Home visit	1 hour	1	0

Under contracted services with the BHSCT music therapy is provided in five day centres for adults aged 18 and above with learning disabilities, 0.5-1 day per week in each centre, for a total of 0.75 Whole Time Equivalent (WTE) music therapists. On average 55 service users receive music therapy each week, with approximately 200 more service users in these venues identified as potential beneficiaries of the service if it were possible.

In inpatient and residential settings for adults with severe learning disabilities including ASD, mental health needs, forensic needs and challenging behaviour, a total of 0.47 WTE posts are providing music therapy to approximately 32 service users, with current waiting lists of 15. Demand is extremely high and all therapists stated that they receive more referrals than they are able to see. In summary:

- 1.2 WTE therapists
- approximately 88 service users each week
- Northern Ireland population of adults with learning disabilities estimated at 30,814 (Source: Mencap, 2017[5]).

All but one service user are in the greater Belfast area and so there is huge inequality of access to music therapy services for adults with learning disabilities across the region.

[5] https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/how-common-learning-disability

Music therapy is widely accepted as providing a valid therapeutic support for adults with learning disabilities, in particular in developing communication, social skills and interaction, and providing a highly accessible form of emotional and psychological support. Attendance is traditionally very high, with service users highly motivated to take part. With appropriately integrated services facilitating multidisciplinary partnership working, including co-treating where appropriate, music therapy could also significantly enhance the impact and outcomes of physiotherapy, occupational therapy and speech and language therapy for these service users. In one HSC Trust service in 2017, attendance at therapy sessions over a six-month period averaged 78.8%, with only 8.8% lost to DNA (did not attend), despite the highly complex and often challenging needs of this population.

Sample Outcomes In 2017, 22 service users showed an average 12% increase in their ability to interact and relate to others in the music therapy session over just a 12-week period of music therapy.

Case example

S attends a Day Centre in Belfast. She has received regular periods of individual music therapy over the last number of years, time-limited due to the high demand for music therapy in the centre. S has profound and multiple learning disability with an extremely limited range of movements and facial expressions. She is non-verbal, and her participation in group activities in the centre is extremely limited. However, when she plays an electric piano keyboard in music therapy sessions, she lights up and the change in her is remarkable. She makes a tremendous effort to bring her hands onto the instrument and, despite the extremely limited range of movement she has, she will manage to play through minimal finger movements. The therapist creates a musical structure around her sounds that is adapted and changed in the moment to support whatever S is playing, enabling her to enter into a 'dialogue' with another person. This represents a vital form of self-expression that S cannot access elsewhere. During these exchanges she makes her pleasure known through smiling, laughing aloud, making eye-contact and turning towards the therapist. Staff report that these positive outcomes continue in S long after each session has finished – her joy at being able to interact in this way is clear and lasting.

1.1.2 Adults with Physical Disabilities

Area	Funding	Venue/setting	Provision / week	Service users	Waiting list
BHSCT	BHSCT	3 X Day Centres	1.5 days	23	30

There are no known music therapy services for adults with physical disabilities in any other area of Northern Ireland - inequality of service provision is evident.

In the Belfast area services are provided in three day centres for adults with physical disabilities.

- 0.3 WTE therapists
- On average 23 service users each week

Demand for the service is extremely high and all therapists stated that they received more referrals than they were able to see. In one HSC Trust service in 2017, attendance at therapy sessions over a six-month period averaged 85.8%, with only 2.5% lost to non-attendance (DNA) (the remaining 11.7% due to cancellation of sessions).

Sample Outcomes Five service users over just a 12-week period of music therapy showed an average 7% increase in their ability to interact and relate to others in the music therapy session (obtained using a music-therapy specific outcomes tool measuring communication-relationship goals). The services in question focus mainly on group social skills, communication and interaction with peers, but a fully integrated service for this client group could potentially work in close partnership with speech and language and physiotherapists to use specific music therapy techniques to develop vocal, verbal and motor skills, thus enhancing the outcomes and impact of other allied health professions as well.

Service user voice –comments from unanimously positive questionnaires completed by eleven service users at a Belfast day centre in 2017

'It made me more outgoing'

'It helps my speech, my words are clearer'

'It makes me happy'

'It's good for my hand coordination'

1.1.3 Children with Disabilities

Provision for children with disabilities is by far the most widespread music therapy service in Northern Ireland, and yet evidence shows that there is significant unmet demand with only approximately 0.03% of children with disabilities in Northern Ireland able to access services at any given time. Of those services in place approximately 20% are funded by HSC Trusts while the remaining 80% are funded through charitable grants, private funders, parent fundraising, paid for privately or from school budgets (and this is an overestimation as based only on the respondents to the scoping exercise carried out). It is clear that demand is extremely high both among parents and from professionals working directly with the children in question. This is an area where collaboration with the Department of Education is essential as the majority of these services are delivered in school settings.

A single music therapy organisation provides a regional family support music therapy service across all 5 Trusts for children with disabilities. This Health and Social Care Board funding covers a minimum of six sessions per week in each Trust area for children aged 0-19 with disabilities, severe communication difficulties and challenging behaviour. There is extremely high demand and HSC Children's Disability teams hold and manage the waiting lists and prioritise for available spaces.

In addition to this regional service, a contract with the NHSCT covers one day per week split across a Child Development Centre focussing on early intervention and family support for children with ASD aged 2-4 years, and in 'complex care home visits' for children with profound and multiple learning disabilities and complex medical needs. Due to demand, in both of these settings only very short-term interventions are possible.

Area	**Funding**	**Venue/setting**	**Provision/week**	**Service users no.**	**Waiting list**
Regional	HSCB	Home visits and schools	7.5 days per week	c. 64 (variable)	Unknown
Regional	Non-Trust	Home visits and schools	3 days per week	c. 18	Unknown
BHSCT	BHSCT	Residential setting	0.5	5	10

BHSCT	BHSCT – social worker	Home visit	1 hour	1	0
BHSCT	Non-Trust	Special school /community/residential	3.5 days	c.98	85
BHSCT	Non-Trust	Early years	0.5 days	6	unknown
SEHSCT	Non-Trust	Special and mainstream schools/home visit	1.3 days	c. 36	100+
SHSCT	Non-Trust	Special school	2.2 days (including short-term contracts)	c. 40	180++
NHSCT	NHSCT	Child Development Centre and home visits	1 day	6	22
NHSCT	NHSCT – social worker	Home visit	1 hour	2	0
NHSCT	Non-Trust	Special and mainstream schools	1.8 days	20	80+
WHSCT	WHSCT – social worker	Home visit	0.3 days	2	0
WHSCT	Non-Trust	Clinic/community	5.9 days (including short-term contracts)	53	75

Table 3: Overview of music therapy provision for children with disabilities

In the HSCB-funded service over a 6-month period in 2017, attendance at therapy sessions averaged 82.8%, with only 1.2% lost to non-attendance at sessions (DNA) (the remaining 16% are due to cancellations).

Sample Outcomes Over just a 12-week period of music therapy 83 service users showed an average 14% increase in their ability to interact and relate to others in the music therapy session (obtained using a music-therapy specific outcomes tool measuring communication-relationship goals).

Case examples:

A. began to receive sessions in his mainstream school, at a time when he was struggling with this placement. The therapist was able to establish a secure therapeutic relationship with A. at this time, giving him an outlet to express himself emotionally and a sense of control at a time when he was overwhelmed and anxious. The therapist was able to adapt to his preferences, recognising and facilitating his need for control at this time. The flexible nature of the service meant that the therapist was able to continue to support A. through the summer and as he transitioned to his new school placement the following year, thus providing consistent therapeutic support during this period of change.

Parent/carer voice: "We are delighted to report that, whilst it took A. time to settle into his new school, he is now happy and engaged both socially and academically. He sings, dances, chatters non-stop and enjoys playing with his friends – and we can't tell you how thankful we are for that. It's all to the good that he can continue to express himself through music, and in other ways, whatever he is feeling."

P. is a 9-year-old girl with ASD who attends a special school where she is in a class on her own. Cognitively P. understands language and verbal interaction, but is herself non-verbal and does not generally use her voice unless at times of severe distress. P. received a 10-week period of music therapy through lottery-funding and during this time not only was she able to sustain engagement and attention with the therapist in shared interactions, she also began to make increased vocal sounds through shared singing. As this was an extremely time-limited intervention, the therapist put together a programme based on neurologic music therapy techniques which the teaching staff could implement subsequently in order to continue to support development of P.'s controlled and directed vocalisations.

Benji – A Journey to Speech (Nordoff-Robbins Australia):
https://www.youtube.com/watch?v=a1xiG29UMOA

"And he starts to discover that he can use music to connect with others…and that he might enjoy it!! …Now he starts to connect with intention…"

With appropriately integrated services facilitating multidisciplinary and partnership working, music therapy could significantly enhance the impact and outcomes of physiotherapy, occupational therapy and speech and language therapy for children with disabilities.

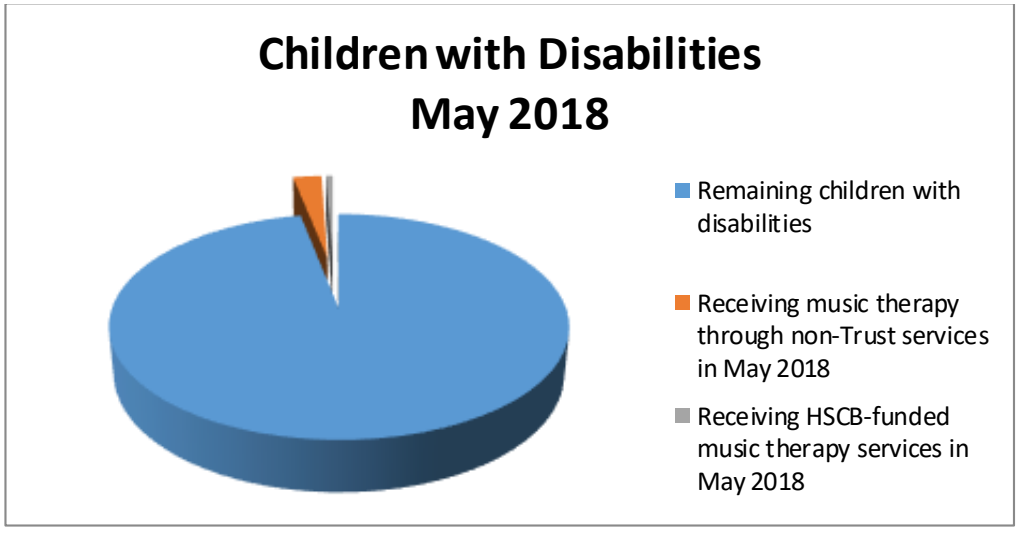
Trust and HSCB-funded services account for 1.86 WTE therapists currently working with 64 children. In this service waiting lists are not generally held as demand is so high that sessions are offered only when there is known availability.

Non-Trust services account for 2.94 WTE therapists currently working with 271 children, with at least a further 520 identified by therapists as potential referrals. The proportionately higher number of children treated per WTE in non-Trust services is dictated by the fact that self-funded services on the whole tend to favour group settings due to the need for venues such as schools to show that the service is shared as equitably as possible among all service users. This is therefore a funding-constrained, not person-centred service delivery model.

In summary:

- 4.8 WTE therapists
- 335 service users currently
- Northern Ireland population of children with disabilities estimated at 10,889 (Source: Mencap, 2017[6]).

There is a high turnover of referrals in this service, but even so only a tiny proportion of the overall Northern Ireland population of children with disabilities are able to access music therapy at any given time, and a significant proportion of this is highly dependent on variable grant and charitable funding. It is worth bearing in mind that this represents by far the best funded music therapy service at present.



1.1.4 Child and Adolescent Mental Health Services

One day per week is provided in a mental health inpatient unit for young people aged 12-18. 6 clients are seen per week with a further 15 not accessing music therapy, and 0.5 days per week in a mental health clinic for 10-18 year olds where 2 clients are seen per week. Psychologists in this setting have expressed that they would be keen for most service users

[6] https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/how-common-learning-disability

to receive at least a music therapy assessment. The services in question are both in the greater Belfast area, with no provision in the rest of Northern Ireland.

Area	Funding	Venue	Provision / week	Service Users	Waiting list
BHSCT	BHSCT	Inpatient unit/clinic	1.5 days	8	15

The 'Music in Mind' study was completed in Belfast in 2014 and published in 2016[7]. This was a multicentre, single-blind, randomised controlled trial in which young people, aged 8-16 years old, with Social Emotional and Behaviour Difficulties (SEBD) were allocated randomly to 12 weekly sessions of improvisational music therapy in addition to usual care or to usual care alone at six community care facilities within the Child and Adolescent Mental Health Service in Northern Ireland. This was internationally the largest ever study of its kind to date, involving 251 young people. It showed that young people between eight and 16 years of age who received music therapy had significantly improved self-esteem and reduced depression compared with those who received treatment without music therapy. The study also found that young people aged 13 and over who received music therapy had improved communicative and interactive skills, compared to those who received usual care options alone. Music therapy also improved social functioning over time in all age groups.

The most common approaches to treatment for this client group are costly medications and psychotherapy, both of which have an insufficient evidence base for use with children and adolescents. A cost-effectiveness analysis (publication pending) was conducted alongside the Music in Mind trial, with costs examined in relation to improvements in communication and quality-adjusted life years. It demonstrated a net benefit value for each child/young person based on the observed costs and effectiveness of music therapy.

The findings from the Music in Mind trial support the integration of music therapy into routine clinical practice within child and adolescent mental health services. However, since the completion of this Belfast-based study and publication of its findings, there have been no further developments in related services in Northern Ireland.

[7] https://doi.org/10.1111/jcpp.12656

Recent media reports have stated that 'almost half of Northern Ireland young people have mental health problems'[8], and that 'Northern Ireland has catastrophic levels of mental ill health' with the highest suicide level in the UK[9]. According to the 'Mental Health in Northern Ireland' report[10] published in 2017 'while data on the prevalence of mental ill health in children and young people in NI is scarce, it is estimated that around 45,000 of children and young people in NI have a mental health need at any one time' (p. 32). Despite locally-provided and internationally-accepted evidence, current service provision is equivalent to just 0.3 WTE for the whole of the region, with approximately 8 young people able to access services.

- 0.3 WTE therapists
- 8 service users
- Estimated that 'around 45,000 children and young people in Northern Ireland have a mental health need'.

1.1.5 Children with social, emotional and behavioural difficulties

These are services provided, most often in school settings, for children recognised as having a need for additional emotional, psychological or behavioural support. The APPG Creative Health report 2017 recognised the "arts as a form of evidence-based and cost-effective treatment of childhood behavioural problems and conduct disorders" (p. 90). As in CAMHS services, music therapy is ideally placed as an accessible service to provide high quality, high impact psychological and emotional therapeutic support as part of an early intervention or prevention model, especially as it is a trauma and developmentally-informed practice. It is particularly relevant for these children as it is not only effective but also immediately appealing, accessible and engaging for children for whom verbal or talking therapies may not be possible or accessible.

8 https://www.belfasttelegraph.co.uk/news/northern-ireland/almost-half-of-northern-ireland-young-people-have-mental-health-problems-study-reveals-36776120.html (5th April 2018)
9 https://www.amh.org.uk/wp-content/uploads/2018/02/Briefing-Mental-Health-Crisis-in-Northern-Ireland.pdf (20th February 2018)
10 Betts and Thompson, http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2016-2021/2017/health/0817.pdf

Area	Funding	Venue/setting	Provision/week	Service users	Waiting list
BHSCT	Non-Trust	Mainstream schools	3 days	c. 45 (variable)	67++
BHSCT / NHSCT	Non-Trust	Clinic	2 days	10	unknown
SEHSCT	Non-Trust	Special school/Private /home visit (LAC)	1.6 days	9	30
WHSCT	Non-Trust	Mainstream school	0.5 days (short-term)	5	3+++

Services are provided across 11 different venues with 1.12 WTE therapists working with a total of 69 children and upwards of 100 on waiting lists and many more recognised as potential referrals, representing just a tiny proportion of the Northern Ireland population of children and young people who may need additional support of this nature.

The numbers given above are particularly striking given the severe lack of CAMHS services previously described, as this area of work is often considered as a form of 'pre-CAMHS' early intervention. The demand for these services is evident, given that those outlined are entirely self-funded. Again collaboration is clearly needed with the Department for Education in this area to provide appropriate support for these children in the right place at the right time.

1.1.6 Adult mental health: Specialist psychiatry services, general emotional/psychological support

Area	Funding	Venue/setting	Provision/week	Service users	Waiting list
BHSCT	BHSCT (sessional)	Inpatient wards Outpatient primary care	Up to 2 days	Up to 25	unknown

"According to the Northern Ireland Health Survey 2014/15, 19% of individuals show signs of a possible mental health problem… Similar rates of poor mental health were reported in a 2013 study into the prevalence of mental health disorders in Northern Ireland, which suggested rates of 23.1%" (source: Mental Health Foundation report 'Mental Health in Northern Ireland: Fundamental Facts 2016'[11]).

PHOTO FROM "MEET ALI" HTTPS://YOUTU.BE/LNSBYAOEYZC

As noted earlier in this report, there is universal recognition of music as a means of enhancing our mental and psychological wellbeing as part of the human condition. This capacity of music is part of the reason why it is so powerful as a therapeutic tool in the hands of a trained and registered therapist, and music therapy is ideally placed to play a vital role in any programme of social prescribing for this and other client groups. While music is widely recognised as integral to mental health services, it is music therapy that is particularly well-evidenced, for example, the APPG Creative Health report 2017 stated that "A Cochrane review of RCTs found that individual music therapy combined with standard care (psychotherapy and medication) tended to show more significant improvements in mood than standard care alone"[12] (p. 103). It is noted that as well as treating patients with complex psychological needs in a detailed, multi-layered way, enabling increased insight into symptoms for ongoing monitoring of illness, music therapy has also been instrumental in patients' return to taking an active part in their community.

Within adult psychiatry, one music therapist has been working closely with psychiatrists for a decade, within a BHSCT specialist psychotherapy service for adults with complex, severe

[11] https://www.mentalhealth.org.uk/file/1610/download?token=vOtlEP36

[12] Maratos, A., Gold, C., Wang, X. & Crawford, M. (2008). Music Therapy for Depression. Cochrane Database of Systematic Reviews

disturbance (12-16 hours per week). The input of this therapist has covered ward settings (including low secure wards, two acute admission wards and a medium secure forensic unit) and two specialist BHSCT psychological therapies outpatient facilities for patients with complex needs (dual/triple diagnoses). This is a rolling contract, usually reviewed every 2 years but, in spite of this, services for adults with diagnosed mental health issues currently have less than one WTE treating only up to 25 patients at any given time via one sessional BHSCT contract and a grant-funded time-limited service. This work has received much recognition and support but further funding to expand the service has been absent and no such services have been provided in the rest of Northern Ireland.

Case example:

A patient in their twenties had availed of significant CAMHS and community services for more than 7 years and then attended music therapy in an outpatient setting, having presented with ongoing, complex difficulties in terms of capacity to manage independent living. The patient was prescribed a significant amount of psychiatric medication and was extremely isolated, taking no part in society and deteriorating, suggesting in-patient services might be required. The music therapist initially worked at a more concrete level, offering the patient a means of discovering how the instruments might help link up with and express experiences. Over time the patient became able to put words onto these experiences, and then to use the instruments as a means of spontaneous self-expression, for working out difficulties, and for identifying the roots of what was difficult. This was delicate, complicated and careful work, because of the risk of self-harm that was present. After 4 years of weekly sessions, the patient was discharged, no longer taking psychiatric medication, living independently and working. This shows how cost-effective an investment in music therapy can be: the patient no longer required psychiatric treatment and medication, contributing fully to society and unlikely to break down and need specialist help.

In relation to older age psychiatry, there is no provision in N. Ireland, while in the Republic of Ireland music therapy is provided 2 days per week in Tallaght hospital with older adults and adult psychiatry services. In the rest of the UK there are innovative services across the age range that have survived in spite of funding cuts. Despite the immense need, there are only rare examples of music therapy services within psychiatry in Northern Ireland, even for generalized emotional or psychological support for adults. Given the multifaceted difficulties arising out of the legacy of the Northern Ireland conflict, music therapy is an established

method and means of treatment[13] and thus a relevant – and necessary - intervention to meet the current complex needs of many psychiatric patients.

1.1.7 Dementia

Area	Funding	Venue/Setting	Provision/week	Service Users
BHSCT / SHSCT	Non-Trust	Care homes and own homes	0.5 days + 1 hour	16
WHSCT	WHSCT	Hospital (dementia and adult mental health assessment)	0.5 days	8

Under a WHSCT contract, renewed every two years, approximately 8 patients aged 60 and over are seen in a hospital setting for 0.5 days per week. There is high demand for the service as staff would like as many seen as possible in the time available.

KATH - HTTPS://YOUTU.BE/SWT8J_FNUO4

Music therapy is again widely recognised as an important and effective means of therapeutic support for people with all forms of dementia. A report published in January 2018 summarising the work of the Commission on Dementia and Music[14] states that that music helps to minimise some of the symptoms of dementia, such as agitation, and can help to tackle anxiety and depression, and that we can also observe the considerable value of music in improving the quality of life for people with dementia, by helping to increase social interaction and decreasing stress hormones.

Sample Outcomes In a HSC Trust service, outcomes are measured using the Music in Dementia Assessment Scales (MiDAS[15]). In the most recent quarter April-June 2018,

[13] Sutton, J. (2002) Music, Music Therapy & Trauma. International Perspectives. London, Jessica Kingsley

[14] http://www.ilcuk.org.uk/index.php/publications/publication_details/what_would_life_be_without_a_song_or_dance_what_are_we

[15] https://www.musictherapy.aau.dk/midas/

patients showed an average 48% improvement across the five outcome areas, (Level of Involvement, Response, Interest, Enjoyment and Level of Initiation). It should be noted that these scores assess the patients' presentation at the beginning of the session (before music therapy input) and their 'peak' response, and so they indicate a baseline and a maximum response.

NICE guidelines recommend that older people engage in creative activities, and that 'people with all types and severities of dementia who also experience agitation may be offered 'therapeutic use of music'. Once again, the APPG Creative Health report states that "A 2013 DH report on dementia in England made passing reference to the beneficial sensory aspects of arts engagement in general and music therapy in particular. An RCT comparing standard care with music therapy over six weeks found that agitation increased in the first group and decreased in the second, leading to a diminution of medication in the group receiving music therapy. NICE advises that people with all types and severities of dementia who also experience agitation may be offered 'therapeutic use of music and/or dancing'." (p. 133)

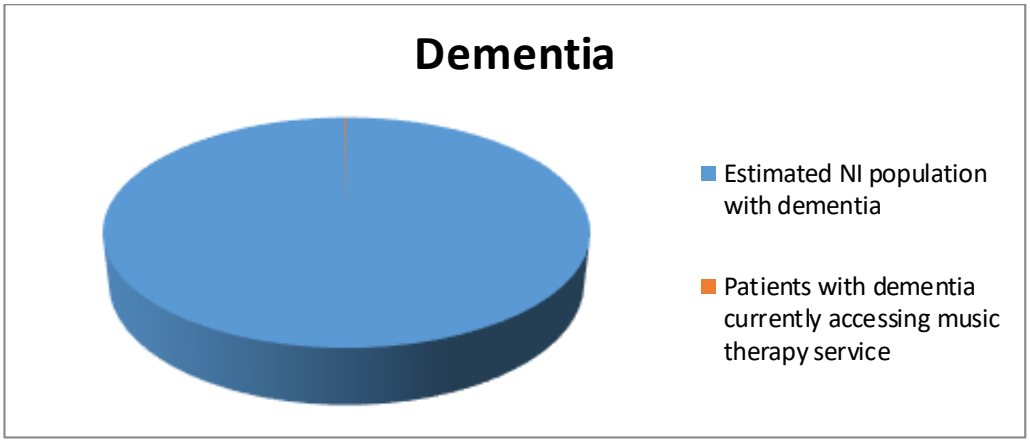
Recently there has been increasing awareness and recognition in the public eye of the dramatic impact that appropriate engagement in music can have on the health, wellbeing and quality of life of people with dementia, including in the mainstream media[16]. Secretary of State for Health and Social Care, Matt Hancock, recently stated that more people with dementia should be given music and dance therapy in a bid to prevent them being "over-medicalised", saying "This is the kind of personalised care that I fully endorse as a key part of our NHS long term plan"[17], and in a presentation to the Creative Health conference in June 2019, NHS Chief Executive Simon Stevens recognised that music therapy reduces agitation and the need for medication in 67% of people living with dementia[18].

- 0.2 WTE music therapists
- 24 service users currently accessing music therapy
- Over 20,000 people estimated to be diagnosed with dementia in Northern Ireland (source, Alzheimer's society NI[19]), a figure set to increase given our increasingly

[16] 'Miriam's Dead Good Adventure, BBC2, 21st April 2019 https://www.bbc.co.uk/programmes/m0004gpl
'Our Dementia Choir' series, BBC1, from 2nd May 2019 https://www.bbc.co.uk/programmes/m0004pyg
[17] https://www.telegraph.co.uk/news/2019/04/05/dementia-patients-should-offered-music-dance-therapy/
[18] https://www.rhinegold.co.uk/classical_music/southbank-centre-holds-first-creative-health-conference/

19 https://www.alzheimers.org.uk/about-us/policy-and-influencing/national-policies/dementia-strategy-northern-ireland

aging population.



1.1.8 Forensic settings

Area	Funding	Venue/Setting	Provision / week	Service users
SEHSCT / WHSCT	SEHSCT	Prison	1 day	30
BHSCT	PBNI	Bail hostel	4 hours	10

Prison population numbers in Northern Ireland and those with mental health issues or addiction are estimated as follows: "On 17 November 2016, the prison population totalled 1,533. Of these, 417 were recorded as having a mental illness, and a further 740 prisoners were recorded as having an addiction. That amounts to just over 75% of the prison population."[20] And yet, currently 0.3 WTE posts provide services in forensic settings to 29 people, and there is very high further demand for this service providing support into the mental health teams in these settings.

[20] https://www.theyworkforyou.com/ni/?id=2016-11-21.2.1&p=13821

In November 2018 the Arts Council of England published 'Arts and Culture in health and wellbeing and in the criminal justice system'[21] which strongly supports arts and arts therapy interventions in this area and in particular references the AHRC Cultural Value report[22] saying "The Cultural Value report argues, on the basis of its own evidence review, that the arts can facilitate 'personal insight, increasing empathy and respect for others' and can 'change how we perceive ourselves, relate to others, and make sense of our world': These attributes contribute to what we understand as factors predicting desistance from crime..."

This is an area of work where collaboration with the Department of Justice is essential.

1.1.19 Acute Medical Settings

Area	Funding	Venue/setting	Provision / week	Service users	Waiting list
BHSCT	Non-Trust	Paediatric acute medical	0.8 days	5	unknown

In a paediatric acute medical setting in Northern Ireland, funded by a charitable grant, for 0.16 WTE just 5 children receive this service of all those in long-term hospital care in Northern Ireland. There is very high demand for increased services in this venue, and no known services anywhere else in Northern Ireland.

As a benchmark, in Our Lady's Children's Hospital, Crumlin, Dublin music therapy is available 3 days per week (0.6 WTE) specialising in neurology, oncology and the transitional care unit. In the Temple Street Children's University Hospital, Dublin music therapy is available 2 days per week

[21]https://www.artscouncil.org.uk/publication/arts-and-culture-health-and-wellbeing-and-criminal-justice-system-summary-evidence
[22]https://ahrc.ukri.org/documents/publications/cultural-value-project-final-report/

(0.4 WTE) specialising in neurosurgery and neurology. In the Tallaght Hospital Paediatric Music Therapy is available 1 day per week (0.2 WTE). There is currently a new children's hospital being built in Dublin which will replace the 3 hospitals above. As part of workforce planning, the Deloitte group recommended that there should be 5.0 WTE music therapists based on an international benchmark of The Royal Children's Hospital, Melbourne, Australia.

Case example:

A teenage boy was receiving care for the end-of-life stage of muscular dystrophy. Medical staff had administered pain relief and the physiotherapist had sought to re-position him but he continued to suffer extreme pain. He was aware that his body was deteriorating and he had been afraid to fall asleep for a number of days. During a 2-hour music therapy session, the therapist used simple guitar music to attune to his inner state and physical presentation, matching his breathing and crying vocalisations and gradually engaging him and guiding him to a place of calm where he was finally able to relax. He began to express himself vocally, resulting in a drastic change in his mood and wellbeing. He became calmer and was gradually able to fall asleep. In subsequent sessions, two of which were in the PICU, he himself engaged and focussed on the music much more quickly in order to relax and overall was much more settled physically and mentally. The effect on the level of pain perceived, on the child's physical comfort and also his emotional state was plainly evident to all involved and during and after subsequent sessions he was able to find peace and find sleep.

Another area of interest is music therapy in Neonatal Intensive Care Units which takes place in a number of hospitals worldwide, especially in the USA[23]. In 2018 Chiltern Music Therapy, who provide music therapy services across the south-east of England, completed a pilot music therapy project at the Portland Hospital for Women and Children in London with infants from 32 weeks onwards which incorporated Developmental Multimodal Techniques, skin-to-skin care, infant-directed singing and psychological support to mothers. A number of further NICU projects across the UK are planned for 2019 as well as programmes for babies and parents following discharge from the NICU to help parents continue to bond with their babies, and to support important developmental milestones over

[23] https://katfulton.com/hospitals-with-nicu-music-therapy-programs-around-the-world/

the first 2 years of their lives. Such services are not currently available anywhere in Northern Ireland. Specialist training is available in this area in 2019 two local music therapists travelled abroad to complete this training in the hope of bringing this service to Northern Ireland.

1.1.10 Brain Injury

Area	Funding	Venue/setting	Provision/week	Service users	Waiting list
BHSCT	BHSCT	Hospital	1 day	6	unknown
WHSCT	WHSCT	Hospital	0.5 days	4	4

A 0.3 WTE service is provided into 2 inpatient settings for adults (age 14+) with ABI/TBI, treating 10 patients per week. These patients have no further access to music therapy services after discharge from the settings. According to the RQIA Review of Brain Injury Services in Northern Ireland published in September 2015, it is estimated that approximately 2,000 people a year in Northern Ireland sustain and are living with the long-term effects of a brain injury. Patients could benefit both in acute hospital settings and in the community.

There is a significant and steadily growing evidence base for this area of work in particular coming from the specific area of neurologic music therapy. Neurologic music therapy is a specialized training which uses specific techniques such as rhythmic auditory stimulation, therapeutic instrument performance and pattern sensory enhancement for movement and gait objectives, or melodic intonation therapy, rhythmic speech cuing, oral motor respiratory exercises for speech-related goals. It is very difficult to access for Northern Ireland therapists. There are currently 4 music therapists in Northern Ireland who hold this training, although general music therapy can still be provided by any music therapist. The APPG Creative Health Report 2017 states that “Listening to music, singing and music therapy aid physical and cognitive recovery from brain injury” (p. 104), and that “A Cochrane Review of studies combining music therapy with standard care, on its own or in combination with other

therapies, found that rhythmic auditory stimulation improved the speed, rhythm, stride length and symmetry of patients' gait following an acquired brain injury." (p. 105)[24]

Sample Outcomes In one HSC Trust service where patients attend for short periods of time, outcomes are measured within each individual session, showing patients' initial presentation and maximum response during the session. In the most recent quarter April-June 2018, there was an average 43% improvement across 4 outcome areas (Level of Alertness and Responsiveness, Supporting Emotional Needs, Level of Engagement and Participation, and Level of Communication), with staff and therapist observations aligned. This indicates the patient's baseline at the start of sessions and the moment of their 'peak' response to music therapy during the session, and is indicative of the level of response music therapy can evoke. The most common behavioural responses observed were increases in vocalisations and physical movement, suggestive of the potential benefit of collaborations between music therapists, physiotherapists and speech and language therapists in this area.

1.1.11 Neurological conditions

Area	Funding	Venue/setting	Provision/week	Service users	Waiting list
BHSCT	Non-Trust	Hospital	1 day	8	?
SHSCT	Non-Trust	Home visit	1 hour (short-term)	1	0

0.2 WTE therapists currently provide services to just 9 patients, mainly in an inpatient medical setting. These patients usually attend for short-term respite care and the therapist has stated that patients would benefit from ongoing long-term service in their permanent care setting or home. This area of work covers is a very wide spectrum of conditions

[24] References: Bradt, J., Magee, W., Dileo, C., Wheeler, B. L. & McGilloway, E. (2010). Music Therapy for Acquired Brain Injury. Cochrane Database of Systematic Reviews.; and Magee WL, Clark I, Tamplin J, Bradt J. Music interventions for acquired brain injury. Cochrane Database of Systematic Reviews 2017, Issue 1.

including Multiple Sclerosis, stroke, Lewy body dementia, Huntington's disease, Parkinson's, cerebral palsy, and multiple system atrophy.

The MS Society estimates that there were 3,188 people living with MS in Northern Ireland in 2012.

Parkinson's UK estimates that there are more than 3,000 people in Northern Ireland with Parkinson's.

The Stroke Association reports that 4,416 people in Northern Ireland suffered a stroke in 2013/14.

There is significant and wide-ranging evidence for the effectiveness of music therapy in this area, especially if implemented as an integral part of the care plan from the earliest stages of rehabilitation. The Academy of Neurologic Music Therapy website in its research section lists 31 pages of references to research papers and clinical evidence.[25] In addition to providing a form of emotional and psychological support, for example, in stroke rehabilitation, music therapy is also reported in the evidence to improve gait, upper and lower limb increase of repetition and range of motion for hemiplegia, fine and gross motor controls for grip strength, supination and pronation repetitions and quality of movement, apraxia, and dysarthria. Music therapy's holistic approach in a ward setting is also reported to support the multidisciplinary approach throughout the setting, for example working with AHP colleagues to enhance and support their impact on attention, executive function, movement or communication goals.

Across the UK, neurologic music therapy has been growing in private and NHS healthcare settings, and within the medico-legal setting. One of the larger providers of neurologic music therapy, Chroma, currently provides NMT into the following healthcare settings: The Portland Hospital (HCA Healthcare UK), The Wellington Hospital (HCA Healthcare UK), Charing Cross Acute Stroke Unit (NHS), Great North Children's Hospital (NHS), Central England Rehabilitation Unit (CERU, NHS), York General Hospital (NHS), Birmingham Children's Hospital NeuroRehab Ward (NHS). In addition, PR and media coverage about neurologic music therapy (NMT) as a clinically effective and cost efficient medical intervention is increasing[26]. Neurologic music therapy is increasingly been used as it is an

[25] https://nmtacademy.co/research-publications/clinical/

[26] http://attoday.co.uk/index.php/could-new-therapy-be-music-to-stroke-and-dementia-patients-ears/ http://www.acnr.co.uk/2018/06/taking-music-therapy-into-the-mainstream/

approach based in evidence, which is also cost efficient.

In 2015, Chiltern Music Therapy in England provided a pilot Neurologic Music Therapy service to a NHS in-patient acute and hyperacute stroke ward. Following the success of the pilot, an ongoing weekly service was established, with 6 more hospitals expressing an interest in their services. This stroke service provides full day Neurologic Music Therapy services in all stroke settings: in-patient; outpatient and community. Chiltern Music Therapy have created a pathway for treatment across all stages of patient care, and within these services offer one-to-one, small group and larger group sessions. They also provide one-off assessment sessions and design appropriate home programmes for patients and their families or carers. The service supports the meeting of guidelines set out in the National Stroke Standard, NICE Guidelines and National Clinical Guideline for Stroke, alongside inputting data for SSNAP. This also ties in with Cochrane's review of 'Music interventions for acquired brain injury'[27] (2017) and 'Interventions for improving upper limb function after stroke'[28] (2014).

The Royal Hospital for Neuro-disability[29] in London provides support and rehabilitation for over 200 people who have become disabled due to brain injury, illness or neurological conditions. They provide music therapy in their rehabilitation and special care services and currently employ 2 full-time music therapists, 1 part-time music therapist and 1 assistant, for 3.4 WTE. Approximately 2/3 of patients can access music therapy treatment.

Patients with these neurological conditions are currently unable to access any music therapy support whatsoever in Northern Ireland, despite the clear recognition of the impact of such services across the rest of the UK.

https://www.nrtimes.co.uk/single-post/2018/01/26/Reframing-rehab-through-the-arts

[27] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006787.pub3/full?highlightAbstract=withdrawn%7Cmusic%7Cstroke%7Cstrok

[28] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010820.pub2/full?highlightAbstract=withdrawn%7Cmusic%7Cstroke%7Cstrok

[29] https://www.rhn.org.uk/what-makes-us-special/services/music-therapy/

1.1.12 Palliative care or associated support

Area	Funding	Venue/setting	Provision / week	Service users	Waiting list
BHSCT	Non-Trust	Children's and Adult Hospice	2 days	12-16	12
SHSCT	Non-Trust	Cancer charity for children	4 days	20	Many

There are three palliative care services in place:

- 1.2 WTE music therapist
- Approximately 36 patients per week
- Around 8000 people in Northern Ireland receive palliative care support per year[30].

In addition to the APPG Creative Health Report 2017 which states that "In the palliative care environment, researchers have found that music therapy reduces anxiety, pain, tiredness and drowsiness and increases wellbeing." (p. 142)[31], a feasibility study was also completed here in Northern Ireland in 2017 with a view to carrying out a UK-wide multicentre phase III randomized control trial with 5 sites across the UK, with a Northern Ireland music therapy organization in partnership with QUB, Marie Curie, University of Bournemouth and Chroma Arts Therapies (UK).

The systematic review that formed part of this feasibility study showed promising evidence for the effectiveness of music therapy in improving the quality of life of palliative care inpatients, with a need for further studies to be completed. In a critical realist evaluation[1] also completed (pp. 6-8) the following comments were highlighted:

[30] https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/june-2015/triggers-for-palliative-care-northern-ireland-summary.pdf

[31] References: Horne-Thompson, A. & Grocke, D. (2008). The Effect of Music Therapy on Anxiety in Patients Who Are Terminally Ill. Journal of Palliative Medicine, 11 (4), pp. 582–90; Wlodarczyk, N. (2007). The Effect of Music Therapy on the Spirituality of Persons in an In-patient Hospice Unit as Measured by Self-report. Journal of Music Therapy, 44 *(2),* pp.113–22; and Warth, M., Keßler, J., Hillecke, T. K. & Bardenheuer, H. J. (2015). Music Therapy in Palliative Care: A randomized controlled trial to evaluate effects on relaxation. Deutsches Ärzteblatt International, 112 (46), p. 788.

'Music therapy had a way of helping patients surpass their current position and find peace'

The music therapy process 'helped me see my life has been worthwhile'

Music therapy improved the sense of community within the setting, reduced isolation, was calming and pleasant

Music therapy 'helped humanise the hospice setting'

Patients who found it difficult to verbalise feelings found that music therapy could 'ease psychological anguish'.

Case example:

A patient received just three music therapy sessions in a hospice setting. In the first session she requested that the therapist play for her to help her relax. The therapist improvised music in a classical style adapted to attune to the tempo and intensity of the patient's presentation. In this session the music played a supportive role, transporting her to another place and helping her relax. In between songs she spoke candidly and philosophically about her life – the joys of having children and grandchildren, that she had had a good life.

During the second session the therapist played a known piece of music which evoked a specific memory and emotional response from the patient which she shared with the therapist. In this session the focus of the therapy was communication, music therapy providing a link to emotional expression and support. In her third and last session the patient's son was present. During this session she closed her eyes and sang with the therapist, and this was a special moment to share with her son.

Over the course of just 3 sessions, this was used the therapy space for different purposes from physical and psychological support, through emotional expression and reminiscence leading to a shared experience with her son.

1.2 Music Therapy Training

The minimum training required to register and practice as a music therapist in the UK is a Masters in Music Therapy, usually following a primary degree in music. The recommended entry level for music therapists employed in the NHS is Band 6[32]. Qualified music therapists are adequately prepared to work with all of the client groups described above. Music therapy training is not available in Northern Ireland, and the only course on the island of Ireland is at the University of Limerick. There are 7 music therapy courses in the UK (Queen Margaret University, Edinburgh; Anglia-Ruskin University, Cambridge; Nordoff-Robbins, London; Guildhall School of Music, London; Roehampton University; University of the West of England, Bristol; University of South Wales, Cardiff), with an estimated 8 students from Northern Ireland enrolled in the last three years. This affects the potential workforce as many graduating music therapists remain living in the area where they have qualified, and a great many third-level students show an interest in training but are not able to move to other parts of the UK or Ireland in order to complete their training. Three therapists are known to have left the profession in the last 2 years, although specific reasons for this are not known.

In April 2019 the standard for Arts Therapies Apprenticeships at Masters level was published, approved for delivery by the Institute for Apprenticeships and Technical Education. This represents the first government-funded training route for art, drama and music therapists in England and will enable new arts therapies apprentices to contribute to enhancing health and social care[33].

Further training and Continued Professional Development

As for all Allied Health Professions, Continued Professional Development is a requirement of HCPC registration, and in order to meet this requirement music therapists and music therapy organisations have to provide training at their own expense. Despite the fact that it is absolutely essential in order to continually guarantee safe and effective therapy practice, this is not covered within currently funded contracts. There is therefore an ongoing burden, both financially and logistically, in sourcing appropriate training. There is of course an ethical practice-related implication of therapists having proper access to adequate governance and training which cannot be underestimated.

[32] https://www.bamt.org/
[33] https://haso.skillsforhealth.org.uk/news/arts-therapist-approved-for-delivery/

Additional specialist music therapy training

4 therapists in Northern Ireland hold additional training as Neurologic Music Therapists. This is a highly specialised training which further qualifies music therapists to work with specific techniques in populations such as people with ABI/TBI and neurological conditions. This training has never been available in NI, and so therapists have to travel in order to complete it at their own expense.

Other specialised training is available internationally for NICU music therapy (neonatal intensive care), MATADOC (Music Therapy Assessment Tool for Awareness in Disorders of Consciousness), GIM (Guided Imagery in Music), but these are again not available in Northern Ireland unless international experts are specially brought in making costs prohibitive on a small scale. Two therapists from Northern Ireland travelled abroad in February 2019 to complete the NICU music therapy training. For work with patients with personality disorders, the MBT (Mentalization Based Treatment) model has been recommended and shown to be of use. There is currently only one music therapist who has this training, as well as holding an additional training in Operationalised Psychodynamic Diagnostics.

1.3 Cost Effectiveness

Benefit analysis in financial terms or Social Return on Investment information is lacking in the music therapy profession as a whole, both nationally and internationally. Despite the growing evidence base, economic impact often remains unclear or unspecified in studies, perhaps also because 'nor… has wellbeing been rigorously conceptualised' (APPG Creative Health Report, pg. 5). Indeed, accurately assigning financial equivalence to the wide range of outcomes that music therapy can effectively address or contribute to is clearly problematic. The social, psychological, or emotional value of our interventions, improvements made to communication skills, relationships with others, or improvements in quality of life are difficult to satisfactorily quantify in monetary terms. Estimating the long-term future impact of this, or impact on others presents additional problems. And this is further enhanced by the wide range of client groups we work with, many of whom cannot easily self-report the benefits they experience. In short, the value added to quality of life does not match up easily with standard cost-benefit analysis, and this is an ongoing problem for the music therapy profession as a whole.

Beyond its own clinical outcomes, music therapy can both add value to and reduce burden on healthcare services as a whole through enhancing the outcomes of other healthcare professionals (other AHPs, but also colleagues in psychiatry, mental health, learning disability, and so on), reducing burden on staff, strengthening prevention thus avoiding costs in other services, reducing re-admissions into acute medical or mental health services, reducing absence from work, maintaining people's independence to enable them to stay at home for longer, improving the lives of children and young people to become positive members of society, able to engage in education and employment, and so on. Indeed, the APPG Creative Health report stated that "evidence here shows that arts can save money in HSC by strengthening prevention, reducing demand for medication and clinician's time, reduced hospital stays, reducing absence from work. It is universally recognised that the arts are good for health and wellbeing, and more healthy people reduce costs and burden on the health service" (pg. 55).

In relative terms music therapy is a low-cost high-impact intervention, the only real investment being in the person of the therapist themselves and relatively little additional equipment required, in comparison to the wide range of health and wellbeing outcomes it can achieve. It is also an extremely flexible and transferrable service in terms of location, timing and length of intervention required, and of course in terms of adaptability to meet the unique needs of different service users. It should be noted that many of the service users referred to clinical music therapy are among the most complex, particularly in psychiatric and mental health services, and so investment in longer term weekly treatment is recommended. However, the cost of this can be offset against the potential outcomes of patients who no longer require the same level of ongoing support, such as lengthy rehabilitation programmes, costly medication and/or acute services.

1.4 Conclusion

The above detailed service mapping and analysis of the current workforce provides numerous examples of good practice in Northern Ireland that could and should be scaled up to properly support the population in line with the 2026 Delivering Together strategy.

Music therapists in Northern Ireland advocate constantly for their profession, in an ongoing cycle of funding applications and contract renewal, and in a working context of great instability. Music therapy services are currently provided in a highly inequitable, changeable and inconsistent service model. The stakeholder engagement event held in September 2018 was attended by and received written feedback from representatives of education, both mainstream and SEN settings, adult day care services, nursing, CAMHS, the community and voluntary sector and the two universities in Northern Ireland, as well as from music therapist themselves. The input received (briefly represented in Appendix 3) fully supports the description of services given above, giving further demonstration that music therapy should be integrated across the board as a viable option for the client groups in question, and as such should be appropriately involved in and considered during reviews of services. It has also become clear from this engagement and review process that the profession is suffering from the lack of any coordinated or integrated strategic approach to the Arts Therapies across the health service in Northern Ireland. The profession has evolved organically over the last 30 years, and is limited by non-recurrent sources of funding, rather than being person-centred and driven by compassion, listening and the desire to meet the needs of the population. Alongside the need to develop the workforce for future provision of adequate services for the Northern Ireland population, we currently already have the right people with the right skills - there is an existing workforce of allied health professionals in place whose potential remains untapped.

Appendix 1 – publicly available videos illustrating music therapy work with different client groups

British Association for Music Therapy website - https://www.bamt.org/music-therapy/music-therapy-on-video.html#

- ♬ 'Music therapy unlocks a child's potential – Initial music therapy sessions of a young boy with delayed development': https://www.youtube.com/watch?v=oZlimD-Ua-8&fs=1&hl=en%5FGB
- ♬ 'Eitan is diagnosed with Autistic Spectrum Disorder and has complex needs. His main difficulties are to develop social relationships and to communicate with others around him. For a long time Eitan had his hands tucked away inside his shirt and refused to use them': https://youtu.be/pypjnC645n8
- ♬ Ronan's music therapy: https://youtu.be/FUPhiOLdgkA
- ♬ Music therapy with a young girl with autism: https://youtu.be/TP_G52zRj7A

Nordoff-Robbins Music Therapy website - https://www.nordoff-robbins.org.uk/Stories

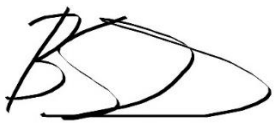
- ♬ Sadru's story – Sadru received music therapy support during treatment for cancer in London: https://www.nordoff-robbins.org.uk/case-study/sadru%E2%80%99s%C2%A0story%C2%A0%C2%A0
  Listen to Sadru's song here: https://youtu.be/rQYERoOBl_U
- ♬ Omolara's story - Omolara is 16 years old and has severe learning difficulties and physical disabilities. She is non-verbal, and relies on Makaton, a simplified form of sign language, to communicate: https://youtu.be/2WOpsX07sj8
- ♬ Ali's story – Last Christmas was Ali's first in the UK. He was forced to flee his home in Iran fearing for his life after facing severe persecution: https://youtu.be/lnSbYAOEYzc
- ♬ Eddie's story - Eddie lived with dementia. A gifted musician and previously a drummer in a band, music therapy helped Eddie reconnect with his passion and communicate where words failed him: https://youtu.be/fZBdilILTdw
- ♬ Meet Alfie and Louie - Alfie and Louie are now ten years old, and have autism. "*To put it simply, music has opened a big window and a light has come on.*" - https://youtu.be/jp3m3mkhR98
- ♬ Betty's story – "*Music therapy has been amazing for Mum, it's turned a light on that we thought was long gone. She's 95 and has always loved music and now it's being used to help her unlock happy memories and communicate with loved ones.*" - https://youtu.be/c27GTBGx4aE
- ♬ Suffering from advanced dementia, Kath couldn't speak and was isolated from the world. Watch how music therapy helped Kath find a connection. https://youtu.be/SwT8J_fNUO4
- ♬ Bemji – A Journey to Speech (Nordoff-Robbins Australia): https://www.youtube.com/watch?v=a1xiG29UMOA

Appendix 2 - statement from BAMT

- Based on the most recent information in the BAMT membership database, there are **151** music therapists working in NHS settings making up 21% of the full practitioners. There are currently **729** Full practitioner members registered with BAMT.
- Music Therapists have a recognised Agenda for Change salary scale in the NHS and our bandings range from Band 6 to Band 8.
- There is mounting evidence that providing a range of psychological therapies which include arts therapies helps to improve Patient Reported Experience Measures (PREMs), an important indicator of quality of care in all Trusts.
- As HCPC registered professionals, Music therapists are members of the Allied Health Professions and contribute to consultations on and strategic planning of services. They also access all the opportunities for leadership and research careers offered by the National Institute for Health Research.
- Although, no training is currently supported in NI and trainees have to travel or move to RoI or UK, there has been the commencement of a new course in the UK. The lack of training available in NI will undoubtedly have a significant impact on recruitment and retainment however.
- The contribution Music Therapists can make to wider MDT (AHPs and wider disability, mental health and social care colleagues) is significant due to the nature of the nonverbal nature of music therapy and its ability to impact any individual regardless of age or ability.
- Music therapy is often called upon to intervene when all other supporting services have failed due to users having difficulties accessing existing services. These may be due to an unwillingness to engage in verbal therapy or an inability to express appropriately in the services on offer.
- The BAMT has supported the development of a range of evidence-based approaches to music therapy such as GIM, psychodynamic principles, person-centred approach, etc. and music therapists understand the importance of working in a client-centred way and as active team members.
- Music therapists also take on generic tasks such as risk or triage assessments and participate fully in extending knowledge and skills required by their employers.
- Importantly, music therapists can engage service users who experience emotional or physical conditions preventing them from participating in verbally-based intervention but do need psychological interventions.

I hope this helps define our current professional status and approaches.

Yours faithfully



Ben Saul, Chair of Trustees, British Association for Music Therapy

Appendix 3 - wordcloud and thematic analysis of feedback from Stakeholder Engagement Event – 7th September 2018

Thematic analysis of stakeholder feedback (no. of mentions in brackets)

Preliminary question – 'best things about the profession'

- outcomes/benefits for service users (37)
- support it can provide for others (24) (other professionals – 11; families – 10)
- person-centred practice (13)
- transferability of skills/accessibility/flexibility/innovative (8)
- range of service users who can benefit (8)
- strong evidence base (1)

Question 1 - Recruitment

- Secure job posts (16)
- Advocacy (increasing awareness, support from others, feedback) (10)
- Music therapy training (5)
- CPD (3)
- Governance/infrastructure/strategy (3)
- skillset of music therapists (3)

Question 2 - Retention

- Secure job posts (13)
- Governance/infrastructure/strategy (6)
- CPD (5)
- Advocacy (increasing awareness, support from others, feedback) (4)
- Service development (4)

Question 3 - Future Development

- Secure job posts (7)
- Advocacy (increasing awareness, support from others, feedback) (5)
- Governance/infrastructure/strategy (3)
- CPD (1)
- integration into existing services/structures (6)

Art Therapy

2. Art Therapy

The definition on the NHS England website states that 'Art therapists use art as a form of psychotherapy to encourage clients to explore a variety of issues including emotional, behavioural or mental health problems, learning or physical disabilities, life-limiting conditions, neurological conditions or physical illnesses. People of all ages from children to the elderly, regardless of artistic experience, use art therapy in this way as an aid to supporting them with their particular concern. It is not a diagnostic tool but rather a mode of communication and expression'[34].

The definition reflects the breadth and diversity of populations with which art therapists work.

Since art is a universal expression, the media available can be familiar and also tailored to individual need. The absorbing nature of play with art materials allows a reverie to occur in the containing safe space provided by the art therapist. Here, art engages the senses, stimulating and encouraging the inherent need and urge to create an individual expression. Visual communication, a pre-cursor of verbal communication, gives form to thoughts or feelings whose expression may be unavailable in the usual currency of words, whether through physical or emotional reasons. This visual language creates a communication which brings the possibility and relief of a shared understanding – an antidote to despair.

2.1 Overview of Current Art Therapy Workforce

The following data is based on information received from a survey of the NI Regional Group of Art Therapists' Professional Body, the British Association of Art Therapists (BAAT). Carried out over the period December 2018 - March 2019, it reflects an up-to-date picture of art therapy provision. Emergent themes include a lack of mainstream funding, and the prevalence of sessional and short-term contracts whose consequences limit the therapeutic

[34] https://www.england.nhs.uk/ahp/role/#art

value of intervention. Major factors in the working environment are the lack of knowledge about the nature of art therapy as an AHP, and subsequent lack of employment opportunities where art therapy could bring contributory benefits to a multi-disciplinary working environment.

The effect of the nature of current employment, with its precarious funding and a short-term focus would be a demoralised art therapy workforce, were it not for the commitment which these professionals bring to their everyday practice, knowing that the activity of mark-making in a safe environment nourishes and sustains the individual spirit in adverse circumstances. This 'knowing' derives from personal experience – a motivating force to enter training; built upon theoretically and experientially during training, graduates apply to register with HCPC as practitioners, supported by BAAT and undertaking Continuing Professional Development (CPD) to merit ongoing HCPC registration.

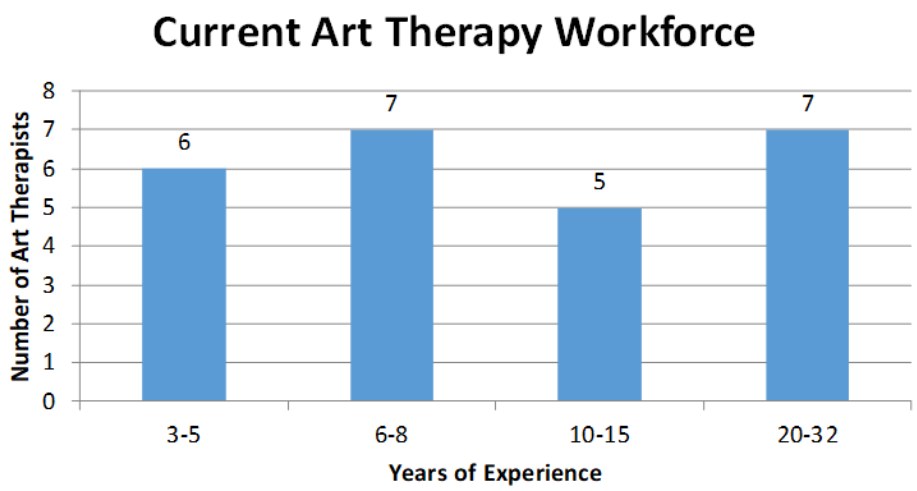
Commitment and passion are best demonstrated however, in secure employment and where complex needs can be met with an assurance of a consistent and guaranteed presence for service users.

2.2 Service Mapping of Art Therapy in Northern Ireland - March 2019

The survey yielded 25 responses (18 female and 5 male) from the 35 members of the Professional Body with a rewarding amount of information regarding aspects of employment, delivery of service to diverse client groups, views on drivers/constraints on the profession and opinions on how a comprehensive and strategic plan for its future development can maximise its potential for the benefit of service users and organisations providing their care.

The graph demonstrates a continuum of over a quarter century's professional experience.

Years of Experience	Number of Therapists
3-5	6
6-8	7
10-15	5
20-32	7



2.3 Drivers & Constraints to Art Therapy Services & Workforce in NI

2.3.1 Drivers

Respondents cited a number of factors as 'drivers' to the art therapy profession in NI including the following:

An increasing demand for the service and its breadth and scope of practice as a specialist psychotherapy; local HCPC approved training; adaptability of the method; effective outcomes and evidence base.

Demand and scope of practice

There is a significant and increasing level of interest in and demand for specialist art therapy services, evidenced in waiting lists. Art therapy is flexible and adaptable, featuring a breadth and depth of scope of practice, with its focus on symbolic and creative processing meaning ensuring a useful form of psychotherapy for people of ages from age approximately four upward – a valuable modality for early intervention as well as postvention. Art therapy offers a wide scope of practice, including those people who find verbal communication difficult, or whose issues do not lend themselves to verbal processing. Art therapists' training ensures therapeutic competence in verbal as well as symbolic communication.

Specialist psychotherapy

Art therapy is a specialist form of psychotherapy featuring multi-sensory and symbolic processing, particularly salient to working with children, young people and older people, and with issues which feature bodily and projective dimensions, and especially relevant where verbal approaches may be insufficient.

The modality is an attachment and developmentally-informed practice, featuring a synthesis of 'bottom-up' and top-down' approaches consistent with the Neurosequential Model of Therapeutics. As a trauma-informed modality, it is particularly relevant for addressing trauma, abuse, developmental disorders, a range of complex mental and physical conditions, offending behaviour, and a wide range of other issues. Symbolic and art-based processing is an innate human capacity with an evolutionary function.

Dynamic local HCPC approved training.

Art therapy master's level training in NI commenced in 2002 at Queen's University Belfast and has continued to evolve as an HCPC approved programme now within Ulster University. This training has provided numerous placements in statutory, community and voluntary sectors, a service which has been valued by organisations, some of which have been able to create jobs: sessional, part-time and full-time. It has also led to a number of Doctoral degrees researching art therapy. Currently, the training includes students from NI and the Republic of Ireland and is attracting international applicants. The art therapy training in Northern Ireland is relational, attachment-based and psychodynamically informed. It is grounded in trauma-informed care principles and the biopsychosocial paradigm, promoting evidence-based practice informed by contemporary common factors and neurobiological research.

Adaptability

Art therapy training in Northern Ireland promotes a trauma-informed and pluralistic approach: pluralistic art therapy is an ethical stance featuring inclusivity, where person-centred and relational practices form a collaborative and partnership approach by which therapy is tailored to the client's needs. Service users are actively involved throughout their

art therapy, including in the routine systematic evaluation of practice outcomes and the therapeutic alliance.

Effective outcomes and evidence base

Art therapy typically demonstrates its effectiveness as measured by robust outcome measures commonly used across agencies employing art therapists. Feedback from clients and others is normally extremely positive, typically demonstrating high attendance and retention rates. Art therapy training in Northern Ireland promotes competence in therapeutic skills consistent with psychotherapy common factors research; skills which are shown to be more likely to foster effective outcomes.

The evidence base for art therapy is growing and the UK professional body, the British Association of Art Therapists (BAAT), hosts an online Research Library which collates research across a range of topics, e.g.: Depression, Severe mental distress, Autism, Personality Disorders, Learning Disability, Older Adults, Organisations and Art Therapy, Post Traumatic Stress Disorders, Children and Young People, Forensic and Prison Services, Cancer and Palliative Care, Group-based Interventions, Physical Conditions, Neurology, Strokes, Substance Misuse, Research methodology, Evidence-based practice. BAAT also has a long-standing Art Therapy Practice Research Network which fosters evidence-based practice and practice-based evidence.

2.3.2 Constraints

Without exception, a lack of knowledge about art therapy as an AHP was cited as a main constraint of art therapy's development in NI resulting in:

Lack of commissioning; inadequate funding; protection of the public; co-ordination in services; research.

Commissioning

A key constraint is lack of commissioning for art therapy posts and trainees, despite it being one of the HCPC regulated allied health professions.

Funding and sustainability

Lack of funding and appropriately paid jobs is a key constraint, resulting in growth of services which then deplete due to gaps in new funding. Clients and families regularly report difficulty in accessing services, a frustrating irony since a trained workforce exists and is growing. Within statutory services, a disparity of work conditions exists, with only a very few art therapists banded under Agenda for Change, whilst others are still paid sessionally for similar work, this inequality being a contributory factor to some art therapists leaving statutory sessional work.

Protection of the public

The regulation of art therapy by the HCPC has a vital function to protect the public and this, backed up by the evidence of risk, is a key reason to employ art therapists. Understanding can be lacking, even within the health services and wider services, that art therapy is an HCPC regulated profession, one of the allied health professions, and has an HCPC approved local training. There is a lack of distinction made between art therapy with clinical aims and risk management for directly improving health and wellbeing, and art for recreational or teaching purposes. There have also been instances where non art therapists are practising, using art for psychological/ wellbeing purposes or using titles such as creative therapist or similar, but without HCPC registration. This has several consequences:

Firstly, there are missed opportunities to employ specialist regulated professionals who also offer effective specific competences relevant to key areas of public health need: children's mental health, trauma, complex mental health, abuse, dementia, cancer care, etc.

Secondly, employing art therapists promotes competent risk assessment and risk management, a key function of HCPC regulation. Art therapists / art psychotherapists have competence in assessing and managing psychological and "art-based risk" (Springham, 2008). The concept of "art-based risk" highlights a serious risk of "arts-based injury" which was noted under a tort law case which established arts practitioner and organisational negligence when art activities were used by a non art therapist for psychological purposes with populations who are vulnerable. This case also showed how psychological risk and art-

based risk can be intertwined. There have also been legal cases of art-based injury in which an organisation was found in breach of health and safety regulations when a young person was damaged by inadequate risk assessment and management of art materials (HSE, 2007).

Co-ordination in Services

Due to marginalisation of art therapy within statutory settings, difficulties in communication across service teams arise with a lack of inclusion of art therapy insight in wider services. Interestingly, such insight is reported as highly valuable by teams where art therapists are employed or where art therapy students are in placement.

Research

While art therapists are trained at Master's level and thus have research competences currently underutilised by statutory services, there is a lack of inclusion in research: art therapists, however, are engaging in routine systematic outcome evaluation, but since many are practising in community organisations and in schools, their practice outcome results are often subsumed under counselling / therapy service figures. Much valuable data exists from a number of Doctoral degrees and numerous Master's level studies researching art therapy.

2.4 Service Mapping by Client Group and Employing Agencies

2.4.1 Case Studies 1 to 9

Case Studies 1 and 2
(Demonstrating Art Therapy Services as Trusts Provision)
WHSCT

Adult mental health (Day Facility)

WHSCT employs a full-time art therapist in a community-based Adult Mental Health facility. A graduate from the initial training cohort (2005), the art therapist has been in a 0.5 post for the past 11 years; the post has recently been made full-time (potentially for a year). The contract is permanent and equivalent to Pay Band 6 and the service is delivered on both an individual and group basis. Full-time provision was based on an increased demand for the

service and a widely-held recognition on the part of management of the value of art therapy as an integral part of mental health provision, maximising the choice offered to acute, chronic and long-term conditions. The art therapist has provided a valuable and consistent learning experience and clinical supervisory role for trainee art therapists, currently and over previous years of HCPC approved post-graduate training in NI. This arrangement has been fully supported by the art therapist's managers and the role will extend as further placements occur within the Trust's clinical premises, providing a model for the future and offering one which other organisations can emulate.

Case Example 1 - adult mental health setting

Synopsis

The clinical context is an Adult Mental Health Day Facility where the service user, an adult male, was referred to art therapy for PTSD, depression and anxiety, and historical sexual abuse. Referral by a psychotherapist indicates recognition of how trauma may be approached more appropriately by giving visual form to thoughts and feelings in order to heal and integrate. The art therapist adopted a psychodynamic approach and was witness to the art-making process, central to the sessions. The sensory aspect of the art materials was an important trigger to the client's ability to re-visit the difficult events of his childhood, the opportunity to share those events bringing him 'catharsis'. Integration, in the form of 'forgiveness' was achieved through reflection on others' possible motivations for actions. Through examination of the past, afforded by the therapeutic context, the service user was able to move forward with an understanding previously absent.

Key Concepts: WHSCT, Trauma, visual exploration of trauma, sexual abuse, PTSD, violence, catharsis, depression

Tom (not his actual name) was a 59-year-old male referred to Art Therapy by a Psychotherapist. Reasons for the referral included anxiety, depression, PTSD and child sexual abuse. It was hoped that creating imagery around past traumas would give shape and healing to those traumas.

Perusing the art materials in session one, the smell of the crayons struck a chord with Tom. Their scent immediately cast him back to the December day when his father, aged just forty-one, died suddenly from a heart attack in the family home. The rippling effects from that

event were huge. As his mother struggled to rear Tom and his siblings, she became an angry and often violent woman. The physical abuse meted out by his mother was compounded by that which he experienced at the hands of senior teaching staff at the secondary school he attended. The abuse suffered at school forced Tom to leave at sixteen. This session was difficult for both Tom and myself. He admitted at the following session that it had left him physically and mentally drained. However, he also said that he had found it cathartic.

In the second session, Tom created images around the memories of his father's wake. He contemplated how life would have been if his father had not died. He wondered would his mother have been more gentle and loving. Would he not have suffered the same level of abuse at school? At the close of the session Tom commented that he was finding the Art Therapy therapeutic, adding that he was getting a lot from the process.

Session three and Tom was 12 years old again. He vividly recalled through drawing, the moment a teacher viciously beat him, before kicking him as he cowered on the floor of the classroom. A junior member of staff attempted to intervene, but was advised by this senior teacher to be mindful of his position within the school. As Tom explored his picture, I found myself becoming one of Tom's classmates, witnessing this brutality, appalled and fearful. This event had stayed with him, but having finally found the courage and mechanism to explore and share it, he had gained some healing.

If I thought Tom's trauma and pain could not get much worse, I was wrong. In session four he described the horrific events of his last day at school. Having left the exam hall, he was approached by the same teacher who had physically assaulted him previously. He forced Tom into nearby toilets where he again beat him, before then going on to sexually abuse him. As he picked his way through the carnage he had experienced and now drawn, the emotions were raw. The scene, the smells, the abuse and the humiliation were still fresh, still real. It was a story Tom had longed to share and seeing it laid out before him was tough viewing. It impacted upon me as a fellow human being. I felt so helpless. As an adult, I now wanted to protect that child. Hearing Tom and supporting him, I was doing my best to do that. At the time he told no-one about this incident. He would not have been believed. To share it now, and be believed, was huge for Tom.

At the end of session five, I felt that Tom and I had taken the process as far as we could and as far as was needed. In the session he drew a picture depicting the day he grabbed his mother and demanded that the beatings stop. She was being violent towards Tom's sister when he finally snapped. The violence came to an end. It was with regret that it had come to that. Looking back he could acknowledge that what his mother did was wrong, but as an

adult and though Art Therapy he now has a better understanding as to why she became the person she did. Through art and reflection he could forgive her.

Session six confirmed to both Tom and me that Art Therapy had served its purpose, as he drew and talked about issues relating to his family in the present, the type of issues that other families could well be experiencing. Having explored through imagery, traumas from his past, gaining some healing to the wounds, Tom was now in a better position to examine the here and now. He was now better placed to move forward.

Case Example 2 – BHSCT adult mental health

Synopsis

BHSCT employed an art therapist in an out-patient centre between 2005-2016 offering a service to individuals experiencing a wide range of complex mental health problems as detailed below. The art therapist's clinical framework was person-centred, flexible to presenting needs and responsive to patients' particular stage of creativity, as a means to achieve a therapeutic alliance and address individual need. Outcome measures (CORE, SDQ as examples) were utilized to evaluate both quantitative and qualitative information and typically showed improvements over many areas. Positive staff feedback indicated the value of the art therapy service as a means of expressing, containing and processing material which was difficult to access verbally.

Key Concepts: BHSCT, complex mental health issues, improvement in coping strategies and decision making, tailored treatment plan, non-verbal processing, CORE, SDQ

The client group for art psychotherapy was diverse and included: individual adult female and male clients, age group 20-69, in an NHS outpatient complex mental health setting. The reasons for referral included complex mental health issues, suicidality, self-harm, psychotic symptoms, abuse, trauma, sexual offending, autism, eating disorder, addiction, transgender issues etc. The service was provided regularly between 2005 and 2016, working with up to six clients per week and was paid sessionally. The art materials and process were risk-assessed and media selected as suitable for each client and setting and these included: paint, oil pastels, chalk pastels, natural media, found objects, modelling clay, fabric, pencils, papier maché and art journaling. The rationale for therapeutic process and art media depended on each case assessment and formulation and a tailored treatment plan was

established and adapted as needed. Clinical supervision was with a Consultant Psychoanalyst and art therapist.

Client outcomes were increasingly evaluated using CORE, SDQ and other relevant measures and typically showed positive improvements. Patients also typically reported "strongly agree" for all the following benefits from art therapy (CORE) – improved: Personal insight/understanding, Expression of feelings/problems, Exploration of feelings/problems, Coping strategies/techniques, Access to practical help, Control/planning/decision making, Subjective well-being, Symptoms, Day to day functioning, Personal relationships. CORE other comments included: "I feel (the art psychotherapist) was always easy to talk to and empathetic to my needs. I felt the time we had created a safe place for me to think about my feelings and express them through different media. I am very happy with the level of care I have received."

Qualitative evaluations were undertaken and patients also typically reported "strongly agree", or for an occasional entry, "agree", for the dimensions of the "About the Working Relationship with your Therapist" section (NHS patient feedback form). Patient feedback (NHS patient feedback form) examples include: "My time here has been invaluable. Being able to process things at my own pace and in a caring safe environment with a wonderful mentor has helped in more ways than I could express in here." "Thank you very much for all your help and particularly patience when listening to my frustrated monologues and rants. You have helped me and educated me a great deal, and I am very close to being who I wish to be now."

Staff reported valuing the art therapy service and that clients benefitted from art therapy. They reported that art therapy helped contain clients, enable work when psychotherapy may not be possible, improve general functioning and enable symbolic processing of material and particularly material not easily accessed verbally.

Case Examples 3 and 4

(Demonstrating Art Therapy Services offered by Counselling Centres)

Counselling agencies which provide psychological services to both children and adults, employ art therapists, usually under the designation of 'counsellor'. Art therapy services are delivered to adults, young people and children in the community and potential service users are referred on the basis of art-making as an accessible and creative method of accessing thoughts and feelings which may be beyond words. Many referred cases are complex and in need of longer term support than funding provision allows, with attendant concerns.

Case Example 3 – counselling agency setting

Synopsis

Mark is a fourteen-year-old male who presented as depressed, anxious and angry. He had recently suffered a serious illness which had left psychological scars. Mark engaged in 8 weeks of art therapy, using clay field sensorimotor art therapy and painting. During the sessions he was able to process his past events in a meaningful way for him. Using clay in a therapeutic setting is beneficial as it helps the troubled brain to regulate through haptic perception.

Key Concepts: ME, sensorimotor, frustration, anger, depression, insomnia, improved mental health/sleep, isolation/integration, voice of service user.

The following are extracts from a letter written to the funders of the project by his mother……

"My son Mark has had a very difficult journey over the past year and a half. In November 2016 after competing in a swimming competition and gaining a podium finish, he took ill with a crushing headache. He lost the ability to walk and talk and was admitted to hospital. He underwent various tests and the consultants were stumped as to what was wrong. Mark began to talk again two weeks after admission and was sent home to recover. He was discharged in a wheelchair.

Being an athlete and competitive swimmer, Mark was headstrong and battled his debility and learned to walk again. The most heart-breaking moment for me was when I took him in swimming and he couldn't even float. But Mark being Mark, he asked for the aqua- belt and we together began his rehabilitation under the guidance of the physio.

Mark gave us the best birthday present ever. And walked unaided. It was around then that he was diagnosed with ME. Although Mark could now walk unaided and looked 'cured' to the naked eye, the psychological journey took so much more time.

Mark went from excelling in sport and academic life to just surviving due to being off school for 2 months and then the ME diagnosis. It was almost like he felt insignificant. He was no longer at the top of his game (as he would say). Mark became frustrated, angry, depressed, withdrawn and anxious. One main issue was sleeping at night. He was afraid to go to sleep because he might waken up the way he was before, although Mark's thoughts were so much

more, which we will never know. Looking at Mark and knowing I couldn't resolve his feelings as he was struggling, I asked for help.

It was then that we were referred for Art therapy. I wasn't sure what to expect at first. The art therapist explained what was to be done over the next 8 weeks.

Well, Mark has gone from not wanting to go to sleep and from us having to sleep beside him to actually going to his bed, chilling out and sleeping the full night. Not only have we noticed the difference in his sleeping pattern but his general overall mental health has greatly improved. We can actually see a part of the old Mark, pre-ME. He is beginning to be a teenager and enjoy the craic and banter again without lashing out and becoming guarded

It so hard to explain the exact change in Mark but it's like I can now see the fun-loving, carefree Mark he always was. The art therapy process has really and truly done wonders."

This case was filmed by the BBC and aired in November 2018 on Countryfile as part of the Children In Need Appeal.

https://www.youtube.com/watch?v=x3uOiFnuwGM

Case Example 4 – counselling agency setting

Synopsis

Joe presents as a 6-year-old boy who witnessed domestic violence in the family home. Joe's father, who is reported as the abuser, has left the family home and Joe now lives with his grandmother and mother. His mother describes his behaviour as increasingly challenging and states that he has regular outbursts and is becoming increasingly aggressive towards her. His school teachers report that Joe is being disruptive during class and is hitting out at his peers.

His mother feels that this change in behaviour is linked to his experience of domestic violence but when she tries to discuss his feelings around this subject, he becomes silent and withdrawn. "For a victim of domestic violence, often the impact of the abuse is too difficult to verbalize through words alone and impacted by strong feelings of shame, humiliation, guilt, and fear around speaking about the abuse". (Malchiodi and Miller, 2011).

Key Concepts: Domestic violence, aggression, trauma, metaphor, symbolic enactment, non-verbal to verbal.

Joe was offered 8 art therapy sessions and he was able to use art and metaphorical meaning to break the silence that can surround experiences of violence, reassembling his experience to create a sense of safety.

During this time, he used paints to create a volcano and family of dinosaurs. Each image was created on individual A4 pages. Using blu-tac, he placed each image on a wall starting with the volcano. He described this as being "dangerous" and "scary" saying "it could explode at any time". He then placed the dinosaurs around the volcano saying, "They are all in danger" and explained how frightened the dinosaurs felt. When given the option to move the dinosaurs to a safer place, Joe originally declined. As the sessions continued, he gradually moved each dinosaur to a safe place starting with the 'mummy' dinosaur. At this time Joe briefly acknowledged that he had to protect his mum when his dad got angry, saying 'I had to become a superhero and fight back'. Joe chose to leave the baby dinosaur by the volcano, saying "he is always in danger and cannot move". However, he always displayed excitement that he was able to move the mummy & brother dinosaur to a safe place.

As the sessions continued, Joe moved the baby dinosaur around the volcano saying he was trying to move it to a safe place. However, he never succeeded in moving the baby dinosaur far enough away from the volcano and always described it as feeling frightened. Eventually he decided to add grass and water to the top of the volcano stating, "The fire is gone now and the volcano is no longer dangerous".

The volcano could be read as a symbolic introduction of dad or the 'danger' which J was reluctant to talk about. At the time of the sessions, Joe had no contact with his father and displayed confusion over not being able to see him. His inability to move the baby dinosaur, which could be symbolic of Joe, may have mirrored his feelings or loyalty towards wanting to be near his dad but also acknowledging unsafe feelings linked to his father. Through art he was able to discuss feelings of danger at a safe distance & move family members to a safe place. By adding grass & water to the volcano, Joe was able to create a sense of safety & remain close to the volcano.

As a direct result of this Art Therapy intervention Joe's mother reported positive changes in his behaviour, saying that he is now talking about his feelings more and, since starting the therapy sessions, he has stopped being aggressive towards her. She also stated that the

school reported that they noticed positive changes in his mood and behaviour describing him as being a lot calmer.

Case studies 5 and 6

(Demonstrating the effectiveness of Trauma-informed Art Therapy)

Case Example 5 – trauma agency setting

Synopsis

C is a male in his 40's who self-referred to a specialist organisation for victims and survivors of the Northern Ireland Troubles. The organisation provides a range of welfare, justice, counselling, and health and well-being support services. C had witnessed and been affected by many Troubles-related incidents including the loss of friends to suicide. C was diagnoses with PTSD, depression, (over a span of ten years)), anger, bereavement and social isolation. C also reported he had attempted suicide on two occasions. C had previously attended "talking therapy" but felt it had not worked for him resulting in apprehension regarding counselling services. While attending an intensive group therapy programme for PTSD held in England which offered art therapy as part of the programme, upon returning to Northern Ireland C sought out the services of an art therapist.

Key Concepts: PTSD, suicide, bereavement, social isolation, trauma, anger, NI Troubles, CORE, voice of service user.

In the past, C had attended many 'talking therapy' counselling services and was apprehensive about counselling as it had not worked for him previously. He had attended an intensive group therapy programme for PTSD in England which had also included participation in art therapy.

At the assessment meeting with the art therapist, C discussed his goals for attending art therapy. He stated he wanted to address his anxiety and hyper-vigilance and aim to reduce his symptoms of PTSD (sleeping difficulties and distressing, unwanted and intrusive memories) while maintaining a sense of well-being.

In initial art therapy sessions, C used drawing to explore and affirm his strengths, support systems and self-care strategies. In the first phase, he chose chalk pastels to create artwork which he commented gave him time to grieve for friends.

In further sessions, the client used drawing materials to create an artwork to map his 'Pathway to Recovery' and in a final series of sessions, he used collage materials to create

artworks on the theme of 'Past, present and future'. A broad range of art media were offered and he used materials which he liked and was familiar with.

Overall, the client attended 15 sessions and was highly motivated, committed to attending and engaged very well. As the sessions approached an ending, the client began to use art outside the therapeutic context, commenting that he would be interested in further art activity – a painting course or project.

Evaluation of the impact of art therapy was measured through the art therapist's observation, the client's self-reporting, client and art therapist's discussion of sessions and artwork. Core Outcome measures (measuring subjective well-being, problems, symptoms, life functioning and risk/harm) were used throughout.

The client reported: Art therapy encouraged him to speak about his own early childhood and family relationships, old routines, patterns of behaviour and his difficulties in expressing his feelings. At the end of therapy, the client reported that he felt the sessions had been very beneficial, had given him time to grieve for friends and a safe space to speak about Troubles-related trauma. He commented that he was also able to 'open up more', to express his feelings to others; he felt a positive change in outlook and it had encouraged him to think about future hopes and plans.

Later the client stated: 'I would encourage anyone who is suffering mental ill-health to try art therapy and use it as coping mechanism, and as a therapeutic tool and as an aid to recovery'.

The art therapist observed: C had made good progress, engaging in art therapy and encouraging emotional expression. In particular, the art therapy space supported him in the safe expression of anger. Sessions also encouraged changes in his thought patterns, while supporting him in developing coping strategies to regulate his feelings.

Core measures indicated: good progress with a reduction in symptoms (including those of PTSD) from moderate/severe on commencement to mild at the final session.

The organisation's Health and Wellbeing Lead reported: "During the period of the client attending Art Therapy, I noticed a steady change in his motivation and general outlook on his life. During sessions, he was able to open up about his life goals. The client mentioned to me that he would like to return to work and would like to help others. Art therapy allowed the client to talk about difficult subjects, enabling him to build on his resilience and develop his self-belief and motivation to the point that he indeed secured a position within a Trauma treatment organisation, providing groupwork facilitation to others suffering from similar experiences as himself"

A small number of art therapists work in private practice in Northern Ireland. Although there does not appear to be a culture of personal payment for treatment in Northern Ireland, some people are prepared to use the services of an HCPC-registered therapist.

Case Example 6 – trauma - art therapy

Synopsis

'Kevin' presented as a fifty-year-old male with Chronic Post Traumatic Stress Disorder, back pain, eczema, depression and suicidal ideation. He was unable to concentrate and unable to get a good night's sleep. He had previously had a successful career but was now unable to find employment. The approach used in this case was psycho-dynamic and client-led and used the physical, hands-on, 'touchy-feely', aspects of paint and clay, (sensorimotor), to create an intuitive language, which the client was unable to express in words. In doing this the client was able to push beyond conscious awareness and tap into the unconscious, which is particularly valuable where trauma renders our thinking problematic and unhelpful.

Key Concepts: Chronic PTSD, Enduring Personality Change, relief of somatic PTSD symptoms, visual processing, voice of service user.

"I was diagnosed with Chronic PTSD in 2005 and Enduring Personality Change. This was due to the Troubles and what I experienced.

In 1981, 3 of my colleagues were murdered by the IRA in separate terrorist incidents.

In 1982, I stood beside bombs as they exploded. I have witnessed shootings and people being killed and injured, and I was involved in numerous terrorist-related incidents over the many years of the Troubles.

I had continuous and repetitive nightmares and flashbacks which started in the 1980s. I was able to cope when I was younger because I played a lot of sport, but as I grew older the nightmares, flashbacks, hypervigilance etc all intensified. My behaviours and emotional numbness badly affected my relationships with friends and worst of all my family.

By 2011 I had tried several talk therapies, including CBT, EMDR, reliving traumas. None of these worked and they left me in a state where I had lost all hope of recovery and I had made a plan to end my life, just to get rid of the pain and the pain I was causing my family.

As a last resort I tried Art Psychotherapy. I immediately felt a sense of safety and thought that maybe this therapist knew what they were doing. The nightmares ceased almost immediately and gradually all the other symptoms faded away.

The therapy was very intense at times and lasted about 4 years of weekly sessions. Because all the events I was involved in were visual, the therapy involved finding visual ways of properly processing these events. They now appear to be stored in the correct place in my brain. The benefits to me are that I have not had a nightmare or distressing thought since 2011. Gradually my back pain has gone- I can now raise my arms above my head- couldn't do that before! My eczema has gone, I sleep like a baby and I feel that I have got my old self back with interest. I have got my life back and look forward to trying to repair the damage done to my family. Thanks to a really good Art Therapist!"

('Kevin' has since completed a Master's in Art Psychotherapy and is now employed as a therapist working with traumatised children.)

Case Example 7 – acquired brain injury setting

(Demonstrating the effectiveness of Art Therapy with Acquired Brain Injury)

Synopsis

The setting is a Charity providing a community-based service for adults with Acquired Brain Injury. The art therapy offered follows an open-studio model where individuals can attend once or twice a week. Individuals can self-refer as can their family. The art therapist's approach is eclectic drawing upon psychoanalytic theory within a humanistic framework.

Key Concepts: Brain Injury, cognitive impairment, chronic fatigue, impatience/patience, frustration, insight, voice of service user.

B is a young man who sustained a brain injury at 24 years of age due to a traffic accident. Prior to this he had worked full-time, but has been unable to return to work. In his own words he is easily frustrated, has poor memory, his concentration is severely affected; he suffers from chronic fatigue and much frustration with his limitations which results in a notable lack of patience or understanding for those around him.

In January 2016 the art therapy service in the agency commenced and he attended from the first group. He has continued to attend weekly (Jan 2016-Nov 2018). At the end of October 2018, his request to attend twice weekly has been respected.

The client's insight into his frustrations and limitations has been 'strengthened' as evidenced by his ability to translate aspects of his thinking or behaviour beyond the therapy situation e.g. finding perspective in another's viewpoint. He is more able to make connections between his condition and his impatience or intolerance of others and is coming closer to an understanding and acceptance of his limitations while continuing to 'stretch' beyond them. He is able to respond to other group members' need for quiet when absorbed in their work just as he has needed on occasions.

Voice of Service User

Significant developments since commencing art therapy as identified by him (now 26) are as follows:

"Greater patience, I can sit for longer periods, capacity to concentrate has gone from 15- 20 minutes in 2016 to 1.5 hours twice weekly in November 2018.... He adds ("Now maybe not even go to the toilets in that time!)"

"When I found out about art therapy, I was unsure at first. It took the first 1-4 sessions and then I got into it and realised I fell in love. For me art therapy is my life line since I was landed down with my brain injury. Takes you away from life troubles and you're only worried about your drawing. Without art therapy I would be lost as I look forward to doing it every week. I even go to two groups now. From my experience I think art therapy should be available to everyone who is a member, survivor, or carer. Everyone can get something different out of it."

Case Examples 8 and 9

(Demonstrating Art Therapy Services in Forensic Settings)

A full-time art therapy post (1987-2011) in the Probation Board for Northern Ireland (PBNI) was followed by a model of provision where a Counselling Agency (employing art therapists) successfully accessed PBNI's 'ring-fenced' funding. This 3-year model delivered a province-wide art therapy service to male and female offenders assessed as high-risk of causing harm, referred by PBNI. Belfast-based art therapy provision for male and female offenders continued for a further year with renewed funding from a different source.

The contribution of arts therapies in the treatment of offenders is aptly summarised in the following excerpt, where 'acting-out' harmfully against others, is discussed:

‘It is the task of the therapeutic relationship, by achieving a therapeutic alliance, to understand this propensity to destructive acting-out, and to be able to get it into words and to discuss it rather than it needing to be endlessly actually repeated. It is also the case that many offender patients find talking, rather than acting, either different or quite beyond their capacities. There may be relative degrees of incapacity to symbolise and a ‘’concretisation’’ of thought. In these cases, the arts therapies – whether art, music or drama – may be particularly helpful in allowing a therapeutic alliance to grow ‘’without words’’. (Mc Murran, M. (Ed) 2002. *Motivating Offenders to Change. A Guide to Enhancing Engagement in Therapy*. London: Wiley)

The forensic field is a fruitful area for the employment of art therapists elsewhere in the UK: two art therapists in NI are employed as art teachers/assessors in forensic educational settings because of the non-availability of art therapy employment. Feedback indicates an appreciation by the organisations and service users that the therapeutic application of art in these roles is of significant value and that prior qualifications and experience were considered to be of benefit in selection for the posts.

Case Example 8 – forensic setting

Synopsis

A thirty-seven-year-old male deemed to be a high risk of causing harm to others was referred to art therapy as part of his probation supervision in the community. Already on an intensive cognitive programme for serious and violent offenders, the referral by his supervisory team aimed to ‘reduce emotional blockages’ so that he could participate more fully in the cognitive programme, the focus of which was the examination of thoughts and feelings leading to offending behaviour. A non-directive approach allowed the client to play symbolically with the risk and fear of giving up his identity, and his alarm about its total loss, even if small changes were to occur. Consistent attendance over a six-month period of weekly sessions (22 in total), ended with a presentation of his artwork and his developing insights, to his supervisory team. His writing (with his emphasis) indicates his dawning discoveries about the possible transferable skills between art therapy processes and the expectations of the cognitive programme:

Key Concepts: Forensic, violence, cognitive change and transformation of life-skills, loss of and reconstruction (through art making) of self-identity, voice of service user.

Voice of Service User

'A significant effect of art therapy was a very informal, relaxed and comfortable atmosphere to talk about problems I was having with my picture and without noticing, making a direct comparison with some of the problems I have with my attitudes, and doing this in a non-analysing way made it easy and interesting. So, this made the taking-in or understanding of this very easy. It was a positive consequence of the sessions.

Looking at the problem on the canvas was, although a bit frustrating at times, it wasn't serious. So that made it easier to come up with solutions and try different ways of overcoming them. And then the realization I could try this with my New Thinking Plan (an aspect of the cognitive programme) came, through talking about these 'ways' with (art therapist). If I can come up with solutions (and sometimes fail) for problems I haven't encountered before (first canvas), and got a satisfactory result, then that's a positive and actual experience I have achieved and might be able to translate this into my New Thinking Plan.

Realising all of a sudden through talking with (art therapist), the connection between Art Therapy and (name of programme) e.g. talking through problems – hurdles, in relation to my picture, a direct or indirect comparison to the problems I have to face in my behaviour and attitude'.

Case Example 9 – forensic setting

Synopsis

The context is a secure forensic setting for adult male clients experiencing complex mental health issues. The 12-week group project, funded by a Government department, was led by a forensically experienced art therapist and co-facilitated by an arts practitioner providing technical skills in the main medium of ceramics. This co-working model enabled an individual approach to group participants as well as shared perceptions of the group's dynamics, facilitating satisfactory working relationships through combined therapeutic attention. Evaluation at the beginning and end of the project was key: quantitative evaluation (WEMWBS) yielded positive changes in wellbeing; feedback from stakeholders rated the project as successful; qualitative information from participants indicated their wish for further sessions and reflected important insights gained through their involvement in art processes.

Key Concepts: Forensic, group art therapy, WEMWBS, problem solving, coping strategies, team work, imagination, voice of service users.

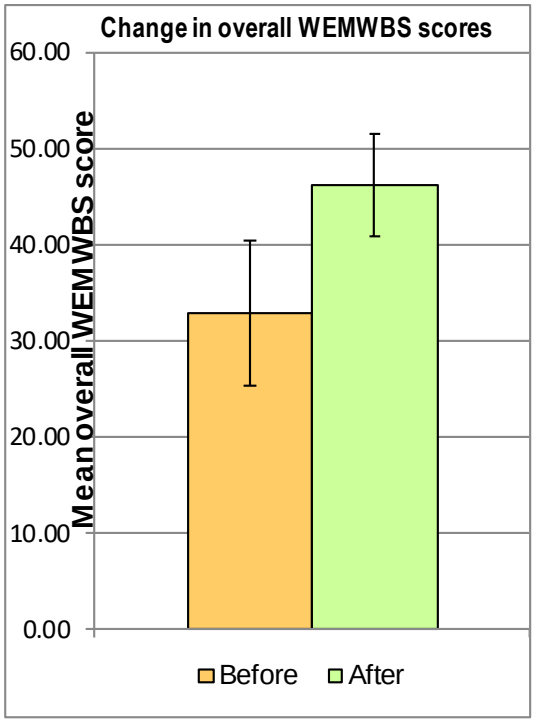
This project featured a group of adult male clients, age group 25-39, in a secure forensic setting. Reasons for referral included mental health issues, addiction and suicidality. The service was provided over 12 weeks and funded by a Government department. The art materials and process were risk-assessed and media selected as suitable for the client group and setting and included: paint, pencils, chalk pastels, papier maché, modelling clay and art journaling. The group was led by an art psychotherapist who provided the therapeutic assessment and competence and forensic setting experience. A senior art therapist, experienced in forensic practice provided clinical supervision for the art psychotherapist. Group clay work was also co-facilitated by an arts practitioner who added technical moulding skills and access to firing technology.

The most important feedback came from group participants themselves and quantitative data gathered showed a statistically significant improvement in wellbeing, as well as specifying varying types of improvement for those who completed start and end evaluations. This was consistent with the qualitative data gathered which noted boosts in confidence and personal skills including coping, problem solving, teamwork and greater discovery of imagination and art skills. Feedback from other stakeholders such as the funder, co-ordinator and relevant forensic setting staff also rated the project as successful.

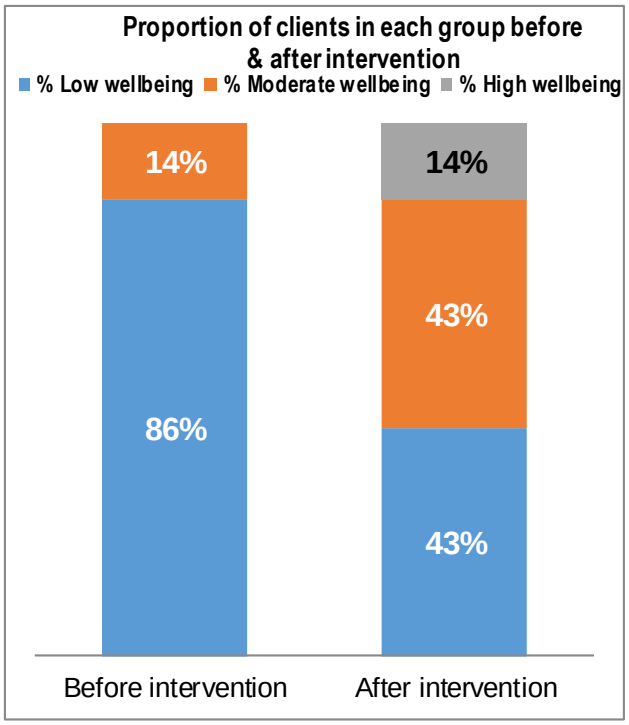
The art therapy project was evaluated, including using the WEMWBS (Warwick-Edinburgh Mental Well-being Scale) at the start and end of the group.

The change in the overall WEMWBS wellbeing scores from Before to After the intervention is shown in graph 1 below. The % of clients in each group (Low wellbeing, Moderate wellbeing & High wellbeing) Before and After the intervention is shown in the graph 2 below.

Graph 1



Graph 2



In the qualitative evaluation, participants reported: "I would like more (art therapy)", "I would like art therapy", "please put my name down for (more)." Participants reported wider benefits: "it's helped me deal with problems", 'I couldn't really talk about anything before – I've got a broader perspective now', "learning to cope better", "kept me out of mischief", "manage to express myself in my work and I feel that I am good at using my imagination", "managing better", "did help me coping with some personal problems, some days(before session)I didn't feel like do anything but after (the session), get to it!" "Discovering I have capacities I didn't know", learned "teamwork", "confidence boost", "feel better".

One participant worked for weeks creating a clay construction, building and linking strands together, and being helped to manage strong emotions when pieces got broken. Reflecting later, he stated that initially he had not known what this piece represented, then he reflected how the art therapy helped him think better and realise he could make more constructive choices for himself:

"I realized that this is a head and then I realized that it is a mind, it is my mind", and "It represents the twists and turns in the experience I've had." He added feeling other benefits: "perseverance", "learning to fit pieces together and design and proportion", "stimulated my interest", "learning to use my imagination", "I am working to have a job set up for me when I get out and I don't want to re-offend".

Table of Art Therapists' Employment

Context	Art Therapists Employed	Client Group	Type of Contract	Presenting Issues	Total Art Therapists Working	Approx. WTE
WHSCT	1	Adult Mental Health (Day Facility)	Permanent, Full-Time	PTSD, Depression, Addiction	1	1.0 WTE
BHSCT	0.5	Adult Out-Patient, CYP In-Patient	Permanent, Part-Time, Sessional	Complex Mental Health issues, Behavioural	1	0.5 WTE
Counselling Centres	12	Adults, Families, Child, Parent Groups	Permanent, Full-time (1), Sessional (7), Part-time, Sessional	Suicide Ideation, Sexual Abuse, Family Relationships	12	5.3 WTE + 1 sessional staff (hours unknown) + 2 staff (hours unknown)
Trauma Centres	4	Children and Adults affected by 'the Troubles'	Sessional	Trauma Related Issues, PTSD, Suicide Ideation	4	0.37 WTE + 1 sessional staff (hours unknown) + 2 staff (hours unknown)
Schools Counselling Services	5	Children in Primary, Secondary and Special Sector	Permanent (term-time), sessional	Emotional and Behavioural Difficulties, Bullying, ADHD	5	1.3 WTE + 3 staff (hours unknown)
Brain Injury Services	2	Adults with Acquired Brain Injury	Sessional	Reduced mental and physical ability, cognitive impairment	2	0.26 WTE
Cancer Services	8	Children, adults and families affected by cancer	Permanent, Full-time (1), Sessional (7)	Psychological and Physical Effects of Cancer	8	1.0 WTE + 7 sessional staff (hours unknown)
Private Practice	5	Personal Therapy, Clinical, Supervision	Private	Psychological Issues, Mandatory supervision for practice	5	0.05 WTE + 4 staff (hours unknown)

Academic	7	Trainee Art Therapists	Permanent Part-time (2), Sessional (5)	MSc Art Therapy, Post-graduate Training	7	1.0 WTE + 5 sessional staff (hours unknown)
Agencies Employing Bank of ATs	5	Adoption support, Physical illness, Services for Autism	Sessional	Behavioural	5	5 bank staff (hours unknown)
				Total	**50**	**10.78 WTE ***
	***** 10.78 WTE + 14 sessional staff (hours unknown) + 5 bank staff (hours unknown) + 11 staff (hours unknown)					

2.5 Main Working Contexts for Art Therapists

Art Therapists / Art Psychotherapists work in diverse settings (as shown in the table on p.72) and an overview of some key current areas is given below.

2.5.1 Trauma Services

A Trauma Centre in NI employs 4 art therapists who work sessionally, including outreach provision. A historical overview helps to create the context:

Artist Adrian Hill, when recovering from tuberculosis in hospital during the Second World War and through sharing his skills, motivated fellow patients (soldiers who had served on the frontline) to experience the sustaining effects of creative activity in times of stress. Unwittingly an 'art therapist', it was however in 1946, that the term 'art therapist' was first used when Edward Adamson was appointed to Netherne, a State Psychiatric Hospital in Surrey. Both were involved in a Working Party set up by the National Association for Mental Health (NAMH) in 1951, whose conclusion was that an Art Therapy Panel should exist to assist those hospitals wishing to employ art therapists. Rita Simon (pioneer art therapist and co-founder of BAAT) worked in these early days with Hill and Adamson to bring art therapy into hospitals, and on arriving in NI in the 50s developed art therapy services in Purdysburn (now Knockbracken Health Care Park). During Rita Simon's second period in NI (1969-1984), she developed art therapy services in a variety of contexts, and in 1976 founded the **NI Group for Art as Therapy** (NIGAT), a Charity which is a portal for aspiring art therapists and those interested in creativity in its various forms.

From these early beginnings, and after many years' work, BAAT was formed in 1964, one focus being to determine standards of professional practice and conditions of service with a view to the professional training for art therapists currently existing throughout the UK.

This historical context indicates that art therapists have been practising in NI since the 1970s with a backdrop of clinical experience and support derived from the origins of the profession. It is recognised and demonstrated that art therapy is ideally placed to help war veterans heal the psychological scars that war can bring, since a number of art therapists are employed by veterans' charities in England – but none in NI!

Essentially a visual modality, art therapy can effectively heal the damage which trauma causes to the brain as most sufferers have a series of horrific visual images within. Art therapy can regulate, normalise and heal the neurological damage caused by the effects of trauma.

Art therapy as a profession, therefore, is perfectly placed to help heal the psychological injuries caused by 'the Troubles' to thousands of people here in Northern Ireland. A total of 4 art therapists currently work on a sessional basis for a Trauma Centre while 12 others are employed by Counselling Centres where presenting issues are 'Troubles' related. We consider this to be a drop in the ocean compared with the thousands of people still living who have been badly affected by 'the Troubles'. The evidence we have presented shows that trauma can be healed by art therapy and not just managed, as other professions would advocate. Why settle for half measures?

2.5.2 BHSCT - Secondary care adult psychiatry in an outpatient setting

An Art Psychotherapist worked sessionally in an outpatient adult psychotherapy department from 2005-2016, now providing clinical supervision for art therapy practice in this setting and in a CAMHS setting.

An art therapist has worked in the context of an outpatient setting providing primary care adult psychiatry, initially as a trainee art therapist on placement (MSc Art Psychotherapy), since 2012 as an Honorary Therapist, and since 2014 as a contracted sessional Art Therapist. Over ten years of art therapy provision, a variety of presenting problems has been met, with multiple symptoms of personality disorders (including borderline personality disorder) and dissociative disorders, depression, anxiety, self-harm and suicidal thoughts. Referral to the art therapist may be based on a patient's difficulty in verbalising feelings associated with this wide range of complex mental health problems of both psychotic and neurotic origin.

The art therapist has a psychodynamic approach, where the process of symbolic art-making in a contained environment is at the centre of the psychotherapeutic relationship. Art therapy may be the primary psychotherapeutic method offered or part of a multi-

disciplinary treatment plan. Observable changes and improvements over patients' period of therapy are communicated to the staff team and involvement in art therapy may lead to further participation in 'talking therapy' or group processes.

Referral to Art Therapy may be the primary intervention; length of treatment here is variable, is reviewed periodically and may continue for a number of years. Observable outcomes include patients' experience of change or reduction in symptoms associated with their difficulty; patients presenting as more settled in their day to day lives; a lessening of the impact of maladaptive coping behaviours such as thoughts of self-harm or suicidality. These positive outcomes lead to an enhancement in lifestyle, an increased ability to socialise, a better experience of work, improved quality of life and relationships.

Where art therapy is part of a multi-stepped treatment plan, the patient's initial engagement, and the experience of a therapeutic process, may over time lead to participation in one-to-one talking therapy or a group setting within the service or transfer to another service which the patient is now more equipped to use.

2.5.3 Child and adolescent inpatient care

An art therapist has been employed since 2015 in The Child and Adolescent Mental Health Service (CAMHS) which provides specialist multi-professional support in the community for children and young people (CYP), experiencing mental health problems, aged up to 17 years. The Hospital Unit is the base for Inpatient and Regional Specialist Services and also houses specialist teams for family trauma, drug and alcohol misuse, eating disorders and intensive support and assessment in emergency departments/GP surgeries.

Referral to the Unit is made through the community CAMHS as a voluntary patient, or depending on needs and presentation, a patient may be detained under the Mental Health (Northern Ireland) Order 1986. CAMHS in Northern Ireland is structured according to a stepped care model which aims to enable CYP to achieve their full potential, through improved provision of co-ordinated care across child health, social care and specialist CAMHS care services thus reducing the impact of mental health and emotional problems

A weekly open Art Therapy Group for CYP as well as individual 1-1 Art Therapy sessions have been established over those years on the two inpatient wards in the hospital with the

support of the multidisciplinary team. There has been art therapy provision in the past in the form of trainee placements. Statistics indicate an increase in patient engagement in the service year on year until end April 2018 since its regular introduction in Sept 2015.

CAMHS in Northern Ireland is structured according to a stepped care model which aims to enable CYP to achieve their full potential, through improved provision of co-ordinated care across child health, social care and specialist CAMHS care services thus reducing the impact of mental health and emotional problems. Such problems include depression, isolation and withdrawal, eating disorders, addictions, anti-social behaviour, effects of loss or bereavement.

The Unit comprises an Assessment Ward, a Treatment Ward and an Intensive Care Unit. Art Therapy provision takes the form of an open group on each ward as well as the choice of individual sessions. An open group (capacity 6-8) is open to any child or young person who wishes to attend without prior referral. Findings from the trialling of a closed group format (formal referral, capacity 6-8, for a fixed number of weeks) indicated that patients found attendance very difficult.

Both group and individual sessions are non-directive: materials and the nature of the patient's exploration in art are self-chosen. Within the last year and in response to patients' feedback, an optional theme has been introduced in the group context, in addition to a non-directive approach. The theme may be proposed by the art therapist or by the group itself, the aim being to provide focus, if necessary, and maximise choice.

Art Therapy in both contexts provides a means of communication, allowing others an awareness of how the patient may be feeling. In providing a means of expression, it gives the patient a means to 'self-regulate' their thoughts and feelings in the difficult circumstances of a hospital admission and lack of control because of illness. The necessity to search for verbal language is removed and seeing their thoughts and feelings in their art work appears to feel easier than to manage the thoughts and feelings in their own bodies. The art work forms a 'bridge' to others without the necessity of verbal explanations until the patient is ready to reflect upon it, over time, with the art therapist, either verbally or non-verbally with further creative work.

Art therapy provision in the Unit forms an integral part of a multidisciplinary approach to the care and support of children and young people admitted to hospital, providing a visual and non-verbal means of communication, self-expression and exploration of their personal situation. Feedback has indicated the importance of 'choice' in relation to attendance at groups, perhaps highlighted by finding themselves in a situation where choices are limited through illness.

Evaluation of outcomes of art therapy interventions are tracked using the ICCE Outcomes and Alliance Measures and Graph, an accessible, mark-making evaluation tool for self-report and session feedback.

2.5.4 Cancer Services

Art therapy started sessionally in a palliative setting in 1997, in a cancer charity in 2000 and in a hospital cancer care setting in 2001. The cancer charity setting evolved into a placement for the MSc Art Therapy in 2002. An art therapist has been employed full time by a Charity for the past 11 years, delivering art therapy services to those who have been affected by cancer. Patients may be adults, children who are ill, or whose parents have cancer or any person who has been bereaved by cancer. This inclusive and accessible service also has a 'bank' of 7 art therapists providing outreach services throughout NI. Currently, due to demand for the service, funding is being sought for 2 p/time posts for N/W and S/W areas as well as funding for sessional art therapists. Accessibility is a feature of the Charity's work and while a service is delivered in hospital and hospice settings, it also occurs in other premises which are accessible and familiar to potential users. This frequently involves the networking and negotiating skills of Trusts' personnel to secure appropriate and confidential spaces.

A range of provision is offered including: an art therapy studio in the Charity's central premises where children and adults can be seen individually; an open, drop-in facility in a Hospital for Sick Children where 8-10 children attend weekly; a 'bedside' opportunity for patients admitted to the isolation ward. Closed and open groups, provision for carers, families and friends are on offer.

Art therapy in this context provides an opportunity to give form to feelings which may unthinkable, unacceptable or impossible to express verbally, as a consequence of this

devastating illness, where the patient may feel the need to 'protect' family. The age range is wide, from tiny children to a patient of 84 years, whose art helped her to be 'seen' by medical staff in an otherwise potentially anonymous clinical situation. The art therapist's role here is that of 'quiet witness', holding a safe space for emotional expression associated with the experience of life-changing illness. A wide range of art media is offered including the important therapeutic medium of journaling, while animation and the digital age have been embraced for younger patients!

The Charity provides patient-centred care and values art therapy as an important means of reducing negative psychological symptoms as evidenced by two participants in a group: "*Art therapy improves your mood and your outlook on life. It also helps with feelings of stress and to keep you emotionally stable"; "the (art therapy) sessions don't ignore your diagnosis – they try to integrate it in a positive way. It is extremely therapeutic – you can lose yourself with the paintbrush. I like how you can completely immerse yourself in the art. It boosted my confidence and pride, and gave me a sense of well-being, determination and something else to focus my thoughts on".*

Over the years and currently, the Charity is a placement provider for trainee art therapists from the HCPC approved training. Trainees conduct individual and group sessions under the art therapist's Clinical Supervision.

2.6 Art Therapy Training

A skilled and experienced art therapy workforce is already available through HCPC approved training in Belfast. This was established in 2002 and has run in Queen's University Belfast and then the Belfast Health and Social Care Trust until 2016. This evolved explicitly into a trauma-informed MSc Art Therapy, with the current HCPC approved training from 2018 being located at the Belfast School of Art, Ulster University where 19 students are registered - 14 undertaking a 3-year part-time training while 5 have chosen a 2-year full-time option. New graduations will occur in 2020 and 2021. Graduates will be eligible to apply to the HCPC for registration in order to practice as art therapists/art psychotherapists. Interviewing in underway for the September 2019 intake and the course is always heavily oversubscribed.

The HCPC approved training promotes 'an evidence-based, trauma-informed and integrative, pluralistic theoretical stance, founded on a relational and person-centred way of being, underpinned by working within ethical and professional requirements'35.

The training has enabled the development of Master's level research and a number of tutors and graduates have undertaken doctoral / PhD research.

Demand for places has far outstripped UU's resources and the following considerations have emerged:

Accessible post-graduate training should be preceded by foundation courses providing a firm knowledge base for potential post-graduate students.

Recognition is needed of the essential elements in a post-graduate training for therapeutic purposes i.e. adequate student/staff ratios with resources to match, enabling successful graduates to become confident practitioners.

There are expectations of employment opportunities on registration with a salary structure commensurate with art therapists' skills and experience, and matching their ability to work with a complexity of problems and issues which have not responded to verbal interventions.

2.6.1 Further opportunities provided by MSc Art Therapy training in NI

There are multiple opportunities for the mutual advantage of UU and agencies considering employing art therapists:

Provision of clinical placements in statutory agencies during art therapists' rigorous training – an opportunity to introduce and evaluate its benefits to service users

Teaching 'slots' available for agency staff within academic modules, connecting theory and practice to work 'in the field'

[35] www.ulsteruniversity.ac.uk

Opportunities for experienced and registered therapists to be available for the mandatory requirement of personal therapy during students' training

CPD availability within agencies for qualified art therapists

Registered and highly trained art therapists as potential employees

Possible secondment for agency staff who fulfil the entry criteria for the MSc Art Therapy, resulting in those agencies having an in-house art therapist, akin to the current opportunities for secondment which BHSCT are offering to trainee psychotherapists – in England!

These beneficial relationships can only serve to promote the understanding and development of effective art therapy provision within statutory agencies. Positive consequences of such informed and enhanced multi-disciplinary working include appropriate referral systems, effective treatment and reliable evaluation of interventions, all leading to improvement in clinical services and opportunities for further academic research.

2.7 Retention of the Art Therapy workforce

Retention of this workforce and the proper utilizing of its skills require properly paid employment with adequate contracts and salaries aligned to other AHP professions with a structured career progression which acknowledges professional experience and seniority. The future of the art therapy service will depend upon appropriate finance being made available for secure tenure of employment otherwise a 'brain drain' of competent, experienced art therapists will occur as has happened in past years.

Art therapists' professional qualifications need recognition as falling within 'essential criteria' as advertised by DoH, so as to maximise employment opportunities here. This includes the identification of art therapy as a 'standalone profession' rather than being subsumed under the title 'counsellor'.

Recognition of art therapists' contribution to the effective functioning of a multi-disciplinary team with the patient/client

at its centre needs reflected in appropriate DoH resources for their employment, ideally an arts therapies unit within statutory services.

DoH's role as educator requires exploration, so that art therapy as a profession is understood, named and supported, affirming art as at the centre of the service user/therapist relationship. Many opportunities exist for education of the public, including service users and service providers, to highlight the depth, breadth and scope of the profession and its practitioners' experience and qualifications.

A priority is protection of the public by employing only HCPC registered art therapists thus guarding against other art practitioners offering an unregistered and potentially damaging service.

Funding for evaluation and research which demonstrates art therapy's effectiveness in situations of complexity would lead to it becoming part of mainstream provision, accessible and responsive at the point of delivery, thus extending its present 'niche' identity. The development of opportunities for CPD and research to further the profession's profile and capabilities would be to the advantage of service users, organisations and the profession.

An effective art therapy service is best delivered as an integral part of organisations' Business Plans where the service is targeted in a specific, defined manner and evaluation methods are employed with a view to exploring, improving and enhancing outcomes.

2.8 Art Therapists' Professional Body (BAAT)

The BAAT[36] has extensive experience in supporting its members and their employers in many and varied contexts and its role in consultation and the exploration of solution-based approaches is well-documented. (See)

BAAT's NI Regional Group has an overview of HCPC Registered Art Therapists, their areas of expertise, geographical locations and availability. It provides a conduit for representation of members' views and interests, guidance on professional issues and contribution to the development of the profession locally. Close connections are maintained between the

[36] www.baat.org

Regional Group and BAAT's Central Body: NI is represented on BAAT Council in London and two Regional Coordinators respond to members' needs and agencies' queries about art therapy availability (baatni@gmail.com)

Please see Appendix 1 for an outline of BAAT's professional status and approaches including statistics on NHS employment of art therapists, Agenda for Change salary scales, evidence of art therapy's inclusion in Patient Reported Experience Measures (PREMs), and the Professional Body's involvement in research to evidence effectiveness of its method.

2.9 Cost Effectiveness

Samples of the effectiveness of art therapy demonstrate its capacity to reach individuals who have experienced other forms of therapies without satisfactory outcomes. Participation in art therapy, either individually or in groups, harnesses the innately creative aspects of the patient/client in the service of health and wellbeing, contributing positively to overall case management. The costs of art therapists' time and basic materials must be balanced against lengthy hospital stays, recurring medical appointments, expensive drugs – and the costs of inability to contribute to society – when examining the nature of 'effectiveness', both short-term and long-term. A most important aim is to integrate service users' voice and experience into the design, delivery and evaluation of services.

2.10 Conclusion

The information outlined above details the current situation in relation to art therapy services in Northern Ireland, including numerous examples of practice delineating its specific contribution to a wide range of populations. It demonstrates that no specific strategy or process is in place either regionally or within individual Trusts for actual or potential art therapy provision indicating the urgent necessity for a HSCB review to develop and implement a strategy for its development.

Art therapy is ideally placed to further the objectives of a multi-disciplinary team whose commitment is to the care of the patient/client. The physical and emotional needs of a hospital patient, vulnerable child or ageing adult are myriad, and experienced at an unconscious as well as a conscious level. Providing an effective means to process this experience has positive effects on the individual, enabling both physical and psychological needs to be met, thus enhancing the individual's care plan. The evidence we have

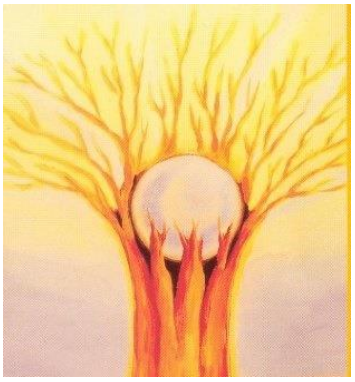
presented shows how Art Therapy can help people stay well, recover faster, heal long-term conditions and experience a better quality of life, as an alternative to medication.

As a profession, we are calling for an informed and open-minded willingness to accept that art in a therapeutic setting i.e. Art Therapy, can make a significant contribution to addressing pressing issues faced by the population of Northern Ireland and by our Health and Social Care Systems. We would like to see the inclusion of Art Therapy as a treatment modality included on the list of approved treatments for depression and anxiety used by GPs, enabling service provision to a much wider public.

We welcome the fact that Art Therapy will be involved in the forthcoming review of Mental Health services, considering the current demand, existence of an experienced workforce and accredited local training, which ensures ongoing professional capacity to respond to such demand.

As a profession, we feel under-valued, under-utilised and overlooked. We have a highly educated and highly skilled workforce, not utilised at present to best serve the needs of this 'post-conflict' region, where the effect of 'the Troubles' is demonstrated through trans-generational trauma, evident in the extent of identified mental health needs. The contribution of arts therapies is vital as a 'way in' to somatically-held psychological injury, enabling the service user to connect creatively with sensory materials and helping to activate, repair and heal areas of the brain that trauma has damaged - key to healthy emotional development. Our service gives young people a therapy to repair their emotional distress which does not depend on words or cognitive thinking.

A workforce of HCPC registered art therapists provides an evidence-based service mainly through the Charitable Sector. We would press the DoH to use its capacity to make this AHP more widely available to the general public i.e. inclusion of art therapy in the list of psychological therapies recommended for the treatment of adults and children (NICE guidelines), naming Art Psychotherapy as a recommended service. We would also like to see the inclusion of Art Therapy as a treatment modality included on the list of approved treatments for depression and anxiety used by GPs, ensuring its availability for a much wider public.



Appendix 1 – information from the BAAT

24-27 White Lion Street
London N1 9PD
Telephone: 020 7686 4216
Email: info@baat.org
Web: www.baat.org

4th March 2019

TO WHOM IT MAY CONCERN: Art Therapy Professional Status

This letter sets out several points which support the employment of art therapists in Health Services.

- The BAAT has recently run a workforce survey in the UK. This evidenced that the NHS continues to be a significant employer of art therapists (a total of 42% of respondents were employed in the NHS).

- Art therapists have a recognised Agenda for Change salary scale in the NHS and our bandings range from Band 6 to Band 8.

- There is mounting evidence that providing a range of psychological therapies which include arts therapies helps to improve Patient Reported Experience Measures (PREMs), an important indicator of quality of care in all Trusts.

- As HCPC registered professionals, Art therapists are members of the Allied Health Professions and contribute to consultations on and strategic planning of services. They also access all the opportunities for leadership and research careers offered by the National Institute for Health Research.

- The recently HCPC validated Belfast art therapy training will be an asset to the Northern Ireland Health Service as it will provide practice placements for trainees who are mature students with considerable prior work experience. These practice placements enable provision of art therapy in a wide range of services.

- The BAAT has actively prioritised research to evidence the efficacy of art therapy with a wide range of client groups and conditions. Some of this evidence has been included in the All Party Parliamentary Group on Arts in Health 'Creative Health' report. http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf

- The BAAT has supported the development of a range of evidence-based approaches to art therapy such as mentalization, psychoeducation, brief approaches, EMDR, etc. and art therapists understand the importance of working in a client-centred way and as active team members.

- Art therapists also take on generic tasks such as risk or triage assessments and participate fully in extending knowledge and skills required by their employers.

- Importantly, art therapists can engage service users who experience emotional or physical conditions preventing them from participating in verbally-based intervention but do need psychological interventions.

I hope this helps define our current professional status and approaches.

Yours faithfully
Dr Val Huet (PhD),

Chief Executive Officer

The British Association of Art Therapists Ltd, A company limited by Guarantee.
Company No: 1326920
(England and Wales)

Dramatherapy

3. Dramatherapy

3.1 Introduction

As one of the Allied Health Professions Dramatherapists engage with a wide range of service users to achieve outcomes which improve their health, well-being and quality of life.

Dramatherapy has been grouped with music therapy and art therapy in this workforce review. While it is important to define and review dramatherapy as a stand-alone arts therapy it is also crucial to acknowledge it as an important member of an arts therapy coalition in order to establish standards of professional training and practice. This review of current dramatherapy services will include information gained from a scoping exercise carried out in April 2019 to try to discover the numbers and activity of dramatherapists in Northern Ireland. It will also include the statements from the Allied Health Professions Workforce Review Stakeholder Engagement Day held on 7 September 2018, an essential part of the co-design and co-production process for these workforce reviews. Questions were designed to facilitate and guide discussion with the view to focusing thoughts. The views of all participants were considered and are to play an important part in helping inform the future of the three arts therapies reviewed.

3.2 What is Dramatherapy?

At the Workforce Review Stakeholder Engagement day it became evident that there is little knowledge in Northern Ireland of what Dramatherapy is which is not surprising as our numbers are small, physically evidenced on the day by dramatherapy occupying only one table in the room.

As far back in history as Aristotle 'theatre' has been a medium through which society has examined itself in an attempt to make understand and make sense of human existence. For Aristotle the cathartic experience was brought about by a "combination of vicarious participation and suspension of disbelief". (Aristotle in Jones, 1996: 44) The use of drama as therapy in Europe can be traced back to the 18th century: theatres were known to exist within psychiatric hospitals where patients engaged in creating plays to explore their own psychoses. However, there is evidence that dance, rhythm, storytelling and rituals were used much further back in time.

From the late 19th century onwards new perspectives on mental health, theories of the mind and the emotions had been developing. During this same period "a spirit of experimentation radically altered the ways in which drama and theatre were used". (ibid: 46). However, it was not until the 20th century that western society made connections between theatre and its ability to create personal and societal change and a focus on theatre as therapy became more defined. The convergence of the new developments in psychology in relation to treatment of mental health and the realisation of the inherent healing properties of theatre created the conditions for the gradual development of dramatherapy from the 1960's onwards.

The British Association of Dramatherapists (BADth) is the professional body for Dramatherapists in the United Kingdom. It was established in 1977, is formally constituted with Officers and an Executive Committee and has its own Code of Practice. BADth has the legal status of a non-profit-making company, limited by guarantee. The following is the British Association's Definition of Dramatherapists (BADth) and a more detailed description of its processes and where it's used:

Dramatherapy has as its main focus the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth.

Clients who are referred to a Dramatherapist can be any age, from very young children right through adulthood, and do not need to have previous experience or skill in acting, theatre or drama. Dramatherapists are trained to enable clients to find the most suitable medium for them to engage in group or individual therapy to address and resolve or make troubling issues more bearable.

Dramatherapy is a form of psychological therapy in which all the performance arts are utilised within the therapeutic relationship. Dramatherapists are both artists and clinicians and draw on their trainings in theatre/drama and therapy to create methods to engage clients in effecting psychological, emotional and social changes. The therapy gives equal validity to body and mind within the dramatic context; stories, myths, playtexts, puppetry, masks and improvisation are examples of the range of artistic interventions a Dramatherapist may employ. These will enable the client to explore difficult and painful life experiences through an indirect approach.

Dramatherapists work in a wide variety of settings:

- schools
- mental health
- general health social care settings
- prisons
- the voluntary sector.

Thus, the clients they work with will have differing needs: from children on the autistic spectrum to older people with dementia; adolescents who self-harm, people with histories of sexual and/or physical abuse, those suffering from a mental illness and women with post-natal depression.

3.3 Dramatherapy Training

Dramatherapy has never been taught in NI. There was a course in the South of Ireland at Maynooth for approximately 10 years, but this course was removed from the university's curriculum in 2018. At present there are 4 dramatherapy courses in mainland UK: as a postgraduate Masters at the University of Derby[37], the University of Roehampton[38], Anglia Ruskin University[39], and Central School of Speech and Drama[40].

Dramatherapists can be members of The British Association of Dramatherapists (BADth), and are registered with the Health and Care Professions Council (HCPC)

3.4 Service Mapping of Dramatherapy in Northern Ireland 2019

Dramatherapists in Northern Ireland generally work freelance because they are not included in job specifications set out by Health and Social Care Trusts or other statutory organisations. However, this is not the case in mainland UK where specific posts for dramatherapists and arts therapists are available within Health Trusts, Education and Forensic Services.

[37] https://www.derby.ac.uk/postgraduate/therapeutic-practice-courses/dramatherapy-ma/
[38] https://www.roehampton.ac.uk/postgraduate-courses/dramatherapy/
[39] https://www.anglia.ac.uk/study/postgraduate/dramatherapy
[40] https://www.cssd.ac.uk/course/drama-and-movement-therapy-ma

The current workforce:

Data has been collected from the scoping exercise previously mentioned and has been integrated with the data obtained from the Stakeholder Engagement Day. The purpose being to try to establish the activity of the current workforce, the type of client groups who receive delivery of service, views on its drivers and constraints, opinions on how the service needs to be developed and to provide recommendations which could enable it to do so.

The scoping exercise yielded 6 responses: 2 dramatherapists preferred not to state their gender and 4 identified as female. This information can only be taken as a snapshot as there may be dramatherapists who were not aware of the scoping exercise or chose not to respond. The following 3 tables show the makeup of the current dramatherapy work force and their employment using the information gained from the 6 therapists who responded.

TABLE 1

	Age Band	Training	Years of practice	Avg hours / week as dramatherapist	Avg hours / week to supplement income
1	40-49	MA Drama & Movement Therapy (registered with HCPC)	15 years	30	0
2	50-59	MA in Social Work, MA in Dramatherapy (registered with NISCC & HCPC Sensorimotor Psychotherapy Level 1	22 years as social worker, 18 years as dramathera pist	On average 1 hour per week with occasional sessional project work for e.g. 21 hours on project 8/2018	37.5 as Senior Practitioner in Social Work in CAMHS using dramatherapy skills
3	20-29	MA in Dramatherapy	Currently completing MA	7 hours in dramatherapy placement	Works as a nanny
4	30-39	MA in Dramatherapy (IACAT registered & pending HCPC registration)	3 years including student practice	0 in N.I. as waiting on HCPC registration	Activities therapist in mental health, using skills as DT, and paid minimum wage.
5	N/A	PGDIP	30 years	N/A carer	N/A
6	60+	MA in Dramatherapy	22 years	1	12 hours per week as learning mentor

TABLE 2

	Service type	Client group & age range	Area located	Type of funding	Contract type & length	Pay band equivalent
1	Voluntary organisation working community and schools Home visits	Young people & families Autism & complex needs	Belfast Belfast	Various Belfast trust	Various contracted 25 hours per week for 5 years Ongoing contract of 5 years	Band 7
2	Tessa (adoption roots)	Parents & children adoption support Children up to age of 12	Northern trust area	Lottery	Sessional	Band 7
3	N/a					
4	Voluntary organisation in community centre	Children on the autistic spectrum aged 5-10	Newry	Various	6 hours per week for 8 weeks as student placement	N/a
5	N/a					
6	Private practice in community centre	1 adult	Belfast	N/a	I hour per week for contracted for 75 hours	Band 7

TABLE 3

	Avg clients per week	Demand for DT services	Drivers	Constraints	Collaboration with DTs or professionals
1	14	Work alongside other therapists as part of multidisciplinary team	Community need	Limited funding or constraints to preferred types of therapy procured within this service.	DTs, other AHPs, other therapists & counsellors.
	Various	Same as above	Support for clients who don't leave their house	No coordinated approach to these services. Families organise it themselves	I work with DTs, other therapists, social workers and nurses
2	Various	With an organisation supporting adoptive parents and children, big need for DT but not enough funding	Helping families to stay together and preventing the need for further resources and support from Health Trusts	Limited funding	Other arts therapists and counsellors are employed by this service but usually we work on an individual basis
3	N/A				
4	8	Big demand for individual & group therapy as organisation supports children & families on the autistic spectrum	Community need	Limited funding or constraints to the preferred types of therapy procured within the service	Occupational therapists
5	N/A				
6	1	Low, sporadic	DT qualification	Low client nos	No

Brief Summary of Tables:

Dramatherapists working in Northern Ireland together have over a quarter of century's professional experience. However, numbers are small, and the practice is **mainly in the Belfast area**. Only 1 therapist works the equivalent of a 4 day week employed as a dramatherapist, 1 works full time in NHSCT within CAMHS as a senior practitioner in social work using dramatherapy skills and has sporadic sessional work as a dramatherapist either on a private basis or for a charity. Another works full time in a charity using dramatherapy skills. 2 dramatherapists have just finished their training but are "nervous about the prospect of getting work" once they are registered with the HCPC. Another dramatherapist only has work as a dramatherapist for 1 hour per week and supplements her income as a learning mentor and another is not currently working due to carer responsibilities but hopes to work again in the future.

This scoping exercise shows that dramatherapists in Northern Ireland work in community centres, schools and homes and there is limited funding for their practice. Some work alongside other dramatherapists, AHPs, nurses, social workers, other types of therapists and counsellors. One of the main drivers behind the organisations they work in is community need and the main constraints are lack of funding and preferred types of therapy procured within the service. When dramatherapists are employed within organisations either by contract or on a sessional basis it appears to be the equivalent of a Band 7 salary.

The following 'drivers' section of this report is comprised from the scoping exercise and the icebreaker question on the Stakeholder Engagement Day regarding Dramatherapy: What is the best thing about the service you provide or the service you receive?

3.4.1 Drivers

- The desire to use Dramatherapy training which is underpinned by the belief and evidence that dramatherapy can effect positive transformation and healing for those who have an opportunity to access this therapy;
- The evidence base for dramatherapy is growing due to the ongoing development by dramatherapists in UK of appropriate measures that have the ability to capture both

qualitative and quantitative data: for example the following offers three versions of outcome measures http://www.psychlops.org.uk/versions. ;

- Dramatherapists have historically been successful in promoting their work and finding openings in schools and trauma recovery specialisms;
- Dramatherapy does not rely on only verbal communication and can provide a safe space for the individual to express, explore and understand their thoughts and feelings;
- Dramatherapy is a person-centred therapy in which the therapist enters the world of the service user in order to guide them;
- Dramatherapy is flexible and adaptable in meeting client needs: it can be used in a variety of settings with a range of clients and issues; relieving stress for individuals
- families are supported to stay together at a time of crisis
- containing people and helping them manage complex issues
- holistic approach to linking users and providers, co-designing solutions as a conduit
- working as part of a multidisciplinary team
- making a significant change in people's lives
- goes beyond narrow definitions of health into well-being at personal, family and social levels
- much of the work is preventative

Dramatherapy was recently included in the NICE guidelines for treatment of psychosis - www.nice.org.uk/sharedlearning/dramatherapy-in-early-intervention-in-psychosis

The above statements indicate how dramatherapy has within its modality the qualities to play an integral role in the transformation agenda for health and wellbeing enabling people to stay well for longer.

The following constraints section of the report were the responses of dramatherapists to the scoping exercise:

3.4.2 Constraints

- A lack of knowledge and understanding about the specialism of Dramatherapy as an AHP and its versatility/benefits regarding different client groups was cited as the main constraint by dramatherapists resulting in the lack of its development/promotion in NI;
- A lack of commissioning/openings for Dramatherapy posts and placements for students, for example in healthcare, to be a widely felt presence even though Dramatherapy is one of the HCPC regulated AHP's;
- A limited/lack of funding and sustainability;
- A lack of local training;
- As a society there is still a stigma towards therapy;
- There is an inequity of service across geographical areas and across client groups as the tables above show.

3.4.3 Case Example

Due to the small number of dramatherapists in NI, lack of funding for posts in statutory services and research, and limited time frame to gather information for this report there is only one case study within the Northern Ireland context.

Dramatherapy Group within Specialist CAMHS (July to September 2016) NHSCT

The young people in the group were aged between 15 and 17 years old and were attending CAMHS due to experiencing low mood and or anxiety.

Rationale - To provide a non-threatening, playful environment that facilitates the development of individual and group skills. These skills, in turn, promote self-confidence and self-esteem along with an awareness of and appreciation for the qualities of co-participants. This creative expressive structure is based on a health model as the strengths and healthy parts of the young person are elicited. Qualities such as expressiveness, playfulness, creativity, spontaneity, humour and aliveness are nurtured.

Aims

1. *To promote positive change in young people by means of a brief dramatherapy group intervention duration of 8 weeks of 90-minute sessions. It is hoped these can run consecutively when possible.*

2. *To provide a programme structure to facilitate group processes that according to research contain twelve 'therapeutic factors', which contribute to positive change in the condition of an individual. Some of the more important are the following:*
    - *Self-understanding.*
    - *Interaction.*
    - *Universality: member's realisation that his problems are not unique.*
    - *Instillation of hope: belief that participation in the group will be beneficial.*
    - *Altruism: benefit derived from recognition that group members can help each other.*
    - *Guidance*
    - *Identification*
    - *Cohesiveness: the degree to which each member feels accepted and valued.*
    - *An 'existential' factor: being authentic, taking responsibility for self.*

Objectives

To promote the following positive change in young people with low mood and or anxiety:

- *increase self-confidence*
- *improve self-image*
- *Improve communication skills*
- *reduce anxiety*
- *raise mood*
- *enable discharge from Specialist CAMHS or medication only review*

Out of the 7 participants only 2 were on medication. One of them had been engaged in therapeutic work in CAMHS for a number of years and after the group was able to attend only for medication review and then was discharged. The other participant who had been in crisis when referred to CAMHS was discharged into the care of his GP. Out of the other 5 participants another 3 were discharged and 2 remained within CAMHS for further individual therapy. Feedback was obtained from the participants and parents. These are some of the comments from 2 young people and 2 parents:

What changes, if any, did you notice in the group from week to week?

"Everyone got more involved and confident".
"I felt more engaged with the people around me".

Did you feel safe in the group?

"Yes, I felt I could trust everyone".

In what way did you feel you contributed to the group?

"I took part in all the activities".

"I felt like I participated a lot".

Did your participation in the group increase from week to week?

"Yes"

"I was pretty engaged every week".

Has anything in your life changed since being in the group?

"I am more confident with people and I talk to more people".

"Yes, I'm much happier and enthusiastic now".

What is your attitude to the future?

"I hope to improve more".

"That if things aren't going your way, just stick with it".

What have you learnt from taking part in the group?

"That everyone feels the same".

"How to break out of the old me and be more sociable"

Parent feedback:

What changes, if any, have you noticed in your son/daughter since attending the group?

"Improvement in her well-being straight after the group, started to look forward to going to the group, big achievement".

"Brighter, more upbeat about things, not spending as much time on his own/in room. Gets out more with friend and more independent and confident

Would you change anything about the group?

"No"

"No he seemed to enjoy the group meetings".

Would you recommend this type of group to other parents?

"Absolutely"

"Definitely helped him grow in confidence – so yes".

The following excerpt is from the 2019 United Kingdom Advancing healthcare awards: Allied health professionals & healthcare scientists. These dramatherapists/winners won the Guardian Jobs Award for Innovation in Mental Health Services.

WINNER

Young Persons' Dramatherapy Group

Clare Hubbard, dramatherapy Lead and Marina Morgan, dramatherapist, Hertfordshire Partnership University NHS Trust

With an increase in referrals for younger adults who experience social anxiety as part of their mental health difficulties, Clare and Marina felt that group therapy could be more beneficial than the one-to-one therapy that was currently being offered.

Many had experienced bullying at school which had had a severely detrimental effect on their confidence in interacting with others, being out in the community and going to college or work. It was decided that group therapy could help them find peer support, work through their fears and build their confidence. To help them engage in their community, the therapy took place at a local theatre.

The group, comprising eight members, ran for 12 months from October 2017. All had had some individual sessions prior to the group. Of the seven people who completed the group, three were ready to be discharged from the mental health services and two were under a psychiatrist only.

Being away from the health centre for a whole year, the group talked a lot about how they felt defined by their mental health diagnosis. But being in a studio situation working creatively, allowed them space to work through this self-view, and define themselves differently. They had the potential to be something other than their illness and diagnosis.

One member said: "I actually feel hopeful for the future and instead of feeling suicidal I feel more invigorated and want to live my life."

"The impact on individuals – all young people – allowing them to grow in confidence and personality was stunning."

3.4.4 Research

Measuring the effectiveness of Dramatherapy is an ongoing and evolving process. Standardised outcomes have not been deemed to fit well due to their quantitative background. Nevertheless, it is essential that arts therapies find appropriate forms to evaluate their effectiveness as our healthcare system promotes talking therapies such as CBT. Dramatherapists employed in health trusts in England are developing outcome measures that have the ability to capture both qualitative and quantitative data. PSYCHLOPS Kids mentioned earlier in the report is a routine outcome measure specifically

created at the *Institute of Psychiatry* with the help of *Roundabout Dramatherapy*[41], a London based Dramatherapy charity. Another useful measure for keeping therapeutic goals in mind is goal-based outcome measures (GBOM)[42]. When working with children especially, the use of teacher and parent evaluations are a great addition to capturing the whole picture. It is therefore vitally important that research remains an important conversation within arts therapies in general. Jones in 2005 states "if health services are not satisfied change is occurring in a way they understand, or at a pace they find satisfactory, then the Arts Therapies will dwindle into abandonment as viable options of client care" (p.211). It is vitally important that the Arts Therapies Community continues to build an evidence base to meet registration standards and clinical commissioning for treatment.

3.4.5 Cost Effectiveness

This report has provided 2 examples of groupwork with young people experiencing mental health difficulties. These are good examples of cost effectiveness with positive therapeutic outcomes: Working with people in a group frees up more time therefore enabling services to treat more people within a given time frame. It frees up more time for working with clients who are unable to engage in groupwork.

As mentioned previously Dramatherapy is an effective preventative intervention and improves well-being.

3.5 Conclusion

Dramatherapists ranked their top priority for the AHP workforce reviews to deliver: "to recognise the role of all AHPs in delivering core HSC services by creating an integrated pathway from training to employment". This would include "parity of terms and conditions with other AHP professionals commissioned under HCPC and" and "inclusion within the AHP governance structure, including maintaining a register of recognised practitioner status".

[41] http://www.roundaboutdramatherapy.org.uk/

[42] https://goalsintherapycom.files.wordpress.com/2018/03/gbo-version-2-march-2018-final.pdf

Collective Recommendations

for Music Therapy, Art Therapy and Dramatherapy

4. Collective recommendations - Music, Art and Dramatherapy

The above three professional reports highlight a number of common issues – the arbitrary and unstructured model of service delivery that has evolved over the years leading to inconsistent funding for short-term or limited services which hinders the sustainable impact they can have on service users. The potential benefit that the arts therapies could bring to the health and wellbeing of the Northern Ireland population is not being achieved, despite consistently good outcomes and feedback on services across all three professions and across the full range of service user groups.

There is a small, but impactful workforce in place with a highly specialised skillset that is not being capitalised on as well as it could and should be. It has been shown that there is significant untapped potential for the arts therapists to support other healthcare professionals in achieving their outcomes for patients more effectively and more efficiently, thus leading to cost savings overall. The impact of the current service delivery model on the workforce is that it leads to difficulties in retaining therapists to the professions they have trained for, due to the lack of secure jobs and proper career pathways, and those highly specialised skills are being lost. Recruitment can also be challenged by the lack of secure posts and also, at least for music therapy and dramatherapy, by the fact that there are no training courses for these professions in Northern Ireland.

Feedback from the stakeholder engagement event held on 7th September 2018 was collated and integrated with the findings of the above reports, resulting in the following recommendations for Music Therapy, Art Therapy and Dramatherapy (collectively known as the ‘Arts Therapies’):

		RECOMMENDATIONS
WORKFORCE STRATEGY	1	The development of an Arts Therapies strategy for Northern Ireland by carrying out a review of Arts Therapies services, in collaboration with the Department of Health, Health and Social Care Board and 5 HSC Trusts, in order to support the transformation agenda with the development and improvement of services across the region.
INVOLVEMENT IN STRATEGIC REVIEWS AND RELEVANT GROUPS	2	Ensure that the three Arts Therapies are involved in the upcoming review of Mental Health services.
	3	Ensure that the three Arts Therapies are involved and included appropriately throughout the design and implementation of the new AHP strategy.
	4	Ensure that the three Arts Therapies be given proper consideration in all relevant service reviews, and be appropriately included as a treatment option, including in social prescribing models / programmes.
	5	Ensure representation of the three Arts Therapies in the Regional AHP Group.
	6	Involve the three Arts Therapies as appropriate in the action of the HR strategy, with inclusion in HSC careers service information.
COMMUNICATIONS	7	For the three Arts Therapies professions to establish a regional group for communication and advocacy, interfacing with the professional bodies, and to function as a point of contact for the Department of Health, Public Health Agency and Health and Social Care Trusts. This is in order to facilitate the establishment of links as set out in this document and these recommendations.

TRAINING	**8**	**In collaboration with Trust AHP Leads, to increase the development of placement support for Arts Therapists undertaking their pre-registration training on courses in the UK and ROI. This should also explore the possibility of implementing an apprenticeship programme for arts therapists as approved for delivery in England.**
ART THERAPY EDUCATION & POSTGRADUATE TRAINING	**9**	**Collaboration should be developed with Trust AHP Leads to explore the expansion of existing placements and the commissioning of new placement opportunities within Trusts for students on the MSc Art Therapy, Ulster University.**
	10	**Collaboration should be developed between the MSc Art Therapy, Ulster University, and wider AHP training to maximise the synergy of pre-registration and CPD education and develop training infrastructure and inter-professional learning.**

5. Arts Therapists Workforce Review - Action/Implementation Plan 2019 -

	RECOMMENDATIONS	ACTIONS	LEAD RESPONSE	RECOMMENDATION TARGET DATE
POSTGRADUATE TRAINING				
RECRUITMENT & RETENTION				
POST QUALIFYING TRAINING				

WORKFORCE Review Cycle	E-health		WORKFORCE DEMOGRAPHY		WORKFORCE DEVELOPMENT & STABILITY
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